BlueAdvantage (PPO)SM

2027 Formulary

(List of Covered Drugs or "Drug List")

BlueAdvantage Diamond (PPO)SM
BlueAdvantage Emerald (PPO)SM
BlueAdvantage Garnet (PPO)SM
BlueAdvantage Ruby (PPO)SM
BlueAdvantage Sapphire (PPO)SM
BlueAdvantage Total Heart and Diabetes (PPO C-SNP)SM

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

We have made no changes to this formulary since 1/1/2027. For more recent information or other questions, please contact BlueAdvantage Member Service at:

800-831-2583, (TTY users should call **711**)

Oct. 1 to March 31, seven days a week from 8 a.m. to 9 p.m. ET.
From April 1 to Sept. 30, M-F from 8 a.m. to 9 p.m. ET.

Or visit: **medicare.bcbst.com**

of Tennessee

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2027 BlueAdvantage Formulary

Note to existing members:

This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this Drug List (formulary) refers to "we," "us," or "our," it means BlueCross BlueShield of Tennessee, Inc. When it refers to "plan" or "our plan," it means BlueAdvantage.

This document includes a Drug List (formulary) for our plan which is current as of 1/1/2027. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

What is the BlueAdvantage formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by BlueAdvantage 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. BlueAdvantage will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a BlueAdvantage 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 change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the drug list during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: **medicare.bcbst.com**.

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

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

We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

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

Some of these drug types may be new to you. For more information, see the section below titled "What are original biological products and how are they related to biosimilars?"

- **Drugs removed from the market.**
  If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines it to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.**
  We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug

to replace a brand-name drug currently on the formulary, or add a new biosimilar to replace an original biological product currently on the formulary, or add new restrictions or move a drug we are keeping on the formulary to a higher cost-sharing tier or both after we add a corresponding drug. We may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits, and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug they may receive a 30-day supply of the drug and notice of the change.

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2027 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2027 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 1/1/2027. To get updated information about the drugs covered by BlueAdvantage, please contact us. Our contact information appears on the front and back cover pages.

In the event of a mid-year non-maintenance formulary change, we may reprint our formulary and distribute copies to our members. Updated formularies are posted to our website at **medicare.bcbst.com**.

How do I use the formulary?

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

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular". If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 79. 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?

BlueAdvantage covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

What are original biological products and how are they related to biosimilars?

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, "The 'Drug List' tells which Part D drugs are covered."

Are there any restrictions on my coverage?

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

- **Prior Authorization:** BlueAdvantage requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from BlueAdvantage based on specific criteria before you fill your prescriptions. If you don't get approval, BlueAdvantage may not cover the drug.
- **Quantity Limits:** For certain drugs, BlueAdvantage limits the amount of the drug that our plan will cover. For example, we provide 30 capsules per 30 days per prescription for esomeprazole. This may be in addition to a standard one-month or three- month supply.
- **Step Therapy:** In some cases, BlueAdvantage 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, BlueAdvantage may not cover Drug B unless you try Drug A first. If Drug A does not work for you, BlueAdvantage will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask BlueAdvantage 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 BlueAdvantage's formulary?" on this page 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 Service and ask if your drug is covered. If you learn that BlueAdvantage does not cover your drug, you have two options:

- You can ask Member Service for a list of similar drugs that are covered by BlueAdvantage. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by BlueAdvantage.
- You can ask BlueAdvantage to make an exception and cover your drug. See the next section for information about how to request an exception.

How do I request an exception to the BlueAdvantage formulary?

You can ask us to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.

Generally, BlueAdvantage will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but has a coverage restriction,

such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 30 days (or 31 days for long-term care (LTC)) supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30 days (or 31 days for long-term care (LTC)) supply of medication. If coverage is not approved, after your first 30 days (or 31 days for long-term care (LTC)) 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 have a level of care change (e.g., you're discharged from a long-term care facility to a home setting) outside of the transition window, you can obtain a one-time supply of a transition-eligible drug by contacting Member Service.

For more information

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

If you have questions about BlueAdvantage, 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.

BlueAdvantage formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by BlueAdvantage. If you have trouble finding your drug in the list, turn to the Index that begins on page 79.

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

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

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

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Sapphire, Garnet, Emerald and Total			**Preferred Retail and Mail Order Pharmacy** 30/100 Day Supply	**Standard Retail Pharmacy** 30/100 Day Supply
Tier 1: Preferred Generic Drugs			**$0/$0** copay	**$6/$15** copay
Tier 2: Generic Drugs			**$0/$0** copay (Total) **$10/$10** copay (Sapphire/Garnet/Emerald)	**$15/$35** copay
			Preferred Retail and Mail Order Pharmacy 30/90 Day Supply	**Standard Retail Pharmacy** 30/90 Day Supply
Tiers 3, 4 and 5 (excluding Tier 3 Insulins)			**$700** deductible	
Tier 3: Preferred Brand Drugs and Insulins*	Sapphire	Southeast	**19%** coinsurance	
		Northeast	**18%** coinsurance	
		East		
	Garnet	West	**18%** coinsurance	
		Middle		
	Emerald	West	**18%** coinsurance	
		East		
		Northeast		
	Total	East	**23%** coinsurance	
		West	**22%** coinsurance	
Tier 4: Non-Preferred Drugs			**40%** coinsurance limited to a 30-day supply	
Tier 5: Specialty Tier			**25%** coinsurance limited to a 30-day supply	

*You won't pay more than $35 for a one-month supply of each covered Part D or Part B insulin prescription.

Ruby		**Preferred Retail and Mail Order Pharmacy** 30/100 Day Supply	**Standard Retail Pharmacy** 30/100 Day Supply
Tier 1: Preferred Generic Drugs		**$0/$0** copay	**$6/$15** copay
Tier 2: Generic Drugs		**$5/$5** copay	**$10/$25** copay
		Preferred Retail and Mail Order Pharmacy 30/90 Day Supply	**Standard Retail Pharmacy** 30/90 Day Supply
Tiers 3, 4 and 5 (excluding Tier 3 Insulins)		**$700** deductible	
Tier 3: Preferred Brand Drugs and Insulins*	Ruby West	**17%** coinsurance	
	Ruby Middle	**19%** coinsurance	
	Ruby Southeast	**18%** coinsurance	
	Ruby Northeast	**20%** coinsurance	
Tier 4: Non-Preferred Drugs		**40%** coinsurance limited to a 30-day supply	
Tier 5: Specialty Tier		**25%** coinsurance limited to a 30-day supply	

*You won't pay more than $35 for a one-month supply of each covered Part D or Part B insulin prescription.

Diamond		**Preferred Retail and Mail Order Pharmacy** 30/100 Day Supply	**Standard Retail Pharmacy** 30/100 Day Supply
Tier 1: Preferred Generic Drugs		**$0/$0** copay	**$6/$15** copay
Tier 2: Generic Drugs		**$5/$5** copay	**$10/$25** copay
		Preferred Retail and Mail Order Pharmacy 30/90 Day Supply	**Standard Retail Pharmacy** 30/90 Day Supply
Tiers 3, 4 and 5 (excluding Tier 3 Insulins)		**$700** deductible	
Tier 3: Preferred Brand Drugs and Insulins*	Diamond Middle	**17%** coinsurance	
	Diamond West		
	Diamond Southeast	**18%** coinsurance	
	Diamond Northeast		
Tier 4: Non-Preferred Drugs		**40%** coinsurance limited to a 30-day supply	
Tier 5: Specialty Tier		**25%** coinsurance limited to a 30-day supply	

*You won't pay more than $35 for a one-month supply of each covered Part D or Part B insulin prescription.

Savings Tip!

You can receive:

100-day supply of drugs in **Tier 1** and **Tier 2** for the 30-day copay at preferred pharmacies.

To find a preferred pharmacy, give us a call at the number on the cover of this formulary or go to **medicare.bcbst.com**.

We have made no changes to this formulary since 1/1/2027.

Abbreviations: Requirements & Limits

NDS= Non-extended day supply medication. This drug may be available for up to a 30-day supply only.

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

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

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

MME= Morphine Milligram Equivalent. Additional quantity limits may apply across all drugs in the opioid class used for the treatment of pain. This additional limit is called a cumulative morphine milligram equivalent (MME) and is designed to monitor safe dosing levels of opioids for individuals who may be taking more than 1 opioid drug for pain management. If your doctor prescribes more than this amount or thinks the limit is not right for your situation, you or your doctor can ask the plan to cover the additional quantity.

lowercase italics= Generic drugs
UPPERCASE = Brand name drugs

Drug Tiers

Tier 1= Preferred Generics
Tier 2= Generics
Tier 3= Preferred Brands
Tier 4= Non-Preferred Drugs
Tier 5= Brands and Generics: Cost over $1080 per month

Effective 01/2027

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
GOUT		
allopurinol TABS 100mg, 300mg	1	
colchicine TABS .6mg	2	QL (120 tabs / 30 days)
colchicine w/ probenecid tab 0.5-500 mg	2	
febuxostat TABS 40mg, 80mg	2	
MITIGARE CAPS .6mg	3	QL (60 caps / 30 days)
probenecid TABS 500mg	2	
MISCELLANEOUS		
lidocaine hcl (local anesth.) SOLN .5%, 1%, 1.5%, 2%	2	
NSAIDS		
celecoxib CAPS 50mg, 100mg, 200mg	2	QL (60 caps / 30 days)
celecoxib CAPS 400mg	2	QL (30 caps / 30 days)
diclofenac potassium TABS 50mg	2	QL (120 tabs / 30 days)
diclofenac sodium TB24 100mg; TBEC 25mg, 50mg, 75mg	2	
diclofenac w/ misoprostol tab delayed release 50-0.2 mg	2	
diclofenac w/ misoprostol tab delayed release 75-0.2 mg	2	
diflunisal TABS 500mg	2	
ec-naproxen TBEC 500mg	1	QL (90 tabs / 30 days)
etodolac CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	2	
flurbiprofen TABS 100mg	1	
ibu TABS 600mg, 800mg	1	
ibuprofen SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	1	
meloxicam TABS 7.5mg	1	QL (30 tabs / 30 days)
meloxicam TABS 15mg	1	
nabumetone TABS 500mg, 750mg	1	
naproxen TABS 250mg, 375mg, 500mg	1	
naproxen TBEC 375mg	1	QL (120 tabs / 30 days)
naproxen sodium TABS 275mg, 550mg	1	
oxaprozin TABS 600mg	2	
piroxicam CAPS 10mg, 20mg	2	
sulindac TABS 150mg, 200mg	1	
OPIOID ANALGESICS, LONG-ACTING		
buprenorphine PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	4	QL (4 patches / 28 days), PA; MME

Drug Name	Drug Tier	Requirements/Limits
fentanyl PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr	4	QL (10 patches / 30 days), PA; MME
fentanyl PT72 87.5mcg/hr	4	QL (9 patches / 30 days), PA; MME
fentanyl PT72 100mcg/hr	4	QL (8 patches / 30 days), PA; MME
methadone hcl SOLN 5mg/5ml	2	QL (1200 mL / 30 days), PA; MME
methadone hcl SOLN 10mg/5ml	2	QL (600 mL / 30 days), PA; MME
methadone hcl TABS 5mg	2	QL (240 tabs / 30 days), PA; MME
methadone hcl TABS 10mg	2	QL (120 tabs / 30 days), PA; MME
morphine sulfate TBCR 15mg, 30mg, 60mg, 100mg	2	QL (60 tabs / 30 days), PA; MME
morphine sulfate TBCR 200mg	2	QL (30 tabs / 30 days), PA; MME
tramadol hcl TB24 100mg, 200mg, 300mg	2	QL (30 tabs / 30 days), PA; MME
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen w/ codeine soln 120-12 mg/5ml	2	QL (4500 mL / 30 days); MME
acetaminophen w/ codeine tab 300-15 mg	2	QL (180 tabs / 30 days); MME
acetaminophen w/ codeine tab 300-30 mg	2	QL (180 tabs / 30 days); MME
acetaminophen w/ codeine tab 300-60 mg	2	QL (180 tabs / 30 days); MME
butorphanol tartrate SOLN 1mg/ml, 2mg/ml	4	
butorphanol tartrate SOLN 10mg/ml	4	QL (2 bottles / 28 days); MME
endocet	2	QL (120 tabs / 30 days); MME
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	2	QL (5550 mL / 30 days); MME
hydrocodone-acetaminophen tab 5-325 mg	2	QL (120 tabs / 30 days); MME
hydrocodone-acetaminophen tab 7.5-325 mg	2	QL (120 tabs / 30 days); MME
hydrocodone-acetaminophen tab 10-325 mg	2	QL (120 tabs / 30 days); MME
hydrocodone-ibuprofen tab 7.5-200 mg	2	QL (120 tabs / 30 days); MME

Drug Name	Drug Tier	Requirements/Limits
hydromorphone hcl TABS 2mg, 4mg, 8mg	2	QL (120 tabs / 30 days); MME
morphine sulfate SOLN 2mg/ml	2	QL (1000 mL / 30 days)
morphine sulfate SOLN 4mg/ml	2	QL (500 mL / 30 days)
morphine sulfate SOLN 8mg/ml	2	QL (250 mL / 30 days)
morphine sulfate SOLN 10mg/5ml, 20mg/5ml	2	QL (900 mL / 30 days); MME
morphine sulfate SOLN 10mg/ml	2	QL (200 mL / 30 days)
morphine sulfate SOLN 100mg/5ml	2	QL (300 mL / 30 days); MME
morphine sulfate TABS 15mg, 30mg	2	QL (120 tabs / 30 days); MME
oxycodone hcl CONC 100mg/5ml	2	QL (120 mL / 30 days); MME
oxycodone hcl SOLN 5mg/5ml	2	QL (480 mL / 30 days); MME
oxycodone hcl TABS 5mg, 10mg, 15mg, 20mg, 30mg	2	QL (120 tabs / 30 days); MME
oxycodone w/ acetaminophen tab 2.5-325 mg	2	QL (120 tabs / 30 days); MME
oxycodone w/ acetaminophen tab 5-325 mg	2	QL (120 tabs / 30 days); MME
oxycodone w/ acetaminophen tab 7.5-325 mg	2	QL (120 tabs / 30 days); MME
oxycodone w/ acetaminophen tab 10-325 mg	2	QL (120 tabs / 30 days); MME
tramadol hcl TABS 50mg	2	QL (240 tabs / 30 days); MME
tramadol-acetaminophen tab 37.5-325 mg	2	QL (240 tabs / 30 days); MME
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
albendazole TABS 200mg	4	
amikacin sulfate SOLN 1gm/4ml, 500mg/2ml	2	
ARIKAYCE SUSP 590mg/8.4ml	5	NDS, PA
atovaquone SUSP 750mg/5ml	4	QL (300 mL / 30 days)
aztreonam SOLR 1gm, 2gm	2	
CAYSTON SOLR 75mg	5	NDS, QL (84 vials / 28 days)
clindamycin hcl CAPS 75mg, 150mg, 300mg	1	
clindamycin palmitate hydrochloride SOLR 75mg/5ml	4	
clindamycin phosphate SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml	2	

Drug Name	Drug Tier	Requirements/Limits
clindamycin phosphate in d5w iv soln 300 mg/50ml	2	
clindamycin phosphate in d5w iv soln 600 mg/50ml	2	
clindamycin phosphate in d5w iv soln 900 mg/50ml	2	
CLINDMYC/NAC INJ 300/50ML	2	
CLINDMYC/NAC INJ 600/50ML	2	
CLINDMYC/NAC INJ 900/50ML	2	
colistimethate sodium SOLR 150mg	2	
dapsone TABS 25mg, 100mg	2	
daptomycin SOLR 350mg, 500mg	4	
ertapenem sodium SOLR 1gm	4	
fosfomycin tromethamine PACK 3gm	2	QL (3 packets / 30 days)
gentamicin in saline inj 0.8 mg/ml	2	
gentamicin in saline inj 1 mg/ml	2	
gentamicin in saline inj 1.2 mg/ml	2	
gentamicin in saline inj 1.6 mg/ml	2	
gentamicin in saline inj 2 mg/ml	2	
gentamicin sulfate SOLN 10mg/ml, 40mg/ml	2	
imipenem-cilastatin intravenous for soln 250 mg	2	
imipenem-cilastatin intravenous for soln 500 mg	2	
ivermectin TABS 3mg	2	
linezolid SOLN 600mg/300ml	4	
linezolid SUSR 100mg/5ml	4	QL (1800 mL / 30 days)
linezolid TABS 600mg	2	QL (60 tabs / 30 days)
meropenem SOLR 1gm, 500mg	2	
methenamine hippurate TABS 1gm	4	
metronidazole SOLN 500mg/100ml; TABS 250mg, 500mg	2	
neomycin sulfate TABS 500mg	2	
nitazoxanide TABS 500mg	5	NDS, QL (6 tabs / 30 days)
nitrofurantoin macrocrystal CAPS 50mg, 100mg	2	
nitrofurantoin monohyd macro CAPS 100mg	2	
pentamidine isethionate for inj SOLR 300mg	4	
pentamidine isethionate for nebulization SOLR 300mg	4	B/D, QL (1 vial / 28 days)
polymyxin b sulfate SOLR 500000unit	2	
praziquantel TABS 600mg	2	

Drug Name	Drug Tier	Requirements/Limits
pyrimethamine TABS 25mg	5	NDS, QL (90 tabs / 30 days), PA
streptomycin sulfate SOLR 1gm	3	
sulfadiazine TABS 500mg	4	
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	2	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	2	
sulfamethoxazole-trimethoprim tab 400-80 mg	1	
sulfamethoxazole-trimethoprim tab 800-160 mg	1	
tinidazole TABS 250mg, 500mg	2	
TOBI PODHALER CAPS 28mg	5	NDS, PA
tobramycin NEBU 300mg/5ml	5	NDS, B/D, QL (280 mL / 28 days)
tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 80mg/2ml	2	
trimethoprim TABS 100mg	1	
vancomycin hcl CAPS 125mg	4	QL (40 caps / 10 days)
vancomycin hcl CAPS 250mg	4	QL (80 caps / 10 days)
vancomycin hcl SOLR 1gm, 5gm, 10gm, 500mg, 750mg	2	
VANCOMYCIN HYDROCHLORIDE SOLR 750mg	2	
VANCOMYCIN INJ 1 GM	2	
VANCOMYCIN INJ 500MG	2	
VANCOMYCIN INJ 750MG	2	
XIFAXAN TABS 200mg	3	QL (9 tabs / 30 days), PA
ANTIFUNGALS		
amphotericin b SOLR 50mg	4	B/D
amphotericin b liposome SUSR 50mg	5	NDS, B/D
caspofungin acetate SOLR 50mg, 70mg	4	
CRESEMBA CAPS 74.5mg, 186mg	5	NDS, PA
fluconazole SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	2	
fluconazole in nacl 0.9% inj 200 mg/100ml	2	PA
fluconazole in nacl 0.9% inj 400 mg/200ml	2	PA
flucytosine CAPS 250mg, 500mg	5	NDS
griseofulvin microsize SUSP 125mg/5ml; TABS 500mg	4	
griseofulvin ultramicrosize TABS 125mg, 250mg	4	
itraconazole CAPS 100mg	4	QL (120 caps / 30 days)
ketoconazole TABS 200mg	2	

