



2025

HAP Medicare Part D Prescription Drug Formulary

List of covered drugs, cost tiers
and how it all works

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THESE PLANS. This formulary was updated April 22, 2025. For more recent information or other questions, please contact our Health Alliance Plan Customer Service department at:

HAP Medicare Connect (HMO)	(800) 801-1770
HAP Senior Henry Ford Tiered Access (HMO)	(800) 801-1770
HAP Senior Plus (HMO-POS)	(800) 801-1770
HAP Henry Ford Select (HMO)	(800) 801-1770
HAP Senior Plus Group (HMO-POS)	(800) 801-1770
HAP MSU-HC Medicare (HMO)	(800) 801-1770
HAP Medicare Complete Duals (HMO D-SNP)	(800) 848-4844
HAP Medicare Explore (PPO)	(888) 658-2536
HAP Senior Plus (PPO)	(888) 658-2536
HAP MSU-HC Medicare Prime (PPO)	(888) 658-2536
HAP Member Assist (PPO)	(888) 658-2536
HAP Medicare Complete Assist (PPO-DSNP)	(888) 658-2536
Hap Senior Plus Group (PPO)	(888) 658-2536
TTD/TTY Users	711

Our business hours are:

Prescription drug benefit related calls:

Available 24 hours a day, seven days a week

For all other calls:

8 a.m. to 8 p.m., seven days a week (Oct. 1 – March 31)

8 a.m. to 8 p.m., Monday through Friday (April 1 - Sept. 30)



Important Message About What You Pay for Vaccines: Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Client Service for more information.

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

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 Health Alliance Plan of Michigan. When it refers to "plan" or "our plan," it means HAP Medicare Advantage.

This document includes a list of the drugs (formulary) for our plan which is current as of January 1, 2025. 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 co-payments/co-insurance may change on January 1, 2025, and from time to time during the year.

- Health Alliance Plan (HAP) has HMO, HMO-POS, PPO plans with Medicare contracts. HAP Medicare Complete Duals (HMO SNP) is a Medicare health plan with a Medicare contract and a contract with the Michigan Medicaid Program. Enrollment depends on contract renewals.



What is the HAP Medicare Advantage Formulary?

A formulary is a list of covered drugs selected by HAP Medicare Advantage in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. We will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

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

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 also find information in the section below titled "How do I request an exception to HAP's Medicare Advantage 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 generic drug that is not new to market 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 HAP's Medicare Advantage Formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about the 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 April 22, 2025. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages.

Each month we will post an updated Comprehensive Medicare Formulary to our website at www.hap.org/medicare with maintenance changes. The monthly member EOB also contains notification of formulary changes that will occur throughout the plan year to the Medicare Formulary. In the event of mid-year non-maintenance formulary change, members affected by the change will be notified by letter and/or phone call campaigns.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 98. 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?

HAP Medicare Advantage covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs 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:** We require you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, we limit the amount of the drug that the plan will cover. For example, the plan provides 30 tablets per prescription for aripiprazole. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, we require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

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

You can ask us 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 HAP Medicare Advantage's Formulary?" on page VI for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Service and ask if your drug is covered. If you learn that we do not cover your drug, you have two options:

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

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

- You can ask us to cover your 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 a lower cost-sharing level unless the drug is on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, the plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, we 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 believes 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 90 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.

An Emergency Supply is defined by CMS as a one-time fill of a non-formulary drug that is necessary with respect to current members in the LTC setting. Current members that are in need of a one-time Emergency Fill or that are prescribed a non-formulary drug as a result of a level of care change are placed in transition. We have authorized our claims processor to place a manual override at the point of sale to accommodate a one-time fill in this scenario. Level of care changes include the following changes from one treatment setting to another:

- Enter Long Term Care facility [LTC] from hospitals or other settings;
- Leave LTC facility and return to the community;
- Discharge from a hospital to a home;
- End a skilled nursing facility stay covered under Medicare Part A (including pharmacy charges), and revert to coverage under Part D;
- Revert from hospice status to standard Medicare Part A and B benefits; and
- Discharge from a psychiatric hospital with medication regimens that are highly individualized.

For more information

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

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

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

HAP Medicare Advantage Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by HAP Medicare Advantage. If you have trouble finding your drug in the list, turn to the Index that begins on page 98.

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

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

If you purchase your benefits as an individual beneficiary, you are in a 5 Tier Plan. The table below will translate how the 5 tiers shown in the Drug List are applicable to your plan's prescription drug benefit.

Please refer to Chapter 6 in your Evidence of Coverage titled, "What you pay for your Part D prescription drugs." This Chapter explains the cost-sharing tiers for your plan and tells what you must pay for a drug in each cost-sharing tier in the various stages of drug coverage.

Medicare Part D is a phased benefit. Please consult your EOC for detailed information about your co-payment/co-insurance amounts for each phase.

Description of Tier	5 Tier	1 Tier
Preferred Generic – These are generic drugs in the lowest cost-sharing tier.	1	1
Generic – These are generic drugs not in the Preferred Generics tier, as well as some brand drugs.	2	
Preferred Brand – This tier contains mostly brand-name drugs and includes some high-cost generic drugs.	3	
Non-Preferred Brand – Branded or generic drugs in this tier have alternative options in one of the lower cost-share tiers.	4	
Specialty Tier – These drugs are high cost and unique. They exceed a monthly cost established by CMS.	5	

This chart reflects 30 day cost-shares during Initial Coverage Stage at Retail pharmacies.	HAP Medicare Connect (HMO)		HAP Senior Plus Henry Ford Tiered Access (HMO)		HAP Senior Plus (PPO)		HAP Medicare Explore (PPO)		HAP MSU-HC Medicare Prime (PPO)		HAP Member Assist (PPO)		HAP Medicare Complete Duals (HMO D-SNP)		HAP Medicare Complete Assist (PPO-DSNP)	
	30-Day Retail Preferred Pharmacy	30-Day Retail Standard Pharmacy	30-Day Retail Preferred Pharmacy	30-Day Retail Standard Pharmacy	30-Day Retail Preferred Pharmacy	30-Day Retail Standard Pharmacy	30-Day Retail Preferred Pharmacy	30-Day Retail Standard Pharmacy	30-Day Retail Preferred Pharmacy	30-Day Retail Standard Pharmacy	30-Day Retail Preferred Pharmacy	30-Day Retail Standard Pharmacy	30-Day Retail Preferred Pharmacy	30-Day Retail Standard Pharmacy	30-Day Retail Preferred Pharmacy	30-Day Retail Standard Pharmacy
Tier 1 - Preferred Generics	\$0	\$7	\$0	\$7	\$0	\$9	\$0	\$9	\$0	\$9	\$0	\$9	\$0	\$9	25% *Value Based Insurance Design (VBID) eliminates drug cost shares for LIS eligible enrollees through all 3 Stages of your DSNP benefit	
Tier 2 - Generics	\$9	\$16	\$9	\$16	\$11	\$17	\$11	\$17	\$11	\$17	\$10	\$16				
Tier 3 - Preferred Brand	15%	17%	20%	22%	20%	22%	15%	17%	18%	20%	21%	23%				
Tier 4 - Non-Preferred Drug	48%	50%	48%	50%	48%	50%	48%	50%	48%	50%	48%	50%				
Tier 5 - Specialty Drugs	31%	31%	33%	33%	33%	33%	29%	29%	30%	30%	25%	25%				

*Prescriptions filled at retail for 90-day supply will be 3x the copay seen in the grid above.

** Please note standard pharmacies have higher copays than preferred pharmacies. To save the most money on your prescriptions, the best choice is a preferred pharmacy to receive \$0 copays on tier 1 drugs. You can get a copy of the pharmacy directory from Customer Service or at hap.org.

Description of Tier	5 Tier	1 Tier
Preferred Generic – These are generic drugs in the lowest cost-sharing tier.	1	1
Generic – These are generic drugs not in the Preferred Generics tier, as well as some brand drugs.	2	
Preferred Brand – This tier contains mostly brand-name drugs and includes some high-cost generic drugs.	3	
Non-Preferred Brand – Branded or generic drugs in this tier have alternative options in one of the lower cost-share tiers.	4	
Specialty Tier – These drugs are high cost and unique. They exceed a monthly cost established by CMS.	5	

This chart reflects 90 day cost-shares during Initial Coverage Stage at MAIL ORDER pharmacies	HAP Medicare Connect (HMO)		HAP Senior Plus Henry Ford Tiered Access (HMO)		HAP Senior Plus (PPO)		HAP Medicare Explore (PPO)		HAP MSU-HC Medicare Prime (PPO)		HAP Member Assist (PPO)		HAP Medicare Complete Duals (HMO D-SNP)		HAP Medicare Complete Assist (PPO-DSNP)	
	90-Day Preferred Mail Order Pharmacy	90-Day Standard Mail Order Pharmacy	90-Day Preferred Mail Order Pharmacy	90-Day Standard Mail Order Pharmacy	90-Day Preferred Mail Order Pharmacy	90-Day Standard Mail Order Pharmacy	90-Day Preferred Mail Order Pharmacy	90-Day Standard Mail Order Pharmacy	90-Day Preferred Mail Order Pharmacy	90-Day Standard Mail Order Pharmacy	90-Day Preferred Mail Order Pharmacy	90-Day Standard Mail Order Pharmacy	90-Day Preferred Mail Order Pharmacy	90-Day Standard Mail Order Pharmacy		
Tier 1 - Preferred Generics	\$0	\$21	\$0	\$21	\$0	\$27	\$0	\$27	\$0	\$27	\$0	\$27	25% *Value Based Insurance Design (VBID) eliminates drug cost shares for LIS eligible enrollees through all 3 Stages of your DSNP benefit			
Tier 2 - Generics	\$0	\$48	\$0	\$48	\$0	\$51	\$0	\$51	\$0	\$51	\$0	\$48				
Tier 3 - Preferred Brand	15%	17%	20%	22%	20%	22%	15%	17%	18%	20%	21%	23%				
Tier 4 - Non-Preferred Drug	48%	50%	48%	50%	48%	50%	48%	50%	48%	50%	48%	50%				
Tier 5 - Specialty Drugs	31%	31%	33%	33%	33%	33%	29%	29%	30%	30%	25%	25%				

****Please note standard pharmacies have higher copays than preferred pharmacies. To save the most money on your prescriptions, the best choice is a preferred pharmacy to receive \$0 copays on tier 1 drugs. You can get a copy of the pharmacy directory from Customer Service or at hap.org.**

This chart shows the different cost sharing amounts for insulin covered on our formulary, covered as part of a coverage determination or appeal, or covered as a transition supply. This copay applies even if you haven't met your deductible through all phases of coverage.

All covered insulin* regardless of tier will follow these copays	Pharmacy Advantage (Free In-Home Delivery) (Tiers 3-5)	Preferred Retail Pharmacy (Tiers 3-5)	Standard Retail and Mail Order Pharmacy (Tiers 3-5)
1-month supply	\$35	\$35	\$35
2-month supply	\$70	\$70	\$70
3-month supply	\$105	\$105	\$105

*Insulin administered with an infusion pump covered as a Part B medical benefit is \$35 for a 30-day supply.

Coverage Notes Abbreviations

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.

ED - Excluded Drug: This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug. Please refer to our Evidence of Coverage for more information about this coverage. HAP Medicare Complete Duals (HMO D-SNP) members do not have coverage of excluded drugs

LA - Limited access: This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service. Our contact information can be found on the front and back cover.

OP - Opioid Drugs: Each new fill or refill for prescriptions for opioid medications are limited to a 30-day supply dispensed for members who received authorization for greater than a 7-day supply.

PA - Prior Authorization: You (or your physician) are required to get prior authorization from HAP Medicare Advantage before you fill your prescription for this drug. Without prior approval, we may not cover this drug.

QL - Quantity Limit: We limit the amount of this drug that is covered per prescription. For example, if it is normally considered safe to take only one pill per day for a certain drug, we may limit coverage for your prescription to no more than one pill per day. EA refers to each (such as tablet or capsule), GM refers to gram, and ML refers to milliliter.

ST - Step Therapy: Before we will provide coverage for this drug, you must first try another drug (or drugs) to treat your medical condition. This drug may only be covered if the other drug (or drugs) does (do) not work for you.

V - Vaccines: Our plan covers Part D vaccines at no cost to you, even if you haven't paid your deductible.

