Healthy Arkansas, Inc.
PO Box 21388
Eagan, MN 55121

1-844-325-0275 TTY: 711

Healthy Arkansas Premier Advantage (HMO-POS) | 2027

2027 Formulary

(List of Covered Drugs)

PLEASE READ:

This document contains information about the drugs we cover in this plan.

This formulary was updated on **09/2026**

HPMS Approved Formulary File Submission ID 27302
H7440_001_D1F1D1_C

For more recent information or other questions, please contact us at **844-325-0275** (TTY users should call **711**). Hours are 8:00 am – 8:00 pm CST 7 days a week from October 1 to March 31, and Monday through Friday from April 1 to September 30. Or visit us online at healthy-ar.com.

Healthy Arkansas Premier Advantage (HMO-POS)

2027 Formulary

List of Covered Drugs

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

For up-to-date information about our network pharmacies, including whether there are any lower cost preferred pharmacies in your area, please call 844-325-0275 (TTY 711) or consult the online pharmacy directory at www.healthy-ar.com.

HPMS Approved Formulary File Submission ID 27302

09/2026

HEALTHY ARKANSAS

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English
ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-844-325-0275 (TTY: 711) or speak to your provider."

Español (Spanish)
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-844-325-0275 (TTY: 711) o hable con su proveedor.

Việt (Vietnamese)
LƯU : Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-844-325-0275 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn."

中文 (Chinese-Simplified)
注意：如果您说 中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-844-325-0275（文本电话：711）或咨询您的服务提供商。"

中文 (Chinese- Traditional)
注意：如果您說 中文，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-844-325-0275（TTY：711）或與您的提供者討論。」

РУССКИЙ (Russian)
ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-844-325-0275 (TTY: 711) или обратитесь к своему поставщику услуг.

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한국어 (Korean)
주의: 한국어 를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-844-325-0275 (TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오."

українська мова (Ukrainian)
УВАГА: Якщо ви розмовляєте українська мова, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1-844-325-0275 (TTY: 711) або зверніться до свого постачальника».

日本語 (Japanese)
注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-844-325-0275（TTY：711）までお電話ください。または、ご利用の事業者にご相談ください。

العربية (Arabic)
تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1- 844-325-0275)711(أو تحدث إلى مقدم الخدمة"

ភាសាខ្មែ (Khmer)
សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយ *ភាសាខ្មែ*សេវាកម្មជំនួយភាសាឥតគិតថ្លៃគឺមានសម្រាប់អ្នក។ ជំនួយ និងសេវាកម្មដែលជាការជួយដ៏សមរម្យក្នុងការផតល់ព័ត៌មានតាមទរមង់ ដែល ចចូលរបើរបាស់បាន ក៏ចរកបាន ដោយឥតគិតៃថលផងែដរ។ ទ្នូរសពទ្នូ 1-844-325-0275 (TTY: 711) ឬនិយ្ឃុកាន់អនកផតល់សេរបស់អ នក។"

Deutsch (German)
ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-844-325-0275 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.“

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فارسي (Farsi)

توجه: اگر فارسي صحبت می‌کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک‌ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب‌های قابل دسترس، به‌طور رایگان موجود باشند. با شماره 1-844-325-0275 (تلفن متنی: 711) تماس بگیرید یا با ارائه‌دهنده خود صحبت کنید.

Français (French)

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-844-325-0275 (TTY : 711) ou parlez à votre fournisseur. »

ไทย (Thai)

หมายเหตุ: หากคุณใช้ภาษา ไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-844-325-0275 (TTY: 711) หรือปรึกษาผู้ให้บริการของคุณ”

Tagalog

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-844-325-0275 (TTY: 711) o makipag-usap sa iyong provider.”

አማርኛ (Amharic)

ማሳሰቢያ፦ አማርኛ የሚናገሩ ከሆነ፣ የቋንቋ ድጋፍ አገልግሎት በነፃ ይቀርብልዎታል። መረጃን በተደራሽ ቅርጸት ለማቅረብ ተገቢ የሆኑ ተጨማሪ እገዛዎች እና አገልግሎቶች እንዲሁ በነፃ ይገኛሉ። በስልክ ቁጥር 1-844-325-0275 (TTY: 711) ይደውሉ ወይም አገልግሎት አቅራቢዎን ያናግሩ።”

ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫ਼ਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹੁੰਦੀਆਂ ਹਨ। ਪਹੁੰਚਯੋਗ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਜਾਣਕਾਰੀ ਪ੍ਰਦਾਨ ਕਰਨ ਲਈ ਢੁਕਵੇਂ ਪੂਰਕ ਸਹਾਇਕ ਸਾਧਨ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਮੁਫ਼ਤ ਵਿੱਚ ਉਪਲਬਧ ਹੁੰਦੀਆਂ ਹਨ। 1-844-325-0275 (TTY: 711) ‘ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ ਆਪਣੇ ਪ੍ਰਦਾਤਾ ਨਾਲ ਗੱਲ ਕਰੋ।”

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ລາວ (Laos)

ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ
ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 1-844-325-0275 (TTY: 711) ຫຼືຕິດຕໍ່ຫາບໍລິການຂອງທ່ານ."

ՀԱՅԵՐԵՆ (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե խոսում եք հայերեն, Դուք կարող եք օգտվել լեզվական աջակցության անվճար ծառայություններից: Մատչելի ձևաչափերով տեղեկատվություն տրամադրելու համապատասխան օժանդակ միջոցներն ու ծառայությունները նույնպես տրամադրվում են անվճար: Զանգահարեք 1-844-325-0275 հեռախոսահամարով (TTY՝ 711) կամ խոսեք Ձեր մատակարարի հետ:

Lus Hmoob (Hmong)

LUS CEEV TSHWJ XEEB: Yog hais tias koj hais Lus Hmoob muaj cov kev pab cuam txhais lus pub dawb rau koj. Cov kev pab thiab cov kev pab cuam ntxiv uas tsim nyog txhawm rau muab lus qhia paub ua cov hom ntaub ntawv uas tuaj yeem nkag cuag tau rau los kuj yeej tseem muaj pab dawb tsis xam tus nqi dab tsi ib yam nkaus. Hu rau 1-844-325-0275 (TTY: 711) los sis sib tham nrog koj tus kws muab kev saib xyuas kho mob."

हिंदी (Hindi)

ान दें यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ रूपों में जानकारी परदान करने केलिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-844-325-0275 (TTY: 711) पर कॉल करें या
अपने परदाता से बात करें।"

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About This Formulary

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 Healthy Arkansas, Inc. When it refers to “plan” or “our plan,” it means Healthy Arkansas Premier Advantage (HMO-POS).

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

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2027, and from time to time during the year.

What is the Healthy Arkansas Premier Advantage (HMO-POS) formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by Healthy Arkansas Premier Advantage (HMO-POS) 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. Healthy Arkansas Premier Advantage (HMO-POS) will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Healthy Arkansas Premier Advantage (HMO-POS) network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the formulary change?

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

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

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the

same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.

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

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

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the Healthy Arkansas Premier Advantage (HMO-POS) formulary?”

Some of these drug types may be new to you. For more information, see the section below titled “What are original biological products and how are they related to biosimilars?”

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand-name drug currently on the formulary, or add a new biosimilar to replace an original biological product currently on the formulary, or add new restrictions or move a drug we are keeping on the formulary to a higher cost-sharing tier or both after we add a corresponding drug. We may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Healthy Arkansas Premier Advantage (HMO-POS) formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2027 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2027 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 09/2026. To get updated information about the drugs covered by Healthy Arkansas Premier Advantage (HMO-POS), please contact us. Our contact information appears on the front and back cover pages. In the event of mid-year non-maintenance formulary changes throughout the plan year, Healthy Arkansas Premier Advantage (HMO-POS) may make changes via errata sheets mailed to you. Additionally, you may visit www.healthy-ar.com for a link to the errata sheet.

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the appendix at the end of the document. The appendix provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the appendix. Look in the appendix 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 appendix and find the name of your drug in the first column of the list.

What are generic drugs?

Healthy Arkansas Premier Advantage (HMO-POS) covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

What are original biological products and how are they related to biosimilars?

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

For discussion of drug types, please see the Evidence of Coverage, Chapter Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered.”

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Healthy Arkansas Premier Advantage (HMO-POS) requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Healthy Arkansas Premier Advantage (HMO-POS) before you fill your prescriptions. If you don’t get approval, Healthy Arkansas Premier Advantage (HMO-POS) may not cover the drug.
- **Quantity Limits:** For certain drugs, Healthy Arkansas Premier Advantage (HMO-POS) limits the amount of the drug that Healthy Arkansas Premier Advantage (HMO-POS) will cover. For example, Healthy Arkansas Premier Advantage (HMO-POS) provides 30 tablets per prescription for lovastatin. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Healthy Arkansas Premier Advantage (HMO-POS) requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your

medical condition, Healthy Arkansas Premier Advantage (HMO-POS) may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Healthy Arkansas Premier Advantage (HMO-POS) 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 Healthy Arkansas Premier Advantage (HMO-POS) 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 Healthy Arkansas Premier Advantage (HMO-POS) formulary?" on page xiii for information about how to request an exception.

What if my drug is not on the formulary?

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

If you learn that Healthy Arkansas Premier Advantage (HMO-POS) does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Healthy Arkansas Premier Advantage (HMO-POS). When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Healthy Arkansas Premier Advantage (HMO-POS).
- You can ask Healthy Arkansas Premier Advantage (HMO-POS) to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Healthy Arkansas Premier Advantage (HMO-POS) formulary?

You can ask Healthy Arkansas Premier Advantage (HMO-POS) to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, Healthy Arkansas Premier Advantage (HMO-POS) 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, Healthy Arkansas Premier Advantage (HMO-POS) will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug, or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

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

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

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

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

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

If you experience a change in your level of care, such as a move from a hospital to a home setting, and you need a drug that is not on our formulary or if your ability to get your drugs is limited, we will cover a one-time temporary supply for up to 30 days (or 31 days if you are a long-term care resident) when you use a network pharmacy. During this period, you should use the plan's exception process if you wish to have continued coverage of the drug after the temporary supply is finished.

For more information

For more detailed information about your Healthy Arkansas Premier Advantage (HMO-POS) prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Healthy Arkansas Premier Advantage (HMO-POS), 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 www.medicare.gov.

Healthy Arkansas Premier Advantage (HMO-POS) formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by Healthy Arkansas Premier Advantage (HMO-POS). If you have trouble finding your drug in the list, turn to the appendix at the end of the document.

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

The second column of the chart lists the Drug Tier. The Drug Tier column lets you know the type of copayment or coinsurance you will be responsible for at the pharmacy.

The information in the Requirements/Limits column tells you if Healthy Arkansas Premier Advantage (HMO-POS) has any special requirements for coverage of your drug.

PA – We require you or your physician to get prior authorization for certain drugs before you fill your prescriptions.

PA NSO – Prior authorization applies to new starts only. If you are already taking this drug, prior authorization is not required to continue it.

QL – We limit the amount of the drug covered in a specific time period.

ST – We require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition.

LA – This drug requires special handling or has special dispensing requirements. This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Member Services toll-free at 844-325-0275. TTY users should call 711.

NM – This drug is not available through our mail order pharmacy.

HI – This prescription drug is covered under our medical benefit. For more information, call Member Services at 844-325-0275, Hours are 8:00 am – 8:00 pm CST 7 days a

week from October 1 to March 31, and Monday through Friday from April 1 to September 30. TTY users should call 711.

BvsD – This drug may be covered under the Part B or Part D Medicare benefit.

Please refer to your Evidence of Coverage for more information regarding how much you will pay for your prescription drugs. The tables below tell you the annual deductible and copayment/coinsurance amount for drugs in each tier by service area/plan name.

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
celecoxib 100 mg oral capsule	2	QL (60 per 30 days)
celecoxib 200 mg oral capsule	2	QL (60 per 30 days)
celecoxib 400 mg oral capsule	3	QL (30 per 30 days)
celecoxib 50 mg oral capsule	2	QL (60 per 30 days)
diclofenac potassium 50 mg oral tablet	3	QL (120 per 30 days)
diclofenac sodium 100 mg extended release oral tablet	2	QL (60 per 30 days)
diclofenac sodium 15 mg/ml topical solution	3	PA
diclofenac sodium 25 mg delayed release oral tablet	3	QL (240 per 30 days)
diclofenac sodium 50 mg delayed release oral tablet	2	QL (120 per 30 days)
diclofenac sodium 75 mg delayed release oral tablet	2	QL (60 per 30 days)
etodolac 200 mg oral capsule	3	QL (150 per 30 days)
etodolac 300 mg oral capsule	3	QL (90 per 30 days)
etodolac 400 mg extended release oral tablet	4	QL (60 per 30 days)
etodolac 400 mg oral tablet	3	QL (60 per 30 days)
etodolac 500 mg extended release oral tablet	4	QL (60 per 30 days)
etodolac 500 mg oral tablet	3	QL (60 per 30 days)
etodolac 600 mg extended release oral tablet	4	QL (30 per 30 days)
flurbiprofen 100 mg oral tablet	2	QL (90 per 30 days)
IBU (ibuprofen 600 mg oral tablet)	1	QL (150 per 30 days)
IBU (ibuprofen 800 mg oral tablet)	1	QL (120 per 30 days)
ibuprofen 20 mg/ml oral suspension	2	
ibuprofen 400 mg oral tablet	1	QL (240 per 30 days)
ibuprofen 600 mg oral tablet	1	QL (150 per 30 days)
ibuprofen 800 mg oral tablet	1	QL (120 per 30 days)
indomethacin 25 mg oral capsule	2	QL (240 per 30 days)
indomethacin 50 mg oral capsule	2	QL (120 per 30 days)
meloxicam 15 mg oral tablet	1	QL (30 per 30 days)
meloxicam 7.5 mg oral tablet	1	QL (60 per 30 days)
nabumetone 500 mg oral tablet	2	QL (120 per 30 days)
nabumetone 750 mg oral tablet	2	QL (60 per 30 days)
naproxen 25 mg/ml oral suspension	4	QL (1800 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Analgesics (continued)		
naproxen 250 mg oral tablet	1	QL (180 per 30 days)
naproxen 375 mg delayed release oral tablet	2	QL (120 per 30 days)
naproxen 375 mg oral tablet	1	QL (120 per 30 days)
naproxen 500 mg delayed release oral tablet	2	QL (90 per 30 days)
naproxen 500 mg oral tablet	1	QL (90 per 30 days)
naproxen sodium 275 mg oral tablet	3	QL (150 per 30 days)
naproxen sodium 550 mg oral tablet	3	QL (90 per 30 days)
piroxicam 10 mg oral capsule	3	QL (60 per 30 days)
piroxicam 20 mg oral capsule	3	QL (30 per 30 days)
sulindac 150 mg oral tablet	2	QL (60 per 30 days)
sulindac 200 mg oral tablet	2	QL (60 per 30 days)
Opioid Analgesics, Long-acting		
fentanyl 0.012 mg/hr transdermal system	4	PA NSO; QL (15 per 30 days)
fentanyl 0.025 mg/hr transdermal system	4	PA NSO; QL (15 per 30 days)
fentanyl 0.0375 mg/hr transdermal system	4	PA NSO; QL (15 per 30 days)
fentanyl 0.05 mg/hr transdermal system	4	PA NSO; QL (15 per 30 days)
fentanyl 0.0625 mg/hr transdermal system	4	PA NSO; QL (15 per 30 days)
fentanyl 0.075 mg/hr transdermal system	4	PA NSO; QL (15 per 30 days)
fentanyl 0.0875 mg/hr transdermal system	4	PA NSO; QL (15 per 30 days)
fentanyl 0.1 mg/hr transdermal system	4	PA NSO; QL (15 per 30 days)
methadone hydrochloride 10 mg oral tablet	3	QL (360 per 30 days)
methadone hydrochloride 5 mg oral tablet	3	QL (180 per 30 days)
morphine sulfate 100 mg extended release oral tablet	4	PA NSO; QL (90 per 30 days)
morphine sulfate 15 mg extended release oral tablet	3	PA NSO; QL (90 per 30 days)
morphine sulfate 200 mg extended release oral tablet	4	PA NSO; QL (90 per 30 days)
morphine sulfate 30 mg extended release oral tablet	3	PA NSO; QL (90 per 30 days)
morphine sulfate 60 mg extended release oral tablet	3	PA NSO; QL (90 per 30 days)
tramadol hydrochloride 100 mg extended release oral tablet	3	PA NSO; QL (30 per 30 days)
tramadol hydrochloride 200 mg extended release oral tablet	3	PA NSO; QL (30 per 30 days)
tramadol hydrochloride 300 mg extended release oral tablet	3	PA NSO; QL (30 per 30 days)
Opioid Analgesics, Short-acting		
acetaminophen 21.7 mg/ml / hydrocodone bitartrate 0.5 mg/ml oral solution	4	QL (2700 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Analgesics (continued)		
acetaminophen 24 mg/ml / codeine phosphate 2.4 mg/ml oral solution	3	QL (2700 per 30 days)
acetaminophen 300 mg / codeine phosphate 15 mg oral tablet	3	QL (360 per 30 days)
acetaminophen 300 mg / codeine phosphate 30 mg oral tablet	3	QL (360 per 30 days)
acetaminophen 300 mg / codeine phosphate 60 mg oral tablet	3	QL (180 per 30 days)
acetaminophen 325 mg / hydrocodone bitartrate 10 mg oral tablet	3	QL (180 per 30 days)
acetaminophen 325 mg / hydrocodone bitartrate 5 mg oral tablet	3	QL (240 per 30 days)
acetaminophen 325 mg / hydrocodone bitartrate 7.5 mg oral tablet	3	QL (180 per 30 days)
acetaminophen 325 mg / oxycodone hydrochloride 10 mg oral tablet	3	QL (180 per 30 days)
acetaminophen 325 mg / oxycodone hydrochloride 2.5 mg oral tablet	3	QL (360 per 30 days)
acetaminophen 325 mg / oxycodone hydrochloride 5 mg oral tablet	3	QL (360 per 30 days)
acetaminophen 325 mg / oxycodone hydrochloride 7.5 mg oral tablet	3	QL (240 per 30 days)
acetaminophen 325 mg / tramadol hydrochloride 37.5 mg oral tablet	3	QL (240 per 30 days)
hydromorphone hydrochloride 1 mg/ml oral solution	4	QL (1440 per 30 days)
hydromorphone hydrochloride 10 mg/ml injection	4	BvsD
hydromorphone hydrochloride 2 mg oral tablet	3	QL (180 per 30 days)
hydromorphone hydrochloride 4 mg oral tablet	3	QL (180 per 30 days)
hydromorphone hydrochloride 8 mg oral tablet	3	QL (180 per 30 days)
morphine sulfate 15 mg oral tablet	4	QL (360 per 30 days)
morphine sulfate 30 mg oral tablet	4	QL (180 per 30 days)
oxycodone hydrochloride 10 mg oral tablet	3	QL (180 per 30 days)
oxycodone hydrochloride 15 mg oral tablet	3	QL (180 per 30 days)
oxycodone hydrochloride 20 mg oral tablet	3	QL (180 per 30 days)
oxycodone hydrochloride 30 mg oral tablet	3	QL (180 per 30 days)
oxycodone hydrochloride 5 mg oral tablet	3	QL (360 per 30 days)
tramadol hydrochloride 50 mg oral tablet	2	QL (240 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Anesthetics		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
lidocaine 25 mg/ml / prilocaine 25 mg/ml topical cream	4	PA; QL (60 per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
lidocaine 0.05 mg/mg medicated patch	4	PA; QL (90 per 30 days)
LIDOCAN (lidocaine 0.05 mg/mg medicated patch)	4	PA; QL (90 per 30 days)
Local Anesthetics		
lidocaine hydrochloride 20 mg/ml mucous membrane topical solution	2	
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
acamprosate calcium 333 mg delayed release oral tablet	4	
disulfiram 250 mg oral tablet	3	
disulfiram 500 mg oral tablet	4	
Opioid Dependence		
buprenorphine 12 mg / naloxone 3 mg sublingual film	4	
buprenorphine 2 mg sublingual tablet	3	
buprenorphine 2 mg / naloxone 0.5 mg sublingual film	4	
buprenorphine 2 mg / naloxone 0.5 mg sublingual tablet	2	
buprenorphine 4 mg / naloxone 1 mg sublingual film	4	
buprenorphine 8 mg sublingual tablet	3	
buprenorphine 8 mg / naloxone 2 mg sublingual film	4	
buprenorphine 8 mg / naloxone 2 mg sublingual tablet	2	
naltrexone hydrochloride 50 mg oral tablet	3	
Opioid Reversal Agents		
KLOXXADO (naloxone hydrochloride 80 mg/ml nasal spray)	4	
naloxone hydrochloride 0.4 mg/ml cartridge	2	
naloxone hydrochloride 0.4 mg/ml injection	2	
naloxone hydrochloride 1 mg/ml prefilled syringe	2	
OPVEE (nalmefene 27 mg/ml nasal spray)	4	
Smoking Cessation Agents		
bupropion hydrochloride 150 mg extended release oral tablet	3	
NICOTROL (nicotine 0.5 mg/actuat metered dose nasal spray)	4	

Drug Name	Drug Tier	Requirements/Limits
Anti-Addiction/Substance Abuse Treatment Agents (continued)		
varenicline 0.5 mg oral tablet	4	
varenicline 0.5 mg / varenicline 1 mg pack	4	
varenicline 1 mg oral tablet	4	
varenicline 1 mg pack	4	
Anti-Infective Agents		
Antibacterials		
amoxicillin 500 mg / clarithromycin 500 mg / lansoprazole 30 mg pack	2	QL (122 per 14 days)
ampicillin 100 mg/ml injectable solution	2	
ampicillin 100 mg/ml / sulbactam 50 mg/ml injectable solution	2	
ampicillin 1000 mg / sulbactam 500 mg injection	2	
BAXDELA (delafloxacin 300 mg injection)	5	QL (28 per 14 days)
BAXDELA (delafloxacin 450 mg oral tablet)	5	QL (28 per 14 days)
BICILLIN (penicillin g benzathine 300000 unt/ml / penicillin g procaine 300000 unt/ml prefilled syringe)	4	
BICILLIN (penicillin g benzathine 450000 unt/ml / penicillin g procaine 150000 unt/ml prefilled syringe)	4	
cefaclor 500 mg extended release oral tablet	2	
cefadroxil 1000 mg oral tablet	2	
cefazolin 200 mg/ml injectable solution	2	
cefixime 20 mg/ml oral suspension	2	
cefixime 40 mg/ml oral suspension	2	
cefoxitin 200 mg/ml injectable solution	2	
cefprozil 25 mg/ml oral suspension	2	
cefprozil 50 mg/ml oral suspension	2	
cephalexin 250 mg oral tablet	2	
cephalexin 500 mg oral tablet	2	
clarithromycin 500 mg extended release oral tablet	2	
daptomycin 350 mg injection	2	
doxycycline monohydrate 5 mg/ml oral suspension	2	
erythromycin ethylsuccinate 40 mg/ml oral suspension	2	
erythromycin ethylsuccinate 80 mg/ml oral suspension	2	
FIRVANQ (vancomycin 25 mg/ml oral solution)	3	QL (450 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Anti-Infective Agents (continued)		
FIRVANQ (vancomycin 50 mg/ml oral solution)	3	QL (450 per 30 days)
gentamicin 0.8 mg/ml injection	2	
gentamicin 1 mg/ml injection	2	
gentamicin 1.2 mg/ml injection	2	
gentamicin 1.6 mg/ml injection	2	
NUZYRA (omadacycline 100 mg injection)	4	
NUZYRA (omadacycline 150 mg oral tablet)	4	QL (30 per 14 days)
ofloxacin 300 mg oral tablet	2	
ofloxacin 400 mg oral tablet	2	
penicillin g sodium 100000 unt/ml injectable solution	2	
piperacillin 200 mg/ml / tazobactam 25 mg/ml injectable solution	2	
TALICIA (amoxicillin 250 mg / omeprazole 10 mg / rifabutin 12.5 mg delayed release oral capsule)	3	QL (168 per 14 days)
vancomycin 50 mg/ml oral solution	2	QL (450 per 30 days)
XIFAXAN (rifaximin 200 mg oral tablet)	3	PA; QL (180 per 30 days)
Antiprotozoals		
KRINTAFEL (tafenoquine 150 mg oral tablet)	4	QL (4 per 30 days)
metronidazole 375 mg oral capsule	2	
Antivirals		
amantadine hydrochloride 100 mg oral tablet	2	
ledipasvir 90 mg / sofosbuvir 400 mg oral tablet	5	QL (168 per 365 days)
sofosbuvir 400 mg / velpatasvir 100 mg oral tablet	5	QL (30 per 30 days)
VEMLIDY (tenofovir alafenamide 25 mg oral tablet)	5	QL (30 per 30 days)
VOSEVI (sofosbuvir 400 mg / velpatasvir 100 mg / voxilaprevir 100 mg oral tablet)	5	QL (28 per 28 days)
Urinary Anti-Infectives		
nitrofurantoin 5 mg/ml oral suspension	2	
sulfamethoxazole 400 mg / trimethoprim 80 mg oral tablet	2	
Antibacterials		
Aminoglycosides		
amikacin 250 mg/ml injection	4	

