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

HPMS Approved Formulary File Submission ID 00025517, Version Number 8

This formulary was updated on 09/17/2024. For more recent information or if you have questions, please call Member Services at 1-877-364-4566, (TTY: 711) or visit our website at www.clearspringhealthcare.com.
We are open from October 1 – March 31, seven days a week, 8:00 am – 8:00 pm from April 1 – September 30, Monday through Friday, 8:00 am – 8:00 pm (you may leave a voicemail Saturday, Sunday, and Federal Holidays).

Important Message About What You Pay for Vaccines | Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Member Services for more information.

Important Message About What You Pay for Insulin - You will not pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

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 Clear Spring Health. When it refers to "plan" or "our plan," it means Clear Spring Health Value Rx (PDP).

This document includes list of the drugs (formulary) for our plan which is current as of 01/01/2025. For a comprehensive updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What is the Clear Spring Health Value Rx (PDP) Formulary?

A formulary is a list of covered drugs selected by our plan 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. Our plan will generally cover the drugs listed in our formulary if the drug is medically necessary, the prescription is filled at a plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes.

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that 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 the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the Clear Spring Health Value Rx (PDP) Formulary?"

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug or move it to a different cost sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, [or] 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, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

    - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the Clear Spring Health Value Rx (PDP) Formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 01/01/2025. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. We will update the formulary on our websites throughout the year as changes occur.

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, "Miscellaneous Cardiovascular Agents". If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 59. The Index provides an alphabetical list of all 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?

Our plan covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Our plan requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from Clear Spring Health before you fill your prescriptions. If you don't get approval, Clear Spring Health may not cover the drug.

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

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

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 Web site. 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 our plan 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 our plan formulary?" below 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 Member Services and ask if your drug is covered.

If you learn that our plan does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.

- You can ask our plan to make an exception and cover your drug. See section below for information about how to request an exception.

How do I request an exception to the Clear Spring Health Value Rx (PDP) Formulary?

You can ask our plan 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 cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.

- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

You should contact us to ask us for an initial coverage decision for a formulary, or utilization restriction exception.

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 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. 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.

If you experience a level of care change (i.e., are admitted to a long-term care facility or discharged from a long-term care facility to home) you will also be able to obtain a 30- day emergency supply of your

medication (unless you have a prescription for fewer days) until you can switch to another drug that is covered by us or you pursue a formulary exception.

For more information

For more detailed information about your our plan's prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about our plan, 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 day a week. TTY users should call 1-877-486-2048. Or visit http://www.medicare.gov.

Clear Spring Health's Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 59.

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

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

Below is a list of abbreviations that may appear on the following pages in the Requirements/Limits column that tells you if there are any special requirements for coverage of your drug.

List of Abbreviations

B/D: This prescription drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

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

PA: Prior Authorization. The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.

PA NSO: Prior Authorization for New Starts Only. The Prior Authorization restriction only applies if you are a new member or have not taken this drug before.

QL: Quantity Limit. For certain drugs, the Plan limits the amount of the drug that we will cover.

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

ST NSO: Step Therapy for New Starts Only. The Step Therapy restriction only applies if you are a new member or have not taken this drug before.

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
celecoxib capsule 100mg, 200mg, 50mg	2	QL(60 EA per 30 days)
celecoxib capsule 400mg	3	QL(60 EA per 30 days)
diclofenac potassium tablet 50mg	3	
diclofenac sodium dr	3	
diclofenac sodium er	3	
diclofenac sodium gel 1%	3	QL(1000 GM per 30 days)
diclofenac sodium external solution 1.5%	4	PA
ec-naproxen	3	
etodolac capsule, tablet	3	
flurbiprofen tablet	3	
ibu	1	
ibuprofen tablet 400mg, 600mg, 800mg	1	
indomethacin er	4	
indomethacin capsule 25mg, 50mg	2	
ketorolac tromethamine injection 15mg/ml, 30mg/ml	4	
ketorolac tromethamine tablet 10mg	3	QL(20 EA per 30 days)
meloxicam tablet	1	
nabumetone tablet	2	
naproxen dr	3	
naproxen sodium tablet 275mg, 550mg	3	
naproxen tablet delayed release 500mg	3	
naproxen tablet 250mg, 375mg, 500mg	1	
oxaprozin tablet	4	
sulindac tablet	2	
Opioid Analgesics, Long-acting		
BUPRENORPHINE PATCH WEEKLY 5MCG/HR	4	QL(4 EA per 28 days); NDS
buprenorphine patch weekly 10mcg/hr, 15mcg/hr, 20mcg/hr, 7.5mcg/hr	4	QL(4 EA per 28 days); NDS
fentanyl patch 72 hour 100mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr	4	QL(10 EA per 30 days); NDS
methadone hcl solution	3	NDS
methadone hcl tablet 10mg	2	QL(120 EA per 30 days); NDS
methadone hcl tablet 5mg	2	QL(240 EA per 30 days); NDS
methadone hydrochloride intensol	3	NDS
methadone hydrochloride concentrate	3	NDS
morphine sulfate er tablet extended release 15mg, 30mg, 60mg	3	QL(120 EA per 30 days); NDS
morphine sulfate er tablet extended release 100mg, 200mg	4	QL(120 EA per 30 days); NDS
XTAMPZA ER	3	NDS
Opioid Analgesics, Short-acting		
acetaminophen/codeine solution	2	QL(4500 ML per 30 days); NDS
acetaminophen/codeine tablet 300mg; 60mg	2	QL(180 EA per 30 days); NDS

Drug Name	Drug Tier	Requirements/Limits
acetaminophen/codeine tablet 300mg; 15mg, 300mg; 30mg	2	QL(360 EA per 30 days); NDS
endocet tablet 325mg; 5mg	2	QL(360 EA per 30 days); NDS
endocet tablet 325mg; 10mg, 325mg; 7.5mg	3	QL(360 EA per 30 days); NDS
endocet tablet 325mg; 2.5mg	4	QL(360 EA per 30 days); NDS
fentanyl citrate oral transmucosal lozenge on a handle 200mcg	4	QL(120 EA per 30 days); PA; NDS
fentanyl citrate oral transmucosal lozenge on a handle 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg	5	QL(120 EA per 30 days); PA; NDS
hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml	4	QL(5550 ML per 30 days); NDS
hydrocodone bitartrate/acetaminophen tablet 325mg; 10mg, 325mg; 5mg	3	QL(360 EA per 30 days); NDS
hydrocodone/acetaminophen tablet 325mg; 7.5mg	3	QL(360 EA per 30 days); NDS
hydromorphone hcl injection 10mg/ml, 1mg/ml, 4mg/ml	4	NDS
hydromorphone hcl tablet 2mg, 4mg	2	QL(180 EA per 30 days); NDS
hydromorphone hcl tablet 8mg	3	QL(180 EA per 30 days); NDS
hydromorphone hydrochloride dosette	4	NDS
hydromorphone hydrochloride injection 1mg/ml, 2mg/ml, 50mg/5ml	4	NDS
morphine sulfate tablet	3	QL(180 EA per 30 days); NDS
morphine sulfate injection 10mg/ml, 4mg/ml, 50mg/ml	4	NDS
morphine sulfate oral solution 10mg/5ml, 20mg/5ml	3	QL(900 ML per 30 days); NDS
morphine sulfate oral solution 100mg/5ml	4	QL(900 ML per 30 days); NDS
oxycodone hydrochloride solution	4	QL(1200 ML per 30 days); NDS
oxycodone hydrochloride tablet 10mg, 15mg	2	QL(180 EA per 30 days); NDS
oxycodone hydrochloride tablet 5mg	2	QL(360 EA per 30 days); NDS
oxycodone hydrochloride tablet 20mg, 30mg	3	QL(180 EA per 30 days); NDS
oxycodone/acetaminophen tablet 325mg; 5mg	2	QL(360 EA per 30 days); NDS
oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 7.5mg	3	QL(360 EA per 30 days); NDS
oxycodone/acetaminophen tablet 325mg; 2.5mg	4	QL(360 EA per 30 days); NDS
tramadol hydrochloride/acetaminophen	2	QL(240 EA per 30 days); NDS
tramadol hydrochloride tablet 50mg	2	QL(240 EA per 30 days); NDS
Anesthetics		
Local Anesthetics		
lidocaine/prilocaine cream	4	QL(30 GM per 30 days); PA
lidocaine ointment 5%	4	QL(150 GM per 30 days); PA
lidocaine patch 5%	4	QL(90 EA per 30 days); PA
premium lidocaine	4	QL(150 GM per 30 days); PA
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
acamprosate calcium dr	4	
disulfiram tablet	4	
naltrexone hcl tablet	2	

Drug Name	Drug Tier	Requirements/Limits
VIVITROL	5	
Opioid Dependence		
buprenorphine hcl/naloxone hcl tablet sublingual 2mg; 0.5mg	2	QL(360 EA per 30 days)
buprenorphine hcl/naloxone hcl tablet sublingual 8mg; 2mg	2	QL(90 EA per 30 days)
buprenorphine hcl tablet sublingual	2	
buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 4mg; 1mg	4	QL(60 EA per 30 days)
buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 8mg; 2mg	4	QL(90 EA per 30 days)
buprenorphine hydrochloride/naloxone hydrochloride tablet sublingual 2mg; 0.5mg	2	QL(360 EA per 30 days)
Opioid Reversal Agents		
naloxone hcl injection 4mg/10ml	2	
naloxone hydrochloride liquid	4	
naloxone hydrochloride injection 0.4mg/ml	2	
naloxone hydrochloride injection 2mg/2ml	3	
OPVEE	3	
Smoking Cessation Agents		
bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg	2	QL(60 EA per 30 days)
NICOTROL NS	4	QL(360 ML per 365 days)
TYRVAYA	4	QL(8.4 ML per 30 days)
varenicline starting month box	4	QL(504 EA per 365 days)
varenicline tartrate	4	QL(504 EA per 365 days)
Antibacterials		
Aminoglycosides		
amikacin sulfate injection 1gm/4ml, 500mg/2ml	4	
ARIKAYCE	5	PA
gentamicin sulfate cream 0.1%	4	
GENTAMICIN SULFATE INJECTION 40MG/ML	4	
gentamicin sulfate ointment 0.1%	3	
neomycin sulfate	3	
paromomycin sulfate	4	
streptomycin sulfate injection 1gm	4	
tobramycin sulfate injection 1.2gm	3	
tobramycin sulfate injection 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	4	
Antibacterials, Other		
aztreonam	4	
clindacin etz pledgets	3	
clindacin-p	3	
clindamycin hcl capsule 300mg	2	
clindamycin hydrochloride capsule 150mg, 75mg	2	
clindamycin palmitate hydrochloride	4	

Drug Name	Drug Tier	Requirements/Limits
clindamycin phosphate cream 2%	4	
clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 900mg/6ml	4	
clindamycin phosphate swab 1%	3	
colistimethate sodium	4	
daptomycin	4	
daptomycin/sodium chloride	4	
FIRVANQ SOLUTION RECONSTITUTED 25MG/ML	4	
FIRVANQ SOLUTION RECONSTITUTED 50MG/ML	4	QL(450 ML per 10 days)
IMPAVIDO	5	
linezolid tablet	4	QL(56 EA per 28 days)
linezolid suspension reconstituted	5	QL(1800 ML per 28 days)
linezolid injection 600mg/300ml	4	
methenamine hippurate	4	
metronidazole vaginal	4	
metronidazole injection 500mg/100ml	4	
metronidazole tablet 250mg, 500mg	2	
nitrofurantoin macrocrystals capsule 100mg, 50mg	3	
nitrofurantoin monohydrate/macrocrystals	2	
nitrofurantoin monohydrate capsule	2	
tigecycline	5	
tinidazole	3	
trimethoprim tablet	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, 1gm, 250mg, 2gm, 500mg, 750mg	4	
vancomycin hydrochloride oral solution reconstituted 25mg/ml	4	
vancomycin hydrochloride oral solution reconstituted 250mg/5ml	4	QL(450 ML per 10 days)
Beta-lactam, Cephalosporins		
cefaclor capsule	3	
cefadroxil capsule, suspension reconstituted	2	
cefazolin sodium injection 1gm	4	
CEFAZOLIN INJECTION 2GM	4	
cefazolin injection 3gm	4	
cefdinir capsule	2	
cefdinir suspension reconstituted	3	
cefepime	4	
cefepime hydrochloride injection 100gm, 2gm	4	
cefixime capsule	4	
cefotaxime sodium injection 1gm, 2gm, 500mg	3	

Drug Name	Drug Tier	Requirements/Limits
cefotetan injection 1gm, 2gm	4	
cefoxitin sodium injection 10gm, 1gm, 2gm	4	
cefpodoxime proxetil	4	
cefprozil	3	
ceftazidime/dextrose injection 2gm/50ml; 5%	3	
ceftazidime injection 1gm, 2gm, 6gm	4	
ceftriaxone sodium injection 10gm	3	
ceftriaxone sodium injection 1gm, 250mg, 2gm, 500mg	4	
cefuroxime axetil tablet	2	
cefuroxime sodium injection 1.5gm, 750mg	4	
cephalexin capsule 250mg, 500mg	2	
cephalexin suspension reconstituted	2	
tazicef injection 1gm, 2gm, 6gm	4	
TEFLARO	5	
Beta-lactam, Penicillins		
amoxicillin/clavulanate potassium er	4	
amoxicillin/clavulanate potassium tablet chewable	2	
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 500mg; 125mg, 875mg; 125mg	2	
amoxicillin/clavulanate potassium tablet 250mg; 125mg	4	
amoxicillin capsule, suspension reconstituted, tablet	2	
amoxicillin tablet chewable 125mg, 250mg	2	
ampicillin sodium injection 10gm, 125mg, 1gm	4	
ampicillin-sulbactam	4	
ampicillin/sulbactam injection 2gm; 1gm	4	
ampicillin capsule 500mg	2	
AUGMENTIN SUSPENSION RECONSTITUTED 125MG/5ML; 31.25MG/5ML	4	
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	4	
dicloxacillin sodium	2	
nafcillin sodium injection 10gm, 1gm, 2gm	4	
penicillin g sodium	5	
penicillin v potassium	2	
piperacillin sodium/tazobactam sodium injection 2gm; 0.25gm, 36gm; 4.5gm, 3gm; 0.375gm, 4gm; 0.5gm	4	
Carbapenems		
ertapenem sodium	4	
imipenem/cilastatin	3	

