P.O. Box 204
Columbia, TN 38402

Farm Bureau Select Rx PDP

2024 Formulary

(List of Covered Drugs)

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

HPMS Approved Formulary File Submission ID 24059, Version Number 18

This formulary was updated on 11/01/2024. For more recent information or other questions, please contact Member Services at 1-855-540-4744. TTY/TDD users should call 711. Our hours of operation are 8 a.m. to 8 p.m. local time, 7 days a week, October 1 – March 31 and April 1 – September 30, our hours are 8 a.m. to 8 p.m. local time, Monday – Friday. Our automated phone system may answer your call on weekends and holidays. You may also visit our website at www.mhinsurance.com/part-d.

November 2024

S2668_MHALFL24391FRS_C

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 Members Health Insurance Company. When it refers to "plan" or "our plan," it means Farm Bureau Select Rx PDP.

This document includes list of the drugs (formulary) for our plan which is current as of December 2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2024, and from time to time during the year.

What is the Members Health Insurance Company Formulary?

A formulary is a list of covered drugs selected by Members Health Insurance Company 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. Members Health Insurance Company will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Members Health Insurance Company's network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but Members Health Insurance Company may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes.

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

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

    - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled "How do I request an exception to the Members Health Insurance Company's Formulary?"

  Drugs removed from the market. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand-name drug currently on the formulary or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

    - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the Members Health Insurance Company's Formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of December 2024. To get updated information about the drugs covered by Members Health Insurance Company please contact us. Our contact information appears on the front and back cover pages. If we have a mid-year, non-maintenance formulary change (i.e., remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost sharing tier), we will update our formulary and post it on our website. You will also be notified in your Explanation of Benefits if you are affected by the change. The updated formulary may be obtained from our website at www.mhinsurance.com/part-d or by calling Member Services. Our contact information, along with the date we last updated the formulary, appears on the front and back pages. We will notify members in writing prior to making this type of change.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 8. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents". If you know what your drug is used for, look for the category name in the list that begins on page 8. 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 66. 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?

Members Health Insurance Company covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Members Health Insurance Company requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from Members Health Insurance Company before you fill your prescriptions. If you don't get approval, Members Health Insurance Company may not cover the drug.

- **Quantity Limits:** For certain drugs, Members Health Insurance Company limits the amount of the drug that. Members Health Insurance Company will cover. For example, Members Health Insurance Company provides 60 per prescription for LYRICA. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, Members Health Insurance Company 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, Members Health Insurance Company may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Members Health Insurance Company will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 8. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online that explain our prior authorization restriction 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 Members Health Insurance Company 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 Members Health Insurance Company's formulary?" on page 5 for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered. For more information, 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 learn that Members Health Insurance Company does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Members Health Insurance Company. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Members Health Insurance Company.

- You can ask Members Health Insurance Company 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 Formulary?

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

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

- You can ask us to cover a formulary drug at 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.

- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Members Health Insurance Company limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

You should contact us to ask us for an initial coverage decision for a formulary, tier, or utilization restriction exception. **When you request a formulary, tier, or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 100 days you are a member of our plan.

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

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

If you are a current enrollee with a level of care change and you need a drug that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary, 30-day transition supply (unless you have a prescription written for fewer days), while you seek to obtain a formulary exception from Members Health Insurance Company. If you are in the process of seeking an exception, we will consider allowing continued coverage until a decision is made.

For more information

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

If you have questions about Members Health Insurance Company, 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.

Members Health Insurance Company's Formulary

The Members Health Insurance Company's formulary that begins on the next page provides coverage information about the drugs covered by us. If you have trouble finding your drug in the list, turn to the Index that begins on page 66.

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

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

B/D: This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

EA: Each.

NDS: Non-Extended Day Supply. This prescription drug is available as a 30-day supply or less.

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

QL: Quantity Limit. For certain drugs, Members Health Insurance Company limits the amount of the drug that Members Health Insurance Company will cover. For example, Members Health Insurance Company provides 60 per prescription for LYRICA. This may be in addition to a standard one month or three-month supply.

ST: Step Therapy. In some cases, Members Health Insurance Company 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, Members Health Insurance Company may not cover drug B unless you try Drug A first.

PA NSO: Prior Authorization for New Starts Only. Prior authorization is required if you are a new member, or you have not taken the drug before.

ST NSO: Step Therapy for New Starts Only. Step Therapy is required if you are a new member, or you have not taken the drug before.

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
celecoxib capsule 100mg, 200mg, 50mg	2	QL(60 EA per 30 days)
celecoxib capsule 400mg	3	QL(60 EA per 30 days)
diclofenac potassium tablet 50mg	3	
diclofenac sodium dr	3	
diclofenac sodium er	3	
diclofenac sodium gel 1%	3	QL(1000 GM per 30 days)
ec-naproxen tablet delayed release 375mg	2	
ec-naproxen tablet delayed release 500mg	3	
etodolac capsule, tablet	3	
flurbiprofen tablet	3	
ibu	1	
ibuprofen tablet 400mg, 600mg, 800mg	1	
indomethacin er	4	
indomethacin capsule 25mg, 50mg	2	
ketorolac tromethamine injection 15mg/ml, 30mg/ml	4	
ketorolac tromethamine tablet 10mg	3	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	3	
naproxen sodium tablet 275mg, 550mg	3	
naproxen tablet delayed release 500mg	3	
naproxen tablet 250mg, 375mg, 500mg	1	
oxaprozin tablet	4	
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 15mg, 30mg, 60mg	3	NDS
morphine sulfate er tablet extended release 100mg, 200mg	4	NDS
XTAMPZA ER	3	NDS
Opioid Analgesics, Short-acting		
acetaminophen/codeine	2	NDS
endocet tablet 325mg; 5mg	2	NDS

Drug Name	Drug Tier	Requirements/Limits
endocet tablet 325mg; 10mg, 325mg; 7.5mg	3	NDS
endocet tablet 325mg; 2.5mg	4	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; 5mg	3	NDS
hydrocodone/acetaminophen tablet 325mg; 7.5mg	3	NDS
hydromorphone hcl injection 10mg/ml, 1mg/ml, 4mg/ml	4	NDS
hydromorphone hcl tablet 2mg, 4mg	2	NDS
hydromorphone hcl tablet 8mg	3	NDS
hydromorphone hydrochloride dosette	4	NDS
hydromorphone hydrochloride injection 1mg/ml, 2mg/ml, 50mg/5ml	4	NDS
morphine sulfate tablet	3	NDS
morphine sulfate injection 10mg/ml, 4mg/ml	4	NDS
morphine sulfate oral solution 100mg/5ml, 10mg/5ml, 20mg/5ml	3	NDS
oxycodone hydrochloride solution	4	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; 7.5mg	3	NDS
oxycodone/acetaminophen tablet 325mg; 2.5mg	4	NDS
tramadol hydrochloride/acetaminophen	2	NDS
tramadol hydrochloride tablet 50mg	2	NDS
Anesthetics		
Local Anesthetics		
lidocaine/prilocaine cream	3	QL(30 GM per 30 days); PA
lidocaine ointment 5%	3	QL(150 GM per 30 days); PA
lidocaine patch 5%	4	PA
premium lidocaine	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	
naltrexone hcl tablet	2	
VIVITROL	5	

Drug Name	Drug Tier	Requirements/Limits
Opioid Dependence		
buprenorphine hcl/naloxone hcl tablet sublingual 2mg; 0.5mg	2	QL(360 EA per 30 days)
buprenorphine hcl/naloxone hcl tablet sublingual 8mg; 2mg	2	QL(90 EA per 30 days)
buprenorphine hcl tablet sublingual	2	
buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 4mg; 1mg	3	QL(60 EA per 30 days)
buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 8mg; 2mg	3	QL(90 EA per 30 days)
BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE TABLET SUBLINGUAL 2MG; 0.5MG	2	QL(360 EA per 30 days)
Opioid Reversal Agents		
naloxone hcl injection 4mg/10ml	2	
naloxone hydrochloride liquid	4	
naloxone hydrochloride injection 0.4mg/ml	2	
naloxone hydrochloride injection 2mg/2ml	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)
varenicline starting month	4	QL(504 EA per 365 days)
varenicline tartrate	4	QL(504 EA per 365 days)
Antibacterials		
Aminoglycosides		
gentamicin sulfate cream 0.1%	3	
gentamicin sulfate injection 40mg/ml	4	
gentamicin sulfate ointment 0.1%	3	
HUMATIN	5	
neomycin sulfate	3	
paromomycin sulfate	4	
streptomycin sulfate injection 1gm	4	
tobramycin sulfate injection	3	
Antibacterials, Other		
aztreonam	4	
clindacin etz pledgets	3	
clindacin-p	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	

