P.O. Box 240
Columbia, TN 38402

Farm Bureau Select Rx

2022 Formulary

(List of Covered Drugs)

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

Formulary ID 22327, Version Number 22

This formulary was updated on 11/01/2022. For more recent information or other questions, please contact Farm Bureau Health Plans at 866-643-6924, TTY/TDD users should call 711. Our hours of operation are 8 a.m. to 8 p.m. local time, 7 days a week October 1 – March 31 during which time our automated phone system may answer your call on Thanksgiving and Christmas day. April 1 – September 30 our hours are 8 a.m. to 8 p.m., Monday – Friday. Our automated phone system may answer your call on weekends and federal holidays. You may also visit our website at fbhp.com/part-d.

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 Farm Bureau Health Plans. When it refers to "plan" or "our plan," it means Farm Bureau Select Rx.

This document includes a list of the drugs (formulary) for our plan which is current as of December 1, 2022. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2022, and from time to time during the year.

What is the Farm Bureau Health Plans Formulary?

A formulary is a list of covered drugs selected by Farm Bureau Health Plans 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. Farm Bureau Health Plans will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Farm Bureau Health Plans' 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 Farm Bureau Health Plans 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 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 Farm Bureau Health Plans' 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 Farm Bureau Health Plans' Formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2022 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2022 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of December 1, 2022. To get updated information about the drugs covered by Farm Bureau Health Plans, please contact us. Our contact information appears on the front and back cover pages.

If we have a mid-year, non-maintenance formulary change (i.e. remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier), we will update our formulary and post it on our website. You will also be notified in your Explanation of Benefits if you are affected by the change. The updated formulary may be obtained from our website fbhp.com/part-d or by calling Member Services. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages. We will notify members in writing prior to making this type of change.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 9. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, " Cardiovascular Agents". If you know what your drug is used for, look for the category name in the list that begins below. 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 99. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Farm Bureau Health Plans 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:** Farm Bureau Health Plans requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Farm Bureau Health Plans before you fill your prescriptions. If you don't get approval, Farm Bureau Health Plans may not cover the drug.

- **Quantity Limits:** For certain drugs, Farm Bureau Health Plans limits the amount of the drug that Farm Bureau Health Plans will cover. For example, Farm Bureau Health Plans provides number of units per prescription for drug name. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, Farm Bureau Health Plans 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, Farm Bureau Health Plans may not cover

Drug B unless you try Drug A first. If Drug A does not work for you, Farm Bureau Health Plans 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 9. 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 Farm Bureau Health Plans to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Farm Bureau Health Plans' formulary?" on page 5 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. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you learn that Farm Bureau Health Plans does not cover your drug, you have two options:

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

- You can ask Farm Bureau Health Plans to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Farm Bureau Health Plans' Formulary?

You can ask Farm Bureau Health Plans 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, Farm Bureau Health Plans 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, Farm Bureau Health Plans 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 are a current enrollee with a level of care change and you need a drug that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary, 30-day transition supply (unless you have a prescription written for fewer days), while you seek to obtain a formulary exception from Farm Bureau Health Plans. If you are in the process of seeking an exception, we will consider allowing continued coverage until a decision is made.

For more information

For more detailed information about your Farm Bureau Health Plans prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Farm Bureau Health Plans, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

Farm Bureau Health Plans' Formulary

The formulary below provides coverage information about the drugs covered by Farm Bureau Health Plans. If you have trouble finding your drug in the list, turn to the Index that begins on page 99.

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

The information in the Requirements/Limits column tells you if Farm Bureau Health Plans has any special requirements for coverage of your drug.

B/D: This prescription drug has a Part B versus D administrative prior authorization requirement. This 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.

EA: Each.

MO: Mail Order Drug. This prescription drug is available through a mail-order service.

NDS: Non-Extended Day Supply. This prescription drug is available as a 30 day supply or less.

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

QL: Quantity Limit. For certain drugs, Farm Bureau Health Plans limits the amount of the drug that Farm Bureau Health Plans will cover. For example, Farm Bureau Health Plans provides 60 per prescription for LYRICA. This may be in addition to a standard one month or three month supply.

ST: Step Therapy. In some cases, Farm Bureau Health Plans 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, Farm Bureau Health Plans may not cover drug B unless you try Drug A first.

SI: Select Insulin. Farm Bureau Select Rx plan offers additional gap coverage for select insulins. During the Coverage Gap stage, your out-of-pocket costs for select insulins will be $35. Note: This cost-sharing only applies to beneficiaries who do not qualify for a program that helps pay for your drugs (“Extra Help”).

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
celecoxib caps 100mg	2	QL (60 EA per 30 days)
celecoxib caps 200mg	2	QL (60 EA per 30 days)
celecoxib caps 400mg	3	QL (60 EA per 30 days)
celecoxib caps 50mg	3	QL (60 EA per 30 days)
diclofenac potassium tabs 25mg	5	MO
diclofenac potassium tabs 50mg	3	MO
diclofenac sodium dr tbec 25mg	3	MO
diclofenac sodium dr tbec 50mg	4	MO
diclofenac sodium dr tbec 75mg	4	MO
diclofenac sodium er tb24 100mg	3	MO
diclofenac sodium gel 1%	4	QL (1000 GM per 30 days)
diclofenac sodium soln 1.5%	3	PA
ec-naproxen tbec 375mg	2	MO
ELYXYB SOLN 120MG/4.8ML	4	QL (19.2 ML per 30 days) PA
etodolac caps 200mg	4	MO
etodolac caps 300mg	4	MO
etodolac tabs 400mg	2	MO
etodolac tabs 500mg	2	MO
flurbiprofen tabs 100mg	3	MO
flurbiprofen tabs 50mg	3	MO
ibuprofen tabs 400mg	1	MO
ibuprofen tabs 600mg	1	MO
ibuprofen tabs 800mg	1	MO
ibu tabs 400mg	1	MO
ibu tabs 600mg	1	MO
ibu tabs 800mg	1	MO
indomethacin caps 25mg	4	MO
indomethacin caps 50mg	4	MO
ketorolac tromethamine inj 15mg/ml	4	
ketorolac tromethamine inj 30mg/ml	4	
ketorolac tromethamine inj 30mg/ml	4	
ketorolac tromethamine inj 30mg/ml	4	
ketorolac tromethamine tabs 10mg	4	QL (20 EA per 30 days)
LOFENA TABS 25MG	5	MO
meloxicam tabs 15mg	1	MO
meloxicam tabs 7.5mg	1	MO
nabumetone tabs 500mg	2	MO
nabumetone tabs 750mg	2	MO
naproxen sodium tabs 275mg	4	MO
naproxen sodium tabs 550mg	4	MO
naproxen tabs 250mg	1	MO
naproxen tabs 375mg	1	MO

Drug Name	Drug Tier	Requirements/Limits
naproxen tabs 500mg	1	MO
naproxen tbec 375mg	2	MO
naproxen tbec 500mg	2	MO
oxaprozin tabs 600mg	4	MO
sulindac tabs 150mg	2	MO
sulindac tabs 200mg	2	MO
Opioid Analgesics, Long-acting		
fentanyl pt72 100mcg/hr	4	NDS
fentanyl pt72 12mcg/hr	4	NDS
fentanyl pt72 25mcg/hr	4	NDS
fentanyl pt72 50mcg/hr	4	NDS
fentanyl pt72 75mcg/hr	4	NDS
methadone hcl soln 10mg/5ml	3	NDS
methadone hcl soln 5mg/5ml	3	NDS
methadone hcl tabs 10mg	2	NDS
methadone hcl tabs 5mg	2	NDS
methadone hydrochloride intensol conc 10mg/ml	3	NDS
methadone hydrochloride conc 10mg/ml	3	NDS
methadose sugar-free conc 10mg/ml	3	NDS
methadose conc 10mg/ml	3	NDS
morphine sulfate er tbcr 100mg	4	NDS
morphine sulfate er tbcr 15mg	2	NDS
morphine sulfate er tbcr 200mg	4	NDS
morphine sulfate er tbcr 30mg	2	NDS
morphine sulfate er tbcr 60mg	2	NDS
XTAMPZA ER C12A 13.5MG	3	NDS
XTAMPZA ER C12A 18MG	3	NDS
XTAMPZA ER C12A 27MG	3	NDS
XTAMPZA ER C12A 36MG	3	NDS
XTAMPZA ER C12A 9MG	3	NDS
Opioid Analgesics, Short-acting		
acetaminophen/codeine soln 120mg/5ml; 12mg/5ml	2	NDS
acetaminophen/codeine tabs 300mg; 15mg	2	NDS
acetaminophen/codeine tabs 300mg; 30mg	2	NDS
acetaminophen/codeine tabs 300mg; 60mg	2	NDS
endocet tabs 325mg; 10mg	3	NDS
endocet tabs 325mg; 2.5mg	4	NDS
endocet tabs 325mg; 5mg	2	NDS
endocet tabs 325mg; 7.5mg	3	NDS
fentanyl citrate oral transmucosal lpop 1200mcg	5	PA NDS
fentanyl citrate oral transmucosal lpop 1600mcg	5	PA NDS
fentanyl citrate oral transmucosal lpop 200mcg	4	PA NDS
fentanyl citrate oral transmucosal lpop 400mcg	5	PA NDS
fentanyl citrate oral transmucosal lpop 600mcg	5	PA NDS

Drug Name	Drug Tier	Requirements/Limits
fentanyl citrate oral transmucosal lpop 800mcg	5	PA NDS
hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml	3	NDS
hydrocodone bitartrate/acetaminophen tabs 325mg; 10mg	3	NDS
hydrocodone bitartrate/acetaminophen tabs 325mg; 5mg	3	NDS
hydrocodone/acetaminophen tabs 325mg; 7.5mg	3	NDS
hydromorphone hcl inj 10mg/ml	4	NDS
hydromorphone hcl inj 1mg/ml	4	NDS
hydromorphone hcl inj 4mg/ml	4	NDS
hydromorphone hcl tabs 2mg	2	NDS
hydromorphone hcl tabs 4mg	2	NDS
hydromorphone hcl tabs 8mg	2	NDS
hydromorphone hydrochloride dosette inj 2mg/ml	4	NDS
hydromorphone hydrochloride inj 1mg/ml	4	NDS
hydromorphone hydrochloride inj 1mg/ml	4	NDS
hydromorphone hydrochloride inj 2mg/ml	4	NDS
hydromorphone hydrochloride inj 2mg/ml	4	NDS
hydromorphone hydrochloride inj 50mg/5ml	4	NDS
lorcet hd tabs 325mg; 10mg	3	NDS
lorcet plus tabs 325mg; 7.5mg	3	NDS
lorcet tabs 325mg; 5mg	3	NDS
morphine sulfate inj 10mg/ml	4	NDS
morphine sulfate inj 10mg/ml	4	NDS
morphine sulfate inj 4mg/ml	2	NDS
morphine sulfate inj 4mg/ml	4	NDS
morphine sulfate soln 10mg/5ml	4	NDS
morphine sulfate soln 20mg/5ml	4	NDS
morphine sulfate soln 20mg/ml	4	NDS
morphine sulfate tabs 15mg	2	NDS
morphine sulfate tabs 30mg	2	NDS
oxycodone hydrochloride soln 5mg/5ml	4	NDS
oxycodone hydrochloride tabs 10mg	2	NDS
oxycodone hydrochloride tabs 15mg	2	NDS
oxycodone hydrochloride tabs 20mg	2	NDS
oxycodone hydrochloride tabs 30mg	2	NDS
oxycodone hydrochloride tabs 5mg	2	NDS
oxycodone/acetaminophen tabs 325mg; 10mg	3	NDS
oxycodone/acetaminophen tabs 325mg; 2.5mg	4	NDS
oxycodone/acetaminophen tabs 325mg; 5mg	2	NDS
oxycodone/acetaminophen tabs 325mg; 7.5mg	3	NDS
tramadol hcl tabs 50mg	2	NDS
tramadol hydrochloride/acetaminophen tabs 325mg; 37.5mg	2	NDS
Anesthetics		
Local Anesthetics		

Drug Name	Drug Tier	Requirements/Limits
glydo prsy 2%	2	QL (30 ML per 30 days) PA
lidocaine hcl jelly prsy 2%	2	QL (30 ML per 30 days) PA
lidocaine hcl prsy 2%	2	QL (30 ML per 30 days) PA
lidocaine-prilocaine-cream base crea 2.5%; 2.5%	3	QL (30 GM per 30 days) PA
lidocaine/prilocaine crea 2.5%; 2.5%	3	QL (30 GM per 30 days) PA
lidocaine oint 5%	3	QL (150 GM per 30 days) PA
lidocaine ptch 5%	4	PA
premium lidocaine oint 5%	3	QL (150 GM per 30 days) PA
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
acamprosate calcium dr tbec 333mg	4	MO
disulfiram tabs 250mg	3	MO
disulfiram tabs 500mg	3	
naltrexone hcl tabs 50mg	2	
VIVITROL INJ 380MG	5	
Opioid Dependence		
buprenorphine hcl/naloxone hcl subl 2mg; 0.5mg	2	QL (360 EA per 30 days)
buprenorphine hcl/naloxone hcl subl 8mg; 2mg	2	QL (90 EA per 30 days)
buprenorphine hcl subl 2mg	2	
buprenorphine hcl subl 8mg	2	
buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg	2	QL (60 EA per 30 days)
buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg	2	QL (90 EA per 30 days)
buprenorphine hydrochloride/naloxone hydrochloride film 4mg; 1mg	2	QL (60 EA per 30 days)
buprenorphine hydrochloride/naloxone hydrochloride film 8mg; 2mg	2	QL (90 EA per 30 days)
BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE SUBL 2MG; 0.5MG	2	QL (360 EA per 30 days)
Opioid Reversal Agents		
naloxone hcl inj 2mg/2ml	2	
naloxone hcl inj 4mg/10ml	2	
naloxone hydrochloride inj 0.4mg/ml	2	
naloxone hydrochloride inj 0.4mg/ml	2	
NALOXONE HYDROCHLORIDE LIQD 4MG/0.1ML	3	
NARCAN LIQD 4MG/0.1ML	3	
Smoking Cessation Agents		
bupropion hydrochloride er (sr) tb12 150mg	2	QL (60 EA per 30 days)
CHANTIX CONTINUING MONTH PAK TABS 1MG	4	QL (504 EA per 365 days)
CHANTIX STARTING MONTH PAK TBPK 0	4	QL (504 EA per 365 days)
CHANTIX TABS 0.5MG	4	QL (504 EA per 365 days)
CHANTIX TABS 1MG	4	QL (504 EA per 365 days)
NICOTROL NS SOLN 10MG/ML	4	QL (360 ML per 365 days)

Drug Name	Drug Tier	Requirements/Limits
varenicline starting month box tbpk 0	4	QL (504 EA per 365 days)
varenicline tartrate tabs 0.5mg	4	QL (504 EA per 365 days)
varenicline tartrate tabs 1mg	4	QL (504 EA per 365 days)
Antibacterials		
Aminoglycosides		
gentamicin sulfate crea 0.1%	3	
gentamicin sulfate inj 40mg/ml	4	
gentamicin sulfate oint 0.1%	3	
neomycin sulfate tabs 500mg	3	
paromomycin sulfate caps 250mg	4	
streptomycin sulfate inj 1gm	4	
tobramycin sulfate inj 1.2gm/30ml	3	
tobramycin sulfate inj 1.2gm	3	
tobramycin sulfate inj 10mg/ml	3	
tobramycin sulfate inj 40mg/ml	3	
tobramycin sulfate inj 80mg/2ml	3	
Antibacterials, Other		
aztreonam inj 1gm	3	
aztreonam inj 2gm	3	
clindacin etz pledgets swab 1%	2	
clindacin-p swab 1%	2	
clindamycin hcl caps 150mg	2	
clindamycin hydrochloride caps 300mg	2	
clindamycin hydrochloride caps 75mg	2	
clindamycin palmitate hcl solr 75mg/5ml	4	
clindamycin phosphate crea 2%	4	
clindamycin phosphate inj 300mg/2ml	3	
clindamycin phosphate inj 600mg/4ml	3	
clindamycin phosphate inj 900mg/6ml	3	
clindamycin phosphate swab 1%	2	
colistimethate sodium inj 150mg	5	
DAPTOMYCIN INJ 350MG	5	
daptomycin inj 500mg	5	
IMPAVIDO CAPS 50MG	5	
linezolid inj 600mg/300ml	4	
linezolid susr 100mg/5ml	5	QL (1800 ML per 28 days)
linezolid tabs 600mg	4	QL (56 EA per 28 days)
methenamine hippurate tabs 1gm	4	
metronidazole vaginal gel 0.75%	4	
metronidazole inj 500mg/100ml	3	
metronidazole tabs 250mg	2	
metronidazole tabs 500mg	2	
nitrofurantoin macrocrystals caps 100mg	4	
nitrofurantoin macrocrystals caps 50mg	4	

Drug Name	Drug Tier	Requirements/Limits
nitrofurantoin monohydrate/macrocrystals caps 100mg	2	
nitrofurantoin monohydrate caps 100mg	2	
tinidazole tabs 250mg	3	
tinidazole tabs 500mg	3	
trimethoprim tabs 100mg	2	
vancomycin hydrochloride caps 125mg	4	QL (120 EA per 30 days)
vancomycin hydrochloride caps 250mg	4	QL (240 EA per 30 days)
vancomycin hydrochloride inj 1gm	3	
vancomycin hydrochloride inj 250mg	3	
vancomycin hydrochloride inj 500mg	3	
vancomycin hydrochloride inj 750mg	3	
Beta-lactam, Cephalosporins		
cefaclor caps 250mg	4	
cefaclor caps 500mg	4	
cefadroxil caps 500mg	2	
cefadroxil susr 250mg/5ml	2	
cefadroxil susr 500mg/5ml	2	
cefazolin sodium inj 1gm	4	
CEFAZOLIN INJ 2GM	4	
cefdinir caps 300mg	2	
cefdinir susr 125mg/5ml	3	
cefdinir susr 250mg/5ml	3	
cefepime hydrochloride inj 100gm	4	
cefepime hydrochloride inj 2gm	4	
cefepime inj 1gm	3	
cefepime inj 2gm	3	
cefotaxime sodium inj 1gm	3	
cefotaxime sodium inj 2gm	3	
cefotaxime sodium inj 500mg	3	
cefotetan inj 1gm	4	
cefotetan inj 2gm	4	
cefoxitin sodium inj 10gm	3	
cefoxitin sodium inj 1gm	3	
cefoxitin sodium inj 2gm	3	
cefpodoxime proxetil susr 100mg/5ml	4	
cefpodoxime proxetil susr 50mg/5ml	4	
cefpodoxime proxetil tabs 100mg	4	
cefpodoxime proxetil tabs 200mg	4	
cefprozil susr 125mg/5ml	3	
cefprozil susr 250mg/5ml	3	
cefprozil tabs 250mg	3	
cefprozil tabs 500mg	3	
ceftazidime/dextrose inj 2gm/50ml; 5%	3	
ceftazidime inj 1gm	3	

Drug Name	Drug Tier	Requirements/Limits
ceftazidime inj 2gm	3	
ceftazidime inj 6gm	3	
ceftriaxone sodium inj 1gm	3	
ceftriaxone sodium inj 250mg	3	
ceftriaxone sodium inj 2gm	3	
ceftriaxone sodium inj 500mg	3	
cefuroxime axetil tabs 250mg	2	
cefuroxime axetil tabs 500mg	2	
cefuroxime sodium inj 1.5gm	3	
cefuroxime sodium inj 7.5gm	3	
cefuroxime sodium inj 750mg	3	
cephalexin caps 250mg	2	
cephalexin caps 500mg	2	
cephalexin susr 125mg/5ml	2	
cephalexin susr 250mg/5ml	2	
tazicef inj 1gm	3	
tazicef inj 1gm	3	
tazicef inj 2gm	3	
tazicef inj 6gm	3	
TEFLARO INJ 400MG	5	
TEFLARO INJ 600MG	5	
Beta-lactam, Penicillins		
amoxicillin/clavulanate potassium er tb12 1000mg; 62.5mg	4	
amoxicillin/clavulanate potassium chew 200mg; 28.5mg	2	
amoxicillin/clavulanate potassium chew 400mg; 57mg	2	
amoxicillin/clavulanate potassium susr 200mg/5ml; 28.5mg/5ml	2	
amoxicillin/clavulanate potassium susr 250mg/5ml; 62.5mg/5ml	4	
amoxicillin/clavulanate potassium susr 400mg/5ml; 57mg/5ml	2	
amoxicillin/clavulanate potassium susr 600mg/5ml; 42.9mg/5ml	2	
amoxicillin/clavulanate potassium tabs 250mg; 125mg	4	
amoxicillin/clavulanate potassium tabs 500mg; 125mg	2	
amoxicillin/clavulanate potassium tabs 875mg; 125mg	2	
amoxicillin caps 250mg	2	
amoxicillin caps 500mg	2	
amoxicillin chew 125mg	2	
amoxicillin chew 250mg	2	
amoxicillin susr 125mg/5ml	2	
amoxicillin susr 200mg/5ml	2	
amoxicillin susr 250mg/5ml	2	
amoxicillin susr 400mg/5ml	2	
amoxicillin tabs 500mg	2	

Drug Name	Drug Tier	Requirements/Limits
amoxicillin tabs 875mg	2	
ampicillin sodium inj 1gm	4	
ampicillin-sulbactam inj 10gm; 5gm	3	
ampicillin-sulbactam inj 1gm; 0.5gm	3	
ampicillin-sulbactam inj 1gm; 0.5gm	3	
ampicillin-sulbactam inj 2gm; 1gm	3	
ampicillin-sulbactam inj 2gm; 1gm	3	
ampicillin caps 500mg	2	
AUGMENTIN SUSR 125MG/5ML; 31.25MG/5ML	5	
BICILLIN L-A INJ 1200000UNIT/2ML	4	
BICILLIN L-A INJ 2400000UNIT/4ML	4	
BICILLIN L-A INJ 600000UNIT/ML	4	
dicloxacillin sodium caps 250mg	2	
dicloxacillin sodium caps 500mg	2	
nafcillin sodium inj 10gm	4	
nafcillin sodium inj 1gm	4	
nafcillin sodium inj 1gm	4	
nafcillin sodium inj 2gm	4	
nafcillin sodium inj 2gm	4	
penicillin g sodium inj 5000000unit	5	
penicillin v potassium solr 125mg/5ml	2	
penicillin v potassium solr 250mg/5ml	2	
penicillin v potassium tabs 250mg	2	
penicillin v potassium tabs 500mg	2	
piperacillin sodium/tazobactam sodium inj 2gm; 0.25gm	3	
piperacillin sodium/tazobactam sodium inj 36gm; 4.5gm	3	
piperacillin sodium/tazobactam sodium inj 3gm; 0.375gm	3	
piperacillin sodium/tazobactam sodium inj 4gm; 0.5gm	3	
Carbapenems		
ertapenem sodium inj 1gm	4	
ertapenem inj 1gm	4	
imipenem/cilastatin inj 250mg; 250mg	3	
imipenem/cilastatin inj 500mg; 500mg	3	
meropenem inj 1gm	4	
meropenem inj 500mg	4	
Macrolides		
azithromycin inj 500mg	3	
azithromycin pack 1gm	4	
azithromycin susr 100mg/5ml	3	
azithromycin susr 200mg/5ml	3	
azithromycin tabs 250mg	2	
azithromycin tabs 250mg	2	
azithromycin tabs 500mg	3	
azithromycin tabs 500mg	3	

Drug Name	Drug Tier	Requirements/Limits
azithromycin tabs 600mg	3	
clarithromycin er tb24 500mg	4	
clarithromycin susr 125mg/5ml	4	
clarithromycin susr 250mg/5ml	4	
clarithromycin tabs 250mg	3	
clarithromycin tabs 500mg	3	
DIFICID SUSR 40MG/ML	5	
DIFICID TABS 200MG	5	
erythromycin dr tbec 250mg	4	
erythromycin dr tbec 333mg	4	
erythromycin dr tbec 500mg	4	
erythromycin ethylsuccinate susr 400mg/5ml	5	
Quinolones		
ciprofloxacin er tb24 500mg; 0	4	
ciprofloxacin hcl tabs 100mg	4	
ciprofloxacin hcl tabs 750mg	2	
ciprofloxacin hydrochloride tabs 250mg	2	
ciprofloxacin hydrochloride tabs 500mg	2	
ciprofloxacin i.v.-in d5w inj 200mg/100ml; 5%	3	
ciprofloxacin susr 500mg/5ml	2	
levofloxacin in d5w inj 5%; 500mg/100ml	4	
levofloxacin in d5w inj 5%; 750mg/150ml	4	
levofloxacin inj 25mg/ml	4	
levofloxacin soln 25mg/ml	4	
levofloxacin tabs 250mg	2	
levofloxacin tabs 500mg	2	
levofloxacin tabs 750mg	2	
moxifloxacin hydrochloride/sodium hydrochloride inj 400mg/250ml; 0.8%	4	
moxifloxacin hydrochloride tabs 400mg	4	
ofloxacin tabs 300mg	3	
ofloxacin tabs 400mg	3	
Sulfonamides		
sulfadiazine tabs 500mg	4	
sulfamethoxazole/trimethoprim ds tabs 800mg; 160mg	2	
sulfamethoxazole/trimethoprim susp 200mg/5ml; 40mg/5ml	3	
sulfamethoxazole/trimethoprim tabs 400mg; 80mg	2	
Tetracyclines		
demeclocycline hcl tabs 150mg	4	
demeclocycline hcl tabs 300mg	4	
demeclocycline hydrochloride tabs 300mg	4	
doxy 100 inj 100mg	4	
doxycycline hyclate inj 100mg	4	
doxycycline hyclate tabs 100mg	2	

Drug Name	Drug Tier	Requirements/Limits
doxycycline monohydrate caps 100mg	2	
doxycycline monohydrate caps 50mg	3	
doxycycline monohydrate tabs 50mg	3	
doxycycline susr 25mg/5ml	4	
MINOCIN INJ 100MG	5	
minocycline hcl caps 75mg	2	
minocycline hydrochloride caps 100mg	2	
minocycline hydrochloride caps 50mg	2	
mondoxyne nl caps 100mg	2	
tetracycline hydrochloride caps 250mg	4	
tetracycline hydrochloride caps 500mg	4	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT SOLN 10MG/ML	5	PA MO
BRIVIACT TABS 100MG	5	PA MO
BRIVIACT TABS 10MG	5	PA MO
BRIVIACT TABS 25MG	5	PA MO
BRIVIACT TABS 50MG	5	PA MO
BRIVIACT TABS 75MG	5	PA MO
EPIDIOLEX SOLN 100MG/ML	5	PA MO
EPRONTIA SOLN 25MG/ML	4	MO
felbamate susp 600mg/5ml	5	MO
felbamate tabs 400mg	4	MO
felbamate tabs 600mg	4	MO
FINTEPLA SOLN 2.2MG/ML	5	PA MO
FYCOMPA SUSP 0.5MG/ML	4	MO
FYCOMPA TABS 10MG	5	MO
FYCOMPA TABS 12MG	5	MO
FYCOMPA TABS 2MG	4	MO
FYCOMPA TABS 4MG	5	MO
FYCOMPA TABS 6MG	5	MO
FYCOMPA TABS 8MG	5	MO
lamotrigine starter kit/blue kit 25mg	4	
lamotrigine starter kit/green kit 0	4	
lamotrigine starter kit/orange kit 0	4	
lamotrigine titration kit 0	4	
lamotrigine titration kit 0	4	
lamotrigine titration kit 0	5	
lamotrigine chew 25mg	2	MO
lamotrigine chew 5mg	2	MO
lamotrigine tabs 100mg	2	MO
lamotrigine tabs 150mg	2	MO
lamotrigine tabs 200mg	2	MO
lamotrigine tabs 25mg	2	MO

Drug Name	Drug Tier	Requirements/Limits
levetiracetam er tb24 500mg	3	MO
levetiracetam er tb24 750mg	3	MO
levetiracetam soln 100mg/ml	2	MO
levetiracetam tabs 1000mg	2	MO
levetiracetam tabs 250mg	2	MO
levetiracetam tabs 500mg	2	MO
levetiracetam tabs 750mg	2	MO
NAYZILAM SOLN 5MG/0.1ML	5	QL (10 EA per 30 days)
roweepra xr tb24 500mg	3	MO
roweepra xr tb24 750mg	3	MO
roweepra tabs 1000mg	2	MO
roweepra tabs 500mg	2	MO
roweepra tabs 750mg	2	MO
SPRITAM TB3D 1000MG	4	MO
SPRITAM TB3D 250MG	4	MO
SPRITAM TB3D 500MG	4	MO
SPRITAM TB3D 750MG	4	MO
subvenite starter kit/blue kit 25mg	4	
subvenite starter kit/green kit 0	4	
subvenite starter kit/orange kit 0	4	
subvenite tabs 100mg	2	MO
subvenite tabs 150mg	2	MO
subvenite tabs 200mg	2	MO
subvenite tabs 25mg	2	MO
topiramate cpsp 15mg	2	MO
topiramate cpsp 25mg	2	MO
topiramate tabs 100mg	2	MO
topiramate tabs 200mg	2	MO
topiramate tabs 25mg	2	MO
topiramate tabs 50mg	2	MO
XCOPRI TABS 100MG	4	PA MO
XCOPRI TABS 150MG	4	PA MO
XCOPRI TABS 200MG	5	PA
XCOPRI TABS 50MG	4	PA MO
XCOPRI TBPK 0	5	PA
XCOPRI TBPK 0	4	PA
XCOPRI TBPK 0	5	PA
XCOPRI TBPK 0	5	PA
XCOPRI TBPK 0	5	PA
XCOPRI TBPK 0	4	PA MO
Calcium Channel Modifying Agents		
CELONTIN CAPS 300MG	4	MO
ethosuximide caps 250mg	3	MO
ethosuximide soln 250mg/5ml	3	MO