Drug Name	Drug Tier	Requirements/Limits
micafungin sodium SOLR 50mg, 100mg	4	
nystatin TABS 500000unit	2	
posaconazole SUSP 40mg/ml	5	NDS, QL (630 mL / 30 days)
posaconazole TBEC 100mg	5	NDS, QL (93 tabs / 30 days)
terbinafine hcl TABS 250mg	2	QL (90 tabs / year)
voriconazole SOLR 200mg	4	PA
VORICONAZOLE SOLR 200mg	5	NDS, PA
voriconazole SUSR 40mg/ml	5	NDS, QL (600 mL / 30 days)
voriconazole TABS 50mg	4	QL (480 tabs / 30 days)
voriconazole TABS 200mg	4	QL (120 tabs / 30 days)
ANTIMALARIALS		
atovaquone-proguanil hcl tab 62.5-25 mg	2	
atovaquone-proguanil hcl tab 250-100 mg	2	
chloroquine phosphate TABS 250mg, 500mg	2	
COARTEM TAB 20-120MG	3	QL (24 tabs / 30 days)
mefloquine hcl TABS 250mg	2	
primaquine phosphate TABS 26.3mg	4	
PRIMAQUINE PHOSPHATE TABS 26.3mg	4	
quinine sulfate CAPS 324mg	4	QL (42 caps / 30 days)
ANTIRETROVIRAL AGENTS		
abacavir sulfate SOLN 20mg/ml	2	QL (960 mL / 30 days)
abacavir sulfate TABS 300mg	2	QL (60 tabs / 30 days)
APTIVUS CAPS 250mg	5	NDS, QL (120 caps / 30 days)
atazanavir sulfate CAPS 150mg, 200mg	4	QL (60 caps / 30 days)
atazanavir sulfate CAPS 300mg	4	QL (30 caps / 30 days)
darunavir TABS 600mg	4	QL (60 tabs / 30 days)
darunavir TABS 800mg	5	NDS, QL (30 tabs / 30 days)
EDURANT PED TBSO 2.5mg	5	NDS, QL (180 tabs / 30 days)
efavirenz TABS 600mg	4	QL (30 tabs / 30 days)
emtricitabine CAPS 200mg	2	QL (30 caps / 30 days)
EMTRIVA SOLN 10mg/ml	3	QL (680 mL / 28 days)
etravirine TABS 100mg	5	NDS, QL (120 tabs / 30 days)
etravirine TABS 200mg	5	NDS, QL (60 tabs / 30 days)
fosamprenavir calcium TABS 700mg	5	NDS, QL (120 tabs / 30 days)
INTELENCE TABS 25mg	3	QL (120 tabs / 30 days)
ISENTRESS CHEW 25mg	3	QL (180 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
ISENTRESS CHEW 100mg	5	NDS, QL (180 tabs / 30 days)
ISENTRESS PACK 100mg	3	QL (300 packets / 30 days)
ISENTRESS TABS 400mg	5	NDS, QL (120 tabs / 30 days)
ISENTRESS HD TABS 600mg	5	NDS, QL (60 tabs / 30 days)
lamivudine SOLN 10mg/ml	4	QL (900 mL / 30 days)
lamivudine TABS 150mg	4	QL (60 tabs / 30 days)
lamivudine TABS 300mg	4	QL (30 tabs / 30 days)
maraviroc TABS 150mg	5	NDS, QL (240 tabs / 30 days)
maraviroc TABS 300mg	5	NDS, QL (120 tabs / 30 days)
nevirapine SUSP 50mg/5ml	2	QL (1200 mL / 30 days)
nevirapine TABS 200mg	2	QL (60 tabs / 30 days)
nevirapine TB24 400mg	2	QL (30 tabs / 30 days)
NORVIR PACK 100mg	3	QL (360 packets / 30 days)
PIFELTRO TABS 100mg	5	NDS, QL (60 tabs / 30 days)
PREZISTA SUSP 100mg/ml	5	NDS, QL (360 mL / 30 days)
PREZISTA TABS 75mg	3	QL (480 tabs / 30 days)
PREZISTA TABS 150mg	3	QL (240 tabs / 30 days)
REYATAZ PACK 50mg	5	NDS, QL (180 packets / 30 days)
rilpivirine hcl TABS 25mg	3	QL (30 tabs / 30 days)
ritonavir TABS 100mg	2	QL (360 tabs / 30 days)
RUKOBIA TB12 600mg	5	NDS, QL (60 tabs / 30 days)
SELZENTRY SOLN 20mg/ml	5	NDS, QL (1800 mL / 30 days)
SUNLENCA TABS 300mg	5	NDS, QL (24 tabs / year)
SUNLENCA (4 X 300MG) TBPK 300mg	5	NDS, QL (8 tabs / year)
SUNLENCA (5 X 300MG) TBPK 300mg	5	NDS, QL (10 tabs / year)
tenofovir disoproxil fumarate TABS 300mg	2	QL (30 tabs / 30 days)
TIVICAY TABS 50mg	5	NDS, QL (60 tabs / 30 days)
TIVICAY PD TBSO 5mg	3	QL (180 tabs / 30 days)
TYBOST TABS 150mg	3	QL (30 tabs / 30 days)
VIRACEPT TABS 250mg	5	NDS, QL (300 tabs / 30 days)

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
VIRACEPT TABS 625mg	5	NDS, QL (120 tabs / 30 days)
VIREAD POWD 40mg/gm	5	NDS, QL (240 gm / 30 days)
VIREAD TABS 150mg, 200mg, 250mg	5	NDS, QL (30 tabs / 30 days)
zidovudine CAPS 100mg	2	QL (180 caps / 30 days)
zidovudine SYRP 50mg/5ml	2	QL (1680 mL / 28 days)
zidovudine TABS 300mg	2	QL (60 tabs / 30 days)
ANTIRETROVIRAL COMBINATION AGENTS		
abacavir sulfate-lamivudine tab 600-300 mg	4	QL (30 tabs / 30 days)
BIKTARVY 30-120-15 MG	5	NDS, QL (30 tabs / 30 days)
BIKTARVY 50-200-25 MG	5	NDS, QL (30 tabs / 30 days)
CIMDUO TAB 300-300	5	NDS, QL (30 tabs / 30 days)
DELSTRIGO TAB	5	NDS, QL (30 tabs / 30 days)
DESCOVY TAB 120-15MG	5	NDS, QL (30 tabs / 30 days)
DESCOVY TAB 200/25MG	5	NDS, QL (30 tabs / 30 days)
DOVATO TAB 50-300MG	5	NDS, QL (30 tabs / 30 days)
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	4	QL (30 tabs / 30 days)
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	5	NDS, QL (30 tabs / 30 days)
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	5	NDS, QL (30 tabs / 30 days)
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	5	NDS, QL (30 tabs / 30 days)
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	4	QL (30 tabs / 30 days)
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	5	NDS, QL (30 tabs / 30 days)
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	4	QL (30 tabs / 30 days)
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	4	QL (30 tabs / 30 days)
EVOTAZ TAB 300-150	5	NDS, QL (30 tabs / 30 days)
GENVOYA TAB	5	NDS, QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
IDVYNSO TAB 100-0.25	5	NDS, QL (30 tabs / 30 days)
JULUCA TAB 50-25MG	5	NDS, QL (30 tabs / 30 days)
KALETRA SOL	4	QL (480 mL / 30 days)
lamivudine-zidovudine tab 150-300 mg	4	QL (60 tabs / 30 days)
lopinavir-ritonavir tab 100-25 mg	4	QL (300 tabs / 30 days)
lopinavir-ritonavir tab 200-50 mg	4	QL (150 tabs / 30 days)
ODEFSEY TAB	5	NDS, QL (30 tabs / 30 days)
PREZCOBIX TAB 675/150	5	NDS, QL (30 tabs / 30 days)
PREZCOBIX TAB 800-150	5	NDS, QL (30 tabs / 30 days)
STRIBILD TAB	5	NDS, QL (30 tabs / 30 days)
SYMTUZA TAB	5	NDS, QL (30 tabs / 30 days)
TRIUMEQ PD TAB	4	QL (180 tabs / 30 days)
TRIUMEQ TAB	5	NDS, QL (30 tabs / 30 days)
ANTITUBERCULAR AGENTS		
ethambutol hcl TABS 100mg, 400mg	2	
isoniazid SYRP 50mg/5ml	2	
isoniazid TABS 100mg, 300mg	1	
PRETOMANID TABS 200mg	4	QL (30 tabs / 30 days)
PRIFTIN TABS 150mg	4	
pyrazinamide TABS 500mg	2	
rifabutin CAPS 150mg	4	
rifampin CAPS 150mg, 300mg; SOLR 600mg	2	
SIRTURO TABS 20mg, 100mg	5	NDS
ANTIVIRALS		
acyclovir CAPS 200mg; TABS 400mg, 800mg	1	
acyclovir SUSP 200mg/5ml	4	
acyclovir sodium SOLN 50mg/ml	4	B/D
adefovir dipivoxil TABS 10mg	2	
BARACLUDE SOLN .05mg/ml	5	NDS
entecavir TABS .5mg, 1mg	2	
famciclovir TABS 125mg, 250mg, 500mg	2	
lamivudine (hbv) TABS 100mg	4	
LIVTENCITY TABS 200mg	5	NDS, QL (336 tabs / 28 days), PA
MAVYRET PAK 50-20MG	5	NDS, QL (180 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
MAVYRET TAB 100-40MG	5	NDS, QL (84 tabs / 28 days), PA
oseltamivir phosphate CAPS 30mg	2	QL (168 caps / year)
oseltamivir phosphate CAPS 45mg, 75mg	2	QL (84 caps / year)
oseltamivir phosphate SUSR 6mg/ml	2	QL (1080 mL / year)
PAXLOVID PAK	2	QL (11 tabs / 5 days)
PAXLOVID TAB 150-100	2	QL (20 tabs / 5 days)
PAXLOVID TAB 300-100	2	QL (30 tabs / 5 days)
PEGASYS SOLN 180mcg/ml	5	NDS, QL (4 vials / 28 days)
PEGASYS SOSY 180mcg/0.5ml	5	NDS, QL (4 syringes / 28 days)
PREVYMIS PACK 20mg, 120mg	5	NDS, QL (120 packets / 30 days), PA
PREVYMIS TABS 240mg, 480mg	5	NDS, QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	3	QL (6 inhalers / year)
ribavirin (hepatitis c) CAPS 200mg; TABS 200mg	2	
rimantadine hydrochloride TABS 100mg	2	
valacyclovir hcl TABS 1gm	2	QL (120 tabs / 30 days)
valacyclovir hcl TABS 500mg	2	QL (60 tabs / 30 days)
valganciclovir hcl SOLR 50mg/ml	5	NDS
valganciclovir hcl TABS 450mg	2	
VOSEVI TAB	5	NDS, QL (28 tabs / 28 days), PA
CEPHALOSPORINS		
cefaclor CAPS 250mg, 500mg	2	
cefadroxil CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml	2	
CEFAZOLIN SOLR 2gm, 3gm	2	
CEFAZOLIN INJ 1GM/50ML	2	
cefazolin sodium SOLR 1gm, 2gm, 3gm, 10gm, 500mg	2	
cefdinir CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	2	
cefepime hcl SOLR 1gm, 2gm	4	
cefixime CAPS 400mg	4	
cefixime SUSR 100mg/5ml, 200mg/5ml	2	
cefotetan disodium SOLR 1gm, 2gm	2	
cefoxitin sodium SOLR 1gm, 2gm, 10gm	2	
cefpodoxime proxetil SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	2	
cefprozil SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	2	
ceftaroline fosamil SOLR 400mg, 600mg	5	NDS

Drug Name	Drug Tier	Requirements/Limits
ceftazidime SOLR 1gm, 2gm, 6gm	2	
ceftriaxone sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	2	
cefuroxime axetil TABS 250mg, 500mg	2	
cefuroxime sodium SOLR 1.5gm, 750mg	2	
cephalexin CAPS 250mg, 500mg	1	
cephalexin SUSR 125mg/5ml, 250mg/5ml	2	
tazicef SOLR 1gm, 2gm, 6gm	2	
ERYTHROMYCINS/MACROLIDES		
azithromycin SOLR 500mg	2	
azithromycin SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg	1	
clarithromycin SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	2	
DIFICID SUSR 40mg/ml	5	NDS
e.e.s. 400 TABS 400mg	2	
ery-tab TBEC 250mg, 333mg, 500mg	2	
erythrocin lactobionate SOLR 500mg	4	
ERYTHROCIN LACTOBIONATE SOLR 500mg	4	
erythromycin base TABS 250mg, 500mg	4	
erythromycin base TBEC 250mg, 333mg, 500mg	2	
erythromycin ethylsuccinate SUSR 200mg/5ml, 400mg/5ml; TABS 400mg	2	
fidaxomicin TABS 200mg	5	NDS
FLUOROQUINOLONES		
CIPRO SUSR 500mg/5ml	4	
ciprofloxacin 200 mg/100ml in d5w	2	
ciprofloxacin 400 mg/200ml in d5w	2	
ciprofloxacin hcl TABS 250mg, 500mg, 750mg	1	
levofloxacin SOLN 25mg/ml	2	
levofloxacin TABS 250mg, 500mg, 750mg	1	
levofloxacin in d5w iv soln 250 mg/50ml	2	
levofloxacin in d5w iv soln 500 mg/100ml	2	
levofloxacin in d5w iv soln 750 mg/150ml	2	
moxifloxacin hcl TABS 400mg	2	
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj	2	
PENICILLINS		
amoxicillin CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	

Drug Name	Drug Tier	Requirements/Limits
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	1	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	1	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	1	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	1	
amoxicillin & k clavulanate tab 250-125 mg	1	
amoxicillin & k clavulanate tab 500-125 mg	1	
amoxicillin & k clavulanate tab 875-125 mg	1	
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	1	
ampicillin CAPS 500mg	1	
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm	2	
ampicillin & sulbactam sodium for inj 3 (2-1) gm	2	
ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm	2	
ampicillin & sulbactam sodium for iv soln 3 (2-1) gm	2	
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm	2	
ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg	1	
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	3	
dicloxacillin sodium CAPS 250mg, 500mg	1	
nafcillin sodium SOLR 1gm, 2gm	2	
nafcillin sodium SOLR 10gm	5	NDS
oxacillin sodium SOLR 1gm, 2gm	2	
oxacillin sodium SOLR 10gm	4	
penicillin g potassium SOLR 5000000unit, 20000000unit	2	
penicillin g sodium SOLR 5000000unit	2	
penicillin v potassium SOLR 125mg/5ml, 250mg/5ml	2	
penicillin v potassium TABS 250mg, 500mg	1	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	2	
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	2	
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	2	

Drug Name	Drug Tier	Requirements/Limits
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)	2	
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	2	
TETRACYCLINES		
doxy 100 SOLR 100mg	2	
doxycycline (monohydrate) SUSR 25mg/5ml	4	
doxycycline (monohydrate) TABS 50mg, 100mg	2	
doxycycline hyclate CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg	2	
minocycline hcl CAPS 50mg, 75mg, 100mg	2	
tetracycline hcl CAPS 250mg, 500mg	4	
tigecycline SOLR 50mg	4	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
cyclophosphamide CAPS 25mg, 50mg	2	B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	4	B/D
LEUKERAN TABS 2mg	5	NDS
lomustine CAPS 10mg, 40mg, 100mg	4	
ANTIMETABOLITES		
INQOVI TAB 35-100MG	5	NDS, QL (5 tabs / 28 days), PA
LONSURF TAB 15-6.14	5	NDS, QL (100 tabs / 28 days), PA
LONSURF TAB 20-8.19	5	NDS, QL (80 tabs / 28 days), PA
mercaptopurine SUSP 2000mg/100ml	5	NDS
mercaptopurine TABS 50mg	2	
methotrexate sodium SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	2	B/D
ONUREG TABS 200mg, 300mg	5	NDS, QL (14 tabs / 28 days), PA
TABLOID TABS 40mg	5	NDS
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate TABS 500mg	5	NDS, QL (60 tabs / 30 days), PA
abirtega TABS 250mg	2	QL (120 tabs / 30 days), PA
AKEEGA TAB 50/500MG	5	NDS, QL (60 tabs / 30 days), PA
AKEEGA TAB 100/500	5	NDS, QL (60 tabs / 30 days), PA
anastrozole TABS 1mg	2	