Drug Name	Drug Tier	Requirements/Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	4	B/D
<i>amphotericin b injection recon soln 50 mg</i>	2	B/D
<i>caspofungin intravenous recon soln 50 mg, 70 mg</i>	4	
<i>clotrimazole mucous membrane troche 10 mg</i>	2	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	2	
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	2	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	2	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	5	
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	4	
<i>griseofulvin microsize oral tablet 500 mg</i>	4	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	4	
<i>itraconazole oral capsule 100 mg</i>	4	QL (120 per 30 days)
<i>itraconazole oral solution 10 mg/ml</i>	4	QL (600 per 30 days)
<i>ketoconazole oral tablet 200 mg</i>	2	
<i>nystatin oral suspension 100,000 unit/ml</i>	2	QL (700 per 28 days)
<i>nystatin oral tablet 500,000 unit</i>	2	
<i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i>	4	PA; QL (630 per 30 days)
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	4	PA; QL (96 per 30 days)
<i>terbinafine hcl oral tablet 250 mg</i>	2	
<i>voriconazole intravenous recon soln 200 mg</i>	4	PA
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	4	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	4	
ANTIVIRALS		
<i>abacavir oral solution 20 mg/ml</i>	2	

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

This drug list was last updated on 04/09/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>abacavir oral tablet 300 mg</i>	2	
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	2	
<i>acyclovir oral capsule 200 mg</i>	2	
<i>acyclovir oral suspension 200 mg/5 ml</i>	2	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	2	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	2	B/D
<i>adefovir oral tablet 10 mg</i>	2	
<i>amantadine hcl oral capsule 100 mg</i>	2	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	2	
<i>amantadine hcl oral tablet 100 mg</i>	2	
APTIVUS ORAL CAPSULE 250 MG	5	
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	2	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	4	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	4	
CIMDUO ORAL TABLET 300-300 MG	5	
COMPLERA ORAL TABLET 200-25-300 MG	5	
<i>darunavir oral tablet 600 mg, 800 mg</i>	5	
DELSTRIGO ORAL TABLET 100-300-300 MG	5	
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	5	
DOVATO ORAL TABLET 50-300 MG	4	
EDURANT ORAL TABLET 25 MG	5	
<i>efavirenz oral tablet 600 mg</i>	2	
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i>	5	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg, 600-300-300 mg</i>	5	
<i>emtricitabine oral capsule 200 mg</i>	2	
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	5	
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	2	
EMTRIVA ORAL SOLUTION 10 MG/ML	3	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	2	

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

This drug list was last updated on 04/09/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>etravirine oral tablet 100 mg, 200 mg</i>	5	
EVOTAZ ORAL TABLET 300-150 MG	5	QL (30 per 30 days)
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	2	
<i>fosamprenavir oral tablet 700 mg</i>	4	
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	5	
GENVOYA ORAL TABLET 150-150-200-10 MG	4	
INTELENCE ORAL TABLET 25 MG	4	
ISENTRESS HD ORAL TABLET 600 MG	5	QL (60 per 30 days)
ISENTRESS ORAL POWDER IN PACKET 100 MG	5	
ISENTRESS ORAL TABLET 400 MG	3	QL (60 per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	4	
JULUCA ORAL TABLET 50-25 MG	4	
<i>lamivudine oral solution 10 mg/ml</i>	2	
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	2	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	2	
LIVTENCITY ORAL TABLET 200 MG	5	
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	2	
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	2	
<i>maraviroc oral tablet 150 mg, 300 mg</i>	3	
MAVYRET ORAL TABLET 100-40 MG	5	PA; QL (84 per 28 days)
<i>nevirapine oral suspension 50 mg/5 ml</i>	4	
<i>nevirapine oral tablet 200 mg</i>	2	
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	2	
NORVIR ORAL POWDER IN PACKET 100 MG	3	
ODEFSEY ORAL TABLET 200-25-25 MG	4	
<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i>	2	

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

This drug list was last updated on 04/09/2025.

Drug Name	Drug Tier	Requirements/Limits
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG, 300 MG (150 MG X 2)-100 MG	3	QL (30 per 90 days)
PIFELTRO ORAL TABLET 100 MG	5	
PREVYMIS ORAL PELLETS IN PACKET 120 MG, 20 MG	5	
PREVYMIS ORAL TABLET 240 MG, 480 MG	5	QL (30 per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG-MG	4	QL (30 per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	4	
PREZISTA ORAL TABLET 150 MG, 75 MG	4	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	3	
REYATAZ ORAL POWDER IN PACKET 50 MG	5	
<i>ribavirin oral capsule 200 mg</i>	4	
<i>ribavirin oral tablet 200 mg</i>	2	
<i>rimantadine oral tablet 100 mg</i>	2	
<i>ritonavir oral tablet 100 mg</i>	2	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	5	
SELZENTRY ORAL SOLUTION 20 MG/ML	5	
STRIBILD ORAL TABLET 150-150-200-300 MG	5	QL (30 per 30 days)
SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK)	5	
SYMTUZA ORAL TABLET 800-150-200-10 MG	4	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	4	
TIVICAY ORAL TABLET 50 MG	4	
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	4	
TRIUMEQ ORAL TABLET 600-50-300 MG	5	
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	4	
TYBOST ORAL TABLET 150 MG	4	
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	2	
<i>valganciclovir oral tablet 450 mg</i>	3	
VIRACEPT ORAL TABLET 250 MG, 625 MG	5	

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This drug list was last updated on 04/09/2025.

Drug Name	Drug Tier	Requirements/Limits
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	5	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	
XOFLUZA ORAL TABLET 40 MG, 80 MG	4	
<i>zidovudine oral capsule 100 mg</i>	2	
<i>zidovudine oral syrup 10 mg/ml</i>	2	
<i>zidovudine oral tablet 300 mg</i>	2	
CEPHALOSPORINS		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	2	
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml</i>	2	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	2	
<i>cefadroxil oral capsule 500 mg</i>	2	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	
<i>cefadroxil oral tablet 1 gram</i>	2	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml</i>	2	
<i>cefazolin injection recon soln 1 gram, 10 gram, 100 gram, 300 gram, 500 mg</i>	2	
<i>cefazolin intravenous recon soln 1 gram</i>	2	
<i>cefdinir oral capsule 300 mg</i>	2	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
CEFEPIME IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/50 ML	4	
<i>cefepime in dextrose,iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml</i>	4	
<i>cefepime injection recon soln 1 gram, 2 gram</i>	4	
<i>cefixime oral capsule 400 mg</i>	4	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	2	
<i>cefoxitin in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>cefcoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	2	
<i>cefepodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	2	
<i>cefepodoxime oral tablet 100 mg, 200 mg</i>	2	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	2	
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i>	2	
<i>ceftriaxone in dextrose,iso-os intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	2	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	2	
CEFTRIAZONE INJECTION RECON SOLN 100 GRAM	2	
<i>ceftriaxone intravenous recon soln 1 gram, 2 gram</i>	2	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	2	
<i>cefuroxime sodium injection recon soln 750 mg</i>	2	
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>	2	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	2	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	5	
ZERBAXA INTRAVENOUS RECON SOLN 1.5 GRAM	5	
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous recon soln 500 mg</i>	2	
<i>azithromycin oral packet 1 gram</i>	2	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	2	
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>	2	

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This drug list was last updated on 04/09/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	2	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	2	
DIFICID ORAL TABLET 200 MG	5	PA; QL (20 per 10 days)
<i>e.e.s. 400 oral tablet 400 mg</i>	2	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	2	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i>	4	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	2	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	2	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	2	
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole oral tablet 200 mg</i>	4	
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	2	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	5	PA; QL (235.2 per 30 days)
<i>atovaquone oral suspension 750 mg/5 ml</i>	4	QL (300 per 30 days)
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	4	
<i>aztreonam injection recon soln 1 gram, 2 gram</i>	2	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	5	LA; QL (84 per 56 days)
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	2	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	2	
CLINDAMYCIN IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK 300 MG/50 ML, 600 MG/50 ML, 900 MG/50 ML	2	
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i>	2	
<i>clindamycin palmitate hcl oral recon soln 75 mg/5 ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i>	2	
COARTEM ORAL TABLET 20-120 MG	3	
<i>colistin (colistimethate na) injection recon soln 150 mg</i>	2	QL (30 per 10 days)
<i>cycloserine oral capsule 250 mg</i>	2	
<i>dapsone oral tablet 100 mg, 25 mg</i>	2	
<i>daptomycin intravenous recon soln 500 mg</i>	5	
EMVERM ORAL TABLET,CHEWABLE 100 MG	5	
<i>ertapenem injection recon soln 1 gram</i>	4	QL (14 per 14 days)
<i>ethambutol oral tablet 100 mg, 400 mg</i>	2	
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	4	
<i>gentamicin injection solution 40 mg/ml</i>	4	
<i>hydroxychloroquine oral tablet 200 mg</i>	2	
<i>imipenem-cilastatin intravenous recon soln 250 mg, 500 mg</i>	2	
IMPAVIDO ORAL CAPSULE 50 MG	4	PA; QL (90 per 30 days)
<i>isoniazid oral solution 50 mg/5 ml</i>	2	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	2	
<i>ivermectin oral tablet 3 mg</i>	2	PA; QL (20 per 30 days)
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i>	4	
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	4	QL (1680 per 28 days)
<i>linezolid oral tablet 600 mg</i>	4	QL (56 per 28 days)
<i>linezolid-0.9% sodium chloride intravenous parenteral solution 600 mg/300 ml</i>	4	
<i>mefloquine oral tablet 250 mg</i>	2	
<i>meropenem intravenous recon soln 1 gram</i>	2	QL (30 per 10 days)
<i>meropenem intravenous recon soln 500 mg</i>	2	QL (10 per 10 days)
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 1 GRAM/50 ML	2	QL (30 per 10 days)
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 500 MG/50 ML	2	QL (10 per 10 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>metro i.v. intravenous piggyback 500 mg/100 ml</i>	2	
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	2	
<i>metronidazole oral capsule 375 mg</i>	4	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	2	
<i>neomycin oral tablet 500 mg</i>	2	
<i>nitazoxanide oral tablet 500 mg</i>	2	
<i>pentamidine inhalation recon soln 300 mg</i>	2	B/D; QL (1 per 28 days)
<i>pentamidine injection recon soln 300 mg</i>	2	
<i>praziquantel oral tablet 600 mg</i>	4	
PRIFTIN ORAL TABLET 150 MG	4	
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)	3	
<i>pyrazinamide oral tablet 500 mg</i>	2	
<i>pyrimethamine oral tablet 25 mg</i>	5	
<i>quinine sulfate oral capsule 324 mg</i>	2	
<i>rifabutin oral capsule 150 mg</i>	2	
<i>rifampin intravenous recon soln 600 mg</i>	4	
<i>rifampin oral capsule 150 mg, 300 mg</i>	4	
SIRTURO ORAL TABLET 100 MG, 20 MG	5	PA; LA
STREPTOMYCIN INTRAMUSCULAR RECON SOLN 1 GRAM	5	QL (60 per 30 days)
<i>tigecycline intravenous recon soln 50 mg</i>	5	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	4	
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	5	PA; QL (224 per 56 days)
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	5	B/D; QL (280 per 28 days)
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	5	B/D; QL (224 per 28 days)
<i>tobramycin sulfate injection recon soln 1.2 gram</i>	2	
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	2	
TRECTOR ORAL TABLET 250 MG	3	