Drug Name	Drug Tier	Requirements/Limits
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
clobazam susp 2.5mg/ml	4	MO
clobazam tabs 10mg	4	
clobazam tabs 20mg	4	MO
clonazepam odt tbdp 0.125mg	4	QL (90 EA per 30 days)
clonazepam odt tbdp 0.25mg	4	QL (90 EA per 30 days)
clonazepam odt tbdp 0.5mg	4	QL (90 EA per 30 days)
clonazepam odt tbdp 1mg	4	QL (90 EA per 30 days)
clonazepam odt tbdp 2mg	4	QL (300 EA per 30 days)
clonazepam tabs 0.5mg	1	QL (90 EA per 30 days)
clonazepam tabs 1mg	1	QL (90 EA per 30 days)
clonazepam tabs 2mg	1	QL (300 EA per 30 days)
DIACOMIT CAPS 250MG	5	PA
DIACOMIT CAPS 500MG	5	PA
DIACOMIT PACK 250MG	5	PA
DIACOMIT PACK 500MG	5	PA
diazepam rectal gel gel 10mg	4	
diazepam rectal gel gel 2.5mg	4	
diazepam rectal gel gel 20mg	4	
divalproex sodium dr tbec 125mg	2	MO
divalproex sodium dr tbec 250mg	2	MO
divalproex sodium dr tbec 500mg	2	MO
divalproex sodium er tb24 250mg	2	MO
divalproex sodium er tb24 500mg	2	MO
divalproex sodium csdr 125mg	3	MO
gabapentin caps 100mg	2	QL (360 EA per 30 days) MO
gabapentin caps 300mg	2	QL (360 EA per 30 days) MO
gabapentin caps 400mg	2	QL (270 EA per 30 days) MO
gabapentin soln 250mg/5ml	4	QL (2160 ML per 30 days) MO
gabapentin tabs 600mg	2	QL (180 EA per 30 days) MO
gabapentin tabs 800mg	2	QL (150 EA per 30 days) MO
phenobarbital elix 20mg/5ml	4	MO
phenobarbital tabs 100mg	4	MO
phenobarbital tabs 15mg	4	MO
phenobarbital tabs 16.2mg	4	MO
phenobarbital tabs 30mg	4	MO
phenobarbital tabs 32.4mg	4	MO
phenobarbital tabs 60mg	4	MO
phenobarbital tabs 64.8mg	4	MO
phenobarbital tabs 97.2mg	4	MO
primidone tabs 250mg	2	MO
primidone tabs 50mg	2	MO
SYMPAZAN FILM 10MG	5	MO
SYMPAZAN FILM 20MG	5	MO

Drug Name	Drug Tier	Requirements/Limits
SYMPAZAN FILM 5MG	5	MO
tiagabine hydrochloride tabs 12mg	4	MO
tiagabine hydrochloride tabs 16mg	4	MO
tiagabine hydrochloride tabs 2mg	4	MO
tiagabine hydrochloride tabs 4mg	4	MO
VALTOCO LIQD 10MG/0.1ML	5	QL (10 EA per 30 days)
VALTOCO LIQD 5MG/0.1ML	5	QL (10 EA per 30 days)
VALTOCO LQPK 10MG/0.1ML	5	QL (10 EA per 30 days)
VALTOCO LQPK 7.5MG/0.1ML	5	QL (10 EA per 30 days)
vigabatrin pack 500mg	5	PA MO
vigabatrin tabs 500mg	5	PA MO
vigadrone pack 500mg	5	PA MO
Sodium Channel Agents		
APTIOM TABS 200MG	5	MO
APTIOM TABS 400MG	5	MO
APTIOM TABS 600MG	5	MO
APTIOM TABS 800MG	5	MO
carbamazepine er cp12 100mg	4	MO
carbamazepine er cp12 200mg	4	MO
carbamazepine er cp12 300mg	4	MO
carbamazepine er tb12 100mg	4	MO
carbamazepine er tb12 200mg	4	MO
carbamazepine er tb12 400mg	4	MO
carbamazepine chew 100mg	2	MO
carbamazepine susp 100mg/5ml	3	MO
carbamazepine tabs 200mg	2	MO
DILANTIN CAPS 30MG	4	MO
epitol tabs 200mg	2	MO
lacosamide soln 10mg/ml	4	
lacosamide tabs 100mg	3	MO
lacosamide tabs 150mg	3	MO
lacosamide tabs 200mg	3	MO
lacosamide tabs 50mg	3	MO
oxcarbazepine susp 300mg/5ml	4	MO
oxcarbazepine tabs 150mg	2	MO
oxcarbazepine tabs 300mg	2	MO
oxcarbazepine tabs 600mg	2	MO
PEGANONE TABS 250MG	4	MO
phenytoin sodium extended caps 100mg	4	MO
phenytoin sodium extended caps 200mg	4	MO
phenytoin sodium extended caps 300mg	4	MO
phenytoin chew 50mg	2	MO
phenytoin susp 125mg/5ml	2	MO
rufinamide susp 40mg/ml	5	MO

Drug Name	Drug Tier	Requirements/Limits
rufinamide tabs 200mg	3	
rufinamide tabs 400mg	5	
VIMPAT SOLN 10MG/ML	5	MO
VIMPAT TABS 100MG	5	MO
VIMPAT TABS 150MG	5	MO
VIMPAT TABS 200MG	5	MO
VIMPAT TABS 50MG	4	MO
ZONISADE SUSP 100MG/5ML	4	ST
zonisamide caps 100mg	2	MO
zonisamide caps 25mg	2	MO
zonisamide caps 50mg	2	MO
Antidementia Agents		
Antidementia Agents, Other		
ergoloid mesylates tabs 1mg	4	MO
NAMZARIC C4PK 10MG; 0	4	QL (56 EA per 365 days) ST
NAMZARIC CP24 10MG; 14MG	4	QL (30 EA per 30 days) ST
NAMZARIC CP24 10MG; 21MG	4	QL (30 EA per 30 days) ST
NAMZARIC CP24 10MG; 28MG	4	QL (30 EA per 30 days) ST
NAMZARIC CP24 10MG; 7MG	4	QL (30 EA per 30 days) ST
Cholinesterase Inhibitors		
donepezil hcl tabs 10mg	2	MO
donepezil hcl tbdp 10mg	3	MO
donepezil hcl tbdp 5mg	3	MO
donepezil hydrochloride tabs 10mg	2	MO
donepezil hydrochloride tabs 5mg	2	MO
galantamine hydrobromide er cp24 16mg	4	MO
galantamine hydrobromide er cp24 24mg	4	MO
galantamine hydrobromide er cp24 8mg	4	MO
galantamine hydrobromide soln 4mg/ml	4	MO
galantamine hydrobromide tabs 12mg	4	MO
galantamine hydrobromide tabs 4mg	4	MO
galantamine hydrobromide tabs 8mg	4	MO
rivastigmine tartrate caps 1.5mg	4	MO
rivastigmine tartrate caps 3mg	4	MO
rivastigmine tartrate caps 4.5mg	4	MO
rivastigmine tartrate caps 6mg	4	MO
rivastigmine transdermal system pt24 13.3mg/24hr	4	MO
rivastigmine transdermal system pt24 4.6mg/24hr	4	MO
rivastigmine transdermal system pt24 9.5mg/24hr	4	MO
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
memantine hcl titration pak tabs 0	2	
memantine hydrochloride er cp24 14mg	4	QL (30 EA per 30 days) MO
memantine hydrochloride er cp24 21mg	4	QL (30 EA per 30 days) MO
memantine hydrochloride er cp24 28mg	4	QL (30 EA per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
memantine hydrochloride er cp24 7mg	4	QL (30 EA per 30 days) MO
memantine hydrochloride tabs 10mg	2	MO
memantine hydrochloride tabs 5mg	2	MO
Antidepressants		
Antidepressants, Other		
AUVELITY TBCR 105MG; 45MG	5	QL (60 EA per 30 days) ST
bupropion hcl tabs 100mg	2	MO
bupropion hydrochloride er (sr) tb12 100mg	2	QL (90 EA per 30 days) MO
bupropion hydrochloride er (sr) tb12 150mg	2	QL (60 EA per 30 days) MO
bupropion hydrochloride er (sr) tb12 200mg	2	QL (60 EA per 30 days) MO
bupropion hydrochloride er (xl) tb24 150mg	2	QL (90 EA per 30 days) MO
bupropion hydrochloride er (xl) tb24 300mg	2	QL (30 EA per 30 days) MO
bupropion hydrochloride tabs 75mg	2	MO
maprotiline hcl tabs 25mg	4	MO
maprotiline hcl tabs 50mg	4	MO
maprotiline hcl tabs 75mg	4	MO
mirtazapine odt tbdp 15mg	2	MO
mirtazapine odt tbdp 30mg	2	MO
mirtazapine odt tbdp 45mg	2	MO
mirtazapine tabs 15mg	2	MO
mirtazapine tabs 30mg	2	MO
mirtazapine tabs 45mg	2	MO
mirtazapine tabs 7.5mg	2	MO
quetiapine fumarate tabs 150mg	2	QL (90 EA per 30 days) MO
SPRAVATO 56MG DOSE SOPK 0	5	PA MO
SPRAVATO 84MG DOSE SOPK 0	5	PA MO
Monoamine Oxidase Inhibitors		
EMSAM PT24 12MG/24HR	5	QL (30 EA per 30 days) ST MO
EMSAM PT24 6MG/24HR	5	QL (30 EA per 30 days) ST MO
EMSAM PT24 9MG/24HR	5	QL (30 EA per 30 days) ST MO
MARPLAN TABS 10MG	4	MO
phenelzine sulfate tabs 15mg	3	MO
tranylcypromine sulfate tabs 10mg	4	MO
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor		
citalopram hydrobromide soln 10mg/5ml	4	MO
citalopram hydrobromide tabs 10mg	1	MO
citalopram hydrobromide tabs 20mg	1	MO
citalopram hydrobromide tabs 40mg	1	MO
desvenlafaxine er tb24 100mg	4	QL (120 EA per 30 days) MO
desvenlafaxine er tb24 25mg	4	QL (30 EA per 30 days) MO
desvenlafaxine er tb24 50mg	4	QL (30 EA per 30 days) MO
DRIZALMA SPRINKLE CSDR 20MG	4	QL (60 EA per 30 days) MO
DRIZALMA SPRINKLE CSDR 30MG	4	QL (90 EA per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
DRIZALMA SPRINKLE CSDR 40MG	4	QL (90 EA per 30 days) MO
DRIZALMA SPRINKLE CSDR 60MG	4	QL (60 EA per 30 days) MO
duloxetine hcl cpep 30mg	2	QL (90 EA per 30 days) MO
duloxetine hydrochloride cpep 20mg	2	QL (60 EA per 30 days) MO
duloxetine hydrochloride cpep 60mg	2	QL (60 EA per 30 days) MO
escitalopram oxalate soln 5mg/5ml	4	MO
escitalopram oxalate tabs 10mg	2	MO
escitalopram oxalate tabs 20mg	2	MO
escitalopram oxalate tabs 5mg	2	MO
FETZIMA TITRATION PACK C4PK 0	4	QL (56 EA per 365 days) ST
FETZIMA CP24 120MG	4	QL (30 EA per 30 days) ST MO
FETZIMA CP24 20MG	4	QL (30 EA per 30 days) ST MO
FETZIMA CP24 40MG	4	QL (30 EA per 30 days) ST MO
FETZIMA CP24 80MG	4	QL (30 EA per 30 days) ST MO
fluoxetine hcl caps 20mg	1	MO
fluoxetine hcl soln 20mg/5ml	4	MO
fluoxetine hydrochloride caps 10mg	1	MO
fluoxetine hydrochloride caps 40mg	1	MO
fluvoxamine maleate tabs 100mg	2	MO
fluvoxamine maleate tabs 25mg	2	MO
fluvoxamine maleate tabs 50mg	2	MO
nefazodone hydrochloride tabs 100mg	4	MO
nefazodone hydrochloride tabs 150mg	4	MO
nefazodone hydrochloride tabs 200mg	4	MO
nefazodone hydrochloride tabs 250mg	4	MO
nefazodone hydrochloride tabs 50mg	4	MO
paroxetine hcl er tb24 12.5mg	4	MO
paroxetine hcl er tb24 25mg	4	MO
paroxetine hcl er tb24 37.5mg	4	MO
paroxetine hcl tabs 30mg	4	MO
paroxetine hcl tabs 40mg	4	MO
paroxetine hydrochloride susp 10mg/5ml	4	
paroxetine hydrochloride tabs 10mg	4	MO
paroxetine hydrochloride tabs 20mg	4	MO
PAXIL SUSP 10MG/5ML	4	MO
sertraline hcl tabs 25mg	1	MO
sertraline hcl tabs 50mg	1	MO
SERTRALINE HYDROCHLORIDE CAPS 150MG	4	ST
SERTRALINE HYDROCHLORIDE CAPS 200MG	4	ST
sertraline hydrochloride conc 20mg/ml	4	MO
sertraline hydrochloride tabs 100mg	1	MO
trazodone hydrochloride tabs 100mg	2	MO
trazodone hydrochloride tabs 150mg	2	MO
trazodone hydrochloride tabs 50mg	2	MO

Drug Name	Drug Tier	Requirements/Limits
TRINTELLIX TABS 10MG	4	QL (30 EA per 30 days) MO
TRINTELLIX TABS 20MG	4	QL (30 EA per 30 days) MO
TRINTELLIX TABS 5MG	4	QL (30 EA per 30 days) MO
VENLAFAXINE BESYLATE ER TB24 112.5MG	4	ST MO
venlafaxine hcl er cp24 150mg	2	MO
venlafaxine hcl er cp24 37.5mg	2	MO
venlafaxine hcl tabs 100mg	2	MO
venlafaxine hcl tabs 25mg	2	MO
venlafaxine hcl tabs 37.5mg	2	MO
venlafaxine hcl tabs 50mg	2	MO
venlafaxine hcl tabs 75mg	2	MO
venlafaxine hydrochloride er cp24 75mg	2	MO
VIIBRYD STARTER PACK KIT 0	4	QL (60 EA per 365 days)
VIIBRYD TABS 10MG	4	QL (30 EA per 30 days) MO
VIIBRYD TABS 20MG	4	QL (30 EA per 30 days) MO
VIIBRYD TABS 40MG	4	QL (30 EA per 30 days) MO
vilazodone hydrochloride tabs 10mg	4	QL (30 EA per 30 days)
vilazodone hydrochloride tabs 20mg	4	QL (30 EA per 30 days)
vilazodone hydrochloride tabs 40mg	4	QL (30 EA per 30 days)
Tricyclics		
amitriptyline hcl tabs 100mg	4	MO
amitriptyline hcl tabs 150mg	4	MO
amitriptyline hcl tabs 75mg	4	MO
amitriptyline hydrochloride tabs 10mg	4	MO
amitriptyline hydrochloride tabs 25mg	4	MO
amitriptyline hydrochloride tabs 50mg	4	MO
amoxapine tabs 100mg	4	MO
amoxapine tabs 150mg	4	MO
amoxapine tabs 25mg	4	MO
amoxapine tabs 50mg	4	MO
clomipramine hcl caps 25mg	4	MO
clomipramine hcl caps 50mg	4	MO
clomipramine hcl caps 75mg	4	MO
desipramine hydrochloride tabs 100mg	4	MO
desipramine hydrochloride tabs 10mg	4	MO
desipramine hydrochloride tabs 150mg	4	MO
desipramine hydrochloride tabs 25mg	4	MO
desipramine hydrochloride tabs 50mg	4	MO
desipramine hydrochloride tabs 75mg	4	MO
doxepin hcl caps 75mg	4	MO
doxepin hcl conc 10mg/ml	4	MO
doxepin hydrochloride caps 100mg	4	MO
doxepin hydrochloride caps 10mg	4	MO
doxepin hydrochloride caps 150mg	4	MO

Drug Name	Drug Tier	Requirements/Limits
doxepin hydrochloride caps 25mg	4	MO
doxepin hydrochloride caps 50mg	4	MO
imipramine hcl tabs 25mg	4	MO
imipramine hcl tabs 50mg	4	MO
imipramine hydrochloride tabs 10mg	4	MO
nortriptyline hcl caps 25mg	2	MO
nortriptyline hcl caps 75mg	2	MO
nortriptyline hcl soln 10mg/5ml	4	MO
nortriptyline hydrochloride caps 10mg	2	MO
nortriptyline hydrochloride caps 50mg	2	MO
protriptyline hcl tabs 10mg	4	MO
protriptyline hcl tabs 5mg	4	MO
trimipramine maleate caps 100mg	4	MO
trimipramine maleate caps 25mg	4	MO
trimipramine maleate caps 50mg	4	MO
Antiemetics		
Antiemetics, Other		
compro supp 25mg	4	
meclizine hcl tabs 12.5mg	4	
meclizine hydrochloride tabs 25mg	4	
prochlorperazine edisylate inj 10mg/2ml	4	
prochlorperazine maleate tabs 10mg	2	MO
prochlorperazine maleate tabs 5mg	2	MO
prochlorperazine supp 25mg	4	
promethazine hcl plain syrp 6.25mg/5ml	4	
promethazine hcl tabs 12.5mg	4	
promethazine hydrochloride tabs 25mg	4	
promethazine hydrochloride tabs 50mg	4	
scopolamine pt72 1mg/3days	4	
Emetogenic Therapy Adjuncts		
AKYNZEO CAPS 300MG; 0.5MG	4	QL (2 EA per 30 days) B/D
AKYNZEO INJ 235MG/20ML; 0.25MG/20ML	4	
aprepitant caps 0	4	QL (6 EA per 30 days) B/D
aprepitant caps 125mg	4	QL (2 EA per 30 days) B/D
aprepitant caps 40mg	4	QL (1 EA per 30 days) B/D
aprepitant caps 80mg	4	QL (8 EA per 30 days) B/D
dronabinol caps 10mg	4	QL (60 EA per 30 days) PA
dronabinol caps 2.5mg	4	QL (60 EA per 30 days) PA
dronabinol caps 5mg	4	QL (60 EA per 30 days) PA
ondansetron hcl soln 4mg/5ml	4	QL (450 ML per 30 days) B/D
ondansetron hydrochloride tabs 4mg	2	B/D
ondansetron hydrochloride tabs 8mg	2	B/D
ondansetron odt tbdp 4mg	2	B/D
ondansetron odt tbdp 8mg	2	B/D

Drug Name	Drug Tier	Requirements/Limits
Antifungals		
Antifungals		
ABELCET INJ 5MG/ML	4	B/D
AMBISOME INJ 50MG	5	B/D
amphotericin b liposome inj 50mg	5	B/D
amphotericin b inj 50mg	4	B/D
caspofungin acetate inj 50mg	5	
CASPOFUNGIN ACETATE INJ 70MG	4	
clotrimazole crea 1%	2	
clotrimazole troc 10mg	4	
econazole nitrate crea 1%	2	
fluconazole in sodium chloride inj 200mg/100ml; 0.9%	3	
fluconazole in sodium chloride inj 400mg/200ml; 0.9%	3	
fluconazole susr 10mg/ml	3	
fluconazole susr 40mg/ml	3	
fluconazole tabs 100mg	2	
fluconazole tabs 150mg	2	
fluconazole tabs 200mg	2	
fluconazole tabs 50mg	2	
flucytosine caps 250mg	5	
flucytosine caps 500mg	5	
griseofulvin microsize susp 125mg/5ml	4	
griseofulvin microsize tabs 500mg	4	
griseofulvin ultramicrosize tabs 125mg	4	
griseofulvin ultramicrosize tabs 250mg	4	
itraconazole caps 100mg	4	PA
itraconazole soln 10mg/ml	5	PA
JUBLIA SOLN 10%	5	
ketoconazole crea 2%	3	
ketoconazole sham 2%	2	
ketoconazole tabs 200mg	4	
miconazole 3 supp 200mg	4	
NOXAFIL SUSP 40MG/ML	5	PA MO
nyamyc powd 100000unit/gm	2	
nystatin crea 100000unit/gm	2	
nystatin oint 100000unit/gm	2	
nystatin powd 100000unit/gm	2	
nystatin susp 100000unit/ml	4	
nystatin tabs 500000unit	4	
nystop powd 100000unit/gm	2	
posaconazole dr tbec 100mg	5	PA MO
terbinafine hcl tabs 250mg	2	QL (84 EA per 180 days)
terconazole crea 0.4%	2	
terconazole crea 0.8%	4	

Drug Name	Drug Tier	Requirements/Limits
voriconazole inj 200mg	5	PA
voriconazole susr 40mg/ml	5	
voriconazole tabs 200mg	4	
voriconazole tabs 50mg	4	
Antigout Agents		
Antigout Agents		
allopurinol tabs 100mg	2	MO
allopurinol tabs 300mg	2	MO
COLCHICINE TABS 0.6MG	4	
febuxostat tabs 40mg	4	MO
febuxostat tabs 80mg	4	MO
probenecid/colchicine tabs 0.5mg; 500mg	4	MO
probenecid tabs 500mg	4	MO
Antimigraine Agents		
Ergot Alkaloids		
dihydroergotamine mesylate inj 1mg/ml	5	PA
dihydroergotamine mesylate soln 4mg/ml	5	QL (8 ML per 30 days) PA
ergotamine tartrate/caffeine tabs 100mg; 1mg	3	
Prophylactic		
AIMOVIG INJ 140MG/ML	4	QL (1 ML per 30 days) PA MO
AIMOVIG INJ 70MG/ML	4	QL (2 ML per 30 days) PA MO
EMGALITY INJ 100MG/ML	5	QL (3 ML per 30 days) PA MO
EMGALITY INJ 120MG/ML	4	QL (1 ML per 30 days) PA MO
EMGALITY INJ 120MG/ML	4	QL (1 ML per 30 days) PA MO
propranolol hcl tabs 40mg	2	MO
propranolol hydrochloride tabs 10mg	2	MO
propranolol hydrochloride tabs 20mg	2	MO
propranolol hydrochloride tabs 60mg	2	MO
propranolol hydrochloride tabs 80mg	2	MO
UBRELVY TABS 100MG	5	QL (16 EA per 30 days) PA
UBRELVY TABS 50MG	5	QL (16 EA per 30 days) PA
Serotonin (5-HT) Receptor Agonist		
naratriptan hcl tabs 1mg	2	QL (9 EA per 30 days)
naratriptan hcl tabs 2.5mg	2	QL (9 EA per 30 days)
rizatriptan benzoate odt tbdp 10mg	2	QL (18 EA per 30 days)
rizatriptan benzoate odt tbdp 5mg	2	QL (18 EA per 30 days)
rizatriptan benzoate tabs 10mg	2	QL (18 EA per 30 days)
rizatriptan benzoate tabs 5mg	2	QL (18 EA per 30 days)
sumatriptan succinate refill inj 4mg/0.5ml	4	QL (5 ML per 30 days)
sumatriptan succinate refill inj 6mg/0.5ml	4	QL (5 ML per 30 days)
sumatriptan succinate inj 4mg/0.5ml	4	QL (5 ML per 30 days)
sumatriptan succinate inj 4mg/0.5ml	4	QL (5 ML per 30 days)
sumatriptan succinate inj 6mg/0.5ml	4	QL (5 ML per 30 days)
sumatriptan succinate inj 6mg/0.5ml	4	QL (5 ML per 30 days)

Drug Name	Drug Tier	Requirements/Limits
sumatriptan succinate inj 6mg/0.5ml	4	QL (5 ML per 30 days)
sumatriptan succinate inj 6mg/0.5ml	4	QL (5 ML per 30 days)
sumatriptan succinate tabs 100mg	2	QL (9 EA per 30 days)
sumatriptan succinate tabs 25mg	2	QL (9 EA per 30 days)
sumatriptan succinate tabs 50mg	2	QL (9 EA per 30 days)
sumatriptan soln 20mg/act	4	QL (12 EA per 30 days)
sumatriptan soln 5mg/act	4	QL (12 EA per 30 days)
zolmitriptan tabs 2.5mg	4	QL (12 EA per 30 days)
zolmitriptan tabs 5mg	4	QL (12 EA per 30 days)
Antimyasthenic Agents		
Parasympathomimetics		
guanidine hcl tabs 125mg	4	
pyridostigmine bromide tabs 60mg	3	
Antimycobacterials		
Antimycobacterials, Other		
dapsone tabs 100mg	3	MO
dapsone tabs 25mg	3	MO
rifabutin caps 150mg	4	
Antituberculars		
cycloserine caps 250mg	3	
ethambutol hydrochloride tabs 100mg	4	
ethambutol hydrochloride tabs 400mg	4	
isoniazid syrp 50mg/5ml	3	MO
isoniazid tabs 100mg	2	MO
isoniazid tabs 300mg	2	MO
paser pack 4gm	4	
PRIFTIN TABS 150MG	4	
pyrazinamide tabs 500mg	3	
rifampin caps 150mg	4	
rifampin caps 300mg	4	
rifampin inj 600mg	4	
SIRTURO TABS 100MG	5	
SIRTURO TABS 20MG	5	
TRECATOR TABS 250MG	4	
Antineoplastics		
Alkylating Agents		
cyclophosphamide monohydrate inj 2gm/10ml	5	
cyclophosphamide caps 25mg	3	B/D
cyclophosphamide caps 50mg	3	B/D
CYCLOPHOSPHAMIDE INJ 1GM/5ML	4	
CYCLOPHOSPHAMIDE INJ 500MG/2.5ML	5	
GLEOSTINE CAPS 100MG	4	
GLEOSTINE CAPS 10MG	4	
GLEOSTINE CAPS 40MG	4	

Drug Name	Drug Tier	Requirements/Limits
ifosfamide inj 3gm	4	
LEUKERAN TABS 2MG	5	
MATULANE CAPS 50MG	5	
thiotepa inj 100mg	5	
VALCHLOR GEL 0.016%	5	PA
ZEPZELCA INJ 4MG	5	PA
Antiandrogens		
abiraterone acetate tabs 250mg	5	PA
abiraterone acetate tabs 500mg	5	PA
bicalutamide tabs 50mg	2	
ERLEADA TABS 60MG	5	PA
flutamide caps 125mg	4	
nilutamide tabs 150mg	5	
NUBEQA TABS 300MG	5	PA
XTANDI CAPS 40MG	5	PA
XTANDI TABS 40MG	5	PA
XTANDI TABS 80MG	5	PA
Antiangiogenic Agents		
FOTIVDA CAPS 0.89MG	5	PA
FOTIVDA CAPS 1.34MG	5	PA
lenalidomide caps 10mg	5	PA
lenalidomide caps 15mg	5	PA
lenalidomide caps 2.5mg	5	PA
lenalidomide caps 20mg	5	PA
lenalidomide caps 25mg	5	PA
lenalidomide caps 5mg	5	PA
POMALYST CAPS 1MG	5	PA
POMALYST CAPS 2MG	5	PA
POMALYST CAPS 3MG	5	PA
POMALYST CAPS 4MG	5	PA
QINLOCK TABS 50MG	5	PA
REVLIMID CAPS 10MG	5	PA
REVLIMID CAPS 15MG	5	PA
REVLIMID CAPS 2.5MG	5	PA
REVLIMID CAPS 20MG	5	PA
REVLIMID CAPS 25MG	5	PA
REVLIMID CAPS 5MG	5	PA
TABRECTA TABS 150MG	5	QL (120 EA per 30 days) PA
TABRECTA TABS 200MG	5	QL (120 EA per 30 days) PA
THALOMID CAPS 100MG	5	PA MO
THALOMID CAPS 150MG	5	PA MO
THALOMID CAPS 200MG	5	PA MO
THALOMID CAPS 50MG	5	PA MO
Antiestrogens/Modifiers		

