BlueCross Total Value℠

2026 Formulary

(List of Covered Drugs or "Drug List")

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

HPMS Approved Formulary File Submission ID 00026218, Version 15

This formulary was updated on 07/02/2026 For more recent information or other questions, please contact BlueCross Total Value at 1-855-204-2744, or, for TTY users 711, 8 a.m. to 8 p.m., Eastern Time, Monday through Friday. Our automated telephone system handles calls received after 8 p.m. and on Saturdays, Sundays, and holidays. From October 1 to March 31, we are available 8 a.m. to 8 p.m. Eastern Time, seven days a week. Or visit www.SCBluesMedAdvantage.com.

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 BlueCross BlueShield of South Carolina. When it refers to "plan" or "our plan," it means BlueCross Total Value.

This document includes a Drug List (formulary) for our plan which is current as of 07/02/2026. 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, 2026, and from time to time during the year.

What is the BlueCross Total Value 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 BlueCross Total Value 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. BlueCross Total Value will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a BlueCross Total Value 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 BlueCross Total Value, 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 BlueCross Total Value 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.SCBluesMedAdvantage.com.

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 titled "How do I request an exception to the BlueCross Total Value's 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 BlueCross Total Value's formulary?"

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

The enclosed formulary is current as of 07/02/2026. To get updated information about the drugs covered by BlueCross Total Value please contact us. Our contact information appears on the front and back cover pages. We will update our printed formularies each month, and they will be available on www.SCBluesMedAdvantage.com.

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 68. 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?

BlueCross Total Value 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:** BlueCross Total Value requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from BlueCross Total Value before you fill your prescriptions. If you don't get approval, BlueCross Total Value may not cover the drug.

- **Quantity Limits:** For certain drugs, BlueCross Total Value limits the amount of the drug that BlueCross Total Value will cover. For example, BlueCross Total Value provides 30 tablets per 30 days prescription for Cablivi. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, BlueCross Total Value 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, BlueCross Total Value may not cover Drug B unless you try Drug A first. If Drug A does not work for you, BlueCross Total Value 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 documents that explain 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 BlueCross Total Value 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 BlueCross Total Value's formulary?" on page v 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 BlueCross Total Value does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by BlueCross Total Value. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by BlueCross Total Value.

- You can ask BlueCross Total Value 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 BlueCross Total Value's Formulary?

You can ask BlueCross Total Value 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, BlueCross Total Value 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, BlueCross Total Value 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 formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 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 90 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 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

During a level-of-care change in which the member changes from one treatment setting to another, drugs may be prescribed that are not covered by the plan. If this happens, you and your doctor must use the plan's coverage determination request process. To prevent a gap in care when you are discharged, you may get a full outpatient supply that will allow therapy to continue once the limited discharge supply is gone. This outpatient supply is available before discharge from a Medicare Part A stay. When you are admitted to or discharged from an LTC

facility, you may not have access to the drugs you were previously given. You may, however, get a refill upon admission or discharge.

For more information

For more detailed information about your BlueCross Total Value prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about BlueCross Total Value, 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.

BlueCross Total Value Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by BlueCross Total Value. If you have trouble finding your drug in the list, turn to the Index that begins on page 68.

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

The information in the Requirements/Limits column tells you if BlueCross Total Value has any special requirements for coverage of your drug.

Deductible Stage	You pay $615 deductible on Tiers 3, 4, and 5 only.					
Initial Coverage Stage	Preferred Retail (In-Network)			Standard Retail (In-Network)		
	30-day Supply	60-day Supply	90-day Supply	30-day Supply	60-day Supply	90-day Supply
Tier 1: Preferred Generic	$0 copay	$0 copay	$0 copay	$5 copay	$10 copay	$15 copay
Tier 2: Generic	$5 copay	$10 copay	$15 copay	$10 copay	$20 copay	$30 copay
Tier 3: Preferred Brand	20% coinsurance	20% coinsurance	20% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance
Tier 3: Covered Insulin	$35 copay	$70 copay	$105 copay	$35 copay	$70 copay	$105 copay

Tier 4: Non-Preferred	28% coinsurance	28% coinsurance	28% coinsurance	30% coinsurance	30% coinsurance	30% coinsurance
Tier 4: Covered Insulin	$35 copay	$70 copay	$105 copay	$35 copay	$70 copay	$105 copay
Tier 5: Specialty	25% coinsurance	Not Covered	Not Covered	25% coinsurance	Not Covered	Not Covered
Tier 5: Covered Insulin	$35 copay	No Covered	Not Covered	$35 copay	Not Covered	Not Covered
Tier 6: Select Care Drugs	$0 copay	$0 copay	$0 copay	$5 copay	$10 copay	$15 copay

Mail Order and Long-Term Care (LTC)				
Initial Coverage Stage	Mail Order			Long-Term Care
	30-day Supply	60-day Supply	90-day Supply	31-day Supply
Tier 1: Preferred Generic	$0 copay	$0 copay	$0 copay	$0 copay
Tier 2: Generic	$5 copay	$10 copay	$15 copay	$5 copay
Tier 3: Preferred Brand	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Tier 3: Covered Insulin	$35 copay	$70 copay	$105 copay	$35 copay
Tier 4: Non-Preferred	28% coinsurance	28% coinsurance	28% coinsurance	28% coinsurance
Tier 4: Covered Insulin	$35 copay	$70 copay	$105 copay	$35 copay
Tier 5: Specialty	25% coinsurance	Not Covered	Not Covered	25% coinsurance

Tier 5: Covered Insulin	$35 copay	Not Covered	Not Covered	$35 copay
Tier 6: Select Care Drugs	$0 copay	$0 copay	$0 copay	$0 copay

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums, and copayments/coinsurance may change on January 1 of each year.

2026 Dosage Abbreviation Key			
AEPB	Aerosol Powder-Breath Activated	**NEBU**	Nebulization Solution
AERO	Aerosol	**OINT**	Ointment
AERP	Aerosol, Powder	**POWD**	Powder
AERS	Aerosol, Solution	**PTCH**	Patch
CAPS	Capsule	**PTTW**	Patch Twice Weekly
CART	Cartridge	**PTWK**	Patch Weekly
CHEW	Tablet, chewable	**SHAM**	Shampoo
CONC	Concentrate	**SOAJ**	Solution Auto-Injector
CPCR	Capsule Extended Release	**SOCT**	Solution Cartridge
CPCW	Capsule Chewable	**SOLG**	Gel Forming Solution
CPDR	Capsule-Delayed Release	**SOLN**	Solution
CPEP	Capsule Delayed Release Particles	**SOLR**	Solution Reconstituted
CPPK	Capsule Therapy Pack	**SOPN**	Solution Pen-Injector
CPSP	Capsule Sprinkle	**SOSY**	Solution Prefilled Syringe
CP12	Capsule Extended Release 12 Hour	**SRER**	Reconstituted Susp that Releases Dose Over Extended Time
CP24	Capsule Extended Release 24 Hour	**SUBL**	Tablet, Sublingual
CREA	Cream	**SUPN**	Suspension Pen-Injector
CSDR	Capsule Designed to Delay Release Until Specific Area of GI Tract	**SUPP**	Suppository
ELIX	Elixir	**SUSP**	Suspension
EMUL	Emulsion	**SUSR**	Suspension Reconstituted
ENEM	Enema	**SYRP**	Syrup
FILM	Film	**TABS**	Tablet
GEL	Gel	**TB12**	Tablet Extended Release 12 Hour
GRAN	Granules	**TB24**	Tablet Extended Release 24 Hour
INHA	Inhaler	**TB3D**	Tablet Disintegrating Soluble
INJ	Injectable	**TB3E**	Tablet Disintegrating Soluble ER

KIT	Kit	**TDCR**	Tablet Extended Release
LIQD	Liquid	**TBDP**	Tablet Dispersible
LOTN	Lotion	**TBEC**	Tablet Delayed Release
LOZG	Lozenge	**TBPK**	Tablet Therapy Pack
LPOP	Lozenge on a Handle	**TBSO**	Tablet Soluble
NDS	Non-Extended Day Supply	**TROC**	Troche
ST NSO	Step Therapy for New Starts Only	**PA NSO**	Prior Authorization for New Starts Only

Drug Tiers

Every drug on the plan's Drug List is in one of five cost sharing tiers. In general, the higher the cost-sharing tier, the higher your cost for the drug:

- Cost sharing Tier 1: Preferred Generic – Tier 1 is the lowest tier and includes preferred generic drugs.
- Cost sharing Tier 2: Generic – Tier 2 includes generic drugs.
- Cost sharing Tier 3: Preferred Brand – Tier 3 includes preferred brand drugs and non-preferred generic drugs.
- Cost sharing Tier 4: Non-Preferred Drug – Tier 4 includes non-preferred brand drugs and non-preferred generic drugs.
- Cost sharing Tier 5: Specialty Tier – Tier 5 is the highest tier. It contains very high-cost brand and generic drugs that may require special handling and/or close monitoring.

Requirements/Limits Key

B/D = Drug that may be covered under Medicare Part B or Medicare Part D, depending on the indication, where and how the drug was administered and by whom. The plan must first conduct a review to determine the correct coverage (B or D).

PA = Prior Authorization

QL = Quantity Limits

NDS = Non-Extended Day Supply. This prescription drug is not available for an extended days' supply.

ST = Step Therapy

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Analgesics		
JOURNAVX TABLET 50MG	4	QL(30 EA per 90 days)
Nonsteroidal Anti-inflammatory Drugs		
celecoxib capsule 100mg, 200mg, 400mg, 50mg	2	QL(60 EA per 30 days)
diclofenac sodium dr tablet delayed release 25mg, 50mg, 75mg	2	
diclofenac sodium gel 1%	2	QL(1000 GM per 30 days)
diclofenac sodium topical solution 1.5%	4	PA
ec-naproxen tablet delayed release 500mg	4	
flurbiprofen tablet 100mg, 50mg	2	
ibuprofen suspension 100mg/5ml	2	
ibuprofen tablet 400mg, 600mg, 800mg	1	
ibu tablet 400mg, 600mg, 800mg	1	
indomethacin er capsule extended release 75mg	3	
indomethacin capsule 25mg, 50mg	2	
ketorolac tromethamine +rfid injection 30mg/ml	4	
ketorolac tromethamine injection 15mg/ml, 30mg/ml	4	
ketorolac tromethamine tablet 10mg	4	QL(20 EA per 30 days)
meloxicam tablet 15mg, 7.5mg	1	
nabumetone tablet 500mg, 750mg	2	
naproxen dr tablet delayed release 500mg	4	
naproxen tablet 250mg, 375mg, 500mg	1	
oxaprozin tablet 600mg	3	
piroxicam capsule 10mg, 20mg	3	
sulindac tablet 150mg, 200mg	2	
Opioid Analgesics, Long-acting		
buprenorphine patch weekly 10mcg/hr, 15mcg/hr, 20mcg/hr, 5mcg/hr, 7.5mcg/hr	4	QL(4 EA per 28 days); NDS
fentanyl patch 72 hour 100mcg/hr, 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr	4	NDS
methadone hcl solution 5mg/5ml	3	NDS
methadone hcl tablet 10mg, 5mg	2	NDS
methadone hydrochloride intensol concentrate 10mg/ml	3	NDS
methadone hydrochloride concentrate 10mg/ml	3	NDS
methadone hydrochloride solution 10mg/5ml	3	NDS
morphine sulfate er tablet extended release 100mg, 15mg, 200mg, 30mg, 60mg	3	NDS
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5MG, 18MG, 27MG, 36MG, 9MG	3	NDS
Opioid Analgesics, Short-acting		
acetaminophen/codeine phosphate tablet 300mg; 60mg	2	NDS
acetaminophen/codeine solution 120mg/5ml; 12mg/5ml	3	NDS

Drug Name	Drug Tier	Requirements/Limits
acetaminophen/codeine tablet 300mg; 15mg, 300mg; 30mg, 300mg; 60mg	2	NDS
endocet tablet 325mg; 5mg	2	NDS
endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg	3	NDS
fentanyl citrate oral transmucosal lozenge on a handle 200mcg	4	PA; NDS
fentanyl citrate oral transmucosal lozenge on a handle 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg	5	PA; NDS
hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml	3	NDS
hydrocodone bitartrate/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg	2	NDS
hydrocodone/acetaminophen tablet 325mg; 7.5mg	2	NDS
hydromorphone hcl injection 10mg/ml, 1mg/ml, 4mg/ml	4	NDS
hydromorphone hcl tablet 2mg, 4mg	2	NDS
hydromorphone hcl tablet 8mg	4	NDS
hydromorphone hydrochloride injection 1mg/ml, 2mg/ml, 50mg/5ml	4	NDS
morphine sulfate injection 10mg/ml, 4mg/ml	2	NDS
morphine sulfate injection 4mg/ml	4	NDS
morphine sulfate oral solution 100mg/5ml, 10mg/5ml, 20mg/5ml	3	NDS
morphine sulfate tablet 15mg, 30mg	3	NDS
oxycodone hydrochloride solution 5mg/5ml	3	NDS
oxycodone hydrochloride tablet 10mg, 15mg, 5mg	2	NDS
oxycodone hydrochloride tablet 20mg, 30mg	3	NDS
oxycodone/acetaminophen tablet 325mg; 5mg	2	NDS
oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg	3	NDS
tramadol hydrochloride/acetaminophen tablet 325mg; 37.5mg	2	NDS
tramadol hydrochloride tablet 50mg	1	NDS
Anesthetics		
Local Anesthetics		
lidocaine/prilocaine cream 2.5%; 2.5%	2	QL(30 GM per 30 days); PA
lidocaine ointment 5%	3	QL(150 GM per 30 days); PA
lidocaine patch 5%	4	PA
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
acamprosate calcium dr tablet delayed release 333mg	4	
disulfiram tablet 250mg, 500mg	3	
naltrexone hydrochloride tablet 50mg	2	
VIVITROL INJECTION 380MG	5	
Opioid Dependence		

Drug Name	Drug Tier	Requirements/Limits
buprenorphine hcl/naloxone hcl tablet sublingual 2mg; 0.5mg, 8mg; 2mg	2	
buprenorphine hcl tablet sublingual 2mg, 8mg	2	
buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg	3	
buprenorphine hydrochloride/naloxone hydrochloride tablet sublingual 2mg; 0.5mg	2	
Opioid Reversal Agents		
KLOXXADO LIQUID 8MG/0.1ML	4	
naloxone hcl injection 4mg/10ml	2	
naloxone hydrochloride injection 0.4mg/ml	2	
naloxone hydrochloride injection 2mg/2ml	3	
naloxone hydrochloride liquid 4mg/0.1ml	4	
OPVEE SOLUTION 2.7MG/0.1ML	3	
REXTOVY LIQUID 4MG/0.25ML	4	
Smoking Cessation Agents		
bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg	2	QL(60 EA per 30 days)
NICOTROL NS SOLUTION 10MG/ML	4	QL(360 ML per 365 days)
TYRVAYA SOLUTION 0.03MG/ACT	4	QL(8.4 ML per 30 days)
varenicline starting month tablet therapy pack 0	4	QL(504 EA per 365 days)
varenicline tartrate tablet 0.5mg, 1mg	4	QL(504 EA per 365 days)
Antibacterials		
Aminoglycosides		
amikacin sulfate injection 1gm/4ml, 500mg/2ml	4	
arikayce suspension 590mg/8.4ml	5	PA
gentamicin sulfate pediatric injection 10mg/ml	3	
gentamicin sulfate cream 0.1%	3	
gentamicin sulfate injection 40mg/ml	3	
gentamicin sulfate ointment 0.1%	3	
HUMATIN CAPSULE 250MG	5	
neomycin sulfate tablet 500mg	2	
streptomycin sulfate injection 1gm	5	
tobramycin sulfate injection 1.2gm/30ml, 1.2gm, 10mg/ml, 40mg/ml, 80mg/2ml	4	
Antibacterials, Other		
aztreonam injection 1gm, 2gm	4	
clindacin etz pledgets swab 1%	3	
clindacin-p swab 1%	3	
clindamycin hcl capsule 300mg	2	
clindamycin hydrochloride capsule 150mg, 75mg	2	
clindamycin palmitate hydrochloride solution reconstituted 75mg/5ml	4	
clindamycin phosphate cream 2%	4	

Drug Name	Drug Tier	Requirements/Limits
clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 900mg/6ml	3	
clindamycin phosphate swab 1%	3	
colistimethate sodium injection 150mg	4	
DAPTOMYCIN/SODIUM CHLORIDE INJECTION 350MG/50ML; 0.9%, 500MG/50ML; 0.9%, 700MG/100ML; 0.9%	4	
daptomycin/sodium chloride injection 1000mg/100ml; 0.9%	4	
daptomycin injection 350mg, 500mg	4	
fosfomycin tromethamine packet 3gm	4	
IMPAVIDO CAPSULE 50MG	5	
linezolid injection 600mg/300ml	4	
linezolid suspension reconstituted 100mg/5ml	5	QL(1800 ML per 28 days)
linezolid tablet 600mg	4	QL(56 EA per 28 days)
metronidazole vaginal gel 0.75%	3	
metronidazole injection 500mg/100ml	2	
metronidazole tablet 250mg, 500mg	2	
nitrofurantoin macrocrystals capsule 100mg, 50mg	4	
nitrofurantoin monohydrate/macrocrystals capsule 100mg	2	
nitrofurantoin monohydrate capsule 100mg	2	
tigecycline injection 50mg	4	
tinidazole tablet 250mg, 500mg	4	
trimethoprim tablet 100mg	2	
vancomycin hcl injection 10gm	3	
vancomycin hydrochloride capsule 125mg	4	QL(120 EA per 30 days)
vancomycin hydrochloride capsule 250mg	4	QL(240 EA per 30 days)
VANCOMYCIN HYDROCHLORIDE INJECTION 1.75GM, 2GM	3	
vancomycin hydrochloride injection 1gm, 500mg, 750mg	3	
VOQUEZNA DUAL PAK THERAPY PACK 500MG; 20MG	4	PA
VOQUEZNA TRIPLE PAK THERAPY PACK 500MG; 500MG; 20MG	4	PA
Beta-lactam, Cephalosporins		
cefaclor capsule 250mg, 500mg	2	
cefadroxil capsule 500mg	2	
cefadroxil suspension reconstituted 250mg/5ml, 500mg/5ml	2	
cefazolin sodium injection 10gm, 1gm, 500mg	4	
CEFAZOLIN INJECTION 2GM, 3GM	4	
cefdinir capsule 300mg	2	
cefdinir suspension reconstituted 125mg/5ml, 250mg/5ml	2	
cefepime hydrochloride injection 100gm, 2gm	4	
cefepime/dextrose injection 2gm/50ml; 5%	4	
cefepime injection 1gm/50ml, 1gm, 2gm/100ml, 2gm	4	
cefixime capsule 400mg	4	

Drug Name	Drug Tier	Requirements/Limits
cefotaxime sodium injection 1gm, 2gm	2	
cefotetan injection 1gm, 2gm	4	
cefoxitin sodium injection 10gm, 1gm, 2gm	3	
cefpodoxime proxetil suspension reconstituted 100mg/5ml, 50mg/5ml	4	
cefpodoxime proxetil tablet 100mg, 200mg	4	
cefprozil suspension reconstituted 125mg/5ml, 250mg/5ml	3	
cefprozil tablet 250mg, 500mg	2	
ceftaroline fosamil injection 400mg, 600mg	5	
ceftazidime injection 1gm, 2gm, 6gm	3	
ceftriaxone sodium injection 10gm, 1gm, 250mg, 2gm, 500mg	3	
cefuroxime axetil tablet 250mg, 500mg	2	
cefuroxime sodium injection 750mg	3	
cefuroxime sodium injection 1.5gm	4	
cephalexin capsule 250mg, 500mg	2	
cephalexin suspension reconstituted 125mg/5ml, 250mg/5ml	2	
TAZICEF INJECTION 6GM	3	
tazicef injection 1gm, 2gm	3	
TEFLARO INJECTION 400MG, 600MG	5	
Beta-lactam, Penicillins		
amoxicillin/clavulanate potassium er tablet extended release 12 hour 1000mg; 62.5mg	4	
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 200mg; 28.5mg, 400mg; 57mg	2	
amoxicillin/clavulanate potassium tablet 500mg; 125mg, 875mg; 125mg	2	
amoxicillin/clavulanate potassium tablet 250mg; 125mg	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 10gm, 125mg, 1gm, 2gm	3	
ampicillin-sulbactam injection 10gm; 5gm, 1gm; 0.5gm, 2gm; 1gm	3	
ampicillin/sulbactam injection 1gm; 0.5gm, 2gm; 1gm	3	
ampicillin capsule 500mg	2	
AUGMENTIN SUSPENSION RECONSTITUTED 125MG/5ML; 31.25MG/5ML	4	