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Drug Name	Drug Tier	Requirements/Limits
VANCOMYCIN INJECTION RECON SOLN 100 GRAM	4	
<i>vancomycin intravenous recon soln 1,000 mg</i>	4	QL (20 per 10 days)
<i>vancomycin intravenous recon soln 10 gram, 5 gram</i>	4	
<i>vancomycin intravenous recon soln 500 mg</i>	4	QL (10 per 10 days)
<i>vancomycin intravenous recon soln 750 mg</i>	4	QL (27 per 10 days)
<i>vancomycin oral capsule 125 mg</i>	4	
<i>vancomycin oral capsule 250 mg</i>	4	QL (80 per 10 days)
<i>vancomycin oral recon soln 50 mg/ml</i>	2	QL (450 per 30 days)
XIFAXAN ORAL TABLET 200 MG	4	PA; QL (120 per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	PA; QL (90 per 30 days)
PENICILLINS		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	2	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	2	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	2	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	2	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	2	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	2	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	2	
<i>ampicillin oral capsule 500 mg</i>	2	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	2	
<i>ampicillin sodium intravenous recon soln 1 gram, 2 gram</i>	2	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i>	2	
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram, 3 gram</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML	4	
BICILLIN L-A INTRAMUSCULAR SYRINGE 600,000 UNIT/ML	3	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	2	
<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	2	
<i>nafcillin injection recon soln 1 gram, 10 gram, 2 gram</i>	2	
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml</i>	2	
<i>oxacillin injection recon soln 1 gram, 10 gram, 2 gram</i>	2	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	4	
<i>penicillin g potassium injection recon soln 20 million unit, 5 million unit</i>	2	
<i>penicillin g sodium injection recon soln 5 million unit</i>	2	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	2	
PIPERACILLIN-TAZOBACTAM INTRAVENOUS RECON SOLN 13.5 GRAM	4	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	4	
QUINOLONES		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	2	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	2	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	2	
<i>levofloxacin oral solution 250 mg/10 ml</i>	2	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	2	
<i>moxifloxacin oral tablet 400 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
MOXIFLOXACIN-SOD.ACE,SUL-WATER INTRAVENOUS PIGGYBACK 400 MG/250 ML	2	
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml</i>	2	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	2	
SULFA'S / RELATED AGENTS		
<i>sulfadiazine oral tablet 500 mg</i>	2	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	2	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
TETRACYCLINES		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	4	
<i>doxy-100 intravenous recon soln 100 mg</i>	2	
<i>doxycycline hyclate intravenous recon soln 100 mg</i>	2	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	2	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	2	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	2	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	4	
URINARY TRACT AGENTS		
<i>fosfomycin tromethamine oral packet 3 gram</i>	4	
<i>methenamine hippurate oral tablet 1 gram</i>	2	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	2	
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	2	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	2	
<i>trimethoprim oral tablet 100 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	2	
MESNEX ORAL TABLET 400 MG	5	
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	5	PA
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	5	QL (120 per 30 days)
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	5	PA; LA; QL (60 per 30 days)
ALECENSA ORAL CAPSULE 150 MG	5	PA; QL (240 per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	5	PA; QL (30 per 180 days)
<i>anastrozole oral tablet 1 mg</i>	2	QL (30 per 30 days)
AUGTYRO ORAL CAPSULE 160 MG	5	PA
AUGTYRO ORAL CAPSULE 40 MG	5	PA; QL (240 per 30 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	5	PA; LA; QL (30 per 30 days)
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	2	B/D
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	5	PA; LA
<i>bexarotene oral capsule 75 mg</i>	5	
<i>bexarotene topical gel 1 %</i>	5	PA; QL (60 per 30 days)
<i>bicalutamide oral tablet 50 mg</i>	2	
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	2	B/D
BOSULIF ORAL CAPSULE 100 MG	5	PA; QL (180 per 30 days)
BOSULIF ORAL CAPSULE 50 MG	5	PA; QL (360 per 30 days)
BOSULIF ORAL TABLET 100 MG	5	PA; QL (150 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; LA; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
BRUKINSA ORAL CAPSULE 80 MG	5	PA; LA; QL (120 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	5	PA; LA; QL (30 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	5	PA; LA; QL (60 per 30 days)
CALQUENCE ORAL CAPSULE 100 MG	5	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA; LA; QL (30 per 30 days)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	5	PA; QL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5	PA; QL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	5	PA; QL (84 per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA; LA; QL (60 per 30 days)
COTELLIC ORAL TABLET 20 MG	5	PA; LA; QL (63 per 28 days)
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	3	B/D
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	3	B/D
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	2	B/D
<i>cyclosporine modified oral solution 100 mg/ml</i>	2	B/D
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	2	B/D
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 80 mg</i>	5	PA; QL (30 per 30 days)
<i>dasatinib oral tablet 20 mg, 70 mg</i>	5	PA; QL (60 per 30 days)
DAURISMO ORAL TABLET 100 MG	5	PA; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA; QL (60 per 30 days)
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	3	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	3	
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	3	
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	3	

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Drug Name	Drug Tier	Requirements/Limits
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	3	
ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	4	PA
ERIVEDGE ORAL CAPSULE 150 MG	5	PA; QL (30 per 30 days)
ERLEADA ORAL TABLET 240 MG	5	PA; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	5	PA; QL (120 per 30 days)
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i>	5	PA; QL (30 per 30 days)
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	5	PA; QL (30 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>	5	PA; QL (330 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i>	5	PA; QL (240 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i>	5	PA; QL (180 per 30 days)
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	5	B/D
<i>exemestane oral tablet 25 mg</i>	2	
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	4	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	5	PA; LA; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	5	PA; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	5	PA; QL (21 per 28 days)
GAVRETO ORAL CAPSULE 100 MG	5	PA; LA; QL (120 per 30 days)
<i>gefitinib oral tablet 250 mg</i>	5	PA; QL (60 per 30 days)
<i>gengraf oral capsule 100 mg, 25 mg</i>	4	B/D
<i>gengraf oral solution 100 mg/ml</i>	4	B/D
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	4	PA
<i>hydroxyurea oral capsule 500 mg</i>	2	

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

This drug list was last updated on 04/09/2025.

Drug Name	Drug Tier	Requirements/Limits
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	4	PA; QL (21 per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	4	PA; QL (21 per 28 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	5	PA; QL (30 per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA; LA; QL (30 per 30 days)
<i>imatinib oral tablet 100 mg</i>	5	QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i>	5	QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; QL (30 per 30 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	5	PA; QL (240 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	5	PA; QL (30 per 30 days)
IMKELDI ORAL SOLUTION 80 MG/ML	5	PA
INLYTA ORAL TABLET 1 MG	5	PA; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA; QL (120 per 30 days)
INQOVI ORAL TABLET 35-100 MG	5	PA; QL (5 per 28 days)
INREBIC ORAL CAPSULE 100 MG	5	PA; LA; QL (120 per 30 days)
ITOVEBI ORAL TABLET 3 MG, 9 MG	5	PA
IWILFIN ORAL TABLET 192 MG	5	PA; LA; QL (240 per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	5	PA; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	5	PA; QL (30 per 30 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5	PA; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA; QL (63 per 28 days)
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	5	PA

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Drug Name	Drug Tier	Requirements/Limits
KRAZATI ORAL TABLET 200 MG	5	PA; QL (180 per 30 days)
<i>lapatinib oral tablet 250 mg</i>	5	PA; QL (180 per 30 days)
LAZCLUZE ORAL TABLET 240 MG, 80 MG	5	PA; LA; QL (30 per 30 days)
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	5	PA; QL (28 per 28 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	5	PA; QL (30 per 30 days)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	5	PA; QL (90 per 30 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	5	PA; QL (60 per 30 days)
<i>letrozole oral tablet 2.5 mg</i>	2	
LEUKERAN ORAL TABLET 2 MG	5	
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	4	
LIBTAYO INTRAVENOUS SOLUTION 50 MG/ML	5	PA
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	5	PA
LORBRENA ORAL TABLET 100 MG	5	PA; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG	5	PA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	5	
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	5	
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	5	
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	5	
LUPRON DEPOT-PED INTRAMUSCULAR KIT 7.5 MG (PED)	5	

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This drug list was last updated on 04/09/2025.

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	5	
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	5	
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	5	PA; LA
MATULANE ORAL CAPSULE 50 MG	5	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	4	
<i>megestrol oral tablet 20 mg, 40 mg</i>	4	
MEKINIST ORAL RECON SOLN 0.05 MG/ML	5	PA; QL (1200 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	5	PA; QL (120 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	5	PA; LA; QL (180 per 30 days)
<i>mercaptopurine oral tablet 50 mg</i>	2	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	4	
<i>methotrexate sodium injection solution 25 mg/ml</i>	4	
<i>methotrexate sodium oral tablet 2.5 mg</i>	2	
<i>mycophenolate mofetil oral capsule 250 mg</i>	2	B/D
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	5	B/D
<i>mycophenolate mofetil oral tablet 500 mg</i>	2	B/D
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	4	B/D
NERLYNX ORAL TABLET 40 MG	5	PA; LA
<i>nilutamide oral tablet 150 mg</i>	5	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA; QL (3 per 28 days)
NUBEQA ORAL TABLET 300 MG	5	PA; LA; QL (120 per 30 days)
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	4	
ODOMZO ORAL CAPSULE 200 MG	5	PA; LA; QL (30 per 30 days)
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	PA; QL (60 per 30 days)
OGSIVEO ORAL TABLET 50 MG	5	PA; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	5	PA; QL (96 per 30 days)
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6)	5	PA; QL (24 per 30 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	5	PA; QL (30 per 30 days)
ONUREG ORAL TABLET 200 MG, 300 MG	5	PA; QL (14 per 28 days)
ORGOVYX ORAL TABLET 120 MG	5	PA; LA; QL (32 per 30 days)
ORSERDU ORAL TABLET 345 MG	5	PA; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	5	PA; QL (90 per 30 days)
<i>pazopanib oral tablet 200 mg</i>	5	PA; QL (120 per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	PA; LA; QL (28 per 28 days)
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	5	PA
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA; LA
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	4	B/D
PURIXAN ORAL SUSPENSION 20 MG/ML	5	PA
QINLOCK ORAL TABLET 50 MG	5	PA; LA; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5	PA; LA; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA; LA; QL (120 per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	5	PA; LA; QL (60 per 30 days)
RETEVMO ORAL TABLET 40 MG	5	PA; LA; QL (90 per 30 days)
REVUFORJ ORAL TABLET 110 MG, 160 MG	5	PA
REZLIDHIA ORAL CAPSULE 150 MG	5	PA; QL (60 per 30 days)
REZUROCK ORAL TABLET 200 MG	5	PA; QL (30 per 30 days)
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; QL (180 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; QL (90 per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	5	PA

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Drug Name	Drug Tier	Requirements/Limits
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA; LA; QL (120 per 30 days)
RYDAPT ORAL CAPSULE 25 MG	5	PA; QL (224 per 28 days)
SCSEMBLIX ORAL TABLET 100 MG	5	PA; QL (120 per 30 days)
SCSEMBLIX ORAL TABLET 20 MG	5	PA; QL (600 per 30 days)
SCSEMBLIX ORAL TABLET 40 MG	5	PA; QL (300 per 30 days)
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	5	PA
<i>sirolimus oral solution 1 mg/ml</i>	5	B/D
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	4	B/D
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	4	
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 90 MG/0.3 ML	5	
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML	5	QL (1 per 7 days)
<i>sorafenib oral tablet 200 mg</i>	5	QL (120 per 30 days)
STIVARGA ORAL TABLET 40 MG	5	PA; QL (120 per 30 days)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	5	PA; QL (30 per 30 days)
TABLOID ORAL TABLET 40 MG	3	
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	2	B/D
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	5	PA; QL (900 per 30 days)
TAGRISSE ORAL TABLET 40 MG, 80 MG	5	PA; LA; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	5	PA; QL (30 per 30 days)
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	2	
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	5	PA; QL (120 per 30 days)
TAZVERIK ORAL TABLET 200 MG	5	PA; LA
TEPMETKO ORAL TABLET 225 MG	5	PA; LA
THALOMID ORAL CAPSULE 100 MG, 50 MG	5	QL (28 per 28 days)
TIBSOVO ORAL TABLET 250 MG	5	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>toremifene oral tablet 60 mg</i>	5	
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	4	PA
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	5	
TRUQAP ORAL TABLET 160 MG, 200 MG	5	PA; QL (64 per 28 days)
TUKYSA ORAL TABLET 150 MG	5	PA; LA; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	5	PA; LA; QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG	5	PA; LA; QL (120 per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	5	PA; QL (56 per 28 days)
VENCLEXTA ORAL TABLET 10 MG	3	PA; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA; LA; QL (120 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	5	PA; LA; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	5	PA; LA; QL (42 per 180 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA; LA; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 100 MG	5	PA; LA; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA; LA; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA; LA; QL (300 per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA; QL (30 per 30 days)
VONJO ORAL CAPSULE 100 MG	5	PA; QL (120 per 30 days)
VORANIGO ORAL TABLET 10 MG, 40 MG	5	PA; QL (30 per 30 days)
WELIREG ORAL TABLET 40 MG	5	PA; LA
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA; QL (60 per 30 days)
XALKORI ORAL PELLETT 150 MG	5	PA; QL (180 per 30 days)
XALKORI ORAL PELLETT 20 MG, 50 MG	5	PA; QL (120 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	4	PA
XERMELO ORAL TABLET 250 MG	5	PA; LA; QL (84 per 28 days)
XOSPATA ORAL TABLET 40 MG	5	PA; LA; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	5	PA; LA
XPOVIO ORAL TABLET 40 MG/WEEK (10 MG X 4)	5	PA
XTANDI ORAL CAPSULE 40 MG	5	PA; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	5	PA; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	5	PA; QL (60 per 30 days)
ZEJULA ORAL TABLET 100 MG	5	PA; LA; QL (90 per 30 days)
ZEJULA ORAL TABLET 200 MG, 300 MG	5	PA; LA; QL (30 per 30 days)
ZELBORAF ORAL TABLET 240 MG	5	PA; QL (240 per 30 days)
ZOLINZA ORAL CAPSULE 100 MG	5	PA; QL (120 per 30 days)
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG	5	PA; QL (90 per 30 days)

AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH

ANTICONVULSANTS

APTIOM ORAL TABLET 200 MG	5	QL (180 per 30 days)
APTIOM ORAL TABLET 400 MG	5	QL (90 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	5	QL (60 per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	5	PA; QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	5	PA; QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	2	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	2	
<i>carbamazepine oral tablet 200 mg</i>	2	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	2	
<i>carbamazepine oral tablet, chewable 100 mg</i>	2	
CARBAMAZEPINE ORAL TABLET, CHEWABLE 200 MG	2	
<i>clobazam oral suspension 2.5 mg/ml</i>	4	QL (480 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>clobazam oral tablet 10 mg, 20 mg</i>	4	QL (60 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	5	PA; LA
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	5	PA; LA
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	2	
DILANTIN 30 MG ORAL CAPSULE 30 MG	3	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	2	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	2	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	2	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	5	PA; LA
<i>epitol oral tablet 200 mg</i>	2	
EPRONTIA ORAL SOLUTION 25 MG/ML	4	PA
<i>ethosuximide oral capsule 250 mg</i>	2	
<i>ethosuximide oral solution 250 mg/5 ml</i>	2	
<i>felbamate oral suspension 600 mg/5 ml</i>	4	
<i>felbamate oral tablet 400 mg, 600 mg</i>	4	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	5	PA; QL (360 per 30 days)
<i>fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i>	2	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	5	PA; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	5	PA; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	PA; QL (60 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	5	PA; QL (60 per 30 days)
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	2	
<i>gabapentin oral solution 250 mg/5 ml</i>	2	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	2	
<i>gabapentin oral tablet extended release 24 hr 300 mg, 600 mg</i>	4	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>lacosamide oral solution 10 mg/ml</i>	4	QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	4	QL (60 per 30 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	2	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)</i>	4	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	4	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	2	
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	4	
<i>lamotrigine oral tablets, dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)</i>	2	
<i>levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)</i>	2	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	2	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	2	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	5	PA
<i>methsuximide oral capsule 300 mg</i>	2	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	4	PA; QL (10 per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	2	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	2	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	2	PA
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	2	PA
<i>phenytoin oral suspension 125 mg/5 ml</i>	2	
<i>phenytoin oral tablet, chewable 50 mg</i>	2	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 300 mg</i>	2	QL (60 per 30 days)
<i>pregabalin oral capsule 25 mg, 50 mg, 75 mg</i>	2	QL (90 per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	2	QL (900 per 30 days)
<i>primidone oral tablet 250 mg, 50 mg</i>	2	
<i>roweepra oral tablet 500 mg</i>	2	
<i>rufinamide oral suspension 40 mg/ml</i>	5	PA
<i>rufinamide oral tablet 200 mg</i>	4	PA
<i>rufinamide oral tablet 400 mg</i>	5	PA
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	4	PA
SYMPAZAN ORAL FILM 10 MG	5	PA; QL (120 per 30 days)
SYMPAZAN ORAL FILM 20 MG	5	PA; QL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	4	PA; QL (240 per 30 days)
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	4	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	2	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	
<i>valproic acid oral capsule 250 mg</i>	2	
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	5	PA; QL (10 per 30 days)
<i>vigabatrin oral powder in packet 500 mg</i>	5	LA
<i>vigabatrin oral tablet 500 mg</i>	5	LA
<i>vigadrone oral powder in packet 500 mg</i>	5	LA
<i>vigadrone oral tablet 500 mg</i>	5	LA
<i>vigpoder oral powder in packet 500 mg</i>	5	LA
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	5	PA; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG	4	PA; QL (120 per 30 days)
XCOPRI ORAL TABLET 150 MG	4	PA; QL (60 per 30 days)
XCOPRI ORAL TABLET 200 MG	5	PA; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
XCOPRI ORAL TABLET 25 MG	5	PA
XCOPRI ORAL TABLET 50 MG	4	PA; QL (240 per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	4	PA; QL (28 per 180 days)
ZONISADE ORAL SUSPENSION 100 MG/5 ML	4	PA
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	2	
ZTALMY ORAL SUSPENSION 50 MG/ML	5	PA; LA; QL (1080 per 30 days)
ANTIPARKINSONISM AGENTS		
<i>apomorphine subcutaneous cartridge 10 mg/ml</i>	5	QL (90 per 30 days)
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>bromocriptine oral capsule 5 mg</i>	4	
<i>bromocriptine oral tablet 2.5 mg</i>	4	
<i>carbidopa oral tablet 25 mg</i>	2	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	2	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	2	
<i>carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	2	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	4	
<i>entacapone oral tablet 200 mg</i>	2	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	4	PA; QL (300 per 30 days)
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	4	
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	2	
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	4	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	4	

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This drug list was last updated on 04/09/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	2	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	4	
<i>selegiline hcl oral capsule 5 mg</i>	2	
<i>selegiline hcl oral tablet 5 mg</i>	2	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	2	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	2	
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	3	PA; QL (1 per 30 days)
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	3	PA; QL (1.5 per 30 days)
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	3	PA; QL (1.5 per 30 days)
<i>dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	5	PA; QL (8 per 30 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	2	QL (18 per 30 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	5	PA; QL (16 per 30 days)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	2	QL (18 per 30 days)
<i>rizatriptan oral tablet,disintegrating 10 mg, 5 mg</i>	2	QL (18 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	2	QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	4	QL (9 per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	4	QL (9 per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	4	QL (9 per 30 days)
TOSYMRA NASAL SPRAY,NON-AEROSOL 10 MG/ACTUATION	4	QL (12 per 30 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	5	PA; QL (16 per 30 days)

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This drug list was last updated on 04/09/2025.

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS NEUROLOGICAL THERAPY		
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	2	QL (60 per 30 days)
DAYBUE ORAL SOLUTION 200 MG/ML	5	PA; LA
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i>	5	QL (14 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	5	QL (120 per 180 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i>	5	QL (60 per 30 days)
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	
<i>donepezil oral tablet 23 mg</i>	4	
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	2	
<i>fingolimod oral capsule 0.5 mg</i>	5	QL (30 per 30 days)
FIRDAPSE ORAL TABLET 10 MG	5	PA; LA
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	2	
<i>galantamine oral solution 4 mg/ml</i>	2	
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	2	
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	5	QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	5	QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	5	QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	5	QL (12 per 28 days)
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	4	
<i>memantine oral solution 2 mg/ml</i>	4	
<i>memantine oral tablet 10 mg, 5 mg</i>	2	
MEMANTINE ORAL TABLETS, DOSE PACK 5-10 MG	4	
NUEDEXTA ORAL CAPSULE 20-10 MG	4	PA
RADICAVA ORS ORAL SUSPENSION 105 MG/5 ML	5	PA; QL (70 per 28 days)
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	5	PA; QL (70 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	2	QL (60 per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i>	4	
SKYCLARYS ORAL CAPSULE 50 MG	5	PA; LA
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	5	QL (30 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	5	QL (120 per 30 days)
WAINUA SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.8 ML	5	PA
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	2	
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	2	QL (120 per 30 days)
<i>chlorzoxazone oral tablet 500 mg</i>	2	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	2	PA
<i>cyclobenzaprine oral tablet 7.5 mg</i>	4	PA
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	2	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	2	
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	2	
<i>pyridostigmine bromide oral tablet 60 mg</i>	2	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	4	
<i>tizanidine oral capsule 2 mg, 4 mg</i>	2	
<i>tizanidine oral capsule 6 mg</i>	4	
<i>tizanidine oral tablet 2 mg, 4 mg</i>	2	
ZILBRYSQ SUBCUTANEOUS SYRINGE 16.6 MG/0.416 ML, 23 MG/0.574 ML, 32.4 MG/0.81 ML	5	PA
NARCOTIC ANALGESICS		
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg</i>	2	QL (240 per 30 days); OP
<i>acetaminophen-codeine oral tablet 300-30 mg</i>	2	QL (400 per 30 days); OP
<i>buprenorphine hcl sublingual tablet 2 mg</i>	4	QL (180 per 30 days)
<i>buprenorphine hcl sublingual tablet 8 mg</i>	4	QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	2	QL (4 per 28 days); OP
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	2	QL (180 per 30 days)
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	2	QL (180 per 30 days)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	2	QL (180 per 30 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	2	QL (180 per 30 days)
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	2	QL (180 per 30 days); OP
<i>duramorph (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	2	OP
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	QL (360 per 30 days); OP
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg</i>	5	PA; QL (120 per 30 days); OP
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	4	PA; QL (120 per 30 days); OP
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	2	QL (10 per 30 days); OP
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	2	QL (5520 per 30 days); OP
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	QL (240 per 30 days); OP
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	4	QL (150 per 30 days); OP
<i>hydromorphone injection syringe 2 mg/ml</i>	2	OP
<i>hydromorphone oral liquid 1 mg/ml</i>	2	QL (2400 per 30 days); OP
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	2	QL (180 per 30 days); OP
<i>meperidine oral tablet 50 mg</i>	2	QL (180 per 30 days); OP
<i>methadone oral solution 10 mg/5 ml</i>	2	QL (1200 per 30 days); OP
<i>methadone oral solution 5 mg/5 ml</i>	2	QL (600 per 30 days); OP
<i>methadone oral tablet 10 mg</i>	2	QL (240 per 30 days); OP
<i>methadone oral tablet 5 mg</i>	2	QL (120 per 30 days); OP
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	2	QL (400 per 30 days); OP

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Drug Name	Drug Tier	Requirements/Limits
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	2	QL (1500 per 30 days); OP
<i>morphine oral tablet 15 mg, 30 mg</i>	2	QL (120 per 30 days); OP
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	2	QL (90 per 30 days); OP
<i>oxycodone oral solution 5 mg/5 ml</i>	2	QL (2400 per 30 days); OP
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	2	QL (180 per 30 days); OP
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	QL (360 per 30 days); OP
<i>oxymorphone oral tablet 10 mg, 5 mg</i>	4	QL (180 per 30 days); OP
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	4	QL (60 per 30 days); OP
<i>prolinate oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	2	QL (360 per 30 days); OP
<i>tencon oral tablet 50-325 mg</i>	2	QL (180 per 30 days)
NON-NARCOTIC ANALGESICS		
<i>buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	2	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	2	QL (120 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	2	QL (90 per 30 days)
<i>butorphanol nasal spray,non-aerosol 10 mg/ml</i>	4	QL (5 per 28 days); OP
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	2	QL (60 per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	2	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	2	
<i>diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	2	
<i>diclofenac sodium topical drops 1.5 %</i>	2	QL (300 per 28 days)
<i>diclofenac sodium topical gel 1 %</i>	2	QL (1000 per 28 days)
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	4	
<i>diflunisal oral tablet 500 mg</i>	2	
<i>etodolac oral capsule 200 mg, 300 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>etodolac oral tablet 400 mg, 500 mg</i>	2	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	2	
<i>flurbiprofen oral tablet 100 mg</i>	2	
<i>ibu oral tablet 600 mg, 800 mg</i>	2	
<i>ibuprofen oral suspension 100 mg/5 ml</i>	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	2	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	2	
<i>indomethacin oral capsule, extended release 75 mg</i>	2	
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)</i>	2	
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	2	
<i>ketorolac oral tablet 10 mg</i>	2	
<i>mefenamic acid oral capsule 250 mg</i>	4	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	2	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	2	
<i>naloxone injection solution 0.4 mg/ml</i>	2	
<i>naloxone injection syringe 0.4 mg/ml, 0.4 mg/ml (prefilled syringe), 1 mg/ml</i>	2	
<i>naloxone nasal spray, non-aerosol 4 mg/actuation</i>	2	
<i>naltrexone oral tablet 50 mg</i>	2	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	2	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	
<i>oxaprozin oral tablet 600 mg</i>	2	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	2	
<i>sulindac oral tablet 150 mg, 200 mg</i>	2	
<i>tolmetin oral tablet 600 mg</i>	2	
<i>tramadol oral tablet 50 mg</i>	2	QL (240 per 30 days); OP
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg</i>	2	QL (90 per 30 days); OP
<i>tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg</i>	2	QL (90 per 30 days); OP
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	2	QL (240 per 30 days); OP

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Drug Name	Drug Tier	Requirements/Limits
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	5	PA; QL (1 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	5	PA; QL (1 per 28 days)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	2	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	4	
<i>aripiprazole oral solution 1 mg/ml</i>	4	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	2	QL (30 per 30 days)
<i>aripiprazole oral tablet,disintegrating 10 mg</i>	5	QL (60 per 30 days)
<i>aripiprazole oral tablet,disintegrating 15 mg</i>	4	QL (60 per 30 days)
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	4	PA; QL (30 per 30 days)
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	4	PA; QL (60 per 30 days)
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	4	
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	4	PA; QL (60 per 30 days)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	2	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	2	
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	2	
<i>bupirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	2	
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	4	PA; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	2	
<i>chlorpromazine injection solution 25 mg/ml</i>	2	
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	4	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	4	
<i>citalopram oral solution 10 mg/5 ml</i>	2	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	4	
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	4	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	4	QL (180 per 30 days)
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	2	QL (270 per 30 days)
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	5	PA
COBENFY STARTER PACK ORAL CAPSULE, DOSE PACK 50 MG-20 MG /100 MG-20 MG	5	PA
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	4	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	2	
<i>dexmethylphenidate oral capsule, er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	4	QL (30 per 30 days)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	4	
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg</i>	2	QL (180 per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 15 mg, 5 mg</i>	2	QL (120 per 30 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5 ml</i>	2	QL (1800 per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	2	QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	2	QL (120 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	4	QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	4	QL (90 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 30 mg</i>	4	QL (60 per 30 days)
<i>diazepam injection solution 5 mg/ml</i>	2	
<i>diazepam injection syringe 5 mg/ml</i>	2	
<i>diazepam intensol oral concentrate 5 mg/ml</i>	2	
<i>diazepam oral concentrate 5 mg/ml</i>	2	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	2	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>doxepin oral concentrate 10 mg/ml</i>	4	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	4	PA; QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	4	PA; QL (90 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	2	QL (60 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	2	QL (90 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	5	
<i>ergoloid oral tablet 1 mg</i>	2	
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	2	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	2	QL (30 per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	4	QL (30 per 30 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	4	PA; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	4	PA; QL (8 per 180 days)

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Drug Name	Drug Tier	Requirements/Limits
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	4	PA; QL (28 per 180 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	4	PA; QL (30 per 30 days)
<i>fluoxetine (pmdd) oral tablet 10 mg, 20 mg</i>	1	
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	1	
<i>fluoxetine oral capsule,delayed release(dr/ec) 90 mg</i>	2	QL (4 per 28 days)
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	2	
<i>fluoxetine oral tablet 10 mg, 20 mg</i>	1	
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	4	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	4	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	4	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	4	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	4	
<i>fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg</i>	4	
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	2	
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	4	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml, 50 mg/ml(1ml)</i>	2	
<i>haloperidol lactate injection solution 5 mg/ml</i>	2	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	2	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	2	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	4	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	5	PA; QL (3.5 per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	5	PA; QL (5 per 180 days)

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This drug list was last updated on 04/09/2025.

Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	PA; QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	PA; QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	PA; QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	PA; QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	PA; QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	5	PA; QL (0.88 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	5	PA; QL (1.32 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	PA; QL (1.75 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	5	PA; QL (2.63 per 90 days)
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	2	
<i>lithium carbonate oral tablet 300 mg</i>	2	
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	2	
<i>lithium citrate oral solution 8 meq/5 ml</i>	2	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	2	QL (30 per 30 days)
<i>lurasidone oral tablet 80 mg</i>	2	QL (60 per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	5	PA; QL (30 per 30 days)
MARPLAN ORAL TABLET 10 MG	4	
<i>methamphetamine oral tablet 5 mg</i>	4	PA
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	4	
<i>methylphenidate hcl oral capsule,er biphasic 50-50 60 mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	2	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	2	
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	2	
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 18 mg (bx rating), 27 mg, 27 mg (bx rating), 36 mg, 36 mg (bx rating), 54 mg, 54 mg (bx rating)</i>	4	
<i>methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg</i>	2	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	2	
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i>	2	
<i>modafinil oral tablet 100 mg</i>	2	PA; QL (90 per 30 days)
<i>modafinil oral tablet 200 mg</i>	2	PA; QL (60 per 30 days)
<i>molindone oral tablet 10 mg, 25 mg, 5 mg</i>	2	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	2	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>nortriptyline oral solution 10 mg/5 ml</i>	2	
NUPLAZID ORAL CAPSULE 34 MG	4	PA; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	4	PA; QL (30 per 30 days)
<i>olanzapine intramuscular recon soln 10 mg</i>	2	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	2	QL (30 per 30 days)
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	2	QL (30 per 30 days)
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	4	QL (30 per 30 days)
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	2	
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	4	QL (240 per 30 days)
<i>paliperidone oral tablet extended release 24hr 3 mg</i>	4	QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	4	QL (60 per 30 days)
<i>paliperidone oral tablet extended release 24hr 9 mg</i>	4	QL (30 per 30 days)
<i>paroxetine hcl oral suspension 10 mg/5 ml</i>	4	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg</i>	4	QL (180 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 25 mg</i>	4	QL (90 per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	2	
PERSERIS SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG	5	QL (1 per 30 days)
<i>phenelzine oral tablet 15 mg</i>	2	
<i>pimozide oral tablet 1 mg, 2 mg</i>	4	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	4	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	2	QL (90 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	2	QL (60 per 30 days)
<i>ramelteon oral tablet 8 mg</i>	2	QL (30 per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	4	PA; QL (30 per 30 days)
<i>risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml</i>	4	
<i>risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml, 50 mg/2 ml</i>	5	
<i>risperidone oral solution 1 mg/ml</i>	2	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	2	
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	5	PA; QL (30 per 30 days)
<i>sertraline oral concentrate 20 mg/ml</i>	2	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	1	
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	5	PA; LA; QL (540 per 30 days)
<i>tasimelteon oral capsule 20 mg</i>	5	PA; QL (30 per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i>	4	
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
<i>tranlycypromine oral tablet 10 mg</i>	4	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	4	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	2	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	4	PA; QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	2	
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	2	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	PA
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	4	PA
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	4	PA; QL (30 per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	4	
<i>ziprasidone hcl oral capsule 20 mg, 60 mg</i>	2	QL (60 per 30 days)
<i>ziprasidone hcl oral capsule 40 mg, 80 mg</i>	2	QL (120 per 30 days)
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i>	4	QL (60 per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i>	4	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i>	4	QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	5	PA; QL (60 per 30 days)
ZURZUVAE ORAL CAPSULE 30 MG	5	PA; QL (30 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	PA; QL (2 per 28 days)

CARDIOVASCULAR, HYPERTENSION / LIPIDS

ANTIARRHYTHMIC AGENTS

<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	2	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	2	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	4	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	2	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	2	
MULTAQ ORAL TABLET 400 MG	3	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	2	
<i>propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg</i>	4	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	2	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	4	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	2	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	2	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	2	

ANTIHYPERTENSIVE THERAPY

<i>acebutolol oral capsule 200 mg, 400 mg</i>	2	
<i>aliskiren oral tablet 150 mg, 300 mg</i>	4	
<i>amiloride oral tablet 5 mg</i>	2	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	2	
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	2	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	
<i>amlodipine-valsartan-hcthiiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	2	QL (60 per 30 days)
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	2	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	2	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
<i>bumetanide injection solution 0.25 mg/ml</i>	2	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	2	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	2	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	2	
<i>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i>	4	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	2	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	2	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	2	
<i>doxazosin oral tablet 8 mg</i>	2	QL (60 per 30 days)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	2	
<i>ethacrynic acid oral tablet 25 mg</i>	4	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	1	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	2	
<i>furosemide injection solution 10 mg/ml</i>	2	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	2	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	2	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	2	
KERENDIA ORAL TABLET 10 MG, 20 MG	4	PA; QL (30 per 30 days)
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	2	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	2	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>metyrosine oral capsule 250 mg</i>	5	PA
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	2	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	2	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	1	
<i>nimodipine oral capsule 30 mg</i>	4	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	1	
<i>olmesartan-amlodipin-hcthiazyd oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	4	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	5	PA
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	4	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	2	
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	2	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	2	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	2	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	2	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	2	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	2	
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	
<i>terazosin oral capsule 10 mg</i>	1	QL (60 per 30 days)
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	2	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>triamterene oral capsule 100 mg, 50 mg</i>	4	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	2	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	QL (30 per 30 days)
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	2	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	2	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
COAGULATION THERAPY		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	4	QL (60 per 30 days)
BRILINTA ORAL TABLET 60 MG, 90 MG	3	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	2	
<i>clopidogrel oral tablet 75 mg</i>	1	QL (30 per 30 days)
<i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i>	2	QL (60 per 30 days)
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	4	
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	4	PA; LA
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	4	PA; LA
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	4	PA; LA
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	3	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	3	
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	4	QL (60 per 30 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	4	QL (48 per 30 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	4	QL (18 per 30 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	4	QL (24 per 30 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>	4	QL (36 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i>	4	QL (24 per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	4	QL (15 per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i>	4	QL (12 per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i>	4	QL (18 per 30 days)
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	2	
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml, 2,000 unit/1,000 ml</i>	2	
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	2	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	2	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	2	
HEPARIN(PORCINE) IN 0.45% NAACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	2	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	2	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml, 5,000 unit/0.5 ml</i>	2	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	2	
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
<i>pentoxifylline oral tablet extended release 400 mg</i>	2	
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i>	1	ED
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	ED
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	2	
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	5	PA; LA
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	5	PA; LA
<i>vitamin k injection solution 1 mg/0.5 ml</i>	1	ED

