P.O. Box 240
Columbia, TN 38402

Farm Bureau Select Rx, PDP

2023 Formulary

(List of Covered Drugs)

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

Formulary ID: 23391, Version Number 8

This formulary was updated on 02/01/2023. 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.

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

Important Message About What You Pay for Insulin - You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

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, PDP.

This document includes a list of the drugs (formulary) for our plan which is current as of March 1, 2023. 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, 2023, 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 2023 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 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 March 1, 2023. 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 141. 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 website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask 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 141.

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 capsule 100mg	2	QL (60 EA per 30 days) MO
celecoxib capsule 200mg	2	QL (60 EA per 30 days) MO
celecoxib capsule 400mg	3	QL (60 EA per 30 days) MO
celecoxib capsule 50mg	2	QL (60 EA per 30 days) MO
diclofenac potassium tablet 50mg	3	MO
diclofenac sodium dr tablet delayed release 25mg	3	MO
diclofenac sodium dr tablet delayed release 50mg	3	MO
diclofenac sodium dr tablet delayed release 75mg	3	MO
diclofenac sodium er tablet extended release 24 hour 100mg	3	MO
diclofenac sodium gel 1%	3	QL (1000 GM per 30 days)
diclofenac sodium solution 1.5%	3	PA
EC-NAPROSYN TABLET DELAYED RELEASE 500MG	3	
ec-naproxen tablet delayed release 375mg	2	MO
etodolac capsule 200mg	4	MO
etodolac capsule 300mg	4	MO
etodolac tablet 400mg	3	MO
etodolac tablet 500mg	3	MO
flurbiprofen tablet 100mg	3	MO
flurbiprofen tablet 50mg	3	MO
ibuprofen tablet 400mg	1	MO
ibuprofen tablet 600mg	1	MO
ibuprofen tablet 800mg	1	MO
ibu tablet 400mg	1	MO
ibu tablet 600mg	1	MO
ibu tablet 800mg	1	MO
indomethacin er capsule extended release 75mg	4	MO
indomethacin capsule 25mg	2	MO
indomethacin capsule 50mg	2	MO
ketorolac tromethamine injection 15mg/ml	4	
ketorolac tromethamine injection 30mg/ml	4	

Drug Name	Drug Tier	Requirements/Limits
ketorolac tromethamine injection 30mg/ml	4	
ketorolac tromethamine injection 30mg/ml	4	
ketorolac tromethamine tablet 10mg	4	QL (20 EA per 30 days)
meloxicam tablet 15mg	1	MO
meloxicam tablet 7.5mg	1	MO
nabumetone tablet 500mg	2	MO
nabumetone tablet 750mg	2	MO
naproxen sodium tablet 275mg	4	MO
naproxen sodium tablet 550mg	4	MO
naproxen tablet delayed release 375mg	2	MO
naproxen tablet delayed release 500mg	3	MO
naproxen tablet 250mg	1	MO
naproxen tablet 375mg	1	MO
naproxen tablet 500mg	1	MO
oxaprozin tablet 600mg	4	MO
sulindac tablet 150mg	2	MO
sulindac tablet 200mg	2	MO
Opioid Analgesics, Long-acting		
buprenorphine patch weekly 10mcg/hr	4	QL (4 EA per 28 days) NDS
buprenorphine patch weekly 15mcg/hr	4	QL (4 EA per 28 days) NDS
buprenorphine patch weekly 20mcg/hr	4	QL (4 EA per 28 days) NDS
BUPRENORPHINE PATCH WEEKLY 5MCG/HR	4	QL (4 EA per 28 days) NDS
buprenorphine patch weekly 7.5mcg/hr	4	QL (4 EA per 28 days) NDS
fentanyl patch 72 hour 100mcg/hr	4	NDS
fentanyl patch 72 hour 25mcg/hr	4	NDS
fentanyl patch 72 hour 50mcg/hr	4	NDS
fentanyl patch 72 hour 75mcg/hr	4	NDS
methadone hcl solution 10mg/5ml	3	NDS
methadone hcl solution 5mg/5ml	3	NDS
methadone hcl tablet 10mg	2	NDS
methadone hcl tablet 5mg	2	NDS
methadone hydrochloride intensol concentrate 10mg/ml	3	NDS
methadone hydrochloride concentrate 10mg/ml	3	NDS

Drug Name	Drug Tier	Requirements/Limits
methadose sugar-free concentrate 10mg/ml	3	NDS
methadose concentrate 10mg/ml	3	NDS
morphine sulfate er tablet extended release 100mg	4	NDS
morphine sulfate er tablet extended release 15mg	3	NDS
morphine sulfate er tablet extended release 200mg	4	NDS
morphine sulfate er tablet extended release 30mg	3	NDS
morphine sulfate er tablet extended release 60mg	3	NDS
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5MG	3	NDS
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 18MG	3	NDS
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 27MG	3	NDS
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 36MG	3	NDS
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 9MG	3	NDS
Opioid Analgesics, Short-acting		
acetaminophen/codeine solution 120mg/5ml; 12mg/5ml	2	NDS
acetaminophen/codeine tablet 300mg; 15mg	2	NDS
acetaminophen/codeine tablet 300mg; 30mg	2	NDS
acetaminophen/codeine tablet 300mg; 60mg	2	NDS
endocet tablet 325mg; 10mg	3	NDS
endocet tablet 325mg; 2.5mg	4	NDS
endocet tablet 325mg; 5mg	2	NDS
endocet tablet 325mg; 7.5mg	3	NDS
fentanyl citrate oral transmucosal lozenge on a handle 1200mcg	5	PA NDS
fentanyl citrate oral transmucosal lozenge on a handle 1600mcg	5	PA NDS
fentanyl citrate oral transmucosal lozenge on a handle 200mcg	4	PA NDS

Drug Name	Drug Tier	Requirements/Limits
fentanyl citrate oral transmucosal lozenge on a handle 400mcg	5	PA NDS
fentanyl citrate oral transmucosal lozenge on a handle 600mcg	5	PA NDS
fentanyl citrate oral transmucosal lozenge on a handle 800mcg	5	PA NDS
hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml	3	NDS
hydrocodone bitartrate/acetaminophen tablet 325mg; 10mg	3	NDS
hydrocodone bitartrate/acetaminophen tablet 325mg; 5mg	3	NDS
hydrocodone/acetaminophen tablet 325mg; 7.5mg	3	NDS
hydromorphone hcl injection 10mg/ml	4	NDS
hydromorphone hcl injection 1mg/ml	4	NDS
hydromorphone hcl injection 4mg/ml	4	NDS
hydromorphone hcl tablet 2mg	2	NDS
hydromorphone hcl tablet 4mg	2	NDS
hydromorphone hcl tablet 8mg	3	NDS
hydromorphone hydrochloride dosette injection 2mg/ml	4	NDS
hydromorphone hydrochloride injection 1mg/ml	4	NDS
hydromorphone hydrochloride injection 1mg/ml	4	NDS
hydromorphone hydrochloride injection 2mg/ml	4	NDS
hydromorphone hydrochloride injection 2mg/ml	4	NDS
hydromorphone hydrochloride injection 50mg/5ml	4	NDS
lorcet hd tablet 325mg; 10mg	3	NDS
lorcet plus tablet 325mg; 7.5mg	3	NDS
lorcet tablet 325mg; 5mg	3	NDS
morphine sulfate injection 10mg/ml	4	NDS
morphine sulfate injection 4mg/ml	4	NDS
morphine sulfate injection 4mg/ml	4	NDS
morphine sulfate solution 10mg/5ml	4	NDS
morphine sulfate solution 20mg/5ml	4	NDS

Drug Name	Drug Tier	Requirements/Limits
morphine sulfate solution 20mg/ml	4	NDS
morphine sulfate tablet 15mg	3	NDS
morphine sulfate tablet 30mg	3	NDS
oxycodone hydrochloride solution 5mg/5ml	4	NDS
oxycodone hydrochloride tablet 10mg	2	NDS
oxycodone hydrochloride tablet 15mg	2	NDS
oxycodone hydrochloride tablet 20mg	3	NDS
oxycodone hydrochloride tablet 30mg	3	NDS
oxycodone hydrochloride tablet 5mg	2	NDS
oxycodone/acetaminophen tablet 325mg; 10mg	3	NDS
oxycodone/acetaminophen tablet 325mg; 2.5mg	4	NDS
oxycodone/acetaminophen tablet 325mg; 5mg	2	NDS
oxycodone/acetaminophen tablet 325mg; 7.5mg	3	NDS
tramadol hcl tablet 50mg	2	NDS
tramadol hydrochloride/acetaminophen tablet 325mg; 37.5mg	2	NDS
Anesthetics		
Local Anesthetics		
glydo prefilled syringe 2%	2	QL (30 ML per 30 days) PA
lidocaine hcl jelly prefilled syringe 2%	2	QL (30 ML per 30 days) PA
lidocaine hcl prefilled syringe 2%	2	QL (30 ML per 30 days) PA
lidocaine-prilocaine-cream base cream 2.5%; 2.5%	3	QL (30 GM per 30 days) PA
lidocaine/prilocaine cream 2.5%; 2.5%	3	QL (30 GM per 30 days) PA
lidocaine ointment 5%	3	QL (150 GM per 30 days) PA
lidocaine patch 5%	4	PA
premium lidocaine ointment 5%	3	QL (150 GM per 30 days) PA
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
acamprosate calcium dr tablet delayed release 333mg	4	MO
disulfiram tablet 250mg	3	MO
disulfiram tablet 500mg	3	MO
naltrexone hcl tablet 50mg	2	
VIVITROL INJECTION 380MG	5	

Drug Name	Drug Tier	Requirements/Limits
Opioid Dependence		
buprenorphine hcl/naloxone hcl tablet sublingual 2mg; 0.5mg	2	QL (360 EA per 30 days)
buprenorphine hcl/naloxone hcl tablet sublingual 8mg; 2mg	2	QL (90 EA per 30 days)
buprenorphine hcl tablet sublingual 2mg	2	
buprenorphine hcl tablet sublingual 8mg	2	
buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg	3	QL (60 EA per 30 days)
buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg	3	QL (90 EA per 30 days)
buprenorphine hydrochloride/naloxone hydrochloride film 4mg; 1mg	3	QL (60 EA per 30 days)
buprenorphine hydrochloride/naloxone hydrochloride film 8mg; 2mg	3	QL (90 EA per 30 days)
BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE TABLET SUBLINGUAL 2MG; 0.5MG	2	QL (360 EA per 30 days)
Opioid Reversal Agents		
naloxone hcl injection 2mg/2ml	3	
naloxone hcl injection 4mg/10ml	2	
naloxone hydrochloride injection 0.4mg/ml	2	
naloxone hydrochloride injection 0.4mg/ml	2	
NALOXONE HYDROCHLORIDE LIQUID 4MG/0.1ML	3	
Smoking Cessation Agents		
bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg	2	QL (60 EA per 30 days)
NICOTROL NS SOLUTION 10MG/ML	4	QL (360 ML per 365 days)
varenicline starting month box tablet therapy pack 0	4	QL (504 EA per 365 days)
varenicline tartrate tablet 0.5mg	4	QL (504 EA per 365 days)
varenicline tartrate tablet 1mg	4	QL (504 EA per 365 days)
Antibacterials		

Drug Name	Drug Tier	Requirements/Limits
Aminoglycosides		
gentamicin sulfate cream 0.1%	3	
gentamicin sulfate injection 40mg/ml	4	
gentamicin sulfate ointment 0.1%	3	
neomycin sulfate tablet 500mg	3	
paromomycin sulfate capsule 250mg	4	
streptomycin sulfate injection 1gm	5	
tobramycin sulfate injection 1.2gm/30ml	3	
tobramycin sulfate injection 1.2gm	3	
tobramycin sulfate injection 10mg/ml	3	
tobramycin sulfate injection 40mg/ml	3	
tobramycin sulfate injection 80mg/2ml	3	
Antibacterials, Other		
aztreonam injection 1gm	4	
aztreonam injection 2gm	4	
clindacin etz pledgets swab 1%	2	
clindamycin hcl capsule 300mg	2	
clindamycin hydrochloride capsule 150mg	2	
clindamycin hydrochloride capsule 75mg	2	
clindamycin palmitate hcl solution reconstituted 75mg/5ml	4	
clindamycin phosphate cream 2%	4	
clindamycin phosphate injection 300mg/2ml	3	
clindamycin phosphate injection 600mg/4ml	3	
clindamycin phosphate injection 900mg/6ml	3	
clindamycin phosphate swab 1%	2	
colistimethate sodium injection 150mg	5	
DAPTOMYCIN INJECTION 350MG	5	
daptomycin injection 500mg	5	
IMPAVIDO CAPSULE 50MG	5	
linezolid injection 600mg/300ml	4	
linezolid suspension reconstituted 100mg/5ml	5	QL (1800 ML per 28 days)
linezolid tablet 600mg	4	QL (56 EA per 28 days)
methenamine hippurate tablet 1gm	4	

Drug Name	Drug Tier	Requirements/Limits
metronidazole vaginal gel 0.75%	4	
metronidazole injection 500mg/100ml	3	
metronidazole tablet 250mg	2	
metronidazole tablet 500mg	2	
nitrofurantoin macrocrystals capsule 100mg	4	
nitrofurantoin macrocrystals capsule 50mg	4	
nitrofurantoin monohydrate/macrocrystals capsule 100mg	2	
nitrofurantoin monohydrate capsule 100mg	2	
tinidazole tablet 250mg	3	
tinidazole tablet 500mg	3	
trimethoprim tablet 100mg	2	
vancomycin hydrochloride capsule 125mg	4	QL (120 EA per 30 days)
vancomycin hydrochloride capsule 250mg	4	QL (240 EA per 30 days)
vancomycin hydrochloride injection 1gm	3	
vancomycin hydrochloride injection 250mg	3	
vancomycin hydrochloride injection 500mg	3	
vancomycin hydrochloride injection 750mg	3	
Beta-lactam, Cephalosporins		
cefaclor capsule 250mg	4	
cefaclor capsule 500mg	4	
cefadroxil capsule 500mg	2	
cefadroxil suspension reconstituted 250mg/5ml	2	
cefadroxil suspension reconstituted 500mg/5ml	2	
cefazolin sodium injection 1gm	4	
CEFAZOLIN INJECTION 2GM	4	
cefdinir capsule 300mg	2	
cefdinir suspension reconstituted 125mg/5ml	3	
cefdinir suspension reconstituted 250mg/5ml	3	
cefepime hydrochloride injection 100gm	3	
cefepime hydrochloride injection 2gm	4	
cefepime injection 1gm	3	
cefepime injection 2gm	3	
cefixime capsule 400mg	4	

Drug Name	Drug Tier	Requirements/Limits
cefotaxime sodium injection 1gm	3	
cefotaxime sodium injection 2gm	3	
cefotaxime sodium injection 500mg	3	
cefotetan injection 1gm	4	
cefotetan injection 2gm	4	
cefoxitin sodium injection 10gm	3	
cefoxitin sodium injection 1gm	3	
cefoxitin sodium injection 2gm	3	
cefpodoxime proxetil suspension reconstituted 100mg/5ml	4	
cefpodoxime proxetil suspension reconstituted 50mg/5ml	4	
cefpodoxime proxetil tablet 100mg	4	
cefpodoxime proxetil tablet 200mg	4	
cefprozil suspension reconstituted 125mg/5ml	3	
cefprozil suspension reconstituted 250mg/5ml	3	
cefprozil tablet 250mg	3	
cefprozil tablet 500mg	3	
ceftazidime/dextrose injection 2gm/50ml; 5%	3	
ceftazidime injection 1gm	3	
ceftazidime injection 2gm	3	
ceftazidime injection 6gm	3	
ceftriaxone sodium injection 1gm	3	
ceftriaxone sodium injection 250mg	3	
ceftriaxone sodium injection 2gm	3	
ceftriaxone sodium injection 500mg	3	
cefuroxime axetil tablet 250mg	2	
cefuroxime axetil tablet 500mg	2	
cefuroxime sodium injection 1.5gm	4	
cefuroxime sodium injection 7.5gm	3	
cefuroxime sodium injection 750mg	3	
cephalexin capsule 250mg	2	
cephalexin capsule 500mg	2	
cephalexin suspension reconstituted 125mg/5ml	2	

Drug Name	Drug Tier	Requirements/Limits
cephalexin suspension reconstituted 250mg/5ml	2	
tazicef injection 1gm	3	
tazicef injection 1gm	3	
tazicef injection 2gm	3	
tazicef injection 6gm	3	
TEFLARO INJECTION 400MG	5	
TEFLARO INJECTION 600MG	5	
Beta-lactam, Penicillins		
amoxicillin/clavulanate potassium er tablet extended release 12 hour 1000mg; 62.5mg	4	
amoxicillin/clavulanate potassium suspension reconstituted 200mg/5ml; 28.5mg/5ml	2	
amoxicillin/clavulanate potassium suspension reconstituted 250mg/5ml; 62.5mg/5ml	4	
amoxicillin/clavulanate potassium suspension reconstituted 400mg/5ml; 57mg/5ml	2	
amoxicillin/clavulanate potassium suspension reconstituted 600mg/5ml; 42.9mg/5ml	2	
amoxicillin/clavulanate potassium tablet chewable 200mg; 28.5mg	2	
amoxicillin/clavulanate potassium tablet chewable 400mg; 57mg	2	
amoxicillin/clavulanate potassium tablet 250mg; 125mg	4	
amoxicillin/clavulanate potassium tablet 500mg; 125mg	2	
amoxicillin/clavulanate potassium tablet 875mg; 125mg	2	
amoxicillin capsule 250mg	2	
amoxicillin capsule 500mg	2	
amoxicillin suspension reconstituted 125mg/5ml	2	
amoxicillin suspension reconstituted 200mg/5ml	2	
amoxicillin suspension reconstituted 250mg/5ml	2	
amoxicillin suspension reconstituted 400mg/5ml	2	

Drug Name	Drug Tier	Requirements/Limits
amoxicillin tablet chewable 125mg	2	
amoxicillin tablet chewable 250mg	2	
amoxicillin tablet 500mg	2	
amoxicillin tablet 875mg	2	
ampicillin sodium injection 1gm	4	
ampicillin-sulbactam injection 10gm; 5gm	3	
ampicillin-sulbactam injection 1gm; 0.5gm	3	
ampicillin-sulbactam injection 1gm; 0.5gm	3	
ampicillin-sulbactam injection 2gm; 1gm	3	
ampicillin-sulbactam injection 2gm; 1gm	3	
ampicillin capsule 500mg	2	
AUGMENTIN SUSPENSION RECONSTITUTED 125MG/5ML; 31.25MG/5ML	5	
BICILLIN L-A INJECTION 1200000UNIT/2ML	4	
BICILLIN L-A INJECTION 2400000UNIT/4ML	4	
BICILLIN L-A INJECTION 600000UNIT/ML	4	
dicloxacillin sodium capsule 250mg	2	
dicloxacillin sodium capsule 500mg	2	
nafcillin sodium injection 10gm	4	
nafcillin sodium injection 1gm	4	
nafcillin sodium injection 1gm	4	
nafcillin sodium injection 2gm	4	
nafcillin sodium injection 2gm	4	
penicillin g sodium injection 5000000unit	5	
penicillin v potassium solution reconstituted 125mg/5ml	2	
penicillin v potassium solution reconstituted 250mg/5ml	2	
penicillin v potassium tablet 250mg	2	
penicillin v potassium tablet 500mg	2	
piperacillin sodium/tazobactam sodium injection 2gm; 0.25gm	3	
piperacillin sodium/tazobactam sodium injection 36gm; 4.5gm	3	

Drug Name	Drug Tier	Requirements/Limits
piperacillin sodium/tazobactam sodium injection 3gm; 0.375gm	3	
piperacillin sodium/tazobactam sodium injection 4gm; 0.5gm	3	
Carbapenems		
ertapenem sodium injection 1gm	4	
ertapenem injection 1gm	4	
imipenem/cilastatin injection 250mg; 250mg	3	
imipenem/cilastatin injection 500mg; 500mg	3	
meropenem injection 1gm	4	
meropenem injection 500mg	4	
Macrolides		
azithromycin injection 500mg	3	
azithromycin packet 1gm	4	
azithromycin suspension reconstituted 100mg/5ml	3	
azithromycin suspension reconstituted 200mg/5ml	3	
azithromycin tablet 250mg	2	
azithromycin tablet 250mg	2	
azithromycin tablet 500mg	3	
azithromycin tablet 500mg	3	
azithromycin tablet 600mg	3	
clarithromycin er tablet extended release 24 hour 500mg	4	
clarithromycin suspension reconstituted 125mg/5ml	4	
clarithromycin suspension reconstituted 250mg/5ml	4	
clarithromycin tablet 250mg	3	
clarithromycin tablet 500mg	3	
DIFICID SUSPENSION RECONSTITUTED 40MG/ML	5	
DIFICID TABLET 200MG	5	
erythromycin dr tablet delayed release 250mg	4	
erythromycin dr tablet delayed release 333mg	4	
erythromycin dr tablet delayed release 500mg	4	
Quinolones		

Drug Name	Drug Tier	Requirements/Limits
ciprofloxacin hcl tablet 750mg	2	
ciprofloxacin hydrochloride tablet 250mg	2	
ciprofloxacin hydrochloride tablet 500mg	2	
ciprofloxacin i.v.-in d5w injection 200mg/100ml; 5%	3	
ciprofloxacin i.v.-in d5w injection 400mg/200ml; 5%	3	
CIPRO SUSPENSION RECONSTITUTED 500MG/5ML	4	
CIPRO SUSPENSION RECONSTITUTED 5GM/100ML	4	
levofloxacin in d5w injection 5%; 250mg/50ml	4	
levofloxacin in d5w injection 5%; 250mg/50ml	4	
levofloxacin in d5w injection 5%; 250mg/50ml	4	
levofloxacin in d5w injection 5%; 500mg/100ml	4	
levofloxacin in d5w injection 5%; 750mg/150ml	4	
levofloxacin injection 25mg/ml	4	
levofloxacin solution 25mg/ml	4	
levofloxacin tablet 250mg	2	
levofloxacin tablet 500mg	2	
levofloxacin tablet 750mg	2	
moxifloxacin hydrochloride/sodium hydrochloride injection 400mg/250ml; 0.8%	4	
moxifloxacin hydrochloride tablet 400mg	4	
ofloxacin tablet 300mg	3	
ofloxacin tablet 400mg	3	
Sulfonamides		
sulfadiazine tablet 500mg	4	
sulfamethoxazole/trimethoprim ds tablet 800mg; 160mg	2	
sulfamethoxazole/trimethoprim suspension 200mg/5ml; 40mg/5ml	3	
sulfamethoxazole/trimethoprim tablet 400mg; 80mg	2	
Tetracyclines		
demeclocycline hcl tablet 150mg	4	
demeclocycline hcl tablet 300mg	4	

Drug Name	Drug Tier	Requirements/Limits
demeclocycline hydrochloride tablet 300mg	4	
doxy 100 injection 100mg	4	
doxycycline hyclate injection 100mg	4	
doxycycline hyclate tablet 100mg	2	
doxycycline monohydrate capsule 100mg	2	
doxycycline monohydrate capsule 50mg	3	
doxycycline monohydrate tablet 50mg	3	
doxycycline suspension reconstituted 25mg/5ml	4	
MINOCIN INJECTION 100MG	5	MO
minocycline hcl capsule 75mg	2	
minocycline hydrochloride capsule 100mg	2	
minocycline hydrochloride capsule 50mg	2	
mondoxyne nl capsule 100mg	2	
tetracycline hydrochloride capsule 250mg	4	
tetracycline hydrochloride capsule 500mg	4	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT SOLUTION 10MG/ML	5	PA MO
BRIVIACT TABLET 100MG	5	PA MO
BRIVIACT TABLET 10MG	5	PA MO
BRIVIACT TABLET 25MG	5	PA MO
BRIVIACT TABLET 50MG	5	PA MO
BRIVIACT TABLET 75MG	5	PA MO
EPIDIOLEX SOLUTION 100MG/ML	5	PA MO
EPRONTIA SOLUTION 25MG/ML	4	MO
felbamate suspension 600mg/5ml	5	MO
felbamate tablet 400mg	4	MO
felbamate tablet 600mg	4	MO
FINTEPLA SOLUTION 2.2MG/ML	5	PA MO
FYCOMPA SUSPENSION 0.5MG/ML	5	MO
FYCOMPA TABLET 10MG	5	MO
FYCOMPA TABLET 12MG	5	MO
FYCOMPA TABLET 2MG	4	MO
FYCOMPA TABLET 4MG	5	MO

Drug Name	Drug Tier	Requirements/Limits
FYCOMPA TABLET 6MG	5	MO
FYCOMPA TABLET 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	5	
lamotrigine tablet chewable 25mg	2	MO
lamotrigine tablet chewable 5mg	2	MO
lamotrigine tablet 100mg	2	MO
lamotrigine tablet 150mg	2	MO
lamotrigine tablet 200mg	2	MO
lamotrigine tablet 25mg	2	MO
levetiracetam er tablet extended release 24 hour 500mg	3	MO
levetiracetam er tablet extended release 24 hour 750mg	3	MO
levetiracetam solution 100mg/ml	2	MO
levetiracetam tablet 1000mg	2	MO
levetiracetam tablet 250mg	2	MO
levetiracetam tablet 500mg	2	MO
levetiracetam tablet 750mg	2	MO
NAYZILAM SOLUTION 5MG/0.1ML	4	QL (10 EA per 30 days)
roweepra xr tablet extended release 24 hour 500mg	3	MO
roweepra xr tablet extended release 24 hour 750mg	3	MO
roweepra tablet 1000mg	2	MO
roweepra tablet 500mg	2	MO
roweepra tablet 750mg	2	MO
SPRITAM TABLET DISINTEGRATING SOLUBLE 1000MG	4	MO
SPRITAM TABLET DISINTEGRATING SOLUBLE 250MG	4	MO
SPRITAM TABLET DISINTEGRATING SOLUBLE 500MG	4	MO

Drug Name	Drug Tier	Requirements/Limits
SPRITAM TABLET DISINTEGRATING SOLUBLE 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 tablet 100mg	2	MO
subvenite tablet 150mg	2	MO
subvenite tablet 200mg	2	MO
subvenite tablet 25mg	2	MO
topiramate capsule sprinkle 15mg	3	MO
topiramate capsule sprinkle 25mg	3	MO
topiramate tablet 100mg	2	MO
topiramate tablet 200mg	2	MO
topiramate tablet 25mg	2	MO
topiramate tablet 50mg	2	MO
XCOPRI TABLET THERAPY PACK 0	5	PA MO
XCOPRI TABLET THERAPY PACK 0	4	PA
XCOPRI TABLET THERAPY PACK 0	5	PA
XCOPRI TABLET THERAPY PACK 0	5	PA MO
XCOPRI TABLET THERAPY PACK 0	5	PA
XCOPRI TABLET THERAPY PACK 0	5	PA MO
XCOPRI TABLET 100MG	5	PA MO
XCOPRI TABLET 150MG	5	PA MO
XCOPRI TABLET 200MG	5	PA MO
XCOPRI TABLET 50MG	5	PA MO
Calcium Channel Modifying Agents		
CELONTIN CAPSULE 300MG	4	MO
ethosuximide capsule 250mg	3	MO
ethosuximide solution 250mg/5ml	3	MO
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
clobazam suspension 2.5mg/ml	4	MO
clobazam tablet 10mg	4	MO
clobazam tablet 20mg	4	MO

Drug Name	Drug Tier	Requirements/Limits
clonazepam odt tablet disintegrating 0.125mg	4	QL (90 EA per 30 days)
clonazepam odt tablet disintegrating 0.25mg	4	QL (90 EA per 30 days)
clonazepam odt tablet disintegrating 0.5mg	4	QL (90 EA per 30 days)
clonazepam odt tablet disintegrating 1mg	4	QL (90 EA per 30 days)
clonazepam odt tablet disintegrating 2mg	4	QL (300 EA per 30 days)
clonazepam tablet 0.5mg	1	QL (90 EA per 30 days)
clonazepam tablet 1mg	1	QL (90 EA per 30 days)
clonazepam tablet 2mg	1	QL (300 EA per 30 days)
DIACOMIT CAPSULE 250MG	5	PA MO
DIACOMIT CAPSULE 500MG	5	PA MO
DIACOMIT PACKET 250MG	5	PA MO
DIACOMIT PACKET 500MG	5	PA MO
diazepam rectal gel gel 10mg	4	
diazepam rectal gel gel 2.5mg	4	
diazepam rectal gel gel 20mg	4	
divalproex sodium dr tablet delayed release 125mg	2	MO
divalproex sodium dr tablet delayed release 250mg	2	MO
divalproex sodium dr tablet delayed release 500mg	2	MO
divalproex sodium er tablet extended release 24 hour 250mg	2	MO
divalproex sodium er tablet extended release 24 hour 500mg	2	MO
divalproex sodium capsule delayed release sprinkle 125mg	3	MO
gabapentin capsule 100mg	2	QL (360 EA per 30 days) MO
gabapentin capsule 300mg	2	QL (360 EA per 30 days) MO
gabapentin capsule 400mg	2	QL (270 EA per 30 days) MO
gabapentin solution 250mg/5ml	4	QL (2160 ML per 30 days) MO
gabapentin tablet 600mg	2	QL (180 EA per 30 days) MO
gabapentin tablet 800mg	2	QL (150 EA per 30 days) MO
phenobarbital elixir 20mg/5ml	4	MO
phenobarbital tablet 100mg	4	MO
phenobarbital tablet 15mg	4	MO
phenobarbital tablet 16.2mg	4	MO