Drug Name	Drug Tier	Requirements/Limits
meropenem injection 1gm, 500mg	3	
meropenem injection 2gm	4	
Macrolides		
azithromycin packet, suspension reconstituted	3	
azithromycin injection 500mg	4	
azithromycin tablet 250mg	2	
azithromycin tablet 500mg, 600mg	3	
clarithromycin er	4	
clarithromycin tablet	3	
clarithromycin suspension reconstituted	4	
DIFICID TABLET	4	
erythromycin dr tablet delayed release	4	
Quinolones		
CIPRO SUSPENSION RECONSTITUTED	4	
ciprofloxacin hcl tablet 750mg	2	
ciprofloxacin hcl tablet 100mg	3	
ciprofloxacin hydrochloride tablet 250mg, 500mg	2	
ciprofloxacin i.v.-in d5w	4	
levofloxacin in d5w	4	
levofloxacin injection 25mg/ml	4	
levofloxacin oral solution 25mg/ml	4	
levofloxacin tablet 250mg, 500mg, 750mg	2	
moxifloxacin hydrochloride/sodium hydrochloride	4	
moxifloxacin hydrochloride tablet 400mg	3	
Sulfonamides		
sulfadiazine tablet	4	
sulfamethoxazole/trimethoprim ds	2	
sulfamethoxazole/trimethoprim tablet	2	
sulfamethoxazole/trimethoprim suspension	3	
Tetracyclines		
demeclocycline hcl tablet	4	
demeclocycline hydrochloride tablet 300mg	4	
doxy 100	4	
doxycycline hyclate capsule 100mg, 50mg	3	
doxycycline hyclate injection 100mg	4	
doxycycline hyclate tablet 100mg	2	
doxycycline monohydrate capsule 100mg, 50mg	3	
doxycycline monohydrate tablet 100mg, 50mg	3	
doxycycline suspension reconstituted	3	
minocycline hcl capsule 75mg	3	
minocycline hydrochloride capsule 100mg, 50mg	3	
mondoxyne nl capsule 100mg	3	
morgidox 1x100mg capsule	3	
morgidox 2x100mg capsule	3	

Drug Name	Drug Tier	Requirements/Limits
tetracycline hydrochloride capsule	3	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT TABLET	5	QL(60 EA per 30 days); PA NSO
BRIVIACT SOLUTION	5	QL(600 ML per 30 days); PA NSO
EPIDIOLEX	5	PA NSO
EPRONTIA	4	ST NSO
felbamate	4	
FINTEPLA	5	QL(360 ML per 30 days); PA NSO
FYCOMPA SUSPENSION	5	QL(720 ML per 30 days); ST NSO
FYCOMPA TABLET 2MG	4	QL(60 EA per 30 days); ST NSO
FYCOMPA TABLET 10MG, 12MG, 8MG	5	QL(30 EA per 30 days); ST NSO
FYCOMPA TABLET 4MG, 6MG	5	QL(60 EA per 30 days); ST NSO
lamotrigine starter kit/blue	4	
lamotrigine starter kit/green	4	
lamotrigine starter kit/orange	4	
lamotrigine titration	4	
lamotrigine tablet chewable, tablet	2	
levetiracetam er	3	
levetiracetam solution, tablet	2	
NAYZILAM	4	QL(10 EA per 30 days)
roweepra tablet 500mg	2	
SPRITAM TABLET DISINTEGRATING SOLUBLE 250MG, 500MG, 750MG	4	QL(120 EA per 30 days)
SPRITAM TABLET DISINTEGRATING SOLUBLE 1000MG	4	QL(90 EA per 30 days)
subvenite	2	
subvenite starter kit/blue	4	
subvenite starter kit/green	4	
subvenite starter kit/orange	4	
topiramate tablet	2	
topiramate capsule sprinkle	3	
valproic acid	2	
Calcium Channel Modifying Agents		
ethosuximide capsule	3	
ethosuximide solution	4	
methsuximide	4	
Gamma-aminobutyric Acid (GABA) Modulating Agents		
clobazam suspension	4	QL(480 ML per 30 days)
clobazam tablet	4	QL(60 EA per 30 days)
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	3	QL(300 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
clonazepam tablet 0.5mg, 1mg	3	QL(90 EA per 30 days)
DIACOMIT	5	PA NSO
diazepam rectal gel	4	
divalproex sodium dr	2	
divalproex sodium er	2	
divalproex sodium capsule delayed release sprinkle	3	
gabapentin capsule 400mg	2	QL(270 EA per 30 days)
gabapentin capsule 100mg, 300mg	2	QL(360 EA per 30 days)
gabapentin solution	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	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)
pregabalin solution	4	QL(900 ML per 30 days)
primidone tablet	2	
SYMPAZAN	5	QL(60 EA per 30 days)
tiagabine hydrochloride	4	
VALTOCO 10 MG DOSE	5	QL(10 EA per 30 days)
VALTOCO 15 MG DOSE	5	QL(10 EA per 30 days)
VALTOCO 20 MG DOSE	5	QL(10 EA per 30 days)
VALTOCO 5 MG DOSE	5	QL(10 EA per 30 days)
vigabatrin	5	QL(180 EA per 30 days); PA NSO
vigadrone	5	QL(180 EA per 30 days); PA NSO
VIGAFYDE	5	PA NSO
vigpoder	5	QL(180 EA per 30 days); PA NSO
ZTALMY	5	PA NSO
Sodium Channel Agents		
APTIOM TABLET 200MG	5	QL(180 EA per 30 days); ST NSO
APTIOM TABLET 600MG, 800MG	5	QL(60 EA per 30 days); ST NSO
APTIOM TABLET 400MG	5	QL(90 EA per 30 days); ST NSO
carbamazepine er	4	
carbamazepine tablet chewable	2	
carbamazepine tablet	3	
carbamazepine suspension	4	
DILANTIN CAPSULE 30MG	4	
epitol	3	
lacosamide solution	4	QL(1200 ML per 30 days)
lacosamide tablet 50mg	4	QL(120 EA per 30 days)
lacosamide tablet 100mg, 150mg, 200mg	4	QL(60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
oxcarbazepine tablet	2	
oxcarbazepine suspension	4	
phenytek	3	
phenytoin sodium extended	3	
phenytoin tablet chewable, suspension	2	
rufinamide suspension	5	QL(2760 ML per 30 days)
rufinamide tablet 200mg	4	QL(480 EA per 30 days)
rufinamide tablet 400mg	5	QL(240 EA per 30 days)
XCOPRI TABLET THERAPY PACK 0	4	QL(28 EA per 180 days); PA NSO
XCOPRI TABLET THERAPY PACK 0	5	QL(28 EA per 180 days); PA NSO
XCOPRI TABLET THERAPY PACK 0	5	QL(56 EA per 28 days); PA NSO
XCOPRI TABLET 100MG	5	QL(120 EA per 30 days); PA NSO
XCOPRI TABLET 50MG	5	QL(240 EA per 30 days); PA NSO
XCOPRI TABLET 150MG, 200MG	5	QL(60 EA per 30 days); PA NSO
xcopri tablet 25mg	5	QL(30 EA per 30 days); PA NSO
ZONISADE	4	ST NSO
zonisamide	2	
Antidementia Agents		
Antidementia Agents, Other		
ergoloid mesylates tablet	4	
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR	3	QL(30 EA per 30 days); ST
Cholinesterase Inhibitors		
donepezil hcl tablet disintegrating	3	
donepezil hcl tablet 10mg	2	
donepezil hydrochloride tablet 10mg, 5mg	2	
galantamine hydrobromide er	4	QL(30 EA per 30 days)
galantamine hydrobromide tablet	3	QL(60 EA per 30 days)
galantamine hydrobromide solution	4	
rivastigmine tartrate	4	QL(60 EA per 30 days)
rivastigmine transdermal system	4	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
memantine hcl titration pak	2	
memantine hydrochloride er	4	QL(30 EA per 30 days)
memantine hydrochloride tablet	2	
Antidepressants		
Antidepressants, Other		
AUVELITY	3	QL(60 EA per 30 days); ST NSO
bupropion hcl tablet 100mg	2	
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)

Drug Name	Drug Tier	Requirements/Limits
bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg	2	QL(90 EA per 30 days)
bupropion hydrochloride tablet 75mg	2	
maprotiline hcl	4	
mirtazapine odt	3	QL(30 EA per 30 days)
mirtazapine tablet	2	
quetiapine fumarate tablet 150mg	2	QL(90 EA per 30 days)
SPRAVATO 56MG DOSE	5	PA NSO
SPRAVATO 84MG DOSE	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	4	QL(30 EA per 30 days); ST NSO
MARPLAN	4	QL(180 EA per 30 days)
phenelzine sulfate	3	
tranylcypromine sulfate	4	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor		
citalopram hydrobromide tablet	1	
citalopram hydrobromide solution	4	
desvenlafaxine er tablet extended release 24 hour 100mg	4	QL(120 EA per 30 days)
desvenlafaxine er tablet extended release 24 hour 25mg, 50mg	4	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 capsule delayed release particles 20mg, 60mg	2	QL(60 EA per 30 days)
duloxetine hydrochloride capsule delayed release particles 30mg	2	QL(90 EA per 30 days)
escitalopram oxalate tablet	2	
escitalopram oxalate solution	4	QL(600 ML per 30 days)
FETZIMA	4	QL(30 EA per 30 days); ST NSO
FETZIMA TITRATION PACK	4	QL(56 EA per 365 days); ST NSO
fluoxetine hydrochloride capsule 20mg, 40mg	1	
fluoxetine hydrochloride capsule 10mg	1	QL(30 EA per 30 days)
fluoxetine hydrochloride solution	4	
fluvoxamine maleate tablet 100mg	2	QL(90 EA per 30 days)
fluvoxamine maleate tablet 25mg	3	QL(30 EA per 30 days)
fluvoxamine maleate tablet 50mg	3	QL(60 EA per 30 days)
nefazodone hydrochloride	4	
paroxetine hcl tablet 30mg, 40mg	2	
paroxetine hydrochloride suspension	4	
paroxetine hydrochloride tablet 10mg, 20mg	2	

Drug Name	Drug Tier	Requirements/Limits
sertraline hcl concentrate	4	
sertraline hcl tablet 50mg	1	QL(60 EA per 30 days)
sertraline hydrochloride tablet 25mg	1	QL(30 EA per 30 days)
sertraline hydrochloride tablet 100mg	1	QL(60 EA per 30 days)
trazodone hydrochloride tablet 100mg, 150mg, 50mg	2	
TRINTELLIX	4	QL(30 EA per 30 days)
venlafaxine hydrochloride	2	
venlafaxine hydrochloride er capsule extended release 24 hour 150mg, 37.5mg	2	QL(30 EA per 30 days)
venlafaxine hydrochloride er capsule extended release 24 hour 75mg	2	QL(90 EA per 30 days)
VIIBRYD STARTER PACK	4	QL(60 EA per 365 days)
vilazodone hydrochloride	4	QL(30 EA per 30 days)
Tricyclics		
amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg	3	
amitriptyline hydrochloride tablet 100mg, 10mg, 50mg	3	
amoxapine	4	
clomipramine hydrochloride	4	
desipramine hydrochloride	4	
doxepin hcl capsule 75mg	3	
doxepin hcl concentrate	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	4	
nortriptyline hydrochloride capsule 10mg, 50mg	2	
protriptyline hcl	4	
trimipramine maleate capsule	4	
Antiemetics		
Antiemetics, Other		
compro	4	
meclizine hcl tablet	3	
prochlorperazine edisylate injection 10mg/2ml	4	
prochlorperazine maleate tablet	2	
prochlorperazine suppository 25mg	4	
promethazine hcl suppository 12.5mg	4	
promethazine hcl tablet 12.5mg	3	
promethazine hydrochloride plain	4	
promethazine hydrochloride tablet 25mg, 50mg	3	
scopolamine	4	
Emetogenic Therapy Adjuncts		
aprepitant capsule 40mg	4	QL(1 EA per 30 days); B/D

Drug Name	Drug Tier	Requirements/Limits
aprepitant capsule 125mg	4	QL(2 EA per 30 days); B/D
aprepitant capsule 0	4	QL(6 EA per 30 days); B/D
aprepitant capsule 80mg	4	QL(8 EA per 30 days); B/D
dronabinol	4	QL(60 EA per 30 days); PA
ondansetron hcl solution	4	QL(450 ML per 30 days); B/D
ondansetron hydrochloride tablet	2	B/D
ondansetron hydrochloride injection 4mg/2ml	4	
ondansetron odt tablet disintegrating 4mg, 8mg	3	B/D
Antifungals		
Antifungals		
ABELCET	4	B/D
amphotericin b liposome	5	B/D
amphotericin b injection	4	B/D
CASPOFUNGIN ACETATE INJECTION 70MG	4	
caspofungin acetate injection 50mg	4	
clotrimazole cream	3	QL(45 GM per 28 days)
clotrimazole troche	4	
econazole nitrate cream	3	QL(85 GM per 28 days)
fluconazole in sodium chloride	4	
fluconazole tablet	2	
fluconazole suspension reconstituted	3	
flucytosine capsule	5	
griseofulvin microsize	4	
griseofulvin ultramicrosize tablet 125mg, 250mg	4	
itraconazole capsule	4	QL(120 EA per 30 days); PA
JUBLIA	4	
ketoconazole shampoo	2	QL(120 ML per 28 days)
ketoconazole tablet	3	
ketoconazole cream	3	QL(90 GM per 30 days)
klayesta	3	QL(120 GM per 30 days)
nyamyc	3	QL(120 GM per 30 days)
nystatin cream, ointment	2	
nystatin suspension	3	
nystatin powder	3	QL(120 GM per 30 days)
nystatin tablet	4	
nystop	3	QL(120 GM per 30 days)
posaconazole dr	4	QL(96 EA per 30 days); PA
posaconazole suspension	5	PA
terbinafine hcl tablet	2	QL(84 EA per 180 days)
terconazole cream	3	
voriconazole suspension reconstituted	4	
voriconazole injection	4	PA
voriconazole tablet	4	QL(120 EA per 30 days)
Antigout Agents		

Drug Name	Drug Tier	Requirements/Limits
Antigout Agents		
allopurinol tablet 100mg, 300mg	2	
COLCHICINE TABLET 0.6MG	4	
febuxostat	4	ST
probenecid/colchicine	3	
probenecid tablet	4	
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	5	QL(18 EA per 30 days); PA
QULIPTA	5	QL(30 EA per 30 days); PA
UBRELVY	5	QL(16 EA per 30 days); PA
Ergot Alkaloids		
dihydroergotamine mesylate solution	4	QL(8 ML per 30 days); PA
ergotamine tartrate/caffeine	3	QL(24 EA per 28 days)
Serotonin (5-HT) Receptor Agonist		
naratriptan hcl tablet 1mg	3	QL(9 EA per 30 days)
naratriptan hcl tablet 2.5mg	4	QL(9 EA per 30 days)
rizatriptan benzoate	2	QL(18 EA per 30 days)
rizatriptan benzoate odt	3	QL(18 EA per 30 days)
sumatriptan succinate tablet	2	QL(9 EA per 30 days)
sumatriptan succinate injection	4	QL(5 ML per 30 days)
sumatriptan solution	4	QL(12 EA per 30 days)
zolmitriptan tablet	4	QL(12 EA per 30 days)
Antimyasthenic Agents		
Parasympathomimetics		
guanidine hcl	4	
pyridostigmine bromide tablet 60mg	3	
Antimycobacterials		
Antimycobacterials, Other		
dapsone tablet	3	
rifabutin	4	
Antituberculars		
cycloserine	5	
ethambutol hydrochloride	3	
ISONIAZID INJECTION	4	
isoniazid tablet	2	
isoniazid syrup	4	
paser	4	
PRIFTIN	4	
pyrazinamide tablet	4	