Drug Name	Drug Tier	Requirements/Limits
Antibacterials (continued)		
ARIKAYCE (amikacin liposomal 70.3 mg/ml inhalation suspension)	5	PA; QL (235.2 per 28 days)
gentamicin 40 mg/ml injection	4	
HUMATIN (paromomycin 250 mg oral capsule)	5	
neomycin sulfate 500 mg oral tablet	2	
streptomycin 1000 mg injection	4	
tobramycin 10 mg/ml injectable solution	4	
tobramycin 40 mg/ml injectable solution	4	
tobramycin 75 mg/ml inhalation solution	2	
Antibacterial, Other		
nitrofurantoin, macrocrystals 100 mg oral capsule	3	
nitrofurantoin, macrocrystals 25 mg / nitrofurantoin, monohydrate 75 mg oral capsule	3	
nitrofurantoin, macrocrystals 50 mg oral capsule	3	
Antibacterials		
nitrofurantoin, macrocrystals 25 mg oral capsule	2	
Antibacterials, Other		
aztreonam 1000 mg injection	4	
aztreonam 2000 mg injection	4	
clindamycin 0.01 mg/mg topical gel	2	
clindamycin 10 mg/ml topical solution	2	
clindamycin 12 mg/ml injection	4	
clindamycin 15 mg/ml oral solution	4	
clindamycin 150 mg oral capsule	2	
clindamycin 150 mg/ml injection	4	
clindamycin 18 mg/ml injection	4	
clindamycin 20 mg/ml vaginal cream	3	
clindamycin 300 mg oral capsule	2	
clindamycin 6 mg/ml injection	4	
clindamycin 75 mg oral capsule	2	
colistin 75 mg/ml injectable solution	4	
daptomycin 500 mg injection	4	
fosfomycin 3000 mg granules for oral solution	3	QL (1 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Antibacterials (continued)		
linezolid 2 mg/ml injection	4	
linezolid 20 mg/ml oral suspension	5	PA
linezolid 600 mg oral tablet	4	PA
methenamine hippurate 1000 mg oral tablet	3	
metronidazole 0.0075 mg/mg vaginal gel	3	
metronidazole 250 mg oral tablet	2	
metronidazole 5 mg/ml injection	4	
metronidazole 500 mg oral tablet	2	
NUVESSA (metronidazole 0.013 mg/mg vaginal gel)	3	
SIVEXTRO (tedizolid phosphate 200 mg injection)	5	
SIVEXTRO (tedizolid phosphate 200 mg oral tablet)	5	PA
tigecycline 50 mg injection	4	
tinidazole 250 mg oral tablet	3	
tinidazole 500 mg oral tablet	3	
trimethoprim 100 mg oral tablet	2	
vancomycin 100 mg/ml injectable solution	4	
vancomycin 1000 mg injection	4	
vancomycin 125 mg oral capsule	4	QL (120 per 30 days)
vancomycin 250 mg oral capsule	4	QL (240 per 30 days)
vancomycin 500 mg injection	4	
vancomycin 750 mg injection	4	
VOQUEZNA (vonoprazan 10 mg oral tablet)	4	QL (30 per 30 days)
VOQUEZNA (vonoprazan 20 mg oral tablet)	4	QL (60 per 30 days)
VOQUEZNA 14 DAY DUALPAK 20;500 (amoxicillin 500 mg / vonoprazan 20 mg pack)	3	QL (14 per 14 days)
VOQUEZNA 14 DAY TRIPLEPAK 20;500;500 (amoxicillin 500 mg / clarithromycin 500 mg / vonoprazan 20 mg pack)	3	QL (14 per 14 days)
Beta-lactam, Cephalosporins		
cefaclor 250 mg oral capsule	3	
cefaclor 500 mg oral capsule	3	
cefadroxil 100 mg/ml oral suspension	2	
cefadroxil 50 mg/ml oral suspension	2	
cefadroxil 500 mg oral capsule	2	

Drug Name	Drug Tier	Requirements/Limits
Antibacterials (continued)		
cefazolin 1000 mg injection	4	
cefazolin 500 mg injection	4	
cefdinir 25 mg/ml oral suspension	3	
cefdinir 300 mg oral capsule	2	
cefdinir 50 mg/ml oral suspension	3	
cefepime 1000 mg injection	4	
cefepime 2000 mg injection	4	
cefixime 400 mg oral capsule	4	
cefoxitin 1000 mg injection	4	
cefoxitin 2000 mg injection	4	
cefpodoxime 10 mg/ml oral suspension	4	
cefpodoxime 100 mg oral tablet	4	
cefpodoxime 20 mg/ml oral suspension	4	
cefpodoxime 200 mg oral tablet	4	
cefprozil 250 mg oral tablet	3	
cefprozil 500 mg oral tablet	3	
ceftaroline fosamil 400 mg injection	4	
ceftaroline fosamil 600 mg injection	4	
ceftazidime 1000 mg injection	4	
ceftazidime 200 mg/ml injectable solution	4	
ceftazidime 2000 mg injection	4	
ceftriaxone 100 mg/ml injectable solution	4	
ceftriaxone 1000 mg injection	4	
ceftriaxone 2000 mg injection	4	
ceftriaxone 250 mg injection	4	
ceftriaxone 500 mg injection	4	
cefuroxime 1500 mg injection	4	
cefuroxime 250 mg oral tablet	3	
cefuroxime 500 mg oral tablet	3	
cefuroxime 750 mg injection	4	
cephalexin 25 mg/ml oral suspension	2	
cephalexin 250 mg oral capsule	2	
cephalexin 50 mg/ml oral suspension	2	

Drug Name	Drug Tier	Requirements/Limits
Antibacterials (continued)		
cephalexin 500 mg oral capsule	2	
TAZICEF (ceftazidime 1000 mg injection)	4	
TAZICEF (ceftazidime 200 mg/ml injectable solution)	4	
TAZICEF (ceftazidime 2000 mg injection)	4	
TEFLARO (ceftaroline fosamil 400 mg injection)	5	
TEFLARO (ceftaroline fosamil 600 mg injection)	5	
Beta-lactam, Penicillins		
amoxicillin 120 mg/ml / clavulanate 8.58 mg/ml oral suspension	3	
amoxicillin 125 mg chewable tablet	2	
amoxicillin 25 mg/ml oral suspension	2	
amoxicillin 250 mg chewable tablet	2	
amoxicillin 250 mg oral capsule	2	
amoxicillin 250 mg / clavulanate 125 mg oral tablet	2	
amoxicillin 40 mg/ml oral suspension	2	
amoxicillin 40 mg/ml / clavulanate 5.7 mg/ml oral suspension	3	
amoxicillin 50 mg/ml oral suspension	2	
amoxicillin 50 mg/ml / clavulanate 12.5 mg/ml oral suspension	3	
amoxicillin 500 mg oral capsule	2	
amoxicillin 500 mg oral tablet	2	
amoxicillin 500 mg / clavulanate 125 mg oral tablet	2	
amoxicillin 80 mg/ml oral suspension	2	
amoxicillin 80 mg/ml / clavulanate 11.4 mg/ml oral suspension	3	
amoxicillin 875 mg oral tablet	2	
amoxicillin 875 mg / clavulanate 125 mg oral tablet	2	
ampicillin 1000 mg injection	4	
ampicillin 2000 mg / sulbactam 1000 mg injection	4	
ampicillin 500 mg oral capsule	2	
BICILLIN L-A (penicillin g benzathine 600000 unt/ml prefilled syringe)	4	
dicloxacillin 250 mg oral capsule	2	
dicloxacillin 500 mg oral capsule	3	
nafcillin 100 mg/ml injectable solution	4	

Drug Name	Drug Tier	Requirements/Limits
Antibacterials (continued)		
nafcillin 1000 mg injection	4	
nafcillin 2000 mg injection	4	
penicillin g potassium 1000000 unt/ml injectable solution	4	
penicillin g potassium 40000 unt/ml injection	4	
penicillin g potassium 60000 unt/ml injection	4	
penicillin v potassium 25 mg/ml oral solution	2	
penicillin v potassium 250 mg oral tablet	2	
penicillin v potassium 50 mg/ml oral solution	2	
penicillin v potassium 500 mg oral tablet	2	
piperacillin 2000 mg / tazobactam 250 mg injection	4	
piperacillin 3000 mg / tazobactam 375 mg injection	4	
piperacillin 4000 mg / tazobactam 500 mg injection	4	
Carbapenems		
cilastatin 250 mg / imipenem 250 mg injection	3	
cilastatin 500 mg / imipenem 500 mg injection	4	
ertapenem 1000 mg injection	4	
meropenem 1000 mg injection	3	
meropenem 500 mg injection	3	
Macrolides		
azithromycin 20 mg/ml oral suspension	3	
azithromycin 250 mg oral tablet	2	
azithromycin 250 mg pack	2	
azithromycin 40 mg/ml oral suspension	3	
azithromycin 500 mg injection	4	
azithromycin 500 mg oral tablet	2	
azithromycin 500 mg pack	2	
azithromycin 600 mg oral tablet	2	
clarithromycin 25 mg/ml oral suspension	4	
clarithromycin 250 mg oral tablet	3	
clarithromycin 50 mg/ml oral suspension	4	
clarithromycin 500 mg oral tablet	3	
DIFICID (fidaxomicin 200 mg oral tablet)	5	QL (20 per 10 days)
DIFICID (fidaxomicin 40 mg/ml oral suspension)	5	QL (136 per 10 days)

Drug Name	Drug Tier	Requirements/Limits
Antibacterials (continued)		
ERYTHROCIN (erythromycin lactobionate 500 mg injection)	4	
erythromycin 20 mg/ml topical solution	2	
erythromycin 250 mg delayed release oral capsule	4	
erythromycin 250 mg delayed release oral tablet	4	
erythromycin 250 mg oral tablet	4	
erythromycin 333 mg delayed release oral tablet	4	
erythromycin 500 mg delayed release oral tablet	4	
erythromycin 500 mg oral tablet	4	
fidaxomicin 200 mg oral tablet	5	QL (20 per 10 days)
Quinolones		
ciprofloxacin 2 mg/ml injection	4	
ciprofloxacin 250 mg oral tablet	2	
ciprofloxacin 500 mg oral tablet	2	
ciprofloxacin 750 mg oral tablet	2	
levofloxacin 25 mg/ml oral solution	4	
levofloxacin 250 mg oral tablet	2	
levofloxacin 5 mg/ml injection	4	
levofloxacin 500 mg oral tablet	2	
levofloxacin 750 mg oral tablet	2	
moxifloxacin 1.6 mg/ml injection	4	
moxifloxacin 400 mg oral tablet	3	
Sulfonamides		
sulfadiazine 500 mg oral tablet	5	
sulfamethoxazole 40 mg/ml / trimethoprim 8 mg/ml oral suspension	4	
sulfamethoxazole 800 mg / trimethoprim 160 mg oral tablet	2	
Tetracyclines		
DOXY (doxycycline hyclate 100 mg injection)	4	
doxycycline hyclate 100 mg injection	4	
doxycycline hyclate 100 mg oral capsule	3	
doxycycline hyclate 100 mg oral tablet	3	
doxycycline hyclate 20 mg oral tablet	2	
doxycycline hyclate 50 mg oral capsule	3	

Drug Name	Drug Tier	Requirements/Limits
Antibacterials (continued)		
doxycycline monohydrate 100 mg oral capsule	2	
doxycycline monohydrate 100 mg oral tablet	3	
doxycycline monohydrate 150 mg oral tablet	4	
doxycycline monohydrate 50 mg oral capsule	2	
doxycycline monohydrate 50 mg oral tablet	3	
doxycycline monohydrate 75 mg oral tablet	3	
minocycline 100 mg oral capsule	2	
minocycline 50 mg oral capsule	2	
minocycline 50 mg oral tablet	4	
minocycline 75 mg oral capsule	2	
minocycline 75 mg oral tablet	4	
tetracycline hydrochloride 250 mg oral capsule	4	
tetracycline hydrochloride 500 mg oral capsule	4	
Anticonvulsants		
Anticonvulsants, Other		
brivaracetam 10 mg oral tablet	3	
brivaracetam 10 mg/ml oral solution	3	
brivaracetam 100 mg oral tablet	3	
brivaracetam 25 mg oral tablet	3	
brivaracetam 50 mg oral tablet	3	
brivaracetam 75 mg oral tablet	3	
BRIVIACT (brivaracetam 10 mg oral tablet)	5	QL (60 per 30 days)
BRIVIACT (brivaracetam 10 mg/ml oral solution)	5	QL (600 per 30 days)
BRIVIACT (brivaracetam 100 mg oral tablet)	5	QL (60 per 30 days)
BRIVIACT (brivaracetam 25 mg oral tablet)	5	QL (60 per 30 days)
BRIVIACT (brivaracetam 50 mg oral tablet)	5	QL (60 per 30 days)
BRIVIACT (brivaracetam 75 mg oral tablet)	5	QL (60 per 30 days)
carbamazepine 200 mg chewable tablet	3	
DIACOMIT (stiripentol 250 mg oral capsule)	5	LA
DIACOMIT (stiripentol 250 mg powder for oral suspension)	5	LA
DIACOMIT (stiripentol 500 mg oral capsule)	5	LA
DIACOMIT (stiripentol 500 mg powder for oral suspension)	5	LA

Drug Name	Drug Tier	Requirements/Limits
Anticonvulsants (continued)		
divalproex sodium 125 mg delayed release oral capsule	3	
divalproex sodium 125 mg delayed release oral tablet	2	
divalproex sodium 250 mg delayed release oral tablet	2	
divalproex sodium 250 mg extended release oral tablet	3	
divalproex sodium 500 mg delayed release oral tablet	2	
divalproex sodium 500 mg extended release oral tablet	3	
EPIDIOLEX (cannabidiol 100 mg/ml oral solution)	5	PA NSO; LA
EPRONTIA (topiramate 25 mg/ml oral solution)	4	
felbamate 120 mg/ml oral suspension	4	
felbamate 400 mg oral tablet	4	
felbamate 600 mg oral tablet	4	
FINTEPLA (fenfluramine 2.2 mg/ml oral solution)	5	PA NSO; QL (360 per 30 days)
FYCOMPA (perampanel 0.5 mg/ml oral suspension)	5	QL (680 per 28 days)
FYCOMPA (perampanel 10 mg oral tablet)	5	QL (30 per 30 days)
FYCOMPA (perampanel 12 mg oral tablet)	5	QL (30 per 30 days)
FYCOMPA (perampanel 2 mg oral tablet)	4	QL (30 per 30 days)
FYCOMPA (perampanel 4 mg oral tablet)	5	QL (30 per 30 days)
FYCOMPA (perampanel 6 mg oral tablet)	5	QL (30 per 30 days)
FYCOMPA (perampanel 8 mg oral tablet)	5	QL (30 per 30 days)
lamotrigine 100 mg disintegrating oral tablet	3	
lamotrigine 100 mg extended release oral tablet	3	
lamotrigine 100 mg oral tablet	2	
lamotrigine 150 mg oral tablet	2	
lamotrigine 200 mg disintegrating oral tablet	3	
lamotrigine 200 mg extended release oral tablet	3	
lamotrigine 200 mg oral tablet	2	
lamotrigine 25 mg disintegrating oral tablet	3	
lamotrigine 25 mg extended release oral tablet	3	
lamotrigine 25 mg oral tablet	2	
lamotrigine 25 mg tablet for oral suspension	3	
lamotrigine 250 mg extended release oral tablet	3	
lamotrigine 300 mg extended release oral tablet	3	

Drug Name	Drug Tier	Requirements/Limits
Anticonvulsants (continued)		
lamotrigine 5 mg tablet for oral suspension	3	
lamotrigine 50 mg disintegrating oral tablet	3	
lamotrigine 50 mg extended release oral tablet	3	
levetiracetam 100 mg/ml oral solution	3	
levetiracetam 1000 mg oral tablet	2	
levetiracetam 250 mg oral tablet	2	
levetiracetam 250 mg tablet for oral suspension	3	
levetiracetam 500 mg extended release oral tablet	3	
levetiracetam 500 mg oral tablet	2	
levetiracetam 500 mg tablet for oral suspension	3	
levetiracetam 750 mg extended release oral tablet	3	
levetiracetam 750 mg oral tablet	2	
oxcarbazepine 150 mg extended release oral tablet	3	
oxcarbazepine 300 mg extended release oral tablet	3	
oxcarbazepine 600 mg extended release oral tablet	3	
perampanel 0.5 mg/ml oral suspension	3	
perampanel 10 mg oral tablet	4	QL (30 per 30 days)
perampanel 12 mg oral tablet	4	QL (30 per 30 days)
perampanel 2 mg oral tablet	4	QL (30 per 30 days)
perampanel 4 mg oral tablet	4	QL (30 per 30 days)
perampanel 6 mg oral tablet	4	QL (30 per 30 days)
perampanel 8 mg oral tablet	4	QL (30 per 30 days)
ROWEEPRA (levetiracetam 500 mg oral tablet)	2	
SPRITAM (levetiracetam 250 mg tablet for oral suspension)	4	
SPRITAM (levetiracetam 500 mg tablet for oral suspension)	4	
SUBVENITE (lamotrigine 100 mg oral tablet)	2	
SUBVENITE (lamotrigine 150 mg oral tablet)	2	
SUBVENITE (lamotrigine 200 mg oral tablet)	2	
SUBVENITE (lamotrigine 25 mg oral tablet)	2	
topiramate 100 mg oral tablet	2	
topiramate 15 mg oral capsule	3	
topiramate 200 mg oral tablet	2	
topiramate 25 mg oral capsule	3	

Drug Name	Drug Tier	Requirements/Limits
Anticonvulsants (continued)		
topiramate 25 mg oral tablet	2	
topiramate 25 mg/ml oral solution	4	
topiramate 50 mg oral capsule	3	
topiramate 50 mg oral tablet	2	
valproic acid 250 mg oral capsule	2	
valproic acid 50 mg/ml oral solution	2	
Calcium Channel Modifying Agents		
ethosuximide 250 mg oral capsule	3	
ethosuximide 50 mg/ml oral solution	4	
methsuximide 300 mg oral capsule	4	
Gamma-aminobutyric Acid (GABA) Modulating Agents		
clobazam 10 mg oral tablet	4	PA NSO; QL (60 per 30 days)
clobazam 2.5 mg/ml oral suspension	4	PA NSO; QL (480 per 30 days)
clobazam 20 mg oral tablet	4	PA NSO; QL (60 per 30 days)
diazepam 5 mg/ml rectal gel	4	QL (5 per 30 days)
gabapentin 100 mg oral capsule	2	QL (1080 per 30 days)
gabapentin 300 mg oral capsule	2	QL (360 per 30 days)
gabapentin 400 mg oral capsule	2	QL (270 per 30 days)
gabapentin 50 mg/ml oral solution	3	QL (2160 per 30 days)
gabapentin 600 mg oral tablet	2	QL (180 per 30 days)
gabapentin 800 mg oral tablet	2	QL (135 per 30 days)
NAYZILAM (midazolam 50 mg/ml nasal spray)	4	QL (10 per 30 days)
phenobarbital 100 mg oral tablet	3	
phenobarbital 15 mg oral tablet	3	
phenobarbital 16.2 mg oral tablet	3	
phenobarbital 30 mg oral tablet	3	
phenobarbital 32.4 mg oral tablet	3	
phenobarbital 4 mg/ml oral solution	4	
phenobarbital 60 mg oral tablet	3	
phenobarbital 64.8 mg oral tablet	3	
phenobarbital 97.2 mg oral tablet	3	
pregabalin 100 mg oral capsule	3	QL (90 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Anticonvulsants (continued)		
pregabalin 150 mg oral capsule	3	QL (90 per 30 days)
pregabalin 20 mg/ml oral solution	3	QL (900 per 30 days)
pregabalin 200 mg oral capsule	3	QL (90 per 30 days)
pregabalin 225 mg oral capsule	3	QL (60 per 30 days)
pregabalin 25 mg oral capsule	3	QL (90 per 30 days)
pregabalin 300 mg oral capsule	3	QL (60 per 30 days)
pregabalin 50 mg oral capsule	3	QL (90 per 30 days)
pregabalin 75 mg oral capsule	3	QL (90 per 30 days)
primidone 125 mg oral tablet	4	
primidone 250 mg oral tablet	2	
primidone 50 mg oral tablet	2	
RELGAABI (gabapentin 300 mg oral capsule)	2	QL (360 per 30 days)
RELGAABI (gabapentin 400 mg oral capsule)	2	QL (270 per 30 days)
SYMPAZAN (clobazam 10 mg oral film)	5	PA NSO; QL (60 per 30 days)
SYMPAZAN (clobazam 20 mg oral film)	5	PA NSO; QL (60 per 30 days)
SYMPAZAN (clobazam 5 mg oral film)	4	PA NSO; QL (240 per 30 days)
tiagabine hydrochloride 12 mg oral tablet	4	
tiagabine hydrochloride 16 mg oral tablet	4	
tiagabine hydrochloride 2 mg oral tablet	4	
tiagabine hydrochloride 4 mg oral tablet	4	
VALTOCO 10 MG DOSE KIT (diazepam 100 mg/ml pack)	4	QL (10 per 30 days)
VALTOCO 15 MG DOSE KIT (diazepam 75 mg/ml pack)	4	QL (10 per 30 days)
VALTOCO 20 MG DOSE KIT (diazepam 100 mg/ml pack)	5	QL (10 per 30 days)
VALTOCO 5 MG DOSE KIT (diazepam 50 mg/ml pack)	4	QL (10 per 30 days)
vigabatrin 500 mg oral tablet	5	QL (180 per 30 days); LA
vigabatrin 500 mg powder for oral solution	5	QL (180 per 30 days); LA
VIGADRONE (vigabatrin 500 mg oral tablet)	5	QL (180 per 30 days); LA
VIGADRONE (vigabatrin 500 mg powder for oral solution)	5	QL (180 per 30 days); LA
VIGAFYDE (vigabatrin 100 mg/ml oral solution)	5	QL (750 per 30 days)
ZTALMY (ganaxolone 50 mg/ml oral suspension)	5	PA NSO; QL (1100 per 30 days); LA

Drug Name	Drug Tier	Requirements/Limits
Sodium Channel Agents		
carbamazepine 100 mg chewable tablet	3	
carbamazepine 100 mg extended release oral capsule	4	
carbamazepine 100 mg extended release oral tablet	4	
carbamazepine 20 mg/ml oral suspension	4	
carbamazepine 200 mg extended release oral capsule	4	
carbamazepine 200 mg extended release oral tablet	4	
carbamazepine 200 mg oral tablet	3	
carbamazepine 300 mg extended release oral capsule	4	
carbamazepine 400 mg extended release oral tablet	4	
DILANTIN (phenytoin sodium 30 mg extended release oral capsule)	4	
eslicarbazepine acetate 200 mg oral tablet	2	QL (30 per 30 days)
eslicarbazepine acetate 400 mg oral tablet	2	QL (30 per 30 days)
eslicarbazepine acetate 600 mg oral tablet	5	QL (60 per 30 days)
eslicarbazepine acetate 800 mg oral tablet	5	QL (60 per 30 days)
KEPPRA (levetiracetam 100 mg/ml oral solution)	3	
KEPPRA (levetiracetam 1000 mg oral tablet)	3	
KEPPRA (levetiracetam 250 mg oral tablet)	3	
KEPPRA (levetiracetam 500 mg extended release oral tablet)	3	
KEPPRA (levetiracetam 500 mg oral tablet)	3	
KEPPRA (levetiracetam 750 mg extended release oral tablet)	3	
KEPPRA (levetiracetam 750 mg oral tablet)	3	
lacosamide 10 mg/ml oral solution	4	
lacosamide 100 mg oral tablet	4	
lacosamide 150 mg oral tablet	4	
lacosamide 200 mg oral tablet	4	
lacosamide 50 mg oral tablet	4	
LAMICTAL (lamotrigine 100 mg disintegrating oral tablet)	3	
LAMICTAL (lamotrigine 100 mg extended release oral tablet)	3	
LAMICTAL (lamotrigine 100 mg oral tablet)	3	
LAMICTAL (lamotrigine 150 mg oral tablet)	3	
LAMICTAL (lamotrigine 200 mg disintegrating oral tablet)	3	
LAMICTAL (lamotrigine 200 mg extended release oral tablet)	3	