Drug Name	Drug Tier	Requirements/Limits
bicalutamide TABS 50mg	2	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	3	PA
ERLEADA TABS 60mg	5	NDS, QL (120 tabs / 30 days), PA
ERLEADA TABS 240mg	5	NDS, QL (30 tabs / 30 days), PA
EULEXIN CAPS 125mg	5	NDS
exemestane TABS 25mg	2	
FIRMAGON SOLR 80mg, 120mg/vial	3	B/D
INLURIYO TABS 200mg	5	NDS, QL (56 tabs / 28 days), PA
letrozole TABS 2.5mg	2	
leuprolide acetate KIT 1mg/0.2ml	4	PA
LIFYORLI CAP 125MG DS	5	NDS, PA
LIFYORLI CAP 150MG DS	5	NDS, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	5	NDS, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	5	NDS, PA
LYSODREN TABS 500mg	5	NDS
megestrol acetate TABS 20mg, 40mg	4	PA
nilutamide TABS 150mg	5	NDS
NUBEQA TABS 300mg	5	NDS, QL (120 tabs / 30 days), PA
ORGOVYX TABS 120mg	5	NDS, PA
ORSERDU TABS 86mg	5	NDS, QL (90 tabs / 30 days), PA
ORSERDU TABS 345mg	5	NDS, QL (30 tabs / 30 days), PA
SOLTAMOX SOLN 10mg/5ml	5	NDS
tamoxifen citrate TABS 10mg, 20mg	2	
toremifene citrate TABS 60mg	4	
TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg, 22.5mg	4	PA
XTANDI CAPS 40mg	5	NDS, QL (120 caps / 30 days), PA
XTANDI TABS 40mg	5	NDS, QL (120 tabs / 30 days), PA
XTANDI TABS 80mg	5	NDS, QL (60 tabs / 30 days), PA
YONSA TABS 125mg	5	NDS, QL (120 tabs / 30 days), PA
IMMUNOMODULATORS		
lenalidomide CAPS 2.5mg, 5mg, 10mg, 15mg	5	NDS, QL (28 caps / 28 days), PA
lenalidomide CAPS 20mg, 25mg	5	NDS, QL (21 caps / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
pomalidomide CAPS 1mg, 2mg, 3mg, 4mg	5	NDS, QL (21 caps / 28 days), PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	5	NDS, QL (21 caps / 28 days), PA
THALOMID CAPS 50mg	5	NDS, QL (84 caps / 28 days), PA
THALOMID CAPS 100mg	5	NDS, QL (112 caps / 28 days), PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml	5	NDS, QL (2 syringes / 28 days), PA
bexarotene CAPS 75mg	5	NDS, QL (300 caps / 30 days), PA
hydroxyurea CAPS 500mg	2	
IWILFIN TABS 192mg	5	NDS, QL (240 tabs / 30 days), PA
leucovorin calcium TABS 5mg, 10mg, 15mg, 25mg	2	
MATULANE CAPS 50mg	5	NDS
mesna TABS 400mg	4	
MODEYSO CAPS 125mg	5	NDS, QL (20 caps / 28 days), PA
tretinoin (chemotherapy) CAPS 10mg	5	NDS
WELIREG TABS 40mg	5	NDS, QL (90 tabs / 30 days), PA
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg	5	NDS, QL (240 caps / 30 days), PA
ALUNBRIG TABS 30mg	5	NDS, QL (60 tabs / 30 days), PA
ALUNBRIG TABS 90mg, 180mg	5	NDS, QL (30 tabs / 30 days), PA
ALUNBRIG PAK	5	NDS, QL (30 tabs / 180 days), PA
AUGTYRO CAPS 40mg	5	NDS, QL (240 caps / 30 days), PA
AUGTYRO CAPS 160mg	5	NDS, QL (60 caps / 30 days), PA
AVMAPKI PAK FAKZYNJA	5	NDS, QL (1 pack / 28 days), PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	5	NDS, QL (30 tabs / 30 days), PA
BALVERSA TABS 3mg	5	NDS, QL (90 tabs / 30 days), PA
BALVERSA TABS 4mg	5	NDS, QL (60 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
BALVERSA TABS 5mg	5	NDS, QL (30 tabs / 30 days), PA
BOSULIF CAPS 50mg	5	NDS, QL (30 caps / 30 days), PA
BOSULIF CAPS 100mg	5	NDS, QL (150 caps / 25 days), PA
BOSULIF TABS 100mg	5	NDS, QL (90 tabs / 30 days), PA
BOSULIF TABS 500mg	5	NDS, QL (30 tabs / 30 days), PA
bosutinib TABS 400mg	5	NDS, QL (30 tabs / 30 days), PA
BRAFTOVI CAPS 75mg	5	NDS, QL (180 caps / 30 days), PA
BRUKINSA CAPS 80mg	5	NDS, QL (120 caps / 30 days), PA
BRUKINSA TABS 160mg	5	NDS, QL (60 tabs / 30 days), PA
CABOMETYX TABS 20mg, 40mg, 60mg	5	NDS, QL (30 tabs / 30 days), PA
CALQUENCE TABS 100mg	5	NDS, QL (60 tabs / 30 days), PA
CAPRELSA TABS 100mg	5	NDS, QL (60 tabs / 30 days), PA
CAPRELSA TABS 300mg	5	NDS, QL (30 tabs / 30 days), PA
COMETRIQ KIT 20mg	5	NDS, QL (1 kit / 28 days), PA
COMETRIQ KIT 100MG	5	NDS, QL (1 kit / 28 days), PA
COMETRIQ KIT 140MG	5	NDS, QL (1 kit / 28 days), PA
COPIKTRA CAPS 15mg, 25mg	5	NDS, QL (60 caps / 30 days), PA
COTELLIC TABS 20mg	5	NDS, QL (63 tabs / 28 days), PA
DANZITEN TABS 71mg, 95mg	5	NDS, QL (112 tabs / 28 days), PA
dasatinib TABS 20mg	5	NDS, QL (90 tabs / 30 days), PA
dasatinib TABS 50mg, 80mg, 100mg, 140mg	5	NDS, QL (30 tabs / 30 days), PA
dasatinib TABS 70mg	5	NDS, QL (60 tabs / 30 days), PA
DAURISMO TABS 25mg	5	NDS, QL (60 tabs / 30 days), PA
DAURISMO TABS 100mg	5	NDS, QL (30 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
ENSACOVE CAPS 25mg, 100mg	5	NDS, QL (60 caps / 30 days), PA
ERIVEDGE CAPS 150mg	5	NDS, QL (30 caps / 30 days), PA
erlotinib hcl TABS 25mg	5	NDS, QL (90 tabs / 30 days), PA
erlotinib hcl TABS 100mg, 150mg	5	NDS, QL (30 tabs / 30 days), PA
everolimus TABS 2.5mg, 5mg, 7.5mg, 10mg	5	NDS, QL (30 tabs / 30 days), PA
everolimus TBSO 2mg	5	NDS, QL (150 tabs / 30 days), PA
everolimus TBSO 3mg	5	NDS, QL (90 tabs / 30 days), PA
everolimus TBSO 5mg	5	NDS, QL (60 tabs / 30 days), PA
FOTIVDA CAPS .89mg, 1.34mg	5	NDS, QL (21 caps / 28 days), PA
FRUZAQLA CAPS 1mg	5	NDS, QL (84 caps / 28 days), PA
FRUZAQLA CAPS 5mg	5	NDS, QL (21 caps / 28 days), PA
GAVRETO CAPS 100mg	5	NDS, QL (120 caps / 30 days), PA
gefitinib TABS 250mg	5	NDS, QL (60 tabs / 30 days), PA
GILOTRIF TABS 20mg, 30mg, 40mg	5	NDS, QL (30 tabs / 30 days), PA
GOMEKLI CAPS 1mg	5	NDS, QL (126 caps / 28 days), PA
GOMEKLI CAPS 2mg	5	NDS, QL (84 caps / 28 days), PA
GOMEKLI TBSO 1mg	5	NDS, QL (168 tabs / 28 days), PA
HERNEXEOS TABS 60mg	5	NDS, QL (120 tabs / 30 days), PA
HYRNUO TABS 10mg	5	NDS, QL (120 tabs / 30 days), PA
IBRANCE CAPS 125mg	5	NDS, QL (21 caps / 28 days), PA
IBRANCE TABS 75mg, 100mg, 125mg	5	NDS, QL (21 tabs / 28 days), PA
IBTROZI CAPS 200mg	5	NDS, QL (90 caps / 30 days), PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	5	NDS, QL (30 tabs / 30 days), PA
IDHIFA TABS 50mg, 100mg	5	NDS, QL (30 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
imatinib mesylate TABS 100mg	3	QL (90 tabs / 30 days), PA
imatinib mesylate TABS 400mg	5	NDS, QL (60 tabs / 30 days), PA
IMBRUVICA CAPS 70mg	5	NDS, QL (28 caps / 28 days), PA
IMBRUVICA CAPS 140mg	5	NDS, QL (112 caps / 28 days), PA
IMBRUVICA SUSP 70mg/ml	5	NDS, QL (216 mL / 27 days), PA
IMBRUVICA TABS 140mg, 280mg, 420mg	5	NDS, QL (28 tabs / 28 days), PA
IMKELDI SOLN 80mg/ml	5	NDS, QL (280 mL / 28 days), PA
INLYTA TABS 1mg	5	NDS, QL (180 tabs / 30 days), PA
INLYTA TABS 5mg	5	NDS, QL (120 tabs / 30 days), PA
INREBIC CAPS 100mg	5	NDS, QL (120 caps / 30 days), PA
ITOVEBI TABS 3mg	5	NDS, QL (56 tabs / 28 days), PA
ITOVEBI TABS 9mg	5	NDS, QL (28 tabs / 28 days), PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	5	NDS, QL (60 tabs / 30 days), PA
JAKAFI XR TB24 11mg, 22mg, 33mg, 44mg, 55mg	5	NDS, QL (30 tabs / 30 days), PA
JAYPIRCA TABS 50mg	5	NDS, QL (30 tabs / 30 days), PA
JAYPIRCA TABS 100mg	5	NDS, QL (60 tabs / 30 days), PA
KISQALI (200MG DAILY DOSE) TBPK 200mg	5	NDS, QL (21 tabs / 28 days), PA
KISQALI (400MG DAILY DOSE) TBPK 200mg	5	NDS, QL (42 tabs / 28 days), PA
KISQALI (600MG DAILY DOSE) TBPK 200mg	5	NDS, QL (63 tabs / 28 days), PA
KOMZIFTI CAPS 200mg	5	NDS, QL (90 caps / 30 days), PA
KOSELUGO CAPS 10mg	5	NDS, QL (240 caps / 30 days), PA
KOSELUGO CAPS 25mg	5	NDS, QL (120 caps / 30 days), PA
KOSELUGO CPSP 5mg, 7.5mg	5	NDS, PA
KRAZATI TABS 200mg	5	NDS, QL (180 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
lapatinib ditosylate TABS 250mg	5	NDS, QL (180 tabs / 30 days), PA
LAZCLUZE TABS 80mg	5	NDS, QL (60 tabs / 30 days), PA
LAZCLUZE TABS 240mg	5	NDS, QL (30 tabs / 30 days), PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	5	NDS, QL (30 caps / 30 days), PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	5	NDS, QL (60 caps / 30 days), PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	5	NDS, QL (30 caps / 30 days), PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	5	NDS, QL (90 caps / 30 days), PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	5	NDS, QL (60 caps / 30 days), PA
LENVIMA CAP 14 MG	5	NDS, QL (60 caps / 30 days), PA
LENVIMA CAP 18 MG	5	NDS, QL (90 caps / 30 days), PA
LENVIMA CAP 24 MG	5	NDS, QL (90 caps / 30 days), PA
LORBRENA TABS 25mg	5	NDS, QL (90 tabs / 30 days), PA
LORBRENA TABS 100mg	5	NDS, QL (30 tabs / 30 days), PA
LUMAKRAS TABS 120mg	5	NDS, QL (240 tabs / 30 days), PA
LUMAKRAS TABS 240mg	5	NDS, QL (120 tabs / 30 days), PA
LUMAKRAS TABS 320mg	5	NDS, QL (90 tabs / 30 days), PA
LYNPARZA TABS 100mg, 150mg	5	NDS, QL (120 tabs / 30 days), PA
LYTGOBI (12MG DAILY DOSE) TBPK 4mg	5	NDS, QL (84 tabs / 28 days), PA
LYTGOBI (16MG DAILY DOSE) TBPK 4mg	5	NDS, QL (112 tabs / 28 days), PA
LYTGOBI (20MG DAILY DOSE) TBPK 4mg	5	NDS, QL (140 tabs / 28 days), PA
MEKINIST SOLR .05mg/ml	5	NDS, QL (1260 mL / 30 days), PA
MEKINIST TABS 2mg	5	NDS, QL (30 tabs / 30 days), PA
MEKINIST TABS .5mg	5	NDS, QL (90 tabs / 30 days), PA
MEKTOVI TABS 15mg	5	NDS, QL (180 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
NERLYNX TABS 40mg	5	NDS, QL (180 tabs / 30 days), PA
nilotinib hcl CAPS 50mg	5	NDS, QL (120 caps / 30 days), PA
nilotinib hcl CAPS 150mg, 200mg	5	NDS, QL (112 caps / 28 days), PA
NINLARO CAPS 2.3mg, 3mg, 4mg	5	NDS, QL (3 caps / 28 days), PA
ODOMZO CAPS 200mg	5	NDS, QL (30 caps / 30 days), PA
OGSIVEO TABS 100mg, 150mg	5	NDS, QL (60 tabs / 30 days), PA
OJEMDA SUSR 25mg/ml	5	NDS, QL (96 mL / 28 days), PA
OJEMDA TABS 100mg	5	NDS, QL (24 tabs / 28 days), PA
OJJAARA TABS 100mg, 150mg, 200mg	5	NDS, QL (30 tabs / 30 days), PA
pazopanib hcl TABS 200mg	5	NDS, QL (120 tabs / 30 days), PA
pazopanib hcl TABS 400mg	5	NDS, QL (60 tabs / 30 days), PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	5	NDS, QL (28 tabs / 28 days), PA
PHESGO SOL	5	NDS, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	5	NDS, QL (28 tabs / 28 days), PA
PIQRAY 250MG TAB DOSE	5	NDS, QL (56 tabs / 28 days), PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	5	NDS, QL (56 tabs / 28 days), PA
QINLOCK TABS 50mg	5	NDS, QL (90 tabs / 30 days), PA
RETEVMO TABS 40mg	5	NDS, QL (90 tabs / 30 days), PA
RETEVMO TABS 80mg, 120mg, 160mg	5	NDS, QL (60 tabs / 30 days), PA
REVUFORJ TABS 25mg	5	NDS, QL (240 tabs / 30 days), PA
REVUFORJ TABS 110mg	5	NDS, QL (120 tabs / 30 days), PA
REVUFORJ TABS 160mg	5	NDS, QL (60 tabs / 30 days), PA
REZLIDHIA CAPS 150mg	5	NDS, QL (60 caps / 30 days), PA
ROMVIMZA CAPS 14mg, 20mg, 30mg	5	NDS, QL (8 caps / 28 days), PA

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
ROZLYTREK CAPS 100mg	5	NDS, QL (180 caps / 30 days), PA
ROZLYTREK CAPS 200mg	5	NDS, QL (90 caps / 30 days), PA
ROZLYTREK PACK 50mg	5	NDS, QL (336 packets / 28 days), PA
RUBRACA TABS 200mg, 250mg, 300mg	5	NDS, QL (120 tabs / 30 days), PA
RYDAPT CAPS 25mg	5	NDS, QL (224 caps / 28 days), PA
SCEMBLIX TABS 20mg	5	NDS, QL (60 tabs / 30 days), PA
SCEMBLIX TABS 40mg	5	NDS, QL (300 tabs / 30 days), PA
SCEMBLIX TABS 100mg	5	NDS, QL (120 tabs / 30 days), PA
sorafenib tosylate TABS 200mg	5	NDS, QL (120 tabs / 30 days), PA
STIVARGA TABS 40mg	5	NDS, QL (84 tabs / 28 days), PA
sunitinib malate CAPS 12.5mg, 25mg, 37.5mg, 50mg	5	NDS, QL (30 caps / 30 days), PA
TABRECTA TABS 150mg, 200mg	5	NDS, QL (112 tabs / 28 days), PA
TAFINLAR CAPS 50mg, 75mg	5	NDS, QL (120 caps / 30 days), PA
TAFINLAR TBSO 10mg	5	NDS, QL (840 tabs / 28 days), PA
TAGRISSO TABS 40mg, 80mg	5	NDS, QL (30 tabs / 30 days), PA
TALZENNA CAPS .1mg, .25mg, .35mg, .5mg, .75mg, 1mg	5	NDS, QL (30 caps / 30 days), PA
TEPMETKO TABS 225mg	5	NDS, QL (60 tabs / 30 days), PA
TIBSOVO TABS 250mg	5	NDS, QL (60 tabs / 30 days), PA
torpenz TABS 2.5mg, 5mg, 7.5mg, 10mg	5	NDS, QL (30 tabs / 30 days), PA
TRUQAP TABS 200mg; TBPK 160mg, 200mg	5	NDS, QL (64 tabs / 28 days), PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	5	NDS, PA
TUKYSA TABS 50mg, 150mg	5	NDS, QL (120 tabs / 30 days), PA
TURALIO CAPS 125mg	5	NDS, QL (120 caps / 30 days), PA
VANFLYTA TABS 17.7mg, 26.5mg	5	NDS, QL (56 tabs / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA TABS 10mg	3	QL (112 tabs / 28 days), PA
VENCLEXTA TABS 50mg	5	NDS, QL (112 tabs / 28 days), PA
VENCLEXTA TABS 100mg	5	NDS, QL (180 tabs / 30 days), PA
VENCLEXTA TAB START PK	5	NDS, QL (42 tabs / 28 days), PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	5	NDS, QL (60 tabs / 30 days), PA
VITRAKVI CAPS 25mg	5	NDS, QL (180 caps / 30 days), PA
VITRAKVI CAPS 100mg	5	NDS, QL (60 caps / 30 days), PA
VITRAKVI SOLN 20mg/ml	5	NDS, QL (300 mL / 30 days), PA
VONJO CAPS 100mg	5	NDS, QL (120 caps / 30 days), PA
VORANIGO TABS 10mg	5	NDS, QL (60 tabs / 30 days), PA
VORANIGO TABS 40mg	5	NDS, QL (30 tabs / 30 days), PA
XALKORI CAPS 200mg, 250mg; CPSP 20mg, 50mg	5	NDS, QL (120 caps / 30 days), PA
XALKORI CPSP 150mg	5	NDS, QL (180 caps / 30 days), PA
XOSPATA TABS 40mg	5	NDS, QL (90 tabs / 30 days), PA
XPOVIO TBPK 10mg	5	NDS, QL (16 tabs / 28 days), PA
XPOVIO TBPK 40mg	5	NDS, QL (4 tabs / 28 days), PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg	5	NDS, QL (8 tabs / 28 days), PA
XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg	5	NDS, QL (4 tabs / 28 days), PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg	5	NDS, QL (24 tabs / 28 days), PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg	5	NDS, QL (8 tabs / 28 days), PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 80mg	5	NDS, QL (4 tabs / 28 days), PA
XPOVIO PAK (80MG TWICE WEEKLY) TBPK 20mg	5	NDS, QL (32 tabs / 28 days), PA
XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg	5	NDS, QL (8 tabs / 28 days), PA
ZEJULA TABS 100mg, 200mg, 300mg	5	NDS, QL (30 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
ZELBORAF TABS 240mg	5	NDS, QL (240 tabs / 30 days), PA
ZOLINZA CAPS 100mg	5	NDS, QL (120 caps / 30 days), PA
ZYKADIA TABS 150mg	5	NDS, QL (84 tabs / 28 days), PA

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

amlodipine besylate-benazepril hcl cap 2.5-10 mg	1	
amlodipine besylate-benazepril hcl cap 5-10 mg	1	
amlodipine besylate-benazepril hcl cap 5-20 mg	1	
amlodipine besylate-benazepril hcl cap 5-40 mg	1	
amlodipine besylate-benazepril hcl cap 10-20 mg	1	
amlodipine besylate-benazepril hcl cap 10-40 mg	1	
benazepril & hydrochlorothiazide tab 5-6.25 mg	1	
benazepril & hydrochlorothiazide tab 10-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-25 mg	1	
captopril & hydrochlorothiazide tab 25-15 mg	1	
captopril & hydrochlorothiazide tab 25-25 mg	1	
captopril & hydrochlorothiazide tab 50-15 mg	1	
captopril & hydrochlorothiazide tab 50-25 mg	1	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1	
enalapril maleate & hydrochlorothiazide tab 10-25 mg	1	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	1	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 10-12.5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
lisinopril & hydrochlorothiazide tab 20-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-25 mg	1	
quinapril-hydrochlorothiazide tab 10-12.5 mg	1	
quinapril-hydrochlorothiazide tab 20-12.5 mg	1	
quinapril-hydrochlorothiazide tab 20-25 mg	1	
trandolapril-verapamil hcl tab er 1-240 mg	1	
trandolapril-verapamil hcl tab er 2-180 mg	1	
trandolapril-verapamil hcl tab er 2-240 mg	1	
trandolapril-verapamil hcl tab er 4-240 mg	1	
ACE INHIBITORS		
benazepril hcl TABS 5mg, 10mg, 20mg, 40mg	1	
captopril TABS 12.5mg, 25mg, 50mg, 100mg	1	
enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg	1	
fosinopril sodium TABS 10mg, 20mg, 40mg	1	
lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1	
moexipril hcl TABS 7.5mg, 15mg	1	
perindopril erbumine TABS 2mg, 4mg, 8mg	1	
quinapril hcl TABS 5mg, 10mg, 20mg, 40mg	1	
ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg	1	
trandolapril TABS 1mg, 2mg, 4mg	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
eplerenone TABS 25mg, 50mg	2	
KERENDIA TABS 10mg, 20mg, 40mg	3	QL (30 tabs / 30 days)
spironolactone TABS 25mg, 50mg, 100mg	1	
ALPHA BLOCKERS		
doxazosin mesylate TABS 1mg, 2mg, 4mg	1	QL (30 tabs / 30 days)
doxazosin mesylate TABS 8mg	1	QL (60 tabs / 30 days)
prazosin hcl CAPS 1mg, 2mg, 5mg	1	
terazosin hcl CAPS 1mg, 2mg, 5mg	1	QL (30 caps / 30 days)
terazosin hcl CAPS 10mg	1	QL (60 caps / 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	1	
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	1	

Drug Name	Drug Tier	Requirements/Limits
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	1	
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	1	
amlodipine besylate-valsartan tab 5-160 mg	1	
amlodipine besylate-valsartan tab 5-320 mg	1	
amlodipine besylate-valsartan tab 10-160 mg	1	
amlodipine besylate-valsartan tab 10-320 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg	1	
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	1	
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	1	
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	1	
irbesartan-hydrochlorothiazide tab 150-12.5 mg	1	
irbesartan-hydrochlorothiazide tab 300-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100-25 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	1	
sacubitril-valsartan tab 24-26 mg	2	QL (180 tabs / 30 days)
sacubitril-valsartan tab 49-51 mg	2	QL (60 tabs / 30 days)
sacubitril-valsartan tab 97-103 mg	2	QL (60 tabs / 30 days)
telmisartan-amlodipine tab 40-5 mg	1	
telmisartan-amlodipine tab 40-10 mg	1	
telmisartan-amlodipine tab 80-5 mg	1	
telmisartan-amlodipine tab 80-10 mg	1	
telmisartan-hydrochlorothiazide tab 40-12.5 mg	1	
telmisartan-hydrochlorothiazide tab 80-12.5 mg	1	
telmisartan-hydrochlorothiazide tab 80-25 mg	1	
valsartan-hydrochlorothiazide tab 80-12.5 mg	1	
valsartan-hydrochlorothiazide tab 160-12.5 mg	1	
valsartan-hydrochlorothiazide tab 160-25 mg	1	
valsartan-hydrochlorothiazide tab 320-12.5 mg	1	
valsartan-hydrochlorothiazide tab 320-25 mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil TABS 4mg, 8mg, 16mg, 32mg	1	
irbesartan TABS 75mg, 150mg, 300mg	1	
losartan potassium TABS 25mg, 50mg, 100mg	1	
olmesartan medoxomil TABS 5mg, 20mg, 40mg	1	
telmisartan TABS 20mg, 40mg, 80mg	1	
valsartan TABS 40mg, 80mg, 160mg, 320mg	1	
ANTIARRHYTHMICS		
amiodarone hcl TABS 100mg, 400mg	2	
amiodarone hcl TABS 200mg	1	
dofetilide CAPS 125mcg, 250mcg, 500mcg	2	
flecainide acetate TABS 50mg, 100mg, 150mg	1	

Drug Name	Drug Tier	Requirements/Limits
lutera	2	
MULTAQ TABS 400mg	3	QL (60 tabs / 30 days)
pacerone TABS 100mg	2	
pacerone TABS 200mg	1	
propafenone hcl CP12 225mg, 325mg, 425mg	4	
propafenone hcl TABS 150mg, 225mg, 300mg	2	
quinidine sulfate TABS 200mg, 300mg	2	
sotalol hcl TABS 80mg, 120mg, 160mg, 240mg	1	
sotalol hcl (afib/afl) TABS 80mg, 120mg, 160mg	1	
ANTILIPEMICS, FIBRATES		
choline fenofibrate CPDR 45mg, 135mg	2	
fenofibrate TABS 48mg, 54mg, 145mg, 160mg	1	
fenofibrate micronized CAPS 67mg, 134mg, 200mg	1	
gemfibrozil TABS 600mg	1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
atorvastatin calcium TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
fluvastatin sodium CAPS 20mg, 40mg	1	QL (60 caps / 30 days)
fluvastatin sodium TB24 80mg	1	QL (30 tabs / 30 days)
lovastatin TABS 10mg	1	QL (30 tabs / 30 days)
lovastatin TABS 20mg, 40mg	1	QL (60 tabs / 30 days)
pitavastatin calcium TABS 1mg, 2mg, 4mg	2	QL (30 tabs / 30 days)
pravastatin sodium TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
rosuvastatin calcium TABS 5mg, 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
simvastatin TABS 5mg, 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS		
cholestyramine PACK 4gm; POWD 4gm/dose	2	
cholestyramine light PACK 4gm; POWD 4gm/dose	2	
colestipol hcl GRAN 5gm; PACK 5gm; TABS 1gm	2	
ezetimibe TABS 10mg	1	
ezetimibe-simvastatin tab 10-10 mg	1	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-20 mg	1	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-40 mg	1	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-80 mg	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
NEXLETOL TABS 180mg	3	QL (30 tabs / 30 days), PA
niacin (antihyperlipidemic) TBCR 500mg, 750mg, 1000mg	4	QL (60 tabs / 30 days)
omega-3-acid ethyl esters cap 1 gm	2	
prevalite PACK 4gm; POWD 4gm/dose	2	
REDEMPLO SOSY 25mg/0.5ml	5	NDS, QL (1 syringe / 90 days), PA
REPATHA SOSY 140mg/ml	3	QL (3 syringes / 28 days), PA
REPATHA SURECLICK SOAJ 140mg/ml	3	QL (3 pens / 28 days), PA
VASCEPA CAPS .5gm, 1gm	3	
BETA-BLOCKER/DIURETIC COMBINATIONS		
atenolol & chlorthalidone tab 50-25 mg	1	
atenolol & chlorthalidone tab 100-25 mg	1	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	1	
metoprolol & hydrochlorothiazide tab 50-25 mg	1	
metoprolol & hydrochlorothiazide tab 100-25 mg	1	
metoprolol & hydrochlorothiazide tab 100-50 mg	1	
BETA-BLOCKERS		
acebutolol hcl CAPS 200mg, 400mg	1	
atenolol TABS 25mg, 50mg, 100mg	1	
betaxolol hcl TABS 10mg, 20mg	1	
bisoprolol fumarate TABS 5mg, 10mg	1	
carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	
labetalol hcl TABS 100mg, 200mg, 300mg	1	
metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg	1	
metoprolol tartrate SOLN 5mg/5ml; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	1	
nadolol TABS 20mg, 40mg, 80mg	1	
nebivolol hcl TABS 2.5mg, 5mg, 10mg, 20mg	2	
pindolol TABS 5mg, 10mg	1	