Drug Name	Drug Tier	Requirements/Limits
rifampin capsule, injection	4	
SIRTURO	5	
TRECATOR	4	
Antineoplastics		
Alkylating Agents		
cyclophosphamide capsule	3	B/D
GLEOSTINE CAPSULE 100MG, 10MG, 40MG	4	
LEUKERAN	5	
MATULANE	5	
VALCHLOR	5	QL(60 GM per 14 days); PA NSO
Antiandrogens		
abiraterone acetate tablet 250mg	4	QL(120 EA per 30 days); PA NSO
abiraterone acetate tablet 500mg	4	QL(60 EA per 30 days); PA NSO
bicalutamide	3	
ERLEADA TABLET 240MG	5	PA NSO
ERLEADA TABLET 60MG	5	QL(120 EA per 30 days); PA NSO
flutamide	4	
nilutamide	5	QL(60 EA per 30 days)
NUBEQA	5	QL(120 EA per 30 days); PA NSO
XTANDI CAPSULE	5	QL(120 EA per 30 days); PA NSO
XTANDI TABLET 40MG	5	QL(120 EA per 30 days); PA NSO
XTANDI TABLET 80MG	5	QL(60 EA per 30 days); PA NSO
Antiangiogenic Agents		
lenalidomide	5	PA NSO
POMALYST	5	QL(21 EA per 28 days); PA NSO
THALOMID CAPSULE 100MG, 50MG	5	QL(28 EA per 28 days); PA NSO
THALOMID CAPSULE 150MG, 200MG	5	QL(56 EA per 28 days); PA NSO
Antiestrogens/Modifiers		
EMCYT	5	
ORSERDU	5	PA NSO
SOLTAMOX	4	
tamoxifen citrate tablet	2	
toremifene citrate	5	QL(30 EA per 30 days)
Antimetabolites		
DROXIA	3	
hydroxyurea capsule	2	
mercaptopurine tablet	4	
PURIXAN	5	
TABLOID	4	
Antineoplastics, Other		
AKEEGA	5	PA NSO
COLUMVI	5	PA NSO
EPKINLY	5	PA NSO
IBRANCE TABLET 100MG, 125MG, 75MG	5	QL(21 EA per 28 days); PA NSO

Drug Name	Drug Tier	Requirements/Limits
INREBIC	5	QL(120 EA per 30 days); PA NSO
IWILFIN	5	PA NSO
KISQALI FEMARA 200 DOSE	5	QL(49 EA per 28 days); PA NSO
KISQALI FEMARA 400 DOSE	5	QL(70 EA per 28 days); PA NSO
KISQALI FEMARA 600 DOSE	5	QL(91 EA per 28 days); PA NSO
LAZCLUZE TABLET 240MG	5	PA NSO
LAZCLUZE TABLET 80MG	5	QL(60 EA per 30 days); PA NSO
LEUCOVORIN CALCIUM TABLET	3	
LONSURF	5	PA NSO
LYSODREN	3	
OGSIVEO	5	PA NSO
OJEMDA	5	PA NSO
ONUREG	5	QL(14 EA per 14 days); PA NSO
PHESGO	5	PA NSO
SYNRIBO	5	
TRUSELTIQ CAPSULE THERAPY PACK 100MG	5	QL(21 EA per 21 days); PA NSO
TRUSELTIQ CAPSULE THERAPY PACK 0, 25MG	5	QL(42 EA per 21 days); PA NSO
TRUSELTIQ CAPSULE THERAPY PACK 25MG	5	QL(63 EA per 21 days); PA NSO
VONJO	5	QL(120 EA per 30 days); PA NSO
ZOLINZA	5	PA NSO
Antineoplastics		
OPDUALAG	5	PA NSO
Aromatase Inhibitors, 3rd Generation		
anastrozole tablet	2	
exemestane	4	
letrozole	2	
Enzyme Inhibitors		
topotecan hcl injection 4mg	5	
topotecan hydrochloride	5	
Molecular Target Inhibitors		
ALECENSA	5	QL(240 EA per 30 days); PA NSO
ALUNBRIG TABLET THERAPY PACK	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	5	PA NSO
AYVAKIT	5	QL(30 EA per 30 days); PA NSO
BALVERSA TABLET 5MG	5	QL(30 EA per 30 days); PA NSO
BALVERSA TABLET 4MG	5	QL(60 EA per 30 days); PA NSO
BALVERSA TABLET 3MG	5	QL(90 EA per 30 days); PA NSO
BOSULIF CAPSULE	5	PA NSO
BOSULIF TABLET 400MG, 500MG	5	QL(30 EA per 30 days); PA NSO
BOSULIF TABLET 100MG	5	QL(90 EA per 30 days); PA NSO
BRAFTOVI CAPSULE 75MG	5	QL(180 EA per 30 days); PA NSO
BRUKINSA	5	QL(120 EA per 30 days); PA NSO

Drug Name	Drug Tier	Requirements/Limits
CABOMETYX	5	QL(30 EA per 30 days); PA NSO
CALQUENCE TABLET	5	PA NSO
CALQUENCE CAPSULE	5	QL(60 EA per 30 days); PA NSO
CAPRELSA TABLET 300MG	5	QL(30 EA per 30 days); PA NSO
CAPRELSA TABLET 100MG	5	QL(60 EA per 30 days); PA NSO
COMETRIQ KIT 0	5	QL(112 EA per 28 days); PA NSO
COMETRIQ KIT 0	5	QL(56 EA per 28 days); PA NSO
COMETRIQ KIT 20MG	5	QL(84 EA per 28 days); PA NSO
COPIKTRA	5	QL(60 EA per 30 days); PA NSO
COTELLIC	5	QL(63 EA per 28 days); PA NSO
dasatinib tablet 100mg, 140mg, 50mg, 80mg	5	QL(30 EA per 30 days); PA NSO
dasatinib tablet 20mg, 70mg	5	QL(60 EA per 30 days); PA NSO
DAURISMO TABLET 100MG	5	QL(30 EA per 30 days); PA NSO
DAURISMO TABLET 25MG	5	QL(60 EA per 30 days); PA NSO
ERIVEDGE	5	QL(30 EA per 30 days); PA NSO
erlotinib hydrochloride tablet 100mg, 150mg	5	QL(30 EA per 30 days); PA NSO
erlotinib hydrochloride tablet 25mg	5	QL(60 EA per 30 days); PA NSO
everolimus tablet soluble 5mg	5	QL(180 EA per 30 days); PA NSO
everolimus tablet soluble 3mg	5	QL(240 EA per 30 days); PA NSO
everolimus tablet soluble 2mg	5	QL(330 EA per 30 days); PA NSO
everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg	5	QL(30 EA per 30 days); PA NSO
EXKIVITY	5	QL(120 EA per 30 days)
FARYDAK	5	
FOTIVDA	5	QL(21 EA per 28 days); PA NSO
FRUZAQLA	5	PA NSO
GAVRETO	5	QL(120 EA per 30 days); PA NSO
gefitinib	5	QL(60 EA per 30 days); PA NSO
GILOTRIF	5	QL(30 EA per 30 days); PA NSO
IBRANCE CAPSULE 100MG, 125MG, 75MG	5	QL(21 EA per 28 days); PA NSO
ICLUSIG	5	QL(30 EA per 30 days); PA NSO
IDHIFA	5	QL(30 EA per 30 days); PA NSO
imatinib mesylate tablet 100mg	3	QL(180 EA per 30 days); PA NSO
imatinib mesylate tablet 400mg	4	QL(60 EA per 30 days); PA NSO
IMBRUVICA SUSPENSION	5	PA NSO
IMBRUVICA TABLET	5	QL(30 EA per 30 days); PA NSO
IMBRUVICA CAPSULE 140MG	5	QL(120 EA per 30 days); PA NSO
IMBRUVICA CAPSULE 70MG	5	QL(30 EA per 30 days); PA NSO
INLYTA TABLET 5MG	5	QL(120 EA per 30 days); PA NSO
INLYTA TABLET 1MG	5	QL(180 EA per 30 days); PA NSO
INQOVI	5	QL(5 EA per 28 days); PA NSO
JAKAFI	5	QL(60 EA per 30 days); PA NSO
JAYPIRCA TABLET 50MG	5	QL(30 EA per 30 days); PA NSO
JAYPIRCA TABLET 100MG	5	QL(90 EA per 30 days); PA NSO
KISQALI TABLET THERAPY PACK 200MG	5	QL(21 EA per 28 days); PA NSO

Drug Name	Drug Tier	Requirements/Limits
KISQALI TABLET THERAPY PACK 200MG	5	QL(42 EA per 28 days); PA NSO
KISQALI TABLET THERAPY PACK 200MG	5	QL(63 EA per 28 days); PA NSO
KOSELUGO	5	PA NSO
KRAZATI	5	PA NSO
lapatinib ditosylate	5	QL(180 EA per 30 days); PA NSO
LENVIMA 10 MG DAILY DOSE	5	PA NSO
LENVIMA 12MG DAILY DOSE	5	PA NSO
LENVIMA 14 MG DAILY DOSE	5	PA NSO
LENVIMA 18 MG DAILY DOSE	5	PA NSO
LENVIMA 20 MG DAILY DOSE	5	PA NSO
LENVIMA 24 MG DAILY DOSE	5	PA NSO
LENVIMA 4 MG DAILY DOSE	5	PA NSO
LENVIMA 8 MG DAILY DOSE	5	PA NSO
LORBRENA TABLET 100MG	5	QL(30 EA per 30 days); PA NSO
LORBRENA TABLET 25MG	5	QL(90 EA per 30 days); PA NSO
LUMAKRAS	5	PA NSO
LYNPARZA TABLET	5	QL(120 EA per 30 days); PA NSO
LYTGOBI	5	PA NSO
MEKINIST SOLUTION RECONSTITUTED	5	PA NSO
MEKINIST TABLET 2MG	5	QL(30 EA per 30 days); PA NSO
MEKINIST TABLET 0.5MG	5	QL(90 EA per 30 days); PA NSO
MEKTOVI	5	QL(180 EA per 30 days); PA NSO
NERLYNX	5	QL(180 EA per 30 days); PA NSO
NINLARO	5	QL(3 EA per 28 days); PA NSO
ODOMZO	5	QL(30 EA per 30 days); PA NSO
OJJAARA	5	PA NSO
pazopanib hydrochloride	5	QL(120 EA per 30 days); PA NSO
PEMAZYRE	5	QL(30 EA per 30 days); PA NSO
PIQRAY 200MG DAILY DOSE	5	PA NSO
PIQRAY 250MG DAILY DOSE	5	PA NSO
PIQRAY 300MG DAILY DOSE	5	PA NSO
QINLOCK	5	QL(90 EA per 30 days); PA NSO
RETEVMO CAPSULE 80MG	5	QL(120 EA per 30 days); PA NSO
RETEVMO CAPSULE 40MG	5	QL(180 EA per 30 days); 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	5	PA NSO
ROZLYTREK PACKET	5	PA NSO
ROZLYTREK CAPSULE 100MG	5	PA NSO
ROZLYTREK CAPSULE 200MG	5	QL(90 EA per 30 days); PA NSO
RUBRACA	5	QL(120 EA per 30 days); PA NSO
RYDAPT	5	QL(240 EA per 30 days); PA NSO
SCEMBLIX TABLET 100MG	5	QL(120 EA per 30 days); PA NSO

Drug Name	Drug Tier	Requirements/Limits
SCEMBLIX TABLET 40MG	5	QL(300 EA per 30 days); PA NSO
SCEMBLIX TABLET 20MG	5	QL(60 EA per 30 days); PA NSO
sorafenib	5	QL(120 EA per 30 days); PA NSO
sorafenib tosylate	5	QL(120 EA per 30 days); PA NSO
SPRYCEL TABLET 100MG, 140MG, 50MG, 80MG	5	QL(30 EA per 30 days); PA NSO
SPRYCEL TABLET 20MG, 70MG	5	QL(60 EA per 30 days); PA NSO
STIVARGA	5	QL(84 EA per 28 days); PA NSO
sunitinib malate	5	QL(30 EA per 30 days); PA NSO
TABRECTA	5	QL(120 EA per 30 days); PA NSO
TAFINLAR TABLET SOLUBLE	5	PA NSO
TAFINLAR CAPSULE	5	QL(120 EA per 30 days); PA NSO
TAGRISSO	5	QL(30 EA per 30 days); PA NSO
TALZENNA CAPSULE 0.1MG, 0.35MG, 0.5MG, 0.75MG, 1MG	5	QL(30 EA per 30 days); PA NSO
TALZENNA CAPSULE 0.25MG	5	QL(90 EA per 30 days); PA NSO
TASIGNA CAPSULE 150MG, 200MG	5	QL(112 EA per 28 days); PA NSO
TASIGNA CAPSULE 50MG	5	QL(120 EA per 30 days); PA NSO
TAZVERIK	5	QL(240 EA per 30 days); PA NSO
TEPMETKO	5	PA NSO
TIBSOVO	5	QL(60 EA per 30 days); PA NSO
TRUQAP	5	PA NSO
TUKYSA TABLET 150MG	5	QL(120 EA per 30 days); PA NSO
TUKYSA TABLET 50MG	5	QL(300 EA per 30 days); PA NSO
TURALIO CAPSULE 125MG	5	PA NSO
TURALIO CAPSULE 200MG	5	QL(120 EA per 30 days); PA NSO
VANFLYTA	5	PA NSO
VENCLEXTA STARTING PACK	5	QL(42 EA per 30 days); PA NSO
VENCLEXTA TABLET 10MG	3	QL(60 EA per 30 days); PA NSO
VENCLEXTA TABLET 100MG	5	QL(120 EA per 30 days); PA NSO
VENCLEXTA TABLET 50MG	5	QL(30 EA per 30 days); PA NSO
VERZENIO	5	QL(60 EA per 30 days); PA NSO
VITRAKVI SOLUTION	5	QL(300 ML per 30 days); PA NSO
VITRAKVI CAPSULE 25MG	5	QL(180 EA per 30 days); PA NSO
VITRAKVI CAPSULE 100MG	5	QL(60 EA per 30 days); PA NSO
VIZIMPRO	5	QL(30 EA per 30 days); PA NSO
XALKORI CAPSULE	5	QL(60 EA per 30 days); PA NSO
XALKORI CAPSULE SPRINKLE 20MG, 50MG	5	PA NSO
XALKORI CAPSULE SPRINKLE 150MG	5	QL(60 EA per 30 days); PA NSO
XOSPATA	5	QL(90 EA per 30 days); PA NSO
XPOVIO	5	PA NSO
XPOVIO 100 MG ONCE WEEKLY	5	PA NSO
XPOVIO 40 MG ONCE WEEKLY	5	PA NSO
XPOVIO 40 MG TWICE WEEKLY	5	PA NSO
XPOVIO 60 MG ONCE WEEKLY	5	PA NSO