Drug Name	Drug Tier	Requirements/Limits
phenobarbital tablet 30mg	4	MO
phenobarbital tablet 32.4mg	4	MO
phenobarbital tablet 60mg	4	MO
phenobarbital tablet 64.8mg	4	MO
phenobarbital tablet 97.2mg	4	MO
primidone tablet 250mg	2	MO
primidone tablet 50mg	2	MO
SYMPAZAN FILM 10MG	5	MO
SYMPAZAN FILM 20MG	5	MO
SYMPAZAN FILM 5MG	5	MO
tiagabine hydrochloride tablet 12mg	4	MO
tiagabine hydrochloride tablet 16mg	4	MO
tiagabine hydrochloride tablet 2mg	4	MO
tiagabine hydrochloride tablet 4mg	4	MO
VALTOCO LIQUID THERAPY PACK 10MG/0.1ML	5	QL (10 EA per 30 days)
VALTOCO LIQUID THERAPY PACK 7.5MG/0.1ML	5	QL (10 EA per 30 days)
VALTOCO LIQUID 10MG/0.1ML	5	QL (10 EA per 30 days)
VALTOCO LIQUID 5MG/0.1ML	5	QL (10 EA per 30 days)
vigabatrin packet 500mg	5	PA MO
vigabatrin tablet 500mg	5	PA MO
vigadrone packet 500mg	5	PA MO
Sodium Channel Agents		
APTIOM TABLET 200MG	5	MO
APTIOM TABLET 400MG	5	MO
APTIOM TABLET 600MG	5	MO
APTIOM TABLET 800MG	5	MO
carbamazepine er capsule extended release 12 hour 100mg	4	MO
carbamazepine er capsule extended release 12 hour 200mg	4	MO
carbamazepine er capsule extended release 12 hour 300mg	4	MO

Drug Name	Drug Tier	Requirements/Limits
carbamazepine er tablet extended release 12 hour 100mg	4	MO
carbamazepine er tablet extended release 12 hour 200mg	4	MO
carbamazepine er tablet extended release 12 hour 400mg	4	MO
carbamazepine suspension 100mg/5ml	3	MO
carbamazepine tablet chewable 100mg	2	MO
carbamazepine tablet 200mg	3	MO
DILANTIN CAPSULE 30MG	4	MO
epitol tablet 200mg	3	MO
lacosamide solution 10mg/ml	3	MO
lacosamide tablet 100mg	4	MO
lacosamide tablet 150mg	4	MO
lacosamide tablet 200mg	4	MO
lacosamide tablet 50mg	4	MO
oxcarbazepine suspension 300mg/5ml	4	MO
oxcarbazepine tablet 150mg	2	MO
oxcarbazepine tablet 300mg	2	MO
oxcarbazepine tablet 600mg	2	MO
PEGANONE TABLET 250MG	4	MO
phenytoin sodium extended capsule 100mg	4	MO
phenytoin sodium extended capsule 200mg	4	MO
phenytoin sodium extended capsule 300mg	4	MO
phenytoin suspension 125mg/5ml	2	MO
phenytoin tablet chewable 50mg	2	MO
rufinamide suspension 40mg/ml	5	MO
rufinamide tablet 200mg	3	MO
rufinamide tablet 400mg	5	MO
ZONISADE SUSPENSION 100MG/5ML	4	ST
zonisamide capsule 100mg	2	MO
zonisamide capsule 25mg	2	MO
zonisamide capsule 50mg	2	MO
Antidementia Agents		

Drug Name	Drug Tier	Requirements/Limits
Antidementia Agents, Other		
ergoloid mesylates tablet 1mg	4	MO
NAMZARIC CAPSULE ER 24 HOUR THERAPY PACK 10MG; 0	4	QL (56 EA per 365 days) ST
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 10MG; 14MG	4	QL (30 EA per 30 days) ST MO
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 10MG; 21MG	4	QL (30 EA per 30 days) ST MO
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 10MG; 28MG	4	QL (30 EA per 30 days) ST MO
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 10MG; 7MG	4	QL (30 EA per 30 days) ST MO
Cholinesterase Inhibitors		
donepezil hcl tablet disintegrating 10mg	3	MO
donepezil hcl tablet disintegrating 5mg	3	MO
donepezil hcl tablet 10mg	2	MO
donepezil hydrochloride tablet 10mg	2	MO
donepezil hydrochloride tablet 5mg	2	MO
galantamine hydrobromide er capsule extended release 24 hour 16mg	4	MO
galantamine hydrobromide er capsule extended release 24 hour 24mg	4	MO
galantamine hydrobromide er capsule extended release 24 hour 8mg	4	MO
galantamine hydrobromide solution 4mg/ml	4	MO
galantamine hydrobromide tablet 12mg	4	MO
galantamine hydrobromide tablet 4mg	4	MO
galantamine hydrobromide tablet 8mg	4	MO
rivastigmine tartrate capsule 1.5mg	4	MO
rivastigmine tartrate capsule 3mg	4	MO
rivastigmine tartrate capsule 4.5mg	4	MO
rivastigmine tartrate capsule 6mg	4	MO
rivastigmine transdermal system patch 24 hour 13.3mg/24hr	4	MO

Drug Name	Drug Tier	Requirements/Limits
rivastigmine transdermal system patch 24 hour 4.6mg/24hr	4	MO
rivastigmine transdermal system patch 24 hour 9.5mg/24hr	4	MO
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
memantine hcl titration pak tablet 0	2	
memantine hydrochloride er capsule extended release 24 hour 14mg	4	QL (30 EA per 30 days) MO
memantine hydrochloride er capsule extended release 24 hour 21mg	4	QL (30 EA per 30 days) MO
memantine hydrochloride er capsule extended release 24 hour 28mg	4	QL (30 EA per 30 days) MO
memantine hydrochloride er capsule extended release 24 hour 7mg	4	QL (30 EA per 30 days) MO
memantine hydrochloride tablet 10mg	2	MO
memantine hydrochloride tablet 5mg	2	MO
Antidepressants		
Antidepressants, Other		
AUVELITY TABLET EXTENDED RELEASE 105MG; 45MG	3	QL (60 EA per 30 days) ST
bupropion hcl tablet 100mg	2	MO
bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg	2	QL (90 EA per 30 days) MO
bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg	2	QL (60 EA per 30 days) MO
bupropion hydrochloride er (sr) tablet extended release 12 hour 200mg	2	QL (60 EA per 30 days) MO
bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg	2	QL (90 EA per 30 days) MO
bupropion hydrochloride er (xl) tablet extended release 24 hour 300mg	2	QL (30 EA per 30 days) MO
bupropion hydrochloride tablet 75mg	2	MO
maprotiline hcl tablet 25mg	4	MO
maprotiline hcl tablet 50mg	4	MO

Drug Name	Drug Tier	Requirements/Limits
maprotiline hcl tablet 75mg	4	MO
mirtazapine odt tablet disintegrating 15mg	3	MO
mirtazapine odt tablet disintegrating 30mg	3	MO
mirtazapine odt tablet disintegrating 45mg	3	MO
mirtazapine tablet 15mg	2	MO
mirtazapine tablet 30mg	2	MO
mirtazapine tablet 45mg	2	MO
mirtazapine tablet 7.5mg	2	MO
quetiapine fumarate tablet 150mg	2	QL (90 EA per 30 days)
SPRAVATO 56MG DOSE SOLUTION THERAPY PACK 0	5	PA MO
SPRAVATO 84MG DOSE SOLUTION THERAPY PACK 0	5	PA MO
Monoamine Oxidase Inhibitors		
EMSAM PATCH 24 HOUR 12MG/24HR	5	QL (30 EA per 30 days) ST MO
EMSAM PATCH 24 HOUR 6MG/24HR	5	QL (30 EA per 30 days) ST MO
EMSAM PATCH 24 HOUR 9MG/24HR	5	QL (30 EA per 30 days) ST MO
MARPLAN TABLET 10MG	4	MO
phenelzine sulfate tablet 15mg	3	MO
tranylcypromine sulfate tablet 10mg	4	MO
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor		
citalopram hydrobromide solution 10mg/5ml	4	MO
citalopram hydrobromide tablet 10mg	1	MO
citalopram hydrobromide tablet 20mg	1	MO
citalopram hydrobromide tablet 40mg	1	MO
desvenlafaxine er tablet extended release 24 hour 100mg	4	QL (120 EA per 30 days) MO
desvenlafaxine er tablet extended release 24 hour 25mg	4	QL (30 EA per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
desvenlafaxine er tablet extended release 24 hour 50mg	4	QL (30 EA per 30 days) MO
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG	4	QL (60 EA per 30 days) MO
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30MG	4	QL (90 EA per 30 days) MO
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40MG	4	QL (90 EA per 30 days) MO
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 60MG	4	QL (60 EA per 30 days) MO
duloxetine hydrochloride capsule delayed release particles 20mg	2	QL (60 EA per 30 days) MO
duloxetine hydrochloride capsule delayed release particles 30mg	2	QL (90 EA per 30 days) MO
duloxetine hydrochloride capsule delayed release particles 60mg	2	QL (60 EA per 30 days) MO
escitalopram oxalate solution 5mg/5ml	4	MO
escitalopram oxalate tablet 10mg	2	MO
escitalopram oxalate tablet 20mg	2	MO
escitalopram oxalate tablet 5mg	2	MO
FETZIMA TITRATION PACK CAPSULE ER 24 HOUR THERAPY PACK 0	4	QL (56 EA per 365 days) ST
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120MG	4	QL (30 EA per 30 days) ST MO
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20MG	4	QL (30 EA per 30 days) ST MO
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 40MG	4	QL (30 EA per 30 days) ST MO
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 80MG	4	QL (30 EA per 30 days) ST MO
fluoxetine hcl capsule 20mg	1	MO
fluoxetine hcl solution 20mg/5ml	4	MO
fluoxetine hydrochloride capsule 10mg	1	MO
fluoxetine hydrochloride capsule 40mg	1	MO

Drug Name	Drug Tier	Requirements/Limits
fluvoxamine maleate tablet 100mg	2	MO
fluvoxamine maleate tablet 25mg	2	MO
fluvoxamine maleate tablet 50mg	2	MO
nefazodone hydrochloride tablet 100mg	4	MO
nefazodone hydrochloride tablet 150mg	4	MO
nefazodone hydrochloride tablet 200mg	4	MO
nefazodone hydrochloride tablet 250mg	4	MO
nefazodone hydrochloride tablet 50mg	4	MO
paroxetine hcl tablet 30mg	2	MO
paroxetine hcl tablet 40mg	2	MO
paroxetine hydrochloride suspension 10mg/5ml	4	MO
paroxetine hydrochloride tablet 10mg	2	MO
paroxetine hydrochloride tablet 20mg	2	MO
sertraline hcl concentrate 20mg/ml	4	MO
sertraline hcl tablet 25mg	1	MO
sertraline hcl tablet 50mg	1	MO
sertraline hydrochloride tablet 100mg	1	MO
trazodone hydrochloride tablet 100mg	2	MO
trazodone hydrochloride tablet 150mg	2	MO
trazodone hydrochloride tablet 50mg	2	MO
TRINTELLIX TABLET 10MG	4	QL (30 EA per 30 days) MO
TRINTELLIX TABLET 20MG	4	QL (30 EA per 30 days) MO
TRINTELLIX TABLET 5MG	4	QL (30 EA per 30 days) MO
VENLAFAXINE BESYLATE ER TABLET EXTENDED RELEASE 24 HOUR 112.5MG	4	ST MO
venlafaxine hcl er capsule extended release 24 hour 150mg	2	MO
venlafaxine hcl er capsule extended release 24 hour 37.5mg	2	MO
venlafaxine hydrochloride er capsule extended release 24 hour 75mg	2	MO
venlafaxine hydrochloride tablet 100mg	2	MO
venlafaxine hydrochloride tablet 25mg	2	MO
venlafaxine hydrochloride tablet 37.5mg	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
venlafaxine hydrochloride tablet 50mg	2	MO
venlafaxine hydrochloride tablet 75mg	2	MO
VIIBRYD STARTER PACK KIT 0	4	QL (60 EA per 365 days)
vilazodone hydrochloride tablet 10mg	4	QL (30 EA per 30 days) MO
vilazodone hydrochloride tablet 20mg	4	QL (30 EA per 30 days) MO
vilazodone hydrochloride tablet 40mg	4	QL (30 EA per 30 days) MO
Tricyclics		
amitriptyline hcl tablet 100mg	3	MO
amitriptyline hcl tablet 150mg	3	MO
amitriptyline hcl tablet 25mg	3	MO
amitriptyline hcl tablet 75mg	3	MO
amitriptyline hydrochloride tablet 10mg	3	MO
amitriptyline hydrochloride tablet 50mg	3	MO
amoxapine tablet 100mg	4	MO
amoxapine tablet 150mg	4	MO
amoxapine tablet 25mg	4	MO
amoxapine tablet 50mg	4	MO
clomipramine hydrochloride capsule 25mg	4	MO
clomipramine hydrochloride capsule 50mg	4	MO
clomipramine hydrochloride capsule 75mg	4	MO
desipramine hydrochloride tablet 100mg	4	MO
desipramine hydrochloride tablet 10mg	4	MO
desipramine hydrochloride tablet 150mg	4	MO
desipramine hydrochloride tablet 25mg	4	MO
desipramine hydrochloride tablet 50mg	4	MO
desipramine hydrochloride tablet 75mg	4	MO
doxepin hcl capsule 75mg	3	MO
doxepin hcl concentrate 10mg/ml	4	MO
doxepin hydrochloride capsule 100mg	3	MO
doxepin hydrochloride capsule 10mg	3	MO
doxepin hydrochloride capsule 150mg	3	MO
doxepin hydrochloride capsule 25mg	3	MO
doxepin hydrochloride capsule 50mg	3	MO
imipramine hcl tablet 25mg	4	MO

Drug Name	Drug Tier	Requirements/Limits
imipramine hcl tablet 50mg	4	MO
imipramine hydrochloride tablet 10mg	4	MO
nortriptyline hcl capsule 25mg	2	MO
nortriptyline hcl capsule 75mg	2	MO
nortriptyline hcl solution 10mg/5ml	4	MO
nortriptyline hydrochloride capsule 10mg	2	MO
nortriptyline hydrochloride capsule 50mg	2	MO
protriptyline hcl tablet 10mg	4	MO
protriptyline hcl tablet 5mg	4	MO
trimipramine maleate capsule 100mg	4	MO
trimipramine maleate capsule 25mg	4	MO
trimipramine maleate capsule 50mg	4	MO
Antiemetics		
Antiemetics, Other		
compro suppository 25mg	4	
meclizine hcl tablet 12.5mg	4	
meclizine hcl tablet 25mg	4	
prochlorperazine edisylate injection 10mg/2ml	4	
prochlorperazine maleate tablet 10mg	2	MO
prochlorperazine maleate tablet 5mg	2	MO
prochlorperazine suppository 25mg	4	
promethazine hcl plain syrup 6.25mg/5ml	4	
promethazine hcl suppository 12.5mg	4	
promethazine hcl tablet 12.5mg	4	
promethazine hydrochloride tablet 25mg	4	
promethazine hydrochloride tablet 50mg	4	
scopolamine patch 72 hour 1mg/3days	4	
Emetogenic Therapy Adjuncts		
AKYNZEO CAPSULE 300MG; 0.5MG	4	QL (2 EA per 30 days) B/D
AKYNZEO INJECTION 235MG/20ML; 0.25MG/20ML	4	
aprepitant capsule 0	4	QL (6 EA per 30 days) B/D
aprepitant capsule 125mg	4	QL (2 EA per 30 days) B/D
aprepitant capsule 40mg	4	QL (1 EA per 30 days) B/D

Drug Name	Drug Tier	Requirements/Limits
aprepitant capsule 80mg	4	QL (8 EA per 30 days) B/D
dronabinol capsule 10mg	4	QL (60 EA per 30 days) PA
dronabinol capsule 2.5mg	4	QL (60 EA per 30 days) PA
dronabinol capsule 5mg	4	QL (60 EA per 30 days) PA
ondansetron hcl solution 4mg/5ml	4	QL (450 ML per 30 days) B/D
ondansetron hydrochloride injection 4mg/2ml	4	
ondansetron hydrochloride tablet 4mg	2	B/D
ondansetron hydrochloride tablet 8mg	2	B/D
ondansetron odt tablet disintegrating 4mg	2	B/D
ondansetron odt tablet disintegrating 8mg	2	B/D
Antifungals		
Antifungals		
ABELCET INJECTION 5MG/ML	4	B/D
AMBISOME INJECTION 50MG	5	B/D
amphotericin b liposome injection 50mg	5	B/D
amphotericin b injection 50mg	4	B/D
caspofungin acetate injection 50mg	5	
CASPOFUNGIN ACETATE INJECTION 70MG	4	
clotrimazole cream 1%	2	
clotrimazole troche 10mg	4	
econazole nitrate cream 1%	2	
fluconazole in sodium chloride injection 200mg/100ml; 0.9%	3	
fluconazole in sodium chloride injection 400mg/200ml; 0.9%	3	
fluconazole suspension reconstituted 10mg/ml	3	
fluconazole suspension reconstituted 40mg/ml	3	
fluconazole tablet 100mg	2	
fluconazole tablet 150mg	2	
fluconazole tablet 200mg	2	
fluconazole tablet 50mg	2	
flucytosine capsule 250mg	5	
flucytosine capsule 500mg	5	
griseofulvin microsize suspension 125mg/5ml	4	

Drug Name	Drug Tier	Requirements/Limits
griseofulvin microsize tablet 500mg	4	
griseofulvin ultramicrosize tablet 125mg	4	
griseofulvin ultramicrosize tablet 250mg	4	
itraconazole capsule 100mg	4	PA
JUBLIA SOLUTION 10%	5	
ketoconazole cream 2%	3	QL (90 GM per 30 days)
ketoconazole shampoo 2%	2	
ketoconazole tablet 200mg	4	
NOXAFIL SUSPENSION 40MG/ML	5	PA MO
nyamyc powder 100000unit/gm	2	QL (120 GM per 30 days)
nystatin cream 100000unit/gm	2	
nystatin ointment 100000unit/gm	2	
nystatin powder 100000unit/gm	2	QL (120 GM per 30 days)
nystatin suspension 100000unit/ml	4	
nystatin tablet 500000unit	4	
nystop powder 100000unit/gm	2	QL (120 GM per 30 days)
posaconazole dr tablet delayed release 100mg	5	PA MO
terbinafine hcl tablet 250mg	2	QL (84 EA per 180 days)
terconazole cream 0.4%	4	
terconazole cream 0.8%	4	
voriconazole injection 200mg	5	PA
voriconazole suspension reconstituted 40mg/ml	5	
voriconazole tablet 200mg	4	
voriconazole tablet 50mg	4	
Antigout Agents		
Antigout Agents		
allopurinol tablet 100mg	2	MO
allopurinol tablet 300mg	2	MO
COLCHICINE TABLET 0.6MG	4	
febuxostat tablet 40mg	4	MO
febuxostat tablet 80mg	4	MO
probenecid/colchicine tablet 0.5mg; 500mg	4	MO
probenecid tablet 500mg	4	MO
Antimigraine Agents		

Drug Name	Drug Tier	Requirements/Limits
Ergot Alkaloids		
dihydroergotamine mesylate solution 4mg/ml	5	QL (8 ML per 30 days) PA
ergotamine tartrate/caffeine tablet 100mg; 1mg	3	QL (24 EA per 28 days)
Prophylactic		
AIMOVIG INJECTION 140MG/ML	4	QL (1 ML per 30 days) PA MO
AIMOVIG INJECTION 70MG/ML	4	QL (2 ML per 30 days) PA MO
EMGALITY INJECTION 100MG/ML	5	QL (3 ML per 30 days) PA MO
EMGALITY INJECTION 120MG/ML	4	QL (1 ML per 30 days) PA MO
EMGALITY INJECTION 120MG/ML	4	QL (1 ML per 30 days) PA MO
propranolol hcl tablet 40mg	2	MO
propranolol hydrochloride tablet 10mg	2	MO
propranolol hydrochloride tablet 20mg	2	MO
propranolol hydrochloride tablet 60mg	2	MO
propranolol hydrochloride tablet 80mg	2	MO
UBRELVY TABLET 100MG	5	QL (16 EA per 30 days) PA
UBRELVY TABLET 50MG	5	QL (16 EA per 30 days) PA
Serotonin (5-HT) Receptor Agonist		
naratriptan hcl tablet 1mg	3	QL (9 EA per 30 days)
naratriptan hcl tablet 2.5mg	3	QL (9 EA per 30 days)
rizatriptan benzoate odt tablet disintegrating 10mg	3	QL (18 EA per 30 days)
rizatriptan benzoate odt tablet disintegrating 5mg	3	QL (18 EA per 30 days)
rizatriptan benzoate tablet 10mg	2	QL (18 EA per 30 days)
rizatriptan benzoate tablet 5mg	2	QL (18 EA per 30 days)
sumatriptan succinate injection 4mg/0.5ml	4	QL (5 ML per 30 days)
sumatriptan succinate injection 4mg/0.5ml	4	QL (5 ML per 30 days)
sumatriptan succinate injection 6mg/0.5ml	4	QL (5 ML per 30 days)
sumatriptan succinate injection 6mg/0.5ml	4	QL (5 ML per 30 days)
sumatriptan succinate injection 6mg/0.5ml	4	QL (5 ML per 30 days)
sumatriptan succinate injection 6mg/0.5ml	4	QL (5 ML per 30 days)
sumatriptan succinate tablet 100mg	2	QL (9 EA per 30 days)
sumatriptan succinate tablet 25mg	2	QL (9 EA per 30 days)
sumatriptan succinate tablet 50mg	2	QL (9 EA per 30 days)
sumatriptan solution 20mg/act	4	QL (12 EA per 30 days)
sumatriptan solution 5mg/act	4	QL (12 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
zolmitriptan solution 2.5mg	4	QL (18 EA per 30 days)
zolmitriptan tablet 2.5mg	4	QL (12 EA per 30 days)
zolmitriptan tablet 5mg	4	QL (12 EA per 30 days)
Antimyasthenic Agents		
Parasympathomimetics		
guanidine hcl tablet 125mg	4	
pyridostigmine bromide tablet 60mg	3	
Antimycobacterials		
Antimycobacterials, Other		
dapsone tablet 100mg	3	MO
dapsone tablet 25mg	3	MO
rifabutin capsule 150mg	4	
Antituberculars		
CAPASTAT SULFATE INJECTION 1GM	5	
cycloserine capsule 250mg	5	
ethambutol hydrochloride tablet 100mg	4	
ethambutol hydrochloride tablet 400mg	4	
ISONIAZID INJECTION 100MG/ML	4	
isoniazid syrup 50mg/5ml	3	MO
isoniazid tablet 100mg	2	MO
isoniazid tablet 300mg	2	MO
paser packet 4gm	4	
PRIFTIN TABLET 150MG	4	
pyrazinamide tablet 500mg	3	
rifampin capsule 150mg	4	
rifampin capsule 300mg	4	
rifampin injection 600mg	4	
SIRTURO TABLET 100MG	5	
SIRTURO TABLET 20MG	5	
TRECATOR TABLET 250MG	4	
Antineoplastics		
Alkylating Agents		
cyclophosphamide monohydrate injection 2gm/10ml	5	
cyclophosphamide capsule 25mg	3	B/D

Drug Name	Drug Tier	Requirements/Limits
cyclophosphamide capsule 50mg	3	B/D
CYCLOPHOSPHAMIDE INJECTION 1GM/5ML	4	
CYCLOPHOSPHAMIDE INJECTION 500MG/2.5ML	5	
GLEOSTINE CAPSULE 100MG	4	
GLEOSTINE CAPSULE 10MG	4	
GLEOSTINE CAPSULE 40MG	4	
ifosfamide injection 3gm	4	
LEUKERAN TABLET 2MG	5	
MATULANE CAPSULE 50MG	5	
thiotepa injection 100mg	5	
VALCHLOR GEL 0.016%	5	PA
ZEPZELCA INJECTION 4MG	5	PA
Antiandrogens		
abiraterone acetate tablet 250mg	5	PA
abiraterone acetate tablet 500mg	5	PA
bicalutamide tablet 50mg	3	
ERLEADA TABLET 60MG	5	PA
flutamide capsule 125mg	4	
nilutamide tablet 150mg	5	
NUBEQA TABLET 300MG	5	PA
XTANDI CAPSULE 40MG	5	PA
XTANDI TABLET 40MG	5	PA
XTANDI TABLET 80MG	5	PA
Antiangiogenic Agents		
FOTIVDA CAPSULE 0.89MG	5	PA
FOTIVDA CAPSULE 1.34MG	5	PA
lenalidomide capsule 10mg	5	PA
lenalidomide capsule 15mg	5	PA
lenalidomide capsule 2.5mg	5	PA
lenalidomide capsule 20mg	5	PA
lenalidomide capsule 25mg	5	PA
lenalidomide capsule 5mg	5	PA
POMALYST CAPSULE 1MG	5	PA

Drug Name	Drug Tier	Requirements/Limits
POMALYST CAPSULE 2MG	5	PA
POMALYST CAPSULE 3MG	5	PA
POMALYST CAPSULE 4MG	5	PA
QINLOCK TABLET 50MG	5	PA
REVLIMID CAPSULE 10MG	5	PA
REVLIMID CAPSULE 15MG	5	PA
REVLIMID CAPSULE 2.5MG	5	PA
REVLIMID CAPSULE 20MG	5	PA
REVLIMID CAPSULE 25MG	5	PA
REVLIMID CAPSULE 5MG	5	PA
TABRECTA TABLET 150MG	5	QL (120 EA per 30 days) PA
TABRECTA TABLET 200MG	5	QL (120 EA per 30 days) PA
THALOMID CAPSULE 100MG	5	PA MO
THALOMID CAPSULE 150MG	5	PA MO
THALOMID CAPSULE 200MG	5	PA MO
THALOMID CAPSULE 50MG	5	PA MO
Antiestrogens/Modifiers		
EMCYT CAPSULE 140MG	5	
SOLTAMOX SOLUTION 10MG/5ML	5	MO
tamoxifen citrate tablet 10mg	2	MO
tamoxifen citrate tablet 20mg	2	MO
toremifene citrate tablet 60mg	5	MO
Antimetabolites		
DROXIA CAPSULE 200MG	4	MO
DROXIA CAPSULE 300MG	4	MO
DROXIA CAPSULE 400MG	4	MO
hydroxyurea capsule 500mg	2	
mercaptopurine tablet 50mg	4	
nelarabine injection 5mg/ml	5	
PURIXAN SUSPENSION 2000MG/100ML	5	
TABLOID TABLET 40MG	4	
Antineoplastics, Other		
BESREMI INJECTION 500MCG/ML	5	PA MO
GAVRETO CAPSULE 100MG	5	PA

Drug Name	Drug Tier	Requirements/Limits
IBRANCE TABLET 100MG	5	PA
IBRANCE TABLET 125MG	5	PA
IBRANCE TABLET 75MG	5	PA
IDHIFA TABLET 100MG	5	QL (30 EA per 30 days) PA
IDHIFA TABLET 50MG	5	QL (30 EA per 30 days) PA
INREBIC CAPSULE 100MG	5	PA
KIMMTRAK INJECTION 100MCG/0.5ML	5	PA
KISQALI FEMARA 200 DOSE TABLET THERAPY PACK 2.5MG; 200MG	5	PA
KISQALI FEMARA 400 DOSE TABLET THERAPY PACK 2.5MG; 200MG	5	PA
KISQALI FEMARA 600 DOSE TABLET THERAPY PACK 2.5MG; 200MG	5	PA
KRAZATI TABLET 200MG	5	PA
LONSURF TABLET 6.14MG; 15MG	5	PA
LONSURF TABLET 8.19MG; 20MG	5	PA
LUMAKRAS TABLET 120MG	5	PA
LYTGOBI TABLET THERAPY PACK 4MG	5	PA
LYTGOBI TABLET THERAPY PACK 4MG	5	PA
LYTGOBI TABLET THERAPY PACK 4MG	5	PA
NINLARO CAPSULE 2.3MG	5	PA
NINLARO CAPSULE 3MG	5	PA
NINLARO CAPSULE 4MG	5	PA
ONUREG TABLET 200MG	5	PA
ONUREG TABLET 300MG	5	PA
PEMAZYRE TABLET 13.5MG	5	QL (30 EA per 30 days) PA
PEMAZYRE TABLET 4.5MG	5	QL (30 EA per 30 days) PA
PEMAZYRE TABLET 9MG	5	QL (30 EA per 30 days) PA
PHESGO INJECTION 2000UNIT/ML; 60MG/ML; 60MG/ML	5	PA
PHESGO INJECTION 2000UNIT/ML; 80MG/ML; 40MG/ML	5	PA
RETEVMO CAPSULE 40MG	5	PA
RETEVMO CAPSULE 80MG	5	PA