Drug Name	Drug Tier	Requirements/Limits
propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml	2	
propranolol hcl TABS 10mg, 20mg, 40mg, 60mg, 80mg	1	
timolol maleate TABS 5mg, 10mg, 20mg	1	
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate TABS 2.5mg, 5mg, 10mg	1	
cartia xt CP24 120mg, 180mg, 240mg, 300mg	2	
dilt-xr CP24 120mg, 180mg, 240mg	2	
diltiazem hcl CP12 60mg, 90mg, 120mg; TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
diltiazem hcl SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg	1	
diltiazem hcl coated beads CP24 120mg, 180mg, 240mg, 300mg, 360mg	2	
diltiazem hcl extended release beads CP24 360mg, 420mg	2	
felodipine TB24 2.5mg, 5mg, 10mg	1	
isradipine CAPS 2.5mg, 5mg	2	
matzim la TB24 180mg, 240mg, 300mg, 360mg, 420mg	2	
nicardipine hcl CAPS 20mg, 30mg	2	
nifedipine TB24 30mg, 60mg, 90mg	1	
nimodipine CAPS 30mg	4	
nisoldipine TB24 8.5mg, 17mg, 34mg	2	
tiadylt er CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
verapamil hcl CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml	2	
verapamil hcl TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	
DIURETICS		
acetazolamide CP12 500mg; TABS 125mg, 250mg	2	
amiloride & hydrochlorothiazide tab 5-50 mg	1	
amiloride hcl TABS 5mg	1	
bumetanide SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	1	
chlorothiazide sodium SOLR 500mg	2	
chlorthalidone TABS 25mg, 50mg	1	

Drug Name	Drug Tier	Requirements/Limits
ethacrynate sodium SOLR 50mg	5	NDS
furosemide SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	1	
furosemide inj SOLN 10mg/ml	1	
hydrochlorothiazide CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
indapamide TABS 1.25mg, 2.5mg	1	
methazolamide TABS 25mg, 50mg	4	
metolazone TABS 2.5mg, 5mg, 10mg	1	
spironolactone & hydrochlorothiazide tab 25-25 mg	1	
torsemide TABS 5mg, 10mg, 20mg, 100mg	1	
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 75-50 mg	1	
MISCELLANEOUS		
aliskiren fumarate TABS 150mg, 300mg	1	
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-atorvastatin calcium tab 5-10 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-atorvastatin calcium tab 5-20 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-atorvastatin calcium tab 5-40 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-atorvastatin calcium tab 5-80 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-atorvastatin calcium tab 10-10 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-atorvastatin calcium tab 10-20 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-atorvastatin calcium tab 10-40 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-atorvastatin calcium tab 10-80 mg	1	QL (30 tabs / 30 days)
clonidine PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	2	QL (4 patches / 28 days)
clonidine hcl TABS .1mg, .2mg, .3mg	1	
digoxin SOLN .05mg/ml	2	

Drug Name	Drug Tier	Requirements/Limits
digoxin TABS 125mcg, 250mcg	1	QL (30 tabs / 30 days)
droxidopa CAPS 100mg	4	QL (90 caps / 30 days), PA
droxidopa CAPS 200mg, 300mg	5	NDS, QL (180 caps / 30 days), PA
epinephrine SOLN 1mg/ml	2	
hydralazine hcl SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	1	
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg	2	
ivabradine hcl TABS 5mg, 7.5mg	2	QL (60 tabs / 30 days)
metyrosine CAPS 250mg	5	NDS, PA
midodrine hcl TABS 2.5mg, 5mg, 10mg	2	
minoxidil TABS 2.5mg, 10mg	1	
ranolazine TB12 500mg, 1000mg	2	
VERQUVO TABS 2.5mg, 5mg, 10mg	3	QL (30 tabs / 30 days)
VYNDAMAX CAPS 61mg	5	NDS, QL (30 caps / 30 days), PA
NITRATES		
isosorbide dinitrate TABS 5mg, 10mg, 20mg, 30mg	1	
isosorbide mononitrate TB24 30mg, 60mg, 120mg	1	
nitro-bid OINT 2%	2	
nitroglycerin PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray	2	
nitroglycerin SUBL .3mg, .4mg, .6mg	1	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	5	NDS, PA
alyq TABS 20mg	4	QL (60 tabs / 30 days), PA
ambrisentan TABS 5mg, 10mg	5	NDS, QL (30 tabs / 30 days), PA
bosentan TABS 62.5mg, 125mg	5	NDS, QL (60 tabs / 30 days), PA
bosentan TBSO 32mg	5	NDS, QL (112 tabs / 28 days), PA
sildenafil citrate (pulmonary hypertension) TABS 20mg	2	QL (360 tabs / 30 days), PA
tadalafil (pulmonary hypertension) TABS 20mg	4	QL (60 tabs / 30 days), PA
UPTRAVI TABS 200mcg	5	NDS, QL (140 tabs / 28 days), PA
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	5	NDS, QL (60 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
UPTRAVI PACK TAB 200/800	5	NDS, QL (200 tabs / 28 days), PA
WINREVAIR KIT 45mg, 60mg	5	NDS, QL (2 kits / 21 days), PA
WINREVAIR INJ 45MG	5	NDS, QL (1 kit / 21 days), PA
WINREVAIR INJ 60MG	5	NDS, QL (1 kit / 21 days), PA

CENTRAL NERVOUS SYSTEM

ANTIANXIETY

alprazolam TABS 2mg	4	QL (150 tabs / 30 days), PA
alprazolam TABS .25mg, .5mg, 1mg	4	QL (90 tabs / 30 days), PA
buspirone hcl TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	2	
fluvoxamine maleate TABS 25mg	1	QL (30 tabs / 30 days)
fluvoxamine maleate TABS 50mg	1	QL (60 tabs / 30 days)
fluvoxamine maleate TABS 100mg	1	QL (90 tabs / 30 days)
lorazepam TABS 2mg	2	QL (150 tabs / 30 days), PA
lorazepam TABS .5mg, 1mg	2	QL (90 tabs / 30 days), PA
lorazepam intensol CONC 2mg/ml	2	QL (150 mL / 30 days), PA

ANTIDEMENTIA

donepezil hydrochloride TABS 5mg; TBDP 5mg	1	QL (30 tabs / 30 days)
donepezil hydrochloride TABS 10mg; TBDP 10mg	1	
galantamine hydrobromide CP24 8mg, 16mg, 24mg	2	QL (30 caps / 30 days)
galantamine hydrobromide SOLN 4mg/ml	2	QL (200 mL / 30 days)
galantamine hydrobromide TABS 4mg, 8mg, 12mg	2	QL (60 tabs / 30 days)
LEQEMBI IQLIK SOAJ 360mg/1.8ml	5	NDS, QL (4 pens / 28 days), PA
memantine hcl CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	2	PA
NAMZARIC CAP	4	PA
NAMZARIC CAP 7-10MG	4	PA
NAMZARIC CAP 14-10MG	4	PA
NAMZARIC CAP 21-10MG	4	PA
NAMZARIC CAP 28-10MG	4	PA
rivastigmine PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	2	QL (30 patches / 30 days)

Drug Name	Drug Tier	Requirements/Limits
rivastigmine tartrate CAPS 1.5mg, 3mg, 4.5mg, 6mg	2	QL (60 caps / 30 days)
ANTIDEPRESSANTS		
amitriptyline hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	4	PA
amoxapine TABS 25mg, 50mg, 100mg, 150mg	2	
AUVELITY TAB 45-105MG	4	QL (60 tabs / 30 days)
bupropion hcl TABS 75mg, 100mg	1	
bupropion hcl TB12 100mg, 150mg, 200mg	1	QL (60 tabs / 30 days)
bupropion hcl TB24 150mg	1	QL (90 tabs / 30 days)
bupropion hcl TB24 300mg	1	QL (30 tabs / 30 days)
citalopram hydrobromide SOLN 10mg/5ml	2	
citalopram hydrobromide TABS 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
clomipramine hcl CAPS 25mg, 50mg, 75mg	4	PA
desipramine hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	2	PA
desvenlafaxine succinate TB24 25mg, 50mg, 100mg	2	QL (30 tabs / 30 days)
doxepin hcl CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	4	PA
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	4	QL (60 caps / 30 days)
duloxetine hcl CPEP 20mg, 30mg, 60mg	2	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	5	NDS, QL (30 patches / 30 days)
escitalopram oxalate SOLN 5mg/5ml	2	
escitalopram oxalate TABS 5mg, 10mg, 20mg	1	QL (30 tabs / 30 days)
EXXUA TB24 18.2mg, 36.3mg, 54.5mg, 72.6mg	5	NDS, QL (30 tabs / 30 days), PA
EXXUA TITRATION PACK TB24 18.2mg	5	NDS, QL (32 tabs / 180 days), PA
FETZIMA CP24 20mg, 40mg, 80mg, 120mg	3	QL (30 caps / 30 days)
FETZIMA CAP TITRATIO	3	QL (28 caps / 28 days)
fluoxetine hcl CAPS 10mg	1	QL (30 caps / 30 days)
fluoxetine hcl CAPS 20mg	1	QL (90 caps / 30 days)
fluoxetine hcl CAPS 40mg	1	QL (60 caps / 30 days)
fluoxetine hcl SOLN 20mg/5ml	1	QL (600 mL / 30 days)
imipramine hcl TABS 10mg, 25mg, 50mg	4	PA
MARPLAN TABS 10mg	4	QL (180 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
mirtazapine TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg	2	
nefazodone hcl TABS 50mg, 100mg, 150mg, 200mg, 250mg	2	
nortriptyline hcl CAPS 10mg, 25mg, 50mg, 75mg; SOLN 10mg/5ml	4	
paroxetine hcl SUSP 10mg/5ml	4	QL (900 mL / 30 days), PA
paroxetine hcl TABS 10mg, 20mg, 40mg	4	QL (30 tabs / 30 days), PA
paroxetine hcl TABS 30mg; TB24 12.5mg, 25mg, 37.5mg	4	QL (60 tabs / 30 days), PA
phenelzine sulfate TABS 15mg	2	
protriptyline hcl TABS 5mg, 10mg	2	
RALDESY SOLN 10mg/ml	5	NDS
sertraline hcl CONC 20mg/ml	1	
sertraline hcl TABS 25mg	1	QL (30 tabs / 30 days)
sertraline hcl TABS 50mg, 100mg	1	QL (60 tabs / 30 days)
tranylcypromine sulfate TABS 10mg	4	
trazodone hcl TABS 50mg, 100mg, 150mg, 300mg	1	
trimipramine maleate CAPS 25mg, 50mg	4	QL (120 caps / 30 days)
trimipramine maleate CAPS 100mg	4	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg, 10mg, 20mg	4	QL (30 tabs / 30 days)
venlafaxine hcl CP24 37.5mg, 150mg	2	QL (30 caps / 30 days)
venlafaxine hcl CP24 75mg	2	QL (90 caps / 30 days)
venlafaxine hcl TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	2	QL (90 tabs / 30 days)
vilazodone hcl TABS 10mg, 20mg, 40mg	4	QL (30 tabs / 30 days)
ZURZUVAE CAPS 20mg, 25mg	5	NDS, QL (28 caps / year), PA
ZURZUVAE CAPS 30mg	5	NDS, QL (14 caps / year), PA
ANTIPARKINSONIAN AGENTS		
amantadine hcl CAPS 100mg	2	QL (120 caps / 30 days)
amantadine hcl SOLN 50mg/5ml; TABS 100mg	2	
benztropine mesylate TABS .5mg, 1mg, 2mg	2	PA
bromocriptine mesylate CAPS 5mg; TABS 2.5mg	4	
carbidopa TABS 25mg	4	
carbidopa & levodopa orally disintegrating tab 10-100 mg	2	
carbidopa & levodopa orally disintegrating tab 25-100 mg	2	

Drug Name	Drug Tier	Requirements/Limits
carbidopa & levodopa orally disintegrating tab 25-250 mg	2	
carbidopa & levodopa tab 10-100 mg	2	
carbidopa & levodopa tab 25-100 mg	2	
carbidopa & levodopa tab 25-250 mg	2	
carbidopa & levodopa tab er 25-100 mg	2	
carbidopa & levodopa tab er 50-200 mg	2	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	4	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	4	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	4	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	4	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	4	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	4	
entacapone TABS 200mg	2	
INBRIJA CAPS 42mg	5	NDS, QL (300 caps / 30 days), PA
pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	2	
rasagiline mesylate TABS .5mg, 1mg	4	QL (30 tabs / 30 days)
ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg; TB24 2mg, 4mg, 6mg, 8mg, 12mg	2	
selegiline hcl CAPS 5mg; TABS 5mg	2	
trihexyphenidyl hcl SOLN .4mg/ml; TABS 2mg, 5mg	4	
ANTIPSYCHOTICS		
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml	5	NDS, QL (1 injection / 56 days)
ABILIFY MAINTENA PRSY 300mg, 400mg	5	NDS, QL (1 injection / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	5	NDS, QL (1 vial / 28 days)
aripiprazole SOLN 1mg/ml	4	QL (900 mL / 30 days)
aripiprazole TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	2	QL (30 tabs / 30 days)
aripiprazole TBDP 10mg, 15mg	4	QL (60 tabs / 30 days)
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	5	NDS, QL (1 injection / 28 days)
ARISTADA PRSY 1064mg/3.9ml	5	NDS, QL (1 injection / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	5	NDS

Drug Name	Drug Tier	Requirements/Limits
asenapine maleate SUBL 2.5mg, 5mg, 10mg	2	QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg, 42mg	5	NDS, QL (30 caps / 30 days)
chlorpromazine hcl CONC 30mg/ml, 100mg/ml	2	
chlorpromazine hcl SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	4	
clozapine TABS 25mg, 50mg	2	
clozapine TABS 100mg	2	QL (270 tabs / 30 days)
clozapine TABS 200mg	2	QL (120 tabs / 30 days)
clozapine TBDP 12.5mg, 25mg	4	
clozapine TBDP 100mg	4	QL (270 tabs / 30 days)
clozapine TBDP 150mg	4	QL (180 tabs / 30 days)
clozapine TBDP 200mg	4	QL (120 tabs / 30 days)
COBENFY CAP 50-20MG	5	NDS, QL (60 caps / 30 days)
COBENFY CAP 100-20MG	5	NDS, QL (60 caps / 30 days)
COBENFY CAP 125-30MG	5	NDS, QL (60 caps / 30 days)
COBENFY STRT CAP PACK	5	NDS, QL (56 caps / 180 days)
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	5	NDS, QL (60 tabs / 30 days)
FANAPT PAK PACK A	4	QL (8 tabs / 180 days)
FANAPT PAK PACK B	4	QL (12 tabs / 180 days)
FANAPT PAK PACK C	4	QL (8 tabs / 180 days)
fluphenazine decanoate SOLN 25mg/ml	2	
fluphenazine hcl CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	2	
haloperidol TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	2	
haloperidol decanoate SOLN 50mg/ml, 100mg/ml	2	
haloperidol lactate CONC 2mg/ml; SOLN 5mg/ml	2	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	5	NDS, QL (1 injection / 180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml	4	QL (1 injection / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	5	NDS, QL (1 injection / 28 days)

Drug Name	Drug Tier	Requirements/Limits
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	5	NDS, QL (1 injection / 90 days)
loxapine succinate CAPS 5mg, 10mg, 25mg, 50mg	2	
lurasidone hcl TABS 20mg, 40mg, 60mg, 120mg	4	QL (30 tabs / 30 days)
lurasidone hcl TABS 80mg	4	QL (60 tabs / 30 days)
LYBALVI TAB 5-10MG	5	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 10-10MG	5	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 15-10MG	5	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 20-10MG	5	NDS, QL (30 tabs / 30 days)
molindone hcl TABS 5mg, 10mg, 25mg	2	
NUPLAZID CAPS 34mg	5	NDS, QL (30 caps / 30 days), PA
NUPLAZID TABS 10mg	5	NDS, QL (30 tabs / 30 days), PA
olanzapine SOLR 10mg	2	QL (3 injections / 1 day)
olanzapine TABS 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg; TBDP 5mg, 10mg, 15mg, 20mg	2	QL (30 tabs / 30 days)
OPIPZA FILM 2mg	5	NDS, QL (30 films / 30 days), PA
OPIPZA FILM 5mg, 10mg	5	NDS, QL (90 films / 30 days), PA
paliperidone TB24 1.5mg, 3mg, 9mg	4	QL (30 tabs / 30 days)
paliperidone TB24 6mg	4	QL (60 tabs / 30 days)
perphenazine TABS 2mg, 4mg, 8mg, 16mg	2	
pimozide TABS 1mg, 2mg	2	
quetiapine fumarate TABS 25mg, 50mg, 100mg, 150mg, 200mg	2	QL (90 tabs / 30 days)
quetiapine fumarate TABS 300mg, 400mg; TB24 50mg, 300mg, 400mg	2	QL (60 tabs / 30 days)
quetiapine fumarate TB24 150mg, 200mg	2	QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	5	NDS, QL (30 tabs / 30 days)
risperidone SOLN 1mg/ml	2	QL (240 mL / 30 days)
risperidone TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg; TBDP .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	2	QL (60 tabs / 30 days)
risperidone microspheres SRER 12.5mg, 25mg	2	QL (2 vials / 28 days)