Drug Name	Drug Tier	Requirements/Limits
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	4	
dicloxacillin sodium capsule 250mg, 500mg	2	
nafcillin sodium injection 10gm, 1gm, 2gm	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, 36gm; 4.5gm, 3gm; 0.375gm, 4gm; 0.5gm	4	
Carbapenems		
ertapenem sodium injection 1gm	4	
imipenem/cilastatin injection 250mg; 250mg, 500mg; 500mg	3	
meropenem injection 1gm, 2gm, 500mg	3	
Macrolides		
azithromycin injection 500mg	3	
azithromycin packet 1gm	2	
azithromycin suspension reconstituted 100mg/5ml, 200mg/5ml	2	
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	2	
DIFICID TABLET 200MG	5	
erythromycin dr tablet delayed release 250mg, 333mg, 500mg	4	
fidaxomicin tablet 200mg	5	
Quinolones		
ciprofloxacin hcl tablet 750mg	1	
ciprofloxacin hydrochloride tablet 250mg, 500mg	1	
ciprofloxacin i.v.-in d5w injection 200mg/100ml; 5%, 400mg/200ml; 5%	3	
levofloxacin in d5w injection 5%; 250mg/50ml, 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	3	
Sulfonamides		
sulfadiazine tablet 500mg	5	
sulfamethoxazole/trimethoprim ds tablet 800mg; 160mg	2	
sulfamethoxazole/trimethoprim suspension 200mg/5ml; 40mg/5ml	3	

Drug Name	Drug Tier	Requirements/Limits
sulfamethoxazole/trimethoprim tablet 400mg; 80mg	2	
Tetracyclines		
demeclocycline hcl tablet 150mg, 300mg	4	
demeclocycline hydrochloride tablet 300mg	4	
doxycycline hyclate capsule 100mg, 50mg	2	
doxycycline hyclate injection 100mg	4	
doxycycline hyclate tablet 100mg	2	
doxycycline monohydrate capsule 100mg, 50mg	2	
doxycycline monohydrate tablet 100mg, 50mg	2	
doxycycline monohydrate tablet 150mg, 75mg	3	
doxycycline suspension reconstituted 25mg/5ml	3	
minocycline hcl capsule 75mg	3	
minocycline hydrochloride capsule 100mg, 50mg	3	
tetracycline hydrochloride capsule 250mg, 500mg	3	
Anticonvulsants		
Anticonvulsants, Other		
brivaracetam solution 10mg/ml	4	PA NSO
brivaracetam tablet 100mg, 10mg, 25mg, 50mg, 75mg	4	PA NSO
BRIVIACT SOLUTION 10MG/ML	5	PA NSO
BRIVIACT TABLET 100MG, 10MG, 25MG, 50MG, 75MG	5	PA NSO
EPIDIOLEX SOLUTION 100MG/ML	5	PA NSO
EPRONTIA SOLUTION 25MG/ML	4	
felbamate suspension 600mg/5ml	4	
felbamate tablet 400mg, 600mg	4	
FINTEPLA SOLUTION 2.2MG/ML	5	PA NSO
FYCOMPA SUSPENSION 0.5MG/ML	5	
FYCOMPA TABLET 2MG	4	
FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG	5	
lamotrigine starter kit/blue kit 25mg	4	
lamotrigine starter kit/green kit 0	4	
lamotrigine starter kit/orange kit 0	4	
lamotrigine tablet chewable 25mg, 5mg	2	
lamotrigine tablet 100mg, 150mg, 200mg, 25mg	2	
levetiracetam er tablet extended release 24 hour 500mg, 750mg	3	
levetiracetam solution 100mg/ml	2	
LEVETIRACETAM TABLET DISINTEGRATING SOLUBLE 250MG, 500MG	4	
levetiracetam tablet 1000mg, 250mg, 500mg, 750mg	2	
NAYZILAM SOLUTION 5MG/0.1ML	4	QL(10 EA per 30 days)
perampanel suspension 0.5mg/ml	5	
perampanel tablet 2mg	4	
perampanel tablet 10mg, 12mg, 4mg, 6mg, 8mg	5	
roweepra tablet 500mg	2	

Drug Name	Drug Tier	Requirements/Limits
SPRITAM TABLET DISINTEGRATING SOLUBLE 1000MG, 250MG, 500MG, 750MG	4	
subvenite starter kit/blue kit 25mg	4	
subvenite starter kit/green kit 0	4	
subvenite starter kit/orange kit 0	4	
SUBVENITE SUSPENSION 10MG/ML	4	
subvenite tablet 100mg, 150mg, 200mg, 25mg	2	
topiramate capsule sprinkle 15mg, 25mg, 50mg	3	
topiramate solution 25mg/ml	4	
topiramate tablet 100mg, 200mg, 25mg, 50mg	2	
valproic acid capsule 250mg	2	
valproic acid solution 250mg/5ml	2	
Calcium Channel Modifying Agents		
ethosuximide capsule 250mg	3	
ethosuximide solution 250mg/5ml	3	
methsuximide capsule 300mg	4	
Gamma-aminobutyric Acid (GABA) Modulating Agents		
clobazam suspension 2.5mg/ml	4	
clobazam tablet 10mg, 20mg	4	
clonazepam odt tablet disintegrating 2mg	4	QL(300 EA per 30 days)
clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg	4	QL(90 EA per 30 days)
clonazepam tablet 2mg	1	QL(300 EA per 30 days)
clonazepam tablet 0.5mg, 1mg	1	QL(90 EA per 30 days)
DIACOMIT CAPSULE 250MG, 500MG	5	PA NSO
DIACOMIT PACKET 250MG, 500MG	5	PA NSO
diazepam gel 10mg, 2.5mg, 20mg	4	
divalproex sodium dr capsule delayed release sprinkle 125mg	2	
divalproex sodium dr tablet delayed release 125mg, 250mg, 500mg	2	
divalproex sodium er tablet extended release 24 hour 250mg, 500mg	2	
gabapentin capsule 400mg	2	QL(270 EA per 30 days)
gabapentin capsule 100mg, 300mg	2	QL(360 EA per 30 days)
gabapentin solution 250mg/5ml	4	QL(2160 ML per 30 days)
gabapentin tablet 800mg	2	QL(150 EA per 30 days)
gabapentin tablet 600mg	2	QL(180 EA per 30 days)
LIBERVANT FILM 10MG, 12.5MG, 15MG, 5MG, 7.5MG	4	QL(10 EA per 30 days)
phenobarbital elixir 20mg/5ml	4	
phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg	4	
pregabalin capsule 300mg	2	QL(60 EA per 30 days)
pregabalin capsule 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg	2	QL(90 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
pregabalin solution 20mg/ml	4	QL(900 ML per 30 days)
primidone tablet 125mg, 250mg, 50mg	2	
SYMPAZAN FILM 10MG, 5MG	4	
SYMPAZAN FILM 20MG	5	
tiagabine hydrochloride tablet 12mg, 16mg, 2mg, 4mg	4	
VALTOCO 10 MG DOSE LIQUID 10MG/0.1ML	5	QL(10 EA per 30 days)
VALTOCO 15 MG DOSE LIQUID THERAPY PACK 7.5MG/0.1ML	5	QL(10 EA per 30 days)
VALTOCO 20 MG DOSE LIQUID THERAPY PACK 10MG/0.1ML	5	QL(10 EA per 30 days)
VALTOCO 5 MG DOSE LIQUID 5MG/0.1ML	5	QL(10 EA per 30 days)
vigabatrin packet 500mg	5	PA NSO
vigabatrin tablet 500mg	5	PA NSO
vigadrone packet 500mg	5	PA NSO
vigadrone tablet 500mg	5	PA NSO
VIGAFYDE SOLUTION 100MG/ML	5	PA NSO
vigpoder packet 500mg	5	PA NSO
ZTALMY SUSPENSION 50MG/ML	5	PA NSO
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	3	
carbamazepine tablet chewable 100mg, 200mg	2	
carbamazepine tablet 200mg	3	
DILANTIN CAPSULE 30MG	4	
epitol tablet 200mg	3	
eslicarbazepine acetate tablet 200mg, 400mg, 600mg, 800mg	4	
lacosamide solution 10mg/ml	4	
lacosamide tablet 100mg, 150mg, 200mg, 50mg	4	
oxcarbazepine suspension 300mg/5ml	4	
oxcarbazepine tablet 150mg, 300mg, 600mg	3	
PHENYTEK CAPSULE 200MG, 300MG	2	
phenytoin sodium extended capsule 100mg, 200mg, 300mg	2	
phenytoin suspension 125mg/5ml	2	
phenytoin tablet chewable 50mg	2	
rufinamide suspension 40mg/ml	5	
rufinamide tablet 200mg	4	
rufinamide tablet 400mg	5	
XCOPRI TABLET THERAPY PACK 0	4	PA NSO; (12.5mg-25mg)
XCOPRI TABLET THERAPY PACK 0	5	PA NSO
XCOPRI TABLET THERAPY PACK 0	5	PA NSO; (100mg - 150mg)
XCOPRI TABLET 100MG, 150MG, 200MG, 25MG, 50MG	5	PA NSO

Drug Name	Drug Tier	Requirements/Limits
ZONISADE SUSPENSION 100MG/5ML	4	ST NSO
zonisamide capsule 100mg, 25mg, 50mg	2	
Antidementia Agents		
Antidementia Agents, Other		
ergoloid mesylates tablet 1mg	4	
memantine/donepezil hydrochloride er capsule extended release 24 hour 10mg; 14mg, 10mg; 21mg, 10mg; 28mg	3	QL(30 EA per 30 days)
Cholinesterase Inhibitors		
donepezil hcl tablet disintegrating 10mg, 5mg	2	
donepezil hcl tablet 10mg	2	
donepezil hydrochloride tablet 10mg, 5mg	2	
galantamine hydrobromide er capsule extended release 24 hour 16mg, 24mg, 8mg	4	
galantamine hydrobromide solution 4mg/ml	4	
galantamine hydrobromide tablet 12mg, 4mg, 8mg	4	
rivastigmine tartrate capsule 1.5mg, 3mg, 4.5mg, 6mg	3	
rivastigmine transdermal system patch 24 hour 13.3mg/24hr, 4.6mg/24hr, 9.5mg/24hr	4	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
memantine hcl titration pak tablet 0	2	
memantine hydrochloride tablet 10mg, 5mg	2	
Antidepressants		
Antidepressants, Other		
AUVELITY TITRATION PACK TABLET EXTENDED RELEASE THERAPY PACK 0; 0	4	QL(102 EA per 365 days)
AUVELITY TABLET EXTENDED RELEASE 105MG; 45MG	4	QL(60 EA per 30 days)
bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg, 200mg	2	QL(60 EA per 30 days)
bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg	2	QL(90 EA per 30 days)
bupropion hydrochloride er (xl) tablet extended release 24 hour 300mg	2	QL(30 EA per 30 days)
bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg	2	QL(90 EA per 30 days)
bupropion hydrochloride tablet 100mg, 75mg	2	
EXXUA TITRATION PACK TABLET EXTENDED RELEASE 24 HOUR 18.2MG	5	ST NSO
EXXUA TABLET EXTENDED RELEASE 24 HOUR 36.3MG, 54.5MG, 72.6MG	5	QL(30 EA per 30 days); ST NSO
EXXUA TABLET EXTENDED RELEASE 24 HOUR 18.2MG	5	ST NSO
mirtazapine odt tablet disintegrating 15mg, 30mg, 45mg	3	
mirtazapine tablet 15mg, 30mg, 45mg, 7.5mg	2	

Drug Name	Drug Tier	Requirements/Limits
SPRAVATO 56MG DOSE SOLUTION THERAPY PACK 0	5	PA NSO
SPRAVATO 84MG DOSE SOLUTION THERAPY PACK 0	5	PA NSO
ZURZUVAE CAPSULE 30MG	5	QL(14 EA per 14 days); PA NSO
ZURZUVAE CAPSULE 20MG, 25MG	5	QL(28 EA per 14 days); PA NSO
Monoamine Oxidase Inhibitors		
EMSAM PATCH 24 HOUR 12MG/24HR, 6MG/24HR, 9MG/24HR	5	QL(30 EA per 30 days); ST NSO
MARPLAN TABLET 10MG	4	
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	4	
citalopram hydrobromide tablet 10mg, 20mg, 40mg	1	
desvenlafaxine er tablet extended release 24 hour 100mg	3	QL(120 EA per 30 days)
desvenlafaxine er tablet extended release 24 hour 25mg, 50mg	3	QL(30 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 60MG	4	QL(60 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30MG, 40MG	4	QL(90 EA per 30 days)
duloxetine hydrochloride dr capsule delayed release particles 120mg, 80mg, 90mg	2	QL(30 EA per 30 days)
duloxetine hydrochloride dr capsule delayed release particles 20mg, 60mg	2	QL(60 EA per 30 days)
duloxetine hydrochloride dr capsule delayed release particles 30mg	2	QL(90 EA per 30 days)
escitalopram oxalate solution 5mg/5ml	4	
escitalopram oxalate tablet 10mg, 20mg, 5mg	2	
FETZIMA TITRATION PACK CAPSULE ER 24 HOUR THERAPY PACK 0	4	QL(56 EA per 365 days); ST NSO
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 20MG, 40MG, 80MG	4	QL(30 EA per 30 days); ST NSO
fluoxetine hydrochloride capsule 10mg, 20mg, 40mg	1	
fluoxetine hydrochloride solution 20mg/5ml	4	
fluvoxamine maleate tablet 100mg, 25mg, 50mg	3	
nefazodone hydrochloride tablet 100mg, 150mg, 200mg, 250mg, 50mg	4	
paroxetine hcl tablet 30mg, 40mg	2	
paroxetine hydrochloride suspension 10mg/5ml	4	
paroxetine hydrochloride tablet 10mg, 20mg	2	
RALDESY SOLUTION 10MG/ML	5	
sertraline hcl concentrate 20mg/ml	3	
sertraline hcl tablet 50mg	1	
sertraline hydrochloride tablet 100mg, 25mg	1	

Drug Name	Drug Tier	Requirements/Limits
trazodone hydrochloride tablet 100mg, 150mg, 50mg	2	
TRINTELLIX TABLET 10MG, 20MG, 5MG	4	QL(30 EA per 30 days)
venlafaxine hydrochloride er capsule extended release 24 hour 150mg, 37.5mg, 75mg	2	
venlafaxine hydrochloride tablet 100mg, 25mg, 37.5mg, 50mg, 75mg	2	
vilazodone hydrochloride tablet 10mg, 20mg, 40mg	4	QL(30 EA per 30 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	4	
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	4	
doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg	3	
imipramine hcl tablet 25mg, 50mg	4	
imipramine hydrochloride tablet 10mg	4	
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		
Antiemetics, Other		
compro suppository 25mg	4	
meclizine hcl tablet 12.5mg, 25mg	4	
meclizine hydrochloride tablet 25mg	4	
prochlorperazine maleate tablet 10mg, 5mg	2	
prochlorperazine suppository 25mg	4	
promethazine hcl suppository 12.5mg	4	
promethazine hydrochloride plain solution 6.25mg/5ml	3	
promethazine hydrochloride solution 6.25mg/5ml	3	
promethazine hydrochloride suppository 25mg	4	
promethazine hydrochloride tablet 12.5mg, 25mg, 50mg	3	
promethegan suppository 12.5mg, 25mg	4	
scopolamine patch 72 hour 1mg/3days	4	
Emetogenic Therapy Adjuncts		
aprepitant capsule therapy pack 0	4	QL(6 EA per 30 days); B/D
aprepitant capsule 40mg	4	QL(1 EA per 30 days); B/D
aprepitant capsule 80mg	4	QL(8 EA per 30 days); B/D

Drug Name	Drug Tier	Requirements/Limits
aprepitant capsule 125mg	5	QL(2 EA per 30 days); B/D
dronabinol capsule 10mg, 2.5mg, 5mg	4	QL(60 EA per 30 days); PA
ondansetron hcl solution 4mg/5ml	4	QL(450 ML per 30 days); 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 70MG	4	
caspofungin acetate injection 50mg	4	
clotrimazole cream 1%	2	QL(90 GM per 30 days)
clotrimazole solution 1%	2	QL(60 ML per 30 days)
clotrimazole troche 10mg	3	
CRESEMBA CAPSULE 186MG, 74.5MG	5	PA
econazole nitrate cream 1%	2	
fluconazole in sodium chloride injection 200mg/100ml; 0.9%, 400mg/200ml; 0.9%	3	
fluconazole suspension reconstituted 10mg/ml, 40mg/ml	3	
fluconazole tablet 100mg, 150mg, 200mg, 50mg	2	
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	PA
JUBLIA SOLUTION 10%	5	
ketoconazole cream 2%	2	QL(90 GM per 30 days)
ketoconazole shampoo 2%	2	
ketoconazole tablet 200mg	2	
klayesta powder 100000unit/gm	2	QL(120 GM per 30 days)
micafungin injection 100mg, 50mg	4	
nyamyc powder 100000unit/gm	2	QL(120 GM per 30 days)
nystatin cream 100000unit/gm	2	
nystatin ointment 100000unit/gm	2	
nystatin powder 100000unit/gm	2	QL(120 GM per 30 days)
nystatin suspension 100000unit/ml	2	
nystatin tablet 500000unit	3	
nystop powder 100000unit/gm	2	QL(120 GM per 30 days)
posaconazole dr tablet delayed release 100mg	5	PA
posaconazole suspension 40mg/ml	5	PA
terbinafine hcl tablet 250mg	2	QL(84 EA per 180 days)
terconazole cream 0.4%, 0.8%	3	
voriconazole injection 200mg	5	PA

Drug Name	Drug Tier	Requirements/Limits
voriconazole suspension reconstituted 40mg/ml	5	
voriconazole tablet 200mg, 50mg	4	
Antigout Agents		
Antigout Agents		
allopurinol tablet 100mg, 300mg	2	
colchicine tablet 0.6mg	3	
probenecid/colchicine tablet 0.5mg; 500mg	2	
probenecid tablet 500mg	2	
Antimigraine Agents		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists		
AIMOVIG INJECTION 140MG/ML	3	QL(1 ML per 28 days); PA
AIMOVIG INJECTION 70MG/ML	3	QL(2 ML per 28 days); PA
EMGALITY INJECTION 120MG/ML	3	QL(2 ML per 28 days); PA
EMGALITY INJECTION 100MG/ML	5	QL(3 ML per 28 days); PA
NURTEC TABLET DISINTEGRATING 75MG	5	QL(18 EA per 30 days); PA
QULIPTA TABLET 10MG, 30MG, 60MG	5	QL(30 EA per 30 days); PA
UBRELVY TABLET 100MG, 50MG	5	QL(16 EA per 30 days); PA
Ergot Alkaloids		
dihydroergotamine mesylate solution 4mg/ml	4	QL(8 ML per 30 days); PA
ergotamine tartrate/caffeine tablet 100mg; 1mg	3	QL(24 EA per 28 days)
Prophylactic		
timolol maleate tablet 10mg, 20mg, 5mg	3	
Serotonin (5-HT) Receptor Agonist		
rizatriptan benzoate odt tablet disintegrating 10mg, 5mg	3	QL(18 EA per 30 days)
rizatriptan benzoate tablet 10mg, 5mg	2	QL(18 EA per 30 days)
sumatriptan succinate injection 6mg/0.5ml	4	QL(5 ML per 30 days)
sumatriptan succinate tablet 100mg, 25mg, 50mg	2	QL(9 EA per 30 days)
sumatriptan solution 20mg/act, 5mg/act	4	QL(12 EA per 30 days)
zolmitriptan tablet 2.5mg, 5mg	4	QL(12 EA per 30 days)
Antimyasthenic Agents		
Parasympathomimetics		
pyridostigmine bromide tablet 60mg	2	
VYVGART HYTRULO INJECTION 180MG/ML; 2000UNIT/ML	5	PA
Antimycobacterials		
Antimycobacterials, Other		
dapsone tablet 100mg, 25mg	3	
rifabutin capsule 150mg	4	
Antituberculars		
cycloserine capsule 250mg	5	
ethambutol hydrochloride tablet 100mg, 400mg	2	
ISONIAZID INJECTION 100MG/ML	4	
isoniazid syrup 50mg/5ml	4	
isoniazid tablet 100mg, 300mg	1	