Drug Name	Drug Tier	Requirements/Limits
ROMIDEPSIN INJECTION 27.5MG/5.5ML	5	PA
RYLAZE INJECTION 10MG/0.5ML	5	
SCEMBLIX TABLET 20MG	5	QL (60 EA per 30 days) PA
SCEMBLIX TABLET 40MG	5	PA
SYNRIBO INJECTION 3.5MG	5	PA
TAZVERIK TABLET 200MG	5	PA
TRUSELTIQ CAPSULE THERAPY PACK 0	5	PA
TRUSELTIQ CAPSULE THERAPY PACK 100MG	5	PA
TRUSELTIQ CAPSULE THERAPY PACK 25MG	5	PA
TRUSELTIQ CAPSULE THERAPY PACK 25MG	5	PA
TUKYSA TABLET 150MG	5	PA
TUKYSA TABLET 50MG	5	PA
TURALIO CAPSULE 125MG	5	PA
VONJO CAPSULE 100MG	5	PA
XPOVIO 100 MG ONCE WEEKLY TABLET THERAPY PACK 20MG	5	PA
XPOVIO 40 MG ONCE WEEKLY TABLET THERAPY PACK 20MG	5	PA
XPOVIO 40 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	5	PA
XPOVIO 60 MG ONCE WEEKLY TABLET THERAPY PACK 20MG	5	PA
XPOVIO 60 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	5	PA
XPOVIO 80 MG ONCE WEEKLY TABLET THERAPY PACK 20MG	5	PA
XPOVIO 80 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	5	PA
XPOVIO TABLET THERAPY PACK 40MG	5	PA
XPOVIO TABLET THERAPY PACK 40MG	5	PA
XPOVIO TABLET THERAPY PACK 40MG	5	PA
XPOVIO TABLET THERAPY PACK 50MG	5	PA
XPOVIO TABLET THERAPY PACK 60MG	5	PA
ZOLINZA CAPSULE 100MG	5	PA

Drug Name	Drug Tier	Requirements/Limits
Antineoplastics		
OPDUALAG INJECTION 240MG/20ML; 80MG/20ML	5	PA
Aromatase Inhibitors, 3rd Generation		
anastrozole tablet 1mg	2	MO
exemestane tablet 25mg	4	MO
letrozole tablet 2.5mg	2	MO
Molecular Target Inhibitors		
AFINITOR DISPERZ TABLET SOLUBLE 2MG	5	PA
AFINITOR DISPERZ TABLET SOLUBLE 3MG	5	PA
AFINITOR DISPERZ TABLET SOLUBLE 5MG	5	PA
ALECENSA CAPSULE 150MG	5	PA
ALUNBRIG TABLET THERAPY PACK 0	5	QL (60 EA per 365 days) PA
ALUNBRIG TABLET 180MG	5	QL (30 EA per 30 days) PA
ALUNBRIG TABLET 30MG	5	QL (120 EA per 30 days) PA
ALUNBRIG TABLET 90MG	5	QL (30 EA per 30 days) PA
AYVAKIT TABLET 100MG	5	QL (30 EA per 30 days) PA
AYVAKIT TABLET 200MG	5	QL (30 EA per 30 days) PA
AYVAKIT TABLET 25MG	5	QL (30 EA per 30 days) PA
AYVAKIT TABLET 300MG	5	QL (30 EA per 30 days) PA
AYVAKIT TABLET 50MG	5	QL (30 EA per 30 days) PA
BALVERSA TABLET 3MG	5	PA
BALVERSA TABLET 4MG	5	PA
BALVERSA TABLET 5MG	5	PA
BOSULIF TABLET 100MG	5	PA
BOSULIF TABLET 400MG	5	PA
BOSULIF TABLET 500MG	5	PA
BRAFTOVI CAPSULE 50MG	5	PA MO
BRAFTOVI CAPSULE 75MG	5	PA
BRUKINSA CAPSULE 80MG	5	PA
CABOMETYX TABLET 20MG	5	PA
CABOMETYX TABLET 40MG	5	PA
CABOMETYX TABLET 60MG	5	PA
CALQUENCE CAPSULE 100MG	5	PA

Drug Name	Drug Tier	Requirements/Limits
CALQUENCE TABLET 100MG	5	PA
CAPRELSA TABLET 100MG	5	QL (60 EA per 30 days) PA
CAPRELSA TABLET 300MG	5	PA
COMETRIQ KIT 0	5	PA
COMETRIQ KIT 0	5	PA
COMETRIQ KIT 20MG	5	PA
COPIKTRA CAPSULE 15MG	5	PA
COPIKTRA CAPSULE 25MG	5	PA
COTELLIC TABLET 20MG	5	PA
DAURISMO TABLET 100MG	5	PA
DAURISMO TABLET 25MG	5	PA
ERIVEDGE CAPSULE 150MG	5	PA
erlotinib hydrochloride tablet 100mg	5	PA
erlotinib hydrochloride tablet 150mg	5	PA
erlotinib hydrochloride tablet 25mg	5	PA
everolimus tablet soluble 2mg	5	PA
everolimus tablet soluble 3mg	5	PA
everolimus tablet soluble 5mg	5	PA
everolimus tablet 10mg	5	QL (30 EA per 30 days) PA
everolimus tablet 2.5mg	5	QL (30 EA per 30 days) PA
everolimus tablet 5mg	5	QL (30 EA per 30 days) PA
everolimus tablet 7.5mg	5	QL (30 EA per 30 days) PA
EXKIVITY CAPSULE 40MG	5	PA
FARYDAK CAPSULE 10MG	5	PA
FARYDAK CAPSULE 15MG	5	PA
FARYDAK CAPSULE 20MG	5	PA
FYARRO INJECTION 100MG	5	PA
GILOTRIF TABLET 20MG	5	QL (30 EA per 30 days) PA
GILOTRIF TABLET 30MG	5	QL (30 EA per 30 days) PA
GILOTRIF TABLET 40MG	5	QL (30 EA per 30 days) PA
IBRANCE CAPSULE 100MG	5	PA
IBRANCE CAPSULE 125MG	5	PA
IBRANCE CAPSULE 75MG	5	PA
ICLUSIG TABLET 10MG	5	QL (30 EA per 30 days) PA

Drug Name	Drug Tier	Requirements/Limits
ICLUSIG TABLET 15MG	5	QL (30 EA per 30 days) PA
ICLUSIG TABLET 30MG	5	PA
ICLUSIG TABLET 45MG	5	PA
imatinib mesylate tablet 100mg	5	PA
imatinib mesylate tablet 400mg	5	PA
IMBRUVICA CAPSULE 140MG	5	PA
IMBRUVICA CAPSULE 70MG	5	PA
IMBRUVICA SUSPENSION 70MG/ML	5	PA
IMBRUVICA TABLET 140MG	5	PA
IMBRUVICA TABLET 280MG	5	PA
IMBRUVICA TABLET 420MG	5	PA
IMBRUVICA TABLET 560MG	5	PA
INLYTA TABLET 1MG	5	PA
INLYTA TABLET 5MG	5	PA
INQOVI TABLET 100MG; 35MG	5	PA
IRESSA TABLET 250MG	5	PA
JAKAFI TABLET 10MG	5	QL (60 EA per 30 days) PA
JAKAFI TABLET 15MG	5	PA
JAKAFI TABLET 20MG	5	PA
JAKAFI TABLET 25MG	5	PA
JAKAFI TABLET 5MG	5	PA
KISQALI TABLET THERAPY PACK 200MG	5	PA
KISQALI TABLET THERAPY PACK 200MG	5	PA
KISQALI TABLET THERAPY PACK 200MG	5	PA
KOSELUGO CAPSULE 10MG	5	PA
KOSELUGO CAPSULE 25MG	5	PA
lapatinib ditosylate tablet 250mg	5	PA
LENVIMA 10 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	5	PA
LENVIMA 12MG DAILY DOSE CAPSULE THERAPY PACK 4MG	5	PA
LENVIMA 14 MG DAILY DOSE CAPSULE THERAPY PACK 0	5	PA

Drug Name	Drug Tier	Requirements/Limits
LENVIMA 18 MG DAILY DOSE CAPSULE THERAPY PACK 0	5	PA
LENVIMA 20 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	5	PA
LENVIMA 24 MG DAILY DOSE CAPSULE THERAPY PACK 0	5	PA
LENVIMA 4 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	5	PA
LENVIMA 8 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	5	PA
LORBRENA TABLET 100MG	5	PA
LORBRENA TABLET 25MG	5	PA
LYNPARZA TABLET 100MG	5	PA
LYNPARZA TABLET 150MG	5	PA
MEKINIST TABLET 0.5MG	5	PA
MEKINIST TABLET 2MG	5	PA
MEKTOVI TABLET 15MG	5	PA
NERLYNX TABLET 40MG	5	QL (180 EA per 30 days) PA
ODOMZO CAPSULE 200MG	5	PA
PIQRAY 200MG DAILY DOSE TABLET THERAPY PACK 200MG	5	PA
PIQRAY 250MG DAILY DOSE TABLET THERAPY PACK 0	5	PA
PIQRAY 300MG DAILY DOSE TABLET THERAPY PACK 150MG	5	PA
REZLIDHIA CAPSULE 150MG	5	PA
ROZLYTREK CAPSULE 100MG	5	PA
ROZLYTREK CAPSULE 200MG	5	PA
RUBRACA TABLET 200MG	5	PA
RUBRACA TABLET 250MG	5	PA
RUBRACA TABLET 300MG	5	PA
RYDAPT CAPSULE 25MG	5	PA
sorafenib tosylate tablet 200mg	5	PA
sorafenib tablet 200mg	5	PA

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

Drug Name	Drug Tier	Requirements/Limits
SPRYCEL TABLET 100MG	5	PA
SPRYCEL TABLET 140MG	5	PA
SPRYCEL TABLET 20MG	5	PA
SPRYCEL TABLET 50MG	5	PA
SPRYCEL TABLET 70MG	5	PA
SPRYCEL TABLET 80MG	5	PA
STIVARGA TABLET 40MG	5	PA
sunitinib malate capsule 12.5mg	5	PA
sunitinib malate capsule 25mg	5	PA
sunitinib malate capsule 37.5mg	5	PA
sunitinib malate capsule 50mg	5	PA
TAFINLAR CAPSULE 50MG	5	PA
TAFINLAR CAPSULE 75MG	5	PA
TAGRISSO TABLET 40MG	5	QL (30 EA per 30 days) PA
TAGRISSO TABLET 80MG	5	PA
TALZENNA CAPSULE 0.25MG	5	PA
TALZENNA CAPSULE 0.5MG	5	PA
TALZENNA CAPSULE 0.75MG	5	PA
TALZENNA CAPSULE 1MG	5	PA
TASIGNA CAPSULE 150MG	5	PA
TASIGNA CAPSULE 200MG	5	PA
TASIGNA CAPSULE 50MG	5	PA
TEPMETKO TABLET 225MG	5	PA
TIBSOVO TABLET 250MG	5	PA
TURALIO CAPSULE 200MG	5	PA
UKONIQ TABLET 200MG	5	PA
VENCLEXTA STARTING PACK TABLET THERAPY PACK 0	5	PA
VENCLEXTA TABLET 100MG	5	PA
VENCLEXTA TABLET 10MG	3	PA
VENCLEXTA TABLET 50MG	5	PA
VERZENIO TABLET 100MG	5	PA
VERZENIO TABLET 150MG	5	PA
VERZENIO TABLET 200MG	5	PA

Drug Name	Drug Tier	Requirements/Limits
VERZENIO TABLET 50MG	5	PA
VITRAKVI CAPSULE 100MG	5	PA
VITRAKVI CAPSULE 25MG	5	PA
VITRAKVI SOLUTION 20MG/ML	5	PA
VIZIMPRO TABLET 15MG	5	PA
VIZIMPRO TABLET 30MG	5	PA
VIZIMPRO TABLET 45MG	5	PA
VOTRIENT TABLET 200MG	5	PA
WELIREG TABLET 40MG	5	PA
XALKORI CAPSULE 200MG	5	PA
XALKORI CAPSULE 250MG	5	PA
XOSPATA TABLET 40MG	5	PA
ZEJULA CAPSULE 100MG	5	PA
ZELBORAF TABLET 240MG	5	PA
ZYDELIG TABLET 100MG	5	PA
ZYDELIG TABLET 150MG	5	PA
ZYKADIA CAPSULE 150MG	5	PA MO
ZYKADIA TABLET 150MG	5	PA
Monoclonal Antibody/Antibody-Drug Conjugate		
DANYELZA INJECTION 40MG/10ML	5	PA
DARZALEX FASPRO INJECTION 1800MG/15ML; 30000UNIT/15ML	5	PA
JEMPERLI INJECTION 500MG/10ML	5	PA
KANJINTI INJECTION 150MG	5	PA
KANJINTI INJECTION 420MG	5	PA
MONJUVI INJECTION 200MG	5	PA
MVASI INJECTION 100MG/4ML	5	PA
MVASI INJECTION 400MG/16ML	5	PA
POLIVY INJECTION 140MG	5	PA
POLIVY INJECTION 30MG	5	PA
RUXIENCE INJECTION 100MG/10ML	5	PA
RUXIENCE INJECTION 500MG/50ML	5	PA
RYBREVANT INJECTION 350MG/7ML	5	PA
SARCLISA INJECTION 100MG/5ML	5	PA

Drug Name	Drug Tier	Requirements/Limits
SARCLISA INJECTION 500MG/25ML	5	PA
TIVDAK INJECTION 40MG	5	PA
TRAZIMERA INJECTION 150MG	5	PA
TRAZIMERA INJECTION 420MG	5	PA
TRODELVY INJECTION 180MG	5	PA
ZIRABEV INJECTION 100MG/4ML	5	PA
ZIRABEV INJECTION 400MG/16ML	5	PA
ZYNLONTA INJECTION 10MG	5	PA
Retinoids		
bexarotene capsule 75mg	5	PA
bexarotene gel 1%	5	PA
PANRETIN GEL 0.1%	5	
tretinoin capsule 10mg	5	
Treatment Adjuncts		
leucovorin calcium tablet 10mg	3	
leucovorin calcium tablet 15mg	3	
leucovorin calcium tablet 25mg	3	
leucovorin calcium tablet 5mg	3	
MESNEX TABLET 400MG	5	
Antiparasitics		
Anthelmintics		
albendazole tablet 200mg	5	
ivermectin tablet 3mg	3	PA
praziquantel tablet 600mg	4	
Antiprotozoals		
ALINIA SUSPENSION RECONSTITUTED 100MG/5ML	4	
atovaquone/proguanil hcl tablet 250mg; 100mg	4	
atovaquone/proguanil hcl tablet 62.5mg; 25mg	4	
atovaquone suspension 750mg/5ml	4	
BENZNIDAZOLE TABLET 100MG	4	
BENZNIDAZOLE TABLET 12.5MG	4	
chloroquine phosphate tablet 250mg	4	MO
chloroquine phosphate tablet 500mg	4	MO

Drug Name	Drug Tier	Requirements/Limits
COARTEM TABLET 20MG; 120MG	4	
hydroxychloroquine sulfate tablet 100mg	2	MO
hydroxychloroquine sulfate tablet 200mg	2	MO
mefloquine hcl tablet 250mg	4	MO
nitazoxanide tablet 500mg	5	
pentamidine isethionate injection 300mg	4	
pentamidine isethionate solution reconstituted 300mg	3	B/D
primaquine phosphate tablet 26.3mg	3	
pyrimethamine tablet 25mg	5	PA
quinine sulfate capsule 324mg	3	PA
Antiparkinson Agents		
Anticholinergics		
benztropine mesylate tablet 0.5mg	2	MO
benztropine mesylate tablet 1mg	2	MO
benztropine mesylate tablet 2mg	2	MO
trihexyphenidyl hcl solution 0.4mg/ml	2	MO
trihexyphenidyl hydrochloride tablet 2mg	4	MO
trihexyphenidyl hydrochloride tablet 5mg	4	MO
Antiparkinson Agents, Other		
entacapone tablet 200mg	3	MO
OSMOLEX ER TABLET ER 24 HOUR THERAPY PACK 0	4	PA MO
OSMOLEX ER TABLET EXTENDED RELEASE 24 HOUR 129MG	4	PA MO
OSMOLEX ER TABLET EXTENDED RELEASE 24 HOUR 193MG	4	PA MO
OSMOLEX ER TABLET EXTENDED RELEASE 24 HOUR 258MG	4	PA MO
Dopamine Agonists		
bromocriptine mesylate capsule 5mg	4	MO
bromocriptine mesylate tablet 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

Drug Name	Drug Tier	Requirements/Limits
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 PATCH 24 HOUR 1MG/24HR	4	ST MO
NEUPRO PATCH 24 HOUR 2MG/24HR	4	ST MO
NEUPRO PATCH 24 HOUR 3MG/24HR	4	ST MO
NEUPRO PATCH 24 HOUR 4MG/24HR	4	ST MO
NEUPRO PATCH 24 HOUR 6MG/24HR	4	ST MO
NEUPRO PATCH 24 HOUR 8MG/24HR	4	ST MO
pramipexole dihydrochloride tablet 0.125mg	2	MO
pramipexole dihydrochloride tablet 0.25mg	2	MO
pramipexole dihydrochloride tablet 0.5mg	2	MO
pramipexole dihydrochloride tablet 0.75mg	2	MO
pramipexole dihydrochloride tablet 1.5mg	2	MO
pramipexole dihydrochloride tablet 1mg	2	MO
ropinirole hcl tablet 0.5mg	2	MO
ropinirole hcl tablet 1mg	2	MO
ropinirole hcl tablet 2mg	2	MO
ropinirole hcl tablet 4mg	2	MO
ropinirole hcl tablet 5mg	2	MO
ropinirole hydrochloride tablet 0.25mg	2	MO
ropinirole hydrochloride tablet 3mg	2	MO
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
carbidopa/levodopa er tablet extended release 25mg; 100mg	3	MO
carbidopa/levodopa er tablet extended release 50mg; 200mg	3	MO
carbidopa/levodopa odt tablet disintegrating 10mg; 100mg	4	MO
carbidopa/levodopa odt tablet disintegrating 25mg; 100mg	4	MO
carbidopa/levodopa odt tablet disintegrating 25mg; 250mg	4	MO

Drug Name	Drug Tier	Requirements/Limits
carbidopa/levodopa tablet 10mg; 100mg	2	MO
carbidopa/levodopa tablet 25mg; 100mg	2	MO
carbidopa/levodopa tablet 25mg; 250mg	2	MO
carbidopa tablet 25mg	4	MO
Monoamine Oxidase B (MAO-B) Inhibitors		
rasagiline mesylate tablet 0.5mg	4	MO
rasagiline mesylate tablet 1mg	4	MO
selegiline hcl capsule 5mg	3	MO
selegiline hcl tablet 5mg	3	MO
Antipsychotics		
1st Generation/Typical		
chlorpromazine hcl tablet 100mg	4	MO
chlorpromazine hcl tablet 10mg	4	MO
chlorpromazine hcl tablet 200mg	4	MO
chlorpromazine hcl tablet 25mg	4	MO
chlorpromazine hcl tablet 50mg	4	MO
chlorpromazine hydrochloride concentrate 100mg/ml	4	MO
chlorpromazine hydrochloride concentrate 30mg/ml	4	MO
fluphenazine decanoate injection 25mg/ml	4	
fluphenazine hcl concentrate 5mg/ml	4	MO
fluphenazine hcl injection 2.5mg/ml	4	
fluphenazine hcl tablet 10mg	4	MO
fluphenazine hcl tablet 1mg	4	MO
fluphenazine hcl tablet 2.5mg	4	MO
fluphenazine hcl tablet 5mg	4	MO
fluphenazine hydrochloride elixir 2.5mg/5ml	4	MO
haloperidol decanoate injection 100mg/ml	4	
haloperidol decanoate injection 100mg/ml	4	
haloperidol decanoate injection 50mg/ml	4	
haloperidol decanoate injection 50mg/ml	4	
haloperidol lactate injection 5mg/ml	4	
haloperidol concentrate 2mg/ml	2	MO
haloperidol tablet 0.5mg	2	MO
haloperidol tablet 10mg	2	MO

Drug Name	Drug Tier	Requirements/Limits
haloperidol tablet 1mg	2	MO
haloperidol tablet 20mg	4	MO
haloperidol tablet 2mg	2	MO
haloperidol tablet 5mg	2	MO
loxapine capsule 10mg	4	MO
loxapine capsule 25mg	4	MO
loxapine capsule 50mg	4	MO
loxapine capsule 5mg	4	MO
molindone hydrochloride tablet 10mg	4	MO
molindone hydrochloride tablet 25mg	4	MO
molindone hydrochloride tablet 5mg	4	MO
perphenazine tablet 16mg	4	MO
perphenazine tablet 2mg	4	MO
perphenazine tablet 4mg	4	MO
perphenazine tablet 8mg	4	MO
pimozide tablet 1mg	4	MO
pimozide tablet 2mg	4	MO
thioridazine hcl tablet 100mg	4	MO
thioridazine hcl tablet 10mg	4	MO
thioridazine hcl tablet 25mg	4	MO
thioridazine hcl tablet 50mg	4	MO
thiothixene capsule 10mg	4	MO
thiothixene capsule 1mg	4	MO
thiothixene capsule 2mg	4	MO
thiothixene capsule 5mg	4	MO
trifluoperazine hcl tablet 10mg	4	MO
trifluoperazine hcl tablet 2mg	4	MO
trifluoperazine hcl tablet 5mg	4	MO
trifluoperazine hydrochloride tablet 1mg	4	MO
2nd Generation/Atypical		
ABILIFY MAINTENA INJECTION 300MG	5	MO
ABILIFY MAINTENA INJECTION 300MG	5	MO
ABILIFY MAINTENA INJECTION 400MG	5	MO
ABILIFY MAINTENA INJECTION 400MG	5	MO

Drug Name	Drug Tier	Requirements/Limits
aripiprazole odt tablet disintegrating 10mg	5	QL (60 EA per 30 days) MO
aripiprazole odt tablet disintegrating 15mg	5	QL (60 EA per 30 days) MO
aripiprazole solution 1mg/ml	4	QL (750 ML per 30 days) MO
aripiprazole tablet 10mg	3	QL (30 EA per 30 days) MO
aripiprazole tablet 15mg	3	QL (30 EA per 30 days) MO
aripiprazole tablet 20mg	3	QL (30 EA per 30 days) MO
aripiprazole tablet 2mg	3	QL (30 EA per 30 days) MO
aripiprazole tablet 30mg	3	QL (30 EA per 30 days) MO
aripiprazole tablet 5mg	3	QL (30 EA per 30 days) MO
ARISTADA INITIO INJECTION 675MG/2.4ML	5	
ARISTADA INJECTION 1064MG/3.9ML	5	MO
ARISTADA INJECTION 441MG/1.6ML	5	MO
ARISTADA INJECTION 662MG/2.4ML	5	MO
ARISTADA INJECTION 882MG/3.2ML	5	MO
asenapine maleate sl tablet sublingual 10mg	4	QL (60 EA per 30 days) MO
asenapine maleate sl tablet sublingual 2.5mg	4	QL (60 EA per 30 days) MO
asenapine maleate sl tablet sublingual 5mg	4	QL (60 EA per 30 days) MO
CAPLYTA CAPSULE 10.5MG	5	QL (30 EA per 30 days) PA MO
CAPLYTA CAPSULE 21MG	5	QL (30 EA per 30 days) PA MO
CAPLYTA CAPSULE 42MG	5	QL (30 EA per 30 days) PA MO
FANAPT TITRATION PACK TABLET 0	4	QL (8 EA per 180 days) ST
FANAPT TABLET 10MG	5	QL (60 EA per 30 days) ST
FANAPT TABLET 12MG	5	QL (60 EA per 30 days) ST
FANAPT TABLET 1MG	5	QL (60 EA per 30 days) ST
FANAPT TABLET 2MG	5	QL (60 EA per 30 days) ST
FANAPT TABLET 4MG	5	QL (60 EA per 30 days) ST
FANAPT TABLET 6MG	5	QL (60 EA per 30 days) ST
FANAPT TABLET 8MG	5	QL (60 EA per 30 days) ST
INVEGA HAFYERA INJECTION 1092MG/3.5ML	5	ST
INVEGA HAFYERA INJECTION 1560MG/5ML	5	ST

Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INJECTION 117MG/0.75ML	5	
INVEGA SUSTENNA INJECTION 156MG/ML	5	
INVEGA SUSTENNA INJECTION 234MG/1.5ML	5	
INVEGA SUSTENNA INJECTION 39MG/0.25ML	4	
INVEGA SUSTENNA INJECTION 78MG/0.5ML	5	
INVEGA TRINZA INJECTION 273MG/0.88ML	5	
INVEGA TRINZA INJECTION 410MG/1.32ML	5	
INVEGA TRINZA INJECTION 546MG/1.75ML	5	
INVEGA TRINZA INJECTION 819MG/2.63ML	5	
LATUDA TABLET 120MG	5	QL (30 EA per 30 days) MO
LATUDA TABLET 20MG	5	QL (30 EA per 30 days) MO
LATUDA TABLET 40MG	5	QL (30 EA per 30 days) MO
LATUDA TABLET 60MG	5	QL (30 EA per 30 days) MO
LATUDA TABLET 80MG	5	QL (60 EA per 30 days) MO
lurasidone hydrochloride tablet 120mg	4	QL (30 EA per 30 days)
lurasidone hydrochloride tablet 20mg	4	QL (30 EA per 30 days)
lurasidone hydrochloride tablet 40mg	4	QL (30 EA per 30 days)
lurasidone hydrochloride tablet 60mg	4	QL (30 EA per 30 days)
lurasidone hydrochloride tablet 80mg	4	QL (60 EA per 30 days)
LYBALVI TABLET 10MG; 10MG	5	QL (30 EA per 30 days) ST MO
LYBALVI TABLET 15MG; 10MG	5	QL (30 EA per 30 days) ST MO
LYBALVI TABLET 20MG; 10MG	5	QL (30 EA per 30 days) ST MO
LYBALVI TABLET 5MG; 10MG	5	QL (30 EA per 30 days) ST MO
NUPLAZID CAPSULE 34MG	5	PA MO
NUPLAZID TABLET 10MG	5	PA MO
NUPLAZID TABLET 17MG	5	PA MO
olanzapine odt tablet disintegrating 10mg	4	QL (30 EA per 30 days) MO
olanzapine odt tablet disintegrating 15mg	4	QL (30 EA per 30 days) MO
olanzapine odt tablet disintegrating 20mg	4	QL (30 EA per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
olanzapine odt tablet disintegrating 5mg	4	QL (30 EA per 30 days) MO
olanzapine injection 10mg	4	
olanzapine tablet 10mg	2	QL (30 EA per 30 days) MO
olanzapine tablet 15mg	2	QL (30 EA per 30 days) MO
olanzapine tablet 2.5mg	2	QL (30 EA per 30 days) MO
olanzapine tablet 20mg	2	QL (30 EA per 30 days) MO
olanzapine tablet 5mg	2	QL (30 EA per 30 days) MO
olanzapine tablet 7.5mg	2	QL (30 EA per 30 days) MO
paliperidone er tablet extended release 24 hour 1.5mg	4	QL (30 EA per 30 days) MO
paliperidone er tablet extended release 24 hour 3mg	4	QL (30 EA per 30 days) MO
paliperidone er tablet extended release 24 hour 6mg	4	QL (60 EA per 30 days) MO
paliperidone er tablet extended release 24 hour 9mg	4	QL (30 EA per 30 days) MO
PERSERIS INJECTION 120MG	5	MO
PERSERIS INJECTION 90MG	5	MO
quetiapine fumarate er tablet extended release 24 hour 150mg	4	QL (60 EA per 30 days) MO
quetiapine fumarate er tablet extended release 24 hour 200mg	4	QL (90 EA per 30 days) MO
quetiapine fumarate er tablet extended release 24 hour 300mg	4	QL (60 EA per 30 days) MO
quetiapine fumarate er tablet extended release 24 hour 400mg	4	QL (60 EA per 30 days) MO
quetiapine fumarate er tablet extended release 24 hour 50mg	4	QL (60 EA per 30 days) MO
quetiapine fumarate tablet 100mg	2	QL (90 EA per 30 days) MO
quetiapine fumarate tablet 200mg	2	QL (90 EA per 30 days) MO
quetiapine fumarate tablet 25mg	2	QL (90 EA per 30 days) MO
quetiapine fumarate tablet 300mg	2	QL (60 EA per 30 days) MO
quetiapine fumarate tablet 400mg	2	QL (60 EA per 30 days) MO
quetiapine fumarate tablet 50mg	2	QL (90 EA per 30 days) MO
REXULTI TABLET 0.25MG	5	QL (30 EA per 30 days) MO
REXULTI TABLET 0.5MG	5	QL (30 EA per 30 days) MO
REXULTI TABLET 1MG	5	QL (30 EA per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
REXULTI TABLET 2MG	5	QL (30 EA per 30 days) MO
REXULTI TABLET 3MG	5	QL (30 EA per 30 days) MO
REXULTI TABLET 4MG	5	QL (30 EA per 30 days) MO
RISPERDAL CONSTA INJECTION 12.5MG	4	
RISPERDAL CONSTA INJECTION 25MG	5	
RISPERDAL CONSTA INJECTION 37.5MG	5	
RISPERDAL CONSTA INJECTION 50MG	5	
risperidone odt tablet disintegrating 0.25mg	4	QL (60 EA per 30 days) MO
risperidone odt tablet disintegrating 0.5mg	4	QL (60 EA per 30 days) MO
risperidone odt tablet disintegrating 1mg	4	QL (60 EA per 30 days) MO
risperidone odt tablet disintegrating 2mg	4	QL (60 EA per 30 days) MO
risperidone odt tablet disintegrating 3mg	4	QL (60 EA per 30 days) MO
risperidone odt tablet disintegrating 4mg	4	QL (60 EA per 30 days) MO
risperidone solution 1mg/ml	4	QL (240 ML per 30 days) MO
risperidone tablet 0.25mg	2	QL (60 EA per 30 days) MO
risperidone tablet 0.5mg	2	QL (60 EA per 30 days) MO
risperidone tablet 1mg	2	QL (60 EA per 30 days) MO
risperidone tablet 2mg	2	QL (60 EA per 30 days) MO
risperidone tablet 3mg	2	QL (60 EA per 30 days) MO
risperidone tablet 4mg	2	QL (60 EA per 30 days) MO
SECUADO PATCH 24 HOUR 3.8MG/24HR	5	QL (30 EA per 30 days) ST MO
SECUADO PATCH 24 HOUR 5.7MG/24HR	5	QL (30 EA per 30 days) ST MO
SECUADO PATCH 24 HOUR 7.6MG/24HR	5	QL (30 EA per 30 days) ST MO
VRAYLAR CAPSULE THERAPY PACK 0	4	QL (14 EA per 365 days) ST
VRAYLAR CAPSULE 1.5MG	5	QL (30 EA per 30 days) ST MO
VRAYLAR CAPSULE 3MG	5	QL (30 EA per 30 days) ST MO
VRAYLAR CAPSULE 4.5MG	5	QL (30 EA per 30 days) ST MO

