South Carolina

BlueCross BlueShield of South Carolina is an independent licensee of the Blue Cross Blue Shield Association.

BlueCross Total[SM]

2025 Formulary

(List of Covered Drugs or "Drug List")

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

HPMS Approved Formulary File Submission ID 00025383, Version 13

This formulary was updated on 05/01/2025. For more recent information or other questions, please contact BlueCross Total at 1-855-204-2744, or, for TTY users 711, 8 a.m. to 8 p.m., Eastern Time, Monday through Friday. Our automated telephone system handles calls received after 8 p.m. and on Saturdays, Sundays, and holidays. From October 1 to March 31, we are available 8 a.m. to 8 p.m. Eastern Time, seven days a week. Or visit www.SCBluesMedAdvantage.com.

Note to existing members: This Formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this Drug List (Formulary) refers to "we," "us", or "our," it means BlueCross BlueShield of South Carolina. When it refers to "plan" or "our plan," it means BlueCross Total.

This document includes a Drug List (formulary) for our plan which is current as of 05/01/2025. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2026, and from time to time during the year.

What is the BlueCross Total 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 BlueCross Total 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. BlueCross Total will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a BlueCross Total network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

For a complete listing of all prescription drugs covered by BlueCross Total, please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

Can the formulary change?

Most changes in drug coverage happen on January 1, but BlueCross Total 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.SCBluesMedAdvantage.com.

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

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

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

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

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 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 05/01/2025. To get updated information about the drugs covered by BlueCross Total please contact us. Our contact information appears on the front and back cover pages. We will update our printed formularies each month, and they will be available on www.SCBluesMedAdvantage.com.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 61. 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?

BlueCross Total 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 3*,* 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:** BlueCross Total requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from BlueCross Total before you fill your prescriptions. If you don't get approval, BlueCross Total may not cover the drug.

- **Quantity Limits:** For certain drugs, BlueCross Total limits the amount of the drug that BlueCross Total will cover. For example, BlueCross Total provides 30 tablets per 30 days prescription for Cablivi. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, BlueCross Total 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, BlueCross Total may not cover Drug B unless you try Drug A first. If Drug A does not work for you, BlueCross Total 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 page1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask BlueCross Total 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 BlueCross Total's formulary?" on page v 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 BlueCross Total does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by BlueCross Total. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by BlueCross Total.

- You can ask BlueCross Total 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 BlueCross Total's Formulary?

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

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

- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, BlueCross Total limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

- You can ask us to cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.

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

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

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

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

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

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

During a level-of-care change in which the member changes from one treatment setting to another, drugs may be prescribed that are not covered by the plan. If this happens, you and your doctor must use the plan's coverage determination request process. To prevent a gap in care when you are discharged, you may get a full outpatient supply that will allow therapy to continue once the limited discharge supply is gone. This outpatient supply is available before discharge from a Medicare Part A stay. When you are admitted to or discharged from an LTC facility, you may not have access to the drugs you were previously given. You may, however, get a refill upon admission or discharge.

For more information

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

If you have questions about BlueCross Total, 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.

BlueCross Total Formulary

The formulary that begins on the next page 1 provides coverage information about the drugs covered by BlueCross Total. If you have trouble finding your drug in the list, turn to the Index that begins on page 61.

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

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

Deductible Stage	You pay $0 deductible.					
Initial Coverage Stage	Preferred Retail (In-Network)			Standard Retail (In-Network)		
	30-day Supply	60-day Supply	90-day Supply	30-day Supply	60-day Supply	90-day Supply
Tier 1: Preferred Generic	$0 copay	$0 copay	$0 copay	$5 copay	$10 copay	$15 copay
Tier 2: Generic	$10 copay	$20 copay	$30 copay	$15 copay	$30 copay	$45 copay
Tier 3: Preferred Brand	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance
Tier 3: Covered Insulin	$35 copay	$70 copay	$105 copay	$35 copay	$70 copay	$105 copay
Tier 4: Non-Preferred	40% coinsurance	40% coinsurance	40% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance

Tier 4: Covered Insulin	$35 copay	$70 copay	$105 copay	$35 copay	$70 copay	$105 copay
Tier 5: Specialty	33% coinsurance	Not Covered	Not Covered	33% coinsurance	Not Covered	Not Covered
Tier 5: Covered Insulin	$35 copay	No Covered	Not Covered	$35 copay	Not Covered	Not Covered
Tier 6: Select Care Drugs	$0 copay	$0 copay	$0 copay	$5 copay	$10 copay	$15 copay

Mail Order and Long-Term Care (LTC)				
Initial Coverage Stage	Mail Order			Long-Term Care
	30-day Supply	60-day Supply	90-day Supply	31-day Supply
Tier 1: Preferred Generic	$0 copay	$0 copay	$0 copay	$0 copay
Tier 2: Generic	$10 copay	$20 copay	$0 copay	$10 copay
Tier 3: Preferred Brand	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance
Tier 3: Covered Insulin	$35 copay	$70 copay	$105 copay	$35 copay
Tier 4: Non-Preferred	40% coinsurance	40% coinsurance	40% coinsurance	40% coinsurance
Tier 4: Covered Insulin	$35 copay	$70 copay	$105 copay	$35 copay
Tier 5: Specialty	33% coinsurance	Not Covered	Not Covered	33% coinsurance
Tier 5: Covered Insulin	$35 copay	Not Covered	Not Covered	$35 copay

Tier 6: Select Care Drugs	$0 copay	$0 copay	$0 copay	$0 copay

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums, and copayments/coinsurance may change on January 1 of each year.

2025 Dosage Abbreviation Key			
AEPB	Aerosol Powder-Breath Activated	**NEBU**	Nebulization Solution
AERO	Aerosol	**OINT**	Ointment
AERP	Aerosol, Powder	**POWD**	Powder
AERS	Aerosol, Solution	**PTCH**	Patch
CAPS	Capsule	**PTTW**	Patch Twice Weekly
CART	Cartridge	**PTWK**	Patch Weekly
CHEW	Tablet, chewable	**SHAM**	Shampoo
CONC	Concentrate	**SOAJ**	Solution Auto-Injector
CPCR	Capsule Extended Release	**SOCT**	Solution Cartridge
CPCW	Capsule Chewable	**SOLG**	Gel Forming Solution
CPDR	Capsule-Delayed Release	**SOLN**	Solution
CPEP	Capsule Delayed Release Particles	**SOLR**	Solution Reconstituted
CPPK	Capsule Therapy Pack	**SOPN**	Solution Pen-Injector
CPSP	Capsule Sprinkle	**SOSY**	Solution Prefilled Syringe
CP12	Capsule Extended Release 12 Hour	**SRER**	Reconstituted Susp that Releases Dose Over Extended Time
CP24	Capsule Extended Release 24 Hour	**SUBL**	Tablet, Sublingual
CREA	Cream	**SUPN**	Suspension Pen-Injector
CSDR	Capsule Designed to Delay Release Until Specific Area of GI Tract	**SUPP**	Suppository
ELIX	Elixir	**SUSP**	Suspension
EMUL	Emulsion	**SUSR**	Suspension Reconstituted
ENEM	Enema	**SYRP**	Syrup
FILM	Film	**TABS**	Tablet
GEL	Gel	**TB12**	Tablet Extended Release 12 Hour
GRAN	Granules	**TB24**	Tablet Extended Release 24 Hour
INHA	Inhaler	**TB3D**	Tablet Disintegrating Soluble
INJ	Injectable	**TB3E**	Tablet Disintegrating Soluble ER
KIT	Kit	**TDCR**	Tablet Extended Release
LIQD	Liquid	**TBDP**	Tablet Dispersible

LOTN	Lotion	**TBEC**	Tablet Delayed Release
LOZG	Lozenge	**TBPK**	Tablet Therapy Pack
LPOP	Lozenge on a Handle	**TBSO**	Tablet Soluble
NDS	Non-Extended Day Supply	**TROC**	Troche
ST NSO	Step Therapy for New Starts Only	**PA NSO**	Prior Authorization for New Starts Only

Drug Tiers

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

- Cost sharing Tier 1: Preferred Generic – Tier 1 is the lowest tier and includes preferred generic drugs.
- Cost sharing Tier 2: Generic – Tier 2 includes generic drugs.
- Cost sharing Tier 3: Preferred Brand – Tier 3 includes preferred brand drugs and non-preferred generic drugs.
- Cost sharing Tier 4: Non-Preferred Drug – Tier 4 includes non-preferred brand drugs and non-preferred generic drugs.
- Cost sharing Tier 5: Specialty Tier – Tier 5 is the highest tier. It contains very high-cost brand and generic drugs that may require special handling and/or close monitoring.

Requirements/Limits Key

B/D = Drug that may be covered under Medicare Part B or Medicare Part D, depending on the indication, where and how the drug was administered and by whom. The plan must first conduct a review to determine the correct coverage (B or D).

PA = Prior Authorization

QL = Quantity Limits

NDS = Non-Extended Day Supply. This prescription drug is not available for an extended days' supply.

ST = Step Therapy

LA = Limited Access Drug. This prescription may be available only at certain pharmacies. For more Information, consult your Pharmacy Directory or call Customer Service at 1-855-204-2744, 8 a.m. to 8 p.m. Eastern Time, Monday through Friday. Our automated telephone system handles calls received after 8 p.m. and on Saturdays, Sundays, and holidays. From October 1 to March 31, we are available 8 a.m. to 8 p.m. Eastern Time, seven days a week. TTY users should call 711.

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Analgesics		
JOURNAVX	4	QL(30 EA per 90 days)
Nonsteroidal Anti-inflammatory Drugs		
celecoxib capsule	2	QL(60 EA per 30 days)
diclofenac potassium tablet 50mg	3	
diclofenac sodium dr	2	
diclofenac sodium er	3	
diclofenac sodium gel 1%	2	QL(1000 GM per 30 days)
diclofenac sodium external solution 1.5%	4	PA
diflunisal tablet 500mg	3	
ec-naproxen tablet delayed release 500mg	4	
etodolac capsule, tablet	3	
flurbiprofen tablet	2	
ibu	1	
ibuprofen tablet 400mg, 600mg, 800mg	1	
indomethacin er	3	
indomethacin capsule 25mg, 50mg	2	
ketorolac tromethamine injection 15mg/ml, 30mg/ml	4	
ketorolac tromethamine tablet 10mg	4	QL(20 EA per 30 days)
meloxicam tablet	1	
nabumetone tablet	2	
naproxen dr tablet delayed release 375mg	2	
naproxen dr tablet delayed release 500mg	4	
naproxen sodium tablet 275mg, 550mg	3	
naproxen tablet delayed release 500mg	4	
naproxen tablet 250mg, 375mg, 500mg	1	
oxaprozin tablet	3	
piroxicam capsule	3	
sulindac tablet	2	
Opioid Analgesics, Long-acting		
buprenorphine	4	QL(4 EA per 28 days); NDS
fentanyl patch 72 hour 100mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr	4	NDS
methadone hcl tablet	2	NDS
methadone hcl solution	3	NDS
methadone hydrochloride intensol	3	NDS
methadone hydrochloride concentrate	3	NDS
morphine sulfate er tablet extended release	3	NDS
XTAMPZA ER	3	NDS
Opioid Analgesics, Short-acting		
acetaminophen/codeine phosphate tablet 300mg; 60mg	2	NDS
acetaminophen/codeine solution	2	NDS

Drug Name	Drug Tier	Requirements/Limits
acetaminophen/codeine tablet 300mg; 15mg, 300mg; 30mg, 300mg; 60mg	2	NDS
endocet tablet 325mg; 5mg	2	NDS
endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg	3	NDS
fentanyl citrate oral transmucosal lozenge on a handle 200mcg	4	PA; NDS
fentanyl citrate oral transmucosal lozenge on a handle 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg	5	PA; NDS
hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml	3	NDS
hydrocodone bitartrate/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg	2	NDS
hydrocodone/acetaminophen tablet 325mg; 7.5mg	2	NDS
hydromorphone hcl injection 10mg/ml, 4mg/ml	4	NDS
hydromorphone hcl tablet 2mg, 4mg	2	NDS
hydromorphone hcl tablet 8mg	4	NDS
hydromorphone hydrochloride dosette	4	NDS
hydromorphone hydrochloride injection 1mg/ml, 2mg/ml, 4mg/ml, 50mg/5ml	4	NDS
lorcet	2	NDS
lorcet hd	2	NDS
lorcet plus tablet 325mg; 7.5mg	2	NDS
morphine sulfate oral solution, tablet	3	NDS
morphine sulfate injection 10mg/ml, 4mg/ml	2	NDS
oxycodone hydrochloride solution	3	NDS
oxycodone hydrochloride tablet 10mg, 15mg, 5mg	2	NDS
oxycodone hydrochloride tablet 20mg, 30mg	3	NDS
oxycodone/acetaminophen tablet 325mg; 5mg	2	NDS
oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg	3	NDS
tramadol hydrochloride/acetaminophen	2	NDS
tramadol hydrochloride tablet 50mg	1	NDS
vicodin hp tablet 300mg; 10mg	4	NDS
Anesthetics		
Local Anesthetics		
lidocaine-prilocaine-cream base cream	2	QL(30 GM per 30 days); PA
lidocaine/prilocaine cream	2	QL(30 GM per 30 days); PA
lidocaine ointment 5%	3	QL(150 GM per 30 days); PA
lidocaine patch 5%	4	PA
premium lidocaine	3	QL(150 GM per 30 days); PA
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
acamprosate calcium dr	4	
disulfiram tablet	3	

Drug Name	Drug Tier	Requirements/Limits
naltrexone hydrochloride tablet	2	
VIVITROL	5	
Opioid Dependence		
buprenorphine hcl/naloxone hcl	2	
buprenorphine hcl tablet sublingual	2	
buprenorphine hydrochloride/naloxone hydrochloride film	3	
Opioid Reversal Agents		
naloxone hcl injection 4mg/10ml	2	
naloxone hydrochloride liquid	3	
naloxone hydrochloride injection 0.4mg/ml	2	
naloxone hydrochloride injection 2mg/2ml	3	
OPVEE	3	
Smoking Cessation Agents		
bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg	2	QL(60 EA per 30 days)
NICOTROL NS	4	QL(360 ML per 365 days)
TYRVAYA	4	QL(8.4 ML per 30 days)
varenicline starting month	4	QL(504 EA per 365 days)
varenicline tartrate	4	QL(504 EA per 365 days)
Antibacterials		
Aminoglycosides		
amikacin sulfate injection 1gm/4ml, 500mg/2ml	4	
ARIKAYCE	5	PA
gentamicin sulfate pediatric	3	
gentamicin sulfate cream 0.1%	3	
gentamicin sulfate injection 40mg/ml	3	
gentamicin sulfate ointment 0.1%	3	
HUMATIN	5	
neomycin sulfate	2	
paromomycin sulfate	4	
streptomycin sulfate injection 1gm	5	
tobramycin sulfate injection	4	
Antibacterials, Other		
aztreonam injection 1gm	4	
aztreonam injection 2gm	5	
clindacin etz pledgets	3	
clindamycin hcl capsule 300mg	2	
clindamycin hydrochloride capsule 150mg, 75mg	2	
clindamycin palmitate hydrochloride	4	
clindamycin phosphate cream 2%	4	
clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 900mg/6ml	3	
clindamycin phosphate swab 1%	3	
colistimethate sodium	5	