Drug Name	Drug Tier	Requirements/Limits
risperidone microspheres SRER 37.5mg, 50mg	5	NDS, QL (2 vials / 28 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	5	NDS, QL (30 patches / 30 days)
thioridazine hcl TABS 10mg, 25mg, 50mg, 100mg	4	PA
thiothixene CAPS 1mg, 2mg, 5mg, 10mg	2	
trifluoperazine hcl TABS 1mg, 2mg, 5mg, 10mg	2	
VERSACLOZ SUSP 50mg/ml	5	NDS, QL (600 mL / 30 days)
VRAYLAR CAPS .5mg, .75mg, 1.5mg, 3mg, 4.5mg, 6mg	3	QL (30 caps / 30 days)
ziprasidone hcl CAPS 20mg, 40mg, 60mg, 80mg	2	QL (60 caps / 30 days)
ziprasidone mesylate SOLR 20mg	2	QL (6 injections / 3 days)
ANTISEIZURE AGENTS		
brivaracetam SOLN 10mg/ml	4	QL (600 mL / 30 days)
brivaracetam TABS 10mg, 25mg, 50mg, 75mg, 100mg	4	QL (60 tabs / 30 days)
carbamazepine CHEW 100mg, 200mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	2	
clobazam SUSP 2.5mg/ml	4	QL (480 mL / 30 days), PA
clobazam TABS 10mg, 20mg	4	QL (60 tabs / 30 days), PA
clonazepam TABS .5mg, 1mg, 2mg; TBDP .125mg, .25mg, .5mg, 1mg, 2mg	2	
clorazepate dipotassium TABS 3.75mg, 7.5mg	2	QL (90 tabs / 30 days), PA
clorazepate dipotassium TABS 15mg	2	QL (180 tabs / 30 days), PA
DIACOMIT CAPS 250mg	5	NDS, QL (360 caps / 30 days)
DIACOMIT CAPS 500mg	5	NDS, QL (180 caps / 30 days)
DIACOMIT PACK 250mg	5	NDS, QL (360 packets / 30 days)
DIACOMIT PACK 500mg	5	NDS, QL (180 packets / 30 days)
diazepam SOLN 5mg/5ml	2	QL (1200 mL / 30 days), PA
diazepam TABS 2mg, 5mg, 10mg	2	QL (120 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
diazepam (anticonvulsant) GEL 2.5mg, 10mg, 20mg	4	
diazepam intensol CONC 5mg/ml	2	QL (240 mL / 30 days), PA
DILANTIN CAPS 30mg	3	
divalproex sodium CSDR 125mg; TB24 250mg, 500mg	2	
divalproex sodium TBEC 125mg, 250mg, 500mg	1	
EPIDIOLEX SOLN 100mg/ml	5	NDS, PA
epitol TABS 200mg	2	
eslicarbazepine acetate TABS 200mg, 400mg	4	QL (30 tabs / 30 days)
eslicarbazepine acetate TABS 600mg, 800mg	5	NDS, QL (60 tabs / 30 days)
ethosuximide CAPS 250mg; SOLN 250mg/5ml	2	
felbamate SUSP 600mg/5ml; TABS 400mg, 600mg	4	
FINTEPLA SOLN 2.2mg/ml	5	NDS, QL (360 mL / 30 days), PA
gabapentin CAPS 100mg, 400mg	1	QL (270 caps / 30 days)
gabapentin CAPS 300mg	1	QL (360 caps / 30 days)
gabapentin SOLN 250mg/5ml	2	QL (2160 mL / 30 days)
gabapentin TABS 600mg	1	QL (180 tabs / 30 days)
gabapentin TABS 800mg	1	QL (120 tabs / 30 days)
lacosamide SOLN 10mg/ml	2	QL (1200 mL / 30 days)
lacosamide SOLN 200mg/20ml	2	
lacosamide TABS 50mg	2	QL (120 tabs / 30 days)
lacosamide TABS 100mg, 150mg, 200mg	2	QL (60 tabs / 30 days)
lamotrigine CHEW 5mg, 25mg; TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	4	
lamotrigine TABS 25mg, 100mg, 150mg, 200mg	2	
levetiracetam SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	2	
levetiracetam TB3D 250mg	4	QL (360 tabs / 30 days)
levetiracetam TB3D 500mg	4	QL (180 tabs / 30 days)
levetiracetam in sodium chloride iv soln 500 mg/100ml	2	
levetiracetam in sodium chloride iv soln 1000 mg/100ml	2	
levetiracetam in sodium chloride iv soln 1500 mg/100ml	2	
methsuximide CAPS 300mg	2	

Drug Name	Drug Tier	Requirements/Limits
NAYZILAM SOLN 5mg/0.1ml	4	QL (10 nasal units / 30 days)
oxcarbazepine SUSP 300mg/5ml	4	
oxcarbazepine TABS 150mg, 300mg, 600mg	2	
perampanel SUSP .5mg/ml	5	NDS, QL (680 mL / 28 days)
perampanel TABS 2mg	4	QL (60 tabs / 30 days)
perampanel TABS 4mg, 6mg, 8mg, 10mg, 12mg	4	QL (30 tabs / 30 days)
phenobarbital ELIX 20mg/5ml	4	QL (1500 mL / 30 days), PA
phenobarbital TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	4	QL (120 tabs / 30 days), PA
phenytek CAPS 200mg, 300mg	2	
phenytoin CHEW 50mg; SUSP 125mg/5ml	2	
phenytoin sodium SOLN 50mg/ml	2	
phenytoin sodium extended CAPS 100mg, 200mg, 300mg	2	
pregabalin CAPS 25mg, 50mg, 75mg, 100mg, 150mg, 200mg	2	QL (90 caps / 30 days)
pregabalin CAPS 225mg, 300mg	2	QL (60 caps / 30 days)
pregabalin SOLN 20mg/ml	2	QL (900 mL / 30 days)
primidone TABS 50mg, 250mg	2	
relgaabi CAPS 300mg	1	QL (360 caps / 30 days)
relgaabi CAPS 400mg	1	QL (270 caps / 30 days)
roweepra TABS 500mg	2	
rufinamide SUSP 40mg/ml	5	NDS, QL (2400 mL / 30 days)
rufinamide TABS 200mg	4	QL (480 tabs / 30 days)
rufinamide TABS 400mg	5	NDS, QL (240 tabs / 30 days)
SPRITAM TB3D 250mg	4	QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	4	QL (180 tabs / 30 days)
SPRITAM TB3D 750mg	4	QL (120 tabs / 30 days)
SPRITAM TB3D 1000mg	4	QL (90 tabs / 30 days)
SUBVENITE SUSP 10mg/ml	5	NDS, QL (1500 mL / 30 days)
subvenite TABS 25mg, 100mg, 150mg, 200mg	2	
SYMPAZAN FILM 5mg	4	QL (60 films / 30 days), PA
SYMPAZAN FILM 10mg, 20mg	5	NDS, QL (60 films / 30 days), PA
tiagabine hcl TABS 2mg, 4mg, 12mg, 16mg	4	

Drug Name	Drug Tier	Requirements/Limits
topiramate CPSP 15mg, 25mg, 50mg	4	
topiramate SOLN 25mg/ml	4	QL (480 mL / 30 days)
topiramate TABS 25mg, 50mg, 100mg, 200mg	2	
valproate sodium SOLN 100mg/ml, 250mg/5ml	2	
valproic acid CAPS 250mg	2	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	5	NDS, QL (10 blister packs / 30 days)
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	5	NDS, QL (10 blister packs / 30 days)
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	5	NDS, QL (10 blister packs / 30 days)
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	5	NDS, QL (10 blister packs / 30 days)
vigabatrin PACK 500mg	5	NDS, QL (180 packets / 30 days)
vigabatrin TABS 500mg	5	NDS, QL (180 tabs / 30 days)
vigadrone PACK 500mg	5	NDS, QL (180 packets / 30 days)
vigadrone TABS 500mg	5	NDS, QL (180 tabs / 30 days)
VIGAFYDE SOLN 100mg/ml	5	NDS, QL (900 mL / 30 days)
XCOPRI TABS 25mg, 50mg, 100mg	5	NDS, QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	5	NDS, QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	4	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	5	NDS, QL (28 tabs / 28 days)
XCOPRI PAK 100-150	5	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200	5	NDS, QL (28 tabs / 28 days)
XCOPRI PAK 150-200	5	NDS, QL (56 tabs / 28 days)
ZONISADE SUSP 100mg/5ml	4	QL (900 mL / 30 days)
zonisamide CAPS 25mg, 50mg, 100mg	2	
ZTALMY SUSP 50mg/ml	5	NDS, QL (1100 mL / 30 days), PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
amphetamine-dextroamphetamine cap er 24hr 5 mg	4	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 10 mg	4	QL (30 caps / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
amphetamine-dextroamphetamine cap er 24hr 15 mg	4	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 20 mg	4	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 25 mg	4	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 30 mg	4	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine tab 5 mg	2	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 7.5 mg	2	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 10 mg	2	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 12.5 mg	2	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 15 mg	2	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 20 mg	2	QL (90 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 30 mg	2	QL (60 tabs / 30 days), PA
atomoxetine hcl CAPS 10mg, 18mg, 25mg, 40mg	2	QL (60 caps / 30 days)
atomoxetine hcl CAPS 60mg, 80mg, 100mg	2	QL (30 caps / 30 days)
clonidine hcl (adhd) TB12 .1mg	2	
dexmethylphenidate hcl TABS 2.5mg, 5mg	2	QL (120 tabs / 30 days), PA
dexmethylphenidate hcl TABS 10mg	2	QL (60 tabs / 30 days), PA
methylphenidate hcl SOLN 5mg/5ml	2	QL (1800 mL / 30 days), PA
methylphenidate hcl SOLN 10mg/5ml	2	QL (900 mL / 30 days), PA
methylphenidate hcl TABS 5mg, 10mg	2	QL (180 tabs / 30 days), PA
methylphenidate hcl TABS 20mg	2	QL (90 tabs / 30 days), PA
methylphenidate hcl TBCR 10mg, 20mg	4	QL (90 tabs / 30 days), PA
HYPNOTICS		
ramelteon TABS 8mg	2	QL (30 tabs / 30 days)
tasimelteon CAPS 20mg	5	NDS, QL (30 caps / 30 days), PA
temazepam CAPS 15mg, 30mg	4	QL (30 caps / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
zaleplon CAPS 5mg	2	QL (30 caps / 30 days), PA
zaleplon CAPS 10mg	2	QL (60 caps / 30 days), PA
zolpidem tartrate TABS 5mg, 10mg	4	QL (30 tabs / 30 days), PA
MIGRAINE		
AIMOVIG SOAJ 70mg/ml, 140mg/ml	3	QL (1 pen / 28 days), PA
dihydroergotamine mesylate SOLN 1mg/ml	5	NDS
dihydroergotamine mesylate SOLN 4mg/ml	4	QL (8 mL / 28 days)
EMGALITY SOAJ 120mg/ml	3	QL (2 pens / 30 days), PA
EMGALITY SOSY 100mg/ml	3	QL (3 syringes / 30 days), PA
EMGALITY SOSY 120mg/ml	3	QL (2 syringes / 30 days), PA
ergotamine w/ caffeine tab 1-100 mg	2	
naratriptan hcl TABS 1mg, 2.5mg	2	QL (18 tabs / 30 days)
NURTEC TBDP 75mg	3	QL (16 tabs / 30 days), PA
QULIPTA TABS 10mg, 30mg, 60mg	3	QL (30 tabs / 30 days), PA
rizatriptan benzoate TABS 5mg, 10mg; TBDP 5mg, 10mg	2	QL (18 tabs / 30 days)
sumatriptan SOLN 5mg/act	4	QL (36 inhalers / 30 days)
sumatriptan SOLN 20mg/act	4	QL (18 inhalers / 30 days)
sumatriptan succinate SOAJ 6mg/0.5ml; SOLN 6mg/0.5ml	4	QL (16 injections / 28 days)
sumatriptan succinate TABS 25mg, 50mg, 100mg	2	QL (18 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	3	QL (16 tabs / 30 days), PA
MISCELLANEOUS		
AUSTEDO TABS 6mg	5	NDS, QL (60 tabs / 30 days), PA
AUSTEDO TABS 9mg, 12mg	5	NDS, QL (120 tabs / 30 days), PA
AUSTEDO XR TB24 6mg, 12mg, 18mg, 24mg, 30mg, 36mg, 42mg, 48mg	5	NDS, QL (30 tabs / 30 days), PA
AUSTEDO XR PATIENT TITRAT (12-18-24-30MG)	5	NDS, QL (28 tabs / 180 days), PA
lithium SOLN 8meq/5ml	2	

Drug Name	Drug Tier	Requirements/Limits
lithium carbonate CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	2	
NUEDEXTA CAP 20-10MG	5	NDS, QL (60 caps / 30 days), PA
pyridostigmine bromide TABS 60mg	2	
riluzole TABS 50mg	2	
tetrabenazine TABS 12.5mg	4	QL (90 tabs / 30 days), PA
tetrabenazine TABS 25mg	5	NDS, QL (120 tabs / 30 days), PA
MULTIPLE SCLEROSIS AGENTS		
AVONEX PSKT 30mcg/0.5ml	5	NDS, QL (1 pack / 28 days), PA
AVONEX PEN AJKT 30mcg/0.5ml	5	NDS, QL (1 pack / 28 days), PA
BETASERON KIT .3mg	5	NDS, QL (14 injections / 28 days), PA
dalfampridine TB12 10mg	2	QL (60 tabs / 30 days), PA
dimethyl fumarate CPDR 120mg	4	QL (56 caps / 28 days), PA
dimethyl fumarate CPDR 240mg	5	NDS, QL (60 caps / 30 days), PA
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	4	QL (60 caps / 180 days), PA
fingolimod hcl CAPS .5mg	5	NDS, QL (30 caps / 30 days), PA
glatiramer acetate SOSY 20mg/ml	5	NDS, QL (30 injections / 30 days), PA
glatiramer acetate SOSY 40mg/ml	5	NDS, QL (12 injections / 28 days), PA
glatopa SOSY 20mg/ml	5	NDS, QL (30 injections / 30 days), PA
glatopa SOSY 40mg/ml	5	NDS, QL (12 injections / 28 days), PA
KESIMPTA SOAJ 20mg/0.4ml	5	NDS, QL (16 pens / year), PA
teriflunomide TABS 7mg, 14mg	5	NDS, QL (30 tabs / 30 days), PA
VUMERITY CPDR 231mg	5	NDS, QL (120 caps / 30 days), PA
MUSCULOSKELETAL THERAPY AGENTS		
baclofen TABS 10mg, 20mg	1	
cyclobenzaprine hcl TABS 5mg, 10mg	4	QL (90 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
dantrolene sodium CAPS 25mg, 50mg, 100mg	2	
tizanidine hcl TABS 2mg, 4mg	2	
NARCOLEPSY/CATAPLEXY		
armodafinil TABS 50mg	2	QL (60 tabs / 30 days), PA
armodafinil TABS 150mg, 200mg, 250mg	2	QL (30 tabs / 30 days), PA
modafinil TABS 100mg	2	QL (30 tabs / 30 days), PA
modafinil TABS 200mg	2	QL (60 tabs / 30 days), PA
sodium oxybate SOLN 500mg/ml	5	NDS, QL (540 mL / 30 days), PA
XYWAV SOL 0.5GM/ML	5	NDS, QL (540 mL / 30 days), PA
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium TBEC 333mg	4	
buprenorphine hcl SUBL 2mg	2	QL (180 tabs / 30 days)
buprenorphine hcl SUBL 8mg	2	QL (120 tabs / 30 days)
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	2	QL (180 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	2	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	2	QL (120 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	2	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	2	QL (180 tabs / 30 days)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	2	QL (120 tabs / 30 days)
bupropion hcl (smoking deterrent) TB12 150mg	1	QL (60 tabs / 30 days)
disulfiram TABS 250mg, 500mg	2	
KLOXXADO LIQD 8mg/0.1ml	4	QL (2 sprays / 30 days)
lofexidine hcl TABS .18mg	5	NDS
naloxone hcl LIQD 4mg/0.1ml	2	QL (2 sprays / 30 days)
naloxone hcl SOCT .4mg/ml; SOSY .4mg/ml, 2mg/2ml	2	
naltrexone hcl TABS 50mg	2	
NICOTROL NS SOLN 10mg/ml	4	
REZENOPY LIQD 10mg/0.11ml	4	QL (2 sprays / 30 days)
varenicline tartrate TABS .5mg, 1mg	2	QL (56 tabs / 28 days)
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	2	QL (53 tabs / 180 days)

Drug Name	Drug Tier	Requirements/Limits
ENDOCRINE AND METABOLIC		
ANDROGENS		
danazol CAPS 50mg, 100mg, 200mg	4	
depo-testosterone SOLN 100mg/ml, 200mg/ml	2	PA
testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm	2	QL (300 gm / 30 days), PA
testosterone GEL 1.62%	2	QL (150 gm / 30 days), PA
testosterone cypionate SOLN 100mg/ml, 200mg/ml	2	PA
testosterone enanthate SOLN 200mg/ml	2	PA
ANTIDIABETICS		
acarbose TABS 25mg	1	QL (360 tabs / 30 days)
acarbose TABS 50mg	1	QL (180 tabs / 30 days)
acarbose TABS 100mg	1	QL (90 tabs / 30 days)
dapagliflozin TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg	1	QL (60 tabs / 30 days)
dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg	1	QL (30 tabs / 30 days)
FARXIGA TABS 5mg, 10mg	3	QL (30 tabs / 30 days)
glimepiride TABS 1mg, 2mg	1	QL (90 tabs / 30 days)
glimepiride TABS 4mg	1	QL (60 tabs / 30 days)
glipizide TABS 5mg	1	QL (240 tabs / 30 days)
glipizide TABS 10mg	1	QL (120 tabs / 30 days)
glipizide TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
glipizide TB24 10mg	1	QL (60 tabs / 30 days)
glipizide-metformin hcl tab 2.5-250 mg	1	QL (240 tabs / 30 days)
glipizide-metformin hcl tab 2.5-500 mg	1	QL (120 tabs / 30 days)
glipizide-metformin hcl tab 5-500 mg	1	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	3	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	3	QL (30 tabs / 30 days)
JANUMET XR TAB 50-500MG	3	QL (30 tabs / 30 days)
JANUMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg, 25mg	3	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	3	QL (60 tabs / 30 days)
JENTADUETO XR TAB 2.5-1000	3	QL (60 tabs / 30 days)
JENTADUETO XR TAB 5-1000	3	QL (30 tabs / 30 days)
metformin hcl SOLN 500mg/5ml	1	QL (765 mL / 30 days)
metformin hcl TABS 500mg	1	QL (150 tabs / 30 days)
metformin hcl TABS 850mg	1	QL (90 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
metformin hcl TABS 1000mg	1	QL (75 tabs / 30 days)
metformin hcl TB24 500mg	1	QL (120 tabs / 30 days)
metformin hcl TB24 750mg	1	QL (60 tabs / 30 days)
MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	3	QL (4 pens / 28 days), PA
nateglinide TABS 60mg, 120mg	1	QL (90 tabs / 30 days)
OZEMPIC SOPN 2mg/3ml, 4mg/3ml, 8mg/3ml	3	QL (1 pen / 28 days), PA
OZEMPIC TABS 1.5mg, 4mg, 9mg	3	QL (30 tabs / 30 days), PA
pioglitazone hcl TABS 15mg, 30mg, 45mg	1	QL (30 tabs / 30 days)
pioglitazone hcl-metformin hcl tab 15-500 mg	1	QL (90 tabs / 30 days)
pioglitazone hcl-metformin hcl tab 15-850 mg	1	QL (90 tabs / 30 days)
repaglinide TABS 2mg	1	QL (240 tabs / 30 days)
repaglinide TABS .5mg, 1mg	1	QL (120 tabs / 30 days)
sitagliptin phosphate TABS 25mg, 50mg, 100mg	1	QL (30 tabs / 30 days)
sitagliptin phosphate-metformin hcl tab 50-500 mg	1	QL (60 tabs / 30 days)
sitagliptin phosphate-metformin hcl tab 50-1000 mg	1	QL (60 tabs / 30 days)
SYNJARDY TAB 5-500MG	3	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	3	QL (30 tabs / 30 days)
TRADJENTA TABS 5mg	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB 5-2.5-1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB 10-5-1000MG	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB 12.5-2.5-1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB 25-5-1000MG	3	QL (30 tabs / 30 days)
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	3	QL (4 pens / 28 days), PA
ANTIDIABETICS, INSULINS		
ALCOHOL SWABS	2	PA
CEQUR SIMPL KIT PATCH 2U	3	
CEQUR SIMPL MIS INSERTER	3	
FIASP SOLN 100unit/ml	3	QL (9 vials / 30 days)
FIASP FLEXTOUCH SOPN 100unit/ml	3	QL (20 pens / 30 days)

Drug Name	Drug Tier	Requirements/Limits
FIASP PENFILL SOCT 100unit/ml	3	QL (20 injections / 30 days)
GAUZE PADS 2X2	3	PA
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	3	QL (2 vials / 30 days)
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	3	QL (6 pens / 30 days)
INSULIN GLARGINE-YFGN SOLN 100unit/ml	3	QL (6 vials / 30 days)
INSULIN GLARGINE-YFGN SOPN 100unit/ml	3	QL (10 pens / 30 days)
INSULIN PEN NEEDLES	3	PA
INSULIN SAFETY NEEDLES	3	PA
INSULIN SYRINGE (DISP) U-100 0.3ML	3	PA
INSULIN SYRINGE (DISP) U-100 1/2ML	3	PA
INSULIN SYRINGE (DISP) U-100 1ML	3	PA
NOVOLIN INJ 70/30	3	QL (90 mL / 30 days)
NOVOLIN INJ 70/30 FP	3	QL (20 pens / 30 days)
NOVOLIN N SUSP 100unit/ml	3	QL (90 mL / 30 days)
NOVOLIN N FLEXPEN SUPN 100unit/ml	3	QL (20 pens / 30 days)
NOVOLIN R SOLN 100unit/ml	3	QL (6 vials / 30 days)
NOVOLIN R FLEXPEN SOPN 100unit/ml	3	QL (20 pens / 30 days)
NOVOLOG SOLN 100unit/ml	3	QL (9 vials / 30 days)
NOVOLOG FLEXPEN SOPN 100unit/ml	3	QL (20 pens / 30 days)
NOVOLOG MIX INJ 70/30	3	QL (90 mL / 30 days)
NOVOLOG MIX INJ FLEXPEN	3	QL (30 pens / 30 days)
NOVOLOG PENFILL SOCT 100unit/ml	3	QL (20 cartridges / 30 days)
OMNIPOD5 LIB KIT INTRO	3	
OMNIPOD5 LIB MIS PODS	3	
OMNIPOD 5 DX KIT INT G7G6	3	
OMNIPOD 5 DX MIS POD G7G6	3	
OMNIPOD 5 G7 KIT INTRO	3	
OMNIPOD 5 G7 MIS PODS	3	
OMNIPOD DASH KIT INTRO	3	
OMNIPOD DASH MIS PODS	3	
OMNIPOD GO KIT 20UNT/DY	3	
OMNIPOD GO KIT 30UNT/DY	3	
OMNIPOD GO KIT 40UNT/DY	3	
OMNIPOD MIS CLASSIC	3	
SOLIQUA INJ 100/33	3	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	3	QL (6 pens / 30 days)
TOUJEO SOLOSTAR SOPN 300unit/ml	3	QL (9 pens / 30 days)
TRESIBA SOLN 100unit/ml	3	QL (3 vials / 30 days)
TRESIBA FLEXTOUCH SOPN 100unit/ml	3	QL (10 pens / 30 days)
TRESIBA FLEXTOUCH SOPN 200unit/ml	3	QL (6 pens / 30 days)

