

2027 Formulary

LIST OF COVERED DRUGS

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

CONTACT CUSTOMER SERVICE

1-866-508-7145 TTY 711

This formulary was updated on 10/05/2026. For more recent information or other questions, please call Blue Advantage Customer Service department toll-free at 1 (866) 508- 7145. TTY users should call 711. Customer Service will operate seven (7) days a week from 8 a.m. to 8 p.m. CST, from October – March. After March, Customer Service will operate five (5) days a week, Monday - Friday from 8 a.m. to 8 p.m. CST. You may also visit us on the web at www.lablue.com/blueadvantage.

Important Message About What You Pay for Vaccines – Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible (if your plan has a deductible).

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

Call Customer Service for more information if you have questions regarding vaccines or insulin.

Blue Cross and Blue Shield of Louisiana is an independent licensee
of the Blue Cross Blue Shield Association.

Blue Advantage (HMO) | Blue Advantage (PPO)

2027 Formulary

(List of Covered Drugs or “Drug List”)

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

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 Blue Cross and Blue Shield of Louisiana. When it refers to “plan” or “our plan,” it means Blue Advantage (HMO) | Blue Advantage (PPO).

This document includes the Drug List (formulary) for our plan which is current as of 10/05/2026. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

Important Message About What You Pay for Vaccines – Our plan covers most Part D vaccines at no cost to you, even if you haven’t paid your deductible (if your plan has a deductible).

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

Call Customer Service for more information if you have questions regarding vaccines or insulin.

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.

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What is the Blue Advantage 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 Blue Advantage 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. Blue Advantage will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Blue Advantage 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: www.bcbsla.com/blueadvantage.

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 on our formulary if we are replacing it with a new 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 the drug that is being changed for you. For more information, see the section below entitled “How do I request an exception to the Blue Advantage 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 remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also

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

- If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Blue Advantage 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 10/05/2026. To get updated information about the drugs covered by Blue Advantage, please contact us. Our contact information appears on the front and back cover pages. All mid-year changes in drug coverage are updated monthly with a “Formulary Change Notice” posted on our website and available upon request from Customer Service. If we make mid-year non-maintenance formulary changes, we will mail written notification to affected members in the form of Formulary Errata Sheets.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 9. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular”. If you know what your drug is used for, look for the category name in the list that begins on page number 9. 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 94. 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?

Blue Advantage 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:** Blue Advantage requires you [or your prescriber] to get prior authorization for certain drugs. This means that you will need to get approval from Blue Advantage before you fill your prescriptions. If you don’t get approval, Blue Advantage may not cover the drug.
- **Quantity Limits:** For certain drugs, Blue Advantage limits the amount of the drug that Blue Advantage will cover. For example, Blue Advantage provides 18 tablets per 28-day prescription for *sumatriptan succinate oral tablets*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Blue Advantage 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, Blue Advantage may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Blue Advantage will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 9. You can also get more information about the restrictions applied to specific

covered drugs by visiting our Web site. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Blue Advantage 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 Blue Advantage’s formulary?” on page 5 for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that Blue Advantage does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by Blue Advantage. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Blue Advantage.
- You can ask Blue Advantage 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 Blue Advantage Formulary?

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

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

Generally, Blue Advantage 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 restrictions would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a formulary or tiering exception, including an exception to a coverage restriction. **When you request an exception your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision

within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if 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 coverage restrictions, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

- Enter long-term care (LTC) facilities from hospitals. They are sometimes accompanied by a discharge list of medications from the hospital formulary, with very short-term planning taken into account (often under 8 hours).
- Are discharged from a hospital to a home.
- End their skilled nursing facility Medicare Part A stay (where payments include all pharmacy charges) and who need to revert to their Part D plan formulary.
- End a long-term care facility stay and return to the community.

If a member has more than one change in level of care in a month, the pharmacy will have to call Blue Advantage to request an extension of the transition policy.

For more information

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

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

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

Blue Advantage's Formulary

The formulary below provides coverage information about the drugs covered by Blue Advantage. If you have trouble finding your drug in the list, turn to the Index that begins on page 94.

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

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

Your Medicare Prescription Drug Costs

You can find out which drug tier your drug is in by looking in the formulary included in this booklet. The amount you pay depends on which drug tier your drug is in under your plan. To know what you can expect to pay for drugs in each tier in the Initial Coverage Stage, please refer to your *Summary of Benefits* or *Evidence of Coverage*.

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

List of Abbreviations

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

LA: Limited Availability. This prescription may be available only at certain pharmacies. For more information, please call Customer Service.

MO: Mail-Order Drug. This prescription drug is available through our mail-order service, as well as through our retail network pharmacies. Consider using mail order for your long-term (maintenance) medications (such as high blood pressure medications). Retail network pharmacies may be more appropriate for short-term prescriptions (such as antibiotics).

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

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

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

V: This vaccine is provided to adults at no cost when used based on recommendations by the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP).

Drug Name	Drug Tier	Requirements /Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
<i>amphotericin b</i>	4	B/D PA
<i>amphotericin b liposome</i>	5	B/D PA
<i>caspofungin</i>	4	
<i>clotrimazole mucous membrane</i>	2	MO
CRESEMBA ORAL	5	PA
<i>fluconazole</i>	2	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	4	PA; MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	4	PA
<i>flucytosine</i>	5	MO
<i>griseofulvin microsize</i>	4	MO
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	4	MO
<i>itraconazole oral capsule</i>	4	MO; QL (120 per 30 days)
<i>itraconazole oral solution</i>	4	MO
<i>ketoconazole oral</i>	2	MO
<i>micafungin</i>	4	MO
<i>nystatin oral suspension</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>nystatin oral tablet</i>	2	MO
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	4	PA; MO; QL (96 per 30 days)
<i>terbinafine hcl oral</i>	2	MO
<i>voriconazole intravenous recon soln</i>	4	PA
<i>voriconazole oral suspension for reconstitution</i>	5	PA; MO
<i>voriconazole oral tablet</i>	4	PA; MO
<i>voriconazole-hpbcd</i>	4	PA
ANTIVIRALS		
<i>abacavir</i>	3	MO
<i>abacavir-lamivudine</i>	3	MO
<i>acyclovir oral capsule</i>	2	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	4	MO
<i>acyclovir oral suspension 200 mg/5 ml (5 ml)</i>	4	
<i>acyclovir oral tablet</i>	2	MO
<i>acyclovir sodium intravenous solution</i>	4	B/D PA; MO
<i>adefovir</i>	4	MO
<i>amantadine hcl</i>	2	MO
APTIVUS	5	MO
<i>atazanavir</i>	4	MO
BARACLUDE ORAL SOLUTION	4	MO

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

This drug list was last updated on 10/05/2026.

Drug Name	Drug Tier	Requirements /Limits
BIKTARVY	5	MO
BIXLENVO	5	
CABENUVA	5	MO
<i>cidofovir</i>	5	
CIMDUO	5	MO
<i>darunavir</i>	4	MO
DELSTRIGO	5	MO
DESCOVY	5	MO
DOVATO	5	MO
EDURANT PED	5	MO
<i>efavirenz oral tablet</i>	4	MO
<i>efavirenz-emtricitabin-tenofov</i>	4	MO
<i>efavirenz-lamivu-tenofov disop</i>	5	MO
<i>emtricitabine</i>	4	MO
<i>emtricitabine-tenofov (tdf)</i>	4	MO
<i>emtricitabine-tenofov df</i>	5	MO
EMTRIVA ORAL SOLUTION	3	MO
<i>entecavir</i>	4	MO
<i>etravirine</i>	4	MO
EVOTAZ	5	MO
<i>famciclovir</i>	2	MO
<i>fosamprenavir</i>	4	MO
<i>ganciclovir sodium intravenous recon soln</i>	2	B/D PA; MO
<i>ganciclovir sodium intravenous solution</i>	2	B/D PA
GENVOYA	5	MO

Drug Name	Drug Tier	Requirements /Limits
IDVYNZO	5	MO
INTELENCE ORAL TABLET 25 MG	4	MO
ISENTRESS HD	5	MO
ISENTRESS ORAL POWDER IN PACKET	5	MO
ISENTRESS ORAL TABLET	5	MO
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	MO
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	MO
JULUCA	5	MO
<i>lamivudine</i>	3	MO
<i>lamivudine-zidovudine</i>	3	MO
LIVTENCITY	5	PA; LA; QL (120 per 30 days)
<i>lopinavir-ritonavir oral tablet</i>	3	MO
<i>maraviroc</i>	5	MO
MAVYRET ORAL PELLETS IN PACKET	5	PA; MO; QL (168 per 28 days)
MAVYRET ORAL TABLET	5	PA; MO; QL (84 per 28 days)
<i>nevirapine oral suspension</i>	4	MO
<i>nevirapine oral tablet</i>	3	MO

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

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Drug Name	Drug Tier	Requirements /Limits
<i>nevirapine oral tablet extended release 24 hr</i>	4	MO
ODEFSEY	5	MO
<i>oseltamivir</i>	2	MO
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10)	2	QL (20 per 30 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)- 100 MG (5)	2	QL (11 per 30 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	2	QL (30 per 30 days)
PIFELTRO	5	MO
PREVYMIS INTRAVENOUS	5	PA
PREVYMIS ORAL TABLET 240 MG	5	PA; MO; QL (56 per 28 days)
PREVYMIS ORAL TABLET 480 MG	5	PA; MO; QL (28 per 28 days)
PREZCOBIX	5	MO
PREZISTA ORAL SUSPENSION	5	MO
PREZISTA ORAL TABLET 150 MG	5	MO
PREZISTA ORAL TABLET 75 MG	4	MO
RELENZA DISKHALER	4	MO
RETROVIR INTRAVENOUS	3	MO

Drug Name	Drug Tier	Requirements /Limits
REYATAZ ORAL POWDER IN PACKET	5	MO
<i>ribavirin oral capsule</i>	3	MO
<i>ribavirin oral tablet 200 mg</i>	3	MO
<i>rilpivirine hcl</i>	5	MO
<i>rimantadine</i>	4	MO
<i>ritonavir</i>	3	MO
RUKOBIA	5	MO
STRIBILD	5	MO
SUNLENCA	5	
SYMTUZA	5	MO
<i>tenofovir disoproxil fumarate</i>	4	MO
TIVICAY ORAL TABLET 50 MG	5	MO
TIVICAY PD	5	MO
TRIUMEQ	5	MO
TRIUMEQ PD	4	MO
TROGARZO	5	MO; LA
<i>valacyclovir oral tablet 1 gram</i>	2	MO; QL (120 per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	2	MO; QL (60 per 30 days)
<i>valganciclovir oral recon soln</i>	5	MO
<i>valganciclovir oral tablet</i>	3	MO
VEMLIDY	5	MO
VIRACEPT ORAL TABLET	4	MO

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

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Drug Name	Drug Tier	Requirements /Limits
VIREAD ORAL POWDER	5	MO
VIREAD ORAL TABLET 150 MG	5	MO
VIREAD ORAL TABLET 200 MG, 250 MG	4	MO
VOSEVI	5	PA; MO; QL (28 per 28 days)
XOFLUZA ORAL TABLET 40 MG, 80 MG	3	MO
<i>zidovudine oral capsule</i>	3	MO
<i>zidovudine oral syrup</i>	3	MO
<i>zidovudine oral tablet</i>	2	MO
CEPHALOSPORINS		
<i>cefactor oral capsule</i>	2	MO
<i>cefactor oral suspension for reconstitution 250 mg/5 ml</i>	2	
<i>cefadroxil oral capsule</i>	2	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	MO
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	4	MO
<i>cefazolin injection recon soln 100 gram, 300 gram</i>	4	
<i>cefazolin intravenous recon soln 10 gram</i>	4	
<i>cefdinir</i>	2	MO
<i>cefepime in dextrose, iso-osm</i>	4	
<i>cefepime injection</i>	4	MO
<i>cefixime oral capsule</i>	4	MO
<i>cefoxitin in dextrose, iso-osm</i>	4	
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	4	MO
<i>cefoxitin intravenous recon soln 10 gram</i>	4	
<i>cefpodoxime</i>	4	MO
<i>cefprozil</i>	2	MO
<i>ceftaroline fosamil</i>	5	
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	4	MO
<i>ceftazidime injection recon soln 6 gram</i>	4	
<i>ceftriaxone in dextrose, iso-os</i>	4	MO
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	4	MO

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

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Drug Name	Drug Tier	Requirements /Limits
<i>ceftriaxone injection recon soln 10 gram</i>	4	
<i>ceftriaxone intravenous recon soln 2 gram</i>	4	MO
<i>cefuroxime axetil oral tablet</i>	2	MO
<i>cefuroxime sodium injection recon soln 750 mg</i>	4	MO
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	4	MO
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	4	
<i>cephalexin oral capsule 250 mg</i>	1	MO
<i>cephalexin oral capsule 500 mg</i>	2	MO
<i>cephalexin oral suspension for reconstitution</i>	2	MO
<i>tazicef injection</i>	4	MO
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous</i>	2	MO
<i>azithromycin oral suspension for reconstitution</i>	2	MO
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	MO
<i>clarithromycin</i>	2	MO
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	4	MO
<i>erythromycin ethylsuccinate oral tablet</i>	4	
<i>erythromycin oral tablet</i>	4	MO
<i>erythromycin oral tablet, delayed release (dr/ec)</i>	4	MO
<i>fidaxomicin</i>	5	QL (20 per 10 days)
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole</i>	4	MO
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	4	MO
ARIKAYCE	5	PA; LA
<i>atovaquone</i>	4	MO
<i>atovaquone-proguanil</i>	4	MO
<i>aztreonam</i>	4	MO
CAYSTON	5	PA; MO; LA; QL (84 per 56 days)
<i>chloroquine phosphate</i>	2	MO
<i>clindamycin hcl</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>clindamycin in 5 % dextrose</i>	4	MO
<i>clindamycin phosphate injection</i>	4	MO
COARTEM	4	MO
<i>colistin (colistimethate na)</i>	4	MO; QL (30 per 10 days)
<i>dapsone oral</i>	3	MO
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	3	MO
<i>daptomycin intravenous recon soln 500 mg</i>	4	MO
EMVERM	5	MO
<i>ertapenem</i>	4	MO; QL (14 per 14 days)
<i>ethambutol</i>	3	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	4	MO
<i>gentamicin injection</i>	4	MO
<i>gentamicin sulfate (ped) (pf)</i>	4	
<i>hydroxychloroquine oral tablet 200 mg</i>	2	MO
<i>imipenem-cilastatin</i>	4	MO
IMPAVIDO	5	PA; MO
<i>isoniazid injection</i>	4	
<i>isoniazid oral solution</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>isoniazid oral tablet 100 mg</i>	2	MO
<i>isoniazid oral tablet 300 mg</i>	1	MO
<i>ivermectin oral tablet 3 mg</i>	3	PA; QL (20 per 30 days)
<i>ivermectin oral tablet 6 mg</i>	3	PA; QL (8 per 30 days)
<i>lincomycin</i>	4	
<i>linezolid in dextrose 5%</i>	4	MO
<i>linezolid oral suspension for reconstitution</i>	3	MO
<i>linezolid oral tablet</i>	4	MO
<i>mefloquine</i>	2	MO
<i>meropenem intravenous recon soln 1 gram</i>	2	QL (30 per 10 days)
<i>meropenem intravenous recon soln 2 gram</i>	3	QL (30 per 10 days)
<i>meropenem intravenous recon soln 500 mg</i>	3	QL (10 per 10 days)
<i>metronidazole in nacl (iso-os)</i>	4	MO
<i>metronidazole oral tablet 250 mg, 500 mg</i>	2	MO
<i>neomycin</i>	2	MO
<i>nitazoxanide</i>	5	MO; QL (12 per 30 days)
<i>pentamidine inhalation</i>	4	B/D PA; MO; QL (1 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>pentamidine injection</i>	4	
<i>praziquantel</i>	4	MO
PRIFTIN	3	MO
PRIMAQUINE	4	MO
<i>pyrazinamide</i>	4	MO
<i>pyrimethamine</i>	5	PA; MO
<i>quinine sulfate</i>	4	MO
<i>rifabutin</i>	4	MO
<i>rifampin intravenous</i>	4	MO
<i>rifampin oral</i>	3	MO
SIRTURO	5	PA; LA
STREPTOMYCIN	5	MO; QL (60 per 30 days)
<i>tigecycline</i>	4	MO
<i>tinidazole</i>	2	MO
TOBI PODHALER	5	MO; QL (224 per 56 days)
<i>tobramycin in 0.225 % nacl</i>	5	PA; MO; QL (280 per 28 days)
<i>tobramycin inhalation</i>	5	PA; MO; QL (224 per 28 days)
<i>tobramycin sulfate injection recon soln</i>	4	QL (9 per 14 days)
<i>tobramycin sulfate injection solution 10 mg/ml</i>	4	
<i>tobramycin sulfate injection solution 40 mg/ml</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	3	QL (4000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 500 MG/100 ML	3	QL (1000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 750 MG/150 ML	3	QL (4050 per 10 days)
<i>vancomycin intravenous recon soln 1,000 mg</i>	4	QL (20 per 10 days)
<i>vancomycin intravenous recon soln 10 gram</i>	4	QL (2 per 10 days)
<i>vancomycin intravenous recon soln 5 gram</i>	4	QL (4 per 10 days)
<i>vancomycin intravenous recon soln 500 mg</i>	4	MO; QL (10 per 10 days)
<i>vancomycin intravenous recon soln 750 mg</i>	4	QL (27 per 10 days)
<i>vancomycin oral capsule 125 mg</i>	4	PA; MO; QL (40 per 10 days)
<i>vancomycin oral capsule 250 mg</i>	4	PA; MO; QL (80 per 10 days)

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Drug Name	Drug Tier	Requirements /Limits
VIBATIV INTRAVENOUS RECON SOLN 750 MG	5	
XIFAXAN ORAL TABLET 200 MG	3	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	3	PA; MO; QL (90 per 30 days)
PENICILLINS		
<i>amoxicillin oral capsule</i>	1	MO
<i>amoxicillin oral suspension for reconstitution</i>	1	MO
<i>amoxicillin oral tablet</i>	1	MO
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	MO
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	2	MO
<i>amoxicillin-pot clavulanate oral tablet</i>	2	MO
<i>ampicillin oral capsule 500 mg</i>	2	MO
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	4	MO
<i>ampicillin sodium intravenous</i>	4	

Drug Name	Drug Tier	Requirements /Limits
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	4	MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	4	
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram</i>	4	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	4	MO
BICILLIN L-A	4	
<i>dicloxacillin</i>	2	MO
<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	4	
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	4	MO
<i>nafcillin injection recon soln 10 gram</i>	5	
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml</i>	4	
<i>oxacillin injection recon soln 1 gram, 10 gram</i>	4	
<i>oxacillin injection recon soln 2 gram</i>	4	MO

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Drug Name	Drug Tier	Requirements /Limits
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	4	
<i>penicillin g potassium</i>	4	MO
<i>penicillin g sodium</i>	4	MO
<i>penicillin v potassium oral recon soln</i>	2	MO
<i>penicillin v potassium oral tablet</i>	1	MO
<i>pfizerpen-g</i>	4	
<i>piperacillin-tazobactam intravenous recon soln 13.5 gram, 40.5 gram</i>	4	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i>	4	MO
QUINOLONES		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	MO
<i>ciprofloxacin in 5 % dextrose</i>	4	MO
<i>ciprofloxacin oral suspension, microcapsule recon 500 mg/5 ml</i>	4	

Drug Name	Drug Tier	Requirements /Limits
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	4	
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	4	MO
<i>levofloxacin oral solution</i>	4	MO
<i>levofloxacin oral tablet</i>	2	MO
<i>moxifloxacin oral</i>	3	MO
<i>moxifloxacin-sod.chloride(iso)</i>	4	MO
SULFA'S / RELATED AGENTS		
<i>sulfadiazine</i>	5	MO
<i>sulfamethoxazole-trimethoprim intravenous</i>	4	MO
<i>sulfamethoxazole-trimethoprim oral suspension</i>	2	MO
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	MO
TETRACYCLINES		
<i>demeclocycline</i>	4	MO
<i>doxy-100</i>	4	MO
<i>doxycycline hyclate intravenous</i>	4	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	MO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	MO
<i>doxycycline monohydrate oral suspension for reconstitution</i>	4	MO
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	2	MO
<i>minocycline oral capsule</i>	2	MO
<i>minocycline oral tablet</i>	4	MO
<i>mondoxyne nl oral capsule 100 mg</i>	2	
<i>tetracycline oral capsule</i>	4	MO
URINARY TRACT AGENTS		
<i>fosfomycin tromethamine</i>	4	MO
<i>methenamine hippurate</i>	3	MO
<i>methenamine mandelate oral tablet</i>	2	MO
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	3	MO
<i>nitrofurantoin monohyd/m-cryst</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>trimethoprim</i>	2	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
BOMYNTRA	5	PA; MO
<i>dexrazoxane hcl</i>	5	MO
ELITEK	5	MO
KHAPZORY	5	
<i>leucovorin calcium oral</i>	3	MO
<i>levoleucovorin calcium intravenous solution</i>	5	
<i>mesna intravenous</i>	2	MO
<i>mesna oral</i>	4	MO
WYOST	5	PA; MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	5	PA; MO; QL (120 per 30 days)
<i>abiraterone oral tablet 500 mg</i>	5	PA; MO; QL (60 per 30 days)
<i>abirtega</i>	4	PA; QL (120 per 30 days)
ADCETRIS	5	MO
ADSTILADRIN	5	PA
AKEEGA	5	PA; LA; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
ALECENSA	5	PA; MO; QL (240 per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	5	PA; QL (30 per 180 days)
<i>anastrozole</i>	2	MO
ANKTIVA	5	PA; MO
<i>arsenic trioxide intravenous solution 1 mg/ml</i>	5	
<i>arsenic trioxide intravenous solution 2 mg/ml</i>	5	MO
ASPARLAS	5	PA
AUGTYRO ORAL CAPSULE 160 MG	5	PA; QL (60 per 30 days)
AUGTYRO ORAL CAPSULE 40 MG	5	PA; QL (240 per 30 days)
AVMAPKI-FAKZYNJA	5	PA; QL (66 per 28 days)
AYVAKIT	5	PA; LA; QL (30 per 30 days)
<i>azacitidine</i>	5	MO
<i>azathioprine oral tablet 50 mg</i>	2	B/D PA; MO
<i>azathioprine sodium</i>	2	B/D PA
BALVERSA	5	PA; LA
BAVENCIO	5	LA