Drug Name	Drug Tier	Requirements/Limits
daptomycin	5	
DAPTOMYCIN/SODIUM CHLORIDE	4	
IMPAVIDO	5	
linezolid tablet	4	QL(56 EA per 28 days)
linezolid suspension reconstituted	5	QL(1800 ML per 28 days)
linezolid injection 600mg/300ml	4	
methenamine hippurate	4	
metronidazole vaginal	3	
metronidazole injection 500mg/100ml	2	
metronidazole tablet 250mg, 500mg	1	
nitrofurantoin macrocrystals capsule 100mg, 50mg	3	
nitrofurantoin monohydrate/macrocrystals	2	
nitrofurantoin monohydrate capsule	2	
tigecycline	5	
tinidazole	4	
trimethoprim tablet	2	
vancomycin hcl injection 10gm	3	
vancomycin hydrochloride capsule 125mg	4	QL(120 EA per 30 days)
vancomycin hydrochloride capsule 250mg	4	QL(240 EA per 30 days)
VANCOMYCIN HYDROCHLORIDE INJECTION 1.75GM, 2GM	3	
vancomycin hydrochloride injection 1gm, 500mg, 750mg	3	
Beta-lactam, Cephalosporins		
cefaclor capsule	2	
cefaclor suspension reconstituted 125mg/5ml, 250mg/5ml, 375mg/5ml	4	
cefadroxil capsule, suspension reconstituted	2	
cefazolin sodium injection 1gm	4	
CEFAZOLIN INJECTION 2GM, 3GM	4	
cefdinir capsule	2	
cefdinir suspension reconstituted	3	
cefepime	4	
cefepime hydrochloride injection 100gm, 2gm	4	
cefixime capsule	4	
cefotaxime sodium injection 1gm, 2gm	2	
cefotetan injection 1gm, 2gm	4	
cefoxitin sodium injection 10gm, 1gm, 2gm	3	
cefpodoxime proxetil suspension reconstituted	3	
cefpodoxime proxetil tablet	4	
cefprozil	3	
ceftazidime/dextrose injection 2gm/50ml; 5%	3	
ceftazidime injection 1gm, 2gm, 6gm	3	
ceftriaxone sodium injection 10gm, 1gm, 250mg, 2gm, 500mg	3	
cefuroxime axetil tablet	2	

Drug Name	Drug Tier	Requirements/Limits
cefuroxime sodium injection 1.5gm, 750mg	3	
cephalexin capsule 250mg, 500mg	2	
cephalexin suspension reconstituted	2	
TAZICEF INJECTION 6GM	3	
tazicef injection 1gm, 2gm	3	
TEFLARO	5	
Beta-lactam, Penicillins		
amoxicillin/clavulanate potassium er	4	
amoxicillin/clavulanate potassium tablet chewable	2	
amoxicillin/clavulanate potassium suspension reconstituted 200mg/5ml; 28.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml	2	
amoxicillin/clavulanate potassium suspension reconstituted 250mg/5ml; 62.5mg/5ml	4	
amoxicillin/clavulanate potassium tablet 500mg; 125mg, 875mg; 125mg	2	
amoxicillin/clavulanate potassium tablet 250mg; 125mg	4	
amoxicillin capsule, suspension reconstituted, tablet	1	
amoxicillin tablet chewable 125mg, 250mg	2	
ampicillin sodium injection 10gm, 125mg, 1gm	3	
ampicillin-sulbactam	3	
ampicillin/sulbactam injection 2gm; 1gm	3	
ampicillin capsule 500mg	2	
AUGMENTIN SUSPENSION RECONSTITUTED 125MG/5ML; 31.25MG/5ML	4	
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	4	
dicloxacillin sodium	2	
nafcillin sodium injection 10gm, 1gm, 2gm	4	
oxacillin sodium injection 10gm, 1gm, 2gm	4	
penicillin g sodium	5	
penicillin v potassium	2	
piperacillin sodium/tazobactam sodium injection 2gm; 0.25gm, 36gm; 4.5gm, 3gm; 0.375gm, 4gm; 0.5gm	4	
Carbapenems		
ertapenem	4	
ertapenem sodium	4	
imipenem/cilastatin	3	
meropenem injection 1gm, 500mg	3	
meropenem injection 2gm	4	
Macrolides		
azithromycin packet	2	
azithromycin suspension reconstituted	3	
azithromycin injection 500mg	3	

Drug Name	Drug Tier	Requirements/Limits
azithromycin tablet 250mg	1	
azithromycin tablet 500mg, 600mg	3	
clarithromycin er	4	
clarithromycin tablet	3	
clarithromycin suspension reconstituted	4	
DIFICID TABLET	5	
erythromycin dr tablet delayed release	4	
Quinolones		
ciprofloxacin hcl tablet 750mg	1	
ciprofloxacin hcl tablet 100mg	3	
ciprofloxacin hydrochloride tablet 250mg, 500mg	1	
ciprofloxacin i.v.-in d5w	3	
ciprofloxacin suspension reconstituted 500mg/5ml, 5gm/100ml	4	
levofloxacin in d5w	4	
levofloxacin injection 25mg/ml	4	
levofloxacin oral solution 25mg/ml	4	
levofloxacin tablet 250mg, 500mg, 750mg	2	
moxifloxacin hydrochloride/sodium hydrochloride	4	
moxifloxacin hydrochloride tablet 400mg	3	
Sulfonamides		
sulfadiazine tablet	5	
sulfamethoxazole/trimethoprim ds	1	
sulfamethoxazole/trimethoprim tablet	1	
sulfamethoxazole/trimethoprim suspension	3	
Tetracyclines		
demeclocycline hcl tablet	4	
demeclocycline hydrochloride tablet 300mg	4	
doxy 100	4	
doxycycline hyclate capsule 100mg, 50mg	2	
doxycycline hyclate injection 100mg	4	
doxycycline hyclate tablet 100mg	2	
doxycycline monohydrate capsule 100mg, 50mg	2	
doxycycline monohydrate tablet 100mg, 50mg	2	
doxycycline suspension reconstituted	3	
minocycline hcl capsule 75mg	3	
minocycline hydrochloride capsule 100mg, 50mg	3	
mondoxyne nl capsule 100mg	2	
morgidox 1x100mg capsule	2	
morgidox 2x100mg capsule	2	
tetracycline hydrochloride capsule	3	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT SOLUTION, TABLET	5	PA NSO

Drug Name	Drug Tier	Requirements/Limits
EPIDIOLEX	5	PA NSO
EPRONTIA	4	
felbamate	4	
FINTEPLA	5	PA NSO
FYCOMPA SUSPENSION	5	
FYCOMPA TABLET 2MG	4	
FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG	5	
lamotrigine er	4	
lamotrigine odt tablet disintegrating 200mg	4	
lamotrigine starter kit/blue	4	
lamotrigine starter kit/green	4	
lamotrigine starter kit/orange	4	
lamotrigine tablet	1	
lamotrigine tablet chewable	2	
levetiracetam er	3	
LEVETIRACETAM TABLET DISINTEGRATING SOLUBLE	4	
levetiracetam solution, tablet	2	
NAYZILAM	4	QL(10 EA per 30 days)
roweepra	2	
roweepra xr	3	
SPRITAM	4	
subvenite	1	
subvenite starter kit/blue	4	
subvenite starter kit/green	4	
subvenite starter kit/orange	4	
topiramate tablet	1	
topiramate capsule sprinkle	3	
valproic acid	2	
Calcium Channel Modifying Agents		
ethosuximide	3	
methsuximide	4	
Gamma-aminobutyric Acid (GABA) Modulating Agents		
clobazam	4	
clonazepam odt tablet disintegrating 2mg	4	QL(300 EA per 30 days)
clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg	4	QL(90 EA per 30 days)
clonazepam tablet 2mg	1	QL(300 EA per 30 days)
clonazepam tablet 0.5mg, 1mg	1	QL(90 EA per 30 days)
DIACOMIT	5	PA NSO
diazepam rectal gel	4	
divalproex sodium dr	2	
divalproex sodium er	2	
gabapentin capsule 400mg	1	QL(270 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
gabapentin capsule 100mg, 300mg	1	QL(360 EA per 30 days)
gabapentin solution	4	QL(2160 ML per 30 days)
gabapentin tablet 800mg	2	QL(150 EA per 30 days)
gabapentin tablet 600mg	2	QL(180 EA per 30 days)
LIBERVANT	4	QL(10 EA per 30 days)
phenobarbital elixir 20mg/5ml	4	
phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg	4	
pregabalin capsule 300mg	2	QL(60 EA per 30 days)
pregabalin capsule 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg	2	QL(90 EA per 30 days)
pregabalin solution	4	QL(900 ML per 30 days)
primidone tablet	2	
SYMPAZAN FILM 5MG	4	
SYMPAZAN FILM 10MG, 20MG	5	
tiagabine hydrochloride	4	
VALTOCO 10 MG DOSE	5	QL(10 EA per 30 days)
VALTOCO 15 MG DOSE	5	QL(10 EA per 30 days)
VALTOCO 20 MG DOSE	5	QL(10 EA per 30 days)
VALTOCO 5 MG DOSE	5	QL(10 EA per 30 days)
vigabatrin	5	PA NSO
vigadrone	5	PA NSO
VIGAFYDE	3	PA NSO
vigpoder	5	PA NSO
ZTALMY	5	PA NSO
Sodium Channel Agents		
APTIOM	5	
carbamazepine er tablet extended release 12 hour	3	
carbamazepine er capsule extended release 12 hour	4	
carbamazepine suspension, tablet	3	
carbamazepine tablet chewable 100mg	2	
DILANTIN CAPSULE 30MG	4	
epitol	3	
lacosamide solution, tablet	4	
oxcarbazepine tablet	2	
oxcarbazepine suspension	4	
PHENYTEK	2	
phenytoin infatabs	2	
phenytoin sodium extended	2	
phenytoin tablet chewable, suspension	2	
rufinamide suspension	5	
rufinamide tablet 200mg	4	
rufinamide tablet 400mg	5	
XCOPRI TABLET	5	PA NSO

Drug Name	Drug Tier	Requirements/Limits
XCOPRI TABLET THERAPY PACK 0	4	PA NSO; (12.5mg-25mg)
XCOPRI TABLET THERAPY PACK 0	5	PA NSO
XCOPRI TABLET THERAPY PACK 0	5	PA NSO; (100mg-150mg)
ZONISADE	4	ST NSO
zonisamide	2	
Antidementia Agents		
Antidementia Agents, Other		
ergoloid mesylates tablet	4	
memantine/donepezil hydrochloride er	3	QL(30 EA per 30 days); ST
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR	3	QL(30 EA per 30 days); ST
Cholinesterase Inhibitors		
donepezil hcl tablet disintegrating	2	
donepezil hcl tablet 10mg	1	
donepezil hcl tablet 23mg	4	
donepezil hydrochloride tablet 10mg, 5mg	1	
galantamine hydrobromide er	4	
galantamine hydrobromide solution, tablet	4	
rivastigmine tartrate	2	
rivastigmine transdermal system	4	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
memantine hcl titration pak	2	
memantine hydrochloride er	4	QL(30 EA per 30 days)
memantine hydrochloride tablet	2	
Antidepressants		
Antidepressants, Other		
AUVELITY	4	QL(60 EA per 30 days); ST NSO
bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg, 200mg	2	QL(60 EA per 30 days)
bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg	2	QL(90 EA per 30 days)
bupropion hydrochloride er (xl) tablet extended release 24 hour 300mg	2	QL(30 EA per 30 days)
bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg	2	QL(90 EA per 30 days)
bupropion hydrochloride tablet	2	
mirtazapine odt	3	
mirtazapine tablet	2	
SPRAVATO 56MG DOSE	5	PA NSO
SPRAVATO 84MG DOSE	5	PA NSO
ZURZUVAE CAPSULE 30MG	5	QL(14 EA per 14 days); PA NSO
ZURZUVAE CAPSULE 20MG, 25MG	5	QL(28 EA per 14 days); PA NSO
Monoamine Oxidase Inhibitors		
EMSAM	5	QL(30 EA per 30 days); ST NSO
MARPLAN	4	

Drug Name	Drug Tier	Requirements/Limits
phenelzine sulfate	3	
tranylcypromine sulfate	4	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor		
citalopram hydrobromide tablet	1	
citalopram hydrobromide solution	4	
desvenlafaxine er tablet extended release 24 hour 100mg	2	QL(120 EA per 30 days)
desvenlafaxine er tablet extended release 24 hour 25mg, 50mg	2	QL(30 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 60MG	4	QL(60 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30MG, 40MG	4	QL(90 EA per 30 days)
duloxetine hydrochloride capsule delayed release particles 20mg, 60mg	2	QL(60 EA per 30 days)
duloxetine hydrochloride capsule delayed release particles 30mg	2	QL(90 EA per 30 days)
escitalopram oxalate tablet	1	
escitalopram oxalate solution	3	
FETZIMA	4	QL(30 EA per 30 days); ST NSO
FETZIMA TITRATION PACK	4	QL(56 EA per 365 days); ST NSO
fluoxetine hydrochloride capsule	1	
fluoxetine hydrochloride solution	4	
fluvoxamine maleate	2	
nefazodone hydrochloride	4	
paroxetine hcl tablet 30mg, 40mg	2	
paroxetine hydrochloride suspension	4	
paroxetine hydrochloride tablet 10mg, 20mg	2	
RALDESY	5	
sertraline hcl concentrate	3	
sertraline hcl tablet 50mg	1	
sertraline hydrochloride tablet 100mg, 25mg	1	
trazodone hydrochloride tablet 100mg, 150mg, 50mg	1	
TRINTELLIX	4	QL(30 EA per 30 days)
venlafaxine hydrochloride	2	
venlafaxine hydrochloride er capsule extended release 24 hour	2	
vilazodone hydrochloride	4	QL(30 EA per 30 days)
Tricyclics		
amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg	3	
amitriptyline hydrochloride tablet 100mg, 10mg, 50mg	3	
amoxapine	4	
clomipramine hydrochloride	4	
desipramine hydrochloride	4	
doxepin hcl capsule 75mg	3	

Drug Name	Drug Tier	Requirements/Limits
doxepin hcl concentrate	4	
doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg	3	
imipramine hcl tablet 25mg, 50mg	4	
imipramine hydrochloride tablet 10mg	4	
nortriptyline hcl capsule 25mg, 75mg	2	
nortriptyline hcl solution	4	
nortriptyline hydrochloride capsule 10mg, 50mg	2	
protriptyline hcl	4	
trimipramine maleate capsule	4	
Antiemetics		
Antiemetics, Other		
compro	4	
meclizine hcl tablet	4	
phenadoz	4	
prochlorperazine maleate tablet	2	
prochlorperazine suppository 25mg	4	
promethazine hcl suppository 12.5mg	4	
promethazine hydrochloride plain	3	
promethazine hydrochloride tablet	2	
promethazine hydrochloride suppository 25mg	4	
promethegan suppository 12.5mg, 25mg	4	
scopolamine	4	
Emetogenic Therapy Adjuncts		
aprepitant capsule 40mg	4	QL(1 EA per 30 days); B/D
aprepitant capsule 125mg	4	QL(2 EA per 30 days); B/D
aprepitant capsule 0	4	QL(6 EA per 30 days); B/D
aprepitant capsule 80mg	4	QL(8 EA per 30 days); B/D
dronabinol	4	QL(60 EA per 30 days); PA
ondansetron hcl solution	4	QL(450 ML per 30 days); B/D
ondansetron hydrochloride tablet	1	B/D
ondansetron odt tablet disintegrating 4mg, 8mg	2	B/D
Antifungals		
Antifungals		
ABELCET	4	B/D
amphotericin b liposome	5	B/D
amphotericin b injection	4	B/D
caspofungin acetate	4	
clotrimazole cream	2	QL(90 GM per 30 days)
clotrimazole troche	3	
econazole nitrate cream	2	
fluconazole in sodium chloride	3	
fluconazole tablet	2	
fluconazole suspension reconstituted	3	