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This drug list was last updated on 04/09/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>vitamin k1 injection solution 10 mg/ml</i>	1	ED
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	3	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	3	
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	3	
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	2	
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>cholestyramine (with sugar) oral powder 4 gram</i>	2	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	2	
<i>cholestyramine light oral powder 4 gram</i>	2	
<i>cholestyramine light oral powder in packet 4 gram</i>	2	
<i>colesevelam oral powder in packet 3.75 gram</i>	4	
<i>colesevelam oral tablet 625 mg</i>	4	
<i>colestipol oral granules 5 gram</i>	2	
<i>colestipol oral packet 5 gram</i>	2	
<i>colestipol oral tablet 1 gram</i>	2	
<i>ezetimibe oral tablet 10 mg</i>	2	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	2	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	2	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	2	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	
<i>fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg</i>	2	
<i>fenofibric acid oral tablet 35 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>fluvastatin oral capsule 20 mg</i>	4	
<i>fluvastatin oral capsule 40 mg</i>	4	QL (60 per 30 days)
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	4	QL (30 per 30 days)
<i>gemfibrozil oral tablet 600 mg</i>	2	
<i>icosapent ethyl oral capsule 0.5 gram</i>	2	QL (240 per 30 days)
<i>icosapent ethyl oral capsule 1 gram</i>	2	QL (120 per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	
NEXLETOL ORAL TABLET 180 MG	4	PA
NEXLIZET ORAL TABLET 180-10 MG	4	PA
<i>niacin oral tablet 500 mg</i>	2	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	2	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	2	
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>prevalite oral powder 4 gram</i>	2	
<i>prevalite oral powder in packet 4 gram</i>	2	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	3	PA; QL (3.5 per 28 days)
REPATHA SUBCUTANEOUS SYRINGE 140 MG/ML	3	PA; QL (3 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	3	PA; QL (3 per 28 days)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1	
MISCELLANEOUS CARDIOVASCULAR AGENTS		
ATTRUBY ORAL TABLET 356 MG	5	PA; QL (120 per 30 days)
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	4	PA; QL (30 per 30 days)
CORLANOR ORAL SOLUTION 5 MG/5 ML	4	PA; QL (450 per 30 days)
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	2	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	3	QL (60 per 30 days)
<i>ivabradine oral tablet 5 mg, 7.5 mg</i>	4	PA
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	2	QL (60 per 30 days)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	4	QL (30 per 30 days)
VYNDAMAX ORAL CAPSULE 61 MG	4	PA
VYNDAQEL ORAL CAPSULE 20 MG	4	PA
NITRATES		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	2	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	2	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	2	
<i>nitro-bid transdermal ointment 2 %</i>	2	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	2	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	2	
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i>	2	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	4	
<i>calcipotriene scalp solution 0.005 %</i>	2	QL (120 per 30 days)
<i>calcipotriene topical cream 0.005 %</i>	4	QL (120 per 30 days)
<i>calcipotriene topical ointment 0.005 %</i>	4	QL (120 per 30 days)
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	4	QL (400 per 30 days)
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; QL (10 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; QL (8 per 28 days)
COSENTYX SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; QL (8 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; QL (10 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; QL (5 per 28 days)
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; QL (8 per 28 days)
<i>selenium sulfide topical lotion 2.5 %</i>	2	
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; QL (1 per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; QL (1 per 28 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	5	PA; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	5	PA; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; QL (1 per 28 days)
MISCELLANEOUS DERMATOLOGICALS		
ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML	5	PA
<i>ammonium lactate topical cream 12 %</i>	2	
<i>ammonium lactate topical lotion 12 %</i>	2	
<i>diclofenac sodium topical gel 3 %</i>	4	PA; QL (100 per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	5	PA; QL (3.42 per 28 days)
DUPIXENT SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; QL (8 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; QL (3.42 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; QL (8 per 28 days)
FILSUVEZ TOPICAL GEL 10 %	5	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>fluorouracil topical cream 5 %</i>	2	
<i>fluorouracil topical solution 2 %, 5 %</i>	2	
<i>imiquimod topical cream in packet 5 %</i>	2	
<i>lidocaine hcl laryngotracheal solution 4 %</i>	2	
<i>lidocaine hcl mucous membrane jelly 2 %</i>	2	
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i>	2	
<i>lidocaine hcl mucous membrane solution 2 %, 4 % (40 mg/ml)</i>	2	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	2	PA; QL (90 per 30 days)
<i>lidocaine topical ointment 5 %</i>	4	QL (100 per 30 days)
<i>lidocaine viscous mucous membrane solution 2 %</i>	2	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	4	
<i>methoxsalen oral capsule,liqd-filled,rapid rel 10 mg</i>	5	
PANRETIN TOPICAL GEL 0.1 %	5	PA
<i>pimecrolimus topical cream 1 %</i>	4	QL (30 per 30 days)
<i>podofilox topical solution 0.5 %</i>	2	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	3	QL (90 per 30 days)
<i>silver sulfadiazine topical cream 1 %</i>	2	
<i>ssd topical cream 1 %</i>	2	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	4	QL (90 per 30 days)
VALCHLOR TOPICAL GEL 0.016 %	5	PA
THERAPY FOR ACNE		
<i>adapalene topical cream 0.1 %</i>	4	PA
<i>adapalene topical gel 0.3 %</i>	4	PA
<i>adapalene topical gel with pump 0.3 %</i>	4	PA
<i>adapalene topical solution 0.1 %</i>	4	PA
<i>adapalene topical swab 0.1 %</i>	4	PA
<i>amnesteem oral capsule 10 mg, 20 mg, 40 mg</i>	4	
<i>azelaic acid topical gel 15 %</i>	4	
<i>brimonidine topical gel with pump 0.33 %</i>	1	PA
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate topical gel 1 %</i>	2	QL (120 per 30 days)
<i>clindamycin phosphate topical gel, once daily 1 %</i>	2	QL (120 per 30 days)
<i>clindamycin phosphate topical lotion 1 %</i>	2	QL (120 per 30 days)
<i>clindamycin phosphate topical solution 1 %</i>	2	QL (120 per 30 days)
<i>clindamycin phosphate topical swab 1 %</i>	2	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %</i>	2	
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	2	
<i>ery pads topical swab 2 %</i>	2	
<i>erythromycin with ethanol topical gel 2 %</i>	2	
<i>erythromycin with ethanol topical solution 2 %</i>	2	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	2	
<i>isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	4	
<i>ivermectin topical cream 1 %</i>	4	QL (90 per 30 days)
<i>metronidazole topical cream 0.75 %</i>	2	
<i>metronidazole topical gel 0.75 %, 1 %</i>	2	
<i>metronidazole topical gel with pump 1 %</i>	2	
<i>metronidazole topical lotion 0.75 %</i>	2	
<i>tazarotene topical cream 0.05 %, 0.1 %</i>	4	PA
<i>tazarotene topical gel 0.05 %, 0.1 %</i>	4	PA
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	4	PA
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	4	PA
TOPICAL ANTIBACTERIALS		
<i>gentamicin topical cream 0.1 %</i>	2	
<i>gentamicin topical ointment 0.1 %</i>	2	
<i>mupirocin topical ointment 2 %</i>	2	QL (30 per 30 days)
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	2	
TOPICAL ANTIFUNGALS		
<i>ciclofanol topical solution 8 %</i>	2	QL (6.6 per 30 days)
<i>ciclopirox topical cream 0.77 %</i>	2	QL (90 per 30 days)
<i>ciclopirox topical gel 0.77 %</i>	2	QL (100 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>ciclopirox topical shampoo 1 %</i>	2	QL (120 per 30 days)
<i>ciclopirox topical solution 8 %</i>	2	QL (6.6 per 30 days)
<i>ciclopirox topical suspension 0.77 %</i>	2	QL (60 per 30 days)
<i>clotrimazole topical cream 1 %</i>	2	
<i>clotrimazole topical solution 1 %</i>	2	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	2	QL (45 per 30 days)
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	2	
<i>econazole nitrate topical cream 1 %</i>	2	
<i>ketconazole topical cream 2 %</i>	2	QL (60 per 28 days)
<i>ketconazole topical foam 2 %</i>	4	QL (100 per 28 days)
<i>ketconazole topical shampoo 2 %</i>	2	QL (120 per 28 days)
<i>naftifine topical cream 1 %</i>	4	QL (60 per 28 days)
<i>nyamyc topical powder 100,000 unit/gram</i>	2	
<i>nystatin topical cream 100,000 unit/gram</i>	2	QL (30 per 28 days)
<i>nystatin topical ointment 100,000 unit/gram</i>	2	QL (30 per 28 days)
<i>nystatin topical powder 100,000 unit/gram</i>	2	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	2	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	2	
<i>nystop topical powder 100,000 unit/gram</i>	2	
TOPICAL ANTIVIRALS		
<i>acyclovir topical ointment 5 %</i>	2	QL (30 per 30 days)
<i>penciclovir topical cream 1 %</i>	4	QL (5 per 30 days)
TOPICAL CORTICOSTEROIDS		
<i>alclometasone topical cream 0.05 %</i>	2	
<i>alclometasone topical ointment 0.05 %</i>	2	
<i>betamethasone dipropionate topical cream 0.05 %</i>	2	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	2	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	2	
<i>betamethasone valerate topical cream 0.1 %</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone valerate topical lotion 0.1 %</i>	2	
<i>betamethasone valerate topical ointment 0.1 %</i>	2	
<i>betamethasone, augmented topical cream 0.05 %</i>	4	
<i>betamethasone, augmented topical gel 0.05 %</i>	4	
<i>betamethasone, augmented topical lotion 0.05 %</i>	4	
<i>betamethasone, augmented topical ointment 0.05 %</i>	4	
<i>clobetasol scalp solution 0.05 %</i>	2	
<i>clobetasol topical cream 0.05 %</i>	2	
<i>clobetasol topical ointment 0.05 %</i>	2	QL (120 per 30 days)
<i>clobetasol topical shampoo 0.05 %</i>	4	QL (236 per 28 days)
<i>clobetasol-emollient topical cream 0.05 %</i>	4	
<i>clobetasol-emollient topical foam 0.05 %</i>	4	QL (100 per 30 days)
<i>desonide topical cream 0.05 %</i>	4	
<i>desonide topical lotion 0.05 %</i>	4	
<i>desonide topical ointment 0.05 %</i>	4	
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	2	
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	2	
<i>fluocinolone topical oil 0.01 %</i>	2	
<i>fluocinolone topical ointment 0.025 %</i>	2	
<i>fluocinolone topical solution 0.01 %</i>	2	
<i>fluocinonide topical cream 0.05 %, 0.1 %</i>	4	QL (120 per 30 days)
<i>fluocinonide topical gel 0.05 %</i>	4	QL (120 per 30 days)
<i>fluocinonide topical ointment 0.05 %</i>	4	QL (120 per 30 days)
<i>fluocinonide topical solution 0.05 %</i>	4	
<i>fluocinonide-e topical cream 0.05 %</i>	4	QL (120 per 30 days)
<i>fluocinonide-emollient topical cream 0.05 %</i>	4	QL (120 per 30 days)
<i>fluticasone propionate topical cream 0.05 %</i>	2	
<i>fluticasone propionate topical ointment 0.005 %</i>	2	
<i>halobetasol propionate topical cream 0.05 %</i>	4	
<i>halobetasol propionate topical ointment 0.05 %</i>	4	
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	2	
<i>hydrocortisone topical lotion 2.5 %</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone topical ointment 2.5 %</i>	2	
<i>hydrocortisone valerate topical cream 0.2 %</i>	2	
<i>mometasone topical cream 0.1 %</i>	2	
<i>mometasone topical ointment 0.1 %</i>	2	
<i>mometasone topical solution 0.1 %</i>	2	
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	2	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	2	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	
TOPICAL SCABICIDES / PEDICULICIDES		
<i>malathion topical lotion 0.5 %</i>	2	
<i>permethrin topical cream 5 %</i>	2	
DIAGNOSTICS / MISCELLANEOUS AGENTS		
MISCELLANEOUS AGENTS		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	2	
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	2	
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG	5	PA; LA
ARALAST NP INTRAVENOUS RECON SOLN 500 MG	5	PA
<i>carglumic acid oral tablet, dispersible 200 mg</i>	5	
<i>cevimeline oral capsule 30 mg</i>	2	
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	B/D
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	2	
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	2	
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	2	
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	4	
<i>deferasirox oral tablet, dispersible 125 mg</i>	4	
<i>deferasirox oral tablet, dispersible 250 mg, 500 mg</i>	5	
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>	2	
<i>dextrose 10 % in water (d10w) intravenous parenteral solution 10 %</i>	2	
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	2	
<i>dextrose 5 % in water (d5w) intravenous piggyback 5 %</i>	2	
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	2	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	2	
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	5	
DUVYZAT ORAL SUSPENSION 8.86 MG/ML	5	PA
GLASSIA INTRAVENOUS SOLUTION 1 GRAM/50 ML (2 %)	5	PA; LA
<i>glutamine (sickle cell) oral powder in packet 5 gram</i>	2	PA
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	5	PA; LA
JOENJA ORAL TABLET 70 MG	5	PA; LA
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	2	
<i>levocarnitine oral solution 100 mg/ml</i>	2	
<i>levocarnitine oral tablet 330 mg</i>	2	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	4	PA
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	5	PA
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	2	
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	5	PA; LA

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Drug Name	Drug Tier	Requirements/Limits
PYRUKYND ORAL TABLET 20 MG, 5 MG, 5 MG (4-WEEK PACK), 50 MG	5	PA; QL (56 per 28 days)
PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7)	5	PA; QL (14 per 28 days)
RAVICTI ORAL LIQUID 1.1 GRAM/ML	5	PA
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	5	PA; LA
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	5	PA; QL (30 per 30 days)
<i>riluzole oral tablet 50 mg</i>	2	
<i>risedronate oral tablet 30 mg</i>	4	QL (30 per 30 days)
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	2	
<i>sodium chloride 0.9 % intravenous piggyback</i>	2	
<i>sodium chloride irrigation solution 0.9 %</i>	2	
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	5	PA
<i>sodium polystyrene sulfonate oral powder</i>	2	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	2	
<i>sps (with sorbitol) rectal enema 30-40 gram/120 ml</i>	2	
TAVNEOS ORAL CAPSULE 10 MG	5	PA; QL (180 per 30 days)
<i>trientine oral capsule 250 mg</i>	5	PA
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	4	PA
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG	5	PA; LA
ZEMAIRA INTRAVENOUS RECON SOLN 4,000 MG, 5,000 MG	5	PA
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	2	
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	4	
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	3	
<i>varenicline tartrate oral tablet 1 mg (56 pack)</i>	2	

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This drug list was last updated on 04/09/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>varenicline tartrate oral tablets,dose pack 0.5 mg (11)- 1 mg (42)</i>	3	
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
<i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i>	2	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	2	
<i>fluoride (sodium) dental cream 1.1 %</i>	2	
<i>fluoride (sodium) dental gel 1.1 %</i>	2	
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	2	QL (30 per 30 days)
<i>kourzeq dental paste 0.1 %</i>	2	
<i>olopatadine nasal spray,non-aerosol 0.6 %</i>	2	QL (30.5 per 30 days)
<i>oralone dental paste 0.1 %</i>	2	
<i>periogard mucous membrane mouthwash 0.12 %</i>	2	
<i>sf 5000 plus dental cream 1.1 %</i>	2	
<i>sf dental gel 1.1 %</i>	2	
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	2	
<i>triamcinolone acetonide dental paste 0.1 %</i>	2	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear) solution 2 %</i>	2	
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	2	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	2	
<i>ofloxacin otic (ear) drops 0.3 %</i>	2	
OTIC STEROID / ANTIBIOTIC		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	3	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	3	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML	2	

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This drug list was last updated on 04/09/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	