Drug Name	Drug Tier	Requirements/Limits
PRIFTIN TABLET 150MG	4	
pyrazinamide tablet 500mg	3	
rifampin capsule 150mg, 300mg	3	
rifampin injection 600mg	4	
SIRTURO TABLET 100MG, 20MG	5	
TRECATOR TABLET 250MG	4	
Antineoplastics		
Alkylating Agents		
cisplatin injection 100mg/100ml	4	
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 NSO
Antiandrogens		
abiraterone acetate tablet 250mg	4	PA NSO
abiraterone acetate tablet 500mg	5	PA NSO
abirtega tablet 250mg	4	PA NSO
bicalutamide tablet 50mg	2	
ERLEADA TABLET 240MG, 60MG	5	PA NSO
EULEXIN CAPSULE 125MG	4	
nilutamide tablet 150mg	5	
NUBEQA TABLET 300MG	5	PA NSO
XTANDI CAPSULE 40MG	5	PA NSO
XTANDI TABLET 40MG, 80MG	5	PA NSO
YONSA TABLET 125MG	5	PA NSO
Antiangiogenic Agents		
lenalidomide capsule 10mg, 15mg, 2.5mg, 20mg, 25mg, 5mg	5	PA NSO
pomalidomide capsule 3mg, 4mg	5	PA NSO
pomalidomide capsule 1mg, 2mg	5	QL(30 EA per 30 days); PA NSO
POMALYST CAPSULE 3MG, 4MG	5	PA NSO
POMALYST CAPSULE 1MG, 2MG	5	QL(30 EA per 30 days); PA NSO
THALOMID CAPSULE 100MG, 150MG, 200MG, 50MG	5	PA NSO
Antiestrogens/Modifiers		
EMCYT CAPSULE 140MG	5	
INLURIYO TABLET 200MG	5	PA NSO
ORSERDU TABLET 345MG, 86MG	5	PA NSO
SOLTAMOX SOLUTION 10MG/5ML	5	
tamoxifen citrate tablet 10mg, 20mg	2	
toremifene citrate tablet 60mg	4	
VEPPANU TABLET 200MG	5	PA NSO

Drug Name	Drug Tier	Requirements/Limits
VEPPANU TABLET 100MG	5	QL(30 EA per 30 days); PA NSO
Antimetabolites		
DROXIA CAPSULE 200MG, 300MG, 400MG	3	
hydroxyurea capsule 500mg	2	
mercaptopurine suspension 2000mg/100ml	5	
mercaptopurine tablet 50mg	3	
TABLOID TABLET 40MG	5	
Antineoplastics, Other		
AKEEGA TABLET 500MG; 100MG, 500MG; 50MG	5	PA NSO
IBRANCE TABLET 100MG, 125MG, 75MG	5	PA NSO
INREBIC CAPSULE 100MG	5	PA NSO
ITOVEBI TABLET 9MG	5	PA NSO
ITOVEBI TABLET 3MG	5	QL(60 EA per 30 days); PA NSO
IWILFIN TABLET 192MG	5	PA NSO
KISQALI FEMARA 200 DOSE TABLET THERAPY PACK 2.5MG; 200MG	5	PA NSO
KISQALI FEMARA 400 DOSE TABLET THERAPY PACK 2.5MG; 200MG	5	PA NSO
KISQALI FEMARA 600 DOSE TABLET THERAPY PACK 2.5MG; 200MG	5	PA NSO
KOMZIFTI CAPSULE 200MG	5	PA NSO
LAZCLUZE TABLET 240MG	5	PA NSO
LAZCLUZE TABLET 80MG	5	QL(60 EA per 30 days); PA NSO
leucovorin calcium tablet 10mg, 15mg, 25mg, 5mg	3	
LONSURF TABLET 6.14MG; 15MG, 8.19MG; 20MG	5	PA NSO
LYSODREN TABLET 500MG	5	
MODEYSO CAPSULE 125MG	5	PA NSO
OGSIVEO TABLET 100MG, 150MG, 50MG	5	PA NSO
OJEMDA SUSPENSION RECONSTITUTED 25MG/ML	5	PA NSO
OJEMDA TABLET 100MG	5	PA NSO
ONUREG TABLET 200MG, 300MG	5	PA NSO
PHESGO INJECTION 2000UNIT/ML; 60MG/ML; 60MG/ML, 2000UNIT/ML; 80MG/ML; 40MG/ML	5	PA NSO
REVUFORJ TABLET 110MG, 160MG, 25MG	5	PA NSO
VONJO CAPSULE 100MG	5	PA NSO
ZOLINZA CAPSULE 100MG	5	PA NSO
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 NSO
topotecan hcl injection 4mg	5	

Drug Name	Drug Tier	Requirements/Limits
topotecan hydrochloride injection 4mg/4ml	5	
Molecular Target Inhibitors		
ALECENSA CAPSULE 150MG	5	PA NSO
ALUNBRIG TABLET THERAPY PACK 0	5	QL(60 EA per 365 days); PA NSO
ALUNBRIG TABLET 30MG	5	QL(120 EA per 30 days); PA NSO
ALUNBRIG TABLET 180MG, 90MG	5	QL(30 EA per 30 days); PA NSO
AUGTYRO CAPSULE 160MG, 40MG	5	PA NSO
AYVAKIT TABLET 100MG, 200MG, 25MG, 300MG, 50MG	5	QL(30 EA per 30 days); PA NSO
BALVERSA TABLET 3MG, 4MG, 5MG	5	PA NSO
BOSULIF CAPSULE 100MG, 50MG	5	PA NSO
BOSULIF TABLET 100MG, 400MG, 500MG	5	PA NSO
bosutinib tablet 100mg, 400mg, 500mg	5	PA NSO
BRAFTOVI CAPSULE 75MG	5	PA NSO
BRUKINSA CAPSULE 80MG	5	PA NSO
BRUKINSA TABLET 160MG	5	PA NSO
CABOMETYX TABLET 40MG, 60MG	5	PA NSO
CABOMETYX TABLET 20MG	5	QL(30 EA per 30 days); PA NSO
CALQUENCE CAPSULE 100MG	5	PA NSO
CALQUENCE TABLET 100MG	5	PA NSO
CAPRELSA TABLET 300MG	5	PA NSO
CAPRELSA TABLET 100MG	5	QL(60 EA per 30 days); PA NSO
COMETRIQ KIT 0, 20MG	5	PA NSO
COPIKTRA CAPSULE 15MG, 25MG	5	PA NSO
COTELLIC TABLET 20MG	5	PA NSO
DANZITEN TABLET 71MG, 95MG	5	PA NSO
dasatinib tablet 100mg, 140mg, 20mg, 50mg, 70mg, 80mg	5	PA NSO
DAURISMO TABLET 100MG, 25MG	5	PA NSO
ENSACOVE CAPSULE 100MG, 25MG	5	PA NSO
ERIVEDGE CAPSULE 150MG	5	PA NSO
erlotinib hydrochloride tablet 100mg, 150mg, 25mg	4	PA NSO
everolimus tablet soluble 2mg, 3mg, 5mg	5	PA NSO
everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg	5	QL(30 EA per 30 days); PA NSO
EXKIVITY CAPSULE 40MG	5	
FOTIVDA CAPSULE 0.89MG, 1.34MG	5	PA NSO
FRUZAQLA CAPSULE 1MG, 5MG	5	PA NSO
GAVRETO CAPSULE 100MG	5	PA NSO
gefitinib tablet 250mg	5	PA NSO
GILOTRIF TABLET 20MG, 30MG, 40MG	5	QL(30 EA per 30 days); PA NSO
GOMEKLI CAPSULE 1MG, 2MG	5	PA NSO
GOMEKLI TABLET SOLUBLE 1MG	5	PA NSO
HERNEXEOS TABLET 60MG	5	PA NSO
HYRNUO TABLET 10MG	5	PA NSO
IBRANCE CAPSULE 100MG, 125MG, 75MG	5	PA NSO

Drug Name	Drug Tier	Requirements/Limits
IBTROZI CAPSULE 200MG	5	PA NSO
ICLUSIG TABLET 30MG, 45MG	5	PA NSO
ICLUSIG TABLET 10MG, 15MG	5	QL(30 EA per 30 days); PA NSO
IDHIFA TABLET 100MG, 50MG	5	QL(30 EA per 30 days); PA NSO
imatinib mesylate tablet 100mg	3	PA NSO
imatinib mesylate tablet 400mg	4	PA NSO
IMBRUVICA CAPSULE 140MG	5	QL(120 EA per 30 days); PA NSO
IMBRUVICA CAPSULE 70MG	5	QL(28 EA per 28 days); PA NSO
IMBRUVICA SUSPENSION 70MG/ML	5	PA NSO
IMBRUVICA TABLET 420MG	5	PA NSO
IMBRUVICA TABLET 140MG, 280MG	5	QL(28 EA per 28 days); PA NSO
IMKELDI SOLUTION 80MG/ML	5	PA NSO
INLYTA TABLET 1MG, 5MG	5	PA NSO
INQOVI TABLET 100MG; 35MG	5	PA NSO
JAKAFI XR TABLET EXTENDED RELEASE 24 HOUR 11MG, 22MG, 33MG, 44MG, 55MG	5	QL(30 EA per 30 days); PA NSO
JAKAFI TABLET 15MG, 20MG, 25MG, 5MG	5	PA NSO
JAKAFI TABLET 10MG	5	QL(60 EA per 30 days); PA NSO
JAYPIRCA TABLET 100MG	5	PA NSO
JAYPIRCA TABLET 50MG	5	QL(30 EA per 30 days); PA NSO
KISQALI TABLET THERAPY PACK 200MG	5	PA NSO
KOSELUGO CAPSULE SPRINKLE 5MG, 7.5MG	5	PA NSO
KOSELUGO CAPSULE 10MG, 25MG	5	PA NSO
KRAZATI TABLET 200MG	5	PA NSO
lapatinib ditosylate tablet 250mg	5	PA NSO
LENVIMA 10 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	5	PA NSO
LENVIMA 12MG DAILY DOSE CAPSULE THERAPY PACK 4MG	5	PA NSO
LENVIMA 14 MG DAILY DOSE CAPSULE THERAPY PACK 0	5	PA NSO
LENVIMA 18 MG DAILY DOSE CAPSULE THERAPY PACK 0	5	PA NSO
LENVIMA 20 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	5	PA NSO
LENVIMA 24 MG DAILY DOSE CAPSULE THERAPY PACK 0	5	PA NSO
LENVIMA 4 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	5	PA NSO
LENVIMA 8 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	5	PA NSO
LIFYORLI CAPSULE THERAPY PACK 0	5	PA NSO
LORBRENA TABLET 100MG, 25MG	5	PA NSO
LUMAKRAS TABLET 120MG, 240MG, 320MG	5	PA NSO

Drug Name	Drug Tier	Requirements/Limits
LYNPARZA TABLET 100MG, 150MG	5	PA NSO
LYTGOBI TABLET THERAPY PACK 4MG	5	PA NSO; 12 MG DAILY DOSE
LYTGOBI TABLET THERAPY PACK 4MG	5	PA NSO; 16 MG DAILY DOSE
LYTGOBI TABLET THERAPY PACK 4MG	5	PA NSO; 20 MG DAILY DOSE
MEKINIST SOLUTION RECONSTITUTED 0.05MG/ML	5	PA NSO
MEKINIST TABLET 0.5MG, 2MG	5	PA NSO
MEKTOVI TABLET 15MG	5	PA NSO
NERLYNX TABLET 40MG	5	QL(180 EA per 30 days); PA NSO
NILOTINIB D-TARTRATE CAPSULE 150MG, 200MG, 50MG	5	PA NSO
nilotinib hydrochloride capsule 150mg, 200mg, 50mg	5	PA NSO
NINLARO CAPSULE 2.3MG, 3MG, 4MG	5	PA NSO
ODOMZO CAPSULE 200MG	5	PA NSO
OJJAARA TABLET 100MG, 200MG	5	PA NSO
OJJAARA TABLET 150MG	5	QL(30 EA per 30 days); PA NSO
pazopanib hydrochloride tablet 200mg, 400mg	5	PA NSO
PEMAZYRE TABLET 13.5MG, 4.5MG, 9MG	5	QL(30 EA per 30 days); PA NSO
PIQRAY 200MG DAILY DOSE TABLET THERAPY PACK 200MG	5	PA NSO
PIQRAY 250MG DAILY DOSE TABLET THERAPY PACK 0	5	PA NSO
PIQRAY 300MG DAILY DOSE TABLET THERAPY PACK 150MG	5	PA NSO
QINLOCK TABLET 50MG	5	PA NSO
RETEVMO CAPSULE 40MG, 80MG	5	PA NSO
RETEVMO TABLET 120MG, 160MG	5	PA NSO
RETEVMO TABLET 80MG	5	QL(60 EA per 30 days); PA NSO
RETEVMO TABLET 40MG	5	QL(90 EA per 30 days); PA NSO
REZLIDHIA CAPSULE 150MG	5	PA NSO
ROMVIMZA CAPSULE 14MG, 20MG, 30MG	5	PA NSO
ROZLYTREK CAPSULE 100MG, 200MG	5	PA NSO
ROZLYTREK PACKET 50MG	5	PA NSO
RUBRACA TABLET 250MG, 300MG	5	PA NSO
RUBRACA TABLET 200MG	5	QL(120 EA per 30 days); PA NSO
RYDAPT CAPSULE 25MG	5	PA NSO
SCEMBLIX TABLET 100MG	5	QL(120 EA per 30 days); PA NSO
SCEMBLIX TABLET 40MG	5	QL(240 EA per 30 days); PA NSO
SCEMBLIX TABLET 20MG	5	QL(60 EA per 30 days); PA NSO
sorafenib tosylate tablet 200mg	5	PA NSO
sorafenib tablet 200mg	5	PA NSO
STIVARGA TABLET 40MG	5	PA NSO
sunitinib malate capsule 12.5mg, 25mg, 37.5mg, 50mg	5	PA NSO
TABRECTA TABLET 150MG, 200MG	5	QL(120 EA per 30 days); PA NSO
TAFINLAR CAPSULE 50MG, 75MG	5	PA NSO

Drug Name	Drug Tier	Requirements/Limits
TAFINLAR TABLET SOLUBLE 10MG	5	PA NSO
TAGRISSO TABLET 80MG	5	PA NSO
TAGRISSO TABLET 40MG	5	QL(30 EA per 30 days); PA NSO
TALZENNA CAPSULE 0.1MG, 0.25MG, 0.35MG, 0.5MG, 0.75MG, 1MG	5	PA NSO
TAZVERIK TABLET 200MG	5	PA NSO
TEPMETKO TABLET 225MG	5	PA NSO
TIBSOVO TABLET 250MG	5	PA NSO
TORPENZ TABLET 10MG, 2.5MG, 5MG, 7.5MG	5	QL(30 EA per 30 days); PA NSO
TRUQAP TABLET THERAPY PACK 160MG, 200MG	5	PA NSO
TRUQAP TABLET 160MG, 200MG	5	PA NSO
TUKYSA TABLET 150MG, 50MG	5	PA NSO
TURALIO CAPSULE 125MG	5	PA NSO
VANFLYTA TABLET 17.7MG, 26.5MG	5	PA NSO
VENCLEXTA STARTING PACK TABLET THERAPY PACK 0	5	PA NSO
VENCLEXTA TABLET 10MG	4	PA NSO
VENCLEXTA TABLET 100MG, 50MG	5	PA NSO
VERZENIO TABLET 100MG, 150MG, 200MG, 50MG	5	PA NSO
VITRAKVI CAPSULE 100MG, 25MG	5	PA NSO
VITRAKVI SOLUTION 20MG/ML	5	PA NSO
VIZIMPRO TABLET 15MG, 30MG, 45MG	5	PA NSO
XALKORI CAPSULE SPRINKLE 150MG, 20MG, 50MG	5	PA NSO
XALKORI CAPSULE 200MG, 250MG	5	PA NSO
XOSPATA TABLET 40MG	5	PA NSO
XPOVIO 60 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	5	PA NSO
XPOVIO 80 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	5	PA NSO
XPOVIO TABLET THERAPY PACK 10MG, 40MG, 50MG, 60MG, 80MG	5	PA NSO
yulithira tablet 10mg, 2.5mg, 5mg, 7.5mg	4	QL(30 EA per 30 days); PA NSO
ZEJULA TABLET 200MG, 300MG	5	PA NSO
ZEJULA TABLET 100MG	5	QL(30 EA per 30 days); PA NSO
ZELBORAF TABLET 240MG	5	PA NSO
ZYDELIG TABLET 100MG, 150MG	5	PA NSO
ZYKADIA TABLET 150MG	5	PA NSO
Monoclonal Antibodies/Antibody-Drug Conjugates		
TEVIMBRA INJECTION 100MG/10ML	5	PA NSO
Retinoids		
bexarotene capsule 75mg	5	PA NSO
bexarotene gel 1%	5	PA NSO
PANRETIN GEL 0.1%	5	
tretinoin capsule 10mg	5	

Drug Name	Drug Tier	Requirements/Limits
Treatment Adjuncts		
mesna tablet 400mg	5	
VORANIGO TABLET 40MG	5	PA NSO
VORANIGO TABLET 10MG	5	QL(60 EA per 30 days); PA NSO
Antiparasitics		
Anthelmintics		
albendazole tablet 200mg	4	
ivermectin tablet 3mg, 6mg	2	PA
praziquantel tablet 600mg	4	
Antiprotozoals		
ALINIA SUSPENSION RECONSTITUTED 100MG/5ML	5	
atovaquone/proguanil hcl tablet 62.5mg; 25mg	3	
atovaquone/proguanil hydrochloride tablet 250mg; 100mg	3	
atovaquone suspension 750mg/5ml	4	
benznidazole tablet 100mg, 12.5mg	4	
chloroquine phosphate tablet 250mg, 500mg	3	
COARTEM TABLET 20MG; 120MG	4	
hydroxychloroquine sulfate tablet 100mg, 200mg	2	
mefloquine hydrochloride tablet 250mg	2	
nitazoxanide tablet 500mg	5	
pentamidine isethionate injection 300mg	3	
pentamidine isethionate inhalation solution reconstituted 300mg	3	B/D
primaquine phosphate tablet 26.3mg	3	
pyrimethamine tablet 25mg	5	PA
quinine sulfate capsule 324mg	3	PA
Antiparkinson Agents		
Anticholinergics		
benztropine mesylate tablet 0.5mg, 1mg, 2mg	2	
trihexyphenidyl hydrochloride tablet 2mg, 5mg	4	
Antiparkinson Agents, Other		
entacapone tablet 200mg	3	
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	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
carbidopa/levodopa er tablet extended release 25mg; 100mg, 50mg; 200mg	3	

Drug Name	Drug Tier	Requirements/Limits
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	
INBRIJA CAPSULE 42MG	5	PA
RYTARY CAPSULE EXTENDED RELEASE 23.75MG; 95MG, 36.25MG; 145MG, 48.75MG; 195MG, 61.25MG; 245MG	4	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 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	3	
haloperidol lactate injection 5mg/ml	2	
haloperidol concentrate 2mg/ml	2	
haloperidol tablet 0.5mg, 10mg, 1mg, 2mg, 5mg	2	
haloperidol tablet 20mg	3	
loxapine capsule 10mg, 25mg, 50mg, 5mg	2	
molindone hydrochloride tablet 10mg, 25mg, 5mg	4	
perphenazine tablet 2mg, 4mg	3	
perphenazine tablet 16mg, 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	3	
trifluoperazine hydrochloride tablet 1mg	3	
2nd Generation/Atypical		
ABILIFY MAINTENA INJECTION 300MG, 400MG	5	
aripiprazole odt tablet disintegrating 10mg, 15mg	4	QL(60 EA per 30 days)
aripiprazole solution 1mg/ml	4	QL(750 ML per 30 days)
aripiprazole tablet 10mg, 15mg, 20mg, 2mg, 30mg, 5mg	2	QL(30 EA per 30 days)
ARISTADA INITIO INJECTION 675MG/2.4ML	5	