Drug Name	Drug Tier	Requirements/Limits
colistimethate sodium	4	
daptomycin	4	
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	4	
metronidazole injection 500mg/100ml	3	
metronidazole tablet 250mg, 500mg	2	
nitrofurantoin macrocrystals capsule 100mg, 50mg	3	
nitrofurantoin monohydrate/macrocrystals	2	
nitrofurantoin monohydrate capsule	2	
tinidazole	3	
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, 1gm, 250mg, 2gm, 500mg, 750mg	3	
Beta-lactam, Cephalosporins		
CEFACLOR CAPSULE	3	
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	3	
cefepime hydrochloride injection 2gm	4	
cefepime/dextrose injection 2gm/50ml; 5%	4	
cefixime capsule	4	
cefotaxime sodium injection 1gm, 2gm, 500mg	3	
cefotetan injection 1gm, 2gm	4	
cefoxitin sodium injection 10gm, 1gm, 2gm	3	
cefpodoxime proxetil	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 750mg	3	
cefuroxime sodium injection 1.5gm	4	
cephalexin capsule 250mg, 500mg	2	
cephalexin suspension reconstituted	2	
TAZICEF INJECTION 1GM, 2GM, 6GM	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	2	
amoxicillin tablet chewable 125mg, 250mg	2	
ampicillin sodium injection 10gm, 125mg, 1gm	4	
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	
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	3	
Carbapenems		
ertapenem	4	
ertapenem sodium	4	
imipenem/cilastatin	3	
meropenem	4	
Macrolides		
azithromycin packet, suspension reconstituted	3	
azithromycin injection 500mg	3	
azithromycin tablet 250mg	2	

Drug Name	Drug Tier	Requirements/Limits
azithromycin tablet 500mg, 600mg	3	
clarithromycin er	4	
clarithromycin tablet	3	
clarithromycin suspension reconstituted	4	
DIFICID TABLET	4	
erythromycin dr tablet delayed release	4	
Quinolones		
CIPRO SUSPENSION RECONSTITUTED	4	
ciprofloxacin hcl tablet 750mg	2	
ciprofloxacin hcl tablet 100mg	3	
ciprofloxacin hydrochloride tablet 250mg, 500mg	2	
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	4	
sulfamethoxazole/trimethoprim ds	2	
sulfamethoxazole/trimethoprim tablet	2	
sulfamethoxazole/trimethoprim suspension	3	
Tetracyclines		
demeclocycline hcl tablet	4	
demeclocycline hydrochloride tablet 300mg	4	
doxy 100	4	
doxycycline hyclate capsule 100mg, 50mg	3	
doxycycline hyclate injection 100mg	4	
doxycycline hyclate tablet 100mg	2	
doxycycline monohydrate capsule 100mg, 50mg	3	
doxycycline monohydrate tablet 100mg, 50mg	3	
doxycycline suspension reconstituted	3	
minocycline hcl capsule 75mg	3	
minocycline hydrochloride capsule 100mg, 50mg	3	
mondoxyne nl capsule 100mg	3	
morgidox 1x100mg capsule	3	
morgidox 2x100mg capsule	3	
tetracycline hydrochloride capsule	3	
Anticonvulsants		

Drug Name	Drug Tier	Requirements/Limits
Anticonvulsants, Other		
BRIVIACT SOLUTION, TABLET	5	PA NSO
EPIDIOLEX	5	PA NSO
EPRONTIA	4	
felbamate tablet	4	
felbamate suspension	5	
FINTEPLA	5	PA NSO
FYCOMPA SUSPENSION	5	
FYCOMPA TABLET 2MG	4	
FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG	5	
lamotrigine starter kit/blue	4	
lamotrigine starter kit/green	4	
lamotrigine starter kit/orange	4	
lamotrigine titration	4	
lamotrigine tablet chewable, tablet	2	
levetiracetam er	3	
levetiracetam solution, tablet	2	
NAYZILAM	4	QL(10 EA per 30 days)
roweepra tablet 500mg	2	
SPRITAM	4	
subvenite	2	
subvenite starter kit/blue	4	
subvenite starter kit/green	4	
subvenite starter kit/orange	4	
topiramate tablet	2	
topiramate capsule sprinkle	3	
XCOPRI TABLET THERAPY PACK 0	4	PA NSO
XCOPRI TABLET THERAPY PACK 0	5	PA NSO
XCOPRI TABLET THERAPY PACK 0	5	PA NSO
XCOPRI TABLET 25MG	5	PA NSO
XCOPRI TABLET 100MG, 150MG, 200MG, 50MG	5	PA NSO
Calcium Channel Modifying Agents		
ethosuximide	3	
methsuximide	4	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
clobazam	4	
clonazepam odt tablet disintegrating 2mg	3	QL(300 EA per 30 days)
clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg	3	QL(90 EA per 30 days)
clonazepam tablet 2mg	3	QL(300 EA per 30 days)
clonazepam tablet 0.5mg, 1mg	3	QL(90 EA per 30 days)
DIACOMIT	5	PA NSO

Drug Name	Drug Tier	Requirements/Limits
diazepam rectal gel	4	
divalproex sodium dr tablet delayed release	2	
divalproex sodium er	2	
divalproex sodium capsule delayed release sprinkle	3	
gabapentin capsule 400mg	2	QL(270 EA per 30 days)
gabapentin capsule 100mg, 300mg	2	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	
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 tablet	5	PA NSO
vigadrone packet	5	PA NSO
VIGAFYDE	5	PA NSO
vigpoder	5	PA NSO
Sodium Channel Agents		
APTIOM	5	
carbamazepine er	4	
carbamazepine suspension, tablet	3	
carbamazepine tablet chewable 100mg	2	
DILANTIN CAPSULE 30MG	4	
epitol	3	
lacosamide solution	3	
lacosamide tablet	4	
oxcarbazepine tablet	2	
oxcarbazepine suspension	4	
phenytek	3	
phenytoin sodium extended	3	
phenytoin tablet chewable, suspension	2	
rufinamide suspension	5	
rufinamide tablet 200mg	4	

Drug Name	Drug Tier	Requirements/Limits
rufinamide tablet 400mg	5	
ZONISADE	4	ST NSO
zonisamide	2	
Antidementia Agents		
Antidementia Agents, Other		
ergoloid mesylates tablet	4	
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR	4	QL(30 EA per 30 days); ST
Cholinesterase Inhibitors		
donepezil hcl tablet disintegrating	3	
donepezil hcl tablet 10mg	2	
donepezil hydrochloride tablet 10mg, 5mg	2	
galantamine hydrobromide er	4	
galantamine hydrobromide tablet	3	
galantamine hydrobromide solution	4	
rivastigmine tartrate	4	
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	3	QL(60 EA per 30 days); ST NSO
bupropion hcl tablet 100mg	2	
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 75mg	2	
maprotiline hcl	4	
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	4	QL(30 EA per 30 days); ST NSO

Drug Name	Drug Tier	Requirements/Limits
MARPLAN	4	
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	4	QL(120 EA per 30 days)
desvenlafaxine er tablet extended release 24 hour 25mg, 50mg	4	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	2	
escitalopram oxalate solution	4	
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	
sertraline hcl concentrate	4	
sertraline hcl tablet 50mg	1	
sertraline hydrochloride tablet 100mg, 25mg	1	
trazodone hydrochloride tablet 100mg, 150mg, 50mg	2	
TRINTELLIX	4	QL(30 EA per 30 days)
venlafaxine hydrochloride	2	
venlafaxine hydrochloride er capsule extended release 24 hour	2	
VIIBRYD STARTER PACK	4	QL(60 EA per 365 days)
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	

Drug Name	Drug Tier	Requirements/Limits
clomipramine hydrochloride	4	
desipramine hydrochloride	4	
doxepin hcl capsule 75mg	3	
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	3	
prochlorperazine edisylate injection 10mg/2ml	4	
prochlorperazine maleate tablet	2	
prochlorperazine suppository 25mg	4	
promethazine hcl suppository 12.5mg	4	
promethazine hcl tablet 12.5mg	3	
promethazine hydrochloride plain	4	
promethazine hydrochloride tablet 25mg, 50mg	3	
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	2	B/D
ondansetron hydrochloride injection 4mg/2ml	4	
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	

Drug Name	Drug Tier	Requirements/Limits
clotrimazole troche	4	
econazole nitrate cream	2	
fluconazole in sodium chloride	3	
fluconazole tablet	2	
fluconazole suspension reconstituted	3	
flucytosine capsule	5	
griseofulvin microsize	4	
griseofulvin ultramicrosize tablet 125mg, 250mg	4	
itraconazole capsule	4	PA
JUBLIA	4	
ketoconazole shampoo	2	
ketoconazole tablet	3	
ketoconazole cream	3	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	2	
nystatin powder	2	QL(120 GM per 30 days)
nystatin suspension	3	
nystatin tablet	4	
nystop	2	QL(120 GM per 30 days)
posaconazole dr	4	PA
posaconazole suspension	5	PA
terbinafine hcl tablet	2	QL(84 EA per 180 days)
terconazole cream	3	
voriconazole suspension reconstituted, tablet	4	
voriconazole injection	4	PA
Antigout Agents		
Antigout Agents		
allopurinol tablet 100mg, 300mg	2	
colchicine tablet 0.6mg	4	
febuxostat	4	
probenecid/colchicine	3	
probenecid tablet	4	
Antimigraine Agents		
Ergot Alkaloids		
dihydroergotamine mesylate solution	4	QL(8 ML per 30 days); PA
ergotamine tartrate/caffeine	3	QL(24 EA per 28 days)
Prophylactic		
AIMOVIG INJECTION 140MG/ML	4	QL(1 ML per 28 days); PA
AIMOVIG INJECTION 70MG/ML	4	QL(2 ML per 28 days); PA
EMGALITY INJECTION 120MG/ML	4	QL(2 ML per 28 days); PA
EMGALITY INJECTION 100MG/ML	5	QL(3 ML per 28 days); PA