ENDOCRINE/DIABETES

ADRENAL HORMONES

<i>cortisone oral tablet 25 mg</i>	2	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	2	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	2	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	2	
<i>dexamethasone oral tablets,dose pack 1.5 mg (21 tabs), 1.5 mg (35 tabs), 1.5 mg (51 tabs)</i>	2	
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	2	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	2	
<i>dexamethasone sodium phosphate injection syringe 4 mg/ml</i>	2	
<i>fludrocortisone oral tablet 0.1 mg</i>	2	
HEMADY ORAL TABLET 20 MG	3	PA
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	2	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	2	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	2	B/D
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	2	
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	2	
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg</i>	2	
<i>prednisolone oral solution 15 mg/5 ml</i>	2	
<i>prednisolone oral tablet 5 mg</i>	2	
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>prednisone intensol oral concentrate 5 mg/ml</i>	2	
<i>prednisone oral solution 5 mg/5 ml</i>	4	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	2	
<i>prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	2	
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 100 MG/2 ML	3	
SOLU-CORTEF INJECTION RECON SOLN 100 MG	3	
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	
<i>propylthiouracil oral tablet 50 mg</i>	2	
DIABETES THERAPY		
<i>acarbose oral tablet 100 mg</i>	2	QL (90 per 30 days)
<i>acarbose oral tablet 25 mg</i>	2	QL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	2	QL (180 per 30 days)
<i>alcohol pads topical pads, medicated</i>	2	PA
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	4	
<i>diazoxide oral suspension 50 mg/ml</i>	4	
FARXIGA ORAL TABLET 10 MG	3	QL (30 per 30 days)
FARXIGA ORAL TABLET 5 MG	3	QL (60 per 30 days)
<i>glimepiride oral tablet 1 mg</i>	1	QL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	QL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	QL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	3	
<i>glucagon emergency kit (human) injection recon soln 1 mg</i>	3	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	5	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	5	
JANUMET ORAL TABLET 50-1,000 MG, 50- 500 MG	3	QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG	3	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	QL (30 per 30 days)
LANTUS SOLOSTAR U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
<i>liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)</i>	2	PA; QL (9 per 30 days)
<i>metformin oral solution 500 mg/5 ml</i>	4	ST
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	QL (150 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	QL (90 per 30 days)
<i>miglitol oral tablet 100 mg</i>	4	QL (90 per 30 days)
<i>miglitol oral tablet 25 mg</i>	4	QL (360 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>miglitol oral tablet 50 mg</i>	4	QL (180 per 30 days)
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	3	PA; QL (2 per 30 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	2	QL (90 per 30 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	3	
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	3	
NOVOLOG FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
NOVOLOG MIX 70-30 U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	3	
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	3	
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	3	QL (1 per 30 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE	3	QL (1 per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	3	QL (1 per 30 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	1	QL (30 per 30 days)
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	4	QL (30 per 30 days)
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	4	QL (90 per 30 days)
<i>repaglinide oral tablet 0.5 mg</i>	1	QL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	1	QL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	QL (240 per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	3	PA; QL (10.8 per 30 days)
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	3	PA; QL (6 per 30 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	3	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	3	QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	3	QL (60 per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	3	
TOUJEO SOLOSTAR U-300 SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	3	
TRADJENTA ORAL TABLET 5 MG	3	QL (30 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	3	PA; QL (2 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	3	QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5- 500 MG	3	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS HORMONES		
<i>cabergoline oral tablet 0.5 mg</i>	2	
<i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation</i>	2	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	2	
<i>calcitriol oral solution 1 mcg/ml</i>	2	
CERDELGA ORAL CAPSULE 84 MG	5	PA
<i>cinacalcet oral tablet 30 mg</i>	4	QL (360 per 30 days)
<i>cinacalcet oral tablet 60 mg</i>	4	QL (180 per 30 days)
<i>cinacalcet oral tablet 90 mg</i>	4	QL (120 per 30 days)
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	4	
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	4	
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	4	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	2	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	2	
<i>methyltestosterone oral capsule 10 mg</i>	4	
<i>mifepristone oral tablet 300 mg</i>	5	PA
<i>miglustat oral capsule 100 mg</i>	5	PA
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	5	PA; LA
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	5	PA; QL (15 per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	5	PA; QL (4 per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML	5	PA; QL (60 per 30 days)
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	2	
<i>sapropterin oral powder in packet 100 mg, 500 mg</i>	5	PA
<i>sapropterin oral tablet,soluble 100 mg</i>	5	PA
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML	5	

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Drug Name	Drug Tier	Requirements/Limits
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	2	
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	2	
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	4	PA; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	4	PA; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	4	PA
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	4	PA; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	4	PA; QL (37.5 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	4	PA; QL (150 per 30 days)
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	5	PA
THYROID HORMONES		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	3	
<i>euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	2	
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	2	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	2	
<i>np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	2	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
<i>dicyclomine oral capsule 10 mg</i>	2	
<i>dicyclomine oral solution 10 mg/5 ml</i>	2	
<i>dicyclomine oral tablet 20 mg</i>	2	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	2	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	2	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	
<i>loperamide oral capsule 2 mg</i>	2	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	4	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	4	
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	2	PA; QL (6 per 30 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i>	2	PA; QL (6 per 30 days)
<i>balsalazide oral capsule 750 mg</i>	2	
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	4	
<i>budesonide oral tablet, delayed and ext. release 9 mg</i>	4	PA
<i>constulose oral solution 10 gram/15 ml</i>	2	
CREON ORAL CAPSULE, DELAYED RELEASE (DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500-15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	3	
<i>cromolyn oral concentrate 100 mg/5 ml</i>	4	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	4	PA
<i>enulose oral solution 10 gram/15 ml</i>	2	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	5	PA
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	5	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	2	
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	2	
<i>gavilyte-n oral recon soln 420 gram</i>	2	
<i>generlac oral solution 10 gram/15 ml</i>	2	
<i>granisetron hcl oral tablet 1 mg</i>	2	B/D
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	2	
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	2	
<i>lactulose oral solution 10 gram/15 ml</i>	2	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	QL (30 per 30 days)
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	3	
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	4	
<i>mesalamine oral capsule, extended release 500 mg</i>	2	QL (240 per 30 days)
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i>	4	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram, 800 mg</i>	4	
<i>mesalamine rectal enema 4 gram/60 ml</i>	4	
<i>mesalamine rectal suppository 1,000 mg</i>	4	
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	4	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	2	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	2	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	QL (30 per 30 days)
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i>	4	QL (120 per 30 days)
OICALIVA ORAL TABLET 10 MG, 5 MG	5	PA; LA; QL (30 per 30 days)
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	2	B/D
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	B/D
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	2	B/D
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>peg-electrolyte oral recon soln 420 gram</i>	2	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	4	
<i>prochlorperazine rectal suppository 25 mg</i>	4	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	2	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	2	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	2	
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	4	
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	5	PA; QL (1.2 per 28 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	5	PA; QL (2.4 per 28 days)
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram, 17.5-3.13-1.6 gram 2 pack (480ml)</i>	2	
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	5	
<i>sulfasalazine oral tablet 500 mg</i>	2	
<i>sulfasalazine oral tablet,delayed release (dr/ec) 500 mg</i>	2	
SYMPROIC ORAL TABLET 0.2 MG	3	PA; QL (30 per 30 days)
<i>trimethobenzamide oral capsule 300 mg</i>	2	
<i>ursodiol oral capsule 300 mg</i>	2	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	2	
VOWST ORAL CAPSULE	4	PA; QL (12 per 30 days)
ULCER THERAPY		
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	2	
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg, 40 mg</i>	4	QL (60 per 30 days)
<i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>	4	
<i>famotidine oral tablet 20 mg, 40 mg</i>	2	
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg, 30 mg</i>	2	QL (60 per 30 days)

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This drug list was last updated on 04/09/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	2	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	2	
<i>omeprazole oral capsule, delayed release (dr/ec) 10 mg, 20 mg, 40 mg</i>	2	QL (60 per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i>	2	
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	2	QL (60 per 30 days)
<i>sucralfate oral suspension 100 mg/ml</i>	4	
<i>sucralfate oral tablet 1 gram</i>	2	

IMMUNOLOGY, VACCINES / BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	5	PA
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML	5	PA
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 25 MCG/0.42 ML, 40 MCG/0.4 ML	4	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 300 MCG/0.6 ML, 500 MCG/ML, 60 MCG/0.3 ML	5	PA
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	5	PA
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	5	PA; LA
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	4	PA
LEUKINE INJECTION RECON SOLN 250 MCG	5	PA

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This drug list was last updated on 04/09/2025.

Drug Name	Drug Tier	Requirements/Limits
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	5	
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	
NORDITROPIN FLEXPLO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	PA
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML)	5	PA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	PA; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	5	PA; QL (2 per 28 days)
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	3	V
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	V
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	V
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	3	V
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	3	V
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	3	V
BIVIGAM INTRAVENOUS SOLUTION 10 %	5	PA

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This drug list was last updated on 04/09/2025.

Drug Name	Drug Tier	Requirements/Limits
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	3	V
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	3	V
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	3	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	3	B/D; V
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	3	B/D; V
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	3	B/D; V
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	5	PA
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	5	PA
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	5	PA
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	5	PA
GAMMAPLEX INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML)	5	PA
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	3	PA
GAMUNEX-C INJECTION SOLUTION 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	5	PA
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	3	V
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	3	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	3	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3	

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Drug Name	Drug Tier	Requirements/Limits
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	3	B/D; V
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	3	B/D; V
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	3	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	3	V
IXCHIQ (PF) INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML	3	V
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	3	V
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	3	V
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	3	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	3	V
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	3	V
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	3	V
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	3	V
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	3	V
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	3	V
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	5	PA
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	3	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	3	
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	3	V

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Drug Name	Drug Tier	Requirements/Limits
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML	3	
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	3	V
PRIVIGEN INTRAVENOUS SOLUTION 10 %	5	PA
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	3	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	3	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	3	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	3	B/D; V
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	3	B/D; V
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	3	B/D; V
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	3	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	3	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	3	V; QL (2 per 999 days)
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	3	V
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	3	V
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	3	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	3	V
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	3	V

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Drug Name	Drug Tier	Requirements/Limits
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	3	V
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	3	V
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	3	V
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	3	V
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	3	V
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	3	V
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	3	V
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	3	V
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL)	3	V

MISCELLANEOUS SUPPLIES

MISCELLANEOUS SUPPLIES

GAUZE PADS 2 X 2	3	PA
INSULIN PEN NEEDLE	2	PA; QL (200 per 30 days)
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML	2	PA; QL (200 per 30 days)
NEEDLES, INSULIN DISP.,SAFETY	2	PA; QL (200 per 30 days)

MUSCULOSKELETAL / RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol oral tablet 100 mg, 300 mg</i>	2	
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Drug Name	Drug Tier	Requirements/Limits
<i>colchicine oral capsule 0.6 mg</i>	2	
<i>colchicine oral tablet 0.6 mg</i>	2	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	4	
<i>probenecid oral tablet 500 mg</i>	2	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	2	
OSTEOPOROSIS THERAPY		
<i>alendronate oral tablet 10 mg</i>	2	QL (30 per 30 days)
<i>alendronate oral tablet 35 mg</i>	2	QL (4 per 28 days)
<i>alendronate oral tablet 70 mg</i>	1	QL (4 per 28 days)
<i>ibandronate oral tablet 150 mg</i>	2	QL (1 per 30 days)
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	4	PA; QL (1 per 180 days)
<i>raloxifene oral tablet 60 mg</i>	2	
<i>risedronate oral tablet 150 mg</i>	4	QL (1 per 28 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	4	QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	4	QL (30 per 30 days)
<i>teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)</i>	5	PA; QL (2.48 per 28 days)
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	5	PA; QL (2.48 per 28 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	5	PA; QL (1.56 per 30 days)
OTHER RHEUMATOLOGICALS		
ADALIMUMAB-FKJP SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; QL (6 per 28 days)
ADALIMUMAB-FKJP SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML	5	PA; QL (6 per 28 days)
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	5	PA
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	5	PA
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	5	PA; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	5	PA; QL (8 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	5	PA; QL (8 per 28 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	5	PA; QL (8 per 28 days)
HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	5	PA; QL (6.4 per 30 days)
HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	5	PA; QL (6.4 per 30 days)
HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML	5	PA; QL (3.2 per 28 days)
HADLIMA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; QL (3.2 per 28 days)
<i>leflunomide oral tablet 10 mg, 20 mg</i>	2	QL (30 per 30 days)
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	5	PA; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	5	PA; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	5	PA; QL (1.6 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	5	PA; QL (2.8 per 28 days)
OTEZLA ORAL TABLET 20 MG	5	PA
OTEZLA ORAL TABLET 30 MG	5	PA; QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51)	5	PA
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	5	PA; QL (55 per 180 days)
<i>penicillamine oral capsule 250 mg</i>	2	
<i>penicillamine oral tablet 250 mg</i>	2	
RIDAURA ORAL CAPSULE 3 MG	3	
RINVOQ LQ ORAL SOLUTION 1 MG/ML	5	PA; QL (360 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	5	PA; QL (30 per 30 days)
XELJANZ ORAL SOLUTION 1 MG/ML	5	PA; QL (300 per 30 days)
XELJANZ ORAL TABLET 10 MG, 5 MG	5	PA; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	5	PA; QL (30 per 30 days)
OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		
<i>camila oral tablet 0.35 mg</i>	2	
<i>deblitane oral tablet 0.35 mg</i>	2	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	3	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	3	
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	2	QL (8 per 28 days)
DUAVEE ORAL TABLET 0.45-20 MG	4	
<i>errin oral tablet 0.35 mg</i>	2	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.1 mg/24 hr</i>	2	
<i>estradiol transdermal patch semiweekly 0.075 mg/24 hr</i>	2	QL (8 per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	2	QL (4 per 28 days)
<i>estradiol transdermal patch weekly 0.0375 mg/24 hr, 0.05 mg/24 hr</i>	2	
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	2	
<i>estradiol vaginal tablet 10 mcg</i>	2	QL (18 per 28 days)
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	2	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	2	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	3	
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	3	
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	
<i>heather oral tablet 0.35 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>incassia oral tablet 0.35 mg</i>	2	
<i>jencycla oral tablet 0.35 mg</i>	2	
<i>jinteli oral tablet 1-5 mg-mcg</i>	2	
<i>lyleq oral tablet 0.35 mg</i>	2	
<i>lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	2	QL (8 per 28 days)
<i>lyza oral tablet 0.35 mg</i>	2	
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	2	
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	2	
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
MENEST ORAL TABLET 1.25 MG, 2.5 MG	3	
<i>mimvey oral tablet 1-0.5 mg</i>	2	
<i>nora-be oral tablet 0.35 mg</i>	2	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	2	
<i>norethindrone acetate oral tablet 5 mg</i>	2	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	2	
<i>sharobel oral tablet 0.35 mg</i>	2	
<i>yuvafem vaginal tablet 10 mcg</i>	4	QL (18 per 28 days)
MISCELLANEOUS OB/GYN		
<i>clindamycin phosphate vaginal cream 2 %</i>	2	
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	2	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	4	
<i>haloette vaginal ring 0.12-0.015 mg/24 hr</i>	2	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	3	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	2	
<i>miconazole-3 vaginal suppository 200 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
NEXPLANON SUBDERMAL IMPLANT 68 MG	3	
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i>	2	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	2	
<i>terconazole vaginal suppository 80 mg</i>	2	
<i>tranexamic acid oral tablet 650 mg</i>	2	
VEOZAH ORAL TABLET 45 MG	4	PA
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	4	
ORAL CONTRACEPTIVES / RELATED AGENTS		
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	
<i>apri oral tablet 0.15-0.03 mg</i>	2	
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	2	
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	
<i>aviane oral tablet 0.1-20 mg-mcg</i>	2	
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	2	
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	
<i>camrese lo oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	2	
<i>cryelle (28) oral tablet 0.3-30 mg-mcg</i>	2	
<i>cyred eq oral tablet 0.15-0.03 mg</i>	2	
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)</i>	2	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	2	
<i>elinest oral tablet 0.3-30 mg-mcg</i>	2	
<i>enskyce oral tablet 0.15-0.03 mg</i>	2	
<i>estarylla oral tablet 0.25-0.035 mg</i>	2	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	2	
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	2	
<i>feirza oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	
<i>introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	2	
<i>isibloom oral tablet 0.15-0.03 mg</i>	2	
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	2	
<i>jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	2	
<i>juleber oral tablet 0.15-0.03 mg</i>	2	
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	2	
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	2	
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	
<i>kelnor 1/50 (28) oral tablet 1-50 mg-mcg</i>	2	