Drug Name	Drug Tier	Requirements/Limits
XPOVIO 60 MG TWICE WEEKLY	5	PA NSO
XPOVIO 80 MG ONCE WEEKLY	5	PA NSO
XPOVIO 80 MG TWICE WEEKLY	5	PA NSO
ZEJULA TABLET	5	QL(30 EA per 30 days); PA NSO
ZEJULA CAPSULE	5	QL(90 EA per 30 days); PA NSO
ZELBORAF	5	QL(240 EA per 30 days); PA NSO
ZYDELIG	5	QL(60 EA per 30 days); PA NSO
ZYKADIA TABLET	5	QL(90 EA per 30 days); PA NSO
Monoclonal Antibodies/Antibody-Drug Conjugates		
DARZALEX FASPRO	5	PA NSO
KANJINTI	5	PA NSO
LOQTORZI	5	PA NSO
RUXIENCE	5	PA NSO
TEVIMBRA	5	PA NSO
TRAZIMERA	5	PA NSO
Retinoids		
bexarotene	5	PA NSO
PANRETIN	5	
tretinoin capsule 10mg	5	
Treatment Adjuncts		
MESNEX TABLET	4	
VORANIGO TABLET 40MG	5	PA NSO
VORANIGO TABLET 10MG	5	QL(60 EA per 30 days); PA NSO
Antiparasitics		
Anthelmintics		
albendazole tablet	4	
ivermectin tablet	3	QL(20 EA per 30 days); PA
praziquantel tablet	4	
Antiprotozoals		
ALINIA SUSPENSION RECONSTITUTED	4	
atovaquone	4	
atovaquone/proguanil hcl	4	
BENZNIDAZOLE	4	
chloroquine phosphate tablet	4	
COARTEM	4	QL(24 EA per 30 days)
hydroxychloroquine sulfate tablet 100mg, 200mg	2	
mefloquine hcl	3	
nitazoxanide	4	
pentamidine isethionate injection	4	
pentamidine isethionate inhalation solution reconstituted	4	QL(1 EA per 28 days); B/D
primaquine phosphate tablet	3	
pyrimethamine tablet	5	PA
QUININE SULFATE CAPSULE 324MG	3	PA
Antiparkinson Agents		

Drug Name	Drug Tier	Requirements/Limits
Anticholinergics		
benztropine mesylate tablet	2	
trihexyphenidyl hydrochloride	3	
Antiparkinson Agents, Other		
entacapone	4	
OSMOLEX ER	4	PA
Dopamine Agonists		
bromocriptine mesylate capsule, tablet	4	
KYNMOBI TITRATION KIT	5	QL(20 EA per 365 days); PA
KYNMOBI FILM 15MG, 20MG, 25MG, 30MG	5	QL(150 EA per 30 days); PA
kynmobi film 10mg	5	QL(150 EA per 30 days); PA
pramipexole dihydrochloride	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	2	
carbidopa/levodopa er	3	
carbidopa/levodopa odt	4	
carbidopa tablet	4	
INBRIJA	5	PA
RYTARY	4	
Monoamine Oxidase B (MAO-B) Inhibitors		
rasagiline mesylate tablet	4	
selegiline hcl capsule, tablet	3	
Antipsychotics		
1st Generation/Typical		
chlorpromazine hcl tablet	4	
chlorpromazine hydrochloride concentrate, tablet	4	
fluphenazine decanoate injection	4	
fluphenazine hcl concentrate	4	
fluphenazine hcl tablet 1mg	4	
fluphenazine hydrochloride elixir, injection	4	
fluphenazine hydrochloride tablet 10mg, 2.5mg, 5mg	4	
haloperidol decanoate injection	4	
haloperidol lactate	4	
haloperidol concentrate	2	
haloperidol tablet 0.5mg, 10mg, 1mg, 2mg, 5mg	2	
haloperidol tablet 20mg	3	
loxapine	3	
molindone hydrochloride	4	
perphenazine tablet	4	
pimozide	4	
thioridazine hcl tablet 100mg, 10mg, 25mg, 50mg	3	

Drug Name	Drug Tier	Requirements/Limits
thiothixene capsule 10mg, 1mg, 2mg, 5mg	4	
trifluoperazine hcl tablet 10mg, 2mg, 5mg	3	
trifluoperazine hydrochloride tablet 1mg	3	
2nd Generation/Atypical		
ABILIFY ASIMTUFII	4	
ABILIFY MAINTENA	5	
aripiprazole odt	4	QL(60 EA per 30 days)
aripiprazole tablet	4	QL(30 EA per 30 days)
aripiprazole solution	4	QL(750 ML per 30 days)
ARISTADA	5	
ARISTADA INITIO	5	
asenapine maleate sl	4	QL(60 EA per 30 days)
CAPLYTA	5	QL(30 EA per 30 days); PA NSO
FANAPT	5	QL(60 EA per 30 days); ST NSO
FANAPT TITRATION PACK	4	QL(8 EA per 180 days); ST NSO
INVEGA HAFYERA	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	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	5	QL(30 EA per 30 days); ST NSO
NUPLAZID CAPSULE	5	QL(30 EA per 30 days); PA NSO
NUPLAZID TABLET 10MG	5	QL(30 EA per 30 days); PA NSO
olanzapine odt	4	QL(30 EA per 30 days)
olanzapine tablet	2	QL(30 EA per 30 days)
olanzapine injection	4	
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	5	QL(1 EA per 30 days)
quetiapine fumarate er tablet extended release 24 hour 150mg, 300mg, 400mg, 50mg	4	QL(60 EA per 30 days)
quetiapine fumarate er tablet extended release 24 hour 200mg	4	QL(90 EA per 30 days)
quetiapine fumarate tablet 300mg, 400mg	2	QL(60 EA per 30 days)
quetiapine fumarate tablet 100mg, 200mg, 25mg, 50mg	2	QL(90 EA per 30 days)
REXULTI	5	QL(30 EA per 30 days); ST NSO
RISPERDAL CONSTA INJECTION 12.5MG, 25MG	4	
RISPERDAL CONSTA INJECTION 37.5MG, 50MG	5	
risperidone er injection 12.5mg, 25mg	4	
risperidone er injection 37.5mg, 50mg	5	
risperidone odt	4	QL(60 EA per 30 days)
risperidone tablet	2	QL(60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
risperidone solution	3	QL(240 ML per 30 days)
SECUADO	5	QL(30 EA per 30 days); ST NSO
VRAYLAR CAPSULE THERAPY PACK	4	QL(14 EA per 365 days); ST NSO
VRAYLAR CAPSULE	5	QL(30 EA per 30 days); ST NSO
ziprasidone hcl	3	QL(60 EA per 30 days)
ziprasidone mesylate	4	QL(60 EA per 30 days)
ZYPREXA RELPREVV INJECTION 210MG	4	QL(2 EA per 28 days); ST NSO
ZYPREXA RELPREVV INJECTION 300MG, 405MG	5	ST NSO
Treatment-Resistant		
clozapine odt tablet disintegrating 200mg	4	QL(120 EA per 30 days); ST NSO
clozapine odt tablet disintegrating 150mg	4	QL(180 EA per 30 days); ST NSO
clozapine odt tablet disintegrating 100mg, 25mg	4	QL(270 EA per 30 days); ST NSO
clozapine odt tablet disintegrating 12.5mg	4	QL(90 EA per 30 days); ST NSO
clozapine tablet 50mg	3	QL(180 EA per 30 days); ST NSO
clozapine tablet 25mg	3	QL(270 EA per 30 days); ST NSO
clozapine tablet 200mg	4	QL(120 EA per 30 days); ST NSO
clozapine tablet 100mg	4	QL(270 EA per 30 days); ST NSO
VERSACLOZ	5	QL(540 ML per 30 days); ST NSO
Antispasticity Agents		
Antispasticity Agents		
baclofen tablet 10mg, 20mg	2	
baclofen tablet 5mg	3	
dantrolene sodium capsule	4	
tizanidine hcl tablet 2mg	2	
tizanidine hydrochloride tablet 4mg	2	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
cidofovir	5	
ganciclovir injection 500mg/10ml, 500mg	3	B/D
LIVTENCITY	5	
PREVYMIS TABLET	5	
valganciclovir	3	
valganciclovir hydrochloride	4	
Anti-hepatitis B (HBV) Agents		
adefovir dipivoxil	4	
BARACLUDE SOLUTION	5	QL(600 ML per 30 days)
entecavir	4	QL(30 EA per 30 days)
lamivudine tablet 100mg	3	
Anti-hepatitis C (HCV) Agents		
MAVYRET TABLET	5	QL(336 EA per 365 days); PA
MAVYRET PACKET	5	QL(560 EA per 365 days); PA
ribavirin tablet 200mg	3	
VOSEVI	5	QL(84 EA per 365 days); PA
Anti-HIV Agents, Integrase Inhibitors (INSTI)		

Drug Name	Drug Tier	Requirements/Limits
BIKTARVY	5	QL(30 EA per 30 days)
CABENUVA	5	
DOVATO	5	QL(30 EA per 30 days)
GENVOYA	5	QL(30 EA per 30 days)
ISENTRESS HD	5	QL(60 EA per 30 days)
ISENTRESS TABLET CHEWABLE	4	QL(180 EA per 30 days)
ISENTRESS PACKET, TABLET	5	QL(60 EA per 30 days)
JULUCA	5	QL(30 EA per 30 days)
STRIBILD	5	QL(30 EA per 30 days)
TIVICAY PD	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	5	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA	5	QL(30 EA per 30 days)
DELSTRIGO	5	QL(30 EA per 30 days)
EDURANT	5	QL(30 EA per 30 days)
efavirenz/emtricitabine/tenofovir disoproxil fumarate	4	QL(30 EA per 30 days)
efavirenz/lamivudine/tenofovir disoproxil fumarate	5	QL(30 EA per 30 days)
efavirenz tablet	4	QL(30 EA per 30 days)
efavirenz capsule	4	QL(90 EA per 30 days)
etravirine tablet 100mg	4	QL(60 EA per 30 days)
etravirine tablet 200mg	5	QL(60 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 er tablet extended release 24 hour 100mg	4	QL(60 EA per 30 days)
nevirapine tablet	3	QL(60 EA per 30 days)
nevirapine suspension	4	QL(1200 ML per 30 days)
PIFELTRO	5	QL(30 EA per 30 days)
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
abacavir sulfate	4	QL(60 EA per 30 days)
abacavir sulfate/lamivudine	4	QL(30 EA per 30 days)
abacavir sulfate/lamivudine/zidovudine	5	QL(60 EA per 30 days)
abacavir tablet	4	QL(60 EA per 30 days)
abacavir solution	4	QL(960 ML per 30 days)
CIMDUO	5	QL(30 EA per 30 days)
DESCOVY	5	QL(30 EA per 30 days)
emtricitabine	2	QL(30 EA per 30 days)
emtricitabine/tenofovir disoproxil	5	QL(30 EA per 30 days)
emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg	2	QL(30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg, 133mg; 200mg	5	QL(30 EA per 30 days)
EMTRIVA SOLUTION	4	QL(680 ML per 28 days)
lamivudine/zidovudine	4	QL(60 EA per 30 days)
lamivudine solution 10mg/ml	4	QL(960 ML per 30 days)
lamivudine tablet 300mg	4	QL(30 EA per 30 days)
lamivudine tablet 150mg	4	QL(60 EA per 30 days)
ODEFSEY	5	QL(30 EA per 30 days)
RETROVIR IV INFUSION	4	
stavudine capsule	4	
TEMIXYS	5	QL(30 EA per 30 days)
tenofovir disoproxil fumarate	4	QL(30 EA per 30 days)
TRIUMEQ	5	QL(30 EA per 30 days)
TRIUMEQ PD	4	QL(180 EA per 30 days)
TRIZIVIR	5	QL(60 EA per 30 days)
VIREAD POWDER	5	QL(225 GM per 30 days)
VIREAD TABLET 150MG, 200MG, 250MG	5	QL(30 EA per 30 days)
zidovudine tablet	3	QL(60 EA per 30 days)
zidovudine syrup	4	QL(1680 ML per 28 days)
zidovudine capsule	4	QL(180 EA per 30 days)
Anti-HIV Agents, Other		
FUZEON	5	
maraviroc tablet 300mg	5	QL(120 EA per 30 days)
maraviroc tablet 150mg	5	QL(60 EA per 30 days)
RUKOBIA	5	QL(60 EA per 30 days)
SELZENTRY SOLUTION	5	QL(1800 ML per 30 days)
SELZENTRY TABLET 25MG	4	QL(480 EA per 30 days)
SELZENTRY TABLET 75MG	5	QL(60 EA per 30 days)
SUNLENCA INJECTION	5	
SUNLENCA TABLET THERAPY PACK 300MG	5	QL(10 EA per 365 days)
SUNLENCA TABLET THERAPY PACK 300MG	5	QL(8 EA per 365 days)
TROGARZO	5	
TYBOST	3	QL(30 EA per 30 days)
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS SOLUTION	5	
APTIVUS CAPSULE	5	QL(120 EA per 30 days)
atazanavir	4	QL(60 EA per 30 days)
atazanavir sulfate capsule 300mg	4	QL(30 EA per 30 days)
darunavir tablet 800mg	5	QL(30 EA per 30 days)
darunavir tablet 600mg	5	QL(60 EA per 30 days)
EVOTAZ	5	QL(30 EA per 30 days)
fosamprenavir calcium	5	QL(120 EA per 30 days)
INVIRASE TABLET	5	
LEXIVA SUSPENSION	4	QL(1575 ML per 28 days)