Drug Name	Drug Tier	Requirements /Limits
BEIZRAY-ALBUMIN	5	
BELEODAQ	5	
<i>bendamustine intravenous recon soln</i>	5	MO
BENDEKA	5	MO
BESPONSA	5	MO; LA
<i>bexarotene</i>	5	PA; MO
<i>bicalutamide</i>	2	MO
BIZENGRI	5	PA
BLENREP	5	PA
<i>bleomycin</i>	2	B/D PA; MO
BLINCYTO INTRAVENOUS KIT	5	B/D PA
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	5	
<i>bortezomib injection recon soln 3.5 mg</i>	5	MO
BOSULIF ORAL CAPSULE 100 MG	5	PA; MO; QL (180 per 30 days)
BOSULIF ORAL CAPSULE 50 MG	5	PA; MO; QL (330 per 30 days)
BOSULIF ORAL TABLET 100 MG	5	PA; MO; QL (90 per 30 days)
BOSULIF ORAL TABLET 500 MG	5	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>bosutinib oral tablet 100 mg</i>	5	PA; MO; QL (90 per 30 days)
<i>bosutinib oral tablet 400 mg, 500 mg</i>	5	PA; MO; QL (30 per 30 days)
BRAFTOVI	5	PA; MO; LA; QL (180 per 30 days)
BRUKINSA ORAL TABLET	5	PA; LA; QL (60 per 30 days)
<i>busulfan</i>	5	
CABOMETYX	5	PA; MO; LA; QL (30 per 30 days)
CALQUENCE (ACALABRUTINIB MAL)	5	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA; LA; QL (30 per 30 days)
<i>carboplatin intravenous solution</i>	2	MO
<i>carmustine intravenous recon soln 100 mg</i>	5	MO
<i>cisplatin intravenous solution</i>	2	MO
<i>cladribine</i>	5	B/D PA; MO
<i>clofarabine</i>	5	
COLUMVI	5	PA; MO

Drug Name	Drug Tier	Requirements /Limits
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	5	PA; MO; QL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5	PA; MO; QL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	5	PA; MO; QL (84 per 28 days)
COPIKTRA	5	PA; LA; QL (56 per 28 days)
COTELLIC	5	PA; MO; LA; QL (63 per 28 days)
<i>cyclophosphamide intravenous recon soln</i>	2	MO
<i>cyclophosphamide oral capsule</i>	3	B/D PA; MO
CYCLOPHOSPHA MIDE ORAL TABLET 50 MG	3	B/D PA; MO
<i>cyclosporine modified</i>	3	B/D PA; MO
<i>cyclosporine oral capsule</i>	3	B/D PA; MO
CYRAMZA	5	MO
<i>cytarabine</i>	2	B/D PA; MO
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	2	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>cytarabine (pf) injection solution 20 mg/ml</i>	2	B/D PA
<i>dacarbazine</i>	2	MO
<i>dactinomycin</i>	2	MO
DANYELZA	5	
DANZITEN	5	PA; QL (112 per 28 days)
DARZALEX	5	MO; LA
DARZALEX FASPRO	5	MO
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 80 mg</i>	5	PA; MO; QL (30 per 30 days)
<i>dasatinib oral tablet 20 mg</i>	5	PA; MO; QL (90 per 30 days)
<i>dasatinib oral tablet 70 mg</i>	5	PA; MO; QL (60 per 30 days)
DATROWAY	5	PA; MO
<i>daunorubicin</i>	2	
DAURISMO ORAL TABLET 100 MG	5	PA; MO; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA; MO; QL (60 per 30 days)
<i>decitabine</i>	5	MO
DECNUPAZ	5	PA
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	5	

Drug Name	Drug Tier	Requirements /Limits
<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)</i>	5	MO
<i>doxorubicin intravenous recon soln</i>	2	B/D PA; MO
<i>doxorubicin intravenous solution 10 mg/5 ml, 20 mg/10 ml, 50 mg/25 ml</i>	2	B/D PA; MO
<i>doxorubicin intravenous solution 2 mg/ml</i>	2	B/D PA
<i>doxorubicin, peg-liposomal</i>	5	MO
DROXIA	3	MO
ELAHERE	5	PA; LA
ELIGARD	3	PA; MO
ELIGARD (3 MONTH)	3	PA; MO
ELIGARD (4 MONTH)	3	PA; MO
ELIGARD (6 MONTH)	3	PA; MO
ELREXFIO	5	PA
ELZONRIS	5	LA
EMPLICITI	5	MO
EMRELIS	5	PA
ENSACOVE	5	PA; LA; QL (60 per 30 days)
ENVARUSUS XR	4	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
EPKINLY	5	PA
ERBITUX	5	MO
<i>eribulin</i>	5	
ERIVEDGE	5	PA; MO; QL (30 per 30 days)
ERLEADA ORAL TABLET 240 MG	5	PA; MO; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	5	PA; MO; QL (120 per 30 days)
<i>erlotinib oral tablet 100 mg, 150 mg</i>	5	PA; MO; QL (30 per 30 days)
<i>erlotinib oral tablet 25 mg</i>	5	PA; MO; QL (60 per 30 days)
ETOPOPHOS	4	MO
<i>etoposide intravenous</i>	2	MO
EULEXIN	5	
<i>everolimus (antineoplastic) oral tablet</i>	5	PA; MO; QL (30 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>	5	PA; MO; QL (150 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i>	5	PA; MO; QL (90 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i>	5	PA; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>everolimus (immunosuppressive) oral tablet 0.25 mg</i>	3	B/D PA; MO
<i>everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg</i>	5	B/D PA; MO
<i>exemestane</i>	4	MO
FAVLYXA	5	B/D PA
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	PA; MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	4	PA; MO
<i>floxuridine</i>	2	B/D PA
<i>fludarabine intravenous recon soln</i>	2	MO
<i>fludarabine intravenous solution</i>	2	
<i>fluorouracil intravenous solution 1 gram/20 ml, 500 mg/10 ml</i>	2	B/D PA; MO
<i>fluorouracil intravenous solution 2.5 gram/50 ml, 5 gram/100 ml</i>	2	B/D PA
FOTIVDA	5	PA; LA; QL (21 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
FRUZAQLA ORAL CAPSULE 1 MG	5	PA; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	5	PA; QL (21 per 28 days)
<i>fulvestrant</i>	5	MO
FYARRO	5	PA
GAVRETO	5	PA; LA; QL (120 per 30 days)
GAZYVA	5	MO
<i>gefitinib</i>	5	PA; MO; QL (30 per 30 days)
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	2	MO
<i>gemcitabine intravenous recon soln 2 gram</i>	2	
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	2	MO
<i>gengraf oral capsule</i>	3	B/D PA; MO
GILOTTRIF	5	PA; MO; QL (30 per 30 days)
GOMEKLI ORAL CAPSULE 1 MG	5	PA; QL (126 per 28 days)
GOMEKLI ORAL CAPSULE 2 MG	5	PA; QL (84 per 28 days)
GOMEKLI ORAL TABLET FOR SUSPENSION	5	PA; QL (168 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
GRAFAPEX	5	
HERNEXEOS	5	PA; MO; QL (90 per 30 days)
<i>hydroxyurea</i>	2	MO
HYRNUO	5	PA; QL (120 per 30 days)
IBRANCE ORAL CAPSULE 125 MG	5	PA; MO; QL (21 per 28 days)
IBRANCE ORAL TABLET	5	PA; MO; QL (21 per 28 days)
IBTROZI	5	PA; QL (90 per 30 days)
ICLUSIG	5	PA; QL (30 per 30 days)
<i>idarubicin</i>	2	MO
IDHIFA	5	PA; MO; LA; QL (30 per 30 days)
<i>ifosfamide intravenous recon soln</i>	2	MO
<i>ifosfamide intravenous solution 1 gram/20 ml</i>	2	MO
<i>ifosfamide intravenous solution 3 gram/60 ml</i>	2	
<i>imatinib oral tablet 100 mg</i>	3	PA; MO; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i>	5	PA; MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; QL (90 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; QL (28 per 28 days)
IMBRUVICA ORAL SUSPENSION	5	PA; QL (324 per 30 days)
IMBRUVICA ORAL TABLET	5	PA; QL (28 per 28 days)
IMDELLTRA	5	PA; MO
IMFINZI	5	MO; LA
IMJUDO	5	PA; MO
IMKELDI	5	PA; MO; QL (280 per 28 days)
INLEXZO	5	PA; MO; LA
INLURIYO	5	PA
INLYTA ORAL TABLET 1 MG	5	PA; MO; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA; MO; QL (120 per 30 days)
INQOVI	5	PA; MO; QL (5 per 28 days)
INREBIC	5	PA; MO; LA; QL (120 per 30 days)
<i>irinotecan intravenous solution 100 mg/5 ml</i>	2	MO
<i>irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml</i>	5	

Drug Name	Drug Tier	Requirements /Limits
<i>irinotecan intravenous solution 40 mg/2 ml</i>	5	MO
ISTODAX	5	MO
ITOVEBI ORAL TABLET 3 MG	5	PA; MO; QL (60 per 30 days)
ITOVEBI ORAL TABLET 9 MG	5	PA; MO; QL (30 per 30 days)
IWILFIN	5	PA; LA; QL (240 per 30 days)
IXEMPRA	5	MO
JAKAFI	5	PA; MO; QL (60 per 30 days)
JAKAFI XR	5	PA; MO; QL (30 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	5	PA; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	5	PA; QL (30 per 30 days)
JEMPERLI	5	PA; MO
JEVTANA	5	MO
JIDEYTRO ORAL TABLET 100 MG	5	PA; LA; QL (30 per 30 days)
JIDEYTRO ORAL TABLET 25 MG	5	PA; LA; QL (90 per 30 days)
JYLAMVO	4	B/D PA; MO
KADCYLA	5	PA; MO
KEYTRUDA	5	PA; MO
KEYTRUDA QLEX	5	PA; MO

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This drug list was last updated on 10/05/2026.

Drug Name	Drug Tier	Requirements /Limits
KIMMTRAK	5	
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA; MO; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA; MO; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA; MO; QL (63 per 28 days)
KOMZIFTI	5	PA; QL (90 per 30 days)
KOSELUGO	5	PA
KRAZATI	5	PA; QL (180 per 30 days)
KYPROLIS	5	MO
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i>	5	PA; MO
<i>lapatinib</i>	5	PA; MO; QL (180 per 30 days)
LAZCLUZE ORAL TABLET 240 MG	5	PA; LA; QL (30 per 30 days)
LAZCLUZE ORAL TABLET 80 MG	5	PA; LA; QL (60 per 30 days)
<i>lenalidomide</i>	5	PA; MO; QL (28 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	5	PA; MO; QL (30 per 30 days)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	5	PA; MO; QL (90 per 30 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	5	PA; MO; QL (60 per 30 days)
<i>letrozole</i>	2	MO
LEUKERAN	5	MO
<i>leuprolide subcutaneous kit</i>	4	PA; MO
LIBTAYO	5	PA; LA
LIFYORLI ORAL CAPSULE 125 MG/DAY(100 MG X1-25MG X1), 125 MG/DAY(100 MG X1-25MG X3), 125 MG/DAY(100 MG X1-25MG X9)	5	PA; LA; QL (18 per 28 days)
LIFYORLI ORAL CAPSULE 150 MG/DAY(100 MG X1-25MG X2), 150 MG/DAY(100 MG X1-25MG X3), 150 MG/DAY(100 MG X1-25MG X9)	5	PA; LA; QL (27 per 28 days)

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This drug list was last updated on 10/05/2026.

Drug Name	Drug Tier	Requirements /Limits
<i>lomustine oral capsule 10 mg, 40 mg</i>	4	
<i>lomustine oral capsule 100 mg</i>	5	
LONSURF	5	PA; MO
LOQTORZI	5	PA; MO
LORBRENA ORAL TABLET 100 MG	5	PA; MO; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA; MO; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	5	PA; MO; QL (240 per 30 days)
LUMAKRAS ORAL TABLET 240 MG	5	PA; MO; QL (120 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	5	PA; MO; QL (90 per 30 days)
LUNSUMIO	5	PA; MO
LUNSUMIO VELO	5	PA; MO
LUPRON DEPOT	5	PA; MO
LYNOZYFIC	5	PA
LYNPARZA	5	PA; MO; QL (120 per 30 days)
LYSODREN	5	
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3)	5	PA; LA; QL (84 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4)	5	PA; LA; QL (112 per 28 days)
LYTGOBI ORAL TABLET 20 MG/DAY (4 MG X 5)	5	PA; LA; QL (140 per 28 days)
MATULANE	5	
<i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>	3	PA
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	3	PA; MO
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	4	PA; MO
<i>megestrol oral tablet</i>	3	PA; MO
MEKINIST ORAL RECON SOLN	5	PA; MO; QL (1260 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	5	PA; MO; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA; MO; QL (30 per 30 days)
MEKTOVI	5	PA; MO; LA; QL (180 per 30 days)
<i>melphalan hcl</i>	5	
<i>mercaptopurine oral suspension</i>	5	MO
<i>mercaptopurine oral tablet</i>	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>methotrexate sodium (pf) injection recon soln</i>	2	
<i>methotrexate sodium (pf) injection solution</i>	2	MO
<i>methotrexate sodium injection</i>	2	MO
<i>methotrexate sodium oral</i>	2	B/D PA; MO
<i>mitomycin intravenous recon soln 20 mg, 5 mg</i>	2	MO
<i>mitomycin intravenous recon soln 40 mg</i>	5	MO
<i>mitoxantrone</i>	2	MO
MODEYSO	5	PA; QL (20 per 28 days)
MONJUVI	5	PA; LA
<i>mycophenolate mofetil (hcl)</i>	4	B/D PA; MO
<i>mycophenolate mofetil oral capsule</i>	3	B/D PA; MO
<i>mycophenolate mofetil oral suspension for reconstitution</i>	5	B/D PA; MO
<i>mycophenolate mofetil oral tablet</i>	3	B/D PA; MO
<i>mycophenolate sodium</i>	4	B/D PA; MO
MYHIBBIN	5	B/D PA; MO
MYLOTARG	5	MO; LA
<i>nelarabine</i>	5	MO

Drug Name	Drug Tier	Requirements /Limits
NEMLUVIO	5	PA; MO; QL (2 per 28 days)
NERLYNX	5	PA; MO; LA
<i>nilotinib hcl oral capsule 150 mg, 200 mg</i>	5	PA; MO; QL (112 per 28 days)
<i>nilotinib hcl oral capsule 50 mg</i>	5	PA; MO; QL (120 per 30 days)
<i>nilutamide</i>	5	PA; MO
NINLARO	5	PA; MO; QL (3 per 28 days)
NUBEQA	5	PA; MO; LA; QL (120 per 30 days)
NULOJIX	5	B/D PA; MO
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	5	PA; MO
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	4	PA; MO
<i>octreotide acetate injection syringe</i>	4	PA; MO
<i>octreotide, microspheres</i>	5	PA
ODOMZO	5	PA; MO; LA; QL (30 per 30 days)
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	PA; QL (56 per 28 days)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION	5	PA; QL (96 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	5	PA; QL (16 per 28 days)
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	5	PA; QL (20 per 28 days)
OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)	5	PA; QL (24 per 28 days)
OJJAARA	5	PA; QL (30 per 30 days)
ONCASPAR	5	
ONIVYDE	5	
ONUREG	5	PA; MO; QL (14 per 28 days)
OPDIVO	5	PA; MO
OPDIVO QVANTIG	5	PA; MO
OPDUALAG	5	PA; MO
ORGOVYX	5	PA; LA; QL (30 per 28 days)
ORSERDU ORAL TABLET 345 MG	5	PA; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	5	PA; QL (90 per 30 days)
<i>oxaliplatin intravenous recon soln 100 mg</i>	2	
<i>oxaliplatin intravenous recon soln 50 mg</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>oxaliplatin intravenous solution</i>	2	MO
<i>paclitaxel</i>	2	MO
<i>paclitaxel protein-bound</i>	5	MO
PADCEV	5	PA; MO
<i>pazopanib oral tablet 200 mg</i>	5	PA; MO; QL (120 per 30 days)
PAZOPANIB ORAL TABLET 400 MG	5	PA; MO; QL (60 per 30 days)
PEMAZYRE	5	PA; LA; QL (28 per 28 days)
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 500 mg</i>	5	MO
<i>pemetrexed disodium intravenous recon soln 100 mg</i>	4	MO
<i>pemetrexed disodium intravenous recon soln 750 mg</i>	5	
PERJETA	5	MO
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA; QL (28 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	5	PA; QL (56 per 28 days)
POLIVY	5	PA; MO
<i>pomalidomide</i>	5	PA; MO; QL (21 per 28 days)
POMALYST	5	PA; MO; LA; QL (21 per 28 days)
POTELIGEO	5	PA
<i>pralatrexate intravenous solution 20 mg/ml (1 ml)</i>	5	MO
PRALATREXATE INTRAVENOUS SOLUTION 40 MG/2 ML (20 MG/ML)	5	MO
PROGRAF INTRAVENOUS	3	B/D PA
PROGRAF ORAL GRANULES IN PACKET	4	B/D PA; MO
QINLOCK	5	PA; LA; QL (90 per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	5	PA; MO; LA; QL (60 per 30 days)
RETEVMO ORAL TABLET 40 MG	5	PA; MO; LA; QL (90 per 30 days)
REVUFORJ ORAL TABLET 110 MG	5	PA; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
REVUFORJ ORAL TABLET 160 MG	5	PA; QL (60 per 30 days)
REVUFORJ ORAL TABLET 25 MG	5	PA; QL (240 per 30 days)
REZLIDHIA	5	PA; QL (60 per 30 days)
REZUROCK	5	PA; LA; QL (30 per 30 days)
<i>romidepsin intravenous recon soln</i>	5	
<i>romidepsin intravenous solution</i>	5	MO
ROMVIMZA	5	PA; LA; QL (8 per 28 days)
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; MO; QL (150 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; MO; QL (90 per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET	5	PA; MO; QL (336 per 28 days)
RUBRACA	5	PA; MO; LA; QL (120 per 30 days)
RUXIENCE	5	PA; MO
RYBREVANT	5	PA; MO
RYBREVANT FASPRO	5	PA; MO
RYDAPT	5	PA; MO; QL (224 per 28 days)
RYLAZE	5	
RYTELO	5	PA