Drug Name	Drug Tier	Requirements/Limits
CALCIUM REGULATORS		
alendronate sodium SOLN 70mg/75ml	1	QL (1286 mL / 30 days)
alendronate sodium TABS 10mg	1	QL (30 tabs / 30 days)
alendronate sodium TABS 35mg, 70mg	1	QL (4 tabs / 28 days)
BONSITY SOPN 560mcg/2.24ml	5	NDS, QL (1 pen / 28 days), PA
calcitonin (salmon) SOLN 200unit/act	2	B/D
ibandronate sodium SOLN 3mg/3ml	2	B/D, QL (1 injection / 90 days)
ibandronate sodium TABS 150mg	1	B/D, QL (1 tab / 30 days)
JUBBONTI SOSY 60mg/ml	4	QL (1 syringe / 180 days), PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	2	B/D
pamidronate disodium SOLN 30mg/10ml, 90mg/10ml	2	B/D
risedronate sodium TABS 5mg, 30mg	2	QL (30 tabs / 30 days)
risedronate sodium TABS 35mg; TBEC 35mg	2	QL (4 tabs / 28 days)
risedronate sodium TABS 150mg	2	QL (1 tab / 30 days)
teriparatide SOPN 560mcg/2.24ml	5	NDS, QL (1 pen / 28 days), PA
TERIPARATIDE SOPN 560mcg/2.24ml	5	NDS, QL (1 pen / 28 days), PA
zoledronic acid CONC 4mg/5ml; SOLN 5mg/100ml	4	B/D
CHELATING AGENTS		
CHEMET CAPS 100mg	3	
deferasirox PACK 90mg, 180mg, 360mg; TBSO 250mg, 500mg	5	NDS
deferasirox TABS 90mg; TBSO 125mg	2	
deferasirox TABS 180mg, 360mg	4	
kionex SUSP 15gm/60ml	2	
LOKELMA PACK 5gm, 10gm	3	
penicillamine TABS 250mg	5	NDS
sodium polystyrene sulfonate SUSP 15gm/60ml	2	
sodium polystyrene sulfonate powder	2	
sps SUSP 15gm/60ml	2	
trientine hcl CAPS 250mg, 500mg	5	NDS, PA
CONTRACEPTIVES		
altavera	2	
alyacen 1/35	2	
amethia	2	
apri	2	
aranelle	2	

Drug Name	Drug Tier	Requirements/Limits
ashlyna	2	
aubra eq	2	
aurovela fe 1.5/30	2	
aviane	2	
azurette	2	
balziva	2	
blisovi 24 fe	2	
blisovi fe 1.5/30	2	
briellyn	2	
camila TABS .35mg	2	
cryselle	2	
cyred eq	2	
dasetta 7/7/7	2	
deblitane TABS .35mg	2	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	3	
dolishale	2	
drospirenone-ethinyl estradiol tab 3-0.02 mg	2	
drospirenone-ethinyl estradiol tab 3-0.03 mg	2	
eluryng	2	
emzahh TABS .35mg	2	
enilloring	2	
enskyce	2	
errin TABS .35mg	2	
estarylla	2	
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	2	
falmina	2	
feirza 1.5/30	2	
feirza 1/20	2	
galbriela	2	
hailey 24 fe	2	
hailey fe 1.5/30	2	
hailey fe 1/20	2	
heather TABS .35mg	2	
iclevia	2	
incassia TABS .35mg	2	
introvale	2	
isibloom	2	
jaimiess	2	
jasmiel	2	
jencycla TABS .35mg	2	
juleber	2	

Drug Name	Drug Tier	Requirements/Limits
junel 1.5/30	2	
junel 1/20	2	
junel fe 1.5/30	2	
junel fe 1/20	2	
junel fe 24	2	
kaitlib fe	2	
kariva	2	
kelnor 1/35	2	
kurvelo	2	
larin 1.5/30	2	
larin 1/20	2	
larin fe 1.5/30	2	
larin fe 1/20	2	
lessina	2	
levonest	2	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	2	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	2	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	2	
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	2	
levora 0.15/30-28	2	
LILETTA IUD 20.1mcg/day	3	
loestrin 1.5/30-21	2	
loestrin 1/20-21	2	
loestrin fe 1.5/30	2	
loestrin fe 1/20	2	
loryna	2	
low-ogestrel	2	
luizza 1.5/30	2	
luizza 1/20	2	
lyleq TABS .35mg	2	
lyza TABS .35mg	2	
marlissa	2	
medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml	2	
meleya TABS .35mg	2	
microgestin 1.5/30	2	
microgestin 1/20	2	
microgestin fe 1.5/30	2	
microgestin fe 1/20	2	
mili	2	

Drug Name	Drug Tier	Requirements/Limits
necon 0.5/35-28	2	
NEXPLANON IMPL 68mg	3	
nikki	2	
nora-be TABS .35mg	2	
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	2	
norethindrone (contraceptive) TABS .35mg	2	
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	2	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	2	
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	2	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	2	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	2	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	2	
norlyroc TABS .35mg	2	
nortrel 0.5/35 (28)	2	
nortrel 1/35	2	
nortrel 7/7/7	2	
nylia 1/35	2	
nylia 7/7/7	2	
ocella	2	
orquidea TABS .35mg	2	
pacerone TABS 400mg	2	
pimtrea	2	
portia-28	2	
reclipsen	2	
setlakin	2	
sharobel TABS .35mg	2	
sprintec 28	2	
sronyx	2	
syeda	2	
tarina 24 fe	2	
tarina fe 1/20 eq	2	
tilia fe	2	
tri-estarylla	2	
tri-legest fe	2	
tri-lo-estarylla	2	
tri-lo-sprintec	2	
tri-mili	2	
tri-nymyo	2	

Drug Name	Drug Tier	Requirements/Limits
tri-sprintec	2	
tri-vylibra	2	
tri-vylibra lo	2	
turqoz	2	
valtya 1/35	2	
valtya 1/50	2	
velivet	2	
vestura	2	
vienva	2	
viorele	2	
vyfemla	2	
vylibra	2	
xarah fe	2	
xulane	2	
zafemy	2	
zovia 1/35	2	
ESTROGENS		
abigale	4	
abigale lo	4	
dotti PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	4	QL (8 patches / 28 days)
estradiol PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	4	QL (8 patches / 28 days)
estradiol PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	4	QL (4 patches / 28 days)
estradiol TABS .5mg, 1mg, 2mg	2	
estradiol & norethindrone acetate tab 0.5-0.1 mg	4	
estradiol & norethindrone acetate tab 1-0.5 mg	4	
estradiol vaginal CREA .1mg/gm	2	
estradiol vaginal TABS 10mcg	4	
estradiol valerate OIL 10mg/ml, 20mg/ml, 40mg/ml	4	
ESTRING RING 7.5mcg/24hr	3	
estrogens, conjugated TABS .3mg, .45mg, .625mg, .9mg, 1.25mg	2	
lyllana PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	4	QL (8 patches / 28 days)
mimvey	4	
PREMARIN CREA .625mg/gm	3	
yuvafem TABS 10mcg	4	

Drug Name	Drug Tier	Requirements/Limits
GLUCOCORTICOIDS		
dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml	2	
dexamethasone TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	1	
DEXAMETHASONE INTENSOL CONC 1mg/ml	2	
dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 10mg/ml	2	
fludrocortisone acetate TABS .1mg	1	
hydrocortisone TABS 5mg, 10mg, 20mg	1	
hydrocortisone sod succinate SOLR 100mg	2	
methylprednisolone TABS 4mg, 8mg, 16mg, 32mg	1	B/D
methylprednisolone TBPK 4mg	1	
methylprednisolone acetate SUSP 40mg/ml, 80mg/ml	2	
methylprednisolone sod succ SOLR 40mg, 125mg, 1000mg	2	
prednisolone SOLN 15mg/5ml	2	B/D
prednisolone sodium phosphate SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	2	B/D
prednisone SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
prednisone TBPK 5mg, 10mg	1	
PREDNISONE INTENSOL CONC 5mg/ml	2	B/D
SOLU-CORTEF SOLR 250mg, 500mg, 1000mg	3	
GLUCOSE ELEVATING AGENTS		
diazoxide SUSP 50mg/ml	5	NDS
GVOKE HYPOPEN 1-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	3	
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	3	
GVOKE KIT SOLN 1mg/0.2ml	3	
GVOKE PFS SOSY 1mg/0.2ml	3	
MISCELLANEOUS		
betaine anhy pow	5	NDS
cabergoline TABS .5mg	2	
carglumic acid TBSO 200mg	5	NDS
cinacalcet hcl TABS 30mg, 90mg	4	B/D, QL (120 tabs / 30 days)
cinacalcet hcl TABS 60mg	4	B/D, QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
CYSTAGON CAPS 50mg, 150mg	3	PA
desmopressin acetate SOLN 4mcg/ml	5	NDS
desmopressin acetate TABS .1mg, .2mg	2	
desmopressin acetate spray SOLN .01%	2	
desmopressin acetate spray refrigerated SOLN .01%	2	
GENOTROPIN CART 5mg, 12mg	5	NDS, PA
GENOTROPIN MINIQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	3	PA
INCRELEX SOLN 40mg/4ml	5	NDS
ISTURISA TABS 1mg	5	NDS, QL (240 tabs / 30 days), PA
ISTURISA TABS 5mg	5	NDS, QL (360 tabs / 30 days), PA
javygtor PACK 100mg, 500mg; TABS 100mg	5	NDS, PA
levocarnitine (metabolic modifiers) SOLN 1gm/10ml; TABS 330mg	2	B/D
LUPRON DEPOT-PED (1-MONTH) KIT 11.25mg, 15mg	5	NDS, PA
LYNKUET CAPS 60mg	4	QL (60 caps / 30 days)
mifepristone (hyperglycemia) TABS 300mg	5	NDS, PA
nitisinone CAPS 2mg, 5mg, 10mg, 20mg	5	NDS
octreotide acetate SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml, 500mcg/ml, 1000mcg/ml	4	
raloxifene hcl TABS 60mg	2	
REVCOVI SOLN 2.4mg/1.5ml	5	NDS, PA
REZDIFFRA TABS 60mg, 80mg, 100mg	5	NDS, QL (30 tabs / 30 days), PA
sapropterin dihydrochloride PACK 100mg, 500mg; TABS 100mg	5	NDS, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	5	NDS
sodium phenylbutyrate POWD 3gm/tsp; TABS 500mg	5	NDS
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	5	NDS, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	5	NDS
SYNAREL SOLN 2mg/ml	5	NDS
tolvaptan TBPK 15mg	5	NDS, QL (56 tabs / 28 days), PA
tolvaptan tab therapy pack 30 & 15 mg	5	NDS, QL (56 tabs / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
tolvaptan tab therapy pack 45 & 15 mg	5	NDS, QL (56 tabs / 28 days), PA
tolvaptan tab therapy pack 60 & 30 mg	5	NDS, QL (56 tabs / 28 days), PA
tolvaptan tab therapy pack 90 & 30 mg	5	NDS, QL (56 tabs / 28 days), PA
WEGOVY SOAJ .25mg/0.5ml, .5mg/0.5ml, 1mg/0.5ml, 1.7mg/0.75ml, 2.4mg/0.75ml	3	QL (4 pens / 28 days), PA
WEGOVY TABS 1.5mg, 4mg, 9mg, 25mg	3	QL (30 tabs / 30 days), PA
zelvysia PACK 100mg, 500mg	5	NDS, PA
PHOSPHATE BINDER AGENTS		
calcium acetate (phosphate binder) CAPS 667mg; TABS 667mg	2	B/D
sevelamer carbonate PACK .8gm, 2.4gm; TABS 800mg	4	B/D
PROGESTINS		
gallifrey TABS 5mg	2	
medroxyprogesterone acetate TABS 2.5mg, 5mg, 10mg	2	
megestrol acetate SUSP 40mg/ml	4	PA
megestrol acetate (appetite) SUSP 625mg/5ml	4	PA
norethindrone acetate TABS 5mg	2	
progesterone CAPS 100mg, 200mg	2	
THYROID AGENTS		
levothyroxine sodium TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
levoxyl TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
liomny TABS 5mcg, 25mcg, 50mcg	1	
liothyronine sodium TABS 5mcg, 25mcg, 50mcg	1	
methimazole TABS 5mg, 10mg	2	
propylthiouracil TABS 50mg	2	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	4	
unithroid TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	

Drug Name	Drug Tier	Requirements/Limits
VITAMIN D ANALOGS		
calcitriol CAPS .25mcg, .5mcg; SOLN 1mcg/ml	2	B/D
doxercalciferol CAPS .5mcg, 1mcg, 2.5mcg	2	B/D
paricalcitol CAPS 1mcg, 2mcg, 4mcg	4	B/D
GASTROINTESTINAL		
ANTIEMETICS		
aprepitant CAPS 40mg, 80mg, 125mg	4	B/D
aprepitant capsule therapy pack 80 & 125 mg	4	B/D
compro SUPP 25mg	2	
dronabinol CAPS 2.5mg, 5mg, 10mg	4	B/D, QL (60 caps / 30 days)
granisetron hcl SOLN 1mg/ml, 4mg/4ml	2	
granisetron hcl TABS 1mg	2	B/D
meclizine hcl TABS 12.5mg, 25mg	4	PA
metoclopramide hcl SOLN 5mg/5ml, 5mg/ml	2	
metoclopramide hcl TABS 5mg, 10mg	1	
ondansetron TBDP 4mg, 8mg	2	B/D
ondansetron hcl SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	2	
ondansetron hcl SOLN 4mg/5ml; TABS 4mg, 8mg	2	B/D
prochlorperazine SUPP 25mg	2	
prochlorperazine edisylate SOLN 10mg/2ml	2	
prochlorperazine maleate TABS 5mg, 10mg	2	
promethazine hcl SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml; TABS 12.5mg, 25mg, 50mg	4	
scopolamine PT72 1mg/3days	4	QL (10 patches / 30 days)
ANTISPASMODICS		
dicyclomine hcl CAPS 10mg; SOLN 10mg/5ml; TABS 20mg	2	PA
glycopyrrolate TABS 1mg	2	QL (90 tabs / 30 days)
glycopyrrolate TABS 2mg	2	QL (120 tabs / 30 days)
H2-RECEPTOR ANTAGONISTS		
cimetidine TABS 200mg, 300mg, 400mg, 800mg	2	
famotidine SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml	4	
famotidine TABS 20mg, 40mg	1	

Drug Name	Drug Tier	Requirements/Limits
famotidine in nacl 0.9% iv soln 20 mg/50ml	4	
nizatidine CAPS 150mg, 300mg	1	
INFLAMMATORY BOWEL DISEASE		
balsalazide disodium CAPS 750mg	2	
budesonide CPEP 3mg	4	QL (90 caps / 30 days)
budesonide TB24 9mg	5	NDS, QL (30 tabs / 30 days)
hydrocortisone (intrarectal) ENEM 100mg/60ml	2	
mesalamine CP24 .375gm	4	QL (120 caps / 30 days)
mesalamine CPCR 500mg	4	
mesalamine ENEM 4gm	4	QL (1680 mL / 28 days)
mesalamine TBEC 1.2gm	4	QL (120 tabs / 30 days)
mesalamine w/ cleanser KIT 4gm	4	QL (28 kits / 28 days)
PENTASA CPCR 250mg	3	
sulfasalazine TABS 500mg; TBEC 500mg	2	
LAXATIVES		
CLENPIQ SOL	4	
constulose SOLN 10gm/15ml	1	
enulose SOLN 10gm/15ml	1	
gavilyte-c	2	
gavilyte-g	2	
gavilyte-n/flavor pack	2	
generlac SOLN 10gm/15ml	1	
lactulose SOLN 10gm/15ml	1	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	2	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	2	
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	2	
SUTAB TAB	4	
MISCELLANEOUS		
alosetron hcl TABS 1mg	5	NDS, QL (60 tabs / 30 days)
alosetron hcl TABS .5mg	4	QL (60 tabs / 30 days)
CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	5	NDS
cromolyn sodium (mastocytosis) CONC 100mg/5ml	4	

Drug Name	Drug Tier	Requirements/Limits
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	2	
diphenoxylate w/ atropine tab 2.5-0.025 mg	2	
GATTEX KIT 5mg	5	NDS, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	3	QL (30 caps / 30 days)
loperamide hcl CAPS 2mg	2	
lubiprostone CAPS 8mcg	2	QL (180 caps / 30 days)
lubiprostone CAPS 24mcg	2	QL (60 caps / 30 days)
misoprostol TABS 100mcg, 200mcg	2	
MOVANTIK TABS 12.5mg, 25mg	3	QL (30 tabs / 30 days)
PYLERA CAP	4	QL (120 caps / 30 days)
RELISTOR SOLN 12mg/0.6ml	5	NDS, QL (28 injections / 28 days)
RELISTOR SOSY 8mg/0.4ml, 12mg/0.6ml	5	NDS, QL (28 syringes / 28 days)
sucralfate TABS 1gm	1	
ursodiol CAPS 300mg; TABS 250mg, 500mg	2	
VOQUEZNA PAK DUAL PAK	4	QL (1 kit / 180 days), PA
VOQUEZNA PAK TRIP PK	4	QL (1 kit / 180 days), PA
VOWST CAP	5	NDS, QL (12 caps / 30 days), PA
XERMELO TABS 250mg	5	NDS, QL (90 tabs / 30 days), PA
XIFAXAN TABS 550mg	3	QL (90 tabs / 30 days), PA
ZENPEP CAP 3000UNIT	4	
ZENPEP CAP 5000UNIT	4	
ZENPEP CAP 10000UNT	4	
ZENPEP CAP 15000UNT	4	
ZENPEP CAP 20000UNT	4	
ZENPEP CAP 25000UNT	4	
ZENPEP CAP 40000UNT	5	NDS
ZENPEP CAP 60000UNT	5	NDS
PROTON PUMP INHIBITORS		
esomeprazole magnesium CPDR 20mg, 40mg	2	QL (30 caps / 30 days)
lansoprazole CPDR 15mg	2	QL (30 caps / 30 days)
lansoprazole CPDR 30mg	2	QL (60 caps / 30 days)
omeprazole CPDR 10mg, 20mg, 40mg	1	QL (30 caps / 30 days)
pantoprazole sodium TBEC 20mg	1	QL (30 tabs / 30 days)
pantoprazole sodium TBEC 40mg	1	QL (60 tabs / 30 days)
rabeprazole sodium TBEC 20mg	4	QL (90 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
alfuzosin hcl TB24 10mg	1	QL (30 tabs / 30 days)
dutasteride CAPS .5mg	2	QL (30 caps / 30 days)
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	2	QL (30 caps / 30 days)
finasteride TABS 5mg	1	QL (30 tabs / 30 days)
tadalafil TABS 2.5mg, 5mg	4	QL (30 tabs / 30 days), PA
tamsulosin hcl CAPS .4mg	1	QL (60 caps / 30 days)
MISCELLANEOUS		
bethanechol chloride TABS 5mg, 10mg, 25mg, 50mg	2	
FILSPARI TABS 200mg	5	NDS, QL (30 tabs / 30 days), PA
FILSPARI TABS 400mg	5	NDS, QL (60 tabs / 30 days), PA
potassium citrate (alkalinizer) TBCR 15meq, 540mg, 1080mg	2	
TARPEYO CPDR 4mg	5	NDS, QL (120 caps / 30 days), PA
URINARY ANTISPASMODICS		
darifenacin hydrobromide TB24 7.5mg, 15mg	4	QL (30 tabs / 30 days)
fesoterodine fumarate TB24 4mg, 8mg	4	QL (30 tabs / 30 days)
GEMTESA TABS 75mg	4	QL (30 tabs / 30 days)
MYRBETRIQ SRER 8mg/ml	4	QL (300 mL / 28 days)
MYRBETRIQ TB24 25mg, 50mg	4	QL (30 tabs / 30 days)
oxybutynin chloride SOLN 5mg/5ml	2	QL (600 mL / 30 days)
oxybutynin chloride TABS 5mg	2	QL (120 tabs / 30 days)
oxybutynin chloride TB24 5mg	2	QL (30 tabs / 30 days)
oxybutynin chloride TB24 10mg, 15mg	2	QL (60 tabs / 30 days)
solifenacin succinate TABS 5mg, 10mg	2	QL (30 tabs / 30 days)
tolterodine tartrate CP24 2mg, 4mg	2	QL (30 caps / 30 days)
tolterodine tartrate TABS 1mg, 2mg	2	QL (60 tabs / 30 days)
trospium chloride CP24 60mg	2	QL (30 caps / 30 days)
trospium chloride TABS 20mg	2	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
clindamycin phosphate vaginal CREA 2%	2	
metronidazole vaginal GEL .75%	4	
miconazole 3 SUPP 200mg	2	
terconazole vaginal CREA .4%, .8%; SUPP 80mg	2	