Drug Name	Drug Tier	Requirements/Limits
flucytosine capsule	5	
griseofulvin microsize	4	
griseofulvin ultramicrosize tablet 125mg, 250mg	4	
itraconazole capsule	4	PA
JUBLIA	5	
ketoconazole shampoo, tablet	2	
ketoconazole cream	2	QL(90 GM per 30 days)
klayesta	2	QL(120 GM per 30 days)
nyamyc	2	QL(120 GM per 30 days)
nystatin cream, ointment, suspension	2	
nystatin powder	2	QL(120 GM per 30 days)
nystatin tablet	3	
nystop	2	QL(120 GM per 30 days)
posaconazole dr	5	PA
posaconazole suspension	5	PA
terbinafine hcl tablet	2	QL(84 EA per 180 days)
terconazole cream	3	
voriconazole tablet	4	
voriconazole suspension reconstituted	5	
voriconazole injection	5	PA
Antigout Agents		
Antigout Agents		
allopurinol tablet 100mg, 300mg	1	
colchicine tablet 0.6mg	3	
febuxostat	4	
probenecid/colchicine	2	
probenecid tablet	2	
Antimigraine Agents		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists		
AIMOVIG INJECTION 140MG/ML	3	QL(1 ML per 28 days); PA
AIMOVIG INJECTION 70MG/ML	3	QL(2 ML per 28 days); PA
EMGALITY INJECTION 120MG/ML	3	QL(2 ML per 28 days); PA
EMGALITY INJECTION 100MG/ML	5	QL(3 ML per 28 days); PA
QULIPTA	5	QL(30 EA per 30 days); PA
UBRELVY	5	QL(16 EA per 30 days); PA
Ergot Alkaloids		
dihydroergotamine mesylate solution	4	QL(8 ML per 30 days); PA
ergotamine tartrate/caffeine	3	QL(24 EA per 28 days)
Prophylactic		
timolol maleate tablet 10mg, 20mg, 5mg	3	
Serotonin (5-HT) Receptor Agonist		
naratriptan hcl	3	QL(9 EA per 30 days)
rizatriptan benzoate	2	QL(18 EA per 30 days)
rizatriptan benzoate odt	3	QL(18 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
sumatriptan succinate tablet	2	QL(9 EA per 30 days)
sumatriptan succinate injection 6mg/0.5ml	4	QL(5 ML per 30 days)
sumatriptan solution	4	QL(12 EA per 30 days)
zolmitriptan tablet	3	QL(12 EA per 30 days)
Antimyasthenic Agents		
Parasympathomimetics		
pyridostigmine bromide tablet 60mg	2	
Antimycobacterials		
Antimycobacterials, Other		
dapsone tablet	3	
rifabutin	4	
Antituberculars		
cycloserine	5	
ethambutol hydrochloride	2	
ISONIAZID INJECTION	4	
isoniazid tablet	1	
isoniazid syrup	4	
PASER	4	
PRIFTIN	4	
pyrazinamide tablet	3	
rifampin capsule	3	
rifampin injection	4	
SIRTURO	5	
TRECATOR	4	
Antineoplastics		
Alkylating Agents		
cisplatin injection 100mg/100ml	4	
cyclophosphamide capsule	3	B/D
GLEOSTINE CAPSULE 10MG, 40MG	4	
GLEOSTINE CAPSULE 100MG	5	
LEUKERAN	5	
MATULANE	5	
VALCHLOR	5	PA NSO
Antiandrogens		
abiraterone acetate tablet 250mg	4	PA NSO
abiraterone acetate tablet 500mg	5	PA NSO
abirtega	4	PA NSO
bicalutamide	2	
ERLEADA	5	PA NSO
EULEXIN	4	
flutamide	3	
nilutamide	5	
NUBEQA	5	PA NSO
XTANDI	5	PA NSO

Drug Name	Drug Tier	Requirements/Limits
Antiangiogenic Agents		
lenalidomide	5	PA NSO
POMALYST	5	PA NSO
REVLIMID	5	PA NSO
THALOMID	5	PA NSO
Antiestrogens/Modifiers		
EMCYT	5	
ORSERDU	5	PA NSO
SOLTAMOX	5	
tamoxifen citrate tablet	2	
toremifene citrate	5	
Antimetabolites		
DROXIA	3	
hydroxyurea capsule	2	
mercaptopurine tablet	3	
mercaptopurine suspension	5	
PURIXAN	5	
TABLOID	5	
Antineoplastics, Other		
AKEEGA	5	PA NSO
IBRANCE TABLET 100MG, 125MG, 75MG	5	PA NSO
INREBIC	5	PA NSO
ITOVEBI TABLET 9MG	5	PA NSO
ITOVEBI TABLET 3MG	5	QL(60 EA per 30 days); PA NSO
IWILFIN	5	PA NSO
KISQALI FEMARA 200 DOSE	5	PA NSO
KISQALI FEMARA 400 DOSE	5	PA NSO
KISQALI FEMARA 600 DOSE	5	PA NSO
LAZCLUZE TABLET 240MG	5	PA NSO
LAZCLUZE TABLET 80MG	5	QL(60 EA per 30 days); PA NSO
leucovorin calcium tablet	3	
LONSURF	5	PA NSO
LYSODREN	5	
OGSIVEO	5	PA NSO
OJEMDA	5	PA NSO
ONUREG	5	PA NSO
PHESGO INJECTION 2000UNIT/ML; 60MG/ML; 60MG/ML	5	PA NSO
REVUFORJ	5	PA NSO
SYNRIBO	5	
TRUSELTIQ	5	PA NSO
VONJO	5	PA NSO
ZOLINZA	5	PA NSO
Aromatase Inhibitors, 3rd Generation		

Drug Name	Drug Tier	Requirements/Limits
anastrozole tablet	1	
exemestane	4	
letrozole	2	
Enzyme Inhibitors		
topotecan hcl injection 4mg	5	
topotecan hydrochloride	5	
Molecular Target Inhibitors		
ALECENSA	5	PA NSO
ALUNBRIG TABLET THERAPY PACK	5	QL(60 EA per 365 days); PA NSO
ALUNBRIG TABLET 30MG	5	QL(120 EA per 30 days); PA NSO
ALUNBRIG TABLET 180MG, 90MG	5	QL(30 EA per 30 days); PA NSO
AUGTYRO	5	PA NSO
AYVAKIT	5	QL(30 EA per 30 days); PA NSO
BALVERSA	5	PA NSO
BOSULIF	5	PA NSO
BRAFTOVI CAPSULE 75MG	5	PA NSO
BRUKINSA	5	PA NSO
CABOMETYX TABLET 40MG, 60MG	5	PA NSO
CABOMETYX TABLET 20MG	5	QL(30 EA per 30 days); PA NSO
CALQUENCE	5	PA NSO
CAPRELSA TABLET 300MG	5	PA NSO
CAPRELSA TABLET 100MG	5	QL(60 EA per 30 days); PA NSO
COMETRIQ	5	PA NSO
COPIKTRA	5	PA NSO
COTELLIC	5	PA NSO
DANZITEN	5	PA NSO
dasatinib	5	PA NSO
DAURISMO	5	PA NSO
ERIVEDGE	5	PA NSO
erlotinib hydrochloride tablet 100mg, 25mg	4	PA NSO
erlotinib hydrochloride tablet 150mg	5	PA NSO
everolimus tablet soluble 2mg, 3mg, 5mg	5	PA NSO
everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg	5	QL(30 EA per 30 days); PA NSO
EXKIVITY	5	
FARYDAK	5	
FOTIVDA	5	PA NSO
FRUZAQLA	5	PA NSO
GAVRETO	5	PA NSO
gefitinib	5	PA NSO
GILOTRIF	5	QL(30 EA per 30 days); PA NSO
GOMEKLI	5	PA NSO
IBRANCE CAPSULE 100MG, 125MG, 75MG	5	PA NSO
ICLUSIG TABLET 30MG, 45MG	5	PA NSO
ICLUSIG TABLET 10MG, 15MG	5	QL(30 EA per 30 days); PA NSO

Drug Name	Drug Tier	Requirements/Limits
IDHIFA	5	QL(30 EA per 30 days); PA NSO
imatinib mesylate tablet 100mg	3	PA NSO
imatinib mesylate tablet 400mg	4	PA NSO
IMBRUVICA CAPSULE, SUSPENSION	5	PA NSO
IMBRUVICA TABLET 420MG, 560MG	5	PA NSO
IMKELDI	5	PA NSO
INLYTA	5	PA NSO
INQOVI	5	PA NSO
JAKAFI TABLET 15MG, 20MG, 25MG, 5MG	5	PA NSO
JAKAFI TABLET 10MG	5	QL(60 EA per 30 days); PA NSO
JAYPIRCA TABLET 100MG	5	PA NSO
JAYPIRCA TABLET 50MG	5	QL(30 EA per 30 days); PA NSO
KISQALI	5	PA NSO
KOSELUGO	5	PA NSO
KRAZATI	5	PA NSO
lapatinib ditosylate	5	PA NSO
LENVIMA 10 MG DAILY DOSE	5	PA NSO
LENVIMA 12MG DAILY DOSE	5	PA NSO
LENVIMA 14 MG DAILY DOSE	5	PA NSO
LENVIMA 18 MG DAILY DOSE	5	PA NSO
LENVIMA 20 MG DAILY DOSE	5	PA NSO
LENVIMA 24 MG DAILY DOSE	5	PA NSO
LENVIMA 4 MG DAILY DOSE	5	PA NSO
LENVIMA 8 MG DAILY DOSE	5	PA NSO
LORBRENA	5	PA NSO
LUMAKRAS	5	PA NSO
LYNPARZA TABLET	5	PA NSO
LYTGOBI	5	PA NSO
MEKINIST	5	PA NSO
MEKTOVI	5	PA NSO
NERLYNX	5	QL(180 EA per 30 days); PA NSO
NINLARO	5	PA NSO
ODOMZO	5	PA NSO
OJJAARA	5	PA NSO
pazopanib hydrochloride	5	PA NSO
PEMAZYRE	5	QL(30 EA per 30 days); PA NSO
PIQRAY 200MG DAILY DOSE	5	PA NSO
PIQRAY 250MG DAILY DOSE	5	PA NSO
PIQRAY 300MG DAILY DOSE	5	PA NSO
QINLOCK	5	PA NSO
RETEVMO CAPSULE	5	PA NSO
RETEVMO TABLET 120MG, 160MG	5	PA NSO
RETEVMO TABLET 80MG	5	QL(60 EA per 30 days); PA NSO
RETEVMO TABLET 40MG	5	QL(90 EA per 30 days); PA NSO

Drug Name	Drug Tier	Requirements/Limits
REZLIDHIA	5	PA NSO
ROMVIMZA	5	PA NSO
ROZLYTREK	5	PA NSO
RUBRACA	5	PA NSO
RYDAPT	5	PA NSO
SCEMBLIX TABLET 40MG	5	PA NSO
SCEMBLIX TABLET 100MG	5	QL(120 EA per 30 days); PA NSO
SCEMBLIX TABLET 20MG	5	QL(60 EA per 30 days); PA NSO
sorafenib	5	PA NSO
sorafenib tosylate	5	PA NSO
SPRYCEL	5	PA NSO
STIVARGA	5	PA NSO
sunitinib malate	5	PA NSO
TABRECTA	5	QL(120 EA per 30 days); PA NSO
TAFINLAR	5	PA NSO
TAGRISSO TABLET 80MG	5	PA NSO
TAGRISSO TABLET 40MG	5	QL(30 EA per 30 days); PA NSO
TALZENNA	5	PA NSO
TASIGNA	5	PA NSO
TAZVERIK	5	PA NSO
TEPMETKO	5	PA NSO
TIBSOVO	5	PA NSO
torpenz	5	QL(30 EA per 30 days); PA NSO
TRUQAP	5	PA NSO
TUKYSA	5	PA NSO
TURALIO	5	PA NSO
VANFLYTA	5	PA NSO
VENCLEXTA STARTING PACK	5	PA NSO
VENCLEXTA TABLET 10MG	4	PA NSO
VENCLEXTA TABLET 100MG, 50MG	5	PA NSO
VERZENIO	5	PA NSO
VITRAKVI	5	PA NSO
VIZIMPRO	5	PA NSO
XALKORI	5	PA NSO
XOSPATA	5	PA NSO
XPOVIO	5	PA NSO
XPOVIO 60 MG TWICE WEEKLY	5	PA NSO
XPOVIO 80 MG TWICE WEEKLY	5	PA NSO
ZEJULA CAPSULE	5	PA NSO
ZEJULA TABLET 200MG, 300MG	5	PA NSO
ZEJULA TABLET 100MG	5	QL(30 EA per 30 days); PA NSO
ZELBORAF	5	PA NSO
ZYDELIG	5	PA NSO
ZYKADIA TABLET	5	PA NSO

Drug Name	Drug Tier	Requirements/Limits
Monoclonal Antibodies/Antibody-Drug Conjugates		
TEVIMBRA	5	PA NSO
Retinoids		
bexarotene	5	PA NSO
PANRETIN	5	
tretinoin capsule 10mg	5	
Treatment Adjuncts		
MESNA TABLET	5	
MESNEX TABLET	5	
VORANIGO TABLET 40MG	5	PA NSO
VORANIGO TABLET 10MG	5	QL(60 EA per 30 days); PA NSO
Antiparasitics		
Anthelmintics		
albendazole tablet	4	
ivermectin tablet	2	PA
praziquantel tablet	4	
Antiprotozoals		
ALINIA SUSPENSION RECONSTITUTED	4	
atovaquone	4	
atovaquone/proguanil hcl tablet 62.5mg; 25mg	3	
atovaquone/proguanil hydrochloride	3	
benznidazole	3	
chloroquine phosphate tablet	3	
COARTEM	4	
hydroxychloroquine sulfate tablet 100mg, 200mg	2	
mefloquine hydrochloride	2	
nitazoxanide	4	
pentamidine isethionate injection	3	
pentamidine isethionate inhalation solution reconstituted	3	B/D
primaquine phosphate tablet	3	
pyrimethamine tablet	5	PA
quinine sulfate capsule 324mg	3	PA
Antiparkinson Agents		
Anticholinergics		
benztropine mesylate tablet	2	
trihexyphenidyl hydrochloride	4	
Antiparkinson Agents, Other		
entacapone	3	
OSMOLEX ER TABLET ER 24 HOUR THERAPY PACK	4	PA
OSMOLEX ER TABLET EXTENDED RELEASE 24 HOUR 129MG, 193MG	4	PA
Dopamine Agonists		
bromocriptine mesylate capsule, tablet	4	
pramipexole dihydrochloride	2	

