Excellus

2027 Formulary
(List of Covered Drugs)

Medicare Blue Dual (HMO D-SNP)

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

This formulary was updated on 10/01/2026. For more recent information or other questions, please contact Excellus BlueCross BlueShield at 1-866-862-7087 (TTY users should call 711). From October 1 - March 31, you can call us seven days a week from 8:00 a.m. to 8:00 p.m. From April 1 - September 30, you can call us Monday to Friday from 8:00 a.m. to 8:00 p.m., or visit ExcellusBCBS.com/MedicareRx

Excellus BlueCross BlueShield is an HMO plan with a Medicare contract and a contract with the New York State Medicaid Program. Enrollment in Excellus BlueCross BlueShield depends on contract renewal.

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Formulary ID 27175

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D-SNP B-7980Y27-08

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 Excellus BlueCross BlueShield.

When it refers to “plan” or “our plan,” it means Medicare Blue Dual (HMO D-SNP).

This document includes a Drug List (formulary) for our plan which is current as of 09/01/2026. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated 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 Medicare Blue Dual (HMO D-SNP) 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 our plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the formulary change?

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

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 Medicare Blue Dual (HMO D-SNP) formulary?” Some of these drug types may be new to you. For more information, see the section below titled “What are original biological products and how are they related to biosimilars?”.

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may 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 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 and continue to cover the 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 Medicare Blue Dual (HMO D-SNP) 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 10/01/2026. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages.

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 81. 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?

Our plan covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs 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:** Our plan requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don’t get approval, our plan may not cover the drug.

- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that our plan will cover. For example, our plan provides up to 60 tablets per 30-day prescription and up to 180 tablets per 90-day prescription of sacubitril/valsartan (generic for Entresto).

- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan 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 our plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Medicare Blue Dual (HMO D-SNP) formulary?" on page IV for information about how to request an exception.

What if my drug is not on the formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Care and ask if your drug is covered.

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

- You can ask Customer Care for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.
- You can ask our plan to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Medicare Blue Dual (HMO D-SNP) formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing tier, and you would not be able to ask us to provide the drug at a lower cost-sharing tier.
- 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, the 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 a lower cost-sharing tier, unless the drug is on the specialty tier. If approved this would lower the amount you must pay for your drug.

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

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

Any member experiencing a level of care change, such as a change in their treatment setting, the plan will not utilize any early refill edits that limit appropriate and necessary access to their Part D benefit. Enrollees are allowed access to a refill upon admission or discharge.

For more information

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

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

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

Excellus BlueCross BlueShield Formulary

The chart below provides a range of the LIS copays by tier for 30-day and 90- day supplies at an in-network retail or mail order pharmacy and 31-day supply for LTC.

If you receive "Extra Help," your share of the cost for a covered Part D prescription drug depends on the level of "Extra Help" you receive. For more information about your drug cost sharing, look at the separate insert we mailed to you, called the "LIS Rider".

DRUG TIER	IN-NETWORK COST SHARING			
	RETAIL 30-DAY SUPPLY	MAIL ORDER 30-DAY SUPPLY	LTC 31-DAY SUPPLY	RETAIL OR MAIL ORDER 90-DAY SUPPLY
TIER 1 Preferred Generics*	$0 or $1.65 or $5.80			
TIER 2 Generics*	$0 or $1.65 or $5.80			
TIER 3 Preferred Brands*	**Brand Drugs** $0 or $5.00 or $14.40			
TIER 4 Non-Preferred Drugs*	**Generic Drugs** $0 or $1.65 or $5.80			
TIER 5 Specialty*	**Specialty Brand Drugs** $0 or $5.00 or $14.40 **Specialty Generic Drugs** $0 or $1.65 or $5.80			

*A deductible may apply. Refer to your Evidence of Coverage for your plan's deductible requirements.

Drug Tier Descriptions

Preferred Generic: Select generic drugs that are used for maintenance of health for chronic conditions and offer clinical and cost savings advantages.

Generic: Most other generic drugs on our formulary.

Preferred Brand: Includes certain preferred brand-name drugs that provide unique clinical benefits and greater value compared to similar drugs. Certain generic drugs may appear in Tier 3 due to their higher cost or potential safety concerns.

Non-Preferred Drug: All other brand-name drugs on our formulary. Certain generic drugs may appear in Tier 4 due to the high cost of the drug or the potential safety concerns for our Part D members.

Specialty: High-cost specialty generic and brand-name drugs that exceed $1080 per month.

The formulary that begins on the next page provides coverage information about the drugs covered by the plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 81.