Drug Name	Drug Tier	Requirements/Limits
HEMATOLOGIC		
ANTICOAGULANTS		
dabigatran etexilate mesylate CAPS 75mg, 150mg	4	QL (60 caps / 30 days)
dabigatran etexilate mesylate CAPS 110mg	4	QL (120 caps / 30 days)
ELIQUIS CPSP .15mg	3	QL (70 caps / 28 days)
ELIQUIS TABS 2.5mg	3	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	3	QL (74 tabs / 30 days)
ELIQUIS TBSO .5mg	3	QL (392 tabs / 28 days)
ELIQUIS STARTER PACK TBPK 5mg	3	QL (74 tabs / 30 days)
enoxaparin sodium SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	4	
fondaparinux sodium SOLN 2.5mg/0.5ml	4	
fondaparinux sodium SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	NDS
heparin sodium (porcine) SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	2	B/D
jantoven TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
rivaroxaban SUSR 1mg/ml	1	QL (620 mL / 30 days)
rivaroxaban TABS 2.5mg	1	QL (60 tabs / 30 days)
warfarin sodium TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO TABS 10mg, 15mg, 20mg	3	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	3	QL (51 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
FULPHILA SOSY 6mg/0.6ml	5	NDS, PA
LEUKINE SOLR 250mcg	5	NDS, PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	5	NDS, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NDS, PA
MISCELLANEOUS		
anagrelide hcl CAPS .5mg, 1mg	2	
cilostazol TABS 50mg, 100mg	2	
DOPTELET TABS 20mg	5	NDS, PA
DOPTELET SPRINKLE CPSP 10mg	5	NDS, PA
DROXIA CAPS 200mg, 300mg, 400mg	3	
eltrombopag olamine PACK 12.5mg, 25mg; TABS 12.5mg, 25mg, 50mg, 75mg	5	NDS, PA

Drug Name	Drug Tier	Requirements/Limits
glutamine (sickle cell) PACK 5gm	5	NDS, QL (180 packets / 30 days), PA
HAEGARDA SOLR 2000unit	5	NDS, QL (30 vials / 30 days), PA
HAEGARDA SOLR 3000unit	5	NDS, QL (20 vials / 30 days), PA
icatibant acetate SOSY 30mg/3ml	5	NDS, QL (9 syringes / 30 days), PA
pentoxifylline TBCR 400mg	2	
sajazir SOSY 30mg/3ml	5	NDS, QL (9 syringes / 30 days), PA
TAVNEOS CAPS 10mg	5	NDS, QL (180 caps / 30 days), PA
tranexamic acid TABS 650mg	2	
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole cap er 12hr 25-200 mg	4	
clopidogrel bisulfate TABS 75mg	1	
dipyridamole TABS 25mg, 50mg, 75mg	4	
prasugrel hcl TABS 5mg, 10mg	1	
ticagrelor TABS 60mg, 90mg	1	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
COSENTYX SOSY 75mg/0.5ml	5	NDS, QL (17 syringes / year), PA
COSENTYX SOSY 150mg/ml	5	NDS, QL (34 syringes / year), PA
COSENTYX (300MG DOSE) SOSY 150mg/ml	5	NDS, QL (34 syringes / year), PA
COSENTYX SENSOREADY PEN SOAJ 150mg/ml	5	NDS, QL (34 pens / year), PA
COSENTYX SENSOREADY PEN (300MG DOSE) SOAJ 150mg/ml	5	NDS, QL (34 pens / year), PA
COSENTYX UNOREADY SOAJ 300mg/2ml	5	NDS, QL (17 pens / year), PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml	5	NDS, QL (4 pens / 28 days), PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml	5	NDS, QL (4 syringes / 28 days), PA
ENBREL SOLN 25mg/0.5ml	5	NDS, QL (8 bottles / 28 days), PA
ENBREL SOSY 25mg/0.5ml	5	NDS, QL (16 syringes / 28 days), PA
ENBREL SOSY 50mg/ml	5	NDS, QL (8 syringes / 28 days), PA
ENBREL MINI SOCT 50mg/ml	5	NDS, QL (8 injections / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
ENBREL SURECLICK SOAJ 50mg/ml	5	NDS, QL (8 pens / 28 days), PA
ENTYVIO PEN SOAJ 108mg/0.68ml	5	NDS, QL (2 pens / 28 days), PA
HADLIMA SOSY 40mg/0.4ml, 40mg/0.8ml	5	NDS, QL (6 syringes / 28 days), PA
HADLIMA PUSHTOUCH SOAJ 40mg/0.4ml, 40mg/0.8ml	5	NDS, QL (6 pens / 28 days), PA
IMULDOSA SOSY 45mg/0.5ml	5	NDS, QL (1 syringe / 84 days), PA
IMULDOSA SOSY 90mg/ml	5	NDS, QL (1 syringe / 56 days), PA
KINERET SOSY 100mg/0.67ml	5	NDS, QL (28 syringes / 28 days), PA
OTEZLA TABS 20mg, 30mg	5	NDS, QL (60 tabs / 30 days), PA
OTEZLA TAB 10/20	5	NDS, QL (55 tabs / 180 days), PA
OTEZLA TAB 10/20/30	5	NDS, QL (55 tabs / 180 days), PA
OTEZLA XR TB24 75mg	5	NDS, QL (30 tabs / 30 days), PA
OTEZLA/XR TAB 28 DAY	5	NDS, QL (41 tabs / 180 days), PA
RINVOQ TB24 15mg, 30mg	5	NDS, QL (30 tabs / 30 days), PA
RINVOQ TB24 45mg	5	NDS, QL (84 tabs / 180 days), PA
RINVOQ LQ SOLN 1mg/ml	5	NDS, QL (360 mL / 30 days), PA
SELARSDI SOLN 45mg/0.5ml	3	QL (1 vial / 84 days), PA
SELARSDI SOSY 45mg/0.5ml	3	QL (1 syringe / 84 days), PA
SELARSDI SOSY 90mg/ml	5	NDS, QL (1 syringe / 56 days), PA
SIMLANDI PSKT 20mg/0.2ml	4	QL (4 injections / 28 days), PA
SIMLANDI PSKT 40mg/0.4ml	5	NDS, QL (6 injections / 28 days), PA
SIMLANDI PSKT 80mg/0.8ml	5	NDS, QL (3 injections / 28 days), PA
SIMLANDI 1-PEN KIT AJKT 40mg/0.4ml	5	NDS, QL (6 injections / 28 days), PA
SIMLANDI 1-PEN KIT AJKT 80mg/0.8ml	5	NDS, QL (3 injections / 28 days), PA
SIMLANDI 2-PEN KIT AJKT 40mg/0.4ml	5	NDS, QL (6 injections / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	5	NDS, QL (1 cartridge / 56 days), PA
SKYRIZI SOLN 600mg/10ml	5	NDS, PA
SKYRIZI SOSY 150mg/ml	5	NDS, QL (6 syringes / year), PA
SKYRIZI PEN SOAJ 150mg/ml	5	NDS, QL (6 pens / year), PA
tofacitinib citrate SOLN 1mg/ml	5	NDS, QL (480 mL / 24 days), PA
tofacitinib citrate TABS 5mg, 10mg	5	NDS, QL (60 tabs / 30 days), PA
tofacitinib citrate TB24 11mg, 22mg	5	NDS, QL (30 tabs / 30 days), PA
TREMFYA SOAJ 200mg/2ml; SOSY 200mg/2ml	5	NDS, QL (2 mL / 28 days), PA
TREMFYA SOPN 100mg/ml	5	NDS, QL (1 pen / 28 days), PA
TREMFYA SOSY 100mg/ml	5	NDS, QL (1 syringe / 28 days), PA
TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml	5	NDS, QL (6 pens / 180 days), PA
TYENNE SOAJ 162mg/0.9ml	5	NDS, QL (4 pens / 28 days), PA
TYENNE SOSY 162mg/0.9ml	5	NDS, QL (4 syringes / 28 days), PA
VELSIPITY TABS 2mg	5	NDS, QL (30 tabs / 30 days), PA
YESINTEK SOLN 45mg/0.5ml	3	QL (1 vial / 84 days), PA
YESINTEK SOSY 45mg/0.5ml	3	QL (1 syringe / 84 days), PA
YESINTEK SOSY 90mg/ml	5	NDS, QL (1 syringe / 56 days), PA
ZYMFENTRA 2-PEN AJKT 120mg/ml	5	NDS, QL (2 pens / 28 days), PA
ZYMFENTRA 2-SYRINGE PSKT 120mg/ml	5	NDS, QL (2 syringes / 28 days), PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
hydroxychloroquine sulfate TABS 200mg	2	
leflunomide TABS 10mg, 20mg	2	QL (30 tabs / 30 days)
methotrexate sodium TABS 2.5mg	2	
IMMUNOGLOBULINS		
GAMMAGARD LIQUID SOLN 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 30gm/300ml	5	NDS, PA
GAMMAGARD LIQUID ERC SOLN 5gm/50ml, 10gm/100ml	5	NDS, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	5	NDS, PA

Drug Name	Drug Tier	Requirements/Limits
GAMMAKED SOLN 1gm/10ml	5	NDS, PA
GAMUNEX-C SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NDS, PA
OCTAGAM SOLN 1gm/20ml	4	PA
OCTAGAM SOLN 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	5	NDS, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NDS, PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml	5	NDS, PA
ARCALYST SOLR 220mg	5	NDS, PA
IMMUNOSUPPRESSANTS		
azathioprine TABS 50mg	2	B/D
BENLYSTA SOAJ 200mg/ml; SOLR 120mg, 400mg; SOSY 200mg/ml	5	NDS, PA
cyclosporine CAPS 25mg, 100mg	2	B/D
cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	2	B/D
ENVARSUS XR TB24 .75mg, 1mg, 4mg	4	B/D
everolimus (immunosuppressant) TABS .5mg, .75mg, 1mg	5	NDS, B/D
everolimus (immunosuppressant) TABS .25mg	4	B/D
gengraf CAPS 25mg, 100mg	2	B/D
mycophenolate mofetil CAPS 250mg; TABS 500mg	2	B/D
mycophenolate mofetil SUSR 200mg/ml	5	NDS, B/D
mycophenolate sodium TBEC 180mg, 360mg	2	B/D
PROGRAF PACK .2mg, 1mg	4	B/D
REZUROCK TABS 200mg	5	NDS, QL (30 tabs / 30 days), PA
SAPHNELO SOSY 120mg/0.8ml	5	NDS, PA
SAPHNELO PEN SOAJ 120mg/0.8ml	5	NDS, PA
sirolimus SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	4	B/D
tacrolimus CAPS .5mg, 1mg, 5mg; CP24 .5mg, 1mg	4	B/D
tacrolimus CP24 5mg	3	B/D
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	3	
ACTHIB INJ	3	
ADACEL INJ	3	
AREXVY SUSR 120mcg/0.5ml	3	

Drug Name	Drug Tier	Requirements/Limits
BCG VACCINE SOLR 50mg	3	
BEXSERO SUSY .5ml	3	
BOOSTRIX INJ	3	
DAPTACEL INJ	3	
DENGVAXIA SUS	3	
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	3	B/D
GARDASIL 9 SUSP .5ml; SUSY .5ml	3	
HAVRIX SUSY 720elu/0.5ml, 1440unit/ml	3	
HEPLISAV-B SOSY 20mcg/0.5ml	3	B/D
HIBERIX SOLR 10mcg	3	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	3	B/D
INFANRIX INJ	3	
IPOL INJ INACTIVE	3	
IXIARO INJ	3	
JYNNEOS SUSP .5ml	3	B/D
KINRIX INJ	3	
M-M-R II INJ	3	
MENQUADFI SOLN .5ml	3	
MENVEO INJ	3	
MENVEO SOL	3	
MRESVIA SUSY 50mcg/0.5ml	3	
PEDIARIX INJ 0.5ML	3	
PEDVAXHIB SUSP 7.5mcg/0.5ml	3	
PENBRAYA INJ	3	
PENMENVY INJ	3	
PENTACEL INJ	3	
PRIORIX INJ	3	
PROQUAD INJ	3	
QUADRACEL INJ 0.5ML	3	
RABAVERT INJ	3	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	3	B/D
ROTARIX SUS	3	
ROTATEQ SOL	3	
SHINGRIX SUSR 50mcg/0.5ml; SUSY 50mcg/0.5ml	3	QL (2 injections in lifetime)
TENIVAC INJ 5-2LF	3	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	3	
TRUMENBA SUSY .5ml	3	
TWINRIX INJ	3	
TYPHIM VI SOSY 25mcg/0.5ml	3	

Drug Name	Drug Tier	Requirements/Limits
VAQTA SUSP 25unit/0.5ml, 50unit/ml; SUSY 25unit/0.5ml, 50unit/ml	3	
VARIVAX SUSR 1350pfu/0.5ml	3	
VAXCHORA SUS	3	
VIMKUNYA SUSY 40mcg/0.8ml	3	
VIVOTIF CAP EC	3	
YF-VAX INJ	3	
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES/MINERALS, INJECTABLE		
D5W/NACL INJ 0.2%	2	
D5W/NACL INJ 0.33%	2	
D5W/NACL INJ 0.45%	2	
D10W/NACL INJ 0.2%	2	
D10W/NACL INJ 0.45%	2	
dextrose 2.5% w/ sodium chloride 0.45%	2	
dextrose 5% in lactated ringers	2	
dextrose 5% w/ sodium chloride 0.3%	2	
dextrose 5% w/ sodium chloride 0.9%	2	
dextrose 5% w/ sodium chloride 0.45%	2	
dextrose 5% w/ sodium chloride 0.225%	2	
ISOLYTE-P INJ /D5W	3	
ISOLYTE-S INJ PH 7.4	3	
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	2	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	2	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	2	
KCL/D5W/NACL INJ 0.3/0.9%	2	
LACTATED RIN INJ	2	
magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	2	
MAGNESIUM SULFATE SOLN 40gm/1000ml	2	
multiple electrolytes inj	2	
potassium chloride SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	2	
POTASSIUM CHLORIDE SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml	2	
ringer's solution	2	
sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	2	

Drug Name	Drug Tier	Requirements/Limits
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
elite-ob	1	
klor-con 8 TBCR 8meq	2	
klor-con 10 TBCR 10meq	2	
klor-con m10 TBCR 10meq	2	
klor-con m15 TBCR 15meq	2	
klor-con m20 TBCR 20meq	2	
pnv-select	1	
potassium chloride CPCR 8meq, 10meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 15meq, 20meq	2	
potassium chloride microencapsulated crystals er TBCR 10meq, 15meq, 20meq	2	
PRENATAL TAB 27-1MG	1	
PRENATAL TABS	1	
SE-NATAL 19 CHW	1	
SE-NATAL 19 TAB	1	
sodium fluoride CHEW 1mg; SOLN .5mg/ml	2	
sodium fluoride tab;1.1(0.5 f)mg/ml soln	2	
THRIVITE RX TAB 29-1MG	1	
TRINATAL RX TAB 1	1	
IV NUTRITION		
CLINIMIX INJ 4.25/D5W	3	B/D
CLINIMIX INJ 4.25/D10	3	B/D
CLINIMIX INJ 5%/D15W	3	B/D
CLINIMIX INJ 5%/D20W	3	B/D
CLINIMIX INJ 6/5	3	B/D
CLINIMIX INJ 8/10	3	B/D
CLINIMIX INJ 8/14	3	B/D
clinisol sf 15%	2	B/D
CLINOLIPID EMU 20%	4	B/D
dextrose SOLN 5%, 50%	2	
DEXTROSE 10% SOLN 10%	2	
DEXTROSE 70% SOLN 70%	2	
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	4	B/D
NUTRILIPID EMUL 20gm/100ml	4	B/D
plenamine	2	B/D
PREMASOL SOL 10%	2	B/D
TRAVASOL INJ 10%	2	B/D
TROPHAMINE INJ 10%	2	B/D

Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	2	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	1	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	2	
neomycin-polymyxin-hc ophth susp	2	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	2	
tobramycin-dexamethasone ophth susp 0.3-0.1%	2	
ANTI-INFECTIVES		
bacitracin-polymyxin b ophth oint	1	
BESIVANCE SUSP .6%	3	
ciprofloxacin hcl (ophth) SOLN .3%	1	QL (30 mL / 30 days)
erythromycin (ophth) OINT 5mg/gm	1	
gatifloxacin (ophth) SOLN .5%	2	
gentamicin sulfate (ophth) SOLN .3%	1	QL (30 mL / 30 days)
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	2	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	2	
ofloxacin (ophth) SOLN .3%	2	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	1	
sulfacetamide sodium (ophth) SOLN 10%	2	
tobramycin (ophth) SOLN .3%	1	QL (30 mL / 30 days)
trifluridine SOLN 1%	2	
XDEMVY SOLN .25%	5	NDS, PA
ZIRGAN GEL .15%	4	
ANTI-INFLAMMATORIES		
bromfenac sodium (ophth) SOLN .07%, .09%	2	
dexamethasone sodium phosphate (ophth) SOLN .1%	2	QL (30 mL / 30 days)
diclofenac sodium (ophth) SOLN .1%	2	QL (30 mL / 30 days)
fluorometholone (ophth) SUSP .1%	2	
flurbiprofen sodium SOLN .03%	2	
ketorolac tromethamine (ophth) SOLN .4%, .5%	2	
LOTEMAX OINT .5%	3	
LOTEMAX SM GEL .38%	3	
prednisolone acetate (ophth) SUSP 1%	2	
PREDNISOLONE SODIUM PHOSP SOLN 1%	2	

Drug Name	Drug Tier	Requirements/Limits
ANTIALLERGICS		
azelastine hcl (ophth) SOLN .05%	2	
cromolyn sodium (ophth) SOLN 4%	1	
olopatadine hcl SOLN .2%	2	
ANTIGLAUCOMA		
apraclonidine hcl SOLN .5%	2	
betaxolol hcl (ophth) SOLN .5%	2	
brimonidine tartrate SOLN .1%, .15%, .2%	2	
carteolol hcl (ophth) SOLN 1%	2	
COMBIGAN SOL 0.2/0.5%	3	
dorzolamide hcl SOLN 2%	2	
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	2	
latanoprost SOLN .005%	2	
levobunolol hcl SOLN .5%	2	
LUMIGAN SOLN .01%	3	
pilocarpine hcl SOLN 1%, 2%, 4%	2	
RHOPRESSA SOLN .02%	3	
ROCKLATAN DRO	3	
SIMBRINZA SUS 1-0.2%	4	
timolol maleate (ophth) SOLG .25%, .5%	2	
timolol maleate (ophth) SOLN .25%, .5%	1	
travoprost SOLN .004%	2	
VYZULTA SOLN .024%	4	
MISCELLANEOUS		
atropine sulfate (ophthalmic) SOLN 1%	2	
CYSTARAN SOLN .44%	5	NDS
MIEBO SOLN 1.338gm/ml	3	QL (3 mL / 30 days)
RESTASIS EMUL .05%	3	QL (60 single use vials / 30 days)
RESTASIS MULTIDOSE EMUL .05%	3	QL (5.5 mL / 30 days)
XIIDRA SOLN 5%	3	QL (60 single use vials / 30 days)
OTIC		
OTIC AGENTS		
acetic acid (otic) SOLN 2%	1	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	2	
flac OIL .01%	2	
fluocinolone acetonide (otic) OIL .01%	2	
hydrocortisone w/ acetic acid otic soln 1-2%	4	QL (30 mL / 30 days)
neomycin-polymyxin-hc otic soln 1%	2	

Drug Name	Drug Tier	Requirements/Limits
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	2	
ofloxacin (otic) SOLN .3%	2	