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Drug Name	Drug Tier	Requirements /Limits
SARCLISA	5	PA; LA
SCEMBLIX ORAL TABLET 100 MG	5	PA; QL (120 per 30 days)
SCEMBLIX ORAL TABLET 20 MG	5	PA; QL (60 per 30 days)
SCEMBLIX ORAL TABLET 40 MG	5	PA; QL (300 per 30 days)
SIGNIFOR	5	PA
SIMULECT	3	B/D PA
<i>sirolimus</i>	4	B/D PA; MO
SOLTAMOX	5	MO
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML, 90 MG/0.3 ML	5	PA; MO
<i>sorafenib</i>	5	PA; MO; QL (120 per 30 days)
STIVARGA	5	PA; MO; QL (84 per 28 days)
<i>sunitinib malate</i>	5	PA; MO; QL (28 per 28 days)
SYLVANT	5	MO
TABLOID	5	MO
TABRECTA	5	PA; MO
<i>tacrolimus oral capsule</i>	3	B/D PA; MO
TAFINLAR ORAL CAPSULE	5	PA; MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
TAFINLAR ORAL TABLET FOR SUSPENSION	5	PA; MO; QL (840 per 28 days)
TAGRISSO	5	PA; MO; LA; QL (30 per 30 days)
TALVEY	5	PA
TALZENNA	5	PA; MO; QL (30 per 30 days)
<i>tamoxifen</i>	2	MO
TECENTRIQ	5	MO; LA
TECENTRIQ HYBREZA	5	MO; LA
TECVAYLI	5	PA
TEMODAR	5	MO
<i>temsirolimus</i>	5	MO
TEPMETKO	5	PA; LA
TEVIMBRA	5	PA
THALOMID ORAL CAPSULE 100 MG	5	PA; MO; QL (112 per 28 days)
THALOMID ORAL CAPSULE 50 MG	5	PA; MO; QL (28 per 28 days)
<i>thiotepa injection recon soln 100 mg</i>	5	
<i>thiotepa injection recon soln 15 mg</i>	5	MO
TIBSOVO	5	PA
TIVDAK	5	PA; MO
<i>topotecan</i>	5	MO
<i>toremifene</i>	4	MO
<i>torpenz</i>	5	PA; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
TRAZIMERA	5	MO
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	4	PA; MO
<i>tretinoin (antineoplastic)</i>	5	MO
TRODELVY	5	PA; LA
TRUQAP	5	PA; QL (64 per 28 days)
TUKYSA ORAL TABLET 150 MG	5	PA; LA; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	5	PA; LA; QL (300 per 30 days)
TURALIO	5	PA; LA; QL (120 per 30 days)
UNITUXIN	5	
UNLOXCYT	5	PA
<i>valrubicin</i>	5	MO
VANFLYTA	5	PA; QL (56 per 28 days)
VECTIBIX	5	MO
VENCLEXTA ORAL TABLET 10 MG	3	PA; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA; LA; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	5	PA; LA; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
VENCLEXTA STARTING PACK	5	PA; LA; QL (42 per 180 days)
VEPPANU	5	PA; QL (30 per 30 days)
VERZENIO	5	PA; MO; LA; QL (56 per 28 days)
<i>vinblastine</i>	2	B/D PA; MO
<i>vincristine</i>	2	B/D PA; MO
<i>vinorelbine</i>	2	MO
VITRAKVI ORAL CAPSULE 100 MG	5	PA; MO; LA; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA; MO; LA; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION	5	PA; MO; LA; QL (300 per 30 days)
VONJO	5	PA; QL (120 per 30 days)
VORANIGO ORAL TABLET 10 MG	5	PA; QL (60 per 30 days)
VORANIGO ORAL TABLET 40 MG	5	PA; QL (30 per 30 days)
VYLOY	5	PA; LA
VYXEOS	5	
WELIREG	5	PA; LA
XALKORI ORAL CAPSULE	5	PA; MO; QL (60 per 30 days)
XALKORI ORAL PELLETT 150 MG	5	PA; MO; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
XALKORI ORAL PELLET 20 MG, 50 MG	5	PA; MO; QL (120 per 30 days)
XERMELO	5	PA; LA; QL (84 per 28 days)
XOSPATA	5	PA; LA; QL (90 per 30 days)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (10 MG X 4), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80 MG/WEEK (80 MG X 1), 80MG TWICE WEEK (160 MG/WEEK)	5	PA; LA
XTANDI ORAL CAPSULE	5	PA; MO; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	5	PA; MO; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	5	PA; MO; QL (60 per 30 days)
YERVOY	5	MO
YONDELIS	5	
<i>yulithira</i>	4	PA; QL (30 per 30 days)
ZALTRAP	5	MO

Drug Name	Drug Tier	Requirements /Limits
ZEJULA	5	PA; MO; LA; QL (30 per 30 days)
ZELBORAF	5	PA; MO; QL (224 per 28 days)
ZENBEXUS	5	PA; QL (21 per 28 days)
ZEPZELCA	5	PA
ZIIHERA	5	PA
ZIRABEV	5	MO
ZOLADDEX	4	PA; MO
ZOLINZA	5	PA; MO; QL (120 per 30 days)
ZYDELIG	5	PA; MO; QL (60 per 30 days)
ZYKADIA	5	PA; MO; QL (90 per 30 days)
ZYNLONTA	5	PA; LA
ZYNYZ	5	PA; MO

AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH

ANTICONVULSANTS

<i>brivaracetam intravenous</i>	4	PA; MO; QL (600 per 30 days)
<i>brivaracetam oral solution</i>	5	PA; MO; QL (600 per 30 days)
<i>brivaracetam oral tablet</i>	5	PA; MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	3	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	2	MO
<i>carbamazepine oral suspension 100 mg/5 ml (5 ml), 200 mg/10 ml</i>	2	
<i>carbamazepine oral tablet</i>	2	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	3	MO
<i>carbamazepine oral tablet, chewable 100 mg</i>	2	MO
<i>clobazam oral suspension</i>	4	PA; MO; QL (480 per 30 days)
<i>clobazam oral tablet</i>	4	PA; MO; QL (60 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	2	MO; QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	2	MO; QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	2	MO; QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	2	MO; QL (300 per 30 days)
DIACOMIT	5	PA; LA
<i>diazepam rectal</i>	4	MO
DILANTIN 30 MG	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>divalproex</i>	2	MO
EPIDIOLEX	5	PA; MO; LA
<i>eslicarbazepine oral tablet 200 mg</i>	4	MO; QL (60 per 30 days)
<i>eslicarbazepine oral tablet 400 mg</i>	4	MO; QL (30 per 30 days)
<i>eslicarbazepine oral tablet 600 mg, 800 mg</i>	5	MO; QL (60 per 30 days)
<i>ethosuximide</i>	3	MO
<i>felbamate</i>	4	MO
FINTEPLA	5	PA; LA; QL (360 per 30 days)
<i>fosphenytoin</i>	2	
<i>gabapentin oral capsule 100 mg, 400 mg</i>	3	MO; QL (270 per 30 days)
<i>gabapentin oral capsule 200 mg</i>	3	QL (540 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	3	MO; QL (360 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	3	MO; QL (2160 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	3	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	3	MO; QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	3	MO; QL (120 per 30 days)
<i>gabapentin oral tablet extended release 24 hr 300 mg</i>	3	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>gabapentin oral tablet extended release 24 hr 450 mg, 600 mg, 750 mg, 900 mg</i>	3	PA; MO; QL (60 per 30 days)
<i>lacosamide intravenous</i>	3	MO; QL (1200 per 30 days)
<i>lacosamide oral solution</i>	4	MO; QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	4	MO; QL (60 per 30 days)
<i>lacosamide oral tablet 50 mg</i>	4	MO; QL (120 per 30 days)
<i>lamotrigine oral tablet</i>	1	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	2	MO
<i>lamotrigine oral tablet, disintegrating</i>	4	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 500 mg/100 ml</i>	2	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,500 mg/100 ml</i>	2	
<i>levetiracetam intravenous</i>	2	MO
<i>levetiracetam oral solution 100 mg/ml</i>	2	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>levetiracetam oral tablet</i>	2	MO
<i>levetiracetam oral tablet extended release 24 hr</i>	2	MO
LEVETIRACETAM ORAL TABLET FOR SUSPENSION	4	MO
<i>methsuximide</i>	4	MO
NAYZILAM	3	PA; MO; QL (10 per 30 days)
<i>oxcarbazepine oral suspension</i>	4	MO
<i>oxcarbazepine oral tablet</i>	3	MO
<i>perampanel oral suspension</i>	5	MO; QL (720 per 30 days)
<i>perampanel oral tablet</i>	4	MO; QL (30 per 30 days)
<i>phenobarbital oral elixir</i>	4	PA; MO
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg</i>	2	PA
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	2	PA; MO
<i>phenobarbital sodium injection solution 130 mg/ml</i>	2	MO
<i>phenobarbital sodium injection solution 65 mg/ml</i>	2	
<i>phenytoin oral suspension 125 mg/5 ml</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>phenytoin oral tablet, chewable</i>	2	MO
<i>phenytoin sodium extended oral capsule 100 mg</i>	2	MO
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>	2	
<i>phenytoin sodium intravenous solution</i>	2	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	4	MO; QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	4	MO; QL (60 per 30 days)
<i>pregabalin oral solution</i>	4	MO; QL (900 per 30 days)
PRIMIDONE ORAL TABLET 125 MG	4	MO
<i>primidone oral tablet 250 mg, 50 mg</i>	2	MO
<i>relgaabi oral capsule 300 mg</i>	2	QL (360 per 30 days)
<i>relgaabi oral capsule 400 mg</i>	2	QL (270 per 30 days)
<i>roweepra</i>	2	MO
<i>rufinamide oral suspension</i>	5	PA; MO
<i>rufinamide oral tablet</i>	4	PA; MO
SPRITAM	4	

Drug Name	Drug Tier	Requirements /Limits
SUBVENITE ORAL SUSPENSION	5	MO
<i>subvenite oral tablet</i>	1	MO
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	PA; MO; QL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	4	PA; MO; QL (60 per 30 days)
<i>tiagabine</i>	4	MO
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	2	PA; MO
<i>topiramate oral solution</i>	4	PA; MO
<i>topiramate oral tablet</i>	2	PA; MO
<i>valproate sodium</i>	2	MO
<i>valproic acid</i>	2	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	2	
VALTOCO	3	PA; MO; QL (10 per 30 days)
<i>vigabatrin</i>	5	PA; MO; LA
<i>vigadrone</i>	5	PA; LA
XCOPRI MAINTENANCE PACK	5	MO; QL (56 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	5	MO; QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	5	MO; QL (60 per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	4	MO; QL (28 per 180 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	5	MO; QL (28 per 180 days)
ZONISADE	5	PA; MO
<i>zonisamide</i>	2	PA; MO
ZTALMY	5	PA; LA; QL (1100 per 30 days)

ANTIPARKINSONISM AGENTS

<i>benztropine injection</i>	2	
<i>benztropine oral</i>	2	PA; MO
<i>bromocriptine</i>	4	MO
<i>carbidopa</i>	4	MO
<i>carbidopa-levodopa oral tablet</i>	2	MO
<i>carbidopa-levodopa oral tablet extended release</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>carbidopa-levodopa oral tablet,disintegrating</i>	2	MO
<i>carbidopa-levodopa- entacapone</i>	4	MO
<i>entacapone</i>	4	MO
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	5	PA; QL (300 per 30 days)
NEUPRO	4	MO
<i>pramipexole oral tablet</i>	2	MO
<i>rasagiline</i>	4	MO
<i>ropinirole oral tablet</i>	2	MO
<i>ropinirole oral tablet extended release 24 hr</i>	4	MO
<i>selegiline hcl</i>	2	MO
<i>trihexyphenidyl oral tablet</i>	1	MO

MIGRAINE / CLUSTER HEADACHE THERAPY

AIMOVIG AUTOINJECTOR	3	PA; MO; QL (1 per 30 days)
<i>dihydroergotamine injection</i>	5	
<i>dihydroergotamine nasal</i>	4	QL (8 per 28 days)
EMGALITY PEN	3	PA; MO; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML	3	PA; MO; QL (2 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>ergotamine-caffeine</i>	3	MO
<i>naratriptan</i>	3	MO; QL (18 per 28 days)
NURTEC ODT	3	PA; QL (16 per 30 days)
QULIPTA	3	PA; MO; QL (30 per 30 days)
<i>rizatriptan oral tablet</i>	2	MO; QL (24 per 28 days)
<i>rizatriptan oral tablet, disintegrating</i>	3	MO; QL (24 per 28 days)
<i>sumatriptan nasal</i>	4	MO; QL (18 per 28 days)
<i>sumatriptan succinate oral</i>	2	MO; QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	4	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous solution</i>	4	MO; QL (8 per 28 days)
UBRELVY	3	PA; QL (20 per 30 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; MO; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	5	PA; MO; QL (60 per 30 days)
AUSTEDO XR	5	PA; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	5	PA; MO; QL (28 per 180 days)
BRIUMVI	5	PA; MO; QL (24 per 180 days)
<i>dalfampridine</i>	3	PA; MO; QL (60 per 30 days)
<i>dextromethorphan-quinidine</i>	5	PA
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i>	4	PA; MO; QL (56 per 28 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	4	PA; MO; QL (120 per 180 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i>	5	PA; MO; QL (60 per 30 days)
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	MO
<i>donepezil oral tablet 23 mg</i>	4	MO
<i>donepezil oral tablet, disintegrating</i>	2	MO
<i> fingolimod</i>	5	PA; MO; QL (30 per 30 days)
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>galantamine oral solution</i>	4	MO
<i>galantamine oral tablet</i>	3	MO
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	5	PA; MO; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	5	PA; MO; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	5	PA; MO; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	5	PA; MO; QL (12 per 28 days)
INGREZZA	5	PA; LA; QL (30 per 30 days)
INGREZZA INITIATION PK(TARDIV)	5	PA; LA; QL (28 per 180 days)
INGREZZA SPRINKLE	5	PA; LA; QL (30 per 30 days)
KESIMPTA PEN	5	PA; MO; QL (1.6 per 28 days)
LEQEMBI IQLIK	5	PA
<i>memantine oral capsule,sprinkle,er 24hr</i>	4	PA; MO
<i>memantine oral solution</i>	3	PA; MO
<i>memantine oral tablet</i>	2	PA; MO
<i>memantine-donepezil</i>	3	PA; MO

Drug Name	Drug Tier	Requirements /Limits
RADICAVA ORS	5	PA; MO
RADICAVA ORS STARTER KIT SUSP	5	PA; MO
<i>rivastigmine</i>	4	MO
<i>rivastigmine tartrate</i>	3	MO
<i>teriflunomide</i>	5	PA; MO; QL (30 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	4	PA; MO; QL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; MO; QL (120 per 30 days)
VUMERITY	5	PA; MO; QL (120 per 30 days)
ZEPOSIA	5	PA; MO; QL (30 per 30 days)
ZEPOSIA STARTER KIT (28-DAY)	5	PA; MO; QL (28 per 180 days)
ZEPOSIA STARTER PACK (7-DAY)	5	PA; MO; QL (7 per 180 days)
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	2	MO
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	4	PA; MO
<i>dantrolene intravenous</i>	2	
<i>dantrolene oral</i>	4	MO

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Drug Name	Drug Tier	Requirements /Limits
LIORESAL	3	B/D PA
pyridostigmine bromide oral tablet 60 mg	3	MO
pyridostigmine bromide oral tablet extended release 180 mg	3	MO
revonto	2	
tizanidine oral tablet	2	MO
VYVGART	5	PA; MO; LA
VYVGART HYTRULO	5	PA; MO; LA
NARCOTIC ANALGESICS		
acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 300 mg-30 mg /12.5 ml	2	QL (4500 per 30 days)
acetaminophen-codeine oral solution 120-12 mg/5 ml	2	MO; QL (4500 per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	2	MO; QL (360 per 30 days)
acetaminophen-codeine oral tablet 300-60 mg	2	MO; QL (180 per 30 days)
buprenorphine hcl injection syringe	2	
buprenorphine hcl sublingual	2	MO
buprenorphine transdermal patch	4	PA; MO; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
endocet oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg	3	QL (360 per 30 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	4	PA; QL (10 per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	3	QL (5550 per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	3	QL (360 per 30 days)
hydrocodone-ibuprofen oral tablet 7.5-200 mg	3	QL (50 per 30 days)
hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml, 2 mg/ml	4	
hydromorphone injection solution 2 mg/ml	4	
hydromorphone injection syringe 1 mg/ml, 2 mg/ml, 4 mg/ml	4	
hydromorphone oral liquid	4	QL (2400 per 30 days)
hydromorphone oral tablet	3	QL (180 per 30 days)
hydromorphone oral tablet extended release 24 hr	4	PA; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>methadone injection solution</i>	3	
<i>methadone intensol</i>	3	PA; QL (90 per 30 days)
<i>methadone oral concentrate</i>	3	PA; QL (90 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	3	PA; QL (600 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	3	PA; QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i>	3	PA; QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	3	PA; QL (240 per 30 days)
<i>methadose oral concentrate</i>	3	PA; QL (90 per 30 days)
<i>morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	4	
<i>morphine concentrate oral solution</i>	3	QL (900 per 30 days)
<i>morphine injection syringe 4 mg/ml</i>	4	
<i>morphine intravenous solution 10 mg/ml, 4 mg/ml</i>	4	
<i>morphine intravenous syringe 2 mg/ml, 4 mg/ml</i>	4	
<i>morphine oral solution</i>	3	QL (900 per 30 days)
<i>morphine oral tablet</i>	3	QL (180 per 30 days)
<i>morphine oral tablet extended release</i>	3	PA; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>oxycodone oral capsule</i>	3	QL (360 per 30 days)
<i>oxycodone oral concentrate</i>	4	QL (180 per 30 days)
<i>oxycodone oral solution</i>	3	QL (1200 per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	3	QL (180 per 30 days)
<i>oxycodone oral tablet 5 mg</i>	3	QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	3	QL (360 per 30 days)
SUBLOCADE	5	MO
NON-NARCOTIC ANALGESICS		
<i>buprenorphine-naloxone sublingual film</i>	3	MO
<i>buprenorphine-naloxone sublingual tablet</i>	2	MO
<i>butorphanol injection</i>	2	MO
<i>butorphanol nasal</i>	4	MO; QL (10 per 28 days)
<i>celecoxib</i>	2	MO
<i>clonidine (pf) epidural solution 5,000 mcg/10 ml</i>	2	
<i>diclofenac potassium oral tablet 50 mg</i>	2	MO
<i>diclofenac sodium oral</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>diclofenac sodium topical drops</i>	2	PA; MO; QL (300 per 28 days)
<i>diclofenac sodium topical solution in metered-dose pump</i>	4	PA; MO; QL (224 per 28 days)
<i>diclofenac-misoprostol</i>	4	MO
<i>diflunisal</i>	3	MO
<i>etodolac oral capsule</i>	3	MO
<i>etodolac oral tablet</i>	3	MO
<i>etodolac oral tablet extended release 24 hr</i>	4	MO
<i>flurbiprofen oral tablet 100 mg</i>	2	MO
<i>ibu</i>	1	MO
<i>ibuprofen oral suspension</i>	2	MO
<i>ibuprofen oral tablet 400 mg, 800 mg</i>	1	MO
<i>ibuprofen oral tablet 600 mg</i>	1	
JOURNAVX	3	MO; QL (30 per 90 days)
KLOXXADO	4	MO
<i>lurbiro</i>	2	
<i>meloxicam oral tablet</i>	1	MO; QL (30 per 30 days)
<i>nabumetone</i>	2	MO
<i>nalbuphine</i>	2	
<i>naloxone injection solution</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>naloxone injection syringe</i>	2	
<i>naltrexone</i>	2	MO
<i>naproxen oral tablet</i>	1	MO
<i>naproxen oral tablet, delayed release (dr/ec)</i>	2	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	MO
<i>piroxicam</i>	3	MO
<i>salsalate</i>	1	MO
<i>sulindac</i>	2	MO
<i>tramadol oral tablet 50 mg</i>	2	MO; QL (240 per 30 days)
<i>tramadol-acetaminophen</i>	2	MO; QL (240 per 30 days)
VIVITROL	5	MO

PSYCHOTHERAPEUTIC DRUGS

ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 720 MG/2.4 ML	5	MO; QL (2.4 per 56 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 960 MG/3.2 ML	5	MO; QL (3.2 per 56 days)
ABILIFY MAINTENA	5	MO; QL (1 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>amitriptyline</i>	2	MO
<i>amoxapine</i>	3	MO
<i>amphetamine</i>	4	MO
<i>aripiprazole oral solution</i>	4	MO
<i>aripiprazole oral tablet</i>	2	MO; QL (30 per 30 days)
<i>aripiprazole oral tablet,disintegrating</i>	4	MO; QL (60 per 30 days)
ARISTADA INITIO	5	MO; QL (2.4 per 180 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	5	MO; QL (3.9 per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	5	MO; QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	5	MO; QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	5	MO; QL (3.2 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>armodafinil</i>	4	PA; MO; QL (30 per 30 days)
<i>asenapine maleate</i>	4	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	4	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	4	MO; QL (30 per 30 days)
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC	5	QL (60 per 30 days)
AUVELITY ORAL TABLET,IR ER BIPHASIC,DOSEPACK	5	QL (51 per 180 days)
BELSOMRA	3	PA; QL (30 per 30 days)
<i>bupropion hcl oral tablet</i>	2	MO
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	2	MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	2	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	2	MO; QL (60 per 30 days)
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	MO
BYSANTI	5	ST; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
BYSANTI TITRATION PACK A	5	ST; QL (8 per 180 days)
BYSANTI TITRATION PACK B	5	ST; QL (12 per 180 days)
BYSANTI TITRATION PACK C	5	ST; QL (8 per 180 days)
CAPLYTA	5	MO; QL (30 per 30 days)
<i>chlorpromazine injection</i>	2	
<i>chlorpromazine oral</i>	4	MO
<i>citalopram oral solution</i>	3	MO
<i>citalopram oral tablet</i>	1	MO; QL (30 per 30 days)
<i>clomipramine</i>	4	MO
<i>clonidine hcl oral tablet extended release 12 hr</i>	4	MO
<i>clorazepate dipotassium oral tablet 15 mg</i>	3	PA; MO; QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	3	PA; MO; QL (90 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	3	PA; MO; QL (360 per 30 days)
<i>clozapine oral tablet</i>	3	
<i>clozapine oral tablet, disintegrating</i>	4	
COBENFY	5	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
COBENFY STARTER PACK	5	MO; QL (56 per 180 days)
<i>desipramine</i>	2	MO
<i>desvenlafaxine succinate</i>	3	MO; QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i>	4	MO
<i>dextroamphetamine-amphetamine oral tablet</i>	3	MO
<i>diazepam injection</i>	2	PA
<i>diazepam intensol</i>	2	PA; QL (240 per 30 days)
<i>diazepam oral concentrate</i>	2	PA; QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	PA; MO; QL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml, 5 ml)</i>	2	PA; QL (1200 per 30 days)
<i>diazepam oral tablet</i>	2	PA; MO; QL (120 per 30 days)
<i>doxepin oral capsule</i>	2	MO
<i>doxepin oral concentrate</i>	2	MO
<i>doxepin oral tablet</i>	3	MO; QL (30 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	4	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	4	MO; QL (30 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	2	MO; QL (60 per 30 days)
EMSAM	5	MO
<i>escitalopram oxalate oral solution</i>	2	MO
<i>escitalopram oxalate oral tablet</i>	1	MO; QL (30 per 30 days)
<i>eszopiclone</i>	4	MO; QL (30 per 30 days)
EXXUA ORAL TABLET EXTENDED RELEASE 24 HR 18.2 MG	5	ST; QL (30 per 30 days)
EXXUA ORAL TABLET EXTENDED RELEASE 24 HR 36.3 MG, 54.5 MG, 72.6 MG	5	ST; MO; QL (30 per 30 days)
EXXUA ORAL TABLET, EXT REL 24HR DOSE PACK	5	ST; MO; QL (32 per 180 days)
FANAPT	5	ST; MO; QL (60 per 30 days)
FANAPT TITRATION PACK A	4	ST; MO; QL (8 per 180 days)
FANAPT TITRATION PACK B	4	ST; QL (12 per 180 days)