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

B/D PA	**PART B VS D DETERMINATION -** This prescription drug requires review by our clinical team to determine if the drug is covered under Part B (medical benefit) or Part D (drug benefit).
PA	**PRIOR AUTHORIZATION -** Some medications require prior authorization, which means you must get approval for coverage from the plan before filling your prescription. Without this approval, the medication may not be covered.
QL	**QUANTITY LIMITS -** For certain drugs, we limit the amount of the drug that we will cover. For example, we provide 60 tablets per 30-day prescription for sacubitril/valsartan (generic for Entresto).
RV	**RECOMMENDED VACCINE -** Our plan covers all Part D adult vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) at no member cost, regardless of tier. Depending on specific CDC and ACIP recommendations, age restrictions may apply.
ST	**STEP THERAPY -** We require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANALGESICS		
Analgesics		
ASCOMP WITH CODEINE	4	
butalbital-acetaminophen oral tablet 50-325 mg	4	
butalbital-acetaminophen-caffeine oral capsule	4	
butalbital-acetaminophen-caffeine oral tablet	4	
butalbital-acetaminophen-caffeine-codeine oral capsule 50-325-40-30 mg	4	
butalbital-aspirin-caffeine oral capsule	4	
codeine-butalbital-aspirin-caffeine	4	
JOURNAVX	4	PA; QL (29 EA per 30 days)
Nonsteroidal Anti-Inflammatory Drugs		
celecoxib	4	QL (60 EA per 30 days)
diclofenac potassium oral tablet 50 mg	4	
diclofenac sodium oral tablet extended release 24 hr	4	
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg	4	
diclofenac sodium oral tablet,delayed release (dr/ec) 50 mg, 75 mg	2	
diclofenac sodium topical drops	4	
diclofenac-misoprostol	4	
diflunisal	4	
etodolac	4	
flurbiprofen oral tablet 100 mg	4	
IBU	2	
ibuprofen oral suspension	3	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	2	
indomethacin oral capsule	2	
indomethacin oral capsule, extended release	2	
ketoprofen oral capsule 50 mg	4	
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg	4	QL (30 EA per 30 days)
ketorolac oral	3	QL (20 EA per 30 days)
meloxicam oral tablet 15 mg	2	QL (30 EA per 30 days)
meloxicam oral tablet 7.5 mg	2	QL (60 EA per 30 days)
nabumetone	4	
naproxen oral tablet	2	
naproxen oral tablet,delayed release (dr/ec)	4	
naproxen sodium oral tablet 275 mg, 550 mg	4	
oxaprozin oral tablet	4	
piroxicam	4	
sulindac	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Opioid Analgesics, Long-Acting		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 75 MCG	4	QL (60 EA per 30 days)
BELBUCA BUCCAL FILM 600 MCG, 750 MCG, 900 MCG	4	
buprenorphine	3	
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	2	
fentanyl transdermal patch 72 hour 37.5 mcg/hour, 62.5 mcg/hour, 87.5 mcg/hour	4	
hydrocodone bitartrate oral capsule, oral only, er 12hr	4	
hydromorphone oral tablet extended release 24 hr	4	
METHADONE INTENSOL	2	
methadone oral concentrate	2	
methadone oral solution	2	
methadone oral tablet	2	
METHADOSE ORAL CONCENTRATE	2	
morphine oral capsule, er multiphase 24 hr	4	
morphine oral capsule,extend.release pellets 10 mg, 100 mg, 20 mg, 50 mg, 60 mg, 80 mg	4	
morphine oral tablet extended release 100 mg, 200 mg	4	
morphine oral tablet extended release 15 mg, 30 mg, 60 mg	2	
oxycodone oral tablet,oral only,ext.rel.12 hr	4	
oxymorphone oral tablet extended release 12 hr	4	
tramadol oral capsule,er biphase 24 hr 17-83	3	
tramadol oral capsule,er biphase 24 hr 25-75 100 mg, 200 mg	3	
tramadol oral tablet extended release 24 hr	3	
tramadol oral tablet, er multiphase 24 hr	3	
Opioid Analgesics, Short-Acting		
acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml	4	
acetaminophen-codeine oral tablet	4	
ASCOMP WITH CODEINE	4	
butalbital-acetaminophen oral tablet 50-325 mg	4	
butalbital-acetaminophen-caffeine oral tablet	4	
butalbital-acetaminophen-caffeine-codeine oral capsule 50-325-40-30 mg	4	
butalbital-aspirin-caffeine oral capsule	4	
butorphanol nasal	4	
codeine sulfate	4	
codeine-butalbital-aspirin-caffeine	4	
ENDOCET	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
hydrocodone-acetaminophen oral solution 10-325 mg/15 ml, 7.5-325 mg/15 ml	4	
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	4	
hydrocodone-ibuprofen oral tablet 5-200 mg, 7.5-200 mg	4	
hydromorphone oral liquid	4	
hydromorphone oral tablet	4	
morphine concentrate oral solution	4	
morphine oral solution	4	
morphine oral tablet	4	
oxycodone oral capsule	4	
oxycodone oral solution	4	
oxycodone oral tablet	4	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	4	
oxymorphone oral tablet	4	
pentazocine-naloxone	4	
tramadol oral tablet 100 mg	3	
tramadol oral tablet 50 mg	2	
tramadol-acetaminophen	2	
ANESTHETICS		
Local Anesthetics		
lidocaine (preservative-free) injection solution 20 mg/ml (2 %)	2	
lidocaine (preservative-free) intravenous (cardiac) solution	2	
lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %)	2	
lidocaine hcl laryngotracheal	2	
lidocaine hcl mucous membrane	2	
lidocaine topical adhesive patch,medicated 5 %	4	PA; QL (90 EA per 30 days)
lidocaine topical ointment	4	
LIDOCAINE VISCOUS	2	
lidocaine-prilocaine topical cream	2	
ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS		
Alcohol Deterrents/Anti-Craving		
acamprosate	2	
disulfiram oral tablet 250 mg	2	
disulfiram oral tablet 500 mg	3	
naltrexone	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Opioid Dependence		
buprenorphine hcl sublingual	2	
buprenorphine-naloxone	2	
lofexidine	4	
naltrexone	2	
VIVITROL	5	
Opioid Reversal Agents		
KLOXXADO	3	QL (2 EA per 30 days)
naloxone injection solution	4	
naloxone injection syringe	2	
naloxone nasal (rx ndcs only)	3	
NARCAN (RX NDCS ONLY)	3	
OPVEE	3	
REXTOVY	3	
REZENOPY	3	
Smoking Cessation Agents		
bupropion (smoking deterrent)	3	
NICOTROL NS	4	
varenicline tartrate	3	QL (336 EA per 365 days)
ANTIBACTERIALS		
Aminoglycosides		
amikacin injection solution 1,000 mg/4 ml	2	
amikacin injection solution 500 mg/2 ml	4	
ARIKAYCE	5	PA; QL (236 ML per 28 days)
gentamicin in nacl (iso-osmotic) intravenous piggyback 100 mg/100 ml, 100 mg/50 ml, 120 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml	2	
gentamicin injection	2	
gentamicin sulfate (pediatric, preservative-free)	2	
gentamicin topical	2	
neomycin	2	
streptomycin	4	
tobramycin sulfate injection solution	2	
Antibacterials, Other		
acetic acid irrigation	4	
acetic acid otic (ear)	2	
aztreonam	4	
CLEOCIN VAGINAL SUPPOSITORY	4	
CLINDACIN ETZ TOPICAL SWAB	4	
clindamycin hcl	2	
clindamycin in 5 % dextrose	2	
CLINDAMYCIN PEDIATRIC	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
clindamycin phosphate injection	2	
clindamycin phosphate topical swab	2	
clindamycin phosphate vaginal	2	
colistin (colistimethate sodium)	4	
daptomycin	4	
fosfomycin tromethamine	3	
linezolid in dextrose 5%	4	
linezolid oral suspension for reconstitution	5	
linezolid oral tablet	4	QL (60 EA per 30 days)
methenamine hippurate	3	
metronidazole in nacl (iso-os)	2	
metronidazole oral capsule	4	
metronidazole oral tablet 250 mg, 500 mg	2	
metronidazole topical cream	1	
metronidazole topical gel 0.75 %	1	
metronidazole topical gel 1 %	4	
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	2	
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	3	
nitrofurantoin monohydrate/macrocrystals oral	2	
NUVESSA	4	
SIVEXTRO INTRAVENOUS	5	PA; QL (6 EA per 6 days)
SIVEXTRO ORAL	4	PA; QL (6 EA per 6 days)
SOLOSEC	4	
tigecycline	4	
tinidazole	2	
trimethoprim	2	
vancomycin in 0.9% sodium chloride intravenous piggyback 1 gram/200 ml	2	
vancomycin in dextrose 5% intravenous piggyback 1 gram/200 ml, 750 mg/150 ml	2	
vancomycin intravenous recon soln 1,000 mg, 1.75 gram, 10 gram, 2 gram, 500 mg, 750 mg	3	
vancomycin oral capsule	4	
vancomycin oral recon soln 25 mg/ml	4	
vancomycin-diluent combo no. 1 intravenous piggyback 1 gram/200 ml	2	
vancomycin-diluent combo no. 1 intravenous piggyback 750 mg/150 ml	3	
water for irrigation, sterile	2	
XIFAXAN	3	
Beta-Lactam, Cephalosporins		
cefaclor oral capsule	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
cefaclor oral suspension for reconstitution 250 mg/5 ml	4	
cefaclor oral tablet extended release 12 hr	4	
cefadroxil oral capsule	3	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	3	
cefadroxil oral tablet	3	
cefazolin in dextrose (iso-osmotic) intravenous piggyback 2 gram/100 ml, 2 gram/50 ml	2	
cefazolin injection recon soln 1 gram, 500 mg	4	
cefazolin injection recon soln 2 gram	2	
cefazolin intravenous recon soln 10 gram	4	
cefdinir	4	
cefepime injection	4	
cefixime	4	
cefoxitin	4	
cefpodoxime	4	
cefprozil	4	
ceftaroline fosamil	5	
ceftazidime	4	
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	4	
cefuroxime oral tablet	4	
cefuroxime sodium injection recon soln 750 mg	4	
cefuroxime sodium intravenous recon soln 1.5 gram	4	
cephalexin oral capsule 250 mg, 500 mg	2	
cephalexin oral capsule 750 mg	4	
cephalexin oral suspension for reconstitution	2	
cephalexin oral tablet	2	
Beta-Lactam, Penicillins		
amoxicillin oral capsule	2	
amoxicillin oral suspension for reconstitution	2	
amoxicillin oral tablet	2	
amoxicillin oral tablet,chewable 125 mg, 250 mg	2	
amoxicillin-clavulanate	2	
ampicillin oral capsule 500 mg	2	
ampicillin sodium injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	2	
ampicillin sodium intravenous recon soln 2 gram	2	
ampicillin-sulbactam injection	4	
BICILLIN C-R	4	
BICILLIN L-A	4	
dicloxacillin	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LENTOCILIN S	4	
LENTOCILIN S (WITH LIDOCAINE)	4	
nafcillin injection	4	
oxacillin	4	
oxacillin in dextrose (iso-osmotic) intravenous piggyback 2 gram/50 ml	4	
penicillin g potassium in dextrose intravenous piggyback 2 million unit/50 ml, 3 million unit/50 ml	4	
penicillin g sodium	4	
penicillin v potassium	2	
PFIZERPEN-G	4	
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram	3	
Carbapenems		
ertapenem	4	
imipenem-cilastatin intravenous recon soln 500 mg	4	
meropenem intravenous recon soln 1 gram	4	
meropenem intravenous recon soln 500 mg	3	
VABOMERE	4	
Macrolides		
azithromycin	2	
clarithromycin oral suspension for reconstitution	4	
clarithromycin oral tablet	2	
clarithromycin oral tablet extended release 24 hr	3	
DIFICID	5	
erythromycin ethylsuccinate oral suspension for reconstitution	4	
erythromycin ethylsuccinate oral tablet	2	
erythromycin oral capsule,delayed release(dr/ec) 250 mg	4	
erythromycin oral tablet 250 mg, 500 mg	4	
erythromycin oral tablet,delayed release (dr/ec) 250 mg, 333 mg	4	
erythromycin oral tablet,delayed release (dr/ec) 500 mg	3	
fidaxomicin	5	
Quinolones		
besifloxacin	4	
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	2	
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml	3	
levofloxacin in d5w intravenous piggyback 500 mg/100 ml	3	
levofloxacin oral solution	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
levofloxacin oral tablet	2	
moxifloxacin in nacl (iso-osmotic)	4	
moxifloxacin oral	3	
ofloxacin oral tablet 400 mg	3	
Sulfonamides		
sulfacetamide sodium (acne)	2	
sulfadiazine	2	
sulfamethoxazole-trimethoprim oral	2	
Tetracyclines		
DOXY-100	4	
doxycycline hyclate intravenous	4	
doxycycline hyclate oral capsule 100 mg, 50 mg	3	
doxycycline hyclate oral tablet 100 mg	3	
doxycycline hyclate oral tablet 20 mg	2	
doxycycline hyclate oral tablet,delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 75 mg	4	
doxycycline monohydrate oral capsule 100 mg, 50 mg	3	
doxycycline monohydrate oral suspension for reconstitution	4	
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	3	
doxycycline monohydrate oral tablet 150 mg	4	
minocycline oral capsule	2	
minocycline oral tablet 100 mg, 50 mg	4	
tetracycline oral capsule	4	
ANTICONVULSANTS		
Anticonvulsants, Other		
brivaracetam oral solution	5	QL (600 ML per 30 days)
brivaracetam oral tablet	5	QL (60 EA per 30 days)
BRIVIACT ORAL SOLUTION	5	QL (600 ML per 30 days)
BRIVIACT ORAL TABLET	5	QL (60 EA per 30 days)
DIACOMIT	5	
divalproex oral capsule, delayed rel sprinkle	3	
divalproex oral tablet extended release 24 hr	2	
divalproex oral tablet,delayed release (dr/ec)	2	
EPIDIOLEX	5	PA
felbamate	4	
FINTEPLA	5	PA
lamotrigine oral tablet	2	
lamotrigine oral tablet extended release 24hr	4	
lamotrigine oral tablet, chewable dispersible	4	
lamotrigine oral tablets,dose pack 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
levetiracetam oral solution 100 mg/ml	4	
levetiracetam oral tablet	4	
levetiracetam oral tablet extended release 24 hr 500 mg	4	QL (180 EA per 30 days)
levetiracetam oral tablet extended release 24 hr 750 mg	4	QL (120 EA per 30 days)
levetiracetam oral tablet for suspension	4	
perampanel	4	
SUBVENITE ORAL SUSPENSION	4	
SUBVENITE ORAL TABLET	2	
SUBVENITE STARTER (BLUE) KIT	4	
SUBVENITE STARTER (GREEN) KIT	4	
SUBVENITE STARTER (ORANGE) KIT	4	
topiramate oral capsule,extended release 24hr 100 mg, 25 mg, 50 mg	4	QL (30 EA per 30 days)
topiramate oral capsule,extended release 24hr 200 mg	4	QL (90 EA per 30 days)
topiramate oral capsule,sprinkle,er 24hr 100 mg, 25 mg, 50 mg	4	QL (30 EA per 30 days)
topiramate oral capsule,sprinkle,er 24hr 150 mg, 200 mg	4	
topiramate oral solution	4	
valproic acid oral capsule 250 mg	4	
valproic acid oral solution 250 mg/5 ml	4	
XCOPRI MAINTENANCE PACK	5	QL (56 EA per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	5	QL (30 EA per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	5	QL (60 EA per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	3	QL (28 EA per 28 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	5	QL (28 EA per 28 days)
ZTALMY	5	PA
Calcium Channel Modifying Agents		
ethosuximide oral capsule	2	
ethosuximide oral solution	4	
methsuximide	4	
pregabalin oral capsule 100 mg	3	QL (180 EA per 30 days)
pregabalin oral capsule 150 mg, 25 mg, 50 mg, 75 mg	3	QL (120 EA per 30 days)
pregabalin oral capsule 200 mg, 225 mg	3	QL (90 EA per 30 days)
pregabalin oral capsule 300 mg	3	QL (60 EA per 30 days)
pregabalin oral solution	3	
Gamma-Aminobutyric Acid (Gaba) Modulating Agents		
clobazam oral suspension	3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
clobazam oral tablet	3	
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	3	
clonazepam oral tablet,disintegrating	4	
clorazepate dipotassium	3	
DIAZEPAM INTENSOL	4	
diazepam oral solution 5 mg/5 ml (1 mg/ml)	4	
diazepam rectal	4	
gabapentin oral capsule 100 mg, 300 mg, 400 mg	3	
gabapentin oral solution 250 mg/5 ml	3	
gabapentin oral tablet 600 mg, 800 mg	3	
gabapentin oral tablet extended release 24 hr 300 mg, 450 mg	4	PA; QL (30 EA per 30 days)
gabapentin oral tablet extended release 24 hr 600 mg, 750 mg, 900 mg	4	PA; QL (60 EA per 30 days)
NAYZILAM	4	
phenobarbital	4	
pregabalin oral capsule 200 mg	3	QL (90 EA per 30 days)
pregabalin oral capsule 300 mg	3	QL (60 EA per 30 days)
pregabalin oral solution	3	
primidone	4	
SYMPAZAN ORAL FILM 10 MG	5	QL (60 EA per 30 days)
SYMPAZAN ORAL FILM 20 MG	5	
SYMPAZAN ORAL FILM 5 MG	4	QL (60 EA per 30 days)
tiagabine	4	
VALTOCO	5	
vigabatrin	5	
VIGADRONE	5	
VIGAFYDE	5	
Sodium Channel Agents		
carbamazepine oral capsule, er multiphase 12 hr	4	
carbamazepine oral suspension 100 mg/5 ml	4	
carbamazepine oral tablet	4	
carbamazepine oral tablet extended release 12 hr	4	
carbamazepine oral tablet,chewable 100 mg	4	
DILANTIN	4	
DILANTIN EXTENDED	4	
DILANTIN INFATABS	4	
EQUETRO	4	
eslicarbazepine oral tablet 200 mg, 400 mg	4	QL (30 EA per 30 days)
eslicarbazepine oral tablet 600 mg, 800 mg	4	QL (60 EA per 30 days)
lacosamide oral solution	4	
lacosamide oral tablet	3	QL (60 EA per 30 days)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MOTPOLY XR ORAL CAPSULE 100 MG	4	PA; QL (30 EA per 30 days)
MOTPOLY XR ORAL CAPSULE 150 MG	4	PA; QL (60 EA per 30 days)
MOTPOLY XR ORAL CAPSULE 200 MG	4	PA
oxcarbazepine oral suspension	4	
oxcarbazepine oral tablet	4	