Drug Name	Drug Tier	Requirements/Limits
VRAYLAR CAPSULE 6MG	5	QL (30 EA per 30 days) ST MO
ziprasidone hcl capsule 20mg	3	QL (60 EA per 30 days) MO
ziprasidone hcl capsule 40mg	3	QL (60 EA per 30 days) MO
ziprasidone hcl capsule 60mg	3	QL (60 EA per 30 days) MO
ziprasidone hcl capsule 80mg	3	QL (60 EA per 30 days) MO
ziprasidone mesylate injection 20mg	4	QL (60 EA per 30 days)
ZYPREXA RELPREVV INJECTION 210MG	4	
ZYPREXA RELPREVV INJECTION 300MG	5	
ZYPREXA RELPREVV INJECTION 405MG	5	
Treatment-Resistant		
clozapine odt tablet disintegrating 100mg	4	QL (270 EA per 30 days)
clozapine odt tablet disintegrating 12.5mg	4	QL (90 EA per 30 days)
clozapine odt tablet disintegrating 150mg	4	QL (180 EA per 30 days)
clozapine odt tablet disintegrating 200mg	5	QL (120 EA per 30 days)
clozapine odt tablet disintegrating 25mg	4	QL (270 EA per 30 days)
clozapine tablet 100mg	4	QL (270 EA per 30 days)
clozapine tablet 200mg	4	QL (120 EA per 30 days)
clozapine tablet 25mg	3	QL (270 EA per 30 days)
clozapine tablet 50mg	3	QL (180 EA per 30 days)
VERSACLOZ SUSPENSION 50MG/ML	5	QL (540 ML per 30 days)
Antispasticity Agents		
Antispasticity Agents		
baclofen tablet 10mg	2	
baclofen tablet 20mg	2	
baclofen tablet 5mg	4	
dantrolene sodium capsule 100mg	4	
dantrolene sodium capsule 25mg	4	
dantrolene sodium capsule 50mg	4	
tizanidine hcl tablet 2mg	2	
tizanidine hydrochloride tablet 4mg	2	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
cidofovir injection 75mg/ml	5	

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

Drug Name	Drug Tier	Requirements/Limits
ganciclovir injection 500mg/10ml	3	B/D MO
ganciclovir injection 500mg	3	B/D
LIVTENCITY TABLET 200MG	5	MO
PREVYMIS TABLET 240MG	5	MO
PREVYMIS TABLET 480MG	5	MO
valganciclovir hydrochloride solution reconstituted 50mg/ml	5	MO
valganciclovir tablet 450mg	3	MO
Anti-hepatitis B (HBV) Agents		
adefovir dipivoxil tablet 10mg	4	MO
BARACLUDE SOLUTION 0.05MG/ML	5	QL (600 ML per 30 days) MO
entecavir tablet 0.5mg	4	QL (30 EA per 30 days) MO
entecavir tablet 1mg	4	QL (30 EA per 30 days) MO
EPIVIR HBV SOLUTION 5MG/ML	4	MO
lamivudine tablet 100mg	3	MO
VEMLIDY TABLET 25MG	5	MO
Anti-hepatitis C (HCV) Agents		
MAVYRET PACKET 50MG; 20MG	5	QL (560 EA per 365 days) PA
MAVYRET TABLET 100MG; 40MG	5	QL (336 EA per 365 days) PA
ribavirin tablet 200mg	3	
SOFOSBUVIR/VELPATASVIR TABLET 400MG; 100MG	5	QL (84 EA per 365 days) PA
VOSEVI TABLET 400MG; 100MG; 100MG	5	QL (84 EA per 365 days) PA
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
APRETUDE INJECTION 600MG/3ML	5	
BIKTARVY TABLET 30MG; 120MG; 15MG	5	QL (30 EA per 30 days) MO
BIKTARVY TABLET 50MG; 200MG; 25MG	5	QL (30 EA per 30 days) MO
CABENUVA INJECTION 400MG/2ML; 600MG/2ML	5	
CABENUVA INJECTION 600MG/3ML; 900MG/3ML	5	
DOVATO TABLET 50MG; 300MG	5	QL (30 EA per 30 days) MO
GENVOYA TABLET 150MG; 150MG; 200MG; 10MG	5	QL (30 EA per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
ISENTRESS HD TABLET 600MG	5	MO
ISENTRESS PACKET 100MG	5	MO
ISENTRESS TABLET CHEWABLE 100MG	5	MO
ISENTRESS TABLET CHEWABLE 25MG	3	MO
ISENTRESS TABLET 400MG	5	MO
JULUCA TABLET 50MG; 25MG	5	QL (30 EA per 30 days) MO
STRIBILD TABLET 150MG; 150MG; 200MG; 300MG	5	QL (30 EA per 30 days) MO
TIVICAY PD TABLET SOLUBLE 5MG	4	MO
TIVICAY TABLET 10MG	4	MO
TIVICAY TABLET 25MG	5	MO
TIVICAY TABLET 50MG	5	MO
VOCABRIA TABLET 30MG	5	MO
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA TABLET 200MG; 25MG; 300MG	5	QL (30 EA per 30 days) MO
DELSTRIGO TABLET 100MG; 300MG; 300MG	5	QL (30 EA per 30 days) MO
EDURANT TABLET 25MG	5	MO
efavirenz/emtricitabine/tenofovir disoproxil fumarate tablet 600mg; 200mg; 300mg	5	QL (30 EA per 30 days) MO
efavirenz/lamivudine/tenofovir disoproxil fumarate tablet 400mg; 300mg; 300mg	5	QL (30 EA per 30 days) MO
efavirenz/lamivudine/tenofovir disoproxil fumarate tablet 600mg; 300mg; 300mg	5	QL (30 EA per 30 days) MO
efavirenz capsule 200mg	4	MO
efavirenz capsule 50mg	4	MO
efavirenz tablet 600mg	4	MO
etravirine tablet 100mg	4	MO
etravirine tablet 200mg	5	MO
INTELENCE TABLET 25MG	4	MO
nevirapine er tablet extended release 24 hour 100mg	4	MO
nevirapine er tablet extended release 24 hour 400mg	4	MO
nevirapine suspension 50mg/5ml	3	MO
nevirapine tablet 200mg	3	MO

Drug Name	Drug Tier	Requirements/Limits
PIFELTRO TABLET 100MG	5	MO
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
abacavir sulfate/lamivudine/zidovudine tablet 300mg; 150mg; 300mg	5	QL (60 EA per 30 days) MO
abacavir sulfate/lamivudine tablet 600mg; 300mg	4	QL (30 EA per 30 days) MO
abacavir sulfate tablet 300mg	4	MO
abacavir solution 20mg/ml	4	MO
abacavir tablet 300mg	4	MO
CIMDUO TABLET 300MG; 300MG	5	QL (30 EA per 30 days) MO
DESCOVY TABLET 120MG; 15MG	5	QL (30 EA per 30 days) MO
DESCOVY TABLET 200MG; 25MG	5	QL (30 EA per 30 days) MO
didanosine capsule delayed release 200mg	4	MO
didanosine capsule delayed release 250mg	4	MO
didanosine capsule delayed release 400mg	4	MO
emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg	5	QL (30 EA per 30 days) MO
emtricitabine/tenofovir disoproxil fumarate tablet 133mg; 200mg	5	QL (30 EA per 30 days) MO
emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg	5	QL (30 EA per 30 days) MO
emtricitabine/tenofovir disoproxil tablet 167mg; 250mg	5	QL (30 EA per 30 days) MO
emtricitabine capsule 200mg	2	MO
EMTRIVA SOLUTION 10MG/ML	4	MO
lamivudine/zidovudine tablet 150mg; 300mg	4	QL (60 EA per 30 days) MO
lamivudine solution 10mg/ml	4	MO
lamivudine tablet 150mg	4	MO
lamivudine tablet 300mg	4	MO
ODEFSEY TABLET 200MG; 25MG; 25MG	5	QL (30 EA per 30 days) MO
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	4	QL (20 EA per 5 days)
RETROVIR IV INFUSION INJECTION 10MG/ML	4	
stavudine capsule 15mg	4	MO

Drug Name	Drug Tier	Requirements/Limits
stavudine capsule 20mg	4	MO
stavudine capsule 30mg	4	MO
stavudine capsule 30mg	4	MO
stavudine capsule 40mg	4	MO
TEMIXYS TABLET 300MG; 300MG	5	QL (30 EA per 30 days) MO
tenofovir disoproxil fumarate tablet 300mg	4	MO
TRIUMEQ PD TABLET SOLUBLE 60MG; 5MG; 30MG	5	QL (180 EA per 30 days) MO
TRIUMEQ TABLET 600MG; 50MG; 300MG	5	QL (30 EA per 30 days) MO
TRIZIVIR TABLET 300MG; 150MG; 300MG	5	QL (60 EA per 30 days) MO
VIDEX EC CAPSULE DELAYED RELEASE 125MG	4	
VIDEX PEDIATRIC SOLUTION RECONSTITUTED 2GM	4	
VIDEX PEDIATRIC SOLUTION RECONSTITUTED 4GM	4	
VIREAD POWDER 40MG/GM	5	MO
VIREAD TABLET 150MG	5	MO
VIREAD TABLET 200MG	5	MO
VIREAD TABLET 250MG	5	MO
zidovudine capsule 100mg	3	MO
zidovudine syrup 50mg/5ml	3	MO
zidovudine tablet 300mg	3	MO
Anti-HIV Agents, Other		
FUZEON INJECTION 90MG	5	MO
maraviroc tablet 150mg	5	MO
maraviroc tablet 300mg	5	MO
RUKOBIA TABLET EXTENDED RELEASE 12 HOUR 600MG	5	MO
SELZENTRY SOLUTION 20MG/ML	5	MO
SELZENTRY TABLET 25MG	4	MO
SELZENTRY TABLET 75MG	5	MO
SUNLENCA INJECTION 463.5MG/1.5ML	5	
SUNLENCA TABLET THERAPY PACK 300MG	5	

Drug Name	Drug Tier	Requirements/Limits
SUNLENCA TABLET THERAPY PACK 300MG	5	
TROGARZO INJECTION 200MG/1.33ML	5	MO
TYBOST TABLET 150MG	4	MO
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS CAPSULE 250MG	5	MO
APTIVUS SOLUTION 100MG/ML	5	MO
atazanavir sulfate capsule 300mg	4	MO
atazanavir capsule 150mg	4	MO
atazanavir capsule 200mg	4	MO
EVOTAZ TABLET 300MG; 150MG	5	QL (30 EA per 30 days) MO
fosamprenavir calcium tablet 700mg	5	MO
INVIRASE TABLET 500MG	5	MO
LEXIVA SUSPENSION 50MG/ML	4	MO
lopinavir/ritonavir solution 400mg/5ml; 100mg/5ml	4	MO
lopinavir/ritonavir tablet 100mg; 25mg	4	MO
lopinavir/ritonavir tablet 200mg; 50mg	4	MO
NORVIR PACKET 100MG	3	MO
NORVIR SOLUTION 80MG/ML	4	MO
PREZCOBIX TABLET 150MG; 800MG	5	QL (30 EA per 30 days) MO
PREZISTA SUSPENSION 100MG/ML	5	MO
PREZISTA TABLET 150MG	4	MO
PREZISTA TABLET 600MG	5	MO
PREZISTA TABLET 75MG	4	MO
PREZISTA TABLET 800MG	5	MO
REYATAZ PACKET 50MG	5	MO
ritonavir tablet 100mg	3	MO
SYMTUZA TABLET 150MG; 800MG; 200MG; 10MG	5	QL (30 EA per 30 days) MO
VIRACEPT TABLET 250MG	5	MO
VIRACEPT TABLET 625MG	5	MO
Anti-influenza Agents		
amantadine hcl capsule 100mg	4	MO
amantadine hcl solution 50mg/5ml	2	MO
oseltamivir phosphate capsule 30mg	3	QL (168 EA per 365 days)

Drug Name	Drug Tier	Requirements/Limits
oseltamivir phosphate capsule 45mg	3	QL (84 EA per 365 days)
oseltamivir phosphate capsule 75mg	3	QL (110 EA per 365 days)
oseltamivir phosphate suspension reconstituted 6mg/ml	3	QL (1080 ML per 365 days)
rimantadine hydrochloride tablet 100mg	3	
TAMIFLU CAPSULE 30MG	4	QL (168 EA per 365 days)
TAMIFLU CAPSULE 45MG	4	QL (84 EA per 365 days)
TAMIFLU CAPSULE 75MG	4	QL (110 EA per 365 days)
TAMIFLU SUSPENSION RECONSTITUTED 6MG/ML	4	QL (1080 ML per 365 days)
XOFLUZA TABLET THERAPY PACK 20MG	3	QL (4 EA per 365 days)
XOFLUZA TABLET THERAPY PACK 40MG	3	QL (4 EA per 365 days)
XOFLUZA TABLET THERAPY PACK 40MG	3	QL (4 EA per 365 days)
XOFLUZA TABLET THERAPY PACK 80MG	3	QL (2 EA per 365 days)
Antiherpetic Agents		
acyclovir sodium injection 50mg/ml	4	B/D
acyclovir capsule 200mg	2	
acyclovir suspension 200mg/5ml	4	
acyclovir tablet 400mg	2	
acyclovir tablet 800mg	2	
famciclovir tablet 125mg	3	
famciclovir tablet 250mg	3	
famciclovir tablet 500mg	3	
valacyclovir hcl tablet 1gm	3	QL (120 EA per 30 days)
valacyclovir hydrochloride tablet 500mg	3	QL (120 EA per 30 days)
Anxiolytics		
Anxiolytics, Other		
buspirone hcl tablet 15mg	2	
buspirone hcl tablet 30mg	3	
buspirone hydrochloride tablet 10mg	2	
buspirone hydrochloride tablet 5mg	2	
buspirone hydrochloride tablet 7.5mg	3	
hydroxyzine pamoate capsule 100mg	4	
hydroxyzine pamoate capsule 25mg	4	

Drug Name	Drug Tier	Requirements/Limits
hydroxyzine pamoate capsule 50mg	4	
Benzodiazepines		
alprazolam tablet 0.25mg	2	QL (120 EA per 30 days)
alprazolam tablet 0.5mg	2	QL (120 EA per 30 days)
alprazolam tablet 1mg	2	QL (120 EA per 30 days)
alprazolam tablet 2mg	2	QL (150 EA per 30 days)
chlordiazepoxide hcl capsule 5mg	4	
clorazepate dipotassium tablet 15mg	4	QL (180 EA per 30 days)
clorazepate dipotassium tablet 3.75mg	4	QL (720 EA per 30 days)
clorazepate dipotassium tablet 7.5mg	4	QL (360 EA per 30 days)
diazepam intensol concentrate 5mg/ml	4	
diazepam concentrate 5mg/ml	4	
diazepam injection 5mg/ml	4	
diazepam solution 5mg/5ml	4	
diazepam tablet 10mg	2	QL (120 EA per 30 days)
diazepam tablet 2mg	2	QL (300 EA per 30 days)
diazepam tablet 5mg	2	QL (240 EA per 30 days)
lorazepam intensol concentrate 2mg/ml	3	
lorazepam tablet 0.5mg	2	QL (90 EA per 30 days)
lorazepam tablet 1mg	2	QL (90 EA per 30 days)
lorazepam tablet 2mg	2	QL (150 EA per 30 days)
Bipolar Agents		
Mood Stabilizers		
lithium carbonate er tablet extended release 300mg	2	MO
lithium carbonate er tablet extended release 450mg	2	MO
lithium carbonate capsule 150mg	2	MO
lithium carbonate capsule 300mg	2	MO
lithium carbonate capsule 600mg	2	MO
lithium carbonate tablet 300mg	2	MO
lithium solution 8meq/5ml	2	MO
valproic acid capsule 250mg	2	MO
valproic acid solution 250mg/5ml	2	MO
Blood Glucose Regulators		
Antidiabetic Agents		

Drug Name	Drug Tier	Requirements/Limits
acarbose tablet 100mg	2	MO
acarbose tablet 25mg	2	MO
acarbose tablet 50mg	2	MO
BYDUREON BCISE INJECTION 2MG/0.85ML	4	QL (3.4 ML per 28 days) ST MO
BYDUREON PEN INJECTION 2MG	5	QL (4 EA per 28 days) ST MO
FARXIGA TABLET 10MG	3	MO
FARXIGA TABLET 5MG	3	MO
glimepiride tablet 1mg	1	MO
glimepiride tablet 2mg	1	MO
glimepiride tablet 4mg	1	MO
glipizide er tablet extended release 24 hour 10mg	1	MO
glipizide er tablet extended release 24 hour 2.5mg	1	MO
glipizide er tablet extended release 24 hour 5mg	1	MO
glipizide xl tablet extended release 24 hour 10mg	1	MO
glipizide xl tablet extended release 24 hour 2.5mg	1	MO
glipizide xl tablet extended release 24 hour 5mg	1	MO
glipizide/metformin hydrochloride tablet 2.5mg; 250mg	1	MO
glipizide/metformin hydrochloride tablet 2.5mg; 500mg	1	MO
glipizide/metformin hydrochloride tablet 5mg; 500mg	1	MO
glipizide tablet 10mg	1	MO
glipizide tablet 5mg	1	MO
glyburide/metformin hydrochloride tablet 1.25mg; 250mg	2	MO
glyburide/metformin hydrochloride tablet 2.5mg; 500mg	2	MO
glyburide/metformin hydrochloride tablet 5mg; 500mg	2	MO
glyburide tablet 1.25mg	2	MO
glyburide tablet 2.5mg	2	MO
glyburide tablet 5mg	2	MO
GLYXAMBI TABLET 10MG; 5MG	3	MO

Drug Name	Drug Tier	Requirements/Limits
GLYXAMBI TABLET 25MG; 5MG	3	MO
INVOKANA TABLET 100MG	4	ST MO
INVOKANA TABLET 300MG	4	ST MO
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG	3	MO
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 50MG	3	MO
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 500MG; 50MG	3	MO
JANUMET TABLET 1000MG; 50MG	3	MO
JANUMET TABLET 500MG; 50MG	3	MO
JANUVIA TABLET 100MG	3	QL (30 EA per 30 days) MO
JANUVIA TABLET 25MG	3	QL (30 EA per 30 days) MO
JANUVIA TABLET 50MG	3	QL (30 EA per 30 days) MO
JARDIANCE TABLET 10MG	3	MO
JARDIANCE TABLET 25MG	3	MO
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG	3	MO
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG	3	MO
JENTADUETO TABLET 2.5MG; 1000MG	3	MO
JENTADUETO TABLET 2.5MG; 500MG	3	MO
JENTADUETO TABLET 2.5MG; 850MG	3	MO
metformin hydrochloride er tablet extended release 24 hour 500mg	1	MO
metformin hydrochloride er tablet extended release 24 hour 750mg	1	MO
metformin hydrochloride tablet 1000mg	1	MO
metformin hydrochloride tablet 500mg	1	MO
metformin hydrochloride tablet 850mg	1	MO
MOUNJARO INJECTION 10MG/0.5ML	5	QL (2 ML per 28 days) ST
MOUNJARO INJECTION 12.5MG/0.5ML	5	QL (2 ML per 28 days) ST
MOUNJARO INJECTION 15MG/0.5ML	5	QL (2 ML per 28 days) ST
MOUNJARO INJECTION 2.5MG/0.5ML	5	QL (2 ML per 28 days) ST

Drug Name	Drug Tier	Requirements/Limits
MOUNJARO INJECTION 5MG/0.5ML	5	QL (2 ML per 28 days) ST
MOUNJARO INJECTION 7.5MG/0.5ML	5	QL (2 ML per 28 days) ST
nateglinide tablet 120mg	1	MO
nateglinide tablet 60mg	1	MO
OZEMPIC INJECTION 2MG/1.5ML	3	QL (1.5 ML per 28 days) ST MO
OZEMPIC INJECTION 2MG/1.5ML	3	QL (3 ML per 28 days) ST MO
OZEMPIC INJECTION 2MG/3ML	3	QL (3 ML per 28 days) ST
OZEMPIC INJECTION 4MG/3ML	3	QL (3 ML per 28 days) ST MO
OZEMPIC INJECTION 5.5MG/ML; 14MG/ML; 8MG/3ML	3	QL (3 ML per 28 days) ST MO
pioglitazone hcl/metformin hcl tablet 500mg; 15mg	2	MO
pioglitazone hcl/metformin hcl tablet 850mg; 15mg	2	MO
pioglitazone hcl tablet 45mg	1	MO
pioglitazone hydrochloride tablet 15mg	1	MO
pioglitazone hydrochloride tablet 30mg	1	MO
repaglinide tablet 0.5mg	1	MO
repaglinide tablet 1mg	1	MO
repaglinide tablet 2mg	1	MO
RYBELSUS TABLET 14MG	3	QL (30 EA per 30 days) ST MO
RYBELSUS TABLET 3MG	3	QL (60 EA per 365 days) ST MO
RYBELSUS TABLET 7MG	3	QL (30 EA per 30 days) ST MO
SOLIQUA 100/33 INJECTION 100UNIT/ML; 33MCG/ML	3	ST MO SI
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG	3	MO
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 1000MG	3	MO
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25MG; 1000MG	3	MO

Drug Name	Drug Tier	Requirements/Limits
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG	3	MO
SYNJARDY TABLET 12.5MG; 1000MG	3	MO
SYNJARDY TABLET 12.5MG; 500MG	3	MO
SYNJARDY TABLET 5MG; 1000MG	3	MO
SYNJARDY TABLET 5MG; 500MG	3	MO
TRADJENTA TABLET 5MG	3	QL (30 EA per 30 days) MO
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG	3	MO
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 2.5MG; 1000MG	3	MO
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25MG; 5MG; 1000MG	3	MO
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 2.5MG; 1000MG	3	MO
TRULICITY INJECTION 0.75MG/0.5ML	3	QL (2 ML per 28 days) ST MO
TRULICITY INJECTION 1.5MG/0.5ML	3	QL (2 ML per 28 days) ST MO
TRULICITY INJECTION 3MG/0.5ML	3	QL (2 ML per 28 days) ST MO
TRULICITY INJECTION 4.5MG/0.5ML	3	QL (2 ML per 28 days) ST MO
VICTOZA INJECTION 18MG/3ML	3	QL (9 ML per 30 days) ST MO
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG	3	MO
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 500MG	3	MO
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG	3	MO
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG	3	MO
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 500MG	3	MO
Glycemic Agents		
BAQSIMI ONE PACK POWDER 3MG/DOSE	3	
BAQSIMI TWO PACK POWDER 3MG/DOSE	3	
diazoxide suspension 50mg/ml	4	MO

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Drug Name	Drug Tier	Requirements/Limits
GLUCAGEN HYPOKIT INJECTION 1MG	4	ST
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJECTION 1MG/ML	3	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJECTION 1MG	3	
GLUCAGON EMERGENCY KIT INJECTION 1MG	3	
GVOKE HYPOPEN 1-PACK INJECTION 0.5MG/0.1ML	3	
GVOKE HYPOPEN 1-PACK INJECTION 1MG/0.2ML	3	
GVOKE HYPOPEN 2-PACK INJECTION 0.5MG/0.1ML	3	
GVOKE HYPOPEN 2-PACK INJECTION 1MG/0.2ML	3	
GVOKE KIT INJECTION 1MG/0.2ML	3	
GVOKE PFS INJECTION 0.5MG/0.1ML	3	
GVOKE PFS INJECTION 1MG/0.2ML	3	
Insulins		
HUMALOG JUNIOR KWIKPEN INJECTION 100UNIT/ML	3	MO SI
HUMALOG KWIKPEN INJECTION 100UNIT/ML	3	MO SI
HUMALOG KWIKPEN INJECTION 200UNIT/ML	3	MO SI
HUMALOG MIX 50/50 KWIKPEN INJECTION 50UNIT/ML; 50UNIT/ML	3	MO SI
HUMALOG MIX 50/50 INJECTION 50UNIT/ML; 50UNIT/ML	3	MO SI
HUMALOG MIX 75/25 KWIKPEN INJECTION 25UNIT/ML; 75UNIT/ML	3	MO SI
HUMALOG MIX 75/25 INJECTION 25UNIT/ML; 75UNIT/ML	3	MO SI
HUMALOG INJECTION 100UNIT/ML	3	MO SI
HUMALOG INJECTION 100UNIT/ML	3	MO SI

Drug Name	Drug Tier	Requirements/Limits
HUMULIN 70/30 KWIKPEN INJECTION 30UNIT/ML; 70UNIT/ML	3	MO SI
HUMULIN 70/30 INJECTION 30UNIT/ML; 70UNIT/ML	3	MO SI
HUMULIN N KWIKPEN INJECTION 100UNIT/ML	3	MO SI
HUMULIN N INJECTION 100UNIT/ML	3	MO SI
HUMULIN R U-500 (CONCENTRATED) INJECTION 500UNIT/ML	3	MO SI
HUMULIN R U-500 KWIKPEN INJECTION 500UNIT/ML	3	MO SI
HUMULIN R INJECTION 100UNIT/ML	3	MO SI
LANTUS SOLOSTAR INJECTION 100UNIT/ML	3	MO SI
LANTUS INJECTION 100UNIT/ML	3	MO SI
LEVEMIR FLEXTOUCH INJECTION 100UNIT/ML	3	MO SI
LEVEMIR INJECTION 100UNIT/ML	3	MO SI
LYUMJEV KWIKPEN INJECTION 100UNIT/ML	3	MO SI
LYUMJEV KWIKPEN INJECTION 200UNIT/ML	3	MO SI
LYUMJEV INJECTION 100UNIT/ML	3	MO SI
TOUJEO MAX SOLOSTAR INJECTION 300UNIT/ML	3	MO SI
TOUJEO SOLOSTAR INJECTION 300UNIT/ML	3	MO SI
TRESIBA FLEXTOUCH INJECTION 100UNIT/ML	3	MO SI
TRESIBA FLEXTOUCH INJECTION 200UNIT/ML	3	MO SI
TRESIBA INJECTION 100UNIT/ML	3	MO SI
Blood Products and Modifiers		
Anticoagulants		
ELIQUIS STARTER PACK TABLET THERAPY PACK 5MG	3	QL (148 EA per 365 days)
ELIQUIS TABLET 2.5MG	3	QL (60 EA per 30 days) MO
ELIQUIS TABLET 5MG	3	QL (90 EA per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
enoxaparin sodium injection 100mg/ml	4	QL (35 ML per 90 days)
enoxaparin sodium injection 120mg/0.8ml	4	QL (28 ML per 90 days)
enoxaparin sodium injection 150mg/ml	4	QL (35 ML per 90 days)
enoxaparin sodium injection 300mg/3ml	4	QL (105 ML per 90 days)
enoxaparin sodium injection 30mg/0.3ml	4	QL (10.5 ML per 90 days)
enoxaparin sodium injection 40mg/0.4ml	4	QL (14 ML per 90 days)
enoxaparin sodium injection 60mg/0.6ml	4	QL (21 ML per 90 days)
enoxaparin sodium injection 80mg/0.8ml	4	QL (28 ML per 90 days)
fondaparinux sodium injection 10mg/0.8ml	5	QL (28 ML per 90 days)
fondaparinux sodium injection 2.5mg/0.5ml	4	QL (17.5 ML per 90 days)
fondaparinux sodium injection 5mg/0.4ml	5	QL (14 ML per 90 days)
fondaparinux sodium injection 7.5mg/0.6ml	5	QL (21 ML per 90 days)
heparin sodium injection 5000unit/ml	3	
jantoven tablet 10mg	1	MO
jantoven tablet 1mg	1	MO
jantoven tablet 2.5mg	1	MO
jantoven tablet 2mg	1	MO
jantoven tablet 3mg	1	MO
jantoven tablet 4mg	1	MO
jantoven tablet 5mg	1	MO
jantoven tablet 6mg	1	MO
jantoven tablet 7.5mg	1	MO
warfarin sodium tablet 10mg	1	MO
warfarin sodium tablet 1mg	1	MO
warfarin sodium tablet 2.5mg	1	MO
warfarin sodium tablet 2mg	1	MO
warfarin sodium tablet 3mg	1	MO
warfarin sodium tablet 4mg	1	MO
warfarin sodium tablet 5mg	1	MO
warfarin sodium tablet 6mg	1	MO
warfarin sodium tablet 7.5mg	1	MO
XARELTO STARTER PACK TABLET THERAPY PACK 0	3	QL (102 EA per 365 days)
XARELTO TABLET 10MG	3	QL (30 EA per 30 days) MO