Drug Name	Drug Tier	Requirements /Limits
FANAPT TITRATION PACK C	4	ST; QL (8 per 180 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)-40 MG (26)	3	QL (28 per 180 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	3	QL (30 per 30 days)
<i>flumazenil</i>	2	
<i>fluoxetine oral capsule 10 mg</i>	1	MO; QL (30 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	MO; QL (120 per 30 days)
<i>fluoxetine oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)
<i>fluoxetine oral solution</i>	2	MO
<i>fluphenazine decanoate</i>	4	MO
<i>fluphenazine hcl injection</i>	4	
<i>fluphenazine hcl oral</i>	4	MO
<i>fluvoxamine oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	2	MO; QL (30 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	2	MO; QL (60 per 30 days)
<i>haloperidol</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml)</i>	4	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml, 50 mg/ml(1ml)</i>	4	MO
<i>haloperidol lactate injection</i>	4	
<i>haloperidol lactate oral</i>	2	MO
<i>imipramine hcl</i>	4	MO
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	5	MO; QL (3.5 per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	5	MO; QL (5 per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	MO; QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	MO; QL (1 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	MO; QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	MO; QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	MO; QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	5	MO; QL (0.88 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	5	MO; QL (1.32 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	MO; QL (1.75 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	5	MO; QL (2.63 per 90 days)
<i>lithium carbonate oral capsule</i>	1	MO
<i>lithium carbonate oral tablet</i>	1	MO
<i>lithium carbonate oral tablet extended release</i>	2	MO

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This drug list was last updated on 10/05/2026.

Drug Name	Drug Tier	Requirements /Limits
<i>lithium citrate oral solution</i>	2	MO
<i>lorazepam injection</i>	2	PA
<i>lorazepam intensol</i>	2	PA; QL (150 per 30 days)
<i>lorazepam oral concentrate</i>	2	PA; MO; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	2	PA; MO; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	2	PA; MO; QL (150 per 30 days)
<i>loxapine succinate</i>	2	MO
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	4	MO; QL (30 per 30 days)
<i>lurasidone oral tablet 80 mg</i>	4	MO; QL (60 per 30 days)
LYBALVI	5	MO; QL (30 per 30 days)
MARPLAN	4	MO
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	4	MO
<i>methylphenidate hcl oral solution</i>	4	MO
<i>methylphenidate hcl oral tablet</i>	3	MO
<i>methylphenidate hcl oral tablet extended release</i>	4	MO
<i>methylphenidate hcl oral tablet,chewable</i>	4	MO
<i>mirtazapine oral tablet</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>mirtazapine oral tablet,disintegrating</i>	3	MO
<i>modafinil oral tablet 100 mg</i>	3	PA; MO; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	3	PA; MO; QL (60 per 30 days)
<i>molindone oral tablet 10 mg, 25 mg</i>	4	
<i>molindone oral tablet 5 mg</i>	4	MO
<i>nefazodone</i>	4	MO
<i>nortriptyline oral capsule</i>	2	MO
<i>nortriptyline oral solution</i>	4	MO
NUPLAZID	5	PA; MO; QL (30 per 30 days)
<i>olanzapine intramuscular</i>	4	
<i>olanzapine oral tablet</i>	2	MO; QL (30 per 30 days)
<i>olanzapine oral tablet,disintegrating</i>	4	MO; QL (30 per 30 days)
OPIPZA ORAL FILM 10 MG	5	MO; QL (90 per 30 days)
OPIPZA ORAL FILM 2 MG	5	MO; QL (30 per 30 days)
OPIPZA ORAL FILM 5 MG	5	MO; QL (180 per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	4	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	4	MO; QL (60 per 30 days)
<i>paroxetine hcl oral suspension</i>	4	MO
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	2	MO; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	2	MO; QL (60 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr</i>	3	MO; QL (60 per 30 days)
<i>pentobarbital sodium injection solution</i>	4	
<i>perphenazine oral tablet 16 mg, 8 mg</i>	4	MO
<i>perphenazine oral tablet 2 mg, 4 mg</i>	2	MO
<i>phenelzine</i>	3	MO
<i>pimozide</i>	4	MO
<i>protriptyline</i>	4	MO
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	MO; QL (90 per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	2	MO; QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	3	MO; QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	3	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>RALDESY</i>	4	ST; MO
<i>ramelteon</i>	3	MO; QL (30 per 30 days)
<i>REXULTI ORAL TABLET</i>	5	MO; QL (30 per 30 days)
<i>risperidone microspheres intramuscular suspension, extended rel recon 12.5 mg/2 ml, 25 mg/2 ml</i>	3	QL (2 per 28 days)
<i>risperidone microspheres intramuscular suspension, extended rel recon 37.5 mg/2 ml, 50 mg/2 ml</i>	5	MO; QL (2 per 28 days)
<i>risperidone oral solution</i>	2	MO
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; QL (60 per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	MO; QL (120 per 30 days)
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	4	MO; QL (60 per 30 days)
<i>risperidone oral tablet, disintegrating 4 mg</i>	4	MO; QL (120 per 30 days)
<i>SECUADO</i>	5	MO; QL (30 per 30 days)
<i>sertraline oral concentrate</i>	4	MO
<i>sertraline oral tablet 100 mg, 50 mg</i>	1	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>sertraline oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)
<i>sodium oxybate</i>	5	PA; MO; LA; QL (540 per 30 days)
<i>thioridazine</i>	3	MO
<i>thiothixene</i>	2	MO
<i>tranlycypromine</i>	4	MO
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	MO
<i>trifluoperazine</i>	3	MO
<i>trimipramine</i>	4	MO
TRINTELLIX	4	QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	2	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	2	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet</i>	2	MO; QL (90 per 30 days)
VERSACLOZ	5	
<i>vilazodone</i>	3	MO; QL (30 per 30 days)
VRAYLAR	3	MO; QL (30 per 30 days)
<i>zaleplon oral capsule 10 mg</i>	4	MO; QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	4	MO; QL (30 per 30 days)
<i>ziprasidone hcl</i>	3	MO; QL (60 per 30 days)
<i>ziprasidone mesylate</i>	4	

Drug Name	Drug Tier	Requirements /Limits
<i>zolpidem oral tablet</i>	2	MO; QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	5	PA; MO; QL (28 per 365 days)
ZURZUVAE ORAL CAPSULE 30 MG	5	PA; MO; QL (14 per 365 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	5	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	5	QL (1 per 28 days)

CARDIOVASCULAR, HYPERTENSION / LIPIDS

ANTIARRHYTHMIC AGENTS

<i>adenosine</i>	2	
<i>amiodarone intravenous solution</i>	2	
<i>amiodarone oral</i>	2	MO
<i>dofetilide</i>	4	MO
<i>flecainide</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>ibutilide fumarate</i>	2	
<i>lidocaine (pf) intravenous</i>	2	
<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i>	4	
<i>mexiletine</i>	3	MO
MULTAQ	3	MO
<i>pacerone oral tablet 100 mg, 200 mg</i>	2	
<i>procainamide injection</i>	2	
<i>propafenone oral capsule, extended release 12 hr</i>	4	MO
<i>propafenone oral tablet</i>	2	MO
<i>quinidine sulfate oral tablet</i>	2	MO
<i>sotalol af</i>	2	
<i>sotalol oral</i>	2	MO
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol</i>	2	MO
<i>aliskiren</i>	4	MO
<i>amiloride</i>	2	MO
<i>amiloride-hydrochlorothiazide</i>	2	MO
<i>amlodipine</i>	1	MO
<i>amlodipine-benazepril</i>	1	MO
<i>amlodipine-olmesartan</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>amlodipine-valsartan</i>	1	MO
<i>amlodipine-valsartan-hcthiazid</i>	1	MO
<i>atenolol</i>	1	MO
<i>atenolol-chlorthalidone</i>	1	MO
<i>azilsartan medoxomil</i>	3	MO
<i>benazepril</i>	1	MO
<i>benazepril-hydrochlorothiazide</i>	1	MO
<i>betaxolol oral</i>	2	MO
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	2	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO
<i>bumetanide injection</i>	4	
<i>bumetanide oral</i>	2	MO
<i>candesartan</i>	1	MO
<i>candesartan-hydrochlorothiazid</i>	1	MO
<i>captopril</i>	1	MO
<i>captopril-hydrochlorothiazide</i>	2	
<i>cartia xt</i>	2	MO
<i>carvedilol</i>	1	MO
<i>chlorothiazide sodium</i>	2	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	MO
<i>clonidine transdermal patch</i>	4	MO; QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)</i>	2	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	MO
<i>diltiazem hcl intravenous solution</i>	2	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	2	MO
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	2	MO
<i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	2	
<i>diltiazem hcl oral capsule,extended release 24 hr 420 mg</i>	2	MO
<i>diltiazem hcl oral capsule,extended release 24hr</i>	2	MO
<i>diltiazem hcl oral tablet</i>	2	MO
<i>dilt-xr</i>	2	MO
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	1	MO; QL (30 per 30 days)
<i>doxazosin oral tablet 8 mg</i>	1	MO; QL (60 per 30 days)
EDARBYCLOR	3	MO
<i>enalapril maleate oral tablet</i>	1	MO
<i>enalaprilat intravenous solution</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>enalapril-hydrochlorothiazide</i>	1	MO
<i>eplerenone</i>	3	MO
<i>esmolol intravenous solution</i>	2	
<i>ethacrynate sodium</i>	5	
<i>felodipine</i>	2	MO
<i>fosinopril</i>	1	MO
<i>fosinopril-hydrochlorothiazide</i>	1	MO
<i>furosemide injection</i>	1	
<i>furosemide oral solution</i>	2	MO
<i>furosemide oral tablet</i>	1	MO
<i>hydralazine injection</i>	2	
<i>hydralazine oral</i>	1	MO
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	1	MO
<i>irbesartan</i>	1	MO
<i>irbesartan-hydrochlorothiazide</i>	1	MO
<i>isosorbide-hydralazine</i>	3	MO; QL (180 per 30 days)
<i>isradipine</i>	2	
KERENDIA	3	PA; QL (30 per 30 days)
<i>labetalol intravenous solution</i>	2	
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	2	

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Drug Name	Drug Tier	Requirements /Limits
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	2	MO
<i>lisinopril</i>	1	MO
<i>lisinopril-hydrochlorothiazide</i>	1	MO
<i>losartan</i>	1	MO
<i>losartan-hydrochlorothiazide</i>	1	MO
<i>mannitol 20 %</i>	4	
<i>mannitol 25 % intravenous solution</i>	2	
<i>metolazone</i>	2	MO
<i>metoprolol succinate</i>	1	MO
<i>metoprolol ta-hydrochlorothiaz</i>	2	MO
<i>metoprolol tartrate intravenous</i>	2	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>metyrosine</i>	5	PA; MO
<i>minoxidil oral</i>	2	MO
<i>moexipril</i>	1	MO
<i>nadolol</i>	2	MO
<i>nebivolol</i>	2	MO
<i>nicardipine intravenous solution</i>	2	
<i>nicardipine oral</i>	4	MO
<i>nifedipine oral tablet extended release</i>	2	MO
<i>nifedipine oral tablet extended release 24hr</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>nimodipine oral capsule</i>	4	MO
<i>olmesartan</i>	1	MO
<i>olmesartan-amlodipin-hcthiazid</i>	1	MO
<i>olmesartan-hydrochlorothiazide</i>	1	MO
<i>osmitrol 20 %</i>	4	
<i>perindopril erbumine</i>	1	MO
<i>phentolamine</i>	2	
<i>pindolol</i>	3	MO
<i>prazosin</i>	2	MO
<i>propranolol intravenous</i>	2	
<i>propranolol oral capsule, extended release 24 hr</i>	2	MO
<i>propranolol oral solution</i>	2	MO
<i>propranolol oral tablet</i>	1	MO
<i>quinapril</i>	1	MO
<i>quinapril-hydrochlorothiazide</i>	1	MO
<i>ramipril</i>	1	MO
<i>spironolactone oral tablet</i>	1	MO
<i>spironolacton-hydrochlorothiaz</i>	2	MO
<i>telmisartan</i>	1	MO
<i>telmisartan-amlodipine</i>	1	
<i>telmisartan-hydrochlorothiazid</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>terazosin oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)
<i>tiadylt er</i>	2	MO
<i>timolol maleate oral tablet 10 mg</i>	4	
<i>timolol maleate oral tablet 20 mg, 5 mg</i>	4	MO
<i>torseamide oral</i>	2	MO
<i>trandolapril</i>	1	MO
<i>trandolapril-verapamil</i>	1	MO
<i>treprostinil sodium</i>	5	PA; MO; LA
<i>triamterene-hydrochlorothiazid</i>	1	MO
UPTRAVI ORAL TABLET	5	PA; MO; LA; QL (60 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK	5	PA; MO; LA; QL (200 per 180 days)
<i>valsartan oral tablet</i>	1	MO
<i>valsartan-hydrochlorothiazide</i>	1	MO
<i>veletri</i>	2	B/D PA; MO
<i>verapamil intravenous solution</i>	2	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	4	MO
<i>verapamil oral capsule,ext rel. pellets 24 hr</i>	2	MO
<i>verapamil oral tablet</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>verapamil oral tablet extended release</i>	2	MO
COAGULATION THERAPY		
<i>aminocaproic acid intravenous</i>	2	MO
<i>aminocaproic acid oral</i>	5	MO
<i>aspirin-dipyridamole</i>	4	MO
CABLIVI INJECTION KIT	5	PA; LA
CEPROTIN (BLUE BAR)	3	PA; MO
CEPROTIN (GREEN BAR)	3	PA; MO
<i>cilostazol</i>	2	MO
<i>clopidogrel oral tablet 300 mg</i>	2	
<i>clopidogrel oral tablet 75 mg</i>	1	MO; QL (30 per 30 days)
<i>dabigatran etexilate</i>	3	MO; QL (60 per 30 days)
<i>dipyridamole intravenous</i>	2	
<i>dipyridamole oral</i>	4	MO
DOPTelet (10 TAB PACK)	5	PA; MO; LA
DOPTelet (15 TAB PACK)	5	PA; MO; LA
DOPTelet (30 TAB PACK)	5	PA; MO; LA
DOPTelet SPRINKLE	5	PA; MO; LA
ELIQUIS DVT-PE TREAT 30D START	3	MO; QL (74 per 180 days)

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Drug Name	Drug Tier	Requirements /Limits
ELIQUIS ORAL TABLET	3	MO; QL (60 per 30 days)
ELIQUIS ORAL TABLET FOR SUSPENSION 0.5 MG	3	MO; QL (140 per 28 days)
ELIQUIS ORAL TABLET FOR SUSPENSION 1.5 MG (0.5 MG X 3)	3	MO; QL (420 per 28 days)
ELIQUIS ORAL TABLET FOR SUSPENSION 2 MG (0.5 MG X 4)	3	MO; QL (560 per 28 days)
ELIQUIS SPRINKLE	3	QL (70 per 28 days)
<i>eltrombopag olamine</i>	5	PA; MO
<i>enoxaparin subcutaneous solution</i>	2	MO; QL (60 per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	4	MO; QL (56 per 28 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	4	MO; QL (44.8 per 28 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	4	MO; QL (16.8 per 28 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	4	MO; QL (22.4 per 28 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>	4	MO; QL (33.6 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	5	MO
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	4	MO
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	3	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	3	MO
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml</i>	3	MO
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 2,000 unit/1,000 ml</i>	3	
<i>heparin (porcine) injection solution</i>	3	MO
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	3	
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	3	

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Drug Name	Drug Tier	Requirements /Limits
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	3	MO
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	3	
<i>heparin, porcine (pf) injection solution 5,000 unit/0.5 ml</i>	3	MO
HEPARIN, PORCINE (PF) INJECTION SYRINGE	3	MO
<i>jantoven</i>	1	
<i>pentoxifylline</i>	2	MO
<i>prasugrel hcl</i>	2	MO
<i>protamine</i>	2	
<i>rivaroxaban oral suspension for reconstitution</i>	3	MO; QL (775 per 28 days)
<i>rivaroxaban oral tablet</i>	3	MO; QL (60 per 30 days)
<i>ticagrelor</i>	3	MO
<i>warfarin</i>	1	MO
XARELTO DVT-PE TREAT 30D START	3	MO; QL (51 per 180 days)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	3	MO; QL (30 per 30 days)
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin</i>	1	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>atorvastatin</i>	1	MO; QL (30 per 30 days)
<i>cholestyramine (with sugar) oral powder</i>	3	MO
<i>cholestyramine (with sugar) oral powder in packet</i>	2	MO
<i>cholestyramine light oral powder</i>	3	MO
<i>cholestyramine light oral powder in packet</i>	2	MO
<i>colesevelam</i>	4	MO
<i>colestipol oral granules</i>	4	MO
<i>colestipol oral packet</i>	4	
<i>colestipol oral tablet</i>	2	MO
<i>ezetimibe</i>	2	MO
<i>ezetimibe-simvastatin</i>	1	MO; QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	2	MO
<i>fenofibrate nanocrystallized</i>	2	MO
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	MO
<i>fenofibric acid</i>	2	
<i>fenofibric acid (choline)</i>	2	MO
<i>fluvastatin oral capsule 20 mg</i>	1	MO; QL (30 per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>gemfibrozil</i>	1	MO
<i>icosapent ethyl</i>	3	MO
<i>lovastatin oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	MO; QL (60 per 30 days)
NEXLETOL	3	PA; MO
NEXLIZET	3	PA; MO
<i>niacin oral tablet extended release 24 hr</i>	4	MO
<i>omega-3 acid ethyl esters</i>	2	MO
<i>pitavastatin calcium</i>	1	MO; QL (30 per 30 days)
<i>pravastatin</i>	1	MO; QL (30 per 30 days)
REPATHA	3	PA; QL (6 per 28 days)
REPATHA SURECLICK	3	PA; QL (6 per 28 days)
<i>rosuvastatin</i>	1	MO; QL (30 per 30 days)
<i>simvastatin</i>	1	MO; QL (30 per 30 days)
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CAMZYOS	5	PA; MO; QL (30 per 30 days)
<i>digoxin oral solution</i>	4	MO
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	2	MO
<i>dobutamine</i>	2	B/D PA

Drug Name	Drug Tier	Requirements /Limits
<i>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)</i>	2	B/D PA
<i>dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)</i>	2	B/D PA
<i>dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)</i>	2	B/D PA; MO
<i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml)</i>	2	B/D PA
<i>dopamine intravenous solution 400 mg/10 ml (40 mg/ml)</i>	2	B/D PA; MO
ENTRESTO SPRINKLE	3	QL (240 per 30 days)
FILSPARI	5	PA; QL (30 per 30 days)
<i>ivabradine</i>	3	MO; QL (60 per 30 days)
<i>milrinone</i>	2	B/D PA
<i>milrinone in 5 % dextrose</i>	2	B/D PA