Drug Name	Drug Tier	Requirements/Limits
ropinirole er	4	
ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg	2	
ropinirole hydrochloride tablet 0.25mg, 3mg	2	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
carbidopa/levodopa	2	
carbidopa/levodopa er	3	
carbidopa/levodopa odt	4	
carbidopa tablet	4	
INBRIJA	5	PA
RYTARY	4	ST
Monoamine Oxidase B (MAO-B) Inhibitors		
rasagiline mesylate tablet	4	
selegiline hcl capsule, tablet	3	
Antipsychotics		
1st Generation/Typical		
chlorpromazine hcl tablet	4	
chlorpromazine hydrochloride concentrate, tablet	4	
fluphenazine decanoate injection	4	
fluphenazine hcl concentrate	4	
fluphenazine hydrochloride	4	
haloperidol decanoate injection	3	
haloperidol lactate	3	
haloperidol concentrate	2	
haloperidol tablet 0.5mg, 10mg, 1mg, 2mg, 5mg	2	
haloperidol tablet 20mg	3	
loxapine	2	
molindone hydrochloride	4	
perphenazine tablet	3	
pimozide	4	
thioridazine hydrochloride	3	
thiothixene capsule 10mg, 1mg, 2mg, 5mg	4	
trifluoperazine hcl tablet 2mg, 5mg	3	
trifluoperazine hcl tablet 10mg	4	
trifluoperazine hydrochloride tablet 1mg	3	
2nd Generation/Atypical		
ABILIFY MAINTENA	5	
aripiprazole odt tablet disintegrating 15mg	4	QL(60 EA per 30 days)
aripiprazole odt tablet disintegrating 10mg	5	QL(60 EA per 30 days)
aripiprazole tablet	2	QL(30 EA per 30 days)
aripiprazole solution	4	QL(750 ML per 30 days)
ARISTADA	5	
ARISTADA INITIO	5	
asenapine maleate sl	4	QL(60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
CAPLYTA	5	QL(30 EA per 30 days); PA NSO
FANAPT	5	QL(60 EA per 30 days); ST NSO
FANAPT TITRATION PACK	4	QL(16 EA per 365 days); ST NSO
INVEGA HAFYERA	5	ST NSO
INVEGA SUSTENNA INJECTION 39MG/0.25ML	4	
INVEGA SUSTENNA INJECTION 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	5	
INVEGA TRINZA	5	
lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg	4	QL(30 EA per 30 days)
lurasidone hydrochloride tablet 80mg	4	QL(60 EA per 30 days)
LYBALVI	5	QL(30 EA per 30 days); ST NSO
NUPLAZID CAPSULE	5	PA NSO
NUPLAZID TABLET 10MG	5	PA NSO
olanzapine odt	3	QL(30 EA per 30 days)
olanzapine tablet	2	QL(30 EA per 30 days)
olanzapine injection	4	
OPIPZA FILM 2MG	5	QL(30 EA per 30 days); PA NSO
OPIPZA FILM 10MG, 5MG	5	QL(90 EA per 30 days); PA NSO
paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg	4	QL(30 EA per 30 days)
paliperidone er tablet extended release 24 hour 6mg	4	QL(60 EA per 30 days)
PERSERIS	5	
quetiapine fumarate er tablet extended release 24 hour 150mg, 300mg, 400mg, 50mg	2	QL(60 EA per 30 days)
quetiapine fumarate er tablet extended release 24 hour 200mg	2	QL(90 EA per 30 days)
quetiapine fumarate tablet 300mg, 400mg	2	QL(60 EA per 30 days)
quetiapine fumarate tablet 100mg, 150mg, 200mg, 25mg, 50mg	2	QL(90 EA per 30 days)
REXULTI	5	QL(30 EA per 30 days)
risperidone er injection 12.5mg, 25mg	4	
risperidone er injection 37.5mg, 50mg	5	
risperidone odt	4	QL(60 EA per 30 days)
risperidone tablet	1	QL(60 EA per 30 days)
risperidone solution	2	QL(240 ML per 30 days)
SECUADO	5	QL(30 EA per 30 days); ST NSO
VRAYLAR CAPSULE THERAPY PACK	4	QL(14 EA per 365 days)
VRAYLAR CAPSULE	5	QL(30 EA per 30 days)
ziprasidone hcl	3	QL(60 EA per 30 days)
ziprasidone mesylate	4	QL(60 EA per 30 days)
ZYPREXA RELPREVV INJECTION 210MG	4	
ZYPREXA RELPREVV INJECTION 300MG, 405MG	5	
Treatment-Resistant		
clozapine odt tablet disintegrating 200mg	4	QL(120 EA per 30 days)
clozapine odt tablet disintegrating 150mg	4	QL(180 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
clozapine odt tablet disintegrating 100mg, 25mg	4	QL(270 EA per 30 days)
clozapine odt tablet disintegrating 12.5mg	4	QL(90 EA per 30 days)
clozapine tablet 50mg	3	QL(180 EA per 30 days)
clozapine tablet 25mg	3	QL(270 EA per 30 days)
clozapine tablet 200mg	4	QL(120 EA per 30 days)
clozapine tablet 100mg	4	QL(270 EA per 30 days)
VERSACLOZ	5	QL(540 ML per 30 days)
Antispasticity Agents		
Antispasticity Agents		
baclofen tablet 10mg, 20mg	2	
baclofen tablet 5mg	3	
dantrolene sodium capsule	4	
tizanidine hcl tablet 2mg	2	
tizanidine hydrochloride tablet 4mg	2	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
ganciclovir injection 500mg/10ml, 500mg	2	B/D
LIVTENCITY	5	
PREVYMIS TABLET	5	
PREVYMIS PACKET 20MG	4	
PREVYMIS PACKET 120MG	5	
valganciclovir tablet 450mg	3	
valganciclovir hydrochloride solution 50mg/ml	5	
Anti-hepatitis B (HBV) Agents		
adefovir dipivoxil	4	
BARACLUDE SOLUTION	5	QL(600 ML per 30 days)
entecavir	4	QL(30 EA per 30 days)
lamivudine tablet 100mg	3	
Anti-hepatitis C (HCV) Agents		
MAVYRET TABLET	5	QL(336 EA per 365 days); PA
MAVYRET PACKET	5	QL(560 EA per 365 days); PA
ribavirin tablet 200mg	3	
sofosbuvir/velpatasvir	5	QL(84 EA per 365 days); PA
VOSEVI	5	QL(84 EA per 365 days); PA
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY	5	QL(30 EA per 30 days)
CABENUVA	5	
DOVATO	5	QL(30 EA per 30 days)
GENVOYA	5	QL(30 EA per 30 days)
ISENTRESS HD	5	QL(60 EA per 30 days)
ISENTRESS PACKET, TABLET	5	QL(60 EA per 30 days)
ISENTRESS TABLET CHEWABLE 25MG	3	QL(180 EA per 30 days)
ISENTRESS TABLET CHEWABLE 100MG	5	QL(180 EA per 30 days)
JULUCA	5	QL(30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
STRIBILD	5	QL(30 EA per 30 days)
TIVICAY PD	4	QL(180 EA per 30 days)
TIVICAY TABLET 10MG	4	QL(30 EA per 30 days)
TIVICAY TABLET 25MG	5	QL(30 EA per 30 days)
TIVICAY TABLET 50MG	5	QL(60 EA per 30 days)
VOCABRIA	5	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA	5	QL(30 EA per 30 days)
DELSTRIGO	5	QL(30 EA per 30 days)
EDURANT	5	QL(30 EA per 30 days)
efavirenz/emtricitabine/tenofovir disoproxil fumarate	3	QL(30 EA per 30 days)
efavirenz/lamivudine/tenofovir disoproxil fumarate	5	QL(30 EA per 30 days)
efavirenz tablet	4	QL(30 EA per 30 days)
efavirenz capsule	4	QL(90 EA per 30 days)
etravirine tablet 100mg	4	QL(60 EA per 30 days)
etravirine tablet 200mg	5	QL(60 EA per 30 days)
INTELENCE TABLET 25MG	4	QL(120 EA per 30 days)
nevirapine er tablet extended release 24 hour 400mg	4	QL(30 EA per 30 days)
nevirapine er tablet extended release 24 hour 100mg	4	QL(60 EA per 30 days)
nevirapine tablet	2	QL(60 EA per 30 days)
nevirapine suspension	3	QL(1200 ML per 30 days)
PIFELTRO	5	QL(30 EA per 30 days)
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
abacavir sulfate/lamivudine	4	QL(30 EA per 30 days)
abacavir sulfate/lamivudine/zidovudine	5	QL(60 EA per 30 days)
abacavir tablet	3	QL(60 EA per 30 days)
abacavir solution	4	QL(960 ML per 30 days)
CIMDUO	5	QL(30 EA per 30 days)
DESCOVY	5	QL(30 EA per 30 days)
emtricitabine	4	QL(30 EA per 30 days)
emtricitabine/tenofovir disoproxil fumarate tablet 167mg; 250mg	5	QL(30 EA per 30 days)
emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg	2	QL(30 EA per 30 days)
emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg	4	QL(30 EA per 30 days)
emtricitabine/tenofovir disoproxil fumarate tablet 133mg; 200mg	5	QL(30 EA per 30 days)
EMTRIVA SOLUTION	4	QL(850 ML per 30 days)
lamivudine/zidovudine	3	QL(60 EA per 30 days)
lamivudine solution 10mg/ml	3	QL(960 ML per 30 days)
lamivudine tablet 150mg	2	QL(60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
lamivudine tablet 300mg	3	QL(30 EA per 30 days)
ODEFSEY	5	QL(30 EA per 30 days)
stavudine capsule	4	
TEMIXYS	5	QL(30 EA per 30 days)
tenofovir disoproxil fumarate	4	QL(30 EA per 30 days)
TRIUMEQ	5	QL(30 EA per 30 days)
TRIUMEQ PD	4	QL(180 EA per 30 days)
TRIZIVIR	5	QL(60 EA per 30 days)
VIREAD POWDER	5	QL(240 GM per 30 days)
VIREAD TABLET 150MG, 200MG, 250MG	5	QL(30 EA per 30 days)
zidovudine capsule	3	QL(180 EA per 30 days)
zidovudine syrup	3	QL(1920 ML per 30 days)
zidovudine tablet	3	QL(60 EA per 30 days)
Anti-HIV Agents, Other		
FUZEON	5	
maraviroc tablet 300mg	5	QL(120 EA per 30 days)
maraviroc tablet 150mg	5	QL(60 EA per 30 days)
RUKOBIA	5	QL(60 EA per 30 days)
SELZENTRY SOLUTION	5	
SELZENTRY TABLET 25MG	4	QL(480 EA per 30 days)
SELZENTRY TABLET 75MG	5	QL(60 EA per 30 days)
SUNLENCA INJECTION	5	
SUNLENCA TABLET	5	QL(24 EA per 168 days)
SUNLENCA TABLET THERAPY PACK 300MG	5	QL(10 EA per 365 days)
SUNLENCA TABLET THERAPY PACK 300MG	5	QL(8 EA per 365 days)
TYBOST	3	QL(30 EA per 30 days)
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS CAPSULE	5	QL(120 EA per 30 days)
atazanavir sulfate capsule 300mg	4	QL(30 EA per 30 days)
atazanavir capsule 150mg	4	
atazanavir capsule 200mg	4	QL(60 EA per 30 days)
darunavir tablet 800mg	5	QL(30 EA per 30 days)
darunavir tablet 600mg	5	QL(60 EA per 30 days)
EVOTAZ	5	QL(30 EA per 30 days)
fosamprenavir calcium	5	QL(120 EA per 30 days)
LEXIVA SUSPENSION	4	QL(1800 ML per 30 days)
lopinavir/ritonavir	4	
NORVIR PACKET	4	QL(360 EA per 30 days)
NORVIR SOLUTION	4	QL(480 ML per 30 days)
PREZCOBIX	5	QL(30 EA per 30 days)
PREZISTA SUSPENSION	5	QL(400 ML per 30 days)
PREZISTA TABLET 75MG	4	QL(300 EA per 30 days)
PREZISTA TABLET 150MG	5	QL(180 EA per 30 days)
REYATAZ PACKET	5	QL(180 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ritonavir	3	QL(360 EA per 30 days)
SYMTUZA	5	QL(30 EA per 30 days)
VIRACEPT TABLET 625MG	5	QL(120 EA per 30 days)
VIRACEPT TABLET 250MG	5	QL(300 EA per 30 days)
Anti-influenza Agents		
amantadine hcl capsule, solution	2	
oseltamivir phosphate capsule 75mg	3	QL(110 EA per 365 days)
oseltamivir phosphate capsule 30mg	3	QL(168 EA per 365 days)
oseltamivir phosphate capsule 45mg	3	QL(84 EA per 365 days)
oseltamivir phosphate suspension reconstituted	3	QL(1080 ML per 365 days)
RELENZA DISKHALER	4	QL(240 EA per 365 days)
XOFLUZA TABLET THERAPY PACK 40MG, 80MG	3	
Antiherpetic Agents		
acyclovir sodium injection 50mg/ml	4	B/D
acyclovir capsule 200mg	2	
acyclovir suspension 200mg/5ml	4	
acyclovir tablet 400mg, 800mg	2	
famciclovir tablet	3	
valacyclovir hydrochloride	3	QL(120 EA per 30 days)
VYJUVEK	5	PA
Antiviral, Coronavirus Agents		
LAGEVRIO	3	QL(40 EA per 5 days)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(11 EA per 5 days)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(20 EA per 5 days)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(30 EA per 5 days); (300mg-100mg Pak)
Anxiolytics		
Anxiolytics, Other		
buspirone hcl tablet 15mg	1	
buspirone hydrochloride tablet 10mg, 5mg	1	
buspirone hydrochloride tablet 30mg, 7.5mg	4	
Benzodiazepines		
alprazolam tablet 0.25mg, 0.5mg, 1mg	2	QL(120 EA per 30 days)
alprazolam tablet 2mg	2	QL(150 EA per 30 days)
clorazepate dipotassium tablet 15mg	4	QL(180 EA per 30 days)
clorazepate dipotassium tablet 7.5mg	4	QL(360 EA per 30 days)
clorazepate dipotassium tablet 3.75mg	4	QL(720 EA per 30 days)
diazepam intensol	2	
diazepam concentrate, solution	2	
diazepam tablet 10mg	2	QL(120 EA per 30 days)
diazepam tablet 5mg	2	QL(240 EA per 30 days)
diazepam tablet 2mg	2	QL(300 EA per 30 days)
lorazepam intensol	3	
lorazepam tablet 2mg	2	QL(150 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
lorazepam tablet 0.5mg, 1mg	2	QL(90 EA per 30 days)
Bipolar Agents		
Bipolar Agents, Other		
IGALMI	4	PA NSO
Mood Stabilizers		
lithium	2	
lithium carbonate er	2	
lithium carbonate capsule, tablet	1	
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose tablet	2	
BYDUREON BCISE	4	QL(3.4 ML per 28 days); PA
BYETTA INJECTION 10MCG/0.04ML	4	QL(2.4 ML per 28 days); PA
BYETTA INJECTION 5MCG/0.02ML	4	QL(4.8 ML per 28 days); PA
glimepiride tablet 1mg, 2mg, 4mg	6	
glipizide er	6	
glipizide xl	6	
glipizide/metformin hydrochloride	6	
glipizide tablet	6	
glyburide/metformin hydrochloride	6	
glyburide tablet 1.25mg, 2.5mg, 5mg	6	
GLYXAMBI	3	
JANUMET	3	
JANUMET XR	3	
JANUVIA	3	QL(30 EA per 30 days)
JENTADUETO	3	
JENTADUETO XR	3	
metformin hydrochloride er tablet extended release 24 hour 500mg, 750mg	6	
metformin hydrochloride tablet 1000mg, 500mg, 850mg	6	
MOUNJARO	3	QL(2 ML per 28 days); PA
nateglinide	6	
OZEMPIC INJECTION 2MG/1.5ML	3	QL(1.5 ML per 28 days); PA
OZEMPIC INJECTION 2MG/3ML, 4MG/3ML, 8MG/3ML	3	QL(3 ML per 28 days); PA
pioglitazone hcl/metformin hcl	6	
pioglitazone hcl tablet 45mg	6	
pioglitazone hydrochloride tablet 15mg, 30mg	6	
repaglinide	6	
RYBELSUS TABLET 14MG, 4MG, 7MG, 9MG	3	QL(30 EA per 30 days); PA
RYBELSUS TABLET 1.5MG, 3MG	3	QL(60 EA per 365 days); PA
SOLIQUA 100/33	3	
SYNJARDY	3	
SYNJARDY XR	3	
TRADJENTA	3	QL(30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
TRIJARDY XR	3	
TRULICITY	3	QL(2 ML per 28 days); PA
XIGDUO XR	3	
Glycemic Agents		
BAQSIMI ONE PACK	3	
BAQSIMI TWO PACK	3	
diazoxide suspension	5	
glucagon emergency kit	3	
glucagon emergency kit for low blood sugar injection 1mg	3	
GVOKE HYPOPEN 1-PACK	3	
GVOKE HYPOPEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS	3	
Insulins		
HUMALOG	3	
HUMALOG JUNIOR KWIKPEN	3	
HUMALOG KWIKPEN	3	
HUMALOG MIX 50/50	3	
HUMALOG MIX 50/50 KWIKPEN	3	
HUMALOG MIX 75/25	3	
HUMALOG MIX 75/25 KWIKPEN	3	
HUMULIN 70/30	3	
HUMULIN 70/30 KWIKPEN	3	
HUMULIN N	3	
HUMULIN N KWIKPEN	3	
HUMULIN R	3	
HUMULIN R U-500 (CONCENTRATED)	3	
HUMULIN R U-500 KWIKPEN	3	
insulin lispro	3	
LANTUS	3	
LANTUS SOLOSTAR	3	
LYUMJEV	3	
LYUMJEV KWIKPEN	3	
NOVOLIN 70/30	3	
NOVOLIN 70/30 FLEXPEN	3	
NOVOLIN 70/30 FLEXPEN RELION	3	
NOVOLIN 70/30 RELION	3	
NOVOLIN N	3	
NOVOLIN N FLEXPEN	3	
NOVOLIN N FLEXPEN RELION	3	
NOVOLIN N RELION	3	
NOVOLIN R	3	
NOVOLIN R FLEXPEN	3	
NOVOLIN R FLEXPEN RELION	3	

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN R RELION	3	
NOVOLOG	3	
NOVOLOG FLEXPEN	3	
NOVOLOG FLEXPEN RELION	3	
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION	3	
NOVOLOG MIX 70/30 RELION	3	
NOVOLOG PENFILL	3	
NOVOLOG RELION	3	
TOUJEO MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	
TRESIBA	3	
TRESIBA FLEXTOUCH	3	
Blood Products and Modifiers		
Anticoagulants		
ELIQUIS STARTER PACK	3	QL(148 EA per 365 days)
ELIQUIS TABLET 2.5MG	3	QL(60 EA per 30 days)
ELIQUIS TABLET 5MG	3	QL(90 EA per 30 days)
enoxaparin sodium	4	
fondaparinux sodium injection 2.5mg/0.5ml	4	
fondaparinux sodium injection 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml	5	
FRAGMIN INJECTION 2500UNIT/0.2ML	4	
FRAGMIN INJECTION 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	5	
heparin sodium injection 5000unit/ml	3	
jantoven	1	
warfarin sodium tablet	1	
XARELTO STARTER PACK	3	QL(102 EA per 365 days)
XARELTO TABLET 10MG, 20MG	3	QL(30 EA per 30 days)
XARELTO TABLET 2.5MG	3	QL(360 EA per 30 days)
XARELTO TABLET 15MG	3	QL(60 EA per 30 days)
Blood Products and Modifiers, Other		
anagrelide hydrochloride	3	
NEULASTA	5	PA
NEULASTA ONPRO KIT	5	PA
PROCRIT INJECTION 10000UNIT/ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
PROCRIT INJECTION 40000UNIT/ML	5	PA
PROMACTA	5	PA