Drug Name	Drug Tier	Requirements/Limits
NURTEC	5	QL(18 EA per 30 days); PA
propranolol hcl tablet 40mg	2	
propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg	2	
QULIPTA	5	QL(30 EA per 30 days); PA
UBRELVY	5	QL(16 EA per 30 days); PA
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)
sumatriptan succinate tablet	2	QL(9 EA per 30 days)
sumatriptan succinate injection	4	QL(5 ML per 30 days)
sumatriptan solution	4	QL(12 EA per 30 days)
zolmitriptan tablet	4	QL(12 EA per 30 days)
Antimyasthenic Agents		
Parasympathomimetics		
guanidine hcl	4	
pyridostigmine bromide tablet 60mg	3	
Antimycobacterials		
Antimycobacterials, Other		
dapsone tablet	3	
rifabutin	4	
Antituberculars		
cycloserine	5	
ethambutol hydrochloride	3	
ISONIAZID INJECTION	4	
isoniazid tablet	2	
isoniazid syrup	3	
paser	4	
PRIFTIN	4	
pyrazinamide tablet	3	
rifampin capsule, injection	4	
SIRTURO	5	
TRECATOR	4	
Antineoplastics		
Alkylating Agents		
cisplatin injection 100mg/100ml	4	
cyclophosphamide capsule	3	B/D
cyclophosphamide injection 500mg/ml	5	
GLEOSTINE CAPSULE 100MG, 10MG, 40MG	4	
LEUKERAN	5	
MATULANE	5	
VALCHLOR	5	PA NSO

Drug Name	Drug Tier	Requirements/Limits
Antiandrogens		
abiraterone acetate	4	PA NSO
bicalutamide	3	
ERLEADA	5	PA NSO
flutamide	4	
nilutamide	5	
NUBEQA	5	PA NSO
XTANDI	5	PA NSO
Antiangiogenic Agents		
FOTIVDA	5	PA NSO
lenalidomide	5	PA NSO
POMALYST	5	PA NSO
QINLOCK	5	PA NSO
REVLIMID	5	PA NSO
TABRECTA	5	QL(120 EA per 30 days); PA NSO
THALOMID	5	PA NSO
Antiestrogens/Modifiers		
EMCYT	5	
SOLTAMOX	4	
tamoxifen citrate tablet	2	
toremifene citrate	5	
Antimetabolites		
DROXIA	3	
hydroxyurea capsule	2	
mercaptopurine tablet	4	
PURIXAN	5	
TABLOID	4	
Antineoplastics, Other		
AKEEGA	5	PA NSO
BESREMI	5	PA NSO
COLUMVI	5	PA NSO
EPKINLY	5	PA NSO
GAVRETO	5	PA NSO
IBRANCE TABLET 100MG, 125MG, 75MG	5	PA NSO
IDHIFA	5	QL(30 EA per 30 days); 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

Drug Name	Drug Tier	Requirements/Limits
KRAZATI	5	PA NSO
LAZCLUZE TABLET 240MG	5	PA NSO
LAZCLUZE TABLET 80MG	5	QL(60 EA per 30 days); PA NSO
LONSURF	5	PA NSO
LUMAKRAS	5	PA NSO
LYTGOBI	5	PA NSO
NINLARO	5	PA NSO
OGSIVEO	5	PA NSO
ONUREG	5	PA NSO
ORSERDU	5	PA NSO
PEMAZYRE	5	QL(30 EA per 30 days); PA NSO
PHESGO	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
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
SYNRIBO	5	
TAZVERIK	5	PA NSO
TRUSELTIQ	5	PA NSO
TUKYSA	5	PA NSO
VONJO	5	PA NSO
XPOVIO	5	PA NSO
XPOVIO 100 MG ONCE WEEKLY	5	PA NSO
XPOVIO 40 MG ONCE WEEKLY	5	PA NSO
XPOVIO 40 MG TWICE WEEKLY	5	PA NSO
XPOVIO 60 MG ONCE WEEKLY	5	PA NSO
XPOVIO 60 MG TWICE WEEKLY	5	PA NSO
XPOVIO 80 MG ONCE WEEKLY	5	PA NSO
XPOVIO 80 MG TWICE WEEKLY	5	PA NSO
ZOLINZA	5	PA NSO
Antineoplastics		
OPDUALAG	5	PA NSO
Aromatase Inhibitors, 3rd Generation		
anastrozole tablet	2	
exemestane	4	
letrozole	2	
Enzyme Inhibitors		
topotecan hcl injection 4mg	5	
topotecan hydrochloride	5	

Drug Name	Drug Tier	Requirements/Limits
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
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	5	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
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	
FRUZAQLA	5	PA NSO
gefitinib	5	PA NSO
GILOTRIF	5	QL(30 EA per 30 days); 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
imatinib mesylate tablet 100mg	2	PA NSO
imatinib mesylate tablet 400mg	4	PA NSO
IMBRUVICA	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

Drug Name	Drug Tier	Requirements/Limits
KOSELUGO	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
LYNPARZA TABLET	5	PA NSO
MEKINIST	5	PA NSO
MEKTOVI	5	PA NSO
NERLYNX	5	QL(180 EA per 30 days); PA NSO
ODOMZO	5	PA NSO
OJEMDA	5	PA NSO
OJJAARA	5	PA NSO
pazopanib hydrochloride	5	PA NSO
PIQRAY 200MG DAILY DOSE	5	PA NSO
PIQRAY 250MG DAILY DOSE	5	PA NSO
PIQRAY 300MG DAILY DOSE	5	PA NSO
REZLIDHIA	5	PA NSO
ROZLYTREK	5	PA NSO
RUBRACA	5	PA NSO
RYDAPT	5	PA NSO
sorafenib	5	PA NSO
sorafenib tosylate	5	PA NSO
SPRYCEL	5	PA NSO
STIVARGA	5	PA NSO
sunitinib malate	5	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
TEPMETKO	5	PA NSO
TIBSOVO	5	PA NSO
torpenz	5	QL(30 EA per 30 days); PA NSO
TRUQAP	5	PA NSO
TURALIO	5	PA NSO
VANFLYTA	5	PA NSO

Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA STARTING PACK	5	PA NSO
VENCLEXTA TABLET 10MG	3	PA NSO
VENCLEXTA TABLET 100MG, 50MG	5	PA NSO
VERZENIO	5	PA NSO
VITRAKVI	5	PA NSO
VIZIMPRO	5	PA NSO
VORANIGO TABLET 40MG	5	PA NSO
VORANIGO TABLET 10MG	5	QL(60 EA per 30 days); PA NSO
VOTRIENT	5	PA NSO
WELIREG	5	PA NSO
XALKORI	5	PA NSO
XOSPATA	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
Monoclonal Antibody/Antibody-Drug Conjugate		
DARZALEX FASPRO	5	PA NSO
KANJINTI	5	PA NSO
LOQTORZI	5	PA NSO
RUXIENCE	5	PA NSO
TEVIMBRA	5	PA NSO
TRAZIMERA	5	PA NSO
Retinoids		
bexarotene	5	PA NSO
PANRETIN	5	
tretinoin capsule 10mg	5	
Treatment Adjuncts		
leucovorin calcium tablet	3	
MESNEX TABLET	4	
Antiparasitics		
Anthelmintics		
albendazole tablet	4	
ivermectin tablet	2	PA
praziquantel tablet	4	
Antiprotozoals		
ALINIA SUSPENSION RECONSTITUTED	4	
atovaquone	4	
atovaquone/proguanil hcl	4	
benznidazole	4	

Drug Name	Drug Tier	Requirements/Limits
chloroquine phosphate tablet	4	
COARTEM	4	
hydroxychloroquine sulfate tablet 100mg, 200mg	2	
mefloquine hcl	3	
nitazoxanide	4	
pentamidine isethionate inhalation solution reconstituted	3	B/D
pentamidine isethionate injection	4	
primaquine phosphate tablet	3	
pyrimethamine tablet	5	PA
quinine sulfate capsule 324mg	3	PA
Antiparkinson Agents		
Anticholinergics		
benztropine mesylate tablet	2	
trihexyphenidyl hydrochloride	3	
Antiparkinson Agents, Other		
entacapone	3	
OSMOLEX ER	4	PA
Dopamine Agonists		
bromocriptine mesylate capsule, tablet	4	
KYNMOBI TITRATION KIT	5	QL(20 EA per 365 days); PA
KYNMOBI FILM 15MG, 20MG, 25MG, 30MG	5	QL(150 EA per 30 days); PA
kynmobi film 10mg	5	QL(150 EA per 30 days); PA
NEUPRO	4	
pramipexole dihydrochloride	2	
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
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	