Drug Name	Drug Tier	Requirements/Limits
Anticonvulsants (continued)		
LAMICTAL (lamotrigine 200 mg oral tablet)	3	
LAMICTAL (lamotrigine 25 mg disintegrating oral tablet)	3	
LAMICTAL (lamotrigine 25 mg extended release oral tablet)	3	
LAMICTAL (lamotrigine 25 mg oral tablet)	3	
LAMICTAL (lamotrigine 25 mg tablet for oral suspension)	3	
LAMICTAL (lamotrigine 250 mg extended release oral tablet)	3	
LAMICTAL (lamotrigine 300 mg extended release oral tablet)	3	
LAMICTAL (lamotrigine 5 mg tablet for oral suspension)	3	
LAMICTAL (lamotrigine 50 mg disintegrating oral tablet)	3	
LAMICTAL (lamotrigine 50 mg extended release oral tablet)	3	
oxcarbazepine 150 mg oral tablet	3	
oxcarbazepine 300 mg oral tablet	3	
oxcarbazepine 60 mg/ml oral suspension	4	
oxcarbazepine 600 mg oral tablet	3	
PHENYTEK (phenytoin sodium 200 mg extended release oral capsule)	3	
PHENYTEK (phenytoin sodium 300 mg extended release oral capsule)	3	
phenytoin 25 mg/ml oral suspension	3	
phenytoin 50 mg chewable tablet	3	
phenytoin sodium 100 mg extended release oral capsule	2	
rufinamide 200 mg oral tablet	4	
rufinamide 40 mg/ml oral suspension	5	
rufinamide 400 mg oral tablet	5	
SUBVENITE (lamotrigine 10 mg/ml oral suspension)	3	
XCOPRI (cenobamate 100 mg oral tablet)	5	
XCOPRI (cenobamate 150 mg oral tablet)	5	
XCOPRI (cenobamate 200 mg oral tablet)	5	
XCOPRI (cenobamate 25 mg oral tablet)	5	
XCOPRI (cenobamate 50 mg oral tablet)	5	
XCOPRI 250 MG MAINTENANCE PACK - 100 MG (28), 150 MG (28) 56 COUNT (cenobamate 100 mg / cenobamate 150 mg pack)	5	

Drug Name	Drug Tier	Requirements/Limits
Anticonvulsants (continued)		
XCOPRI 350 MG MAINTENANCE PACK (cenobamate 150 mg / cenobamate 200 mg pack)	5	
XCOPRI TITRATION PACK - 12.5 MG (14), 25 MG (14) 28 COUNT (cenobamate 12.5 mg / cenobamate 25 mg pack)	4	
XCOPRI TITRATION PACK - 150 MG (14), 200 MG (14) 28 COUNT (cenobamate 150 mg / cenobamate 200 mg pack)	5	
XCOPRI TITRATION PACK - 50 MG (14), 100 MG (14) 28 COUNT (cenobamate 100 mg / cenobamate 50 mg pack)	5	
ZONISADE (zonisamide 20 mg/ml oral suspension)	4	
zonisamide 100 mg oral capsule	2	
zonisamide 25 mg oral capsule	2	
zonisamide 50 mg oral capsule	2	
Antidementia Agents		
Cholinesterase Inhibitors		
donepezil hydrochloride 10 mg disintegrating oral tablet	2	
donepezil hydrochloride 10 mg oral tablet	1	
donepezil hydrochloride 5 mg disintegrating oral tablet	2	
donepezil hydrochloride 5 mg oral tablet	1	
galantamine 12 mg oral tablet	4	
galantamine 4 mg oral tablet	4	
galantamine 8 mg oral tablet	4	
galantamine hydrobromide 16 mg extended release oral capsule	4	
galantamine hydrobromide 24 mg extended release oral capsule	4	
galantamine hydrobromide 4 mg/ml oral solution	4	
galantamine hydrobromide 8 mg extended release oral capsule	4	
rivastigmine 0.192 mg/hr transdermal system	4	
rivastigmine 0.396 mg/hr transdermal system	4	
rivastigmine 0.554 mg/hr transdermal system	4	
rivastigmine 1.5 mg oral capsule	4	
rivastigmine 3 mg oral capsule	4	
rivastigmine 4.5 mg oral capsule	4	
rivastigmine 6 mg oral capsule	4	

Drug Name	Drug Tier	Requirements/Limits
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
memantine hydrochloride 10 mg oral tablet	2	PA
memantine hydrochloride 2 mg/ml oral solution	4	PA
memantine hydrochloride 5 mg oral tablet	2	PA
NAMZARIC (donepezil hydrochloride 10 mg / memantine hydrochloride 14 mg extended release oral capsule)	3	
NAMZARIC (donepezil hydrochloride 10 mg / memantine hydrochloride 21 mg extended release oral capsule)	3	
NAMZARIC (donepezil hydrochloride 10 mg / memantine hydrochloride 28 mg extended release oral capsule)	3	
NAMZARIC (donepezil hydrochloride 10 mg / memantine hydrochloride 7 mg extended release oral capsule)	3	
Antidepressants		
Antidepressants, Other		
AUVELITY (bupropion hydrochloride 105 mg / dextromethorphan hydrobromide 45 mg extended release oral tablet)	5	QL (60 per 30 days)
bupropion hydrochloride 100 mg extended release oral tablet	2	QL (90 per 30 days)
bupropion hydrochloride 100 mg oral tablet	3	QL (120 per 30 days)
bupropion hydrochloride 150 mg extended release oral tablet	2	QL (60 per 30 days)
bupropion hydrochloride 150 mg extended release oral tablet	3	QL (90 per 30 days)
bupropion hydrochloride 200 mg extended release oral tablet	2	QL (60 per 30 days)
bupropion hydrochloride 300 mg extended release oral tablet	3	QL (30 per 30 days)
bupropion hydrochloride 450 mg extended release oral tablet	3	
bupropion hydrochloride 75 mg oral tablet	3	QL (60 per 30 days)
citalopram 30 mg oral capsule	3	
escitalopram 15 mg oral capsule	3	
EXXUA (gepirone 18.2 mg extended release oral tablet)	3	
EXXUA (gepirone 36.3 mg extended release oral tablet)	3	
EXXUA (gepirone 54.5 mg extended release oral tablet)	3	
EXXUA (gepirone 72.6 mg extended release oral tablet)	3	
EXXUA TITRATION PACK (gepirone 18.2 mg pack)	3	
fluoxetine 10 mg oral tablet	3	
fluoxetine 20 mg oral tablet	3	
fluoxetine 25 mg / olanzapine 12 mg oral capsule	3	

Drug Name	Drug Tier	Requirements/Limits
Antidepressants (continued)		
fluoxetine 25 mg / olanzapine 3 mg oral capsule	3	
fluoxetine 25 mg / olanzapine 6 mg oral capsule	3	
fluoxetine 50 mg / olanzapine 12 mg oral capsule	3	
fluoxetine 50 mg / olanzapine 6 mg oral capsule	3	
mirtazapine 15 mg disintegrating oral tablet	4	QL (30 per 30 days)
mirtazapine 15 mg oral tablet	2	QL (45 per 30 days)
mirtazapine 30 mg disintegrating oral tablet	4	QL (30 per 30 days)
mirtazapine 30 mg oral tablet	2	QL (30 per 30 days)
mirtazapine 45 mg disintegrating oral tablet	4	QL (30 per 30 days)
mirtazapine 45 mg oral tablet	2	QL (30 per 30 days)
mirtazapine 7.5 mg oral tablet	2	QL (30 per 30 days)
ZURZUVAE (zuranolone 20 mg oral capsule)	5	QL (28 per 365 days)
ZURZUVAE (zuranolone 25 mg oral capsule)	5	QL (28 per 365 days)
ZURZUVAE (zuranolone 30 mg oral capsule)	5	QL (14 per 365 days)
Monoamine Oxidase Inhibitors		
EMSAM (selegiline 0.25 mg/hr transdermal system)	5	PA NSO; QL (30 per 30 days)
EMSAM (selegiline 0.375 mg/hr transdermal system)	5	PA NSO; QL (30 per 30 days)
EMSAM (selegiline 0.5 mg/hr transdermal system)	5	PA NSO; QL (30 per 30 days)
MARPLAN (isocarboxazid 10 mg oral tablet)	4	
phenelzine 15 mg oral tablet	3	
tranylcypromine 10 mg oral tablet	4	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibito		
citalopram 10 mg oral tablet	1	QL (45 per 30 days)
citalopram 2 mg/ml oral solution	3	QL (600 per 30 days)
citalopram 20 mg oral tablet	1	QL (45 per 30 days)
citalopram 40 mg oral tablet	1	QL (30 per 30 days)
desvenlafaxine succinate 100 mg extended release oral tablet	4	QL (30 per 30 days)
desvenlafaxine succinate 25 mg extended release oral tablet	4	QL (30 per 30 days)
desvenlafaxine succinate 50 mg extended release oral tablet	4	QL (30 per 30 days)
DRIZALMA (duloxetine 20 mg delayed release oral capsule)	4	QL (60 per 30 days)
DRIZALMA (duloxetine 30 mg delayed release oral capsule)	4	QL (90 per 30 days)
DRIZALMA (duloxetine 40 mg delayed release oral capsule)	4	QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Antidepressants (continued)		
DRIZALMA (duloxetine 60 mg delayed release oral capsule)	4	QL (60 per 30 days)
duloxetine 20 mg delayed release oral capsule	2	QL (60 per 30 days)
duloxetine 30 mg delayed release oral capsule	2	QL (90 per 30 days)
duloxetine 60 mg delayed release oral capsule	2	QL (60 per 30 days)
EFFEXOR (venlafaxine 150 mg extended release oral capsule)	3	
EFFEXOR (venlafaxine 37.5 mg extended release oral capsule)	3	
EFFEXOR (venlafaxine 75 mg extended release oral capsule)	3	
escitalopram 1 mg/ml oral solution	4	QL (600 per 30 days)
escitalopram 10 mg oral tablet	1	QL (45 per 30 days)
escitalopram 20 mg oral tablet	1	QL (30 per 30 days)
escitalopram 5 mg oral tablet	1	QL (45 per 30 days)
FETZIMA (levomilnacipran 120 mg extended release oral capsule)	4	QL (30 per 30 days)
FETZIMA (levomilnacipran 20 mg extended release oral capsule)	4	QL (30 per 30 days)
FETZIMA (levomilnacipran 40 mg extended release oral capsule)	4	QL (30 per 30 days)
FETZIMA (levomilnacipran 80 mg extended release oral capsule)	4	QL (30 per 30 days)
FETZIMA PACK (levomilnacipran 20 mg / levomilnacipran 40 mg pack)	4	QL (28 per 28 days)
fluoxetine 10 mg oral capsule	1	QL (90 per 30 days)
fluoxetine 20 mg oral capsule	1	QL (120 per 30 days)
fluoxetine 4 mg/ml oral solution	3	QL (600 per 30 days)
fluoxetine 40 mg oral capsule	1	QL (60 per 30 days)
fluvoxamine maleate 100 mg oral tablet	3	QL (90 per 30 days)
fluvoxamine maleate 25 mg oral tablet	3	QL (30 per 30 days)
fluvoxamine maleate 50 mg oral tablet	3	QL (30 per 30 days)
nefazodone hydrochloride 100 mg oral tablet	4	
nefazodone hydrochloride 150 mg oral tablet	4	
nefazodone hydrochloride 200 mg oral tablet	4	
nefazodone hydrochloride 250 mg oral tablet	4	
nefazodone hydrochloride 50 mg oral tablet	4	

Drug Name	Drug Tier	Requirements/Limits
Antidepressants (continued)		
paroxetine hydrochloride 10 mg oral tablet	2	QL (45 per 30 days)
paroxetine hydrochloride 2 mg/ml oral suspension	4	QL (900 per 30 days)
paroxetine hydrochloride 20 mg oral tablet	2	QL (30 per 30 days)
paroxetine hydrochloride 30 mg oral tablet	2	QL (60 per 30 days)
paroxetine hydrochloride 40 mg oral tablet	2	QL (45 per 30 days)
RALDESY (trazodone hydrochloride 10 mg/ml oral solution)	4	QL (1200 per 30 days)
sertraline 100 mg oral tablet	1	QL (60 per 30 days)
sertraline 20 mg/ml oral solution	4	QL (300 per 30 days)
sertraline 25 mg oral tablet	1	QL (45 per 30 days)
sertraline 50 mg oral tablet	1	QL (45 per 30 days)
trazodone hydrochloride 100 mg oral tablet	1	
trazodone hydrochloride 150 mg oral tablet	1	
trazodone hydrochloride 300 mg oral tablet	4	
trazodone hydrochloride 50 mg oral tablet	1	
TRINTELLIX (vortioxetine 10 mg oral tablet)	4	QL (30 per 30 days)
TRINTELLIX (vortioxetine 20 mg oral tablet)	4	QL (30 per 30 days)
TRINTELLIX (vortioxetine 5 mg oral tablet)	4	QL (30 per 30 days)
venlafaxine 100 mg oral tablet	2	QL (90 per 30 days)
venlafaxine 112.5 mg extended release oral tablet	4	QL (60 per 30 days)
venlafaxine 150 mg extended release oral capsule	2	QL (30 per 30 days)
venlafaxine 150 mg extended release oral tablet	3	
venlafaxine 225 mg extended release oral tablet	3	
venlafaxine 25 mg oral tablet	2	QL (90 per 30 days)
venlafaxine 37.5 mg extended release oral capsule	2	QL (60 per 30 days)
venlafaxine 37.5 mg extended release oral tablet	3	
venlafaxine 37.5 mg oral tablet	2	QL (90 per 30 days)
venlafaxine 50 mg oral tablet	2	QL (90 per 30 days)
venlafaxine 75 mg extended release oral capsule	2	QL (90 per 30 days)
venlafaxine 75 mg extended release oral tablet	3	
venlafaxine 75 mg oral tablet	2	QL (90 per 30 days)
vilazodone hydrochloride 10 mg oral tablet	4	QL (30 per 30 days)
vilazodone hydrochloride 20 mg oral tablet	4	QL (30 per 30 days)
vilazodone hydrochloride 40 mg oral tablet	4	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Tricyclics		
amitriptyline hydrochloride 10 mg oral tablet	2	
amitriptyline hydrochloride 100 mg oral tablet	2	
amitriptyline hydrochloride 150 mg oral tablet	2	
amitriptyline hydrochloride 25 mg oral tablet	2	
amitriptyline hydrochloride 50 mg oral tablet	2	
amitriptyline hydrochloride 75 mg oral tablet	2	
amoxapine 100 mg oral tablet	4	
amoxapine 150 mg oral tablet	4	
amoxapine 25 mg oral tablet	4	
amoxapine 50 mg oral tablet	4	
clomipramine hydrochloride 25 mg oral capsule	4	
clomipramine hydrochloride 50 mg oral capsule	4	
clomipramine hydrochloride 75 mg oral capsule	4	
desipramine hydrochloride 10 mg oral tablet	4	
desipramine hydrochloride 100 mg oral tablet	4	
desipramine hydrochloride 150 mg oral tablet	4	
desipramine hydrochloride 25 mg oral tablet	4	
desipramine hydrochloride 50 mg oral tablet	4	
desipramine hydrochloride 75 mg oral tablet	4	
doxepin 10 mg oral capsule	4	
doxepin 10 mg/ml oral solution	4	
doxepin 100 mg oral capsule	4	
doxepin 150 mg oral capsule	4	
doxepin 25 mg oral capsule	4	
doxepin 50 mg oral capsule	4	
doxepin 75 mg oral capsule	4	
imipramine hydrochloride 10 mg oral tablet	4	
imipramine hydrochloride 25 mg oral tablet	4	
imipramine hydrochloride 50 mg oral tablet	4	
nortriptyline 10 mg oral capsule	2	
nortriptyline 2 mg/ml oral solution	4	
nortriptyline 25 mg oral capsule	2	
nortriptyline 50 mg oral capsule	2	

Drug Name	Drug Tier	Requirements/Limits
Antidepressants (continued)		
nortriptyline 75 mg oral capsule	2	
protriptyline hydrochloride 10 mg oral tablet	4	
protriptyline hydrochloride 5 mg oral tablet	4	
trimipramine 100 mg oral capsule	4	
trimipramine 25 mg oral capsule	4	
trimipramine 50 mg oral capsule	4	
Antiemetics		
Antiemetics, Other		
chlorpromazine hydrochloride 10 mg oral tablet	4	PA NSO
chlorpromazine hydrochloride 100 mg oral tablet	4	PA NSO
chlorpromazine hydrochloride 100 mg/ml oral solution	4	PA NSO
chlorpromazine hydrochloride 200 mg oral tablet	4	PA NSO
chlorpromazine hydrochloride 25 mg oral tablet	4	PA NSO
chlorpromazine hydrochloride 30 mg/ml oral solution	4	PA NSO
chlorpromazine hydrochloride 50 mg oral tablet	4	PA NSO
COMPRO (prochlorperazine 25 mg rectal suppository)	4	
meclizine hydrochloride 12.5 mg oral tablet	2	
meclizine hydrochloride 25 mg oral tablet	2	
perphenazine 16 mg oral tablet	4	PA NSO
perphenazine 2 mg oral tablet	4	PA NSO
perphenazine 4 mg oral tablet	4	PA NSO
perphenazine 8 mg oral tablet	4	PA NSO
prochlorperazine 10 mg oral tablet	2	
prochlorperazine 25 mg rectal suppository	4	
prochlorperazine 5 mg oral tablet	2	
promethazine hydrochloride 12.5 mg oral tablet	3	PA
promethazine hydrochloride 25 mg oral tablet	3	PA
promethazine hydrochloride 50 mg oral tablet	3	PA
scopolamine 0.0139 mg/hr transdermal system	4	PA
Emetogenic Therapy Adjuncts		
aprepitant 125 mg oral capsule	4	BvsD
aprepitant 125 mg / aprepitant 80 mg pack	4	BvsD

Drug Name	Drug Tier	Requirements/Limits
Antiemetics (continued)		
aprepitant 40 mg oral capsule	4	BvsD
aprepitant 80 mg oral capsule	4	BvsD
dronabinol 10 mg oral capsule	4	BvsD
dronabinol 2.5 mg oral capsule	4	BvsD
dronabinol 5 mg oral capsule	4	BvsD
ondansetron 4 mg disintegrating oral tablet	3	
ondansetron 4 mg oral tablet	2	
ondansetron 8 mg disintegrating oral tablet	3	
ondansetron 8 mg oral tablet	2	
Antifungals		
Antifungals		
amphotericin b 50 mg injection	4	BvsD
amphotericin b liposomal 50 mg injection	5	BvsD
caspofungin acetate 50 mg injection	4	
caspofungin acetate 70 mg injection	4	
ciclopirox 0.0077 mg/mg topical gel	3	
ciclopirox 7.7 mg/ml topical cream	3	
ciclopirox 7.7 mg/ml topical lotion	3	
ciclopirox 80 mg/ml topical solution	2	QL (6.6 per 30 days)
clotrimazole 10 mg oral lozenge	3	
clotrimazole 10 mg/ml topical cream	3	
CRESEMBA (isavuconazonium sulfate 186 mg oral capsule)	5	PA
CRESEMBA (isavuconazonium sulfate 74.5 mg oral capsule)	5	PA
econazole nitrate 10 mg/ml topical cream	4	
fluconazole 10 mg/ml oral suspension	3	
fluconazole 100 mg oral tablet	2	
fluconazole 150 mg oral tablet	2	
fluconazole 2 mg/ml injection	4	
fluconazole 200 mg oral tablet	2	
fluconazole 40 mg/ml oral suspension	3	
fluconazole 50 mg oral tablet	2	
flucytosine 250 mg oral capsule	5	PA

Drug Name	Drug Tier	Requirements/Limits
Antifungals (continued)		
flucytosine 500 mg oral capsule	5	PA
griseofulvin 125 mg oral tablet	4	
griseofulvin 25 mg/ml oral suspension	4	
griseofulvin 250 mg oral tablet	4	
griseofulvin 500 mg oral tablet	4	
itraconazole 10 mg/ml oral solution	2	
itraconazole 100 mg oral capsule	4	QL (120 per 30 days)
ketoconazole 20 mg/ml medicated shampoo	2	
ketoconazole 20 mg/ml topical cream	2	
ketoconazole 200 mg oral tablet	2	
micafungin 100 mg injection	4	
micafungin 50 mg injection	4	
NOXAFIL (posaconazole 300 mg powder for oral suspension)	5	PA
NYAMYC (nystatin 100 unt/mg topical powder)	2	
nystatin 100 unt/mg topical ointment	2	
nystatin 100 unt/mg topical powder	2	
nystatin 100000 unt/ml oral suspension	2	
nystatin 100000 unt/ml topical cream	2	
nystatin 500000 unt oral tablet	3	
NYSTOP (nystatin 100 unt/mg topical powder)	2	
posaconazole 100 mg delayed release oral tablet	5	PA
posaconazole 40 mg/ml oral suspension	5	PA
terbinafine 250 mg oral tablet	2	QL (30 per 30 days)
terconazole 4 mg/ml vaginal cream	3	
terconazole 8 mg/ml vaginal cream	3	
terconazole 80 mg vaginal insert	3	
voriconazole 200 mg injection	4	PA
voriconazole 200 mg oral tablet	4	PA
voriconazole 40 mg/ml oral suspension	5	PA
voriconazole 50 mg oral tablet	4	PA

Drug Name	Drug Tier	Requirements/Limits
Antigout Agents		
Antigout Agents		
allopurinol 100 mg oral tablet	1	
allopurinol 300 mg oral tablet	1	
colchicine 0.5 mg / probenecid 500 mg oral tablet	3	
colchicine 0.6 mg oral tablet	3	
febuxostat 40 mg oral tablet	2	QL (30 per 30 days)
febuxostat 80 mg oral tablet	2	QL (30 per 30 days)
probenecid 500 mg oral tablet	3	
Antihistamine Drugs		
First Generation Antihistamines		
cyproheptadine hydrochloride 0.4 mg/ml oral solution	2	
promethazine hydrochloride 1.25 mg/ml oral solution	2	
promethazine hydrochloride 12.5 mg rectal suppository	2	
promethazine hydrochloride 25 mg rectal suppository	2	
PROMETHEGAN (promethazine hydrochloride 25 mg rectal suppository)	2	
PROMETHEGAN (promethazine hydrochloride 50 mg rectal suppository)	2	
Second Generation Antihistamines		
cetirizine hydrochloride 1 mg/ml oral solution	2	QL (300 per 30 days)
desloratadine 5 mg oral tablet	2	QL (30 per 30 days)
levocetirizine dihydrochloride 0.5 mg/ml oral solution	2	
Antimigraine Agents		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists		
AIMOVIG (erenumab-aooe 140 mg/ml auto-injector)	3	PA; QL (1 per 30 days)
AIMOVIG (erenumab-aooe 70 mg/ml auto-injector)	3	PA; QL (2 per 30 days)
EMGALITY (galcanezumab-gnlm 100 mg/ml prefilled syringe)	3	PA; QL (3 per 30 days)
EMGALITY (galcanezumab-gnlm 120 mg/ml auto-injector)	3	PA; QL (2 per 30 days)
EMGALITY (galcanezumab-gnlm 120 mg/ml prefilled syringe)	3	PA; QL (2 per 30 days)
NURTEC (rimegepant 75 mg disintegrating oral tablet)	3	PA; QL (16 per 30 days)
Ergot Alkaloids		
caffeine 100 mg / ergotamine tartrate 1 mg oral tablet	3	

Drug Name	Drug Tier	Requirements/Limits
Antimigraine Agents (continued)		
dihydroergotamine mesylate 0.5 mg/actuat metered dose nasal spray	2	PA; QL (8 per 28 days)
Serotonin (5-HT) Receptor Agonist		
naratriptan 1 mg oral tablet	3	QL (18 per 30 days)
naratriptan 2.5 mg oral tablet	3	QL (18 per 30 days)
rizatriptan 10 mg disintegrating oral tablet	4	QL (18 per 30 days)
rizatriptan 10 mg oral tablet	3	QL (18 per 30 days)
rizatriptan 5 mg disintegrating oral tablet	4	QL (18 per 30 days)
rizatriptan 5 mg oral tablet	3	QL (18 per 30 days)
sumatriptan 100 mg oral tablet	2	QL (18 per 30 days)
sumatriptan 12 mg/ml auto-injector	4	QL (6 per 30 days)
sumatriptan 12 mg/ml injection	4	QL (5 per 30 days)
sumatriptan 20 mg/actuat nasal spray	4	QL (12 per 30 days)
sumatriptan 25 mg oral tablet	2	QL (18 per 30 days)
sumatriptan 5 mg/actuat nasal spray	4	QL (12 per 30 days)
sumatriptan 50 mg oral tablet	2	QL (18 per 30 days)
Antimyasthenic Agents		
Parasympathomimetics		
pyridostigmine bromide 60 mg oral tablet	3	
Antimycobacterials		
Antimycobacterials, Other		
dapsone 100 mg oral tablet	3	
dapsone 25 mg oral tablet	3	
rifabutin 150 mg oral capsule	4	
Antituberculars		
ethambutol hydrochloride 100 mg oral tablet	3	
ethambutol hydrochloride 400 mg oral tablet	3	
isoniazid 10 mg/ml oral solution	4	
isoniazid 100 mg oral tablet	1	
isoniazid 300 mg oral tablet	2	
pretomanid 200 mg oral tablet	4	
PRIFTIN (rifapentine 150 mg oral tablet)	4	