Drug Name	Drug Tier	Requirements/Limits
RETACRIT INJECTION 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
RETACRIT INJECTION 40000UNIT/ML	5	PA
ROLVEDON	5	PA
UDENYCA	5	PA
UDENYCA ONBODY	5	PA
XOLREMDI	5	QL(120 EA per 30 days); PA
ZARXIO	5	
Hemostasis Agents		
tranexamic acid tablet	3	
Platelet Modifying Agents		
aspirin/dipyridamole	4	
aspirin/dipyridamole er	4	
BRILINTA	3	
CABLIVI	5	QL(30 EA per 30 days); PA
cilostazol	2	
clopidogrel tablet 75mg	1	
clopidogrel tablet 300mg	2	
DOPTELET	5	PA
prasugrel hydrochloride	2	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
clonidine	4	
clonidine hydrochloride tablet	1	
droxidopa	5	PA
guanfacine hydrochloride	4	
METHYLDOPA TABLET 250MG, 500MG	4	
midodrine hydrochloride	2	
Alpha-adrenergic Blocking Agents		
prazosin hydrochloride capsule	2	
Angiotensin II Receptor Antagonists		
candesartan cilexetil	6	
EDARBI	4	
irbesartan	6	
losartan potassium tablet	6	
olmesartan medoxomil tablet	6	
telmisartan	6	
valsartan tablet	6	
Angiotensin-converting Enzyme (ACE) Inhibitors		
benazepril hydrochloride tablet	6	
captopril tablet	6	
enalapril maleate tablet	6	
fosinopril sodium	6	

Drug Name	Drug Tier	Requirements/Limits
lisinopril tablet	6	
moexipril hydrochloride	6	
perindopril erbumine	6	
quinapril hydrochloride	6	
ramipril	6	
trandolapril	6	
Antiarrhythmics		
amiodarone hydrochloride tablet 200mg	1	
amiodarone hydrochloride tablet 100mg, 400mg	3	
digitek tablet 0.125mg, 0.25mg	2	
digox	2	
digoxin solution	4	
digoxin tablet 125mcg, 250mcg	2	
digoxin tablet 62.5mcg	4	
dofetilide	4	
flecainide acetate	2	
mexiletine hydrochloride capsule 150mg	3	
mexiletine hydrochloride capsule 200mg, 250mg	4	
MULTAQ	3	
PACERONE TABLET 200MG	2	
PACERONE TABLET 100MG	3	
propafenone hcl	2	
propafenone hydrochloride er	4	
propafenone hydrochloride tablet 300mg	2	
quinidine sulfate tablet	4	
sorine	2	
sotalol hcl tablet 120mg, 160mg, 240mg	2	
sotalol hydrochloride (af)	2	
sotalol hydrochloride tablet 120mg, 160mg, 80mg	2	
Beta-adrenergic Blocking Agents		
acebutolol hcl capsule 400mg	2	
acebutolol hydrochloride	2	
atenolol tablet	1	
betaxolol hcl tablet 10mg, 20mg	3	
bisoprolol fumarate tablet 10mg, 5mg	2	
carvedilol	1	
labetalol hydrochloride tablet 100mg, 200mg, 300mg	2	
metoprolol succinate er	1	
metoprolol tartrate tablet	1	
nadolol tablet 20mg, 40mg, 80mg	2	
nebivolol hydrochloride	3	
pindolol tablet	3	
propranolol hcl tablet 40mg	2	
propranolol hydrochloride er	2	

Drug Name	Drug Tier	Requirements/Limits
propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg	2	
Calcium Channel Blocking Agents, Dihydropyridines		
amlodipine besylate tablet	1	
felodipine er	2	
isradipine	4	
nifedipine er	2	
nimodipine capsule	4	
Calcium Channel Blocking Agents, Nondihydropyridines		
cartia xt	2	
dilt-xr	2	
diltiazem hcl cd	2	
diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 420mg	2	
diltiazem hcl er capsule extended release 12 hour	4	
diltiazem hcl er tablet extended release 24 hour 420mg	4	
diltiazem hcl tablet 30mg, 60mg	2	
diltiazem hydrochloride er capsule extended release 24 hour	2	
diltiazem hydrochloride er tablet extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg	4	
diltiazem hydrochloride tablet 120mg, 90mg	2	
matzim la	4	
taztia xt	2	
tiadylt er	2	
verapamil hcl er tablet extended release 120mg	2	
verapamil hcl sr capsule extended release 24 hour	3	
verapamil hcl tablet 40mg, 80mg	1	
verapamil hydrochloride er tablet extended release 180mg, 240mg	2	
verapamil hydrochloride tablet 120mg	1	
Cardiovascular Agents, Other		
aliskiren	6	
amiloride/hydrochlorothiazide	2	
amlodipine besylate/benazepril hydrochloride	6	
amlodipine besylate/valsartan	6	
amlodipine/olmesartan medoxomil	6	
atenolol/chlorthalidone	2	
benazepril hydrochloride/hydrochlorothiazide	6	
bisoprolol fumarate/hydrochlorothiazide	2	
candesartan cilexetil/hydrochlorothiazide	6	
captopril/hydrochlorothiazide	6	
EDARBYCLOR	4	
enalapril maleate/hydrochlorothiazide	6	
ENTRESTO CAPSULE SPRINKLE	3	QL(240 EA per 30 days)
ENTRESTO TABLET	3	QL(60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
fosinopril sodium/hydrochlorothiazide	6	
irbesartan/hydrochlorothiazide	6	
isosorbide dinitrate/hydralazine hydrochloride	4	
ivabradine hydrochloride	4	QL(60 EA per 30 days)
lisinopril/hydrochlorothiazide	6	
losartan potassium/hydrochlorothiazide	6	
metyrosine	5	PA
olmesartan medoxomil/hydrochlorothiazide	6	
pentoxifylline er	2	
quinapril/hydrochlorothiazide	6	
ranolazine er	3	
spironolactone/hydrochlorothiazide	2	
telmisartan/hydrochlorothiazide	6	
trandolapril/verapamil hcl er	6	
triamterene/hydrochlorothiazide capsule 25mg; 37.5mg	1	
triamterene/hydrochlorothiazide tablet	1	
valsartan/hydrochlorothiazide	6	
VYNDAMAX	5	QL(30 EA per 30 days); PA
Diuretics, Loop		
bumetanide injection, tablet	2	
furosemide tablet	1	
furosemide injection	3	
torsemide tablet	1	
Diuretics, Potassium-sparing		
amiloride hcl tablet	1	
triamterene capsule	4	
Diuretics, Thiazide		
chlorthalidone tablet 25mg, 50mg	2	
hydrochlorothiazide capsule, tablet	1	
indapamide tablet	1	
metolazone	2	
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate micronized capsule 134mg, 200mg, 67mg	2	
fenofibrate tablet 145mg, 160mg, 48mg, 54mg	2	
fenofibric acid dr	3	
gemfibrozil tablet	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
atorvastatin calcium	6	
fluvastatin	4	
fluvastatin sodium er	4	
lovastatin tablet	6	
pitavastatin calcium	4	
pravastatin sodium	6	
rosuvastatin calcium tablet	6	

Drug Name	Drug Tier	Requirements/Limits
simvastatin tablet	6	
Dyslipidemics, Other		
cholestyramine light	4	
cholestyramine packet, powder	3	
colesevelam hydrochloride tablet	4	
colestipol hcl tablet	3	
colestipol hcl granules, packet	4	
ezetimibe	2	
ezetimibe/simvastatin	6	
icosapent ethyl	4	
NEXLETOL	4	QL(30 EA per 30 days); PA
NEXLIZET	4	QL(30 EA per 30 days); PA
niacin er	3	
omega-3-acid ethyl esters	3	
PRALUENT	3	QL(2 ML per 28 days); PA
prevalite	4	
REPATHA	3	QL(3 ML per 28 days); PA
REPATHA PUSHTRONEX SYSTEM	3	QL(7 ML per 28 days); PA
REPATHA SURECLICK	3	QL(3 ML per 28 days); PA
TRYNGOLZA	5	QL(0.8 ML per 28 days); PA
Mineralocorticoid Receptor Antagonists		
eplerenone	3	
KERENDIA	4	QL(30 EA per 30 days); PA
spironolactone tablet	1	
Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)		
FARXIGA	3	QL(30 EA per 30 days)
JARDIANCE	3	QL(30 EA per 30 days)
Vasodilators, Direct-acting Arterial/Venous		
isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg	2	
isosorbide mononitrate	2	
isosorbide mononitrate er	1	
NITRO-BID	4	
nitroglycerin transdermal	2	
nitroglycerin solution 0.4mg/spray	4	
nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg	2	
VERQUVO	3	QL(30 EA per 30 days); PA
Vasodilators, Direct-acting Arterial		
hydralazine hydrochloride tablet 10mg, 25mg, 50mg	1	
hydralazine hydrochloride tablet 100mg	2	
minoxidil tablet	2	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
amphetamine/dextroamphetamine capsule extended release 24 hour 2.5mg; 2.5mg; 2.5mg; 2.5mg	3	QL(60 EA per 30 days); Extended-release capsule 10mg

Drug Name	Drug Tier	Requirements/Limits
amphetamine/dextroamphetamine capsule extended release 24 hour 3.75mg; 3.75mg; 3.75mg; 3.75mg	3	QL(60 EA per 30 days); Extended-release capsule 15mg
amphetamine/dextroamphetamine capsule extended release 24 hour 5mg; 5mg; 5mg; 5mg	3	QL(60 EA per 30 days); Extended-release capsule 20mg
amphetamine/dextroamphetamine capsule extended release 24 hour 6.25mg; 6.25mg; 6.25mg; 6.25mg	3	QL(60 EA per 30 days); Extended-release capsule 25mg
amphetamine/dextroamphetamine capsule extended release 24 hour 7.5mg; 7.5mg; 7.5mg; 7.5mg	3	QL(60 EA per 30 days); Extended-release capsule 30mg
amphetamine/dextroamphetamine capsule extended release 24 hour 1.25mg; 1.25mg; 1.25mg; 1.25mg	3	QL(60 EA per 30 days); Extended-release capsule 5mg
amphetamine/dextroamphetamine tablet	3	QL(90 EA per 30 days)
dextroamphetamine sulfate er capsule extended release 24 hour 15mg	4	QL(120 EA per 30 days)
dextroamphetamine sulfate er capsule extended release 24 hour 10mg	4	QL(180 EA per 30 days)
dextroamphetamine sulfate er capsule extended release 24 hour 5mg	4	QL(60 EA per 30 days)
dextroamphetamine sulfate tablet 10mg	3	QL(180 EA per 30 days)
dextroamphetamine sulfate tablet 5mg	3	QL(90 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
atomoxetine hydrochloride capsule 25mg	4	QL(30 EA per 30 days)
atomoxetine hydrochloride capsule 10mg	4	QL(60 EA per 30 days)
atomoxetine capsule 100mg, 18mg, 25mg, 40mg, 60mg, 80mg	4	QL(30 EA per 30 days)
atomoxetine capsule 10mg	4	QL(60 EA per 30 days)
guanfacine hydrochloride er	3	
methylphenidate hydrochloride er tablet extended release 24 hour 27mg, 54mg	4	QL(30 EA per 30 days)
methylphenidate hydrochloride er tablet extended release 24 hour 36mg	4	QL(60 EA per 30 days)
methylphenidate hydrochloride er tablet extended release 18mg, 27mg, 54mg	4	QL(30 EA per 30 days)
methylphenidate hydrochloride er tablet extended release 36mg	4	QL(60 EA per 30 days)
methylphenidate hydrochloride tablet	2	QL(90 EA per 30 days)
methylphenidate hydrochloride solution 5mg/5ml	4	
Central Nervous System, Other		
AUSTEDO	5	QL(120 EA per 30 days); PA
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 0	5	QL(56 EA per 365 days); PA
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 0	5	QL(84 EA per 365 days); PA
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 6MG	5	QL(210 EA per 30 days); PA

Drug Name	Drug Tier	Requirements/Limits
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 18MG, 30MG, 36MG, 42MG, 48MG	5	QL(30 EA per 30 days); PA
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 24MG	5	QL(60 EA per 30 days); PA
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12MG	5	QL(90 EA per 30 days); PA
butalbital/acetaminophen/caffeine tablet 325mg; 50mg; 40mg	3	
COBENFY	5	QL(60 EA per 30 days); PA NSO
COBENFY STARTER PACK	5	QL(112 EA per 365 days); PA NSO
FIRDAPSE	5	QL(240 EA per 30 days); PA
INGREZZA CAPSULE THERAPY PACK	5	QL(56 EA per 365 days); PA
INGREZZA CAPSULE SPRINKLE 60MG, 80MG	5	QL(30 EA per 30 days); PA
INGREZZA CAPSULE SPRINKLE 40MG	5	QL(60 EA per 30 days); PA
INGREZZA CAPSULE 60MG, 80MG	5	QL(30 EA per 30 days); PA
INGREZZA CAPSULE 40MG	5	QL(60 EA per 30 days); PA
NUEDEXTA	5	PA
RADICAVA ORS	5	PA
RADICAVA ORS STARTER KIT	5	PA
riluzole	4	
tetrabenazine	4	PA
VEOZAH	4	QL(30 EA per 30 days); PA
Fibromyalgia Agents		
SAVELLA	3	QL(60 EA per 30 days)
SAVELLA TITRATION PACK	3	QL(110 EA per 365 days)
Multiple Sclerosis Agents		
AVONEX PEN	5	QL(4 EA per 28 days); PA
AVONEX INJECTION 30MCG/0.5ML	5	QL(4 EA per 28 days); PA
BETASERON	5	QL(15 EA per 30 days); PA
dalfampridine er	3	QL(60 EA per 30 days); PA
dimethyl fumarate	4	QL(60 EA per 30 days); PA
dimethyl fumarate starterpack	4	QL(120 EA per 365 days); PA
fingolimod hydrochloride	5	QL(30 EA per 30 days); PA
glatiramer acetate injection 40mg/ml	5	QL(12 ML per 28 days); PA
glatiramer acetate injection 20mg/ml	5	QL(30 ML per 30 days); PA
KESIMPTA	5	QL(0.4 ML per 28 days); PA
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	4	QL(14 EA per 365 days); PA
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	5	QL(24 EA per 365 days); PA
MAYZENT TABLET 0.25MG	5	QL(120 EA per 30 days); PA
MAYZENT TABLET 1MG, 2MG	5	QL(30 EA per 30 days); PA
REBIF	5	QL(6 ML per 28 days); PA
REBIF REBIDOSE	5	QL(6 ML per 28 days); PA
REBIF REBIDOSE TITRATION PACK	5	QL(8.4 ML per 365 days); PA