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

ANORO ELLIPT AER 62.5-25	3	QL (60 blisters / 30 days)
BREZTRI AERO AER 9MCG	3	QL (1 inhaler / 30 days)
BREZTRI AERO AER 18MCG	3	QL (1 inhaler / 30 days)
COMBIVENT AER 20-100	4	QL (2 inhalers / 30 days)
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	2	B/D
STIOLTO AER 2.5-2.5	3	QL (1 inhaler / 30 days)
TRELEGY AER 100MCG	3	QL (1 inhaler / 30 days)
TRELEGY AER 200MCG	3	QL (1 inhaler / 30 days)

ANTICHOLINERGICS

ATROVENT HFA AERS 17mcg/act	4	QL (2 inhalers / 30 days)
ipratropium bromide SOLN .02%	2	B/D
ipratropium bromide (nasal) SOLN .03%, .06%	2	QL (30 mL / 30 days)
SPIRIVA HANDIHALER CAPS 18mcg	3	QL (30 caps / 30 days)
SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act	3	QL (1 inhaler / 30 days)

ANTIHISTAMINES

azelastine hcl SOLN .1%	2	QL (2 bottles / 30 days)
cetirizine hcl SOLN 5mg/5ml	2	QL (300 mL / 30 days)
desloratadine TABS 5mg	2	QL (30 tabs / 30 days)
diphenhydramine hcl SOLN 50mg/ml	2	
hydroxyzine hcl TABS 10mg, 25mg, 50mg	4	PA
levocetirizine dihydrochloride SOLN 2.5mg/5ml	2	QL (300 mL / 30 days)
levocetirizine dihydrochloride TABS 5mg	2	QL (30 tabs / 30 days)
olopatadine hcl (nasal) SOLN .6%	2	QL (1 bottle / 30 days)

BETA AGONISTS

albuterol sulfate AERS 108mcg/act	2	QL (2 inhalers / 30 days)
albuterol sulfate NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	2	B/D
albuterol sulfate SYRP 2mg/5ml	2	
albuterol sulfate TABS 2mg, 4mg	4	
formoterol fumarate NEBU 20mcg/2ml	4	B/D
levalbuterol hcl NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	2	B/D

Drug Name	Drug Tier	Requirements/Limits
PROAIR RESPICLICK AEPB 108mcg/act	3	QL (2 inhalers / 30 days)
SEREVENT DISKUS AEPB 50mcg/dose	3	QL (60 inhalations / 30 days)
STRIVERDI RESPIMAT AERS 2.5mcg/act	3	QL (1 inhaler / 30 days)
terbutaline sulfate TABS 2.5mg, 5mg	2	
VENTOLIN HFA AERS 108mcg/act	3	QL (2 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
montelukast sodium CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	2	
zafirlukast TABS 10mg, 20mg	2	
MISCELLANEOUS		
acetylcysteine SOLN 10%, 20%	2	B/D
ALYFTREK TAB 4-20-50	5	NDS, QL (84 tabs / 28 days), PA
ALYFTREK TAB 10-50-125	5	NDS, QL (56 tabs / 28 days), PA
cromolyn sodium NEBU 20mg/2ml	2	B/D
epinephrine (anaphylaxis) SOAJ .15mg/0.3ml, .3mg/0.3ml	2	QL (4 pens / 30 days)
epinephrine (anaphylaxis) SOAJ .15mg/0.15ml	2	QL (2 pens / 30 days)
JASCAYD TABS 9mg, 18mg	5	NDS, QL (60 tabs / 30 days), PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	5	NDS, QL (56 packets / 28 days), PA
KALYDECO TABS 150mg	5	NDS, QL (60 tabs / 30 days), PA
NEFFY SOLN 1mg/0.1ml, 2mg/0.1ml	4	QL (4 bottles / 30 days)
nintedanib esylate CAPS 100mg, 150mg	5	NDS, QL (60 caps / 30 days), PA
NUCALA SOAJ 100mg/ml	5	NDS, QL (3 pens / 28 days), PA
NUCALA SOLR 100mg	5	NDS, QL (3 vials / 28 days), PA
NUCALA SOSY 40mg/0.4ml	5	NDS, QL (1 syringe / 28 days), PA
NUCALA SOSY 100mg/ml	5	NDS, QL (3 syringes / 28 days), PA
OFEV CAPS 100mg, 150mg	5	NDS, QL (60 caps / 30 days), PA
ORKAMBI GRA 75-94MG	5	NDS, QL (56 packets / 28 days), PA
ORKAMBI GRA 100-125	5	NDS, QL (56 packets / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
ORKAMBI GRA 150-188	5	NDS, QL (56 packets / 28 days), PA
ORKAMBI TAB 100-125	5	NDS, QL (112 tabs / 28 days), PA
ORKAMBI TAB 200-125	5	NDS, QL (112 tabs / 28 days), PA
pirfenidone CAPS 267mg	5	NDS, QL (270 caps / 30 days), PA
pirfenidone TABS 267mg	5	NDS, QL (270 tabs / 30 days), PA
pirfenidone TABS 534mg, 801mg	5	NDS, QL (90 tabs / 30 days), PA
PROLASTIN-C SOLN 1000mg/20ml	5	NDS, PA
PULMOZYME SOLN 2.5mg/2.5ml	5	NDS, B/D
roflumilast TABS 250mcg	2	QL (28 tabs / year)
roflumilast TABS 500mcg	2	QL (30 tabs / 30 days)
SYMDEKO TAB 50-75MG	5	NDS, QL (56 tabs / 28 days), PA
SYMDEKO TAB 100-150	5	NDS, QL (56 tabs / 28 days), PA
theophylline SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	2	
TRIKAFTA PAK 59.5MG	5	NDS, QL (56 packets / 28 days), PA
TRIKAFTA PAK 75MG	5	NDS, QL (56 packets / 28 days), PA
TRIKAFTA TAB	5	NDS, QL (84 tabs / 28 days), PA
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml	5	NDS, QL (4 pens / 28 days), PA
XOLAIR SOAJ 150mg/ml	5	NDS, QL (8 pens / 28 days), PA
XOLAIR SOLR 150mg	5	NDS, QL (8 vials / 28 days), PA
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml	5	NDS, QL (4 syringes / 28 days), PA
XOLAIR SOSY 150mg/ml	5	NDS, QL (8 syringes / 28 days), PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	5	NDS, PA
NASAL STEROIDS		
flunisolide (nasal) SOLN .025%	1	QL (2 bottles / 30 days)
fluticasone propionate (nasal) SUSP 50mcg/act	2	QL (1 bottle / 30 days)
mometasone furoate (nasal) SUSP 50mcg/act	2	QL (34 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
XHANCE EXHU 93mcg/act	4	QL (32 mL / 30 days), PA
STEROID INHALANTS		
ASMANEX HFA AERO 50mcg/act, 100mcg/act, 200mcg/act	3	QL (1 inhaler / 30 days)
ASMANEX TWISTHALER 14 MET AEPB 220mcg/inh	3	QL (2 inhalers / 30 days)
ASMANEX TWISTHALER 30 MET AEPB 110mcg/inh	3	QL (4 inhalers / 30 days)
ASMANEX TWISTHALER 30 MET AEPB 220mcg/inh	3	QL (2 inhalers / 30 days)
ASMANEX TWISTHALER 60 MET AEPB 220mcg/inh	3	QL (2 inhalers / 30 days)
ASMANEX TWISTHALER 120 ME AEPB 220mcg/inh	3	QL (1 inhaler / 30 days)
budesonide (inhalation) SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml	2	B/D
fluticasone propionate (inhalation) AEPB 50mcg/act	4	QL (180 inhalations / 30 days)
fluticasone propionate (inhalation) AEPB 100mcg/act, 250mcg/act	4	QL (240 inhalations / 30 days)
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR HFA AER 45/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	3	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 50-25MCG	3	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 100-25	3	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	3	QL (60 blisters / 30 days)
breyna	2	QL (1 inhaler / 30 days)
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	2	QL (1 inhaler / 30 days)
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	2	QL (1 inhaler / 30 days)
fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act	3	QL (60 blisters / 30 days)
fluticasone furoate-vilanterol aero powd ba 200-25 mcg/act	3	QL (60 blisters / 30 days)
fluticasone-salmeterol aer powder ba 100-50 mcg/act	2	QL (60 inhalations / 30 days)
fluticasone-salmeterol aer powder ba 250-50 mcg/act	2	QL (60 inhalations / 30 days)
fluticasone-salmeterol aer powder ba 500-50 mcg/act	2	QL (60 inhalations / 30 days)

Drug Name	Drug Tier	Requirements/Limits
TOPICAL		
DERMATOLOGY, ACNE		
accutane CAPS 10mg, 20mg, 30mg, 40mg	4	
adapalene GEL .1%, .3%	4	QL (45 gm / 30 days), PA
amnesteem CAPS 10mg, 20mg, 30mg, 40mg	4	
benzoyl peroxide-erythromycin gel 5-3%	4	QL (46.6 gm / 30 days)
claravis CAPS 10mg, 20mg, 30mg, 40mg	4	
clindamycin phosphate (topical) LOTN 1%; SOLN 1%	2	QL (60 mL / 30 days)
clindamycin phosphate topical (once daily) GEL 1%	2	QL (75 gm / 30 days)
clindamycin phosphate topical (twice daily) GEL 1%	2	QL (60 gm / 30 days)
ery PADS 2%	2	QL (60 pledgets / 30 days)
erythromycin (acne aid) SOLN 2%	2	QL (60 mL / 30 days)
isotretinoin CAPS 10mg, 20mg, 30mg, 40mg	4	
sulfacetamide sodium (acne) LOTN 10%	2	QL (118 mL / 30 days)
tretinoin CREA .025%, .05%, .1%; GEL .01%, .025%	2	QL (45 gm / 30 days), PA
zenatane CAPS 10mg, 20mg, 30mg, 40mg	4	
DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate (topical) CREA .1%; OINT .1%	2	QL (30 gm / 30 days)
mupirocin OINT 2%	2	QL (90 gm / 30 days)
silver sulfadiazine CREA 1%	2	
ssd CREA 1%	2	
SULFAMYLON CREA 85mg/gm	4	QL (453.6 gm / 30 days)
DERMATOLOGY, ANTIFUNGALS		
ciclopirox olamine CREA .77%	2	QL (90 gm / 30 days)
ciclopirox olamine SUSP .77%	2	QL (60 mL / 30 days)
clotrimazole (topical) CREA 1%	2	QL (45 gm / 30 days)
clotrimazole (topical) SOLN 1%	2	QL (60 mL / 30 days)
clotrimazole w/ betamethasone cream 1-0.05%	2	QL (45 gm / 30 days)
ketoconazole (topical) CREA 2%	2	QL (60 gm / 30 days)
ketoconazole (topical) SHAM 2%	2	QL (120 mL / 30 days)
nyamyc POWD 100000unit/gm	2	QL (60 gm / 30 days)
nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm	2	QL (30 gm / 30 days)
nystatin (topical) POWD 100000unit/gm	2	QL (60 gm / 30 days)
nystop POWD 100000unit/gm	2	QL (60 gm / 30 days)
selenium sulfide LOTN 2.5%	2	

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, ANTIPSORIATICS		
acitretin CAPS 10mg, 17.5mg, 25mg	4	
calcipotriene OINT .005%	4	QL (120 gm / 30 days)
calcipotriene SOLN .005%	4	QL (120 mL / 30 days)
methoxsalen rapid CAPS 10mg	5	NDS
tazarotene CREA .05%, .1%	2	QL (60 gm / 30 days), PA
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort CREA 1%	1	
alclometasone dipropionate CREA .05%; OINT .05%	2	QL (60 gm / 30 days)
betamethasone dipropionate (topical) CREA .05%; OINT .05%	2	QL (120 gm / 30 days)
betamethasone dipropionate (topical) LOTN .05%	2	QL (120 mL / 30 days)
betamethasone dipropionate augmented CREA .05%; GEL .05%; OINT .05%	2	QL (120 gm / 30 days)
betamethasone dipropionate augmented LOTN .05%	2	QL (120 mL / 30 days)
betamethasone valerate CREA .1%; OINT .1%	2	QL (120 gm / 30 days)
betamethasone valerate LOTN .1%	2	QL (120 mL / 30 days)
clobetasol propionate CREA .05%; GEL .05%; OINT .05%	2	QL (60 gm / 30 days)
clobetasol propionate SOLN .05%	4	QL (50 mL / 30 days)
clobetasol propionate e CREA .05%	2	QL (60 gm / 30 days)
fluocinolone acetonide CREA .01%	2	QL (60 gm / 30 days)
fluocinolone acetonide CREA .025%; OINT .025%	2	QL (120 gm / 30 days)
fluocinolone acetonide OIL .01%	2	QL (118.28 mL / 30 days)
fluocinolone acetonide SOLN .01%	2	QL (60 mL / 30 days)
fluocinonide CREA .05%	2	QL (120 gm / 30 days)
fluocinonide GEL .05%; OINT .05%	2	QL (60 gm / 30 days)
fluocinonide SOLN .05%	2	QL (60 mL / 30 days)
fluocinonide emulsified base CREA .05%	2	QL (120 gm / 30 days)
fluticasone propionate CREA .05%; OINT .005%	2	
halobetasol propionate CREA .05%; OINT .05%	2	QL (50 gm / 30 days)
hydrocortisone (topical) CREA 1%	1	
hydrocortisone (topical) CREA 2.5%; LOTN 2.5%; OINT 2.5%	2	
hydrocortisone valerate CREA .2%	2	QL (60 gm / 30 days)
mometasone furoate CREA .1%; OINT .1%; SOLN .1%	2	

Drug Name	Drug Tier	Requirements/Limits
triamcinolone acetonide (topical) CREA .025%, .1%, .5%; OINT .025%, .1%	2	QL (454 gm / 30 days)
triamcinolone acetonide (topical) LOTN .025%, .1%	2	QL (120 mL / 30 days)
triamcinolone acetonide (topical) OINT .5%	2	QL (45 gm / 30 days)
triderm CREA .5%	2	QL (454 gm / 30 days)
DERMATOLOGY, LOCAL ANESTHETICS		
glydo PRSY 2%	2	QL (60 mL / 30 days)
lidocaine OINT 5%	4	QL (50 gm / 30 days)
lidocaine PTCH 5%	4	QL (90 patches / 30 days), PA
lidocaine hcl GEL 2%	2	QL (30 mL / 30 days)
lidocaine hcl SOLN 4%	2	QL (50 mL / 30 days)
lidocaine-prilocaine cream 2.5-2.5%	4	QL (30 gm / 30 days)
lidocan PTCH 5%	4	QL (90 patches / 30 days), PA
tridacaine iii PTCH 5%	4	QL (90 patches / 30 days), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
acyclovir topical OINT 5%	4	QL (30 gm / 30 days)
bexarotene (topical) GEL 1%	5	NDS, QL (60 gm / 30 days), PA
diclofenac sodium (topical) SOLN 1.5%	4	QL (300 mL / 28 days)
EUCRISA OINT 2%	4	QL (120 gm / 30 days), PA
fluorouracil (topical) CREA 5%	2	QL (40 gm / 30 days)
fluorouracil (topical) SOLN 2%, 5%	2	QL (10 mL / 30 days)
hydrocortisone (rectal) CREA 1%	2	
hydrocortisone (rectal) CREA 2.5%	1	
imiquimod CREA 5%	2	QL (24 packets / 30 days)
lactic acid (ammonium lactate) CREA 12%; LOTN 12%	2	
metronidazole (topical) CREA .75%; GEL .75%	4	QL (45 gm / 30 days)
metronidazole (topical) LOTN .75%	4	QL (59 mL / 30 days)
nitroglycerin (intra-anal) OINT .4%	4	QL (30 gm / 30 days)
PANRETIN GEL .1%	5	NDS, QL (60 gm / 30 days)
pimecrolimus CREA 1%	4	QL (100 gm / 30 days), PA
podofilox SOLN .5%	2	QL (7 mL / 28 days)
procto-med hc CREA 2.5%	1	
proctosol hc CREA 2.5%	1	
proctozone-hc CREA 2.5%	1	

Drug Name	Drug Tier	Requirements/Limits
tacrolimus (topical) OINT .03%, .1%	4	QL (100 gm / 30 days), PA
VALCHLOR GEL .016%	5	NDS, QL (60 gm / 30 days), PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
malathion LOTN .5%	4	QL (59 mL / 30 days)
permethrin CREA 5%	2	QL (60 gm / 30 days)
DERMATOLOGY, WOUND CARE AGENTS		
lactated ringer's for irrigation	2	
SANTYL OINT 250unit/gm	4	QL (180 gm / 30 days)
sodium chloride (gu irrigant) SOLN .9%	2	
water for irrigation, sterile irrigation soln	2	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl CAPS 30mg	2	
chlorhexidine gluconate (mouth-throat) SOLN .12%	1	
clotrimazole TROC 10mg	2	QL (150 lozenges / 30 days)
denta 5000 plus CREA 1.1%	1	
kourzeq PSTE .1%	2	
lidocaine hcl (mouth-throat) SOLN 2%, 4%	2	
nystatin (mouth-throat) SUSP 100000unit/ml	2	
periogard SOLN .12%	1	
pilocarpine hcl (oral) TABS 5mg, 7.5mg	2	
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BlueCross BlueShield Tennessee

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BlueCross:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as: (1) qualified sign language interpreters and (2) written information in other formats, such as large print, audio and accessible electronic formats.
- Provides free language assistance services to people whose primary language is not English, such as: (1) qualified interpreters and (2) information written in other languages.

If you need these reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact Member Service at the number on the back of your Member ID card or call **800-831-2583**, TTY **711**. From **Oct. 1 to March 31**, you can call us 7 days a week from 8 a.m. to 9 p.m. ET. From **April 1 to Sept. 30**, you can call us Monday through Friday from 8 a.m. to 9 p.m. ET. Our automated phone system may answer your call outside of these hours and during holidays.

If you believe that BlueCross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance ("Nondiscrimination Grievance").

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You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 800-368-1019, 800-537-7697 (TDD), Monday through Friday, 8 a.m. to 6 p.m. ET. Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

You can contact BlueCross's Nondiscrimination Coordinator at 423-535-1010 (phone), Nondiscrimination_CoordinatorGM@bcbst.com (email), or Corporate Compliance, 1 Cameron Hill Circle, 1.4, Chattanooga, TN 37402.

This notice is available at BlueCross's website: bcbst.com.

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[1] Consistent with the scope of sex discrimination described at 45 CFR 92.101(a)(2)

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 800-831-2583 (TTY: 711) or speak to your provider.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 800-831-2583 (TTY: 711) o hable con su proveedor.

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 800-831-2583 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 800-831-2583 (TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.

注意 : 如果您说[中文], 我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务 , 以无障碍格式提供信息。致电 800-831-2583 (文本电话 : 711) 或咨询您的服务提供商。

ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઑક્ઝિલરી સહાય અને ઍક્સેસિબલ ફૉર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 800-831-2583 (TTY: 711) પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 800-831-2583 (TTY : 711) ou parlez à votre fournisseur.

ማሳሰቢያ፦ አማርኛ የሚናገሩ ከሆነ፣ የቋንቋ ድጋፍ አገልግሎት በነፃ ይቀርብልዎታል። መረጃን በተደራሽ ቅርጸት ለማቅረብ ተገቢ የሆኑ ተጨማሪ እገዛዎች እና አገልግሎቶች እንዲሁ በነፃ ይገኛሉ። በስልክ ቁጥር 800-831-2583 (TTY: 711) ይደውሉ ወይም አገልግሎት አቅራቢዎን ያናግሩ።

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 800-831-2583 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 800-831-2583 (TTY: 711) или обратитесь к своему поставщику услуг.

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 800-831-2583 (الهاتف النصي: 711) أو تحدث إلى مقدم الخدمة.

توجه: اگر [وارد کردن زبان] صحبت می‌کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک‌ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب‌های قابل دسترس،به‌طور رایگان موجود می‌باشند. با شماره 800-831-2583 (تله‌تایپ: 711) تماس بگیرید یا با ارائه‌دهنده خود صحبت کنید.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 800-831-2583 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。800-831-2583（TTY：711）までお電話ください。または、ご利用の事業者にご相談ください。

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang a dispozisyon w gratis. Èd ak sèvis oksilyè apwopriye pou bay enfòmasyon nan fòma aksesib yo a dispozisyon gratis tou. Rele nan 800-831-2583 (TTY: 711) oswa pale avèk founisè swen w lan.

ATENÇÃO: Se você fala [Português], serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 800-831-2583 (TTY: 711) ou fale com seu provedor.

ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 800-831-2583 (TTY: 711) ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 800-831-2583 (TTY: 711) o makipag-usap sa iyong provider.

We have made no changes to this formulary since 1/1/2027.

We're right here when you need us.

For more recent information or other questions, please contact us.

800-831-2583, TTY **711**
OCT. 1 TO MARCH 31, SEVEN DAYS A WEEK FROM 8 A.M. TO 9 P.M. ET. FROM **APRIL 1 TO SEPT. 30**, M-F FROM 8 A.M. TO 9 P.M. ET.

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