Drug Name	Drug Tier	Requirements/Limits
Antimycobacterials (continued)		
pyrazinamide 500 mg oral tablet	4	
rifampin 150 mg oral capsule	3	
rifampin 300 mg oral capsule	3	
rifampin 600 mg injection	4	
SIRTURO (bedaquiline 100 mg oral tablet)	5	LA
SIRTURO (bedaquiline 20 mg oral tablet)	5	LA
Antineoplastic Agents		
Antineoplastic Agents		
IMBRUVICA (ibrutinib 140 mg oral tablet)	5	QL (30 per 30 days); LA
IMBRUVICA (ibrutinib 280 mg oral tablet)	5	QL (30 per 30 days); LA
Antineoplastics		
Alkylating Agents		
cyclophosphamide 25 mg oral capsule	4	BvsD
cyclophosphamide 50 mg oral capsule	4	BvsD
cyclophosphamide 50 mg oral tablet	3	BvsD
GLEOSTINE (lomustine 10 mg oral capsule)	4	
GLEOSTINE (lomustine 100 mg oral capsule)	3	
GLEOSTINE (lomustine 40 mg oral capsule)	4	
LEUKERAN (chlorambucil 2 mg oral tablet)	3	
MATULANE (procarbazine 50 mg oral capsule)	3	PA NSO
VALCHLOR (mechlorethamine 0.00016 mg/mg topical gel)	3	PA NSO; QL (60 per 30 days)
Antiandrogens		
abiraterone acetate 250 mg oral tablet	5	PA NSO; QL (120 per 30 days)
ABIRTEGA (abiraterone acetate 250 mg oral tablet)	4	PA NSO; QL (120 per 30 days)
bicalutamide 50 mg oral tablet	3	
ERLEADA (apalutamide 240 mg oral tablet)	5	PA NSO; QL (30 per 30 days); LA
ERLEADA (apalutamide 60 mg oral tablet)	5	PA NSO; QL (120 per 30 days); LA
EULEXIN (flutamide 125 mg oral capsule)	5	
nilutamide 150 mg oral tablet	5	

Drug Name	Drug Tier	Requirements/Limits
Antineoplastics (continued)		
NUBEQA (darolutamide 300 mg oral tablet)	5	PA NSO; QL (120 per 30 days)
XTANDI (enzalutamide 40 mg oral capsule)	5	PA NSO; QL (120 per 30 days); LA
XTANDI (enzalutamide 40 mg oral tablet)	5	PA NSO; QL (120 per 30 days); LA
XTANDI (enzalutamide 80 mg oral tablet)	5	PA NSO; QL (60 per 30 days); LA
Antiangiogenic Agents		
lenalidomide 10 mg oral capsule	5	PA NSO; QL (30 per 30 days)
lenalidomide 15 mg oral capsule	5	PA NSO; QL (21 per 28 days)
lenalidomide 2.5 mg oral capsule	5	PA NSO; QL (30 per 30 days)
lenalidomide 20 mg oral capsule	5	PA NSO; QL (21 per 28 days)
lenalidomide 25 mg oral capsule	5	PA NSO; QL (21 per 28 days)
lenalidomide 5 mg oral capsule	5	PA NSO; QL (30 per 30 days)
POMALYST (pomalidomide 1 mg oral capsule)	5	PA NSO; QL (21 per 28 days); LA
POMALYST (pomalidomide 2 mg oral capsule)	5	PA NSO; QL (21 per 28 days); LA
POMALYST (pomalidomide 3 mg oral capsule)	5	PA NSO; QL (21 per 28 days); LA
POMALYST (pomalidomide 4 mg oral capsule)	5	PA NSO; QL (21 per 28 days); LA
THALOMID (thalidomide 100 mg oral capsule)	5	PA NSO; QL (120 per 30 days)
THALOMID (thalidomide 50 mg oral capsule)	5	PA NSO; QL (90 per 30 days)
Antiestrogens/Modifiers		
ORSERDU (elacestrant 345 mg oral tablet)	5	PA NSO; QL (30 per 30 days)
ORSERDU (elacestrant 86 mg oral tablet)	5	PA NSO; QL (90 per 30 days)
SOLTAMOX (tamoxifen 2 mg/ml oral solution)	5	
tamoxifen 10 mg oral tablet	2	
tamoxifen 20 mg oral tablet	2	
toremifene 60 mg oral tablet	4	
Antimetabolites		
mercaptopurine 20 mg/ml oral suspension	5	

Drug Name	Drug Tier	Requirements/Limits
Antineoplastics (continued)		
mercaptopurine 50 mg oral tablet	3	
PURIXAN (mercaptopurine 20 mg/ml oral suspension)	5	LA
TABLOID (thioguanine 40 mg oral tablet)	5	
Antineoplastics, Other		
AVMAPKI FAKZYNJA CO-PACK (avutometinib 0.8 mg / defactinib 200 mg pack)	5	PA NSO; QL (66 per 28 days)
hydroxyurea 500 mg oral capsule	2	
INQOVI 5 TABLET PACK (cedazuridine 100 mg / decitabine 35 mg pack)	5	PA NSO; QL (5 per 28 days)
IWILFIN (eflornithine 192 mg oral tablet)	5	PA NSO; QL (240 per 30 days)
leucovorin 10 mg oral tablet	3	
leucovorin 15 mg oral tablet	4	
leucovorin 25 mg oral tablet	4	
leucovorin 5 mg oral tablet	3	
LIFYORLI 125 MG, 1-DOSE SUPPLY (relacorilant 100 mg / relacorilant 25 mg pack)	4	LA
LIFYORLI 125 MG, 3-DOSE SUPPLY (relacorilant 100 mg / relacorilant 25 mg pack)	4	
LIFYORLI 125 MG, 9-DOSE SUPPLY (relacorilant 100 mg / relacorilant 25 mg pack)	4	
LIFYORLI 150 MG, 1-DOSE SUPPLY (relacorilant 100 mg / relacorilant 25 mg pack)	4	LA
LIFYORLI 150 MG, 3-DOSE SUPPLY (relacorilant 100 mg / relacorilant 25 mg pack)	4	
LIFYORLI 150 MG, 9-DOSE SUPPLY (relacorilant 100 mg / relacorilant 25 mg pack)	4	
LONSURF (tipiracil 6.14 mg / trifluridine 15 mg oral tablet)	5	PA NSO; QL (100 per 28 days)
LONSURF (tipiracil 8.19 mg / trifluridine 20 mg oral tablet)	5	PA NSO; QL (80 per 28 days)
LYSODREN (mitotane 500 mg oral tablet)	5	
MODEYSO (dordaviprone 125 mg oral capsule)	5	PA NSO; QL (20 per 28 days)
ONUREG (azacitidine 200 mg oral tablet)	5	PA NSO; QL (14 per 28 days)
ONUREG (azacitidine 300 mg oral tablet)	5	PA NSO; QL (14 per 28 days)
ORGOVYX (relugolix 120 mg oral tablet)	5	PA NSO; QL (90 per 30 days); LA

Drug Name	Drug Tier	Requirements/Limits
Antineoplastics (continued)		
XPOVIO 100 MG ONCE WEEKLY CARTON-50 MG TABLETS (selinexor 50 mg pack)	5	PA NSO; QL (8 per 28 days); LA
XPOVIO 40 MG ONCE WEEKLY CARTON-10 MG TABLET (selinexor 10 mg pack)	5	PA NSO; QL (16 per 28 days)
XPOVIO 40 MG TWICE WEEKLY (80 MG TOTAL WEEKLY DOSE- 40 MG TABLETS) CARTON (selinexor 40 mg pack)	5	PA NSO; QL (8 per 28 days); LA
XPOVIO 60 MG ONCE WEEKLY CARTON-60 MG TABLET (selinexor 60 mg pack)	5	PA NSO; QL (4 per 28 days); LA
XPOVIO 60 MG TWICE WEEKLY (120 MG TOTAL WEEKLY DOSE) CARTON (selinexor 20 mg pack)	5	PA NSO; QL (24 per 28 days); LA
XPOVIO 80 MG ONCE WEEKLY CARTON-40 MG TABLETS (selinexor 40 mg pack)	5	PA NSO; QL (8 per 28 days); LA
XPOVIO 80 MG TWICE WEEKLY (160 MG TOTAL WEEKLY DOSE) CARTON (selinexor 20 mg pack)	5	PA NSO; QL (32 per 28 days); LA
ZOLINZA (vorinostat 100 mg oral capsule)	5	PA NSO; QL (120 per 30 days)
Aromatase Inhibitors, 3rd Generation		
anastrozole 1 mg oral tablet	1	
exemestane 25 mg oral tablet	4	
letrozole 2.5 mg oral tablet	2	
Molecular Target Inhibitors		
abiraterone acetate 500 mg oral tablet	5	PA NSO; QL (120 per 30 days)
AKEEGA (abiraterone acetate 500 mg / niraparib 100 mg oral tablet)	5	PA NSO; QL (60 per 30 days)
AKEEGA (abiraterone acetate 500 mg / niraparib 50 mg oral tablet)	5	PA NSO; QL (60 per 30 days)
ALECENSA (alectinib 150 mg oral capsule)	5	PA NSO; QL (240 per 30 days); LA
ALUNBRIG (brigatinib 180 mg oral tablet)	5	PA NSO; QL (30 per 30 days); LA
ALUNBRIG (brigatinib 30 mg oral tablet)	5	PA NSO; QL (120 per 30 days); LA
ALUNBRIG (brigatinib 90 mg oral tablet)	5	PA NSO; QL (30 per 30 days); LA
ALUNBRIG INITIATION PACK (brigatinib 180 mg / brigatinib 90 mg pack)	5	PA NSO; QL (30 per 30 days); LA
AUGTYRO (repotrectinib 160 mg oral capsule)	5	PA NSO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Antineoplastics (continued)		
AUGTYRO (repotrectinib 40 mg oral capsule)	5	PA NSO; QL (240 per 30 days)
AYVAKIT (avapritinib 100 mg oral tablet)	5	PA NSO; QL (30 per 30 days)
AYVAKIT (avapritinib 200 mg oral tablet)	5	PA NSO; QL (30 per 30 days)
AYVAKIT (avapritinib 25 mg oral tablet)	5	PA NSO; QL (30 per 30 days)
AYVAKIT (avapritinib 300 mg oral tablet)	5	PA NSO; QL (30 per 30 days)
AYVAKIT (avapritinib 50 mg oral tablet)	5	PA NSO; QL (30 per 30 days)
BALVERSA (erdafitinib 3 mg oral tablet)	5	PA NSO; QL (90 per 30 days)
BALVERSA (erdafitinib 4 mg oral tablet)	5	PA NSO; QL (60 per 30 days)
BALVERSA (erdafitinib 5 mg oral tablet)	5	PA NSO; QL (30 per 30 days)
BOSULIF (bosutinib 100 mg oral capsule)	5	PA NSO; QL (180 per 30 days)
BOSULIF (bosutinib 100 mg oral tablet)	5	PA NSO; QL (180 per 30 days)
BOSULIF (bosutinib 400 mg oral tablet)	5	PA NSO; QL (30 per 30 days)
BOSULIF (bosutinib 50 mg oral capsule)	5	PA NSO; QL (330 per 30 days)
BOSULIF (bosutinib 500 mg oral tablet)	5	PA NSO; QL (30 per 30 days)
bosutinib 400 mg oral tablet	5	QL (30 per 30 days)
BRAFTOVI (encorafenib 75 mg oral capsule)	5	PA NSO; QL (180 per 30 days); LA
BRUKINSA (zanubrutinib 160 mg oral tablet)	5	LA
CABOMETYX (cabozantinib 20 mg oral tablet)	5	PA NSO; QL (30 per 30 days); LA
CABOMETYX (cabozantinib 40 mg oral tablet)	5	PA NSO; QL (30 per 30 days); LA
CABOMETYX (cabozantinib 60 mg oral tablet)	5	PA NSO; QL (30 per 30 days); LA
CALQUENCE (acalabrutinib 100 mg oral tablet)	5	QL (60 per 30 days); LA
CAPRELSA (vandetanib 100 mg oral tablet)	5	PA NSO; QL (60 per 30 days); LA
CAPRELSA (vandetanib 300 mg oral tablet)	5	PA NSO; QL (30 per 30 days); LA
COMETRIQ 100 MG DAILY DOSE CARTON (cabozantinib 20 mg / cabozantinib 80 mg pack)	5	PA NSO; QL (56 per 28 days); LA

Drug Name	Drug Tier	Requirements/Limits
Antineoplastics (continued)		
COMETRIQ 140 MG DAILY DOSE CARTON (cabozantinib 20 mg / cabozantinib 80 mg pack)	5	PA NSO; QL (112 per 28 days); LA
COMETRIQ 60 MG DAILY DOSE CARTON (cabozantinib 20 mg pack)	5	PA NSO; QL (84 per 28 days); LA
COPIKTRA (duvelisib 15 mg oral capsule)	5	PA NSO; QL (56 per 28 days); LA
COPIKTRA (duvelisib 25 mg oral capsule)	5	PA NSO; QL (56 per 28 days); LA
COTELLIC (cobimetinib 20 mg oral tablet)	5	PA NSO; QL (63 per 28 days); LA
DANZITEN (nilotinib 71 mg oral tablet)	5	PA NSO; QL (112 per 28 days)
DANZITEN (nilotinib 95 mg oral tablet)	5	PA NSO; QL (112 per 28 days)
dasatinib 100 mg oral tablet	5	PA NSO; QL (30 per 30 days)
dasatinib 140 mg oral tablet	5	PA NSO; QL (30 per 30 days)
dasatinib 20 mg oral tablet	5	PA NSO; QL (90 per 30 days)
dasatinib 50 mg oral tablet	5	PA NSO; QL (30 per 30 days)
dasatinib 70 mg oral tablet	5	PA NSO; QL (30 per 30 days)
dasatinib 80 mg oral tablet	5	PA NSO; QL (30 per 30 days)
DAURISMO (glasdegib 100 mg oral tablet)	5	PA NSO; QL (30 per 30 days)
DAURISMO (glasdegib 25 mg oral tablet)	5	PA NSO; QL (60 per 30 days)
ENSACOVE (ensartinib 100 mg oral capsule)	5	QL (60 per 30 days)
ENSACOVE (ensartinib 25 mg oral capsule)	5	QL (30 per 30 days); LA
ERIVEDGE (vismodegib 150 mg oral capsule)	5	PA NSO; QL (30 per 30 days); LA
erlotinib 100 mg oral tablet	5	PA NSO; QL (30 per 30 days)
erlotinib 150 mg oral tablet	5	PA NSO; QL (30 per 30 days)
erlotinib 25 mg oral tablet	5	PA NSO; QL (60 per 30 days)
everolimus 10 mg oral tablet	5	PA NSO; QL (30 per 30 days)
everolimus 2 mg tablet for oral suspension	5	PA NSO; QL (60 per 30 days)
everolimus 2.5 mg oral tablet	5	PA NSO; QL (30 per 30 days)
everolimus 3 mg tablet for oral suspension	5	PA NSO; QL (90 per 30 days)
everolimus 5 mg oral tablet	5	PA NSO; QL (60 per 30 days)
everolimus 5 mg tablet for oral suspension	5	PA NSO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Antineoplastics (continued)		
everolimus 7.5 mg oral tablet	5	PA NSO; QL (30 per 30 days)
FOTIVDA (tivozanib 0.89 mg oral capsule)	5	PA NSO; QL (21 per 28 days); LA
FOTIVDA (tivozanib 1.34 mg oral capsule)	5	PA NSO; QL (21 per 28 days); LA
FRUZAQLA (fruquintinib 1 mg oral capsule)	5	PA NSO; QL (84 per 28 days)
FRUZAQLA (fruquintinib 5 mg oral capsule)	5	PA NSO; QL (21 per 28 days)
GAVRETO (pralsetinib 100 mg oral capsule)	5	PA NSO; QL (120 per 30 days)
gefitinib 250 mg oral tablet	5	PA NSO; QL (30 per 30 days)
GILOTRIF (afatinib 20 mg oral tablet)	5	PA NSO; QL (30 per 30 days); LA
GILOTRIF (afatinib 30 mg oral tablet)	5	PA NSO; QL (30 per 30 days); LA
GILOTRIF (afatinib 40 mg oral tablet)	5	PA NSO; QL (30 per 30 days); LA
GOMEKLI (mirdametinib 1 mg oral capsule)	5	PA NSO; QL (168 per 28 days)
GOMEKLI (mirdametinib 1 mg tablet for oral suspension)	5	PA NSO; QL (168 per 28 days)
GOMEKLI (mirdametinib 2 mg oral capsule)	5	PA NSO; QL (84 per 28 days)
HERNEXEOS (zongertinib 60 mg oral tablet)	5	PA NSO; QL (180 per 60 days)
HYRNUO (sevabertinib 10 mg oral tablet)	5	LA
IBRANCE (palbociclib 100 mg oral tablet)	5	PA NSO; QL (21 per 28 days); LA
IBRANCE (palbociclib 125 mg oral capsule)	5	PA NSO; QL (21 per 28 days); LA
IBRANCE (palbociclib 125 mg oral tablet)	5	PA NSO; QL (21 per 28 days); LA
IBRANCE (palbociclib 75 mg oral tablet)	5	PA NSO; QL (21 per 28 days); LA
IBTROZI (taletrectinib 200 mg oral capsule)	5	PA NSO; QL (90 per 30 days)
ICLUSIG (ponatinib 10 mg oral tablet)	5	PA NSO; QL (30 per 30 days); LA
ICLUSIG (ponatinib 15 mg oral tablet)	5	PA NSO; QL (30 per 30 days); LA

Drug Name	Drug Tier	Requirements/Limits
Antineoplastics (continued)		
ICLUSIG (ponatinib 30 mg oral tablet)	5	PA NSO; QL (30 per 30 days); LA
ICLUSIG (ponatinib 45 mg oral tablet)	5	PA NSO; QL (30 per 30 days); LA
IDHIFA (enasidenib 100 mg oral tablet)	5	PA NSO; QL (30 per 30 days); LA
IDHIFA (enasidenib 50 mg oral tablet)	5	PA NSO; QL (30 per 30 days); LA
imatinib 100 mg oral tablet	5	PA NSO; QL (90 per 30 days)
imatinib 400 mg oral tablet	5	PA NSO; QL (60 per 30 days)
IMBRUVICA (ibrutinib 140 mg oral capsule)	5	QL (120 per 30 days); LA
IMBRUVICA (ibrutinib 420 mg oral tablet)	5	QL (30 per 30 days); LA
IMBRUVICA (ibrutinib 70 mg oral capsule)	5	QL (30 per 30 days); LA
IMBRUVICA (ibrutinib 70 mg/ml oral suspension)	5	QL (324 per 30 days); LA
IMKELDI (imatinib 80 mg/ml oral solution)	5	PA NSO; QL (280 per 28 days)
INLURIYO (imlunestrant 200 mg oral tablet)	5	QL (120 per 30 days); LA
INLYTA (axitinib 1 mg oral tablet)	5	PA NSO; QL (180 per 30 days); LA
INLYTA (axitinib 5 mg oral tablet)	5	PA NSO; QL (120 per 30 days); LA
INREBIC (fedratinib 100 mg oral capsule)	5	PA NSO; QL (120 per 30 days)
ITOVEBI (inavolisib 3 mg oral tablet)	5	PA NSO; QL (60 per 30 days)
ITOVEBI (inavolisib 9 mg oral tablet)	5	PA NSO; QL (30 per 30 days)
JAKAFI (ruxolitinib 10 mg oral tablet)	5	PA NSO; QL (60 per 30 days); LA
JAKAFI (ruxolitinib 11 mg extended release oral tablet)	5	PA NSO; QL (30 per 30 days); LA
JAKAFI (ruxolitinib 15 mg oral tablet)	5	PA NSO; QL (60 per 30 days); LA
JAKAFI (ruxolitinib 20 mg oral tablet)	5	PA NSO; QL (60 per 30 days); LA
JAKAFI (ruxolitinib 22 mg extended release oral tablet)	5	PA NSO; QL (30 per 30 days); LA
JAKAFI (ruxolitinib 25 mg oral tablet)	5	PA NSO; QL (60 per 30 days); LA

Drug Name	Drug Tier	Requirements/Limits
Antineoplastics (continued)		
JAKAFI (ruxolitinib 33 mg extended release oral tablet)	5	PA NSO; QL (30 per 30 days); LA
JAKAFI (ruxolitinib 44 mg extended release oral tablet)	5	PA NSO; QL (30 per 30 days); LA
JAKAFI (ruxolitinib 5 mg oral tablet)	5	PA NSO; QL (60 per 30 days); LA
JAKAFI (ruxolitinib 55 mg extended release oral tablet)	5	PA NSO; QL (30 per 30 days); LA
JAYPIRCA (pirtobrutinib 100 mg oral tablet)	5	PA NSO; QL (60 per 30 days)
JAYPIRCA (pirtobrutinib 50 mg oral tablet)	5	PA NSO; QL (30 per 30 days)
KISQALI 200 MG DAILY DOSE CARTON (ribociclib 200 mg pack)	5	PA NSO; QL (21 per 28 days)
KISQALI 400 MG DAILY DOSE CARTON (ribociclib 200 mg pack)	5	PA NSO; QL (42 per 28 days)
KISQALI 600 MG DAILY DOSE CARTON (ribociclib 200 mg pack)	5	PA NSO; QL (63 per 28 days)
KOMZIFTI (ziftomenib 200 mg oral capsule)	5	LA
KOSELUGO (selumetinib 10 mg oral capsule)	5	PA NSO; QL (240 per 30 days)
KOSELUGO (selumetinib 25 mg oral capsule)	5	PA NSO; QL (120 per 30 days)
KOSELUGO (selumetinib 5 mg oral granules)	5	LA
KOSELUGO (selumetinib 7.5 mg oral granules)	5	LA
KRAZATI (adagrasib 200 mg oral tablet)	5	PA NSO; QL (180 per 30 days); LA
lapatinib 250 mg oral tablet	5	PA NSO; QL (180 per 30 days)
LAZCLUZE (lazertinib 240 mg oral tablet)	5	PA NSO; QL (30 per 30 days)
LAZCLUZE (lazertinib 80 mg oral tablet)	5	PA NSO; QL (60 per 30 days)
LENVIMA 10 (lenvatinib 10 mg pack)	5	PA NSO; QL (30 per 30 days); LA
LENVIMA 12 (lenvatinib 4 mg pack)	5	PA NSO; QL (90 per 30 days); LA
LENVIMA 14 (lenvatinib 10 mg / lenvatinib 4 mg pack)	5	PA NSO; QL (60 per 30 days); LA
LENVIMA 18 (lenvatinib 10 mg / lenvatinib 4 mg pack)	5	PA NSO; QL (90 per 30 days); LA

Drug Name	Drug Tier	Requirements/Limits
Antineoplastics (continued)		
LENVIMA 20 (lenvatinib 10 mg pack)	5	PA NSO; QL (60 per 30 days); LA
LENVIMA 24 (lenvatinib 10 mg / lenvatinib 4 mg pack)	5	PA NSO; QL (90 per 30 days); LA
LENVIMA 4 (lenvatinib 4 mg pack)	5	PA NSO; QL (30 per 30 days); LA
LENVIMA 8 (lenvatinib 4 mg pack)	5	PA NSO; QL (60 per 30 days); LA
LEQEMBI (lecanemab-irmb 200 mg/ml auto-injector)	5	QL (120 per 30 days); LA
lomustine 10 mg oral capsule	4	
lomustine 100 mg oral capsule	5	
lomustine 40 mg oral capsule	4	
LORBRENA (lorlatinib 100 mg oral tablet)	5	PA NSO; QL (30 per 30 days)
LORBRENA (lorlatinib 25 mg oral tablet)	5	PA NSO; QL (90 per 30 days)
LUMAKRAS (sotorasib 120 mg oral tablet)	5	PA NSO; QL (240 per 30 days); LA
LUMAKRAS (sotorasib 240 mg oral tablet)	5	PA NSO; QL (120 per 30 days); LA
LUMAKRAS (sotorasib 320 mg oral tablet)	5	PA NSO; QL (90 per 30 days); LA
LYNPARZA (olaparib 100 mg oral tablet)	5	PA NSO; QL (120 per 30 days); LA
LYNPARZA (olaparib 150 mg oral tablet)	5	PA NSO; QL (120 per 30 days); LA
LYTGOBI 12 MG DAILY DOSE (futibatinib 4 mg pack)	5	PA NSO; QL (84 per 28 days); LA
LYTGOBI 16 MG DAILY DOSE (futibatinib 4 mg pack)	5	PA NSO; QL (112 per 28 days); LA
LYTGOBI 20 MG DAILY DOSE (futibatinib 4 mg pack)	5	PA NSO; QL (140 per 28 days); LA
MEKINIST (trametinib 0.05 mg/ml oral solution)	5	PA NSO; QL (1170 per 28 days)
MEKINIST (trametinib 0.5 mg oral tablet)	5	PA NSO; QL (90 per 30 days); LA
MEKINIST (trametinib 2 mg oral tablet)	5	PA NSO; QL (30 per 30 days); LA
MEKTOVI (binimetinib 15 mg oral tablet)	5	PA NSO; QL (180 per 30 days); LA