phenytoin oral suspension 125 mg/5 ml	4	
phenytoin oral tablet,chewable	4	
phenytoin sodium extended	4	
rufinamide oral suspension	5	QL (2400 ML per 30 days)
rufinamide oral tablet 200 mg	4	QL (480 EA per 30 days)
rufinamide oral tablet 400 mg	5	QL (240 EA per 30 days)
ZONISADE	4	
zonisamide	4	
ANTIDEMENTIA AGENTS		
Antidementia Agents, Other		
LEQEMBI IQLIK SUBCUTANEOUS AUTO-INJECTOR 360 MG/1.8 ML	5	PA; QL (7.2 ML per 28 days)
LEQEMBI IQLIK SUBCUTANEOUS AUTO-INJECTOR 500 MG/2.5 ML (250MG/1.25MLX2)	5	PA; QL (10 ML per 28 days)
memantine-donepezil	4	PA; QL (30 EA per 30 days)
Cholinesterase Inhibitors		
donepezil oral tablet 10 mg, 5 mg	1	
donepezil oral tablet 23 mg	3	QL (30 EA per 30 days)
donepezil oral tablet,disintegrating	2	
galantamine oral capsule,ext rel. pellets 24 hr	4	QL (30 EA per 30 days)
galantamine oral solution	4	
galantamine oral tablet	4	QL (60 EA per 30 days)
rivastigmine tartrate	4	QL (60 EA per 30 days)
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 9.5 mg/24 hour	4	
rivastigmine transdermal patch 24 hour 4.6 mg/24 hour	4	QL (30 EA per 30 days)
N-Methyl-D-Aspartate (Nmda) Receptor Antagonist		
memantine oral capsule,sprinkle,er 24hr	3	QL (30 EA per 30 days)
memantine oral solution	3	QL (300 ML per 30 days)
memantine oral tablet	2	QL (60 EA per 30 days)
memantine oral tablets,dose pack	4	QL (49 EA per 28 days)
ANTIDEPRESSANTS		
Antidepressants, Other		
amitriptyline-chlordiazepoxide	4	
aripiprazole oral solution	4	
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC	5	PA; QL (60 EA per 30 days)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
AUVELITY ORAL TABLET,IR ER BIPHASIC,DOSEPACK	5	PA
bupropion hcl oral tablet	3	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	3	
bupropion hcl oral tablet extended release 24 hr 450 mg	4	
bupropion hcl oral tablet sustained-release 12 hr	3	
EXXUA ORAL TABLET EXTENDED RELEASE 24 HR	5	PA; QL (30 EA per 30 days)
EXXUA ORAL TABLET, EXT REL 24HR DOSE PACK	5	PA; QL (32 EA per 14 days)
mirtazapine oral tablet 15 mg, 30 mg, 45 mg	2	
mirtazapine oral tablet 7.5 mg	3	QL (30 EA per 30 days)
mirtazapine oral tablet,disintegrating	2	
olanzapine-fluoxetine	4	
OPIPZA ORAL FILM 10 MG, 5 MG	5	PA; QL (90 EA per 30 days)
OPIPZA ORAL FILM 2 MG	5	PA; QL (60 EA per 30 days)
perphenazine-amitriptyline	4	
quetiapine oral tablet	2	
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 50 mg	3	QL (30 EA per 30 days)
quetiapine oral tablet extended release 24 hr 300 mg, 400 mg	3	QL (60 EA per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	5	QL (28 EA per 365 days)
ZURZUVAE ORAL CAPSULE 30 MG	5	QL (14 EA per 365 days)
Monoamine Oxidase Inhibitors		
EMSAM	5	QL (30 EA per 30 days)
MARPLAN	4	
phenelzine	2	
tranylcypromine	4	
Ssris/Snris (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitors)		
citalopram oral solution	4	
citalopram oral tablet	1	
desvenlafaxine	4	QL (30 EA per 30 days)
desvenlafaxine succinate	4	QL (30 EA per 30 days)
DRIZALMA SPRINKLE	4	QL (60 EA per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 20 mg	3	QL (120 EA per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 30 mg	3	QL (90 EA per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 60 mg	3	QL (60 EA per 30 days)
escitalopram oxalate oral solution	4	
escitalopram oxalate oral tablet	1	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	4	QL (28 EA per 28 days)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	4	QL (30 EA per 30 days)
fluoxetine oral capsule	1	
fluoxetine oral solution	4	
fluvoxamine oral capsule,extended release 24hr	4	
fluvoxamine oral tablet	3	
nefazodone	4	
paroxetine hcl oral suspension	4	
paroxetine hcl oral tablet	2	
RALDESY	4	
sertraline oral concentrate	4	
sertraline oral tablet	1	
trazodone oral tablet 100 mg, 150 mg, 50 mg	1	
trazodone oral tablet 300 mg	3	
TRINTELLIX	4	QL (30 EA per 30 days)
venlafaxine oral capsule,extended release 24hr	2	QL (90 EA per 30 days)
venlafaxine oral tablet	3	
vilazodone	4	QL (30 EA per 30 days)
Tricyclics		
amitriptyline	4	
amoxapine	4	
clomipramine	4	
desipramine	3	
doxepin oral capsule	2	
doxepin oral concentrate	2	
imipramine hcl	3	
imipramine pamoate	4	
nortriptyline	3	
protriptyline	4	
trimipramine	4	
ANTIEMETICS		
Antiemetics, Other		
chlorpromazine oral	4	
COMPRO	4	
meclizine oral tablet 12.5 mg, 25 mg	2	
metoclopramide hcl oral solution	2	
metoclopramide hcl oral tablet	2	
perphenazine	3	
prochlorperazine	4	
prochlorperazine maleate	3	
promethazine oral	4	
promethazine rectal	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PROMETHEGAN	4	
scopolamine base	4	
trimethobenzamide oral	3	B/D PA
Emetogenic Therapy Adjuncts		
ANZEMET ORAL TABLET 50 MG	4	B/D PA
aprepitant	4	B/D PA
dronabinol oral capsule	4	PA
granisetron hcl oral	2	B/D PA
ondansetron hcl (preservative-free) injection solution	2	
ondansetron hcl oral solution	4	B/D PA
ondansetron hcl oral syringe	4	B/D PA
ondansetron hcl oral tablet 4 mg, 8 mg	2	B/D PA
ondansetron oral tablet,disintegrating 4 mg, 8 mg	2	B/D PA
SYNDROS	5	PA
VARUBI	4	B/D PA
ANTIFUNGALS		
Antifungals		
amphotericin b	2	B/D PA
amphotericin b liposome	4	B/D PA
caspofungin	4	
ciclopirox	2	
clotrimazole mucous membrane	2	
clotrimazole topical	2	
CRESEMBA ORAL	5	
econazole nitrate topical cream	2	
ERAXIS	4	
fluconazole	2	
fluconazole in nacl (iso-osmotic) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml	4	
flucytosine oral capsule 250 mg	4	
flucytosine oral capsule 500 mg	5	
griseofulvin microsize	3	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	3	
itraconazole oral capsule	3	
itraconazole oral solution	4	
ketoconazole oral	2	
ketoconazole topical cream	2	
ketoconazole topical foam	4	
ketoconazole topical shampoo	2	
KETODAN	4	
MICONAZOLE-3 VAGINAL SUPPOSITORY	2	
naftifine topical cream	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NYAMYC	2	
nystatin oral suspension	2	
nystatin oral tablet	2	
nystatin topical	2	
NYSTOP	2	
oxiconazole	4	
posaconazole oral	4	
tavaborole	4	PA
terbinafine hcl oral	2	
terconazole vaginal cream	2	
terconazole vaginal suppository	4	
VIVJOA	5	PA
voriconazole intravenous recon soln	4	PA
voriconazole oral suspension for reconstitution	5	
voriconazole oral tablet	4	
voriconazole-hpbcd	5	PA
ANTIGOUT AGENTS		
Antigout Agents		
allopurinol oral tablet 100 mg, 300 mg	2	
colchicine oral tablet	2	QL (120 EA per 30 days)
febuxostat oral tablet 40 mg	4	QL (30 EA per 30 days)
febuxostat oral tablet 80 mg	4	
probenecid	2	
probenecid-colchicine	2	
ANTIMIGRAINE AGENTS		
Antimigraine Agents		
NURTEC ODT	5	PA; QL (18 EA per 30 days)
Calcitonin Gene-Related Peptide (Cgrp) Receptor Antagonists		
AIMOVIG AUTOINJECTOR	3	PA; QL (1 ML per 28 days)
NURTEC ODT	5	PA; QL (18 EA per 30 days)
Ergot Alkaloids		
dihydroergotamine nasal	4	PA; QL (8 ML per 28 days)
ERGOMAR	4	QL (20 EA per 28 days)
ergotamine-caffeine	3	QL (40 EA per 30 days)
MIGERGOT	4	QL (20 EA per 28 days)
Prophylactic		
BOTOX	4	PA
divalproex oral capsule, delayed rel sprinkle	3	
divalproex oral tablet extended release 24 hr	2	
divalproex oral tablet,delayed release (dr/ec)	2	
timolol maleate oral	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
topiramate oral capsule, sprinkle 15 mg, 25 mg	4	
topiramate oral capsule,extended release 24hr 100 mg, 25 mg, 50 mg	4	QL (30 EA per 30 days)
topiramate oral solution	4	
topiramate oral tablet	2	
Serotonin (5-Ht) Receptor Agonist		
naratriptan	3	QL (18 EA per 30 days)
rizatriptan	3	QL (24 EA per 30 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation	4	QL (12 EA per 30 days)
sumatriptan nasal spray,non-aerosol 5 mg/actuation	4	QL (18 EA per 30 days)
sumatriptan succinate oral	2	QL (18 EA per 30 days)
sumatriptan succinate subcutaneous pen injector	4	QL (10 ML per 30 days)
sumatriptan succinate subcutaneous solution	4	QL (10 ML per 30 days)
sumatriptan-naproxen	4	QL (9 EA per 30 days)
zolmitriptan oral	3	QL (12 EA per 30 days)
ANTIMYASTHENIC AGENTS		
Parasympathomimetics		
pyridostigmine bromide oral tablet 30 mg	4	
pyridostigmine bromide oral tablet 60 mg	2	
pyridostigmine bromide oral tablet extended release 180 mg	4	
VYVGART HYTRULO SUBCUTANEOUS SYRINGE	5	PA; QL (20 ML per 28 days)
ANTIMYCOBACTERIALS		
Antimycobacterials, Other		
dapsone oral	2	
rifabutin	4	
rifapentine	4	
Antituberculars		
ethambutol	2	
isoniazid oral	2	
pretomanid	4	
PRIFTIN	4	
pyrazinamide	2	
rifampin	2	
rifapentine	4	
SIRTURO	5	
ANTINEOPLASTICS		
Alkylating Agents		
cyclophosphamide oral capsule	3	B/D PA
cyclophosphamide oral tablet 50 mg	3	B/D PA
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	4	
GLEOSTINE ORAL CAPSULE 100 MG	5	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LEUKERAN	5	
lomustine oral capsule 10 mg, 40 mg	4	
lomustine oral capsule 100 mg	5	
MATULANE	5	
VALCHLOR	5	PA; QL (60 GM per 30 days)
Antiandrogens		
abiraterone oral tablet 250 mg	5	PA
bicalutamide	2	
ERLEADA ORAL TABLET 240 MG	5	PA
ERLEADA ORAL TABLET 60 MG	5	PA; QL (120 EA per 30 days)
EULEXIN	5	QL (180 EA per 30 days)
nilutamide	5	
NUBEQA	5	PA
toremifene	4	
XTANDI ORAL CAPSULE	5	PA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 40 MG	5	PA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 80 MG	5	PA; QL (60 EA per 30 days)
YONSA	5	PA; QL (120 EA per 30 days)
Antiangiogenic Agents		
lenalidomide	5	PA; QL (30 EA per 30 days)
pomalidomide	5	PA; QL (21 EA per 28 days)
POMALYST	5	PA; QL (21 EA per 28 days)
THALOMID ORAL CAPSULE 100 MG	5	PA; QL (120 EA per 30 days)
THALOMID ORAL CAPSULE 50 MG	5	PA; QL (30 EA per 30 days)
ZENBEXUS	5	PA; QL (21 EA per 28 days)
Antiestrogens/Modifiers		
INLURIYO	5	PA
ORSERDU ORAL TABLET 345 MG	5	PA
ORSERDU ORAL TABLET 86 MG	5	PA; QL (90 EA per 30 days)
PHESGO	5	PA
SOLTAMOX	4	
tamoxifen	2	
VEPPANU ORAL TABLET 100 MG	5	PA; QL (30 EA per 30 days)
VEPPANU ORAL TABLET 200 MG	5	PA
Antimetabolites		
BESREMI	5	PA
BESREMI PEN	5	PA
DROXIA	4	
fluorouracil intravenous	2	B/D PA
fluorouracil topical cream 5 %	2	
fluorouracil topical solution	2	
hydroxyurea	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
mercaptopurine oral suspension	5	
mercaptopurine oral tablet	2	
ONUREG	5	PA
TABLOID	5	
Antineoplastics, Other		
ELREXFIO	5	PA
HARLIKU	5	PA
IDHIFA	5	PA; QL (30 EA per 30 days)
INQOVI	5	PA
IWILFIN	5	PA
LONSURF ORAL TABLET 15-6.14 MG	5	PA; QL (100 EA per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	5	PA; QL (80 EA per 28 days)
LUMAKRAS ORAL TABLET 240 MG	5	PA
LYSODREN	5	
methotrexate sodium (preservative-free) injection recon soln	2	
methotrexate sodium injection	2	
NINLARO	5	PA; QL (3 EA per 28 days)
OJJAARA ORAL TABLET 100 MG	5	PA; QL (30 EA per 30 days)
OJJAARA ORAL TABLET 150 MG, 200 MG	5	PA
ORGOVYX	5	PA
VORANIGO ORAL TABLET 10 MG	5	PA; QL (60 EA per 30 days)
VORANIGO ORAL TABLET 40 MG	5	PA
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2)	5	PA; QL (8 EA per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (10 MG X 4)	5	PA; QL (16 EA per 28 days)
XPOVIO ORAL TABLET 60 MG/WEEK (60 MG X 1), 80 MG/WEEK (80 MG X 1)	5	PA; QL (4 EA per 28 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	5	PA; QL (24 EA per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	5	PA; QL (32 EA per 28 days)
ZOLINZA	5	PA; QL (120 EA per 30 days)
Aromatase Inhibitors, 3Rd Generation		
anastrozole	2	
exemestane	3	
letrozole	2	
Enzyme Inhibitors		
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	PA; QL (60 EA per 30 days)
Molecular Target Inhibitors		
AKEEGA	5	PA
ALECENSA	5	PA; QL (240 EA per 30 days)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA; QL (60 EA per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	5	PA; QL (30 EA per 30 days)
AUGTYRO ORAL CAPSULE 160 MG	5	PA
AUGTYRO ORAL CAPSULE 40 MG	5	PA; QL (240 EA per 30 days)
AVMAPKI-FAKZYNJA	5	PA
AYVAKIT ORAL TABLET 100 MG, 25 MG, 50 MG	5	PA; QL (30 EA per 30 days)
AYVAKIT ORAL TABLET 200 MG, 300 MG	5	PA
BALVERSA ORAL TABLET 3 MG	5	PA; QL (84 EA per 28 days)
BALVERSA ORAL TABLET 4 MG	5	PA; QL (56 EA per 28 days)
BALVERSA ORAL TABLET 5 MG	5	PA
BOSULIF ORAL CAPSULE 100 MG	5	PA
BOSULIF ORAL CAPSULE 50 MG	5	PA; QL (30 EA per 30 days)
BOSULIF ORAL TABLET 100 MG	5	PA; QL (120 EA per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; QL (30 EA per 30 days)
bosutinib oral tablet 100 mg	5	PA; QL (120 EA per 30 days)
bosutinib oral tablet 400 mg, 500 mg	5	PA; QL (30 EA per 30 days)
BRAFTOVI	5	PA
BRUKINSA ORAL TABLET	5	PA; QL (60 EA per 30 days)
CABOMETYX	5	PA; QL (30 EA per 30 days)
CALQUENCE	5	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA; QL (30 EA per 30 days)
CAVHANZA	5	PA; QL (120 EA per 30 days)
COMETRIQ	5	PA
COPIKTRA	5	PA; QL (60 EA per 30 days)
COTELLIC	5	PA
dasatinib oral tablet 100 mg, 140 mg, 50 mg, 80 mg	5	PA; QL (30 EA per 30 days)
dasatinib oral tablet 20 mg	5	PA; QL (90 EA per 30 days)
dasatinib oral tablet 70 mg	5	PA; QL (60 EA per 30 days)
DAURISMO ORAL TABLET 100 MG	5	PA; QL (30 EA per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA; QL (60 EA per 30 days)
ENSACOVE	5	PA; QL (60 EA per 30 days)
ERIVEDGE	5	PA; QL (30 EA per 30 days)
erlotinib oral tablet 100 mg, 150 mg	5	
erlotinib oral tablet 25 mg	5	QL (30 EA per 30 days)
everolimus oral tablet 10 mg, 7.5 mg	5	PA; QL (60 EA per 30 days)
everolimus oral tablet 2.5 mg, 5 mg	5	PA; QL (30 EA per 30 days)
everolimus oral tablet for suspension 2 mg, 3 mg	5	PA
everolimus oral tablet for suspension 5 mg	5	PA; QL (112 EA per 28 days)
FOTIVDA	5	PA
FRUZAQLA ORAL CAPSULE 1 MG	5	PA; QL (84 EA per 28 days)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FRUZAQLA ORAL CAPSULE 5 MG	5	PA; QL (21 EA per 28 days)
GAVRETO	5	PA
gefitinib	5	PA
GILOTRIF	5	PA; QL (30 EA per 30 days)
GOMEKLI	5	PA
HERNEXEOS	5	PA
HYRNUO	5	PA
IBRANCE	5	PA; QL (21 EA per 28 days)
IBTROZI	5	PA; QL (90 EA per 30 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG	5	PA; QL (30 EA per 30 days)
ICLUSIG ORAL TABLET 30 MG, 45 MG	5	PA
IDHIFA	5	PA; QL (30 EA per 30 days)
imatinib oral tablet 100 mg	5	PA; QL (120 EA per 30 days)
imatinib oral tablet 400 mg	5	PA; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; QL (120 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; QL (30 EA per 30 days)
IMBRUVICA ORAL SUSPENSION	5	PA; QL (216 ML per 27 days)
IMBRUVICA ORAL TABLET	5	PA; QL (30 EA per 30 days)
IMKELDI	5	PA; QL (300 ML per 30 days)
INLYTA ORAL TABLET 1 MG	5	PA; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA; QL (120 EA per 30 days)
INREBIC	5	PA
ITOVEBI ORAL TABLET 3 MG	5	PA; QL (60 EA per 30 days)
ITOVEBI ORAL TABLET 9 MG	5	PA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	5	PA; QL (60 EA per 30 days)
JAKAFI ORAL TABLET 25 MG	5	PA
JAYPIRCA ORAL TABLET 100 MG	5	PA
JAYPIRCA ORAL TABLET 50 MG	5	PA; QL (30 EA per 30 days)
JIDEYTRO ORAL TABLET 100 MG	5	PA
JIDEYTRO ORAL TABLET 25 MG	5	PA; QL (90 EA per 30 days)
KISQALI	5	PA; QL (63 EA per 28 days)
KOMZIFTI	5	PA
KOSELUGO	5	PA
KRAZATI	5	PA
lapatinib	5	PA; QL (150 EA per 30 days)
LAZCLUZE ORAL TABLET 240 MG	5	PA
LAZCLUZE ORAL TABLET 80 MG	5	PA; QL (60 EA per 30 days)
LENVIMA ORAL CAPSULE 4 MG, 10 MG	5	PA; QL (30 EA per 30 days)
LENVIMA ORAL CAPSULE PACKS 12 MG/DAY, 18 MG/DAY, 24 MG/DAY	5	PA; QL (90 EA per 30 days)
LENVIMA ORAL CAPSULE PACKS 8 MG/DAY, 14 MG/DAY, 20 MG/DAY	5	PA; QL (60 EA per 30 days)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LIFYORLI	5	PA
LORBRENA ORAL TABLET 100 MG	5	PA; QL (30 EA per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA; QL (90 EA per 30 days)
LUMAKRAS	5	PA
LYNPARZA	5	PA; QL (120 EA per 30 days)
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3)	5	PA; QL (84 EA per 28 days)
LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4)	5	PA; QL (112 EA per 28 days)
LYTGOBI ORAL TABLET 20 MG/DAY (4 MG X 5)	5	PA; QL (140 EA per 28 days)
MEKINIST	5	PA
MEKTOVI	5	PA
MODEYSO	5	PA; QL (20 EA per 28 days)
NERLYNX	5	PA; QL (180 EA per 30 days)
nilotinib hcl	5	PA; QL (120 EA per 30 days)
NINLARO	5	PA; QL (3 EA per 28 days)
ODOMZO	5	PA; QL (30 EA per 30 days)