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Drug Name	Drug Tier	Requirements/Limits
XARELTO TABLET 15MG	3	QL (60 EA per 30 days) MO
XARELTO TABLET 2.5MG	3	QL (60 EA per 30 days) MO
XARELTO TABLET 20MG	3	QL (30 EA per 30 days) MO
Blood Products and Modifiers, Other		
anagrelide hydrochloride capsule 0.5mg	3	MO
anagrelide hydrochloride capsule 1mg	3	MO
NEULASTA ONPRO KIT INJECTION 6MG/0.6ML	5	PA
NEULASTA INJECTION 6MG/0.6ML	5	PA
OXBRYTA TABLET SOLUBLE 300MG	5	QL (240 EA per 30 days) PA MO
OXBRYTA TABLET 300MG	5	QL (240 EA per 30 days) PA
PROCRIT INJECTION 10000UNIT/ML	5	PA
PROCRIT INJECTION 20000UNIT/ML	4	PA
PROCRIT INJECTION 2000UNIT/ML	4	PA
PROCRIT INJECTION 3000UNIT/ML	4	PA
PROCRIT INJECTION 40000UNIT/ML	5	PA
PROCRIT INJECTION 4000UNIT/ML	4	PA
PROMACTA PACKET 12.5MG	5	PA MO
PROMACTA PACKET 25MG	5	PA MO
PROMACTA TABLET 12.5MG	5	PA MO
PROMACTA TABLET 25MG	5	PA MO
PROMACTA TABLET 50MG	5	PA MO
PROMACTA TABLET 75MG	5	PA MO
PYRUKYND TAPER PACK TABLET THERAPY PACK 0	5	QL (30 EA per 30 days) PA
PYRUKYND TAPER PACK TABLET THERAPY PACK 0	5	QL (30 EA per 30 days) PA
PYRUKYND TAPER PACK TABLET THERAPY PACK 5MG	5	QL (30 EA per 30 days) PA
PYRUKYND TABLET 20MG	5	QL (60 EA per 30 days) PA MO
PYRUKYND TABLET 50MG	5	QL (120 EA per 30 days) PA MO

Drug Name	Drug Tier	Requirements/Limits
PYRUKYND TABLET 5MG	5	QL (60 EA per 30 days) PA MO
UDENYCA INJECTION 6MG/0.6ML	5	PA
ZARXIO INJECTION 300MCG/0.5ML	5	
ZARXIO INJECTION 480MCG/0.8ML	5	
Hemostasis Agents		
tranexamic acid tablet 650mg	3	
Platelet Modifying Agents		
ASPIRIN/DIPYRIDAMOLE ER CAPSULE EXTENDED RELEASE 12 HOUR 25MG; 200MG	4	MO
ASPIRIN/DIPYRIDAMOLE CAPSULE EXTENDED RELEASE 12 HOUR 25MG; 200MG	4	MO
BRILINTA TABLET 60MG	4	MO
BRILINTA TABLET 90MG	4	MO
CABLIVI INJECTION 11MG	5	QL (30 EA per 30 days) PA
cilostazol tablet 100mg	2	MO
cilostazol tablet 50mg	2	MO
clopidogrel tablet 300mg	2	
clopidogrel tablet 75mg	2	MO
prasugrel tablet 10mg	4	MO
prasugrel tablet 5mg	4	MO
TAVALISSE TABLET 100MG	5	PA MO
TAVALISSE TABLET 150MG	5	PA MO
Cardiovascular Agents		
Alpha-adrenergic Agonists		
clonidine hcl patch weekly 0.1mg/24hr	4	MO
clonidine hcl patch weekly 0.2mg/24hr	4	MO
clonidine hcl patch weekly 0.3mg/24hr	4	MO
clonidine hydrochloride tablet 0.1mg	2	MO
clonidine hydrochloride tablet 0.2mg	2	MO
clonidine hydrochloride tablet 0.3mg	2	MO
droxidopa capsule 100mg	5	PA
droxidopa capsule 200mg	5	PA
droxidopa capsule 300mg	5	PA

Drug Name	Drug Tier	Requirements/Limits
guanfacine hcl tablet 1mg	4	MO
guanfacine hydrochloride tablet 2mg	4	MO
methyldopa tablet 250mg	4	MO
methyldopa tablet 500mg	4	MO
midodrine hcl tablet 10mg	2	
midodrine hcl tablet 2.5mg	2	
midodrine hcl tablet 5mg	2	
Alpha-adrenergic Blocking Agents		
prazosin hydrochloride capsule 1mg	2	MO
prazosin hydrochloride capsule 2mg	2	MO
prazosin hydrochloride capsule 5mg	2	MO
terazosin hcl capsule 10mg	2	MO
terazosin hcl capsule 1mg	2	MO
terazosin hcl capsule 5mg	2	MO
terazosin hydrochloride capsule 2mg	2	MO
Angiotensin II Receptor Antagonists		
candesartan cilexetil tablet 16mg	2	MO
candesartan cilexetil tablet 32mg	2	MO
candesartan cilexetil tablet 4mg	2	MO
candesartan cilexetil tablet 8mg	2	MO
irbesartan tablet 150mg	1	MO
irbesartan tablet 300mg	1	MO
irbesartan tablet 75mg	1	MO
losartan potassium tablet 100mg	1	MO
losartan potassium tablet 25mg	1	MO
losartan potassium tablet 50mg	1	MO
olmesartan medoxomil tablet 20mg	2	MO
olmesartan medoxomil tablet 40mg	2	MO
olmesartan medoxomil tablet 5mg	2	MO
telmisartan tablet 20mg	2	MO
telmisartan tablet 40mg	2	MO
telmisartan tablet 80mg	2	MO
valsartan tablet 160mg	2	MO
valsartan tablet 320mg	2	MO

Drug Name	Drug Tier	Requirements/Limits
valsartan tablet 40mg	2	MO
valsartan tablet 80mg	2	MO
Angiotensin-converting Enzyme (ACE) Inhibitors		
benazepril hcl tablet 10mg	1	MO
benazepril hcl tablet 40mg	1	MO
benazepril hcl tablet 5mg	1	MO
benazepril hydrochloride tablet 20mg	1	MO
enalapril maleate tablet 10mg	1	MO
enalapril maleate tablet 2.5mg	1	MO
enalapril maleate tablet 20mg	1	MO
enalapril maleate tablet 5mg	1	MO
fosinopril sodium tablet 10mg	2	MO
fosinopril sodium tablet 20mg	2	MO
fosinopril sodium tablet 40mg	2	MO
lisinopril tablet 10mg	1	MO
lisinopril tablet 2.5mg	1	MO
lisinopril tablet 20mg	1	MO
lisinopril tablet 30mg	1	MO
lisinopril tablet 40mg	1	MO
lisinopril tablet 5mg	1	MO
moexipril hcl tablet 15mg	2	MO
moexipril hcl tablet 7.5mg	2	MO
perindopril erbumine tablet 2mg	3	MO
perindopril erbumine tablet 4mg	3	MO
perindopril erbumine tablet 8mg	3	MO
quinapril hcl tablet 20mg	1	MO
quinapril hcl tablet 40mg	1	MO
quinapril hydrochloride tablet 10mg	1	MO
quinapril hydrochloride tablet 5mg	1	MO
ramipril capsule 1.25mg	1	MO
ramipril capsule 10mg	1	MO
ramipril capsule 2.5mg	1	MO
ramipril capsule 5mg	1	MO
trandolapril tablet 1mg	2	MO

Drug Name	Drug Tier	Requirements/Limits
trandolapril tablet 2mg	2	MO
trandolapril tablet 4mg	2	MO
Antiarrhythmics		
amiodarone hydrochloride tablet 100mg	4	MO
amiodarone hydrochloride tablet 200mg	2	MO
amiodarone hydrochloride tablet 400mg	4	MO
digitek tablet 0.125mg	2	MO
digitek tablet 0.25mg	2	MO
digoxin solution 0.05mg/ml	4	MO
digoxin tablet 125mcg	2	MO
digoxin tablet 250mcg	2	MO
digoxin tablet 62.5mcg	2	MO
digox tablet 125mcg	2	MO
digox tablet 250mcg	2	MO
disopyramide phosphate capsule 100mg	4	MO
disopyramide phosphate capsule 150mg	4	MO
dofetilide capsule 125mcg	4	MO
dofetilide capsule 250mcg	4	MO
dofetilide capsule 500mcg	4	MO
flecainide acetate tablet 100mg	2	MO
flecainide acetate tablet 150mg	2	MO
flecainide acetate tablet 50mg	2	MO
mexiletine hcl capsule 150mg	4	MO
mexiletine hcl capsule 200mg	4	MO
mexiletine hcl capsule 250mg	4	MO
pacerone tablet 100mg	4	MO
pacerone tablet 200mg	2	MO
pacerone tablet 400mg	4	MO
propafenone hcl tablet 150mg	2	MO
propafenone hcl tablet 225mg	2	MO
propafenone hcl tablet 300mg	2	MO
propafenone hydrochloride er capsule extended release 12 hour 225mg	4	MO

Drug Name	Drug Tier	Requirements/Limits
propafenone hydrochloride er capsule extended release 12 hour 325mg	4	MO
propafenone hydrochloride er capsule extended release 12 hour 425mg	4	MO
quinidine sulfate tablet 200mg	2	MO
quinidine sulfate tablet 300mg	2	MO
sorine tablet 120mg	2	MO
sorine tablet 160mg	2	MO
sorine tablet 240mg	2	MO
sorine tablet 80mg	2	MO
sotalol hcl tablet 120mg	2	MO
sotalol hcl tablet 160mg	2	MO
sotalol hcl tablet 240mg	2	MO
sotalol hcl tablet 80mg	2	MO
sotalol hydrochloride (af) tablet 120mg	2	MO
sotalol hydrochloride (af) tablet 160mg	2	MO
sotalol hydrochloride (af) tablet 80mg	2	MO
sotalol hydrochloride tablet 120mg	2	MO
sotalol hydrochloride tablet 160mg	2	MO
sotalol hydrochloride tablet 80mg	2	MO
Beta-adrenergic Blocking Agents		
acebutolol hcl capsule 400mg	2	MO
acebutolol hydrochloride capsule 200mg	2	MO
acebutolol hydrochloride capsule 400mg	2	MO
atenolol tablet 100mg	1	MO
atenolol tablet 25mg	1	MO
atenolol tablet 50mg	1	MO
betaxolol hcl tablet 10mg	4	MO
betaxolol hcl tablet 20mg	4	MO
bisoprolol fumarate tablet 10mg	2	MO
bisoprolol fumarate tablet 5mg	2	MO
carvedilol tablet 12.5mg	1	MO
carvedilol tablet 25mg	1	MO
carvedilol tablet 3.125mg	1	MO

Drug Name	Drug Tier	Requirements/Limits
carvedilol tablet 6.25mg	1	MO
labetalol hydrochloride tablet 100mg	2	MO
labetalol hydrochloride tablet 200mg	2	MO
labetalol hydrochloride tablet 300mg	2	MO
metoprolol succinate er tablet extended release 24 hour 100mg	2	MO
metoprolol succinate er tablet extended release 24 hour 200mg	2	MO
metoprolol succinate er tablet extended release 24 hour 25mg	2	MO
metoprolol succinate er tablet extended release 24 hour 50mg	2	MO
metoprolol tartrate tablet 100mg	1	MO
metoprolol tartrate tablet 25mg	1	MO
metoprolol tartrate tablet 37.5mg	1	MO
metoprolol tartrate tablet 50mg	1	MO
metoprolol tartrate tablet 75mg	2	MO
nadolol tablet 20mg	4	MO
nadolol tablet 40mg	4	MO
nadolol tablet 80mg	4	MO
nebivolol hydrochloride tablet 10mg	4	MO
nebivolol hydrochloride tablet 2.5mg	4	MO
nebivolol hydrochloride tablet 20mg	4	MO
nebivolol hydrochloride tablet 5mg	4	MO
nebivolol tablet 5mg	4	MO
propranolol hcl er capsule extended release 24 hour 120mg	3	MO
propranolol hcl er capsule extended release 24 hour 160mg	3	MO
propranolol hydrochloride er capsule extended release 24 hour 60mg	3	MO
propranolol hydrochloride er capsule extended release 24 hour 80mg	3	MO
Calcium Channel Blocking Agents, Dihydropyridines		

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

Drug Name	Drug Tier	Requirements/Limits
amlodipine besylate tablet 10mg	1	MO
amlodipine besylate tablet 2.5mg	1	MO
amlodipine besylate tablet 5mg	1	MO
felodipine er tablet extended release 24 hour 10mg	2	MO
felodipine er tablet extended release 24 hour 2.5mg	2	MO
felodipine er tablet extended release 24 hour 5mg	2	MO
nifedipine er tablet extended release 24 hour 30mg	3	MO
nifedipine er tablet extended release 24 hour 30mg	3	MO
nifedipine er tablet extended release 24 hour 60mg	3	MO
nifedipine er tablet extended release 24 hour 60mg	3	MO
nifedipine er tablet extended release 24 hour 90mg	3	MO
nifedipine er tablet extended release 24 hour 90mg	3	MO
nimodipine capsule 30mg	4	
NYMALIZE SOLUTION 60MG/20ML	5	
Calcium Channel Blocking Agents, Nondihydropyridines		
cartia xt capsule extended release 24 hour 120mg	2	MO
cartia xt capsule extended release 24 hour 180mg	2	MO
cartia xt capsule extended release 24 hour 240mg	2	MO
cartia xt capsule extended release 24 hour 300mg	2	MO
dilt-xr capsule extended release 24 hour 120mg	2	MO
dilt-xr capsule extended release 24 hour 180mg	2	MO
dilt-xr capsule extended release 24 hour 240mg	2	MO
diltiazem hcl cd capsule extended release 24 hour 360mg	2	MO
diltiazem hcl er capsule extended release 12 hour 120mg	4	MO
diltiazem hcl er capsule extended release 12 hour 60mg	4	MO
diltiazem hcl er capsule extended release 12 hour 90mg	4	MO
diltiazem hcl er capsule extended release 24 hour 120mg	2	MO

Drug Name	Drug Tier	Requirements/Limits
diltiazem hcl er capsule extended release 24 hour 180mg	2	MO
diltiazem hcl er capsule extended release 24 hour 240mg	2	MO
diltiazem hcl er capsule extended release 24 hour 420mg	2	MO
diltiazem hcl tablet 120mg	2	MO
diltiazem hcl tablet 30mg	2	MO
diltiazem hcl tablet 60mg	2	MO
diltiazem hcl tablet 90mg	2	MO
diltiazem hydrochloride er capsule extended release 24 hour 120mg	2	MO
diltiazem hydrochloride er capsule extended release 24 hour 120mg	2	MO
diltiazem hydrochloride er capsule extended release 24 hour 180mg	2	MO
diltiazem hydrochloride er capsule extended release 24 hour 180mg	2	MO
diltiazem hydrochloride er capsule extended release 24 hour 240mg	2	MO
diltiazem hydrochloride er capsule extended release 24 hour 240mg	2	MO
diltiazem hydrochloride er capsule extended release 24 hour 300mg	2	MO
diltiazem hydrochloride er capsule extended release 24 hour 300mg	2	MO
diltiazem hydrochloride er capsule extended release 24 hour 360mg	2	MO
diltiazem hydrochloride er capsule extended release 24 hour 360mg	2	MO
diltiazem hydrochloride er capsule extended release 24 hour 360mg	2	MO
diltiazem hydrochloride er capsule extended release 24 hour 360mg	2	MO

Drug Name	Drug Tier	Requirements/Limits
taztia xt capsule extended release 24 hour 120mg	2	MO
taztia xt capsule extended release 24 hour 180mg	2	MO
taztia xt capsule extended release 24 hour 240mg	2	MO
taztia xt capsule extended release 24 hour 300mg	2	MO
taztia xt capsule extended release 24 hour 360mg	2	MO
tiadylt er capsule extended release 24 hour 120mg	2	MO
tiadylt er capsule extended release 24 hour 180mg	2	MO
tiadylt er capsule extended release 24 hour 240mg	2	MO
tiadylt er capsule extended release 24 hour 300mg	2	MO
tiadylt er capsule extended release 24 hour 360mg	2	MO
tiadylt er capsule extended release 24 hour 420mg	2	MO
verapamil hcl er tablet extended release 120mg	2	MO
verapamil hcl er tablet extended release 240mg	2	MO
verapamil hcl sr capsule extended release 24 hour 120mg	4	MO
verapamil hcl sr capsule extended release 24 hour 180mg	4	MO
verapamil hcl sr capsule extended release 24 hour 240mg	4	MO
verapamil hcl sr capsule extended release 24 hour 360mg	4	MO
verapamil hcl tablet 40mg	2	MO
verapamil hcl tablet 80mg	2	MO
verapamil hydrochloride er tablet extended release 180mg	2	MO
verapamil hydrochloride tablet 120mg	2	MO
Cardiovascular Agents, Other		
acetazolamide tablet 125mg	4	MO
acetazolamide tablet 250mg	4	MO
aliskiren tablet 150mg	3	MO
aliskiren tablet 300mg	3	MO
amiloride/hydrochlorothiazide tablet 5mg; 50mg	4	MO
amlodipine besylate/benazepril hydrochloride capsule 10mg; 20mg	1	MO

Drug Name	Drug Tier	Requirements/Limits
amlodipine besylate/benazepril hydrochloride capsule 10mg; 40mg	1	MO
amlodipine besylate/benazepril hydrochloride capsule 2.5mg; 10mg	1	MO
amlodipine besylate/benazepril hydrochloride capsule 5mg; 10mg	1	MO
amlodipine besylate/benazepril hydrochloride capsule 5mg; 20mg	1	MO
amlodipine besylate/benazepril hydrochloride capsule 5mg; 40mg	1	MO
amlodipine besylate/valsartan tablet 10mg; 160mg	2	MO
amlodipine besylate/valsartan tablet 10mg; 320mg	2	MO
amlodipine besylate/valsartan tablet 5mg; 160mg	2	MO
amlodipine besylate/valsartan tablet 5mg; 320mg	2	MO
atenolol/chlorthalidone tablet 100mg; 25mg	2	MO
atenolol/chlorthalidone tablet 50mg; 25mg	2	MO
benazepril hcl/hydrochlorothiazide tablet 5mg; 6.25mg	1	MO
benazepril hydrochloride/hydrochlorothiazide tablet 10mg; 12.5mg	1	MO
benazepril hydrochloride/hydrochlorothiazide tablet 20mg; 12.5mg	1	MO
benazepril hydrochloride/hydrochlorothiazide tablet 20mg; 25mg	1	MO
bisoprolol fumarate/hydrochlorothiazide tablet 10mg; 6.25mg	2	MO
bisoprolol fumarate/hydrochlorothiazide tablet 2.5mg; 6.25mg	2	MO
bisoprolol fumarate/hydrochlorothiazide tablet 5mg; 6.25mg	2	MO
candesartan cilexetil/hydrochlorothiazide tablet 16mg; 12.5mg	2	MO
candesartan cilexetil/hydrochlorothiazide tablet 32mg; 12.5mg	2	MO

Drug Name	Drug Tier	Requirements/Limits
candesartan cilexetil/hydrochlorothiazide tablet 32mg; 25mg	2	MO
CORLANOR TABLET 5MG	4	QL (60 EA per 30 days) PA MO
CORLANOR TABLET 7.5MG	4	QL (60 EA per 30 days) PA MO
enalapril maleate/hydrochlorothiazide tablet 10mg; 25mg	1	MO
enalapril maleate/hydrochlorothiazide tablet 5mg; 12.5mg	1	MO
ENTRESTO TABLET 24MG; 26MG	3	QL (60 EA per 30 days) MO
ENTRESTO TABLET 49MG; 51MG	3	QL (60 EA per 30 days) MO
ENTRESTO TABLET 97MG; 103MG	3	QL (60 EA per 30 days) MO
fosinopril sodium/hydrochlorothiazide tablet 10mg; 12.5mg	2	MO
fosinopril sodium/hydrochlorothiazide tablet 20mg; 12.5mg	2	MO
irbesartan/hydrochlorothiazide tablet 12.5mg; 150mg	1	MO
irbesartan/hydrochlorothiazide tablet 12.5mg; 300mg	1	MO
KERENDIA TABLET 10MG	4	QL (30 EA per 30 days) PA MO
KERENDIA TABLET 20MG	4	QL (30 EA per 30 days) PA MO
lisinopril/hydrochlorothiazide tablet 12.5mg; 10mg	1	MO
lisinopril/hydrochlorothiazide tablet 12.5mg; 20mg	1	MO
lisinopril/hydrochlorothiazide tablet 25mg; 20mg	1	MO
losartan potassium/hydrochlorothiazide tablet 12.5mg; 100mg	1	MO
losartan potassium/hydrochlorothiazide tablet 12.5mg; 50mg	1	MO
losartan potassium/hydrochlorothiazide tablet 25mg; 100mg	1	MO

Drug Name	Drug Tier	Requirements/Limits
metyrosine capsule 250mg	5	PA
olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 20mg	2	MO
olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 40mg	2	MO
olmesartan medoxomil/hydrochlorothiazide tablet 25mg; 40mg	2	MO
pentoxifylline er tablet extended release 400mg	4	MO
quinapril/hydrochlorothiazide tablet 12.5mg; 10mg	2	MO
quinapril/hydrochlorothiazide tablet 12.5mg; 20mg	2	MO
quinapril/hydrochlorothiazide tablet 25mg; 20mg	2	MO
ranolazine er tablet extended release 12 hour 1000mg	4	MO
ranolazine er tablet extended release 12 hour 500mg	4	MO
spironolactone/hydrochlorothiazide tablet 25mg; 25mg	4	MO
telmisartan/hydrochlorothiazide tablet 12.5mg; 40mg	2	MO
telmisartan/hydrochlorothiazide tablet 12.5mg; 80mg	2	MO
telmisartan/hydrochlorothiazide tablet 25mg; 80mg	2	MO
triamterene/hydrochlorothiazide capsule 25mg; 37.5mg	2	MO
triamterene/hydrochlorothiazide tablet 25mg; 37.5mg	1	MO
triamterene/hydrochlorothiazide tablet 50mg; 75mg	1	MO
valsartan/hydrochlorothiazide tablet 12.5mg; 160mg	1	MO
valsartan/hydrochlorothiazide tablet 12.5mg; 320mg	1	MO
valsartan/hydrochlorothiazide tablet 12.5mg; 80mg	1	MO
valsartan/hydrochlorothiazide tablet 25mg; 160mg	1	MO
valsartan/hydrochlorothiazide tablet 25mg; 320mg	1	MO
VYNDAMAX CAPSULE 61MG	5	QL (30 EA per 30 days) PA MO
Diuretics, Loop		
bumetanide injection 0.25mg/ml	2	
bumetanide tablet 0.5mg	2	MO

Drug Name	Drug Tier	Requirements/Limits
bumetanide tablet 1mg	2	MO
bumetanide tablet 2mg	2	MO
furosemide injection 10mg/ml	3	
furosemide tablet 20mg	1	MO
furosemide tablet 40mg	1	MO
furosemide tablet 80mg	1	MO
torsemide tablet 100mg	2	MO
torsemide tablet 10mg	2	MO
torsemide tablet 20mg	2	MO
torsemide tablet 5mg	2	MO
Diuretics, Potassium-sparing		
amiloride hcl tablet 5mg	2	MO
eplerenone tablet 25mg	3	MO
eplerenone tablet 50mg	3	MO
spironolactone tablet 100mg	2	MO
spironolactone tablet 25mg	2	MO
spironolactone tablet 50mg	2	MO
Diuretics, Thiazide		
chlorothiazide tablet 250mg	2	MO
chlorothiazide tablet 500mg	2	MO
chlorthalidone tablet 25mg	2	MO
chlorthalidone tablet 50mg	2	MO
hydrochlorothiazide capsule 12.5mg	1	MO
hydrochlorothiazide tablet 12.5mg	1	MO
hydrochlorothiazide tablet 25mg	1	MO
hydrochlorothiazide tablet 50mg	1	MO
indapamide tablet 1.25mg	2	MO
indapamide tablet 2.5mg	2	MO
metolazone tablet 10mg	4	MO
metolazone tablet 2.5mg	4	MO
metolazone tablet 5mg	4	MO
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate micronized capsule 134mg	2	MO
fenofibrate micronized capsule 200mg	2	MO

Drug Name	Drug Tier	Requirements/Limits
fenofibrate micronized capsule 67mg	2	MO
fenofibrate capsule 200mg	2	MO
fenofibrate capsule 67mg	2	MO
fenofibrate tablet 145mg	2	MO
fenofibrate tablet 160mg	2	MO
fenofibrate tablet 48mg	2	MO
fenofibrate tablet 54mg	2	MO
fenofibric acid dr capsule delayed release 135mg	4	MO
fenofibric acid dr capsule delayed release 45mg	4	MO
gemfibrozil tablet 600mg	2	MO
Dyslipidemics, HMG CoA Reductase Inhibitors		
atorvastatin calcium tablet 10mg	1	MO
atorvastatin calcium tablet 20mg	1	MO
atorvastatin calcium tablet 40mg	1	MO
atorvastatin calcium tablet 80mg	1	MO
fluvastatin capsule 20mg	4	MO
fluvastatin capsule 40mg	4	MO
LIVALO TABLET 1MG	4	ST MO
LIVALO TABLET 2MG	4	ST MO
LIVALO TABLET 4MG	4	ST MO
lovastatin tablet 10mg	1	MO
lovastatin tablet 20mg	1	MO
lovastatin tablet 40mg	1	MO
pravastatin sodium tablet 10mg	1	MO
pravastatin sodium tablet 20mg	1	MO
pravastatin sodium tablet 40mg	1	MO
pravastatin sodium tablet 80mg	1	MO
rosuvastatin calcium tablet 10mg	1	MO
rosuvastatin calcium tablet 20mg	1	MO
rosuvastatin calcium tablet 40mg	1	MO
rosuvastatin calcium tablet 5mg	1	MO
simvastatin tablet 10mg	1	MO
simvastatin tablet 20mg	1	MO
simvastatin tablet 40mg	1	MO

Drug Name	Drug Tier	Requirements/Limits
simvastatin tablet 5mg	1	MO
simvastatin tablet 80mg	1	MO
Dyslipidemics, Other		
cholestyramine light packet 4gm	4	MO
cholestyramine light powder 4gm/dose	4	MO
cholestyramine packet 4gm	4	MO
cholestyramine powder 4gm/dose	4	MO
colesevelam hydrochloride tablet 625mg	4	MO
colestipol hcl granules 5gm	4	MO
colestipol hcl packet 5gm	4	MO
colestipol hcl tablet 1gm	4	MO
ezetimibe/simvastatin tablet 10mg; 10mg	2	MO
ezetimibe/simvastatin tablet 10mg; 20mg	2	MO
ezetimibe/simvastatin tablet 10mg; 40mg	2	MO
ezetimibe/simvastatin tablet 10mg; 80mg	2	MO
ezetimibe tablet 10mg	2	MO
icosapent ethyl capsule 0.5gm	4	PA MO
icosapent ethyl capsule 1gm	4	PA MO
JUXTAPID CAPSULE 10MG	5	QL (30 EA per 30 days) PA MO
JUXTAPID CAPSULE 20MG	5	QL (60 EA per 30 days) PA MO
JUXTAPID CAPSULE 30MG	5	QL (60 EA per 30 days) PA MO
JUXTAPID CAPSULE 40MG	5	QL (30 EA per 30 days) PA MO
JUXTAPID CAPSULE 5MG	5	QL (30 EA per 30 days) PA MO
JUXTAPID CAPSULE 60MG	5	QL (30 EA per 30 days) PA MO
niacin er tablet extended release 1000mg	4	MO
niacin er tablet extended release 500mg	4	MO
niacin er tablet extended release 750mg	4	MO

Drug Name	Drug Tier	Requirements/Limits
omega-3-acid ethyl esters capsule 375mg; 465mg; 1gm	3	MO
prevalite packet 4gm	4	MO
prevalite powder 4gm/dose	4	MO
REPATHA PUSHTRONEX SYSTEM INJECTION 420MG/3.5ML	3	QL (7 ML per 28 days) PA MO
repatha sureclick injection 140mg/ml	3	QL (3 ML per 28 days) PA MO
REPATHA INJECTION 140MG/ML	3	QL (3 ML per 28 days) PA MO
Vasodilators, Direct-acting Arterial/Venous		
DILATRATE SR CAPSULE EXTENDED RELEASE 40MG	4	MO
isosorbide dinitrate tablet 10mg	4	MO
isosorbide dinitrate tablet 20mg	4	MO
isosorbide dinitrate tablet 30mg	4	MO
isosorbide dinitrate tablet 5mg	4	MO
isosorbide mononitrate er tablet extended release 24 hour 120mg	2	MO
isosorbide mononitrate er tablet extended release 24 hour 30mg	2	MO
isosorbide mononitrate er tablet extended release 24 hour 60mg	2	MO
isosorbide mononitrate tablet 10mg	2	MO
isosorbide mononitrate tablet 20mg	2	MO
NITRO-BID OINTMENT 2%	4	MO
nitroglycerin transdermal patch 24 hour 0.1mg/hr	2	MO
nitroglycerin transdermal patch 24 hour 0.2mg/hr	2	MO
nitroglycerin transdermal patch 24 hour 0.4mg/hr	2	MO
nitroglycerin transdermal patch 24 hour 0.6mg/hr	2	MO
nitroglycerin tablet sublingual 0.3mg	2	MO
nitroglycerin tablet sublingual 0.4mg	2	MO
nitroglycerin tablet sublingual 0.6mg	2	MO
Vasodilators, Direct-acting Arterial		
hydralazine hcl tablet 10mg	2	MO
hydralazine hydrochloride tablet 100mg	2	MO