Drug Name	Drug Tier	Requirements/Limits
Antineoplastics (continued)		
NERLYNX (neratinib 40 mg oral tablet)	5	PA NSO; QL (180 per 30 days); LA
NINLARO (ixazomib 2.3 mg oral capsule)	5	PA NSO; QL (3 per 28 days)
NINLARO (ixazomib 3 mg oral capsule)	5	PA NSO; QL (3 per 28 days)
NINLARO (ixazomib 4 mg oral capsule)	5	PA NSO; QL (3 per 28 days)
ODOMZO (sonidegib 200 mg oral capsule)	5	PA NSO; QL (30 per 30 days); LA
OGSIVEO 100 MG 7-DAY (nirogacestat 100 mg pack)	5	PA NSO; QL (56 per 28 days)
OGSIVEO 150 MG 7-DAY (nirogacestat 150 mg pack)	5	PA NSO; QL (56 per 28 days)
OJEMDA (tovorafenib 300 mg powder for oral suspension)	5	PA NSO; QL (96 per 28 days)
OJEMDA 400 MG ONCE WEEKLY CARTON (tovorafenib 100 mg pack)	5	PA NSO; QL (24 per 28 days)
OJEMDA 500 MG ONCE WEEKLY CARTON (tovorafenib 100 mg pack)	5	LA
OJEMDA 600 MG ONCE WEEKLY CARTON (tovorafenib 100 mg pack)	5	PA NSO; QL (24 per 28 days)
OJJAARA (momelotinib 100 mg oral tablet)	5	PA NSO; QL (30 per 30 days)
OJJAARA (momelotinib 150 mg oral tablet)	5	PA NSO; QL (30 per 30 days)
OJJAARA (momelotinib 200 mg oral tablet)	5	PA NSO; QL (30 per 30 days)
pazopanib 200 mg oral tablet	5	PA NSO; QL (120 per 30 days)
PEMAZYRE (pemigatinib 13.5 mg oral tablet)	5	PA NSO; QL (14 per 21 days)
PEMAZYRE (pemigatinib 4.5 mg oral tablet)	5	PA NSO; QL (14 per 21 days)
PEMAZYRE (pemigatinib 9 mg oral tablet)	5	PA NSO; QL (14 per 21 days)
PIQRAY 200 MG DAILY DOSE (alpelisib 200 mg pack)	5	PA NSO; QL (30 per 30 days)
PIQRAY 250 MG DAILY DOSE (alpelisib 200 mg / alpelisib 50 mg pack)	5	PA NSO; QL (60 per 30 days)
PIQRAY 300 MG DAILY DOSE (alpelisib 150 mg pack)	5	PA NSO; QL (60 per 30 days)
QINLOCK (ripretinib 50 mg oral tablet)	5	PA NSO; QL (90 per 30 days)
RETEVMO (selpercatinib 120 mg oral tablet)	5	PA NSO; QL (60 per 30 days)
RETEVMO (selpercatinib 160 mg oral tablet)	5	PA NSO; QL (60 per 30 days)
RETEVMO (selpercatinib 40 mg oral tablet)	5	PA NSO; QL (90 per 30 days)
RETEVMO (selpercatinib 80 mg oral tablet)	5	PA NSO; QL (60 per 30 days)
REVUFORJ (revumenib 110 mg oral tablet)	5	PA NSO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Antineoplastics (continued)		
REVUFORJ (revumenib 160 mg oral tablet)	5	PA NSO; QL (60 per 30 days)
REVUFORJ (revumenib 25 mg oral tablet)	5	PA NSO; QL (240 per 30 days)
REZLIDHIA (olutasidenib 150 mg oral capsule)	5	PA NSO; QL (60 per 30 days); LA
ROMVIMZA (vimseltinib 14 mg oral capsule)	5	PA NSO; QL (8 per 28 days)
ROMVIMZA (vimseltinib 20 mg oral capsule)	5	PA NSO; QL (8 per 28 days)
ROMVIMZA (vimseltinib 30 mg oral capsule)	5	PA NSO; QL (8 per 28 days)
ROZLYTREK (entrectinib 100 mg oral capsule)	5	PA NSO; QL (150 per 30 days)
ROZLYTREK (entrectinib 200 mg oral capsule)	5	PA NSO; QL (90 per 30 days)
ROZLYTREK (entrectinib 50 mg oral pellet)	5	PA NSO; QL (336 per 28 days)
RUBRACA (rucaparib 200 mg oral tablet)	5	PA NSO; QL (120 per 30 days); LA
RUBRACA (rucaparib 250 mg oral tablet)	5	PA NSO; QL (120 per 30 days); LA
RUBRACA (rucaparib 300 mg oral tablet)	5	PA NSO; QL (120 per 30 days); LA
RYDAPT (midostaurin 25 mg oral capsule)	5	PA NSO; QL (240 per 30 days)
SCEMBLIX (asciminib 100 mg oral tablet)	5	PA NSO; QL (120 per 30 days)
SCEMBLIX (asciminib 20 mg oral tablet)	5	PA NSO; QL (60 per 30 days)
SCEMBLIX (asciminib 40 mg oral tablet)	5	PA NSO; QL (300 per 30 days)
sorafenib 200 mg oral tablet	5	PA NSO; QL (120 per 30 days)
STIVARGA (regorafenib 40 mg oral tablet)	5	PA NSO; QL (84 per 28 days); LA
sunitinib 12.5 mg oral capsule	5	PA NSO; QL (90 per 30 days)
sunitinib 25 mg oral capsule	5	PA NSO; QL (30 per 30 days)
sunitinib 37.5 mg oral capsule	5	PA NSO; QL (30 per 30 days)
sunitinib 50 mg oral capsule	5	PA NSO; QL (30 per 30 days)
TABRECTA (capmatinib 150 mg oral tablet)	5	PA NSO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Antineoplastics (continued)		
TABRECTA (capmatinib 200 mg oral tablet)	5	PA NSO; QL (120 per 30 days)
TAFINLAR (dabrafenib 10 mg tablet for oral suspension)	5	PA NSO; QL (840 per 28 days)
TAFINLAR (dabrafenib 50 mg oral capsule)	5	PA NSO; QL (120 per 30 days); LA
TAFINLAR (dabrafenib 75 mg oral capsule)	5	PA NSO; QL (120 per 30 days); LA
TAGRISSO (osimertinib 40 mg oral tablet)	5	PA NSO; QL (30 per 30 days); LA
TAGRISSO (osimertinib 80 mg oral tablet)	5	PA NSO; QL (30 per 30 days); LA
TALZENNA (talazoparib 0.1 mg oral capsule)	5	PA NSO; QL (30 per 30 days)
TALZENNA (talazoparib 0.25 mg oral capsule)	5	PA NSO; QL (30 per 30 days); LA
TALZENNA (talazoparib 0.35 mg oral capsule)	5	PA NSO; QL (30 per 30 days)
TALZENNA (talazoparib 0.5 mg oral capsule)	5	PA NSO; QL (30 per 30 days); LA
TALZENNA (talazoparib 0.75 mg oral capsule)	5	PA NSO; QL (30 per 30 days); LA
TALZENNA (talazoparib 1 mg oral capsule)	5	PA NSO; QL (30 per 30 days); LA
TASIGNA (nilotinib 150 mg oral capsule)	5	PA NSO; QL (120 per 30 days)
TASIGNA (nilotinib 200 mg oral capsule)	5	PA NSO; QL (120 per 30 days)
TASIGNA (nilotinib 50 mg oral capsule)	5	PA NSO; QL (120 per 30 days)
TEPMETKO (tepotinib 225 mg oral tablet)	5	PA NSO; QL (60 per 30 days); LA
TIBSOVO (ivosidenib 250 mg oral tablet)	5	PA NSO; QL (60 per 30 days); LA
TORPENZ (everolimus 10 mg oral tablet)	5	PA NSO; QL (30 per 30 days)
TORPENZ (everolimus 2.5 mg oral tablet)	5	PA NSO; QL (30 per 30 days)
TORPENZ (everolimus 5 mg oral tablet)	5	PA NSO; QL (60 per 30 days)
TORPENZ (everolimus 7.5 mg oral tablet)	5	PA NSO; QL (30 per 30 days)
TRUQAP (capivasertib 160 mg oral tablet)	5	PA NSO; QL (64 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
Antineoplastics (continued)		
TRUQAP (capivasertib 200 mg oral tablet)	5	PA NSO; QL (64 per 28 days)
TUKYSA (tucatinib 150 mg oral tablet)	5	PA NSO; QL (120 per 30 days)
TUKYSA (tucatinib 50 mg oral tablet)	5	PA NSO; QL (300 per 30 days)
TURALIO (pexidartinib 125 mg oral capsule)	5	PA NSO; QL (120 per 30 days)
VANFLYTA (quizartinib 17.7 mg oral tablet)	5	PA NSO; QL (60 per 30 days); LA
VANFLYTA (quizartinib 26.5 mg oral tablet)	5	PA NSO; QL (60 per 30 days); LA
VENCLEXTA (venetoclax 10 mg oral tablet)	3	PA NSO; QL (60 per 30 days); LA
VENCLEXTA (venetoclax 100 mg oral tablet)	5	PA NSO; QL (180 per 30 days); LA
VENCLEXTA (venetoclax 50 mg oral tablet)	5	PA NSO; QL (30 per 30 days); LA
VENCLEXTA STARTING PACK (venetoclax 10 mg / venetoclax 100 mg / venetoclax 50 mg pack)	5	PA NSO; QL (42 per 28 days); LA
VERZENIO (abemaciclib 100 mg oral tablet)	5	PA NSO; QL (60 per 30 days); LA
VERZENIO (abemaciclib 150 mg oral tablet)	5	PA NSO; QL (60 per 30 days); LA
VERZENIO (abemaciclib 200 mg oral tablet)	5	PA NSO; QL (60 per 30 days); LA
VERZENIO (abemaciclib 50 mg oral tablet)	5	PA NSO; QL (60 per 30 days); LA
VITRAKVI (larotrectinib 100 mg oral capsule)	5	PA NSO; QL (60 per 30 days); LA
VITRAKVI (larotrectinib 20 mg/ml oral solution)	5	PA NSO; QL (300 per 30 days); LA
VITRAKVI (larotrectinib 25 mg oral capsule)	5	PA NSO; QL (180 per 30 days); LA
VONJO (pacritinib 100 mg oral capsule)	5	PA NSO; QL (120 per 30 days); LA
VORANIGO (vorasidenib 10 mg oral tablet)	5	PA NSO; QL (60 per 30 days)
VORANIGO (vorasidenib 40 mg oral tablet)	5	PA NSO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Antineoplastics (continued)		
XALKORI (crizotinib 150 mg oral pellet)	5	PA NSO; QL (180 per 30 days); LA
XALKORI (crizotinib 20 mg oral pellet)	5	PA NSO; QL (120 per 30 days); LA
XALKORI (crizotinib 200 mg oral capsule)	5	PA NSO; QL (120 per 30 days); LA
XALKORI (crizotinib 250 mg oral capsule)	5	PA NSO; QL (120 per 30 days); LA
XALKORI (crizotinib 50 mg oral pellet)	5	PA NSO; QL (120 per 30 days); LA
XOSPATA (gilteritinib 40 mg oral tablet)	5	PA NSO; QL (90 per 30 days)
YONSA (abiraterone acetate 125 mg oral tablet)	5	PA NSO; QL (120 per 30 days); LA
ZEJULA (niraparib 100 mg oral tablet)	5	PA NSO; QL (30 per 30 days); LA
ZEJULA (niraparib 200 mg oral tablet)	5	PA NSO; QL (30 per 30 days); LA
ZEJULA (niraparib 300 mg oral tablet)	5	PA NSO; QL (30 per 30 days); LA
ZELBORAF (vemurafenib 240 mg oral tablet)	5	PA NSO; QL (240 per 30 days); LA
ZYKADIA (ceritinib 150 mg oral tablet)	5	PA NSO; QL (90 per 30 days); LA
ZYTIGA (abiraterone acetate 250 mg oral tablet)	5	PA NSO; QL (120 per 30 days); LA
ZYTIGA (abiraterone acetate 500 mg oral tablet)	5	PA NSO; QL (120 per 30 days); LA
Retinoids		
bexarotene 0.01 mg/mg topical gel	5	PA NSO
bexarotene 75 mg oral capsule	5	PA NSO
PANRETIN (alitretinoin 0.001 mg/mg topical gel)	5	PA NSO
tretinoin 10 mg oral capsule	5	PA NSO
Treatment Adjuncts		
mesna 400 mg oral tablet	4	
MESNEX (mesna 400 mg oral tablet)	4	

Drug Name	Drug Tier	Requirements/Limits
Antineoplastics, Other		
Molecular Target Inhibitors		
DROXIA (hydroxyurea 200 mg oral capsule)	3	
DROXIA (hydroxyurea 300 mg oral capsule)	3	
DROXIA (hydroxyurea 400 mg oral capsule)	3	
GLEEVEC (imatinib 100 mg oral tablet)	3	
GLEEVEC (imatinib 400 mg oral tablet)	3	
HYDREA (hydroxyurea 500 mg oral capsule)	3	
nilotinib 150 mg oral capsule	3	
nilotinib 200 mg oral capsule	3	
nilotinib 50 mg oral capsule	3	
nilotinib d-tartrate 150 mg oral capsule	3	
nilotinib d-tartrate 200 mg oral capsule	3	
nilotinib d-tartrate 50 mg oral capsule	3	
PHYRAGO (dasatinib 100 mg oral tablet)	3	
PHYRAGO (dasatinib 140 mg oral tablet)	3	
PHYRAGO (dasatinib 20 mg oral tablet)	3	
PHYRAGO (dasatinib 50 mg oral tablet)	3	
PHYRAGO (dasatinib 70 mg oral tablet)	3	
PHYRAGO (dasatinib 80 mg oral tablet)	3	
SIKLOS (hydroxyurea 100 mg oral tablet)	3	
SIKLOS (hydroxyurea 1000 mg oral tablet)	3	
SPRYCEL (dasatinib 100 mg oral tablet)	3	
SPRYCEL (dasatinib 140 mg oral tablet)	3	
SPRYCEL (dasatinib 20 mg oral tablet)	3	
SPRYCEL (dasatinib 50 mg oral tablet)	3	
SPRYCEL (dasatinib 70 mg oral tablet)	3	
SPRYCEL (dasatinib 80 mg oral tablet)	3	
SUTENT (sunitinib 12.5 mg oral capsule)	3	
SUTENT (sunitinib 25 mg oral capsule)	3	
SUTENT (sunitinib 37.5 mg oral capsule)	3	
SUTENT (sunitinib 50 mg oral capsule)	3	
VOTRIENT (pazopanib 200 mg oral tablet)	3	

Drug Name	Drug Tier	Requirements/Limits
Antineoplastics, Other (continued)		
XROMI (hydroxyurea 100 mg/ml oral solution)	3	
Antiparasitics		
Anthelmintics		
albendazole 200 mg oral tablet	4	
ivermectin 3 mg oral tablet	3	PA
praziquantel 600 mg oral tablet	4	
Antiprotozoals		
atovaquone 150 mg/ml oral suspension	4	PA; QL (600 per 30 days)
atovaquone 250 mg / proguanil hydrochloride 100 mg oral tablet	3	
atovaquone 62.5 mg / proguanil hydrochloride 25 mg oral tablet	3	
benznidazole 100 mg oral tablet	4	
benznidazole 12.5 mg oral tablet	4	
chloroquine phosphate 250 mg oral tablet	4	
chloroquine phosphate 500 mg oral tablet	4	
COARTEM (artemether 20 mg / lumefantrine 120 mg oral tablet)	4	
hydroxychloroquine sulfate 200 mg oral tablet	3	
LAMPIT (nifurtimox 120 mg oral tablet)	4	
LAMPIT (nifurtimox 30 mg oral tablet)	4	
mefloquine hydrochloride 250 mg oral tablet	3	
nitazoxanide 500 mg oral tablet	5	QL (20 per 30 days)
pentamidine isethionate 300 mg injection	4	
pentamidine isethionate 50 mg/ml inhalation solution	4	BvsD
primaquine phosphate 26.3 mg oral tablet	4	
pyrimethamine 25 mg oral tablet	5	PA
quinine sulfate 324 mg oral capsule	4	PA
Antiparkinson Agents		
Antiparkinson Agents, Other		
amantadine hydrochloride 10 mg/ml oral solution	3	
amantadine hydrochloride 100 mg oral capsule	3	
benztropine mesylate 0.5 mg oral tablet	2	PA

Drug Name	Drug Tier	Requirements/Limits
Antiparkinson Agents (continued)		
benztropine mesylate 1 mg oral tablet	2	PA
benztropine mesylate 2 mg oral tablet	2	PA
entacapone 200 mg oral tablet	4	
Dopamine Agonists		
APOKYN (apomorphine hydrochloride 10 mg/ml cartridge)	5	PA; QL (60 per 30 days); LA
bromocriptine 2.5 mg oral tablet	4	
bromocriptine 5 mg oral capsule	4	
pramipexole dihydrochloride 0.125 mg oral tablet	2	
pramipexole dihydrochloride 0.25 mg oral tablet	2	
pramipexole dihydrochloride 0.5 mg oral tablet	2	
pramipexole dihydrochloride 0.75 mg oral tablet	2	
pramipexole dihydrochloride 1 mg oral tablet	2	
pramipexole dihydrochloride 1.5 mg oral tablet	2	
ropinirole 0.25 mg oral tablet	2	
ropinirole 0.5 mg oral tablet	2	
ropinirole 1 mg oral tablet	2	
ropinirole 2 mg oral tablet	2	
ropinirole 3 mg oral tablet	2	
ropinirole 4 mg oral tablet	2	
ropinirole 5 mg oral tablet	2	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
carbidopa 10 mg / levodopa 100 mg disintegrating oral tablet	4	
carbidopa 10 mg / levodopa 100 mg oral tablet	2	
carbidopa 25 mg / levodopa 100 mg disintegrating oral tablet	4	
carbidopa 25 mg / levodopa 100 mg extended release oral tablet	3	
carbidopa 25 mg / levodopa 100 mg oral tablet	2	
carbidopa 25 mg / levodopa 250 mg disintegrating oral tablet	4	
carbidopa 25 mg / levodopa 250 mg oral tablet	2	
carbidopa 50 mg / levodopa 200 mg extended release oral tablet	3	
INBRIJA (levodopa 42 mg inhalation powder)	5	PA; QL (300 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Monoamine Oxidase B (MAO-B) Inhibitors		
rasagiline 0.5 mg oral tablet	4	
rasagiline 1 mg oral tablet	4	
selegiline hydrochloride 5 mg oral capsule	3	
selegiline hydrochloride 5 mg oral tablet	3	
Antipsychotics		
1st Generation/Typical		
fluphenazine decanoate 25 mg/ml injectable solution	4	PA NSO
fluphenazine hydrochloride 0.5 mg/ml oral solution	4	PA NSO
fluphenazine hydrochloride 1 mg oral tablet	4	PA NSO
fluphenazine hydrochloride 10 mg oral tablet	4	PA NSO
fluphenazine hydrochloride 2.5 mg oral tablet	4	PA NSO
fluphenazine hydrochloride 2.5 mg/ml injectable solution	4	PA NSO
fluphenazine hydrochloride 5 mg oral tablet	4	PA NSO
fluphenazine hydrochloride 5 mg/ml oral solution	4	PA NSO
haloperidol 0.5 mg oral tablet	2	PA NSO
haloperidol 1 mg oral tablet	2	PA NSO
haloperidol 10 mg oral tablet	2	PA NSO
haloperidol 2 mg oral tablet	2	PA NSO
haloperidol 2 mg/ml oral solution	3	PA NSO
haloperidol 20 mg oral tablet	3	PA NSO
haloperidol 5 mg oral tablet	2	PA NSO
haloperidol 5 mg/ml injectable solution	4	PA NSO
haloperidol decanoate 100 mg/ml injectable solution	4	PA NSO
haloperidol decanoate 100 mg/ml injection	4	PA NSO
haloperidol decanoate 50 mg/ml injectable solution	4	PA NSO
haloperidol decanoate 50 mg/ml injection	4	PA NSO
loxapine 10 mg oral capsule	3	PA NSO
loxapine 25 mg oral capsule	3	PA NSO
loxapine 5 mg oral capsule	3	PA NSO
loxapine 50 mg oral capsule	3	PA NSO
molindone hydrochloride 10 mg oral tablet	4	PA NSO
molindone hydrochloride 25 mg oral tablet	4	PA NSO

Drug Name	Drug Tier	Requirements/Limits
Antipsychotics (continued)		
molindone hydrochloride 5 mg oral tablet	4	PA NSO
pimozide 1 mg oral tablet	4	PA NSO
pimozide 2 mg oral tablet	4	PA NSO
thioridazine 10 mg oral tablet	3	PA NSO
thioridazine 100 mg oral tablet	3	PA NSO
thioridazine 25 mg oral tablet	3	PA NSO
thioridazine 50 mg oral tablet	3	PA NSO
thiothixene 1 mg oral capsule	4	PA NSO
thiothixene 10 mg oral capsule	4	PA NSO
thiothixene 2 mg oral capsule	4	PA NSO
thiothixene 5 mg oral capsule	4	PA NSO
trifluoperazine 1 mg oral tablet	3	PA NSO
trifluoperazine 10 mg oral tablet	3	PA NSO
trifluoperazine 2 mg oral tablet	3	PA NSO
trifluoperazine 5 mg oral tablet	3	PA NSO
2nd Generation/Atypical		
ABILIFY (aripiprazole 200 mg/ml prefilled syringe)	5	QL (1 per 28 days)
ABILIFY (aripiprazole 300 mg injection)	5	QL (1 per 28 days)
ABILIFY (aripiprazole 300 mg/ml prefilled syringe)	5	QL (2.4 per 56 days)
ABILIFY (aripiprazole 300 mg/ml prefilled syringe)	5	QL (3.2 per 56 days)
ABILIFY (aripiprazole 400 mg injection)	5	QL (1 per 28 days)
aripiprazole 1 mg/ml oral solution	4	PA NSO; QL (750 per 30 days)
aripiprazole 10 mg disintegrating oral tablet	4	PA NSO; QL (60 per 30 days)
aripiprazole 10 mg oral tablet	3	PA NSO; QL (30 per 30 days)
aripiprazole 15 mg disintegrating oral tablet	4	PA NSO; QL (60 per 30 days)
aripiprazole 15 mg oral tablet	3	PA NSO; QL (30 per 30 days)
aripiprazole 2 mg oral tablet	3	PA NSO; QL (45 per 30 days)
aripiprazole 20 mg oral tablet	3	PA NSO; QL (30 per 30 days)
aripiprazole 30 mg oral tablet	3	PA NSO; QL (30 per 30 days)
aripiprazole 5 mg oral tablet	3	PA NSO; QL (45 per 30 days)
asenapine 10 mg sublingual tablet	4	PA NSO; QL (60 per 30 days)
asenapine 2.5 mg sublingual tablet	4	PA NSO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Antipsychotics (continued)		
asenapine 5 mg sublingual tablet	4	PA NSO; QL (60 per 30 days)
CAPLYTA (lumateperone 10.5 mg oral capsule)	5	QL (30 per 30 days)
CAPLYTA (lumateperone 21 mg oral capsule)	5	QL (30 per 30 days)
CAPLYTA (lumateperone 42 mg oral capsule)	5	QL (30 per 30 days)
COBENFY (trospium chloride 20 mg / xanomeline 100 mg oral capsule)	5	PA NSO; QL (60 per 30 days)
COBENFY (trospium chloride 20 mg / xanomeline 50 mg oral capsule)	5	PA NSO; QL (60 per 30 days)
COBENFY (trospium chloride 30 mg / xanomeline 125 mg oral capsule)	5	PA NSO; QL (60 per 30 days)
COBENFY 28-DAY STARTER KIT (trospium chloride 20 mg / xanomeline 100 mg / xanomeline 50 mg pack)	5	PA NSO; QL (56 per 28 days)
ERZOFRI (paliperidone palmitate 156 mg/ml prefilled syringe)	3	
FANAPT (iloperidone 1 mg oral tablet)	5	PA NSO; QL (60 per 30 days)
FANAPT (iloperidone 10 mg oral tablet)	5	PA NSO; QL (60 per 30 days)
FANAPT (iloperidone 12 mg oral tablet)	5	PA NSO; QL (60 per 30 days)
FANAPT (iloperidone 2 mg oral tablet)	5	PA NSO; QL (60 per 30 days)
FANAPT (iloperidone 4 mg oral tablet)	5	PA NSO; QL (60 per 30 days)
FANAPT (iloperidone 6 mg oral tablet)	5	PA NSO; QL (60 per 30 days)
FANAPT (iloperidone 8 mg oral tablet)	5	PA NSO; QL (60 per 30 days)
FANAPT TITRATION PACK (iloperidone 1 mg / iloperidone 2 mg / iloperidone 4 mg / iloperidone 6 mg pack)	4	PA NSO; QL (56 per 28 days)
FANAPT TITRATION PACK B (iloperidone 1 mg / iloperidone 2 mg / iloperidone 6 mg / iloperidone 8 mg pack)	4	PA NSO
FANAPT TITRATION PACK C (iloperidone 1 mg / iloperidone 2 mg / iloperidone 6 mg pack)	4	PA NSO
INVEGA (paliperidone palmitate 156 mg/ml prefilled syringe)	4	QL (0.25 per 28 days)
INVEGA (paliperidone palmitate 156 mg/ml prefilled syringe)	5	QL (0.5 per 28 days)
INVEGA (paliperidone palmitate 156 mg/ml prefilled syringe)	5	QL (0.75 per 28 days)
INVEGA (paliperidone palmitate 156 mg/ml prefilled syringe)	5	QL (1 per 28 days)
INVEGA (paliperidone palmitate 156 mg/ml prefilled syringe)	5	QL (1.5 per 28 days)
INVEGA (paliperidone palmitate 310 mg/ml prefilled syringe)	5	QL (0.88 per 84 days)
INVEGA (paliperidone palmitate 311 mg/ml prefilled syringe)	5	QL (1.32 per 84 days)
INVEGA (paliperidone palmitate 311 mg/ml prefilled syringe)	5	QL (2.63 per 84 days)
INVEGA (paliperidone palmitate 312 mg/ml prefilled syringe)	5	QL (1.75 per 84 days)