Drug Name	Drug Tier	Requirements/Limits
fluphenazine hcl tablet 1mg	4	
fluphenazine hydrochloride injection	4	
fluphenazine hydrochloride elixir	4	
fluphenazine hydrochloride tablet 10mg, 2.5mg, 5mg	4	
haloperidol decanoate injection	4	
haloperidol lactate	4	
haloperidol concentrate	2	
haloperidol tablet 0.5mg, 10mg, 1mg, 2mg, 5mg	2	
haloperidol tablet 20mg	3	
loxapine	3	
molindone hydrochloride	4	
perphenazine tablet	4	
pimozide	4	
thioridazine hcl tablet 100mg, 10mg, 25mg, 50mg	3	
thiothixene capsule 10mg, 1mg, 2mg, 5mg	4	
trifluoperazine hcl tablet 10mg, 2mg, 5mg	3	
trifluoperazine hydrochloride tablet 1mg	3	
2nd Generation/Atypical		
ABILIFY MAINTENA	5	
aripiprazole odt	4	QL(60 EA per 30 days)
aripiprazole tablet	3	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)
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(8 EA per 180 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	4	QL(30 EA per 30 days)
olanzapine tablet	2	QL(30 EA per 30 days)
olanzapine injection	4	

Drug Name	Drug Tier	Requirements/Limits
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	4	QL(60 EA per 30 days)
quetiapine fumarate er tablet extended release 24 hour 200mg	4	QL(90 EA per 30 days)
quetiapine fumarate tablet 300mg, 400mg	2	QL(60 EA per 30 days)
quetiapine fumarate tablet 150mg	2	QL(90 EA per 30 days)
quetiapine fumarate tablet 100mg, 200mg, 25mg, 50mg	2	QL(90 EA per 30 days)
REXULTI	5	QL(30 EA per 30 days)
RISPERDAL CONSTA INJECTION 12.5MG	4	
RISPERDAL CONSTA INJECTION 25MG, 37.5MG, 50MG	5	
risperidone er injection 12.5mg	4	
risperidone er injection 25mg, 37.5mg, 50mg	5	
risperidone odt	4	QL(60 EA per 30 days)
risperidone tablet	2	QL(60 EA per 30 days)
risperidone solution	3	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 150mg	4	QL(180 EA per 30 days)
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 odt tablet disintegrating 200mg	5	QL(120 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	

Drug Name	Drug Tier	Requirements/Limits
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
cidofovir	5	
ganciclovir injection 500mg	3	B/D
ganciclovir injection 500mg/10ml	3	B/D
LIVTENCITY	5	
PREVYMIS TABLET	5	
valganciclovir	3	
valganciclovir hydrochloride	4	
Anti-hepatitis B (HBV) Agents		
adefovir dipivoxil	4	
BARACLUDE SOLUTION	4	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	
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	
ISENTRESS PACKET, TABLET	5	
ISENTRESS TABLET CHEWABLE 25MG	3	
ISENTRESS TABLET CHEWABLE 100MG	4	
JULUCA	5	QL(30 EA per 30 days)
STRIBILD	5	QL(30 EA per 30 days)
TIVICAY PD	4	
TIVICAY TABLET 10MG	4	
TIVICAY TABLET 25MG, 50MG	5	
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	
efavirenz	4	
efavirenz/emtricitabine/tenofovir disoproxil fumarate	4	QL(30 EA per 30 days)
efavirenz/lamivudine/tenofovir disoproxil fumarate	5	QL(30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
etravirine tablet 100mg	4	
etravirine tablet 200mg	5	
INTELENCE TABLET 25MG	4	
nevirapine er	4	
nevirapine tablet	2	
nevirapine suspension	3	
PIFELTRO	5	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
abacavir	4	
abacavir sulfate	4	
abacavir sulfate/lamivudine	4	QL(30 EA per 30 days)
abacavir sulfate/lamivudine/zidovudine	5	QL(60 EA per 30 days)
CIMDUO	5	QL(30 EA per 30 days)
DESCOVY	5	QL(30 EA per 30 days)
emtricitabine	2	
emtricitabine/tenofovir disoproxil	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	
lamivudine/zidovudine	4	QL(60 EA per 30 days)
lamivudine solution 10mg/ml	4	
lamivudine tablet 150mg, 300mg	4	
ODEFSEY	5	QL(30 EA per 30 days)
RETROVIR IV INFUSION	4	
stavudine capsule	4	
TEMIXYS	5	QL(30 EA per 30 days)
tenofovir disoproxil fumarate	4	
TRIUMEQ	5	QL(30 EA per 30 days)
TRIUMEQ PD	5	QL(180 EA per 30 days)
TRIZIVIR	5	QL(60 EA per 30 days)
VIREAD POWDER	5	
VIREAD TABLET 150MG, 200MG, 250MG	5	
zidovudine	3	
Anti-HIV Agents, Other		
FUZEON	5	
maraviroc	5	
RUKOBIA	5	

Drug Name	Drug Tier	Requirements/Limits
SELZENTRY SOLUTION	5	
SELZENTRY TABLET 25MG	4	
SELZENTRY TABLET 75MG	5	
SUNLENCA	5	
TROGARZO	5	
TYBOST	4	
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS	5	
atazanavir	4	
atazanavir sulfate capsule 300mg	4	
darunavir	5	
EVOTAZ	5	QL(30 EA per 30 days)
fosamprenavir calcium	5	
INVIRASE TABLET	5	
LEXIVA SUSPENSION	4	
lopinavir/ritonavir	4	
NORVIR PACKET	3	
NORVIR SOLUTION	4	
PREZCOBIX	5	QL(30 EA per 30 days)
PREZISTA SUSPENSION	5	
PREZISTA TABLET 150MG, 75MG	4	
REYATAZ PACKET	5	
ritonavir	3	
SYMTUZA	5	QL(30 EA per 30 days)
VIRACEPT	5	
Anti-influenza Agents		
amantadine hcl solution	2	
amantadine hcl capsule	3	
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)
XOFLUZA TABLET THERAPY PACK 80MG	3	QL(2 EA per 365 days)
XOFLUZA TABLET THERAPY PACK 20MG, 40MG	3	QL(4 EA per 365 days)
Antiherpetic Agents		
acyclovir sodium injection 50mg/ml	4	B/D
acyclovir capsule 200mg	2	
acyclovir suspension 200mg/5ml	4	
acyclovir tablet 400mg, 800mg	2	
famciclovir tablet	3	
valacyclovir hydrochloride	3	QL(120 EA per 30 days)
Anxiolytics		

Drug Name	Drug Tier	Requirements/Limits
Anxiolytics, Other		
buspirone hcl tablet 15mg	2	
buspirone hydrochloride tablet 10mg, 5mg	2	
buspirone hydrochloride tablet 30mg, 7.5mg	3	
hydroxyzine pamoate capsule	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	3	
diazepam concentrate, oral solution	3	
diazepam injection 5mg/ml	4	
diazepam tablet 10mg	3	QL(120 EA per 30 days)
diazepam tablet 5mg	3	QL(240 EA per 30 days)
diazepam tablet 2mg	3	QL(300 EA per 30 days)
lorazepam intensol	3	
lorazepam tablet 2mg	3	QL(150 EA per 30 days)
lorazepam tablet 0.5mg, 1mg	3	QL(90 EA per 30 days)
Bipolar Agents		
Mood Stabilizers		
lithium	2	
lithium carbonate er	2	
lithium carbonate capsule, tablet	2	
valproic acid capsule, solution	2	
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
FARXIGA	3	
glimepiride tablet 1mg, 2mg, 4mg	1	
glipizide er	1	
glipizide xl	1	
glipizide/metformin hydrochloride	1	
glipizide tablet 10mg, 5mg	1	
glipizide tablet 2.5mg	2	
glyburide/metformin hydrochloride	2	
glyburide tablet 1.25mg, 2.5mg, 5mg	2	
GLYXAMBI	3	

Drug Name	Drug Tier	Requirements/Limits
JANUMET	3	
JANUMET XR	3	
JANUVIA	3	QL(30 EA per 30 days)
JARDIANCE	3	
JENTADUETO	3	
JENTADUETO XR	3	
metformin hydrochloride er tablet extended release 24 hour 500mg, 750mg	1	
metformin hydrochloride tablet 1000mg, 500mg, 850mg	1	
MOUNJARO	3	QL(2 ML per 28 days); PA
nateglinide	1	
OZEMPIC INJECTION 2MG/1.5ML	3	QL(1.5 ML per 28 days); PA
OZEMPIC INJECTION 2MG/3ML	3	QL(3 ML per 28 days); PA
OZEMPIC INJECTION 2MG/1.5ML, 4MG/3ML, 8MG/3ML	3	QL(3 ML per 28 days); PA
pioglitazone hcl/metformin hcl	2	
pioglitazone hcl tablet 45mg	1	
pioglitazone hydrochloride tablet 15mg, 30mg	1	
repaglinide	1	
RYBELSUS TABLET 14MG, 7MG	3	QL(30 EA per 30 days); PA
RYBELSUS TABLET 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)
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	4	
GLUCAGEN HYPOKIT	4	ST
glucagon emergency kit	3	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	3	
GVOKE HYPOPEN 1-PACK	3	
GVOKE HYPOPEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS	3	
Insulins		
HUMALOG	3	
HUMALOG JUNIOR KWIKPEN	3	