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	PA; QL (60 EA per 30 days)
OJEMDA	5	PA
OJJAARA ORAL TABLET 100 MG	5	PA; QL (30 EA per 30 days)
OJJAARA ORAL TABLET 150 MG, 200 MG	5	PA
pazopanib oral tablet 200 mg	5	PA; QL (120 EA per 30 days)
PEMAZYRE	5	PA; QL (14 EA per 21 days)
PIQRAY	5	PA
QINLOCK	5	PA; QL (90 EA per 30 days)
RETEVMO ORAL TABLET	5	PA; QL (60 EA per 30 days)
REVUFORJ ORAL TABLET 110 MG	5	PA; QL (120 EA per 30 days)
REVUFORJ ORAL TABLET 160 MG	5	PA; QL (60 EA per 30 days)
REVUFORJ ORAL TABLET 25 MG	5	PA; QL (240 EA per 30 days)
REZLIDHIA	5	PA; QL (60 EA per 30 days)
REZUROCK	5	PA; QL (60 EA per 30 days)
ROMVIMZA	5	PA; QL (8 EA per 28 days)
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; QL (150 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA
ROZLYTREK ORAL PELLETS IN PACKET	5	PA; QL (360 EA per 30 days)
RUBRACA	5	PA; QL (120 EA per 30 days)
RYDAPT	5	PA; QL (240 EA per 30 days)
SCEMBLIX ORAL TABLET 100 MG, 40 MG	5	PA
SCEMBLIX ORAL TABLET 20 MG	5	PA; QL (60 EA per 30 days)
sorafenib	5	PA; QL (120 EA per 30 days)
STIVARGA	5	PA
sunitinib malate	5	PA; QL (30 EA per 30 days)
TABRECTA	5	PA; QL (112 EA per 28 days)
TAFINLAR	5	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TAGRISSO	5	PA; QL (30 EA per 30 days)
TALZENNA	5	PA; QL (30 EA per 30 days)
TASIGNA	5	PA; QL (120 EA per 30 days)
TEPMETKO	5	PA
TIBSOVO	5	PA; QL (60 EA per 30 days)
TRUQAP	5	PA; QL (64 EA per 28 days)
TUKYSA ORAL TABLET 150 MG	5	PA; QL (120 EA per 30 days)
TUKYSA ORAL TABLET 50 MG	5	PA; QL (240 EA per 30 days)
TURALIO	5	PA
VANFLYTA	5	PA
VENCLEXTA ORAL TABLET 10 MG	3	PA; QL (42 EA per 28 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA; QL (224 EA per 28 days)
VENCLEXTA ORAL TABLET 50 MG	5	PA; QL (28 EA per 28 days)
VENCLEXTA STARTING PACK	5	PA; QL (42 EA per 28 days)
VERZENIO	5	PA; QL (60 EA per 30 days)
VIJOICE ORAL GRANULES IN PACKET	5	PA; QL (28 EA per 28 days)
VIJOICE ORAL TABLET 125 MG, 50 MG	5	PA; QL (28 EA per 28 days)
VIJOICE ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	5	PA
VITRAKVI ORAL CAPSULE 100 MG	5	PA; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA; QL (90 EA per 30 days)
VITRAKVI ORAL SOLUTION	5	PA; QL (300 ML per 30 days)
VIZIMPRO	5	PA; QL (30 EA per 30 days)
VONJO	5	PA
WELIREG	5	PA
XALKORI	5	PA
XOSPATA	5	PA; QL (90 EA per 30 days)
ZEJULA ORAL TABLET 100 MG	5	PA; QL (30 EA per 30 days)
ZEJULA ORAL TABLET 200 MG, 300 MG	5	PA
ZELBORAF	5	PA
ZYDELIG	5	PA; QL (60 EA per 30 days)
ZYKADIA	5	PA
Retinoids		
bexarotene oral	5	
bexarotene topical	5	PA
PANRETIN	5	
tretinoin oral	5	
Treatment Adjuncts		
leucovorin calcium oral tablet 10 mg, 15 mg, 5 mg	2	
leucovorin calcium oral tablet 25 mg	3	
mesna oral	4	
MESNEX ORAL	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIPARASITICS		
Anthelmintics		
albendazole	4	
EMVERM	4	
ivermectin oral tablet 3 mg	2	
praziquantel	4	
Antiprotozoals		
atovaquone	4	
atovaquone-proguanil	4	
chloroquine phosphate	2	QL (90 EA per 30 days)
COARTEM	4	
hydroxychloroquine oral tablet 100 mg, 300 mg, 400 mg	2	
hydroxychloroquine oral tablet 200 mg	2	QL (90 EA per 30 days)
KRINTAFEL	3	
mefloquine	2	
nitazoxanide	5	
pentamidine inhalation	4	B/D PA
pentamidine injection	4	
primaquine	4	
pyrimethamine	5	
quinine sulfate	3	PA
ANTIPARKINSON AGENTS		
Anticholinergics		
benztropine oral	2	
trihexyphenidyl	2	
Antiparkinson Agents, Other		
amantadine hcl oral solution	2	
carbidopa-levodopa-entacapone	4	
entacapone	2	QL (240 EA per 30 days)
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 137 MG	5	PA; QL (60 EA per 30 days)
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 68.5 MG	5	PA; QL (30 EA per 30 days)
NOURIANZ	5	PA
tolcapone	5	
Dopamine Agonists		
apomorphine	5	PA
bromocriptine oral capsule	4	
bromocriptine oral tablet	2	
NEUPRO	4	QL (30 EA per 30 days)
pramipexole oral tablet	2	
pramipexole oral tablet extended release 24 hr	4	QL (30 EA per 30 days)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ropinirole oral tablet	2	
ropinirole oral tablet extended release 24 hr	3	QL (60 EA per 30 days)
Dopamine Precursors And/Or L-Amino Acid Decarboxylase Inhibitors		
carbidopa	4	
carbidopa-levodopa oral tablet	2	
carbidopa-levodopa oral tablet extended release	2	
carbidopa-levodopa oral tablet,disintegrating	3	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	5	PA
Monoamine Oxidase B (Mao-B) Inhibitors		
rasagiline	4	QL (30 EA per 30 days)
selegiline hcl	2	
XADAGO ORAL TABLET 100 MG	5	QL (30 EA per 30 days)
XADAGO ORAL TABLET 50 MG	5	QL (46 EA per 30 days)
ANTIPSYCHOTICS		
1St Generation/Typical		
fluphenazine decanoate	4	
fluphenazine hcl	4	
haloperidol	2	
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	2	
haloperidol lactate injection	2	
haloperidol lactate oral	2	
loxapine succinate	2	
molindone	4	
pimozide	3	
thioridazine	2	
thiothixene	2	
trifluoperazine	2	
2Nd Generation/Atypical		
ABILIFY MAINTENA	5	
aripiprazole oral solution	4	
aripiprazole oral tablet 10 mg, 15 mg, 5 mg	2	QL (30 EA per 30 days)
aripiprazole oral tablet 2 mg, 20 mg, 30 mg	2	
aripiprazole oral tablet,disintegrating	4	
ARISTADA	5	
ARISTADA INITIO	5	QL (2.4 ML per 180 days)
asenapine maleate	4	PA; QL (60 EA per 30 days)
CAPLYTA	5	PA; QL (30 EA per 30 days)
COBENFY	5	PA; QL (60 EA per 30 days)
COBENFY STARTER PACK	5	PA; QL (56 EA per 28 days)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 351 MG/2.25 ML, 78 MG/0.5 ML	5	
ERZOFRI INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	
FANAPT	5	PA; QL (60 EA per 30 days)
FANAPT TITRATION PACK A	4	PA; QL (8 EA per 4 days)
FANAPT TITRATION PACK B	4	PA; QL (12 EA per 4 days)
FANAPT TITRATION PACK C	4	PA; QL (8 EA per 3 days)
INVEGA HAFYERA	5	
INVEGA SUSTENNA	4	
INVEGA TRINZA	5	
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg	4	QL (30 EA per 30 days)
lurasidone oral tablet 80 mg	4	QL (60 EA per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 5-10 MG	5	PA; QL (30 EA per 30 days)
LYBALVI ORAL TABLET 20-10 MG	5	PA
NUPLAZID	5	PA; QL (30 EA per 30 days)
olanzapine intramuscular	4	
olanzapine oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	3	QL (30 EA per 30 days)
olanzapine oral tablet 15 mg, 20 mg	3	
olanzapine oral tablet,disintegrating 10 mg, 5 mg	3	QL (30 EA per 30 days)
olanzapine oral tablet,disintegrating 15 mg, 20 mg	3	
OPIPZA ORAL FILM 10 MG, 5 MG	5	PA; QL (90 EA per 30 days)
OPIPZA ORAL FILM 2 MG	5	PA; QL (60 EA per 30 days)
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	4	QL (30 EA per 30 days)
paliperidone oral tablet extended release 24hr 6 mg	4	QL (60 EA per 30 days)
quetiapine oral tablet	2	
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 50 mg	3	QL (30 EA per 30 days)
quetiapine oral tablet extended release 24 hr 300 mg, 400 mg	3	QL (60 EA per 30 days)
REXULTI ORAL TABLET 0.25 MG, 2 MG, 3 MG, 4 MG	5	PA; QL (30 EA per 30 days)
REXULTI ORAL TABLET 0.5 MG, 1 MG	5	PA; QL (120 EA per 30 days)
risperidone microspheres	4	
risperidone oral solution	2	
risperidone oral tablet	2	
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg	3	
risperidone oral tablet,disintegrating 2 mg, 3 mg, 4 mg	4	
SECUADO	5	PA; QL (30 EA per 30 days)
UZEDY	5	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VRAYLAR	3	PA; QL (30 EA per 30 days)
ziprasidone hcl	2	
ziprasidone mesylate	4	
ZYPREXA RELPREVV	4	
Treatment-Resistant		
clozapine oral tablet	2	
clozapine oral tablet,disintegrating	4	
VERSACLOZ	4	QL (540 ML per 30 days)
ANTISPASTICITY AGENTS		
Antispasticity Agents		
baclofen oral tablet 10 mg, 20 mg, 5 mg	2	
dantrolene oral	3	
tizanidine oral capsule 2 mg, 4 mg, 6 mg	3	
tizanidine oral tablet	1	
ANTIVIRALS		
Anti-Cytomegalovirus (Cmv) Agents		
LIVTENCITY	5	
PREVYMIS ORAL TABLET	5	QL (30 EA per 30 days)
valganciclovir oral recon soln	5	
valganciclovir oral tablet	3	
Anti-Hepatitis B (Hbv) Agents		
adefovir	4	QL (30 EA per 30 days)
entecavir	2	QL (30 EA per 30 days)
lamivudine oral tablet 100 mg	4	
tenofovir disoproxil fumarate	2	
VEMLIDY	5	
Anti-Hepatitis C (Hcv) Agents		
MAVYRET ORAL PELLETS IN PACKET	5	PA; QL (150 EA per 30 days)
MAVYRET ORAL TABLET	5	PA; QL (90 EA per 30 days)
ribavirin oral capsule	2	
ribavirin oral tablet 200 mg	2	
VOSEVI	5	PA; QL (28 EA per 28 days)
Antiherpetic Agents		
acyclovir oral capsule	2	
acyclovir oral suspension 200 mg/5 ml	4	
acyclovir oral tablet	2	
acyclovir sodium intravenous solution	2	
famciclovir	2	QL (90 EA per 30 days)
trifluridine	2	
valacyclovir	3	
Anti-Hiv Agents, Integrase Inhibitors (Insti)		
BIKTARVY	5	QL (30 EA per 30 days)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CABENUVA	5	
DOVATO	5	
GENVOYA	5	QL (30 EA per 30 days)
ISENTRESS HD	5	QL (60 EA per 30 days)
ISENTRESS ORAL POWDER IN PACKET	4	
ISENTRESS ORAL TABLET	5	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	
JULUCA	5	QL (30 EA per 30 days)
STRIBILD	5	
TIVICAY ORAL TABLET 50 MG	5	
TIVICAY PD	4	
Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)		
COMPLERA	5	
DELSTRIGO	5	QL (30 EA per 30 days)
EDURANT	5	
EDURANT PED	5	QL (180 EA per 30 days)
efavirenz oral tablet	4	
efavirenz-emtricitabine-tenofovir disoproxil fumarate	4	QL (30 EA per 30 days)
efavirenz-lamivudine-tenofovir disoproxil fumarate	5	QL (30 EA per 30 days)
emtricita-rilpivirine-tenof df	5	
etravirine	4	QL (60 EA per 30 days)
IDVYNSO	5	
INTELENCE ORAL TABLET 25 MG	4	QL (120 EA per 30 days)
nevirapine oral suspension	4	
nevirapine oral tablet	4	
nevirapine oral tablet extended release 24 hr	3	QL (30 EA per 30 days)
PIFELTRO	5	QL (60 EA per 30 days)
rilpivirine hcl	5	
Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)		
abacavir	4	
abacavir-lamivudine	4	
CIMDUO	5	QL (30 EA per 30 days)
DESCOVY ORAL TABLET 120-15 MG	5	
DESCOVY ORAL TABLET 200-25 MG	5	QL (30 EA per 30 days)
emtricitabine	4	
emtricitabine-tenofovir disoproxil fumarate oral tablet 100-150 mg, 167-250 mg, 200-300 mg	4	
emtricitabine-tenofovir disoproxil fumarate oral tablet 133-200 mg	5	
EMTRIVA ORAL SOLUTION	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
lamivudine oral solution	2	
lamivudine oral tablet 100 mg	4	
lamivudine oral tablet 150 mg, 300 mg	2	
lamivudine-zidovudine	4	
ODEFSEY	5	QL (30 EA per 30 days)
tenofovir disoproxil fumarate	2	
TRIUMEQ	5	QL (30 EA per 30 days)
TRIUMEQ PD	4	
VIREAD ORAL POWDER	4	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	4	
zidovudine	2	
Anti-Hiv Agents, Other		
maraviroc oral tablet 150 mg	5	QL (60 EA per 30 days)
maraviroc oral tablet 300 mg	5	
RUKOBIA	5	
SELZENTRY ORAL SOLUTION	4	
SUNLENCA	5	
TROGARZO	5	
Anti-Hiv Agents, Protease Inhibitors (Pi)		
APTIVUS	5	
atazanavir	4	
darunavir	4	
EVOTAZ	5	QL (30 EA per 30 days)
fosamprenavir	5	
KALETRA ORAL SOLUTION	4	
lopinavir-ritonavir oral tablet	4	
NORVIR ORAL POWDER IN PACKET	4	
PREZCOBIX	5	QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION	5	
PREZISTA ORAL TABLET 150 MG	5	
PREZISTA ORAL TABLET 75 MG	4	
REYATAZ ORAL POWDER IN PACKET	5	
ritonavir	3	
SYMTUZA	5	QL (30 EA per 30 days)
VIRACEPT ORAL TABLET	5	
Anti-Influenza Agents		
amantadine hcl	2	
oseltamivir	2	
rimantadine	2	
XOFLUZA ORAL TABLET 40 MG, 80 MG	4	QL (4 EA per 30 days)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Antiviral, Coronavirus Agents		
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10)	3	QL (20 EA per 90 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)- 100 MG (5)	3	QL (11 EA per 90 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	3	QL (30 EA per 90 days)
ANXIOLYTICS		
Anxiolytics, Other		
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	2	
doxepin oral capsule 10 mg	2	
hydroxyzine pamoate oral capsule 25 mg, 50 mg	4	
Benzodiazepines		
alprazolam oral tablet	2	
alprazolam oral tablet extended release 24 hr	2	
alprazolam oral tablet,disintegrating	4	
chlordiazepoxide hcl	2	
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	3	
diazepam injection solution	2	
DIAZEPAM INTENSOL	4	
diazepam oral solution 5 mg/5 ml (1 mg/ml)	4	
diazepam oral tablet	2	
diazepam rectal kit 2.5 mg	4	
lorazepam injection solution	2	
lorazepam oral tablet	2	
Ssris/Snris (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitors)		
duloxetine oral capsule,delayed release(dr/ec) 20 mg	3	QL (120 EA per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 30 mg	3	QL (90 EA per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 60 mg	3	QL (60 EA per 30 days)
escitalopram oxalate oral solution	4	
escitalopram oxalate oral tablet	1	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg	2	
sertraline oral tablet 100 mg	1	
venlafaxine oral capsule,extended release 24hr 75 mg	2	QL (90 EA per 30 days)
BIPOLAR AGENTS		
Bipolar Agents, Other		
asenapine maleate	4	PA; QL (60 EA per 30 days)
lamotrigine oral tablet 25 mg	2	
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg	4	QL (30 EA per 30 days)
lurasidone oral tablet 80 mg	4	QL (60 EA per 30 days)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
olanzapine intramuscular	4	
olanzapine oral tablet 10 mg, 5 mg	3	QL (30 EA per 30 days)
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	2	
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 50 mg	3	QL (30 EA per 30 days)
quetiapine oral tablet extended release 24 hr 300 mg, 400 mg	3	QL (60 EA per 30 days)
risperidone oral solution	2	
risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 4 mg	2	
risperidone oral tablet,disintegrating 2 mg, 3 mg, 4 mg	4	
ziprasidone mesylate	4	
Mood Stabilizers		
carbamazepine oral capsule, er multiphase 12 hr 100 mg	4	
carbamazepine oral tablet extended release 12 hr 100 mg	4	
divalproex oral capsule, delayed rel sprinkle	3	
divalproex oral tablet extended release 24 hr	2	
divalproex oral tablet,delayed release (dr/ec)	2	
EQUETRO	4	
lamotrigine oral tablet	2	
lamotrigine oral tablet disintegrating, dose pk	4	
lamotrigine oral tablet, chewable dispersible	4	
lamotrigine oral tablet,disintegrating	4	
lithium carbonate oral capsule	1	
lithium carbonate oral tablet	1	
lithium carbonate oral tablet extended release	2	
lithium citrate oral solution	2	
SUBVENITE ORAL TABLET	2	
SUBVENITE STARTER (BLUE) KIT	4	
BLOOD GLUCOSE REGULATORS		
Antidiabetic Agents		
acarbose	2	
dapagliflozin oral tablet 10 mg	2	
dapagliflozin oral tablet 5 mg	2	QL (30 EA per 30 days)
dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg, 10-500 mg, 5-500 mg	2	QL (30 EA per 30 days)
dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 5-1,000 mg	2	QL (60 EA per 30 days)
FARXIGA ORAL TABLET 10 MG	3	
FARXIGA ORAL TABLET 5 MG	3	QL (30 EA per 30 days)
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
glipizide oral tablet 10 mg, 5 mg	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
glipizide oral tablet 2.5 mg	3	QL (60 EA per 30 days)
glipizide oral tablet extended release 24hr	1	
glipizide-metformin	1	
glyburide	3	
glyburide-metformin	3	
GLYXAMBI ORAL TABLET 10-5 MG	3	QL (30 EA per 30 days)
GLYXAMBI ORAL TABLET 25-5 MG	3	
JANUMET ORAL TABLET 50-1,000 MG	3	
JANUMET ORAL TABLET 50-500 MG	3	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET 100-1,000 MG	3	
JANUMET XR ORAL TABLET 50-500 MG, 50-1,000 MG	3	QL (60 EA per 30 days)
JANUVIA ORAL TABLET 100 MG	3	
JANUVIA ORAL TABLET 25 MG, 50 MG	3	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG	3	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 25 MG	3	
JENTADUETO	3	
JENTADUETO XR	3	
metformin oral tablet (immediate-release)	1	
metformin oral tablet extended release (generic for glucophage xr)	1	
nateglinide	2	
OZEMPIC ORAL	3	PA; QL (30 EA per 30 days)
OZEMPIC SUBCUTANEOUS	3	PA
pioglitazone	1	
pioglitazone-metformin	2	
repaglinide	2	
RYBELSUS	3	PA
SOLIQUA 100/33	3	
SYNJARDY ORAL TABLET 12.5-1,000 MG	3	
SYNJARDY ORAL TABLET 12.5-500 MG, 5-500 MG	3	QL (30 EA per 30 days)
SYNJARDY ORAL TABLET 5-1,000 MG	3	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET 10-1,000 MG	3	QL (30 EA per 30 days)
SYNJARDY XR ORAL TABLET 5-1,000 MG, 12.5-1,000 MG	3	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET 25-1,000 MG	3	