Drug Name	Drug Tier	Requirements/Limits
ARISTADA INJECTION 1064MG/3.9ML, 441MG/1.6ML, 662MG/2.4ML, 882MG/3.2ML	5	
asenapine maleate sl tablet sublingual 10mg, 2.5mg, 5mg	4	QL(60 EA per 30 days)
BYSANTI TITRATION PACK A TABLET THERAPY PACK 0	4	QL(16 EA per 365 days); ST NSO
BYSANTI TITRATION PACK B TABLET THERAPY PACK 0	4	QL(24 EA per 365 days); ST NSO
BYSANTI TITRATION PACK C TABLET THERAPY PACK 0	4	QL(16 EA per 365 days); ST NSO
BYSANTI TABLET 1MG	5	QL(180 EA per 30 days); ST NSO
BYSANTI TABLET 10MG, 12MG, 2MG, 4MG, 6MG, 8MG	5	QL(60 EA per 30 days); ST NSO
CAPLYTA CAPSULE 10.5MG, 21MG, 42MG	5	QL(30 EA per 30 days); PA NSO
FANAPT TITRATION PACK A TABLET 0	4	QL(16 EA per 365 days); ST NSO
FANAPT TITRATION PACK B TABLET 0	4	QL(24 EA per 365 days); ST NSO
FANAPT TITRATION PACK C TABLET 0	4	QL(16 EA per 365 days); ST NSO
FANAPT TABLET 10MG, 12MG, 1MG, 2MG, 4MG, 6MG, 8MG	5	QL(60 EA per 30 days); ST NSO
INVEGA HAFYERA INJECTION 1092MG/3.5ML, 1560MG/5ML	5	ST NSO
INVEGA SUSTENNA INJECTION 39MG/0.25ML	4	
INVEGA SUSTENNA INJECTION 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	5	
INVEGA TRINZA INJECTION 273MG/0.88ML, 410MG/1.32ML, 546MG/1.75ML, 819MG/2.63ML	5	
lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg	4	QL(30 EA per 30 days)
lurasidone hydrochloride tablet 80mg	4	QL(60 EA per 30 days)
LYBALVI TABLET 10MG; 10MG, 15MG; 10MG, 20MG; 10MG, 5MG; 10MG	5	QL(30 EA per 30 days); ST NSO
NUPLAZID CAPSULE 34MG	5	PA NSO
NUPLAZID TABLET 10MG	5	PA NSO
olanzapine odt tablet disintegrating 10mg, 15mg, 20mg, 5mg	3	QL(30 EA per 30 days)
olanzapine injection 10mg	4	
olanzapine tablet 10mg, 15mg, 2.5mg, 20mg, 5mg, 7.5mg	2	QL(30 EA per 30 days)
OPIPZA FILM 2MG	5	QL(30 EA per 30 days); PA NSO
OPIPZA FILM 10MG, 5MG	5	QL(90 EA per 30 days); PA NSO
paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg	4	QL(30 EA per 30 days)
paliperidone er tablet extended release 24 hour 6mg	4	QL(60 EA per 30 days)
PERSERIS INJECTION 120MG, 90MG	5	
quetiapine fumarate er tablet extended release 24 hour 150mg, 300mg, 400mg, 50mg	3	QL(60 EA per 30 days)
quetiapine fumarate er tablet extended release 24 hour 200mg	3	QL(90 EA per 30 days)
quetiapine fumarate tablet 300mg, 400mg	2	QL(60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
quetiapine fumarate tablet 100mg, 150mg, 200mg, 25mg, 50mg	2	QL(90 EA per 30 days)
REXULTI TABLET 0.25MG, 0.5MG, 1MG, 2MG, 3MG, 4MG	5	QL(30 EA per 30 days)
risperidone er injection 12.5mg, 25mg	4	
risperidone er injection 37.5mg, 50mg	5	
risperidone odt tablet disintegrating 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg	4	QL(60 EA per 30 days)
risperidone solution 1mg/ml	2	QL(240 ML per 30 days)
risperidone tablet 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg	1	QL(60 EA per 30 days)
SECUADO PATCH 24 HOUR 3.8MG/24HR, 5.7MG/24HR, 7.6MG/24HR	5	QL(30 EA per 30 days); ST NSO
VRAYLAR CAPSULE 0.5MG, 0.75MG, 1.5MG, 3MG, 4.5MG, 6MG	5	QL(30 EA per 30 days)
ziprasidone hcl capsule 20mg, 40mg, 60mg, 80mg	3	QL(60 EA per 30 days)
ziprasidone mesylate injection 20mg	4	QL(60 EA per 30 days)
ZYPREXA RELPREVV INJECTION 210MG	4	
ZYPREXA RELPREVV INJECTION 300MG, 405MG	5	
Treatment-Resistant		
clozapine odt tablet disintegrating 200mg	4	QL(120 EA per 30 days)
clozapine odt tablet disintegrating 150mg	4	QL(180 EA per 30 days)
clozapine odt tablet disintegrating 100mg, 25mg	4	QL(270 EA per 30 days)
clozapine odt tablet disintegrating 12.5mg	4	QL(90 EA per 30 days)
clozapine tablet 50mg	3	QL(180 EA per 30 days)
clozapine tablet 25mg	3	QL(270 EA per 30 days)
clozapine tablet 200mg	4	QL(120 EA per 30 days)
clozapine tablet 100mg	4	QL(270 EA per 30 days)
VERSACLOZ SUSPENSION 50MG/ML	5	QL(540 ML per 30 days)
Antispasticity Agents		
Antispasticity Agents		
baclofen tablet 10mg, 20mg	2	
baclofen tablet 5mg	3	
dantrolene sodium capsule 100mg, 25mg	4	
tizanidine hcl tablet 2mg	2	
tizanidine hydrochloride tablet 4mg	2	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
ganciclovir injection 500mg/10ml, 500mg	2	B/D
LIVTENCITY TABLET 200MG	5	
PREVYMIS PACKET 120MG, 20MG	5	
PREVYMIS TABLET 240MG, 480MG	5	
valganciclovir hydrochloride solution reconstituted 50mg/ml	5	
valganciclovir tablet 450mg	3	
Anti-hepatitis B (HBV) Agents		

Drug Name	Drug Tier	Requirements/Limits
adefovir dipivoxil tablet 10mg	4	
BARACLUDE SOLUTION 0.05MG/ML	5	QL(600 ML per 30 days)
entecavir tablet 0.5mg, 1mg	4	QL(30 EA per 30 days)
lamivudine tablet 100mg	3	
Anti-hepatitis C (HCV) Agents		
MAVYRET PACKET 50MG; 20MG	5	QL(560 EA per 365 days); PA
MAVYRET TABLET 100MG; 40MG	5	QL(336 EA per 365 days); PA
ribavirin tablet 200mg	3	
sofosbuvir/velpatasvir tablet 400mg; 100mg	5	QL(84 EA per 365 days); PA
VOSEVI TABLET 400MG; 100MG; 100MG	5	QL(84 EA per 365 days); PA
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY TABLET 30MG; 120MG; 15MG, 50MG; 200MG; 25MG	5	QL(30 EA per 30 days)
CABENUVA INJECTION 400MG/2ML; 600MG/2ML, 600MG/3ML; 900MG/3ML	5	
DOVATO TABLET 50MG; 300MG	5	QL(30 EA per 30 days)
GENVOYA TABLET 150MG; 150MG; 200MG; 10MG	5	QL(30 EA per 30 days)
ISENTRESS HD TABLET 600MG	5	QL(60 EA per 30 days)
ISENTRESS PACKET 100MG	5	QL(60 EA per 30 days)
ISENTRESS TABLET CHEWABLE 25MG	3	QL(180 EA per 30 days)
ISENTRESS TABLET CHEWABLE 100MG	5	QL(180 EA per 30 days)
ISENTRESS TABLET 400MG	5	QL(60 EA per 30 days)
JULUCA TABLET 50MG; 25MG	5	QL(30 EA per 30 days)
STRIBILD TABLET 150MG; 150MG; 200MG; 300MG	5	QL(30 EA per 30 days)
TIVICAY PD TABLET SOLUBLE 5MG	4	QL(180 EA per 30 days)
TIVICAY TABLET 10MG	4	QL(30 EA per 30 days)
TIVICAY TABLET 25MG	5	QL(30 EA per 30 days)
TIVICAY TABLET 50MG	5	QL(60 EA per 30 days)
VOCABRIA TABLET 30MG	5	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
DELSTRIGO TABLET 100MG; 300MG; 300MG	5	QL(30 EA per 30 days)
EDURANT PED TABLET SOLUBLE 2.5MG	5	QL(180 EA per 30 days)
EDURANT TABLET 25MG	5	QL(30 EA per 30 days)
efavirenz/emtricitabine/tenofovir disoproxil fumarate tablet 600mg; 200mg; 300mg	3	QL(30 EA per 30 days)
efavirenz/lamivudine/tenofovir disoproxil fumarate tablet 400mg; 300mg; 300mg, 600mg; 300mg; 300mg	5	QL(30 EA per 30 days)
efavirenz capsule 200mg, 50mg	4	QL(90 EA per 30 days)
efavirenz tablet 600mg	4	QL(30 EA per 30 days)
emtricitabine/rilpivirine/tenofovir disoproxil fumarate tablet 200mg; 25mg; 300mg	5	QL(30 EA per 30 days)
etravirine tablet 100mg	4	QL(60 EA per 30 days)
etravirine tablet 200mg	5	QL(60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
IDVYNSO TABLET 100MG; 0.25MG	5	QL(30 EA per 30 days)
INTELENCE TABLET 25MG	4	QL(120 EA per 30 days)
nevirapine er tablet extended release 24 hour 400mg	4	QL(30 EA per 30 days)
nevirapine suspension 50mg/5ml	3	QL(1200 ML per 30 days)
nevirapine tablet 200mg	2	QL(60 EA per 30 days)
PIFELTRO TABLET 100MG	5	QL(30 EA per 30 days)
rilpivirine hydrochloride tablet 25mg	5	QL(30 EA per 30 days)
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
abacavir sulfate/lamivudine tablet 600mg; 300mg	4	QL(30 EA per 30 days)
abacavir solution 20mg/ml	4	QL(960 ML per 30 days)
abacavir tablet 300mg	3	QL(60 EA per 30 days)
CIMDUO TABLET 300MG; 300MG	5	QL(30 EA per 30 days)
DESCOVY TABLET 120MG; 15MG, 200MG; 25MG	5	QL(30 EA per 30 days)
emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg	2	QL(30 EA per 30 days)
emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg	4	QL(30 EA per 30 days)
emtricitabine/tenofovir disoproxil fumarate tablet 133mg; 200mg	5	QL(30 EA per 30 days)
emtricitabine/tenofovir disoproxil tablet 167mg; 250mg	4	QL(30 EA per 30 days)
emtricitabine capsule 200mg	4	QL(30 EA per 30 days)
EMTRIVA SOLUTION 10MG/ML	4	QL(850 ML per 30 days)
lamivudine/zidovudine tablet 150mg; 300mg	3	QL(60 EA per 30 days)
lamivudine solution 10mg/ml	3	QL(960 ML per 30 days)
lamivudine tablet 150mg	2	QL(60 EA per 30 days)
lamivudine tablet 300mg	3	QL(30 EA per 30 days)
ODEFSEY TABLET 200MG; 25MG; 25MG	5	QL(30 EA per 30 days)
tenofovir disoproxil fumarate tablet 300mg	4	QL(30 EA per 30 days)
TRIUMEQ PD TABLET SOLUBLE 60MG; 5MG; 30MG	4	QL(180 EA per 30 days)
TRIUMEQ TABLET 600MG; 50MG; 300MG	5	QL(30 EA per 30 days)
VIREAD POWDER 40MG/GM	5	QL(240 GM per 30 days)
VIREAD TABLET 150MG, 200MG, 250MG	5	QL(30 EA per 30 days)
zidovudine capsule 100mg	3	QL(180 EA per 30 days)
zidovudine syrup 50mg/5ml	3	QL(1920 ML per 30 days)
zidovudine tablet 300mg	3	QL(60 EA per 30 days)
Anti-HIV Agents, Other		
FUZEON INJECTION 90MG	5	
maraviroc tablet 300mg	5	QL(120 EA per 30 days)
maraviroc tablet 150mg	5	QL(60 EA per 30 days)
RUKOBIA TABLET EXTENDED RELEASE 12 HOUR 600MG	5	QL(60 EA per 30 days)
SELZENTRY SOLUTION 20MG/ML	5	
SELZENTRY TABLET 25MG	4	QL(480 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
SELZENTRY TABLET 75MG	5	QL(60 EA per 30 days)
SUNLENCA INJECTION 463.5MG/1.5ML	5	
SUNLENCA TABLET THERAPY PACK 300MG	5	QL(10 EA per 365 days); (5 x 300 MG Pack)
SUNLENCA TABLET THERAPY PACK 300MG	5	QL(8 EA per 365 days); (4 x 300 MG Pack)
SUNLENCA TABLET 300MG	5	QL(24 EA per 168 days)
TYBOST TABLET 150MG	3	QL(30 EA per 30 days)
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS CAPSULE 250MG	5	QL(120 EA per 30 days)
atazanavir sulfate capsule 300mg	4	QL(30 EA per 30 days)
atazanavir capsule 150mg	4	
atazanavir capsule 200mg	4	QL(60 EA per 30 days)
darunavir tablet 800mg	4	QL(30 EA per 30 days)
darunavir tablet 600mg	4	QL(60 EA per 30 days)
EVOTAZ TABLET 300MG; 150MG	5	QL(30 EA per 30 days)
fosamprenavir calcium tablet 700mg	5	QL(120 EA per 30 days)
KALETRA SOLUTION 400MG/5ML; 100MG/5ML	4	
LEXIVA SUSPENSION 50MG/ML	4	QL(1800 ML per 30 days)
lopinavir/ritonavir solution 400mg/5ml; 100mg/5ml	4	
lopinavir/ritonavir tablet 100mg; 25mg, 200mg; 50mg	4	
NORVIR PACKET 100MG	4	QL(360 EA per 30 days)
PREZCOBIX TABLET 150MG; 675MG, 150MG; 800MG	5	QL(30 EA per 30 days)
PREZISTA SUSPENSION 100MG/ML	5	QL(400 ML per 30 days)
PREZISTA TABLET 75MG	4	QL(300 EA per 30 days)
PREZISTA TABLET 150MG	5	QL(180 EA per 30 days)
REYATAZ PACKET 50MG	5	QL(180 EA per 30 days)
ritonavir tablet 100mg	3	QL(360 EA per 30 days)
SYMTUZA TABLET 150MG; 800MG; 200MG; 10MG	5	QL(30 EA per 30 days)
VIRACEPT TABLET 625MG	5	QL(120 EA per 30 days)
VIRACEPT TABLET 250MG	5	QL(300 EA per 30 days)
Anti-influenza Agents		
amantadine hcl capsule 100mg	2	
amantadine hcl solution 50mg/5ml	2	
oseltamivir phosphate capsule 75mg	2	QL(110 EA per 365 days)
oseltamivir phosphate capsule 30mg	2	QL(168 EA per 365 days)
oseltamivir phosphate capsule 45mg	2	QL(84 EA per 365 days)
oseltamivir phosphate suspension reconstituted 6mg/ml	3	QL(1080 ML per 365 days)
XOFLUZA TABLET THERAPY PACK 40MG, 80MG	3	
Antiherpetic Agents		
acyclovir sodium injection 50mg/ml	4	B/D
acyclovir capsule 200mg	2	
acyclovir suspension 200mg/5ml	4	
acyclovir tablet 400mg, 800mg	2	

Drug Name	Drug Tier	Requirements/Limits
famciclovir tablet 125mg, 250mg, 500mg	3	
valacyclovir hydrochloride tablet 1gm, 500mg	3	QL(120 EA per 30 days)
VYJUVEK GEL 0	5	PA
Antiviral, Coronavirus Agents		
LAGEVRIO CAPSULE 200MG	3	QL(40 EA per 5 days)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(11 EA per 5 days); (300mg-100mg Day 1; 150mg-100mg Days 2-5)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(20 EA per 5 days); (150mg-100mg Pak)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(30 EA per 5 days); (300mg-100mg Pak)
Anxiolytics		
Anxiolytics, Other		
buspirone hcl tablet 15mg	1	
buspirone hydrochloride tablet 10mg, 30mg, 5mg, 7.5mg	1	
Benzodiazepines		
alprazolam tablet 0.25mg, 0.5mg, 1mg	2	QL(120 EA per 30 days)
alprazolam tablet 2mg	2	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	
diazepam concentrate 5mg/ml	2	
diazepam solution 5mg/5ml	2	
diazepam tablet 10mg	2	QL(120 EA per 30 days)
diazepam tablet 5mg	2	QL(240 EA per 30 days)
diazepam tablet 2mg	2	QL(300 EA per 30 days)
lorazepam intensol concentrate 2mg/ml	3	
lorazepam tablet 2mg	2	QL(150 EA per 30 days)
lorazepam tablet 0.5mg, 1mg	2	QL(90 EA per 30 days)
Bipolar Agents		
Bipolar Agents, Other		
IGALMI FILM 120MCG, 180MCG	4	PA NSO
Mood Stabilizers		
lithium carbonate er tablet extended release 300mg, 450mg	2	
lithium carbonate capsule 150mg, 300mg	1	
lithium carbonate capsule 600mg	2	
lithium carbonate tablet 300mg	2	
lithium solution 8meq/5ml	2	
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose tablet 100mg, 25mg, 50mg	2	
glimepiride tablet 1mg, 2mg, 4mg	6	

Drug Name	Drug Tier	Requirements/Limits
glipizide er tablet extended release 24 hour 10mg, 2.5mg, 5mg	6	
glipizide xl tablet extended release 24 hour 10mg, 2.5mg, 5mg	6	
glipizide/metformin hydrochloride tablet 2.5mg; 250mg, 2.5mg; 500mg, 5mg; 500mg	6	
glipizide tablet 10mg, 2.5mg, 5mg	6	
glyburide/metformin hydrochloride tablet 1.25mg; 250mg, 2.5mg; 500mg, 5mg; 500mg	6	
glyburide tablet 1.25mg, 2.5mg, 5mg	6	
GLYXAMBI TABLET 10MG; 5MG, 25MG; 5MG	3	
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG, 1000MG; 50MG, 500MG; 50MG	3	
JANUMET TABLET 1000MG; 50MG, 500MG; 50MG	3	
JANUVIA TABLET 100MG, 25MG, 50MG	3	QL(30 EA per 30 days)
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG	3	
JENTADUETO TABLET 2.5MG; 1000MG, 2.5MG; 500MG, 2.5MG; 850MG	3	
metformin hydrochloride er tablet extended release 24 hour 500mg, 750mg	6	
metformin hydrochloride tablet 1000mg, 500mg, 850mg	6	
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, 60mg	6	
OZEMPIC INJECTION 2MG/3ML, 4MG/3ML, 8MG/3ML	3	QL(3 ML per 28 days); PA
OZEMPIC TABLET 4MG, 9MG	3	QL(30 EA per 30 days); PA
OZEMPIC TABLET 1.5MG	3	QL(60 EA per 365 days); PA
pioglitazone hcl/metformin hcl tablet 500mg; 15mg, 850mg; 15mg	6	
pioglitazone hcl tablet 45mg	6	
pioglitazone hydrochloride tablet 15mg, 30mg	6	
repaglinide tablet 0.5mg, 1mg, 2mg	6	
RYBELSUS TABLET 14MG, 7MG	3	QL(30 EA per 30 days); PA
RYBELSUS TABLET 3MG	3	QL(60 EA per 365 days); PA
SOLIQUA 100/33 INJECTION 100UNIT/ML; 33MCG/ML	3	
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 12.5MG; 1000MG, 25MG; 1000MG, 5MG; 1000MG	3	
SYNJARDY TABLET 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG, 5MG; 500MG	3	
TRADJENTA TABLET 5MG	3	QL(30 EA per 30 days)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG, 12.5MG; 2.5MG; 1000MG, 25MG; 5MG; 1000MG, 5MG; 2.5MG; 1000MG	3	

Drug Name	Drug Tier	Requirements/Limits
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 10MG; 1000MG, 10MG; 500MG, 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	3	
Glycemic Agents		
BAQSIMI ONE PACK POWDER 3MG/DOSE	3	
BAQSIMI TWO PACK POWDER 3MG/DOSE	3	
diazoxide suspension 50mg/ml	5	
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	
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 50/50 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 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	3	
HUMULIN R U-500 KWIKPEN INJECTION 500UNIT/ML	3	
HUMULIN R INJECTION 100UNIT/ML	3	
INSULIN ASPART FLEXPEN INJECTION 100UNIT/ML	3	

Drug Name	Drug Tier	Requirements/Limits
INSULIN ASPART PENFILL INJECTION 100UNIT/ML	3	
INSULIN ASPART INJECTION 100UNIT/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 INJECTION 100UNIT/ML	3	
NOVOLIN 70/30 FLEXPEN RELION INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLIN 70/30 FLEXPEN INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLIN 70/30 RELION INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLIN 70/30 INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLIN N FLEXPEN RELION INJECTION 100UNIT/ML	3	
NOVOLIN N FLEXPEN INJECTION 100UNIT/ML	3	
NOVOLIN N RELION INJECTION 100UNIT/ML	3	
NOVOLIN N INJECTION 100UNIT/ML	3	
NOVOLIN R FLEXPEN RELION INJECTION 100UNIT/ML	3	
NOVOLIN R FLEXPEN INJECTION 100UNIT/ML	3	
NOVOLIN R RELION INJECTION 100UNIT/ML	3	
NOVOLIN R INJECTION 100UNIT/ML	3	
NOVOLOG FLEXPEN RELION INJECTION 100UNIT/ML	3	
NOVOLOG FLEXPEN INJECTION 100UNIT/ML	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLOG MIX 70/30 RELION INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLOG MIX 70/30 INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLOG PENFILL INJECTION 100UNIT/ML	3	
NOVOLOG RELION INJECTION 100UNIT/ML	3	
NOVOLOG INJECTION 100UNIT/ML	3	
TOUJEO MAX SOLOSTAR INJECTION 300UNIT/ML	3	
TOUJEO SOLOSTAR INJECTION 300UNIT/ML	3	
TRESIBA FLEXTOUCH INJECTION 100UNIT/ML, 200UNIT/ML	3	
TRESIBA INJECTION 100UNIT/ML	3	
Blood Products and Modifiers		