Drug Name	Drug Tier	Requirements/Limits
lopinavir/ritonavir solution	4	QL(400 ML per 30 days)
lopinavir/ritonavir tablet 100mg; 25mg	4	
lopinavir/ritonavir tablet 200mg; 50mg	4	QL(150 EA per 30 days)
NORVIR PACKET	4	QL(360 EA per 30 days)
NORVIR SOLUTION	4	QL(480 ML per 30 days)
PREZCOBIX	5	QL(30 EA per 30 days)
PREZISTA SUSPENSION	5	QL(360 ML per 30 days)
PREZISTA TABLET 150MG	4	QL(180 EA per 30 days)
PREZISTA TABLET 75MG	4	QL(300 EA per 30 days)
REYATAZ PACKET	5	QL(180 EA per 30 days)
ritonavir	3	QL(360 EA per 30 days)
SYMTUZA	5	QL(30 EA per 30 days)
VIRACEPT TABLET 625MG	5	QL(120 EA per 30 days)
VIRACEPT TABLET 250MG	5	QL(270 EA per 30 days)
Anti-influenza Agents		
amantadine hcl solution	2	
amantadine hcl capsule	3	
oseltamivir phosphate capsule 75mg	3	QL(110 EA per 365 days)
oseltamivir phosphate capsule 30mg	3	QL(168 EA per 365 days)
oseltamivir phosphate capsule 45mg	3	QL(84 EA per 365 days)
oseltamivir phosphate suspension reconstituted	3	QL(1080 ML per 365 days)
XOFLUZA TABLET THERAPY PACK 40MG, 80MG	4	
XOFLUZA TABLET THERAPY PACK 20MG, 40MG	4	QL(4 EA per 365 days)
Antiherpetic Agents		
acyclovir sodium injection 50mg/ml	4	B/D
acyclovir capsule 200mg	2	
acyclovir suspension 200mg/5ml	4	
acyclovir tablet 400mg, 800mg	2	
famciclovir tablet	3	
valacyclovir hydrochloride	3	QL(120 EA per 30 days)
VYJUVEK	5	PA
Antiviral, Coronavirus Agents		
LAGEVRIO	4	QL(40 EA per 5 days)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(20 EA per 5 days); $0 Copay
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(30 EA per 5 days); $0 Copay
Anxiolytics		
Anxiolytics, Other		
buspirone hcl tablet 15mg	2	
buspirone hydrochloride tablet 10mg, 5mg	2	
buspirone hydrochloride tablet 30mg, 7.5mg	3	
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)

Drug Name	Drug Tier	Requirements/Limits
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	4	QL(240 ML per 30 days)
diazepam oral solution	4	
diazepam concentrate	4	QL(240 ML per 30 days)
diazepam injection 5mg/ml	4	
diazepam tablet 10mg	3	QL(120 EA per 30 days)
diazepam tablet 5mg	3	QL(240 EA per 30 days)
diazepam tablet 2mg	3	QL(300 EA per 30 days)
lorazepam intensol	3	QL(150 ML per 30 days)
lorazepam tablet 2mg	3	QL(150 EA per 30 days)
lorazepam tablet 0.5mg, 1mg	3	QL(90 EA per 30 days)
Bipolar Agents		
Bipolar Agents, Other		
IGALMI	4	PA NSO
Mood Stabilizers		
lithium	2	
lithium carbonate er	2	
lithium carbonate capsule, tablet	2	
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose tablet 50mg	2	QL(180 EA per 30 days)
acarbose tablet 25mg	2	QL(360 EA per 30 days)
acarbose tablet 100mg	2	QL(90 EA per 30 days)
BYDUREON BCISE	4	QL(3.4 ML per 28 days); PA
glimepiride tablet 1mg, 2mg	1	
glimepiride tablet 4mg	1	QL(60 EA per 30 days)
glipizide er tablet extended release 24 hour 5mg	1	QL(120 EA per 30 days)
glipizide er tablet extended release 24 hour 2.5mg	1	QL(240 EA per 30 days)
glipizide er tablet extended release 24 hour 10mg	1	QL(60 EA per 30 days)
glipizide xl tablet extended release 24 hour 5mg	1	QL(120 EA per 30 days)
glipizide xl tablet extended release 24 hour 2.5mg	1	QL(240 EA per 30 days)
glipizide xl tablet extended release 24 hour 10mg	1	QL(60 EA per 30 days)
glipizide/metformin hydrochloride tablet 2.5mg; 500mg, 5mg; 500mg	3	QL(120 EA per 30 days)
glipizide/metformin hydrochloride tablet 2.5mg; 250mg	3	QL(240 EA per 30 days)
glipizide tablet 2.5mg	1	
glipizide tablet 10mg	1	QL(120 EA per 30 days)
glipizide tablet 5mg	1	QL(240 EA per 30 days)
glyburide/metformin hydrochloride	2	
glyburide tablet 1.25mg, 2.5mg, 5mg	2	
GLYXAMBI	3	QL(30 EA per 30 days)
JANUMET	3	QL(60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG	3	QL(30 EA per 30 days)
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 50MG, 500MG; 50MG	3	QL(60 EA per 30 days)
JANUVIA	3	QL(30 EA per 30 days)
JENTADUETO	3	
JENTADUETO XR	3	
metformin hydrochloride er tablet extended release 24 hour 500mg	1	QL(120 EA per 30 days)
metformin hydrochloride er tablet extended release 24 hour 750mg	1	QL(60 EA per 30 days)
metformin hydrochloride tablet 500mg	1	QL(150 EA per 30 days)
metformin hydrochloride tablet 1000mg	1	QL(75 EA per 30 days)
metformin hydrochloride tablet 850mg	1	QL(90 EA per 30 days)
MOUNJARO	3	QL(2 ML per 28 days); PA
nateglinide tablet 60mg	4	QL(180 EA per 30 days)
nateglinide tablet 120mg	4	QL(90 EA per 30 days)
OZEMPIC INJECTION 2MG/1.5ML	3	QL(1.5 ML per 28 days); PA
OZEMPIC INJECTION 2MG/1.5ML, 2MG/3ML, 4MG/3ML, 8MG/3ML	3	QL(3 ML per 28 days); PA
pioglitazone hcl/metformin hcl	3	
pioglitazone hcl tablet 45mg	1	QL(30 EA per 30 days)
pioglitazone hydrochloride tablet 15mg, 30mg	1	QL(30 EA per 30 days)
repaglinide tablet 2mg	3	QL(240 EA per 30 days)
repaglinide tablet 1mg	3	QL(480 EA per 30 days)
repaglinide tablet 0.5mg	3	QL(960 EA per 30 days)
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	3	QL(90 ML per 30 days)
SYNJARDY	3	QL(60 EA per 30 days)
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25MG; 1000MG	3	QL(30 EA per 30 days)
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	3	QL(60 EA per 30 days)
TRADJENTA	3	QL(30 EA per 30 days)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	3	QL(30 EA per 30 days)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	3	QL(60 EA per 30 days)
TRULICITY	3	QL(2 ML per 28 days); PA
XIGDUO XR	3	
Glycemic Agents		
BAQSIMI ONE PACK	3	
BAQSIMI TWO PACK	3	

Drug Name	Drug Tier	Requirements/Limits
diazoxide suspension	4	
GLUCAGEN HYPOKIT	4	ST
GLUCAGON EMERGENCY KIT	4	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	4	
GVOKE HYPOPEN 1-PACK	3	
GVOKE HYPOPEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS	3	
Insulins		
HUMALOG	3	
HUMALOG JUNIOR KWIKPEN	3	
HUMALOG KWIKPEN	3	
HUMALOG MIX 50/50	3	
HUMALOG MIX 50/50 KWIKPEN	3	
HUMALOG MIX 75/25	3	
HUMALOG MIX 75/25 KWIKPEN	3	
HUMULIN 70/30	3	
HUMULIN 70/30 KWIKPEN	3	
HUMULIN N	3	
HUMULIN N KWIKPEN	3	
HUMULIN R	3	
HUMULIN R U-500 (CONCENTRATED)	3	
HUMULIN R U-500 KWIKPEN	3	
LANTUS	3	
LANTUS SOLOSTAR	3	
LYUMJEV	3	
LYUMJEV KWIKPEN	3	
TOUJEO MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	
TRESIBA	3	
TRESIBA FLEXTOUCH	3	
Blood Products and Modifiers		
Anticoagulants		
ELIQUIS STARTER PACK	3	QL(148 EA per 365 days)
ELIQUIS TABLET 2.5MG	3	QL(60 EA per 30 days)
ELIQUIS TABLET 5MG	3	QL(90 EA per 30 days)
enoxaparin sodium injection 30mg/0.3ml	4	QL(10.5 ML per 90 days)
enoxaparin sodium injection 300mg/3ml	4	QL(105 ML per 90 days)
enoxaparin sodium injection 40mg/0.4ml	4	QL(14 ML per 90 days)
enoxaparin sodium injection 60mg/0.6ml	4	QL(21 ML per 90 days)
enoxaparin sodium injection 120mg/0.8ml, 80mg/0.8ml	4	QL(28 ML per 90 days)
enoxaparin sodium injection 100mg/ml, 150mg/ml	4	QL(35 ML per 90 days)
fondaparinux sodium injection 5mg/0.4ml	4	QL(14 ML per 90 days)

Drug Name	Drug Tier	Requirements/Limits
fondaparinux sodium injection 2.5mg/0.5ml	4	QL(17.5 ML per 90 days)
fondaparinux sodium injection 7.5mg/0.6ml	4	QL(21 ML per 90 days)
fondaparinux sodium injection 10mg/0.8ml	4	QL(28 ML per 90 days)
heparin sodium injection 5000unit/ml	3	
jantoven	1	
warfarin sodium tablet	1	
XARELTO STARTER PACK	3	QL(102 EA per 365 days)
XARELTO TABLET 10MG, 20MG	3	QL(30 EA per 30 days)
XARELTO TABLET 15MG, 2.5MG	3	QL(60 EA per 30 days)
Blood Products and Modifiers, Other		
anagrelide hydrochloride	3	
NEULASTA	5	PA
NEULASTA ONPRO KIT	5	PA
PROCRIT INJECTION 10000UNIT/ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
PROCRIT INJECTION 40000UNIT/ML	5	PA
PROMACTA TABLET	5	QL(30 EA per 30 days); PA
PROMACTA PACKET 25MG	5	PA
PROMACTA PACKET 12.5MG	5	QL(180 EA per 30 days); PA
RETACRIT	4	PA
UDENYCA	5	PA
UDENYCA ONBODY	5	PA
ZARXIO	5	
Hemostasis Agents		
tranexamic acid tablet	3	
Platelet Modifying Agents		
aspirin/dipyridamole	4	
ASPIRIN/DIPYRIDAMOLE ER	4	
BRILINTA	4	QL(60 EA per 30 days)
CABLIVI	5	QL(30 EA per 30 days); PA
cilostazol	2	
clopidogrel tablet 300mg	2	
clopidogrel tablet 75mg	2	QL(30 EA per 30 days)
DOPTELET	5	PA
prasugrel hydrochloride	4	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
clonidine	4	
clonidine hydrochloride tablet	2	
droxidopa	4	PA
guanfacine hydrochloride	4	
methyldopa tablet 250mg, 500mg	4	
midodrine hcl	3	
Alpha-adrenergic Blocking Agents		

Drug Name	Drug Tier	Requirements/Limits
prazosin hydrochloride capsule	2	
Angiotensin II Receptor Antagonists		
candesartan cilexetil tablet 32mg	3	QL(30 EA per 30 days)
candesartan cilexetil tablet 16mg, 4mg, 8mg	3	QL(60 EA per 30 days)
irbesartan	1	QL(30 EA per 30 days)
losartan potassium tablet	1	
olmesartan medoxomil tablet	2	
telmisartan	3	QL(30 EA per 30 days)
valsartan tablet 160mg, 320mg	2	QL(30 EA per 30 days)
valsartan tablet 40mg, 80mg	2	QL(90 EA per 30 days)
Angiotensin-converting Enzyme (ACE) Inhibitors		
benazepril hcl tablet 10mg, 40mg, 5mg	1	
benazepril hydrochloride tablet 20mg	1	
enalapril maleate tablet	1	
fosinopril sodium	2	
lisinopril tablet	1	
moexipril hcl	3	
perindopril erbumine	3	
quinapril hydrochloride	1	
ramipril	1	
trandolapril	2	
Antiarrhythmics		
amiodarone hydrochloride tablet 200mg	2	
amiodarone hydrochloride tablet 100mg, 400mg	4	
digitek tablet 0.125mg, 0.25mg	2	
digox	2	
digoxin solution	4	
digoxin tablet 125mcg, 250mcg, 62.5mcg	2	
dofetilide	4	
flecainide acetate	2	
mexiletine hcl	4	
pacerone tablet 200mg	2	
pacerone tablet 100mg, 400mg	4	
propafenone hcl	2	
propafenone hydrochloride er	4	
propafenone hydrochloride tablet 300mg	2	
QUINIDINE SULFATE TABLET	3	
sorine	2	
sotalol hcl	2	
sotalol hydrochloride (af)	2	
sotalol hydrochloride tablet 120mg, 160mg, 80mg	2	
Beta-adrenergic Blocking Agents		
acebutolol hcl capsule 400mg	2	
acebutolol hydrochloride	2	

Drug Name	Drug Tier	Requirements/Limits
atenolol tablet	1	
betaxolol hcl tablet 10mg, 20mg	3	
bisoprolol fumarate	2	
carvedilol	1	
labetalol hydrochloride tablet	2	
metoprolol succinate er	2	
metoprolol tartrate tablet 100mg, 25mg, 37.5mg, 50mg	1	
metoprolol tartrate tablet 75mg	2	
nadolol tablet 20mg, 40mg, 80mg	4	
nebivolol hydrochloride	4	
nebivolol tablet 5mg	4	
propranolol hcl er capsule extended release 24 hour 120mg, 160mg	3	
propranolol hcl tablet 40mg	2	
propranolol hydrochloride er capsule extended release 24 hour 60mg, 80mg	3	
propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg	2	
Calcium Channel Blocking Agents, Dihydropyridines		
amlodipine besylate tablet	1	
felodipine er	2	
nifedipine er	3	
nimodipine capsule	4	
Calcium Channel Blocking Agents, Nondihydropyridines		
cartia xt	2	
dilt-xr	2	
diltiazem hcl cd	2	
diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 420mg	2	
diltiazem hcl er capsule extended release 12 hour	4	
diltiazem hcl tablet 30mg, 60mg, 90mg	2	
diltiazem hydrochloride er capsule extended release 24 hour	2	
diltiazem hydrochloride tablet 120mg	2	
taztia xt	2	
tiadylt er	2	
verapamil hcl er tablet extended release 120mg, 240mg	2	
verapamil hcl sr capsule extended release 24 hour	4	
verapamil hcl tablet 40mg, 80mg	2	
verapamil hydrochloride er tablet extended release 180mg	2	
verapamil hydrochloride tablet 120mg	2	
Cardiovascular Agents, Other		
aliskiren	4	
amiloride/hydrochlorothiazide	3	
amlodipine besylate/benazepril hydrochloride capsule 10mg; 20mg, 10mg; 40mg, 5mg; 40mg	1	QL(30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
amlodipine besylate/benazepril hydrochloride capsule 2.5mg; 10mg, 5mg; 10mg, 5mg; 20mg	1	QL(45 EA per 30 days)
amlodipine besylate/valsartan	3	
atenolol/chlorthalidone	2	
benazepril hydrochloride/hydrochlorothiazide	3	
bisoprolol fumarate/hydrochlorothiazide	2	
candesartan cilexetil/hydrochlorothiazide	2	QL(30 EA per 30 days)
enalapril maleate/hydrochlorothiazide	1	
ENTRESTO CAPSULE SPRINKLE	3	QL(240 EA per 30 days)
ENTRESTO TABLET	3	QL(60 EA per 30 days)
fosinopril sodium/hydrochlorothiazide	3	
irbesartan/hydrochlorothiazide	3	QL(30 EA per 30 days)
ivabradine hydrochloride	4	QL(60 EA per 30 days); PA
lisinopril/hydrochlorothiazide	1	
losartan potassium/hydrochlorothiazide	1	
metyrosine	5	PA
olmesartan medoxomil/hydrochlorothiazide	2	
pentoxifylline er	3	
quinapril/hydrochlorothiazide	3	
ranolazine er tablet extended release 12 hour 500mg	4	QL(120 EA per 30 days)
ranolazine er tablet extended release 12 hour 1000mg	4	QL(60 EA per 30 days)
spironolactone/hydrochlorothiazide	3	
telmisartan/hydrochlorothiazide	2	QL(30 EA per 30 days)
triamterene/hydrochlorothiazide capsule 25mg; 37.5mg	1	
triamterene/hydrochlorothiazide tablet	1	
valsartan/hydrochlorothiazide	2	QL(30 EA per 30 days)
VYNDAMAX	5	QL(30 EA per 30 days); PA
Diuretics, Loop		
bumetanide injection	2	
bumetanide tablet 0.5mg, 1mg	3	
bumetanide tablet 2mg	4	
furosemide tablet	1	
furosemide injection	4	
torsemide tablet	2	
Diuretics, Potassium-sparing		
amiloride hcl tablet	2	
Diuretics, Thiazide		
chlorthalidone tablet 25mg, 50mg	2	
hydrochlorothiazide capsule, tablet	1	
indapamide tablet	2	
metolazone	3	
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate micronized capsule 134mg, 200mg, 67mg	2	
fenofibrate capsule 200mg, 67mg	2	