TRADJENTA	3	
TRIJARDY XR ORAL TABLET 10-5-1,000 MG	3	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET 5-2.5-1,000 MG, 12.5-2.5-1,000 MG	3	QL (60 EA per 30 days)
TRIJARDY XR ORAL TABLET 25-5-1,000 MG	3	
TRULICITY	3	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-500 MG	3	QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	3	QL (60 EA per 30 days)
XULTOPHY 100/3.6	3	
Blood Glucose Regulators		
ALCOHOL PADS	3	
mifepristone oral tablet 300 mg	5	PA; QL (120 EA per 30 days)
OMNIPOD 5 (G6/LIBRE 2 PLUS)	4	
OMNIPOD 5 (LIBRE 2/3 PLUS)	4	
OMNIPOD 5 G6-G7 INTRO KT(GEN5)	4	
OMNIPOD 5 G6-G7 PODS (GEN 5)	4	
OMNIPOD 5 INTRO (LIBRE2/3PLUS)	4	
OMNIPOD 5 INTRO(G6/LIBRE2PLUS)	4	
OMNIPOD DASH INTRO KIT (GEN 4)	4	
OMNIPOD DASH PODS (GEN 4)	4	
V-GO 20	4	
V-GO 30	4	
V-GO 40	4	
Glycemic Agents		
diazoxide	4	
GLUCAGON EMERGENCY KIT	3	QL (2 EA per 30 days)
GVOKE	3	QL (0.4 ML per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	3	QL (0.2 ML per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	3	QL (0.4 ML per 30 days)
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	QL (0.4 ML per 30 days)
mifepristone oral tablet 300 mg	5	PA; QL (120 EA per 30 days)
Insulins		
FIASP FLEXTOUCH U-100 INSULIN	3	
FIASP PENFILL U-100 INSULIN	3	
FIASP U-100 INSULIN	3	B/D PA
GAUZE PADS, 2" X 2"	3	
HUMALOG JUNIOR KWIKPEN U-100	3	
HUMALOG KWIKPEN INSULIN	3	
HUMALOG MIX 50-50 KWIKPEN	3	
HUMALOG MIX 75-25 KWIKPEN	3	
HUMALOG MIX 75-25(U-100)INSULN	3	
HUMALOG TEMPO PEN(U-100)INSULN	3	
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE	3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION	3	B/D PA
HUMULIN 70/30 U-100 INSULIN	3	
HUMULIN 70/30 U-100 KWIKPEN	3	
HUMULIN N NPH INSULIN KWIKPEN	3	
HUMULIN N NPH U-100 INSULIN	3	
HUMULIN R REGULAR U-100 INSULN	3	B/D PA
HUMULIN R U-500 (CONC) KWIKPEN	3	
insulin glargine u-300 conc	3	
insulin lispro protamin-lispro	3	
insulin lispro subcutaneous insulin pen	3	
insulin lispro subcutaneous insulin pen, half-unit	3	
insulin lispro subcutaneous solution	3	B/D PA
INSULIN SAFETY SYRINGES	3	
insulin syringes	3	
LANTUS SOLOSTAR U-100 INSULIN	3	
LANTUS U-100 INSULIN	3	
NOVOLIN 70/30 U-100 INSULIN	4	
NOVOLIN 70-30 FLEXPEN U-100	4	
NOVOLIN N FLEXPEN	4	
NOVOLIN N NPH U-100 INSULIN	4	
NOVOLIN R FLEXPEN	4	
NOVOLIN R REGULAR U100 INSULIN	4	B/D PA
NOVOLOG FLEXPEN U-100 INSULIN	3	
NOVOLOG MIX 70-30 U-100 INSULN	3	
NOVOLOG MIX 70-30FLEXPEN U-100	3	
NOVOLOG PENFILL U-100 INSULIN	3	
NOVOLOG U-100 INSULIN ASPART	3	B/D PA
pen needles	3	
TOUJEO MAX U-300 SOLOSTAR	3	
TOUJEO SOLOSTAR U-300 INSULIN	3	
BLOOD PRODUCTS AND MODIFIERS		
Anticoagulants		
dabigatran etexilate	4	QL (60 EA per 30 days)
ELIQUIS DVT-PE STARTER PACK	3	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	3	QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	3	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET FOR SUSPENSION 0.5 MG	3	QL (140 EA per 28 days)
ELIQUIS ORAL TABLET FOR SUSPENSION 1.5 MG (0.5 MG X 3)	3	QL (420 EA per 28 days)
ELIQUIS ORAL TABLET FOR SUSPENSION 2 MG (0.5 MG X 4)	3	QL (560 EA per 28 days)
ELIQUIS SPRINKLE	3	QL (74 EA per 30 days)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
enoxaparin	4	
fondaparinux subcutaneous syringe 10 mg/0.8 ml, 7.5 mg/0.6 ml	5	
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml, 5 mg/0.4 ml	4	
FRAGMIN SUBCUTANEOUS SOLUTION	5	
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 5,000 ANTI-XA UNIT/0.2 ML, 7,500 ANTI-XA UNIT/0.3 ML	5	
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML	4	
heparin, porcine (preservative-free) injection solution 5,000 unit/0.5 ml	2	
heparin, porcine (preservative-free) injection syringe	2	
heparin, porcine in 0.45% nacl intravenous parenteral solution 12,500 unit/250 ml, 25,000 unit/500 ml	2	
heparin, porcine in nacl (preservative-free) intravenous parenteral solution	2	
heparin, porcine injection cartridge	2	
heparin, porcine injection solution	2	
heparin, porcine injection syringe 5,000 unit/ml	2	
JANTOVEN	1	
rivaroxaban oral tablet	4	QL (60 EA per 30 days)
warfarin	1	
XARELTO ORAL TABLET 2.5 MG	4	QL (60 EA per 30 days)
Blood Products And Modifiers, Other		
anagrelide	2	
eltrombopag olamine oral powder in packet 12.5 mg	5	PA
eltrombopag olamine oral powder in packet 25 mg	5	PA; QL (90 EA per 30 days)
eltrombopag olamine oral tablet 12.5 mg	5	PA; QL (30 EA per 30 days)
eltrombopag olamine oral tablet 25 mg	5	PA; QL (90 EA per 30 days)
eltrombopag olamine oral tablet 50 mg, 75 mg	5	PA; QL (60 EA per 30 days)
FULPHILA	5	QL (2 ML per 28 days)
LEUKINE INJECTION RECON SOLN	5	
NEULASTA ONPRO	5	QL (2 ML per 28 days)
NEULASTA SUBCUTANEOUS SYRINGE	5	QL (2 ML per 28 days)
PROCRIT	4	PA
PROMACTA ORAL POWDER IN PACKET 12.5 MG	5	PA
PROMACTA ORAL POWDER IN PACKET 25 MG	5	PA; QL (90 EA per 30 days)
PROMACTA ORAL TABLET 12.5 MG	5	PA; QL (30 EA per 30 days)
PROMACTA ORAL TABLET 25 MG	5	PA; QL (90 EA per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	5	PA; QL (60 EA per 30 days)
PYRUKYND ORAL TABLET 20 MG, 50 MG	5	PA; QL (60 EA per 30 days)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PYRUKYND ORAL TABLET 5 MG	5	PA; QL (7 EA per 28 days)
PYRUKYND ORAL TABLET 5 MG (4-WEEK PACK)	5	PA; QL (56 EA per 28 days)
PYRUKYND ORAL TABLETS,DOSE PACK	5	PA; QL (14 EA per 28 days)
RETACRIT	4	PA
UDENYCA	5	QL (2 ML per 28 days)
UDENYCA AUTOINJECTOR	5	QL (2 ML per 28 days)
UDENYCA ONBODY	5	QL (2 ML per 28 days)
ZARXIO	5	
Hemostasis Agents		
aminocaproic acid oral tablet	4	
methylergonovine oral	4	
tranexamic acid oral	2	
Platelet Modifying Agents		
aspirin-dipyridamole	4	QL (60 EA per 30 days)
CABLIVI INJECTION KIT	5	PA; QL (31 EA per 30 days)
cilostazol	2	
clopidogrel oral tablet 300 mg	2	QL (1 EA per 30 days)
clopidogrel oral tablet 75 mg	1	QL (60 EA per 30 days)
dipyridamole oral	3	
DOPTELET (10 TAB PACK)	5	PA; QL (90 EA per 30 days)
DOPTELET (15 TAB PACK)	5	PA; QL (90 EA per 30 days)
DOPTELET (30 TAB PACK)	5	PA; QL (90 EA per 30 days)
prasugrel hcl	3	QL (30 EA per 30 days)
ticagrelor	3	QL (60 EA per 30 days)
CARDIOVASCULAR AGENTS		
Alpha-Adrenergic Agonists		
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	
clonidine transdermal patch	3	QL (8 EA per 28 days)
droxidopa oral capsule 100 mg	4	PA; QL (180 EA per 30 days)
droxidopa oral capsule 200 mg, 300 mg	5	PA; QL (180 EA per 30 days)
guanfacine oral tablet	2	
midodrine	2	
Alpha-Adrenergic Blocking Agents		
CARDURA XL	4	
doxazosin	2	
phenoxybenzamine	5	
prazosin	2	
terazosin	1	
Angiotensin Ii Receptor Antagonists		
azilsartan medoxomil oral tablet 40 mg	4	ST; QL (30 EA per 30 days)
azilsartan medoxomil oral tablet 80 mg	4	ST
candesartan	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
EDARBI	4	ST; QL (30 EA per 30 days)
FILSPARI ORAL TABLET 200 MG	5	PA; QL (30 EA per 30 days)
FILSPARI ORAL TABLET 400 MG	5	PA
irbesartan	1	
losartan	1	
olmesartan	1	
telmisartan	1	
valsartan oral tablet	1	
Angiotensin-Converting Enzyme (Ace) Inhibitors		
benazepril	1	
captopril	2	
enalapril maleate oral tablet	1	
fosinopril	1	
lisinopril	1	
moexipril	2	
perindopril erbumine	2	
quinapril	1	
ramipril	1	
trandolapril	2	
Antiarrhythmics		
amiodarone oral tablet 100 mg, 400 mg	2	
amiodarone oral tablet 200 mg	1	
digoxin oral solution	4	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	2	
diltiazem hcl oral capsule,extended release 24 hr 360 mg	2	
disopyramide phosphate oral capsule	4	
dofetilide	3	
flecainide	2	
LANOXIN ORAL TABLET 250 MCG (0.25 MG)	4	
mexiletine	2	
MULTAQ	3	QL (60 EA per 30 days)
PACERONE ORAL TABLET 100 MG, 200 MG	2	
propafenone oral capsule,extended release 12 hr	3	
propafenone oral tablet	2	
propranolol oral capsule,extended release 24 hr 120 mg	2	
quinidine gluconate oral	4	
quinidine sulfate oral tablet	2	
SOTALOL AF	2	
sotalol oral	2	
SOTYLIZE	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TIADYLT ER ORAL CAPSULE,EXTENDED RELEASE 24 HR 240 MG	2	
verapamil oral tablet	1	
verapamil oral tablet extended release	1	
Beta-Adrenergic Blocking Agents		
acebutolol	2	
atenolol	1	
betaxolol oral	2	
bisoprolol fumarate oral tablet 10 mg, 5 mg	2	
carvedilol	1	
carvedilol phosphate	4	QL (30 EA per 30 days)
labetalol oral tablet 100 mg, 200 mg, 300 mg	2	
metoprolol succinate	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
nadolol	2	
nebivolol oral tablet 10 mg, 2.5 mg, 5 mg	2	QL (30 EA per 30 days)
nebivolol oral tablet 20 mg	2	QL (60 EA per 30 days)
pindolol	2	
propranolol oral	2	
timolol maleate oral tablet 20 mg, 5 mg	4	
Calcium Channel Blocking Agents, Dihydropyridines		
amlodipine	1	
felodipine	2	
isradipine	2	
nicardipine oral	4	
nifedipine oral tablet extended release	2	
nifedipine oral tablet extended release 24hr	2	
nimodipine oral capsule	4	
Calcium Channel Blocking Agents, Nondihydropyridines		
CARTIA XT	2	
diltiazem hcl oral capsule,extended release 12 hr	2	
diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg	2	
diltiazem hcl oral capsule,extended release 24hr	2	
diltiazem hcl oral tablet	2	
diltiazem hcl oral tablet extended release 24 hr	2	
DILT-XR	2	
MATZIM LA	2	
TIADYLT ER	2	
verapamil oral capsule, 24 hr er pellet ct	3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg	2	
verapamil oral capsule,ext rel. pellets 24 hr 360 mg	3	
verapamil oral tablet	1	
verapamil oral tablet extended release 240 mg	1	
Cardiovascular Agents, Other		
acetazolamide oral tablet	2	
aliskiren oral tablet 150 mg	4	QL (30 EA per 30 days)
aliskiren oral tablet 300 mg	4	
amiloride-hydrochlorothiazide	2	
amlodipine-atorvastatin	2	QL (30 EA per 30 days)
amlodipine-benazepril	1	
amlodipine-olmesartan	1	QL (30 EA per 30 days)
amlodipine-olmesartan-hydrochlorothiazide	2	QL (30 EA per 30 days)
amlodipine-telmisartan	3	
amlodipine-valsartan	1	QL (30 EA per 30 days)
amlodipine-valsartan-hydrochlorothiazide	4	QL (30 EA per 30 days)
atenolol-chlorthalidone	1	
benazepril-hydrochlorothiazide	1	
bisoprolol fumarate oral tablet 2.5 mg	2	
bisoprolol-hydrochlorothiazide	1	
candesartan-hydrochlorothiazide	2	
EDARBYCLOR	4	ST; QL (30 EA per 30 days)
enalapril-hydrochlorothiazide	1	
fosinopril-hydrochlorothiazide	1	
irbesartan-hydrochlorothiazide	1	
isosorbide-hydralazine	4	QL (180 EA per 30 days)
ivabradine	4	QL (60 EA per 30 days)
lisinopril-hydrochlorothiazide	1	
losartan-hydrochlorothiazide	1	
metoprolol tartrate-hydrochlorothiazide	1	
metyrosine	5	
olmesartan-hydrochlorothiazide	1	
OZEMPIC ORAL	3	PA; QL (30 EA per 30 days)
pentoxifylline	2	
quinapril-hydrochlorothiazide	1	
ranolazine	2	
REDEMPLO	5	PA
sacubitril-valsartan oral tablet 24-26 mg	2	QL (180 EA per 30 days)
sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg	2	QL (60 EA per 30 days)
spironolactone-hydrochlorothiazide	2	
telmisartan-hydrochlorothiazide	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
trandolapril-verapamil	3	
triamterene-hydrochlorothiazide	1	
valsartan-hydrochlorothiazide	1	
VECAMYL	5	
VERQUVO ORAL TABLET 10 MG	4	PA
VERQUVO ORAL TABLET 2.5 MG, 5 MG	4	PA; QL (30 EA per 30 days)
WEGOVY ORAL	3	PA; QL (30 EA per 30 days)
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML	3	PA; QL (2 ML per 28 days)
WEGOVY SUBCUTANEOUS PEN INJECTOR 1.7 MG/0.75 ML, 2.4 MG/0.75 ML	3	PA; QL (3 ML per 28 days)
Diuretics, Loop		
bumetanide injection	2	
bumetanide oral	1	
ethacrynic acid	4	
furosemide injection	2	
furosemide oral solution	2	
furosemide oral tablet	1	
torsemide oral	1	
Diuretics, Potassium-Sparing		
amiloride	2	
eplerenone	2	
KERENDIA	3	PA
spironolactone oral tablet	1	
triamterene	4	
Diuretics, Thiazide		
chlorthalidone oral tablet 25 mg, 50 mg	1	
HEMICLOR	4	
hydrochlorothiazide	1	
indapamide	1	
metolazone	1	
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate micronized oral capsule 130 mg	4	QL (30 EA per 30 days)
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	2	QL (30 EA per 30 days)
fenofibrate micronized oral capsule 43 mg	2	QL (60 EA per 30 days)
fenofibrate nanocrystallized tab 48 mg, 145 mg	2	QL (30 EA per 30 days)
fenofibrate capsule 50 mg, 150 mg	4	QL (30 EA per 30 days)
fenofibrate oral tablet 160 mg, 54 mg	2	QL (30 EA per 30 days)
fenofibrate oral tablet 40 mg	4	QL (30 EA per 30 days)
fenofibric acid tablet 35 mg, 105 mg	2	
fenofibric acid (choline) delayed-release cap 45 mg, 135 mg	2	QL (30 EA per 30 days)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
gemfibrozil	1	
Dyslipidemics, Hmg Coa Reductase Inhibitors		
atorvastatin	1	
fluvastatin oral capsule 20 mg	2	QL (30 EA per 30 days)
fluvastatin oral capsule 40 mg	2	QL (60 EA per 30 days)
fluvastatin oral tablet extended release 24 hr	2	QL (30 EA per 30 days)
lovastatin	1	
pitavastatin calcium	2	QL (30 EA per 30 days)
pravastatin	1	
rosuvastatin oral tablet 10 mg, 20 mg, 5 mg	1	QL (45 EA per 30 days)
rosuvastatin oral tablet 40 mg	1	QL (30 EA per 30 days)
simvastatin	1	
Dyslipidemics, Other		
cholestyramine	2	
CHOLESTYRAMINE LIGHT	2	
colesevelam oral tablet	3	
colestipol oral packet	2	
colestipol oral tablet	2	
ezetimibe	1	QL (30 EA per 30 days)
ezetimibe-simvastatin	2	QL (30 EA per 30 days)
icosapent ethyl	3	QL (120 EA per 30 days)
NEXLETOL	4	ST; QL (30 EA per 30 days)
NEXLIZET	4	ST; QL (30 EA per 30 days)
niacin oral tablet 500 mg	3	
niacin oral tablet extended release 24 hr 1,000 mg, 750 mg	2	QL (60 EA per 30 days)
niacin oral tablet extended release 24 hr 500 mg	2	QL (90 EA per 30 days)
omega-3 acid ethyl esters	2	QL (120 EA per 30 days)
PREVALITE ORAL POWDER IN PACKET	2	
REPATHA SURECLICK	3	QL (2 ML per 28 days)
REPATHA SYRINGE	3	QL (2 ML per 28 days)
Mineralocorticoid Receptor Antagonists		
spironolactone oral tablet 25 mg	1	
Sodium-Glucose Co-Transporter 2 Inhibitors (Sglt2i)		
FARXIGA ORAL TABLET 10 MG	3	
FARXIGA ORAL TABLET 5 MG	3	QL (30 EA per 30 days)
Vasodilators, Direct-Acting Arterial/ Venous		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	2	
isosorbide mononitrate oral tablet	2	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
isosorbide mononitrate oral tablet extended release 24 hr 30 mg, 60 mg	1	
NITRO-BID	4	
nitroglycerin rectal	4	
nitroglycerin sublingual	2	
nitroglycerin transdermal ointment	4	
nitroglycerin transdermal patch 24 hour	2	
nitroglycerin translingual	4	
Vasodilators, Direct-Acting Arterial		
hydralazine oral	2	
minoxidil oral	2	
CENTRAL NERVOUS SYSTEM AGENTS		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
amphetamine sulfate	4	PA
dextroamphetamine sulfate oral capsule, extended release	4	
dextroamphetamine sulfate oral solution	4	
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	4	
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 5 mg	2	QL (90 EA per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 30 mg	2	QL (60 EA per 30 days)
dextroamphetamine-amphetamine oral tablet	2	
lisdexamfetamine	4	QL (30 EA per 30 days)
methamphetamine	4	PA
Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines		
atomoxetine oral capsule	4	
clonidine hcl oral tablet extended release 12 hr 0.1 mg	2	QL (120 EA per 30 days)
dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 5 mg	2	QL (60 EA per 30 days)
dexmethylphenidate oral capsule,er biphasic 50-50 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg	2	QL (30 EA per 30 days)
dexmethylphenidate oral tablet	2	
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg	2	QL (60 EA per 30 days)
guanfacine oral tablet extended release 24 hr 3 mg, 4 mg	2	QL (30 EA per 30 days)
methylphenidate hcl oral cap,er sprinkle,biphasic 40-60 10 mg, 15 mg, 30 mg, 50 mg	4	QL (30 EA per 30 days)
methylphenidate hcl oral cap,er sprinkle,biphasic 40-60 20 mg, 40 mg, 60 mg	2	QL (30 EA per 30 days)
methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg	2	QL (90 EA per 30 days)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
methylphenidate hcl oral capsule, er biphasic 30-70 30 mg	2	QL (60 EA per 30 days)
methylphenidate hcl oral capsule, er biphasic 30-70 40 mg, 50 mg, 60 mg	2	QL (30 EA per 30 days)
methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg	4	QL (90 EA per 30 days)