Drug Name	Drug Tier	Requirements/Limits
REBIF TITRATION PACK	5	QL(8.4 ML per 365 days); PA
teriflunomide	5	QL(30 EA per 30 days); PA
VUMERITY	5	QL(120 EA per 30 days); PA
ZEPOSIA	5	QL(30 EA per 30 days); PA
ZEPOSIA 7-DAY STARTER PACK	5	QL(14 EA per 365 days); PA
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0	5	QL(56 EA per 365 days); PA; (28 Capsules Pack)
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0	5	QL(74 EA per 365 days); PA; (37 Capsules Pack)
Dental and Oral Agents		
Dental and Oral Agents		
chlorhexidine gluconate solution	1	
doxycycline hyclate tablet 20mg	3	
kourzeq	3	
lidocaine hydrochloride viscous	2	
lidocaine viscous	2	
oralone dental paste	3	
paroex	1	
periogard	1	
pilocarpine hydrochloride tablet 5mg, 7.5mg	4	
triamcinolone acetonide dental paste	3	
Dermatological Agents		
Acne and Rosacea Agents		
ACCUTANE	4	
acitretin	4	
amnesteem	4	
azelaic acid	4	QL(100 GM per 30 days)
claravis	4	
erythromycin/benzoyl peroxide	4	
FINACEA FOAM	3	QL(50 GM per 30 days)
isotretinoin capsule 10mg, 20mg, 30mg, 40mg	4	
metronidazole cream 0.75%	3	
metronidazole gel 0.75%	3	
metronidazole gel 1%	4	
myorisan	4	
rosadan	3	
tazarotene cream 0.1%	4	QL(60 GM per 30 days)
tretinoin cream 0.025%	3	PA
tretinoin cream 0.05%	4	PA
zenatane	4	
Dermatitis and Pruritus Agents		
ADBRY	5	QL(6 ML per 28 days); PA
ALA-CORT CREAM 2.5%	2	
alclometasone dipropionate	3	

Drug Name	Drug Tier	Requirements/Limits
ammonium lactate cream, lotion	2	
betamethasone dipropionate augmented cream	2	
betamethasone dipropionate augmented ointment	3	
betamethasone dipropionate augmented gel	4	
betamethasone dipropionate cream, lotion	3	
betamethasone dipropionate ointment	4	
betamethasone valerate ointment	2	
betamethasone valerate cream, lotion	3	
clobetasol propionate e	4	
clobetasol propionate cream 0.05%	2	
clobetasol propionate ointment	2	
clobetasol propionate gel, solution	3	
clobetasol propionate shampoo	4	
desonide cream	3	
desonide ointment	3	QL(120 GM per 30 days)
desoximetasone cream 0.25%	3	QL(100 GM per 30 days)
desoximetasone ointment 0.25%	3	
EUCRISA	4	PA
fluocinolone acetonide	3	
fluocinolone acetonide body	3	
fluocinolone acetonide scalp	3	
fluocinolone acetonide topical	3	
fluocinonide cream 0.1%	3	QL(120 GM per 30 days)
fluocinonide cream 0.05%	3	QL(60 GM per 30 days)
fluocinonide gel, ointment	3	QL(60 GM per 30 days)
fluocinonide solution	3	QL(60 ML per 30 days)
fluticasone propionate cream 0.05%	2	
fluticasone propionate ointment 0.005%	2	
halobetasol propionate cream	3	
halobetasol propionate ointment	4	
hydrocortisone valerate cream	3	QL(60 GM per 30 days)
hydrocortisone cream 1%, 2.5%	2	
hydrocortisone lotion 2.5%	2	
hydrocortisone ointment 1%, 2.5%	2	
mometasone furoate cream 0.1%	2	
mometasone furoate ointment 0.1%	2	
mometasone furoate solution 0.1%	2	
pimecrolimus	4	
selenium sulfide	2	
SPEVIGO INJECTION 150MG/ML	5	QL(4 ML per 28 days); PA
tacrolimus ointment 0.03%, 0.1%	4	
triamcinolone acetonide cream 0.025%, 0.1%, 0.5%	2	
triamcinolone acetonide lotion 0.1%	2	
triamcinolone acetonide lotion 0.025%	3	

Drug Name	Drug Tier	Requirements/Limits
triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%	2	
triderm	2	
Dermatological Agents, Other		
calcipotriene solution	3	QL(60 ML per 30 days)
calcipotriene cream, ointment	4	QL(120 GM per 30 days)
clotrimazole/betamethasone dipropionate cream	2	QL(90 GM per 30 days)
diclofenac sodium gel 3%	4	QL(300 GM per 30 days); ST
fluorouracil cream 5%	2	QL(40 GM per 30 days)
fluorouracil solution	3	
imiquimod cream 5%	3	QL(48 EA per 30 days)
nystatin/triamcinolone	3	
nystatin/triamcinolone acetonide ointment	3	
OTEZLA TABLET 20MG, 30MG	5	QL(60 EA per 30 days); PA
podofilox solution	3	
SANTYL	4	
silver sulfadiazine	2	
SOTYKTU	5	QL(30 EA per 30 days); PA
ssd	2	
urea lotion 40%	4	
Pediculicides/Scabicides		
malathion	4	
permethrin cream	3	
Topical Anti-infectives		
acyclovir ointment 5%	4	QL(60 GM per 30 days)
ciclodan solution	2	PA
ciclopirox nail lacquer	2	PA
ciclopirox olamine	2	
ciclopirox gel	2	
ciclopirox shampoo, suspension	3	
clindamycin phosphate lotion 1%	4	QL(75 ML per 30 days)
clindamycin phosphate external solution 1%	2	QL(60 ML per 30 days)
ery	3	
erythromycin gel 2%	3	
erythromycin pad 2%	3	
erythromycin solution 2%	2	
mupirocin ointment	2	QL(110 GM per 30 days)
mupirocin cream	3	
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		

Drug Name	Drug Tier	Requirements/Limits
AMINOSYN II INJECTION 71.8MEQ/L; 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 38MEQ/L; 400MG/100ML; 200MG/100ML; 270MG/100ML; 500MG/100ML, 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 270MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 400MG/100ML; 200MG/100ML; 500MG/100ML	4	B/D
aminosyn ii injection 107.6meq/l; 1490mg/100ml; 1527mg/100ml; 1050mg/100ml; 1107mg/100ml; 750mg/100ml; 450mg/100ml; 990mg/100ml; 1500mg/100ml; 1575mg/100ml; 258mg/100ml; 447mg/100ml; 1083mg/100ml; 795mg/100ml; 50meq/l; 600mg/100ml; 300mg/100ml; 405mg/100ml; 750mg/100ml	4	B/D
AMINOSYN-PF INJECTION 46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	4	B/D
carglumic acid	5	
dextrose 5%	2	
dextrose 5%/sodium chloride 0.45%	4	
dextrose 5%/sodium chloride 0.9%	4	
effer-k tablet effervescent 25meq	2	
klor-con	4	
klor-con 10	2	
klor-con 8	2	
klor-con m10	2	
klor-con m15	2	
klor-con m20	2	
klor-con sprinkle	2	
klor-con/ef	2	
magnesium sulfate injection 50%	3	
PLENAMINE	4	B/D
potassium chloride er	2	
potassium chloride sr tablet extended release 8meq	2	
potassium chloride packet, solution	4	
potassium citrate er	4	

Drug Name	Drug Tier	Requirements/Limits
sodium chloride 0.45% injection	3	
sodium chloride injection 0.45%, 0.9%	3	
Electrolyte/Mineral/Metal Modifiers		
CHEMET	5	
CLOVIQUE	5	PA
deferasirox packet	5	PA
deferasirox tablet soluble 125mg	4	PA
deferasirox tablet soluble 250mg, 500mg	5	PA
deferasirox tablet 90mg	3	PA
deferasirox tablet 180mg, 360mg	4	PA
penicillamine tablet	5	
trientine hydrochloride capsule 250mg	5	PA
Phosphate Binders		
calcium acetate capsule	4	
calcium acetate tablet 667mg	3	
sevelamer carbonate tablet	4	
VELPHORO	5	
Potassium Binders		
kionex suspension	3	
LOKELMA	4	QL(90 EA per 30 days)
sodium polystyrene sulfonate powder, suspension	3	
SPS	3	
VELTASSA	4	
Vitamins		
prenatal tablet 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg	2	
Gastrointestinal Agents		
Anti-Constipation Agents		
constulose	2	
enulose	2	
generlac	2	
lactulose solution	2	
LINZESS	3	QL(30 EA per 30 days)
lubiprostone	4	QL(60 EA per 30 days)
MOTEGRITY	3	QL(30 EA per 30 days)
pegylax	2	
prucalopride	3	QL(30 EA per 30 days)
RELISTOR TABLET	5	QL(90 EA per 30 days); ST
RELISTOR INJECTION 8MG/0.4ML	5	QL(12 ML per 30 days); ST
RELISTOR INJECTION 12MG/0.6ML	5	QL(18 ML per 30 days); ST
Anti-Diarrheal Agents		
alosetron hydrochloride tablet 0.5mg	4	PA
alosetron hydrochloride tablet 1mg	5	PA

Drug Name	Drug Tier	Requirements/Limits
diphenoxylate hydrochloride/atropine sulfate	3	
loperamide hydrochloride capsule	2	
XERMELO	5	QL(90 EA per 30 days); PA
Antispasmodics, Gastrointestinal		
dicyclomine hcl solution	4	
dicyclomine hydrochloride capsule, tablet	2	
glycopyrrolate injection 0.4mg/2ml	4	
glycopyrrolate tablet 1mg, 2mg	3	PA
Gastrointestinal Agents, Other		
chenodal	5	PA
CLENPIQ	3	
GATTEX	5	PA
gavilyte-c	2	
gavilyte-g	2	
gavilyte-h	2	
gavilyte-n/flavor pack	2	
LIVMARLI SOLUTION 19MG/ML	5	QL(60 ML per 30 days); PA
LIVMARLI SOLUTION 9.5MG/ML	5	QL(90 ML per 30 days); PA
metoclopramide hcl solution	2	
metoclopramide hydrochloride tablet	1	
nitroglycerin ointment 0.4%	4	
peg 3350/electrolytes	2	
peg-3350/electrolytes	2	
peg-3350/nacl/na bicarbonate/kcl	2	
sodium sulfate/potassium sulfate/magnesium sulfate	3	
SUTAB	3	
trilyte	2	
ursodiol capsule 300mg	4	
ursodiol tablet	3	
VOWST	5	PA
XIFAXAN TABLET 200MG	4	PA
XIFAXAN TABLET 550MG	5	PA
Histamine2 (H2) Receptor Antagonists		
famotidine suspension reconstituted	4	
famotidine tablet 20mg, 40mg	2	
nizatidine	4	
Protectants		
misoprostol	3	
sucralfate tablet	2	
sucralfate suspension	4	
Proton Pump Inhibitors		
esomeprazole magnesium capsule delayed release	2	QL(60 EA per 30 days)
lansoprazole capsule delayed release	2	QL(60 EA per 30 days)
omeprazole dr capsule delayed release 10mg	1	QL(60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
omeprazole capsule delayed release 10mg, 20mg, 40mg	1	QL(60 EA per 30 days)
pantoprazole sodium tablet delayed release	1	QL(60 EA per 30 days)
rabeprazole sodium	3	QL(60 EA per 30 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
betaine anhydrous	5	
CERDELGA	5	PA
CHOLBAM	5	PA
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
cromolyn sodium concentrate 100mg/5ml	4	
CYSTAGON	4	
EVRYSDI SOLUTION RECONSTITUTED	5	QL(240 ML per 30 days); PA
FABRAZYME	5	PA
l-glutamine	5	PA
miglustat	5	PA
nitisinone	5	
ONPATTRO	5	PA
PROLASTIN-C	5	PA
PYRUKYND TAPER PACK	5	QL(30 EA per 30 days); PA
PYRUKYND TABLET 50MG	5	QL(120 EA per 30 days); PA
PYRUKYND TABLET 20MG, 5MG	5	QL(60 EA per 30 days); PA
REVCOVI	5	PA
sapropterin dihydrochloride	5	PA
sodium phenylbutyrate powder, tablet	5	
SUCRAID	5	PA
TEGSEDI	5	PA
WELIREG	5	PA NSO
yargesa	5	PA
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	3	
Genitourinary Agents		
Antispasmodics, Urinary		
GELNIQUE GEL 10%	4	

Drug Name	Drug Tier	Requirements/Limits
GEMTESA	4	
MYRBETRIQ	3	
oxybutynin chloride er	2	
oxybutynin chloride solution	2	
oxybutynin chloride tablet 5mg	2	
solifenacin succinate	2	
tolterodine tartrate	3	
tolterodine tartrate er	3	
trospium chloride	3	
trospium chloride er	4	
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er	2	
doxazosin mesylate	2	
dutasteride capsule	2	
finasteride tablet	1	
silodosin	4	
tadalafil tablet 2.5mg, 5mg	3	QL(30 EA per 30 days); PA
tamsulosin hydrochloride	1	
terazosin hcl capsule 10mg, 1mg, 5mg	1	
terazosin hydrochloride capsule 2mg	1	
Genitourinary Agents, Other		
acetic acid 0.25%	1	
bethanechol chloride tablet	2	
ELMIRON	5	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
cortisone acetate tablet 25mg	3	
dexamethasone solution	2	
dexamethasone elixir	3	
dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg	2	
fludrocortisone acetate tablet	2	
hydrocortisone tablet 10mg, 20mg, 5mg	2	
methylprednisolone dose pack tablet therapy pack	2	
methylprednisolone tablet	2	
prednisolone sodium phosphate solution 15mg/5ml	2	
prednisolone sodium phosphate solution 25mg/5ml, 5mg/5ml	4	
prednisolone solution	2	
prednisone tablet therapy pack	2	
prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg	1	
triamcinolone acetonide injection 10mg/ml	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
desmopressin acetate tablet	3	

Drug Name	Drug Tier	Requirements/Limits
desmopressin acetate solution 0.01%	4	
GENOTROPIN	5	PA
GENOTROPIN MINIQUICK INJECTION 0.2MG	4	PA
GENOTROPIN MINIQUICK INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	5	PA
INCRELEX	5	PA
ISTURISA TABLET 10MG	5	QL(180 EA per 30 days); PA
ISTURISA TABLET 1MG	5	QL(240 EA per 30 days); PA
ISTURISA TABLET 5MG	5	QL(360 EA per 30 days); PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
danazol capsule	4	
testosterone cypionate injection 100mg/ml, 200mg/ml	2	PA
testosterone enanthate injection	3	PA
testosterone pump	4	PA
testosterone gel 20.25mg/1.25gm, 40.5mg/2.5gm	3	PA
testosterone gel 25mg/2.5gm, 50mg/5gm	4	PA
Estrogens		
afirmelle	3	
altavera	3	
alyacen 1/35	3	
alyacen 7/7/7	3	
amabelz	4	
amethia	4	QL(91 EA per 91 days)
amethia lo	4	QL(91 EA per 91 days)
amethyst	3	
ashlyna	4	QL(91 EA per 91 days)
aubra eq	3	
aurovela 1.5/30	3	
aurovela 1/20	3	
aurovela fe 1.5/30	3	
aurovela fe 1/20	3	
aviane	3	
ayuna	3	
azurette	3	
balziva	3	
bekyree	3	
blisovi fe 1.5/30	3	
blisovi fe 1/20	3	
briellyn	3	
camrese	4	QL(91 EA per 91 days)
camrese lo	4	QL(91 EA per 91 days)
chateal	3	

Drug Name	Drug Tier	Requirements/Limits
chateal eq	3	
CLIMARA PRO	4	
cryselle-28	3	
cyclafem 1/35	3	
cyclafem 7/7/7	3	
dasetta 1/35	3	
dasetta 7/7/7	3	
daysee	4	QL(91 EA per 91 days)
delyla	3	
desogestrel/ethinyl estradiol tablet 0; 0	3	
dolishale	3	
DOTTI	4	
elinest	3	
eluryng	4	
enilloring	4	
enpresse-28	3	
estarylla	3	
estradiol/norethindrone acetate	4	
estradiol gel 0.25mg/0.25gm, 0.5mg/0.5gm, 0.75mg/0.75gm, 1.25mg/1.25gm, 1mg/gm	4	
estradiol cream, oral tablet	2	
estradiol patch weekly	3	
estradiol patch twice weekly, vaginal tablet	4	
ESTRING	4	QL(1 EA per 90 days)
ethynodiol diacetate/ethinyl estradiol	3	
etonogestrel/ethinyl estradiol	3	
falmina	3	
fayosim	4	QL(91 EA per 91 days)
feirza 1.5/30	3	
feirza 1/20	3	
femynor	3	
FYAVOLV	4	
hailey 1.5/30	3	
hailey fe 1.5/30	3	
hailey fe 1/20	3	
haloette	4	
iclevia	4	QL(91 EA per 91 days)
introvale	4	QL(91 EA per 91 days)
jaimiess	4	QL(91 EA per 91 days)
jinteli	4	
jolessa	4	QL(91 EA per 91 days)
junel 1.5/30	3	
junel 1/20	3	
junel fe 1.5/30	3	