Drug Name	Drug Tier	Requirements/Limits
EMCYT CAPS 140MG	5	
SOLTAMOX SOLN 10MG/5ML	5	MO
tamoxifen citrate tabs 10mg	2	MO
tamoxifen citrate tabs 20mg	2	MO
toremifene citrate tabs 60mg	5	MO
Antimetabolites		
DROXIA CAPS 200MG	4	MO
DROXIA CAPS 300MG	4	MO
DROXIA CAPS 400MG	4	MO
hydroxyurea caps 500mg	2	
mercaptopurine tabs 50mg	4	
nelarabine inj 5mg/ml	5	
PURIXAN SUSP 2000MG/100ML	5	
TABLOID TABS 40MG	4	
Antineoplastics, Other		
BESREMI INJ 500MCG/ML	5	PA MO
GAVRETO CAPS 100MG	5	PA
IBRANCE TABS 100MG	5	PA
IBRANCE TABS 125MG	5	PA
IBRANCE TABS 75MG	5	PA
IDHIFA TABS 100MG	5	QL (30 EA per 30 days) PA
IDHIFA TABS 50MG	5	QL (30 EA per 30 days) PA
INREBIC CAPS 100MG	5	PA
KIMMTRAK INJ 100MCG/0.5ML	5	PA
KISQALI FEMARA 200 DOSE TBPK 2.5MG; 200MG	5	PA
KISQALI FEMARA 400 DOSE TBPK 2.5MG; 200MG	5	PA
KISQALI FEMARA 600 DOSE TBPK 2.5MG; 200MG	5	PA
LONSURF TABS 6.14MG; 15MG	5	PA
LONSURF TABS 8.19MG; 20MG	5	PA
LUMAKRAS TABS 120MG	5	PA
NINLARO CAPS 2.3MG	5	PA
NINLARO CAPS 3MG	5	PA
NINLARO CAPS 4MG	5	PA
ONUREG TABS 200MG	5	PA
ONUREG TABS 300MG	5	PA
PEMAZYRE TABS 13.5MG	5	QL (30 EA per 30 days) PA
PEMAZYRE TABS 4.5MG	5	QL (30 EA per 30 days) PA
PEMAZYRE TABS 9MG	5	QL (30 EA per 30 days) PA
PHESGO INJ 2000UNIT/ML; 60MG/ML; 60MG/ML	5	PA
PHESGO INJ 2000UNIT/ML; 80MG/ML; 40MG/ML	5	PA
RETEVMO CAPS 40MG	5	PA
RETEVMO CAPS 80MG	5	PA
ROMIDEPSIN INJ 27.5MG/5.5ML	5	PA
RYLAZE INJ 10MG/0.5ML	5	

Drug Name	Drug Tier	Requirements/Limits
SCEMBLIX TABS 20MG	5	QL (60 EA per 30 days) PA
SCEMBLIX TABS 40MG	5	PA
SYNRIBO INJ 3.5MG	5	PA
TAZVERIK TABS 200MG	5	PA
TRUSELTIQ CPPK 0	5	PA
TRUSELTIQ CPPK 100MG	5	PA
TRUSELTIQ CPPK 25MG	5	PA
TRUSELTIQ CPPK 25MG	5	PA
TUKYSA TABS 150MG	5	PA
TUKYSA TABS 50MG	5	PA
VONJO CAPS 100MG	5	PA
XPOVIO 100 MG ONCE WEEKLY TBPK 20MG	5	PA
XPOVIO 40 MG ONCE WEEKLY TBPK 20MG	5	PA
XPOVIO 40 MG TWICE WEEKLY TBPK 20MG	5	PA
XPOVIO 60 MG ONCE WEEKLY TBPK 20MG	5	PA
XPOVIO 60 MG TWICE WEEKLY TBPK 20MG	5	PA
XPOVIO 80 MG ONCE WEEKLY TBPK 20MG	5	PA
XPOVIO 80 MG TWICE WEEKLY TBPK 20MG	5	PA
XPOVIO TBPK 40MG	5	PA
XPOVIO TBPK 40MG	5	PA
XPOVIO TBPK 40MG	5	PA
XPOVIO TBPK 50MG	5	PA
XPOVIO TBPK 60MG	5	PA
ZOLINZA CAPS 100MG	5	PA
Antineoplastics		
OPDUALAG INJ 240MG/20ML; 80MG/20ML	5	PA
Aromatase Inhibitors, 3rd Generation		
anastrozole tabs 1mg	2	MO
exemestane tabs 25mg	4	MO
letrozole tabs 2.5mg	2	MO
Molecular Target Inhibitors		
AFINITOR DISPERZ TBSO 2MG	5	PA
AFINITOR DISPERZ TBSO 3MG	5	PA
AFINITOR DISPERZ TBSO 5MG	5	PA
AFINITOR TABS 10MG	5	QL (30 EA per 30 days) PA
ALECENSA CAPS 150MG	5	PA
ALUNBRIG TABS 180MG	5	QL (30 EA per 30 days) PA
ALUNBRIG TABS 30MG	5	QL (120 EA per 30 days) PA
ALUNBRIG TABS 90MG	5	QL (30 EA per 30 days) PA
ALUNBRIG TBPK 0	5	QL (60 EA per 365 days) PA
AYVAKIT TABS 100MG	5	QL (30 EA per 30 days) PA
AYVAKIT TABS 200MG	5	QL (30 EA per 30 days) PA
AYVAKIT TABS 25MG	5	QL (30 EA per 30 days) PA
AYVAKIT TABS 300MG	5	QL (30 EA per 30 days) PA

Drug Name	Drug Tier	Requirements/Limits
AYVAKIT TABS 50MG	5	QL (30 EA per 30 days) PA
BALVERSA TABS 3MG	5	PA
BALVERSA TABS 4MG	5	PA
BALVERSA TABS 5MG	5	PA
BOSULIF TABS 100MG	5	PA
BOSULIF TABS 400MG	5	PA
BOSULIF TABS 500MG	5	PA
BRAFTOVI CAPS 50MG	5	PA
BRAFTOVI CAPS 75MG	5	PA
BRUKINSA CAPS 80MG	5	PA
CABOMETYX TABS 20MG	5	PA
CABOMETYX TABS 40MG	5	PA
CABOMETYX TABS 60MG	5	PA
CALQUENCE CAPS 100MG	5	PA
CALQUENCE TABS 100MG	5	PA
CAPRELSA TABS 100MG	5	QL (60 EA per 30 days) PA
CAPRELSA TABS 300MG	5	PA
COMETRIQ KIT 0	5	PA
COMETRIQ KIT 0	5	PA
COMETRIQ KIT 20MG	5	PA
COPIKTRA CAPS 15MG	5	PA
COPIKTRA CAPS 25MG	5	PA
COTELLIC TABS 20MG	5	PA
DAURISMO TABS 100MG	5	PA
DAURISMO TABS 25MG	5	PA
ERIVEDGE CAPS 150MG	5	PA
erlotinib hydrochloride tabs 100mg	5	PA
erlotinib hydrochloride tabs 150mg	5	PA
erlotinib hydrochloride tabs 25mg	5	PA
everolimus tabs 10mg	5	QL (30 EA per 30 days) PA
everolimus tabs 2.5mg	5	QL (30 EA per 30 days) PA
everolimus tabs 5mg	5	QL (30 EA per 30 days) PA
everolimus tabs 7.5mg	5	QL (30 EA per 30 days) PA
everolimus tbso 2mg	5	PA
everolimus tbso 3mg	5	PA
everolimus tbso 5mg	5	PA
EXKIVITY CAPS 40MG	5	PA
FARYDAK CAPS 10MG	5	PA
FARYDAK CAPS 10MG	5	PA
FARYDAK CAPS 15MG	5	PA
FARYDAK CAPS 15MG	5	PA
FARYDAK CAPS 20MG	5	PA
FARYDAK CAPS 20MG	5	PA
FYARRO INJ 100MG	5	PA

Drug Name	Drug Tier	Requirements/Limits
GILOTRIF TABS 20MG	5	QL (30 EA per 30 days) PA
GILOTRIF TABS 30MG	5	QL (30 EA per 30 days) PA
GILOTRIF TABS 40MG	5	QL (30 EA per 30 days) PA
IBRANCE CAPS 100MG	5	PA
IBRANCE CAPS 125MG	5	PA
IBRANCE CAPS 75MG	5	PA
ICLUSIG TABS 10MG	5	QL (30 EA per 30 days) PA
ICLUSIG TABS 15MG	5	QL (30 EA per 30 days) PA
ICLUSIG TABS 30MG	5	PA
ICLUSIG TABS 45MG	5	PA
imatinib mesylate tabs 100mg	5	PA
imatinib mesylate tabs 400mg	5	PA
IMBRUVICA CAPS 140MG	5	PA
IMBRUVICA CAPS 70MG	5	PA
IMBRUVICA SUSP 70MG/ML	5	PA
IMBRUVICA TABS 140MG	5	PA
IMBRUVICA TABS 280MG	5	PA
IMBRUVICA TABS 420MG	5	PA
IMBRUVICA TABS 560MG	5	PA
INLYTA TABS 1MG	5	PA
INLYTA TABS 5MG	5	PA
INQOVI TABS 100MG; 35MG	5	PA
IRESSA TABS 250MG	5	PA
JAKAFI TABS 10MG	5	QL (60 EA per 30 days) PA
JAKAFI TABS 15MG	5	PA
JAKAFI TABS 20MG	5	PA
JAKAFI TABS 25MG	5	PA
JAKAFI TABS 5MG	5	PA
KISQALI TBPK 200MG	5	PA
KISQALI TBPK 200MG	5	PA
KISQALI TBPK 200MG	5	PA
KOSELUGO CAPS 10MG	5	PA
KOSELUGO CAPS 25MG	5	PA
lapatinib ditosylate tabs 250mg	5	PA
LENVIMA 10 MG DAILY DOSE CPPK 10MG	5	PA
LENVIMA 12MG DAILY DOSE CPPK 4MG	5	PA
LENVIMA 14 MG DAILY DOSE CPPK 0	5	PA
LENVIMA 18 MG DAILY DOSE CPPK 0	5	PA
LENVIMA 20 MG DAILY DOSE CPPK 10MG	5	PA
LENVIMA 24 MG DAILY DOSE CPPK 0	5	PA
LENVIMA 4 MG DAILY DOSE CPPK 4MG	5	PA
LENVIMA 8 MG DAILY DOSE CPPK 4MG	5	PA
LORBRENA TABS 100MG	5	PA
LORBRENA TABS 25MG	5	PA

Drug Name	Drug Tier	Requirements/Limits
LYNPARZA CAPS 50MG	5	
LYNPARZA TABS 100MG	5	PA
LYNPARZA TABS 150MG	5	PA
MEKINIST TABS 0.5MG	5	PA
MEKINIST TABS 2MG	5	PA
MEKTOVI TABS 15MG	5	PA
NERLYNX TABS 40MG	5	QL (180 EA per 30 days) PA
NEXAVAR TABS 200MG	5	PA
ODOMZO CAPS 200MG	5	PA
PIQRAY 200MG DAILY DOSE TBPK 200MG	5	PA
PIQRAY 250MG DAILY DOSE TBPK 0	5	PA
PIQRAY 300MG DAILY DOSE TBPK 150MG	5	PA
ROZLYTREK CAPS 100MG	5	PA
ROZLYTREK CAPS 200MG	5	PA
RUBRACA TABS 200MG	5	PA
RUBRACA TABS 250MG	5	PA
RUBRACA TABS 300MG	5	PA
RYDAPT CAPS 25MG	5	PA
sorafenib tosylate tabs 200mg	5	PA
sorafenib tabs 200mg	5	PA
SPRYCEL TABS 100MG	5	PA
SPRYCEL TABS 140MG	5	PA
SPRYCEL TABS 20MG	5	PA
SPRYCEL TABS 50MG	5	PA
SPRYCEL TABS 70MG	5	PA
SPRYCEL TABS 80MG	5	PA
STIVARGA TABS 40MG	5	PA
sunitinib malate caps 12.5mg	5	PA
sunitinib malate caps 25mg	5	PA
sunitinib malate caps 37.5mg	5	PA
sunitinib malate caps 50mg	5	PA
SUTENT CAPS 12.5MG	5	PA
SUTENT CAPS 25MG	5	PA
SUTENT CAPS 37.5MG	5	PA
SUTENT CAPS 50MG	5	PA
TAFINLAR CAPS 50MG	5	PA
TAFINLAR CAPS 75MG	5	PA
TAGRISSO TABS 40MG	5	QL (30 EA per 30 days) PA
TAGRISSO TABS 80MG	5	PA
TALZENNA CAPS 0.25MG	5	PA
TALZENNA CAPS 0.5MG	5	PA
TALZENNA CAPS 0.75MG	5	PA
TALZENNA CAPS 1MG	5	PA
TASIGNA CAPS 150MG	5	PA

Drug Name	Drug Tier	Requirements/Limits
TASIGNA CAPS 200MG	5	PA
TASIGNA CAPS 50MG	5	PA
TEPMETKO TABS 225MG	5	PA
TIBSOVO TABS 250MG	5	PA
TURALIO CAPS 200MG	5	PA
UKONIQ TABS 200MG	5	PA
VENCLEXTA STARTING PACK TBPK 0	5	PA
VENCLEXTA TABS 100MG	5	PA
VENCLEXTA TABS 10MG	3	PA
VENCLEXTA TABS 50MG	5	PA
VERZENIO TABS 100MG	5	PA
VERZENIO TABS 150MG	5	PA
VERZENIO TABS 200MG	5	PA
VERZENIO TABS 50MG	5	PA
VITRAKVI CAPS 100MG	5	PA
VITRAKVI CAPS 25MG	5	PA
VITRAKVI SOLN 20MG/ML	5	PA
VIZIMPRO TABS 15MG	5	PA
VIZIMPRO TABS 30MG	5	PA
VIZIMPRO TABS 45MG	5	PA
VOTRIENT TABS 200MG	5	PA
WELIREG TABS 40MG	5	PA
XALKORI CAPS 200MG	5	PA
XALKORI CAPS 250MG	5	PA
XOSPATA TABS 40MG	5	PA
ZEJULA CAPS 100MG	5	PA
ZELBORAF TABS 240MG	5	PA
ZYDELIG TABS 100MG	5	PA
ZYDELIG TABS 150MG	5	PA
ZYKADIA CAPS 150MG	5	PA
ZYKADIA TABS 150MG	5	PA
Monoclonal Antibody/Antibody-Drug Conjugate		
DANYELZA INJ 40MG/10ML	5	PA
DARZALEX FASPRO INJ 1800MG/15ML; 30000UNIT/15ML	5	PA
HERZUMA INJ 420MG	5	PA
JEMPERLI INJ 500MG/10ML	5	PA
KANJINTI INJ 150MG	5	PA
KANJINTI INJ 420MG	5	PA
MONJUVI INJ 200MG	5	PA
MVASI INJ 100MG/4ML	5	PA
MVASI INJ 400MG/16ML	5	PA
POLIVY INJ 140MG	5	PA
POLIVY INJ 30MG	5	PA

Drug Name	Drug Tier	Requirements/Limits
RUXIENCE INJ 100MG/10ML	5	PA MO
RUXIENCE INJ 500MG/50ML	5	PA MO
RYBREVANT INJ 350MG/7ML	5	PA
SARCLISA INJ 100MG/5ML	5	PA
SARCLISA INJ 500MG/25ML	5	PA
TIVDAK INJ 40MG	5	PA
TRAZIMERA INJ 150MG	5	PA
TRAZIMERA INJ 420MG	5	PA
TRODELVY INJ 180MG	5	PA
ZIRABEV INJ 100MG/4ML	5	PA
ZIRABEV INJ 400MG/16ML	5	PA
ZYNLONTA INJ 10MG	5	PA
Retinoids		
bexarotene caps 75mg	5	PA
bexarotene gel 1%	5	PA
PANRETIN GEL 0.1%	5	
TARGRETIN GEL 1%	5	PA
tretinoin caps 10mg	5	
Treatment Adjuncts		
leucovorin calcium tabs 10mg	3	
leucovorin calcium tabs 15mg	3	
leucovorin calcium tabs 25mg	3	
leucovorin calcium tabs 5mg	3	
MESNEX TABS 400MG	5	
Antiparasitics		
Anthelmintics		
albendazole tabs 200mg	5	
ivermectin tabs 3mg	3	PA
praziquantel tabs 600mg	4	
Antiprotozoals		
ALINIA SUSR 100MG/5ML	4	
atovaquone/proguanil hcl tabs 250mg; 100mg	4	
atovaquone/proguanil hcl tabs 62.5mg; 25mg	4	
atovaquone susp 750mg/5ml	4	
BENZNIDAZOLE TABS 100MG	4	
BENZNIDAZOLE TABS 12.5MG	4	
chloroquine phosphate tabs 250mg	4	MO
chloroquine phosphate tabs 500mg	4	MO
COARTEM TABS 20MG; 120MG	4	
hydroxychloroquine sulfate tabs 100mg	2	MO
hydroxychloroquine sulfate tabs 200mg	2	MO
hydroxychloroquine sulfate tabs 300mg	2	MO
hydroxychloroquine sulfate tabs 400mg	2	MO
mefloquine hcl tabs 250mg	4	MO

Drug Name	Drug Tier	Requirements/Limits
nitazoxanide tabs 500mg	5	
pentamidine isethionate inj 300mg	4	
pentamidine isethionate solr 300mg	3	B/D
primaquine phosphate tabs 26.3mg	3	
pyrimethamine tabs 25mg	5	PA
quinine sulfate caps 324mg	3	PA
Antiparkinson Agents		
Anticholinergics		
benztropine mesylate tabs 0.5mg	2	MO
benztropine mesylate tabs 1mg	2	MO
benztropine mesylate tabs 2mg	2	MO
trihexyphenidyl hcl soln 0.4mg/ml	2	MO
trihexyphenidyl hydrochloride tabs 2mg	4	MO
trihexyphenidyl hydrochloride tabs 5mg	4	MO
Antiparkinson Agents, Other		
entacapone tabs 200mg	3	MO
tolcapone tabs 100mg	5	MO
Dopamine Agonists		
bromocriptine mesylate caps 5mg	4	MO
bromocriptine mesylate tabs 2.5mg	4	MO
KYNMOBI TITRATION KIT KIT 0	5	QL (20 EA per 365 days) PA
kynmobi film 10mg	5	QL (150 EA per 30 days) PA
KYNMOBI FILM 15MG	5	QL (150 EA per 30 days) PA
KYNMOBI FILM 20MG	5	QL (150 EA per 30 days) PA
KYNMOBI FILM 25MG	5	QL (150 EA per 30 days) PA
KYNMOBI FILM 30MG	5	QL (150 EA per 30 days) PA
NEUPRO PT24 1MG/24HR	4	ST MO
NEUPRO PT24 2MG/24HR	4	ST MO
NEUPRO PT24 3MG/24HR	4	ST MO
NEUPRO PT24 4MG/24HR	4	ST MO
NEUPRO PT24 6MG/24HR	4	ST MO
NEUPRO PT24 8MG/24HR	4	ST MO
pramipexole dihydrochloride tabs 0.125mg	2	MO
pramipexole dihydrochloride tabs 0.25mg	2	MO
pramipexole dihydrochloride tabs 0.5mg	2	MO
pramipexole dihydrochloride tabs 0.75mg	2	MO
pramipexole dihydrochloride tabs 1.5mg	2	MO
pramipexole dihydrochloride tabs 1mg	2	MO
ropinirole hcl tabs 0.5mg	2	MO
ropinirole hcl tabs 1mg	2	MO
ropinirole hcl tabs 2mg	2	MO
ropinirole hcl tabs 4mg	2	MO
ropinirole hcl tabs 5mg	2	MO
ropinirole hydrochloride tabs 0.25mg	2	MO

Drug Name	Drug Tier	Requirements/Limits
ropinirole hydrochloride tabs 3mg	2	MO
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
carbidopa/levodopa er tbcr 25mg; 100mg	2	MO
carbidopa/levodopa er tbcr 50mg; 200mg	2	MO
carbidopa/levodopa odt tbdp 10mg; 100mg	4	MO
carbidopa/levodopa odt tbdp 25mg; 100mg	4	MO
carbidopa/levodopa odt tbdp 25mg; 250mg	4	MO
carbidopa/levodopa tabs 10mg; 100mg	2	MO
carbidopa/levodopa tabs 25mg; 100mg	2	MO
carbidopa/levodopa tabs 25mg; 250mg	2	MO
carbidopa tabs 25mg	4	MO
Monoamine Oxidase B (MAO-B) Inhibitors		
rasagiline mesylate tabs 0.5mg	4	MO
rasagiline mesylate tabs 1mg	4	MO
selegiline hcl caps 5mg	3	MO
selegiline hcl tabs 5mg	3	MO
Antipsychotics		
1st Generation/Typical		
chlorpromazine hcl tabs 100mg	4	MO
chlorpromazine hcl tabs 10mg	4	MO
chlorpromazine hcl tabs 200mg	4	MO
chlorpromazine hcl tabs 25mg	4	MO
chlorpromazine hcl tabs 50mg	4	MO
chlorpromazine hydrochloride conc 100mg/ml	4	MO
chlorpromazine hydrochloride conc 30mg/ml	4	MO
fluphenazine decanoate inj 25mg/ml	4	
fluphenazine hcl conc 5mg/ml	4	MO
fluphenazine hcl inj 2.5mg/ml	4	
fluphenazine hcl tabs 10mg	4	MO
fluphenazine hcl tabs 1mg	4	MO
fluphenazine hcl tabs 2.5mg	4	MO
fluphenazine hcl tabs 5mg	4	MO
fluphenazine hydrochloride elix 2.5mg/5ml	4	MO
haloperidol decanoate inj 100mg/ml	4	
haloperidol decanoate inj 100mg/ml	4	
haloperidol decanoate inj 50mg/ml	4	
haloperidol decanoate inj 50mg/ml	4	
haloperidol lactate inj 5mg/ml	4	
haloperidol conc 2mg/ml	2	MO
haloperidol tabs 0.5mg	2	MO
haloperidol tabs 10mg	2	MO
haloperidol tabs 1mg	2	MO
haloperidol tabs 20mg	4	MO

Drug Name	Drug Tier	Requirements/Limits
haloperidol tabs 2mg	2	MO
haloperidol tabs 5mg	2	MO
loxapine succinate caps 25mg	4	MO
loxapine succinate caps 50mg	4	MO
loxapine succinate caps 5mg	4	MO
loxapine caps 10mg	4	MO
molindone hydrochloride tabs 10mg	4	MO
molindone hydrochloride tabs 25mg	4	MO
molindone hydrochloride tabs 5mg	4	MO
perphenazine tabs 16mg	4	MO
perphenazine tabs 2mg	4	MO
perphenazine tabs 4mg	4	MO
perphenazine tabs 8mg	4	MO
pimozide tabs 1mg	4	MO
pimozide tabs 2mg	4	MO
thioridazine hcl tabs 100mg	4	MO
thioridazine hcl tabs 10mg	4	MO
thioridazine hcl tabs 25mg	4	MO
thioridazine hcl tabs 50mg	4	MO
thiothixene caps 10mg	4	MO
thiothixene caps 1mg	4	MO
thiothixene caps 2mg	4	MO
thiothixene caps 5mg	4	MO
trifluoperazine hcl tabs 10mg	4	MO
trifluoperazine hcl tabs 1mg	4	MO
trifluoperazine hcl tabs 2mg	4	MO
trifluoperazine hcl tabs 5mg	4	MO
2nd Generation/Atypical		
ABILIFY MAINTENA INJ 300MG	5	MO
ABILIFY MAINTENA INJ 300MG	5	MO
ABILIFY MAINTENA INJ 400MG	5	MO
ABILIFY MAINTENA INJ 400MG	5	MO
aripiprazole odt tbdp 10mg	5	QL (60 EA per 30 days) MO
aripiprazole odt tbdp 15mg	5	QL (60 EA per 30 days) MO
aripiprazole soln 1mg/ml	4	QL (750 ML per 30 days) MO
aripiprazole tabs 10mg	4	QL (30 EA per 30 days) MO
aripiprazole tabs 15mg	4	QL (30 EA per 30 days) MO
aripiprazole tabs 20mg	4	QL (30 EA per 30 days) MO
aripiprazole tabs 2mg	4	QL (30 EA per 30 days) MO
aripiprazole tabs 30mg	4	QL (30 EA per 30 days) MO
aripiprazole tabs 5mg	4	QL (30 EA per 30 days) MO
ARISTADA INITIO INJ 675MG/2.4ML	5	
ARISTADA INJ 1064MG/3.9ML	5	MO
ARISTADA INJ 441MG/1.6ML	5	MO

Drug Name	Drug Tier	Requirements/Limits
ARISTADA INJ 662MG/2.4ML	5	MO
ARISTADA INJ 882MG/3.2ML	5	MO
asenapine maleate sl subl 10mg	4	QL (60 EA per 30 days)
asenapine maleate sl subl 2.5mg	4	QL (60 EA per 30 days)
asenapine maleate sl subl 5mg	4	QL (60 EA per 30 days)
CAPLYTA CAPS 10.5MG	5	QL (30 EA per 30 days) ST MO
CAPLYTA CAPS 21MG	5	QL (30 EA per 30 days) ST MO
CAPLYTA CAPS 42MG	5	QL (30 EA per 30 days) ST MO
FANAPT TITRATION PACK TABS 0	4	QL (8 EA per 180 days) ST
FANAPT TABS 10MG	5	QL (60 EA per 30 days) ST
FANAPT TABS 12MG	5	QL (60 EA per 30 days) ST
FANAPT TABS 1MG	5	QL (60 EA per 30 days) ST
FANAPT TABS 2MG	5	QL (60 EA per 30 days) ST
FANAPT TABS 4MG	4	QL (60 EA per 30 days) ST
FANAPT TABS 6MG	5	QL (60 EA per 30 days) ST
FANAPT TABS 8MG	5	QL (60 EA per 30 days) ST
INVEGA HAFYERA INJ 1092MG/3.5ML	5	ST
INVEGA HAFYERA INJ 1560MG/5ML	5	ST
INVEGA SUSTENNA INJ 117MG/0.75ML	5	
INVEGA SUSTENNA INJ 156MG/ML	5	
INVEGA SUSTENNA INJ 234MG/1.5ML	5	
INVEGA SUSTENNA INJ 39MG/0.25ML	4	
INVEGA SUSTENNA INJ 78MG/0.5ML	5	
INVEGA TRINZA INJ 273MG/0.88ML	5	
INVEGA TRINZA INJ 410MG/1.32ML	5	
INVEGA TRINZA INJ 546MG/1.75ML	5	
INVEGA TRINZA INJ 819MG/2.63ML	5	
LATUDA TABS 120MG	5	QL (30 EA per 30 days) MO
LATUDA TABS 20MG	5	QL (30 EA per 30 days) MO
LATUDA TABS 40MG	5	QL (30 EA per 30 days) MO
LATUDA TABS 60MG	5	QL (30 EA per 30 days) MO
LATUDA TABS 80MG	5	QL (60 EA per 30 days) MO
LYBALVI TABS 10MG; 10MG	5	QL (30 EA per 30 days) ST MO
LYBALVI TABS 15MG; 10MG	5	QL (30 EA per 30 days) ST MO
LYBALVI TABS 20MG; 10MG	5	QL (30 EA per 30 days) ST MO
LYBALVI TABS 5MG; 10MG	5	QL (30 EA per 30 days) ST MO
NUPLAZID CAPS 34MG	5	PA MO
NUPLAZID TABS 10MG	5	PA MO
NUPLAZID TABS 17MG	5	PA MO
olanzapine odt tbdp 10mg	4	QL (30 EA per 30 days) MO
olanzapine odt tbdp 15mg	4	QL (30 EA per 30 days) MO
olanzapine odt tbdp 20mg	4	QL (30 EA per 30 days) MO
olanzapine odt tbdp 5mg	4	QL (30 EA per 30 days) MO
olanzapine inj 10mg	4	