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Drug Name	Drug Tier	Requirements /Limits
<i>norepinephrine bitartrate</i>	2	
<i>ranolazine</i>	3	MO
<i>sacubitril-valsartan oral tablet 24-26 mg</i>	3	MO; QL (180 per 30 days)
<i>sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg</i>	3	MO; QL (60 per 30 days)
VERQUVO	3	MO; QL (30 per 30 days)
VYNDAMAX	5	PA; MO
NITRATES		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	2	MO
<i>isosorbide mononitrate</i>	1	MO
<i>nitro-bid</i>	3	MO
<i>nitroglycerin sublingual</i>	2	MO
<i>nitroglycerin transdermal ointment</i>	3	
<i>nitroglycerin transdermal patch 24 hour</i>	2	MO
<i>nitroglycerin translingual</i>	4	MO
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin</i>	4	MO
<i>calcipotriene scalp</i>	3	MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>calcipotriene topical cream</i>	4	MO; QL (120 per 30 days)
<i>calcipotriene topical ointment</i>	4	MO; QL (120 per 30 days)
COSENTYX (2 SYRINGES)	5	PA; MO; QL (10 per 28 days)
COSENTYX INTRAVENOUS	5	PA; QL (20 per 28 days)
COSENTYX PEN	5	PA; MO; QL (5 per 28 days)
COSENTYX PEN (2 PENS)	5	PA; MO; QL (10 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; MO; QL (5 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; MO; QL (2.5 per 28 days)
COSENTYX UNOREADY PEN	5	PA; MO; QL (10 per 28 days)
ICOTYDE	5	PA; MO; QL (30 per 30 days)
OTULFI INTRAVENOUS	5	PA; MO; QL (104 per 180 days)
OTULFI SUBCUTANEOUS SOLUTION	3	PA; MO; QL (0.5 per 28 days)
OTULFI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	PA; MO; QL (0.5 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
OTULFI SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; MO; QL (1 per 28 days)
<i>pellix</i>	3	QL (120 per 30 days)
PYZCHIVA (ONLY NDCS STARTING WITH 61314) INTRAVENOUS SOLUTION 130 MG/26 ML	5	PA; MO; QL (104 per 180 days)
PYZCHIVA (ONLY NDCS STARTING WITH 61314) SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	3	PA; MO; QL (0.5 per 28 days)
PYZCHIVA (ONLY NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	PA; MO; QL (0.5 per 28 days)
PYZCHIVA (ONLY NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; MO; QL (1 per 28 days)
<i>selenium sulfide topical lotion</i>	2	MO
SKYRIZI SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (2 per 84 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; MO; QL (2 per 84 days)

Drug Name	Drug Tier	Requirements /Limits
SKYRIZI SUBCUTANEOUS SYRINGE 55 MG/0.37 ML	5	PA; MO; QL (0.74 per 84 days)
TREMFYA INTRAVENOUS	5	PA; MO; QL (20 per 28 days)
TREMFYA ONE- PRESS	5	PA; MO; QL (2 per 28 days)
TREMFYA PEN	5	PA; MO; QL (2 per 28 days)
TREMFYA PEN INDUCTION PK(2PEN)	5	PA; MO; QL (12 per 180 days)
TREMFYA SUBCUTANEOUS SYRINGE	5	PA; MO; QL (2 per 28 days)
YESINTEK INTRAVENOUS	5	PA; MO; QL (104 per 180 days)
YESINTEK SUBCUTANEOUS SOLUTION	3	PA; MO; QL (0.5 per 28 days)
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	PA; MO; QL (0.5 per 28 days)
YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; MO; QL (1 per 28 days)
MISCELLANEOUS DERMATOLOGICALS		
ADBRY	5	PA; MO; QL (6 per 28 days)
<i>ammonium lactate</i>	2	MO
<i>chloroprocaine (pf)</i>	2	

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Drug Name	Drug Tier	Requirements /Limits
<i>dermacinrx lidocan</i>	4	PA; QL (90 per 30 days)
<i>diclofenac sodium topical gel 3 %</i>	4	PA; MO; QL (100 per 28 days)
DUPIXENT SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	5	PA; MO; QL (4.56 per 28 days)
DUPIXENT SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; MO; QL (8 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; MO; QL (4.56 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; MO; QL (8 per 28 days)
EUCRISA	4	PA; MO; QL (120 per 30 days)
<i>fluorouracil topical cream 5 %</i>	3	MO
<i>fluorouracil topical solution</i>	3	MO
<i>glydo</i>	2	MO; QL (60 per 30 days)
<i>imiquimod topical cream in packet 5 %</i>	3	MO
<i>lidocaine (pf) injection solution</i>	2	
<i>lidocaine hcl injection solution</i>	2	
<i>lidocaine hcl laryngotracheal</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>lidocaine hcl mucous membrane jelly</i>	2	MO; QL (60 per 30 days)
<i>lidocaine hcl mucous membrane jelly in applicator</i>	2	MO; QL (60 per 30 days)
<i>lidocaine hcl mucous membrane solution</i>	2	MO
<i>lidocaine topical adhesive patch,medicated 5 %</i>	4	PA; MO; QL (90 per 30 days)
<i>lidocaine topical ointment</i>	4	PA; MO; QL (50 per 30 days)
<i>lidocaine-epinephrine</i>	2	
<i>lidocaine-epinephrine (pf) injection solution 1.5 %-1:200,000, 2 %-1:200,000</i>	2	
<i>lidocaine-prilocaine topical cream</i>	3	PA; MO; QL (30 per 30 days)
<i>lidocan iii</i>	4	PA; QL (90 per 30 days)
<i>lidocan iv</i>	4	PA; QL (90 per 30 days)
<i>lidocan v</i>	4	PA; QL (90 per 30 days)
<i>methoxsalen</i>	5	MO
PANRETIN	5	PA; MO
<i>pimecrolimus</i>	4	PA; MO; QL (100 per 30 days)
<i>podofilox topical solution</i>	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>polocaine injection solution 1 % (10 mg/ml)</i>	2	
<i>polocaine-mpf</i>	2	
SANTYL	3	MO; QL (180 per 30 days)
<i>silver sulfadiazine</i>	2	MO
<i>ssd</i>	2	MO
<i>tacrolimus topical</i>	4	PA; MO; QL (100 per 30 days)
VALCHLOR	5	PA; MO
THERAPY FOR ACNE		
<i>accutane</i>	4	
<i>amnesteem</i>	4	
<i>azelaic acid</i>	4	MO
<i>claravis</i>	4	
<i>clindamycin phosphate topical gel</i>	3	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical lotion</i>	3	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical solution</i>	3	MO; QL (120 per 30 days)
<i>ery pads</i>	3	MO
<i>erythromycin with ethanol topical solution</i>	2	MO
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	4	
<i>metronidazole topical cream</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>metronidazole topical gel 0.75 %</i>	2	MO
<i>metronidazole topical gel 1 %</i>	4	MO
<i>metronidazole topical gel with pump</i>	4	MO
<i>metronidazole topical lotion</i>	4	MO
<i>tazarotene topical cream</i>	4	PA; MO
<i>tazarotene topical gel</i>	4	PA; MO
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	4	PA; MO
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	3	PA; MO
<i>trilitas</i>	4	PA
<i>zenatane</i>	4	
TOPICAL ANTIBACTERIALS		
<i>gentamicin topical cream</i>	2	MO; QL (60 per 30 days)
<i>gentamicin topical ointment</i>	3	MO; QL (60 per 30 days)
<i>mupirocin</i>	2	MO; QL (44 per 30 days)
<i>sulfacetamide sodium (acne)</i>	4	MO
TOPICAL ANTIFUNGALS		
<i>ciclodan topical solution</i>	2	QL (6.6 per 28 days)
<i>ciclopirox topical cream</i>	2	MO; QL (90 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>ciclopirox topical gel</i>	3	MO; QL (100 per 28 days)
<i>ciclopirox topical shampoo</i>	3	MO; QL (120 per 28 days)
<i>ciclopirox topical solution</i>	2	MO; QL (6.6 per 28 days)
<i>ciclopirox topical suspension</i>	3	MO; QL (60 per 28 days)
<i>clotrimazole topical cream</i>	2	MO; QL (45 per 28 days)
<i>clotrimazole topical solution</i>	2	MO; QL (30 per 28 days)
<i>clotrimazole-betamethasone topical cream</i>	3	MO; QL (45 per 28 days)
<i>clotrimazole-betamethasone topical lotion</i>	4	MO; QL (60 per 28 days)
<i>econazole nitrate topical cream</i>	4	MO; QL (85 per 28 days)
<i>ketconazole topical cream</i>	2	MO; QL (60 per 28 days)
<i>ketconazole topical shampoo</i>	2	MO; QL (120 per 28 days)
<i>klayesta</i>	3	MO; QL (180 per 30 days)
<i>naftifine topical gel</i>	4	MO; QL (60 per 28 days)
<i>nyamyc</i>	3	QL (180 per 30 days)
<i>nystatin topical cream</i>	2	MO; QL (30 per 28 days)
<i>nystatin topical ointment</i>	2	MO; QL (30 per 28 days)
<i>nystatin topical powder</i>	3	MO; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>nystatin-triamcinolone topical cream</i>	2	MO; QL (60 per 28 days)
<i>nystatin-triamcinolone topical ointment</i>	3	MO; QL (60 per 28 days)
<i>nystop</i>	3	MO; QL (180 per 30 days)

TOPICAL ANTIVIRALS

<i>acyclovir topical ointment</i>	4	PA; MO; QL (30 per 30 days)
<i>penciclovir</i>	4	MO; QL (5 per 30 days)

TOPICAL CORTICOSTEROIDS

<i>ala-cort topical cream</i>	2	MO
<i>alclometasone</i>	3	MO
<i>betamethasone dipropionate</i>	3	MO
<i>betamethasone valerate topical cream</i>	3	MO
<i>betamethasone valerate topical lotion</i>	3	MO
<i>betamethasone valerate topical ointment</i>	3	MO
<i>betamethasone, augmented topical cream</i>	2	MO
<i>betamethasone, augmented topical gel</i>	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>betamethasone, augmented topical lotion</i>	3	MO
<i>betamethasone, augmented topical ointment</i>	3	MO
<i>clobetasol scalp</i>	4	MO; QL (100 per 28 days)
<i>clobetasol topical cream 0.05 %</i>	4	MO; QL (120 per 28 days)
<i>clobetasol topical foam</i>	4	MO; QL (100 per 28 days)
<i>clobetasol topical gel</i>	4	MO; QL (120 per 28 days)
<i>clobetasol topical lotion</i>	2	MO; QL (118 per 28 days)
<i>clobetasol topical ointment</i>	4	MO; QL (120 per 28 days)
<i>clobetasol topical shampoo</i>	4	MO; QL (236 per 28 days)
<i>clobetasol-emollient topical cream</i>	4	MO; QL (120 per 28 days)
<i>desonide topical cream</i>	4	MO
<i>desonide topical ointment</i>	4	MO
<i>fluocinolone and shower cap</i>	4	MO
<i>fluocinolone topical cream</i>	4	MO
<i>fluocinolone topical oil</i>	4	MO
<i>fluocinolone topical ointment</i>	2	MO
<i>fluocinolone topical solution</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>fluocinonide topical cream 0.05 %</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide topical gel</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide topical ointment</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide topical solution</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide-emollient</i>	4	MO; QL (120 per 30 days)
<i>fluticasone propionate topical cream</i>	2	MO
<i>fluticasone propionate topical ointment</i>	2	MO
<i>halobetasol propionate topical cream</i>	4	MO
<i>halobetasol propionate topical ointment</i>	4	MO
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	2	MO
<i>hydrocortisone topical lotion 2.5 %</i>	2	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	2	MO
<i>mometasone topical</i>	2	MO
<i>triamcinolone acetonide topical cream</i>	2	MO
<i>triamcinolone acetonide topical lotion</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	MO
<i>triderm topical cream 0.5 %</i>	2	
TOPICAL SCABICIDES / PEDICULICIDES		
<i>malathion</i>	4	MO
<i>permethrin</i>	3	MO; QL (60 per 30 days)
DIAGNOSTICS / MISCELLANEOUS AGENTS		
ANTIDOTES		
<i>acetylcysteine intravenous</i>	3	
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation</i>	4	
<i>neomycin-polymyxin b gu</i>	2	
<i>ringer's irrigation</i>	4	MO
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	4	MO
<i>acetic acid irrigation</i>	2	MO
<i>anagrelide</i>	3	MO
<i>caffeine citrate intravenous</i>	2	
<i>caffeine citrate oral</i>	2	MO
<i>carglumic acid</i>	5	PA; MO
<i>cevimeline</i>	4	MO
CHEMET	5	PA

Drug Name	Drug Tier	Requirements /Limits
CLINIMIX 4.25%/D5W SULFIT FREE	4	B/D PA
<i>d10 %-0.45 % sodium chloride</i>	4	
<i>d2.5 %-0.45 % sodium chloride</i>	4	
<i>d5 % and 0.9 % sodium chloride</i>	4	MO
<i>d5 %-0.45 % sodium chloride</i>	4	MO
<i>deferasirox oral granules in packet</i>	5	PA; MO
<i>deferasirox oral tablet</i>	3	PA; MO
<i>deferasirox oral tablet, dispersible 125 mg</i>	3	PA; MO
<i>deferasirox oral tablet, dispersible 250 mg, 500 mg</i>	5	PA; MO
<i>deferiprone</i>	5	PA; MO
<i>deferoxamine</i>	2	B/D PA; MO
<i>dextrose 10 % and 0.2 % nacl</i>	4	
<i>dextrose 10 % in water (d10w)</i>	4	
<i>dextrose 25 % in water (d25w)</i>	4	
<i>dextrose 5 % in water (d5w)</i>	4	MO
<i>dextrose 5 %-lactated ringers</i>	4	MO
<i>dextrose 5%-0.2 % sod chloride</i>	4	

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Drug Name	Drug Tier	Requirements /Limits
<i>dextrose 5%-0.3 % sod.chloride</i>	4	
<i>dextrose 50 % in water (d50w)</i>	4	
<i>dextrose 70 % in water (d70w)</i>	4	
<i>disulfiram oral tablet 250 mg</i>	2	MO
<i>disulfiram oral tablet 500 mg</i>	2	
<i>droxidopa oral capsule 100 mg</i>	4	PA; MO
<i>droxidopa oral capsule 200 mg, 300 mg</i>	5	PA; MO
<i>glutamine (sickle cell)</i>	5	PA; MO
INCRELEX	5	LA
<i>kionex oral suspension</i>	3	MO
<i>levocarnitine (with sugar)</i>	4	MO
<i>levocarnitine oral solution 100 mg/ml</i>	4	MO
<i>levocarnitine oral tablet</i>	4	MO
LOKELMA	3	MO
<i>midodrine</i>	3	MO
<i>nitisinone</i>	5	PA; MO
<i>pilocarpine hcl oral</i>	4	MO
PROLASTIN-C INTRAVENOUS SOLUTION	5	PA; MO; LA
REVCIVI	5	PA; LA

Drug Name	Drug Tier	Requirements /Limits
REZDIFFRA	5	PA; MO; QL (30 per 30 days)
<i>riluzole</i>	3	PA; MO
<i>risedronate oral tablet 30 mg</i>	3	MO; QL (30 per 30 days)
<i>sevelamer carbonate oral tablet</i>	4	PA; MO
<i>sodium benzoate-sod phenylacet</i>	5	
<i>sodium chloride 0.9 % intravenous</i>	4	MO
<i>sodium chloride irrigation</i>	4	MO
<i>sodium phenylbutyrate oral powder</i>	5	PA
<i>sodium phenylbutyrate oral tablet</i>	5	PA; MO
<i>sodium polystyrene sulfonate</i>	3	MO
<i>sps (with sorbitol) oral</i>	3	MO
<i>sps (with sorbitol) rectal</i>	3	
<i>trientine oral capsule 250 mg</i>	5	PA; MO
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 8.4 GRAM	3	MO
VELTASSA ORAL POWDER IN PACKET 25.2 GRAM	3	

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Drug Name	Drug Tier	Requirements /Limits
<i>water for irrigation, sterile</i>	4	MO
WEGOVY ORAL	3	PA; QL (30 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 per 28 days)
WEGOVY SUBCUTANEOUS PEN INJECTOR 1.7 MG/0.75 ML, 2.4 MG/0.75 ML	3	PA; QL (3 per 28 days)
XIAFLEX	5	PA
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	2	PA; MO

SMOKING DETERRENTS

<i>bupropion hcl (smoking deter)</i>	2	MO
NICOTROL NS	4	MO
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	4	MO
<i>varenicline tartrate oral tablet 1 mg (56 pack)</i>	4	
<i>varenicline tartrate oral tablets,dose pack</i>	4	MO

EAR, NOSE / THROAT MEDICATIONS

MISCELLANEOUS AGENTS

Drug Name	Drug Tier	Requirements /Limits
<i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i>	2	MO; QL (60 per 30 days)
<i>chlorhexidine gluconate mucous membrane</i>	1	MO
<i>denta 5000 plus</i>	2	MO
<i>dentagel</i>	2	MO
<i>fluoride (sodium) dental cream</i>	2	
<i>fluoride (sodium) dental gel</i>	2	
<i>fluoride (sodium) dental paste</i>	2	MO
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)</i>	2	MO; QL (30 per 28 days)
<i>ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)</i>	2	MO; QL (30 per 20 days)
<i>kourzeq</i>	2	MO
<i>periogard</i>	1	MO
<i>sf</i>	2	MO
<i>sf 5000 plus</i>	2	MO
<i>sodium fluoride 5000 dry mouth</i>	2	MO
<i>sodium fluoride 5000 plus</i>	2	
<i>sodium fluoride-pot nitrate</i>	2	MO
<i>triamcinolone acetonide dental</i>	2	MO

MISCELLANEOUS OTIC PREPARATIONS

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Drug Name	Drug Tier	Requirements /Limits
<i>acetic acid otic (ear)</i>	2	MO
<i>ciprofloxacin hcl otic (ear)</i>	4	MO
<i>fluocinolone acetonide oil</i>	4	MO
<i>hydrocortisone-acetic acid</i>	4	MO
<i>ofloxacin otic (ear)</i>	2	MO
OTIC STEROID / ANTIBIOTIC		
<i>ciprofloxacin-dexamethasone</i>	3	MO; QL (7.5 per 7 days)
<i>neomycin-polymyxin-hc otic (ear)</i>	3	MO
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
<i>cortisone</i>	2	
<i>dexamethasone intensol</i>	2	MO
<i>dexamethasone oral elixir</i>	2	MO
<i>dexamethasone oral solution</i>	2	MO
<i>dexamethasone oral tablet</i>	2	MO
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	2	MO
<i>dexamethasone sodium phosphate injection solution</i>	2	MO
<i>dexamethasone sodium phosphate injection syringe</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>fludrocortisone</i>	2	MO
<i>hydrocortisone oral</i>	2	MO
<i>methylprednisolone acetate</i>	2	MO
<i>methylprednisolone oral tablet</i>	2	B/D PA; MO
<i>methylprednisolone oral tablets,dose pack</i>	2	MO
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	2	MO
<i>methylprednisolone sodium succ intravenous</i>	2	MO
<i>prednisolone oral solution</i>	2	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	2	MO
<i>prednisone intensol</i>	4	MO
<i>prednisone oral solution</i>	2	MO
<i>prednisone oral tablet</i>	1	MO
<i>prednisone oral tablet,delayed release (dr/ec)</i>	5	MO
<i>prednisone oral tablets,dose pack 10 mg (48 pack), 5 mg (48 pack)</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>	1	MO
TARPEYO	5	PA; QL (120 per 30 days)
<i>triamcinolone acetonide injection suspension 10 mg/ml</i>	2	
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	2	MO
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO
<i>propylthiouracil</i>	2	MO
DIABETES THERAPY		
<i>acarbose oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
<i>acarbose oral tablet 25 mg</i>	2	MO; QL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	2	MO; QL (180 per 30 days)
<i>alcohol pads</i>	3	PA; MO
BAQSIMI	3	MO
<i>dapagliflozin</i>	1	MO; QL (30 per 30 days)
<i>dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg, 10-500 mg</i>	1	MO; QL (30 per 30 days)
<i>dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 5-1,000 mg, 5-500 mg</i>	1	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>diazoxide</i>	5	MO
DROPSAFE ALCOHOL PREP PADS	3	PA
FARXIGA	3	MO; QL (30 per 30 days)
FIASP FLEXTOUCH U-100 INSULIN	3	MO
FIASP PENFILL U-100 INSULIN	3	MO
FIASP U-100 INSULIN	3	MO
<i>glimepiride oral tablet 1 mg</i>	1	MO; QL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	MO; QL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	MO; QL (240 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	MO; QL (120 per 30 days)
GLYXAMBI	3	MO; QL (30 per 30 days)
GVOKE	3	MO
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	3	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	3	MO
GVOKE HYPOPEN 2-PACK	3	MO
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	MO
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	MO
HUMULIN R U-500 (CONC) KWIKPEN	3	MO
INPEFA	3	PA; MO; QL (30 per 30 days)
INSULIN LISPRO	3	MO
INSULIN LISPRO PROTAMIN-LISPRO	3	MO

Drug Name	Drug Tier	Requirements /Limits
JARDIANCE	3	MO; QL (30 per 30 days)
KIRSTY	3	
KIRSTY PEN	3	
LANTUS SOLOSTAR U-100 INSULIN	3	MO
LANTUS U-100 INSULIN	3	MO
<i>metformin oral tablet 1,000 mg</i>	1	MO; QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	1	MO; QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	1	MO; QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	MO; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	MO; QL (60 per 30 days)
MOUNJARO	3	PA; QL (2 per 28 days)
<i>nateglinide oral tablet 120 mg</i>	1	MO; QL (90 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	1	MO; QL (180 per 30 days)
NOVOLIN 70/30 U-100 INSULIN	3	MO
NOVOLIN 70-30 FLEXPEN U-100	3	MO
NOVOLIN N FLEXPEN	3	MO
NOVOLIN N NPH U-100 INSULIN	3	MO