Drug Name	Drug Tier	Requirements/Limits
junel fe 1/20	3	
kariva	3	
kelnor 1/35	3	
kelnor 1/50	3	
kimidess	3	
kurvelo	3	
larin 1.5/30	3	
larin 1/20	3	
larin fe 1.5/30	3	
larin fe 1/20	3	
larissia	3	
lessina	3	
levonest	3	
levonorgestrel and ethinyl estradiol tablet 20mcg; 90mcg	3	
levonorgestrel and ethinyl estradiol tablet 0; 0	4	QL(91 EA per 91 days)
levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg	3	
levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0	4	QL(91 EA per 91 days)
levora 0.15/30-28	3	
lillow	3	
lojaimiess	4	QL(91 EA per 91 days)
lopreeza	4	
low-ogestrel	3	
lutera	3	
lyllana	4	
marlissa	3	
MENEST TABLET 2.5MG	4	
microgestin 1.5/30	3	
microgestin 1/20	3	
microgestin fe 1.5/30	3	
microgestin fe 1/20	3	
mili	3	
mimvey	4	
mimvey lo	4	
mono-linyah	3	
mononessa	3	
necon 0.5/35-28	3	
necon 7/7/7	3	
norelgestromin/ethinyl estradiol	4	
norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 20mcg; 75mg; 1mg, 30mcg; 75mg; 1.5mg	3	
norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg, 30mcg; 1.5mg	3	

Drug Name	Drug Tier	Requirements/Limits
norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg, 5mcg; 1mg	4	
norgestimate/ethinyl estradiol	3	
nortrel 0.5/35 (28)	3	
nortrel 1/35	3	
nortrel 7/7/7	3	
nylia 1/35	3	
nylia 7/7/7	3	
nymyo	3	
orsythia	3	
philith	3	
pimtrea	3	
pirmella 1/35	3	
pirmella 7/7/7	3	
portia-28	3	
PREMARIN CREAM	4	
PREMARIN TABLET 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	4	
PREMPHASE	4	
PREMPRO	4	
previfem	3	
rivelsa	4	QL(91 EA per 91 days)
setlakin	4	QL(91 EA per 91 days)
simliya	3	
simpesse	4	QL(91 EA per 91 days)
sprintec 28	3	
sronyx	3	
tarina fe 1/20	3	
tarina fe 1/20 eq	3	
tri femynor	3	
tri-estarylla	3	
tri-linyah	3	
tri-mili	3	
tri-nymyo	3	
tri-previfem	3	
tri-sprintec	3	
tri-vylibra	3	
trinessa	3	
trivora-28	3	
turqoz	3	
valtya 1/50	3	
vienva	3	
viorele	3	
volnea	3	

Drug Name	Drug Tier	Requirements/Limits
vyfemla	3	
vylibra	3	
wera	3	
xulane	3	
yuvafem	4	
zafemy	4	
zovia 1/35	3	
zovia 1/35e	3	
Progestins		
camila	1	
deblitane	1	
DEPO-SUBQ PROVERA 104	3	QL(0.65 ML per 90 days)
emzahh	1	
errin	1	
gallifrey	2	
heather	1	
incassia	1	
jencycla	1	
LILETTA	3	
lyleq	1	
lyza	1	
medroxyprogesterone acetate tablet	1	
medroxyprogesterone acetate injection	2	QL(1 ML per 90 days)
megestrol acetate tablet	2	
megestrol acetate suspension 40mg/ml	3	
megestrol acetate suspension 625mg/5ml	4	
NEXPLANON	3	
nora-be	1	
norethindrone acetate tablet	2	
norethindrone tablet	1	
norlyda	1	
norlyroc	1	
progesterone capsule	2	
sharobel	1	
tulana	1	
Selective Estrogen Receptor Modifying Agents		
OSPHENA	3	QL(30 EA per 30 days); PA
raloxifene hydrochloride	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
ADTHYZA TABLET 120MG, 15MG, 30MG, 60MG, 90MG	4	
ARMOUR THYROID	4	

Drug Name	Drug Tier	Requirements/Limits
EUTHYROX TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	2	
LEVO-T	3	
levothyroxine sodium tablet	1	
LEVOXYL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	2	
liothyronine sodium tablet	2	
NIVA THYROID	4	
np thyroid 120	4	
np thyroid 15	4	
np thyroid 30	4	
np thyroid 60	4	
np thyroid 90	4	
SYNTHROID TABLET	3	
THYROID TABLET 120MG, 15MG, 30MG, 60MG, 90MG	4	
UNITHROID	2	
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
cabergoline	3	
FIRMAGON INJECTION 80MG	4	QL(1 EA per 28 days); PA NSO
FIRMAGON INJECTION 120MG/VIAL	5	QL(4 EA per 365 days); PA NSO
leuprolide acetate injection 1mg/0.2ml	4	PA NSO
LUPRON DEPOT (1-MONTH)	5	QL(1 EA per 28 days); PA NSO
LUPRON DEPOT (3-MONTH)	5	QL(1 EA per 84 days); PA NSO
LUPRON DEPOT (4-MONTH)	5	QL(1 EA per 112 days); PA NSO
LUPRON DEPOT (6-MONTH)	5	QL(1 EA per 168 days); PA NSO
LUPRON DEPOT-PED (1-MONTH)	5	QL(1 EA per 28 days); PA
LUPRON DEPOT-PED (3-MONTH)	5	QL(1 EA per 84 days); PA
mifepristone tablet 200mg	4	
mifepristone tablet 300mg	5	QL(120 EA per 30 days); PA
octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml	4	PA
octreotide acetate injection 1000mcg/ml, 500mcg/ml	5	PA
ORGOVYX	5	PA NSO
SIGNIFOR	5	QL(60 ML per 30 days); PA
SOMAVERT	5	PA
TRELSTAR MIXJECT INJECTION 22.5MG	4	QL(1 EA per 168 days); PA NSO
TRELSTAR MIXJECT INJECTION 11.25MG	4	QL(1 EA per 84 days); PA NSO
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
methimazole tablet 10mg, 5mg	2	
propylthiouracil tablet	2	
Immunological Agents		

Drug Name	Drug Tier	Requirements/Limits
Angioedema Agents		
CINRYZE	5	PA
HAEGARDA INJECTION 2000UNIT	5	PA
icatibant acetate	5	PA
sajazir	5	PA
Immunoglobulins		
BIVIGAM INJECTION 10%, 5GM/50ML	5	PA
CUVITRU INJECTION 8GM/40ML	5	PA
GAMASTAN	3	PA
HIZENTRA	5	PA
HYPERHEP B	4	B/D
PRIVIGEN	5	PA
Immunological Agents, Other		
BENLYSTA	5	PA
COSENTYX SENSOREADY PEN	5	QL(10 ML per 28 days); PA
COSENTYX UNOREADY	5	QL(10 ML per 28 days); PA
COSENTYX INJECTION 125MG/5ML	5	PA
COSENTYX INJECTION 150MG/ML, 75MG/0.5ML	5	QL(10 ML per 28 days); PA
DUPIXENT INJECTION 100MG/0.67ML	5	QL(1.34 ML per 28 days); PA
DUPIXENT INJECTION 200MG/1.14ML	5	QL(4.56 ML per 28 days); PA
DUPIXENT INJECTION 300MG/2ML	5	QL(8 ML per 28 days); PA
EMPAVELI	5	PA
KINERET	5	PA
ORENCIA CLICKJECT	5	QL(4 ML per 28 days); PA
ORENCIA INJECTION 50MG/0.4ML	5	QL(1.6 ML per 28 days); PA
ORENCIA INJECTION 87.5MG/0.7ML	5	QL(2.8 ML per 28 days); PA
ORENCIA INJECTION 125MG/ML	5	QL(4 ML per 28 days); PA
OTEZLA TABLET THERAPY PACK 0	5	QL(110 EA per 365 days); PA
RINVOQ	5	QL(30 EA per 30 days); PA
RINVOQ LQ	5	QL(360 ML per 30 days); PA
SKYRIZI PEN	5	QL(1 ML per 28 days); PA
SKYRIZI INJECTION 75MG/0.83ML	5	PA
SKYRIZI INJECTION 150MG/ML	5	QL(1 ML per 28 days); PA
SKYRIZI INJECTION 180MG/1.2ML	5	QL(1.2 ML per 56 days); PA
SKYRIZI INJECTION 360MG/2.4ML	5	QL(2.4 ML per 56 days); PA
SKYRIZI INJECTION 600MG/10ML	5	QL(30 ML per 365 days); PA
TAVNEOS	5	QL(180 EA per 30 days); PA
VEOPOZ	5	PA
WEZLANA INJECTION 45MG/0.5ML	5	QL(1.5 ML per 84 days); PA
WEZLANA INJECTION 130MG/26ML	5	QL(104 ML per 365 days); PA
WEZLANA INJECTION 45MG/0.5ML, 90MG/ML	5	QL(3 ML per 84 days); PA
XELJANZ XR	5	QL(30 EA per 30 days); PA
XELJANZ SOLUTION	5	QL(300 ML per 30 days); PA
XELJANZ TABLET	5	QL(60 EA per 30 days); PA

Drug Name	Drug Tier	Requirements/Limits
XOLAIR	5	PA
Immunostimulants		
ACTIMMUNE	5	PA NSO
BESREMI	5	PA NSO
PEGASYS INJECTION 180MCG/ML	5	PA
Immunosuppressants		
ADALIMUMAB-AATY 1-PEN KIT INJECTION 80MG/0.8ML	5	QL(3 EA per 28 days); PA
ADALIMUMAB-AATY 1-PEN KIT INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA
ADALIMUMAB-AATY 2-PEN KIT	5	QL(6 EA per 28 days); PA
ADALIMUMAB-AATY 2-SYRINGE KIT INJECTION 20MG/0.2ML	5	QL(1 EA per 28 days); PA
ADALIMUMAB-AATY 2-SYRINGE KIT INJECTION 40MG/0.4ML	5	QL(3 EA per 28 days); PA
ADALIMUMAB-ADBM CROHNS/UC/HS STARTER	5	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBM PSORIASIS/UVEITIS STARTER	5	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBM STARTER PACKAGE FOR CROHNS DISEASE/UC/HS	5	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBM STARTER PACKAGE FOR PSORIASIS/UVEITIS	5	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBM INJECTION 10MG/0.2ML, 20MG/0.4ML	5	QL(2 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBM INJECTION 40MG/0.4ML, 40MG/0.8ML	5	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ASTAGRAF XL	4	B/D
azathioprine tablet 50mg	2	B/D
cyclosporine modified	4	B/D
cyclosporine capsule 100mg, 25mg	4	B/D
ENBREL MINI	5	QL(8 ML per 28 days); PA
ENBREL SURECLICK	5	QL(8 ML per 28 days); PA
ENBREL INJECTION 25MG	5	PA
ENBREL INJECTION 25MG/0.5ML	5	QL(4 ML per 28 days); PA
ENBREL INJECTION 50MG/ML	5	QL(8 ML per 28 days); PA
ENVARSUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75MG, 1MG	4	B/D

Drug Name	Drug Tier	Requirements/Limits
ENVARSUS XR TABLET EXTENDED RELEASE 24 HOUR 4MG	5	B/D
everolimus tablet 0.25mg, 0.5mg, 0.75mg, 1mg	5	B/D
gengraf capsule 100mg, 25mg	4	B/D
gengraf solution	4	B/D
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 0	5	QL(4 EA per 365 days); PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 80MG/0.8ML	5	QL(6 EA per 365 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK	5	QL(4 EA per 28 days); PA
HUMIRA PEN-PS/UV STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN-PS/UV STARTER INJECTION 0	5	QL(6 EA per 365 days); PA
HUMIRA PEN INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA; Abbvie labeled products only
HUMIRA PEN INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA; Abbvie labeled products only
HUMIRA INJECTION 10MG/0.1ML, 20MG/0.2ML	5	QL(2 EA per 28 days); PA; Abbvie labeled products only
HUMIRA INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA; Abbvie labeled products only
INFLECTRA	5	PA
INFLIXIMAB	5	PA
JYLAMVO	5	PA NSO
leflunomide	2	
methotrexate sodium tablet	2	
methotrexate sodium injection 1gm/40ml, 1gm, 250mg/10ml, 50mg/2ml	2	
methotrexate injection 50mg/2ml	2	
mycophenolate mofetil capsule, tablet	4	B/D
mycophenolate mofetil suspension reconstituted	5	B/D
mycophenolic acid dr	4	B/D
ORENCIA INJECTION 250MG	5	PA
PEGASYS INJECTION 180MCG/0.5ML	5	PA
PROGRAF PACKET	4	B/D
RENFLEXIS	5	PA
REZUROCK	5	QL(60 EA per 30 days); PA
SANDIMMUNE SOLUTION	4	B/D

Drug Name	Drug Tier	Requirements/Limits
sirolimus solution, tablet	4	B/D
tacrolimus capsule 0.5mg, 1mg, 5mg	4	B/D
XATMEP	4	PA NSO
Vaccines		
ABRYSVO	1	QL(1 EA per 252 days)
ACTHIB INJECTION 0	1	
ADACEL	1	
AREXVY	1	QL(1 EA per 999 days)
bcg vaccine injection 50mg	1	
BEXSERO	1	
BOOSTRIX	1	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	3	
DENGVAXIA	3	
diphtheria/tetanus toxoids adsorbed pediatric	3	
ENGERIX-B	1	B/D
GARDASIL 9	1	
HAVRIX INJECTION 1440ELU/ML	1	
HAVRIX INJECTION 720ELU/0.5ML	3	
HEPLISAV-B	1	B/D
HIBERIX	1	
IMOVAX RABIES (H.D.C.V.)	1	B/D
INFANRIX	3	
IPOL INACTIVATED IPV	1	
IXCHIQ	1	
IXIARO	1	
JYNNEOS	1	
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
M-M-R II	1	
MENACTRA	1	
MENQUADFI	1	
MENVEO	1	
MRESVIA	1	QL(0.5 ML per 999 days)
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
PEDVAX HIB INJECTION 7.5MCG/0.5ML	3	
PENBRAYA	1	
PENTACEL	3	
PREHEVBRIO	1	B/D
PRIORIX	1	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	1	B/D

Drug Name	Drug Tier	Requirements/Limits
RECOMBIVAX HB	1	B/D
ROTARIX	3	
ROTATEQ SOLUTION	3	
SHINGRIX	1	
STAMARIL	1	
TDVAX	1	
TENIVAC	1	
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT	1	
TICOVAC INJECTION 2.4MCG/0.5ML	1	
TICOVAC INJECTION 1.2MCG/0.25ML	3	
TRUMENBA	1	
TWINRIX	1	
TYPHIM VI	1	
VAQTA INJECTION 50UNIT/ML	1	
VAQTA INJECTION 25UNIT/0.5ML	3	
VARIVAX	1	
VAXCHORA	1	
VAXELIS	3	
VIMKUNYA	1	
VIVOTIF	1	
YF-VAX	1	
Inflammatory Bowel Disease Agents		
Aminosalicylates		
balsalazide disodium	4	
mesalamine dr tablet delayed release 1.2gm	4	
mesalamine er	4	
mesalamine enema, kit, suppository	4	
SFROWASA	4	
sulfasalazine tablet, tablet delayed release	2	
Glucocorticoids		
budesonide er	5	
budesonide capsule delayed release particles 3mg	4	
colocort	4	
hydrocortisone cream 2.5%	2	
hydrocortisone enema 100mg/60ml	4	
procto-med hc	2	
proctosol hc	2	
proctozone-hc	2	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
alendronate sodium tablet 10mg, 35mg, 5mg	6	
alendronate sodium tablet 70mg	6	QL(4 EA per 28 days)
calcitonin-salmon solution	3	QL(3.7 ML per 30 days)
calcitriol capsule	2	