Drug Name	Drug Tier	Requirements/Limits
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	
LEVEMIR	3	
LEVEMIR FLEXPEN	3	
LEVEMIR FLEXTOUCH	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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	4	
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 15MG, 2.5MG	3	QL(60 EA per 30 days)
Blood Products and Modifiers, Other		
anagrelide hydrochloride	3	
NEULASTA	5	PA
NEULASTA ONPRO KIT	5	PA
OXBRYTA TABLET 300MG	5	QL(240 EA per 30 days); PA
PROCRIT INJECTION 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
PROCRIT INJECTION 10000UNIT/ML, 40000UNIT/ML	5	PA
PROMACTA	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
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	4	
CABLIVI	5	QL(30 EA per 30 days); PA
cilostazol	2	
clopidogrel tablet 300mg	2	
clopidogrel tablet 75mg	2	

Drug Name	Drug Tier	Requirements/Limits
DOPTELET	5	PA
prasugrel hydrochloride	4	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
clonidine	4	
clonidine hydrochloride tablet	2	
droxidopa	4	PA
guanfacine hydrochloride	4	
methyldopa tablet 250mg, 500mg	4	
midodrine hcl	2	
Alpha-adrenergic Blocking Agents		
prazosin hydrochloride capsule	2	
terazosin hcl capsule 10mg, 1mg, 5mg	2	
terazosin hydrochloride capsule 2mg	2	
Angiotensin II Receptor Antagonists		
candesartan cilexetil	2	
irbesartan	1	
losartan potassium tablet	1	
olmesartan medoxomil tablet	2	
telmisartan	2	
valsartan tablet	2	
Angiotensin-converting Enzyme (ACE) Inhibitors		
benazepril hcl tablet 10mg, 40mg, 5mg	1	
benazepril hydrochloride tablet 20mg	1	
enalapril maleate tablet	1	
fosinopril sodium	2	
lisinopril tablet	1	
moexipril hcl	3	
perindopril erbumine	3	
quinapril hydrochloride	1	
ramipril	1	
trandolapril	2	
Antiarrhythmics		
amiodarone hydrochloride tablet 200mg	2	
amiodarone hydrochloride tablet 100mg, 400mg	4	
digitek tablet 0.125mg, 0.25mg	2	
digox	2	
digoxin solution	4	
digoxin tablet 125mcg, 250mcg, 62.5mcg	2	
dofetilide	4	
flecainide acetate	2	
mexiletine hcl	4	

Drug Name	Drug Tier	Requirements/Limits
PACERONE TABLET 200MG	2	
PACERONE TABLET 100MG, 400MG	4	
propafenone hcl	2	
propafenone hydrochloride er	4	
propafenone hydrochloride tablet 300mg	2	
quinidine sulfate tablet	3	
sorine	2	
sotalol hcl	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	2	
carvedilol	1	
labetalol hydrochloride tablet	2	
metoprolol succinate er	2	
metoprolol tartrate tablet 100mg, 25mg, 37.5mg, 50mg	1	
metoprolol tartrate tablet 75mg	2	
nadolol tablet 20mg, 40mg, 80mg	4	
nebivolol hydrochloride	4	
nebivolol tablet 5mg	4	
propranolol hcl er capsule extended release 24 hour 120mg, 160mg	3	
propranolol hydrochloride er capsule extended release 24 hour 60mg, 80mg	3	
Calcium Channel Blocking Agents, Dihydropyridines		
amlodipine besylate tablet	1	
felodipine er	2	
nifedipine er	3	
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 tablet 30mg, 60mg, 90mg	2	
diltiazem hydrochloride er capsule extended release 24 hour	2	

Drug Name	Drug Tier	Requirements/Limits
diltiazem hydrochloride tablet 120mg	2	
taztia xt	2	
tiadylt er	2	
verapamil hcl er tablet extended release 120mg, 240mg	2	
verapamil hcl sr capsule extended release 24 hour	4	
verapamil hcl tablet 40mg, 80mg	2	
verapamil hydrochloride er tablet extended release 180mg	2	
verapamil hydrochloride tablet 120mg	2	
Cardiovascular Agents, Other		
acetazolamide	4	
aliskiren	3	
amiloride/hydrochlorothiazide	3	
amlodipine besylate/benazepril hydrochloride	1	
amlodipine besylate/valsartan	2	
atenolol/chlorthalidone	2	
benazepril hydrochloride/hydrochlorothiazide	1	
bisoprolol fumarate/hydrochlorothiazide	2	
candesartan cilexetil/hydrochlorothiazide	2	
CORLANOR TABLET	4	QL(60 EA per 30 days); PA
enalapril maleate/hydrochlorothiazide	1	
ENTRESTO CAPSULE SPRINKLE	3	QL(240 EA per 30 days)
ENTRESTO TABLET	3	QL(60 EA per 30 days)
fosinopril sodium/hydrochlorothiazide	2	
irbesartan/hydrochlorothiazide	1	
ivabradine hydrochloride	4	QL(60 EA per 30 days); PA
KERENDIA	4	QL(30 EA per 30 days); PA
lisinopril/hydrochlorothiazide	1	
losartan potassium/hydrochlorothiazide	1	
metyrosine	5	PA
olmesartan medoxomil/hydrochlorothiazide	2	
pentoxifylline er	3	
quinapril/hydrochlorothiazide	2	
ranolazine er	4	
spironolactone/hydrochlorothiazide	3	
telmisartan/hydrochlorothiazide	2	
triamterene/hydrochlorothiazide capsule 25mg; 37.5mg	1	
triamterene/hydrochlorothiazide tablet	1	
valsartan/hydrochlorothiazide	1	
VYNDAMAX	5	QL(30 EA per 30 days); PA
Diuretics, Loop		
bumetanide injection	2	
bumetanide tablet	2	

Drug Name	Drug Tier	Requirements/Limits
furosemide tablet	1	
furosemide injection	3	
torsemide tablet	2	
Diuretics, Potassium-sparing		
amiloride hcl tablet	2	
eplerenone	3	
spironolactone tablet	2	
Diuretics, Thiazide		
chlorthalidone tablet 25mg, 50mg	2	
hydrochlorothiazide capsule, tablet	1	
indapamide tablet	2	
metolazone	3	
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate micronized capsule 134mg, 200mg, 67mg	2	
fenofibrate capsule 200mg, 67mg	2	
fenofibrate tablet 145mg, 160mg, 48mg, 54mg	2	
fenofibric acid dr	4	
gemfibrozil tablet	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
atorvastatin calcium	1	
fluvastatin	4	
LIVALO	4	ST
lovastatin tablet	1	
pitavastatin calcium	4	
pravastatin sodium	1	
rosuvastatin calcium tablet	1	
simvastatin tablet	1	
Dyslipidemics, Other		
cholestyramine light	4	
cholestyramine packet, powder	4	
colesevelam hydrochloride tablet	4	
colestipol hcl	4	
ezetimibe	2	
ezetimibe/simvastatin	2	
icosapent ethyl	4	
niacin er	4	
omega-3-acid ethyl esters	3	
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
Vasodilators, Direct-acting Arterial/Venous		

Drug Name	Drug Tier	Requirements/Limits
isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg	3	
isosorbide mononitrate	2	
isosorbide mononitrate er	2	
NITRO-BID	3	
nitroglycerin transdermal	2	
nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg	2	
VERQUVO	3	QL(30 EA per 30 days); PA
Vasodilators, Direct-acting Arterial		
hydralazine hcl tablet 10mg	2	
hydralazine hydrochloride tablet 100mg, 25mg, 50mg	2	
minoxidil tablet	3	
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	4	QL(60 EA per 30 days); Extended-release capsule 10mg
amphetamine/dextroamphetamine capsule extended release 24 hour 3.75mg; 3.75mg; 3.75mg; 3.75mg	4	QL(60 EA per 30 days); Extended-release capsule 15mg
amphetamine/dextroamphetamine capsule extended release 24 hour 5mg; 5mg; 5mg; 5mg	4	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	4	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	4	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	4	QL(60 EA per 30 days); Extended-release capsule 5mg
amphetamine/dextroamphetamine tablet	3	QL(90 EA per 30 days)
dextroamphetamine sulfate tablet 10mg	4	QL(180 EA per 30 days)
dextroamphetamine sulfate tablet 5mg	4	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, 40mg, 60mg, 80mg	4	QL(30 EA per 30 days)
guanfacine hydrochloride er	3	
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

Drug Name	Drug Tier	Requirements/Limits
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 6MG	5	QL(210 EA per 30 days); PA
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
COBENFY	5	QL(60 EA per 30 days); PA NSO
COBENFY STARTER PACK	5	QL(112 EA per 365 days); PA NSO
NUEDEXTA	4	PA
riluzole	4	
tetrabenazine	4	PA
ZTALMY	5	PA NSO
Fibromyalgia Agents		
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)
SAVELLA	3	QL(60 EA per 30 days)
SAVELLA TITRATION PACK	3	QL(110 EA per 365 days)
Multiple Sclerosis Agents		
BAFIERTAM	5	QL(120 EA per 30 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
TYSABRI	5	PA
Dental and Oral Agents		
Dental and Oral Agents		
chlorhexidine gluconate solution	2	
doxycycline hyclate tablet 20mg	3	
kourzeq	3	
lidocaine hydrochloride viscous	2	
lidocaine viscous	2	
pilocarpine hydrochloride	4	
triamcinolone acetonide dental paste	3	
Dermatological Agents		