Drug Name	Drug Tier	Requirements/Limits
olanzapine tabs 10mg	2	QL (30 EA per 30 days) MO
olanzapine tabs 15mg	2	QL (30 EA per 30 days) MO
olanzapine tabs 2.5mg	2	QL (30 EA per 30 days) MO
olanzapine tabs 20mg	2	QL (30 EA per 30 days) MO
olanzapine tabs 5mg	2	QL (30 EA per 30 days) MO
olanzapine tabs 7.5mg	2	QL (30 EA per 30 days) MO
paliperidone er tb24 1.5mg	4	QL (30 EA per 30 days) MO
paliperidone er tb24 3mg	4	QL (30 EA per 30 days) MO
paliperidone er tb24 6mg	4	QL (60 EA per 30 days) MO
paliperidone er tb24 9mg	4	QL (30 EA per 30 days) MO
PERSERIS INJ 120MG	5	MO
PERSERIS INJ 90MG	5	MO
quetiapine fumarate er tb24 150mg	4	QL (60 EA per 30 days) MO
quetiapine fumarate er tb24 200mg	4	QL (90 EA per 30 days) MO
quetiapine fumarate er tb24 300mg	4	QL (60 EA per 30 days) MO
quetiapine fumarate er tb24 400mg	4	QL (60 EA per 30 days) MO
quetiapine fumarate er tb24 50mg	4	QL (60 EA per 30 days) MO
quetiapine fumarate tabs 100mg	2	QL (90 EA per 30 days) MO
quetiapine fumarate tabs 200mg	2	QL (90 EA per 30 days) MO
quetiapine fumarate tabs 25mg	2	QL (90 EA per 30 days) MO
quetiapine fumarate tabs 300mg	2	QL (60 EA per 30 days) MO
quetiapine fumarate tabs 400mg	2	QL (60 EA per 30 days) MO
quetiapine fumarate tabs 50mg	2	QL (90 EA per 30 days) MO
REXULTI TABS 0.25MG	5	QL (30 EA per 30 days) MO
REXULTI TABS 0.5MG	5	QL (30 EA per 30 days) MO
REXULTI TABS 1MG	5	QL (30 EA per 30 days) MO
REXULTI TABS 2MG	5	QL (30 EA per 30 days) MO
REXULTI TABS 3MG	5	QL (30 EA per 30 days) MO
REXULTI TABS 4MG	5	QL (30 EA per 30 days) MO
RISPERDAL CONSTA INJ 12.5MG	4	
RISPERDAL CONSTA INJ 25MG	5	
RISPERDAL CONSTA INJ 37.5MG	5	
RISPERDAL CONSTA INJ 50MG	5	
risperidone odt tbdp 0.25mg	4	QL (60 EA per 30 days) MO
risperidone odt tbdp 0.5mg	4	QL (60 EA per 30 days) MO
risperidone odt tbdp 1mg	4	QL (60 EA per 30 days) MO
risperidone odt tbdp 2mg	4	QL (60 EA per 30 days) MO
risperidone odt tbdp 3mg	4	QL (60 EA per 30 days) MO
risperidone odt tbdp 4mg	4	QL (60 EA per 30 days) MO
risperidone soln 1mg/ml	4	QL (240 ML per 30 days) MO
risperidone tabs 0.25mg	2	QL (60 EA per 30 days) MO
risperidone tabs 0.5mg	2	QL (60 EA per 30 days) MO
risperidone tabs 1mg	2	QL (60 EA per 30 days) MO
risperidone tabs 2mg	2	QL (60 EA per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
risperidone tabs 3mg	2	QL (60 EA per 30 days) MO
risperidone tabs 4mg	2	QL (60 EA per 30 days) MO
SECUADO PT24 3.8MG/24HR	5	QL (30 EA per 30 days) PA MO
SECUADO PT24 5.7MG/24HR	5	QL (30 EA per 30 days) PA MO
SECUADO PT24 7.6MG/24HR	5	QL (30 EA per 30 days) PA MO
VRAYLAR CAPS 1.5MG	5	QL (30 EA per 30 days) ST MO
VRAYLAR CAPS 3MG	5	QL (30 EA per 30 days) ST MO
VRAYLAR CAPS 4.5MG	5	QL (30 EA per 30 days) ST MO
VRAYLAR CAPS 6MG	5	QL (30 EA per 30 days) ST MO
VRAYLAR CPPK 0	4	QL (14 EA per 365 days) ST
ziprasidone hcl caps 20mg	2	QL (60 EA per 30 days) MO
ziprasidone hcl caps 40mg	2	QL (60 EA per 30 days) MO
ziprasidone hcl caps 60mg	2	QL (60 EA per 30 days) MO
ziprasidone hcl caps 80mg	2	QL (60 EA per 30 days) MO
ziprasidone mesylate inj 20mg	4	QL (60 EA per 30 days)
ZYPREXA RELPREVV INJ 210MG	4	
ZYPREXA RELPREVV INJ 300MG	5	
ZYPREXA RELPREVV INJ 405MG	5	
Treatment-Resistant		
clozapine odt tbdp 100mg	4	QL (270 EA per 30 days)
clozapine odt tbdp 12.5mg	4	QL (90 EA per 30 days)
clozapine odt tbdp 150mg	4	QL (180 EA per 30 days)
clozapine odt tbdp 200mg	5	QL (120 EA per 30 days)
clozapine odt tbdp 25mg	4	QL (270 EA per 30 days)
clozapine tabs 100mg	4	QL (270 EA per 30 days)
clozapine tabs 200mg	4	QL (120 EA per 30 days)
clozapine tabs 25mg	3	QL (270 EA per 30 days)
clozapine tabs 50mg	3	QL (180 EA per 30 days)
VERSACLOZ SUSP 50MG/ML	5	QL (540 ML per 30 days)
Antispasticity Agents		
Antispasticity Agents		
baclofen tabs 10mg	2	
baclofen tabs 20mg	2	
baclofen tabs 5mg	4	
dantrolene sodium caps 100mg	4	
dantrolene sodium caps 25mg	4	
dantrolene sodium caps 50mg	4	
tizanidine hcl tabs 2mg	2	
tizanidine hydrochloride tabs 4mg	2	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
cidofovir inj 75mg/ml	5	
ganciclovir inj 500mg/10ml	3	B/D MO
ganciclovir inj 500mg	3	B/D

Drug Name	Drug Tier	Requirements/Limits
LIVTENCITY TABS 200MG	5	MO
PREVYMIS TABS 240MG	5	MO
PREVYMIS TABS 480MG	5	MO
valganciclovir hydrochloride solr 50mg/ml	5	MO
valganciclovir tabs 450mg	3	MO
Anti-hepatitis B (HBV) Agents		
adefovir dipivoxil tabs 10mg	4	MO
BARACLUDE SOLN 0.05MG/ML	5	QL (600 ML per 30 days) MO
entecavir tabs 0.5mg	4	QL (30 EA per 30 days) MO
entecavir tabs 1mg	4	QL (30 EA per 30 days) MO
EPIVIR HBV SOLN 5MG/ML	4	MO
lamivudine tabs 100mg	3	MO
VEMLIDY TABS 25MG	5	MO
Anti-hepatitis C (HCV) Agents		
MAVYRET PACK 50MG; 20MG	5	QL (560 EA per 365 days) PA
MAVYRET TABS 100MG; 40MG	5	QL (336 EA per 365 days) PA
ribavirin tabs 200mg	3	
SOFOSBUVIR/VELPATASVIR TABS 400MG; 100MG	5	QL (84 EA per 365 days) PA
VOSEVI TABS 400MG; 100MG; 100MG	5	QL (84 EA per 365 days) PA
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
APRETUDE INJ 600MG/3ML	5	
BIKTARVY TABS 30MG; 120MG; 15MG	5	QL (30 EA per 30 days) MO
BIKTARVY TABS 50MG; 200MG; 25MG	5	QL (30 EA per 30 days) MO
CABENUVA INJ 400MG/2ML; 600MG/2ML	5	
CABENUVA INJ 600MG/3ML; 900MG/3ML	5	
DOVATO TABS 50MG; 300MG	5	QL (30 EA per 30 days) MO
GENVOYA TABS 150MG; 150MG; 200MG; 10MG	5	QL (30 EA per 30 days) MO
ISENTRESS HD TABS 600MG	5	MO
ISENTRESS CHEW 100MG	5	MO
ISENTRESS CHEW 25MG	3	MO
ISENTRESS PACK 100MG	5	MO
ISENTRESS TABS 400MG	5	MO
JULUCA TABS 50MG; 25MG	5	QL (30 EA per 30 days) MO
STRIBILD TABS 150MG; 150MG; 200MG; 300MG	5	QL (30 EA per 30 days) MO
TIVICAY PD TBSO 5MG	4	MO
TIVICAY TABS 10MG	4	MO
TIVICAY TABS 25MG	5	MO
TIVICAY TABS 50MG	5	MO
VOCABRIA TABS 30MG	5	MO
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA TABS 200MG; 25MG; 300MG	5	QL (30 EA per 30 days) MO
DELSTRIGO TABS 100MG; 300MG; 300MG	5	QL (30 EA per 30 days) MO
EDURANT TABS 25MG	5	MO

Drug Name	Drug Tier	Requirements/Limits
efavirenz/emtricitabine/tenofovir disoproxil fumarate tabs 600mg; 200mg; 300mg	5	QL (30 EA per 30 days) MO
efavirenz/lamivudine/tenofovir disoproxil fumarate tabs 400mg; 300mg; 300mg	5	QL (30 EA per 30 days) MO
efavirenz/lamivudine/tenofovir disoproxil fumarate tabs 600mg; 300mg; 300mg	5	QL (30 EA per 30 days) MO
efavirenz caps 200mg	4	MO
efavirenz caps 50mg	4	MO
efavirenz tabs 600mg	4	MO
etravirine tabs 100mg	4	MO
etravirine tabs 200mg	5	MO
INTELENCE TABS 100MG	4	MO
INTELENCE TABS 200MG	5	MO
INTELENCE TABS 25MG	4	MO
nevirapine er tb24 100mg	4	MO
nevirapine er tb24 400mg	4	MO
nevirapine susp 50mg/5ml	3	MO
nevirapine tabs 200mg	3	MO
PIFELTRO TABS 100MG	5	MO
RESCRIPTOR TABS 200MG	4	MO
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
abacavir sulfate/lamivudine/zidovudine tabs 300mg; 150mg; 300mg	5	QL (60 EA per 30 days) MO
abacavir sulfate/lamivudine tabs 600mg; 300mg	4	QL (30 EA per 30 days) MO
abacavir sulfate tabs 300mg	4	MO
abacavir soln 20mg/ml	4	MO
abacavir tabs 300mg	4	MO
CIMDUO TABS 300MG; 300MG	5	QL (30 EA per 30 days) MO
DESCOVY TABS 120MG; 15MG	5	QL (30 EA per 30 days) MO
DESCOVY TABS 200MG; 25MG	5	QL (30 EA per 30 days) MO
didanosine cpdr 200mg	2	MO
didanosine cpdr 250mg	3	MO
didanosine cpdr 400mg	3	MO
emtricitabine/tenofovir disoproxil fumarate tabs 100mg; 150mg	5	QL (30 EA per 30 days) MO
emtricitabine/tenofovir disoproxil fumarate tabs 133mg; 200mg	5	QL (30 EA per 30 days) MO
emtricitabine/tenofovir disoproxil fumarate tabs 200mg; 300mg	5	QL (30 EA per 30 days) MO
emtricitabine/tenofovir disoproxil tabs 167mg; 250mg	5	QL (30 EA per 30 days) MO
emtricitabine caps 200mg	2	MO
EMTRIVA SOLN 10MG/ML	4	MO
lamivudine/zidovudine tabs 150mg; 300mg	4	QL (60 EA per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
lamivudine soln 10mg/ml	4	MO
lamivudine tabs 150mg	4	MO
lamivudine tabs 300mg	4	MO
ODEFSEY TABS 200MG; 25MG; 25MG	5	QL (30 EA per 30 days) MO
PAXLOVID TBPK 150MG; 100MG	4	QL (20 EA per 5 days)
RETROVIR IV INFUSION INJ 10MG/ML	4	
stavudine caps 15mg	4	MO
stavudine caps 20mg	4	MO
stavudine caps 30mg	4	MO
stavudine caps 30mg	4	MO
stavudine caps 40mg	4	MO
TEMIXYS TABS 300MG; 300MG	5	QL (30 EA per 30 days) MO
tenofovir disoproxil fumarate tabs 300mg	4	MO
TRIUMEQ PD TBSO 60MG; 5MG; 30MG	5	QL (180 EA per 30 days) MO
TRIUMEQ TABS 600MG; 50MG; 300MG	5	QL (30 EA per 30 days) MO
TRIZIVIR TABS 300MG; 150MG; 300MG	5	QL (60 EA per 30 days) MO
VIDEX EC CPDR 125MG	4	MO
VIDEX PEDIATRIC SOLR 2GM	4	MO
VIDEX PEDIATRIC SOLR 4GM	4	MO
VIREAD POWD 40MG/GM	5	MO
VIREAD TABS 150MG	5	MO
VIREAD TABS 200MG	5	MO
VIREAD TABS 250MG	5	MO
zidovudine caps 100mg	3	MO
zidovudine syrp 50mg/5ml	3	MO
zidovudine tabs 300mg	3	MO
Anti-HIV Agents, Other		
FUZEON INJ 90MG	5	MO
maraviroc tabs 150mg	5	MO
maraviroc tabs 300mg	5	MO
RUKOBIA TB12 600MG	5	MO
SELZENTRY SOLN 20MG/ML	5	MO
SELZENTRY TABS 150MG	5	MO
SELZENTRY TABS 25MG	4	MO
SELZENTRY TABS 300MG	5	MO
SELZENTRY TABS 75MG	5	MO
TROGARZO INJ 200MG/1.33ML	5	MO
TYBOST TABS 150MG	3	MO
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS CAPS 250MG	5	MO
APTIVUS SOLN 100MG/ML	5	MO
atazanavir sulfate caps 300mg	4	MO
atazanavir caps 150mg	4	MO
atazanavir caps 200mg	4	MO

Drug Name	Drug Tier	Requirements/Limits
CRIXIVAN CAPS 200MG	3	MO
CRIXIVAN CAPS 400MG	4	MO
EVOTAZ TABS 300MG; 150MG	5	QL (30 EA per 30 days) MO
fosamprenavir calcium tabs 700mg	5	MO
INVIRASE TABS 500MG	5	MO
KALETRA TABS 100MG; 25MG	4	MO
KALETRA TABS 200MG; 50MG	5	MO
LEXIVA SUSP 50MG/ML	4	MO
lopinavir/ritonavir soln 400mg/5ml; 100mg/5ml	4	MO
lopinavir/ritonavir tabs 100mg; 25mg	4	MO
lopinavir/ritonavir tabs 200mg; 50mg	4	MO
NORVIR PACK 100MG	3	MO
NORVIR SOLN 80MG/ML	4	MO
PREZCOBIX TABS 150MG; 800MG	5	QL (30 EA per 30 days) MO
PREZISTA SUSP 100MG/ML	5	MO
PREZISTA TABS 150MG	4	MO
PREZISTA TABS 600MG	5	MO
PREZISTA TABS 75MG	4	MO
PREZISTA TABS 800MG	5	MO
REYATAZ PACK 50MG	5	MO
ritonavir tabs 100mg	3	MO
SYMTUZA TABS 150MG; 800MG; 200MG; 10MG	5	QL (30 EA per 30 days) MO
VIRACEPT TABS 250MG	5	MO
VIRACEPT TABS 625MG	5	MO
Anti-influenza Agents		
amantadine hcl caps 100mg	4	MO
amantadine hcl soln 50mg/5ml	2	MO
amantadine hcl tabs 100mg	4	MO
oseltamivir phosphate caps 30mg	3	QL (168 EA per 365 days)
oseltamivir phosphate caps 45mg	3	QL (84 EA per 365 days)
oseltamivir phosphate caps 75mg	3	QL (110 EA per 365 days)
oseltamivir phosphate susr 6mg/ml	3	QL (1080 ML per 365 days)
rimantadine hydrochloride tabs 100mg	3	
XOFLUZA TBPK 20MG	3	QL (4 EA per 365 days)
XOFLUZA TBPK 40MG	3	QL (4 EA per 365 days)
XOFLUZA TBPK 40MG	3	QL (4 EA per 365 days)
XOFLUZA TBPK 80MG	3	QL (2 EA per 365 days)
Antiherpetic Agents		
acyclovir sodium inj 50mg/ml	4	B/D
acyclovir caps 200mg	2	
acyclovir susp 200mg/5ml	4	
acyclovir tabs 400mg	2	
acyclovir tabs 800mg	2	
famciclovir tabs 125mg	3	

Drug Name	Drug Tier	Requirements/Limits
famciclovir tabs 250mg	3	
famciclovir tabs 500mg	3	
valacyclovir hcl tabs 1gm	2	QL (120 EA per 30 days)
valacyclovir hydrochloride tabs 500mg	2	QL (120 EA per 30 days)
Anxiolytics		
Anxiolytics, Other		
buspirone hcl tabs 15mg	2	
buspirone hcl tabs 30mg	2	
buspirone hydrochloride tabs 10mg	2	
buspirone hydrochloride tabs 5mg	2	
buspirone hydrochloride tabs 7.5mg	2	
hydroxyzine pamoate caps 100mg	4	
hydroxyzine pamoate caps 25mg	4	
hydroxyzine pamoate caps 50mg	4	
Benzodiazepines		
alprazolam tabs 0.25mg	2	QL (120 EA per 30 days)
alprazolam tabs 0.5mg	2	QL (120 EA per 30 days)
alprazolam tabs 1mg	2	QL (120 EA per 30 days)
alprazolam tabs 2mg	2	QL (150 EA per 30 days)
clorazepate dipotassium tabs 15mg	4	QL (180 EA per 30 days)
clorazepate dipotassium tabs 3.75mg	4	QL (720 EA per 30 days)
clorazepate dipotassium tabs 7.5mg	4	QL (360 EA per 30 days)
diazepam intensol conc 5mg/ml	4	
diazepam conc 5mg/ml	4	
diazepam inj 5mg/ml	4	
diazepam soln 5mg/5ml	4	
diazepam tabs 10mg	2	QL (120 EA per 30 days)
diazepam tabs 2mg	2	QL (300 EA per 30 days)
diazepam tabs 5mg	2	QL (240 EA per 30 days)
lorazepam intensol conc 2mg/ml	2	
lorazepam tabs 0.5mg	2	QL (90 EA per 30 days)
lorazepam tabs 1mg	2	QL (90 EA per 30 days)
lorazepam tabs 2mg	2	QL (150 EA per 30 days)
Bipolar Agents		
Mood Stabilizers		
lithium carbonate er tbcr 300mg	2	MO
lithium carbonate er tbcr 450mg	2	MO
lithium carbonate caps 150mg	2	MO
lithium carbonate caps 300mg	2	MO
lithium carbonate caps 600mg	2	MO
lithium carbonate tabs 300mg	2	MO
lithium soln 8meq/5ml	2	MO
valproic acid caps 250mg	2	MO
valproic acid soln 250mg/5ml	2	MO

Drug Name	Drug Tier	Requirements/Limits
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose tabs 100mg	2	MO
acarbose tabs 25mg	2	MO
acarbose tabs 50mg	2	MO
BYDUREON BCISE INJ 2MG/0.85ML	4	QL (3.4 ML per 28 days) MO
BYDUREON PEN INJ 2MG	5	QL (4 EA per 28 days) MO
FARXIGA TABS 10MG	3	
FARXIGA TABS 5MG	3	
glimepiride tabs 1mg	1	MO
glimepiride tabs 2mg	1	MO
glimepiride tabs 4mg	1	MO
glipizide er tb24 10mg	1	MO
glipizide er tb24 2.5mg	1	MO
glipizide er tb24 5mg	1	MO
glipizide xl tb24 10mg	1	MO
glipizide xl tb24 2.5mg	1	MO
glipizide xl tb24 5mg	1	MO
glipizide/metformin hydrochloride tabs 2.5mg; 250mg	1	MO
glipizide/metformin hydrochloride tabs 2.5mg; 500mg	1	MO
glipizide/metformin hydrochloride tabs 5mg; 500mg	1	MO
glipizide tabs 10mg	1	MO
glipizide tabs 5mg	1	MO
glyburide/metformin hydrochloride tabs 1.25mg; 250mg	2	MO
glyburide/metformin hydrochloride tabs 2.5mg; 500mg	2	MO
glyburide/metformin hydrochloride tabs 5mg; 500mg	2	MO
glyburide tabs 1.25mg	2	MO
glyburide tabs 2.5mg	2	MO
glyburide tabs 5mg	2	MO
GLYXAMBI TABS 10MG; 5MG	3	MO
GLYXAMBI TABS 25MG; 5MG	3	MO
INVOKANA TABS 100MG	4	ST MO
INVOKANA TABS 300MG	4	ST MO
JANUMET XR TB24 1000MG; 100MG	3	MO
JANUMET XR TB24 1000MG; 50MG	3	MO
JANUMET XR TB24 500MG; 50MG	3	MO
JANUMET TABS 1000MG; 50MG	3	MO
JANUMET TABS 500MG; 50MG	3	MO
JANUVIA TABS 100MG	3	MO
JANUVIA TABS 25MG	3	MO
JANUVIA TABS 50MG	3	MO
JARDIANCE TABS 10MG	3	MO
JARDIANCE TABS 25MG	3	MO
JENTADUETO XR TB24 2.5MG; 1000MG	3	MO

Drug Name	Drug Tier	Requirements/Limits
JENTADUETO XR TB24 5MG; 1000MG	3	MO
JENTADUETO TABS 2.5MG; 1000MG	3	MO
JENTADUETO TABS 2.5MG; 500MG	3	MO
JENTADUETO TABS 2.5MG; 850MG	3	MO
metformin hydrochloride er tb24 500mg	1	
metformin hydrochloride er tb24 750mg	1	
metformin hydrochloride tabs 1000mg	1	
metformin hydrochloride tabs 500mg	1	
metformin hydrochloride tabs 850mg	1	
MOUNJARO INJ 10MG/0.5ML	5	QL (2 ML per 28 days)
MOUNJARO INJ 12.5MG/0.5ML	5	QL (2 ML per 28 days)
MOUNJARO INJ 15MG/0.5ML	5	QL (2 ML per 28 days)
MOUNJARO INJ 2.5MG/0.5ML	5	QL (2 ML per 28 days)
MOUNJARO INJ 5MG/0.5ML	5	QL (2 ML per 28 days)
MOUNJARO INJ 7.5MG/0.5ML	5	QL (2 ML per 28 days)
nateglinide tabs 120mg	1	MO
nateglinide tabs 60mg	1	MO
OZEMPIC INJ 2MG/1.5ML	3	QL (1.5 ML per 28 days)
OZEMPIC INJ 2MG/1.5ML	3	QL (3 ML per 28 days)
OZEMPIC INJ 4MG/3ML	3	QL (3 ML per 28 days) MO
OZEMPIC INJ 5.5MG/ML; 14MG/ML; 8MG/3ML	3	QL (3 ML per 28 days)
pioglitazone hcl/metformin hcl tabs 500mg; 15mg	2	MO
pioglitazone hcl/metformin hcl tabs 850mg; 15mg	2	MO
pioglitazone hcl tabs 45mg	1	MO
pioglitazone hydrochloride tabs 15mg	1	MO
pioglitazone hydrochloride tabs 30mg	1	MO
repaglinide tabs 0.5mg	1	MO
repaglinide tabs 1mg	1	MO
repaglinide tabs 2mg	1	MO
RYBELSUS TABS 14MG	3	QL (30 EA per 30 days) MO
RYBELSUS TABS 3MG	3	QL (60 EA per 365 days) MO
RYBELSUS TABS 7MG	3	QL (30 EA per 30 days) MO
SOLIQUA 100/33 INJ 100UNIT/ML; 33MCG/ML	3	MO SI
SYNJARDY XR TB24 10MG; 1000MG	3	MO
SYNJARDY XR TB24 12.5MG; 1000MG	3	MO
SYNJARDY XR TB24 25MG; 1000MG	3	MO
SYNJARDY XR TB24 5MG; 1000MG	3	MO
SYNJARDY TABS 12.5MG; 1000MG	3	MO
SYNJARDY TABS 12.5MG; 500MG	3	MO
SYNJARDY TABS 5MG; 1000MG	3	MO
SYNJARDY TABS 5MG; 500MG	3	MO
TRADJENTA TABS 5MG	3	MO
TRIJARDY XR TB24 10MG; 5MG; 1000MG	3	MO
TRIJARDY XR TB24 12.5MG; 2.5MG; 1000MG	3	MO

Drug Name	Drug Tier	Requirements/Limits
TRIJARDY XR TB24 25MG; 5MG; 1000MG	3	MO
TRIJARDY XR TB24 5MG; 2.5MG; 1000MG	3	MO
TRULICITY INJ 0.75MG/0.5ML	3	QL (2 ML per 28 days) MO
TRULICITY INJ 1.5MG/0.5ML	3	QL (2 ML per 28 days) MO
TRULICITY INJ 3MG/0.5ML	3	QL (2 ML per 28 days) MO
TRULICITY INJ 4.5MG/0.5ML	3	QL (2 ML per 28 days) MO
VICTOZA INJ 18MG/3ML	3	QL (9 ML per 30 days) MO
XIGDUO XR TB24 10MG; 1000MG	3	
XIGDUO XR TB24 10MG; 500MG	3	
XIGDUO XR TB24 2.5MG; 1000MG	3	
XIGDUO XR TB24 5MG; 1000MG	3	
XIGDUO XR TB24 5MG; 500MG	3	
Glycemic Agents		
BAQSIMI ONE PACK POWD 3MG/DOSE	3	
BAQSIMI TWO PACK POWD 3MG/DOSE	3	
diazoxide susp 50mg/ml	4	MO
GLUCAGEN HYPOKIT INJ 1MG	3	ST
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJ 1MG/ML	3	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJ 1MG	3	
GLUCAGON EMERGENCY KIT INJ 1MG	3	
GVOKE HYPOPEN 1-PACK INJ 0.5MG/0.1ML	3	
GVOKE HYPOPEN 1-PACK INJ 1MG/0.2ML	3	
GVOKE HYPOPEN 2-PACK INJ 0.5MG/0.1ML	3	
GVOKE HYPOPEN 2-PACK INJ 1MG/0.2ML	3	
GVOKE KIT INJ 1MG/0.2ML	3	
GVOKE PFS INJ 0.5MG/0.1ML	3	
GVOKE PFS INJ 1MG/0.2ML	3	
Insulins		
HUMALOG JUNIOR KWIKPEN INJ 100UNIT/ML	3	MO SI
HUMALOG KWIKPEN INJ 100UNIT/ML	3	MO SI
HUMALOG KWIKPEN INJ 200UNIT/ML	3	MO SI
HUMALOG MIX 50/50 KWIKPEN INJ 50UNIT/ML; 50UNIT/ML	3	MO SI
HUMALOG MIX 50/50 INJ 50UNIT/ML; 50UNIT/ML	3	MO SI
HUMALOG MIX 75/25 KWIKPEN INJ 25UNIT/ML; 75UNIT/ML	3	MO SI
HUMALOG MIX 75/25 INJ 25UNIT/ML; 75UNIT/ML	3	MO SI
HUMALOG INJ 100UNIT/ML	3	MO SI
HUMALOG INJ 100UNIT/ML	3	MO SI
HUMULIN 70/30 KWIKPEN INJ 30UNIT/ML; 70UNIT/ML	3	MO SI
HUMULIN 70/30 INJ 30UNIT/ML; 70UNIT/ML	3	MO SI
HUMULIN N KWIKPEN INJ 100UNIT/ML	3	MO SI

Drug Name	Drug Tier	Requirements/Limits
HUMULIN N INJ 100UNIT/ML	3	MO SI
HUMULIN R U-500 (CONCENTRATED) INJ 500UNIT/ML	3	MO SI
HUMULIN R U-500 KWIKPEN INJ 500UNIT/ML	3	MO SI
HUMULIN R INJ 100UNIT/ML	3	MO SI
INSULIN LISPRO JUNIOR KWIKPEN INJ 100UNIT/ML	3	MO SI
INSULIN LISPRO KWIKPEN INJ 100UNIT/ML	3	MO SI
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN INJ 25UNIT/ML; 75UNIT/ML	3	MO SI
INSULIN LISPRO INJ 100UNIT/ML	3	MO SI
LANTUS SOLOSTAR INJ 100UNIT/ML	3	MO SI
LANTUS INJ 100UNIT/ML	3	MO SI
LEVEMIR FLEXTOUCH INJ 100UNIT/ML	3	MO SI
LEVEMIR INJ 100UNIT/ML	3	MO SI
LYUMJEV KWIKPEN INJ 100UNIT/ML	3	MO SI
LYUMJEV KWIKPEN INJ 200UNIT/ML	3	MO SI
LYUMJEV INJ 100UNIT/ML	3	MO SI
TOUJEO MAX SOLOSTAR INJ 300UNIT/ML	3	MO SI
TOUJEO SOLOSTAR INJ 300UNIT/ML	3	MO SI
TRESIBA FLEXTOUCH INJ 100UNIT/ML	3	MO SI
TRESIBA FLEXTOUCH INJ 200UNIT/ML	3	MO SI
TRESIBA INJ 100UNIT/ML	3	MO SI
Blood Products and Modifiers		
Anticoagulants		
ELIQUIS STARTER PACK TBPK 5MG	3	QL (148 EA per 365 days) MO
ELIQUIS TABS 2.5MG	3	QL (60 EA per 30 days) MO
ELIQUIS TABS 5MG	3	QL (90 EA per 30 days) MO
enoxaparin sodium inj 100mg/ml	4	QL (35 ML per 90 days)
enoxaparin sodium inj 120mg/0.8ml	4	QL (28 ML per 90 days)
enoxaparin sodium inj 150mg/ml	4	QL (35 ML per 90 days)
enoxaparin sodium inj 300mg/3ml	4	QL (105 ML per 90 days)
enoxaparin sodium inj 30mg/0.3ml	4	QL (10.5 ML per 90 days)
enoxaparin sodium inj 40mg/0.4ml	4	QL (14 ML per 90 days)
enoxaparin sodium inj 60mg/0.6ml	4	QL (21 ML per 90 days)
enoxaparin sodium inj 80mg/0.8ml	4	QL (28 ML per 90 days)
fondaparinux sodium inj 10mg/0.8ml	5	QL (28 ML per 90 days)
fondaparinux sodium inj 2.5mg/0.5ml	4	QL (17.5 ML per 90 days)
fondaparinux sodium inj 5mg/0.4ml	5	QL (14 ML per 90 days)
fondaparinux sodium inj 7.5mg/0.6ml	5	QL (21 ML per 90 days)
heparin sodium inj 5000unit/ml	3	
jantoven tabs 10mg	2	MO
jantoven tabs 1mg	2	MO
jantoven tabs 2.5mg	2	MO
jantoven tabs 2mg	2	MO
jantoven tabs 3mg	2	MO