Drug Name	Drug Tier	Requirements/Limits
hydralazine hydrochloride tablet 25mg	2	MO
hydralazine hydrochloride tablet 50mg	2	MO
minoxidil tablet 10mg	4	MO
minoxidil tablet 2.5mg	4	MO
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
amphetamine/dextroamphetamine capsule extended release 24 hour 1.25mg; 1.25mg; 1.25mg; 1.25mg	4	QL (60 EA per 30 days) MO; Extended-release capsule 5mg
amphetamine/dextroamphetamine capsule extended release 24 hour 2.5mg; 2.5mg; 2.5mg; 2.5mg	4	QL (60 EA per 30 days) MO; Extended-release capsule 10mg
amphetamine/dextroamphetamine capsule extended release 24 hour 3.75mg; 3.75mg; 3.75mg; 3.75mg	4	QL (60 EA per 30 days) MO; Extended-release capsule 15mg
amphetamine/dextroamphetamine capsule extended release 24 hour 5mg; 5mg; 5mg; 5mg	4	QL (60 EA per 30 days) MO; Extended-release capsule 20mg
amphetamine/dextroamphetamine capsule extended release 24 hour 6.25mg; 6.25mg; 6.25mg; 6.25mg	4	QL (60 EA per 30 days) MO; Extended-release capsule 25mg
amphetamine/dextroamphetamine capsule extended release 24 hour 7.5mg; 7.5mg; 7.5mg; 7.5mg	4	QL (60 EA per 30 days) MO; Extended-release capsule 30mg
amphetamine/dextroamphetamine tablet 1.25mg; 1.25mg; 1.25mg; 1.25mg	3	QL (90 EA per 30 days) MO
amphetamine/dextroamphetamine tablet 1.875mg; 1.875mg; 1.875mg; 1.875mg	3	QL (90 EA per 30 days) MO
amphetamine/dextroamphetamine tablet 2.5mg; 2.5mg; 2.5mg; 2.5mg	3	QL (90 EA per 30 days) MO
amphetamine/dextroamphetamine tablet 3.125mg; 3.125mg; 3.125mg; 3.125mg	3	QL (90 EA per 30 days) MO
amphetamine/dextroamphetamine tablet 3.75mg; 3.75mg; 3.75mg; 3.75mg	3	QL (90 EA per 30 days) MO
amphetamine/dextroamphetamine tablet 5mg; 5mg; 5mg; 5mg	3	QL (90 EA per 30 days) MO
amphetamine/dextroamphetamine tablet 7.5mg; 7.5mg; 7.5mg; 7.5mg	3	QL (90 EA per 30 days) MO
dextroamphetamine sulfate tablet 10mg	4	QL (180 EA per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
dextroamphetamine sulfate tablet 5mg	4	QL (90 EA per 30 days) MO
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
atomoxetine hydrochloride capsule 10mg	4	QL (60 EA per 30 days) MO
atomoxetine hydrochloride capsule 25mg	4	QL (30 EA per 30 days) MO
atomoxetine capsule 100mg	4	QL (30 EA per 30 days) MO
atomoxetine capsule 18mg	4	QL (30 EA per 30 days) MO
atomoxetine capsule 40mg	4	QL (30 EA per 30 days) MO
atomoxetine capsule 60mg	4	QL (30 EA per 30 days) MO
atomoxetine capsule 80mg	4	QL (30 EA per 30 days) MO
guanfacine er tablet extended release 24 hour 2mg	4	MO
guanfacine hydrochloride tablet extended release 24 hour 1mg	4	MO
guanfacine hydrochloride tablet extended release 24 hour 3mg	4	MO
guanfacine hydrochloride tablet extended release 24 hour 4mg	4	MO
methylphenidate hydrochloride solution 5mg/5ml	4	MO
methylphenidate hydrochloride tablet 10mg	2	QL (90 EA per 30 days) MO
methylphenidate hydrochloride tablet 20mg	2	QL (90 EA per 30 days) MO
methylphenidate hydrochloride tablet 5mg	2	QL (90 EA per 30 days) MO
Central Nervous System, Other		
AUSTEDO TABLET 12MG	5	QL (120 EA per 30 days) PA MO
AUSTEDO TABLET 6MG	5	QL (120 EA per 30 days) PA MO
AUSTEDO TABLET 9MG	5	QL (120 EA per 30 days) PA MO
NUEDEXTA CAPSULE 20MG; 10MG	5	PA MO
riluzole tablet 50mg	4	PA MO
tetrabenazine tablet 12.5mg	4	PA MO
tetrabenazine tablet 25mg	5	PA MO
ZTALMY SUSPENSION 50MG/ML	5	PA MO
Fibromyalgia Agents		

Drug Name	Drug Tier	Requirements/Limits
pregabalin capsule 100mg	2	QL (90 EA per 30 days) MO
pregabalin capsule 150mg	2	QL (90 EA per 30 days) MO
pregabalin capsule 200mg	2	QL (90 EA per 30 days) MO
pregabalin capsule 225mg	2	QL (90 EA per 30 days) MO
pregabalin capsule 25mg	2	QL (90 EA per 30 days) MO
pregabalin capsule 300mg	2	QL (60 EA per 30 days) MO
pregabalin capsule 50mg	2	QL (90 EA per 30 days) MO
pregabalin capsule 75mg	2	QL (90 EA per 30 days) MO
pregabalin solution 20mg/ml	4	QL (900 ML per 30 days) MO
SAVELLA TITRATION PACK MISCELLANEOUS 0	3	QL (110 EA per 365 days)
SAVELLA TABLET 100MG	3	QL (60 EA per 30 days) MO
SAVELLA TABLET 12.5MG	3	QL (60 EA per 30 days) MO
SAVELLA TABLET 25MG	3	QL (60 EA per 30 days) MO
SAVELLA TABLET 50MG	3	QL (60 EA per 30 days) MO
Multiple Sclerosis Agents		
BAFIERTAM CAPSULE DELAYED RELEASE 95MG	5	QL (120 EA per 30 days) PA MO
BETASERON INJECTION 0.3MG	5	QL (15 EA per 30 days) PA MO
dalfampridine er tablet extended release 12 hour 10mg	3	QL (60 EA per 30 days) PA MO
dimethyl fumarate starterpack miscellaneous 0	5	QL (120 EA per 365 days) PA
dimethyl fumarate capsule delayed release 120mg	5	QL (60 EA per 30 days) PA MO
dimethyl fumarate capsule delayed release 240mg	5	QL (60 EA per 30 days) PA MO
fingolimod capsule 0.5mg	5	QL (30 EA per 30 days) PA
GILENYA CAPSULE 0.25MG	5	QL (30 EA per 30 days) PA MO
GILENYA CAPSULE 0.5MG	5	QL (30 EA per 30 days) PA MO
glatiramer acetate injection 20mg/ml	5	QL (30 ML per 30 days) PA MO

Drug Name	Drug Tier	Requirements/Limits
glatiramer acetate injection 40mg/ml	5	QL (12 ML per 28 days) PA MO
KESIMPTA INJECTION 20MG/0.4ML	5	QL (0.4 ML per 28 days) PA MO
TYSABRI INJECTION 300MG/15ML	5	PA
Dental and Oral Agents		
Dental and Oral Agents		
chlorhexidine gluconate solution 0.12%	2	
doxycycline hyclate tablet 20mg	2	
lidocaine viscous solution 2%	2	
paroex solution 0.12%	2	
pilocarpine hydrochloride tablet 5mg	4	MO
pilocarpine hydrochloride tablet 7.5mg	4	MO
triamcinolone acetonide dental paste paste 0.1%	4	
Dermatological Agents		
Acne and Rosacea Agents		
acitretin capsule 10mg	4	
acitretin capsule 17.5mg	4	
acitretin capsule 25mg	4	
amnesteem capsule 10mg	4	PA
amnesteem capsule 20mg	4	PA
amnesteem capsule 40mg	4	PA
azelaic acid gel 15%	4	
claravis capsule 10mg	4	PA
claravis capsule 20mg	4	PA
claravis capsule 30mg	4	PA
claravis capsule 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	QL (50 GM per 30 days)
isotretinoin capsule 10mg	4	PA
isotretinoin capsule 20mg	4	PA

Drug Name	Drug Tier	Requirements/Limits
isotretinoin capsule 30mg	4	PA
isotretinoin capsule 40mg	4	PA
metronidazole cream 0.75%	4	
metronidazole gel 0.75%	4	
metronidazole gel 1%	4	
metronidazole lotion 0.75%	4	
myorisan capsule 10mg	4	PA
myorisan capsule 20mg	4	PA
myorisan capsule 30mg	4	PA
myorisan capsule 40mg	4	PA
rosadan cream 0.75%	4	
rosadan gel 0.75%	4	
tazarotene cream 0.1%	4	
tazarotene gel 0.05%	4	
tazarotene gel 0.1%	4	
tretinoin cream 0.025%	2	PA
tretinoin cream 0.05%	4	PA
zenatane capsule 10mg	4	PA
zenatane capsule 20mg	4	PA
zenatane capsule 30mg	4	PA
zenatane capsule 40mg	4	PA
Dermatitis and Pruitus Agents		
ala-cort cream 2.5%	2	
alclometasone dipropionate cream 0.05%	3	
alclometasone dipropionate ointment 0.05%	3	
AMCINONIDE LOTION 0.1%	4	
ammonium lactate cream 12%	3	
ammonium lactate lotion 12%	3	
betamethasone dipropionate augmented cream 0.05%	2	
betamethasone dipropionate augmented ointment 0.05%	4	
betamethasone dipropionate cream 0.05%	3	
betamethasone dipropionate lotion 0.05%	3	

Drug Name	Drug Tier	Requirements/Limits
betamethasone dipropionate ointment 0.05%	4	
betamethasone valerate cream 0.1%	3	
betamethasone valerate lotion 0.1%	3	
betamethasone valerate ointment 0.1%	3	
clobetasol propionate e cream 0.05%	4	
clobetasol propionate cream 0.05%	3	
clobetasol propionate gel 0.05%	3	
clobetasol propionate ointment 0.05%	3	
clobetasol propionate solution 0.05%	3	
desonide cream 0.05%	3	
desonide ointment 0.05%	3	QL (120 GM per 30 days)
EUCRISA OINTMENT 2%	4	PA
fluocinolone acetonide cream 0.01%	3	
fluocinolone acetonide cream 0.025%	3	
fluocinolone acetonide ointment 0.025%	3	
fluocinolone acetonide solution 0.01%	3	
fluocinonide cream 0.05%	3	
fluocinonide cream 0.1%	3	QL (120 GM per 30 days)
fluocinonide gel 0.05%	3	
fluocinonide ointment 0.05%	3	
fluocinonide solution 0.05%	3	
fluticasone propionate cream 0.05%	3	
fluticasone propionate ointment 0.005%	3	
halobetasol propionate ointment 0.05%	4	
hydrocortisone valerate cream 0.2%	3	QL (60 GM per 30 days)
hydrocortisone cream 2.5%	2	
hydrocortisone cream 2.5%	2	
hydrocortisone lotion 2.5%	2	
hydrocortisone ointment 2.5%	2	
mometasone furoate cream 0.1%	2	
mometasone furoate ointment 0.1%	2	
mometasone furoate solution 0.1%	3	
selenium sulfide lotion 2.5%	2	
tacrolimus ointment 0.03%	4	

Drug Name	Drug Tier	Requirements/Limits
tacrolimus ointment 0.1%	4	
triamcinolone acetonide cream 0.025%	2	
triamcinolone acetonide cream 0.1%	2	
triamcinolone acetonide cream 0.5%	2	
triamcinolone acetonide lotion 0.025%	3	
triamcinolone acetonide lotion 0.1%	2	
triamcinolone acetonide ointment 0.025%	2	
triamcinolone acetonide ointment 0.1%	2	
triamcinolone acetonide ointment 0.5%	2	
triderm cream 0.1%	2	
triderm cream 0.5%	2	
Dermatological Agents, Other		
calcipotriene cream 0.005%	4	QL (120 GM per 30 days)
calcipotriene ointment 0.005%	4	QL (120 GM per 30 days)
calcipotriene solution 0.005%	3	QL (60 ML per 30 days)
clotrimazole/betamethasone dipropionate cream 0.05%; 1%	2	
diclofenac sodium gel 3%	4	QL (300 GM per 30 days) ST
fluorouracil cream 5%	4	QL (40 GM per 30 days)
fluorouracil solution 2%	4	
fluorouracil solution 5%	4	
imiquimod cream 5%	3	
KLISYRI OINTMENT 1%	5	ST
nystatin/triamcinolone cream 100000unit/gm; 1mg/gm	3	
nystatin/triamcinolone ointment 100000unit/gm; 0.1%	3	
PICATO GEL 0.015%	5	ST
PICATO GEL 0.05%	5	ST
podofilox solution 0.5%	3	
SANTYL OINTMENT 250UNIT/GM	4	
silver sulfadiazine cream 1%	2	
ssd cream 1%	2	
urea lotion 40%	4	

Drug Name	Drug Tier	Requirements/Limits
Pediculicides/Scabicides		
malathion lotion 0.5%	4	
permethrin cream 5%	3	
Topical Anti-infectives		
acyclovir ointment 5%	4	
ciclodan solution 8%	2	PA
ciclopirox nail lacquer solution 8%	2	PA
ciclopirox olamine cream 0.77%	2	
ciclopirox gel 0.77%	2	
ciclopirox shampoo 1%	4	
ciclopirox suspension 0.77%	4	
clindamycin phosphate solution 1%	2	QL (60 ML per 30 days)
ery pad 2%	4	
erythromycin gel 2%	4	
erythromycin pad 2%	4	MO
erythromycin solution 2%	3	
mupirocin ointment 2%	2	QL (110 GM per 30 days)
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
AMINOSYN II INJECTION 107.6MEQ/L; 1490MG/100ML; 1527MG/100ML; 1050MG/100ML; 1107MG/100ML; 750MG/100ML; 450MG/100ML; 990MG/100ML; 1500MG/100ML; 1575MG/100ML; 258MG/100ML; 447MG/100ML; 1083MG/100ML; 795MG/100ML; 50MEQ/L; 600MG/100ML; 300MG/100ML; 405MG/100ML; 750MG/100ML	4	B/D
carglumic acid tablet soluble 200mg	5	MO
dextrose 5%/nacl 0.45% injection 5%; 0.45%	3	
dextrose 5%/nacl 0.9% injection 5%; 0.9%	3	
dextrose 5% injection 5%	2	
effer-k tablet effervescent 25meq	2	MO
klor-con 10 tablet extended release 10meq	2	MO
klor-con 8 tablet extended release 8meq	2	MO

Drug Name	Drug Tier	Requirements/Limits
klor-con m10 tablet extended release 10meq	2	MO
klor-con m15 tablet extended release 15meq	3	MO
klor-con m20 tablet extended release 20meq	2	MO
klor-con sprinkle capsule extended release 10meq	2	MO
klor-con sprinkle capsule extended release 8meq	2	MO
klor-con/ef tablet effervescent 25meq	2	MO
klor-con packet 20meq	4	MO
magnesium sulfate injection 50%	3	
magnesium sulfate injection 50%	3	
PLENAMINE INJECTION 147.4MEQ/L; 2.17GM/100ML; 1.47GM/100ML; 434MG/100ML; 749MG/100ML; 1.04GM/100ML; 894MG/100ML; 749MG/100ML; 1.04GM/100ML; 1.18GM/100ML; 749MG/100ML; 1.04GM/100ML; 894MG/100ML; 592MG/100ML; 749MG/100ML; 250MG/100ML; 39MG/100ML; 960MG/100ML	4	B/D
potassium chloride er capsule extended release 10meq	2	MO
potassium chloride er capsule extended release 8meq	2	MO
potassium chloride er tablet extended release 10meq	2	MO
potassium chloride er tablet extended release 10meq	2	MO
potassium chloride er tablet extended release 15meq	3	MO
potassium chloride er tablet extended release 20meq	2	MO
potassium chloride er tablet extended release 20meq	2	MO
potassium chloride er tablet extended release 8meq	2	MO
potassium chloride sr tablet extended release 8meq	2	MO
potassium chloride packet 20meq	4	MO
potassium chloride solution 10%	4	MO
potassium chloride solution 20%	4	MO
potassium citrate er tablet extended release 1080mg	4	
potassium citrate er tablet extended release 15meq	4	
potassium citrate er tablet extended release 540mg	4	
sodium chloride 0.45% injection 0.45%	3	
sodium chloride injection 0.45%	3	

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Drug Name	Drug Tier	Requirements/Limits
sodium chloride injection 0.9%	3	
Electrolyte/Mineral/Metal Modifiers		
CHEMET CAPSULE 100MG	5	
CLOVIQUE CAPSULE 250MG	5	PA
deferasirox packet 180mg	5	PA MO
deferasirox packet 360mg	5	PA MO
deferasirox packet 90mg	5	PA MO
deferasirox tablet soluble 125mg	5	PA MO
deferasirox tablet soluble 250mg	5	PA MO
deferasirox tablet soluble 500mg	4	PA MO
deferasirox tablet 180mg	5	PA MO
deferasirox tablet 360mg	4	PA MO
deferasirox tablet 90mg	3	PA MO
deferiprone tablet 1000mg	5	PA MO
deferiprone tablet 500mg	5	PA MO
sodium polystyrene sulfonate powder 0	4	
trientine hydrochloride capsule 250mg	5	PA
Phosphate Binders		
AURYXIA TABLET 210MG	5	PA MO
calcium acetate capsule 667mg	4	MO
calcium acetate tablet 667mg	3	MO
lanthanum carbonate tablet chewable 1000mg	4	MO
lanthanum carbonate tablet chewable 500mg	4	MO
lanthanum carbonate tablet chewable 750mg	4	MO
sevelamer carbonate packet 0.8gm	5	MO
sevelamer carbonate packet 2.4gm	5	MO
sevelamer carbonate tablet 800mg	4	MO
Potassium Binders		
kionex suspension 15gm/60ml	3	
sodium polystyrene sulfonate suspension 15gm/60ml	3	
sodium polystyrene sulfonate suspension 30gm/120ml	4	
sodium polystyrene sulfonate suspension 50gm/200ml	4	

Drug Name	Drug Tier	Requirements/Limits
sps suspension 15gm/60ml	3	
veltassa packet 16.8gm	5	MO
veltassa packet 25.2gm	5	MO
veltassa packet 8.4gm	5	MO
Vitamins		
prenatal tablet 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg	2	
Gastrointestinal Agents		
Anti-Constipation Agents		
constulose solution 10gm/15ml	2	MO
enulose solution 10gm/15ml	2	MO
generlac solution 10gm/15ml	2	MO
lactulose solution 10gm/15ml	2	MO
lactulose solution 10gm/15ml	2	MO
LINZESS CAPSULE 145MCG	3	QL (30 EA per 30 days) MO
LINZESS CAPSULE 290MCG	3	QL (30 EA per 30 days) MO
LINZESS CAPSULE 72MCG	3	QL (30 EA per 30 days) MO
lubiprostone capsule 24mcg	4	QL (60 EA per 30 days) MO
lubiprostone capsule 8mcg	4	QL (60 EA per 30 days) MO
MOTEGRITY TABLET 1MG	3	QL (30 EA per 30 days) MO
MOTEGRITY TABLET 2MG	3	QL (30 EA per 30 days) MO
polyethylene glycol 3350 packet 17gm	2	
polyethylene glycol 3350 powder 17gm/scoop	2	
RELISTOR INJECTION 12MG/0.6ML	5	QL (18 ML per 30 days) ST
RELISTOR INJECTION 12MG/0.6ML	5	QL (18 ML per 30 days) ST
RELISTOR INJECTION 8MG/0.4ML	5	QL (12 ML per 30 days) ST
RELISTOR TABLET 150MG	5	QL (90 EA per 30 days) ST
Anti-Diarrheal Agents		
alosetron hydrochloride tablet 0.5mg	4	PA MO
alosetron hydrochloride tablet 1mg	4	PA MO
diphenoxylate hydrochloride/atropine sulfate tablet 0.025mg; 2.5mg	3	
loperamide hcl capsule 2mg	2	

Drug Name	Drug Tier	Requirements/Limits
XERMELO TABLET 250MG	5	QL (90 EA per 30 days) PA MO
Antispasmodics, Gastrointestinal		
dicyclomine hydrochloride capsule 10mg	2	
dicyclomine hydrochloride tablet 20mg	2	
glycopyrrolate tablet 1mg	3	PA
glycopyrrolate tablet 2mg	3	PA
Gastrointestinal Agents, Other		
CLENPIQ SOLUTION 12GM/160ML; 3.5GM/160ML; 10MG/160ML	3	
gavilyte-c solution reconstituted 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm	2	
gavilyte-g solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm	2	
gavilyte-h kit 5mg; 210gm; 0.74gm; 2.86gm; 5.6gm	4	
gavilyte-n/flavor pack solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm	2	
metoclopramide hcl injection 5mg/ml	2	
metoclopramide hcl solution 5mg/5ml	2	
metoclopramide hcl tablet 5mg	2	
metoclopramide hydrochloride tablet 10mg	2	
peg 3350/electrolytes solution reconstituted 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm	2	
peg-3350/electrolytes solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm	2	
peg-3350/nacl/na bicarbonate/kcl solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm	2	
RECTIV OINTMENT 0.4%	4	
SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE SOLUTION 1.6GM/177ML; 3.13GM/177ML; 17.5GM/177ML	3	
SUPREP BOWEL PREP KIT SOLUTION 1.6GM/177ML; 3.13GM/177ML; 17.5GM/177ML	3	

Drug Name	Drug Tier	Requirements/Limits
trilyte solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm	2	
ursodiol tablet 250mg	3	MO
ursodiol tablet 500mg	3	MO
XIFAXAN TABLET 200MG	5	PA
XIFAXAN TABLET 550MG	5	PA MO
Histamine2 (H2) Receptor Antagonists		
famotidine tablet 20mg	2	MO
famotidine tablet 40mg	2	MO
nizatidine solution 15mg/ml	4	MO
Protectants		
misoprostol tablet 100mcg	3	MO
misoprostol tablet 200mcg	3	MO
sucralfate tablet 1gm	2	MO
Proton Pump Inhibitors		
esomeprazole magnesium capsule delayed release 20mg	3	QL (60 EA per 30 days) MO
esomeprazole magnesium capsule delayed release 40mg	3	QL (60 EA per 30 days) MO
lansoprazole capsule delayed release 15mg	2	QL (60 EA per 30 days) MO
lansoprazole capsule delayed release 30mg	2	QL (60 EA per 30 days) MO
omeprazole dr capsule delayed release 10mg	2	QL (60 EA per 30 days) MO
omeprazole capsule delayed release 10mg	2	QL (60 EA per 30 days) MO
omeprazole capsule delayed release 20mg	2	QL (60 EA per 30 days) MO
omeprazole capsule delayed release 40mg	2	QL (60 EA per 30 days) MO
pantoprazole sodium dr tablet delayed release 40mg	2	QL (60 EA per 30 days) MO
pantoprazole sodium tablet delayed release 20mg	2	QL (60 EA per 30 days) MO
pantoprazole sodium tablet delayed release 40mg	2	QL (60 EA per 30 days) MO
rabeprazole sodium tablet delayed release 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 INJECTION 2.9MG/5ML	5	PA

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Drug Name	Drug Tier	Requirements/Limits
betaine anhydrous powder 0	5	MO
CERDELGA CAPSULE 84MG	5	PA MO
CHOLBAM CAPSULE 250MG	5	PA MO
CHOLBAM CAPSULE 50MG	5	PA MO
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT	3	MO
CREON CAPSULE DELAYED RELEASE PARTICLES 15000UNIT; 3000UNIT; 9500UNIT	3	MO
CREON CAPSULE DELAYED RELEASE PARTICLES 180000UNIT; 36000UNIT; 114000UNIT	3	MO
CREON CAPSULE DELAYED RELEASE PARTICLES 30000UNIT; 6000UNIT; 19000UNIT	3	MO
CREON CAPSULE DELAYED RELEASE PARTICLES 60000UNIT; 12000UNIT; 38000UNIT	3	MO
cromolyn sodium concentrate 100mg/5ml	4	MO
CYSTAGON CAPSULE 150MG	4	MO
CYSTAGON CAPSULE 50MG	4	MO
ELAPRASE INJECTION 6MG/3ML	5	PA
EVRYSDI SOLUTION RECONSTITUTED 0.75MG/ML	5	QL (240 ML per 30 days) PA MO
KANUMA INJECTION 20MG/10ML	5	PA
LUMIZYME INJECTION 50MG	5	PA
miglustat capsule 100mg	5	PA MO
NAGLAZYME INJECTION 1MG/ML	5	PA
nitisinone capsule 10mg	5	MO
nitisinone capsule 2mg	5	MO
nitisinone capsule 5mg	5	MO
ORFADIN CAPSULE 20MG	5	MO
ORFADIN SUSPENSION 4MG/ML	5	MO
PROLASTIN-C INJECTION 1000MG	5	PA
REVCOVI INJECTION 2.4MG/1.5ML	5	PA
sapropterin dihydrochloride packet 100mg	5	PA MO

Drug Name	Drug Tier	Requirements/Limits
sapropterin dihydrochloride packet 500mg	5	PA MO
sapropterin dihydrochloride tablet 100mg	5	PA MO
sodium phenylbutyrate powder 3gm/tsp	5	MO
STRENSIQ INJECTION 18MG/0.45ML	5	PA MO
STRENSIQ INJECTION 28MG/0.7ML	5	PA MO
STRENSIQ INJECTION 40MG/ML	5	PA MO
STRENSIQ INJECTION 80MG/0.8ML	5	PA MO
SUCRAID SOLUTION 8500UNIT/ML	5	
TEGSEDI INJECTION 284MG/1.5ML	5	PA MO
VIMIZIM INJECTION 5MG/5ML	5	PA
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT	3	MO
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 14000UNIT; 3000UNIT; 10000UNIT	3	MO
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 168000UNIT; 40000UNIT; 126000UNIT	3	MO
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 24000UNIT; 5000UNIT; 17000UNIT	3	MO
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 42000UNIT; 10000UNIT; 32000UNIT	3	MO
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 63000UNIT; 15000UNIT; 47000UNIT	3	MO
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 84000UNIT; 20000UNIT; 63000UNIT	3	MO
ZOKINVY CAPSULE 50MG	5	QL (120 EA per 30 days) PA MO
ZOKINVY CAPSULE 75MG	5	QL (120 EA per 30 days) PA MO
Genitourinary Agents		
Antispasmodics, Urinary		
MYRBETRIQ SUSPENSION RECONSTITUTED ER 8MG/ML	3	MO

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Drug Name	Drug Tier	Requirements/Limits
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 25MG	3	MO
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 50MG	3	MO
oxybutynin chloride er tablet extended release 24 hour 10mg	2	MO
oxybutynin chloride er tablet extended release 24 hour 15mg	2	MO
oxybutynin chloride er tablet extended release 24 hour 5mg	2	MO
oxybutynin chloride solution 5mg/5ml	2	
oxybutynin chloride syrup 5mg/5ml	2	MO
oxybutynin chloride tablet 5mg	2	MO
tolterodine tartrate er capsule extended release 24 hour 2mg	4	MO
tolterodine tartrate er capsule extended release 24 hour 4mg	4	MO
tolterodine tartrate tablet 1mg	4	MO
tolterodine tartrate tablet 2mg	4	MO
trospium chloride tablet 20mg	3	MO
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er tablet extended release 24 hour 10mg	2	MO
doxazosin mesylate tablet 1mg	2	MO
doxazosin mesylate tablet 2mg	2	MO
doxazosin mesylate tablet 4mg	2	MO
doxazosin mesylate tablet 8mg	2	MO
dutasteride capsule 0.5mg	3	MO
finasteride tablet 5mg	2	MO
silodosin capsule 4mg	3	MO
silodosin capsule 8mg	3	MO
tamsulosin hydrochloride capsule 0.4mg	2	MO
Genitourinary Agents, Other		
acetic acid 0.25% solution 0.25%	2	
bethanechol chloride tablet 10mg	3	

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Drug Name	Drug Tier	Requirements/Limits
bethanechol chloride tablet 25mg	3	
bethanechol chloride tablet 50mg	3	
bethanechol chloride tablet 5mg	3	
d-penamine tablet 125mg	5	
ELMIRON CAPSULE 100MG	4	
penicillamine tablet 250mg	5	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
cortisone acetate tablet 25mg	3	
dexamethasone elixir 0.5mg/5ml	3	
dexamethasone solution 0.5mg/5ml	3	
dexamethasone tablet 0.5mg	2	
dexamethasone tablet 0.75mg	2	
dexamethasone tablet 1.5mg	2	
dexamethasone tablet 1mg	2	
dexamethasone tablet 2mg	2	
dexamethasone tablet 4mg	2	
dexamethasone tablet 6mg	2	
fludrocortisone acetate tablet 0.1mg	2	MO
hydrocortisone tablet 10mg	2	
hydrocortisone tablet 20mg	2	
hydrocortisone tablet 5mg	2	
methylprednisolone dose pack tablet therapy pack 4mg	2	
methylprednisolone tablet 16mg	2	
methylprednisolone tablet 32mg	2	
methylprednisolone tablet 4mg	2	
methylprednisolone tablet 8mg	2	
prednisolone sodium phosphate solution 15mg/5ml	2	
prednisolone solution 15mg/5ml	2	
prednisone solution 5mg/5ml	4	
prednisone tablet therapy pack 10mg	2	