Drug Name	Drug Tier	Requirements/Limits
Acne and Rosacea Agents		
acitretin	4	
amnesteem	4	
azelaic acid	4	
claravis	4	
erythromycin/benzoyl peroxide	4	
FINACEA FOAM	4	QL(50 GM per 30 days)
isotretinoin capsule 10mg, 20mg, 30mg, 40mg	4	
metronidazole cream 0.75%	4	
metronidazole gel 0.75%, 1%	4	
myorisan	4	
rosadan	4	
tazarotene cream 0.1%	4	
tretinoin cream 0.025%	2	PA
tretinoin cream 0.05%	4	PA
zenatane	4	
Dermatitis and Pruitus Agents		
ALA-CORT CREAM 2.5%	2	
alclometasone dipropionate	3	
ammonium lactate cream, lotion	3	
betamethasone dipropionate augmented cream	2	
betamethasone dipropionate augmented ointment	4	
betamethasone dipropionate cream, lotion	3	
betamethasone dipropionate ointment	4	
betamethasone valerate cream, lotion, ointment	3	
clobetasol propionate e	4	
clobetasol propionate cream, gel, ointment, solution	3	
desonide cream	3	
desonide ointment	3	QL(120 GM per 30 days)
EUCRISA	4	PA
fluocinolone acetonide	3	
fluocinonide cream 0.05%	3	
fluocinonide cream 0.1%	3	QL(120 GM per 30 days)
fluocinonide gel, ointment, solution	3	
fluticasone propionate cream 0.05%	3	
fluticasone propionate ointment 0.005%	3	
halobetasol propionate ointment	4	
hydrocortisone valerate cream	3	QL(60 GM per 30 days)
hydrocortisone cream 2.5%	2	
hydrocortisone lotion 2.5%	2	
hydrocortisone ointment 2.5%	2	
mometasone furoate cream 0.1%	2	

Drug Name	Drug Tier	Requirements/Limits
mometasone furoate ointment 0.1%	2	
mometasone furoate solution 0.1%	3	
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	2	
triamcinolone acetonide lotion 0.1%	2	
triamcinolone acetonide lotion 0.025%	3	
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	
diclofenac sodium gel 3%	4	QL(300 GM per 30 days); ST
fluorouracil cream 5%	4	QL(40 GM per 30 days)
fluorouracil solution	3	
imiquimod cream 5%	3	
KLISYRI	5	ST
nystatin/triamcinolone	3	
nystatin/triamcinolone acetonide ointment	3	
OTEZLA TABLET 20MG, 30MG	5	QL(60 EA per 30 days); PA
PICATO	5	
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%	3	
ciclodan solution	2	PA
ciclopirox nail lacquer	2	PA
ciclopirox olamine	2	
ciclopirox gel	2	
ciclopirox shampoo, suspension	3	
clindamycin phosphate external solution 1%	2	QL(60 ML per 30 days)
ERY	3	
erythromycin gel 2%	4	

Drug Name	Drug Tier	Requirements/Limits
erythromycin solution 2%	3	
mupirocin ointment	2	QL(110 GM per 30 days)
mupirocin cream	3	
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
AMINOSYN II INJECTION 107.6MEQ/L; 1490MG/100ML; 1527MG/100ML; 1050MG/100ML; 1107MG/100ML; 750MG/100ML; 450MG/100ML; 990MG/100ML; 1500MG/100ML; 1575MG/100ML; 258MG/100ML; 405MG/100ML; 447MG/100ML; 1083MG/100ML; 795MG/100ML; 50MEQ/L; 600MG/100ML; 300MG/100ML; 750MG/100ML	4	B/D
carglumic acid	5	
dextrose 5%	2	
dextrose 5%/sodium chloride 0.45%	3	
dextrose 5%/sodium chloride 0.9%	3	
effer-k tablet effervescent 25meq	2	
klor-con	4	
klor-con 10	2	
klor-con 8	2	
klor-con m10	2	
klor-con m15	3	
klor-con m20	2	
klor-con/ef	2	
magnesium sulfate injection 50%	3	
PLENAMINE	4	B/D
potassium chloride er capsule extended release	2	
potassium chloride er tablet extended release 15meq	2	
potassium chloride er tablet extended release 10meq, 20meq, 8meq	2	
potassium chloride er tablet extended release 15meq	3	
potassium chloride sr tablet extended release 8meq	2	
potassium chloride packet, solution	4	
potassium citrate er	4	
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

Drug Name	Drug Tier	Requirements/Limits
deferasirox tablet 180mg	2	PA
deferasirox tablet 90mg	3	PA
deferasirox tablet 360mg	4	PA
trientine hydrochloride capsule 250mg	5	PA
Phosphate Binders		
calcium acetate capsule	3	
calcium acetate tablet 667mg	3	
sevelamer carbonate	4	
Potassium Binders		
kionex suspension	3	
sodium polystyrene sulfonate powder	3	
SPS	3	
VELTASSA PACKET 1GM	4	
VELTASSA PACKET 16.8GM, 25.2GM, 8.4GM	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 10gm/15ml	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)
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
diphenoxylate hydrochloride/atropine sulfate	3	
loperamide hcl capsule	2	
XERMELO	5	QL(90 EA per 30 days); PA
Antispasmodics, Gastrointestinal		
dicyclomine hydrochloride capsule, tablet	2	
glycopyrrolate tablet 1mg, 2mg	3	PA
Gastrointestinal Agents, Other		
CLENPIQ	3	
gavilyte-c	2	

Drug Name	Drug Tier	Requirements/Limits
gavilyte-g	2	
gavilyte-n/flavor pack	2	
metoclopramide hcl solution	2	
metoclopramide hcl tablet 5mg	2	
metoclopramide hydrochloride injection	2	
metoclopramide hydrochloride tablet 10mg	2	
nitroglycerin ointment 0.4%	4	
peg-3350/electrolytes	2	
peg-3350/nacl/na bicarbonate/kcl	2	
RECTIV	4	
sodium sulfate/potassium sulfate/magnesium sulfate	3	
SUTAB	3	
ursodiol tablet	3	
VOWST	5	PA
XIFAXAN TABLET 200MG	4	PA
XIFAXAN TABLET 550MG	5	PA
Histamine2 (H2) Receptor Antagonists		
famotidine tablet 20mg, 40mg	2	
nizatidine capsule	4	
nizatidine solution	4	
Protectants		
misoprostol	3	
sucralfate tablet	3	
Proton Pump Inhibitors		
esomeprazole magnesium capsule delayed release	3	QL(60 EA per 30 days)
lansoprazole capsule delayed release	2	QL(60 EA per 30 days)
omeprazole dr capsule delayed release 10mg	2	QL(60 EA per 30 days)
omeprazole capsule delayed release 10mg, 20mg, 40mg	2	QL(60 EA per 30 days)
pantoprazole sodium tablet delayed release	2	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		
ALDURAZYME	5	PA
betaine anhydrous	5	
CERDELGA	5	PA
CHOLBAM	5	PA

Drug Name	Drug Tier	Requirements/Limits
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	
ELAPRASE	5	PA
ENDARI	5	PA
EVRYSDI	5	QL(240 ML per 30 days); PA
FABRAZYME	5	PA
KANUMA	5	PA
l-glutamine	5	PA
LUMIZYME	5	PA
miglustat	5	PA
NAGLAZYME	5	PA
nitisinone capsule 20mg	5	
nitisinone capsule 10mg, 2mg, 5mg	5	
PROLASTIN-C	5	PA
REVCOVI	5	PA
sapropterin dihydrochloride	5	PA
sodium phenylbutyrate powder	5	
STRENSIQ	5	PA
SUCRAID	5	PA
TEGSEDI	5	PA
VIMIZIM	5	PA
VYNDAQEL	5	QL(120 EA per 30 days); PA
yargesa	5	PA
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 252600UNIT; 60000UNIT; 189600UNIT	3	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	3	
ZOKINVY	5	QL(120 EA per 30 days); PA
Genitourinary Agents		
Antispasmodics, Urinary		
GEMTESA	4	
MYRBETRIQ	3	

Drug Name	Drug Tier	Requirements/Limits
oxybutynin chloride er	2	
oxybutynin chloride solution	2	
oxybutynin chloride tablet 5mg	2	
tolterodine tartrate	4	
tolterodine tartrate er	4	
trospium chloride	3	
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er	2	
doxazosin mesylate	2	
dutasteride capsule	3	
finasteride tablet	2	
silodosin	3	
tamsulosin hydrochloride	2	
Genitourinary Agents, Other		
acetic acid 0.25%	2	
bethanechol chloride tablet	3	
d-penamine	5	
ELMIRON	4	
penicillamine tablet	5	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
dexamethasone elixir, solution	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 solution	2	
prednisone tablet therapy pack	2	
prednisone solution	4	
prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
desmopressin acetate tablet	3	
desmopressin acetate solution 0.01%	4	
GENOTROPIN	5	PA
GENOTROPIN MINIQUICK	5	PA
INCRELEX	5	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		

Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
KORLYM	5	QL(120 EA per 30 days); PA
mifepristone tablet 200mg	4	
mifepristone tablet 300mg	5	QL(120 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 25mg/2.5gm, 50mg/5gm	4	PA
Estrogens		
afirmelle	3	
altavera	3	
alyacen 1/35	3	
alyacen 7/7/7	3	
amethia	4	QL(91 EA per 91 days)
amethyst	4	
ashlyna	4	QL(91 EA per 91 days)
aubra	3	
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	
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	
chateal eq	3	
CLIMARA PRO	4	
cryselle-28	3	
cyclafem 1/35	3	
cyclafem 7/7/7	3	