Drug Name	Drug Tier	Requirements/Limits
fenofibrate tablet 160mg, 54mg	2	
fenofibrate tablet 145mg	2	QL(30 EA per 30 days)
fenofibrate tablet 48mg	2	QL(60 EA per 30 days)
fenofibric acid dr	4	
gemfibrozil tablet	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
atorvastatin calcium	1	QL(30 EA per 30 days)
fluvastatin	4	
LIVALO	3	
lovastatin tablet 10mg	1	QL(30 EA per 30 days)
lovastatin tablet 20mg, 40mg	1	QL(60 EA per 30 days)
pitavastatin calcium	4	
pravastatin sodium	1	QL(30 EA per 30 days)
rosuvastatin calcium tablet	1	QL(30 EA per 30 days)
simvastatin tablet	1	QL(30 EA per 30 days)
Dyslipidemics, Other		
cholestyramine light	4	
cholestyramine packet, powder	4	
colesevelam hydrochloride tablet	4	
colestipol hcl	4	
ezetimibe	2	
ezetimibe/simvastatin	4	
icosapent ethyl	4	
niacin er	4	
omega-3-acid ethyl esters	3	
prevalite	4	
REPATHA	3	QL(3 ML per 28 days); PA
REPATHA PUSHTRONEX SYSTEM	3	QL(7 ML per 28 days); PA
REPATHA SURECLICK	3	QL(3 ML per 28 days); PA
Mineralocorticoid Receptor Antagonists		
eplerenone	3	
KERENDIA	4	QL(30 EA per 30 days); PA
spironolactone tablet	2	
Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)		
FARXIGA	3	QL(30 EA per 30 days)
JARDIANCE	3	QL(30 EA per 30 days)
Vasodilators, Direct-acting Arterial/Venous		
isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg	3	
isosorbide mononitrate	2	
isosorbide mononitrate er	2	
NITRO-BID	3	
nitroglycerin transdermal	2	
nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg	2	
VERQUVO	3	QL(30 EA per 30 days); PA

Drug Name	Drug Tier	Requirements/Limits
Vasodilators, Direct-acting Arterial		
hydralazine hcl tablet 10mg	2	
hydralazine hydrochloride tablet 100mg, 25mg, 50mg	2	
minoxidil tablet	3	
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	3	QL(90 EA per 30 days)
dextroamphetamine sulfate tablet 10mg	4	QL(180 EA per 30 days)
dextroamphetamine sulfate tablet 5mg	4	QL(90 EA per 30 days)
lisdexamfetamine dimesylate capsule	4	QL(30 EA per 30 days); PA
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, 40mg, 60mg, 80mg	4	QL(30 EA per 30 days)
guanfacine hydrochloride er	3	
methylphenidate hydrochloride tablet	2	QL(90 EA per 30 days)
methylphenidate hydrochloride solution	4	
Central Nervous System, Other		
AUSTEDO	5	QL(120 EA per 30 days); PA
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 0	5	QL(56 EA per 365 days); PA
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 0	5	QL(84 EA per 365 days); PA
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 6MG	5	QL(210 EA per 30 days); PA
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 18MG, 30MG, 36MG, 42MG, 48MG	5	QL(30 EA per 30 days); PA
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 24MG	5	QL(60 EA per 30 days); PA
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12MG	5	QL(90 EA per 30 days); PA

Drug Name	Drug Tier	Requirements/Limits
NUEDEXTA	4	PA
riluzole	4	
tetrabenazine tablet 25mg	4	QL(120 EA per 30 days); PA
tetrabenazine tablet 12.5mg	4	QL(240 EA per 30 days); PA
VEOZAH	4	QL(30 EA per 30 days); PA
Fibromyalgia Agents		
SAVELLA	3	QL(60 EA per 30 days)
SAVELLA TITRATION PACK	3	QL(110 EA per 365 days)
Multiple Sclerosis Agents		
BAFIERTAM	5	QL(120 EA per 30 days); PA
BETASERON	5	QL(15 EA per 30 days); PA
dalfampridine er	3	QL(60 EA per 30 days); PA
dimethyl fumarate	4	QL(60 EA per 30 days); PA
dimethyl fumarate starterpack	4	QL(120 EA per 365 days); PA
fingolimod hydrochloride	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	5	QL(0.4 ML per 28 days); PA
TYSABRI	5	PA
Dental and Oral Agents		
Dental and Oral Agents		
chlorhexidine gluconate solution	2	
doxycycline hyclate tablet 20mg	3	
kourzeq	3	
lidocaine hydrochloride viscous	2	
lidocaine viscous	2	
periogard	2	
pilocarpine hydrochloride	4	
triamcinolone acetonide dental paste	3	
Dermatological Agents		
Acne and Rosacea Agents		
acitretin	4	
amnesteem	4	
azelaic acid	4	QL(100 GM per 30 days)
claravis	4	
erythromycin/benzoyl peroxide	4	
FINACEA FOAM	4	QL(50 GM per 30 days)
isotretinoin capsule 10mg, 20mg, 30mg, 40mg	4	
metronidazole cream 0.75%	4	
metronidazole gel 0.75%, 1%	4	
myorisan	4	
rosadan	4	
TAZAROTENE CREAM 0.1%	4	QL(60 GM per 30 days)
tretinoin cream 0.025%	3	PA

Drug Name	Drug Tier	Requirements/Limits
tretinoin cream 0.05%, 0.1%	4	PA
zenatane	4	
Dermatitis and Pruritus Agents		
ala-cort cream 2.5%	2	
alclometasone dipropionate	3	
ammonium lactate cream, lotion	3	
betamethasone dipropionate augmented cream	2	
betamethasone dipropionate augmented ointment	4	
betamethasone dipropionate lotion	3	
betamethasone dipropionate cream, ointment	4	
betamethasone valerate cream, lotion, ointment	3	
clobetasol propionate e	4	QL(120 GM per 28 days)
clobetasol propionate solution	3	QL(100 ML per 28 days)
clobetasol propionate cream, gel, ointment	4	QL(120 GM per 28 days)
desonide cream	3	
desonide ointment	4	QL(120 GM per 30 days)
EUCRISA	4	PA
fluocinolone acetonide	4	
fluocinonide cream 0.1%	3	QL(120 GM per 30 days)
fluocinonide cream 0.05%	3	QL(60 GM per 30 days)
fluocinonide gel, ointment	4	QL(60 GM per 30 days)
fluocinonide solution	4	QL(60 ML per 30 days)
fluticasone propionate cream 0.05%	3	
fluticasone propionate ointment 0.005%	3	
halobetasol propionate ointment	4	
hydrocortisone valerate cream	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%	3	
pimecrolimus	4	
selenium sulfide	2	
SPEVIGO INJECTION 150MG/ML	5	QL(4 ML per 28 days); PA
tacrolimus ointment 0.03%, 0.1%	4	QL(100 GM per 30 days)
triamcinolone acetonide cream	2	
triamcinolone acetonide lotion 0.1%	2	
triamcinolone acetonide lotion 0.025%	3	
triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%	2	
triderm	2	
Dermatological Agents, Other		
calcipotriene solution	3	QL(60 ML per 30 days)

Drug Name	Drug Tier	Requirements/Limits
calcipotriene cream, ointment	4	QL(120 GM per 30 days)
clotrimazole/betamethasone dipropionate cream	2	QL(45 GM per 28 days)
diclofenac sodium gel 3%	4	QL(300 GM per 30 days); ST
fluorouracil cream 5%	4	QL(40 GM per 30 days)
fluorouracil solution	3	
imiquimod cream 5%	3	QL(48 EA per 30 days)
KLISYRI	5	ST
nystatin/triamcinolone acetonide ointment	3	
nystatin/triamcinolone ointment	3	
nystatin/triamcinolone cream	3	QL(60 GM per 28 days)
OTEZLA TABLET 20MG, 30MG	5	QL(60 EA per 30 days); PA
PICATO	5	
podofilox solution	4	
SANTYL	4	QL(180 GM per 30 days)
silver sulfadiazine	2	
SOTYKTU	5	QL(30 EA per 30 days); PA
ssd	2	
urea lotion 40%	4	
Pediculicides/Scabicides		
malathion	4	
permethrin cream	3	
Topical Anti-infectives		
acyclovir ointment 5%	3	QL(60 GM per 30 days)
ciclodan solution	3	PA
ciclopirox nail lacquer	3	PA
ciclopirox olamine	2	QL(90 GM per 28 days)
ciclopirox shampoo	3	QL(120 ML per 28 days)
ciclopirox gel	3	QL(45 GM per 28 days)
ciclopirox suspension	3	QL(60 ML per 28 days)
clindamycin phosphate external solution 1%	3	QL(60 ML per 30 days)
ery	3	
erythromycin gel 2%	4	
erythromycin solution 2%	4	
mupirocin ointment	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	4	B/D
carglumic acid	5	

Drug Name	Drug Tier	Requirements/Limits
dextrose 5%	2	
dextrose 5%/sodium chloride 0.45%	4	
dextrose 5%/sodium chloride 0.9%	4	
effer-k tablet effervescent 25meq	2	
klor-con	4	
klor-con 10	2	
klor-con 8	2	
klor-con m10	2	
klor-con m15	3	
klor-con m20	2	
klor-con/ef	2	
magnesium sulfate injection 50%	4	
PLENAMINE	4	B/D
potassium chloride er capsule extended release	2	
potassium chloride er tablet extended release 10meq, 15meq, 20meq, 8meq	2	
potassium chloride er tablet extended release 15meq	3	
potassium chloride sr tablet extended release 8meq	2	
potassium chloride packet, solution	4	
potassium citrate er	4	
sodium chloride 0.45% injection	4	
sodium chloride injection 0.45%, 0.9%	4	
Electrolyte/Mineral/Metal Modifiers		
CHEMET	5	
CLOVIQUE	5	PA
deferasirox packet	5	PA
deferasirox tablet soluble 125mg	4	PA
deferasirox tablet soluble 250mg, 500mg	5	PA
deferasirox tablet 180mg, 90mg	3	PA
deferasirox tablet 360mg	4	PA
penicillamine tablet	5	
trientine hydrochloride	5	PA
Phosphate Binders		
calcium acetate capsule	3	QL(360 EA per 30 days)
calcium acetate tablet 667mg	3	QL(360 EA per 30 days)
sevelamer carbonate tablet	4	QL(270 EA per 30 days)
sevelamer carbonate packet 0.8gm	4	QL(180 EA per 30 days)
sevelamer carbonate packet 2.4gm	4	QL(90 EA per 30 days)
Potassium Binders		
kionex suspension	3	
LOKELMA	3	QL(90 EA per 30 days)
sodium polystyrene sulfonate powder	3	
sps	3	
VELTASSA	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	2	
enulose	2	
generlac	2	
lactulose solution 10gm/15ml	2	
LINZESS	3	QL(30 EA per 30 days)
LUBIPROSTONE	3	QL(60 EA per 30 days)
MOTEGRITY	4	QL(30 EA per 30 days)
RELISTOR TABLET	5	QL(90 EA per 30 days); ST
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
TRULANCE	3	QL(30 EA per 30 days)
Anti-Diarrheal Agents		
alosetron hydrochloride tablet 0.5mg	4	QL(60 EA per 30 days); PA
alosetron hydrochloride tablet 1mg	5	QL(60 EA per 30 days); PA
diphenoxylate hydrochloride/atropine sulfate	4	
loperamide hcl capsule	3	
XERMELO	5	QL(90 EA per 30 days); PA
Antispasmodics, Gastrointestinal		
dicyclomine hydrochloride capsule, tablet	2	
glycopyrrolate tablet 1mg, 2mg	3	PA
Gastrointestinal Agents, Other		
CLENPIQ	3	
gavilyte-c	2	
gavilyte-g	2	
gavilyte-n/flavor pack	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
metoclopramide hcl solution	2	
metoclopramide hcl tablet 5mg	2	
metoclopramide hydrochloride injection	2	
metoclopramide hydrochloride tablet 10mg	2	
nitroglycerin ointment 0.4%	4	
peg-3350/electrolytes	2	
peg-3350/nacl/na bicarbonate/kcl	2	
SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE SOLUTION 1.6GM/177ML; 3.13GM/177ML; 17.5GM/177ML	3	

Drug Name	Drug Tier	Requirements/Limits
sodium sulfate/potassium sulfate/magnesium sulfate solution 1.6gm/177ml; 3.13gm/177ml; 17.5gm/177ml	3	
SUTAB	3	
ursodiol tablet	3	
VOWST	5	PA
XIFAXAN TABLET 200MG	4	QL(9 EA per 30 days); PA
XIFAXAN TABLET 550MG	5	QL(90 EA per 30 days); PA
Histamine2 (H2) Receptor Antagonists		
famotidine tablet 20mg, 40mg	2	
nizatidine	4	
Protectants		
misoprostol	3	
sucralfate tablet	3	
Proton Pump Inhibitors		
esomeprazole magnesium capsule delayed release	3	QL(60 EA per 30 days)
lansoprazole capsule delayed release	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	2	QL(60 EA per 30 days)
rabeprazole sodium	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		
ALDURAZYME	5	PA
betaine anhydrous	5	
CERDELGA	5	PA
CHOLBAM	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	4	
ELAPRASE	5	PA
EVRYSDI	5	QL(240 ML per 30 days); PA
FABRAZYME	5	
KANUMA	5	PA
l-glutamine	5	PA
LUMIZYME	5	PA
miglustat	5	PA
NAGLAZYME	5	PA
nitisinone	5	