Drug Name	Drug Tier	Requirements/Limits
jantoven tabs 4mg	2	MO
jantoven tabs 5mg	2	MO
jantoven tabs 6mg	2	MO
jantoven tabs 7.5mg	2	MO
warfarin sodium tabs 10mg	2	MO
warfarin sodium tabs 1mg	2	MO
warfarin sodium tabs 2.5mg	2	MO
warfarin sodium tabs 2mg	2	MO
warfarin sodium tabs 3mg	2	MO
warfarin sodium tabs 4mg	2	MO
warfarin sodium tabs 5mg	2	MO
warfarin sodium tabs 6mg	2	MO
warfarin sodium tabs 7.5mg	2	MO
XARELTO STARTER PACK TBPK 0	3	QL (102 EA per 365 days)
XARELTO TABS 10MG	3	QL (30 EA per 30 days) MO
XARELTO TABS 15MG	3	QL (60 EA per 30 days) MO
XARELTO TABS 2.5MG	3	QL (60 EA per 30 days) MO
XARELTO TABS 20MG	3	QL (30 EA per 30 days) MO
Blood Products and Modifiers, Other		
anagrelide hydrochloride caps 0.5mg	3	MO
anagrelide hydrochloride caps 1mg	3	MO
NEULASTA ONPRO KIT INJ 6MG/0.6ML	5	PA
NEULASTA INJ 6MG/0.6ML	5	PA
OXBRYTA TBSO 300MG	5	QL (240 EA per 30 days) PA MO
PROCRIT INJ 10000UNIT/ML	5	PA
PROCRIT INJ 20000UNIT/ML	5	PA
PROCRIT INJ 2000UNIT/ML	4	PA
PROCRIT INJ 3000UNIT/ML	4	PA
PROCRIT INJ 40000UNIT/ML	5	PA
PROCRIT INJ 4000UNIT/ML	4	PA
PROMACTA PACK 12.5MG	5	PA MO
PROMACTA PACK 25MG	5	PA MO
PROMACTA TABS 12.5MG	5	PA MO
PROMACTA TABS 25MG	5	PA MO
PROMACTA TABS 50MG	5	PA MO
PROMACTA TABS 75MG	5	PA MO
PYRUKYND TAPER PACK TBPK 0	5	QL (30 EA per 30 days) PA
PYRUKYND TAPER PACK TBPK 0	5	QL (30 EA per 30 days) PA
PYRUKYND TAPER PACK TBPK 5MG	5	QL (30 EA per 30 days) PA
PYRUKYND TABS 20MG	5	QL (60 EA per 30 days) PA MO
PYRUKYND TABS 50MG	5	QL (120 EA per 30 days) PA MO
PYRUKYND TABS 5MG	5	QL (60 EA per 30 days) PA MO
UDENYCA INJ 6MG/0.6ML	5	PA
ZARXIO INJ 300MCG/0.5ML	5	

Drug Name	Drug Tier	Requirements/Limits
ZARXIO INJ 480MCG/0.8ML	5	
Hemostasis Agents		
tranexamic acid tabs 650mg	3	
Platelet Modifying Agents		
ASPIRIN/DIPYRIDAMOLE ER CP12 25MG; 200MG	4	MO
ASPIRIN/DIPYRIDAMOLE CP12 25MG; 200MG	4	MO
BRILINTA TABS 60MG	4	MO
BRILINTA TABS 90MG	4	MO
CABLIVI INJ 11MG	5	QL (30 EA per 30 days) PA
cilostazol tabs 100mg	2	MO
cilostazol tabs 50mg	2	MO
clopidogrel tabs 75mg	2	MO
prasugrel tabs 10mg	4	MO
prasugrel tabs 5mg	4	MO
TAVALISSE TABS 100MG	5	PA
TAVALISSE TABS 150MG	5	PA
Cardiovascular Agents		
Alpha-adrenergic Agonists		
clonidine hcl ptwk 0.1mg/24hr	4	MO
clonidine hcl ptwk 0.2mg/24hr	4	MO
clonidine hcl ptwk 0.3mg/24hr	4	MO
clonidine hydrochloride tabs 0.1mg	2	MO
clonidine hydrochloride tabs 0.2mg	2	MO
clonidine hydrochloride tabs 0.3mg	2	MO
droxidopa caps 100mg	5	PA
droxidopa caps 200mg	5	PA
droxidopa caps 300mg	5	PA
guanfacine hcl tabs 1mg	4	MO
guanfacine hydrochloride tabs 2mg	4	MO
methyldopa tabs 250mg	4	MO
methyldopa tabs 500mg	4	MO
midodrine hcl tabs 10mg	2	
midodrine hcl tabs 2.5mg	2	
midodrine hcl tabs 5mg	2	
Alpha-adrenergic Blocking Agents		
prazosin hydrochloride caps 1mg	2	MO
prazosin hydrochloride caps 2mg	2	MO
prazosin hydrochloride caps 5mg	2	MO
terazosin hcl caps 10mg	2	MO
terazosin hcl caps 1mg	2	MO
terazosin hcl caps 5mg	2	MO
terazosin hydrochloride caps 2mg	2	MO
Angiotensin II Receptor Antagonists		
candesartan cilexetil tabs 16mg	2	MO

Drug Name	Drug Tier	Requirements/Limits
candesartan cilexetil tabs 32mg	2	MO
candesartan cilexetil tabs 4mg	2	MO
candesartan cilexetil tabs 8mg	2	MO
irbesartan tabs 150mg	1	MO
irbesartan tabs 300mg	1	MO
irbesartan tabs 75mg	1	MO
losartan potassium tabs 100mg	1	MO
losartan potassium tabs 25mg	1	MO
losartan potassium tabs 50mg	1	MO
olmesartan medoxomil tabs 20mg	2	MO
olmesartan medoxomil tabs 40mg	2	MO
olmesartan medoxomil tabs 5mg	2	MO
telmisartan tabs 20mg	2	MO
telmisartan tabs 40mg	2	MO
telmisartan tabs 80mg	2	MO
valsartan tabs 160mg	2	MO
valsartan tabs 320mg	2	MO
valsartan tabs 40mg	2	MO
valsartan tabs 80mg	2	MO
Angiotensin-converting Enzyme (ACE) Inhibitors		
benazepril hcl tabs 10mg	1	MO
benazepril hcl tabs 40mg	1	MO
benazepril hcl tabs 5mg	1	MO
benazepril hydrochloride tabs 20mg	1	MO
captopril tabs 100mg	2	MO
captopril tabs 12.5mg	2	MO
captopril tabs 25mg	2	MO
captopril tabs 50mg	2	MO
enalapril maleate tabs 10mg	1	MO
enalapril maleate tabs 2.5mg	1	MO
enalapril maleate tabs 20mg	1	MO
enalapril maleate tabs 5mg	1	MO
fosinopril sodium tabs 10mg	1	MO
fosinopril sodium tabs 20mg	1	MO
fosinopril sodium tabs 40mg	1	MO
lisinopril tabs 10mg	1	MO
lisinopril tabs 2.5mg	1	MO
lisinopril tabs 20mg	1	MO
lisinopril tabs 30mg	1	MO
lisinopril tabs 40mg	1	MO
lisinopril tabs 5mg	1	MO
moexipril hcl tabs 15mg	2	MO
moexipril hcl tabs 7.5mg	2	MO
perindopril erbumine tabs 2mg	2	MO

Drug Name	Drug Tier	Requirements/Limits
perindopril erbumine tabs 4mg	2	MO
perindopril erbumine tabs 8mg	2	MO
quinapril hcl tabs 20mg	1	MO
quinapril hcl tabs 40mg	1	MO
quinapril hydrochloride tabs 10mg	1	MO
quinapril hydrochloride tabs 5mg	1	MO
ramipril caps 1.25mg	1	MO
ramipril caps 10mg	1	MO
ramipril caps 2.5mg	1	MO
ramipril caps 5mg	1	MO
trandolapril tabs 1mg	1	MO
trandolapril tabs 2mg	1	MO
trandolapril tabs 4mg	1	MO
Antiarrhythmics		
amiodarone hydrochloride tabs 100mg	4	MO
amiodarone hydrochloride tabs 200mg	2	MO
amiodarone hydrochloride tabs 400mg	4	MO
digitek tabs 0.125mg	2	MO
digitek tabs 0.25mg	2	MO
digoxin soln 0.05mg/ml	4	MO
digoxin tabs 125mcg	2	MO
digoxin tabs 250mcg	2	MO
digoxin tabs 62.5mcg	2	MO
digox tabs 125mcg	2	MO
digox tabs 250mcg	2	MO
disopyramide phosphate caps 100mg	4	MO
disopyramide phosphate caps 150mg	4	MO
dofetilide caps 125mcg	4	MO
dofetilide caps 250mcg	4	MO
dofetilide caps 500mcg	4	MO
flecainide acetate tabs 100mg	2	MO
flecainide acetate tabs 150mg	2	MO
flecainide acetate tabs 50mg	2	MO
mexiletine hcl caps 150mg	4	MO
mexiletine hcl caps 200mg	4	MO
mexiletine hcl caps 250mg	4	MO
pacerone tabs 100mg	4	MO
pacerone tabs 200mg	2	MO
pacerone tabs 400mg	4	MO
propafenone hcl tabs 150mg	2	MO
propafenone hcl tabs 225mg	2	MO
propafenone hcl tabs 300mg	2	MO
propafenone hydrochloride er cp12 225mg	4	MO
propafenone hydrochloride er cp12 325mg	4	MO

Drug Name	Drug Tier	Requirements/Limits
propafenone hydrochloride er cp12 425mg	4	MO
quinidine gluconate cr tbcr 324mg	4	MO
quinidine gluconate er tbcr 324mg	4	MO
quinidine sulfate tabs 200mg	2	MO
quinidine sulfate tabs 300mg	2	MO
sorine tabs 120mg	2	MO
sorine tabs 160mg	2	MO
sorine tabs 240mg	2	MO
sorine tabs 80mg	2	MO
sotalol hcl tabs 120mg	2	MO
sotalol hcl tabs 160mg	2	MO
sotalol hcl tabs 240mg	2	MO
sotalol hcl tabs 80mg	2	MO
sotalol hydrochloride (af) tabs 120mg	2	MO
sotalol hydrochloride (af) tabs 80mg	2	MO
sotalol hydrochloride af tabs 160mg	2	MO
sotalol hydrochloride tabs 120mg	2	MO
sotalol hydrochloride tabs 160mg	2	MO
sotalol hydrochloride tabs 80mg	2	MO
Beta-adrenergic Blocking Agents		
acebutolol hcl caps 400mg	2	MO
acebutolol hydrochloride caps 200mg	2	MO
acebutolol hydrochloride caps 400mg	2	MO
atenolol tabs 100mg	1	MO
atenolol tabs 25mg	1	MO
atenolol tabs 50mg	1	MO
betaxolol hcl tabs 10mg	4	MO
betaxolol hcl tabs 20mg	4	MO
bisoprolol fumarate tabs 10mg	2	MO
bisoprolol fumarate tabs 5mg	2	MO
BYSTOLIC TABS 10MG	3	MO
BYSTOLIC TABS 2.5MG	3	MO
BYSTOLIC TABS 20MG	3	MO
BYSTOLIC TABS 5MG	3	MO
carvedilol tabs 12.5mg	1	MO
carvedilol tabs 25mg	1	MO
carvedilol tabs 3.125mg	1	MO
carvedilol tabs 6.25mg	1	MO
labetalol hydrochloride tabs 100mg	2	MO
labetalol hydrochloride tabs 200mg	2	MO
labetalol hydrochloride tabs 300mg	2	MO
metoprolol succinate er tb24 100mg	2	MO
metoprolol succinate er tb24 200mg	2	MO
metoprolol succinate er tb24 25mg	2	MO

Drug Name	Drug Tier	Requirements/Limits
metoprolol succinate er tb24 50mg	2	MO
metoprolol tartrate tabs 100mg	1	MO
metoprolol tartrate tabs 25mg	1	MO
metoprolol tartrate tabs 50mg	1	MO
nadolol tabs 20mg	4	MO
nadolol tabs 40mg	4	MO
nadolol tabs 80mg	4	MO
nebivolol hydrochloride tabs 10mg	2	MO
nebivolol hydrochloride tabs 2.5mg	2	MO
nebivolol hydrochloride tabs 20mg	2	MO
nebivolol hydrochloride tabs 5mg	2	MO
nebivolol tabs 10mg	2	MO
nebivolol tabs 20mg	2	MO
nebivolol tabs 5mg	2	
propranolol hcl er cp24 120mg	3	MO
propranolol hcl er cp24 160mg	3	MO
propranolol hydrochloride er cp24 60mg	3	MO
propranolol hydrochloride er cp24 80mg	3	MO
Calcium Channel Blocking Agents, Dihydropyridines		
amlodipine besylate tabs 10mg	1	MO
amlodipine besylate tabs 2.5mg	1	MO
amlodipine besylate tabs 5mg	1	MO
felodipine er tb24 10mg	2	MO
felodipine er tb24 2.5mg	2	MO
felodipine er tb24 5mg	2	MO
nifedipine er tb24 30mg	4	MO
nifedipine er tb24 30mg	4	MO
nifedipine er tb24 60mg	4	MO
nifedipine er tb24 60mg	4	MO
nifedipine er tb24 90mg	4	MO
nifedipine er tb24 90mg	4	MO
nimodipine caps 30mg	4	MO
NYMALIZE SOLN 60MG/20ML	5	MO
Calcium Channel Blocking Agents, Nondihydropyridines		
cartia xt cp24 120mg	2	MO
cartia xt cp24 180mg	2	MO
cartia xt cp24 240mg	2	MO
cartia xt cp24 300mg	2	MO
dilt-xr cp24 120mg	2	MO
dilt-xr cp24 180mg	2	MO
dilt-xr cp24 240mg	2	MO
diltiazem hcl cd cp24 360mg	4	MO
diltiazem hcl er cp12 120mg	4	MO
diltiazem hcl er cp12 60mg	4	MO

Drug Name	Drug Tier	Requirements/Limits
diltiazem hcl er cp12 90mg	4	MO
diltiazem hcl er cp24 120mg	2	MO
diltiazem hcl er cp24 180mg	2	MO
diltiazem hcl er cp24 240mg	2	MO
diltiazem hcl er cp24 420mg	2	MO
diltiazem hcl tabs 120mg	2	MO
diltiazem hcl tabs 30mg	2	MO
diltiazem hcl tabs 60mg	2	MO
diltiazem hcl tabs 90mg	2	MO
diltiazem hydrochloride er cp24 120mg	2	MO
diltiazem hydrochloride er cp24 120mg	2	MO
diltiazem hydrochloride er cp24 180mg	2	MO
diltiazem hydrochloride er cp24 180mg	2	MO
diltiazem hydrochloride er cp24 240mg	2	MO
diltiazem hydrochloride er cp24 240mg	2	MO
diltiazem hydrochloride er cp24 300mg	2	MO
diltiazem hydrochloride er cp24 300mg	2	MO
diltiazem hydrochloride er cp24 360mg	4	MO
diltiazem hydrochloride er cp24 360mg	4	MO
diltiazem hydrochloride er cp24 360mg	2	MO
diltiazem hydrochloride er cp24 360mg	4	MO
taztia xt cp24 120mg	2	MO
taztia xt cp24 180mg	2	MO
taztia xt cp24 240mg	2	MO
taztia xt cp24 300mg	2	MO
taztia xt cp24 360mg	2	MO
tiadylt er cp24 120mg	2	MO
tiadylt er cp24 180mg	2	MO
tiadylt er cp24 240mg	2	MO
tiadylt er cp24 300mg	2	MO
tiadylt er cp24 360mg	2	MO
tiadylt er cp24 420mg	2	MO
verapamil hcl er cp24 100mg	4	MO
verapamil hcl er cp24 300mg	4	MO
verapamil hcl er tbcr 120mg	2	MO
verapamil hcl er tbcr 180mg	2	MO
verapamil hcl er tbcr 240mg	2	MO
verapamil hcl sr cp24 120mg	4	MO
verapamil hcl sr cp24 180mg	4	MO
verapamil hcl sr cp24 240mg	4	MO
verapamil hcl sr cp24 360mg	4	MO
verapamil hcl tabs 40mg	2	MO
verapamil hcl tabs 80mg	2	MO
verapamil hydrochloride er cp24 200mg	4	MO

Drug Name	Drug Tier	Requirements/Limits
verapamil hydrochloride tabs 120mg	2	MO
Cardiovascular Agents, Other		
acetazolamide tabs 125mg	2	MO
acetazolamide tabs 250mg	2	MO
aliskiren tabs 150mg	3	MO
aliskiren tabs 300mg	3	MO
amiloride/hydrochlorothiazide tabs 5mg; 50mg	4	MO
amlodipine besylate/benazepril hydrochloride caps 10mg; 20mg	1	MO
amlodipine besylate/benazepril hydrochloride caps 10mg; 40mg	1	MO
amlodipine besylate/benazepril hydrochloride caps 2.5mg; 10mg	1	MO
amlodipine besylate/benazepril hydrochloride caps 5mg; 10mg	1	MO
amlodipine besylate/benazepril hydrochloride caps 5mg; 20mg	1	MO
amlodipine besylate/benazepril hydrochloride caps 5mg; 40mg	1	MO
amlodipine besylate/valsartan tabs 10mg; 160mg	1	MO
amlodipine besylate/valsartan tabs 10mg; 320mg	1	MO
amlodipine besylate/valsartan tabs 5mg; 160mg	1	MO
amlodipine besylate/valsartan tabs 5mg; 320mg	1	MO
atenolol/chlorthalidone tabs 100mg; 25mg	2	MO
atenolol/chlorthalidone tabs 50mg; 25mg	2	MO
benazepril hcl/hydrochlorothiazide tabs 5mg; 6.25mg	1	MO
benazepril hydrochloride/hydrochlorothiazide tabs 10mg; 12.5mg	1	MO
benazepril hydrochloride/hydrochlorothiazide tabs 20mg; 12.5mg	1	MO
benazepril hydrochloride/hydrochlorothiazide tabs 20mg; 25mg	1	MO
bisoprolol fumarate/hydrochlorothiazide tabs 10mg; 6.25mg	2	MO
bisoprolol fumarate/hydrochlorothiazide tabs 2.5mg; 6.25mg	2	MO
bisoprolol fumarate/hydrochlorothiazide tabs 5mg; 6.25mg	2	MO
candesartan cilexetil/hydrochlorothiazide tabs 16mg; 12.5mg	2	MO
candesartan cilexetil/hydrochlorothiazide tabs 32mg; 12.5mg	2	MO
candesartan cilexetil/hydrochlorothiazide tabs 32mg; 25mg	2	MO
CORLANOR TABS 5MG	4	QL (60 EA per 30 days) PA MO
CORLANOR TABS 7.5MG	4	QL (60 EA per 30 days) PA MO
enalapril maleate/hydrochlorothiazide tabs 10mg; 25mg	1	MO
enalapril maleate/hydrochlorothiazide tabs 5mg; 12.5mg	1	MO
ENTRESTO TABS 24MG; 26MG	3	QL (60 EA per 30 days) MO
ENTRESTO TABS 49MG; 51MG	3	QL (60 EA per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
ENTRESTO TABS 97MG; 103MG	3	QL (60 EA per 30 days) MO
fosinopril sodium/hydrochlorothiazide tabs 10mg; 12.5mg	2	MO
fosinopril sodium/hydrochlorothiazide tabs 20mg; 12.5mg	2	MO
icosapent ethyl caps 0.5gm	4	PA
irbesartan/hydrochlorothiazide tabs 12.5mg; 150mg	1	MO
irbesartan/hydrochlorothiazide tabs 12.5mg; 300mg	1	MO
lisinopril/hydrochlorothiazide tabs 12.5mg; 10mg	1	MO
lisinopril/hydrochlorothiazide tabs 12.5mg; 20mg	1	MO
lisinopril/hydrochlorothiazide tabs 25mg; 20mg	1	MO
losartan potassium/hydrochlorothiazide tabs 12.5mg; 100mg	1	MO
losartan potassium/hydrochlorothiazide tabs 12.5mg; 50mg	1	MO
losartan potassium/hydrochlorothiazide tabs 25mg; 100mg	1	MO
metyrosine caps 250mg	5	
olmesartan medoxomil/hydrochlorothiazide tabs 12.5mg; 20mg	2	MO
olmesartan medoxomil/hydrochlorothiazide tabs 12.5mg; 40mg	2	MO
olmesartan medoxomil/hydrochlorothiazide tabs 25mg; 40mg	2	MO
pentoxifylline er tbcr 400mg	4	MO
quinapril/hydrochlorothiazide tabs 12.5mg; 10mg	2	MO
quinapril/hydrochlorothiazide tabs 12.5mg; 20mg	2	MO
quinapril/hydrochlorothiazide tabs 25mg; 20mg	2	MO
ranolazine er tb12 1000mg	4	MO
ranolazine er tb12 500mg	4	MO
spironolactone/hydrochlorothiazide tabs 25mg; 25mg	4	MO
telmisartan/hydrochlorothiazide tabs 12.5mg; 40mg	2	MO
telmisartan/hydrochlorothiazide tabs 12.5mg; 80mg	2	MO
telmisartan/hydrochlorothiazide tabs 25mg; 80mg	2	MO
triamterene/hydrochlorothiazide caps 25mg; 37.5mg	2	MO
triamterene/hydrochlorothiazide tabs 25mg; 37.5mg	1	MO
triamterene/hydrochlorothiazide tabs 50mg; 75mg	1	MO
valsartan/hydrochlorothiazide tabs 12.5mg; 160mg	1	MO
valsartan/hydrochlorothiazide tabs 12.5mg; 320mg	1	MO
valsartan/hydrochlorothiazide tabs 12.5mg; 80mg	1	MO
valsartan/hydrochlorothiazide tabs 25mg; 160mg	1	MO
valsartan/hydrochlorothiazide tabs 25mg; 320mg	1	MO
VYNDAMAX CAPS 61MG	5	QL (30 EA per 30 days) PA MO
Diuretics, Loop		
bumetanide inj 0.25mg/ml	2	
bumetanide tabs 0.5mg	2	MO
bumetanide tabs 1mg	2	MO
bumetanide tabs 2mg	2	MO
furosemide inj 10mg/ml	3	
furosemide inj 10mg/ml	3	

Drug Name	Drug Tier	Requirements/Limits
furosemide tabs 20mg	1	
furosemide tabs 40mg	1	MO
furosemide tabs 80mg	1	MO
torsemide tabs 100mg	2	MO
torsemide tabs 10mg	2	MO
torsemide tabs 20mg	2	MO
torsemide tabs 5mg	2	MO
Diuretics, Potassium-sparing		
amiloride hcl tabs 5mg	2	MO
eplerenone tabs 25mg	4	MO
eplerenone tabs 50mg	4	MO
spironolactone tabs 100mg	2	MO
spironolactone tabs 25mg	2	MO
spironolactone tabs 50mg	2	MO
Diuretics, Thiazide		
chlorothiazide tabs 250mg	2	MO
chlorothiazide tabs 500mg	2	MO
chlorthalidone tabs 25mg	4	MO
chlorthalidone tabs 50mg	4	MO
hydrochlorothiazide caps 12.5mg	1	MO
hydrochlorothiazide tabs 12.5mg	1	MO
hydrochlorothiazide tabs 25mg	1	MO
hydrochlorothiazide tabs 50mg	1	MO
indapamide tabs 1.25mg	2	MO
indapamide tabs 2.5mg	2	MO
metolazone tabs 10mg	4	MO
metolazone tabs 2.5mg	4	MO
metolazone tabs 5mg	4	MO
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate micronized caps 134mg	2	MO
fenofibrate micronized caps 200mg	2	MO
fenofibrate micronized caps 67mg	2	MO
fenofibrate caps 200mg	2	MO
fenofibrate caps 43mg	4	MO
fenofibrate caps 67mg	2	MO
fenofibrate tabs 145mg	2	MO
fenofibrate tabs 160mg	2	MO
fenofibrate tabs 48mg	2	MO
fenofibrate tabs 54mg	2	MO
fenofibric acid dr cpdr 135mg	4	MO
fenofibric acid dr cpdr 45mg	4	MO
gemfibrozil tabs 600mg	2	MO
Dyslipidemics, HMG CoA Reductase Inhibitors		
atorvastatin calcium tabs 10mg	1	MO

Drug Name	Drug Tier	Requirements/Limits
atorvastatin calcium tabs 20mg	1	MO
atorvastatin calcium tabs 40mg	1	MO
atorvastatin calcium tabs 80mg	1	MO
fluvastatin sodium er tb24 80mg	4	MO
fluvastatin caps 20mg	1	MO
fluvastatin caps 40mg	1	MO
LIVALO TABS 1MG	4	ST MO
LIVALO TABS 2MG	4	ST MO
LIVALO TABS 4MG	4	ST MO
lovastatin tabs 10mg	1	MO
lovastatin tabs 20mg	1	MO
lovastatin tabs 40mg	1	MO
pravastatin sodium tabs 10mg	1	MO
pravastatin sodium tabs 20mg	1	MO
pravastatin sodium tabs 40mg	1	MO
pravastatin sodium tabs 80mg	1	MO
rosuvastatin calcium tabs 10mg	1	MO
rosuvastatin calcium tabs 20mg	1	MO
rosuvastatin calcium tabs 40mg	1	MO
rosuvastatin calcium tabs 5mg	1	MO
simvastatin tabs 10mg	1	MO
simvastatin tabs 20mg	1	MO
simvastatin tabs 40mg	1	MO
simvastatin tabs 5mg	1	MO
simvastatin tabs 80mg	1	MO
Dyslipidemics, Other		
cholestyramine light pack 4gm	4	MO
cholestyramine light powd 4gm/dose	4	MO
cholestyramine pack 4gm	4	MO
cholestyramine powd 4gm/dose	4	MO
colesevelam hydrochloride tabs 625mg	4	MO
colestipol hcl gran 5gm	4	MO
colestipol hcl pack 5gm	4	MO
colestipol hcl tabs 1gm	4	MO
colestipol hydrochloride tabs 1gm	4	MO
ezetimibe/simvastatin tabs 10mg; 10mg	2	MO
ezetimibe/simvastatin tabs 10mg; 20mg	2	MO
ezetimibe/simvastatin tabs 10mg; 40mg	2	MO
ezetimibe/simvastatin tabs 10mg; 80mg	2	MO
ezetimibe tabs 10mg	2	MO
icosapent ethyl caps 1gm	4	PA MO
JUXTAPID CAPS 10MG	5	QL (30 EA per 30 days) PA MO
JUXTAPID CAPS 20MG	5	QL (60 EA per 30 days) PA MO
JUXTAPID CAPS 30MG	5	QL (60 EA per 30 days) PA MO

Drug Name	Drug Tier	Requirements/Limits
JUXTAPID CAPS 40MG	5	QL (30 EA per 30 days) PA MO
JUXTAPID CAPS 5MG	5	QL (30 EA per 30 days) PA MO
JUXTAPID CAPS 60MG	5	QL (30 EA per 30 days) PA MO
niacin er tbcr 1000mg	4	MO
niacin er tbcr 500mg	4	MO
niacin er tbcr 750mg	4	MO
omega-3-acid ethyl esters caps 375mg; 465mg; 1gm	2	MO
prevalite pack 4gm	4	MO
prevalite powd 4gm/dose	4	MO
REPATHA PUSHTRONEX SYSTEM INJ 420MG/3.5ML	3	QL (7 ML per 28 days) PA MO
repatha sureclick inj 140mg/ml	3	QL (3 ML per 28 days) PA MO
REPATHA INJ 140MG/ML	3	QL (3 ML per 28 days) PA MO
Vasodilators, Direct-acting Arterial/Venous		
DILATRATE SR CPCR 40MG	4	MO
isosorbide dinitrate tabs 10mg	4	MO
isosorbide dinitrate tabs 20mg	4	MO
isosorbide dinitrate tabs 30mg	4	MO
isosorbide dinitrate tabs 5mg	4	MO
isosorbide mononitrate er tb24 120mg	2	MO
isosorbide mononitrate er tb24 30mg	2	MO
isosorbide mononitrate er tb24 60mg	2	MO
isosorbide mononitrate tabs 10mg	2	MO
isosorbide mononitrate tabs 20mg	2	MO
minitran pt24 0.1mg/hr	2	MO
minitran pt24 0.2mg/hr	2	MO
minitran pt24 0.4mg/hr	2	MO
minitran pt24 0.6mg/hr	2	MO
NITRO-BID OINT 2%	4	MO
nitroglycerin transdermal pt24 0.1mg/hr	2	MO
nitroglycerin transdermal pt24 0.2mg/hr	2	MO
nitroglycerin transdermal pt24 0.4mg/hr	2	MO
nitroglycerin transdermal pt24 0.6mg/hr	2	MO
nitroglycerin subl 0.3mg	2	MO
nitroglycerin subl 0.4mg	2	MO
nitroglycerin subl 0.6mg	2	MO
Vasodilators, Direct-acting Arterial		
hydralazine hcl tabs 10mg	2	MO
hydralazine hydrochloride tabs 100mg	2	MO
hydralazine hydrochloride tabs 25mg	2	MO
hydralazine hydrochloride tabs 50mg	2	MO
minoxidil tabs 10mg	4	MO
minoxidil tabs 2.5mg	4	MO
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		