Drug Name	Drug Tier	Requirements/Limits
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	4	
dotti	4	
elinest	3	
eluryng	4	
enilloring	4	
enpresse-28	3	
estarylla	3	
estradiol gel 0.25mg/0.25gm, 0.5mg/0.5gm, 0.75mg/0.75gm, 1.25mg/1.25gm, 1mg/gm	4	
estradiol oral tablet	2	
estradiol cream, patch twice weekly, patch weekly, vaginal tablet	4	
ESTRING	4	QL(1 EA per 90 days)
ethynodiol diacetate/ethinyl estradiol	3	
etonogestrel/ethinyl estradiol	4	
falmina	3	
fayosim	4	QL(91 EA per 91 days)
femynor	3	
fyavolv tablet 5mcg; 1mg	3	
fyavolv tablet 2.5mcg; 0.5mg	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	3	
jolessa	4	QL(91 EA per 91 days)
junel 1.5/30	3	
junel 1/20	3	
junel fe 1.5/30	3	
junel fe 1/20	3	
kariva	3	
kelnor 1/35	3	
kelnor 1/50	3	
kurvelo	3	

Drug Name	Drug Tier	Requirements/Limits
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	4	
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)
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	
mono-linyah	3	
necon 0.5/35-28	3	
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, 5mcg; 1mg	3	
norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg	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	

Drug Name	Drug Tier	Requirements/Limits
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	
trivora-28	3	
turqoz	3	
vienva	3	
viorele	3	
volnea	3	
vyfemla	3	
vylibra	3	
wera	3	
yuvafem	4	
zovia 1/35	3	
zovia 1/35e	3	
Progestins		
camila	3	
deblitane	3	
DEPO-SUBQ PROVERA 104	4	QL(0.65 ML per 90 days)
emzahh	3	
errin	3	

Drug Name	Drug Tier	Requirements/Limits
gallifrey	2	
heather	3	
incassia	3	
jencycla	3	
lyleq	3	
lyza	3	
medroxyprogesterone acetate tablet	1	
medroxyprogesterone acetate injection	4	QL(1 ML per 90 days)
megestrol acetate tablet	3	PA NSO
megestrol acetate suspension 40mg/ml	4	PA
megestrol acetate suspension 625mg/5ml	4	PA
nora-be	3	
norethindrone acetate tablet	2	
norethindrone tablet	3	
norlyda	3	
norlyroc	3	
sharobel	3	
tulana	3	
Selective Estrogen Receptor Modifying Agents		
OSPHENA	3	QL(30 EA per 30 days); PA
raloxifene hydrochloride	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
euthyrox tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg	1	
levothyroxine sodium tablet	1	
LEVOXYL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	3	
liothyronine sodium tablet	3	
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
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
LYSODREN	3	
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (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
lanreotide acetate	5	PA NSO

Drug Name	Drug Tier	Requirements/Limits
leuprolide acetate injection 1mg/0.2ml	5	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
octreotide acetate injection 1000mcg/ml, 100mcg/ml, 200mcg/ml, 500mcg/ml, 50mcg/ml	4	PA
ORGOVYX	5	PA NSO
SIGNIFOR	5	QL(60 ML per 30 days); PA
SOMATULINE DEPOT INJECTION 120MG/0.5ML	5	PA NSO
SOMATULINE DEPOT INJECTION 60MG/0.2ML, 90MG/0.3ML	5	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
TRIPTODUR	5	QL(1 EA per 168 days); PA
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
methimazole tablet 10mg, 5mg	2	
propylthiouracil tablet	3	
Immunological Agents		
Angioedema Agents		
CINRYZE	5	PA
icatibant acetate	5	PA
sajazir	5	PA
Immunoglobulins		
BIVIGAM INJECTION 5GM/50ML	5	PA
CUVITRU	5	PA
GAMASTAN	3	PA
HIZENTRA INJECTION 1GM/5ML, 2GM/10ML, 4GM/20ML	5	PA
HYPERHEP B	4	B/D
NABI-HB INJECTION 312UNIT/ML	3	B/D
PRIVIGEN	5	PA
SYNAGIS INJECTION 100MG/ML, 50MG/0.5ML	5	
VARIZIG INJECTION 125UNIT/1.2ML	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

Drug Name	Drug Tier	Requirements/Limits
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
ENJAYMO	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 600MG/10ML	5	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
STELARA INJECTION 130MG/26ML	5	PA
STELARA INJECTION 45MG/0.5ML, 90MG/ML	5	QL(3 ML per 84 days); PA
VEOPOZ	5	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
XOLAIR	5	PA
Immunostimulants		
ACTIMMUNE	5	PA NSO
INTRON A	5	PA NSO
PEGASYS	5	PA
Immunosuppressants		
ASTAGRAF XL	4	B/D
azathioprine tablet 50mg	3	B/D
cyclosporine modified	4	B/D
cyclosporine capsule 100mg, 25mg	4	B/D
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS	5	QL(6 EA per 28 days); PA
CYLTEZO STARTER PACKAGE FOR PSORIASIS	5	QL(6 EA per 28 days); PA
CYLTEZO STARTER PACKAGE FOR PSORIASIS/UVEITIS	5	QL(6 EA per 28 days); PA
CYLTEZO INJECTION 10MG/0.2ML, 20MG/0.4ML	5	QL(2 EA per 28 days); PA
CYLTEZO INJECTION 40MG/0.4ML, 40MG/0.8ML	5	QL(6 EA per 28 days); PA

Drug Name	Drug Tier	Requirements/Limits
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
ENVARSUS XR TABLET EXTENDED RELEASE 24 HOUR 4MG	5	B/D
everolimus tablet 0.25mg	4	B/D
everolimus tablet 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 40MG/0.4ML, 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 INJECTION 40MG/0.8ML	5	QL(2 EA per 28 days); PA
HUMIRA INJECTION 10MG/0.1ML, 20MG/0.2ML	5	QL(2 EA per 28 days); PA; Abbvie labeled products only
HUMIRA INJECTION 40MG/0.4ML	5	QL(4 EA per 28 days); PA; Abbvie labeled products only
JYLAMVO	4	
leflunomide	3	
methotrexate sodium tablet	2	
methotrexate sodium injection 1gm/40ml, 250mg/10ml, 50mg/2ml	2	
methotrexate injection 50mg/2ml	2	
mycophenolate mofetil capsule	3	B/D
mycophenolate mofetil suspension reconstituted, tablet	4	B/D
mycophenolic acid dr	4	B/D

Drug Name	Drug Tier	Requirements/Limits
ORENCIA INJECTION 250MG	5	PA
PROGRAF PACKET	4	B/D
REZUROCK	5	QL(60 EA per 30 days); PA
SANDIMMUNE SOLUTION	4	B/D
sirolimus solution, tablet	4	B/D
tacrolimus capsule 0.5mg, 1mg, 5mg	4	B/D
XATMEP	4	
YUFLYMA 1-PEN KIT INJECTION 80MG/0.8ML	5	QL(3 EA per 28 days); PA
YUFLYMA 1-PEN KIT INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA
YUFLYMA 2-PEN KIT	5	QL(6 EA per 28 days); PA
YUFLYMA 2-SYRINGE KIT INJECTION 20MG/0.2ML	5	QL(2 EA per 28 days); PA
YUFLYMA 2-SYRINGE KIT INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA
YUFLYMA CD/UC/HS STARTER	5	QL(3 EA per 28 days); PA
Vaccines		
ABRYSVO	3	
ACTHIB INJECTION 0	3	
ADACEL	3	
AREXVY	3	
bcg vaccine injection 50mg	3	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	3	
DENGVAXIA	3	
diphtheria/tetanus toxoids adsorbed pediatric	3	
ENGERIX-B	3	B/D
GARDASIL 9	3	
HAVRIX INJECTION 1440ELU/ML, 720ELU/0.5ML	3	
HEPLISAV-B	3	B/D
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	B/D
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXCHIQ	3	
IXIARO	3	
JYNNEOS	3	
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
M-M-R II	3	
MENACTRA	3	
MENQUADFI	3	
MENVEO	3	

Drug Name	Drug Tier	Requirements/Limits
MRESVIA	3	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	3	
PENTACEL	3	
PREHEVBRIO	3	B/D
PRIORIX	3	
PROQUAD	3	
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	Pre-Filled Syringe
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	Single-dose vial
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	Single-dose vial; any pack size
RABAVERT	3	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ SOLUTION	3	
SHINGRIX	3	
STAMARIL	3	
TDVAX	3	
TENIVAC	3	
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT	3	
TICOVAC	3	
TRUMENBA	3	
TWINRIX	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
VAXCHORA	3	
VAXELIS	3	
YF-VAX	3	
Inflammatory Bowel Disease Agents		
Aminosalicylates		
balsalazide disodium	4	
mesalamine dr tablet delayed release 1.2gm	4	
mesalamine er capsule extended release 24 hour	4	
mesalamine enema, kit, suppository	4	
SFROWASA	4	
sulfasalazine tablet, tablet delayed release	2	
Glucocorticoids		