Drug Name	Drug Tier	Requirements/Limits
Anticoagulants		
dabigatran etexilate capsule 110mg, 150mg, 75mg	4	QL(60 EA per 30 days)
ELIQUIS STARTER PACK TABLET THERAPY PACK 5MG	3	QL(148 EA per 365 days)
ELIQUIS CAPSULE SPRINKLE 0.15MG	3	QL(84 EA per 28 days)
ELIQUIS TABLET SOLUBLE 0.5MG	3	QL(140 EA per 28 days)
ELIQUIS TABLET SOLUBLE 0.5MG	3	QL(420 EA per 28 days); PACK 3 X 0.5 MG (1.5 MG)
ELIQUIS TABLET SOLUBLE 0.5MG	3	QL(560 EA per 28 days); PACK 4 X 0.5 MG (2 MG)
ELIQUIS TABLET 2.5MG	3	QL(60 EA per 30 days)
ELIQUIS TABLET 5MG	3	QL(90 EA per 30 days)
enoxaparin sodium injection 100mg/ml, 120mg/0.8ml, 150mg/ml, 300mg/3ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml	4	
fondaparinux sodium injection 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml	4	
fondaparinux sodium injection 10mg/0.8ml	5	
FRAGMIN INJECTION 2500UNIT/0.2ML	4	
FRAGMIN INJECTION 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	5	
heparin sodium injection 5000unit/ml	3	
jantoven tablet 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg	1	
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 SUSPENSION RECONSTITUTED 1MG/ML	3	QL(600 ML per 30 days)
XARELTO TABLET 10MG, 20MG	3	QL(30 EA per 30 days)
XARELTO TABLET 2.5MG	3	QL(360 EA per 30 days)
XARELTO TABLET 15MG	3	QL(60 EA per 30 days)
Blood Products and Modifiers, Other		
anagrelide hydrochloride capsule 0.5mg, 1mg	3	
eltrombopag olamine packet 12.5mg, 25mg	5	PA
eltrombopag olamine tablet 12.5mg, 25mg, 50mg, 75mg	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	4	PA
PROCRIT INJECTION 20000UNIT/ML, 40000UNIT/ML	5	PA

Drug Name	Drug Tier	Requirements/Limits
RETACRIT INJECTION 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
RETACRIT INJECTION 40000UNIT/ML	5	PA
UDENYCA ONBODY INJECTION 6MG/0.6ML	5	PA
UDENYCA INJECTION 6MG/0.6ML	5	PA
XOLREMDI CAPSULE 100MG	5	QL(120 EA per 30 days); PA
ZARXIO INJECTION 300MCG/0.5ML, 480MCG/0.8ML	5	
Hemostasis Agents		
tranexamic acid tablet 650mg	3	
Platelet Modifying Agents		
aspirin/dipyridamole er capsule extended release 12 hour 25mg; 200mg	4	
aspirin/dipyridamole capsule extended release 12 hour 25mg; 200mg	4	
CABLIVI INJECTION 11MG	5	QL(30 EA per 30 days); PA
cilostazol tablet 100mg, 50mg	2	
clopidogrel tablet 75mg	1	
clopidogrel tablet 300mg	2	
DOPTELET TABLET 20MG	5	PA
prasugrel hydrochloride tablet 10mg, 5mg	2	
ticagrelor tablet 60mg, 90mg	3	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
clonidine hydrochloride tablet 0.1mg, 0.2mg, 0.3mg	1	
clonidine patch weekly 0.1mg/24hr, 0.2mg/24hr, 0.3mg/24hr	4	
droxidopa capsule 100mg	4	PA
droxidopa capsule 200mg, 300mg	5	PA
methyldopa tablet 250mg, 500mg	4	
midodrine hydrochloride tablet 10mg, 2.5mg, 5mg	2	
Alpha-adrenergic Blocking Agents		
prazosin hydrochloride capsule 1mg, 2mg, 5mg	2	
Angiotensin II Receptor Antagonists		
candesartan cilexetil tablet 16mg, 32mg, 4mg, 8mg	6	
irbesartan tablet 150mg, 300mg, 75mg	6	
losartan potassium tablet 100mg, 25mg, 50mg	6	
olmesartan medoxomil tablet 20mg, 40mg, 5mg	6	
telmisartan tablet 20mg, 40mg, 80mg	6	
valsartan tablet 160mg, 320mg, 40mg, 80mg	6	
Angiotensin-converting Enzyme (ACE) Inhibitors		
benazepril hydrochloride tablet 10mg, 20mg, 40mg, 5mg	6	
captopril tablet 100mg, 12.5mg, 25mg, 50mg	6	
enalapril maleate tablet 10mg, 2.5mg, 20mg, 5mg	6	
fosinopril sodium tablet 10mg, 20mg, 40mg	6	

Drug Name	Drug Tier	Requirements/Limits
lisinopril tablet 10mg, 2.5mg, 20mg, 30mg, 40mg, 5mg	6	
moexipril hydrochloride tablet 15mg, 7.5mg	6	
perindopril erbumine tablet 2mg, 4mg, 8mg	6	
quinapril hydrochloride tablet 10mg, 20mg, 40mg, 5mg	6	
ramipril capsule 1.25mg, 10mg, 2.5mg, 5mg	6	
trandolapril tablet 1mg, 2mg, 4mg	6	
Antiarrhythmics		
amiodarone hydrochloride tablet 200mg	2	
amiodarone hydrochloride tablet 100mg	4	
digoxin solution 0.05mg/ml	4	
digoxin tablet 125mcg, 250mcg	2	
dofetilide capsule 125mcg, 250mcg, 500mcg	4	
flecainide acetate tablet 100mg, 150mg, 50mg	2	
mexiletine hydrochloride capsule 150mg	3	
mexiletine hydrochloride capsule 200mg, 250mg	4	
PACERONE TABLET 200MG	2	
PACERONE TABLET 100MG	4	
propafenone hcl tablet 150mg, 225mg, 300mg	2	
propafenone hydrochloride tablet 150mg, 225mg, 300mg	2	
quinidine sulfate tablet 200mg, 300mg	4	
sotalol hcl tablet 120mg, 160mg, 240mg	2	
sotalol hydrochloride (af) tablet 120mg, 160mg, 80mg	2	
sotalol hydrochloride tablet 120mg, 80mg	2	
Beta-adrenergic Blocking Agents		
acebutolol hydrochloride capsule 200mg, 400mg	2	
atenolol tablet 100mg, 25mg, 50mg	1	
betaxolol hcl tablet 10mg, 20mg	4	
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, 37.5mg, 50mg	1	
metoprolol tartrate tablet 75mg	2	
nadolol tablet 20mg, 40mg, 80mg	3	
nebivolol hydrochloride tablet 10mg, 2.5mg, 20mg, 5mg	4	
pindolol tablet 10mg, 5mg	3	
propranolol hcl tablet 40mg	2	
propranolol hydrochloride er capsule extended release 24 hour 120mg, 160mg, 60mg, 80mg	3	
propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg	2	
Calcium Channel Blocking Agents, Dihydropyridines		
amlodipine besylate tablet 10mg, 2.5mg, 5mg	1	

Drug Name	Drug Tier	Requirements/Limits
felodipine er tablet extended release 24 hour 10mg, 2.5mg, 5mg	2	
nifedipine er tablet extended release 24 hour 30mg, 60mg, 90mg	2	
nimodipine capsule 30mg	4	
Calcium Channel Blocking Agents, Nondihydropyridines		
cartia xt capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg	2	
dilt-xr capsule extended release 24 hour 120mg, 180mg, 240mg	2	
diltiazem hcl cd capsule extended release 24 hour 360mg	2	
diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 420mg	2	
diltiazem hcl er tablet extended release 24 hour 240mg, 300mg, 360mg	4	
diltiazem hcl tablet 30mg, 60mg	2	
diltiazem hydrochloride er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg	2	
diltiazem hydrochloride er tablet extended release 24 hour 240mg, 300mg, 360mg	4	
diltiazem hydrochloride tablet 120mg, 90mg	2	
taztia xt capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg	2	
tiadylt er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
verapamil hcl er capsule extended release 24 hour 120mg, 180mg, 240mg	4	
verapamil hcl er tablet extended release 120mg	2	
verapamil hcl sr capsule extended release 24 hour 120mg, 180mg, 240mg, 360mg	4	
verapamil hydrochloride er tablet extended release 180mg, 240mg	2	
verapamil hydrochloride sr capsule extended release 24 hour 240mg, 360mg	4	
verapamil hydrochloride tablet 120mg, 40mg, 80mg	2	
Cardiovascular Agents, Other		
aliskiren tablet 150mg, 300mg	6	
amiloride/hydrochlorothiazide tablet 5mg; 50mg	2	
amlodipine besylate/benazepril hydrochloride capsule 10mg; 20mg, 10mg; 40mg, 2.5mg; 10mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg	6	
amlodipine besylate/valsartan tablet 10mg; 160mg, 10mg; 320mg, 5mg; 160mg, 5mg; 320mg	6	
atenolol/chlorthalidone tablet 100mg; 25mg, 50mg; 25mg	2	

Drug Name	Drug Tier	Requirements/Limits
benazepril hydrochloride/hydrochlorothiazide tablet 10mg; 12.5mg, 20mg; 12.5mg, 20mg; 25mg, 5mg; 6.25mg	6	
bisoprolol fumarate/hydrochlorothiazide tablet 10mg; 6.25mg, 2.5mg; 6.25mg, 5mg; 6.25mg	2	
candesartan cilexetil/hydrochlorothiazide tablet 16mg; 12.5mg, 32mg; 12.5mg, 32mg; 25mg	6	
captopril/hydrochlorothiazide tablet 25mg; 15mg, 25mg; 25mg, 50mg; 15mg, 50mg; 25mg	6	
enalapril maleate/hydrochlorothiazide tablet 10mg; 25mg, 5mg; 12.5mg	6	
ENTRESTO CAPSULE SPRINKLE 15MG; 16MG, 6MG; 6MG	3	QL(240 EA per 30 days)
fosinopril sodium/hydrochlorothiazide tablet 10mg; 12.5mg, 20mg; 12.5mg	6	
irbesartan/hydrochlorothiazide tablet 12.5mg; 150mg, 12.5mg; 300mg	6	
ivabradine hydrochloride tablet 5mg, 7.5mg	4	QL(60 EA per 30 days)
lisinopril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg, 25mg; 20mg	6	
losartan potassium/hydrochlorothiazide tablet 12.5mg; 100mg, 12.5mg; 50mg, 25mg; 100mg	6	
metyrosine capsule 250mg	5	PA
olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 20mg, 12.5mg; 40mg, 25mg; 40mg	6	
pentoxifylline er tablet extended release 400mg	2	
quinapril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg, 25mg; 20mg	6	
ranolazine er tablet extended release 12 hour 1000mg, 500mg	3	
sacubitril/valsartan tablet 24mg; 26mg, 49mg; 51mg, 97mg; 103mg	3	QL(60 EA per 30 days)
spironolactone/hydrochlorothiazide tablet 25mg; 25mg	2	
telmisartan/hydrochlorothiazide tablet 12.5mg; 40mg, 12.5mg; 80mg, 25mg; 80mg	6	
triamterene/hydrochlorothiazide capsule 25mg; 37.5mg	1	
triamterene/hydrochlorothiazide tablet 25mg; 37.5mg, 50mg; 75mg	1	
valsartan/hydrochlorothiazide tablet 12.5mg; 160mg, 12.5mg; 320mg, 12.5mg; 80mg, 25mg; 160mg, 25mg; 320mg	6	
VYNDAMAX CAPSULE 61MG	5	QL(30 EA per 30 days); PA
Diuretics, Loop		
bumetanide injection 0.25mg/ml	2	
bumetanide tablet 0.5mg, 1mg, 2mg	2	
furosemide injection 10mg/ml	2	
furosemide oral solution 10mg/ml, 40mg/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
furosemide tablet 20mg, 40mg, 80mg	1	
torsemide tablet 100mg, 10mg, 20mg, 5mg	2	
Diuretics, Potassium-sparing		
amiloride hcl tablet 5mg	2	
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	2	
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate micronized capsule 134mg, 200mg, 67mg	2	
fenofibrate capsule 200mg, 67mg	2	
fenofibrate tablet 145mg, 160mg, 48mg, 54mg	2	
fenofibric acid dr capsule delayed release 135mg, 45mg	3	
gemfibrozil tablet 600mg	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
atorvastatin calcium tablet 10mg, 20mg, 40mg, 80mg	6	
fluvastatin sodium er tablet extended release 24 hour 80mg	4	
fluvastatin capsule 20mg, 40mg	4	
lovastatin tablet 10mg, 20mg, 40mg	6	
pitavastatin calcium tablet 1mg, 2mg, 4mg	4	
pravastatin sodium tablet 10mg, 20mg, 40mg, 80mg	6	
rosuvastatin calcium tablet 10mg, 20mg, 40mg, 5mg	6	
simvastatin tablet 10mg, 20mg, 40mg, 5mg, 80mg	6	
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 tablet 1gm	3	
ezetimibe/simvastatin tablet 10mg; 10mg, 10mg; 20mg, 10mg; 40mg, 10mg; 80mg	6	
ezetimibe tablet 10mg	2	
icosapent ethyl capsule 0.5gm, 1gm	4	
NEXLETOL TABLET 180MG	4	QL(30 EA per 30 days); PA
NEXLIZET TABLET 180MG; 10MG	4	QL(30 EA per 30 days); PA
niacin er tablet extended release 1000mg, 500mg, 750mg	4	
omega-3-acid ethyl esters capsule 375mg; 465mg; 1gm	4	
PRALUENT INJECTION 150MG/ML, 75MG/ML	3	QL(2 ML per 28 days); PA
prevalite packet 4gm	4	
prevalite powder 4gm/dose	4	

Drug Name	Drug Tier	Requirements/Limits
REPATHA PUSHTRONEX SYSTEM INJECTION 420MG/3.5ML	3	QL(7 ML per 28 days); PA
REPATHA SURECLICK INJECTION 140MG/ML	3	QL(3 ML per 28 days); PA
REPATHA INJECTION 140MG/ML	3	QL(3 ML per 28 days); PA
TRYNGOLZA INJECTION 80MG/0.8ML	5	QL(0.8 ML per 28 days); PA
Mineralocorticoid Receptor Antagonists		
eplerenone tablet 25mg, 50mg	3	
KERENDIA TABLET 10MG, 20MG, 40MG	4	QL(30 EA per 30 days); PA
spironolactone tablet 100mg, 25mg, 50mg	2	
Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)		
dapagliflozin tablet 10mg, 5mg	3	QL(30 EA per 30 days)
JARDIANCE TABLET 10MG, 25MG	3	QL(30 EA per 30 days)
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	
nitroglycerin transdermal patch 24 hour 0.1mg/hr, 0.2mg/hr, 0.4mg/hr, 0.6mg/hr	2	
nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg	2	
VERQUVO TABLET 10MG, 2.5MG, 5MG	3	QL(30 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(60 EA per 30 days); Extended-release capsule 10mg
amphetamine/dextroamphetamine capsule extended release 24 hour 3.75mg; 3.75mg; 3.75mg; 3.75mg	4	QL(60 EA per 30 days); Extended-release capsule 15mg
amphetamine/dextroamphetamine capsule extended release 24 hour 5mg; 5mg; 5mg; 5mg	4	QL(60 EA per 30 days); Extended-release capsule 20mg
amphetamine/dextroamphetamine capsule extended release 24 hour 6.25mg; 6.25mg; 6.25mg; 6.25mg	4	QL(60 EA per 30 days); Extended-release capsule 25mg
amphetamine/dextroamphetamine capsule extended release 24 hour 7.5mg; 7.5mg; 7.5mg; 7.5mg	4	QL(60 EA per 30 days); Extended-release capsule 30mg
amphetamine/dextroamphetamine capsule extended release 24 hour 1.25mg; 1.25mg; 1.25mg; 1.25mg	4	QL(60 EA per 30 days); Extended-release capsule 5mg
amphetamine/dextroamphetamine tablet 1.25mg; 1.25mg; 1.25mg; 1.25mg, 1.875mg; 1.875mg; 1.875mg; 1.875mg, 2.5mg; 2.5mg; 2.5mg; 2.5mg, 3.125mg; 3.125mg; 3.125mg; 3.125mg, 3.75mg; 3.75mg; 3.75mg; 3.75mg, 5mg; 5mg; 5mg; 5mg, 7.5mg; 7.5mg; 7.5mg; 7.5mg	3	QL(90 EA per 30 days)
dextroamphetamine sulfate tablet 10mg	3	QL(180 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
dextroamphetamine sulfate tablet 5mg	3	QL(90 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
atomoxetine hydrochloride capsule 25mg	4	QL(30 EA per 30 days)
atomoxetine hydrochloride capsule 10mg	4	QL(60 EA per 30 days)
atomoxetine capsule 100mg, 18mg, 25mg, 40mg, 60mg, 80mg	4	QL(30 EA per 30 days)
atomoxetine capsule 10mg	4	QL(60 EA per 30 days)
dexmethylphenidate hcl tablet 10mg, 5mg	3	QL(60 EA per 30 days)
dexmethylphenidate hydrochloride tablet 2.5mg	3	QL(60 EA per 30 days)
guanfacine hydrochloride er tablet extended release 24 hour 1mg, 2mg, 3mg, 4mg	4	
methylphenidate hydrochloride solution 5mg/5ml	4	
methylphenidate hydrochloride tablet 10mg, 20mg, 5mg	2	QL(90 EA per 30 days)
Central Nervous System, Other		
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 0	5	QL(56 EA per 365 days); PA; (12mg & 18mg & 24mg & 30mg Pack)
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 0	5	QL(84 EA per 365 days); PA; (6mg & 12mg & 24mg Pack)
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12MG, 18MG, 24MG, 30MG, 36MG, 42MG, 48MG, 6MG	5	QL(30 EA per 30 days); PA
AUSTEDO TABLET 12MG, 6MG, 9MG	5	QL(120 EA per 30 days); PA
butalbital/acetaminophen/caffeine tablet 325mg; 50mg; 40mg	3	
COBENFY STARTER PACK CAPSULE THERAPY PACK 20MG; 0	5	QL(112 EA per 365 days); PA NSO
COBENFY CAPSULE 20MG; 100MG, 20MG; 50MG, 30MG; 125MG	5	QL(60 EA per 30 days); PA NSO
INGREZZA CAPSULE SPRINKLE 60MG, 80MG	5	QL(30 EA per 30 days); PA
INGREZZA CAPSULE SPRINKLE 40MG	5	QL(60 EA per 30 days); PA
INGREZZA CAPSULE THERAPY PACK 0	5	QL(56 EA per 365 days); PA
INGREZZA CAPSULE 60MG, 80MG	5	QL(30 EA per 30 days); PA
INGREZZA CAPSULE 40MG	5	QL(60 EA per 30 days); PA
NUEDEXTA CAPSULE 20MG; 10MG	5	PA
riluzole tablet 50mg	4	
tetrabenazine tablet 12.5mg	4	PA
tetrabenazine tablet 25mg	5	PA
VEOZAH TABLET 45MG	4	QL(30 EA per 30 days); PA
Fibromyalgia Agents		
SAVELLA TITRATION PACK MISCELLANEOUS 0	3	QL(110 EA per 365 days)
SAVELLA TABLET 100MG, 12.5MG, 25MG, 50MG	3	QL(60 EA per 30 days)
Multiple Sclerosis Agents		
AVONEX PEN INJECTION 30MCG/0.5ML	5	QL(4 EA per 28 days); PA
AVONEX INJECTION 30MCG/0.5ML	5	QL(4 EA per 28 days); PA
BETASERON INJECTION 0.3MG	5	QL(15 EA per 30 days); PA
dalfampridine er tablet extended release 12 hour 10mg	3	QL(60 EA per 30 days); PA