methylphenidate hcl oral capsule,er biphasic 50-50 30 mg	4	QL (60 EA per 30 days)
methylphenidate hcl oral capsule,er biphasic 50-50 40 mg, 60 mg	4	QL (30 EA per 30 days)
methylphenidate hcl oral tablet	2	
methylphenidate hcl oral tablet extended release	2	
methylphenidate hcl oral tablet extended release 24hr 18 mg (bx rating)	3	QL (90 EA per 30 days)
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 27 mg (bx rating)	2	QL (90 EA per 30 days)
methylphenidate hcl oral tablet extended release 24hr 36 mg, 36 mg (bx rating), 54 mg, 54 mg (bx rating)	2	QL (60 EA per 30 days)
methylphenidate hcl oral tablet,chewable	4	
methylphenidate transdermal	4	QL (30 EA per 30 days)
Central Nervous System, Other		
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 6 MG	5	PA; QL (60 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG	5	PA; QL (30 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	5	PA; QL (90 EA per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	5	PA; QL (28 EA per 28 days)
carbamazepine oral tablet extended release 12 hr 100 mg	4	
dextromethorphan-quinidine	4	PA; QL (60 EA per 30 days)
FIRDAPSE	5	PA
gabapentin oral capsule 300 mg, 400 mg	3	
gabapentin oral solution 250 mg/5 ml	3	
gabapentin oral tablet 800 mg	3	
gabapentin oral tablet extended release 24 hr 300 mg, 450 mg	4	PA; QL (30 EA per 30 days)
gabapentin oral tablet extended release 24 hr 600 mg, 750 mg, 900 mg	4	PA; QL (60 EA per 30 days)
NUEDEXTA	5	PA; QL (60 EA per 30 days)
NURTEC ODT	5	PA; QL (18 EA per 30 days)
RADICAVA ORS STARTER KIT SUSPENSION	5	PA; QL (70 ML per 28 days)
riluzole	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SKYCLARYS	5	PA
TEGLUTIK	5	
tetrabenazine oral tablet 12.5 mg	4	PA; QL (240 EA per 30 days)
tetrabenazine oral tablet 25 mg	4	PA; QL (120 EA per 30 days)
VEOZAH	4	
Fibromyalgia Agents		
duloxetine oral capsule,delayed release(dr/ec) 20 mg	3	QL (120 EA per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 30 mg	3	QL (90 EA per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 60 mg	3	QL (60 EA per 30 days)
pregabalin oral capsule 100 mg	3	QL (180 EA per 30 days)
pregabalin oral capsule 150 mg, 25 mg, 50 mg, 75 mg	3	QL (120 EA per 30 days)
pregabalin oral capsule 200 mg, 225 mg	3	QL (90 EA per 30 days)
pregabalin oral capsule 300 mg	3	QL (60 EA per 30 days)
pregabalin oral solution	3	
Multiple Sclerosis Agents		
dalfampridine	3	QL (60 EA per 30 days)
dimethyl fumarate	4	QL (60 EA per 30 days)
fingolimod	5	QL (30 EA per 30 days)
glatiramer subcutaneous syringe 20 mg/ml	5	QL (30 ML per 30 days)
glatiramer subcutaneous syringe 40 mg/ml	5	QL (12 ML per 28 days)
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML	5	QL (30 ML per 30 days)
GLATOPA SUBCUTANEOUS SYRINGE 40 MG/ML	5	QL (12 ML per 28 days)
KESIMPTA PEN	5	
REBIF (WITH ALBUMIN)	5	
REBIF REBIDOSE	5	
REBIF TITRATION PACK	5	
teriflunomide	5	QL (30 EA per 30 days)
DENTAL AND ORAL AGENTS		
Dental And Oral Agents		
cevimeline	3	
chlorhexidine gluconate mouthwash	2	
DENTA 5000 PLUS	2	
DENTA 5000 PLUS SENSITIVE	2	
DENTAGEL	2	
doxycycline hyclate oral tablet 20 mg	2	
fluoride (sodium) dental	2	
KOURZEQ	2	
PERIOGARD	2	
pilocarpine hcl oral	3	
PREVIDENT 5000 BOOSTER PLUS	4	
PREVIDENT 5000 DRY MOUTH	4	
PREVIDENT 5000 ENAMEL PROTECT	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PREVIDENT 5000 ORTHO DEFENSE	4	
PREVIDENT 5000 SENSITIVE	4	
SF	2	
SF 5000 PLUS	2	
SODIUM FLUORIDE 5000 DRY MOUTH	2	
SODIUM FLUORIDE 5000 PLUS	2	
sodium fluoride-potassium nitrate dental	2	
triamcinolone acetonide dental	2	
DERMATOLOGICAL AGENTS		
Acne And Rosacea Agents		
acitretin	4	
adapalene topical cream	4	PA
adapalene topical gel 0.3 %	4	PA
adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %	3	
adapalene-benzoyl peroxide topical gel with pump 0.3-2.5 %	4	
ALTRENO	4	PA
AMNESTEEM	4	
ARAZLO	4	PA
azelaic acid	3	
AZELEX	4	
CLARAVIS	4	
clindamycin-benzoyl peroxide topical gel	3	
clindamycin-benzoyl peroxide topical gel with pump 1.2 %(1 % base) -3.75 %, 1.2-2.5 %	4	
erythromycin-benzoyl peroxide	3	
FINACEA TOPICAL FOAM	4	
isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 40 mg	4	
isotretinoin oral capsule 35 mg	5	
ivermectin topical cream	4	
metronidazole topical cream	1	
metronidazole topical gel 0.75 %	1	
metronidazole topical gel 1 %	4	
ONEXTON TOPICAL GEL WITH PUMP	4	
sulfacetamide sodium (acne)	2	
tazarotene topical cream 0.05 %	4	PA
tazarotene topical cream 0.1 %	3	PA
tazarotene topical foam	4	PA
tazarotene topical gel	4	PA
tretinoin topical cream	3	PA
tretinoin topical gel 0.01 %, 0.025 %	3	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
tretinoin topical gel 0.05 %	4	PA
TRILITAS	4	PA
ZENATANE	4	
Dermatitis And Pruritus Agents		
alclometasone	2	
amcinonide topical cream	3	
amcinonide topical ointment	4	
ammonium lactate	2	
betamethasone dipropionate topical cream	2	
betamethasone dipropionate topical lotion	2	
betamethasone dipropionate topical ointment	4	
betamethasone valerate topical cream	2	
betamethasone valerate topical foam	4	
betamethasone valerate topical lotion	2	
betamethasone valerate topical ointment	2	
betamethasone, augmented topical cream	2	
betamethasone, augmented topical gel	4	
betamethasone, augmented topical lotion	4	
betamethasone, augmented topical ointment	2	
calcipotriene-betamethasone	4	PA
clobetasol scalp	2	
clobetasol topical cream 0.05 %	2	
clobetasol topical foam	4	
clobetasol topical gel	2	
clobetasol topical lotion	4	
clobetasol topical ointment	2	
clobetasol topical shampoo	4	
clobetasol topical spray,non-aerosol	4	
clobetasol-emollient topical cream	2	
clobetasol-emollient topical foam	4	
desonide topical cream	3	
desonide topical gel	4	
desonide topical lotion	4	
desonide topical ointment	4	
desoximetasone	4	
diflorasone	4	
doxepin topical	4	PA; QL (90 GM per 30 days)
DUOBRII	4	PA; QL (200 GM per 28 days)
DUPIXENT SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	5	PA; QL (4.6 ML per 28 days)
DUPIXENT SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; QL (8 ML per 28 days)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; QL (4.6 ML per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; QL (8 ML per 28 days)
ENSTILAR	5	PA
fluocinolone and shower cap	4	
fluocinolone topical cream	3	
fluocinolone topical ointment	3	
fluocinolone topical solution	3	
fluocinonide topical cream 0.05 %	3	
fluocinonide topical cream 0.1 %	2	
fluocinonide topical gel	3	
fluocinonide topical ointment	3	
fluocinonide topical solution	3	
fluocinonide-emollient	3	
fluticasone propionate topical cream	2	
fluticasone propionate topical ointment	2	
halobetasol propionate topical cream	2	
halobetasol propionate topical ointment	3	
hydrocortisone topical cream 1 %, 2.5 %	2	
hydrocortisone topical cream with perineal applicator 2.5 %	2	
hydrocortisone topical lotion 2.5 %	2	
hydrocortisone topical ointment 2.5 %	2	
hydrocortisone valerate topical cream	2	
hydrocortisone valerate topical ointment	3	
mometasone topical	2	
NEO-SYNALAR	4	
OPZELURA	5	PA
pimecrolimus	4	QL (100 GM per 30 days)
PRAMOSONE TOPICAL LOTION 2.5-1 %	4	
PROCTO-MED HC	2	
PROCTOSOL HC TOPICAL	2	
PROCTOZONE-HC	2	
selenium sulfide topical lotion	2	
tacrolimus topical	4	QL (100 GM per 30 days)
triamcinolone acetonide topical aerosol	4	QL (100 GM per 30 days)
triamcinolone acetonide topical cream	2	
triamcinolone acetonide topical lotion	2	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	2	
triamcinolone acetonide topical ointment 0.05 %	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Dermatological Agents, Other		
ALCOHOL PADS	3	
calcipotriene scalp	4	
calcipotriene topical cream	4	
calcipotriene topical ointment	4	
calcipotriene-betamethasone	4	PA
calcitriol topical	4	
clotrimazole-betamethasone	2	
diclofenac sodium topical gel 3 %	4	PA; QL (100 GM per 30 days)
ENSTILAR	5	PA
fluorouracil topical cream 5 %	2	
fluorouracil topical solution	2	
hydrocortisone-pramoxine rectal cream 1-1 %	3	
imiquimod topical cream in packet 5 %	2	
methoxsalen	5	
NEO-SYNALAR	4	
nystatin-triamcinolone	2	
OTEZLA	5	PA; QL (60 EA per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51)	5	PA; QL (55 EA per 28 days)
OTEZLA STARTER PACK 10-20-30 MG	5	PA; QL (60 EA per 30 days)
OTEZLA XR	5	PA; QL (30 EA per 30 days)
OTEZLA XR INITIATION	5	PA; QL (41 EA per 28 days)
PANRETIN	5	
podofilox topical gel	4	
podofilox topical solution	2	
PRAMOSONE TOPICAL CREAM 1-1 %	4	
PRAMOSONE TOPICAL LOTION 1-1 %	4	
SANTYL	4	QL (180 GM per 30 days)
silver sulfadiazine	2	
SSD	2	
Pediculicides/Scabicides		
CROTAN	5	
malathion	3	
permethrin	3	
PRURADIK	5	
Topical Anti-Infectives		
acyclovir topical ointment	3	QL (30 GM per 30 days)
ciclopirox	2	
CLINDACIN	4	
CLINDACIN ETZ TOPICAL SWAB	4	
clindamycin phosphate topical foam	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
clindamycin phosphate 1% gel (generic for cleocin t)	4	
clindamycin phosphate topical lotion	2	
clindamycin phosphate topical solution	2	
clindamycin phosphate topical swab	2	
dapsone topical	4	
econazole nitrate topical cream	2	
ERY PADS	4	
erythromycin topical gel	4	
erythromycin topical solution	4	
mupirocin	2	
naftifine topical cream 1 %	4	
SULFAMYLON TOPICAL CREAM	4	
tavaborole	4	PA
ELECTROLYTES/MINERALS/METALS/VITAMINS		
Electrolyte/ Mineral Replacement		
carglumic acid	5	PA
CLINISOL SF 15 %	4	B/D PA
D5 % (D-GLUCOSE)-0.9 % SODCHLR	2	
dextrose 10% in water (d10w)	2	
dextrose 10%-0.2% sodium chloride	2	
dextrose 10%-0.45% sodium chloride	2	
dextrose 2.5%-0.45% sodium chloride	2	
dextrose 5% in water (d5w)	2	
dextrose 5%-0.2% sodium chloride	2	
dextrose 5%-0.45% sodium chloride	2	
dextrose 5%-0.9% sodium chloride	2	
dextrose 70% in water (d70w)	2	
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ	4	
electrolyte-148	2	
electrolyte-a	2	
fluoride (sodium) oral tablet	2	
fluoride (sodium) oral tablet,chewable 1 mg (2.2 mg sod. fluoride)	2	
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	4	B/D PA
ISOLYTE S PH 7.4	4	
ISOLYTE-P IN 5 % DEXTROSE	4	
KLOR-CON	4	
KLOR-CON 10	3	
KLOR-CON 8	3	
KLOR-CON M10	3	
KLOR-CON M15	3	
KLOR-CON M20	3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
lactated ringer's solution intravenous	2	
levocarnitine oral tablet	4	
magnesium sulfate injection	2	
OMEGAVEN	4	B/D PA
PERIKABIVEN	4	B/D PA
potassium chloride in d5-0.2% nacl	2	
potassium chloride in d5-0.45% nacl	2	
potassium chloride in d5-0.9% nacl	2	
potassium chloride in water intravenous piggyback 10 meq/100 ml, 20 meq/100 ml, 40 meq/100 ml	2	
potassium chloride intravenous solution 2 meq/ml	2	
potassium chloride oral capsule, extended release	3	
potassium chloride oral liquid	4	
potassium chloride oral packet 20 meq	4	
potassium chloride oral tablet extended release	3	
potassium chloride oral tablet,er particles/crystals	3	
potassium citrate oral tablet extended release	2	
PREMASOL 10 %	4	B/D PA
PROSOL 20 %	4	B/D PA
SMOFLIPID	4	B/D PA
sodium chloride 0.45 % intravenous	2	
sodium chloride 0.9 % intravenous parenteral solution	2	
sodium chloride 3 % hypertonic	2	
sodium chloride 5 % hypertonic	2	
sodium chloride irrigation	2	
TRAVASOL 10 %	4	B/D PA
Electrolyte/Mineral/Metal Modifiers		
CHEMET	3	
CUVRIOR	5	PA; QL (300 EA per 30 days)
deferasirox oral granules in packet	5	
deferasirox oral tablet	4	
deferasirox oral tablet, dispersible 125 mg	4	
deferasirox oral tablet, dispersible 250 mg, 500 mg	5	
deferiprone	5	
deferoxamine	2	
FERRIPROX (TWICE-DAILY)	5	
FERRIPROX ORAL SOLUTION	5	
FERRIPROX ORAL TABLET 1,000 MG	5	
penicillamine oral capsule	5	ST
penicillamine oral tablet	3	
RENACIDIN	4	
tolvaptan (polycys kidney dis) oral tablet 15 mg	5	PA; QL (120 EA per 30 days)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
tolvaptan (polycys kidney dis) oral tablet 30 mg	5	PA
tolvaptan (polycys kidney dis) oral tablets, sequential 15 mg (am)/ 15 mg (pm)	5	PA; QL (120 EA per 30 days)
tolvaptan (polycys kidney dis) oral tablets, sequential 30 mg (am)/ 15 mg (pm), 45 mg (am)/ 15 mg (pm), 60 mg (am)/ 30 mg (pm), 90 mg (am)/ 30 mg (pm)	5	PA; QL (56 EA per 28 days)
tolvaptan oral tablet 15 mg	5	PA; QL (30 EA per 30 days)
tolvaptan oral tablet 30 mg	5	PA
trientine	5	ST; QL (120 EA per 30 days)
Electrolytes/Minerals/Metals/Vitamins		
CLINOLIPID	4	B/D PA
NUTRILIPID	4	B/D PA
Phosphate Binders		
calcium acetate(phosphat bind)	2	PA
lanthanum	4	PA
sevelamer carbonate	4	PA
sevelamer hcl	4	PA
VELPHORO	5	PA
Potassium Binders		
KIONEX ORAL SUSPENSION	2	
LOKELMA	3	QL (90 EA per 30 days)
sodium polystyrene sulfonate	2	
SPS (WITH SORBITOL) ORAL	2	
Vitamins		
C-NATE DHA	4	
COMPLETE NATAL DHA	4	
ELITE-OB	4	
FOLIVANE-OB	4	
M-NATAL PLUS	4	
PNV-DHA	4	
PNV-OMEGA	4	
PNV-SELECT	4	
PR NATAL 400	4	
PR NATAL 400 EC	4	
PR NATAL 430	4	
PR NATAL 430 EC	4	
PRENATAL PLUS DHA	4	
PRENATAL VITAMIN PLUS LOW IRON	4	
SE-NATAL 19	4	
SE-NATAL 19 CHEWABLE	4	
TRINATAL RX 1	4	
WESNATE DHA	4	
WESTAB PLUS	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
WESTGEL DHA	4	
GASTROINTESTINAL AGENTS		
Anti-Constipation Agents		
CONSTULOSE	2	
ENULOSE	2	
GAVILYTE-C	2	
GAVILYTE-G	2	
GAVILYTE-N	2	
GENERLAC	2	
KRISTALOSE	4	
lactulose oral packet	4	
lactulose oral solution	2	
LINZESS	3	QL (30 EA per 30 days)
lubiprostone	4	QL (60 EA per 30 days)
MOVANTIK	3	QL (30 EA per 30 days)
peg 3350-electrolytes	2	
peg-electrolyte soln	2	
RELISTOR ORAL	5	PA; QL (90 EA per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION	5	PA; QL (18 ML per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	5	PA; QL (18 ML per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	5	PA; QL (12 ML per 30 days)
sodium,potassium,mag sulfates	4	
Anti-Diarrheal Agents		
alosetron	4	QL (60 EA per 30 days)
diphenoxylate-atropine	2	
loperamide oral capsule	2	
MYTESI	4	PA
VIBERZI	5	QL (60 EA per 30 days)
XERMELO	5	PA; QL (90 EA per 30 days)
XIFAXAN	3	
Antispasmodics, Gastrointestinal		
chlordiazepoxide-clidinium	4	
dicyclomine oral capsule	2	
dicyclomine oral solution	3	
dicyclomine oral tablet 20 mg	2	
glycopyrrolate oral tablet 1 mg, 2 mg	2	
methscopolamine	2	
Gastrointestinal Agents, Other		
amoxicillin-clarithromycin-lansoprazole	4	QL (112 EA per 30 days)
bismuth subcitrate-metronidazole-tetracycline	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BYLVAY	5	PA
CORTIFOAM	4	
GATTEX 30-VIAL	5	PA
GAVILYTE-C	2	
GAVILYTE-G	2	
GAVILYTE-N	2	
LIVMARLI ORAL SOLUTION	5	PA
LIVMARLI ORAL TABLET 10 MG, 15 MG, 30 MG	5	PA; QL (30 EA per 30 days)
LIVMARLI ORAL TABLET 20 MG	5	PA; QL (60 EA per 30 days)
metoclopramide hcl oral tablet 10 mg	2	
MYALEPT	5	PA
nitroglycerin rectal	4	
peg 3350-electrolytes	2	
peg3350-sod sul-nacl-kcl-asb-c	2	
peg-electrolyte soln	2	
PLENVU	4	
PYLERA	4	
REZDIFFRA ORAL TABLET 100 MG	5	PA
REZDIFFRA ORAL TABLET 60 MG, 80 MG	5	PA; QL (30 EA per 30 days)
SUPREP BOWEL PREP KIT	4	
TALICIA	4	QL (168 EA per 14 days)
ursodiol oral capsule 200 mg	5	PA; QL (30 EA per 30 days)
ursodiol oral capsule 300 mg	3	
ursodiol oral capsule 400 mg	5	PA
ursodiol oral tablet	3	
VELSIPITY	5	PA; QL (30 EA per 30 days)
VOWST	5	PA; QL (12 EA per 180 days)
XIFAXAN	3	
Gastrointestinal Agents		
TALICIA	4	QL (168 EA per 14 days)
VELSIPITY	5	PA; QL (30 EA per 30 days)
Histamine2 (H2) Receptor Antagonists		
cimetidine tablet	2	
famotidine oral tablet 20 mg, 40 mg	2	
nizatidine oral capsule	2	
Protectants		
misoprostol	2	
sucralfate oral suspension	4	
sucralfate oral tablet	2	
Proton Pump Inhibitors		
esomeprazole magnesium oral capsule,delayed release(dr/ec)	4	QL (60 EA per 30 days)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
lansoprazole oral capsule,delayed release(dr/ec)	2	QL (60 EA per 30 days)
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 40 mg	3	QL (60 EA per 30 days)
omeprazole oral capsule,delayed release(dr/ec) 20 mg	3	QL (120 EA per 30 days)
pantoprazole oral tablet,delayed release (dr/ec)	4	QL (60 EA per 30 days)
rabeprazole oral tablet,delayed release (dr/ec)	4	QL (60 EA per 30 days)