Drug Name	Drug Tier	Requirements/Limits
cinacalcet hydrochloride	4	
FORTEO INJECTION 560MCG/2.24ML	5	PA
ibandronate sodium tablet	6	QL(1 EA per 28 days)
paricalcitol capsule	3	
PROLIA	4	QL(2 ML per 365 days)
RAYALDEE	5	
risedronate sodium tablet 30mg, 5mg	4	
risedronate sodium tablet 150mg	4	QL(1 EA per 28 days)
risedronate sodium tablet 35mg	4	QL(4 EA per 28 days)
teriparatide	5	PA
TYMLOS	5	PA
XGEVA	5	PA
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ALCOHOL PREP PADS	3	
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	2	QL(200 EA per 30 days)
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	2	QL(200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	2	QL(200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	2	QL(200 EA per 30 days)
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	2	QL(200 EA per 30 days)
bd veo insulin syringe ultra-fine/0.3ml/31g x 6mm	2	QL(200 EA per 30 days)
CURITY GAUZE PADS 2"X2" 12 PLY	3	
EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 1/2"	2	QL(200 EA per 30 days)
EASY COMFORT PEN NEEDLES 29GX4MM	2	QL(200 EA per 30 days)
ELLA	3	
NUTRILIPID	4	B/D
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5)	3	QL(1 EA per 365 days)
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5)	3	QL(30 EA per 30 days)
OMNIPOD 5 G7 INTRO KIT (GEN 5)	3	QL(1 EA per 365 days)
OMNIPOD 5 G7 PODS (GEN 5)	3	QL(30 EA per 30 days)
OMNIPOD 5 LIBRE2 PLUS G6	3	QL(1 EA per 365 days)
OMNIPOD 5 LIBRE2 PLUS G6 PODS	3	QL(30 EA per 30 days)
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	3	QL(1 EA per 365 days)
OMNIPOD CLASSIC PODS (GEN 3)	3	QL(30 EA per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4)	3	QL(1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	3	QL(1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4)	3	QL(30 EA per 30 days)
OMNIPOD GO 10 UNITS/DAY	3	QL(10 EA per 30 days)
OMNIPOD GO 15 UNITS/DAY	3	QL(10 EA per 30 days)
OMNIPOD GO 20 UNITS/DAY	3	QL(10 EA per 30 days)
OMNIPOD GO 25 UNITS/DAY	3	QL(10 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD GO 30 UNITS/DAY	3	QL(10 EA per 30 days)
OMNIPOD GO 35 UNITS/DAY	3	QL(10 EA per 30 days)
OMNIPOD GO 40 UNITS/DAY	3	QL(10 EA per 30 days)
RIVFLOZA INJECTION 128MG/0.8ML	5	QL(0.8 ML per 28 days); PA
RIVFLOZA INJECTION 160MG/ML, 80MG/0.5ML	5	QL(1 ML per 28 days); PA
SKYCLARYS	5	QL(90 EA per 30 days); PA
sodium chloride 0.9%	2	
ulticare micro pen needles/32g x 5/32"	2	QL(200 EA per 30 days)
unifine pentips 32gx6mm	2	QL(200 EA per 30 days)
V-GO 20	3	
V-GO 30	3	
V-GO 40	3	
VISTOGARD	5	
ZOKINVY	5	QL(120 EA per 30 days); PA
Ophthalmic Agents		
Ophthalmic Agents, Other		
atropine sulfate solution 1%	2	
bacitracin/polymyxin b	2	
brimonidine tartrate/timolol maleate	3	
COMBIGAN	3	
cyclosporine emulsion 0.05%	3	
CYSTARAN	5	QL(60 ML per 28 days)
dorzolamide hcl/timolol maleate	2	
neo-polycin	3	
neo-polycin hc	3	
neomycin/bacitracin/polymyxin	3	
neomycin/polymyxin/bacitracin/hydrocortisone	3	
neomycin/polymyxin/bacitracin ointment 400unit/gm; 3.5mg/gm; 10000unit/gm	3	
neomycin/polymyxin/dexamethasone	2	
neomycin/polymyxin/gramicidin	3	
OXERVATE	5	QL(56 ML per 28 days); PA
polycin	2	
polymyxin b sulfate/trimethoprim sulfate	1	
RESTASIS	3	
RESTASIS MULTIDOSE	3	
ROCKLATAN	3	QL(2.5 ML per 25 days)
SIMBRINZA	3	
sulfacetamide sodium/prednisolone sodium phosphate	2	
TOBRADEX ST	4	
TOBRADEX OINTMENT	4	
tobramycin/dexamethasone	4	
XIIDRA	4	QL(60 EA per 30 days)
ZYLET	4	

Drug Name	Drug Tier	Requirements/Limits
Ophthalmic Anti-allergy Agents		
azelastine hcl ophthalmic solution 0.05%	2	
cromolyn sodium solution 4%	1	
olopatadine hydrochloride	3	
Ophthalmic Anti-Infectives		
bacitracin	4	
BESIVANCE	4	
ciprofloxacin hydrochloride solution 0.3%	2	
erythromycin ointment 5mg/gm	2	
gatifloxacin	4	
gentak ointment	2	
gentamicin sulfate ophthalmic solution 0.3%	2	
levofloxacin ophthalmic solution 0.5%	3	
moxifloxacin hydrochloride solution 0.5%	3	
NATACYN	4	
ofloxacin ophthalmic solution 0.3%	2	
sulfacetamide sodium solution	2	
sulfacetamide sodium ointment	3	
tobramycin solution 0.3%	1	
trifluridine	4	
XDEMVY	5	QL(10 ML per 42 days)
ZIRGAN	4	
Ophthalmic Anti-inflammatories		
bromfenac sodium solution 0.07%	4	QL(12 ML per 365 days)
dexamethasone sodium phosphate solution	3	
diclofenac sodium ophthalmic solution 0.1%	2	
FLAREX	3	
fluorometholone	3	
flurbiprofen sodium	2	
ILEVRO	3	QL(4 ML per 30 days)
ketorolac tromethamine ophthalmic solution 0.5%	2	
ketorolac tromethamine ophthalmic solution 0.4%	3	
LOTEMAX SM	4	QL(20 GM per 365 days)
prednisolone acetate	3	
Ophthalmic Beta-Adrenergic Blocking Agents		
betaxolol hcl solution 0.5%	3	
carteolol hcl	2	
levobunolol hcl solution 0.5%	2	
timolol maleate solution 0.25%, 0.5%	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
acetazolamide	3	
acetazolamide er	3	
brimonidine tartrate solution 0.2%	2	
brimonidine tartrate solution 0.1%	3	

Drug Name	Drug Tier	Requirements/Limits
brinzolamide	4	
dorzolamide hydrochloride	2	
methazolamide tablet	4	
pilocarpine hcl solution 1%, 2%, 4%	3	
pilocarpine hydrochloride solution 1%, 2%, 4%	3	
RHOPRESSA	3	QL(2.5 ML per 25 days)
Ophthalmic Prostaglandin and Prostamide Analogs		
latanoprost solution	1	
LUMIGAN	3	QL(2.5 ML per 25 days)
VYZULTA	4	QL(5 ML per 25 days)
Otic Agents		
Otic Agents		
acetic acid	2	
ciprofloxacin/dexamethasone	4	
hydrocortisone/acetic acid	4	
neomycin/polymyxin/hc	3	
neomycin/polymyxin/hydrocortisone suspension	3	
ofloxacin otic solution 0.3%	3	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA	3	QL(30 EA per 30 days)
ASMANEX HFA	4	QL(13 GM per 30 days)
ASMANEX TWISTHALER 120 METERED DOSES	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 14 METERED DOSES	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 30 METERED DOSES	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 60 METERED DOSES	4	QL(1 EA per 30 days)
budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml	4	QL(120 ML per 30 days); B/D
flunisolide solution 0.025%	4	QL(50 ML per 30 days)
fluticasone propionate suspension 50mcg/act	1	
mometasone furoate suspension 50mcg/act	4	QL(34 GM per 30 days)
QVAR REDIHALER	3	QL(21.2 GM per 30 days)
Antihistamines		
azelastine hcl nasal solution 0.15%	2	QL(60 ML per 30 days)
azelastine hydrochloride solution 0.1%	2	QL(60 ML per 30 days)
cyproheptadine hydrochloride tablet	4	
diphenhydramine hydrochloride injection	4	
hydroxyzine hcl tablet 50mg	3	
hydroxyzine hydrochloride syrup	4	
hydroxyzine hydrochloride tablet 10mg, 25mg	3	
hydroxyzine pamoate capsule	4	
levocetirizine dihydrochloride tablet	2	
Antileukotrienes		
montelukast sodium tablet	1	
montelukast sodium tablet chewable, packet	2	

Drug Name	Drug Tier	Requirements/Limits
zafirlukast	4	
Bronchodilators, Anticholinergic		
ATROVENT HFA	4	QL(25.8 GM per 30 days)
INCRUSE ELLIPTA	3	QL(30 EA per 30 days)
ipratropium bromide nasal solution	2	
ipratropium bromide inhalation solution	2	QL(312.5 ML per 30 days); B/D
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT	3	
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT	3	QL(8 GM per 30 days)
tiotropium bromide	4	QL(30 EA per 30 days)
YUPELRI	5	QL(90 ML per 30 days); B/D
Bronchodilators, Sympathomimetic		
albuterol sulfate hfa aerosol solution 108mcg/act	2	QL(13.4 GM per 30 days)
albuterol sulfate hfa aerosol solution 108mcg/act	2	QL(17 GM per 30 days)
albuterol sulfate hfa aerosol solution 108mcg/act	2	QL(48 GM per 30 days)
albuterol sulfate nebulization solution 2.5mg/0.5ml	2	QL(100 EA per 30 days); B/D
albuterol sulfate nebulization solution 0.083%	2	QL(525 ML per 30 days); B/D
albuterol sulfate nebulization solution 0.63mg/3ml, 1.25mg/3ml	4	QL(375 ML per 30 days); B/D
arformoterol tartrate	4	QL(120 ML per 30 days); PA
epinephrine injection 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml	3	
formoterol fumarate nebulization solution	4	QL(120 ML per 30 days); B/D
levalbuterol hcl nebulization solution 1.25mg/3ml	4	QL(270 ML per 30 days); B/D
levalbuterol hcl nebulization solution 0.31mg/3ml, 0.63mg/3ml	4	QL(540 ML per 30 days); B/D
levalbuterol hydrochloride nebulization solution 0.63mg/3ml	4	QL(540 ML per 30 days); B/D
levalbuterol tartrate hfa	3	QL(30 GM per 30 days)
levalbuterol nebulization solution	4	QL(90 EA per 30 days); B/D
PROAIR RESPICLICK	3	QL(2 EA per 30 days)
SEREVENT DISKUS	3	QL(60 EA per 30 days)
Cystic Fibrosis Agents		
CAYSTON	5	PA
KALYDECO PACKET	5	QL(56 EA per 28 days); PA
KALYDECO TABLET	5	QL(60 EA per 30 days); PA
ORKAMBI TABLET	5	QL(112 EA per 28 days); PA
PULMOZYME	5	PA
TOBI PODHALER	5	QL(224 EA per 56 days)
tobramycin nebulization solution 300mg/5ml	5	B/D
TRIKAFTA TABLET THERAPY PACK 100MG; 0; 50MG	5	QL(84 EA per 28 days); PA
Mast Cell Stabilizers		
cromolyn sodium nebulization solution 20mg/2ml	3	B/D
Phosphodiesterase Inhibitors, Airways Disease		

Drug Name	Drug Tier	Requirements/Limits
roflumilast	4	PA
theophylline er tablet extended release 24 hour	2	
theophylline er tablet extended release 12 hour 300mg, 450mg	4	
Pulmonary Antihypertensives		
ADEMPAS	5	QL(90 EA per 30 days); PA
alyq	4	QL(60 EA per 30 days); PA
ambrisentan	5	QL(30 EA per 30 days); PA
OPSUMIT	5	QL(30 EA per 30 days); PA
ORENITRAM TITRATION KIT MONTH 1	5	QL(336 EA per 365 days); PA
ORENITRAM TITRATION KIT MONTH 2	5	QL(672 EA per 365 days); PA
ORENITRAM TITRATION KIT MONTH 3	5	QL(504 EA per 365 days); PA
ORENITRAM TABLET EXTENDED RELEASE 0.125MG	4	PA
ORENITRAM TABLET EXTENDED RELEASE 0.25MG, 1MG, 2.5MG, 5MG	5	PA
sildenafil citrate tablet	3	QL(90 EA per 30 days); PA; (20mg)
tadalafil tablet 20mg	4	QL(60 EA per 30 days); PA
UPTRAVI TITRATION PACK	5	QL(400 EA per 365 days); PA
UPTRAVI TABLET 1600MCG	5	QL(60 EA per 30 days); PA
VENTAVIS	5	QL(270 ML per 30 days); PA
Pulmonary Fibrosis Agents		
OFEV	5	PA
pirfenidone	5	PA
Respiratory Tract Agents, Other		
ADVAIR HFA	3	QL(24 GM per 30 days)
AIRSUPRA	3	QL(32.1 GM per 30 days)
ANORO ELLIPTA	3	QL(60 EA per 30 days)
BREO ELLIPTA	3	QL(60 EA per 30 days)
breyna	4	QL(10.3 GM per 30 days)
BREZTRI AEROSPHERE	3	QL(23.6 GM per 28 days)
BRONCHITOL	5	QL(560 EA per 28 days); PA
COMBIVENT RESPIMAT	3	QL(8 GM per 30 days)
DULERA AEROSOL 5MCG/ACT; 50MCG/ACT	4	QL(13 GM per 30 days); PA
DULERA AEROSOL 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT	4	QL(17.6 GM per 30 days); PA
FASENRA PEN	5	PA
FASENRA INJECTION 10MG/0.5ML	4	PA
FASENRA INJECTION 30MG/ML	5	PA
fluticasone propionate/salmeterol diskus	2	QL(60 EA per 30 days)
fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act	2	QL(60 EA per 30 days)
ipratropium bromide/albuterol sulfate	2	QL(540 ML per 30 days); B/D
NUCALA INJECTION 40MG/0.4ML	5	QL(0.4 ML per 28 days); PA
NUCALA INJECTION 100MG	5	QL(3 EA per 28 days); PA
NUCALA INJECTION 100MG/ML	5	QL(3 ML per 28 days); PA

Drug Name	Drug Tier	Requirements/Limits
STIOLTO RESPIMAT	3	QL(24 GM per 30 days)
SYMBICORT AEROSOL 160MCG/ACT; 4.5MCG/ACT	3	QL(12 GM per 30 days)
TRELEGY ELLIPTA	3	QL(60 EA per 30 days)
wixela inhub	2	QL(60 EA per 30 days)
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
cyclobenzaprine hydrochloride tablet 10mg, 5mg	3	PA
methocarbamol tablet 500mg, 750mg	2	
orphenadrine citrate er	4	
Sleep Disorder Agents		
Sleep Promoting Agents		
BELSOMRA	3	QL(30 EA per 30 days)
eszopiclone	4	QL(30 EA per 30 days)
ramelteon	4	QL(30 EA per 30 days)
temazepam capsule 15mg, 30mg	3	QL(30 EA per 30 days)
zaleplon capsule 5mg	4	QL(30 EA per 30 days)
zaleplon capsule 10mg	4	QL(60 EA per 30 days)
zolpidem tartrate er	4	QL(30 EA per 30 days)
zolpidem tartrate tablet	2	QL(30 EA per 30 days)
Wakefulness Promoting Agents		
armodafinil tablet 150mg, 200mg, 250mg	4	QL(30 EA per 30 days); PA
armodafinil tablet 50mg	4	QL(60 EA per 30 days); PA
modafinil tablet	3	QL(30 EA per 30 days); PA
sodium oxybate	5	QL(540 ML per 30 days); PA

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Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-855-204-2744. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-844-396-0183. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑 问。如果您需要此翻译服务，请致电 1-844-396-0188。我们的中文工作人员很乐意帮助您。 这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯 服務。如需翻譯服務，請致電 1-844-725-1516。我們講中文的人員將樂意為您提供幫助。這 是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-844-389-4839. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-844-396-0190. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1-800-389-4838 sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-844-396-0191. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-844-396-0187 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-844-389-4840. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-844-396-0189. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-844-725-1519 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-844-396-0184. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-844-396-0182. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-844-398-6232. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-844-396-0186. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがありますございます。通訳をご用命になるには、1-844-396-0185 にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサービスです。

This formulary was updated on 05/01/2025. For more recent information or other questions, please contact BlueCross Total at 1-855-204-2744, or, for TTY users 711, 8 a.m. to 8 p.m., Eastern Time, Monday through Friday. Our automated telephone system handles calls received after 8 p.m. and on Saturdays, Sundays, and holidays. From October 1 to March 31, we are available 8 a.m. to 8 p.m. Eastern Time, seven days a week. Or visit www.SCBluesMedAdvantage.com.

South Carolina