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Drug Name	Drug Tier	Requirements /Limits
NOVOLIN R FLEXPEN	3	MO
NOVOLIN R REGULAR U100 INSULIN	3	MO
NOVOLOG FLEXPEN U-100 INSULIN	3	MO
NOVOLOG MIX 70-30 U-100 INSULIN	3	MO
NOVOLOG MIX 70-30FLEXPEN U-100	3	MO
NOVOLOG PENFILL U-100 INSULIN	3	MO
NOVOLOG U-100 INSULIN ASPART	3	MO
OZEMPIC ORAL	3	PA; QL (30 per 30 days)
OZEMPIC SUBCUTANEOUS	3	PA; QL (3 per 28 days)
<i>pioglitazone</i>	1	MO; QL (30 per 30 days)
<i>repaglinide oral tablet 0.5 mg</i>	1	MO; QL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	1	MO; QL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	MO; QL (240 per 30 days)
RYBELSUS	3	PA; QL (30 per 30 days)
<i>sitagliptin phos-metformin oral tablet</i>	3	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>sitagliptin phos-metformin oral tablet, er multiphase 24 hr 100-1,000 mg</i>	3	MO; QL (30 per 30 days)
<i>sitagliptin phos-metformin oral tablet, er multiphase 24 hr 50-1,000 mg, 50-500 mg</i>	3	MO; QL (60 per 30 days)
<i>sitagliptin phosphate</i>	3	MO; QL (30 per 30 days)
SOLIQUA 100/33	3	QL (15 per 25 days)
SYNJARDY	3	MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	3	MO; QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	3	MO; QL (60 per 30 days)
TOUJEO MAX U-300 SOLOSTAR	3	MO
TOUJEO SOLOSTAR U-300 INSULIN	3	MO
TRADJENTA	3	MO; QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	3	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5- 1,000 MG, 5-2.5- 1,000 MG	3	MO; QL (60 per 30 days)
TRULICITY	3	PA; QL (2 per 28 days)

MISCELLANEOUS HORMONES

ALDURAZYME	5	PA; MO
<i>cabergoline</i>	3	MO
<i>calcitonin (salmon) injection</i>	5	MO
<i>calcitonin (salmon) nasal</i>	3	MO
<i>calcitriol oral capsule</i>	2	MO
<i>calcitriol oral solution</i>	4	
<i>cinacalcet</i>	4	PA; MO
<i>clomid</i>	2	PA; MO
<i>clomiphene citrate</i>	2	PA; MO
CRYSVITA	5	PA; MO; LA
<i>danazol</i>	4	MO
<i>desmopressin injection</i>	2	
<i>desmopressin nasal spray with pump</i>	4	MO
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	4	
<i>desmopressin oral</i>	3	MO
<i>doxercalciferol intravenous</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>doxercalciferol oral</i>	4	MO
ELAPRASE	5	PA; MO
FABRAZYME	5	PA; MO
KANUMA	5	PA; MO
LUMIZYME	5	PA; MO
MEPSEVII	5	PA; MO
<i>mifepristone oral tablet 300 mg</i>	5	PA; MO
<i>milophene</i>	2	PA; MO
NAGLAZYME	5	PA; MO; LA
<i>pamidronate intravenous solution</i>	2	MO
<i>paricalcitol intravenous</i>	2	
<i>paricalcitol oral</i>	4	MO
<i>sapropterin</i>	5	PA; MO
SOMAVERT	5	PA; MO
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	3	PA; MO
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	3	PA
<i>testosterone enanthate</i>	3	PA; MO
<i>testosterone transdermal gel</i>	4	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	3	PA; MO; QL (300 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	4	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	4	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal solution in metered pump w/app</i>	4	PA; MO; QL (180 per 30 days)
<i>tolvaptan</i>	5	PA; MO
<i>tolvaptan (polycystic kidney dis)</i>	5	PA; MO
VIMIZIM	5	PA; MO; LA
<i>zoledronic acid intravenous solution</i>	2	MO
THYROID HORMONES		
<i>levothyroxine intravenous recon soln</i>	2	
<i>levothyroxine oral tablet</i>	1	MO
<i>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</i>	1	MO
<i>liomny</i>	2	
<i>liothyronine intravenous</i>	2	
<i>liothyronine oral</i>	2	MO
SYNTHROID	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>unithroid</i>	1	MO
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
<i>dicyclomine intramuscular</i>	2	MO
<i>dicyclomine oral capsule</i>	2	MO
<i>dicyclomine oral solution</i>	4	MO
<i>dicyclomine oral tablet 20 mg</i>	2	MO
<i>diphenoxylate-atropine oral tablet</i>	3	MO
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	2	
<i>glycopyrrolate (pf) injection syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	2	MO
<i>glycopyrrolate injection</i>	2	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	3	MO
<i>loperamide oral capsule</i>	2	MO
<i>opium tincture</i>	2	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron</i>	4	PA; MO
<i>aprepitant</i>	4	B/D PA; MO
<i>balsalazide</i>	3	MO
<i>betaine</i>	5	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>budesonide oral capsule, delayed, extended release</i>	4	MO
<i>budesonide oral tablet, delayed and extended release</i>	5	MO
CIMZIA POWDER FOR RECONST	5	PA; MO; QL (2 per 28 days)
CIMZIA STARTER KIT	5	PA; MO; QL (3 per 180 days)
CIMZIA SUBCUTANEOUS SYRINGE KIT 200 MG/ML	5	PA; QL (4 per 28 days)
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	5	PA; MO; QL (2 per 28 days)
CINVANTI	3	MO
<i>compro</i>	4	MO
<i>constulose</i>	2	MO
CREON	3	MO
<i>cromolyn oral</i>	4	MO
<i>dimenhydrinate injection solution</i>	2	MO
<i>dronabinol oral capsule</i>	4	PA; MO
<i>droperidol injection solution</i>	2	
ENTYVIO	5	PA; MO; QL (2 per 28 days)
ENTYVIO PEN	5	PA; MO; QL (1.36 per 28 days)
<i>enulose</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>fosaprepitant</i>	2	MO
GATTEX 30-VIAL	5	PA; MO
GATTEX ONE-VIAL	5	PA; MO
<i>gavilyte-c</i>	1	MO
<i>gavilyte-g</i>	1	MO
<i>gavilyte-n</i>	1	MO
<i>generlac</i>	2	MO
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	2	MO
<i>granisetron hcl intravenous solution 1 mg/ml</i>	2	MO
<i>granisetron hcl intravenous solution 1 mg/ml (1 ml)</i>	2	
<i>granisetron hcl oral</i>	2	B/D PA; MO
<i>hydrocortisone rectal</i>	4	MO
<i>hydrocortisone topical cream with perineal applicator 1 %</i>	2	MO
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	2	
INFLIXIMAB	5	PA; QL (20 per 28 days)
<i>lactulose oral solution</i>	2	MO
LINZESS	3	MO; QL (30 per 30 days)
LIVDELZI	5	PA; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>lubiprostone oral capsule 24 mcg</i>	3	MO; QL (60 per 30 days)
<i>lubiprostone oral capsule 8 mcg</i>	3	MO; QL (180 per 30 days)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	MO
<i>mesalamine</i>	4	MO
<i>mesalamine with cleansing wipe</i>	4	MO
<i>metoclopramide hcl injection</i>	2	
<i>metoclopramide hcl oral solution</i>	2	MO
<i>metoclopramide hcl oral tablet</i>	1	MO
<i>nitroglycerin rectal</i>	3	MO
<i>ondansetron hcl (pf) injection solution</i>	2	MO
<i>ondansetron hcl (pf) injection syringe</i>	2	
<i>ondansetron hcl intravenous</i>	2	MO
<i>ondansetron hcl oral solution</i>	4	B/D PA; MO
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	B/D PA; MO
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	2	B/D PA; MO
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	2	MO
<i>palonosetron intravenous syringe</i>	2	
<i>peg 3350-electrolytes</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>peg-electrolyte</i>	1	MO
<i>prochlorperazine</i>	4	MO
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	2	MO
<i>prochlorperazine maleate oral</i>	2	MO
<i>procto-med hc</i>	2	MO
<i>proctosol hc topical</i>	2	MO
<i>proctozone-hc</i>	2	
RELISTOR SUBCUTANEOUS SOLUTION	5	ST; MO; QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	5	ST; MO; QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	5	ST; MO; QL (12 per 30 days)
REMICADE	5	PA; MO; QL (20 per 28 days)
<i>scopolamine base</i>	4	MO
SKYRIZI INTRAVENOUS	5	PA; MO; QL (60 per 180 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	5	PA; MO; QL (1.2 per 56 days)

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Drug Name	Drug Tier	Requirements /Limits
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	5	PA; MO; QL (2.4 per 56 days)
<i>sodium,potassium,m ag sulfates oral recon soln 17.5- 3.13-1.6 gram</i>	4	MO
<i>sodium,potassium,m ag sulfates oral recon soln 17.5- 3.13-1.6 gram 2 pack (480ml)</i>	4	
SUCRAID	5	PA
<i>sulfasalazine</i>	2	MO
SYMPROIC	3	MO; QL (30 per 30 days)
TRULANCE	3	QL (30 per 30 days)
<i>ursodiol oral capsule 300 mg</i>	3	MO
<i>ursodiol oral tablet</i>	3	MO
VARUBI	3	B/D PA
VIBERZI	5	MO; QL (60 per 30 days)
VOWST	5	PA; LA

Drug Name	Drug Tier	Requirements /Limits
ZENPEP ORAL CAPSULE,DELAY ED 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	MO
ZYMFENTRA	5	PA; MO; QL (2 per 28 days)
ULCER THERAPY		
<i>bismuth subcit k- metronidz-ten</i>	4	MO; QL (120 per 180 days)
<i>esomeprazole magnesium oral capsule,delayered release(dr/ec) 20 mg</i>	3	MO; QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule,delayered release(dr/ec) 40 mg</i>	3	MO; QL (60 per 30 days)
<i>esomeprazole sodium</i>	2	MO
<i>famotidine (pf) intravenous solution 20 mg/2 ml</i>	2	MO
<i>famotidine (pf)-nacl (iso-os)</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>famotidine intravenous solution 10 mg/ml</i>	2	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i>	3	MO; QL (30 per 30 days)
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	3	MO; QL (60 per 30 days)
<i>misoprostol</i>	3	MO
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
<i>omeprazole oral capsule, delayed release(dr/ec) 40 mg</i>	1	MO; QL (60 per 30 days)
<i>pantoprazole intravenous</i>	2	MO
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	MO; QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1	MO; QL (60 per 30 days)
<i>sucralfate oral suspension</i>	4	MO
<i>sucralfate oral tablet</i>	2	MO
VOQUEZNA DUAL PAK	4	MO; QL (112 per 180 days)
VOQUEZNA TRIPLE PAK	4	MO; QL (112 per 180 days)

Drug Name	Drug Tier	Requirements /Limits
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE	5	PA; MO
ARCALYST	5	PA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	PA; MO; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	5	PA; MO; QL (1 per 28 days)
BESREMI	5	PA; LA
BESREMI PEN	5	PA; LA
BETASERON SUBCUTANEOUS KIT	5	PA; MO; QL (14 per 28 days)
FULPHILA	5	PA; MO
ILARIS (PF)	5	PA; MO; LA; QL (2 per 28 days)
LEUKINE INJECTION RECON SOLN	5	PA; MO
NIVESTYM	5	PA; MO
NYVEPRIA	5	PA; MO
OMNITROPE	5	PA; MO
PEGASYS SUBCUTANEOUS SOLUTION	5	MO; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	5	MO; QL (2 per 28 days)
PLEGRIDY INTRAMUSCULAR	5	PA; MO; QL (1 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; MO; QL (1 per 180 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; MO; QL (1 per 180 days)
<i>plerixafor</i>	5	MO
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	5	PA; MO
RELEUKO SUBCUTANEOUS	4	PA; MO

Drug Name	Drug Tier	Requirements /Limits
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	5	PA; MO
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF)	1	V
ACTHIB (PF)	3	
ADACEL(TDAP ADOLESN/ADULT)(PF)	1	V
AREXVY (PF)	1	V
BCG VACCINE, LIVE (PF)	1	V
BEXSERO	1	V
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	1	V
DAPTACEL (DTAP PEDIATRIC) (PF)	3	
ENGERIX-B (PF)	1	B/D PA; V
ENGERIX-B PEDIATRIC (PF)	1	B/D PA; V
<i>fomepizole</i>	2	
GAMASTAN	3	MO
GAMUNEX-C	5	PA; MO
GARDASIL 9 (PF)	1	V

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Drug Name	Drug Tier	Requirements /Limits
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	1	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3	
HEPLISAV-B (PF)	1	B/D PA; V
HIBERIX (PF)	3	
HYPERHEP B	3	
HYPERHEP B NEONATAL	3	
IMOVAX RABIES VACCINE (PF)	1	B/D PA; V
INFANRIX (DTAP) (PF)	3	
IPOLE	1	V
IXIARO (PF)	1	V
JYNNEOS (PF)	1	B/D PA; V
KINRIX (PF)	3	
MENQUADFI (PF)	1	V
MENVEO A-C-Y-W-135-DIP (PF)	1	V
M-M-R II (PF)	1	V
MRESVIA (PF)	1	V
PEDIARIX (PF)	3	
PEDVAX HIB (PF)	3	
PENBRAYA (PF)	1	V
PENMENVY MEN A-B-C-W-Y (PF)	1	V
PENTACEL (PF)	3	
PRIORIX (PF)	1	V

Drug Name	Drug Tier	Requirements /Limits
PROQUAD (PF)	3	
QUADRACEL (PF)	3	
RABAVERT (PF)	1	B/D PA; V
RECOMBIVAX HB (PF)	1	B/D PA; V
ROTARIX	3	
ROTATEQ VACCINE	3	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	1	V; QL (2 per 720 days)
SHINGRIX (PF) INTRAMUSCULAR SYRINGE	1	V; QL (1 per 720 days)
TENIVAC (PF)	1	V
TICE BCG	3	
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	3	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	3	V
TRUMENBA	1	V
TWINRIX (PF)	1	V
TYPHIM VI INTRAMUSCULAR SYRINGE	1	V
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	3	

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This drug list was last updated on 10/05/2026.

Drug Name	Drug Tier	Requirements /Limits
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	1	V
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	1	V
VARIVAX (PF)	1	V
VARIZIG	3	
VAXCHORA VACCINE	1	V
VIMKUNYA (PF)	1	V
VIVOTIF	1	MO; V
XEMBIFY	5	B/D PA; MO; LA
YF-VAX (PF)	1	V

MISCELLANEOUS SUPPLIES

MISCELLANEOUS SUPPLIES

NOVO PEN NEEDLE	3	PA; MO
CEQR SIMPLICITY DEVICE 1 UNIT (240 UNIT)	3	QL (4 per 28 days)
CEQR SIMPLICITY DEVICE 2 UNIT (200 UNIT)	3	MO; QL (8 per 30 days)
CEQR SIMPLICITY DEVICE 2 UNIT (240 UNIT)	3	QL (5 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
CEQR SIMPLICITY INSERTER	3	MO; QL (1 per 720 days)
GAUZE PADS 2 X 2	3	PA; MO
EMBECTA INSULIN SYRINGE	3	PA; MO
BD PEN NEEDLE	3	PA; MO
OMNIPOD 5 (LIBRE 2/3 PLUS)	3	MO; QL (15 per 30 days)
OMNIPOD 5 G6-G7 INTRO KT(GEN5)	3	MO; QL (1 per 720 days)
OMNIPOD 5 G6-G7 PODS (GEN 5)	3	MO; QL (15 per 30 days)
OMNIPOD 5 INTRO (LIBRE2/3PLUS)	3	MO; QL (1 per 720 days)
OMNIPOD DASH INTRO KIT (GEN 4)	3	QL (1 per 720 days)
OMNIPOD DASH PODS (GEN 4)	3	MO; QL (15 per 30 days)
EMBECTA PEN NEEDLE	3	PA; MO
PIVOT INSULIN PUMP STARTER KIT	3	QL (1 per 720 days)
PIVOT SUPPLY KIT	3	QL (40 per 30 days)
TWIST REFILL KT(CSST-NDL- SYR)	3	QL (1 per 30 days)
TWIST RFL(INFUS-CSST- NDL-SYR)	3	MO; QL (1 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
TWIST STARTER KIT	3	MO; QL (1 per 720 days)
BD INSULIN SYRINGE	3	PA; MO
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	MO
<i>allopurinol sodium</i>	2	
<i>aloprim</i>	2	
<i>colchicine oral tablet</i>	2	MO
<i>febuxostat</i>	3	MO
<i>probenecid</i>	3	MO
<i>probenecid-colchicine</i>	3	MO
OSTEOPOROSIS THERAPY		
<i>alendronate oral solution</i>	2	MO; QL (300 per 28 days)
<i>alendronate oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; QL (4 per 28 days)
BONSITY	5	PA; MO; QL (2.24 per 28 days)
<i>ibandronate intravenous solution</i>	2	PA
<i>ibandronate intravenous syringe</i>	2	PA; MO
<i>ibandronate oral</i>	2	MO; QL (1 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
JUBBONTI	3	MO; QL (1 per 180 days)
PROLIA	3	MO; QL (1 per 180 days)
<i>raloxifene</i>	2	MO
<i>risedronate oral tablet 150 mg</i>	3	MO; QL (1 per 30 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	3	MO; QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	3	MO; QL (30 per 30 days)
<i>risedronate oral tablet, delayed release (dr/ec)</i>	4	MO; QL (4 per 28 days)
<i>teriparatide (only ndcs starting with 47781)</i>	5	PA; MO; QL (2.24 per 28 days)
TYMLOS	5	PA; MO; QL (1.56 per 30 days)
OTHER RHEUMATOLOGICALS		
AVTOZMA AUTOINJECTOR	5	PA; MO; QL (3.6 per 28 days)
AVTOZMA INTRAVENOUS	5	PA; MO; QL (160 per 28 days)
AVTOZMA SUBCUTANEOUS	5	PA; MO; QL (3.6 per 28 days)
BENLYSTA	5	PA; MO
ENBREL MINI	5	PA; MO; QL (8 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
ENBREL SUBCUTANEOUS SOLUTION	5	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	5	PA; MO; QL (8 per 28 days)
ENBREL SURECLICK	5	PA; MO; QL (8 per 28 days)
HADLIMA	5	PA; MO; QL (4.8 per 28 days)
HADLIMA PUSH TOUCH	5	PA; MO; QL (4.8 per 28 days)
HADLIMA(CF)	5	PA; MO; QL (2.4 per 28 days)
HADLIMA(CF) PUSH TOUCH	5	PA; MO; QL (2.4 per 28 days)
KEVZARA SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (2.28 per 28 days)
KEVZARA SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; MO; QL (2.28 per 28 days)
KINERET	5	PA; QL (18.76 per 28 days)
<i>leflunomide</i>	2	MO; QL (30 per 30 days)
<i>milnacipran oral tablet</i>	3	MO; QL (60 per 30 days)
<i>milnacipran oral tablets,dose pack</i>	3	MO; QL (55 per 180 days)
OTEZLA	5	PA; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	5	PA; MO; QL (55 per 180 days)
OTEZLA XR	5	PA; MO; QL (30 per 30 days)
OTEZLA XR INITIATION	5	PA; MO; QL (41 per 180 days)
<i>penicillamine oral tablet</i>	5	PA; MO
RINVOQ LQ	5	PA; MO; QL (360 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	5	PA; MO; QL (30 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	5	PA; MO; QL (84 per 180 days)
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	5	PA; MO; QL (4 per 28 days)
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	5	PA; MO; QL (3 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	3	PA; MO; QL (2 per 28 days)
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PA; MO; QL (4 per 28 days)
<i>tofacitinib oral solution</i>	5	PA; MO; QL (480 per 30 days)
<i>tofacitinib oral tablet</i>	5	PA; MO; QL (60 per 30 days)
<i>tofacitinib oral tablet extended release 24 hr</i>	5	PA; MO; QL (30 per 30 days)
TYENNE AUTOINJECTOR	5	PA; MO; QL (3.6 per 28 days)
TYENNE INTRAVENOUS	5	PA; MO; QL (160 per 28 days)
TYENNE SUBCUTANEOUS	5	PA; QL (3.6 per 28 days)
OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		
<i>abigale</i>	3	MO
<i>abigale lo</i>	3	MO
<i>camila</i>	2	MO
<i>conjugated estrogens</i>	3	MO
<i>deblitane</i>	2	MO
DEPO-SUBQ PROVERA 104	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>dotti</i>	3	QL (8 per 28 days)
<i>emzahh</i>	2	MO
<i>errin</i>	2	MO
<i>estradiol oral</i>	2	MO
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	3	MO; QL (8 per 28 days)
<i>estradiol transdermal patch semiweekly 0.0375 mg/24 hr, 0.05 mg/24 hr</i>	3	QL (8 per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr</i>	3	QL (4 per 28 days)
<i>estradiol transdermal patch weekly 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	3	MO; QL (4 per 28 days)
<i>estradiol vaginal cream</i>	3	MO
<i>estradiol vaginal tablet</i>	4	MO
<i>estradiol valerate</i>	4	MO
<i>estradiol- norethindrone acet</i>	3	MO
<i>fyavolv</i>	4	MO
<i>gallifrey</i>	2	MO
<i>heather</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
IMVEXXY MAINTENANCE PACK	3	MO
IMVEXXY STARTER PACK	3	MO
<i>incassia</i>	2	MO
<i>jencycla</i>	2	MO
<i>jinteli</i>	4	MO
<i>lyleq</i>	2	MO
<i>lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr</i>	3	QL (8 per 28 days)
<i>lyllana transdermal patch semiweekly 0.1 mg/24 hr</i>	3	MO; QL (8 per 28 days)
<i>lyza</i>	2	
<i>medroxyprogesteron e intramuscular</i>	2	MO
<i>medroxyprogesteron e oral</i>	1	MO
<i>meleya</i>	2	MO
<i>mimvey</i>	3	MO
<i>nora-be</i>	2	MO
<i>norethindrone (contraceptive)</i>	2	
<i>norethindrone acetate</i>	2	MO
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	4	MO
<i>orquidea</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
PREMARIN VAGINAL	3	
PREMPHASE	3	MO
PREMPRO	3	MO
<i>progesterone</i>	2	MO
<i>progesterone micronized oral</i>	2	MO
<i>sharobel</i>	2	MO
<i>yuvafem</i>	4	
MISCELLANEOUS OB/GYN		
<i>clindamycin phosphate vaginal</i>	3	MO
<i>eluryng</i>	3	MO
<i>etonogestrel-ethinyl estradiol</i>	3	
LILETTA	3	MO
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	3	MO
<i>mifepristone oral tablet 200 mg</i>	2	LA
MYFEMBREE	5	PA; MO
NEXPLANON	3	
<i>norelgestromin- ethin.estradiol</i>	3	MO
<i>terconazole</i>	3	MO
<i>tranexamic acid oral</i>	3	MO
<i>xulane</i>	3	
<i>zafemy</i>	3	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
<i>afirmelle</i>	2	
<i>altavera (28)</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>alyacen 1/35 (28)</i>	2	MO
<i>alyacen 7/7/7 (28)</i>	2	MO
<i>amethyst (28)</i>	2	
<i>apri</i>	2	MO
<i>aranelle (28)</i>	2	MO
<i>aubra eq</i>	2	MO
<i>aviane</i>	2	MO
<i>azurette (28)</i>	2	MO
<i>camrese</i>	2	MO
<i>cryselle (28)</i>	2	MO
<i>cyred eq</i>	2	MO
<i>dasetta 1/35 (28)</i>	2	MO
<i>dasetta 7/7/7 (28)</i>	2	MO
<i>daysee</i>	2	MO
<i>desog-e.estradiol/e.estradiol</i>	2	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)</i>	4	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	2	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	2	
<i>elinest</i>	2	MO
<i>enskyce</i>	2	MO
<i>estarylla</i>	2	MO
<i>falmina (28)</i>	2	MO
<i>introvale</i>	2	MO
<i>isibloom</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>jasmiel (28)</i>	2	MO
<i>jolessa</i>	2	MO
<i>juleber</i>	2	MO
<i>kalliga</i>	2	
<i>kariva (28)</i>	2	
<i>kelnor 1/35 (28)</i>	2	MO
<i>kurvelo (28)</i>	2	MO
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	2	
<i>larin 1.5/30 (21)</i>	2	MO
<i>larin 1/20 (21)</i>	2	MO
<i>larin 24 fe</i>	2	MO
<i>larin fe 1.5/30 (28)</i>	2	MO
<i>larin fe 1/20 (28)</i>	2	MO
<i>lessina</i>	2	MO
<i>levonest (28)</i>	2	MO
<i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg</i>	2	
<i>levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month</i>	2	
<i>levonorg-eth estradiol triphasic</i>	2	MO
<i>loryna (28)</i>	2	MO
<i>lo-zumandimine (28)</i>	2	MO
<i>lutra (28)</i>	2	
<i>marlissa (28)</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>microgestin 1.5/30 (21)</i>	2	MO
<i>microgestin 1/20 (21)</i>	2	MO
<i>microgestin fe 1.5/30 (28)</i>	2	MO
<i>microgestin fe 1/20 (28)</i>	2	MO
<i>mili</i>	2	MO
<i>mono-linyah</i>	2	MO
<i>nikki (28)</i>	2	MO
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	2	MO
<i>norgestimate-ethinyl estradiol</i>	2	
<i>nortrel 0.5/35 (28)</i>	2	MO
<i>nortrel 1/35 (21)</i>	2	MO
<i>nortrel 1/35 (28)</i>	2	MO
<i>nortrel 7/7/7 (28)</i>	2	MO
<i>philith</i>	2	MO
<i>pimtrea (28)</i>	2	MO
<i>portia 28</i>	2	MO
<i>reclipsen (28)</i>	2	MO
<i>setlakin</i>	2	MO
<i>sprintec (28)</i>	2	MO
<i>syeda</i>	2	MO
<i>tarina fe 1-20 eq (28)</i>	2	MO
<i>tilia fe</i>	4	MO
<i>tri-estarylla</i>	2	MO
<i>tri-legest fe</i>	4	MO
<i>tri-linyah</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>tri-lo-estarylla</i>	2	MO
<i>tri-lo-marzia</i>	2	MO
<i>tri-lo-sprintec</i>	2	
<i>tri-sprintec (28)</i>	2	MO
<i>turqoz (28)</i>	2	MO
<i>valtya</i>	2	MO
<i>velivet triphasic regimen (28)</i>	2	MO
<i>vestura (28)</i>	2	MO
<i>vienva</i>	2	MO
<i>viorele (28)</i>	2	MO
<i>wera (28)</i>	2	MO
<i>zovia 1-35 (28)</i>	2	MO
<i>zumandimine (28)</i>	2	MO