Drug Name	Drug Tier	Requirements/Limits
dimethyl fumarate starterpack capsule delayed release therapy pack 0	4	QL(120 EA per 365 days); PA
dimethyl fumarate capsule delayed release 120mg, 240mg	4	QL(60 EA per 30 days); PA
fingolimod hydrochloride capsule 0.5mg	5	QL(30 EA per 30 days); PA
glatiramer acetate injection 40mg/ml	5	QL(12 ML per 28 days); PA
glatiramer acetate injection 20mg/ml	5	QL(30 ML per 30 days); PA
KESIMPTA INJECTION 20MG/0.4ML	5	QL(0.4 ML per 28 days); PA
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	4	QL(14 EA per 365 days); PA; (7 tablet Starter Pack)
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	5	QL(24 EA per 365 days); PA; (12 tablet Starter Pack)
MAYZENT TABLET 0.25MG	5	QL(120 EA per 30 days); PA
MAYZENT TABLET 1MG, 2MG	5	QL(30 EA per 30 days); PA
REBIF REBIDOSE TITRATION PACK INJECTION 0	5	QL(8.4 ML per 365 days); PA
REBIF REBIDOSE INJECTION 22MCG/0.5ML, 44MCG/0.5ML	5	QL(6 ML per 28 days); PA
REBIF TITRATION PACK INJECTION 0	5	QL(8.4 ML per 365 days); PA
REBIF INJECTION 22MCG/0.5ML, 44MCG/0.5ML	5	QL(6 ML per 28 days); PA
VUMERITY CAPSULE DELAYED RELEASE 231MG	5	QL(120 EA per 30 days); PA
Dental and Oral Agents		
Dental and Oral Agents		
chlorhexidine gluconate solution 0.12%	1	
doxycycline hyclate tablet 20mg	3	
kourzeq paste 0.1%	3	
lidocaine hydrochloride viscous solution 2%	2	
lidocaine viscous solution 2%	2	
oralone dental paste paste 0.1%	3	
periogard solution 0.12%	1	
pilocarpine hydrochloride tablet 5mg, 7.5mg	4	
triamcinolone acetonide dental paste paste 0.1%	3	
Dermatological Agents		
Acne and Rosacea Agents		
acitretin capsule 10mg, 17.5mg, 25mg	4	
adapalene/benzoyl peroxide gel 0.1%; 2.5%	3	
amnesteem capsule 10mg, 20mg, 30mg, 40mg	4	
azelaic acid gel 15%	4	QL(100 GM per 30 days)
claravis capsule 10mg, 20mg, 30mg, 40mg	4	
clindamycin phosphate/benzoyl peroxide gel 5%; 1.2%	3	
erythromycin/benzoyl peroxide gel 5%; 3%	4	
FINACEA FOAM 15%	4	QL(50 GM per 30 days)
isotretinoin capsule 10mg, 20mg, 30mg, 40mg	4	
metronidazole cream 0.75%	2	
metronidazole gel 0.75%	3	
metronidazole gel 1%	4	

Drug Name	Drug Tier	Requirements/Limits
tazarotene cream 0.1%	4	QL(60 GM per 30 days)
tretinoin cream 0.025%	3	PA
tretinoin cream 0.05%	4	PA
zenatane capsule 10mg, 20mg, 30mg, 40mg	4	
Dermatitis and Pruritus Agents		
ADBRY INJECTION 150MG/ML	5	QL(6 ML per 28 days); PA
ADBRY INJECTION 300MG/2ML	5	QL(8 ML per 28 days); PA
ala-cort cream 1%	2	
alclometasone dipropionate cream 0.05%	2	
alclometasone dipropionate ointment 0.05%	2	
ammonium lactate cream 12%	2	
ammonium lactate lotion 12%	2	
betamethasone dipropionate augmented cream 0.05%	2	
betamethasone dipropionate augmented gel 0.05%	4	
betamethasone dipropionate augmented lotion 0.05%	3	
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	
clobetasol propionate e cream 0.05%	2	
clobetasol propionate cream 0.05%	2	
clobetasol propionate foam 0.05%	3	
clobetasol propionate gel 0.05%	3	
clobetasol propionate ointment 0.05%	2	
clobetasol propionate solution 0.05%	3	
desonide cream 0.05%	3	
desonide ointment 0.05%	2	QL(120 GM per 30 days)
desoximetasone cream 0.25%	3	QL(100 GM per 30 days)
desoximetasone ointment 0.25%	3	
EBGLYSS INJECTION 250MG/2ML	5	PA
EUCRISA OINTMENT 2%	4	PA
fluocinolone acetonide cream 0.01%, 0.025%	3	
fluocinolone acetonide ointment 0.025%	3	
fluocinolone acetonide solution 0.01%	3	
fluocinonide cream 0.1%	2	QL(120 GM per 30 days)
fluocinonide cream 0.05%	2	QL(60 GM per 30 days)
fluocinonide gel 0.05%	2	QL(60 GM per 30 days)
fluocinonide ointment 0.05%	2	QL(60 GM per 30 days)
fluocinonide solution 0.05%	2	QL(60 ML per 30 days)
fluticasone propionate cream 0.05%	2	
fluticasone propionate ointment 0.005%	2	

Drug Name	Drug Tier	Requirements/Limits
halobetasol propionate cream 0.05%	3	
halobetasol propionate ointment 0.05%	4	
hydrocortisone valerate cream 0.2%	3	QL(60 GM per 30 days)
hydrocortisone cream 1%, 2.5%	2	
hydrocortisone lotion 2.5%	2	
hydrocortisone ointment 2.5%	2	
hydrocortisone ointment 1%	2	QL(100 GM per 30 days)
mometasone furoate cream 0.1%	2	
mometasone furoate ointment 0.1%	2	
mometasone furoate solution 0.1%	2	
pimecrolimus cream 1%	4	
selenium sulfide lotion 2.5%	2	
SPEVIGO INJECTION 150MG/ML, 300MG/2ML	5	QL(4 ML per 28 days); PA
tacrolimus ointment 0.03%, 0.1%	4	
triamcinolone acetonide cream 0.025%, 0.1%, 0.5%	2	
triamcinolone acetonide lotion 0.1%	2	
triamcinolone acetonide lotion 0.025%	3	
triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%	2	
triderm cream 0.5%	2	
Dermatological Agents, Other		
calcipotriene cream 0.005%	4	QL(120 GM per 30 days)
calcipotriene ointment 0.005%	4	QL(120 GM per 30 days)
calcipotriene solution 0.005%	3	QL(60 ML per 30 days)
clotrimazole/betamethasone dipropionate cream 0.05%; 1%	2	QL(90 GM per 30 days)
diclofenac sodium gel 3%	4	QL(300 GM per 30 days); ST
FLUOROURACIL CREAM 0.5%	4	
fluorouracil cream 5%	4	QL(40 GM per 30 days)
fluorouracil solution 2%, 5%	3	
imiquimod cream 5%	3	QL(48 EA per 30 days)
nystatin/triamcinolone acetonide cream 100000unit/gm; 1mg/gm	3	
nystatin/triamcinolone acetonide ointment 100000unit/gm; 0.1%	2	
nystatin/triamcinolone cream 100000unit/gm; 1mg/gm	3	
nystatin/triamcinolone ointment 100000unit/gm; 0.1%	2	
OTEZLA TABLET 20MG, 30MG	5	QL(60 EA per 30 days); PA
podofilox solution 0.5%	3	
SANTYL OINTMENT 250UNIT/GM	4	
silver sulfadiazine cream 1%	2	
ssd cream 1%	2	
urea lotion 40%	4	
Pediculicides/Scabicides		
malathion lotion 0.5%	4	
permethrin cream 5%	3	

Drug Name	Drug Tier	Requirements/Limits
Topical Anti-infectives		
acyclovir ointment 5%	4	QL(60 GM per 30 days)
ciclodan solution 8%	2	PA
ciclopirox nail lacquer solution 8%	2	PA
ciclopirox olamine cream 0.77%	2	
ciclopirox gel 0.77%	2	
ciclopirox shampoo 1%	3	
ciclopirox suspension 0.77%	3	
clindamycin phosphate topical solution 1%	3	QL(60 ML per 30 days)
ery pad 2%	3	
erythromycin gel 2%	3	
erythromycin solution 2%	2	
mupirocin cream 2%	3	
mupirocin ointment 2%	2	QL(110 GM per 30 days)
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
AMINOSYN II INJECTION 107.6MEQ/L; 1490MG/100ML; 1527MG/100ML; 1050MG/100ML; 1107MG/100ML; 750MG/100ML; 450MG/100ML; 990MG/100ML; 1500MG/100ML; 1575MG/100ML; 258MG/100ML; 405MG/100ML; 447MG/100ML; 1083MG/100ML; 795MG/100ML; 50MEQ/L; 600MG/100ML; 300MG/100ML; 750MG/100ML, 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 270MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 400MG/100ML; 200MG/100ML; 500MG/100ML	4	B/D
AMINOSYN-PF INJECTION 46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	4	B/D
carglumic acid tablet soluble 200mg	5	
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%	2	
effer-k tablet effervescent 25meq	2	
klor-con 10 tablet extended release 10meq	2	
klor-con 8 tablet extended release 8meq	2	
klor-con m10 tablet extended release 10meq	2	
klor-con m15 tablet extended release 15meq	3	

Drug Name	Drug Tier	Requirements/Limits
klor-con m20 tablet extended release 20meq	2	
klor-con/ef tablet effervescent 25meq	2	
magnesium sulfate injection 50%	3	
PLENAMINE INJECTION 147.4MEQ/L; 2.17GM/100ML; 1.47GM/100ML; 434MG/100ML; 749MG/100ML; 1.04GM/100ML; 894MG/100ML; 749MG/100ML; 1.04GM/100ML; 1.18GM/100ML; 749MG/100ML; 1.04GM/100ML; 894MG/100ML; 592MG/100ML; 749MG/100ML; 250MG/100ML; 39MG/100ML; 960MG/100ML	4	B/D
potassium chloride er capsule extended release 10meq, 8meq	2	
potassium chloride er tablet extended release 10meq, 15meq, 20meq, 8meq	2	
potassium chloride er tablet extended release 15meq	3	
potassium chloride injection 10meq/100ml, 20meq/100ml, 40meq/100ml	2	
potassium chloride oral solution 10%	4	
potassium citrate er tablet extended release 1080mg, 15meq, 540mg	4	
sodium chloride 0.45% injection 0.45%	3	
sodium chloride injection 0.45%, 0.9%	3	
Electrolyte/Mineral/Metal Modifiers		
CHEMET CAPSULE 100MG	5	
deferasirox packet 180mg, 360mg, 90mg	5	PA
deferasirox tablet soluble 125mg, 250mg	4	PA
deferasirox tablet soluble 500mg	5	PA
deferasirox tablet 90mg	3	PA
deferasirox tablet 180mg, 360mg	4	PA
JYNARQUE TABLET 15MG, 30MG	5	QL(120 EA per 30 days); PA
penicillamine tablet 250mg	5	
tolvaptan tablet 15mg, 30mg	5	QL(120 EA per 30 days); PA; (Generic for Jynarque)
trientine hydrochloride capsule 250mg	5	PA
Phosphate Binders		
calcium acetate capsule 667mg	4	
calcium acetate tablet 667mg	3	
VELPHORO TABLET CHEWABLE 500MG	5	
Potassium Binders		
KIONEX SUSPENSION 15GM/60ML	3	
LOKELMA PACKET 10GM, 5GM	4	QL(90 EA per 30 days)
sodium polystyrene sulfonate powder 0	3	
sodium polystyrene sulfonate suspension 15gm/60ml	3	
sps suspension 15gm/60ml	3	
VELTASSA PACKET 16.8GM, 1GM, 25.2GM, 8.4GM	4	

Drug Name	Drug Tier	Requirements/Limits
Vitamins		
prenatal tablet 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg	2	
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(30 EA per 30 days)
lubiprostone capsule 24mcg, 8mcg	4	QL(60 EA per 30 days)
MOVANTIK TABLET 12.5MG, 25MG	3	QL(30 EA per 30 days)
prucalopride tablet 1mg, 2mg	3	QL(30 EA per 30 days)
RELISTOR INJECTION 8MG/0.4ML	5	QL(12 ML per 30 days); ST
RELISTOR INJECTION 12MG/0.6ML	5	QL(18 ML per 30 days); ST
RELISTOR TABLET 150MG	5	QL(90 EA per 30 days); ST
Anti-Diarrheal Agents		
alosetron hydrochloride tablet 0.5mg	4	PA
alosetron hydrochloride tablet 1mg	5	PA
diphenoxylate hydrochloride/atropine sulfate tablet 0.025mg; 2.5mg	3	
loperamide hydrochloride capsule 2mg	2	
XERMELO TABLET 250MG	5	QL(90 EA per 30 days); PA
Antispasmodics, Gastrointestinal		
dicyclomine hydrochloride capsule 10mg	2	
dicyclomine hydrochloride tablet 20mg	2	
glycopyrrolate tablet 1mg, 2mg	3	PA
Gastrointestinal Agents, Other		
CLENPIQ SOLUTION 12GM/175ML; 3.5GM/175ML; 10MG/175ML	3	
CTEXLI TABLET 250MG	5	PA
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	
LIVMARLI SOLUTION 19MG/ML	5	QL(60 ML per 30 days); PA
LIVMARLI SOLUTION 9.5MG/ML	5	QL(90 ML per 30 days); PA
LIVMARLI TABLET 30MG	5	QL(30 EA per 30 days); PA
LIVMARLI TABLET 10MG, 15MG, 20MG	5	QL(60 EA per 30 days); PA
metoclopramide hcl solution 5mg/5ml	2	
metoclopramide hydrochloride tablet 10mg, 5mg	1	
nitroglycerin ointment 0.4%	4	

Drug Name	Drug Tier	Requirements/Limits
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	3	
SUTAB TABLET 225MG; 188MG; 1479MG	3	
ursodiol tablet 250mg, 500mg	3	
VOQUEZNA TABLET 10MG	4	QL(30 EA per 30 days); PA
VOQUEZNA TABLET 20MG	4	QL(60 EA per 30 days); PA
VOWST CAPSULE 0	5	PA
XIFAXAN TABLET 200MG	4	PA
XIFAXAN TABLET 550MG	5	PA
Histamine2 (H2) Receptor Antagonists		
famotidine tablet 20mg, 40mg	2	
nizatidine capsule 150mg, 300mg	4	
Protectants		
misoprostol tablet 100mcg, 200mcg	3	
sucralfate tablet 1gm	2	
Proton Pump Inhibitors		
esomeprazole magnesium capsule delayed release 20mg, 40mg	3	QL(60 EA per 30 days)
lansoprazole capsule delayed release 15mg, 30mg	2	QL(60 EA per 30 days)
omeprazole dr capsule delayed release 10mg	2	QL(60 EA per 30 days)
omeprazole capsule delayed release 10mg, 20mg, 40mg	2	QL(60 EA per 30 days)
pantoprazole sodium tablet delayed release 20mg, 40mg	2	QL(60 EA per 30 days)
rabeprazole sodium tablet delayed release 20mg	3	QL(60 EA per 30 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
betaine anhydrous powder 0	5	
CERDELGA CAPSULE 84MG	5	PA
CHOLBAM CAPSULE 250MG, 50MG	5	PA
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
cromolyn sodium concentrate 100mg/5ml	4	
CYSTAGON CAPSULE 150MG, 50MG	4	
EVRYSDI SOLUTION RECONSTITUTED 0.75MG/ML	5	QL(240 ML per 30 days); PA
FABRAZYME INJECTION 35MG, 5MG	5	PA
l-glutamine packet 5gm	5	PA

Drug Name	Drug Tier	Requirements/Limits
miglustat capsule 100mg	5	PA
nitisinone capsule 10mg, 20mg, 2mg, 5mg	5	
ONPATTRO INJECTION 10MG/5ML	5	PA
PROLASTIN-C INJECTION 1000MG/20ML	5	PA
PYRUKYND TAPER PACK TABLET THERAPY PACK 0, 5MG	5	QL(30 EA per 30 days); PA
PYRUKYND TABLET 50MG	5	QL(120 EA per 30 days); PA
PYRUKYND TABLET 20MG, 5MG	5	QL(60 EA per 30 days); PA
REVCOVI INJECTION 2.4MG/1.5ML	5	PA
sapropterin dihydrochloride packet 100mg, 500mg	5	PA
sapropterin dihydrochloride tablet 100mg	5	PA
sodium phenylbutyrate powder 3gm/tsp	5	
STRENSIQ INJECTION 18MG/0.45ML, 28MG/0.7ML, 40MG/ML, 80MG/0.8ML	5	PA
SUCRAID SOLUTION 8500UNIT/ML	5	PA
WELIREG TABLET 40MG	5	PA NSO
yargesa capsule 100mg	5	PA
zelvysia packet 100mg, 500mg	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	
GEMTESA TABLET 75MG	4	
MYRBETRIQ SUSPENSION RECONSTITUTED ER 8MG/ML	3	
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 25MG, 50MG	3	
oxybutynin chloride er tablet extended release 24 hour 10mg, 15mg, 5mg	2	
oxybutynin chloride solution 5mg/5ml	2	
oxybutynin chloride tablet 5mg	2	
solifenacin succinate tablet 10mg, 5mg	2	
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er tablet extended release 24 hour 10mg	2	
doxazosin mesylate tablet 1mg, 2mg, 4mg, 8mg	2	
dutasteride capsule 0.5mg	2	
finasteride tablet 5mg	2	

Drug Name	Drug Tier	Requirements/Limits
tadalafil tablet 2.5mg, 5mg	3	QL(30 EA per 30 days); PA
tamsulosin hydrochloride capsule 0.4mg	2	
terazosin hcl capsule 10mg, 1mg, 5mg	2	
terazosin hydrochloride capsule 2mg	2	
Genitourinary Agents, Other		
acetic acid 0.25% solution 0.25%	2	
bethanechol chloride tablet 10mg, 25mg, 50mg, 5mg	3	
ELMIRON CAPSULE 100MG	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
cortisone acetate tablet 25mg	5	
dexamethasone elixir 0.5mg/5ml	3	
dexamethasone solution 0.5mg/5ml	2	
dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg	2	
fludrocortisone acetate tablet 0.1mg	2	
hydrocortisone tablet 10mg, 20mg, 5mg	2	
methylprednisolone dose pack tablet therapy pack 4mg	2	
methylprednisolone tablet 16mg, 32mg, 4mg, 8mg	2	
prednisolone sodium phosphate solution 15mg/5ml	2	
prednisolone sodium phosphate solution 25mg/5ml, 5mg/5ml	4	
prednisolone solution 15mg/5ml	2	
prednisone tablet therapy pack 10mg, 5mg	2	
prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
desmopressin acetate 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
ISTURISA TABLET 1MG	5	QL(240 EA per 30 days); PA
ISTURISA TABLET 5MG	5	QL(360 EA per 30 days); PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
danazol capsule 100mg, 200mg, 50mg	4	
testosterone cypionate injection 100mg/ml, 200mg/ml	2	PA
testosterone enanthate injection 200mg/ml	3	PA
testosterone pump gel 1%, 1.62%	4	PA
testosterone gel 25mg/2.5gm, 50mg/5gm	4	PA
Estrogens		

Drug Name	Drug Tier	Requirements/Limits
abigale lo tablet 0.5mg; 0.1mg	4	
abigale tablet 1mg; 0.5mg	4	
afirmelle tablet 20mcg; 0.1mg	3	
altavera tablet 30mcg; 0.15mg	3	
alyacen 1/35 tablet 35mcg; 1mg	3	
alyacen 7/7/7 tablet 35mcg; 0	3	
amabelz tablet 0.5mg; 0.1mg, 1mg; 0.5mg	4	
amethia tablet 0; 0	4	QL(91 EA per 91 days)
amethyst tablet 20mcg; 90mcg	3	
ashlyna tablet 0; 0	4	QL(91 EA per 91 days)
aubra eq tablet 20mcg; 0.1mg	3	
aurovela 1.5/30 tablet 30mcg; 1.5mg	3	
aurovela 1/20 tablet 20mcg; 1mg	3	
aurovela fe 1.5/30 tablet 30mcg; 75mg; 1.5mg	3	
aurovela fe 1/20 tablet 20mcg; 75mg; 1mg	3	
aviane tablet 20mcg; 0.1mg	3	
ayuna tablet 0.03mg; 0.15mg	3	
azurette tablet 0; 0	3	
balziva tablet 35mcg; 0.4mg	3	
blisovi fe 1.5/30 tablet 30mcg; 75mg; 1.5mg	3	
blisovi fe 1/20 tablet 20mcg; 75mg; 1mg	3	
briellyn tablet 35mcg; 0.4mg	3	
camrese lo tablet 0; 0	4	QL(91 EA per 91 days)
camrese tablet 0; 0	4	QL(91 EA per 91 days)
chateal eq tablet 30mcg; 0.15mg	3	
CLIMARA PRO PATCH WEEKLY 0.045MG/DAY; 0.015MG/DAY	4	
conjugated estrogens tablet 0.3mg, 0.45mg, 0.625mg, 0.9mg, 1.25mg	4	
cryselle-28 tablet 30mcg; 0.3mg	3	
cryselle tablet 30mcg; 0.3mg	3	
dasetta 1/35 tablet 35mcg; 1mg	3	
dasetta 7/7/7 tablet 35mcg; 0	3	
daysee tablet 0; 0	4	QL(91 EA per 91 days)
delyla tablet 20mcg; 0.1mg	3	
desogestrel/ethinyl estradiol tablet 0; 0	3	
dolishale tablet 20mcg; 90mcg	3	
DOTTI PATCH TWICE WEEKLY 0.075MG/24HR, 0.1MG/24HR	4	
dotti patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr	4	
elinest tablet 30mcg; 0.3mg	3	
eluryng ring 0.015mg/24hr; 0.12mg/24hr	4	
enilloring ring 0.015mg/24hr; 0.12mg/24hr	4	