Drug Name	Drug Tier	Requirements/Limits
Antipsychotics (continued)		
INVEGA (paliperidone palmitate 312 mg/ml prefilled syringe)	5	QL (3.5 per 180 days)
INVEGA (paliperidone palmitate 312 mg/ml prefilled syringe)	5	QL (5 per 180 days)
lurasidone hydrochloride 120 mg oral tablet	4	PA NSO; QL (30 per 30 days)
lurasidone hydrochloride 20 mg oral tablet	4	PA NSO; QL (30 per 30 days)
lurasidone hydrochloride 40 mg oral tablet	4	PA NSO; QL (30 per 30 days)
lurasidone hydrochloride 60 mg oral tablet	4	PA NSO; QL (30 per 30 days)
lurasidone hydrochloride 80 mg oral tablet	4	PA NSO; QL (60 per 30 days)
LYBALVI (olanzapine 10 mg / samidorphan 10 mg oral tablet)	5	PA NSO; QL (30 per 30 days)
LYBALVI (olanzapine 15 mg / samidorphan 10 mg oral tablet)	5	PA NSO; QL (30 per 30 days)
LYBALVI (olanzapine 20 mg / samidorphan 10 mg oral tablet)	5	PA NSO; QL (30 per 30 days)
LYBALVI (olanzapine 5 mg / samidorphan 10 mg oral tablet)	5	PA NSO; QL (30 per 30 days)
NUPLAZID (pimavanserin 10 mg oral tablet)	5	PA NSO; QL (30 per 30 days); LA
NUPLAZID (pimavanserin 34 mg oral capsule)	5	PA NSO; QL (30 per 30 days); LA
olanzapine 10 mg disintegrating oral tablet	4	PA NSO; QL (30 per 30 days)
olanzapine 10 mg injection	4	PA NSO; QL (90 per 30 days)
olanzapine 10 mg oral tablet	2	PA NSO; QL (45 per 30 days)
olanzapine 15 mg disintegrating oral tablet	4	PA NSO; QL (30 per 30 days)
olanzapine 15 mg oral tablet	2	PA NSO; QL (30 per 30 days)
olanzapine 2.5 mg oral tablet	2	PA NSO; QL (45 per 30 days)
olanzapine 20 mg disintegrating oral tablet	4	PA NSO; QL (30 per 30 days)
olanzapine 20 mg oral tablet	2	PA NSO; QL (30 per 30 days)
olanzapine 5 mg disintegrating oral tablet	4	PA NSO; QL (30 per 30 days)
olanzapine 5 mg oral tablet	2	PA NSO; QL (45 per 30 days)
olanzapine 7.5 mg oral tablet	2	PA NSO; QL (45 per 30 days)
OPIPZA (aripiprazole 10 mg oral film)	5	PA NSO; QL (90 per 30 days)
OPIPZA (aripiprazole 2 mg oral film)	5	PA NSO; QL (30 per 30 days)
OPIPZA (aripiprazole 5 mg oral film)	5	PA NSO; QL (90 per 30 days)
paliperidone 1.5 mg extended release oral tablet	4	PA NSO; QL (30 per 30 days)
paliperidone 3 mg extended release oral tablet	4	PA NSO; QL (30 per 30 days)
paliperidone 6 mg extended release oral tablet	4	PA NSO; QL (60 per 30 days)
paliperidone 9 mg extended release oral tablet	4	PA NSO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Antipsychotics (continued)		
PERSERIS (risperidone 150 mg/ml prefilled syringe)	5	QL (1 per 28 days)
quetiapine 100 mg oral tablet	2	PA NSO; QL (120 per 30 days)
quetiapine 150 mg extended release oral tablet	4	PA NSO; QL (30 per 30 days)
quetiapine 150 mg oral tablet	4	PA NSO; QL (150 per 30 days)
quetiapine 200 mg extended release oral tablet	4	PA NSO; QL (30 per 30 days)
quetiapine 200 mg oral tablet	2	PA NSO; QL (120 per 30 days)
quetiapine 25 mg oral tablet	2	PA NSO; QL (120 per 30 days)
quetiapine 300 mg extended release oral tablet	4	PA NSO; QL (60 per 30 days)
quetiapine 300 mg oral tablet	2	PA NSO; QL (60 per 30 days)
quetiapine 400 mg extended release oral tablet	4	PA NSO; QL (60 per 30 days)
quetiapine 400 mg oral tablet	2	PA NSO; QL (60 per 30 days)
quetiapine 50 mg extended release oral tablet	4	PA NSO; QL (60 per 30 days)
quetiapine 50 mg oral tablet	2	PA NSO; QL (120 per 30 days)
REXULTI (brexpiprazole 0.25 mg oral tablet)	5	PA NSO; QL (30 per 30 days)
REXULTI (brexpiprazole 0.5 mg oral tablet)	5	PA NSO; QL (30 per 30 days)
REXULTI (brexpiprazole 1 mg oral tablet)	5	PA NSO; QL (30 per 30 days)
REXULTI (brexpiprazole 2 mg oral tablet)	5	PA NSO; QL (30 per 30 days)
REXULTI (brexpiprazole 3 mg oral tablet)	5	PA NSO; QL (30 per 30 days)
REXULTI (brexpiprazole 4 mg oral tablet)	5	PA NSO; QL (30 per 30 days)
RISPERDAL (risperidone 0.5 mg oral tablet)	3	
RISPERDAL (risperidone 1 mg oral tablet)	3	
RISPERDAL (risperidone 1 mg/ml oral solution)	3	
RISPERDAL (risperidone 12.5 mg injection)	3	
RISPERDAL (risperidone 2 mg oral tablet)	3	
RISPERDAL (risperidone 25 mg injection)	3	
RISPERDAL (risperidone 3 mg oral tablet)	3	
RISPERDAL (risperidone 37.5 mg injection)	3	
RISPERDAL (risperidone 4 mg oral tablet)	3	
RISPERDAL (risperidone 50 mg injection)	3	

Drug Name	Drug Tier	Requirements/Limits
Antipsychotics (continued)		
risperidone 0.25 mg disintegrating oral tablet	4	PA NSO; QL (60 per 30 days)
risperidone 0.25 mg oral tablet	2	QL (60 per 30 days)
risperidone 0.5 mg disintegrating oral tablet	4	PA NSO; QL (60 per 30 days)
risperidone 0.5 mg oral tablet	2	QL (60 per 30 days)
risperidone 1 mg disintegrating oral tablet	4	PA NSO; QL (60 per 30 days)
risperidone 1 mg oral tablet	2	QL (60 per 30 days)
risperidone 1 mg/ml oral solution	3	PA NSO; QL (480 per 30 days)
risperidone 12.5 mg injection	4	QL (2 per 28 days)
risperidone 2 mg disintegrating oral tablet	4	PA NSO; QL (60 per 30 days)
risperidone 2 mg oral tablet	2	QL (60 per 30 days)
risperidone 25 mg injection	4	QL (2 per 28 days)
risperidone 3 mg disintegrating oral tablet	4	PA NSO; QL (60 per 30 days)
risperidone 3 mg oral tablet	2	QL (60 per 30 days)
risperidone 37.5 mg injection	4	QL (2 per 28 days)
risperidone 4 mg disintegrating oral tablet	4	PA NSO; QL (120 per 30 days)
risperidone 4 mg oral tablet	2	QL (120 per 30 days)
risperidone 50 mg injection	5	QL (2 per 28 days)
SECUADO (asenapine 0.158 mg/hr transdermal system)	5	PA NSO; QL (30 per 30 days)
SECUADO (asenapine 0.238 mg/hr transdermal system)	5	PA NSO; QL (30 per 30 days)
SECUADO (asenapine 0.317 mg/hr transdermal system)	5	PA NSO; QL (30 per 30 days)
UZEDY (risperidone 357 mg/ml prefilled syringe)	5	QL (0.14 per 28 days)
UZEDY (risperidone 357 mg/ml prefilled syringe)	5	QL (0.21 per 28 days)
UZEDY (risperidone 357 mg/ml prefilled syringe)	5	QL (0.28 per 28 days)
UZEDY (risperidone 357 mg/ml prefilled syringe)	5	QL (0.35 per 28 days)
UZEDY (risperidone 357 mg/ml prefilled syringe)	5	QL (0.42 per 56 days)
UZEDY (risperidone 357 mg/ml prefilled syringe)	5	QL (0.56 per 56 days)
UZEDY (risperidone 357 mg/ml prefilled syringe)	5	QL (0.7 per 56 days)
VRAYLAR (cariprazine 0.5 mg oral capsule)	3	QL (30 per 30 days)
VRAYLAR (cariprazine 0.75 mg oral capsule)	3	QL (30 per 30 days)
VRAYLAR (cariprazine 1.5 mg oral capsule)	3	QL (30 per 30 days)
VRAYLAR (cariprazine 3 mg oral capsule)	3	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Antipsychotics (continued)		
VRAYLAR (cariprazine 4.5 mg oral capsule)	3	QL (30 per 30 days)
VRAYLAR (cariprazine 6 mg oral capsule)	3	QL (30 per 30 days)
ziprasidone 20 mg injection	4	PA NSO; QL (60 per 30 days)
ziprasidone 20 mg oral capsule	4	QL (90 per 30 days)
ziprasidone 40 mg oral capsule	4	QL (90 per 30 days)
ziprasidone 60 mg oral capsule	4	QL (60 per 30 days)
ziprasidone 80 mg oral capsule	4	QL (60 per 30 days)
ZYPREXA (olanzapine 10 mg disintegrating oral tablet)	3	
ZYPREXA (olanzapine 10 mg injection)	3	
ZYPREXA (olanzapine 10 mg oral tablet)	3	PA NSO
ZYPREXA (olanzapine 15 mg disintegrating oral tablet)	3	
ZYPREXA (olanzapine 15 mg oral tablet)	3	PA NSO
ZYPREXA (olanzapine 2.5 mg oral tablet)	3	
ZYPREXA (olanzapine 20 mg disintegrating oral tablet)	3	
ZYPREXA (olanzapine 20 mg oral tablet)	3	
ZYPREXA (olanzapine 5 mg disintegrating oral tablet)	3	
ZYPREXA (olanzapine 5 mg oral tablet)	3	
ZYPREXA (olanzapine 7.5 mg oral tablet)	3	PA NSO
Treatment-Resistant		
clozapine 100 mg disintegrating oral tablet	4	PA NSO; QL (270 per 30 days)
clozapine 100 mg oral tablet	4	PA NSO; QL (270 per 30 days)
clozapine 12.5 mg disintegrating oral tablet	4	PA NSO; QL (90 per 30 days)
clozapine 150 mg disintegrating oral tablet	4	PA NSO; QL (180 per 30 days)
clozapine 200 mg disintegrating oral tablet	4	PA NSO; QL (120 per 30 days)
clozapine 200 mg oral tablet	4	PA NSO; QL (120 per 30 days)
clozapine 25 mg disintegrating oral tablet	4	PA NSO; QL (270 per 30 days)
clozapine 25 mg oral tablet	3	PA NSO; QL (90 per 30 days)
clozapine 50 mg oral tablet	3	PA NSO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Antipsychotics (continued)		
VERSACLOZ (clozapine 50 mg/ml oral suspension)	4	PA NSO; QL (540 per 30 days)
Antispasticity Agents		
Antispasticity Agents		
baclofen 10 mg oral tablet	2	
baclofen 20 mg oral tablet	2	
dantrolene sodium 100 mg oral capsule	4	
dantrolene sodium 25 mg oral capsule	4	
dantrolene sodium 50 mg oral capsule	4	
tizanidine 2 mg oral tablet	2	
tizanidine 4 mg oral tablet	2	
Antitoxins, Immune Globulins, Toxoids, and Vaccines		
Antitoxins and Immune Globulins		
PRIVIGEN (immunoglobulin g, human 100 mg/ml injection)	5	PA
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
LIVTENCITY (maribavir 200 mg oral tablet)	5	QL (120 per 30 days); LA
PREVYMIS (letermovir 240 mg oral tablet)	5	QL (30 per 30 days)
PREVYMIS (letermovir 480 mg oral tablet)	5	QL (30 per 30 days)
valganciclovir 450 mg oral tablet	3	
valganciclovir 50 mg/ml oral solution	5	
Anti-hepatitis B (HBV) Agents		
adefovir dipivoxil 10 mg oral tablet	4	
BARACLUDE (entecavir 0.05 mg/ml oral solution)	4	
entecavir 0.5 mg oral tablet	4	
entecavir 1 mg oral tablet	4	
HEPCLUDEX (bulevirtide-gmod 8.5 mg injection)	4	QL (30 per 30 days); LA
lamivudine 100 mg oral tablet	3	
Anti-hepatitis C (HCV) Agents		
MAVYRET (glecaprevir 100 mg / pibrentasvir 40 mg oral tablet)	5	PA
MAVYRET (glecaprevir 50 mg / pibrentasvir 20 mg oral pellet)	5	PA

Drug Name	Drug Tier	Requirements/Limits
Antivirals (continued)		
ribavirin 200 mg oral capsule	3	
ribavirin 200 mg oral tablet	3	
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY (bictegravir 30 mg / emtricitabine 120 mg / tenofovir alafenamide 15 mg oral tablet)	5	QL (30 per 30 days)
BIKTARVY (bictegravir 50 mg / emtricitabine 200 mg / tenofovir alafenamide 25 mg oral tablet)	5	QL (30 per 30 days)
DOVATO (dolutegravir 50 mg / lamivudine 300 mg oral tablet)	5	QL (30 per 30 days)
GENVOYA (cobicistat 150 mg / elvitegravir 150 mg / emtricitabine 200 mg / tenofovir alafenamide 10 mg oral tablet)	5	QL (30 per 30 days)
ISENTRESS (raltegravir 100 mg chewable tablet)	3	QL (180 per 30 days)
ISENTRESS (raltegravir 100 mg granules for oral suspension)	4	QL (60 per 30 days)
ISENTRESS (raltegravir 25 mg chewable tablet)	3	QL (180 per 30 days)
ISENTRESS (raltegravir 400 mg oral tablet)	5	QL (60 per 30 days)
ISENTRESS (raltegravir 600 mg oral tablet)	5	QL (60 per 30 days)
JULUCA (dolutegravir 50 mg / rilpivirine 25 mg oral tablet)	5	QL (30 per 30 days)
STRIBILD (cobicistat 150 mg / elvitegravir 150 mg / emtricitabine 200 mg / tenofovir disoproxil fumarate 300 mg oral tablet)	5	QL (30 per 30 days)
TIVICAY (dolutegravir 5 mg tablet for oral suspension)	5	QL (360 per 30 days)
TIVICAY (dolutegravir 50 mg oral tablet)	5	QL (60 per 30 days)
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
DELSTRIGO (doravirine 100 mg / lamivudine 300 mg / tenofovir disoproxil fumarate 300 mg oral tablet)	5	QL (30 per 30 days)
EDURANT (rilpivirine 2.5 mg tablet for oral suspension)	5	QL (180 per 30 days)
EDURANT (rilpivirine 25 mg oral tablet)	5	QL (30 per 30 days)
efavirenz 400 mg / lamivudine 300 mg / tenofovir disoproxil fumarate 300 mg oral tablet	5	QL (30 per 30 days)
efavirenz 600 mg oral tablet	4	QL (30 per 30 days)
efavirenz 600 mg / emtricitabine 200 mg / tenofovir disoproxil fumarate 300 mg oral tablet	3	QL (30 per 30 days)
efavirenz 600 mg / lamivudine 300 mg / tenofovir disoproxil fumarate 300 mg oral tablet	5	QL (30 per 30 days)
etravirine 100 mg oral tablet	5	QL (60 per 30 days)
etravirine 200 mg oral tablet	5	QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Antivirals (continued)		
IDVYNSO (doravirine 100 mg / islatravir 0.25 mg oral tablet)	5	QL (30 per 30 days)
INTELENCE (etravirine 25 mg oral tablet)	4	QL (120 per 30 days)
nevirapine 10 mg/ml oral suspension	4	QL (1200 per 30 days)
nevirapine 200 mg oral tablet	3	QL (60 per 30 days)
nevirapine 400 mg extended release oral tablet	4	QL (30 per 30 days)
PIFELTRO (doravirine 100 mg oral tablet)	5	QL (30 per 30 days)
rilpivirine 25 mg oral tablet	4	QL (30 per 30 days)
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
abacavir 20 mg/ml oral solution	4	QL (960 per 30 days)
abacavir 300 mg oral tablet	4	QL (60 per 30 days)
abacavir 600 mg / lamivudine 300 mg oral tablet	4	QL (30 per 30 days)
ASTAGRAF (tacrolimus 0.5 mg extended release oral capsule)	3	
ASTAGRAF (tacrolimus 1 mg extended release oral capsule)	3	
ASTAGRAF (tacrolimus 5 mg extended release oral capsule)	3	
CIMDUO (lamivudine 300 mg / tenofovir disoproxil fumarate 300 mg oral tablet)	5	QL (30 per 30 days)
COMPLERA (emtricitabine 200 mg / rilpivirine 25 mg / tenofovir disoproxil fumarate 300 mg oral tablet)	5	QL (30 per 30 days)
DESCOVY (emtricitabine 120 mg / tenofovir alafenamide 15 mg oral tablet)	5	QL (30 per 30 days)
DESCOVY (emtricitabine 200 mg / tenofovir alafenamide 25 mg oral tablet)	5	QL (30 per 30 days)
emtricitabine 100 mg / tenofovir disoproxil fumarate 150 mg oral tablet	3	QL (30 per 30 days)
emtricitabine 133 mg / tenofovir disoproxil fumarate 200 mg oral tablet	5	QL (30 per 30 days)
emtricitabine 167 mg / tenofovir disoproxil fumarate 250 mg oral tablet	3	QL (30 per 30 days)
emtricitabine 200 mg oral capsule	4	QL (30 per 30 days)
emtricitabine 200 mg / rilpivirine 25 mg / tenofovir disoproxil fumarate 300 mg oral tablet	5	QL (30 per 30 days)
emtricitabine 200 mg / tenofovir disoproxil fumarate 300 mg oral tablet	4	QL (30 per 30 days)
EMTRIVA (emtricitabine 10 mg/ml oral solution)	4	QL (850 per 30 days)
EMTRIVA (emtricitabine 200 mg oral capsule)	3	

Drug Name	Drug Tier	Requirements/Limits
Antivirals (continued)		
lamivudine 10 mg/ml oral solution	3	QL (960 per 30 days)
lamivudine 150 mg oral tablet	3	QL (60 per 30 days)
lamivudine 150 mg / zidovudine 300 mg oral tablet	4	QL (60 per 30 days)
lamivudine 300 mg oral tablet	3	QL (30 per 30 days)
ODEFSEY (emtricitabine 200 mg / rilpivirine 25 mg / tenofovir alafenamide 25 mg oral tablet)	5	QL (30 per 30 days)
PREZCOBIX (cobicistat 150 mg / darunavir 675 mg oral tablet)	3	
PROGRAF (tacrolimus 0.5 mg oral capsule)	3	
PROGRAF (tacrolimus 1 mg oral capsule)	3	
PROGRAF (tacrolimus 5 mg oral capsule)	3	
tenofovir disoproxil fumarate 300 mg oral tablet	4	QL (30 per 30 days)
TRIUMEQ (abacavir 60 mg / dolutegravir 5 mg / lamivudine 30 mg tablet for oral suspension)	5	QL (180 per 30 days)
TRIUMEQ (abacavir 600 mg / dolutegravir 50 mg / lamivudine 300 mg oral tablet)	5	QL (30 per 30 days)
TRUVADA (emtricitabine 100 mg / tenofovir disoproxil fumarate 150 mg oral tablet)	3	
TRUVADA (emtricitabine 133 mg / tenofovir disoproxil fumarate 200 mg oral tablet)	3	
TRUVADA (emtricitabine 167 mg / tenofovir disoproxil fumarate 250 mg oral tablet)	3	
VIREAD (tenofovir disoproxil fumarate 0.04 mg/mg oral powder)	5	QL (240 per 30 days)
VIREAD (tenofovir disoproxil fumarate 150 mg oral tablet)	5	QL (30 per 30 days)
VIREAD (tenofovir disoproxil fumarate 200 mg oral tablet)	5	QL (30 per 30 days)
VIREAD (tenofovir disoproxil fumarate 250 mg oral tablet)	5	QL (30 per 30 days)
zidovudine 10 mg/ml oral solution	4	QL (1920 per 30 days)
zidovudine 100 mg oral capsule	4	QL (180 per 30 days)
zidovudine 300 mg oral tablet	2	QL (60 per 30 days)
Anti-HIV Agents, Other		
maraviroc 150 mg oral tablet	5	QL (60 per 30 days)
maraviroc 300 mg oral tablet	5	QL (120 per 30 days)
RUKOBIA (fostemsavir 600 mg extended release oral tablet)	5	QL (60 per 30 days)
SELZENTRY (maraviroc 20 mg/ml oral solution)	5	QL (1840 per 30 days)
SUNLENCA (lenacapavir 300 mg oral tablet)	5	QL (4 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
Antivirals (continued)		
SUNLENCA 4-TABLET PACK (lenacapavir 300 mg pack)	5	QL (4 per 28 days)
SUNLENCA 5-TABLET PACK (lenacapavir 300 mg pack)	5	QL (5 per 28 days)
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS (tipranavir 250 mg oral capsule)	5	QL (120 per 30 days)
atazanavir 150 mg oral capsule	4	QL (30 per 30 days)
atazanavir 200 mg oral capsule	4	QL (60 per 30 days)
atazanavir 300 mg oral capsule	4	QL (30 per 30 days)
darunavir 600 mg oral tablet	4	QL (60 per 30 days)
darunavir 800 mg oral tablet	5	QL (30 per 30 days)
EVOTAZ (atazanavir 300 mg / cobicistat 150 mg oral tablet)	5	QL (30 per 30 days)
fosamprenavir 700 mg oral tablet	5	QL (120 per 30 days)
KALETRA (lopinavir 80 mg/ml / ritonavir 20 mg/ml oral solution)	4	QL (480 per 30 days)
lopinavir 100 mg / ritonavir 25 mg oral tablet	4	QL (300 per 30 days)
lopinavir 200 mg / ritonavir 50 mg oral tablet	4	QL (120 per 30 days)
NORVIR (ritonavir 100 mg oral powder)	4	QL (360 per 30 days)
PREZCOBIX (cobicistat 150 mg / darunavir 800 mg oral tablet)	5	QL (30 per 30 days)
PREZISTA (darunavir 100 mg/ml oral suspension)	5	QL (400 per 30 days)
PREZISTA (darunavir 150 mg oral tablet)	5	QL (180 per 30 days)
PREZISTA (darunavir 75 mg oral tablet)	4	QL (300 per 30 days)
REYATAZ (atazanavir 50 mg oral powder)	5	QL (240 per 30 days)
ritonavir 100 mg oral tablet	3	QL (360 per 30 days)
SYMTUZA (cobicistat 150 mg / darunavir 800 mg / emtricitabine 200 mg / tenofovir alafenamide 10 mg oral tablet)	5	QL (30 per 30 days)
VIRACEPT (nelfinavir 250 mg oral tablet)	5	QL (270 per 30 days)
VIRACEPT (nelfinavir 625 mg oral tablet)	5	QL (120 per 30 days)
Anti-influenza Agents		
oseltamivir 30 mg oral capsule	3	QL (168 per 365 days)
oseltamivir 45 mg oral capsule	3	QL (84 per 365 days)
oseltamivir 6 mg/ml oral suspension	3	QL (1080 per 365 days)
oseltamivir 75 mg oral capsule	3	QL (84 per 365 days)
RELENZA (zanamivir 5 mg/actuat dry powder inhaler)	4	QL (120 per 365 days)
XOFLUZA (baloxavir marboxil 40 mg oral tablet)	4	QL (4 per 365 days)