Drug Name	Drug Tier	Requirements/Limits
OXBRYTA TABLET 300MG	5	QL(240 EA per 30 days); PA
PROLASTIN-C	5	PA
PYRUKYND TAPER PACK	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	5	PA
sapropterin dihydrochloride	5	PA
sodium phenylbutyrate powder	5	
STRENSIQ	5	PA
SUCRAID	5	PA
TEGSEDI	5	
VIMIZIM	5	PA
VIOKACE	4	ST
VYNDAQEL	5	QL(120 EA per 30 days)
WELIREG	5	PA NSO
yargesa	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		
GEMTESA	3	
oxybutynin chloride er	2	
oxybutynin chloride solution	2	
oxybutynin chloride tablet 5mg	2	
tolterodine tartrate	4	
tolterodine tartrate er	4	
trospium chloride	3	
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er	2	
doxazosin mesylate	2	
dutasteride capsule	3	
finasteride tablet	2	
silodosin	3	
tadalafil tablet 2.5mg, 5mg	3	QL(30 EA per 30 days); PA
tamsulosin hydrochloride	2	
terazosin hcl capsule 10mg, 1mg, 5mg	2	
terazosin hydrochloride capsule 2mg	2	
Genitourinary Agents, Other		
acetic acid 0.25%	2	

Drug Name	Drug Tier	Requirements/Limits
bethanechol chloride tablet	3	
d-penamine	5	
ELMIRON	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
dexamethasone elixir, solution	3	
dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg	2	
fludrocortisone acetate tablet	2	
hydrocortisone tablet 10mg, 20mg, 5mg	2	
methylprednisolone dose pack tablet therapy pack	2	
methylprednisolone tablet	2	
prednisolone sodium phosphate solution 15mg/5ml	2	
prednisolone sodium phosphate solution 25mg/5ml, 5mg/5ml	4	
prednisolone solution	2	
prednisone tablet therapy pack	2	
prednisone solution	4	
prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
desmopressin acetate tablet	3	
desmopressin acetate solution 0.01%	4	
GENOTROPIN	5	PA
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
INCRELEX	5	PA
ISTURISA TABLET 10MG	5	QL(180 EA per 30 days); 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	4	
testosterone cypionate injection 100mg/ml, 200mg/ml	2	PA
testosterone enanthate injection	3	PA
TESTOSTERONE PUMP GEL 1%	4	QL(300 GM per 30 days); PA
testosterone pump gel 1.62%	4	QL(150 GM per 30 days); PA
TESTOSTERONE GEL 25MG/2.5GM, 50MG/5GM	4	QL(300 GM per 30 days); PA
Estrogens		
afirmelle	4	
altavera	4	
alyacen 1/35	3	
alyacen 7/7/7	4	

Drug Name	Drug Tier	Requirements/Limits
amethia	4	QL(91 EA per 91 days)
amethyst	4	
ashlyna	4	QL(91 EA per 91 days)
aubra	4	
aubra eq	4	
aurovela 1.5/30	4	
aurovela 1/20	4	
aurovela fe 1.5/30	4	
aurovela fe 1/20	4	
aviane	4	
ayuna	4	
azurette	4	
balziva	3	
blisovi fe 1.5/30	4	
blisovi fe 1/20	4	
briellyn	3	
camrese	4	QL(91 EA per 91 days)
camrese lo	4	QL(91 EA per 91 days)
chateal	4	
chateal eq	4	
CLIMARA PRO	4	
cryselle-28	4	
cyclafem 1/35	3	
cyclafem 7/7/7	4	
dasetta 1/35	3	
dasetta 7/7/7	4	
daysee	4	QL(91 EA per 91 days)
delyla	4	
desogestrel/ethinyl estradiol tablet 0; 0	4	
dolishale	4	
dotti	4	
elinest	4	
eluryng	4	
enilloring	4	
enpresse-28	4	
estarylla	4	
estradiol gel 0.25mg/0.25gm, 0.5mg/0.5gm, 0.75mg/0.75gm, 1.25mg/1.25gm, 1mg/gm	4	
estradiol oral tablet	2	
estradiol patch weekly	3	QL(4 EA per 28 days)
estradiol cream, patch twice weekly, vaginal tablet	4	
ESTRING	4	QL(1 EA per 90 days)
ethynodiol diacetate/ethinyl estradiol	4	
etonogestrel/ethinyl estradiol	3	

Drug Name	Drug Tier	Requirements/Limits
falmina	4	
fayosim	4	QL(91 EA per 91 days)
femynor	4	
fyavolv tablet 5mcg; 1mg	3	
fyavolv tablet 2.5mcg; 0.5mg	4	
hailey 1.5/30	4	
hailey fe 1.5/30	4	
hailey fe 1/20	4	
haloette	4	
iclevia	4	QL(91 EA per 91 days)
introvale	4	QL(91 EA per 91 days)
jaimiess	4	QL(91 EA per 91 days)
jinteli	3	
jolessa	4	QL(91 EA per 91 days)
junel 1.5/30	4	
junel 1/20	4	
junel fe 1.5/30	4	
junel fe 1/20	4	
kariva	4	
kelnor 1/35	4	
kelnor 1/50	4	
kurvelo	4	
larin 1.5/30	4	
larin 1/20	4	
larin fe 1.5/30	4	
larin fe 1/20	4	
larissia	4	
lessina	4	
levonest	4	
levonorgestrel and ethinyl estradiol tablet 20mcg; 90mcg	4	
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	4	
levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0	4	QL(91 EA per 91 days)
levora 0.15/30-28	4	
lillow	4	
lojaimiess	4	QL(91 EA per 91 days)
low-ogestrel	4	
lutera	4	
lyllana	4	
marlissa	4	
MENEST TABLET 2.5MG	4	
microgestin 1.5/30	4	
microgestin 1/20	4	

Drug Name	Drug Tier	Requirements/Limits
microgestin fe 1.5/30	4	
microgestin fe 1/20	4	
mili	4	
mono-linyah	4	
necon 0.5/35-28	3	
norelgestromin/ethinyl estradiol	4	
norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 20mcg; 75mg; 1mg, 30mcg; 75mg; 1.5mg	4	
norethindrone acetate/ethinyl estradiol tablet 5mcg; 1mg	3	
norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg, 20mcg; 1mg, 30mcg; 1.5mg	4	
norgestimate/ethinyl estradiol	4	
nortrel 0.5/35 (28)	3	
nortrel 1/35	3	
nortrel 7/7/7	4	
nylia 1/35	3	
nylia 7/7/7	4	
nymyo	4	
orsythia	4	
philith	3	
pimtrea	4	
pirmella 1/35	3	
pirmella 7/7/7	4	
portia-28	4	
PREMARIN CREAM	4	
PREMARIN TABLET 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	4	
PREMPHASE	4	
PREMPRO	4	
previfem	4	
rivelsa	4	QL(91 EA per 91 days)
setlakin	4	QL(91 EA per 91 days)
simliya	4	
simpesse	4	QL(91 EA per 91 days)
sprintec 28	4	
sronyx	4	
tarina fe 1/20	4	
tarina fe 1/20 eq	4	
tri femynor	4	
tri-estarylla	4	
tri-linyah	4	
tri-mili	4	
tri-nymyo	4	
tri-previfem	4	

Drug Name	Drug Tier	Requirements/Limits
tri-sprintec	4	
tri-vylibra	4	
trivora-28	4	
turqoz	4	
vienva	4	
viorele	4	
volnea	4	
vyfemla	3	
vylibra	4	
wera	3	
xulane	3	
yuvafem	4	
zafemy	4	
zovia 1/35	4	
zovia 1/35e	4	
Progestins		
camila	3	
deblitane	3	
DEPO-SUBQ PROVERA 104	3	QL(0.65 ML per 90 days)
emzahh	4	
errin	3	
gallifrey	2	
heather	3	
incassia	3	
jencycla	4	
LILETTA	3	
lyleq	3	
lyza	3	
medroxyprogesterone acetate tablet	1	
medroxyprogesterone acetate injection 150mg/ml	3	QL(1 ML per 90 days)
medroxyprogesterone acetate injection 150mg/ml	4	QL(1 ML per 90 days)
megestrol acetate tablet	3	
megestrol acetate suspension	4	
NEXPLANON	3	
nora-be	3	
norethindrone acetate tablet	2	
norethindrone tablet	3	
norlyda	4	
norlyroc	4	
sharobel	3	
tulana	4	
Selective Estrogen Receptor Modifying Agents		
OSPHENA	4	QL(30 EA per 30 days); PA
raloxifene hydrochloride	3	QL(30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
euthyrox tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg	1	
levothyroxine sodium tablet	2	
LEVOXYL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	3	
liothyronine sodium tablet	3	
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
cabergoline	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
lanreotide acetate	5	PA NSO
leuprolide acetate injection 1mg/0.2ml	4	PA NSO
LUPRON DEPOT (1-MONTH)	5	QL(1 EA per 28 days); PA NSO
LUPRON DEPOT (3-MONTH)	5	QL(1 EA per 84 days); PA NSO
LUPRON DEPOT (4-MONTH)	5	QL(1 EA per 112 days); PA NSO
LUPRON DEPOT (6-MONTH)	5	QL(1 EA per 168 days); PA NSO
MIFEPRISTONE TABLET 300MG	5	QL(120 EA per 30 days); PA
mifepristone tablet 200mg	4	
octreotide acetate	4	PA
ORGOVYX	5	QL(30 EA per 28 days); PA NSO
SIGNIFOR	5	QL(60 ML per 30 days); PA
SOMATULINE DEPOT INJECTION 120MG/0.5ML	5	PA NSO
SOMATULINE DEPOT INJECTION 60MG/0.2ML, 90MG/0.3ML	5	PA
SOMAVERT	5	QL(30 EA per 30 days); 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
TRIPTODUR	5	QL(1 EA per 168 days); PA
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
methimazole tablet 10mg, 5mg	2	
propylthiouracil tablet	3	
Immunological Agents		
Angioedema Agents		
CINRYZE	5	PA
icatibant acetate	5	PA
sajazir	5	PA
Immunoglobulins		
BIVIGAM INJECTION 10%, 5GM/50ML	5	PA
CUVITRU	5	PA

Drug Name	Drug Tier	Requirements/Limits
GAMASTAN	3	PA
HIZENTRA INJECTION 1GM/5ML, 2GM/10ML, 4GM/20ML	5	PA
HYPERHEP B	4	B/D
NABI-HB INJECTION 312UNIT/ML	3	B/D
PRIVIGEN	5	PA
SYNAGIS INJECTION 100MG/ML, 50MG/0.5ML	5	
VARIZIG INJECTION 125UNIT/1.2ML	3	PA
Immunological Agents, Other		
BENLYSTA	5	PA
COSENTYX SENSOREADY PEN	5	QL(10 ML per 28 days); PA
COSENTYX UNOREADY	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 100MG/0.67ML	5	QL(1.34 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
EMPAVELI	5	PA
ENJAYMO	5	PA
KINERET	5	PA
ORENCIA CLICKJECT	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	5	QL(30 EA per 30 days); PA
RINVOQ LQ	5	QL(360 ML per 30 days); PA
SKYRIZI PEN	5	QL(1 ML per 28 days); PA
SKYRIZI INJECTION 75MG/0.83ML	5	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(3 ML per 365 days); PA
STELARA INJECTION 130MG/26ML	5	PA
STELARA INJECTION 45MG/0.5ML, 90MG/ML	5	QL(3 ML per 84 days); PA
TAVNEOS	5	QL(180 EA per 30 days); PA
XELJANZ XR	5	QL(30 EA per 30 days); PA
XELJANZ SOLUTION	5	QL(300 ML per 30 days); PA
XELJANZ TABLET	5	QL(60 EA per 30 days); PA
XOLAIR INJECTION 75MG/0.5ML	5	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	5	PA NSO

Drug Name	Drug Tier	Requirements/Limits
BESREMI	5	PA NSO
INTRON A	5	PA NSO
PEGASYS INJECTION 180MCG/ML	5	QL(4 ML per 28 days); PA
Immunosuppressants		
ADALIMUMAB-ADBM CROHNS/UC/HS STARTER	5	QL(6 EA per 28 days); PA
ADALIMUMAB-ADBM PSORIASIS/UVEITIS STARTER	5	QL(6 EA per 28 days); PA
adalimumab-adbm starter package for crohns disease/uc/hs	5	QL(6 EA per 28 days); PA
adalimumab-adbm starter package for psoriasis/uveitis	5	QL(6 EA per 28 days); PA
ADALIMUMAB-ADBM INJECTION 10MG/0.2ML, 20MG/0.4ML	5	QL(2 EA per 28 days); PA
ADALIMUMAB-ADBM INJECTION 40MG/0.4ML, 40MG/0.8ML	5	QL(6 EA per 28 days); PA
ASTAGRAF XL	4	B/D
azathioprine tablet 50mg	3	B/D
cyclosporine modified	4	B/D
cyclosporine capsule 100mg, 25mg	4	B/D
ENBREL MINI	5	QL(8 ML per 28 days); PA
ENBREL SURECLICK	5	QL(8 ML per 28 days); PA
ENBREL INJECTION 25MG	5	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
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	5	B/D
everolimus tablet 1mg	5	QL(60 EA per 30 days); B/D
gengraf capsule 100mg, 25mg	4	B/D
gengraf solution	4	B/D
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 0	5	QL(2 EA per 180 days); PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 80MG/0.8ML	5	QL(3 EA per 180 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 80MG/0.8ML	5	QL(3 EA per 180 days); PA; Abbvie labeled products only
HUMIRA PEN-CD/UC/HS STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 180 days); PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK	5	QL(4 EA per 180 days); PA; Abbvie labeled products only
HUMIRA PEN-PS/UV STARTER INJECTION 0	5	QL(3 EA per 180 days); PA
HUMIRA PEN-PS/UV STARTER INJECTION 40MG/0.8ML	5	QL(4 EA per 180 days); PA

Drug Name	Drug Tier	Requirements/Limits
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
JYLAMVO	4	PA NSO
leflunomide	3	QL(30 EA per 30 days)
methotrexate sodium tablet	2	
methotrexate sodium injection 1gm/40ml, 250mg/10ml, 50mg/2ml	2	
methotrexate injection 50mg/2ml	2	
mycophenolate mofetil capsule	3	B/D
mycophenolate mofetil suspension reconstituted, tablet	4	B/D
mycophenolic acid dr	4	B/D
ORENCIA INJECTION 250MG	5	PA
PEGASYS INJECTION 180MCG/0.5ML	5	QL(2 ML per 28 days); PA
PROGRAF PACKET	4	B/D
REZUROCK	5	QL(60 EA per 30 days); PA
SANDIMMUNE SOLUTION	4	B/D
sirolimus solution, tablet	4	B/D
tacrolimus capsule 0.5mg, 1mg, 5mg	4	B/D
XATMEP	4	PA NSO
Vaccines		
ABRYSVO	3	QL(1 EA per 252 days)
ACTHIB INJECTION 0	3	
ADACEL	3	
AREXVY	3	QL(1 EA per 999 days)
BCG VACCINE INJECTION 50MG	3	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	3	
DENGVAXIA	3	
diphtheria/tetanus toxoids adsorbed pediatric	3	
ENGERIX-B	3	B/D
GARDASIL 9	3	
HAVRIX INJECTION 1440ELU/ML, 720ELU/0.5ML	3	
HEPLISAV-B	3	B/D
HIBERIX	3	