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This drug list was last updated on 04/09/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	2	
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-20 mcg/ 0.15 mg-25 mcg, 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	2	
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	2	
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	2	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i>	2	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	2	
<i>levora-28 oral tablet 0.15-0.03 mg</i>	2	
<i>loryna (28) oral tablet 3-0.02 mg</i>	2	
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	2	
<i>luteru (28) oral tablet 0.1-20 mg-mcg</i>	2	
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	2	
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	2	
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	2	
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	
<i>mili oral tablet 0.25-0.035 mg</i>	2	
<i>mono-linyah oral tablet 0.25-0.035 mg</i>	2	
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	2	
<i>nikki (28) oral tablet 3-0.02 mg</i>	2	
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	2	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	4	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28), 0.25-0.035 mg</i>	2	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	2	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	2	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	
<i>ocella oral tablet 3-0.03 mg</i>	2	
<i>philith oral tablet 0.4-35 mg-mcg</i>	2	
<i>portia 28 oral tablet 0.15-0.03 mg</i>	2	
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	2	
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	2	
<i>sprintec (28) oral tablet 0.25-0.035 mg</i>	2	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	2	
<i>syeda oral tablet 3-0.03 mg</i>	2	
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	
<i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	2	
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	2	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	2	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	2	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	2	
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	2	
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	2	
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	2	
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	2	
<i>vestura (28) oral tablet 3-0.02 mg</i>	2	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	2	
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	2	
<i>vylibra oral tablet 0.25-0.035 mg</i>	2	
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	2	
<i>wymzya fe oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	4	
<i>xarah fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	2	
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	2	

OPHTHALMOLOGY

ANTIBIOTICS

AZASITE OPHTHALMIC (EYE) DROPS 1 %	3	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	2	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	2	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	2	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	2	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	2	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	4	QL (70 per 30 days)
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	2	
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	2	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	2	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	2	
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	2	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	2	
<i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i>	2	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	2	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	2	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	3	
ANTIVIRALS		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	4	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	3	
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	2	
<i>carteolol ophthalmic (eye) drops 1 %</i>	2	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	4	
MISCELLANEOUS OPHTHALMOLOGICS		
<i>atropine ophthalmic (eye) drops 1 %</i>	2	
ATROPINE SULFATE (PF) OPHTHALMIC (EYE) DROPPERETTE 1 %	2	
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	2	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	2	
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>	2	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	4	PA
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	5	
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	2	
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	5	PA
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	3	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	2	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	2	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	2	
XDEMVIY OPHTHALMIC (EYE) DROPS 0.25 %	5	PA; QL (10 per 30 days)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	4	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	2	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	2	
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	2	
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	3	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide oral capsule, extended release 500 mg</i>	2	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	2	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	4	
OTHER GLAUCOMA DRUGS		
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	2	
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i>	1	
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	2	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>	1	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	1	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	3	
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	4	
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	2	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	2	
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	2	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	3	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	2	
STERIODS		
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	2	
<i>difluprednate ophthalmic (eye) drops 0.05 %</i>	2	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	2	
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i>	4	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	4	
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	3	
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	3	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	2	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	2	
SYMPATHOMIMETICS		
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	2	
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %, 0.2 %</i>	1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	3	
RESPIRATORY AND ALLERGY		
ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	2	ED; QL (90 per 30 days)
<i>cetirizine oral solution 1 mg/ml</i>	2	
<i>cyproheptadine oral tablet 4 mg</i>	2	
<i>desloratadine oral tablet 5 mg</i>	2	
<i>desloratadine oral tablet,disintegrating 2.5 mg, 5 mg</i>	2	QL (30 per 30 days)
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.3 MG/0.3 ML	2	QL (2 per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	2	QL (2 per 30 days)
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	2	
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	2	
<i>levocetirizine oral tablet 5 mg</i>	2	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	2	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	2	
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	2	ED; QL (360 per 30 days)
<i>promethegan rectal suppository 12.5 mg, 25 mg</i>	2	
PULMONARY AGENTS		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	2	B/D
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; LA
ADVAIR HFA INHALATION AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	3	QL (12 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i>	2	B/D
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	2	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	2	
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	5	PA; LA
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	3	QL (60 per 30 days)
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i>	4	B/D; QL (120 per 30 days)
ATROVENT HFA INHALATION AEROSOL INHALER 17 MCG/ACTUATION	4	QL (25.8 per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	4	PA; LA
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE	3	QL (60 per 30 days)
<i>breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	2	QL (10.3 per 30 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	3	QL (10.7 per 30 days)
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	5	PA
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	4	B/D; QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	4	B/D; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	2	
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML	5	PA
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	3	QL (8 per 30 days)
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	2	B/D
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	3	QL (13 per 30 days)
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	5	PA; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	5	PA
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	5	PA; QL (1 per 28 days)
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	2	QL (50 per 30 days)
FLUTICASONE PROPIONATE INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION	2	QL (60 per 30 days)
FLUTICASONE PROPIONATE INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	2	QL (240 per 30 days)
FLUTICASONE PROPIONATE INHALATION BLISTER WITH DEVICE 50 MCG/ACTUATION	2	QL (120 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	3	QL (12 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	3	QL (24 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	3	QL (10.6 per 30 days)
<i>fluticasone propionate nasal spray, suspension 50 mcg/actuation</i>	2	QL (16 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	2	QL (1 per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	2	QL (60 per 30 days)
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	2	B/D; QL (120 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	5	PA; LA
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	5	PA; QL (18 per 30 days)
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	3	QL (30 per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	2	B/D
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	2	B/D
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 5.8 MG	5	PA; QL (60 per 30 days)
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	5	PA; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG	5	PA; QL (60 per 30 days)
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/3 ml</i>	2	B/D
<i>levalbuterol hcl inhalation solution for nebulization 1.25 mg/0.5 ml</i>	4	B/D
LEVALBUTEROL TARTRATE INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION	4	ST; QL (30 per 30 days)
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	2	QL (34 per 30 days)
<i>montelukast oral granules in packet 4 mg</i>	2	
<i>montelukast oral tablet 10 mg</i>	2	
<i>montelukast oral tablet,chewable 4 mg, 5 mg</i>	2	
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA; LA; QL (3 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	5	PA; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; LA; QL (0.4 per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	5	QL (60 per 30 days)
OPSUMIT ORAL TABLET 10 MG	4	PA; LA
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	5	PA; QL (56 per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; QL (112 per 28 days)
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	5	PA; LA
<i>pirfenidone oral capsule 267 mg</i>	5	QL (270 per 30 days)
<i>pirfenidone oral tablet 267 mg</i>	5	QL (270 per 30 days)
<i>pirfenidone oral tablet 801 mg</i>	5	QL (90 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	3	QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	3	QL (1 per 30 days)
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	B/D
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	3	QL (10.6 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	3	QL (21.2 per 30 days)
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	4	QL (30 per 30 days)
<i>sajazir subcutaneous syringe 30 mg/3 ml</i>	5	PA; QL (18 per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	3	QL (60 per 30 days)
<i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	3	PA; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	3	QL (4 per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	3	QL (4 per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	5	PA; QL (56 per 28 days)
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG	4	
<i>theophylline oral elixir 80 mg/15 ml</i>	4	
<i>theophylline oral solution 80 mg/15 ml</i>	4	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg</i>	2	
<i>theophylline oral tablet extended release 12 hr 300 mg</i>	4	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	4	
<i>tiotropium bromide inhalation capsule, w/inhalation device 18 mcg</i>	2	QL (90 per 90 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	3	QL (60 per 30 days)
VENTOLIN HFA INHALATION AEROSOL INHALER 90 MCG/ACTUATION	2	QL (36 per 30 days)
WINREVAIR SUBCUTANEOUS KIT 45 MG, 45 MG (2 PACK), 60 MG, 60 MG (2 PACK)	5	PA
<i>wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	2	QL (60 per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	5	PA; LA
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	5	PA; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 300 MG/2 ML, 75 MG/0.5 ML	5	PA; LA
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	4	B/D; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	2	
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ANTICHOLINERGICS / ANTISPASMODICS		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	4	QL (30 per 30 days)
<i>flavoxate oral tablet 100 mg</i>	2	
<i>mirabegron oral tablet extended release 24 hr 25 mg, 50 mg</i>	2	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	2	
<i>oxybutynin chloride oral tablet 5 mg</i>	2	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	2	
<i>solifenacin oral tablet 10 mg, 5 mg</i>	2	
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>	2	
<i>tolterodine oral tablet 1 mg, 2 mg</i>	2	
<i>tropium oral capsule, extended release 24hr 60 mg</i>	4	
<i>tropium oral tablet 20 mg</i>	2	
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	2	
<i>dutasteride oral capsule 0.5 mg</i>	2	
<i>finasteride oral tablet 5 mg</i>	2	
<i>silodosin oral capsule 4 mg, 8 mg</i>	4	
<i>tamsulosin oral capsule 0.4 mg</i>	1	
MISCELLANEOUS UROLOGICALS		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	4	LA
ELMIRON ORAL CAPSULE 100 MG	4	QL (90 per 30 days)
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	2	
<i>tadalafil oral tablet 5 mg</i>	4	PA; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
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ELECTROLYTES		
<i>klor-con 10 oral tablet extended release 10 meq</i>	2	
<i>klor-con 8 oral tablet extended release 8 meq</i>	2	
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>	2	
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>	2	
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>	2	
<i>klor-con oral packet 20 meq</i>	2	
<i>magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)</i>	2	
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)</i>	2	
<i>magnesium sulfate injection solution 500 mg/ml (50 %)</i>	2	
<i>magnesium sulfate injection syringe 500 mg/ml (50 %)</i>	2	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l</i>	2	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	2	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l</i>	2	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	2	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml</i>	2	
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)</i>	2	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
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<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	2	
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq</i>	2	
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>	2	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	2	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	2	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	2	
<i>sodium chloride 3 % hypertonic intravenous parenteral solution 3 %</i>	2	
<i>sodium chloride 5 % hypertonic intravenous parenteral solution 5 %</i>	2	
MISCELLANEOUS NUTRITION PRODUCTS		
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	B/D
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	B/D
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	4	B/D
<i>intralipid intravenous emulsion 20 %</i>	4	B/D
INTRALIPID INTRAVENOUS EMULSION 30 %	4	B/D
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	3	
PLENAMINE INTRAVENOUS PARENTERAL SOLUTION 15 %	4	B/D
<i>premasol 10 % intravenous parenteral solution 10 %</i>	4	B/D

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Drug Name	Drug Tier	Requirements/Limits
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<i>travasol 10 % intravenous parenteral solution 10 %</i>	4	B/D
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	B/D
VITAMINS / HEMATINICS		
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	ED
<i>fluoride (sodium) oral tablet 1 mg (2.2 mg sod. fluoride)</i>	2	
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	2	
<i>folic acid oral tablet 1 mg</i>	1	ED
<i>prenatal vitamin oral tablet</i>	2	

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HAP Member Assist (PPO)	(888) 658-2536
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Hap Senior Plus Group (PPO)	(888) 658-2536
TTD/TTY Users	711

Our business hours are:

Prescription drug benefit related calls:
Available 24 hours a day, seven days a week

For all other calls:
8 a.m. to 8 p.m., seven days a week (Oct. 1 – March 31)
8 a.m. to 8 p.m., Monday through Friday (April 1 - Sept. 30)

Or visit www.hap.org/medicare



1414 E. Maple Rd, Troy, Michigan 48083