Drug Name	Drug Tier	Requirements/Limits
Antivirals (continued)		
XOFLUZA (baloxavir marboxil 80 mg oral tablet)	4	QL (2 per 365 days)
Antiherpetic Agents		
acyclovir 0.05 mg/mg topical ointment	4	PA
acyclovir 200 mg oral capsule	2	
acyclovir 40 mg/ml oral suspension	4	
acyclovir 400 mg oral tablet	2	
acyclovir 50 mg/ml injection	4	BvsD
acyclovir 800 mg oral tablet	2	
famciclovir 125 mg oral tablet	3	
famciclovir 250 mg oral tablet	3	
famciclovir 500 mg oral tablet	3	
valacyclovir 1000 mg oral tablet	2	
valacyclovir 500 mg oral tablet	2	
Antiviral, Coronavirus Agents		
PAXLOVID 150 MG /100 MG DOSE PACK (nirmatrelvir 150 mg / ritonavir 100 mg pack)	2	QL (20 per 30 days)
PAXLOVID 300 MG /100 MG ; 150 MG / 100 MG DOSE PACK (nirmatrelvir 150 mg / ritonavir 100 mg pack)	2	QL (11 per 30 days)
PAXLOVID 5-DAY (nirmatrelvir 150 mg / ritonavir 100 mg pack)	2	QL (30 per 30 days)
Anxiolytics		
Anxiolytics, Other		
alprazolam 0.25 mg oral tablet	2	QL (120 per 30 days)
alprazolam 0.5 mg oral tablet	2	QL (120 per 30 days)
alprazolam 1 mg oral tablet	2	QL (120 per 30 days)
alprazolam 2 mg oral tablet	2	QL (150 per 30 days)
BUCAPSOL (buspirone hydrochloride 7.5 mg oral capsule)	3	QL (240 per 30 days)
buspirone hydrochloride 10 mg oral tablet	2	
buspirone hydrochloride 15 mg oral tablet	2	
buspirone hydrochloride 30 mg oral tablet	2	
buspirone hydrochloride 5 mg oral tablet	2	
buspirone hydrochloride 7.5 mg oral tablet	2	
clonazepam 0.125 mg disintegrating oral tablet	4	QL (90 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Anxiolytics (continued)		
clonazepam 0.25 mg disintegrating oral tablet	4	QL (90 per 30 days)
clonazepam 0.5 mg disintegrating oral tablet	4	QL (90 per 30 days)
clonazepam 0.5 mg oral tablet	2	QL (120 per 30 days)
clonazepam 1 mg disintegrating oral tablet	4	QL (90 per 30 days)
clonazepam 1 mg oral tablet	2	QL (120 per 30 days)
clonazepam 2 mg disintegrating oral tablet	4	QL (300 per 30 days)
clonazepam 2 mg oral tablet	2	QL (300 per 30 days)
clorazepate dipotassium 15 mg oral tablet	4	PA NSO; QL (180 per 30 days)
clorazepate dipotassium 3.75 mg oral tablet	4	PA NSO; QL (120 per 30 days)
clorazepate dipotassium 7.5 mg oral tablet	4	PA NSO; QL (360 per 30 days)
diazepam 1 mg/ml oral solution	4	PA NSO; QL (1200 per 30 days)
diazepam 10 mg oral tablet	2	PA NSO; QL (120 per 30 days)
diazepam 2 mg oral tablet	2	PA NSO; QL (120 per 30 days)
diazepam 5 mg oral tablet	2	PA NSO; QL (120 per 30 days)
hydroxyzine hydrochloride 10 mg oral tablet	3	PA
hydroxyzine hydrochloride 25 mg oral tablet	3	PA
hydroxyzine hydrochloride 50 mg oral tablet	3	PA
lorazepam 0.5 mg oral tablet	2	PA NSO; QL (120 per 30 days)
lorazepam 1 mg oral tablet	2	PA NSO; QL (120 per 30 days)
lorazepam 2 mg oral tablet	2	PA NSO; QL (150 per 30 days)
lorazepam 2 mg/ml oral solution	2	PA NSO; QL (150 per 30 days)
Autonomic Drugs		
Anticholinergic Agents		
atropine sulfate 0.005 mg/ml / diphenoxylate hydrochloride 0.5 mg/ml oral solution	2	

Drug Name	Drug Tier	Requirements/Limits
Autonomic Drugs (continued)		
BEVESPI (formoterol fumarate 0.0048 mg/actuat / glycopyrrolate 0.009 mg/actuat metered dose inhaler)	4	QL (11 per 30 days)
methscopolamine bromide 2.5 mg oral tablet	2	
methscopolamine bromide 5 mg oral tablet	2	
SPIRIVA (tiotropium 0.00125 mg/actuat inhalation spray)	3	QL (4 per 30 days)
SPIRIVA (tiotropium 0.018 mg inhalation powder)	3	QL (30 per 30 days)
Parasympathomimetic (Cholinergic) Agents		
donepezil hydrochloride 23 mg oral tablet	2	
pyridostigmine bromide 12 mg/ml oral solution	2	
pyridostigmine bromide 180 mg extended release oral tablet	2	
pyridostigmine bromide 30 mg oral tablet	2	
Skeletal Muscle Relaxants		
baclofen 5 mg oral tablet	2	
carisoprodol 350 mg oral tablet	2	QL (120 per 30 days)
cyclobenzaprine hydrochloride 7.5 mg oral tablet	2	
metaxalone 800 mg oral tablet	2	
tizanidine 2 mg oral capsule	2	QL (540 per 30 days)
tizanidine 4 mg oral capsule	2	QL (270 per 30 days)
tizanidine 6 mg oral capsule	2	QL (180 per 30 days)
Sympatholytic (Adrenergic Blocking) Agents		
dutasteride 0.5 mg / tamsulosin hydrochloride 0.4 mg oral capsule	2	QL (30 per 30 days)
silodosin 4 mg oral capsule	2	QL (30 per 30 days)
silodosin 8 mg oral capsule	2	QL (30 per 30 days)
Sympathomimetic (Adrenergic) Agents		
AUVI-Q (epinephrine 1 mg/ml auto-injector)	3	
fluticasone propionate 0.045 mg/actuat / salmeterol 0.021 mg/actuat metered dose inhaler	3	QL (12 per 30 days)
fluticasone propionate 0.115 mg/actuat / salmeterol 0.021 mg/actuat metered dose inhaler	3	QL (12 per 30 days)
fluticasone propionate 0.23 mg/actuat / salmeterol 0.021 mg/actuat metered dose inhaler	3	QL (12 per 30 days)
levalbuterol 0.045 mg/actuat metered dose inhaler	2	
levalbuterol 0.103 mg/ml inhalation solution	2	BvsD

Drug Name	Drug Tier	Requirements/Limits
Autonomic Drugs (continued)		
levalbuterol 0.21 mg/ml inhalation solution	2	BvsD
levalbuterol 0.417 mg/ml inhalation solution	2	BvsD
levalbuterol 2.5 mg/ml inhalation solution	2	BvsD
STRIVERDI (olodaterol 0.0025 mg/actuat inhalation spray)	3	QL (4 per 30 days)
terbutaline sulfate 2.5 mg oral tablet	2	
terbutaline sulfate 5 mg oral tablet	2	
Bipolar Agents		
Mood Stabilizers		
lithium carbonate 150 mg oral capsule	2	
lithium carbonate 300 mg extended release oral tablet	2	
lithium carbonate 300 mg oral capsule	2	
lithium carbonate 300 mg oral tablet	2	
lithium carbonate 450 mg extended release oral tablet	2	
lithium carbonate 600 mg oral capsule	2	
lithium citrate 60 mg/ml oral solution	4	
Blood Formation, Coagulation, and Thrombosis Agents		
Hematopoietic Agents		
ARANESP (darbepoetin alfa 0.025 mg/ml injection)	3	BvsD
ARANESP (darbepoetin alfa 0.025 mg/ml prefilled syringe)	3	BvsD
ARANESP (darbepoetin alfa 0.04 mg/ml injection)	3	BvsD
ARANESP (darbepoetin alfa 0.06 mg/ml injection)	3	BvsD
ARANESP (darbepoetin alfa 0.06 mg/ml prefilled syringe)	3	BvsD
ARANESP (darbepoetin alfa 0.1 mg/ml injection)	5	BvsD
ARANESP (darbepoetin alfa 0.1 mg/ml prefilled syringe)	3	BvsD
ARANESP (darbepoetin alfa 0.2 mg/ml injection)	5	BvsD
ARANESP (darbepoetin alfa 0.2 mg/ml prefilled syringe)	3	BvsD
ARANESP (darbepoetin alfa 0.2 mg/ml prefilled syringe)	5	BvsD
ARANESP (darbepoetin alfa 0.5 mg/ml prefilled syringe)	5	BvsD
EPOGEN (epoetin alfa 10000 unt/ml injectable solution)	4	BvsD
EPOGEN (epoetin alfa 2000 unt/ml injection)	4	BvsD
EPOGEN (epoetin alfa 20000 unt/ml injectable solution)	4	BvsD
EPOGEN (epoetin alfa 3000 unt/ml injection)	4	BvsD

Drug Name	Drug Tier	Requirements/Limits
Blood Formation, Coagulation, and Thrombosis Agents (continued)		
EPOGEN (epoetin alfa 4000 unt/ml injection)	4	BvsD
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose 100 mg oral tablet	2	QL (90 per 30 days)
acarbose 25 mg oral tablet	2	QL (360 per 30 days)
acarbose 50 mg oral tablet	2	QL (180 per 30 days)
dapagliflozin 10 mg oral tablet	3	QL (30 per 30 days)
dapagliflozin 5 mg oral tablet	3	QL (60 per 30 days)
gauze pads & dressings - pads 2 x 2	3	PA
glimepiride 1 mg oral tablet	1	QL (240 per 30 days)
glimepiride 2 mg oral tablet	1	QL (120 per 30 days)
glimepiride 2 mg / pioglitazone 30 mg oral tablet	4	QL (30 per 30 days)
glimepiride 4 mg oral tablet	1	QL (60 per 30 days)
glimepiride 4 mg / pioglitazone 30 mg oral tablet	4	QL (30 per 30 days)
glipizide 10 mg extended release oral tablet	1	QL (60 per 30 days)
glipizide 10 mg oral tablet	1	QL (120 per 30 days)
glipizide 2.5 mg extended release oral tablet	1	QL (240 per 30 days)
glipizide 2.5 mg / metformin hydrochloride 250 mg oral tablet	1	QL (240 per 30 days)
glipizide 2.5 mg / metformin hydrochloride 500 mg oral tablet	1	QL (120 per 30 days)
glipizide 5 mg extended release oral tablet	1	QL (120 per 30 days)
glipizide 5 mg oral tablet	1	QL (240 per 30 days)
glipizide 5 mg / metformin hydrochloride 500 mg oral tablet	1	QL (120 per 30 days)
glyburide 1.25 mg oral tablet	2	QL (480 per 30 days)
glyburide 1.25 mg / metformin hydrochloride 250 mg oral tablet	2	QL (240 per 30 days)
glyburide 2.5 mg oral tablet	2	QL (240 per 30 days)
glyburide 2.5 mg / metformin hydrochloride 500 mg oral tablet	2	QL (120 per 30 days)
glyburide 5 mg oral tablet	2	QL (120 per 30 days)
glyburide 5 mg / metformin hydrochloride 500 mg oral tablet	2	QL (120 per 30 days)
GLYXAMBI (empagliflozin 10 mg / linagliptin 5 mg oral tablet)	4	QL (30 per 30 days)
GLYXAMBI (empagliflozin 25 mg / linagliptin 5 mg oral tablet)	4	QL (30 per 30 days)
isopropyl alcohol 0.7 ml/ml medicated pad	3	PA
JANUMET (metformin hydrochloride 1000 mg / sitagliptin phosphate 100 mg extended release oral tablet)	3	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Blood Glucose Regulators (continued)		
JANUMET (metformin hydrochloride 1000 mg / sitagliptin phosphate 50 mg extended release oral tablet)	3	QL (60 per 30 days)
JANUMET (metformin hydrochloride 1000 mg / sitagliptin phosphate 50 mg oral tablet)	3	QL (60 per 30 days)
JANUMET (metformin hydrochloride 500 mg / sitagliptin phosphate 50 mg extended release oral tablet)	3	QL (30 per 30 days)
JANUMET (metformin hydrochloride 500 mg / sitagliptin phosphate 50 mg oral tablet)	3	QL (60 per 30 days)
JANUVIA (sitagliptin phosphate 100 mg oral tablet)	3	QL (30 per 30 days)
JANUVIA (sitagliptin phosphate 25 mg oral tablet)	3	QL (30 per 30 days)
JANUVIA (sitagliptin phosphate 50 mg oral tablet)	3	QL (30 per 30 days)
JARDIANCE (empagliflozin 10 mg oral tablet)	3	QL (30 per 30 days)
JARDIANCE (empagliflozin 25 mg oral tablet)	3	QL (30 per 30 days)
JENTADUETO (linagliptin 2.5 mg / metformin hydrochloride 1000 mg extended release oral tablet)	3	QL (60 per 30 days)
JENTADUETO (linagliptin 2.5 mg / metformin hydrochloride 1000 mg oral tablet)	3	QL (60 per 30 days)
JENTADUETO (linagliptin 2.5 mg / metformin hydrochloride 500 mg oral tablet)	3	QL (60 per 30 days)
JENTADUETO (linagliptin 5 mg / metformin hydrochloride 1000 mg extended release oral tablet)	3	QL (30 per 30 days)
metformin hydrochloride 1000 mg oral tablet	1	QL (75 per 30 days)
metformin hydrochloride 1000 mg / sitagliptin phosphate 50 mg oral tablet	3	QL (60 per 30 days)
metformin hydrochloride 500 mg extended release oral tablet	1	QL (120 per 30 days)
metformin hydrochloride 500 mg oral tablet	1	QL (150 per 30 days)
metformin hydrochloride 500 mg / pioglitazone 15 mg oral tablet	3	QL (90 per 30 days)
metformin hydrochloride 500 mg / sitagliptin phosphate 50 mg oral tablet	3	QL (60 per 30 days)
metformin hydrochloride 750 mg extended release oral tablet	1	QL (60 per 30 days)
metformin hydrochloride 850 mg oral tablet	1	QL (90 per 30 days)
metformin hydrochloride 850 mg / pioglitazone 15 mg oral tablet	3	QL (90 per 30 days)
MOUNJARO (tirzepatide 10 mg/ml auto-injector)	3	PA NSO; QL (2 per 28 days)
MOUNJARO (tirzepatide 15 mg/ml auto-injector)	3	PA NSO; QL (2 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
Blood Glucose Regulators (continued)		
MOUNJARO (tirzepatide 20 mg/ml auto-injector)	3	PA NSO; QL (2 per 28 days)
MOUNJARO (tirzepatide 25 mg/ml auto-injector)	3	PA NSO; QL (2 per 28 days)
MOUNJARO (tirzepatide 30 mg/ml auto-injector)	3	PA NSO; QL (2 per 28 days)
MOUNJARO (tirzepatide 5 mg/ml auto-injector)	3	PA NSO; QL (2 per 28 days)
nateglinide 120 mg oral tablet	3	QL (90 per 30 days)
nateglinide 60 mg oral tablet	3	QL (180 per 30 days)
OZEMPIC (semaglutide 0.68 mg/ml pen injector)	3	PA NSO; QL (3 per 28 days)
OZEMPIC (semaglutide 1.34 mg/ml pen injector)	3	PA NSO; QL (3 per 28 days)
OZEMPIC (semaglutide 1.5 mg oral tablet)	3	PA NSO; QL (30 per 30 days)
OZEMPIC (semaglutide 2.68 mg/ml pen injector)	3	PA NSO; QL (3 per 28 days)
OZEMPIC (semaglutide 4 mg oral tablet)	3	PA NSO; QL (30 per 30 days)
OZEMPIC (semaglutide 9 mg oral tablet)	3	PA NSO; QL (30 per 30 days)
pioglitazone 15 mg oral tablet	1	QL (90 per 30 days)
pioglitazone 30 mg oral tablet	1	QL (30 per 30 days)
pioglitazone 45 mg oral tablet	1	QL (30 per 30 days)
repaglinide 0.5 mg oral tablet	1	QL (960 per 30 days)
repaglinide 1 mg oral tablet	1	QL (480 per 30 days)
repaglinide 2 mg oral tablet	1	QL (240 per 30 days)
sitagliptin phosphate 100 mg oral tablet	3	QL (30 per 30 days)
sitagliptin phosphate 25 mg oral tablet	3	QL (30 per 30 days)
sitagliptin phosphate 50 mg oral tablet	3	QL (30 per 30 days)
SOLIQUA (insulin glargine 100 unt/ml / lixisenatide 0.033 mg/ml pen injector)	3	QL (18 per 30 days)
SYNJARDY (empagliflozin 10 mg / metformin hydrochloride 1000 mg extended release oral tablet)	3	QL (60 per 30 days)
SYNJARDY (empagliflozin 12.5 mg / metformin hydrochloride 1000 mg extended release oral tablet)	3	QL (60 per 30 days)
SYNJARDY (empagliflozin 12.5 mg / metformin hydrochloride 1000 mg oral tablet)	3	QL (60 per 30 days)
SYNJARDY (empagliflozin 12.5 mg / metformin hydrochloride 500 mg oral tablet)	3	QL (60 per 30 days)
SYNJARDY (empagliflozin 25 mg / metformin hydrochloride 1000 mg extended release oral tablet)	3	QL (30 per 30 days)
SYNJARDY (empagliflozin 5 mg / metformin hydrochloride 1000 mg extended release oral tablet)	3	QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Blood Glucose Regulators (continued)		
SYNJARDY (empagliflozin 5 mg / metformin hydrochloride 1000 mg oral tablet)	3	QL (60 per 30 days)
SYNJARDY (empagliflozin 5 mg / metformin hydrochloride 500 mg oral tablet)	3	QL (120 per 30 days)
TRADJENTA (linagliptin 5 mg oral tablet)	3	QL (30 per 30 days)
TRULICITY (dulaglutide 1.5 mg/ml auto-injector)	3	PA NSO; QL (2 per 28 days)
TRULICITY (dulaglutide 3 mg/ml auto-injector)	3	PA NSO; QL (2 per 28 days)
TRULICITY (dulaglutide 6 mg/ml auto-injector)	3	PA NSO; QL (2 per 28 days)
TRULICITY (dulaglutide 9 mg/ml auto-injector)	3	PA NSO; QL (2 per 28 days)
WEGOVY (semaglutide 0.5 mg/ml auto-injector)	3	PA NSO; QL (4 per 30 days)
WEGOVY (semaglutide 1 mg/ml auto-injector)	3	PA NSO; QL (4 per 30 days)
WEGOVY (semaglutide 1.5 mg oral tablet)	3	PA NSO; QL (30 per 30 days)
WEGOVY (semaglutide 2 mg/ml auto-injector)	3	PA NSO; QL (4 per 30 days)
WEGOVY (semaglutide 2.27 mg/ml auto-injector)	3	PA NSO; QL (4 per 30 days)
WEGOVY (semaglutide 25 mg oral tablet)	3	PA NSO; QL (30 per 30 days)
WEGOVY (semaglutide 3.2 mg/ml auto-injector)	3	PA NSO; QL (30 per 30 days)
WEGOVY (semaglutide 4 mg oral tablet)	3	PA NSO; QL (30 per 30 days)
WEGOVY (semaglutide 9 mg oral tablet)	3	PA NSO; QL (30 per 30 days)
XIGDUO (dapagliflozin 10 mg / metformin hydrochloride 1000 mg extended release oral tablet)	3	QL (30 per 30 days)
XIGDUO (dapagliflozin 10 mg / metformin hydrochloride 500 mg extended release oral tablet)	3	QL (30 per 30 days)
XIGDUO (dapagliflozin 2.5 mg / metformin hydrochloride 1000 mg extended release oral tablet)	3	QL (60 per 30 days)
XIGDUO (dapagliflozin 5 mg / metformin hydrochloride 1000 mg extended release oral tablet)	3	QL (60 per 30 days)
XIGDUO (dapagliflozin 5 mg / metformin hydrochloride 500 mg extended release oral tablet)	3	QL (60 per 30 days)
Glycemic Agents		
BAQSIMI (glucagon 3 mg nasal powder)	3	
diazoxide 50 mg/ml oral suspension	4	
glucagon (rdna) 1 mg injection	3	
GVOKE (glucagon 5 mg/ml auto-injector)	3	QL (0.4 per 30 days)
GVOKE (glucagon 5 mg/ml auto-injector)	3	QL (0.8 per 30 days)
GVOKE (glucagon 5 mg/ml injection)	3	QL (0.8 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Blood Glucose Regulators (continued)		
GVOKE (glucagon 5 mg/ml prefilled syringe)	3	QL (0.8 per 30 days)
Insulins		
HUMALOG (insulin lispro 100 unt/ml cartridge)	3	QL (60 per 30 days)
HUMALOG (insulin lispro 100 unt/ml injectable solution)	3	QL (60 per 30 days)
HUMALOG (insulin lispro 100 unt/ml pen injector)	3	QL (60 per 30 days)
HUMALOG (insulin lispro 200 unt/ml pen injector)	3	QL (60 per 30 days)
HUMALOG MIX (insulin lispro 25 unt/ml / insulin lispro protamine, human 75 unt/ml injectable suspension)	3	QL (60 per 30 days)
HUMALOG MIX (insulin lispro 25 unt/ml / insulin lispro protamine, human 75 unt/ml pen injector)	3	QL (60 per 30 days)
HUMALOG MIX (insulin lispro 50 unt/ml / insulin lispro protamine, human 50 unt/ml pen injector)	3	QL (60 per 30 days)
HUMULIN (insulin isophane, human 70 unt/ml / insulin, regular, human 30 unt/ml injectable suspension)	3	QL (60 per 30 days)
HUMULIN (insulin isophane, human 70 unt/ml / insulin, regular, human 30 unt/ml pen injector)	3	QL (60 per 30 days)
HUMULIN N (insulin isophane, human 100 unt/ml injectable suspension)	3	QL (60 per 30 days)
HUMULIN N (insulin isophane, human 100 unt/ml pen injector)	3	QL (60 per 30 days)
HUMULIN R (insulin, regular, human 100 unt/ml injectable solution)	3	QL (60 per 30 days)
HUMULIN R (insulin, regular, human 500 unt/ml injectable solution)	3	BvsD
HUMULIN R (insulin, regular, human 500 unt/ml pen injector)	3	QL (60 per 30 days)
insulin pen needle	3	PA
insulin syringe (disp) u-100 0.3 ml	3	PA
insulin syringe (disp) u-100 1 ml	3	PA
insulin syringe (disp) u-100 1/2 ml	3	PA
LANTUS (insulin glargine 100 unt/ml injectable solution)	3	QL (60 per 30 days)
LANTUS (insulin glargine 100 unt/ml pen injector)	3	QL (60 per 30 days)
LYUMJEV (insulin lispro-aabc 100 unt/ml injectable solution)	3	QL (60 per 30 days)
LYUMJEV (insulin lispro-aabc 100 unt/ml pen injector)	3	QL (60 per 30 days)
LYUMJEV (insulin lispro-aabc 200 unt/ml pen injector)	3	QL (60 per 30 days)
needles, insulin disp., safety	3	PA

Drug Name	Drug Tier	Requirements/Limits
Blood Glucose Regulators (continued)		
NOVOLIN (insulin isophane, human 70 unt/ml / insulin, regular, human 30 unt/ml injectable suspension)	3	QL (60 per 30 days)
NOVOLIN (insulin isophane, human 70 unt/ml / insulin, regular, human 30 unt/ml pen injector)	3	QL (60 per 30 days)
NOVOLIN N (insulin isophane, human 100 unt/ml injectable suspension)	3	QL (60 per 30 days)
NOVOLIN N (insulin isophane, human 100 unt/ml pen injector)	3	QL (60 per 30 days)
NOVOLIN R (insulin, regular, human 100 unt/ml injectable solution)	3	QL (60 per 30 days)
NOVOLIN R (insulin, regular, human 100 unt/ml pen injector)	3	QL (60 per 30 days)
NOVOLOG (insulin aspart, human 100 unt/ml cartridge)	3	QL (60 per 30 days)
NOVOLOG (insulin aspart, human 100 unt/ml injectable solution)	3	QL (60 per 30 days)
NOVOLOG (insulin aspart, human 100 unt/ml pen injector)	3	QL (60 per 30 days)
NOVOLOG MIX (insulin aspart protamine, human 70 unt/ml / insulin aspart, human 30 unt/ml injectable suspension)	3	QL (60 per 30 days)
NOVOLOG MIX (insulin aspart protamine, human 70 unt/ml / insulin aspart, human 30 unt/ml pen injector)	3	QL (60 per 30 days)
TOUJEO (insulin glargine 300 unt/ml pen injector)	3	QL (60 per 30 days)
Blood Products and Modifiers		
Anticoagulants		
dabigatran etexilate 110 mg oral capsule	4	QL (120 per 30 days)
dabigatran etexilate 150 mg oral capsule	4	QL (60 per 30 days)
dabigatran etexilate 75 mg oral capsule	4	QL (60 per 30 days)
ELIQUIS (apixaban 2.5 mg oral tablet)	3	QL (60 per 30 days)
ELIQUIS (apixaban 5 mg oral tablet)	3	QL (74 per 30 days)
ELIQUIS 30-DAY STARTER PACK (apixaban 5 mg pack)	3	QL (74 per 30 days)
enoxaparin sodium 100 mg/ml prefilled syringe	4	QL (9 per 90 days)
enoxaparin sodium 100 mg/ml prefilled syringe	4	QL (18 per 90 days)
enoxaparin sodium 100 mg/ml prefilled syringe	4	QL (24 per 90 days)
enoxaparin sodium 100 mg/ml prefilled syringe	4	QL (30 per 90 days)
enoxaparin sodium 100 mg/ml prefilled syringe	4	QL (12 per 90 days)
enoxaparin sodium 150 mg/ml prefilled syringe	4	QL (24 per 90 days)
enoxaparin sodium 150 mg/ml prefilled syringe	4	QL (30 per 90 days)
fondaparinux sodium 12.5 mg/ml prefilled syringe	5	QL (12 per 90 days)