OXYTOCICS

<i>methylergonovine oral</i>	4	PA
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OPHTHALMOLOGY

ANTIBIOTICS

<i>bacitracin-polymyxin b</i>	2	MO
<i>ciprofloxacin hcl ophthalmic (eye)</i>	2	MO
<i>erythromycin ophthalmic (eye)</i>	2	MO; QL (3.5 per 14 days)
<i>gatifloxacin</i>	4	MO
<i>gentamicin ophthalmic (eye) drops</i>	2	MO; QL (70 per 30 days)
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	3	
<i>moxifloxacin ophthalmic (eye) drops</i>	3	MO
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	3	
NATACYN	4	
<i>neomycin-bacitracin-polymyxin</i>	3	MO
<i>neomycin-polymyxin-gramicidin</i>	3	MO
<i>ofloxacin ophthalmic (eye)</i>	2	MO
<i>polymyxin b sulf-trimethoprim</i>	1	MO
<i>tobramycin ophthalmic (eye)</i>	2	MO; QL (10 per 14 days)
ANTIVIRALS		
<i>trifluridine</i>	3	MO
ZIRGAN	4	MO
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye)</i>	3	MO
<i>carteolol</i>	2	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	MO
<i>timolol maleate ophthalmic (eye) drops (not single use)</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	4	MO
MISCELLANEOUS OPHTHALMOLOGICS		
<i>atropine ophthalmic (eye) drops 1 %</i>	3	MO
<i>azelastine ophthalmic (eye)</i>	3	MO
CIMERLI	5	PA; MO
<i>cromolyn ophthalmic (eye)</i>	2	MO
<i>cyclosporine ophthalmic (eye)</i>	3	MO; QL (60 per 30 days)
CYSTARAN	5	PA
<i>epinastine</i>	3	MO
MIEBO (PF)	3	MO; QL (3 per 30 days)
OXERVATE	5	PA; MO
PAVBLU	5	PA; MO
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	3	MO
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	2	MO
<i>sulfacetamide-prednisolone</i>	2	MO
XDEMVEY	5	PA; QL (10 per 42 days)
XIIDRA	3	MO; QL (60 per 30 days)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		

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Drug Name	Drug Tier	Requirements /Limits
<i>bromfenac ophthalmic (eye) drops 0.07 %, 0.075 %</i>	3	MO
<i>diclofenac sodium ophthalmic (eye)</i>	2	MO
<i>flurbiprofen sodium</i>	2	MO
<i>ketorolac ophthalmic (eye)</i>	2	MO
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	2	MO
<i>acetazolamide sodium</i>	2	MO
<i>methazolamide</i>	4	MO
OTHER GLAUCOMA DRUGS		
<i>bimatoprost ophthalmic (eye) drops 0.01 %</i>	3	MO
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	2	MO
<i>dorzolamide</i>	2	MO
<i>dorzolamide-timolol</i>	2	MO
<i>latanoprost</i>	1	MO
<i>miostat</i>	2	
RHOPRESSA	3	
ROCKLATAN	3	
<i>travoprost</i>	3	MO
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc</i>	3	MO
<i>neomycin-polymyxin b-dexameth</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	4	MO
TOBRADEX	3	MO; QL (3.5 per 14 days)
<i>tobramycin-dexamethasone</i>	2	MO; QL (10 per 14 days)
STERIODS		
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	2	MO
<i>fluorometholone</i>	3	MO
<i>loteprednol etabonate ophthalmic (eye) drops,gel</i>	3	MO
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	3	MO
OZURDEX	5	MO
<i>prednisolone acetate</i>	2	MO
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	2	MO
SYMPATHOMIMETICS		
<i>apraclonidine</i>	3	MO
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i>	3	MO
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	MO
RESPIRATORY AND ALLERGY		

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Drug Name	Drug Tier	Requirements /Limits
ANTI HISTAMINE / ANTIALLERGENIC AGENTS		
<i>adrenalin injection solution 1 mg/ml</i>	2	
<i>adrenalin injection solution 1 mg/ml (1 ml)</i>	2	MO
<i>cetirizine oral solution 1 mg/ml</i>	2	MO
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	MO
<i>diphenhydramine hcl injection syringe</i>	2	
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml (manufactured by mylan specialty)</i>	3	MO; QL (4 per 30 days)
<i>epinephrine injection solution</i>	2	
<i>hydroxyzine hcl oral tablet</i>	2	PA; MO
<i>levocetirizine oral solution</i>	4	MO
<i>levocetirizine oral tablet</i>	2	MO; QL (30 per 30 days)
<i>promethazine injection solution</i>	4	MO
<i>promethazine oral</i>	4	PA; MO
PULMONARY AGENTS		
<i>acetylcysteine</i>	3	B/D PA; MO
ADEMPAS	5	PA; MO; LA; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ADVAIR HFA	3	MO; QL (12 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	2	MO; QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation package size 6.7 gm</i>	2	QL (13.4 per 30 days)
<i>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</i>	2	B/D PA; MO
<i>albuterol sulfate oral syrup</i>	2	MO
<i>albuterol sulfate oral tablet</i>	4	MO
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	3	MO; QL (12.2 per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	3	MO; QL (6.1 per 30 days)
<i>alyq</i>	4	PA; MO; QL (60 per 30 days)
<i>ambrisentan</i>	5	PA; MO; LA; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>arformoterol</i>	4	B/D PA; MO; QL (120 per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION , 50 MCG/ACTUATION	3	MO; QL (13 per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 200 MCG/ACTUATION	3	QL (13 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	3	MO; QL (1 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120)	3	MO; QL (2 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (14)	3	QL (2 per 28 days)
BEVESPI AEROSPHERE	3	MO; QL (10.7 per 30 days)
<i>bosentan oral tablet</i>	5	PA; MO; LA; QL (60 per 30 days)
BREO ELLIPTA	3	MO; QL (60 per 30 days)
<i>breyana</i>	4	MO; QL (10.3 per 30 days)
BREZTRI AEROSPHERE	3	MO; QL (10.7 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	4	B/D PA; MO; QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	4	B/D PA; MO; QL (60 per 30 days)
<i>budesonide-formoterol</i>	4	QL (10.2 per 30 days)
CINRYZE	5	PA; MO
COMBIVENT RESPIMAT	3	QL (8 per 30 days)
<i>cromolyn inhalation</i>	3	B/D PA; MO
DULERA	3	MO; QL (13 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
FASENRA PEN	5	PA; MO; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	5	PA; MO; QL (0.5 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	5	PA; MO; QL (1 per 28 days)
<i>fluticasone</i>	3	MO; QL (50 per 30 days)
FLUTICASONE FUROATE-VILANTEROL	3	MO; QL (60 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	4	ST; MO; QL (12 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	4	ST; MO; QL (24 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	4	MO; QL (10.6 per 30 days)
<i>fluticasone propionate nasal</i>	2	MO; QL (16 per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	3	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>formoterol fumarate</i>	4	B/D PA; MO; QL (120 per 30 days)
<i>icatibant</i>	5	PA; MO
<i>ipratropium bromide inhalation hfa aerosol inhaler</i>	4	MO; QL (25.8 per 30 days)
<i>ipratropium bromide inhalation solution</i>	2	B/D PA; MO
<i>ipratropium-albuterol</i>	2	B/D PA; MO
KALYDECO	5	PA; MO; QL (56 per 28 days)
<i>macitentan</i>	5	PA; MO; QL (30 per 30 days)
<i>mometasone nasal</i>	4	MO; QL (34 per 30 days)
<i>montelukast oral granules in packet</i>	4	MO
<i>montelukast oral tablet</i>	1	MO
<i>montelukast oral tablet, chewable</i>	2	MO
<i>nintedanib</i>	5	PA; MO; QL (60 per 30 days)
NUCALA SUBCUTANEOUS AUTO-INJECTOR	5	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN	5	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; MO; LA; QL (3 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; MO; LA; QL (0.4 per 28 days)
OFEV	5	PA; MO; QL (60 per 30 days)
ORKAMBI ORAL GRANULES IN PACKET	5	PA; MO; QL (56 per 28 days)
ORKAMBI ORAL TABLET	5	PA; MO; QL (112 per 28 days)
<i>pirfenidone oral capsule</i>	5	PA; MO; QL (270 per 30 days)
<i>pirfenidone oral tablet 267 mg</i>	5	PA; MO; QL (270 per 30 days)
<i>pirfenidone oral tablet 801 mg</i>	5	PA; MO; QL (90 per 30 days)
PULMOZYME	5	B/D PA; MO
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	3	QL (10.6 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	3	QL (21.2 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>roflumilast</i>	4	PA; MO; QL (30 per 30 days)
<i>sajazir</i>	5	PA; MO
<i>sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml</i>	5	
<i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	3	PA; MO; QL (90 per 30 days)
SPIRIVA RESPIMAT	3	MO; QL (4 per 30 days)
STIOLTO RESPIMAT	3	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT	3	MO; QL (4 per 30 days)
SYMDEKO	5	PA; MO; QL (56 per 28 days)
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	4	PA; QL (60 per 30 days)
<i>terbutaline oral</i>	4	MO
<i>terbutaline subcutaneous</i>	2	
TEZSPIRE	5	PA; MO; QL (1.91 per 30 days)
<i>theophylline oral elixir</i>	4	MO
<i>theophylline oral solution</i>	4	

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Drug Name	Drug Tier	Requirements /Limits
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg</i>	2	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	2	MO
<i>theophylline oral tablet extended release 24 hr</i>	2	MO
TRELEGY ELLIPTA	3	MO; QL (60 per 30 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	5	PA; MO; QL (56 per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL	5	PA; MO; QL (84 per 28 days)
WINREVAIR	5	PA; MO; QL (1 per 21 days)
<i>wixela inhub</i>	3	QL (60 per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	5	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	5	PA; MO; LA; QL (1 per 28 days)
XOLAIR SUBCUTANEOUS RECON SOLN	5	PA; MO; LA; QL (8 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	5	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; MO; LA; QL (1 per 28 days)
YUTREPIA INHALATION CAPSULE, W/INHALATION DEVICE 106 MCG	5	PA; MO; QL (224 per 28 days)
YUTREPIA INHALATION CAPSULE, W/INHALATION DEVICE 26.5 MCG	5	PA; MO; QL (896 per 28 days)
YUTREPIA INHALATION CAPSULE, W/INHALATION DEVICE 53 MCG	5	PA; MO; QL (448 per 28 days)
YUTREPIA INHALATION CAPSULE, W/INHALATION DEVICE 79.5 MCG	5	PA; MO; QL (308 per 28 days)
<i>zafirlukast</i>	4	MO

UROLOGICALS

ANTICHOLINERGICS / ANTISPASMODICS

GEMTESA	3	MO
<i>mirabegron oral tablet extended release 24 hr</i>	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>oxybutynin chloride oral syrup</i>	2	MO
<i>oxybutynin chloride oral tablet 5 mg</i>	2	MO
<i>oxybutynin chloride oral tablet extended release 24hr</i>	2	MO
<i>solifenacin</i>	2	MO
<i>tolterodine</i>	3	MO
<i>tropium oral tablet</i>	2	MO

BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY

<i>alfuzosin</i>	2	MO
<i>dutasteride</i>	2	MO
<i>dutasteride-tamsulosin</i>	4	MO
<i>finasteride oral tablet 5 mg</i>	1	MO
<i>tamsulosin</i>	1	MO

MISCELLANEOUS UROLOGICALS

<i>alprostadil</i>	2	
<i>bethanechol chloride</i>	2	MO
CYSTAGON	4	PA; LA
ELMIRON	3	MO
<i>glycine urologic solution</i>	2	
K-PHOS NO 2	3	MO
K-PHOS ORIGINAL	3	MO
<i>potassium citrate oral tablet extended release</i>	2	MO
RENACIDIN	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>tadalafil oral tablet 2.5 mg</i>	4	PA; MO; QL (60 per 30 days)
<i>tadalafil oral tablet 5 mg</i>	4	PA; MO; QL (30 per 30 days)

VITAMINS, HEMATINICS / ELECTROLYTES

BLOOD DERIVATIVES

<i>albumin, human 25 %</i>	4	
<i>alburx (human) 25 %</i>	4	
<i>alburx (human) 5 %</i>	4	
<i>albutein 25 %</i>	4	
<i>albutein 5 %</i>	4	

ELECTROLYTES

<i>calcium acetate(phosphat bind)</i>	3	PA; MO
<i>calcium chloride</i>	2	
<i>calcium gluconate intravenous</i>	2	
<i>effer-k oral tablet, effervescent 25 meq</i>	2	MO
<i>klor-con 10</i>	2	MO
<i>klor-con 8</i>	2	MO
<i>klor-con m10</i>	2	MO
<i>klor-con m15</i>	2	MO
<i>klor-con m20</i>	2	MO
<i>klor-con oral packet 20</i>	4	MO
<i>lactated ringers intravenous</i>	4	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>magnesium chloride injection</i>	4	
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	3	
<i>magnesium sulfate in water intravenous parenteral solution</i>	4	
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)</i>	4	
<i>magnesium sulfate injection</i>	4	
<i>potassium acetate</i>	4	
<i>potassium chlorid-d5-0.45%nacl</i>	4	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	4	
<i>potassium chloride in 5 % dex</i>	4	
<i>potassium chloride in lr-d5</i>	4	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml</i>	4	

Drug Name	Drug Tier	Requirements /Limits
<i>potassium chloride intravenous</i>	4	
<i>potassium chloride oral capsule, extended release</i>	2	MO
<i>potassium chloride oral liquid</i>	4	MO
<i>potassium chloride oral packet 20 meq</i>	4	MO
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	2	MO
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq</i>	2	MO
<i>potassium chloride oral tablet,er particles/crystals 15 meq</i>	2	
<i>potassium chloride-0.45 % nacl</i>	4	
<i>potassium chloride-d5-0.2%nacl</i>	4	
<i>potassium chloride-d5-0.9%nacl</i>	4	
<i>potassium phosphate m-/d-basic intravenous solution 3 mmol/ml</i>	4	
<i>ringer's intravenous</i>	4	
<i>sodium acetate</i>	4	
<i>sodium bicarbonate intravenous solution</i>	4	

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Drug Name	Drug Tier	Requirements /Limits
<i>sodium bicarbonate intravenous syringe 50 meq/50 ml (8.4 %)</i>	4	
<i>sodium chloride 0.45 % intravenous</i>	4	MO
<i>sodium chloride 3 % hypertonic</i>	4	
<i>sodium chloride 5 % hypertonic</i>	4	MO
<i>sodium chloride intravenous</i>	4	
<i>sodium phosphate</i>	4	MO
MISCELLANEOUS NUTRITION PRODUCTS		
CLINIMIX 5%/D15W SULFITE FREE	4	B/D PA
CLINIMIX 4.25%/D10W SULF FREE	4	B/D PA
CLINIMIX 5%-D20W(SULFITE-FREE)	4	B/D PA
CLINIMIX 6%-D5W (SULFITE-FREE)	4	B/D PA