Drug Name	Drug Tier	Requirements/Limits
IMOVAX RABIES (H.D.C.V.)	3	B/D
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXCHIQ	3	
IXIARO	3	
JYNNEOS	3	
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
M-M-R II	3	
MENACTRA	3	
menquadfi	3	
MENVEO	3	
MRESVIA	1	QL(1 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	3	
PENTACEL	3	
PREHEVBRIO	3	B/D
PRIORIX	3	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	3	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ SOLUTION	3	
SHINGRIX	3	
STAMARIL	3	
TDVAX	3	
TENIVAC	3	
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT	3	
TICOVAC	3	
TRUMENBA	3	
TWINRIX	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
VAXCHORA	3	
VAXELIS	3	
YF-VAX	3	
Inflammatory Bowel Disease Agents		
Aminosalicylates		
balsalazide disodium	4	
mesalamine dr tablet delayed release 1.2gm	4	

Drug Name	Drug Tier	Requirements/Limits
mesalamine er capsule extended release	4	
mesalamine er capsule extended release 24 hour	4	QL(120 EA per 30 days)
mesalamine enema, kit, suppository	4	
SFROWASA	4	
sulfasalazine tablet, tablet delayed release	2	
Glucocorticoids		
budesonide er	4	
budesonide capsule delayed release particles 3mg	4	
hydrocortisone cream 2.5%	2	
hydrocortisone enema 100mg/60ml	4	
procto-med hc	2	
proctosol hc	2	
proctozone-hc	2	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
alendronate sodium solution	4	
alendronate sodium tablet 5mg	2	
alendronate sodium tablet 10mg	2	QL(30 EA per 30 days)
alendronate sodium tablet 35mg, 70mg	2	QL(4 EA per 28 days)
calcitonin-salmon solution	3	QL(3.7 ML per 30 days)
calcitriol capsule	2	
CINACALCET HYDROCHLORIDE TABLET 30MG	4	QL(60 EA per 30 days)
cinacalcet hydrochloride tablet 90mg	4	QL(120 EA per 30 days)
cinacalcet hydrochloride tablet 60mg	4	QL(60 EA per 30 days)
FORTEO INJECTION 600MCG/2.4ML	5	PA
ibandronate sodium tablet	2	QL(1 EA per 28 days)
paricalcitol capsule	4	
PROLIA	4	QL(2 ML per 365 days)
TERIPARATIDE INJECTION 620MCG/2.48ML	5	QL(2.48 ML per 28 days); PA
teriparatide injection 600mcg/2.4ml	5	PA
TYMLOS	5	PA
XGEVA	5	QL(1.7 ML per 28 days); PA
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ALCOHOL PREP PADS	3	
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	3	QL(200 EA per 30 days)
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	3	QL(200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	3	QL(200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	3	QL(200 EA per 30 days)
BD INSULIN SYRINGE/1ML/29G X 12.7MM	3	QL(200 EA per 30 days)
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	3	QL(200 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 6MM	3	QL(200 EA per 30 days)
CURITY GAUZE PADS 2"X2" 12 PLY	3	
ELLA	3	
nutrilipid	4	B/D
OMNIPOD 5 DEXG7G6 INTRO KIT (GEN 5)	3	QL(1 EA per 365 days)
OMNIPOD 5 DEXG7G6 PODS (GEN 5)	3	QL(30 EA per 30 days)
OMNIPOD 5 G7 INTRO KIT (GEN 5)	3	QL(1 EA per 365 days)
OMNIPOD 5 G7 PODS (GEN 5)	3	QL(30 EA per 30 days)
OMNIPOD 5 LIBRE2 PLUS G6	3	QL(1 EA per 365 days)
OMNIPOD 5 LIBRE2 PLUS G6 PODS	3	QL(30 EA per 30 days)
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	3	QL(1 EA per 365 days)
OMNIPOD CLASSIC PODS (GEN 3)	3	QL(30 EA per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4)	3	QL(1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	3	QL(1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4)	3	QL(30 EA per 30 days)
OMNIPOD GO 10 UNITS/DAY	3	QL(10 EA per 30 days)
OMNIPOD GO 15 UNITS/DAY	3	QL(10 EA per 30 days)
OMNIPOD GO 20 UNITS/DAY	3	QL(10 EA per 30 days)
OMNIPOD GO 25 UNITS/DAY	3	QL(10 EA per 30 days)
OMNIPOD GO 30 UNITS/DAY	3	QL(10 EA per 30 days)
OMNIPOD GO 35 UNITS/DAY	3	QL(10 EA per 30 days)
OMNIPOD GO 40 UNITS/DAY	3	QL(10 EA per 30 days)
SKYCLARYS	5	QL(90 EA per 30 days); PA
sodium chloride 0.9%	2	
V-GO 20	3	
V-GO 30	3	
V-GO 40	3	
VISTOGARD	5	
ZOKINVY	5	QL(120 EA per 30 days); PA
Ophthalmic Agents		
Ophthalmic Agents, Other		
atropine sulfate solution 1%	3	
bacitracin/polymyxin b	3	
brimonidine tartrate/timolol maleate	4	
COMBIGAN	4	
cyclosporine emulsion 0.05%	3	
CYSTARAN	5	QL(60 ML per 28 days)
dorzolamide hcl/timolol maleate	3	
neo-polycin	3	
neo-polycin hc	3	
neomycin/bacitracin/polymyxin	3	
neomycin/polymyxin/bacitracin/hydrocortisone	3	
neomycin/polymyxin/dexamethasone	2	

Drug Name	Drug Tier	Requirements/Limits
neomycin/polymyxin/gramicidin	3	
polycin	3	
polymyxin b sulfate/trimethoprim sulfate	2	
RESTASIS	3	
RESTASIS MULTIDOSE	3	
ROCKLATAN	4	QL(2.5 ML per 25 days)
SIMBRINZA	3	
sulfacetamide sodium/prednisolone sodium phosphate	2	
TOBRADEX ST	4	
TOBRADEX OINTMENT	4	
tobramycin/dexamethasone	4	
XIIDRA	4	QL(60 EA per 30 days)
ZYLET	4	
Ophthalmic Anti-allergy Agents		
azelastine hcl ophthalmic solution 0.05%	3	
cromolyn sodium solution 4%	2	
olopatadine hcl	3	
olopatadine hydrochloride solution 0.2%	3	
Ophthalmic Anti-Infectives		
bacitracin	4	
BESIVANCE	4	
ciprofloxacin hydrochloride solution 0.3%	2	
erythromycin ointment 5mg/gm	2	
gatifloxacin	4	
gentak ointment	3	
gentamicin sulfate ophthalmic solution 0.3%	2	QL(70 ML per 30 days)
levofloxacin ophthalmic solution 0.5%	3	
moxifloxacin hydrochloride solution 0.5%	3	
NATACYN	4	
ofloxacin ophthalmic solution 0.3%	2	
sulfacetamide sodium	3	
tobramycin solution 0.3%	2	
trifluridine	4	
XDEMVY	5	QL(10 ML per 42 days)
ZIRGAN	4	
Ophthalmic Anti-inflammatories		
dexamethasone sodium phosphate solution	3	
diclofenac sodium ophthalmic solution 0.1%	3	
FLAREX	4	
fluorometholone	4	
flurbiprofen sodium	2	
ketorolac tromethamine ophthalmic solution 0.5%	2	
ketorolac tromethamine ophthalmic solution 0.4%	3	
LOTEMAX SM	4	QL(20 GM per 365 days)

Drug Name	Drug Tier	Requirements/Limits
prednisolone acetate	3	
PROLENSA	4	QL(12 ML per 365 days)
Ophthalmic Beta-Adrenergic Blocking Agents		
betaxolol hcl solution 0.5%	3	
carteolol hcl	2	
levobunolol hcl solution 0.5%	2	
timolol maleate solution	2	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
acetazolamide	4	
acetazolamide er	4	
ALPHAGAN P SOLUTION 0.1%	3	
brimonidine tartrate solution 0.2%	2	
brimonidine tartrate solution 0.1%	3	
brinzolamide	4	
dorzolamide hydrochloride	3	
pilocarpine hcl solution 1%, 2%, 4%	3	
RHOPRESSA	4	QL(2.5 ML per 25 days)
Ophthalmic Prostaglandin and Prostamide Analogs		
latanoprost solution	1	
LUMIGAN	3	QL(2.5 ML per 25 days)
VYZULTA	4	QL(5 ML per 25 days)
Otic Agents		
Otic Agents		
acetic acid	2	
ciprofloxacin	4	
ciprofloxacin/dexamethasone	4	
neomycin/polymyxin/hc	4	
neomycin/polymyxin/hydrocortisone suspension	4	
ofloxacin otic solution 0.3%	3	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA	3	QL(30 EA per 30 days)
ASMANEX HFA	4	QL(13 GM per 30 days)
ASMANEX TWISTHALER 120 METERED DOSES	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 14 METERED DOSES	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 30 METERED DOSES	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 60 METERED DOSES	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 7 METERED DOSES	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	3	QL(21.2 GM per 30 days)
Antihistamines		
azelastine hcl nasal solution 0.15%	3	QL(60 ML per 30 days)

Drug Name	Drug Tier	Requirements/Limits
azelastine hydrochloride/fluticasone propionate	4	QL(23 GM per 30 days)
azelastine hydrochloride solution 0.1%	2	QL(60 ML per 30 days)
cyproheptadine hydrochloride tablet	4	
diphenhydramine hcl injection 50mg/ml	4	
diphenhydramine hydrochloride injection	4	
hydroxyzine hcl tablet 50mg	4	
hydroxyzine hydrochloride syrup	4	
hydroxyzine hydrochloride tablet 10mg, 25mg	4	
hydroxyzine pamoate capsule	4	
levocetirizine dihydrochloride tablet	2	QL(30 EA per 30 days)
Antileukotrienes		
montelukast sodium tablet	1	
montelukast sodium tablet chewable	2	QL(30 EA per 30 days)
zafirlukast	4	QL(60 EA per 30 days)
Bronchodilators, Anticholinergic		
ATROVENT HFA	4	QL(25.8 GM per 30 days)
ipratropium bromide nasal solution	3	
ipratropium bromide inhalation solution	3	QL(312.5 ML per 30 days); B/D
SPIRIVA HANDIHALER	3	QL(30 EA per 30 days)
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT	3	QL(4 GM per 30 days)
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT	3	QL(8 GM per 30 days)
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
arformoterol tartrate	4	QL(120 ML per 30 days); PA
epinephrine injection 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml	3	QL(2 EA per 30 days)
epinephrine injection 0.3mg/0.3ml	3	QL(2 EA per 30 days); Applies to product manufactured by Mylan Specialty L.P. Only
levalbuterol tartrate hfa	4	QL(30 GM per 30 days)
PROAIR RESPICLICK	3	QL(2 EA per 30 days)
SEREVENT DISKUS	3	QL(60 EA per 30 days)
VENTOLIN HFA	3	QL(36 GM per 30 days)
Cystic Fibrosis Agents		
CAYSTON	5	QL(84 ML per 28 days); PA
KALYDECO PACKET	5	QL(56 EA per 28 days); PA
KALYDECO TABLET	5	QL(60 EA per 30 days); PA
ORKAMBI TABLET	5	QL(112 EA per 28 days); PA

Drug Name	Drug Tier	Requirements/Limits
PULMOZYME	5	PA
TOBI PODHALER	5	QL(224 EA per 56 days)
tobramycin nebulization solution 300mg/5ml	5	QL(280 ML per 28 days); B/D
Mast Cell Stabilizers		
cromolyn sodium nebulization solution 20mg/2ml	3	B/D
Phosphodiesterase Inhibitors, Airways Disease		
roflumilast	4	PA
theophylline er tablet extended release 24 hour	3	
theophylline er tablet extended release 12 hour	4	
Pulmonary Antihypertensives		
ADEMPAS	5	QL(90 EA per 30 days); PA
alyq	4	QL(60 EA per 30 days); PA
bosentan	5	QL(60 EA per 30 days); PA
epoprostenol sodium injection 0.5mg	4	PA
epoprostenol sodium injection 1.5mg	5	PA
OPSUMIT	5	QL(30 EA per 30 days); PA
sildenafil citrate tablet	3	QL(90 EA per 30 days); PA
tadalafil tablet 20mg	4	QL(60 EA per 30 days); PA
VENTAVIS	5	QL(270 ML per 30 days); PA
Pulmonary Fibrosis Agents		
OFEV	5	QL(60 EA per 30 days); PA
pirfenidone	5	PA
Respiratory Tract Agents, Other		
ADVAIR DISKUS	3	QL(60 EA per 30 days)
ADVAIR HFA	3	QL(12 GM per 30 days)
ANORO ELLIPTA	3	QL(60 EA per 30 days)
BREO ELLIPTA	3	QL(60 EA per 30 days)
breyna	4	QL(10.3 GM per 30 days)
BREZTRI AEROSPHERE	4	QL(23.6 GM per 28 days)
BRONCHITOL	5	QL(560 EA per 28 days); PA
COMBIVENT RESPIMAT	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	5	PA
FASENRA INJECTION 10MG/0.5ML	4	PA
FASENRA INJECTION 30MG/ML	5	PA
ipratropium bromide/albuterol sulfate	3	QL(540 ML per 30 days); B/D
STIOLTO RESPIMAT	3	QL(24 GM per 30 days)
TRELEGY ELLIPTA	3	QL(60 EA per 30 days)
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
cyclobenzaprine hydrochloride tablet 10mg, 5mg	3	PA
orphenadrine citrate er	3	

Drug Name	Drug Tier	Requirements/Limits
Sleep Disorder Agents		
Sleep Promoting Agents		
BELSOMRA	3	QL(30 EA per 30 days)
eszopiclone	3	QL(30 EA per 30 days)
ramelteon	4	QL(30 EA per 30 days)
temazepam capsule 15mg, 30mg	2	QL(30 EA per 30 days)
zaleplon capsule 5mg	3	QL(30 EA per 30 days)
zaleplon capsule 10mg	3	QL(60 EA per 30 days)
zolpidem tartrate tablet	2	QL(30 EA per 30 days)
Wakefulness Promoting Agents		
armodafinil tablet 150mg, 200mg, 250mg	3	QL(30 EA per 30 days); PA
armodafinil tablet 50mg	3	QL(60 EA per 30 days); PA
modafinil tablet	3	QL(30 EA per 30 days); PA
sodium oxybate	5	QL(540 ML per 30 days); PA

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