Drug Name	Drug Tier	Requirements/Limits
amphetamine/dextroamphetamine cp24 1.25mg; 1.25mg; 1.25mg; 1.25mg	4	QL (60 EA per 30 days) MO
amphetamine/dextroamphetamine cp24 2.5mg; 2.5mg; 2.5mg; 2.5mg	4	QL (60 EA per 30 days) MO
amphetamine/dextroamphetamine cp24 3.75mg; 3.75mg; 3.75mg; 3.75mg	4	QL (60 EA per 30 days) MO
amphetamine/dextroamphetamine cp24 5mg; 5mg; 5mg; 5mg	4	QL (60 EA per 30 days) MO
amphetamine/dextroamphetamine cp24 6.25mg; 6.25mg; 6.25mg; 6.25mg	4	QL (60 EA per 30 days) MO
amphetamine/dextroamphetamine cp24 7.5mg; 7.5mg; 7.5mg; 7.5mg	4	QL (60 EA per 30 days) MO
amphetamine/dextroamphetamine tabs 1.25mg; 1.25mg; 1.25mg; 1.25mg	3	QL (90 EA per 30 days) MO
amphetamine/dextroamphetamine tabs 1.875mg; 1.875mg; 1.875mg; 1.875mg	3	QL (90 EA per 30 days) MO
amphetamine/dextroamphetamine tabs 2.5mg; 2.5mg; 2.5mg; 2.5mg	3	QL (90 EA per 30 days) MO
amphetamine/dextroamphetamine tabs 3.125mg; 3.125mg; 3.125mg; 3.125mg	3	QL (90 EA per 30 days) MO
amphetamine/dextroamphetamine tabs 3.75mg; 3.75mg; 3.75mg; 3.75mg	3	QL (90 EA per 30 days) MO
amphetamine/dextroamphetamine tabs 5mg; 5mg; 5mg; 5mg	3	QL (90 EA per 30 days) MO
amphetamine/dextroamphetamine tabs 7.5mg; 7.5mg; 7.5mg; 7.5mg	3	QL (90 EA per 30 days) MO
dextroamphetamine sulfate tabs 10mg	4	QL (180 EA per 30 days) MO
dextroamphetamine sulfate tabs 5mg	4	QL (90 EA per 30 days) MO
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
atomoxetine hydrochloride caps 100mg	4	QL (30 EA per 30 days) MO
atomoxetine hydrochloride caps 18mg	4	QL (30 EA per 30 days) MO
atomoxetine hydrochloride caps 25mg	4	QL (30 EA per 30 days) MO
atomoxetine caps 10mg	4	QL (60 EA per 30 days) MO
atomoxetine caps 40mg	4	QL (30 EA per 30 days) MO
atomoxetine caps 60mg	4	QL (30 EA per 30 days) MO
atomoxetine caps 80mg	4	QL (30 EA per 30 days) MO
guanfacine er tb24 1mg	4	MO
guanfacine er tb24 2mg	4	MO
guanfacine er tb24 4mg	4	MO
guanfacine hydrochloride tb24 3mg	4	MO
methylphenidate hydrochloride soln 5mg/5ml	4	MO
methylphenidate hydrochloride tabs 10mg	2	QL (90 EA per 30 days) MO
methylphenidate hydrochloride tabs 20mg	2	QL (90 EA per 30 days) MO
methylphenidate hydrochloride tabs 5mg	2	QL (90 EA per 30 days) MO
Central Nervous System, Other		

Drug Name	Drug Tier	Requirements/Limits
AUSTEDO TABS 12MG	5	QL (120 EA per 30 days) PA MO
AUSTEDO TABS 6MG	5	QL (120 EA per 30 days) PA MO
AUSTEDO TABS 9MG	5	QL (120 EA per 30 days) PA MO
NUEDEXTA CAPS 20MG; 10MG	5	PA MO
riluzole tabs 50mg	3	PA MO
tetrabenazine tabs 12.5mg	5	PA MO
tetrabenazine tabs 25mg	5	PA MO
ZTALMY SUSP 50MG/ML	5	PA MO
Fibromyalgia Agents		
pregabalin caps 100mg	2	QL (90 EA per 30 days) MO
pregabalin caps 150mg	2	QL (90 EA per 30 days) MO
pregabalin caps 200mg	2	QL (90 EA per 30 days) MO
pregabalin caps 225mg	2	QL (90 EA per 30 days) MO
pregabalin caps 25mg	2	QL (90 EA per 30 days) MO
pregabalin caps 300mg	2	QL (60 EA per 30 days) MO
pregabalin caps 50mg	2	QL (90 EA per 30 days) MO
pregabalin caps 75mg	2	QL (90 EA per 30 days) MO
pregabalin soln 20mg/ml	4	QL (900 ML per 30 days) MO
SAVELLA TITRATION PACK MISC 0	3	QL (110 EA per 365 days)
SAVELLA TABS 100MG	3	QL (60 EA per 30 days) MO
SAVELLA TABS 12.5MG	3	QL (60 EA per 30 days) MO
SAVELLA TABS 25MG	3	QL (60 EA per 30 days) MO
SAVELLA TABS 50MG	3	QL (60 EA per 30 days) MO
Multiple Sclerosis Agents		
BAFIERTAM CPDR 95MG	5	QL (120 EA per 30 days) PA MO
BETASERON INJ 0.3MG	5	QL (15 EA per 30 days) PA MO
dalfampridine er tb12 10mg	5	QL (60 EA per 30 days) PA MO
dimethyl fumarate starterpack misc 0	5	QL (120 EA per 365 days) PA
dimethyl fumarate cpdr 120mg	5	QL (60 EA per 30 days) PA MO
dimethyl fumarate cpdr 240mg	5	QL (60 EA per 30 days) PA MO
fingolimod caps 0.5mg	5	QL (30 EA per 30 days) PA
GILENYA CAPS 0.25MG	5	QL (30 EA per 30 days) PA MO
GILENYA CAPS 0.5MG	5	QL (30 EA per 30 days) PA MO
glatiramer acetate inj 20mg/ml	5	QL (30 ML per 30 days) PA MO
glatiramer acetate inj 40mg/ml	5	QL (12 ML per 28 days) PA MO
KESIMPTA INJ 20MG/0.4ML	5	QL (0.4 ML per 28 days) PA MO
TYSABRI INJ 300MG/15ML	5	PA
Dental and Oral Agents		
Dental and Oral Agents		
chlorhexidine gluconate soln 0.12%	2	
doxycycline hyclate tabs 20mg	2	
lidocaine viscous soln 2%	2	
paroex soln 0.12%	2	
pilocarpine hydrochloride tabs 5mg	4	MO

Drug Name	Drug Tier	Requirements/Limits
pilocarpine hydrochloride tabs 7.5mg	4	MO
triamcinolone acetonide dental paste pste 0.1%	4	
Dermatological Agents		
Acne and Rosacea Agents		
acitretin caps 10mg	3	
acitretin caps 17.5mg	4	
acitretin caps 25mg	4	
amnesteem caps 10mg	4	PA
amnesteem caps 20mg	4	PA
amnesteem caps 40mg	4	PA
azelaic acid gel 15%	4	
claravis caps 10mg	4	PA
claravis caps 20mg	4	PA
claravis caps 30mg	4	PA
claravis caps 40mg	4	PA
clindamycin phosphate/benzoyl peroxide gel 5%; 1.2%	3	
clindamycin/benzoyl peroxide gel 5%; 1%	3	
erythromycin/benzoyl peroxide gel 5%; 3%	4	
FINACEA FOAM 15%	4	
isotretinoin caps 10mg	4	PA
isotretinoin caps 20mg	4	PA
isotretinoin caps 30mg	4	PA
isotretinoin caps 40mg	4	PA
metronidazole crea 0.75%	4	
metronidazole gel 0.75%	4	
metronidazole gel 1%	4	
metronidazole lotn 0.75%	4	
myorisan caps 10mg	4	PA
myorisan caps 20mg	4	PA
myorisan caps 30mg	4	PA
myorisan caps 40mg	4	PA
rosadan crea 0.75%	4	
rosadan gel 0.75%	4	
sodium sulfacetamide sham 9.8%	2	
tazarotene crea 0.1%	4	
tazarotene gel 0.05%	4	
tazarotene gel 0.1%	4	
tretinoin crea 0.025%	2	PA
tretinoin crea 0.05%	4	PA
tretinoin crea 0.1%	4	PA
zenatane caps 10mg	4	PA
zenatane caps 20mg	4	PA
zenatane caps 30mg	4	PA
zenatane caps 40mg	4	PA

Drug Name	Drug Tier	Requirements/Limits
Dermatitis and Pruitus Agents		
ala-cort crea 2.5%	2	
alclometasone dipropionate crea 0.05%	3	
alclometasone dipropionate oint 0.05%	3	
ammonium lactate crea 12%	3	
ammonium lactate lotn 12%	3	
betamethasone dipropionate augmented crea 0.05%	2	
betamethasone dipropionate augmented lotn 0.05%	4	
betamethasone dipropionate augmented oint 0.05%	4	
betamethasone dipropionate crea 0.05%	3	
betamethasone dipropionate lotn 0.05%	3	
betamethasone dipropionate oint 0.05%	4	
betamethasone valerate crea 0.1%	3	
betamethasone valerate lotn 0.1%	3	
betamethasone valerate oint 0.1%	3	
clobetasol propionate e crea 0.05%	4	
clobetasol propionate crea 0.05%	3	
clobetasol propionate gel 0.05%	3	
clobetasol propionate liqd 0.05%	4	
clobetasol propionate oint 0.05%	3	
clobetasol propionate soln 0.05%	3	
desonide crea 0.05%	3	
desonide oint 0.05%	3	
EUCRISA OINT 2%	4	PA
fluocinolone acetonide crea 0.01%	3	
fluocinolone acetonide crea 0.025%	3	
fluocinolone acetonide oint 0.025%	3	
fluocinolone acetonide soln 0.01%	3	
fluocinonide crea 0.05%	3	
fluocinonide crea 0.1%	3	QL (120 GM per 30 days)
fluocinonide gel 0.05%	3	
fluocinonide oint 0.05%	3	
fluocinonide soln 0.05%	3	
fluticasone propionate crea 0.05%	3	
fluticasone propionate oint 0.005%	3	
halobetasol propionate oint 0.05%	4	
hydrocortisone valerate crea 0.2%	3	QL (60 GM per 30 days)
hydrocortisone crea 2.5%	2	
hydrocortisone crea 2.5%	2	
hydrocortisone lotn 2.5%	2	
hydrocortisone oint 2.5%	2	
mometasone furoate crea 0.1%	2	
mometasone furoate oint 0.1%	2	
mometasone furoate soln 0.1%	3	

Drug Name	Drug Tier	Requirements/Limits
pimecrolimus crea 1%	4	
selenium sulfide lotn 2.5%	2	
tacrolimus oint 0.03%	4	
tacrolimus oint 0.1%	4	
triamcinolone acetonide crea 0.025%	2	
triamcinolone acetonide crea 0.1%	2	
triamcinolone acetonide crea 0.5%	2	
triamcinolone acetonide lotn 0.025%	2	
triamcinolone acetonide lotn 0.1%	2	
triamcinolone acetonide oint 0.025%	2	
triamcinolone acetonide oint 0.1%	2	
triamcinolone acetonide oint 0.5%	2	
triderm crea 0.1%	2	
triderm crea 0.5%	2	
Dermatological Agents, Other		
calcipotriene crea 0.005%	4	QL (120 GM per 30 days)
calcipotriene oint 0.005%	4	QL (120 GM per 30 days)
calcipotriene soln 0.005%	4	QL (60 ML per 30 days)
clotrimazole/betamethasone dipropionate crea 0.05%; 1%	2	
clotrimazole/betamethasone dipropionate lotn 0.05%; 1%	4	
diclofenac sodium gel 3%	4	QL (300 GM per 30 days) ST
fluorouracil crea 0.5%	4	
fluorouracil crea 5%	4	
fluorouracil soln 2%	4	
fluorouracil soln 5%	4	
imiquimod crea 5%	3	
nystatin/triamcinolone acetonide oint 100000unit/gm; 0.1%	3	
nystatin/triamcinolone crea 100000unit/gm; 1mg/gm	3	
nystatin/triamcinolone oint 100000unit/gm; 0.1%	3	
PICATO GEL 0.015%	5	ST
PICATO GEL 0.05%	5	ST
podofilox soln 0.5%	3	
SANTYL OINT 250UNIT/GM	4	
silver sulfadiazine crea 1%	2	
ssd crea 1%	2	
urea lotn 40%	4	
Pediculicides/Scabicides		
malathion lotn 0.5%	4	
permethrin crea 5%	3	
Topical Anti-infectives		
acyclovir oint 5%	4	
ciclodan soln 8%	2	PA
ciclopirox nail lacquer soln 8%	2	PA
ciclopirox olamine crea 0.77%	2	

Drug Name	Drug Tier	Requirements/Limits
ciclopirox gel 0.77%	2	
ciclopirox sham 1%	4	
ciclopirox susp 0.77%	4	
clindamycin phosphate soln 1%	2	
ery pads 2%	4	
erythromycin gel 2%	4	
erythromycin pads 2%	4	
erythromycin soln 2%	3	
mupirocin oint 2%	2	
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
AMINOSYN II INJ 107.6MEQ/L; 1490MG/100ML; 1527MG/100ML; 1050MG/100ML; 1107MG/100ML; 750MG/100ML; 450MG/100ML; 990MG/100ML; 1500MG/100ML; 1575MG/100ML; 258MG/100ML; 447MG/100ML; 1083MG/100ML; 795MG/100ML; 50MEQ/L; 600MG/100ML; 300MG/100ML; 405MG/100ML; 750MG/100ML	4	B/D
CARBAGLU TBSO 200MG	5	MO
carglumic acid tbso 200mg	5	MO
clinisol sf 15% inj 151meq/l; 2170mg/100ml; 1470mg/100ml; 434mg/100ml; 749mg/100ml; 1040mg/100ml; 894mg/100ml; 749mg/100ml; 1040mg/100ml; 1180mg/100ml; 749mg/100ml; 1040mg/100ml; 894mg/100ml; 592mg/100ml; 749mg/100ml; 250mg/100ml; 39mg/100ml; 960mg/100ml	4	B/D
dextrose 5%/nacl 0.45% inj 5%; 0.45%	2	
dextrose 5%/nacl 0.9% inj 5%; 0.9%	2	
dextrose 5% inj 5%	2	
klor-con 10 tbcr 10meq	2	MO
klor-con 8 tbcr 8meq	2	MO
klor-con m10 tbcr 10meq	2	MO
klor-con m15 tbcr 15meq	3	MO
klor-con m20 tbcr 20meq	2	MO
klor-con sprinkle cpcr 10meq	2	MO
klor-con sprinkle cpcr 8meq	2	MO
klor-con pack 20meq	4	MO
PLENAMINE INJ 147.4MEQ/L; 2.17GM/100ML; 1.47GM/100ML; 434MG/100ML; 749MG/100ML; 1.04GM/100ML; 894MG/100ML; 749MG/100ML; 1.04GM/100ML; 1.18GM/100ML; 749MG/100ML; 1.04GM/100ML; 894MG/100ML; 592MG/100ML; 749MG/100ML; 250MG/100ML; 39MG/100ML; 960MG/100ML	4	B/D
potassium chloride er cpcr 10meq	2	MO
potassium chloride er cpcr 8meq	2	MO

Drug Name	Drug Tier	Requirements/Limits
potassium chloride er tbcr 10meq	2	MO
potassium chloride er tbcr 10meq	2	MO
potassium chloride er tbcr 15meq	3	MO
potassium chloride er tbcr 20meq	2	MO
potassium chloride er tbcr 20meq	2	MO
potassium chloride er tbcr 8meq	2	MO
potassium chloride sr tbcr 8meq	2	MO
potassium chloride pack 20meq	4	MO
potassium chloride soln 10%	4	MO
potassium chloride soln 20%	4	MO
potassium citrate er tbcr 1080mg	4	
potassium citrate er tbcr 15meq	4	
potassium citrate er tbcr 540mg	4	
sodium chloride 0.45% inj 0.45%	2	
sodium chloride inj 0.45%	2	
sodium chloride inj 0.9%	2	
Electrolyte/Mineral/Metal Modifiers		
CHEMET CAPS 100MG	5	
CLOVIQUE CAPS 250MG	5	PA
deferasirox pack 180mg	5	PA MO
deferasirox pack 360mg	5	PA MO
deferasirox pack 90mg	5	PA MO
deferasirox tabs 180mg	5	PA MO
deferasirox tabs 360mg	5	PA MO
deferasirox tabs 90mg	5	PA MO
deferasirox tbso 125mg	5	PA MO
deferasirox tbso 250mg	5	PA MO
deferasirox tbso 500mg	5	PA MO
deferiprone tabs 1000mg	5	PA
deferiprone tabs 500mg	5	PA MO
sodium polystyrene sulfonate powd 0	4	
trientine hydrochloride caps 250mg	5	PA
Phosphate Binders		
AURYXIA TABS 210MG	5	PA MO
calcium acetate caps 667mg	4	MO
calcium acetate tabs 667mg	2	MO
lanthanum carbonate chew 1000mg	5	MO
lanthanum carbonate chew 500mg	5	MO
lanthanum carbonate chew 750mg	5	MO
sevelamer carbonate pack 0.8gm	5	MO
sevelamer carbonate pack 2.4gm	5	MO
sevelamer carbonate tabs 800mg	4	MO
sevelamer hydrochloride tabs 400mg	4	MO
sevelamer hydrochloride tabs 800mg	4	MO

Drug Name	Drug Tier	Requirements/Limits
Potassium Binders		
kionex susp 15gm/60ml	3	
sodium polystyrene sulfonate susp 15gm/60ml	3	
sodium polystyrene sulfonate susp 30gm/120ml	4	
sodium polystyrene sulfonate susp 50gm/200ml	4	
sps susp 15gm/60ml	3	
veltassa pack 16.8gm	5	MO
veltassa pack 25.2gm	5	MO
veltassa pack 8.4gm	5	MO
Vitamins		
prenatal tabs 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg	2	
Gastrointestinal Agents		
Anti-Constipation Agents		
constulose soln 10gm/15ml	2	MO
enulose soln 10gm/15ml	2	MO
generlac soln 10gm/15ml	2	MO
lactulose soln 10gm/15ml	2	MO
lactulose soln 10gm/15ml	2	MO
LINZESS CAPS 145MCG	3	QL (30 EA per 30 days) MO
LINZESS CAPS 290MCG	3	QL (30 EA per 30 days) MO
LINZESS CAPS 72MCG	3	QL (30 EA per 30 days) MO
lubiprostone caps 24mcg	3	QL (60 EA per 30 days) MO
lubiprostone caps 8mcg	3	QL (60 EA per 30 days) MO
MOTEGRITY TABS 1MG	3	QL (30 EA per 30 days)
MOTEGRITY TABS 2MG	3	QL (30 EA per 30 days)
polyethylene glycol 3350 pack 17gm	2	
polyethylene glycol 3350 powd 17gm/scoop	2	
RELISTOR INJ 12MG/0.6ML	5	QL (18 ML per 30 days) ST
RELISTOR INJ 12MG/0.6ML	5	QL (18 ML per 30 days) ST
RELISTOR INJ 8MG/0.4ML	5	QL (12 ML per 30 days) ST
RELISTOR TABS 150MG	5	QL (90 EA per 30 days) ST
Anti-Diarrheal Agents		
alosetron hydrochloride tabs 0.5mg	5	PA MO
alosetron hydrochloride tabs 1mg	5	PA MO
diphenoxylate hydrochloride/atropine sulfate tabs 0.025mg; 2.5mg	2	
loperamide hcl caps 2mg	2	
XERMELO TABS 250MG	5	QL (90 EA per 30 days) PA
Antispasmodics, Gastrointestinal		
dicyclomine hydrochloride caps 10mg	2	
dicyclomine hydrochloride tabs 20mg	2	
glycopyrrolate tabs 1mg	2	
glycopyrrolate tabs 2mg	2	

Drug Name	Drug Tier	Requirements/Limits
Gastrointestinal Agents, Other		
CLENPIQ SOLN 12GM/160ML; 3.5GM/160ML; 10MG/160ML	3	
gavilyte-c solr 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm	2	
gavilyte-g solr 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm	2	
gavilyte-h kit 5mg; 210gm; 0.74gm; 2.86gm; 5.6gm	4	
gavilyte-n/flavor pack solr 420gm; 1.48gm; 5.72gm; 11.2gm	2	
metoclopramide hcl soln 5mg/5ml	2	
metoclopramide hcl tabs 5mg	2	
metoclopramide hydrochloride tabs 10mg	2	
MYALEPT INJ 11.3MG	5	PA MO
peg 3350/electrolytes solr 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm	2	
peg-3350/electrolytes solr 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm	2	
peg-3350/nacl/na bicarbonate/kcl solr 420gm; 1.48gm; 5.72gm; 11.2gm	2	
RECTIV OINT 0.4%	4	
SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE SOLN 1.6GM/177ML; 3.13GM/177ML; 17.5GM/177ML	3	
SUPREP BOWEL PREP KIT SOLN 1.6GM/177ML; 3.13GM/177ML; 17.5GM/177ML	3	
trilyte solr 420gm; 1.48gm; 5.72gm; 11.2gm	2	
ursodiol tabs 250mg	3	MO
ursodiol tabs 500mg	3	MO
XIFAXAN TABS 200MG	5	PA MO
XIFAXAN TABS 550MG	5	PA MO
Histamine2 (H2) Receptor Antagonists		
famotidine tabs 20mg	2	MO
famotidine tabs 40mg	2	MO
nizatidine soln 15mg/ml	4	
Protectants		
misoprostol tabs 100mcg	2	MO
misoprostol tabs 200mcg	2	MO
sucralfate tabs 1gm	2	MO
Proton Pump Inhibitors		
esomeprazole magnesium cpdr 20mg	3	QL (60 EA per 30 days) MO
esomeprazole magnesium cpdr 40mg	3	QL (60 EA per 30 days) MO
lansoprazole cpdr 15mg	2	QL (60 EA per 30 days) MO
lansoprazole cpdr 30mg	2	QL (60 EA per 30 days) MO
omeprazole dr cpdr 10mg	2	QL (60 EA per 30 days) MO
omeprazole cpdr 10mg	2	QL (60 EA per 30 days) MO
omeprazole cpdr 20mg	2	QL (60 EA per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
omeprazole cpdr 40mg	2	QL (60 EA per 30 days) MO
pantoprazole sodium dr tbec 40mg	2	QL (60 EA per 30 days) MO
pantoprazole sodium tbec 20mg	2	QL (60 EA per 30 days) MO
pantoprazole sodium tbec 40mg	2	QL (60 EA per 30 days) MO
rabeprazole sodium tbec 20mg	3	QL (60 EA per 30 days) MO
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
ALDURAZYME INJ 2.9MG/5ML	5	PA
ARALAST NP INJ 1000MG	5	PA
ARALAST NP INJ 500MG	4	PA
BETAINE ANHYDROUS POWD 0	5	
CERDELGA CAPS 84MG	5	PA MO
CHOLBAM CAPS 250MG	5	PA MO
CHOLBAM CAPS 50MG	5	PA MO
CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT	3	MO
CREON CPEP 15000UNIT; 3000UNIT; 9500UNIT	3	MO
CREON CPEP 180000UNIT; 36000UNIT; 114000UNIT	3	MO
CREON CPEP 30000UNIT; 6000UNIT; 19000UNIT	3	MO
CREON CPEP 60000UNIT; 12000UNIT; 38000UNIT	3	MO
cromolyn sodium conc 100mg/5ml	4	MO
CYSTAGON CAPS 150MG	4	MO
CYSTAGON CAPS 50MG	4	MO
ELAPRASE INJ 6MG/3ML	5	PA
EVRYSDI SOLR 0.75MG/ML	5	QL (240 ML per 30 days) PA MO
GALAFOLD CAPS 123MG	5	QL (14 EA per 28 days) PA MO
KANUMA INJ 20MG/10ML	5	PA
LUMIZYME INJ 50MG	5	PA
miglustat caps 100mg	5	PA MO
NAGLAZYME INJ 1MG/ML	5	PA
nitisinone caps 10mg	5	MO
nitisinone caps 2mg	5	MO
nitisinone caps 5mg	5	MO
ORFADIN CAPS 20MG	5	MO
ORFADIN SUSP 4MG/ML	5	MO
PROLASTIN-C INJ 1000MG	4	PA
REVCOVI INJ 2.4MG/1.5ML	5	PA
sapropterin dihydrochloride pack 100mg	5	PA MO
sapropterin dihydrochloride pack 500mg	5	PA MO
sapropterin dihydrochloride tabs 100mg	5	PA MO
sodium phenylbutyrate powd 3gm/tsp	5	MO
STRENSIQ INJ 18MG/0.45ML	5	PA MO
STRENSIQ INJ 28MG/0.7ML	5	PA MO

Drug Name	Drug Tier	Requirements/Limits
STRENSIQ INJ 40MG/ML	5	PA MO
STRENSIQ INJ 80MG/0.8ML	5	PA MO
SUCRAID SOLN 8500UNIT/ML	5	
TEGSEDI INJ 284MG/1.5ML	5	PA
VIMIZIM INJ 5MG/5ML	5	PA
VYNDAQEL CAPS 20MG	5	QL (120 EA per 30 days) PA MO
ZEMAIRA INJ 1000MG	5	PA
ZENPEP CPEP 105000UNIT; 25000UNIT; 79000UNIT	3	MO
ZENPEP CPEP 14000UNIT; 3000UNIT; 10000UNIT	3	MO
ZENPEP CPEP 168000UNIT; 40000UNIT; 126000UNIT	3	MO
ZENPEP CPEP 24000UNIT; 5000UNIT; 17000UNIT	3	MO
ZENPEP CPEP 42000UNIT; 10000UNIT; 32000UNIT	3	MO
ZENPEP CPEP 63000UNIT; 15000UNIT; 47000UNIT	3	MO
ZENPEP CPEP 84000UNIT; 20000UNIT; 63000UNIT	3	MO
ZOKINVY CAPS 50MG	5	QL (120 EA per 30 days) PA
ZOKINVY CAPS 75MG	5	QL (120 EA per 30 days) PA
Genitourinary Agents		
Antispasmodics, Urinary		
darifenacin hydrobromide er tb24 15mg	4	MO
darifenacin hydrobromide er tb24 7.5mg	4	MO
MYRBETRIQ SRER 8MG/ML	3	MO
MYRBETRIQ TB24 25MG	3	MO
MYRBETRIQ TB24 50MG	3	MO
oxybutynin chloride er tb24 10mg	2	MO
oxybutynin chloride er tb24 15mg	2	MO
oxybutynin chloride er tb24 5mg	2	MO
oxybutynin chloride syrp 5mg/5ml	2	MO
oxybutynin chloride tabs 5mg	2	MO
tolterodine tartrate er cp24 2mg	4	MO
tolterodine tartrate er cp24 4mg	4	MO
tolterodine tartrate tabs 1mg	4	MO
tolterodine tartrate tabs 2mg	4	MO
trospium chloride tabs 20mg	2	MO
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er tb24 10mg	2	MO
doxazosin mesylate tabs 1mg	2	MO
doxazosin mesylate tabs 2mg	2	MO
doxazosin mesylate tabs 4mg	2	MO
doxazosin mesylate tabs 8mg	2	MO
dutasteride caps 0.5mg	4	MO
finasteride tabs 5mg	2	MO
silodosin caps 4mg	3	MO
silodosin caps 8mg	3	MO
tamsulosin hydrochloride caps 0.4mg	2	MO

Drug Name	Drug Tier	Requirements/Limits
Genitourinary Agents, Other		
acetic acid 0.25% soln 0.25%	2	
bethanechol chloride tabs 10mg	3	
bethanechol chloride tabs 25mg	3	
bethanechol chloride tabs 50mg	3	
bethanechol chloride tabs 5mg	3	
d-penamine tabs 125mg	5	
ELMIRON CAPS 100MG	4	
penicillamine tabs 250mg	5	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
cortisone acetate tabs 25mg	3	
dexamethasone elix 0.5mg/5ml	3	
dexamethasone soln 0.5mg/5ml	3	
dexamethasone tabs 0.5mg	2	
dexamethasone tabs 0.75mg	2	
dexamethasone tabs 1.5mg	2	
dexamethasone tabs 1mg	2	
dexamethasone tabs 2mg	2	
dexamethasone tabs 4mg	2	
dexamethasone tabs 6mg	2	
fludrocortisone acetate tabs 0.1mg	2	MO
hydrocortisone tabs 10mg	2	
hydrocortisone tabs 20mg	2	
hydrocortisone tabs 5mg	2	
methylprednisolone dose pack tbpk 4mg	2	
methylprednisolone tabs 16mg	2	
methylprednisolone tabs 32mg	2	
methylprednisolone tabs 4mg	2	
methylprednisolone tabs 8mg	2	
prednisolone sodium phosphate soln 15mg/5ml	2	
prednisolone soln 15mg/5ml	2	
prednisone soln 5mg/5ml	4	
prednisone tabs 10mg	2	
prednisone tabs 1mg	2	
prednisone tabs 2.5mg	2	
prednisone tabs 20mg	2	
prednisone tabs 50mg	2	
prednisone tabs 5mg	2	
prednisone tbpk 10mg	2	
prednisone tbpk 10mg	2	
prednisone tbpk 5mg	2	
prednisone tbpk 5mg	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		

Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
desmopressin acetate soln 0.01%	4	
desmopressin acetate soln 0.01%	4	MO
desmopressin acetate tabs 0.1mg	3	MO
desmopressin acetate tabs 0.2mg	3	MO
GENOTROPIN MINIQUICK INJ 0.2MG	5	PA MO
GENOTROPIN MINIQUICK INJ 0.4MG	5	PA MO
GENOTROPIN MINIQUICK INJ 0.6MG	5	PA MO
GENOTROPIN MINIQUICK INJ 0.8MG	5	PA MO
GENOTROPIN MINIQUICK INJ 1.2MG	5	PA MO
GENOTROPIN MINIQUICK INJ 1.4MG	5	PA MO
GENOTROPIN MINIQUICK INJ 1.6MG	5	PA MO
GENOTROPIN MINIQUICK INJ 1.8MG	5	PA MO
GENOTROPIN MINIQUICK INJ 1MG	5	PA MO
GENOTROPIN MINIQUICK INJ 2MG	5	PA MO
GENOTROPIN INJ 12MG	5	PA MO
GENOTROPIN INJ 5MG	5	PA MO
INCRELEX INJ 40MG/4ML	5	PA MO
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
KORLYM TABS 300MG	5	QL (120 EA per 30 days) PA MO
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Anabolic Steroids		
oxandrolone tabs 10mg	4	QL (60 EA per 30 days) PA
oxandrolone tabs 2.5mg	3	QL (240 EA per 30 days) PA
Androgens		
ANDRODERM PT24 2MG/24HR	3	PA MO
ANDRODERM PT24 4MG/24HR	3	PA MO
danazol caps 100mg	4	
danazol caps 200mg	4	
danazol caps 50mg	4	
testosterone cypionate inj 100mg/ml	2	PA
testosterone cypionate inj 200mg/ml	2	PA
testosterone cypionate inj 200mg/ml	2	PA
testosterone enanthate inj 200mg/ml	3	PA
TESTOSTERONE PUMP GEL 1%	4	PA MO
testosterone pump gel 1.62%	4	PA MO
TESTOSTERONE GEL 25MG/2.5GM	4	PA MO
TESTOSTERONE GEL 50MG/5GM	4	PA MO
Estrogens		
afirmelle tabs 20mcg; 0.1mg	3	MO

Drug Name	Drug Tier	Requirements/Limits
altavera tabs 30mcg; 0.15mg	3	MO
alyacen 1/35 tabs 35mcg; 1mg	3	MO
alyacen 7/7/7 tabs 0; 0	3	MO
aubra eq tabs 20mcg; 0.1mg	3	MO
aubra tabs 20mcg; 0.1mg	3	
aurovela 1.5/30 tabs 30mcg; 1.5mg	3	MO
aurovela 24 fe tabs 20mcg; 75mg; 1mg	3	MO
aurovela fe 1.5/30 tabs 30mcg; 75mg; 1.5mg	3	MO
aurovela fe 1/20 tabs 20mcg; 75mg; 1mg	3	MO
aviane tabs 20mcg; 0.1mg	3	MO
ayuna tabs 0.03mg; 0.15mg	3	MO
azurette tabs 0; 0	3	MO
azurette tabs 0; 0	3	MO
balziva tabs 35mcg; 0.4mg	3	MO
bekyree tabs 0; 0	3	MO
blisovi 24 fe tabs 20mcg; 75mg; 1mg	3	MO
blisovi fe 1.5/30 tabs 30mcg; 75mg; 1.5mg	3	MO
blisovi fe 1/20 tabs 20mcg; 75mg; 1mg	3	MO
briellyn tabs 35mcg; 0.4mg	3	MO
chateal eq tabs 30mcg; 0.15mg	3	MO
chateal tabs 0.03mg; 0.15mg	3	MO
CLIMARA PRO PTWK 0.045MG/DAY; 0.015MG/DAY	4	MO
cryselle-28 tabs 30mcg; 0.3mg	3	MO
cyclafem 1/35 tabs 35mcg; 1mg	3	MO
cyclafem 7/7/7 tabs 0; 0	3	MO
dasetta 1/35 tabs 35mcg; 1mg	3	MO
dasetta 7/7/7 tabs 0; 0	3	MO
delyla tabs 20mcg; 0.1mg	3	MO
desogestrel/ethinyl estradiol tabs 0; 0	3	MO
DIVIGEL GEL 0.5MG/0.5GM	4	
DIVIGEL GEL 0.75MG/0.75GM	4	
DIVIGEL GEL 1.25MG/1.25GM	4	
dotti pttw 0.025mg/24hr	4	MO
dotti pttw 0.0375mg/24hr	4	MO
dotti pttw 0.05mg/24hr	4	MO
dotti pttw 0.075mg/24hr	4	MO
dotti pttw 0.1mg/24hr	4	MO
elinest tabs 30mcg; 0.3mg	3	MO
enpresse-28 tabs 0; 0	3	MO
estarylla tabs 35mcg; 0.25mg	3	MO
estradiol crea 0.1mg/gm	4	MO
estradiol gel 0.25mg/0.25gm	4	
estradiol gel 0.5mg/0.5gm	4	
estradiol gel 0.75mg/0.75gm	4	

Drug Name	Drug Tier	Requirements/Limits
estradiol gel 1.25mg/1.25gm	4	
estradiol pttw 0.025mg/24hr	4	MO
estradiol pttw 0.0375mg/24hr	4	MO
estradiol pttw 0.05mg/24hr	4	MO
estradiol pttw 0.075mg/24hr	4	MO
estradiol pttw 0.1mg/24hr	4	MO
estradiol ptwk 0.025mg/24hr	4	MO
estradiol ptwk 0.05mg/24hr	4	MO
estradiol ptwk 0.06mg/24hr	4	MO
estradiol ptwk 0.075mg/24hr	4	MO
estradiol ptwk 0.1mg/24hr	4	MO
estradiol ptwk 37.5mcg/24hr	4	MO
estradiol tabs 0.5mg	2	MO
estradiol tabs 1mg	2	MO
estradiol tabs 2mg	2	MO
estradiol tabs 10mcg	4	MO
ESTRING RING 2MG	4	QL (1 EA per 90 days) MO
ethynodiol diacetate/ethinyl estradiol tabs 35mcg; 1mg	3	MO
ethynodiol diacetate/ethinyl estradiol tabs 50mcg; 1mg	3	MO
falmina tabs 20mcg; 0.1mg	3	MO
femynor tabs 35mcg; 0.25mg	3	MO
fyavolv tabs 2.5mcg; 0.5mg	4	MO
fyavolv tabs 5mcg; 1mg	4	MO
hailey 1.5/30 tabs 30mcg; 1.5mg	3	MO
hailey 24 fe tabs 20mcg; 75mg; 1mg	3	MO
hailey fe 1.5/30 tabs 30mcg; 75mg; 1.5mg	3	MO
hailey fe 1/20 tabs 20mcg; 75mg; 1mg	3	MO
jinteli tabs 5mcg; 1mg	4	MO
junel 1.5/30 tabs 30mcg; 1.5mg	3	MO
junel 1/20 tabs 20mcg; 1mg	3	MO
junel fe 1.5/30 tabs 30mcg; 75mg; 1.5mg	3	MO
junel fe 1/20 tabs 20mcg; 75mg; 1mg	3	MO
junel fe 24 tabs 20mcg; 75mg; 1mg	3	MO
kariva tabs 0; 0	3	MO
kelnor 1/35 tabs 35mcg; 1mg	3	MO
kelnor 1/50 tabs 50mcg; 1mg	3	MO
kimidess tabs 0; 0	3	MO
kurvelo tabs 0.03mg; 0.15mg	3	MO
larin 1.5/30 tabs 30mcg; 1.5mg	3	MO
larin 1/20 tabs 20mcg; 1mg	3	MO
larin 24 fe tabs 20mcg; 75mg; 1mg	3	MO
larin fe 1.5/30 tabs 30mcg; 75mg; 1.5mg	3	MO
larin fe 1/20 tabs 20mcg; 75mg; 1mg	3	MO
larissia tabs 20mcg; 0.1mg	3	MO

Drug Name	Drug Tier	Requirements/Limits
lessina tabs 20mcg; 0.1mg	3	MO
levonest tabs 0; 0	3	MO
levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg	3	MO
levonorgestrel/ethinyl estradiol tabs 0; 0	3	MO
levonorgestrel/ethinyl estradiol tabs 20mcg; 0.1mg	3	MO
levora 0.15/30-28 tabs 0.03mg; 0.15mg	3	MO
lillow tabs 30mcg; 0.15mg	3	MO
low-ogestrel tabs 30mcg; 0.3mg	3	MO
lutera tabs 20mcg; 0.1mg	3	MO
lyllana pttw 0.025mg/24hr	4	
lyllana pttw 0.0375mg/24hr	4	
lyllana pttw 0.05mg/24hr	4	
lyllana pttw 0.075mg/24hr	4	
lyllana pttw 0.1mg/24hr	4	
marlissa tabs 0.03mg; 0.15mg	3	MO
microgestin 1.5/30 tabs 30mcg; 1.5mg	3	MO
microgestin 1/20 tabs 20mcg; 1mg	3	MO
microgestin 24 fe tabs 20mcg; 75mg; 1mg	3	MO
microgestin fe 1.5/30 tabs 30mcg; 75mg; 1.5mg	3	MO
microgestin fe 1/20 tabs 20mcg; 75mg; 1mg	3	MO
mili tabs 35mcg; 0.25mg	3	MO
mono-linyah tabs 35mcg; 0.25mg	3	MO
mononessa tabs 35mcg; 0.25mg	3	MO
necon 0.5/35-28 tabs 35mcg; 0.5mg	3	MO
necon 10/11-28 tabs 35mcg; 0	3	
necon 7/7/7 tabs 0; 0	3	MO
norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs 20mcg; 75mg; 1mg	3	MO
norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs 20mcg; 75mg; 1mg	3	MO
norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs 30mcg; 75mg; 1.5mg	3	MO
norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg	4	MO
norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg	3	MO
norethindrone acetate/ethinyl estradiol tabs 30mcg; 1.5mg	3	MO
norethindrone acetate/ethinyl estradiol tabs 5mcg; 1mg	4	MO
norgestimate/ethinyl estradiol tabs 0; 0	3	MO
norgestimate/ethinyl estradiol tabs 35mcg; 0.25mg	3	MO
nortrel 0.5/35 (28) tabs 35mcg; 0.5mg	3	MO
nortrel 1/35 tabs 35mcg; 1mg	3	MO
nortrel 1/35 tabs 35mcg; 1mg	3	MO
nortrel 7/7/7 tabs 0; 0	3	MO
nylia 1/35 tabs 35mcg; 1mg	3	MO
nylia 7/7/7 tabs 0; 0	3	MO

Drug Name	Drug Tier	Requirements/Limits
nymyo tabs 35mcg; 0.25mg	3	MO
orsythia tabs 20mcg; 0.1mg	3	MO
philith tabs 35mcg; 0.4mg	3	MO
pimtrea tabs 0; 0	3	MO
pirmella 1/35 tabs 35mcg; 1mg	3	MO
pirmella 7/7/7 tabs 0; 0	3	MO
portia-28 tabs 0.03mg; 0.15mg	3	MO
PREMARIN CREA 0.625MG/GM	4	MO
PREMARIN TABS 0.3MG	3	MO
PREMARIN TABS 0.45MG	4	MO
PREMARIN TABS 0.625MG	4	MO
PREMARIN TABS 0.9MG	4	MO
PREMARIN TABS 1.25MG	4	MO
PREMPHASE TABS 0.625MG; 5MG	4	MO
PREMPRO TABS 0.3MG; 1.5MG	4	MO
PREMPRO TABS 0.45MG; 1.5MG	4	MO
PREMPRO TABS 0.625MG; 2.5MG	4	MO
PREMPRO TABS 0.625MG; 5MG	4	MO
previfem tabs 35mcg; 0.25mg	3	MO
simliya tabs 0; 0	3	MO
sprintec 28 tabs 35mcg; 0.25mg	3	MO
sronyx tabs 20mcg; 0.1mg	3	MO
tarina 24 fe tabs 20mcg; 75mg; 1mg	3	MO
tarina fe 1/20 eq tabs 20mcg; 75mg; 1mg	3	MO
tarina fe 1/20 tabs 20mcg; 75mg; 1mg	3	MO
tri femynor tabs 0; 0	3	MO
tri-estarylla tabs 0; 0	3	MO
tri-linyah tabs 0; 0	3	MO
tri-mili tabs 0; 0	3	MO
tri-nymyo tabs 0; 0	3	MO
tri-previfem tabs 0; 0	3	MO
tri-sprintec tabs 0; 0	3	MO
tri-vylibra tabs 0; 0	3	MO
trinessa tabs 0; 0	3	MO
trivora-28 tabs 0; 0	3	MO
vienva tabs 20mcg; 0.1mg	3	MO
viorele tabs 0; 0	3	MO
volnea tabs 0; 0	3	MO
vyfemla tabs 35mcg; 0.4mg	3	MO
vylibra tabs 35mcg; 0.25mg	3	MO
wera tabs 35mcg; 0.5mg	3	MO
yuvafem tabs 10mcg	4	MO
zovia 1/35e tabs 35mcg; 1mg	3	MO
zovia 1/35 tabs 35mcg; 1mg	3	MO

Drug Name	Drug Tier	Requirements/Limits
Progestins		
camila tabs 0.35mg	3	MO
deblitane tabs 0.35mg	3	MO
DEPO-PROVERA INJ 400MG/ML	4	QL (10 ML per 28 days)
errin tabs 0.35mg	3	MO
heather tabs 0.35mg	3	MO
incassia tabs 0.35mg	3	MO
jencycla tabs 0.35mg	3	MO
jolivette tabs 0.35mg	3	MO
lyleq tabs 0.35mg	3	MO
lyza tabs 0.35mg	3	MO
MAKENA INJ 275MG/1.1ML	5	PA
medroxyprogesterone acetate inj 150mg/ml	4	QL (1 ML per 90 days)
medroxyprogesterone acetate inj 150mg/ml	4	QL (1 ML per 90 days)
medroxyprogesterone acetate tabs 10mg	1	MO
medroxyprogesterone acetate tabs 2.5mg	1	MO
medroxyprogesterone acetate tabs 5mg	1	MO
megestrol acetate susp 40mg/ml	4	PA
megestrol acetate susp 625mg/5ml	4	PA MO
megestrol acetate tabs 20mg	4	PA
megestrol acetate tabs 40mg	4	PA
nora-be tabs 0.35mg	3	MO
norethindrone acetate tabs 5mg	2	MO
norethindrone tabs 0.35mg	3	MO
norlyda tabs 0.35mg	3	MO
norlyroc tabs 0.35mg	3	MO
sharobel tabs 0.35mg	3	MO
tulana tabs 0.35mg	3	MO
Selective Estrogen Receptor Modifying Agents		
OSPHENA TABS 60MG	3	QL (30 EA per 30 days) PA MO
raloxifene hydrochloride tabs 60mg	3	MO
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
levothyroxine sodium tabs 100mcg	2	MO
levothyroxine sodium tabs 112mcg	2	MO
levothyroxine sodium tabs 125mcg	2	MO
levothyroxine sodium tabs 137mcg	2	MO
levothyroxine sodium tabs 150mcg	2	MO
levothyroxine sodium tabs 175mcg	2	MO
levothyroxine sodium tabs 200mcg	2	MO
levothyroxine sodium tabs 25mcg	2	MO
levothyroxine sodium tabs 300mcg	2	MO
levothyroxine sodium tabs 50mcg	2	MO
levothyroxine sodium tabs 75mcg	2	MO

Drug Name	Drug Tier	Requirements/Limits
levothyroxine sodium tabs 88mcg	2	MO
LEVOXYL TABS 100MCG	4	MO
LEVOXYL TABS 112MCG	4	MO
LEVOXYL TABS 125MCG	4	MO
LEVOXYL TABS 137MCG	4	MO
LEVOXYL TABS 150MCG	4	MO
LEVOXYL TABS 175MCG	4	MO
LEVOXYL TABS 200MCG	4	MO
LEVOXYL TABS 25MCG	4	MO
LEVOXYL TABS 50MCG	4	MO
LEVOXYL TABS 75MCG	4	MO
LEVOXYL TABS 88MCG	4	MO
liothyronine sodium tabs 25mcg	3	MO
liothyronine sodium tabs 50mcg	3	MO
liothyronine sodium tabs 5mcg	3	MO
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
ISTURISA TABS 10MG	5	PA MO
ISTURISA TABS 1MG	5	PA MO
ISTURISA TABS 5MG	5	PA MO
LYSODREN TABS 500MG	5	
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
cabergoline tabs 0.5mg	3	
FIRMAGON INJ 120MG/VIAL	5	QL (4 EA per 365 days) PA
FIRMAGON INJ 80MG	4	QL (1 EA per 28 days) PA
lanreotide acetate inj 120mg/0.5ml	5	PA
leuprolide acetate inj 1mg/0.2ml	5	PA
LUPRON DEPOT (1-MONTH) INJ 3.75MG	5	QL (1 EA per 28 days) PA
LUPRON DEPOT (1-MONTH) INJ 7.5MG	5	QL (1 EA per 28 days) PA
LUPRON DEPOT (3-MONTH) INJ 11.25MG	5	QL (1 EA per 84 days) PA
LUPRON DEPOT (3-MONTH) INJ 22.5MG	5	QL (1 EA per 84 days) PA
LUPRON DEPOT (4-MONTH) INJ 30MG	5	QL (1 EA per 112 days) PA
LUPRON DEPOT (6-MONTH) INJ 45MG	5	QL (1 EA per 168 days) PA
octreotide acetate inj 1000mcg/ml	4	PA MO
octreotide acetate inj 100mcg/ml	4	PA MO
octreotide acetate inj 200mcg/ml	4	PA MO
octreotide acetate inj 500mcg/ml	4	PA MO
octreotide acetate inj 50mcg/ml	4	PA MO
ORGOVYX TABS 120MG	5	PA
SIGNIFOR INJ 0.3MG/ML	5	QL (60 ML per 30 days) PA MO
SIGNIFOR INJ 0.6MG/ML	5	QL (60 ML per 30 days) PA MO
SIGNIFOR INJ 0.9MG/ML	5	QL (60 ML per 30 days) PA MO
SOMATULINE DEPOT INJ 120MG/0.5ML	5	PA

Drug Name	Drug Tier	Requirements/Limits
SOMATULINE DEPOT INJ 60MG/0.2ML	5	PA
SOMATULINE DEPOT INJ 90MG/0.3ML	5	PA
SOMAVERT INJ 10MG	5	PA MO
SOMAVERT INJ 15MG	5	PA MO
SOMAVERT INJ 20MG	5	PA MO
SOMAVERT INJ 25MG	5	PA MO
SOMAVERT INJ 30MG	5	PA MO
SUPPRELIN LA INJ 50MG	5	QL (1 EA per 365 days) PA
TRELSTAR MIXJECT INJ 11.25MG	4	QL (1 EA per 84 days) PA
TRELSTAR MIXJECT INJ 22.5MG	5	QL (1 EA per 168 days) PA
TRIPTODUR INJ 22.5MG	5	QL (1 EA per 168 days) PA
ZOLADEX INJ 3.6MG	4	QL (1 EA per 28 days) PA
ZOLADEX INJ 3.6MG	4	QL (1 EA per 28 days) PA
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
methimazole tabs 10mg	2	MO
methimazole tabs 5mg	2	MO
propylthiouracil tabs 50mg	3	MO
Immunological Agents		
Angioedema Agents		
CINRYZE INJ 500UNIT	5	PA
icatibant acetate inj 30mg/3ml	5	PA
sajazir inj 30mg/3ml	5	PA
Immunoglobulins		
BIVIGAM INJ 5GM/50ML	5	PA
CUVITRU INJ 10GM/50ML	5	PA
CUVITRU INJ 1GM/5ML	5	PA
CUVITRU INJ 2GM/10ML	5	PA
CUVITRU INJ 4GM/20ML	5	PA
CUVITRU INJ 8GM/40ML	5	PA
CUVITRU INJ 8GM/40ML	5	PA
GAMASTAN INJ 0	3	PA
GAMASTAN INJ 0	3	PA
GAMASTAN INJ 0	3	PA
GAMMAGARD S/D IGA LESS THAN 1MCG/ML INJ 5GM	5	PA
HIZENTRA INJ 1GM/5ML	5	PA
HIZENTRA INJ 2GM/10ML	5	PA
HIZENTRA INJ 4GM/20ML	5	PA
HYPERHEP B INJ 110UNIT/0.5ML	3	B/D
HYPERHEP B INJ 220UNIT/ML	3	B/D
HYPERHEP B INJ 220UNIT/ML	3	B/D
HYPERRAB INJ 1500UNIT/5ML	3	B/D
HYPERRAB INJ 300UNIT/ML	3	B/D
HYPERRAB INJ 900UNIT/3ML	3	B/D

Drug Name	Drug Tier	Requirements/Limits
NABI-HB INJ 312UNIT/ML	3	B/D
SYNAGIS INJ 100MG/ML	5	PA
SYNAGIS INJ 50MG/0.5ML	5	PA
VARIZIG INJ 125UNIT/1.2ML	3	PA
Immunological Agents, Other		
ACTEMRA ACTPEN INJ 162MG/0.9ML	5	PA MO
ACTEMRA INJ 162MG/0.9ML	5	QL (3.6 ML per 28 days) PA MO
ARCALYST INJ 220MG	5	PA MO
BENLYSTA INJ 200MG/ML	5	PA MO
BENLYSTA INJ 200MG/ML	5	PA MO
COSENTYX SENSOREADY PEN INJ 150MG/ML	5	PA MO
COSENTYX SENSOREADY PEN INJ 150MG/ML	5	PA MO
COSENTYX INJ 150MG/ML	5	PA MO
COSENTYX INJ 150MG/ML	5	PA MO
COSENTYX INJ 75MG/0.5ML	5	PA MO
DUPIXENT INJ 100MG/0.67ML	5	QL (1.34 ML per 28 days) PA MO
DUPIXENT INJ 200MG/1.14ML	5	QL (4.56 ML per 28 days) PA MO
DUPIXENT INJ 200MG/1.14ML	5	QL (4.56 ML per 28 days) PA MO
DUPIXENT INJ 300MG/2ML	5	QL (8 ML per 28 days) PA MO
DUPIXENT INJ 300MG/2ML	5	QL (8 ML per 28 days) PA MO
ENJAYMO INJ 1100MG/22ML	5	PA
ENSPRYNG INJ 120MG/ML	5	PA MO
ILUMYA INJ 100MG/ML	5	PA MO
LEMTRADA INJ 12MG/1.2ML	5	PA
ORENCIA CLICKJECT INJ 125MG/ML	5	QL (4 ML per 28 days) PA MO
ORENCIA INJ 125MG/ML	5	PA MO
ORENCIA INJ 50MG/0.4ML	5	PA MO
ORENCIA INJ 87.5MG/0.7ML	5	PA MO
RINVOQ TB24 15MG	5	PA MO
RINVOQ TB24 30MG	5	QL (30 EA per 30 days) PA MO
RINVOQ TB24 45MG	5	QL (30 EA per 30 days) PA MO
SKYRIZI PEN INJ 150MG/ML	5	PA MO
SKYRIZI INJ 150MG/ML	5	PA MO
SKYRIZI INJ 360MG/2.4ML	5	PA
SKYRIZI INJ 600MG/10ML	5	PA
SKYRIZI INJ 75MG/0.83ML	5	PA MO
STELARA INJ 130MG/26ML	5	PA
STELARA INJ 45MG/0.5ML	5	PA MO
STELARA INJ 45MG/0.5ML	5	PA MO
STELARA INJ 90MG/ML	5	PA MO
XELJANZ XR TB24 11MG	5	PA MO
XELJANZ XR TB24 22MG	5	PA MO
XELJANZ SOLN 1MG/ML	5	PA MO
XELJANZ TABS 10MG	5	PA MO

Drug Name	Drug Tier	Requirements/Limits
XELJANZ TABS 5MG	5	PA MO
XOLAIR INJ 150MG/ML	5	PA
XOLAIR INJ 150MG	5	PA
XOLAIR INJ 75MG/0.5ML	5	PA
Immunostimulants		
ACTIMMUNE INJ 2000000UNIT/0.5ML	5	PA MO
INTRON A INJ 10000000UNIT/ML	5	PA MO
INTRON A INJ 10000000UNIT	5	PA MO
INTRON A INJ 18000000UNIT	5	PA MO
INTRON A INJ 50000000UNIT	5	PA MO
INTRON A INJ 6000000UNIT/ML	5	PA MO
PEGASYS PROCLICK INJ 180MCG/0.5ML	5	PA
PEGASYS INJ 180MCG/0.5ML	5	PA
PEGASYS INJ 180MCG/ML	5	PA
SYLATRON INJ 200MCG	5	PA MO
SYLATRON INJ 300MCG	5	PA MO
SYLATRON INJ 600MCG	5	PA MO
Immunosuppressants		
azathioprine tabs 100mg	4	B/D MO
azathioprine tabs 50mg	3	B/D MO
azathioprine tabs 75mg	4	B/D MO
BENLYSTA INJ 120MG	5	PA
BENLYSTA INJ 400MG	5	PA
cyclosporine modified caps 100mg	3	B/D MO
cyclosporine modified caps 25mg	3	B/D MO
cyclosporine modified caps 50mg	3	B/D MO
cyclosporine modified soln 100mg/ml	3	B/D MO
cyclosporine caps 100mg	4	B/D MO
cyclosporine caps 25mg	4	B/D MO
ENBREL MINI INJ 50MG/ML	5	PA MO
ENBREL SURECLICK INJ 50MG/ML	5	PA MO
ENBREL INJ 25MG/0.5ML	5	PA MO
ENBREL INJ 25MG/0.5ML	5	PA MO
ENBREL INJ 25MG	5	PA MO
ENBREL INJ 50MG/ML	5	PA MO
everolimus tabs 0.25mg	4	B/D
everolimus tabs 0.5mg	5	B/D
everolimus tabs 0.75mg	5	B/D
everolimus tabs 1mg	5	B/D MO
gengraf caps 100mg	3	B/D MO
gengraf caps 25mg	3	B/D MO
gengraf soln 100mg/ml	3	B/D MO
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 0	5	PA MO

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 40MG/0.8ML	5	PA MO
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 80MG/0.8ML	5	PA MO
HUMIRA PEN-CD/UC/HS STARTER INJ 40MG/0.8ML	5	PA MO
HUMIRA PEN-CD/UC/HS STARTER INJ 80MG/0.8ML	5	PA MO
HUMIRA PEN-PEDIATRIC UC STARTER PACK INJ 80MG/0.8ML	5	PA MO
HUMIRA PEN-PS/UV STARTER INJ 0	5	PA MO
HUMIRA PEN-PS/UV STARTER INJ 40MG/0.8ML	5	PA MO
HUMIRA PEN INJ 40MG/0.4ML	5	PA MO
HUMIRA PEN INJ 40MG/0.8ML	5	PA MO
HUMIRA PEN INJ 80MG/0.8ML	5	PA MO
HUMIRA INJ 10MG/0.1ML	5	PA MO
HUMIRA INJ 10MG/0.2ML	5	PA MO
HUMIRA INJ 20MG/0.2ML	5	PA MO
HUMIRA INJ 20MG/0.4ML	5	PA MO
HUMIRA INJ 40MG/0.4ML	5	PA MO
HUMIRA INJ 40MG/0.8ML	5	PA MO
leflunomide tabs 10mg	3	MO
leflunomide tabs 20mg	3	MO
methotrexate sodium inj 1gm/40ml	2	
methotrexate sodium inj 250mg/10ml	2	
methotrexate sodium inj 250mg/10ml	2	
methotrexate sodium inj 50mg/2ml	2	
methotrexate sodium tabs 2.5mg	2	
methotrexate inj 50mg/2ml	2	
methotrexate tabs 2.5mg	2	
mycophenolate mofetil caps 250mg	3	B/D MO
mycophenolate mofetil susr 200mg/ml	5	B/D MO
mycophenolate mofetil tabs 500mg	3	B/D MO
mycophenolic acid dr tbec 180mg	4	B/D MO
mycophenolic acid dr tbec 360mg	4	B/D MO
ORENCIA INJ 250MG	5	PA MO
PROGRAF PACK 0.2MG	4	B/D MO
PROGRAF PACK 1MG	5	B/D MO
REZUROCK TABS 200MG	5	QL (60 EA per 30 days) PA MO
SANDIMMUNE SOLN 100MG/ML	4	B/D MO
sirolimus soln 1mg/ml	5	B/D MO
sirolimus tabs 0.5mg	4	B/D MO
sirolimus tabs 1mg	4	B/D MO
sirolimus tabs 2mg	5	B/D MO
tacrolimus caps 0.5mg	4	B/D MO
tacrolimus caps 1mg	4	B/D MO