Drug Name	Drug Tier	Requirements/Limits
prednisone tablet therapy pack 10mg	2	
prednisone tablet therapy pack 5mg	2	
prednisone tablet therapy pack 5mg	2	
prednisone tablet 10mg	2	
prednisone tablet 1mg	2	
prednisone tablet 2.5mg	2	
prednisone tablet 20mg	2	
prednisone tablet 50mg	2	
prednisone tablet 5mg	2	
triamcinolone acetonide injection 10mg/ml	3	MO
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
desmopressin acetate solution 0.01%	4	MO
desmopressin acetate solution 0.01%	4	MO
desmopressin acetate tablet 0.1mg	3	MO
desmopressin acetate tablet 0.2mg	3	MO
GENOTROPIN MINIQUICK INJECTION 0.2MG	5	PA MO
GENOTROPIN MINIQUICK INJECTION 0.4MG	5	PA MO
GENOTROPIN MINIQUICK INJECTION 0.6MG	5	PA MO
GENOTROPIN MINIQUICK INJECTION 0.8MG	5	PA MO
GENOTROPIN MINIQUICK INJECTION 1.2MG	5	PA MO
GENOTROPIN MINIQUICK INJECTION 1.4MG	5	PA MO
GENOTROPIN MINIQUICK INJECTION 1.6MG	5	PA MO
GENOTROPIN MINIQUICK INJECTION 1.8MG	5	PA MO
GENOTROPIN MINIQUICK INJECTION 1MG	5	PA MO
GENOTROPIN MINIQUICK INJECTION 2MG	5	PA MO
GENOTROPIN INJECTION 12MG	5	PA MO
GENOTROPIN INJECTION 5MG	5	PA MO
INCRELEX INJECTION 40MG/4ML	5	PA MO
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		

Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
KORLYM TABLET 300MG	5	QL (120 EA per 30 days) PA MO
mifepristone tablet 200mg	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Anabolic Steroids		
oxandrolone tablet 10mg	4	QL (60 EA per 30 days) PA
oxandrolone tablet 2.5mg	3	QL (240 EA per 30 days) PA
Androgens		
ANDRODERM PATCH 24 HOUR 2MG/24HR	3	PA MO
ANDRODERM PATCH 24 HOUR 4MG/24HR	3	PA MO
danazol capsule 100mg	4	
danazol capsule 200mg	4	
danazol capsule 50mg	4	
testosterone cypionate injection 100mg/ml	2	PA MO
testosterone cypionate injection 200mg/ml	2	PA MO
testosterone cypionate injection 200mg/ml	2	PA MO
testosterone enanthate injection 200mg/ml	3	PA MO
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 tablet 20mcg; 0.1mg	3	MO
altavera tablet 30mcg; 0.15mg	3	MO
alyacen 1/35 tablet 35mcg; 1mg	3	MO
alyacen 7/7/7 tablet 0; 0	3	MO
amethia tablet 0; 0	4	QL (91 EA per 91 days) MO
amethyst tablet 20mcg; 90mcg	4	MO
amethyst tablet 20mcg; 90mcg	4	MO
ashlyna tablet 0; 0	4	QL (91 EA per 91 days) MO
aubra eq tablet 20mcg; 0.1mg	3	MO

Drug Name	Drug Tier	Requirements/Limits
aubra tablet 20mcg; 0.1mg	3	MO
aurovela 1.5/30 tablet 30mcg; 1.5mg	3	MO
aurovela 1/20 tablet 20mcg; 1mg	3	MO
aurovela fe 1.5/30 tablet 30mcg; 75mg; 1.5mg	3	MO
aurovela fe 1/20 tablet 20mcg; 75mg; 1mg	3	MO
aviane tablet 20mcg; 0.1mg	3	MO
ayuna tablet 0.03mg; 0.15mg	3	MO
azurette tablet 0; 0	3	MO
azurette tablet 0; 0	3	MO
balziva tablet 35mcg; 0.4mg	3	MO
bekyree tablet 0; 0	3	MO
blisovi fe 1.5/30 tablet 30mcg; 75mg; 1.5mg	3	MO
blisovi fe 1/20 tablet 20mcg; 75mg; 1mg	3	MO
briellyn tablet 35mcg; 0.4mg	3	MO
camrese lo tablet 0; 0	4	QL (91 EA per 91 days) MO
camrese tablet 0; 0	4	QL (91 EA per 91 days) MO
chateal eq tablet 30mcg; 0.15mg	3	MO
chateal tablet 0.03mg; 0.15mg	3	MO
CLIMARA PRO PATCH WEEKLY 0.045MG/DAY; 0.015MG/DAY	4	MO
cryselle-28 tablet 30mcg; 0.3mg	3	MO
cyclafem 1/35 tablet 35mcg; 1mg	3	MO
cyclafem 7/7/7 tablet 0; 0	3	MO
dasetta 1/35 tablet 35mcg; 1mg	3	MO
dasetta 7/7/7 tablet 0; 0	3	MO
daysee tablet 0; 0	4	QL (91 EA per 91 days) MO
delyla tablet 20mcg; 0.1mg	3	MO
desogestrel/ethinyl estradiol tablet 0; 0	3	MO
DIVIGEL GEL 0.25MG/0.25GM	4	MO
DIVIGEL GEL 0.5MG/0.5GM	4	MO
DIVIGEL GEL 0.75MG/0.75GM	4	MO
DIVIGEL GEL 1.25MG/1.25GM	4	MO
DIVIGEL GEL 1MG/GM	4	MO
dolishale tablet 20mcg; 90mcg	4	MO

Drug Name	Drug Tier	Requirements/Limits
dotti patch twice weekly 0.025mg/24hr	4	MO
dotti patch twice weekly 0.0375mg/24hr	4	MO
dotti patch twice weekly 0.05mg/24hr	4	MO
dotti patch twice weekly 0.075mg/24hr	4	MO
dotti patch twice weekly 0.1mg/24hr	4	MO
elinest tablet 30mcg; 0.3mg	3	MO
enpresse-28 tablet 0; 0	3	MO
estarylla tablet 35mcg; 0.25mg	3	MO
estradiol cream 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	
estradiol gel 1.25mg/1.25gm	4	
estradiol gel 1mg/gm	4	
estradiol patch twice weekly 0.025mg/24hr	4	MO
estradiol patch twice weekly 0.0375mg/24hr	4	MO
estradiol patch twice weekly 0.05mg/24hr	4	MO
estradiol patch twice weekly 0.075mg/24hr	4	MO
estradiol patch twice weekly 0.1mg/24hr	4	MO
estradiol patch weekly 0.025mg/24hr	4	MO
estradiol patch weekly 0.05mg/24hr	4	MO
estradiol patch weekly 0.06mg/24hr	4	MO
estradiol patch weekly 0.075mg/24hr	4	MO
estradiol patch weekly 0.1mg/24hr	4	MO
estradiol patch weekly 37.5mcg/24hr	4	MO
estradiol tablet 0.5mg	2	MO
estradiol tablet 1mg	2	MO
estradiol tablet 2mg	2	MO
estradiol tablet 10mcg	4	MO
ESTRING RING 2MG	4	QL (1 EA per 90 days) MO
ethynodiol diacetate/ethinyl estradiol tablet 35mcg; 1mg	3	MO
ethynodiol diacetate/ethinyl estradiol tablet 50mcg; 1mg	3	MO

Drug Name	Drug Tier	Requirements/Limits
falmina tablet 20mcg; 0.1mg	3	MO
fayosim tablet 0; 0	4	QL (91 EA per 91 days) MO
femynor tablet 35mcg; 0.25mg	3	MO
fyavolv tablet 2.5mcg; 0.5mg	4	MO
fyavolv tablet 5mcg; 1mg	4	MO
hailey 1.5/30 tablet 30mcg; 1.5mg	3	MO
hailey fe 1.5/30 tablet 30mcg; 75mg; 1.5mg	3	MO
hailey fe 1/20 tablet 20mcg; 75mg; 1mg	3	MO
iclevia tablet 0.03mg; 0.15mg	4	QL (91 EA per 91 days) MO
introvale tablet 0.03mg; 0.15mg	4	QL (91 EA per 91 days) MO
jaimiess tablet 0; 0	4	QL (91 EA per 91 days) MO
jinteli tablet 5mcg; 1mg	4	MO
jolessa tablet 0.03mg; 0.15mg	4	QL (91 EA per 91 days) MO
junel 1.5/30 tablet 30mcg; 1.5mg	3	MO
junel 1/20 tablet 20mcg; 1mg	3	MO
junel fe 1.5/30 tablet 30mcg; 75mg; 1.5mg	3	MO
junel fe 1/20 tablet 20mcg; 75mg; 1mg	3	MO
kariva tablet 0; 0	3	MO
kelnor 1/35 tablet 35mcg; 1mg	3	MO
kelnor 1/50 tablet 50mcg; 1mg	3	MO
kimidess tablet 0; 0	3	MO
kurvelo tablet 0.03mg; 0.15mg	3	MO
larin 1.5/30 tablet 30mcg; 1.5mg	3	MO
larin 1/20 tablet 20mcg; 1mg	3	MO
larin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg	3	MO
larin fe 1/20 tablet 20mcg; 75mg; 1mg	3	MO
larissia tablet 20mcg; 0.1mg	3	MO
lessina tablet 20mcg; 0.1mg	3	MO
levonest tablet 0; 0	3	MO
levonorgestrel and ethinyl estradiol tablet 0; 0	4	QL (91 EA per 91 days) MO
levonorgestrel and ethinyl estradiol tablet 20mcg; 90mcg	4	MO
levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg	3	MO

Drug Name	Drug Tier	Requirements/Limits
levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg	4	QL (91 EA per 91 days) MO
levonorgestrel/ethinyl estradiol tablet 0; 0	4	QL (91 EA per 91 days) MO
levonorgestrel/ethinyl estradiol tablet 0; 0	4	QL (91 EA per 91 days) MO
levonorgestrel/ethinyl estradiol tablet 0; 0	3	MO
levonorgestrel/ethinyl estradiol tablet 20mcg; 0.1mg	3	MO
levora 0.15/30-28 tablet 0.03mg; 0.15mg	3	MO
lillow tablet 30mcg; 0.15mg	3	MO
lojaimiess tablet 0; 0	4	QL (91 EA per 91 days) MO
low-ogestrel tablet 30mcg; 0.3mg	3	MO
lutera tablet 20mcg; 0.1mg	3	MO
lyllana patch twice weekly 0.025mg/24hr	4	MO
lyllana patch twice weekly 0.0375mg/24hr	4	MO
lyllana patch twice weekly 0.05mg/24hr	4	MO
lyllana patch twice weekly 0.075mg/24hr	4	MO
lyllana patch twice weekly 0.1mg/24hr	4	MO
marlissa tablet 0.03mg; 0.15mg	3	MO
MENEST TABLET 2.5MG	4	
microgestin 1.5/30 tablet 30mcg; 1.5mg	3	MO
microgestin 1/20 tablet 20mcg; 1mg	3	MO
microgestin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg	3	MO
microgestin fe 1/20 tablet 20mcg; 75mg; 1mg	3	MO
mili tablet 35mcg; 0.25mg	3	MO
mono-linyah tablet 35mcg; 0.25mg	3	MO
mononessa tablet 35mcg; 0.25mg	3	MO
necon 0.5/35-28 tablet 35mcg; 0.5mg	3	MO
necon 7/7/7 tablet 0; 0	3	MO
norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 20mcg; 75mg; 1mg	3	MO
norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 30mcg; 75mg; 1.5mg	3	MO
norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg	4	MO

Drug Name	Drug Tier	Requirements/Limits
norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg	3	MO
norethindrone acetate/ethinyl estradiol tablet 30mcg; 1.5mg	3	MO
norethindrone acetate/ethinyl estradiol tablet 5mcg; 1mg	4	MO
norgestimate/ethinyl estradiol tablet 0; 0	3	MO
norgestimate/ethinyl estradiol tablet 35mcg; 0.25mg	3	MO
nortrel 0.5/35 (28) tablet 35mcg; 0.5mg	3	MO
nortrel 1/35 tablet 35mcg; 1mg	3	MO
nortrel 1/35 tablet 35mcg; 1mg	3	MO
nortrel 7/7/7 tablet 0; 0	3	MO
nylia 1/35 tablet 35mcg; 1mg	3	MO
nylia 7/7/7 tablet 0; 0	3	MO
nymyo tablet 35mcg; 0.25mg	3	MO
orsythia tablet 20mcg; 0.1mg	3	MO
philith tablet 35mcg; 0.4mg	3	MO
pimtrea tablet 0; 0	3	MO
pirmella 1/35 tablet 35mcg; 1mg	3	MO
pirmella 7/7/7 tablet 0; 0	3	MO
portia-28 tablet 0.03mg; 0.15mg	3	MO
PREMARIN CREAM 0.625MG/GM	4	MO
PREMARIN TABLET 0.3MG	4	MO
PREMARIN TABLET 0.45MG	4	MO
PREMARIN TABLET 0.625MG	4	MO
PREMARIN TABLET 0.9MG	4	MO
PREMARIN TABLET 1.25MG	4	MO
PREMPHASE TABLET 0.625MG; 5MG	4	MO
PREMPRO TABLET 0.3MG; 1.5MG	4	MO
PREMPRO TABLET 0.45MG; 1.5MG	4	MO
PREMPRO TABLET 0.625MG; 2.5MG	4	MO
PREMPRO TABLET 0.625MG; 5MG	4	MO
previfem tablet 35mcg; 0.25mg	3	MO
rivelsa tablet 0; 0	4	QL (91 EA per 91 days) MO

Drug Name	Drug Tier	Requirements/Limits
setlakin tablet 0.03mg; 0.15mg	4	QL (91 EA per 91 days) MO
simliya tablet 0; 0	3	MO
simpesse tablet 0; 0	4	QL (91 EA per 91 days) MO
sprintec 28 tablet 35mcg; 0.25mg	3	MO
sronyx tablet 20mcg; 0.1mg	3	MO
tarina fe 1/20 eq tablet 20mcg; 75mg; 1mg	3	MO
tarina fe 1/20 tablet 20mcg; 75mg; 1mg	3	MO
tri femynor tablet 0; 0	3	MO
tri-estarylla tablet 0; 0	3	MO
tri-linyah tablet 0; 0	3	MO
tri-mili tablet 0; 0	3	MO
tri-nymyo tablet 0; 0	3	MO
tri-previfem tablet 0; 0	3	MO
tri-sprintec tablet 0; 0	3	MO
tri-vylibra tablet 0; 0	3	MO
trinessa tablet 0; 0	3	MO
trivora-28 tablet 0; 0	3	MO
vienva tablet 20mcg; 0.1mg	3	MO
viorele tablet 0; 0	3	MO
volnea tablet 0; 0	3	MO
vyfemla tablet 35mcg; 0.4mg	3	MO
vylibra tablet 35mcg; 0.25mg	3	MO
wera tablet 35mcg; 0.5mg	3	MO
yuvafem tablet 10mcg	4	MO
zovia 1/35e tablet 35mcg; 1mg	3	MO
zovia 1/35 tablet 35mcg; 1mg	3	MO
Progestins		
camila tablet 0.35mg	3	MO
deblitane tablet 0.35mg	3	MO
DEPO-PROVERA INJECTION 400MG/ML	4	QL (10 ML per 28 days)
errin tablet 0.35mg	3	MO
heather tablet 0.35mg	3	MO
incassia tablet 0.35mg	3	MO
jencycla tablet 0.35mg	3	MO

Drug Name	Drug Tier	Requirements/Limits
jolivette tablet 0.35mg	3	MO
lyleq tablet 0.35mg	3	MO
lyza tablet 0.35mg	3	MO
MAKENA INJECTION 275MG/1.1ML	5	PA
medroxyprogesterone acetate injection 150mg/ml	4	QL (1 ML per 90 days)
medroxyprogesterone acetate injection 150mg/ml	4	QL (1 ML per 90 days)
medroxyprogesterone acetate tablet 10mg	1	MO
medroxyprogesterone acetate tablet 2.5mg	1	MO
medroxyprogesterone acetate tablet 5mg	1	MO
megestrol acetate suspension 40mg/ml	4	PA
megestrol acetate suspension 625mg/5ml	4	PA MO
megestrol acetate tablet 20mg	4	PA
megestrol acetate tablet 40mg	4	PA
nora-be tablet 0.35mg	3	MO
norethindrone acetate tablet 5mg	2	MO
norethindrone tablet 0.35mg	3	MO
norlyda tablet 0.35mg	3	MO
norlyroc tablet 0.35mg	3	MO
sharobel tablet 0.35mg	3	MO
tulana tablet 0.35mg	3	MO
Selective Estrogen Receptor Modifying Agents		
OSPHENA TABLET 60MG	3	QL (30 EA per 30 days) PA MO
raloxifene hydrochloride tablet 60mg	3	MO
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
euthyrox tablet 100mcg	1	MO
euthyrox tablet 112mcg	1	MO
euthyrox tablet 125mcg	1	MO
euthyrox tablet 137mcg	1	MO
euthyrox tablet 150mcg	1	MO
euthyrox tablet 175mcg	1	MO

Drug Name	Drug Tier	Requirements/Limits
euthyrox tablet 200mcg	1	MO
euthyrox tablet 25mcg	1	MO
euthyrox tablet 50mcg	1	MO
euthyrox tablet 75mcg	1	MO
euthyrox tablet 88mcg	1	MO
levothyroxine sodium tablet 100mcg	2	MO
levothyroxine sodium tablet 112mcg	2	MO
levothyroxine sodium tablet 125mcg	2	MO
levothyroxine sodium tablet 137mcg	2	MO
levothyroxine sodium tablet 150mcg	2	MO
levothyroxine sodium tablet 175mcg	2	MO
levothyroxine sodium tablet 200mcg	2	MO
levothyroxine sodium tablet 25mcg	2	MO
levothyroxine sodium tablet 300mcg	2	MO
levothyroxine sodium tablet 50mcg	2	MO
levothyroxine sodium tablet 75mcg	2	MO
levothyroxine sodium tablet 88mcg	2	MO
LEVOXYL TABLET 100MCG	4	MO
LEVOXYL TABLET 112MCG	4	MO
LEVOXYL TABLET 125MCG	4	MO
LEVOXYL TABLET 137MCG	4	MO
LEVOXYL TABLET 150MCG	4	MO
LEVOXYL TABLET 175MCG	4	MO
LEVOXYL TABLET 200MCG	4	MO
LEVOXYL TABLET 25MCG	4	MO
LEVOXYL TABLET 50MCG	4	MO
LEVOXYL TABLET 75MCG	4	MO
LEVOXYL TABLET 88MCG	4	MO
liothyronine sodium tablet 25mcg	3	MO
liothyronine sodium tablet 50mcg	3	MO
liothyronine sodium tablet 5mcg	3	MO
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN TABLET 500MG	5	

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

Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
cabergoline tablet 0.5mg	3	
FIRMAGON INJECTION 120MG/VIAL	5	QL (4 EA per 365 days) PA
FIRMAGON INJECTION 80MG	4	QL (1 EA per 28 days) PA
lanreotide acetate injection 120mg/0.5ml	5	PA
leuprolide acetate injection 1mg/0.2ml	5	PA
LUPRON DEPOT (1-MONTH) INJECTION 3.75MG	5	QL (1 EA per 28 days) PA
LUPRON DEPOT (1-MONTH) INJECTION 7.5MG	5	QL (1 EA per 28 days) PA
LUPRON DEPOT (3-MONTH) INJECTION 11.25MG	5	QL (1 EA per 84 days) PA
LUPRON DEPOT (3-MONTH) INJECTION 22.5MG	5	QL (1 EA per 84 days) PA
LUPRON DEPOT (4-MONTH) INJECTION 30MG	5	QL (1 EA per 112 days) PA
LUPRON DEPOT (6-MONTH) INJECTION 45MG	5	QL (1 EA per 168 days) PA
octreotide acetate injection 1000mcg/ml	4	PA MO
octreotide acetate injection 100mcg/ml	4	PA MO
octreotide acetate injection 200mcg/ml	4	PA MO
octreotide acetate injection 500mcg/ml	4	PA MO
octreotide acetate injection 50mcg/ml	4	PA MO
ORGOVYX TABLET 120MG	5	PA
SIGNIFOR INJECTION 0.3MG/ML	5	QL (60 ML per 30 days) PA MO
SIGNIFOR INJECTION 0.6MG/ML	5	QL (60 ML per 30 days) PA MO
SIGNIFOR INJECTION 0.9MG/ML	5	QL (60 ML per 30 days) PA MO
SOMATULINE DEPOT INJECTION 120MG/0.5ML	5	PA
SOMATULINE DEPOT INJECTION 60MG/0.2ML	5	PA
SOMATULINE DEPOT INJECTION 90MG/0.3ML	5	PA
SOMAVERT INJECTION 10MG	5	PA MO
SOMAVERT INJECTION 15MG	5	PA MO

Drug Name	Drug Tier	Requirements/Limits
SOMAVERT INJECTION 20MG	5	PA MO
SOMAVERT INJECTION 25MG	5	PA MO
SOMAVERT INJECTION 30MG	5	PA MO
SUPPRELIN LA INJECTION 50MG	5	QL (1 EA per 365 days) PA
TRELSTAR MIXJECT INJECTION 11.25MG	4	QL (1 EA per 84 days) PA
TRELSTAR MIXJECT INJECTION 22.5MG	5	QL (1 EA per 168 days) PA
TRIPTODUR INJECTION 22.5MG	5	QL (1 EA per 168 days) PA
ZOLADEX INJECTION 3.6MG	4	QL (1 EA per 28 days) PA
ZOLADEX INJECTION 3.6MG	4	QL (1 EA per 28 days) PA
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
methimazole tablet 10mg	2	MO
methimazole tablet 5mg	2	MO
propylthiouracil tablet 50mg	3	MO
Immunological Agents		
Angioedema Agents		
CINRYZE INJECTION 500UNIT	5	PA
icatibant acetate injection 30mg/3ml	5	PA
sajazir injection 30mg/3ml	5	PA
Immunoglobulins		
BIVIGAM INJECTION 5GM/50ML	5	PA
CUVITRU INJECTION 10GM/50ML	5	PA
CUVITRU INJECTION 1GM/5ML	5	PA
CUVITRU INJECTION 2GM/10ML	5	PA
CUVITRU INJECTION 4GM/20ML	5	PA
CUVITRU INJECTION 8GM/40ML	5	PA
CUVITRU INJECTION 8GM/40ML	5	PA
GAMASTAN INJECTION 0	3	PA
GAMASTAN INJECTION 0	3	PA
GAMASTAN INJECTION 0	3	PA
HIZENTRA INJECTION 1GM/5ML	5	PA
HIZENTRA INJECTION 2GM/10ML	5	PA
HIZENTRA INJECTION 4GM/20ML	5	PA
HYPERHEP B INJECTION 110UNIT/0.5ML	4	B/D

Drug Name	Drug Tier	Requirements/Limits
HYPERHEP B INJECTION 220UNIT/ML	4	B/D
HYPERHEP B INJECTION 220UNIT/ML	4	B/D
NABI-HB INJECTION 312UNIT/ML	3	B/D
PRIVIGEN INJECTION 10GM/100ML	5	PA
PRIVIGEN INJECTION 20GM/200ML	5	PA
PRIVIGEN INJECTION 40GM/400ML	5	PA
PRIVIGEN INJECTION 5GM/50ML	5	PA
SYNAGIS INJECTION 100MG/ML	5	PA
SYNAGIS INJECTION 50MG/0.5ML	5	PA
VARIZIG INJECTION 125UNIT/1.2ML	5	PA
Immunological Agents, Other		
ARCALYST INJECTION 220MG	5	PA MO
BENLYSTA INJECTION 200MG/ML	5	PA MO
BENLYSTA INJECTION 200MG/ML	5	PA MO
COSENTYX SENSOREADY PEN INJECTION 150MG/ML	5	PA MO
COSENTYX SENSOREADY PEN INJECTION 150MG/ML	5	PA MO
COSENTYX INJECTION 150MG/ML	5	PA MO
COSENTYX INJECTION 150MG/ML	5	PA MO
COSENTYX INJECTION 75MG/0.5ML	5	PA MO
DUPIXENT INJECTION 100MG/0.67ML	5	QL (1.34 ML per 28 days) PA MO
DUPIXENT INJECTION 200MG/1.14ML	5	QL (4.56 ML per 28 days) PA MO
DUPIXENT INJECTION 200MG/1.14ML	5	QL (4.56 ML per 28 days) PA MO
DUPIXENT INJECTION 300MG/2ML	5	QL (8 ML per 28 days) PA MO
DUPIXENT INJECTION 300MG/2ML	5	QL (8 ML per 28 days) PA MO
ENJAYMO INJECTION 1100MG/22ML	5	PA
ILUMYA INJECTION 100MG/ML	5	PA MO
LEMTRADA INJECTION 12MG/1.2ML	5	PA
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15MG	5	QL (30 EA per 30 days) PA MO

Drug Name	Drug Tier	Requirements/Limits
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 30MG	5	QL (30 EA per 30 days) PA MO
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 45MG	5	QL (30 EA per 30 days) PA MO
SKYRIZI PEN INJECTION 150MG/ML	5	PA MO
SKYRIZI INJECTION 150MG/ML	5	PA MO
SKYRIZI INJECTION 180MG/1.2ML	5	PA
SKYRIZI INJECTION 360MG/2.4ML	5	PA MO
SKYRIZI INJECTION 600MG/10ML	5	PA
SKYRIZI INJECTION 75MG/0.83ML	5	PA MO
STELARA INJECTION 130MG/26ML	5	PA
STELARA INJECTION 45MG/0.5ML	5	QL (3 ML per 84 days) PA MO
STELARA INJECTION 45MG/0.5ML	5	QL (3 ML per 84 days) PA MO
STELARA INJECTION 90MG/ML	5	QL (3 ML per 84 days) PA MO
XELJANZ XR TABLET EXTENDED RELEASE 24 HOUR 11MG	5	QL (30 EA per 30 days) PA MO
XELJANZ XR TABLET EXTENDED RELEASE 24 HOUR 22MG	5	QL (30 EA per 30 days) PA MO
XELJANZ SOLUTION 1MG/ML	5	QL (300 ML per 30 days) PA MO
XELJANZ TABLET 10MG	5	QL (60 EA per 30 days) PA MO
XELJANZ TABLET 5MG	5	QL (60 EA per 30 days) PA MO
XOLAIR INJECTION 150MG/ML	5	PA
XOLAIR INJECTION 150MG	5	PA
XOLAIR INJECTION 75MG/0.5ML	5	PA
Immunostimulants		
ACTIMMUNE INJECTION 2000000UNIT/0.5ML	5	PA MO
INTRON A INJECTION 10000000UNIT/ML	5	PA MO
INTRON A INJECTION 10000000UNIT	5	PA MO
INTRON A INJECTION 18000000UNIT	5	PA MO
INTRON A INJECTION 50000000UNIT	5	PA MO
INTRON A INJECTION 6000000UNIT/ML	5	PA MO

Drug Name	Drug Tier	Requirements/Limits
PEGASYS PROCLICK INJECTION 180MCG/0.5ML	5	PA
PEGASYS INJECTION 180MCG/0.5ML	5	PA
PEGASYS INJECTION 180MCG/ML	5	PA
SYLATRON INJECTION 200MCG	5	PA
SYLATRON INJECTION 300MCG	5	PA
SYLATRON INJECTION 600MCG	5	PA
Immunosuppressants		
azathioprine tablet 100mg	4	B/D MO
azathioprine tablet 50mg	3	B/D MO
azathioprine tablet 75mg	4	B/D MO
BENLYSTA INJECTION 120MG	5	PA
BENLYSTA INJECTION 400MG	5	PA
cyclosporine modified capsule 100mg	4	B/D MO
cyclosporine modified capsule 25mg	4	B/D MO
cyclosporine modified capsule 50mg	4	B/D MO
cyclosporine modified solution 100mg/ml	4	B/D MO
cyclosporine capsule 100mg	4	B/D MO
cyclosporine capsule 25mg	4	B/D MO
ENBREL MINI INJECTION 50MG/ML	5	PA MO
ENBREL SURECLICK INJECTION 50MG/ML	5	PA MO
ENBREL INJECTION 25MG/0.5ML	5	PA MO
ENBREL INJECTION 25MG/0.5ML	5	PA MO
ENBREL INJECTION 25MG	5	PA MO
ENBREL INJECTION 50MG/ML	5	PA MO
everolimus tablet 0.25mg	4	B/D MO
everolimus tablet 0.5mg	5	B/D MO
everolimus tablet 0.75mg	5	B/D MO
everolimus tablet 1mg	5	B/D MO
gengraf capsule 100mg	4	B/D MO
gengraf capsule 25mg	4	B/D MO
gengraf solution 100mg/ml	4	B/D MO
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 0	5	PA MO

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 40MG/0.8ML	5	PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 80MG/0.8ML	5	PA MO
HUMIRA PEN-CD/UC/HS STARTER INJECTION 40MG/0.8ML	5	PA MO
HUMIRA PEN-CD/UC/HS STARTER INJECTION 80MG/0.8ML	5	PA MO
HUMIRA PEN-PEDIATRIC UC STARTER PACK INJECTION 80MG/0.8ML	5	PA MO
HUMIRA PEN-PS/UV STARTER INJECTION 0	5	PA MO
HUMIRA PEN-PS/UV STARTER INJECTION 40MG/0.8ML	5	PA MO
HUMIRA PEN INJECTION 40MG/0.4ML	5	PA MO
HUMIRA PEN INJECTION 40MG/0.8ML	5	PA MO
HUMIRA PEN INJECTION 80MG/0.8ML	5	PA MO
HUMIRA INJECTION 10MG/0.1ML	5	PA MO
HUMIRA INJECTION 10MG/0.2ML	5	PA
HUMIRA INJECTION 20MG/0.2ML	5	PA MO
HUMIRA INJECTION 20MG/0.4ML	5	PA
HUMIRA INJECTION 40MG/0.4ML	5	PA MO
HUMIRA INJECTION 40MG/0.8ML	5	PA MO
leflunomide tablet 10mg	3	MO
leflunomide tablet 20mg	3	MO
methotrexate sodium injection 1gm/40ml	2	
methotrexate sodium injection 250mg/10ml	2	
methotrexate sodium injection 250mg/10ml	2	
methotrexate sodium injection 50mg/2ml	2	
methotrexate sodium tablet 2.5mg	2	
methotrexate injection 50mg/2ml	2	
mycophenolate mofetil capsule 250mg	4	B/D MO
mycophenolate mofetil suspension reconstituted 200mg/ml	5	B/D MO
mycophenolate mofetil tablet 500mg	4	B/D MO