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
ATTRUBY	5	PA
betaine	5	
CHOLBAM	5	PA
CREON	3	
cromolyn oral	4	
CYSTADANE	5	
CYSTADROPS	5	
CYSTAGON	4	
CYSTARAN	5	
dichlorphenamide	5	PA; QL (120 EA per 30 days)
DOJOLVI	5	PA
DROXIA	4	
EVRYSDI ORAL RECON SOLN	5	PA
EVRYSDI ORAL TABLET	5	PA; QL (30 EA per 30 days)
glutamine (sickle cell)	5	PA; QL (180 EA per 30 days)
nitisinone	5	PA
NITYR	5	PA
OPFOLDA	4	QL (8 EA per 28 days)
ORMALVI	5	PA; QL (120 EA per 30 days)
PROCYSBI	5	PA
PROLASTIN-C INTRAVENOUS SOLUTION	5	PA
PYRUKYND ORAL TABLET 5 MG (4-WEEK PACK)	5	PA; QL (56 EA per 28 days)
sapropterin oral powder in packet 100 mg	4	PA
sapropterin oral powder in packet 500 mg	5	PA
sapropterin oral tablet,soluble	5	PA
sodium phenylbutyrate	5	
SUCRAID	5	
VYNDAMAX	5	PA
VYVGART HYTRULO SUBCUTANEOUS SYRINGE	5	PA; QL (20 ML per 28 days)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	3	
GENITOURINARY AGENTS		
Antispasmodics, Urinary		
darifenacin	4	QL (30 EA per 30 days)
fesoterodine oral tablet extended release 24 hr 4 mg	3	QL (30 EA per 30 days)
fesoterodine oral tablet extended release 24 hr 8 mg	3	
flavoxate	4	
GEMTESA	3	
mirabegron oral tablet extended release 24 hr	4	QL (30 EA per 30 days)
oxybutynin chloride oral syrup	2	
oxybutynin chloride oral tablet 5 mg	2	
oxybutynin chloride oral tablet extended release 24hr	2	QL (60 EA per 30 days)
solifenacin oral tablet 10 mg	2	
solifenacin oral tablet 5 mg	2	QL (30 EA per 30 days)
tolterodine oral capsule,extended release 24hr	4	QL (30 EA per 30 days)
tolterodine oral tablet	3	
trospium oral capsule,extended release 24hr	3	QL (30 EA per 30 days)
trospium oral tablet	2	
Benign Prostatic Hypertrophy Agents		
alfuzosin	2	QL (60 EA per 30 days)
CARDURA XL	4	
doxazosin	2	
dutasteride	2	QL (30 EA per 30 days)
dutasteride-tamsulosin	4	QL (30 EA per 30 days)
ENTADFI	3	QL (30 EA per 30 days)
finasteride oral tablet 5 mg	2	
silodosin	3	
tadalafil oral tablet 2.5 mg, 5 mg (generic for cialis)	4	PA; QL (30 EA per 30 days)
tamsulosin	2	
terazosin oral capsule 2 mg	1	
Genitourinary Agents, Other		
bethanechol chloride	2	
ELMIRON	4	
LITHOSTAT	4	
tiopronin	5	
VENXXIVA	5	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
ACTHAR	5	PA
ACTHAR SELFJECT	5	PA
budesonide rectal	4	PA
CORTROPHIN GEL	5	PA
deflazacort oral suspension	5	PA
deflazacort oral tablet 18 mg	5	PA; QL (30 EA per 30 days)
deflazacort oral tablet 30 mg, 36 mg	5	PA
deflazacort oral tablet 6 mg	5	PA; QL (60 EA per 30 days)
dexamethasone oral solution	4	
dexamethasone oral tablet	4	
dexamethasone oral tablets,dose pack 1.5 mg (21 tabs), 1.5 mg (35 tabs)	4	
dexamethasone sodium phosphate (preservative-free) injection injection solution 10 mg/ml	2	
dexamethasone sodium phosphate injection solution 4 mg/ml	2	
fludrocortisone	2	
HEMADY	4	
hydrocortisone oral	2	
hydrocortisone sod succinate	4	
methylprednisolone acetate	2	
methylprednisolone oral tablet	3	B/D PA
methylprednisolone oral tablets,dose pack	4	
methylprednisolone sodium succinate injection recon soln 125 mg, 40 mg	2	
methylprednisolone sodium succinate intravenous	2	
prednisolone oral solution	3	B/D PA
prednisolone sodium phosphate oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)	4	B/D PA
prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	3	B/D PA
prednisolone sodium phosphate oral tablet,disintegrating	4	
PREDNISONE INTENSOL	4	B/D PA
prednisone oral solution	4	B/D PA
prednisone oral tablet	2	B/D PA
prednisone oral tablets,dose pack	4	
SOLU-MEDROL (PF)	4	
SOLU-MEDROL INTRAVENOUS RECON SOLN 1,000 MG, 2 GRAM	4	
TARPEYO	5	PA; QL (120 EA per 30 days)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
ATTRUBY	5	PA
chorionic gonadotropin, human intramuscular	4	PA
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	3	
desmopressin oral	2	
INCRELEX	5	PA
ISTURISA	5	PA
NOCDURNA	4	QL (30 EA per 30 days)
OMNITROPE	5	PA
PREGNYL	4	PA
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)		
Androgens		
danazol	2	
METHITEST	4	
methyltestosterone oral capsule	4	
testosterone cypionate	2	
testosterone enanthate	2	
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation	4	QL (120 GM per 30 days)
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	3	QL (300 GM per 30 days)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	3	QL (150 GM per 30 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)	4	QL (300 GM per 30 days)
testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)	4	QL (38 GM per 30 days)
testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)	4	QL (150 GM per 30 days)
testosterone transdermal solution in metered pump w/app	4	QL (180 ML per 30 days)
Estrogens		
ANNOVERA	4	QL (1 EA per 365 days)
CLIMARA	4	QL (4 EA per 28 days)
CLIMARA PRO	4	QL (4 EA per 28 days)
DEPO-ESTRADIOL	4	
DIVIGEL	4	
DOTTI	2	QL (8 EA per 28 days)
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	3	
ELURYNG	3	
ENILLORING	3	
estradiol oral	2	
estradiol transdermal gel in metered-dose pump	3	
estradiol transdermal gel in packet	3	
estradiol transdermal patch semiweekly	2	QL (8 EA per 28 days)
estradiol transdermal patch weekly	2	QL (4 EA per 28 days)
estradiol vaginal	2	
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml	2	
estradiol valerate intramuscular oil 40 mg/ml	3	
ESTROGEL	4	
etonogestrel-ethinyl estradiol	3	
EVAMIST	4	
HALOETTE	3	
JASMIEL (28)	4	
KELNOR 1/35 (28)	2	
LORYNA (28)	4	
LYLLANA	2	QL (8 EA per 28 days)
MINIVELLE	4	QL (8 EA per 28 days)
NIKKI (28)	4	
OCELLA	3	
PREMARIN ORAL	4	
PREMPHASE	3	
PREMPRO	3	
SYEDA	3	
VESTURA (28)	4	
VIVELLE-DOT	4	QL (8 EA per 28 days)
YUVAFEM	2	
ZOVIA 1-35 (28)	2	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
ABIGALE	2	
ABIGALE LO	2	
AZURETTE (28)	2	
COMBIPATCH	4	QL (8 EA per 28 days)
estradiol-norethindrone acetate	2	
FEIRZA	2	
HAILEY FE 1/20 (28)	2	
INTROVALE	2	
JAIMIESS	3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
JULEBER	2	
LARIN 1.5/30 (21)	3	
LARIN 1/20 (21)	3	
LARIN FE 1/20 (28)	2	
levonorg-eth estrad triphasic	2	
LILETTA	3	QL (1 EA per 365 days)
LOJAIMIESS	2	
LUIZZA	3	
MICROGESTIN 1.5/30 (21)	3	
MICROGESTIN 1/20 (21)	3	
MICROGESTIN FE 1/20 (28)	2	
NECON 0.5/35 (28)	3	
NEXPLANON	3	QL (1 EA per 365 days)
VALTYA ORAL TABLET 1-35 MG-MCG	2	
VALTYA ORAL TABLET 1-50 MG-MCG	3	
VIORELE (28)	2	
XELRIA FE	3	
ZOVIA 1-35 (28)	2	
Progestins		
ALTAVERA (28)	2	
ALYACEN 1/35 (28)	3	
AMETHIA	3	
ANGELIQ	4	
APRI	2	
ARANELLE (28)	3	
ASHLYNA	3	
AUBRA EQ	2	
AUROVELA 24 FE	3	
AUROVELA FE 1.5/30 (28)	2	
AUROVELA FE 1-20 (28)	2	
AVIANE	2	
BALZIVA (28)	3	
BLISOVI 24 FE	3	
BLISOVI FE 1.5/30 (28)	2	
BLISOVI FE 1/20 (28)	2	
BRIELLYN	3	
CAMILA	2	
CAMRESE	2	
CAMRESE LO	2	
CRYSELLE (28)	3	
CYRED EQ	2	
DAYSEE	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DEBLITANE	2	
DEPO-SUBQ PROVERA 104	3	
desogestrel-biphasic ethinyl estradiol	3	
DOLISHALE	3	
ELINEST	2	
ENPRESSE	2	
ENSKYCE	2	
ERRIN	2	
ESTARYLLA	3	
ethynodiol diacetate-ethinyl estradiol oral tablet 1-35 mg-mcg	2	
ethynodiol diacetate-ethinyl estradiol oral tablet 1-50 mg-mcg	3	
FALMINA (28)	2	
FEIRZA	2	
FYAVOLV	2	
GALLIFREY	2	
HAILEY 24 FE	3	
HAILEY FE 1.5/30 (28)	2	
HEATHER	2	
ICLEVIA	2	
INCASSIA	2	
ISIBLOOM	2	
JENCYCLA	2	
JINTELI	2	
JOLESSA	2	
JULEBER	2	
JUNEL 1.5/30 (21)	3	
JUNEL 1/20 (21)	3	
JUNEL FE 1.5/30 (28)	2	
JUNEL FE 1/20 (28)	2	
JUNEL FE 24	3	
KARIVA (28)	2	
KURVELO (28)	2	
LARIN 1.5/30 (21)	3	
LARIN 1/20 (21)	3	
LARIN FE 1.5/30 (28)	2	
LARIN FE 1/20 (28)	2	
LESSINA	2	
LEVONEST (28)	2	
levonorgestrel/biphasic ethinyl estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg	2	
levonorgestrel-ethinyl estradiol oral tablet 90-20 mcg (28)	3	
levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	2	
LO LOESTRIN FE	4	
LOW-OGESTREL (28)	3	
LUTERA (28)	2	
LYLEQ	2	
LYZA	2	
MARLISSA (28)	2	
medroxyprogesterone intramuscular	2	
medroxyprogesterone oral	1	
megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)	4	
megestrol oral tablet	2	
MELEYA	2	
MICROGESTIN 1.5/30 (21)	3	
MICROGESTIN 1/20 (21)	3	
MICROGESTIN FE 1.5/30 (28)	2	
MICROGESTIN FE 1/20 (28)	2	
MILI	3	
MONO-LINYAH	2	
NECON 0.5/35 (28)	3	
NORA-BE	2	
norelgestromin-ethinyl estradiol transdermal	3	
norethindrone (contraceptive)	2	
norethindrone acetate	2	
norethindrone-ethinyl estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	2	
norethindrone-ethinyl estradiol oral tablet 1-20 mg-mcg	3	
norethindrone-ethinyl estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	2	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28)	2	
norgestimate-ethinyl estradiol oral tablet 0.25-0.035 mg	3	
NORTREL 0.5/35 (28)	3	
NORTREL 1/35 (21)	3	
NORTREL 1/35 (28)	3	
NORTREL 7/7/7 (28)	2	
NYLIA 1/35 (28)	3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NYLIA 7/7/7 (28)	2	
ORQUIDEA	2	
PIMTREA (28)	2	
PORTIA 28	2	
progesterone micronized oral	2	
RECLIPSEN (28)	2	
SETLAKIN	2	
SHAROBEL	2	
SPRINTEC (28)	3	
TARINA 24 FE	3	
TARINA FE 1-20 EQ (28)	2	
TRI-ESTARYLLA	2	
TRI-LINYAH	2	
TRI-LO-ESTARYLLA	2	
TRI-LO-SPRINTEC	2	
TRI-MILI	2	
TRI-SPRINTEC (28)	2	
TRI-VYLIBRA	2	
TRI-VYLIBRA LO	2	
TURQOZ (28)	3	
VELIVET TRIPHASIC REGIMEN (28)	3	
VIENVA	2	
VYFEMLA (28)	3	
VYLIBRA	3	
WYMZYA FE	3	
XULANE	3	
ZAFEMY	3	
Selective Estrogen Receptor Modifying Agents		
clomiphene citrate	4	PA; QL (30 EA per 30 days)
DUAVEE	4	
MILOPHENE	4	PA; QL (30 EA per 30 days)
raloxifene	2	QL (30 EA per 30 days)
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
CYTOMEL	4	
levothyroxine oral tablet	1	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	2	
LIOMNY	2	
liothyronine oral	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SYNTHROID	3	
UNITHROID	1	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
Hormonal Agents, Suppressant (Adrenal Or Pituitary)		
bromocriptine oral tablet	2	
cabergoline	2	
ELIGARD	4	PA
ELIGARD (3 MONTH)	4	PA
ELIGARD (4 MONTH)	4	PA
ELIGARD (6 MONTH)	4	PA
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	4	
lanreotide subcutaneous syringe 120 mg/0.5 ml	5	
leuprolide subcutaneous kit	4	PA
LUPRON DEPOT	5	PA
LUPRON DEPOT (3 MONTH)	5	PA
LUPRON DEPOT (4 MONTH)	5	PA
LUPRON DEPOT (6 MONTH)	5	PA
LYSODREN	5	
mifepristone oral tablet 300 mg	5	PA; QL (120 EA per 30 days)
octreotide acetate injection solution 1,000 mcg/ml	4	
octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml	3	
octreotide acetate injection solution 500 mcg/ml	5	
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)	3	
octreotide acetate injection syringe 500 mcg/ml (1 ml)	5	
ORIAHNN	5	PA; QL (56 EA per 28 days)
ORILISSA ORAL TABLET 150 MG	4	PA; QL (28 EA per 28 days)
ORILISSA ORAL TABLET 200 MG	4	PA; QL (56 EA per 28 days)
RECORLEV	5	PA; QL (240 EA per 30 days)
SIGNIFOR	5	PA
SOMATULINE DEPOT	5	
SOMAVERT	5	PA
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	4	PA
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
Antithyroid Agents		
methimazole oral tablet 10 mg, 5 mg	1	
propylthiouracil	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
IMMUNOLOGICAL AGENTS		
Angioedema Agents		
HAEGARDA	5	PA; QL (16 EA per 28 days)
icatibant	5	PA
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; QL (2 ML per 28 days)
TAKHZYRO SUBCUTANEOUS SYRINGE 300 MG/2 ML (150 MG/ML)	5	PA; QL (4 ML per 28 days)
Immunoglobulins		
GAMMAGARD LIQUID	5	PA
GAMMAGARD LIQUID ERC	5	PA
GAMMAKED	5	PA
GAMUNEX-C	5	PA
HIZENTRA	5	PA
HYQVIA	5	PA
OCTAGAM INTRAVENOUS SOLUTION 10 %	5	PA
OCTAGAM INTRAVENOUS SOLUTION 5 %	4	PA
PRIVIGEN	5	PA
Immunological Agents, Other		
ARCALYST	5	PA
BENLYSTA SUBCUTANEOUS	5	PA; QL (8 ML per 28 days)
COSENTYX (2 SYRINGES)	5	PA; QL (10 ML per 28 days)
COSENTYX PEN (2 PENS)	5	PA; QL (10 ML per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; QL (2.5 ML per 28 days)
COSENTYX UNOREADY PEN	5	PA; QL (10 ML per 28 days)
DUPIXENT SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	5	PA; QL (4.6 ML per 28 days)
DUPIXENT SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; QL (8 ML per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; QL (4.6 ML per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; QL (8 ML per 28 days)
ENSPRYNG	5	PA
ENTYVIO PEN	5	PA
GRASTEK	3	
KEVZARA SUBCUTANEOUS PEN INJECTOR	5	PA; QL (3 ML per 28 days)
KEVZARA SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; QL (3 ML per 28 days)
ODACTRA	3	
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	4	
ORENCIA (WITH MALTOSE)	5	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ORENCIA CLICKJECT	5	PA; QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	5	PA
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	5	PA; QL (1.6 ML per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	5	PA; QL (2.8 ML per 28 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10)	3	QL (20 EA per 90 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)- 100 MG (5)	3	QL (11 EA per 90 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	3	QL (30 EA per 90 days)
REVCOVI	5	PA
RINVOQ LQ	5	PA; QL (360 ML per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG	5	PA; QL (30 EA per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 30 MG	5	PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	5	PA; QL (168 EA per 365 days)
SELARSDI SUBCUTANEOUS SOLUTION	3	PA; QL (1 ML per 56 days)
SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	PA; QL (1 ML per 56 days)
SELARSDI SUBCUTANEOUS SYRINGE 90 MG/ML	3	PA; QL (8 ML per 365 days)
SIMLANDI (CITRATE-FREE) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	3	PA; QL (4 EA per 28 days)
SKYRIZI SUBCUTANEOUS PEN INJECTOR	5	PA; QL (1 ML per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; QL (1 ML per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE 55 MG/0.37 ML	5	PA; QL (2.3 ML per 365 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	5	PA; QL (1.2 ML per 56 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	5	PA; QL (2.4 ML per 56 days)
TAVNEOS	5	PA
XELJANZ ORAL SOLUTION	5	PA
XELJANZ ORAL TABLET	5	PA; QL (60 EA per 30 days)
XELJANZ XR	5	PA; QL (30 EA per 30 days)
XOLAIR	5	PA
YESINTEK SUBCUTANEOUS SOLUTION	3	PA; QL (1 ML per 56 days)
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	PA; QL (1 ML per 56 days)
YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML	3	PA; QL (8 ML per 365 days)
Immunostimulants		
ACTIMMUNE	5	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BESREMI PEN	5	PA
PEGASYS SUBCUTANEOUS SOLUTION	5	
PEGASYS SUBCUTANEOUS SYRINGE	5	QL (2 ML per 28 days)
Immunosuppressants		
ASTAGRAF XL	4	B/D PA
azathioprine oral tablet 50 mg	2	B/D PA
CELLCEPT ORAL CAPSULE	5	B/D PA
CELLCEPT ORAL TABLET	5	B/D PA
cyclosporine modified	3	B/D PA
cyclosporine oral capsule	3	B/D PA
DUPIXENT SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; QL (8 ML per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; QL (4.6 ML per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; QL (8 ML per 28 days)
ENBREL MINI	5	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION	5	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	5	PA; QL (8 ML per 28 days)
ENBREL SURECLICK	5	PA; QL (8 ML per 28 days)
ENVARSUS XR	4	B/D PA
everolimus oral tablet 0.25 mg	4	B/D PA
everolimus oral tablet 0.5 mg, 0.75 mg, 1 mg	5	B/D PA
GENGRAF ORAL CAPSULE	2	B/D PA
HADLIMA	3	PA; QL (4.8 ML per 28 days)
HADLIMA (CITRATE-FREE)	3	PA; QL (2.4 ML per 28 days)
HADLIMA (CITRATE-FREE) PUSHTOUCH	3	PA; QL (2.4 ML per 28 days)
HADLIMA PUSHTOUCH	3	PA; QL (4.8 ML per 28 days)
KINERET	5	PA
leflunomide	2	
LUPKYNIS	5	PA
mercaptopurine oral tablet	2	
methotrexate sodium (preservative-free) injection solution	2	
methotrexate sodium injection	2	
methotrexate sodium oral	1	
mycophenolate mofetil oral capsule	2	B/D PA
mycophenolate mofetil oral suspension for reconstitution	4	B/D PA
mycophenolate mofetil oral tablet	2	B/D PA
mycophenolate sodium	4	B/D PA
MYFORTIC	4	B/D PA
MYHIBBIN	5	B/D PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NEORAL ORAL CAPSULE	4	B/D PA
OTEZLA ORAL TABLET 20 MG	5	PA; QL (60 EA per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51)	5	PA; QL (55 EA per 28 days)