Drug Name	Drug Tier	Requirements/Limits
tacrolimus caps 5mg	4	B/D MO
XATMEP SOLN 2.5MG/ML	4	
ZORTRESS TABS 1MG	5	B/D MO
Vaccines		
ACTHIB INJ 0	3	
ADACEL INJ 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	3	
ADACEL INJ 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	3	
BCG VACCINE INJ 50MG	3	
BEXSERO INJ 0	3	
BOOSTRIX INJ 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	3	
BOOSTRIX INJ 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	3	
DAPTACEL INJ 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	3	
DENGVAXIA INJ 0	3	
diphtheria/tetanus toxoids adsorbed pediatric inj 25lfu/0.5ml; 5lfu/0.5ml	3	
ENGERIX-B INJ 10MCG/0.5ML	3	B/D
ENGERIX-B INJ 20MCG/ML	3	B/D
ENGERIX-B INJ 20MCG/ML	3	B/D
GARDASIL 9 INJ 0	3	
GARDASIL 9 INJ 0	3	
HAVRIX INJ 1440ELU/ML	3	
HAVRIX INJ 720ELU/0.5ML	3	
HIBERIX INJ 10MCG	3	
IMOVAX RABIES (H.D.C.V.) INJ 2.5UNIT/ML	3	B/D
INFANRIX INJ 25LFU/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	3	
IPOL INACTIVATED IPV INJ 0	3	
IXIARO INJ 0	3	
KINRIX INJ 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
KINRIX INJ 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
M-M-R II INJ 0; 0; 0	3	
MENACTRA INJ 0	3	
menquadfi inj 0	3	
MENVEO INJ 0	3	
PEDIARIX INJ 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
PEDVAX HIB INJ 7.5MCG/0.5ML	3	
PENTACEL INJ 15LFU/0.5ML; 0; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	

Drug Name	Drug Tier	Requirements/Limits
PENTACEL INJ 15LFU/0.5ML; 0; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	
PREHEVBRIO INJ 10MCG/ML	3	B/D
PRIORIX INJ 0; 0; 0	3	
PROQUAD INJ 0; 0; 0; 0	3	
QUADRACEL INJ 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	
quadracel inj 15lfu/0.5ml; 48mcg/0.5ml; 0; 5lfu/0.5ml	3	
QUADRACEL INJ 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	
RABAVERT INJ 0	3	B/D
RECOMBIVAX HB INJ 10MCG/ML	3	B/D
RECOMBIVAX HB INJ 10MCG/ML	3	B/D
RECOMBIVAX HB INJ 40MCG/ML	3	B/D
RECOMBIVAX HB INJ 5MCG/0.5ML	3	B/D
RECOMBIVAX HB INJ 5MCG/0.5ML	3	B/D
ROTARIX SUSR 0	3	
ROTATEQ SOLN 0	3	
SHINGRIX INJ 50MCG/0.5ML	3	
STAMARIL INJ 0	3	
TDVAX INJ 2LF/0.5ML; 2LF/0.5ML	3	
TENIVAC INJ 2LFU; 5LFU	3	
TENIVAC INJ 2LFU; 5LFU	3	
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT INJ 2LF/0.5ML; 2LF/0.5ML	3	
TICOVAC INJ 1.2MCG/0.25ML	3	
TICOVAC INJ 2.4MCG/0.5ML	3	
TRUMENBA INJ 0	3	
TWINRIX INJ 720ELU/ML; 20MCG/ML	3	
TYPHIM VI INJ 25MCG/0.5ML	3	
TYPHIM VI INJ 25MCG/0.5ML	3	
VAQTA INJ 25UNIT/0.5ML	3	
VAQTA INJ 25UNIT/0.5ML	3	
VAQTA INJ 50UNIT/ML	3	
VAQTA INJ 50UNIT/ML	3	
VARIVAX INJ 1350PFU/0.5ML	3	
VAXELIS INJ 0; 0; 0; 0; 0; 0	3	
VAXELIS INJ 0; 0; 0; 0; 0; 0	3	
YF-VAX INJ 0	3	
YF-VAX INJ 0	3	
ZOSTAVAX INJ 19400UNT/0.65ML	3	
Inflammatory Bowel Disease Agents		
Aminosalicylates		
balsalazide disodium caps 750mg	4	

Drug Name	Drug Tier	Requirements/Limits
mesalamine dr tbec 1.2gm	4	MO
MESALAMINE DR TBEC 800MG	4	
mesalamine er cp24 0.375gm	4	MO
mesalamine enem 4gm	4	
mesalamine kit 4gm	4	
mesalamine supp 1000mg	4	
sulfasalazine tabs 500mg	2	MO
sulfasalazine tbec 500mg	2	MO
Glucocorticoids		
BUDESONIDE ER TB24 9MG	5	
budesonide cpep 3mg	4	
colocort enem 100mg/60ml	4	
hydrocortisone enem 100mg/60ml	4	
procto-med hc crea 2.5%	2	
proctosol hc crea 2.5%	2	
proctozone-hc crea 2.5%	2	
TARPEYO CPDR 4MG	5	QL (120 EA per 30 days) PA
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
alendronate sodium soln 70mg/75ml	4	MO
alendronate sodium tabs 10mg	2	MO
alendronate sodium tabs 35mg	2	MO
alendronate sodium tabs 5mg	2	MO
alendronate sodium tabs 70mg	2	QL (4 EA per 28 days) MO
calcitonin-salmon soln 200unit/act	2	QL (3.7 ML per 30 days) MO
calcitriol caps 0.25mcg	2	MO
calcitriol caps 0.5mcg	2	MO
CINACALCET HYDROCHLORIDE TABS 30MG	4	
CINACALCET HYDROCHLORIDE TABS 60MG	4	
CINACALCET HYDROCHLORIDE TABS 90MG	5	
doxercalciferol caps 0.5mcg	4	MO
doxercalciferol caps 1mcg	4	MO
doxercalciferol caps 2.5mcg	4	MO
FORTEO INJ 600MCG/2.4ML	5	PA MO
ibandronate sodium tabs 150mg	2	QL (1 EA per 28 days) MO
NATPARA INJ 100MCG	5	QL (2 EA per 28 days) PA MO
NATPARA INJ 25MCG	5	QL (2 EA per 28 days) PA MO
NATPARA INJ 50MCG	5	QL (2 EA per 28 days) PA MO
NATPARA INJ 75MCG	5	QL (2 EA per 28 days) PA MO
paricalcitol caps 1mcg	4	MO
paricalcitol caps 2mcg	4	MO
paricalcitol caps 4mcg	4	MO
PROLIA INJ 60MG/ML	4	QL (2 ML per 365 days)
TERIPARATIDE INJ 620MCG/2.48ML	5	PA

Drug Name	Drug Tier	Requirements/Limits
TYMLOS INJ 3120MCG/1.56ML	5	PA MO
XGEVA INJ 120MG/1.7ML	5	PA
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ALCOHOL PREP PADS PADS 70%	3	
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16" MISC	3	QL (200 EA per 30 days)
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2" MISC	3	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM MISC	3	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM MISC	3	QL (200 EA per 30 days)
BD INSULIN SYRINGE/1ML/29G X 12.7MM MISC	3	QL (200 EA per 30 days)
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM MISC	3	QL (200 EA per 30 days)
BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 6MM MISC	3	QL (200 EA per 30 days)
CURITY GAUZE PADS 2"X2" PADS	3	
ELLA TABS 30MG	3	
IGALMI FILM 120MCG	4	PA
IGALMI FILM 180MCG	4	PA
KORSUVA INJ 65MCG/1.3ML	5	PA
LAGEVRIO CAPS 200MG	4	QL (40 EA per 5 days)
LIVMARLI SOLN 9.5MG/ML	5	QL (90 ML per 30 days) PA MO
nutrilipid inj 20gm/100ml	4	B/D
OMNIPOD 5 G6 INTRO KIT (GEN 5) KIT	3	QL (1 EA per 365 days)
OMNIPOD 5 G6 PODS (GEN 5) MISC	3	QL (30 EA per 30 days)
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3) KIT	3	QL (1 EA per 365 days)
OMNIPOD CLASSIC PODS (GEN 3) MISC	3	QL (30 EA per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4) KIT	3	QL (1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4) KIT	3	QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4) MISC	3	QL (30 EA per 30 days)
PAXLOVID TBPK 150MG; 100MG	4	QL (30 EA per 5 days)
sodium chloride 0.9% soln 0.9%	2	
TAVNEOS CAPS 10MG	5	QL (180 EA per 30 days) PA
V-GO 20 KIT	3	
V-GO 30 KIT	3	
V-GO 40 KIT	3	
VISTOGARD PACK 10GM	5	
VISTOGARD PACK 10GM	5	
Ophthalmic Agents		
Ophthalmic Agents, Other		
atropine sulfate soln 1%	3	MO

Drug Name	Drug Tier	Requirements/Limits
bacitracin/polymyxin b oint 500unit/gm; 10000unit/gm	4	
brimonidine tartrate/timolol maleate soln 0.2%; 0.5%	4	MO
COMBIGAN SOLN 0.2%; 0.5%	4	MO
CYSTARAN SOLN 0.44%	5	QL (60 ML per 28 days) PA MO
dorzolamide hcl/timolol maleate soln 22.3mg/ml; 6.8mg/ml	3	MO
dorzolamide hydrochloride/timolol maleate pf soln 2%; 0.5%	4	MO
neo-polycin hc oint 400unit/gm; 1%; 3.5mg/gm; 10000unit/gm	3	
neo-polycin oint 400unit/gm; 3.5mg/gm; 10000unit/gm	3	
neomycin/bacitracin/polymyxin oint 400unit/gm; 5mg/gm; 10000unit/gm	3	
neomycin/polymyxin/bacitracin/hydrocortisone oint 400unit/gm; 1%; 0.5%; 10000unit/gm	3	
neomycin/polymyxin/dexamethasone oint 0.1%; 3.5mg/gm; 10000unit/gm	2	
neomycin/polymyxin/dexamethasone susp 0.1%; 3.5mg/ml; 10000unit/ml	2	
neomycin/polymyxin/gramicidin soln 0.025mg/ml; 1.75mg/ml; 10000unit/ml	3	
polycin oint 500unit/gm; 10000unit/gm	4	
polymyxin b sulfate/trimethoprim sulfate soln 10000unit/ml; 0.1%	2	
RESTASIS MULTIDOSE EMUL 0.05%	3	MO
RESTASIS EMUL 0.05%	3	MO
ROCKLATAN SOLN 0.005%; 0.02%	3	QL (2.5 ML per 25 days) MO
SIMBRINZA SUSP 0.2%; 1%	4	MO
sulfacetamide sodium/prednisolone sodium phosphate soln 0.23%; 10%	2	
TOBRADEX ST SUSP 0.05%; 0.3%	4	
TOBRADEX OINT 0.1%; 0.3%	4	
tobramycin/dexamethasone susp 0.1%; 0.3%	4	
XIIDRA SOLN 5%	4	QL (60 EA per 30 days) MO
ZYLET SUSP 0.5%; 0.3%	4	
Ophthalmic Anti-allergy Agents		
azelastine hcl soln 0.05%	2	
bepotastine besilate soln 1.5%	4	
cromolyn sodium soln 4%	2	
epinastine hcl soln 0.05%	3	
olopatadine hcl soln 0.1%	3	
olopatadine hydrochloride soln 0.2%	3	
PAZEO SOLN 0.7%	4	
Ophthalmic Anti-Infectives		
bacitracin oint 500unit/gm	4	
BESIVANCE SUSP 0.6%	4	

Drug Name	Drug Tier	Requirements/Limits
ciprofloxacin hydrochloride soln 0.3%	3	
erythromycin oint 5mg/gm	2	
gatifloxacin soln 0.5%	4	
gentak oint 0.3%	4	
gentamicin sulfate soln 0.3%	2	
levofloxacin soln 0.5%	3	
moxifloxacin hydrochloride soln 0.5%	3	
NATACYN SUSP 5%	4	
ofloxacin soln 0.3%	3	
sulfacetamide sodium oint 10%	3	
sulfacetamide sodium soln 10%	3	
tobramycin soln 0.3%	2	
trifluridine soln 1%	4	
ZIRGAN GEL 0.15%	4	
Ophthalmic Anti-inflammatories		
ALREX SUSP 0.2%	4	
bromfenac soln 0.09%	4	
dexamethasone sodium phosphate soln 0.1%	3	
diclofenac sodium soln 0.1%	4	
difluprednate emul 0.05%	4	
DUREZOL EMUL 0.05%	4	
FLAREX SUSP 0.1%	4	
flurbiprofen sodium soln 0.03%	2	
FML FORTE SUSP 0.25%	4	
ketorolac tromethamine soln 0.4%	3	
ketorolac tromethamine soln 0.5%	2	
LOTEMAX SM GEL 0.38%	4	QL (20 GM per 365 days)
loteprednol etabonate gel 0.5%	4	QL (20 GM per 365 days)
loteprednol etabonate susp 0.5%	4	
prednisolone acetate susp 1%	3	
PROLENSA SOLN 0.07%	4	QL (12 ML per 365 days)
Ophthalmic Beta-Adrenergic Blocking Agents		
betaxolol hcl soln 0.5%	3	MO
carteolol hcl soln 1%	2	MO
levobunolol hcl soln 0.5%	2	MO
timolol maleate ophthalmic gel forming solg 0.25%	4	MO
timolol maleate ophthalmic gel forming solg 0.5%	4	MO
timolol maleate soln 0.25%	2	MO
timolol maleate soln 0.5%	2	MO
timolol maleate soln 0.5%	4	MO
Ophthalmic Intraocular Pressure Lowering Agents, Other		
acetazolamide er cp12 500mg	4	MO
ALPHAGAN P SOLN 0.1%	3	MO
brimonidine tartrate soln 0.15%	4	MO

Drug Name	Drug Tier	Requirements/Limits
brimonidine tartrate soln 0.2%	2	MO
brinzolamide susp 1%	3	MO
dorzolamide hydrochloride soln 2%	3	MO
pilocarpine hcl soln 1%	3	MO
pilocarpine hcl soln 2%	3	MO
pilocarpine hcl soln 4%	4	MO
RHOPRESSA SOLN 0.02%	3	QL (2.5 ML per 25 days)
Ophthalmic Prostaglandin and Prostamide Analogs		
bimatoprost soln 0.03%	2	QL (5 ML per 30 days) MO
latanoprost soln 0.005%	1	MO
LUMIGAN SOLN 0.01%	3	QL (2.5 ML per 25 days) MO
VYZULTA SOLN 0.024%	4	QL (5 ML per 25 days) MO
Otic Agents		
Otic Agents		
acetic acid soln 2%	2	
ciprofloxacin/dexamethasone susp 0.3%; 0.1%	4	
ciprofloxacin soln 0.2%	4	
flac oil 0.01%	4	
fluocinolone acetonide ear drops oil 0.01%	4	
fluocinolone acetonide oil 0.01%	4	
neomycin/polymyxin/hc soln 1%; 3.5mg/ml; 10000unit/ml	4	
neomycin/polymyxin/hydrocortisone susp 1%; 3.5mg/ml; 10000unit/ml	4	
ofloxacin soln 0.3%	3	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA AEPB 100MCG/ACT	3	QL (30 EA per 30 days)
ARNUITY ELLIPTA AEPB 200MCG/ACT	3	QL (30 EA per 30 days)
ARNUITY ELLIPTA AEPB 50MCG/ACT	3	QL (30 EA per 30 days)
ASMANEX HFA AERO 100MCG/ACT	4	QL (13 GM per 30 days) MO
ASMANEX HFA AERO 200MCG/ACT	4	QL (13 GM per 30 days) MO
ASMANEX HFA AERO 50MCG/ACT	4	QL (13 GM per 30 days) MO
ASMANEX TWISTHALER 120 METERED DOSES AEPB 220MCG/INH	4	QL (1 EA per 30 days) MO
ASMANEX TWISTHALER 14 METERED DOSES AEPB 220MCG/INH	4	QL (1 EA per 30 days)
ASMANEX TWISTHALER 30 METERED DOSES AEPB 110MCG/INH	4	QL (1 EA per 30 days) MO
ASMANEX TWISTHALER 30 METERED DOSES AEPB 220MCG/INH	4	QL (1 EA per 30 days) MO
ASMANEX TWISTHALER 60 METERED DOSES AEPB 220MCG/INH	4	QL (1 EA per 30 days) MO
ASMANEX TWISTHALER 7 METERED DOSES AEPB 110MCG/INH	4	QL (1 EA per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
BREZTRI AEROSPHERE AERO 160MCG/ACT; 4.8MCG/ACT; 9MCG/ACT	3	QL (23.6 GM per 28 days) MO
budesonide susp 0.25mg/2ml	4	QL (120 ML per 30 days) B/D MO
budesonide susp 0.5mg/2ml	4	QL (120 ML per 30 days) B/D MO
budesonide susp 1mg/2ml	4	QL (120 ML per 30 days) B/D MO
FLOVENT DISKUS AEPB 100MCG/BLIST	3	QL (60 EA per 30 days) MO
FLOVENT DISKUS AEPB 250MCG/BLIST	3	QL (240 EA per 30 days) MO
FLOVENT DISKUS AEPB 50MCG/BLIST	3	QL (60 EA per 30 days) MO
FLOVENT HFA AERO 110MCG/ACT	3	QL (24 GM per 30 days) MO
FLOVENT HFA AERO 220MCG/ACT	3	QL (24 GM per 30 days) MO
FLOVENT HFA AERO 44MCG/ACT	3	QL (21.2 GM per 30 days) MO
fluticasone propionate susp 50mcg/act	2	
mometasone furoate susp 50mcg/act	4	QL (34 GM per 30 days)
QVAR REDIHALER AERB 40MCG/ACT	4	QL (21.2 GM per 30 days) ST MO
QVAR REDIHALER AERB 80MCG/ACT	4	QL (21.2 GM per 30 days) ST MO
Antihistamines		
azelastine hcl soln 0.15%	2	QL (60 ML per 30 days)
azelastine hydrochloride/fluticasone propionate susp 137mcg/act; 50mcg/act	4	QL (23 GM per 30 days)
azelastine hydrochloride soln 0.1%	2	QL (60 ML per 30 days)
cyproheptadine hydrochloride tabs 4mg	4	
diphenhydramine hcl inj 50mg/ml	4	
diphenhydramine hydrochloride inj 50mg/ml	4	
hydroxyzine hcl tabs 50mg	4	
hydroxyzine hydrochloride tabs 10mg	4	
hydroxyzine hydrochloride tabs 25mg	4	
levocetirizine dihydrochloride tabs 5mg	2	
Antileukotrienes		
montelukast sodium chew 4mg	2	MO
montelukast sodium chew 5mg	2	MO
montelukast sodium tabs 10mg	2	MO
zafirlukast tabs 10mg	4	MO
zafirlukast tabs 20mg	4	MO
Bronchodilators, Anticholinergic		
ATROVENT HFA AERS 17MCG/ACT	4	QL (25.8 GM per 30 days) MO
ipratropium bromide soln 0.02%	2	QL (312.5 ML per 30 days) B/D MO
ipratropium bromide soln 0.03%	3	MO
ipratropium bromide soln 0.06%	3	MO
SPIRIVA HANDIHALER CAPS 18MCG	3	QL (30 EA per 30 days) MO
SPIRIVA RESPIMAT AERS 1.25MCG/ACT	3	QL (8 GM per 30 days) MO
SPIRIVA RESPIMAT AERS 2.5MCG/ACT	3	MO
Bronchodilators, Sympathomimetic		
albuterol sulfate hfa aers 108mcg/act	2	QL (48 GM per 30 days)
albuterol sulfate hfa aers 108mcg/act	2	QL (17 GM per 30 days)

Drug Name	Drug Tier	Requirements/Limits
albuterol sulfate hfa aers 108mcg/act	2	QL (13.4 GM per 30 days)
albuterol sulfate nebu 0.083%	2	QL (525 ML per 30 days) B/D MO
albuterol sulfate nebu 2.5mg/0.5ml	2	QL (100 EA per 30 days) B/D MO
albuterol sulfate syrp 2mg/5ml	4	MO
EPINEPHRINE INJ 0.15MG/0.15ML	3	
EPINEPHRINE INJ 0.15MG/0.3ML	3	
EPINEPHRINE INJ 0.3MG/0.3ML	3	Applies to product manufactured by Mylan Specialty L.P. Only
epinephrine inj 0.3mg/0.3ml	3	
formoterol fumarate nebu 20mcg/2ml	5	QL (120 ML per 30 days) B/D MO
levalbuterol tartrate hfa aero 45mcg/act	3	QL (30 GM per 30 days) MO
PERFOROMIST NEBU 20MCG/2ML	5	QL (120 ML per 30 days) B/D MO
PROAIR HFA AERS 108MCG/ACT	3	QL (17 GM per 30 days) MO
PROAIR RESPICLICK AEPB 108MCG/ACT	3	QL (2 EA per 30 days) MO
SEREVENT DISKUS AEPB 50MCG/DOSE	3	QL (60 EA per 30 days) MO
Cystic Fibrosis Agents		
CAYSTON SOLR 75MG	5	PA
KALYDECO PACK 25MG	5	PA MO
KALYDECO PACK 50MG	5	PA MO
KALYDECO PACK 75MG	5	PA MO
KALYDECO TABS 150MG	5	PA MO
ORKAMBI PACK 125MG; 100MG	5	QL (56 EA per 28 days) PA MO
ORKAMBI PACK 188MG; 150MG	5	QL (56 EA per 28 days) PA MO
ORKAMBI PACK 94MG; 75MG	5	QL (56 EA per 28 days) PA
ORKAMBI TABS 125MG; 100MG	5	QL (112 EA per 28 days) PA MO
ORKAMBI TABS 125MG; 200MG	5	QL (112 EA per 28 days) PA MO
tobramycin nebu 300mg/4ml	5	B/D
tobramycin nebu 300mg/5ml	5	B/D MO
TRIKAFTA TBPK 50MG; 0; 25MG	5	QL (84 EA per 28 days) PA MO
Mast Cell Stabilizers		
cromolyn sodium nebu 20mg/2ml	5	B/D MO
Phosphodiesterase Inhibitors, Airways Disease		
DALIRESP TABS 250MCG	4	PA MO
DALIRESP TABS 500MCG	4	PA MO
roflumilast tabs 250mcg	4	PA
roflumilast tabs 500mcg	4	PA
theophylline er tb12 300mg	3	MO
theophylline er tb12 450mg	4	MO
theophylline er tb24 400mg	3	MO
theophylline er tb24 600mg	3	MO
theophylline soln 80mg/15ml	3	
Pulmonary Antihypertensives		
ADEMPAS TABS 0.5MG	5	QL (90 EA per 30 days) PA MO
ADEMPAS TABS 1.5MG	5	QL (90 EA per 30 days) PA MO

Drug Name	Drug Tier	Requirements/Limits
ADEMPAS TABS 1MG	5	QL (90 EA per 30 days) PA MO
ADEMPAS TABS 2.5MG	5	QL (90 EA per 30 days) PA MO
ADEMPAS TABS 2MG	5	QL (90 EA per 30 days) PA MO
alyq tabs 20mg	5	QL (60 EA per 30 days) PA MO
ambrisentan tabs 10mg	5	QL (30 EA per 30 days) PA MO
ambrisentan tabs 5mg	5	QL (30 EA per 30 days) PA MO
epoprostenol sodium inj 0.5mg	4	B/D
epoprostenol sodium inj 1.5mg	5	
OPSUMIT TABS 10MG	5	QL (30 EA per 30 days) PA MO
sildenafil citrate tabs 20mg	3	QL (90 EA per 30 days) PA MO
tadalafil tabs 20mg	5	QL (60 EA per 30 days) PA MO
VENTAVIS SOLN 10MCG/ML	5	QL (270 ML per 30 days) PA MO
VENTAVIS SOLN 20MCG/ML	5	QL (270 ML per 30 days) PA MO
Pulmonary Fibrosis Agents		
ESBRIET CAPS 267MG	5	PA MO
ESBRIET TABS 267MG	5	PA MO
ESBRIET TABS 801MG	5	PA MO
OFEV CAPS 100MG	5	PA MO
OFEV CAPS 150MG	5	PA MO
pirfenidone tabs 267mg	5	PA MO
PIRFENIDONE TABS 534MG	5	PA MO
pirfenidone tabs 801mg	5	PA MO
Respiratory Tract Agents, Other		
acetylcysteine soln 10%	4	B/D
acetylcysteine soln 20%	4	B/D
ANORO ELLIPTA AEPB 62.5MCG/INH; 25MCG/INH	3	QL (60 EA per 30 days) MO
BREO ELLIPTA AEPB 100MCG/INH; 25MCG/INH	3	QL (60 EA per 30 days) MO
BREO ELLIPTA AEPB 200MCG/INH; 25MCG/INH	3	QL (60 EA per 30 days) MO
COMBIVENT RESPIMAT AERS 100MCG/ACT; 20MCG/ACT	3	QL (8 GM per 30 days) MO
DULERA AERO 5MCG/ACT; 100MCG/ACT	4	QL (17.6 GM per 30 days) MO
DULERA AERO 5MCG/ACT; 200MCG/ACT	4	QL (17.6 GM per 30 days) MO
DULERA AERO 5MCG/ACT; 50MCG/ACT	4	QL (13 GM per 30 days) MO
FASENRA PEN INJ 30MG/ML	5	PA
FASENRA INJ 30MG/ML	5	PA
fluticasone propionate/salmeterol diskus aepb 100mcg/act; 50mcg/act	2	QL (60 EA per 30 days) MO
fluticasone propionate/salmeterol diskus aepb 250mcg/act; 50mcg/act	2	QL (60 EA per 30 days) MO
fluticasone propionate/salmeterol diskus aepb 500mcg/act; 50mcg/act	2	QL (60 EA per 30 days) MO
fluticasone propionate/salmeterol aepb 100mcg/act; 50mcg/act	2	QL (60 EA per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
fluticasone propionate/salmeterol aepb 250mcg/act; 50mcg/act	2	QL (60 EA per 30 days) MO
fluticasone propionate/salmeterol aepb 500mcg/act; 50mcg/act	2	QL (60 EA per 30 days) MO
ipratropium bromide/albuterol sulfate soln 2.5mg/3ml; 0.5mg/3ml	2	QL (540 ML per 30 days) B/D MO
STIOLTO RESPIMAT AERS 2.5MCG/ACT; 2.5MCG/ACT	3	QL (24 GM per 30 days) MO
SYMBICORT AERO 160MCG/ACT; 4.5MCG/ACT	3	QL (12 GM per 30 days) MO
SYMBICORT AERO 80MCG/ACT; 4.5MCG/ACT	3	QL (13.8 GM per 30 days) MO
TRELEGY ELLIPTA AEPB 100MCG/INH; 62.5MCG/INH; 25MCG/INH	3	QL (60 EA per 30 days) MO
TRELEGY ELLIPTA AEPB 200MCG/INH; 62.5MCG/INH; 25MCG/INH	3	QL (60 EA per 30 days) MO
wixela inhub aepb 100mcg/act; 50mcg/act	2	QL (60 EA per 30 days) MO
wixela inhub aepb 250mcg/act; 50mcg/act	2	QL (60 EA per 30 days) MO
wixela inhub aepb 500mcg/act; 50mcg/act	2	QL (60 EA per 30 days) MO
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
chlorzoxazone tabs 500mg	4	
cyclobenzaprine hydrochloride tabs 10mg	4	
cyclobenzaprine hydrochloride tabs 5mg	4	
Sleep Disorder Agents		
Sleep Promoting Agents		
BELSOMRA TABS 10MG	3	QL (30 EA per 30 days)
BELSOMRA TABS 15MG	3	QL (30 EA per 30 days)
BELSOMRA TABS 20MG	3	QL (30 EA per 30 days)
BELSOMRA TABS 5MG	3	QL (30 EA per 30 days)
ramelteon tabs 8mg	4	QL (30 EA per 30 days)
temazepam caps 15mg	2	QL (30 EA per 30 days)
temazepam caps 30mg	2	QL (30 EA per 30 days)
zaleplon caps 10mg	4	QL (60 EA per 30 days)
zaleplon caps 5mg	4	QL (30 EA per 30 days)
zolpidem tartrate tabs 10mg	2	QL (30 EA per 30 days)
zolpidem tartrate tabs 5mg	2	QL (30 EA per 30 days)
Wakefulness Promoting Agents		
armodafinil tabs 150mg	4	QL (30 EA per 30 days) PA
armodafinil tabs 200mg	4	QL (30 EA per 30 days) PA
armodafinil tabs 250mg	4	QL (30 EA per 30 days) PA
armodafinil tabs 50mg	4	QL (60 EA per 30 days) PA
modafinil tabs 100mg	3	QL (30 EA per 30 days) PA MO
modafinil tabs 200mg	3	QL (30 EA per 30 days) PA MO
XYREM SOLN 500MG/ML	5	QL (540 ML per 30 days) PA

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This formulary was updated on 11/01/2022. For more recent information or other questions, please contact Farm Bureau Health Plans at 866-643-6924, TTY/TDD users should call 711. Our hours of operation are 8 a.m. to 8 p.m. local time, 7 days a week October 1 – March 31 during which time our automated phone system may answer your call on Thanksgiving and Christmas day. April 1 – September 30 our hours are 8 a.m. to 8 p.m., Monday – Friday. Our automated phone system may answer your call on weekends and federal holidays. You may also visit our website at fbhp.com/part-d.

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