Drug Name	Drug Tier	Requirements /Limits
CLINIMIX 8%-D10W(SULFITE-FREE)	4	B/D PA
CLINIMIX 8%-D14W(SULFITE-FREE)	4	B/D PA
<i>electrolyte-148</i>	3	
<i>electrolyte-a</i>	3	
<i>intralipid intravenous emulsion 20 %</i>	4	B/D PA
ISOLYTE S PH 7.4	4	
ISOLYTE-P IN 5 % DEXTROSE	4	
ISOLYTE-S	4	
PLENAMINE	4	B/D PA
<i>premasol 10 %</i>	4	B/D PA
<i>travasol 10 %</i>	4	B/D PA
TROPHAMINE 10 %	4	B/D PA
VITAMINS / HEMATINICS		
<i>fluoride (sodium) oral tablet</i>	2	MO
<i>prenatal vitamin oral tablet</i>	2	MO
<i>wescap-pn dha</i>	2	MO

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<i>carglumic acid</i>	62	<i>ciclopirox</i>	59, 60	<i>clomiphene citrate</i>	69
<i>carmustine</i>	20	<i>cidofovir</i>	10	<i>clomipramine</i>	43
<i>carteolol</i>	84	<i>cilostazol</i>	52	<i>clonazepam</i>	33
<i>cartia xt</i>	49	CIMDUO	10	<i>clonidine (pf)</i>	40, 50
<i>carvedilol</i>	49	CIMERLI	84	<i>clonidine hcl</i>	43, 50
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<i>cefaclor</i>	12	CIMZIA STARTER KIT	71	<i>clorazepate dipotassium</i>	43
<i>cefadroxil</i>	12	<i>cinacalcet</i>	69	<i>clotrimazole</i>	9, 60
<i>cefazolin</i>	12	CINRYZE	87	<i>clotrimazole-betamethasone</i>	60
<i>cefazolin in dextrose (iso-os)</i>	12	CINVANTI	71	<i>clozapine</i>	43
<i>cefdinir</i>	12	<i>ciprofloxacin</i>	17	COARTEM	14
<i>cefepime</i>	12	<i>ciprofloxacin hcl</i>	17, 65, 83	COBENFY	43
<i>cefepime in dextrose, iso-osm</i>	12	<i>ciprofloxacin in 5 % dextrose</i>	17	COBENFY STARTER PACK	43
<i>cefixime</i>	12	<i>ciprofloxacin-dexamethasone</i>	65	<i>colchicine</i>	78
<i>cefoxitin</i>	12	<i>cisplatin</i>	20	<i>colesevelam</i>	54
<i>cefoxitin in dextrose, iso-osm</i>	12	<i>citalopram</i>	43	<i>colestipol</i>	54
<i>cefpodoxime</i>	12	<i>cladribine</i>	20	<i>colistin (colistimethate na)</i>	14
<i>cefprozil</i>	12	<i>claravis</i>	59	COLUMVI	20
<i>ceftaroline fosamil</i>	12	<i>clarithromycin</i>	13	COMBIVENT RESPIMAT	87
<i>ceftazidime</i>	12	<i>clindamycin hcl</i>	13	COMETRIQ	20
<i>ceftriaxone</i>	12, 13	<i>clindamycin in 5 % dextrose</i>	14	<i>compro</i>	71
<i>ceftriaxone in dextrose, iso-os</i>	12	<i>clindamycin phosphate</i>	14, 59, 81	<i>conjugated estrogens</i>	80
<i>cefuroxime axetil</i>	13	CLINIMIX 5%/D15W SULFITE FREE	93	<i>constulose</i>	71
<i>cefuroxime sodium</i>	13	CLINIMIX 4.25%/D10W SULF FREE	93	COPIKTRA	20
<i>celecoxib</i>	40	CLINIMIX 4.25%/D5W SULFIT FREE	62	<i>cortisone</i>	65
<i>cephalexin</i>	13	CLINIMIX 5%- D20W(SULFITE-FREE)	93	COSENTYX	56
CEPROTIN (BLUE BAR)	52	CLINIMIX 6%-D5W (SULFITE-FREE)	93	COSENTYX (2 SYRINGES)	56
CEPROTIN (GREEN BAR)	52	CLINIMIX 8%- D10W(SULFITE-FREE)	93	COSENTYX PEN	56
CEQUR SIMPLICITY	77	CLINIMIX 8%- D14W(SULFITE-FREE)	93	COSENTYX PEN (2 PENS)	56
CEQUR SIMPLICITY INSERTER	77	<i>clobazam</i>	33	COSENTYX UNOREADY PEN	56
<i>cetirizine</i>	86	<i>clobetasol</i>	61	COTELLIC	20
<i>cevimeline</i>	62	<i>clobetasol-emollient</i>	61	CREON	71
CHEMET	62	<i>clofarabine</i>	20	CRESEMBA	9
<i>chlorhexidine gluconate</i>	64			<i>cromolyn</i>	71, 84, 87
<i>chloroprocaine (pf)</i>	57			<i>cryselle (28)</i>	82
<i>chloroquine phosphate</i>	13			CRYSVITA	69
<i>chlorothiazide sodium</i>	49			<i>cyclobenzaprine</i>	38
<i>chlorpromazine</i>	43			<i>cyclophosphamide</i>	20
<i>chlorthalidone</i>	49			CYCLOPHOSPHAMIDE	20
<i>cholestyramine (with sugar)</i>	54			<i>cyclosporine</i>	20, 84
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CYSTARAN	84	dentagel	64	dicyclomine	70
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d5 % and 0.9 % sodium chloride.....	62	desmopressin	69	dilt-xr	50
d5 %-0.45 % sodium chloride	62	desog-e.estradiol/e.estradiol	82	dimenhydrinate	71
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dacarbazine	21	desvenlafaxine succinate	43	diphenhydramine hcl	86
dactinomycin	21	dexamethasone	65	diphenoxylate-atropine.....	70
dalfampridine	37	dexamethasone intensol.....	65	dipyridamole.....	52
danazol	69	dexamethasone sodium phos (pf)	65	disulfiram.....	63
dantrolene.....	38	dexamethasone sodium phosphate.....	65, 85	divalproex	33
DANYELZA	21	dextrazoxane hcl	18	dobutamine	55
DANZITEN.....	21	dextroamphetamine-amphetamine	43	dobutamine in d5w	55
dapagliflozin.....	66	dextromethorphan-quinidine	37	docetaxel.....	21
dapagliflozin-metformin	66	dextrose 10 % and 0.2 % nacl	62	dofetilide	48
dapsone.....	14	dextrose 10 % in water (d10w)	62	donepezil.....	37
DAPTACEL (DTAP PEDIATRIC) (PF).....	75	dextrose 25 % in water (d25w)	62	dopamine	55
daptomycin	14	dextrose 5 % in water (d5w).....	62	dopamine in 5 % dextrose	55
DAPTOMYCIN	14	dextrose 5 %-lactated ringers	62	DOPTELET (10 TAB PACK)	52
darunavir	10	dextrose 5%-0.2 % sod chloride.....	62	DOPTELET (15 TAB PACK)	52
DARZALEX	21	dextrose 5%-0.3 % sod.chloride	63	DOPTELET (30 TAB PACK)	52
DARZALEX FASPRO	21	dextrose 50 % in water (d50w)	63	DOPTELET SPRINKLE.....	52
dasatinib.....	21	dextrose 70 % in water (d70w)	63	dorzolamide	85
dasetta 1/35 (28).....	82	DIACOMIT	33	dorzolamide-timolol	85
dasetta 7/7/7 (28)	82	diazepam.....	33, 43	dotti.....	80
DATROWAY.....	21	diazepam intensol	43	DOVATO	10
daunorubicin	21	diazoxide.....	66	doxazosin	50
DAURISMO.....	21	diclofenac potassium	40	doxepin	43
daysee	82			doxercalciferol.....	69
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<i>droperidol</i>	71	EMPLICITI	21	<i>erythromycin ethylsuccinate</i>	13
DROPSAFE ALCOHOL		EMRELIS	21	<i>erythromycin with ethanol</i>	59
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<i>drospirenone-e.estradiol-lm.fa</i>		<i>emtricitabine</i>	10	<i>eslicarbazepine</i>	33
.....	82	<i>emtricitabine-tenofovir (tdf)</i>	10	<i>esmolol</i>	50
<i>drospirenone-ethinyl estradiol</i>		<i>emtricitabine-tenofovir (tdf)</i>	10	<i>esomeprazole magnesium</i>	73
.....	82	EMTRIVA	10	<i>esomeprazole sodium</i>	73
DROXIA	21	EMVERM	14	<i>estaryl</i>	82
<i>droxidopa</i>	63	<i>emzahn</i>	80	<i>estradiol</i>	80
DULERA	87	<i>enalapril maleate</i>	50	<i>estradiol valerate</i>	80
<i>duloxetine</i>	44	<i>enalaprilat</i>	50	<i>estradiol-norethindrone acet</i>	80
DUPIXENT PEN	58	<i>enalapril-hydrochlorothiazide</i>		<i>eszopiclone</i>	44
DUPIXENT SYRINGE	58		50	<i>ethacrynate sodium</i>	50
<i>dutasteride</i>	91	ENBREL	79	<i>ethambutol</i>	14
<i>dutasteride-tamsulosin</i>	91	ENBREL MINI	78	<i>ethosuximide</i>	33
E		ENBREL SURECLICK	79	<i>etodolac</i>	41
<i>econazole nitrate</i>	60	<i>endocet</i>	39	<i>etonogestrel-ethinyl estradiol</i>	
EDARBYCLOR	50	ENERGIX-B (PF)	75		81
EDURANT PED	10	ENERGIX-B PEDIATRIC		ETOPOPHOS	22
<i>efavirenz</i>	10	(PF)	75	<i>etoposide</i>	22
<i>efavirenz-emtricitabine-tenofovir</i>		<i>enoxaparin</i>	53	<i>etravirine</i>	10
.....	10	ENSACOVE	21	EUCRISA	58
<i>efavirenz-lamivudine-tenofovir dis</i>		<i>enskyce</i>	82	EULEXIN	22
.....	10	<i>entacapone</i>	36	<i>everolimus (antineoplastic)</i>	22
<i>effexor</i>	91	<i>entecavir</i>	10	<i>everolimus</i>	
ELAHERE	21	ENTRESTO SPRINKLE	55	(immunosuppressive)	22
ELAPRASE	69	ENTYVIO	71	EVOTAZ	10
<i>electrolyte-148</i>	93	ENTYVIO PEN	71	<i>exemestane</i>	22
<i>electrolyte-a</i>	93	<i>enulose</i>	71	EXXUA	44
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ELIGARD (3 MONTH)	21	EPIDIOLEX	33	<i>ezetimibe-simvastatin</i>	54
ELIGARD (4 MONTH)	21	<i>epinastine</i>	84	F	
ELIGARD (6 MONTH)	21	<i>epinephrine</i>	86	FABRAZYME	69
<i>elinest</i>	82	EPKINLY	22	<i>falmina (28)</i>	82
ELIQUIS	53	<i>eplerenone</i>	50	<i>famciclovir</i>	10
ELIQUIS DVT-PE TREAT		ERBITUX	22	<i>famotidine</i>	74
30D START	52	<i>ergotamine-caffeine</i>	37	<i>famotidine (pf)</i>	73
ELIQUIS SPRINKLE	53	<i>eribulin</i>	22	<i>famotidine (pf)-nacl (iso-os)</i>	73
ELITEK	18	ERIVEDGE	22	FANAPT	44
ELMIRON	91	ERLEADA	22	FANAPT TITRATION PACK	
ELREXFIO	21	<i>erlotinib</i>	22	A	44
<i>eltrombopag olamine</i>	53	<i>errin</i>	80	FANAPT TITRATION PACK	
<i>eluryng</i>	81	<i>ertapenem</i>	14	B	44
ELZONRIS	21	<i>ery pads</i>	59	FANAPT TITRATION PACK	
EMGALITY PEN	36	<i>ery-tab</i>	13	C	44

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FARXIGA.....	66	<i>flurbiprofen</i>	41	<i>gemcitabine</i>	23
FASENRA.....	88	<i>flurbiprofen sodium</i>	85	<i>gemfibrozil</i>	55
FASENRA PEN.....	88	FLUTICASONE FUROATE-		GEMTESA.....	90
FAVLYXA.....	22	VILANTEROL.....	88	<i>generlac</i>	71
<i>febuxostat</i>	78	<i>fluticasone propionate</i>	61, 88	<i>gengraf</i>	23
<i>felbamate</i>	33	FLUTICASONE		<i>gentamicin</i>	14, 59, 83
<i>felodipine</i>	50	PROPIONATE.....	88	<i>gentamicin in nacl (iso-osm)</i>	14
<i>fenofibrate</i>	54	<i>fluticasone propion-salmeterol</i>		<i>gentamicin sulfate (ped) (pf)</i>	14
<i>fenofibrate micronized</i>	54		88	GENVOYA.....	10
<i>fenofibrate nanocrystallized</i>	54	<i>fluvastatin</i>	54	GILOTRIF.....	23
<i>fenofibric acid</i>	54	<i>fluvoxamine</i>	44	<i>glatiramer</i>	38
<i>fenofibric acid (choline)</i>	54	<i>fomepizole</i>	75	<i>glatopa</i>	38
<i>fentanyl</i>	39	<i>fondaparinux</i>	53	<i>glimepiride</i>	66
FETZIMA.....	44	<i>formoterol fumarate</i>	88	<i>glipizide</i>	66
FIASP FLEXTOUCH U-100		<i>fosamprenavir</i>	10	<i>glipizide-metformin</i>	66, 67
INSULIN.....	66	<i>fosaprepitant</i>	71	<i>glutamine (sickle cell)</i>	63
FIASP PENFILL U-100		<i>fosfomycin tromethamine</i>	18	<i>glycine urologic solution</i>	91
INSULIN.....	66	<i>fosinopril</i>	50	<i>glycopyrrolate</i>	70
FIASP U-100 INSULIN.....	66	<i>fosinopril-hydrochlorothiazide</i>		<i>glycopyrrolate (pf)</i>	70
<i>fidaxomicin</i>	13		50	<i>glycopyrrolate (pf) in water</i> ..	70
FILSPARI.....	55	<i>fosphenytoin</i>	33	<i>glydo</i>	58
<i>finasteride</i>	91	FOTIVDA.....	22	GLYXAMBI.....	67
<i>fingolimod</i>	37	FRUZAQLA.....	23	GOMEKLI.....	23
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FIRMAGON KIT W		<i>fulvestrant</i>	23	<i>granisetron (pf)</i>	71
DILUENT SYRINGE.....	22	<i>furosemide</i>	50	<i>granisetron hcl</i>	71
<i>flecainide</i>	48	FYARRO.....	23	<i>griseofulvin microsize</i>	9
<i>floxuridine</i>	22	<i>fyavolv</i>	80	<i>griseofulvin ultramicrosize</i>	9
<i>fluconazole</i>	9	G		GVOKE.....	67
<i>fluconazole in nacl (iso-osm)</i> .	9	<i>gabapentin</i>	33, 34	GVOKE HYPOPEN 1-PACK	
<i>flucytosine</i>	9	<i>galantamine</i>	37, 38		67
<i>fludarabine</i>	22	<i>gallifrey</i>	80	GVOKE HYPOPEN 2-PACK	
<i>fludrocortisone</i>	65	GAMASTAN.....	75		67
<i>flumazenil</i>	44	GAMUNEX-C.....	75	GVOKE PFS 1-PACK	
<i>flunisolide</i>	88	<i>ganciclovir sodium</i>	10	SYRINGE.....	67
<i>fluocinolone</i>	61	GARDASIL 9 (PF).....	75	GVOKE PFS 2-PACK	
<i>fluocinolone acetone oil</i>	65	<i>gatifloxacin</i>	83	SYRINGE.....	67
<i>fluocinolone and shower cap</i>	61	GATTEX 30-VIAL.....	71	H	
<i>fluocinonide</i>	61	GATTEX ONE-VIAL.....	71	HADLIMA.....	79
<i>fluocinonide-emollient</i>	61	GAUZE PAD.....	77	HADLIMA PUSHTOUCH ..	79
<i>fluoride (sodium)</i>	64, 93	<i>gavilyte-c</i>	71	HADLIMA(CF).....	79
<i>fluorometholone</i>	85	<i>gavilyte-g</i>	71	HADLIMA(CF)	
<i>fluorouracil</i>	22, 58	<i>gavilyte-n</i>	71	PUSHTOUCH.....	79
<i>fluoxetine</i>	44	GAVRETO.....	23	<i>halobetasol propionate</i>	61
<i>fluphenazine decanoate</i>	44	GAZYVA.....	23	<i>haloperidol</i>	44
<i>fluphenazine hcl</i>	44	<i>gefitinib</i>	23	<i>haloperidol decanoate</i>	45

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<i>heather</i>	80	ILARIS (PF)	74	<i>ipratropium-albuterol</i>	88
<i>heparin (porcine)</i>	53	<i>imatinib</i>	23	<i>irbesartan</i>	50
<i>heparin (porcine) in 5 % dex</i>	53	IMBRUVICA	24	<i>irbesartan-hydrochlorothiazide</i>	
<i>heparin (porcine) in nacl (pf)</i>		IMDELLTRA	24		50
.....	53	IMFINZI	24	<i>irinotecan</i>	24
<i>heparin(porcine) in 0.45% nacl</i>		<i>imipenem-cilastatin</i>	14	ISENTRESS	10
.....	54	<i>imipramine hcl</i>	45	ISENTRESS HD	10
HEPARIN(PORCINE) IN		<i>imiquimod</i>	58	<i>isibloom</i>	82
0.45% NACL	53	IMJUDO	24	ISOLYTE S PH 7.4	93
<i>heparin, porcine (pf)</i>	54	IMKELDI	24	ISOLYTE-P IN 5 %	
HEPARIN, PORCINE (PF) .	54	IMOVAX RABIES VACCINE		DEXTROSE	93
HEPLISAV-B (PF)	76	(PF)	76	ISOLYTE-S	93
HERNEXEOS	23	IMPAVIDO	14	<i>isoniazid</i>	14
HIBERIX (PF)	76	IMVEXXY MAINTENANCE		<i>isosorbide dinitrate</i>	56
HUMULIN R U-500 (CONC)		PACK	81	<i>isosorbide mononitrate</i>	56
KWIKPEN	67	IMVEXXY STARTER PACK		<i>isosorbide-hydralazine</i>	50
<i>hydralazine</i>	50		81	<i>isotretinoin</i>	59
<i>hydrochlorothiazide</i>	50	INBRIJA	36	<i>isradipine</i>	50
<i>hydrocodone-acetaminophen</i>	39	<i>incassia</i>	81	ISTODAX	24
<i>hydrocodone-ibuprofen</i>	39	INCRELEX	63	ITOVEBI	24
<i>hydrocortisone</i>	61, 65, 71	<i>indapamide</i>	50	<i>itraconazole</i>	9
<i>hydrocortisone-acetic acid</i> ...	65	INFANRIX (DTAP) (PF)	76	<i>ivabradine</i>	55
<i>hydromorphone</i>	39	INFLIXIMAB	71	<i>ivermectin</i>	14
<i>hydromorphone (pf)</i>	39	INGREZZA	38	IWILFIN	24
<i>hydroxychloroquine</i>	14	INGREZZA INITIATION		IXEMPRA	24
<i>hydroxyurea</i>	23	PK(TARDIV)	38	IXIARO (PF)	76
<i>hydroxyzine hcl</i>	86	INGREZZA SPRINKLE	38	J	
HYPERHEP B	76	INLEXZO	24	JAKAFI	24
HYPERHEP B NEONATAL		INLURIYO	24	JAKAFI XR	24
.....	76	INLYTA	24	<i>jantoven</i>	54
HYRNUO	23	INPEFA	67	JARDIANCE	67
I		INQOVI	24	<i>jasmiel (28)</i>	82
<i>ibandronate</i>	78	INREBIC	24	JAYPIRCA	24
IBRANCE	23	INSULIN LISPRO	67	JEMPERLI	24
IBTROZI	23	INSULIN LISPRO		<i>jencycla</i>	81
<i>ibu</i>	41	PROTAMIN-LISPRO	67	JEVTANA	24
<i>ibuprofen</i>	41	INSULIN SYRINGE-		JIDEYTRO	24
<i>ibutilide fumarate</i>	49	NEEDLE U-100	77	<i>jinteli</i>	81
<i>icatibant</i>	88	INTELENCE	10	<i>jolessa</i>	82
ICLUSIG	23	<i>intralipid</i>	93	JOURNAVX	41
<i>icosapent ethyl</i>	55	<i>introvale</i>	82	JUBBONTI	78
ICOTYDE	56	INVEGA HAFYERA	45	<i>juleber</i>	82
<i>idarubicin</i>	23	INVEGA SUSTENNA	45	JULUCA	10
IDHIFA	23	INVEGA TRINZA	45	JYLAMVO	24

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JYNNEOS (PF)	76	lamivudine-zidovudine.....	10	lidocaine in 5 % dextrose (pf)	49
K		lamotrigine	34		49
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Section 1557 Coordinator

In Person: 5525 Reitz Ave. Baton Rouge, LA 70809

Mail: P. O. Box 98012, Baton Rouge, LA 70898-9012

Phone: (318) 998-4018 (TTY 711)

Fax: (318) 361-2165

Email: civilrightscordinator@lblue.com

If you need help filing a grievance, our Section 1557 Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Ave., SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

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