Drug Name	Drug Tier	Requirements/Limits
enpresse-28 tablet 0; 0	3	
estarylla tablet 35mcg; 0.25mg	3	
estradiol/norethindrone acetate tablet 0.5mg; 0.1mg, 1mg; 0.5mg	4	
estradiol cream 0.1mg/gm	3	
estradiol gel 0.06%, 0.25mg/0.25gm, 0.5mg/0.5gm, 0.75mg/0.75gm, 1.25mg/1.25gm, 1mg/gm	4	
estradiol patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr	4	
estradiol patch weekly 0.025mg/24hr, 0.05mg/24hr, 0.06mg/24hr, 0.075mg/24hr, 0.1mg/24hr, 37.5mcg/24hr	3	
estradiol oral tablet 0.5mg, 1mg, 2mg	2	
estradiol vaginal tablet 10mcg	4	
ESTRING RING 7.5MCG/24HR	4	QL(1 EA per 90 days)
ethynodiol diacetate/ethinyl estradiol tablet 35mcg; 1mg, 50mcg; 1mg	3	
etonogestrel/ethinyl estradiol ring 0.015mg/24hr; 0.12mg/24hr	3	
falmina tablet 20mcg; 0.1mg	3	
feirza 1.5/30 tablet 30mcg; 75mg; 1.5mg	3	
feirza 1/20 tablet 20mcg; 75mg; 1mg	3	
fyavolv tablet 2.5mcg; 0.5mg, 5mcg; 1mg	4	
hailey 1.5/30 tablet 30mcg; 1.5mg	3	
hailey fe 1.5/30 tablet 30mcg; 75mg; 1.5mg	3	
hailey fe 1/20 tablet 20mcg; 75mg; 1mg	3	
haloette ring 0.015mg/24hr; 0.12mg/24hr	4	
iclevia tablet 0.03mg; 0.15mg	4	QL(91 EA per 91 days)
introvale tablet 0.03mg; 0.15mg	4	QL(91 EA per 91 days)
jaimiess tablet 0; 0	4	QL(91 EA per 91 days)
jinteli tablet 5mcg; 1mg	4	
jolessa tablet 0.03mg; 0.15mg	4	QL(91 EA per 91 days)
junel 1.5/30 tablet 30mcg; 1.5mg	3	
junel 1/20 tablet 20mcg; 1mg	3	
junel fe 1.5/30 tablet 30mcg; 75mg; 1.5mg	3	
junel fe 1/20 tablet 20mcg; 75mg; 1mg	3	
kariva tablet 0; 0	3	
kelnor 1/35 tablet 35mcg; 1mg	3	
kelnor 1/50 tablet 50mcg; 1mg	3	
kurvelo tablet 0.03mg; 0.15mg	3	
larin 1.5/30 tablet 30mcg; 1.5mg	3	
larin 1/20 tablet 20mcg; 1mg	3	
larin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg	3	
larin fe 1/20 tablet 20mcg; 75mg; 1mg	3	
lessina tablet 20mcg; 0.1mg	3	

Drug Name	Drug Tier	Requirements/Limits
levonest tablet 0; 0	3	
levonorgestrel and ethinyl estradiol tablet 20mcg; 90mcg	3	
levonorgestrel and ethinyl estradiol tablet 0; 0	4	QL(91 EA per 91 days)
levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg	3	
levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0	4	QL(91 EA per 91 days)
levora 0.15/30-28 tablet 0.03mg; 0.15mg	3	
lojaimiess tablet 0; 0	4	QL(91 EA per 91 days)
low-ogestrel tablet 30mcg; 0.3mg	3	
luizza 1.5/30 tablet 30mcg; 1.5mg	3	
luizza 1/20 tablet 20mcg; 1mg	3	
lutera tablet 20mcg; 0.1mg	3	
lyllana patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr	4	
marlissa tablet 0.03mg; 0.15mg	3	
MENEST TABLET 2.5MG	4	
microgestin 1.5/30 tablet 30mcg; 1.5mg	3	
microgestin 1/20 tablet 20mcg; 1mg	3	
microgestin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg	3	
microgestin fe 1/20 tablet 20mcg; 75mg; 1mg	3	
mili tablet 35mcg; 0.25mg	3	
mimvey tablet 1mg; 0.5mg	4	
mono-linyah tablet 35mcg; 0.25mg	3	
necon 0.5/35-28 tablet 35mcg; 0.5mg	3	
norelgestromin/ethinyl estradiol patch weekly 35mcg/24hr; 150mcg/24hr	4	
norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 20mcg; 75mg; 1mg, 30mcg; 75mg; 1.5mg	3	
norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg, 30mcg; 1.5mg	3	
norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg, 5mcg; 1mg	4	
norgestimate/ethinyl estradiol tablet 0; 0, 35mcg; 0.25mg	3	
nortrel 0.5/35 (28) tablet 35mcg; 0.5mg	3	
nortrel 1/35 tablet 35mcg; 1mg	3	
nortrel 7/7/7 tablet 35mcg; 0	3	
nylia 1/35 tablet 35mcg; 1mg	3	
nylia 7/7/7 tablet 35mcg; 0	3	
philith tablet 35mcg; 0.4mg	3	
pimtrea tablet 0; 0	3	
portia-28 tablet 0.03mg; 0.15mg	3	
PREMARIN CREAM 0.625MG/GM	4	
PREMARIN TABLET 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	4	

Drug Name	Drug Tier	Requirements/Limits
PREMPHASE TABLET 0.625MG; 5MG	4	
PREMPRO TABLET 0.3MG; 1.5MG, 0.45MG; 1.5MG, 0.625MG; 2.5MG, 0.625MG; 5MG	4	
rivelsa tablet 0; 0	4	QL(91 EA per 91 days)
rosyrah tablet 0; 0	4	QL(91 EA per 91 days)
setlakin tablet 0.03mg; 0.15mg	4	QL(91 EA per 91 days)
simliya tablet 0; 0	3	
simpesse tablet 0; 0	4	QL(91 EA per 91 days)
sprintec 28 tablet 35mcg; 0.25mg	3	
sronyx tablet 20mcg; 0.1mg	3	
tarina fe 1/20 eq tablet 20mcg; 75mg; 1mg	3	
tri-estarylla tablet 0; 0	3	
tri-linyah tablet 0; 0	3	
tri-mili tablet 0; 0	3	
tri-nymyo tablet 0; 0	3	
tri-sprintec tablet 0; 0	3	
tri-vylibra tablet 0; 0	3	
trivora-28 tablet 0; 0	3	
turqoz tablet 30mcg; 0.3mg	3	
valtya 1/35 tablet 35mcg; 1mg	3	
valtya 1/50 tablet 50mcg; 1mg	3	
vienva tablet 20mcg; 0.1mg	3	
viorele tablet 0; 0	3	
volnea tablet 0; 0	3	
vyfemla tablet 35mcg; 0.4mg	3	
vylibra tablet 35mcg; 0.25mg	3	
wera tablet 35mcg; 0.5mg	3	
xulane patch weekly 35mcg/24hr; 150mcg/24hr	3	
yuvafem tablet 10mcg	4	
zafemy patch weekly 35mcg/24hr; 150mcg/24hr	4	
zovia 1/35 tablet 35mcg; 1mg	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	

Drug Name	Drug Tier	Requirements/Limits
medroxyprogesterone acetate injection 150mg/ml	2	QL(1 ML per 90 days)
medroxyprogesterone acetate tablet 10mg, 2.5mg, 5mg	1	
megestrol acetate suspension 40mg/ml	3	
megestrol acetate tablet 20mg, 40mg	2	
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	
norlyroc tablet 0.35mg	3	
orquidea tablet 0.35mg	3	
progesterone capsule 100mg, 200mg	2	
sharobel tablet 0.35mg	3	
Selective Estrogen Receptor Modifying Agents		
OSPHENA TABLET 60MG	3	QL(30 EA per 30 days); PA
raloxifene hydrochloride tablet 60mg	2	
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	4	
levothyroxine sodium tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg	1	
levoxyl tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg	2	
liomny tablet 25mcg, 50mcg, 5mcg	2	
liothyronine sodium tablet 25mcg, 50mcg, 5mcg	2	
REZDIFFRA TABLET 100MG, 60MG, 80MG	5	QL(30 EA per 30 days); PA
unithroid tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg	2	
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
cabergoline tablet 0.5mg	3	
FIRMAGON INJECTION 80MG	4	QL(1 EA per 28 days); PA NSO
FIRMAGON INJECTION 120MG/VIAL	5	QL(4 EA per 365 days); PA NSO
leuprolide acetate injection 1mg/0.2ml	4	PA NSO
LUPRON DEPOT (1-MONTH) INJECTION 3.75MG, 7.5MG	5	QL(1 EA per 28 days); PA NSO
LUPRON DEPOT (3-MONTH) INJECTION 11.25MG, 22.5MG	5	QL(1 EA per 84 days); PA NSO
LUPRON DEPOT (4-MONTH) INJECTION 30MG	5	QL(1 EA per 112 days); PA NSO
LUPRON DEPOT (6-MONTH) INJECTION 45MG	5	QL(1 EA per 168 days); PA NSO

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT-PED (1-MONTH) INJECTION 11.25MG, 15MG, 7.5MG	5	QL(1 EA per 28 days); PA
LUPRON DEPOT-PED (3-MONTH) INJECTION 11.25MG, 30MG	5	QL(1 EA per 84 days); PA
mifepristone tablet 200mg	4	
mifepristone tablet 300mg	5	QL(120 EA per 30 days); 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 NSO
SIGNIFOR INJECTION 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	5	QL(60 ML per 30 days); PA
SOMAVERT INJECTION 10MG, 15MG, 20MG, 25MG, 30MG	5	PA
TRELSTAR MIXJECT INJECTION 22.5MG	4	QL(1 EA per 168 days); PA NSO
TRELSTAR MIXJECT INJECTION 11.25MG	4	QL(1 EA per 84 days); PA NSO
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
methimazole tablet 10mg, 5mg	2	
propylthiouracil tablet 50mg	2	
Immunological Agents		
Angioedema Agents		
CINRYZE INJECTION 500UNIT	5	PA
icatibant acetate injection 30mg/3ml	5	PA
Immunoglobulins		
BIVIGAM INJECTION 10%, 5GM/50ML	5	PA
GAMASTAN INJECTION 0	3	PA
HIZENTRA INJECTION 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML	5	PA
HYPERHEP B INJECTION 110UNIT/0.5ML	4	B/D
PRIVIGEN INJECTION 10GM/100ML, 20GM/200ML, 40GM/400ML, 5GM/50ML	5	PA
Immunological Agents, Other		
AVTOZMA INJECTION 200MG/10ML, 400MG/20ML, 80MG/4ML	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(10 ML per 28 days); PA
COSENTYX UNOREADY INJECTION 300MG/2ML	5	QL(10 ML per 28 days); PA
COSENTYX INJECTION 125MG/5ML	5	PA
COSENTYX INJECTION 150MG/ML, 75MG/0.5ML	5	QL(10 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
EBGLYSS INJECTION 250MG/2ML	5	PA
EMPAVELI INJECTION 1080MG/20ML	5	PA
KINERET INJECTION 100MG/0.67ML	5	PA

Drug Name	Drug Tier	Requirements/Limits
ODACTRA TABLET SUBLINGUAL 0; 0	3	QL(30 EA per 30 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
OTEZLA TABLET THERAPY PACK 0	5	QL(110 EA per 365 days); PA
RINVOQ LQ SOLUTION 1MG/ML	5	QL(360 ML per 30 days); PA
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15MG, 30MG, 45MG	5	QL(30 EA per 30 days); PA
SKYRIZI PEN INJECTION 150MG/ML	5	QL(1 ML per 28 days); PA
SKYRIZI INJECTION 150MG/ML	5	QL(1 ML per 28 days); PA
SKYRIZI INJECTION 180MG/1.2ML	5	QL(1.2 ML per 56 days); PA
SKYRIZI INJECTION 360MG/2.4ML	5	QL(2.4 ML per 56 days); PA
SKYRIZI INJECTION 600MG/10ML	5	QL(60 ML per 365 days); PA
STELARA INJECTION 130MG/26ML	5	QL(104 ML per 365 days); PA
STELARA INJECTION 45MG/0.5ML, 90MG/ML	5	QL(3 ML per 84 days); PA
STEQEYMA INJECTION 45MG/0.5ML	3	QL(3 ML per 84 days); PA
STEQEYMA INJECTION 130MG/26ML	5	QL(104 ML per 365 days); PA
STEQEYMA INJECTION 90MG/ML	5	QL(3 ML per 84 days); PA
TAVNEOS CAPSULE 10MG	5	QL(180 EA per 30 days); PA
TREMFYA INDUCTION PACK FOR CROHNS DISEASE/ULCERATIVE COLITIS INJECTION 200MG/2ML	5	QL(4 ML per 28 days); PA
TREMFYA PEN INJECTION 100MG/ML	5	QL(2 ML per 56 days); PA
TREMFYA INJECTION 200MG/20ML	5	PA
TREMFYA INJECTION 100MG/ML	5	QL(2 ML per 56 days); PA
TREMFYA INJECTION 200MG/2ML	5	QL(4 ML per 28 days); PA
TYENNE INJECTION 162MG/0.9ML	5	QL(3.6 ML per 28 days); PA
USTEKINUMAB INJECTION 130MG/26ML	5	QL(104 ML per 365 days); PA
USTEKINUMAB INJECTION 45MG/0.5ML, 90MG/ML	5	QL(3 ML per 84 days); PA
VEOPOZ INJECTION 400MG/2ML	5	PA
VYVGART HYTRULO INJECTION 1000MG/5ML; 10000UNIT/5ML	5	QL(20 ML per 28 days); PA
WEZLANA INJECTION 130MG/26ML	5	QL(104 ML per 365 days); PA
WEZLANA INJECTION 45MG/0.5ML, 90MG/ML	5	QL(3 ML per 84 days); PA
XELJANZ XR TABLET EXTENDED RELEASE 24 HOUR 11MG, 22MG	5	QL(30 EA per 30 days); PA
XELJANZ SOLUTION 1MG/ML	5	QL(300 ML per 30 days); PA
XELJANZ TABLET 10MG, 5MG	5	QL(60 EA per 30 days); PA
XOLAIR INJECTION 75MG/0.5ML	5	QL(1 ML per 28 days); PA
XOLAIR INJECTION 150MG	5	QL(8 EA per 28 days); PA
XOLAIR INJECTION 150MG/ML, 300MG/2ML	5	QL(8 ML per 28 days); PA
Immunostimulants		
ACTIMMUNE INJECTION 100MCG/0.5ML	5	PA NSO

Drug Name	Drug Tier	Requirements/Limits
BESREMI INJECTION 500MCG/ML	5	PA NSO
PEGASYS INJECTION 180MCG/ML	5	PA
Immunosuppressants		
ADALIMUMAB-AATY 1-PEN KIT INJECTION 80MG/0.8ML	5	QL(3 EA per 28 days); PA
ADALIMUMAB-AATY 1-PEN KIT INJECTION 40MG/0.4ML	5	QL(6 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(3 EA per 28 days); PA
ADALIMUMAB-ADBM CROHNS/UC/HS STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBM PSORIASIS/UVEITIS STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBM STARTER PACKAGE FOR CROHNS DISEASE/UC/HS INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBM STARTER PACKAGE FOR PSORIASIS/UVEITIS INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBM INJECTION 10MG/0.2ML, 20MG/0.4ML	5	QL(2 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBM INJECTION 40MG/0.4ML, 40MG/0.8ML	5	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
adalimumab-adbm injection 40mg/0.4ml	5	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
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(4 ML per 28 days); PA
ENBREL INJECTION 50MG/ML	5	QL(8 ML per 28 days); PA

Drug Name	Drug Tier	Requirements/Limits
ENVARSUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75MG, 1MG	4	B/D
ENVARSUS XR TABLET EXTENDED RELEASE 24 HOUR 4MG	5	B/D
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
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 0	5	QL(4 EA per 365 days); PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 80MG/0.8ML	5	QL(6 EA per 365 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA
HUMIRA PEN-PS/UV STARTER INJECTION 0	5	QL(6 EA per 365 days); PA
HUMIRA PEN INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA; Abbvie labeled products only
HUMIRA PEN INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA; Abbvie labeled products only
HUMIRA INJECTION 10MG/0.1ML, 20MG/0.2ML	5	QL(2 EA per 28 days); PA; Abbvie labeled products only
HUMIRA INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA; Abbvie labeled products only
infliximab injection 100mg	5	PA
JYLAMVO SOLUTION 2MG/ML	4	PA NSO
leflunomide tablet 10mg, 20mg	2	
methotrexate sodium injection 1gm/40ml, 1gm, 250mg/10ml, 50mg/2ml	2	
methotrexate sodium tablet 2.5mg	2	
methotrexate injection 50mg/2ml	2	
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
ORENCIA INJECTION 250MG	5	PA
PEGASYS INJECTION 180MCG/0.5ML	5	PA
PROGRAF PACKET 0.2MG, 1MG	4	B/D
REZUROCK TABLET 200MG	5	QL(60 EA per 30 days); PA

Drug Name	Drug Tier	Requirements/Limits
SANDIMMUNE SOLUTION 100MG/ML	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 NSO
Vaccines		
ABRYSVO INJECTION 120MCG/0.5ML	1	QL(1 EA per 252 days)
ACTHIB INJECTION 0	1	
ADACEL INJECTION 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	1	
AREXVY INJECTION 120MCG/0.5ML	1	QL(1 EA per 999 days)
bcg vaccine injection 50mg	1	
BEXSERO INJECTION 0.5ML	1	
BOOSTRIX INJECTION 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	1	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	3	
DENGVAXIA INJECTION 0	3	
ENGERIX-B INJECTION 10MCG/0.5ML, 20MCG/ML	1	B/D
GARDASIL 9 INJECTION 0.5ML	1	
HAVRIX INJECTION 1440UNIT/ML	1	
HAVRIX INJECTION 720ELU/0.5ML	3	
HEPLISAV-B INJECTION 20MCG/0.5ML	1	B/D
HIBERIX INJECTION 10MCG	1	
IMOVAX RABIES (H.D.C.V.) INJECTION 2.5UNIT/ML	1	B/D
INFANRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	3	
IPOL INACTIVATED IPV INJECTION 0	1	
IXIARO INJECTION 0	1	
JYNNEOS INJECTION 0.5ML	1	
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
M-M-R II INJECTION 0; 0; 0	1	
MENACTRA INJECTION 0	1	
menquadfi injection 0.5ml	1	
MENVEO INJECTION 0	1	
MRESVIA INJECTION 50MCG/0.5ML	1	QL(0.5 ML per 999 days)
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
PEDVAX HIB INJECTION 7.5MCG/0.5ML	3	
PENBRAYA INJECTION 0; 0	1	
PENMENVY INJECTION 0; 0	1	

Drug Name	Drug Tier	Requirements/Limits
PENTACEL INJECTION 15LFU/0.5ML; 0; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	
PREHEVBRIO INJECTION 10MCG/ML	1	B/D
PRIORIX INJECTION 0; 0; 0	1	
PROQUAD INJECTION 0; 0; 0; 0	3	
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	Pre-Filled Syringe
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	Single-dose vial
RABAVERT INJECTION 0	1	B/D
RECOMBIVAX HB INJECTION 10MCG/ML, 40MCG/ML, 5MCG/0.5ML	1	B/D
ROTARIX SUSPENSION 0	3	
ROTATEQ SOLUTION 0	3	
SHINGRIX INJECTION 50MCG/0.5ML	1	
STAMARIL INJECTION 0	1	
TDVAX INJECTION 2LF/0.5ML; 2LF/0.5ML	1	
TENIVAC INJECTION 2LFU; 5LFU	1	
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT INJECTION 2LF/0.5ML; 2LF/0.5ML	1	
TICOVAC INJECTION 2.4MCG/0.5ML	1	
TICOVAC INJECTION 1.2MCG/0.25ML	3	
TRUMENBA INJECTION 0.5ML	1	
TWINRIX INJECTION 720ELU/ML; 20MCG/ML	1	
TYPHIM VI INJECTION 25MCG/0.5ML	1	
VAQTA INJECTION 50UNIT/ML	1	
VAQTA INJECTION 25UNIT/0.5ML	3	
VARIVAX INJECTION 1350PFU/0.5ML	1	
VAXCHORA SUSPENSION RECONSTITUTED 0	1	
VAXELIS INJECTION 0; 0; 0; 0; 0; 0	3	
VIMKUNYA INJECTION 40MCG/0.8ML	1	
VIVOTIF CAPSULE DELAYED RELEASE 0	1	
YF-VAX INJECTION 0	1	
Inflammatory Bowel Disease Agents		
Aminosalicylates		
balsalazide disodium capsule 750mg	4	
mesalamine er capsule extended release 500mg	4	
mesalamine enema 4gm	4	
mesalamine kit 4gm	5	
mesalamine suppository 1000mg	4	
SFROWASA ENEMA 4GM/60ML	5	
sulfasalazine tablet delayed release 500mg	2	
sulfasalazine tablet 500mg	2	
Glucocorticoids		