Drug Name	Drug Tier	Requirements/Limits
budesonide er	4	
budesonide capsule delayed release particles 3mg	4	
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 solution	4	
alendronate sodium tablet 10mg, 35mg, 5mg	2	
alendronate sodium tablet 70mg	2	QL(4 EA per 28 days)
calcitonin-salmon solution	3	QL(3.7 ML per 30 days)
calcitriol capsule	2	
cinacalcet hydrochloride	4	
FORTEO INJECTION 600MCG/2.4ML	5	PA
ibandronate sodium tablet	2	QL(1 EA per 28 days)
paricalcitol capsule	4	
PROLIA	4	QL(2 ML per 365 days)
teriparatide	5	PA
TYMLOS	5	PA
XGEVA	5	PA
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ALCOHOL PREP PADS	3	
AUGTYRO CAPSULE 40MG	5	PA NSO
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	3	QL(200 EA per 30 days)
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	3	QL(200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	3	QL(200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	3	QL(200 EA per 30 days)
BD INSULIN SYRINGE/1ML/29G X 12.7MM	3	QL(200 EA per 30 days)
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	3	QL(200 EA per 30 days)
BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 6MM	3	QL(200 EA per 30 days)
CURITY GAUZE PADS 2"X2" 12 PLY	3	
EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 1/2"	3	QL(200 EA per 30 days)
ELLA	3	
IGALMI	4	PA NSO
LAGEVRIO	3	QL(40 EA per 5 days)
LIVMARLI SOLUTION 19MG/ML	5	QL(60 ML per 30 days); PA

Drug Name	Drug Tier	Requirements/Limits
LIVMARLI SOLUTION 9.5MG/ML	5	QL(90 ML per 30 days); PA
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)
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)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(20 EA per 5 days); $0 Copay
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(30 EA per 5 days); (300mg-100mg Pack) $0 Copay
SKYCLARYS	5	QL(90 EA per 30 days); PA
sodium chloride 0.9%	2	
TYRVAYA	4	QL(8.4 ML per 30 days)
V-GO 20	3	
V-GO 30	3	
V-GO 40	3	
VISTOGARD	5	
VYJUVEK	5	PA
Ophthalmic Agents		
Ophthalmic Agents, Other		
atropine sulfate solution 1%	3	
bacitracin/polymyxin b	3	
brimonidine tartrate/timolol maleate	4	
COMBIGAN	4	
cyclosporine emulsion 0.05%	3	
CYSTARAN	5	QL(60 ML per 28 days)
dorzolamide hcl/timolol maleate	3	
neo-polycin	3	
neo-polycin hc	3	

Drug Name	Drug Tier	Requirements/Limits
neomycin/bacitracin/polymyxin	3	
neomycin/polymyxin/bacitracin/hydrocortisone	3	
neomycin/polymyxin/dexamethasone	2	
neomycin/polymyxin/gramicidin	3	
polycin	3	
polymyxin b sulfate/trimethoprim sulfate	2	
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	
Ophthalmic Anti-allergy Agents		
azelastine hcl ophthalmic solution 0.05%	2	
cromolyn sodium solution 4%	2	
olopatadine hcl	3	
olopatadine hydrochloride solution 0.2%	3	
Ophthalmic Anti-Infectives		
bacitracin	4	
BESIVANCE	4	
ciprofloxacin hydrochloride solution 0.3%	2	
erythromycin ointment 5mg/gm	2	
gatifloxacin	4	
gentak ointment	3	
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	3	
tobramycin solution 0.3%	2	
trifluridine	4	
ZIRGAN	4	
Ophthalmic Anti-inflammatories		
bromfenac sodium solution 0.07%	4	QL(12 ML per 365 days)
dexamethasone sodium phosphate solution	3	
diclofenac sodium solution 0.1%	3	
FLAREX	4	

Drug Name	Drug Tier	Requirements/Limits
fluorometholone	4	
flurbiprofen sodium	2	
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	
PROLENSA	4	QL(12 ML per 365 days)
Ophthalmic Beta-Adrenergic Blocking Agents		
betaxolol hcl solution 0.5%	3	
carteolol hcl	2	
levobunolol hcl solution 0.5%	2	
timolol maleate solution	2	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
acetazolamide er	4	
ALPHAGAN P SOLUTION 0.1%	3	
BRIMONIDINE TARTRATE SOLUTION 0.1%	3	
brimonidine tartrate solution 0.2%	2	
brinzolamide	4	
dorzolamide hydrochloride	3	
pilocarpine hcl 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	
ciprofloxacin solution 0.2%	4	
neomycin/polymyxin/hc	4	
neomycin/polymyxin/hydrocortisone suspension	4	
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)
ASMANEX TWISTHALER 7 METERED DOSES	4	QL(1 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
BREZTRI AEROSPHERE	3	QL(23.6 GM per 28 days)
budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml	4	QL(120 ML per 30 days); B/D
fluticasone propionate suspension 50mcg/act	2	
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%	3	QL(60 ML per 30 days)
azelastine hydrochloride/fluticasone propionate	4	QL(23 GM per 30 days)
azelastine hydrochloride solution 0.1%	2	QL(60 ML per 30 days)
cyproheptadine hydrochloride tablet	4	
diphenhydramine hcl injection 50mg/ml	4	
diphenhydramine hydrochloride injection	4	
hydroxyzine hcl tablet 50mg	3	
hydroxyzine hydrochloride syrup	4	
hydroxyzine hydrochloride tablet 10mg, 25mg	3	
levocetirizine dihydrochloride tablet	2	
Antileukotrienes		
montelukast sodium tablet	1	
montelukast sodium tablet chewable	2	
zafirlukast	4	
Bronchodilators, Anticholinergic		
ATROVENT HFA	4	QL(25.8 GM per 30 days)
ipratropium bromide inhalation solution	2	QL(312.5 ML per 30 days); B/D
ipratropium bromide nasal solution	3	
SPIRIVA HANDIHALER	3	QL(30 EA per 30 days)
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT	3	
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT	3	QL(8 GM per 30 days)
tiotropium bromide	3	QL(30 EA per 30 days)
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
arformoterol tartrate	4	QL(120 ML per 30 days); PA
EPINEPHRINE INJECTION 0.15MG/0.15ML	3	
epinephrine injection 0.15mg/0.3ml, 0.3mg/0.3ml	3	
epinephrine injection 0.3mg/0.3ml	3	Applies to product manufactured by Mylan Specialty L.P. Only
levalbuterol tartrate hfa	3	QL(30 GM per 30 days)

Drug Name	Drug Tier	Requirements/Limits
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	5	PA
ORKAMBI TABLET	5	QL(112 EA per 28 days); PA
PULMOZYME	5	PA
tobramycin nebulization solution 300mg/5ml	5	B/D
Mast Cell Stabilizers		
cromolyn sodium nebulization solution 20mg/2ml	5	B/D
Phosphodiesterase Inhibitors, Airways Disease		
roflumilast	4	PA
theophylline er tablet extended release 24 hour	3	
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
bosentan	5	QL(60 EA per 30 days); PA
epoprostenol sodium injection 0.5mg	4	PA
epoprostenol sodium injection 1.5mg	5	PA
OPSUMIT	5	QL(30 EA per 30 days); PA
sildenafil citrate tablet	3	QL(90 EA per 30 days); PA; (20mg)
tadalafil	4	QL(60 EA per 30 days); PA
VENTAVIS	5	QL(270 ML per 30 days); PA
Pulmonary Fibrosis Agents		
OFEV	5	PA
pirfenidone capsule	5	PA
pirfenidone tablet 534mg	5	PA
pirfenidone tablet 267mg, 801mg	5	PA
Respiratory Tract Agents, Other		
ANORO ELLIPTA	3	QL(60 EA per 30 days)
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 50MCG/INH; 25MCG/INH	3	QL(60 EA per 30 days)
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT; 25MCG/ACT, 200MCG/INH; 25MCG/INH	3	QL(60 EA per 30 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

Drug Name	Drug Tier	Requirements/Limits
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
STIOLTO RESPIMAT	3	QL(24 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	
orphenadrine citrate er	3	
Sleep Disorder Agents		
Sleep Promoting Agents		
BELSOMRA	3	QL(30 EA per 30 days)
eszopiclone	3	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	3	QL(30 EA per 30 days)
zaleplon capsule 10mg	3	QL(60 EA per 30 days)
zolpidem tartrate tablet	2	QL(30 EA per 30 days)
Wakefulness Promoting Agents		
armodafinil tablet 150mg, 200mg, 250mg	3	QL(30 EA per 30 days); PA
armodafinil tablet 50mg	3	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

Index of Drugs

Formulary ID: 24059, Version: 18, Effective Date: 12/01/2024
Last Updated: November 2024

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

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

This formulary was updated on 11/01/2024. For more recent information or other questions, please contact Member Services at 1-855-540-4744. TTY/TDD users should call 711. Our hours of operation are 8 a.m. to 8 p.m. local time, 7 days a week, October 1 – March 31 and April 1 – September 30, our hours are 8 a.m. to 8 p.m. local time, Monday – Friday. Our automated phone system may answer your call on weekends and holidays. You may also visit our website at www.mhinsurance.com/part-d.