OTEZLA STARTER PACK 10-20-30 MG	5	PA; QL (60 EA per 30 days)
OTEZLA XR	5	PA; QL (30 EA per 30 days)
OTEZLA XR INITIATION	5	PA; QL (41 EA per 28 days)
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG	4	B/D PA
PROGRAF ORAL CAPSULE 5 MG	5	B/D PA
PROGRAF ORAL GRANULES IN PACKET	4	B/D PA
REZUROCK	5	PA; QL (60 EA per 30 days)
SANDIMMUNE ORAL CAPSULE 100 MG	5	B/D PA
SANDIMMUNE ORAL CAPSULE 25 MG	4	B/D PA
SIMLANDI (CITRATE-FREE) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	3	PA; QL (6 EA per 28 days)
SIMLANDI (CITRATE-FREE) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	3	PA; QL (4 EA per 28 days)
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	3	PA; QL (2 EA per 28 days)
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	3	PA; QL (6 EA per 28 days)
sirolimus oral solution	4	B/D PA
sirolimus oral tablet	3	B/D PA
tacrolimus oral capsule	3	B/D PA
tacrolimus oral capsule,extended release 24hr	4	B/D PA
TAVNEOS	5	PA
TYENNE AUTOINJECTOR	5	PA
TYENNE SUBCUTANEOUS	5	PA
XATMEP	4	
ZYMFENTRA	5	PA; QL (2 EA per 28 days)
Vaccines		
ABRYSVO	4	RV
ACTHIB	3	
ADACEL (TDAP ADOLESCENT/ADULT)	3	RV
AREXVY	4	RV
bcg vaccine, live	4	RV
BEXSERO	4	RV
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	3	RV
DAPTACEL (PEDIATRIC)	4	
ENGERIX-B	3	B/D PA; RV
ENGERIX-B PEDIATRIC	3	B/D PA; RV
GARDASIL 9	3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HAVRIX INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	3	RV
HAVRIX INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3	
HEPLISAV-B	3	B/D PA; RV
HIBERIX	3	
IMOVAX RABIES VACCINE	4	B/D PA; RV
INFANRIX	4	
IPOL	4	RV
IXIARO	4	RV
JYNNEOS	4	RV
KINRIX	4	
MENQUADFI	4	RV
MENVEO A-C-Y-W-135-DIP INTRAMUSCULAR KIT	3	RV
M-M-R II	3	RV
MRESVIA (PF)	4	RV
PEDIARIX	4	
PEDVAX HIB	3	
PENBRAYA	4	RV
PENMENVY MEN A-B-C-W-Y (PF)	4	RV
PENTACEL	4	
PRIORIX	3	RV
PROQUAD	3	
QUADRACEL	4	
RABAVERT	4	B/D PA; RV
RECOMBIVAX HB	3	B/D PA; RV
ROTARIX	4	
ROTATEQ VACCINE	4	
SHINGRIX INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	3	RV
SHINGRIX INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	3	
STAMARIL	4	
TENIVAC	3	RV
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	4	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	4	RV
TRUMENBA	3	RV
TWINRIX	3	RV
TYPHIM VI	4	RV
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VAQTA INTRAMUSCULAR SUSPENSION 50 UNIT/ML	3	RV
VAQTA INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	3	
VAQTA INTRAMUSCULAR SYRINGE 50 UNIT/ML	3	RV
VARIVAX	3	RV
VAXCHORA VACCINE	4	RV
VIMKUNYA (PF)	4	RV
VIVOTIF	4	RV
YF-VAX	4	RV
INFLAMMATORY BOWEL DISEASE AGENTS		
Aminosalicylates		
balsalazide	4	
mesalamine oral capsule,extended release 24hr	4	
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram	4	
mesalamine rectal enema	3	
mesalamine rectal suppository	4	
sulfasalazine	2	
Glucocorticoids		
budesonide oral capsule,delayed,extend.release	4	
budesonide oral tablet,delayed and ext.release	4	QL (30 EA per 30 days)
budesonide rectal	4	PA
dexamethasone oral solution	4	
dexamethasone oral tablet	4	
dexamethasone oral tablets,dose pack 1.5 mg (21 tabs), 1.5 mg (35 tabs)	4	
hydrocortisone oral	2	
hydrocortisone rectal	4	
methylprednisolone oral tablet	3	B/D PA
methylprednisolone oral tablets,dose pack	4	
PRAMOSONE TOPICAL CREAM 1-1 %	4	
PRAMOSONE TOPICAL LOTION 1-1 %	4	
prednisolone oral solution	3	B/D PA
prednisolone sodium phosphate oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)	4	B/D PA
prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	3	B/D PA
prednisolone sodium phosphate oral tablet,disintegrating	4	
PREDNISONE INTENSOL	4	B/D PA
prednisone oral solution	4	B/D PA
prednisone oral tablet	2	B/D PA
prednisone oral tablets,dose pack	4	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PROCTOFOAM HC	4	
PROCTO-MED HC	2	
PROCTOSOL HC TOPICAL	2	
PROCTOZONE-HC	2	
METABOLIC BONE DISEASE AGENTS		
Metabolic Bone Disease Agents		
alendronate oral solution	4	QL (300 ML per 28 days)
alendronate oral tablet 10 mg	1	QL (30 EA per 30 days)
alendronate oral tablet 35 mg, 70 mg	1	QL (4 EA per 28 days)
BILDYOS	3	
BILPREVDA	3	PA
calcitonin (salmon) nasal	2	
calcitriol oral	2	
cinacalcet	4	
doxercalciferol oral	3	
ENOBY	3	
EVENITY	5	PA; QL (2.4 ML per 28 days)
ibandronate oral	2	QL (1 EA per 30 days)
paricalcitol oral	3	
risedronate oral tablet 150 mg	2	QL (1 EA per 28 days)
risedronate oral tablet 30 mg, 5 mg	2	QL (30 EA per 30 days)
risedronate oral tablet 35 mg	2	QL (4 EA per 28 days)
risedronate oral tablet,delayed release (dr/ec)	2	QL (4 EA per 28 days)
teriparatide 560 mcg/2.24 ml pen	5	PA; QL (3 ML per 28 days); Alvogen (NDC 47781-) only
teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)	5	PA; QL (3 ML per 28 days)
XTRENBO	3	PA
OPHTHALMIC AGENTS		
Ophthalmic Agents, Other		
atropine ophthalmic (eye) drops 1 %	2	
brimonidine-timolol	3	
cyclosporine ophthalmic (eye)	4	QL (60 EA per 30 days)
CYSTADROPS	5	
CYSTARAN	5	
dorzolamide-timolol	2	
dorzolamide-timolol (preservative-free)	2	
MIEBO (PF)	4	QL (3 ML per 30 days)
neomycin-bacitracin-polymyxin	2	
neomycin-bacitracin-polymyxin-hydrocortisone	2	
neomycin-polymyxin-dexamethasone	2	
neomycin-polymyxin-gramicidin	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
neomycin-polymyxin-hydrocortisone ophthalmic (eye)	2	
polymyxin-trimethoprim	2	
RESTASIS (DROPPERETTE ONLY)	3	QL (60 EA per 30 days)
ROCKLATAN	3	
sulfacetamide-prednisolone	2	
TOBRADEX	4	
TOBRADEX ST	4	
tobramycin-dexamethasone	2	
tobramycin-lotepred	4	
VERKAZIA	5	PA
XDEMVY	5	PA; QL (10 ML per 180 days)
Ophthalmic Anti-Allergy Agents		
azelastine ophthalmic (eye)	2	
bepotastine besilate	4	
cromolyn ophthalmic (eye)	2	
epinastine	2	
Ophthalmic Anti-Infectives		
AZASITE	4	
bacitracin-polymyxin b	2	
besifloxacin	4	
ciprofloxacin hcl ophthalmic (eye)	2	
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)	2	
gatifloxacin	2	
gentamicin ophthalmic (eye) drops	2	
levofloxacin ophthalmic (eye) drops 0.5 %	2	
moxifloxacin ophthalmic (eye) drops	3	QL (12 ML per 28 days)
NATACYN	4	
neomycin-bacitracin-polymyxin	2	
neomycin-polymyxin-gramicidin	2	
NEO-POLYCIN	2	
NEO-POLYCIN HC	2	
ofloxacin ophthalmic (eye)	2	
POLYCIN	2	
sulfacetamide sodium ophthalmic (eye)	2	
tobramycin ophthalmic (eye)	2	
TOBREX OPHTHALMIC (EYE) OINTMENT	4	
trifluridine	2	
XDEMVY	5	PA; QL (10 ML per 180 days)
ZIRGAN	4	
Ophthalmic Anti-Inflammatories		
bromfenac ophthalmic (eye) drops 0.09 %	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
dexamethasone sodium phosphate ophthalmic (eye)	2	
diclofenac sodium ophthalmic (eye)	4	
difluprednate	3	
fluorometholone	2	
flurbiprofen sodium	2	
ketorolac ophthalmic (eye)	2	
loteprednol ophthalmic (eye) drops,gel 0.5 %	3	
loteprednol ophthalmic (eye) drops,suspension 0.2 %	4	
loteprednol ophthalmic (eye) drops,suspension 0.5 %	3	
prednisolone acetate	2	
prednisolone sodium phosphate ophthalmic (eye)	2	
Ophthalmic Beta-Adrenergic Blocking Agents		
betaxolol ophthalmic (eye)	2	
carteolol	1	
levobunolol ophthalmic (eye) drops 0.5 %	1	
timolol maleate ophthalmic (eye) drops	1	
timolol maleate ophthalmic (eye) drops, once daily	2	
timolol maleate ophthalmic (eye) gel forming solution	2	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
acetazolamide oral capsule, extended release	2	
acetazolamide oral tablet 125 mg	2	
apraclonidine	2	
brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %	3	
brimonidine ophthalmic (eye) drops 0.2 %	2	
brimonidine-timolol	3	
brinzolamide	4	
dorzolamide	2	
dorzolamide-timolol	2	
dorzolamide-timolol (preservative-free)	2	
IOPIDINE	4	
methazolamide	3	
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	2	
RHOPRESSA	3	
ROCKLATAN	3	
Ophthalmic Prostaglandin And Prostamide Analogs		
bimatoprost ophthalmic (eye) drops 0.03 %	2	QL (7.5 ML per 25 days)
latanoprost	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	QL (7.5 ML per 25 days)
travoprost	3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OTIC AGENTS		
Otic Agents		
acetic acid otic (ear)	2	
ciprofloxacin hcl otic (ear)	2	
ciprofloxacin-dexamethasone	3	
ciprofloxacin-hydrocortisone	4	
fluocinolone acetonide oil	2	
hydrocortisone-acetic acid	3	
neomycin-polymyxin-hydrocortisone otic (ear)	2	
ofloxacin otic (ear)	2	
RESPIRATORY TRACT/ PULMONARY AGENTS		
Antihistamines		
azelastine nasal spray,non-aerosol 137 mcg (0.1 %)	2	QL (30 ML per 25 days)
azelastine-fluticasone	3	QL (23 GM per 30 days)
carbinoxamine maleate oral tablet 4 mg	2	
clemastine oral tablet	2	
cyproheptadine oral tablet	2	
desloratadine oral tablet	2	QL (30 EA per 30 days)
desloratadine oral tablet,disintegrating	4	QL (30 EA per 30 days)
diphenhydramine hcl injection solution 50 mg/ml	2	
hydroxyzine hcl oral solution 10 mg/5 ml	4	
hydroxyzine hcl oral tablet	4	
levocetirizine oral solution	2	
levocetirizine oral tablet	2	QL (60 EA per 30 days)
olopatadine nasal	3	QL (31 GM per 30 days)
promethazine oral syrup	4	
RYALTRIS	4	
Anti-Inflammatories, Inhaled Corticosteroids		
budesonide inhalation	3	B/D PA
flunisolide	2	QL (50 ML per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation, 220 mcg/actuation	4	ST; QL (24 GM per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation	4	ST; QL (22 GM per 30 days)
fluticasone propionate nasal	2	
mometasone nasal	2	QL (34 GM per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	3	QL (10.6 GM per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	3	QL (21.2 GM per 30 days)
Antileukotrienes		
montelukast oral granules in packet	2	
montelukast oral tablet	1	QL (30 EA per 30 days)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
montelukast oral tablet,chewable	2	QL (30 EA per 30 days)
zafirlukast	2	QL (60 EA per 30 days)
Bronchodilators, Anticholinergic		
ATROVENT HFA	4	QL (25.8 GM per 30 days)
COMBIVENT RESPIMAT	4	QL (8 GM per 30 days)
INCRUSE ELLIPTA	3	
ipratropium bromide inhalation solution	2	B/D PA
ipratropium bromide nasal	2	
ipratropium-albuterol	2	B/D PA
SPIRIVA RESPIMAT	4	PA; QL (4 GM per 30 days)
SPIRIVA WITH HANDIHALER	3	
Bronchodilators, Sympathomimetic		
albuterol sulfate hfa inhaler (generic for proair hfa)	3	QL (17 GM per 30 days)
albuterol sulfate hfa inhaler (generic for proventil hfa)	3	
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml	2	B/D PA
albuterol sulfate oral syrup	4	
albuterol sulfate oral tablet	4	
arformoterol	4	B/D PA
BREO ELLIPTA	3	QL (60 EA per 30 days)
DULERA	3	QL (13 GM per 30 days)
epinephrine injection auto-injector	3	QL (2 EA per 30 days)
fluticasone furoate-vilanterol	3	QL (60 EA per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation, 220 mcg/actuation	4	ST; QL (24 GM per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation	4	ST; QL (22 GM per 30 days)
formoterol fumarate	4	B/D PA
levalbuterol inhalation solution for nebulization	3	B/D PA
STRIVERDI RESPIMAT	3	QL (5 GM per 30 days)
terbutaline oral	2	
VENTOLIN HFA	3	QL (36 GM per 30 days)
Cystic Fibrosis Agents		
BRONCHITOL	5	
CAYSTON	5	
KALYDECO	5	PA; QL (60 EA per 30 days)
KITABIS PAK	5	B/D PA
ORKAMBI ORAL GRANULES IN PACKET	5	PA; QL (56 EA per 28 days)
ORKAMBI ORAL TABLET	5	PA; QL (120 EA per 30 days)
PULMOZYME	5	B/D PA
SYMDEKO ORAL TABLETS 100-150 MG/150 MG	5	PA
SYMDEKO ORAL TABLETS 50-75 MG/75 MG	5	PA; QL (56 EA per 28 days)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TOBI PODHALER	5	
tobramycin 300 mg/5 ml inhalation solution	5	B/D PA
tobramycin 300 mg/4 ml inhalation solution	5	B/D PA
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	5	PA; QL (56 EA per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL	5	PA; QL (84 EA per 28 days)
Mast Cell Stabilizers		
cromolyn inhalation	3	B/D PA
cromolyn oral	4	
Phosphodiesterase Inhibitors, Airways Disease		
roflumilast	4	QL (30 EA per 30 days)
THEO-24	4	
theophylline oral tablet extended release 12 hr	2	
theophylline oral tablet extended release 24 hr	2	
Pulmonary Antihypertensives		
ADEMPAS	5	PA; QL (90 EA per 30 days)
ambrisentan oral tablet 10 mg	5	PA
ambrisentan oral tablet 5 mg	5	PA; QL (30 EA per 30 days)
bosentan oral tablet 125 mg	5	PA
bosentan oral tablet 62.5 mg	5	PA; QL (60 EA per 30 days)
macitentan	5	PA; QL (30 EA per 30 days)
OPSUMIT	5	PA; QL (30 EA per 30 days)
OPSYNVI	5	PA; QL (30 EA per 30 days)
ORENITRAM MONTH 1 TITRATION KT	5	PA
ORENITRAM MONTH 2 TITRATION KT	5	PA
ORENITRAM MONTH 3 TITRATION KT	5	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	4	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	5	PA
sildenafil (pulmonary hypertension) oral tablet	3	PA; QL (90 EA per 30 days)
tadalafil (pulmonary hypertension)	4	PA; QL (60 EA per 30 days)
TYVASO	5	PA; QL (87 ML per 30 days)
TYVASO INSTITUTIONAL START KIT	5	PA; QL (87 ML per 30 days)
TYVASO REFILL KIT	5	PA; QL (87 ML per 30 days)
TYVASO STARTER KIT	5	PA; QL (87 ML per 30 days)
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; QL (60 EA per 30 days)
UPTRAVI ORAL TABLET 100 MCG, 150 MCG, 200 MCG	5	PA; QL (140 EA per 28 days)
UPTRAVI ORAL TABLETS,DOSE PACK	5	PA; QL (200 EA per 28 days)
WINREVAIR	5	PA; QL (1 EA per 21 days)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
YUTREPIA	5	PA
Pulmonary Fibrosis Agents		
nintedanib	5	PA; QL (60 EA per 30 days)
OFEV	5	PA; QL (60 EA per 30 days)
pirfenidone oral capsule	5	PA; QL (270 EA per 30 days)
Respiratory Tract Agents, Other		
acetylcysteine	4	B/D PA
acetylcysteine intravenous	2	
AIRSUPRA	4	QL (33 GM per 30 days)
ANORO ELLIPTA	3	QL (60 EA per 30 days)
BREO ELLIPTA	3	QL (60 EA per 30 days)
BREZTRI AEROSPHERE	3	QL (10.7 GM per 30 days)
BRINSUPRI	5	PA; QL (30 EA per 30 days)
COMBIVENT RESPIMAT	4	QL (8 GM per 30 days)
DULERA	3	QL (13 GM per 30 days)
DUPIXENT SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; QL (8 ML per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; QL (4.6 ML per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; QL (8 ML per 28 days)
fluticasone furoate-vilanterol	3	QL (60 EA per 30 days)
ipratropium-albuterol	2	B/D PA
SYMBICORT	3	QL (11 GM per 30 days)
TRELEGY ELLIPTA	3	QL (60 EA per 30 days)
Respiratory Tract/ Pulmonary Agents		
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	3	QL (10.7 GM per 30 days)
COMBIVENT RESPIMAT	4	QL (8 GM per 30 days)
ipratropium-albuterol	2	B/D PA
SKELETAL MUSCLE RELAXANTS		
Skeletal Muscle Relaxants		
carisoprodol	4	QL (120 EA per 30 days)
cyclobenzaprine oral tablet 10 mg, 5 mg	2	PA; QL (63 EA per 21 days); PA not required if under 65 years of age.
methocarbamol oral tablet 500 mg, 750 mg	4	
orphenadrine citrate oral	4	
SLEEP DISORDER AGENTS		
Sleep Promoting Agents		
BELSOMRA	4	QL (30 EA per 30 days)
doxepin oral tablet	3	QL (30 EA per 30 days)
EDLUAR	4	QL (30 EA per 30 days)
eszopiclone	3	QL (30 EA per 30 days)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ramelteon	3	
tasimelteon	5	PA; QL (30 EA per 30 days)
temazepam oral capsule 15 mg, 30 mg	2	
temazepam oral capsule 22.5 mg, 7.5 mg	4	
zaleplon oral capsule 10 mg	2	
zaleplon oral capsule 5 mg	2	QL (30 EA per 30 days)
zolpidem oral tablet	2	QL (30 EA per 30 days)
zolpidem oral tablet, extended-release	3	QL (30 EA per 30 days)
zolpidem sublingual	3	QL (30 EA per 30 days)
Wakefulness Promoting Agents		
armodafinil	2	PA; QL (30 EA per 30 days)
modafinil oral tablet 100 mg	2	PA; QL (90 EA per 30 days)
modafinil oral tablet 200 mg	2	PA; QL (60 EA per 30 days)
sodium oxybate	5	PA; QL (540 ML per 30 days)
SUNOSI ORAL TABLET 150 MG	4	PA
SUNOSI ORAL TABLET 75 MG	4	PA; QL (30 EA per 30 days)

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Important Excellus BlueCross BlueShield Information

This formulary was updated on 10/1/2026. For more recent information or other questions, please contact Excellus BlueCross BlueShield at 1-866-862-7087, (TTY users should call 711) Monday – Friday, 8:00 a.m. – 8:00 p.m.; From October 1 to March 31, representatives are available to assist you seven days a week from 8:00 a.m. – 8:00 p.m., or visit ExcellusBCBS.com/MedicareRx