Drug Name	Drug Tier	Requirements/Limits
budesonide er tablet extended release 24 hour 9mg	5	
budesonide capsule delayed release particles 3mg	4	
hydrocortisone cream 2.5%	2	
hydrocortisone enema 100mg/60ml	4	
procto-med hc cream 2.5%	2	
proctosol hc cream 2.5%	2	
proctozone-hc cream 2.5%	2	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
alendronate sodium tablet 10mg, 35mg, 5mg	6	
alendronate sodium tablet 70mg	6	QL(4 EA per 28 days)
BONSITY INJECTION 560MCG/2.24ML	5	PA
calcitonin-salmon solution 200unit/act	3	QL(3.7 ML per 30 days)
calcitriol capsule 0.25mcg, 0.5mcg	2	
cinacalcet hydrochloride tablet 30mg, 60mg, 90mg	4	
FORTEO INJECTION 560MCG/2.24ML	5	PA
ibandronate sodium tablet 150mg	6	QL(1 EA per 28 days)
JUBBONTI INJECTION 60MG/ML	4	QL(2 ML per 365 days)
OSENVELT INJECTION 120MG/1.7ML	5	PA
paricalcitol capsule 1mcg, 2mcg	3	
paricalcitol capsule 4mcg	4	
RAYALDEE CAPSULE EXTENDED RELEASE 30MCG	5	
risedronate sodium tablet 35mg	4	QL(4 EA per 28 days)
STOBOCLO INJECTION 60MG/ML	4	QL(2 ML per 365 days)
teriparatide injection 560mcg/2.24ml	5	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%	3	
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM MISCELLANEOUS	3	QL(200 EA per 30 days)
BD INSULIN SYRINGE/1ML/29G X 12.7MM MISCELLANEOUS	3	QL(200 EA per 30 days)
BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 6MM MISCELLANEOUS	3	QL(200 EA per 30 days)
CURITY GAUZE PADS 2"X2" 12 PLY PAD	3	
EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 1/2" MISCELLANEOUS	3	QL(200 EA per 30 days)
EASY COMFORT PEN NEEDLES 29GX4MM MISCELLANEOUS	3	QL(200 EA per 30 days)
ELLA TABLET 30MG	3	
KYGEVVI PACKET 2GM; 2GM	5	PA
NUTRILIPID INJECTION 20GM/100ML	4	B/D

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5) KIT	3	QL(1 EA per 365 days)
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5) MISCELLANEOUS	3	QL(30 EA per 30 days)
OMNIPOD 5 G7 INTRO KIT (GEN 5) KIT	3	QL(1 EA per 365 days)
OMNIPOD 5 G7 PODS (GEN 5) MISCELLANEOUS	3	QL(30 EA per 30 days)
OMNIPOD 5 LIBRE INTRO KIT KIT	3	QL(1 EA per 365 days)
OMNIPOD 5 LIBRE PODS MISCELLANEOUS	3	QL(30 EA per 30 days)
OMNIPOD CLASSIC PODS (GEN 3) MISCELLANEOUS	3	QL(30 EA per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4) KIT	3	QL(1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4) KIT	3	QL(1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4) MISCELLANEOUS	3	QL(30 EA per 30 days)
OMNIPOD GO 10 UNITS/DAY KIT	3	QL(10 EA per 30 days)
OMNIPOD GO 15 UNITS/DAY KIT	3	QL(10 EA per 30 days)
OMNIPOD GO 20 UNITS/DAY KIT	3	QL(10 EA per 30 days)
OMNIPOD GO 25 UNITS/DAY KIT	3	QL(10 EA per 30 days)
OMNIPOD GO 30 UNITS/DAY KIT	3	QL(10 EA per 30 days)
OMNIPOD GO 35 UNITS/DAY KIT	3	QL(10 EA per 30 days)
OMNIPOD GO 40 UNITS/DAY KIT	3	QL(10 EA per 30 days)
RIVFLOZA INJECTION 128MG/0.8ML	5	QL(0.8 ML per 28 days); PA
RIVFLOZA INJECTION 160MG/ML, 80MG/0.5ML	5	QL(1 ML per 28 days); PA
SKYCLARYS CAPSULE 50MG	5	QL(90 EA per 30 days); PA
sodium chloride 0.9% solution 0.9%	2	
V-GO 20 KIT	3	
V-GO 30 KIT	3	
V-GO 40 KIT	3	
VISTOGARD PACKET 10GM	5	
ZOKINVY CAPSULE 50MG, 75MG	5	QL(120 EA per 30 days); PA
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	
COMBIGAN SOLUTION 0.2%; 0.5%	3	
cyclosporine emulsion 0.05%	3	
CYSTARAN SOLUTION 0.44%	5	QL(60 ML per 28 days)
dorzolamide hcl/timolol maleate solution 20mg/ml; 5mg/ml	2	
MIEBO SOLUTION 1.338GM/ML	4	QL(12 ML per 30 days)
neo-polycin hc ointment 400unit/gm; 1%; 3.5mg/gm; 10000unit/gm	3	
neo-polycin ointment 400unit/gm; 3.5mg/gm; 10000unit/gm	3	
neomycin/polymyxin/bacitracin/hydrocortisone ointment 400unit/gm; 1%; 0.5%; 10000unit/gm	3	
neomycin/polymyxin/bacitracin ointment 400unit/gm; 5mg/gm; 10000unit/gm	3	

Drug Name	Drug Tier	Requirements/Limits
neomycin/polymyxin/dexamethasone ointment 0.1%; 3.5mg/gm; 10000unit/gm	2	
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	
polycin ointment 500unit/gm; 10000unit/gm	2	
polymyxin b sulfate/trimethoprim sulfate solution 10000unit/ml; 0.1%	2	
RESTASIS MULTIDOSE EMULSION 0.05%	3	
RESTASIS EMULSION 0.05%	3	
ROCKLATAN SOLUTION 0.005%; 0.02%	3	QL(2.5 ML per 25 days)
SIMBRINZA SUSPENSION 0.2%; 1%	3	
sulfacetamide sodium/prednisolone sodium phosphate solution 0.23%; 10%	2	
TOBRADEX ST SUSPENSION 0.05%; 0.3%	4	
tobramycin/dexamethasone suspension 0.1%; 0.3%	4	
XIIDRA SOLUTION 5%	4	QL(60 EA per 30 days)
ZYLET SUSPENSION 0.5%; 0.3%	4	
Ophthalmic Anti-allergy Agents		
azelastine hcl ophthalmic solution 0.05%	2	
cromolyn sodium solution 4%	2	
Ophthalmic Anti-Infectives		
bacitracin ointment 500unit/gm	4	
BESIVANCE SUSPENSION 0.6%	4	
ciprofloxacin hydrochloride solution 0.3%	2	
erythromycin ointment 5mg/gm	2	
gatifloxacin solution 0.5%	4	
gentamicin sulfate ophthalmic solution 0.3%	2	
levofloxacin ophthalmic solution 0.5%	3	
moxifloxacin hydrochloride solution 0.5%	2	
NATACYN SUSPENSION 5%	4	
ofloxacin ophthalmic solution 0.3%	2	
sulfacetamide sodium ointment 10%	3	
sulfacetamide sodium solution 10%	2	
tobramycin solution 0.3%	2	
trifluridine solution 1%	4	
XDEMVY SOLUTION 0.25%	5	QL(10 ML per 42 days)
ZIRGAN GEL 0.15%	4	
Ophthalmic Anti-inflammatories		
bromfenac sodium solution 0.07%	4	QL(12 ML per 365 days)
dexamethasone sodium phosphate solution 0.1%	3	
diclofenac sodium ophthalmic solution 0.1%	2	
FLAREX SUSPENSION 0.1%	3	

Drug Name	Drug Tier	Requirements/Limits
flurbiprofen sodium solution 0.03%	2	
ketorolac tromethamine ophthalmic solution 0.5%	2	
LOTEMAX SM GEL 0.38%	4	QL(20 GM per 365 days)
prednisolone acetate suspension 1%	3	
Ophthalmic Beta-Adrenergic Blocking Agents		
betaxolol hcl solution 0.5%	4	
carteolol hcl solution 1%	2	
levobunolol hcl solution 0.5%	2	
timolol maleate solution 0.25%, 0.5%	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
acetazolamide er capsule extended release 12 hour 500mg	3	
acetazolamide tablet 125mg, 250mg	3	
BRIMONIDINE TARTRATE SOLUTION 0.1%	3	
brimonidine tartrate solution 0.2%	2	
dorzolamide hydrochloride solution 2%	2	
pilocarpine hcl solution 1%, 2%, 4%	3	
pilocarpine hydrochloride solution 1%, 2%, 4%	3	
RHOPRESSA SOLUTION 0.02%	3	QL(2.5 ML per 25 days)
Ophthalmic Prostaglandin and Prostamide Analogs		
latanoprost solution 0.005%	1	
LUMIGAN SOLUTION 0.01%	3	QL(2.5 ML per 25 days)
VYZULTA SOLUTION 0.024%	4	QL(5 ML per 25 days)
Otic Agents		
Otic Agents		
acetic acid solution 2%	2	
neomycin/polymyxin/hc solution 1%; 3.5mg/ml; 10000unit/ml	3	
neomycin/polymyxin/hydrocortisone suspension 1%; 3.5mg/ml; 10000unit/ml	3	
ofloxacin otic solution 0.3%	2	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT, 200MCG/ACT, 50MCG/ACT	3	QL(30 EA per 30 days)
ASMANEX HFA AEROSOL 100MCG/ACT, 200MCG/ACT, 50MCG/ACT	4	QL(13 GM per 30 days)
ASMANEX TWISTHALER 120 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 14 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 30 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 110MCG/INH, 220MCG/INH	4	QL(1 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ASMANEX TWISTHALER 60 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	4	QL(1 EA per 30 days)
budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml	4	QL(120 ML per 30 days); B/D
fluticasone propionate suspension 50mcg/act	2	
mometasone furoate suspension 50mcg/act	4	QL(34 GM per 30 days)
QVAR REDIHALER AEROSOL BREATH ACTIVATED 40MCG/ACT, 80MCG/ACT	3	QL(21.2 GM per 30 days)
Antihistamines		
azelastine hcl nasal solution 0.15%	2	QL(60 ML per 30 days)
azelastine hydrochloride solution 0.1%	2	QL(60 ML per 30 days)
cetirizine hydrochloride solution 5mg/5ml	2	
cyproheptadine hydrochloride tablet 4mg	4	
diphenhydramine hydrochloride injection 50mg/ml	4	
hydroxyzine hcl tablet 50mg	3	
hydroxyzine hydrochloride syrup 10mg/5ml	4	
hydroxyzine hydrochloride tablet 10mg, 25mg	3	
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levocetirizine dihydrochloride tablet 5mg	2	
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montelukast sodium packet 4mg	2	
montelukast sodium tablet chewable 4mg, 5mg	2	
montelukast sodium tablet 10mg	2	
zafirlukast tablet 10mg, 20mg	4	
Bronchodilators, Anticholinergic		
ATROVENT HFA AEROSOL SOLUTION 17MCG/ACT	4	QL(25.8 GM per 30 days)
INCRUSE ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5MCG/INH	3	QL(30 EA per 30 days)
ipratropium bromide nasal solution 0.03%, 0.06%	2	
ipratropium bromide inhalation solution 0.02%	2	QL(312.5 ML per 30 days); B/D
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT	3	
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT	3	QL(8 GM per 30 days)
tiotropium bromide capsule 18mcg	4	QL(30 EA per 30 days)
YUPELRI NEBULIZATION SOLUTION 175MCG/3ML	5	QL(90 ML per 30 days); B/D
Bronchodilators, Sympathomimetic		
albuterol sulfate hfa aerosol solution 108mcg/act	2	QL(13.4 GM per 30 days)
albuterol sulfate hfa aerosol solution 108mcg/act	2	QL(17 GM per 30 days)
albuterol sulfate hfa aerosol solution 108mcg/act	2	QL(48 GM per 30 days)
albuterol sulfate nebulization solution 2.5mg/0.5ml	2	QL(100 EA per 30 days); B/D
albuterol sulfate nebulization solution 0.083%	2	QL(525 ML per 30 days); B/D
albuterol sulfate nebulization solution 0.63mg/3ml, 1.25mg/3ml	4	QL(375 ML per 30 days); B/D

Drug Name	Drug Tier	Requirements/Limits
arformoterol tartrate nebulization solution 15mcg/2ml	4	QL(120 ML per 30 days); PA
epinephrine injection 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml	3	
levalbuterol hydrochloride nebulization solution 0.63mg/3ml	4	QL(540 ML per 30 days); B/D
levalbuterol tartrate hfa aerosol 45mcg/act	3	QL(30 GM per 30 days)
PROAIR RESPICLICK AEROSOL POWDER BREATH ACTIVATED 108MCG/ACT	3	QL(2 EA per 30 days)
SEREVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 50MCG/DOSE	3	QL(60 EA per 30 days)
Cystic Fibrosis Agents		
CAYSTON SOLUTION RECONSTITUTED 75MG	5	PA
KALYDECO PACKET 13.4MG, 25MG, 5.8MG, 50MG, 75MG	5	QL(56 EA per 28 days); PA
KALYDECO TABLET 150MG	5	QL(60 EA per 30 days); PA
ORKAMBI TABLET 125MG; 100MG, 125MG; 200MG	5	QL(112 EA per 28 days); PA
PULMOZYME SOLUTION 2.5MG/2.5ML	5	PA
tobramycin nebulization solution 300mg/5ml	5	B/D
TRIKAFTA TABLET THERAPY PACK 100MG; 0; 50MG	5	QL(84 EA per 28 days); PA
Mast Cell Stabilizers		
cromolyn sodium nebulization solution 20mg/2ml	3	B/D
Phosphodiesterase Inhibitors, Airways Disease		
roflumilast tablet 250mcg, 500mcg	4	PA
theophylline er tablet extended release 12 hour 300mg, 450mg	4	
theophylline er tablet extended release 24 hour 400mg, 600mg	2	
Pulmonary Antihypertensives		
ADEMPAS TABLET 0.5MG, 1.5MG, 1MG, 2.5MG, 2MG	5	QL(90 EA per 30 days); PA
alyq tablet 20mg	4	QL(60 EA per 30 days); PA
ambrisentan tablet 10mg, 5mg	5	QL(30 EA per 30 days); PA
OPSUMIT TABLET 10MG	5	QL(30 EA per 30 days); PA
ORENITRAM TITRATION KIT MONTH 1 TABLET EXTENDED RELEASE THERAPY PACK 0	5	QL(336 EA per 365 days); PA
ORENITRAM TITRATION KIT MONTH 2 TABLET EXTENDED RELEASE THERAPY PACK 0	5	QL(672 EA per 365 days); PA
ORENITRAM TITRATION KIT MONTH 3 TABLET EXTENDED RELEASE THERAPY PACK 0	5	QL(504 EA per 365 days); PA
ORENITRAM TABLET EXTENDED RELEASE 0.125MG	4	PA
ORENITRAM TABLET EXTENDED RELEASE 0.25MG, 1MG, 2.5MG, 5MG	5	PA
sildenafil citrate tablet 20mg	3	QL(90 EA per 30 days); PA; (20mg)
tadalafil tablet 20mg	4	QL(60 EA per 30 days); PA
VENTAVIS SOLUTION 10MCG/ML, 20MCG/ML	5	QL(270 ML per 30 days); PA
WINREVAIR INJECTION 0, 45MG, 60MG	5	QL(1 EA per 21 days); PA
Pulmonary Fibrosis Agents		
nintedanib esylate capsule 100mg, 150mg	5	PA

Drug Name	Drug Tier	Requirements/Limits
OFEV CAPSULE 100MG, 150MG	5	PA
pirfenidone capsule 267mg	5	PA
PIRFENIDONE TABLET 534MG	5	PA
pirfenidone tablet 267mg, 801mg	5	PA
Respiratory Tract Agents, Other		
ADVAIR HFA AEROSOL 115MCG/ACT; 21MCG/ACT, 230MCG/ACT; 21MCG/ACT, 45MCG/ACT; 21MCG/ACT	3	QL(24 GM per 30 days)
AIRSUPRA AEROSOL 90MCG/ACT; 80MCG/ACT	3	QL(32.1 GM per 30 days)
ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5MCG/ACT; 25MCG/ACT	3	QL(60 EA per 30 days)
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT; 25MCG/ACT, 200MCG/INH; 25MCG/INH, 50MCG/INH; 25MCG/INH	3	QL(60 EA per 30 days)
breyna aerosol 160mcg/act; 4.5mcg/act, 80mcg/act; 4.5mcg/act	4	QL(10.3 GM per 30 days)
BREZTRI AEROSPHERE AEROSOL 160MCG/ACT; 4.8MCG/ACT; 18MCG/ACT	3	QL(10.7 GM per 30 days)
BREZTRI AEROSPHERE AEROSOL 160MCG/ACT; 4.8MCG/ACT; 9MCG/ACT	3	QL(23.6 GM per 28 days)
BRONCHITOL CAPSULE 40MG	5	QL(560 EA per 28 days); PA
budesonide/formoterol fumarate dihydrate aerosol 160mcg/act; 4.5mcg/act, 80mcg/act; 4.5mcg/act	4	QL(10.3 GM per 30 days)
COMBIVENT RESPIMAT AEROSOL SOLUTION 100MCG/ACT; 20MCG/ACT	3	QL(8 GM per 30 days)
DULERA AEROSOL 5MCG/ACT; 50MCG/ACT	4	QL(13 GM per 30 days); PA
DULERA AEROSOL 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT	4	QL(17.6 GM per 30 days); PA
FASENRA PEN INJECTION 30MG/ML	5	QL(1 ML per 28 days); PA
FASENRA INJECTION 10MG/0.5ML	4	QL(0.5 ML per 28 days); PA
FASENRA INJECTION 30MG/ML	5	QL(1 ML per 28 days); PA
fluticasone propionate/salmeterol diskus aerosol powder breath activated 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act	2	QL(60 EA per 30 days)
fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act	2	QL(60 EA per 30 days)
ipratropium bromide/albuterol sulfate solution 2.5mg/3ml; 0.5mg/3ml	2	QL(540 ML per 30 days); B/D
NUCALA INJECTION 40MG/0.4ML	5	QL(0.4 ML per 28 days); PA
NUCALA INJECTION 100MG	5	QL(3 EA per 28 days); PA
NUCALA INJECTION 100MG/ML	5	QL(3 ML per 28 days); PA
STIOLTO RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT; 2.5MCG/ACT	3	QL(24 GM per 30 days)

Drug Name	Drug Tier	Requirements/Limits
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT; 62.5MCG/ACT; 25MCG/ACT, 200MCG/INH; 62.5MCG/INH; 25MCG/INH	3	QL(60 EA per 30 days)
wixela inhub aerosol powder breath activated 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act	2	QL(60 EA per 30 days)
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
cyclobenzaprine hydrochloride tablet 10mg, 5mg	3	PA
methocarbamol tablet 500mg, 750mg	2	
orphenadrine citrate er tablet extended release 12 hour 100mg	3	
Sleep Disorder Agents		
Sleep Promoting Agents		
BELSOMRA TABLET 10MG, 15MG, 20MG, 5MG	3	QL(30 EA per 30 days)
ESZOPICLONE TABLET 1MG, 2MG, 3MG	4	QL(30 EA per 30 days)
temazepam capsule 15mg, 30mg	3	QL(30 EA per 30 days)
zaleplon capsule 5mg	4	QL(30 EA per 30 days)
zaleplon capsule 10mg	4	QL(60 EA per 30 days)
zolpidem tartrate er tablet extended release 12.5mg, 6.25mg	4	QL(30 EA per 30 days)
zolpidem tartrate tablet 10mg, 5mg	2	QL(30 EA per 30 days)
Wakefulness Promoting Agents		
ARMODAFINIL TABLET 150MG, 200MG, 250MG	4	QL(30 EA per 30 days); PA
ARMODAFINIL TABLET 50MG	4	QL(60 EA per 30 days); PA
modafinil tablet 100mg, 200mg	3	QL(30 EA per 30 days); PA
sodium oxybate solution 500mg/ml	5	QL(540 ML per 30 days); PA

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中文: 注意：如果您說[中文]，我們可以為您提供免費語言援助服務，也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-844-396-0188（TTY：711）或與您的提供者討論。(Chinese)

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ลาว: ໂປດຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້ ໂທຫາເບີ 1-844-641-2895 (TTY: 711) ຫຼື ລົມ ກັບ ຜູ້ໃຫ້ບໍລິ ການຂອງທ່ານ. (Lao)

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This formulary was updated on 07/02/2026. For more recent information or other questions, please contact BlueCross Total Value at 1-855-204-2744, or, for TTY users 711, 8 a.m. to 8 p.m., Eastern Time, Monday through Friday. Our automated telephone system handles calls received after 8 p.m. and on Saturdays, Sundays, and holidays. From October 1 to March 31, we are available 8 a.m. to 8 p.m. Eastern Time, seven days a week. Or visit www.SCBluesMedAdvantage.com.