Drug Name	Drug Tier	Requirements/Limits
mycophenolic acid dr tablet delayed release 180mg	4	B/D MO
mycophenolic acid dr tablet delayed release 360mg	4	B/D MO
PROGRAF PACKET 0.2MG	4	B/D MO
PROGRAF PACKET 1MG	4	B/D MO
REZUROCK TABLET 200MG	5	QL (60 EA per 30 days) PA MO
SANDIMMUNE SOLUTION 100MG/ML	4	B/D MO
sirolimus solution 1mg/ml	5	B/D MO
sirolimus tablet 0.5mg	4	B/D MO
sirolimus tablet 1mg	4	B/D MO
sirolimus tablet 2mg	5	B/D MO
tacrolimus capsule 0.5mg	4	B/D MO
tacrolimus capsule 1mg	4	B/D MO
tacrolimus capsule 5mg	4	B/D MO
XATMEP SOLUTION 2.5MG/ML	4	
Vaccines		
ACTHIB INJECTION 0	3	
ADACEL INJECTION 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	3	
ADACEL INJECTION 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	3	
BCG VACCINE INJECTION 50MG	3	
BEXSERO INJECTION 0	3	
BOOSTRIX INJECTION 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	3	
BOOSTRIX INJECTION 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	3	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	3	
DENGVAXIA INJECTION 0	3	
diphtheria/tetanus toxoids adsorbed pediatric injection 25lfu/0.5ml; 5lfu/0.5ml	3	
ENGERIX-B INJECTION 10MCG/0.5ML	3	B/D
ENGERIX-B INJECTION 20MCG/ML	3	B/D

Drug Name	Drug Tier	Requirements/Limits
ENGERIX-B INJECTION 20MCG/ML	3	B/D
GARDASIL 9 INJECTION 0	3	
GARDASIL 9 INJECTION 0	3	
HAVRIX INJECTION 1440ELU/ML	3	
HAVRIX INJECTION 720ELU/0.5ML	3	
HIBERIX INJECTION 10MCG	3	
IMOVAX RABIES (H.D.C.V.) INJECTION 2.5UNIT/ML	3	B/D
INFANRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	3	
IPOL INACTIVATED IPV INJECTION 0	3	
IXIARO INJECTION 0	3	
JYNNEOS INJECTION 0.5ML	3	
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
M-M-R II INJECTION 0; 0; 0	3	
MENACTRA INJECTION 0	3	
menquadfi injection 0	3	
MENVEO INJECTION 0	3	
MENVEO INJECTION 0	3	
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
PEDVAX HIB INJECTION 7.5MCG/0.5ML	3	
PENTACEL INJECTION 15LFU/0.5ML; 0; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	
PREHEVBRIO INJECTION 10MCG/ML	3	B/D
PRIORIX INJECTION 0; 0; 0	3	
PROQUAD INJECTION 0; 0; 0; 0	3	
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	
quadracel injection 15lfu/0.5ml; 48mcg/0.5ml; 0; 5lfu/0.5ml	3	

Drug Name	Drug Tier	Requirements/Limits
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	
RABAVERT INJECTION 0	3	B/D
RECOMBIVAX HB INJECTION 10MCG/ML	3	B/D
RECOMBIVAX HB INJECTION 10MCG/ML	3	B/D
RECOMBIVAX HB INJECTION 40MCG/ML	3	B/D
RECOMBIVAX HB INJECTION 5MCG/0.5ML	3	B/D
RECOMBIVAX HB INJECTION 5MCG/0.5ML	3	B/D
ROTARIX SUSPENSION RECONSTITUTED 0	3	
ROTATEQ SOLUTION 0	3	
SHINGRIX INJECTION 50MCG/0.5ML	3	
STAMARIL INJECTION 0	3	
TDVAX INJECTION 2LF/0.5ML; 2LF/0.5ML	3	
TENIVAC INJECTION 2LFU; 5LFU	3	
TENIVAC INJECTION 2LFU; 5LFU	3	
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT INJECTION 2LF/0.5ML; 2LF/0.5ML	3	
TICOVAC INJECTION 1.2MCG/0.25ML	3	
TICOVAC INJECTION 2.4MCG/0.5ML	3	
TRUMENBA INJECTION 0	3	
TWINRIX INJECTION 720ELU/ML; 20MCG/ML	3	
TYPHIM VI INJECTION 25MCG/0.5ML	3	
TYPHIM VI INJECTION 25MCG/0.5ML	3	
VAQTA INJECTION 25UNIT/0.5ML	3	
VAQTA INJECTION 25UNIT/0.5ML	3	
VAQTA INJECTION 50UNIT/ML	3	
VAQTA INJECTION 50UNIT/ML	3	
VARIVAX INJECTION 1350PFU/0.5ML	3	
VAXELIS INJECTION 0; 0; 0; 0; 0; 0	3	
VAXELIS INJECTION 0; 0; 0; 0; 0; 0	3	
YF-VAX INJECTION 0	3	
YF-VAX INJECTION 0	3	
ZOSTAVAX INJECTION 19400UNT/0.65ML	3	
Inflammatory Bowel Disease Agents		

Drug Name	Drug Tier	Requirements/Limits
Aminosalicylates		
balsalazide disodium capsule 750mg	4	
mesalamine dr tablet delayed release 1.2gm	4	MO
MESALAMINE DR TABLET DELAYED RELEASE 800MG	4	
mesalamine er capsule extended release 24 hour 0.375gm	4	MO
mesalamine enema 4gm	4	
mesalamine kit 4gm	4	
mesalamine suppository 1000mg	4	
SFROWASA ENEMA 4GM/60ML	4	
sulfasalazine tablet delayed release 500mg	2	MO
sulfasalazine tablet 500mg	2	MO
Glucocorticoids		
BUDESONIDE ER TABLET EXTENDED RELEASE 24 HOUR 9MG	5	
budesonide capsule delayed release particles 3mg	4	
colocort enema 100mg/60ml	4	MO
CORTIFOAM FOAM 10%	4	
hydrocortisone enema 100mg/60ml	4	
procto-med hc cream 2.5%	2	
proctosol hc cream 2.5%	2	
proctozone-hc cream 2.5%	2	
TARPEYO CAPSULE DELAYED RELEASE 4MG	5	QL (120 EA per 30 days) PA
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
alendronate sodium solution 70mg/75ml	4	MO
alendronate sodium tablet 10mg	2	MO
alendronate sodium tablet 35mg	2	MO
alendronate sodium tablet 5mg	2	MO
alendronate sodium tablet 70mg	2	QL (4 EA per 28 days) MO
calcitonin-salmon solution 200unit/act	3	QL (3.7 ML per 30 days) MO
calcitriol capsule 0.25mcg	2	MO
calcitriol capsule 0.5mcg	2	MO

Drug Name	Drug Tier	Requirements/Limits
CINACALCET HYDROCHLORIDE TABLET 30MG	4	MO
CINACALCET HYDROCHLORIDE TABLET 60MG	4	MO
CINACALCET HYDROCHLORIDE TABLET 90MG	5	MO
doxercalciferol capsule 0.5mcg	4	MO
doxercalciferol capsule 1mcg	4	MO
doxercalciferol capsule 2.5mcg	4	MO
FORTEO INJECTION 600MCG/2.4ML	5	PA MO
ibandronate sodium tablet 150mg	2	QL (1 EA per 28 days) MO
NATPARA INJECTION 100MCG	5	QL (2 EA per 28 days) PA MO
NATPARA INJECTION 25MCG	5	QL (2 EA per 28 days) PA MO
NATPARA INJECTION 50MCG	5	QL (2 EA per 28 days) PA MO
NATPARA INJECTION 75MCG	5	QL (2 EA per 28 days) PA MO
paricalcitol capsule 1mcg	4	MO
paricalcitol capsule 2mcg	4	MO
paricalcitol capsule 4mcg	4	MO
PROLIA INJECTION 60MG/ML	4	QL (2 ML per 365 days)
TERIPARATIDE INJECTION 620MCG/2.48ML	5	PA MO
TYMLOS INJECTION 3120MCG/1.56ML	5	PA MO
XGEVA INJECTION 120MG/1.7ML	5	PA
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ALCOHOL PREP PADS PAD 70%	3	
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16" MISCELLANEOUS	3	QL (200 EA per 30 days)
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2" MISCELLANEOUS	3	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM MISCELLANEOUS	3	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM MISCELLANEOUS	3	QL (200 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
BD INSULIN SYRINGE/1ML/29G X 12.7MM MISCELLANEOUS	3	QL (200 EA per 30 days)
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM MISCELLANEOUS	3	QL (200 EA per 30 days)
BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 6MM MISCELLANEOUS	3	QL (200 EA per 30 days)
CURITY GAUZE PADS 2"X2" PAD	3	
ELLA TABLET 30MG	3	
IGALMI FILM 120MCG	4	PA
IGALMI FILM 180MCG	4	PA
LAGEVRIO CAPSULE 200MG	4	QL (40 EA per 5 days)
LIVMARLI SOLUTION 9.5MG/ML	5	QL (90 ML per 30 days) PA MO
nutrilipid injection 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) MISCELLANEOUS	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) MISCELLANEOUS	3	QL (30 EA per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4) KIT	3	QL (1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4) KIT	3	QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4) MISCELLANEOUS	3	QL (30 EA per 30 days)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	4	QL (30 EA per 5 days)
sodium chloride 0.9% solution 0.9%	2	
TAVNEOS CAPSULE 10MG	5	QL (180 EA per 30 days) PA MO
V-GO 20 KIT	3	
V-GO 30 KIT	3	
V-GO 40 KIT	3	
VISTOGARD PACKET 10GM	5	

Drug Name	Drug Tier	Requirements/Limits
VISTOGARD PACKET 10GM	5	
Ophthalmic Agents		
Ophthalmic Agents, Other		
atropine sulfate solution 1%	3	MO
bacitracin/polymyxin b ointment 500unit/gm; 10000unit/gm	4	
brimonidine tartrate/timolol maleate solution 0.2%; 0.5%	4	MO
COMBIGAN SOLUTION 0.2%; 0.5%	4	MO
cyclosporine emulsion 0.05%	3	
CYSTARAN SOLUTION 0.44%	5	QL (60 ML per 28 days) PA MO
dorzolamide hcl/timolol maleate solution 22.3mg/ml; 6.8mg/ml	3	MO
neo-polycin hc ointment 400unit/gm; 1%; 3.5mg/gm; 10000unit/gm	3	
neo-polycin ointment 400unit/gm; 3.5mg/gm; 10000unit/gm	3	
neomycin/bacitracin/polymyxin ointment 400unit/gm; 5mg/gm; 10000unit/gm	3	
neomycin/polymyxin/bacitracin/hydrocortisone ointment 400unit/gm; 1%; 0.5%; 10000unit/gm	3	
neomycin/polymyxin/dexamethasone ointment 0.1%; 3.5mg/gm; 10000unit/gm	2	
neomycin/polymyxin/dexamethasone suspension 0.1%; 3.5mg/ml; 10000unit/ml	2	
neomycin/polymyxin/gramicidin solution 0.025mg/ml; 1.75mg/ml; 10000unit/ml	3	
polycin ointment 500unit/gm; 10000unit/gm	4	
polymyxin b sulfate/trimethoprim sulfate solution 10000unit/ml; 0.1%	2	
RESTASIS MULTIDOSE EMULSION 0.05%	3	MO
RESTASIS EMULSION 0.05%	3	MO
ROCKLATAN SOLUTION 0.005%; 0.02%	3	QL (2.5 ML per 25 days) MO

Drug Name	Drug Tier	Requirements/Limits
SIMBRINZA SUSPENSION 0.2%; 1%	3	MO
sulfacetamide sodium/prednisolone sodium phosphate solution 0.23%; 10%	2	
TOBRADEX ST SUSPENSION 0.05%; 0.3%	4	
TOBRADEX OINTMENT 0.1%; 0.3%	4	
tobramycin/dexamethasone suspension 0.1%; 0.3%	4	
XIIDRA SOLUTION 5%	4	QL (60 EA per 30 days) MO
ZYLET SUSPENSION 0.5%; 0.3%	4	
Ophthalmic Anti-allergy Agents		
azelastine hcl solution 0.05%	2	
bepotastine besilate solution 1.5%	4	
cromolyn sodium solution 4%	2	
epinastine hcl solution 0.05%	3	
olopatadine hcl solution 0.1%	3	
olopatadine hydrochloride solution 0.2%	3	
Ophthalmic Anti-Infectives		
bacitracin ointment 500unit/gm	4	
BESIVANCE SUSPENSION 0.6%	4	
ciprofloxacin hydrochloride solution 0.3%	2	
erythromycin ointment 5mg/gm	2	
gatifloxacin solution 0.5%	4	
gentak ointment 0.3%	4	
gentamicin sulfate solution 0.3%	2	
levofloxacin solution 0.5%	3	
moxifloxacin hydrochloride solution 0.5%	3	
NATACYN SUSPENSION 5%	4	
ofloxacin solution 0.3%	2	
sulfacetamide sodium ointment 10%	3	
sulfacetamide sodium solution 10%	3	
tobramycin solution 0.3%	2	
trifluridine solution 1%	4	
ZIRGAN GEL 0.15%	4	
Ophthalmic Anti-inflammatories		
dexamethasone sodium phosphate solution 0.1%	3	

Drug Name	Drug Tier	Requirements/Limits
diclofenac sodium solution 0.1%	3	
FLAREX SUSPENSION 0.1%	4	
fluorometholone suspension 0.1%	4	
flurbiprofen sodium solution 0.03%	2	
FML FORTE SUSPENSION 0.25%	4	
ketorolac tromethamine solution 0.4%	3	
ketorolac tromethamine solution 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 suspension 0.5%	4	
prednisolone acetate suspension 1%	3	
PROLENSA SOLUTION 0.07%	4	QL (12 ML per 365 days)
Ophthalmic Beta-Adrenergic Blocking Agents		
betaxolol hcl solution 0.5%	3	MO
carteolol hcl solution 1%	2	MO
levobunolol hcl solution 0.5%	2	MO
timolol maleate ophthalmic gel forming gel forming solution 0.25%	4	MO
timolol maleate ophthalmic gel forming gel forming solution 0.5%	4	MO
timolol maleate solution 0.25%	2	MO
timolol maleate solution 0.5%	2	MO
Ophthalmic Intraocular Pressure Lowering Agents, Other		
acetazolamide er capsule extended release 12 hour 500mg	4	MO
ALPHAGAN P SOLUTION 0.1%	3	MO
brimonidine tartrate solution 0.2%	2	MO
brinzolamide suspension 1%	4	MO
dorzolamide hydrochloride solution 2%	3	MO
pilocarpine hcl solution 1%	3	MO
pilocarpine hcl solution 2%	3	MO
pilocarpine hcl solution 4%	3	MO
RHOPRESSA SOLUTION 0.02%	3	QL (2.5 ML per 25 days) MO

Drug Name	Drug Tier	Requirements/Limits
Ophthalmic Prostaglandin and Prostamide Analogs		
latanoprost solution 0.005%	1	MO
LUMIGAN SOLUTION 0.01%	3	QL (2.5 ML per 25 days) MO
VYZULTA SOLUTION 0.024%	4	QL (5 ML per 25 days) MO
Otic Agents		
Otic Agents		
acetic acid solution 2%	2	
ciprofloxacin/dexamethasone suspension 0.3%; 0.1%	4	
ciprofloxacin solution 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 solution 1%; 3.5mg/ml; 10000unit/ml	4	
neomycin/polymyxin/hydrocortisone suspension 1%; 3.5mg/ml; 10000unit/ml	4	
ofloxacin solution 0.3%	3	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT	3	QL (30 EA per 30 days) MO
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200MCG/ACT	3	QL (30 EA per 30 days) MO
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 50MCG/ACT	3	QL (30 EA per 30 days) MO
ASMANEX HFA AEROSOL 100MCG/ACT	4	QL (13 GM per 30 days) MO
ASMANEX HFA AEROSOL 200MCG/ACT	4	QL (13 GM per 30 days) MO
ASMANEX HFA AEROSOL 50MCG/ACT	4	QL (13 GM per 30 days) MO
ASMANEX TWISTHALER 120 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	4	QL (1 EA per 30 days) MO
ASMANEX TWISTHALER 14 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	4	QL (1 EA per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
ASMANEX TWISTHALER 30 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 110MCG/INH	4	QL (1 EA per 30 days) MO
ASMANEX TWISTHALER 30 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	4	QL (1 EA per 30 days) MO
ASMANEX TWISTHALER 60 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	4	QL (1 EA per 30 days) MO
ASMANEX TWISTHALER 7 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 110MCG/INH	4	QL (1 EA per 30 days) MO
BREZTRI AEROSPHERE AEROSOL 160MCG/ACT; 4.8MCG/ACT; 9MCG/ACT	3	QL (23.6 GM per 28 days) MO
budesonide suspension 0.25mg/2ml	4	QL (120 ML per 30 days) B/D MO
budesonide suspension 0.5mg/2ml	4	QL (120 ML per 30 days) B/D MO
budesonide suspension 1mg/2ml	4	QL (120 ML per 30 days) B/D MO
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 100MCG/BLIST	3	QL (60 EA per 30 days) MO
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 250MCG/BLIST	3	QL (240 EA per 30 days) MO
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 50MCG/BLIST	3	QL (60 EA per 30 days) MO
FLOVENT HFA AEROSOL 110MCG/ACT	3	QL (24 GM per 30 days) MO
FLOVENT HFA AEROSOL 220MCG/ACT	3	QL (24 GM per 30 days) MO
FLOVENT HFA AEROSOL 44MCG/ACT	3	QL (21.2 GM per 30 days) MO
fluticasone propionate suspension 50mcg/act	2	
mometasone furoate suspension 50mcg/act	4	QL (34 GM per 30 days)
QVAR REDIHALER AEROSOL BREATH ACTIVATED 40MCG/ACT	4	QL (21.2 GM per 30 days) ST MO

Drug Name	Drug Tier	Requirements/Limits
QVAR REDIHALER AEROSOL BREATH ACTIVATED 80MCG/ACT	4	QL (21.2 GM per 30 days) ST MO
Antihistamines		
azelastine hcl solution 0.15%	3	QL (60 ML per 30 days)
azelastine hydrochloride/fluticasone propionate suspension 137mcg/act; 50mcg/act	4	QL (23 GM per 30 days)
azelastine hydrochloride solution 0.1%	2	QL (60 ML per 30 days)
cyproheptadine hydrochloride tablet 4mg	4	
diphenhydramine hcl injection 50mg/ml	4	
diphenhydramine hydrochloride injection 50mg/ml	4	
hydroxyzine hcl tablet 50mg	3	
hydroxyzine hydrochloride syrup 10mg/5ml	4	
hydroxyzine hydrochloride tablet 10mg	3	
hydroxyzine hydrochloride tablet 25mg	3	
levocetirizine dihydrochloride tablet 5mg	2	
Antileukotrienes		
montelukast sodium tablet chewable 4mg	2	MO
montelukast sodium tablet chewable 5mg	2	MO
montelukast sodium tablet 10mg	1	MO
zafirlukast tablet 10mg	4	MO
zafirlukast tablet 20mg	4	MO
Bronchodilators, Anticholinergic		
ATROVENT HFA AEROSOL SOLUTION 17MCG/ACT	4	QL (25.8 GM per 30 days) MO
ipratropium bromide solution 0.02%	2	QL (312.5 ML per 30 days) B/D MO
ipratropium bromide solution 0.03%	3	MO
ipratropium bromide solution 0.06%	3	MO
SPIRIVA HANDIHALER CAPSULE 18MCG	3	QL (30 EA per 30 days) MO
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT	3	QL (8 GM per 30 days) MO
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT	3	MO
Bronchodilators, Sympathomimetic		

Drug Name	Drug Tier	Requirements/Limits
albuterol sulfate hfa aerosol solution 108mcg/act	2	QL (48 GM per 30 days) MO
albuterol sulfate hfa aerosol solution 108mcg/act	2	QL (17 GM per 30 days) MO
albuterol sulfate hfa aerosol solution 108mcg/act	2	QL (13.4 GM per 30 days) MO
albuterol sulfate nebulization solution 0.083%	2	QL (525 ML per 30 days) B/D MO
albuterol sulfate nebulization solution 2.5mg/0.5ml	2	QL (100 EA per 30 days) B/D MO
albuterol sulfate syrup 2mg/5ml	4	MO
EPINEPHRINE INJECTION 0.15MG/0.15ML	3	
EPINEPHRINE INJECTION 0.15MG/0.3ML	3	
epinephrine injection 0.3mg/0.3ml	3	
EPINEPHRINE INJECTION 0.3MG/0.3ML	3	Applies to product manufactured by Mylan Specialty L.P. Only
formoterol fumarate nebulization solution 20mcg/2ml	4	QL (120 ML per 30 days) B/D MO
levalbuterol tartrate hfa aerosol 45mcg/act	3	QL (30 GM per 30 days) MO
PROAIR HFA AEROSOL SOLUTION 108MCG/ACT	3	QL (17 GM per 30 days) MO
PROAIR RESPICLICK AEROSOL POWDER BREATH ACTIVATED 108MCG/ACT	3	QL (2 EA per 30 days) MO
SEREVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 50MCG/DOSE	3	QL (60 EA per 30 days) MO
Cystic Fibrosis Agents		
CAYSTON SOLUTION RECONSTITUTED 75MG	5	PA
KALYDECO PACKET 25MG	5	PA MO
KALYDECO PACKET 50MG	5	PA MO
KALYDECO PACKET 75MG	5	PA MO
KALYDECO TABLET 150MG	5	PA MO
ORKAMBI PACKET 125MG; 100MG	5	QL (56 EA per 28 days) PA MO
ORKAMBI PACKET 188MG; 150MG	5	QL (56 EA per 28 days) PA MO
ORKAMBI PACKET 94MG; 75MG	5	QL (56 EA per 28 days) PA

Drug Name	Drug Tier	Requirements/Limits
ORKAMBI TABLET 125MG; 100MG	5	QL (112 EA per 28 days) PA MO
ORKAMBI TABLET 125MG; 200MG	5	QL (112 EA per 28 days) PA MO
PULMOZYME SOLUTION 2.5MG/2.5ML	5	PA MO
tobramycin nebulization solution 300mg/5ml	5	B/D MO
TRIKAFTA TABLET THERAPY PACK 50MG; 0; 25MG	5	QL (84 EA per 28 days) PA MO
Mast Cell Stabilizers		
cromolyn sodium nebulization solution 20mg/2ml	5	B/D MO
Phosphodiesterase Inhibitors, Airways Disease		
DALIRESP TABLET 250MCG	4	PA MO
DALIRESP TABLET 500MCG	4	PA MO
roflumilast tablet 250mcg	4	PA
roflumilast tablet 500mcg	4	PA
theophylline er tablet extended release 12 hour 300mg	4	MO
theophylline er tablet extended release 12 hour 450mg	4	MO
theophylline er tablet extended release 24 hour 400mg	3	MO
theophylline er tablet extended release 24 hour 600mg	3	MO
Pulmonary Antihypertensives		
ADEMPAS TABLET 0.5MG	5	QL (90 EA per 30 days) PA MO
ADEMPAS TABLET 1.5MG	5	QL (90 EA per 30 days) PA MO
ADEMPAS TABLET 1MG	5	QL (90 EA per 30 days) PA MO
ADEMPAS TABLET 2.5MG	5	QL (90 EA per 30 days) PA MO
ADEMPAS TABLET 2MG	5	QL (90 EA per 30 days) PA MO

Drug Name	Drug Tier	Requirements/Limits
alyq tablet 20mg	5	QL (60 EA per 30 days) PA MO
ambrisentan tablet 10mg	5	QL (30 EA per 30 days) PA MO
ambrisentan tablet 5mg	5	QL (30 EA per 30 days) PA MO
epoprostenol sodium injection 0.5mg	4	PA
epoprostenol sodium injection 1.5mg	5	PA
OPSUMIT TABLET 10MG	5	QL (30 EA per 30 days) PA MO
sildenafil citrate tablet 20mg	3	QL (90 EA per 30 days) PA MO
tadalafil tablet 20mg	4	QL (60 EA per 30 days) PA MO
VENTAVIS SOLUTION 10MCG/ML	5	QL (270 ML per 30 days) PA MO
VENTAVIS SOLUTION 20MCG/ML	5	QL (270 ML per 30 days) PA MO
Pulmonary Fibrosis Agents		
ESBRIET CAPSULE 267MG	5	PA MO
OFEV CAPSULE 100MG	5	PA MO
OFEV CAPSULE 150MG	5	PA MO
pirfenidone capsule 267mg	5	PA
pirfenidone tablet 267mg	5	PA MO
pirfenidone tablet 534mg	5	PA
pirfenidone tablet 801mg	5	PA MO
Respiratory Tract Agents, Other		
acetylcysteine solution 10%	4	B/D
acetylcysteine solution 20%	4	B/D
ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5MCG/INH; 25MCG/INH	3	QL (60 EA per 30 days) MO
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/INH; 25MCG/INH	3	QL (60 EA per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200MCG/INH; 25MCG/INH	3	QL (60 EA per 30 days) MO
COMBIVENT RESPIMAT AEROSOL SOLUTION 100MCG/ACT; 20MCG/ACT	3	QL (8 GM per 30 days) MO
FASENRA PEN INJECTION 30MG/ML	5	PA MO
FASENRA INJECTION 30MG/ML	5	PA MO
fluticasone propionate/salmeterol diskus aerosol powder breath activated 100mcg/act; 50mcg/act	2	QL (60 EA per 30 days) MO
fluticasone propionate/salmeterol diskus aerosol powder breath activated 250mcg/act; 50mcg/act	2	QL (60 EA per 30 days) MO
fluticasone propionate/salmeterol diskus aerosol powder breath activated 500mcg/act; 50mcg/act	2	QL (60 EA per 30 days) MO
ipratropium bromide/albuterol sulfate solution 2.5mg/3ml; 0.5mg/3ml	2	QL (540 ML per 30 days) B/D MO
STIOLTO RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT; 2.5MCG/ACT	3	QL (24 GM per 30 days) MO
SYMBICORT AEROSOL 160MCG/ACT; 4.5MCG/ACT	3	QL (12 GM per 30 days) MO
SYMBICORT AEROSOL 80MCG/ACT; 4.5MCG/ACT	3	QL (13.8 GM per 30 days) MO
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/INH; 62.5MCG/INH; 25MCG/INH	3	QL (60 EA per 30 days) MO
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200MCG/INH; 62.5MCG/INH; 25MCG/INH	3	QL (60 EA per 30 days) MO
wixela inhub aerosol powder breath activated 100mcg/act; 50mcg/act	2	QL (60 EA per 30 days) MO
wixela inhub aerosol powder breath activated 250mcg/act; 50mcg/act	2	QL (60 EA per 30 days) MO
wixela inhub aerosol powder breath activated 500mcg/act; 50mcg/act	2	QL (60 EA per 30 days) MO
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		

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

Drug Name	Drug Tier	Requirements/Limits
cyclobenzaprine hydrochloride tablet 10mg	3	
cyclobenzaprine hydrochloride tablet 5mg	3	
orphenadrine citrate er tablet extended release 12 hour 100mg	4	
Sleep Disorder Agents		
Sleep Promoting Agents		
BELSOMRA TABLET 10MG	3	QL (30 EA per 30 days)
BELSOMRA TABLET 15MG	3	QL (30 EA per 30 days)
BELSOMRA TABLET 20MG	3	QL (30 EA per 30 days)
BELSOMRA TABLET 5MG	3	QL (30 EA per 30 days)
eszopiclone tablet 1mg	4	QL (30 EA per 30 days)
eszopiclone tablet 2mg	4	QL (30 EA per 30 days)
eszopiclone tablet 3mg	4	QL (30 EA per 30 days)
ramelteon tablet 8mg	4	QL (30 EA per 30 days)
temazepam capsule 15mg	2	QL (30 EA per 30 days)
temazepam capsule 30mg	2	QL (30 EA per 30 days)
zaleplon capsule 10mg	4	QL (60 EA per 30 days)
zaleplon capsule 5mg	4	QL (30 EA per 30 days)
zolpidem tartrate tablet 10mg	2	QL (30 EA per 30 days)
zolpidem tartrate tablet 5mg	2	QL (30 EA per 30 days)
Wakefulness Promoting Agents		
armodafinil tablet 150mg	4	QL (30 EA per 30 days) PA MO
armodafinil tablet 200mg	4	QL (30 EA per 30 days) PA MO
armodafinil tablet 250mg	4	QL (30 EA per 30 days) PA MO
armodafinil tablet 50mg	4	QL (60 EA per 30 days) PA MO
modafinil tablet 100mg	3	QL (30 EA per 30 days) PA MO
modafinil tablet 200mg	3	QL (30 EA per 30 days) PA MO
sodium oxybate solution 500mg/ml	5	QL (540 ML per 30 days) PA

Drug Name	Drug Tier	Requirements/Limits
XYREM SOLUTION 500MG/ML	5	QL (540 ML per 30 days) PA

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This formulary was updated on 02/01/2023. 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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