Drug Name	Drug Tier	Requirements/Limits
Blood Products and Modifiers (continued)		
fondaparinux sodium 12.5 mg/ml prefilled syringe	5	QL (18 per 90 days)
fondaparinux sodium 12.5 mg/ml prefilled syringe	5	QL (24 per 90 days)
fondaparinux sodium 5 mg/ml prefilled syringe	4	QL (15 per 90 days)
heparin sodium, porcine 1000 unt/ml injectable solution	3	
heparin sodium, porcine 10000 unt/ml injection	3	
heparin sodium, porcine 20000 unt/ml injectable solution	3	
heparin sodium, porcine 5000 unt/ml injectable solution	3	
JANTOVEN (warfarin sodium 1 mg oral tablet)	1	
JANTOVEN (warfarin sodium 10 mg oral tablet)	1	
JANTOVEN (warfarin sodium 2 mg oral tablet)	1	
JANTOVEN (warfarin sodium 2.5 mg oral tablet)	1	
JANTOVEN (warfarin sodium 3 mg oral tablet)	1	
JANTOVEN (warfarin sodium 4 mg oral tablet)	1	
JANTOVEN (warfarin sodium 5 mg oral tablet)	1	
JANTOVEN (warfarin sodium 6 mg oral tablet)	1	
JANTOVEN (warfarin sodium 7.5 mg oral tablet)	1	
rivaroxaban 1 mg/ml oral suspension	3	QL (620 per 30 days)
rivaroxaban 2.5 mg oral tablet	3	QL (60 per 30 days)
warfarin sodium 1 mg oral tablet	1	
warfarin sodium 10 mg oral tablet	1	
warfarin sodium 2 mg oral tablet	1	
warfarin sodium 2.5 mg oral tablet	1	
warfarin sodium 3 mg oral tablet	1	
warfarin sodium 4 mg oral tablet	1	
warfarin sodium 5 mg oral tablet	1	
warfarin sodium 6 mg oral tablet	1	
warfarin sodium 7.5 mg oral tablet	1	
XARELTO (rivaroxaban 1 mg/ml oral suspension)	3	QL (620 per 30 days)
XARELTO (rivaroxaban 10 mg oral tablet)	3	QL (30 per 30 days)
XARELTO (rivaroxaban 15 mg oral tablet)	3	QL (60 per 30 days)
XARELTO (rivaroxaban 2.5 mg oral tablet)	3	QL (60 per 30 days)
XARELTO (rivaroxaban 20 mg oral tablet)	3	QL (30 per 30 days)
XARELTO KIT (rivaroxaban 15 mg / rivaroxaban 20 mg pack)	3	QL (51 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Blood Products and Modifiers, Other		
anagrelide 0.5 mg oral capsule	3	
anagrelide 1 mg oral capsule	3	
eltrombopag 12.5 mg powder for oral suspension	5	PA
eltrombopag 25 mg powder for oral suspension	5	PA
GRANIX (tbo-filgrastim 0.3 mg/ml injection)	4	PA
GRANIX (tbo-filgrastim 0.6 mg/ml prefilled syringe)	4	PA
LEUKINE (sargramostim 0.25 mg/ml injectable solution)	5	PA
PROCRIT (epoetin alfa 10000 unt/ml injection)	4	PA
PROCRIT (epoetin alfa 2000 unt/ml injection)	4	PA
PROCRIT (epoetin alfa 20000 unt/ml injectable solution)	5	PA
PROCRIT (epoetin alfa 3000 unt/ml injection)	4	PA
PROCRIT (epoetin alfa 4000 unt/ml injection)	4	PA
PROCRIT (epoetin alfa 40000 unt/ml injection)	5	PA
PROMACTA (eltrombopag 12.5 mg oral tablet)	5	PA; LA
PROMACTA (eltrombopag 12.5 mg powder for oral suspension)	5	PA; LA
PROMACTA (eltrombopag 25 mg oral tablet)	5	PA; LA
PROMACTA (eltrombopag 25 mg powder for oral suspension)	5	PA; LA
PROMACTA (eltrombopag 50 mg oral tablet)	5	PA; LA
PROMACTA (eltrombopag 75 mg oral tablet)	5	PA; LA
RETACRIT (epoetin alfa-epbx 10000 unt/ml injectable solution)	4	PA
RETACRIT (epoetin alfa-epbx 10000 unt/ml injection)	4	PA
RETACRIT (epoetin alfa-epbx 2000 unt/ml injection)	4	PA
RETACRIT (epoetin alfa-epbx 20000 unt/ml injectable solution)	4	PA
RETACRIT (epoetin alfa-epbx 3000 unt/ml injection)	4	PA
RETACRIT (epoetin alfa-epbx 4000 unt/ml injection)	4	PA
RETACRIT (epoetin alfa-epbx 40000 unt/ml injection)	4	PA
Hemostasis Agents		
tranexamic acid 650 mg oral tablet	3	
Platelet Modifying Agents		
aspirin 25 mg / dipyridamole 200 mg extended release oral capsule	4	

Drug Name	Drug Tier	Requirements/Limits
Blood Products and Modifiers (continued)		
cilostazol 100 mg oral tablet	2	
cilostazol 50 mg oral tablet	2	
clopidogrel 300 mg oral tablet	3	QL (1 per 30 days)
clopidogrel 75 mg oral tablet	1	
prasugrel 10 mg oral tablet	3	
prasugrel 5 mg oral tablet	3	
ticagrelor 60 mg oral tablet	4	
ticagrelor 90 mg oral tablet	4	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
clonidine 0.00417 mg/hr transdermal system	4	
clonidine 0.00833 mg/hr transdermal system	4	
clonidine 0.0125 mg/hr transdermal system	4	
clonidine hydrochloride 0.1 mg oral tablet	1	
clonidine hydrochloride 0.2 mg oral tablet	1	
clonidine hydrochloride 0.3 mg oral tablet	1	
droxidopa 100 mg oral capsule	4	PA
droxidopa 200 mg oral capsule	5	PA
droxidopa 300 mg oral capsule	5	PA
guanfacine 1 mg oral tablet	3	
guanfacine 2 mg oral tablet	3	
midodrine hydrochloride 10 mg oral tablet	4	
midodrine hydrochloride 2.5 mg oral tablet	4	
midodrine hydrochloride 5 mg oral tablet	4	
Alpha-adrenergic Blocking Agents		
doxazosin 1 mg oral tablet	2	QL (60 per 30 days)
doxazosin 2 mg oral tablet	2	QL (60 per 30 days)
doxazosin 4 mg oral tablet	2	QL (60 per 30 days)
doxazosin 8 mg oral tablet	2	QL (60 per 30 days)
phenoxybenzamine hydrochloride 10 mg oral capsule	5	
prazosin 1 mg oral capsule	2	
prazosin 2 mg oral capsule	2	

Drug Name	Drug Tier	Requirements/Limits
Cardiovascular Agents (continued)		
prazosin 5 mg oral capsule	2	
terazosin 1 mg oral capsule	1	QL (90 per 30 days)
terazosin 10 mg oral capsule	1	QL (60 per 30 days)
terazosin 2 mg oral capsule	1	QL (60 per 30 days)
terazosin 5 mg oral capsule	1	QL (60 per 30 days)
Angiotensin II Receptor Antagonists		
candesartan cilexetil 16 mg oral tablet	1	QL (60 per 30 days)
candesartan cilexetil 32 mg oral tablet	1	QL (30 per 30 days)
candesartan cilexetil 4 mg oral tablet	1	QL (60 per 30 days)
candesartan cilexetil 8 mg oral tablet	1	QL (60 per 30 days)
irbesartan 150 mg oral tablet	1	QL (30 per 30 days)
irbesartan 300 mg oral tablet	1	QL (30 per 30 days)
irbesartan 75 mg oral tablet	1	QL (30 per 30 days)
losartan potassium 100 mg oral tablet	1	QL (30 per 30 days)
losartan potassium 25 mg oral tablet	1	QL (60 per 30 days)
losartan potassium 50 mg oral tablet	1	QL (60 per 30 days)
olmesartan medoxomil 20 mg oral tablet	1	QL (30 per 30 days)
olmesartan medoxomil 40 mg oral tablet	1	QL (30 per 30 days)
olmesartan medoxomil 5 mg oral tablet	1	QL (60 per 30 days)
telmisartan 20 mg oral tablet	1	QL (30 per 30 days)
telmisartan 40 mg oral tablet	1	QL (30 per 30 days)
telmisartan 80 mg oral tablet	1	QL (30 per 30 days)
valsartan 160 mg oral tablet	1	QL (60 per 30 days)
valsartan 320 mg oral tablet	1	QL (30 per 30 days)
valsartan 40 mg oral tablet	1	QL (60 per 30 days)
valsartan 80 mg oral tablet	1	QL (60 per 30 days)
Angiotensin-converting Enzyme (ACE) Inhibitors		
benazepril hydrochloride 10 mg oral tablet	1	
benazepril hydrochloride 20 mg oral tablet	1	
benazepril hydrochloride 40 mg oral tablet	1	
benazepril hydrochloride 5 mg oral tablet	1	
captopril 100 mg oral tablet	1	
captopril 12.5 mg oral tablet	1	

Drug Name	Drug Tier	Requirements/Limits
Cardiovascular Agents (continued)		
captopril 25 mg oral tablet	1	
captopril 50 mg oral tablet	1	
enalapril maleate 10 mg oral tablet	1	
enalapril maleate 2.5 mg oral tablet	1	
enalapril maleate 20 mg oral tablet	1	
enalapril maleate 5 mg oral tablet	1	
fosinopril sodium 10 mg oral tablet	1	
fosinopril sodium 20 mg oral tablet	1	
fosinopril sodium 40 mg oral tablet	1	
lisinopril 10 mg oral tablet	1	
lisinopril 2.5 mg oral tablet	1	
lisinopril 20 mg oral tablet	1	
lisinopril 30 mg oral tablet	1	
lisinopril 40 mg oral tablet	1	
lisinopril 5 mg oral tablet	1	
moexipril hydrochloride 15 mg oral tablet	1	
moexipril hydrochloride 7.5 mg oral tablet	1	
perindopril erbumine 2 mg oral tablet	1	
perindopril erbumine 4 mg oral tablet	1	
perindopril erbumine 8 mg oral tablet	1	
quinapril 10 mg oral tablet	1	
quinapril 20 mg oral tablet	1	
quinapril 40 mg oral tablet	1	
quinapril 5 mg oral tablet	1	
ramipril 1.25 mg oral capsule	1	
ramipril 10 mg oral capsule	1	
ramipril 2.5 mg oral capsule	1	
ramipril 5 mg oral capsule	1	
trandolapril 1 mg oral tablet	1	
trandolapril 2 mg oral tablet	1	
trandolapril 4 mg oral tablet	1	
Antiarrhythmics		
amiodarone hydrochloride 100 mg oral tablet	4	

Drug Name	Drug Tier	Requirements/Limits
Cardiovascular Agents (continued)		
amiodarone hydrochloride 200 mg oral tablet	2	
BETAPACE (sotalol hydrochloride 120 mg oral tablet)	4	
BETAPACE (sotalol hydrochloride 160 mg oral tablet)	4	
BETAPACE (sotalol hydrochloride 80 mg oral tablet)	4	
dofetilide 0.125 mg oral capsule	4	
dofetilide 0.25 mg oral capsule	4	
dofetilide 0.5 mg oral capsule	4	
flecainide acetate 100 mg oral tablet	2	
flecainide acetate 150 mg oral tablet	2	
flecainide acetate 50 mg oral tablet	2	
mexiletine hydrochloride 150 mg oral capsule	4	
mexiletine hydrochloride 200 mg oral capsule	4	
mexiletine hydrochloride 250 mg oral capsule	4	
MULTAQ (dronedarone 400 mg oral tablet)	4	
PACERONE (amiodarone hydrochloride 100 mg oral tablet)	4	
PACERONE (amiodarone hydrochloride 200 mg oral tablet)	2	
propafenone hydrochloride 150 mg oral tablet	3	
propafenone hydrochloride 225 mg extended release oral capsule	4	
propafenone hydrochloride 225 mg oral tablet	3	
propafenone hydrochloride 300 mg oral tablet	3	
propafenone hydrochloride 325 mg extended release oral capsule	4	
propafenone hydrochloride 425 mg extended release oral capsule	4	
quinidine sulfate 200 mg oral tablet	2	
quinidine sulfate 300 mg oral tablet	2	
sotalol hydrochloride 120 mg oral tablet	2	
sotalol hydrochloride 160 mg oral tablet	2	
sotalol hydrochloride 240 mg oral tablet	2	
sotalol hydrochloride 80 mg oral tablet	2	
Apoc-Iii Inhibitors		
REDEMPLO (plozasiran 50 mg/ml prefilled syringe)	5	QL (1 per 90 days)
TRYNGOLZA (olezarsen 100 mg/ml auto-injector)	5	QL (1 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Beta-adrenergic Blocking Agents		
acebutolol 200 mg oral capsule	2	
acebutolol 400 mg oral capsule	2	
atenolol 100 mg oral tablet	1	
atenolol 25 mg oral tablet	1	
atenolol 50 mg oral tablet	1	
betaxolol hydrochloride 10 mg oral tablet	3	
betaxolol hydrochloride 20 mg oral tablet	3	
bisoprolol fumarate 10 mg oral tablet	2	
bisoprolol fumarate 5 mg oral tablet	2	
carvedilol 12.5 mg oral tablet	1	
carvedilol 25 mg oral tablet	1	
carvedilol 3.125 mg oral tablet	1	
carvedilol 6.25 mg oral tablet	1	
labetalol hydrochloride 100 mg oral tablet	2	
labetalol hydrochloride 200 mg oral tablet	2	
labetalol hydrochloride 300 mg oral tablet	2	
metoprolol succinate 100 mg extended release oral tablet	1	
metoprolol succinate 200 mg extended release oral tablet	1	
metoprolol succinate 25 mg extended release oral tablet	1	
metoprolol succinate 50 mg extended release oral tablet	1	
metoprolol tartrate 100 mg oral tablet	1	
metoprolol tartrate 25 mg oral tablet	1	
metoprolol tartrate 37.5 mg oral tablet	1	
metoprolol tartrate 50 mg oral tablet	1	
metoprolol tartrate 75 mg oral tablet	1	
nebivolol 10 mg oral tablet	4	
nebivolol 2.5 mg oral tablet	4	
nebivolol 20 mg oral tablet	4	
nebivolol 5 mg oral tablet	4	
pindolol 10 mg oral tablet	3	
pindolol 5 mg oral tablet	3	
propranolol hydrochloride 10 mg oral tablet	2	

Drug Name	Drug Tier	Requirements/Limits
Cardiovascular Agents (continued)		
propranolol hydrochloride 120 mg extended release oral capsule	4	
propranolol hydrochloride 160 mg extended release oral capsule	4	
propranolol hydrochloride 20 mg oral tablet	2	
propranolol hydrochloride 4 mg/ml oral solution	2	
propranolol hydrochloride 40 mg oral tablet	2	
propranolol hydrochloride 60 mg extended release oral capsule	4	
propranolol hydrochloride 60 mg oral tablet	2	
propranolol hydrochloride 8 mg/ml oral solution	2	
propranolol hydrochloride 80 mg extended release oral capsule	4	
propranolol hydrochloride 80 mg oral tablet	2	
timolol 10 mg oral tablet	4	
timolol 20 mg oral tablet	4	
timolol 5 mg oral tablet	4	
Calcium Channel Blocking Agents, Dihydropyridines		
amlodipine 10 mg oral tablet	1	
amlodipine 2.5 mg oral tablet	1	
amlodipine 5 mg oral tablet	1	
felodipine 10 mg extended release oral tablet	2	
felodipine 2.5 mg extended release oral tablet	2	
felodipine 5 mg extended release oral tablet	2	
nifedipine 30 mg extended release oral tablet	3	
nifedipine 60 mg extended release oral tablet	3	
nifedipine 90 mg extended release oral tablet	3	
nimodipine 30 mg oral capsule	4	
Calcium Channel Blocking Agents, Nondihydropyridines		
CARTIA (diltiazem hydrochloride 120 mg extended release oral capsule)	2	
CARTIA (diltiazem hydrochloride 180 mg extended release oral capsule)	2	
CARTIA (diltiazem hydrochloride 240 mg extended release oral capsule)	2	

Drug Name	Drug Tier	Requirements/Limits
Cardiovascular Agents (continued)		
CARTIA (diltiazem hydrochloride 300 mg extended release oral capsule)	2	
DILT (diltiazem hydrochloride 120 mg extended release oral capsule)	2	
DILT (diltiazem hydrochloride 180 mg extended release oral capsule)	2	
DILT (diltiazem hydrochloride 240 mg extended release oral capsule)	2	
diltiazem hydrochloride 120 mg extended release oral capsule	2	
diltiazem hydrochloride 120 mg extended release oral tablet	3	
diltiazem hydrochloride 120 mg oral tablet	2	
diltiazem hydrochloride 180 mg extended release oral capsule	2	
diltiazem hydrochloride 240 mg extended release oral capsule	2	
diltiazem hydrochloride 30 mg oral tablet	2	
diltiazem hydrochloride 300 mg extended release oral capsule	2	
diltiazem hydrochloride 360 mg extended release oral capsule	2	
diltiazem hydrochloride 420 mg extended release oral capsule	2	
diltiazem hydrochloride 60 mg oral tablet	2	
diltiazem hydrochloride 90 mg oral tablet	2	
TIADYLT (diltiazem hydrochloride 120 mg extended release oral capsule)	2	
TIADYLT (diltiazem hydrochloride 180 mg extended release oral capsule)	2	
TIADYLT (diltiazem hydrochloride 240 mg extended release oral capsule)	2	
TIADYLT (diltiazem hydrochloride 300 mg extended release oral capsule)	2	
TIADYLT (diltiazem hydrochloride 360 mg extended release oral capsule)	2	
TIADYLT (diltiazem hydrochloride 420 mg extended release oral capsule)	2	
verapamil hydrochloride 120 mg extended release oral capsule	3	
verapamil hydrochloride 120 mg extended release oral tablet	2	
verapamil hydrochloride 120 mg oral tablet	1	
verapamil hydrochloride 180 mg extended release oral capsule	3	
verapamil hydrochloride 180 mg extended release oral tablet	2	

Drug Name	Drug Tier	Requirements/Limits
Cardiovascular Agents (continued)		
verapamil hydrochloride 240 mg extended release oral capsule	3	
verapamil hydrochloride 240 mg extended release oral tablet	2	
verapamil hydrochloride 360 mg extended release oral capsule	4	
verapamil hydrochloride 40 mg oral tablet	1	
verapamil hydrochloride 80 mg oral tablet	1	
Cardiovascular Agents, Other		
acetazolamide 125 mg oral tablet	3	
acetazolamide 250 mg oral tablet	3	
acetazolamide 500 mg extended release oral capsule	4	
aliskiren 150 mg oral tablet	4	QL (30 per 30 days)
aliskiren 300 mg oral tablet	4	QL (30 per 30 days)
amiloride hydrochloride 5 mg / hydrochlorothiazide 50 mg oral tablet	2	
amlodipine 10 mg / atorvastatin 10 mg oral tablet	4	
amlodipine 10 mg / atorvastatin 20 mg oral tablet	4	
amlodipine 10 mg / atorvastatin 40 mg oral tablet	4	
amlodipine 10 mg / atorvastatin 80 mg oral tablet	4	
amlodipine 10 mg / benazepril hydrochloride 20 mg oral capsule	1	
amlodipine 10 mg / benazepril hydrochloride 40 mg oral capsule	1	
amlodipine 10 mg / hydrochlorothiazide 12.5 mg / olmesartan medoxomil 40 mg oral tablet	2	QL (30 per 30 days)
amlodipine 10 mg / hydrochlorothiazide 12.5 mg / valsartan 160 mg oral tablet	3	QL (30 per 30 days)
amlodipine 10 mg / hydrochlorothiazide 25 mg / olmesartan medoxomil 40 mg oral tablet	2	QL (30 per 30 days)
amlodipine 10 mg / hydrochlorothiazide 25 mg / valsartan 160 mg oral tablet	3	QL (30 per 30 days)
amlodipine 10 mg / hydrochlorothiazide 25 mg / valsartan 320 mg oral tablet	3	QL (30 per 30 days)
amlodipine 10 mg / olmesartan medoxomil 20 mg oral tablet	1	QL (30 per 30 days)
amlodipine 10 mg / olmesartan medoxomil 40 mg oral tablet	1	QL (30 per 30 days)
amlodipine 10 mg / telmisartan 40 mg oral tablet	2	QL (30 per 30 days)
amlodipine 10 mg / telmisartan 80 mg oral tablet	2	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Cardiovascular Agents (continued)		
amlodipine 10 mg / valsartan 160 mg oral tablet	1	QL (30 per 30 days)
amlodipine 10 mg / valsartan 320 mg oral tablet	1	QL (30 per 30 days)
amlodipine 2.5 mg / atorvastatin 10 mg oral tablet	4	
amlodipine 2.5 mg / atorvastatin 20 mg oral tablet	4	
amlodipine 2.5 mg / atorvastatin 40 mg oral tablet	4	
amlodipine 2.5 mg / benazepril hydrochloride 10 mg oral capsule	1	
amlodipine 5 mg / atorvastatin 10 mg oral tablet	4	
amlodipine 5 mg / atorvastatin 20 mg oral tablet	4	
amlodipine 5 mg / atorvastatin 40 mg oral tablet	4	
amlodipine 5 mg / atorvastatin 80 mg oral tablet	4	
amlodipine 5 mg / benazepril hydrochloride 10 mg oral capsule	1	
amlodipine 5 mg / benazepril hydrochloride 20 mg oral capsule	1	
amlodipine 5 mg / benazepril hydrochloride 40 mg oral capsule	1	
amlodipine 5 mg / hydrochlorothiazide 12.5 mg / olmesartan medoxomil 20 mg oral tablet	2	QL (30 per 30 days)
amlodipine 5 mg / hydrochlorothiazide 12.5 mg / olmesartan medoxomil 40 mg oral tablet	2	QL (30 per 30 days)
amlodipine 5 mg / hydrochlorothiazide 12.5 mg / valsartan 160 mg oral tablet	3	QL (30 per 30 days)
amlodipine 5 mg / hydrochlorothiazide 25 mg / olmesartan medoxomil 40 mg oral tablet	2	QL (30 per 30 days)
amlodipine 5 mg / hydrochlorothiazide 25 mg / valsartan 160 mg oral tablet	3	QL (30 per 30 days)
amlodipine 5 mg / olmesartan medoxomil 20 mg oral tablet	1	QL (30 per 30 days)
amlodipine 5 mg / olmesartan medoxomil 40 mg oral tablet	1	QL (30 per 30 days)
amlodipine 5 mg / telmisartan 40 mg oral tablet	2	QL (30 per 30 days)
amlodipine 5 mg / telmisartan 80 mg oral tablet	2	QL (30 per 30 days)
amlodipine 5 mg / valsartan 160 mg oral tablet	1	QL (30 per 30 days)
amlodipine 5 mg / valsartan 320 mg oral tablet	1	QL (30 per 30 days)
atenolol 100 mg / chlorthalidone 25 mg oral tablet	1	
atenolol 50 mg / chlorthalidone 25 mg oral tablet	1	
benazepril hydrochloride 10 mg / hydrochlorothiazide 12.5 mg oral tablet	1	

Drug Name	Drug Tier	Requirements/Limits
Cardiovascular Agents (continued)		
benazepril hydrochloride 20 mg / hydrochlorothiazide 12.5 mg oral tablet	1	
benazepril hydrochloride 20 mg / hydrochlorothiazide 25 mg oral tablet	1	
benazepril hydrochloride 5 mg / hydrochlorothiazide 6.25 mg oral tablet	1	
bisoprolol fumarate 10 mg / hydrochlorothiazide 6.25 mg oral tablet	2	
bisoprolol fumarate 2.5 mg / hydrochlorothiazide 6.25 mg oral tablet	2	
bisoprolol fumarate 5 mg / hydrochlorothiazide 6.25 mg oral tablet	2	
candesartan cilexetil 16 mg / hydrochlorothiazide 12.5 mg oral tablet	2	QL (30 per 30 days)
candesartan cilexetil 32 mg / hydrochlorothiazide 12.5 mg oral tablet	2	QL (30 per 30 days)
candesartan cilexetil 32 mg / hydrochlorothiazide 25 mg oral tablet	2	QL (30 per 30 days)
digoxin 0.05 mg/ml oral solution	4	QL (150 per 30 days)
digoxin 0.125 mg oral tablet	2	QL (30 per 30 days)
digoxin 0.25 mg oral tablet	2	QL (30 per 30 days)
enalapril maleate 10 mg / hydrochlorothiazide 25 mg oral tablet	1	
enalapril maleate 5 mg / hydrochlorothiazide 12.5 mg oral tablet	1	
ENTRESTO (sacubitril 15 mg / valsartan 16 mg oral pellet)	3	QL (240 per 30 days)
ENTRESTO (sacubitril 6 mg / valsartan 6 mg oral pellet)	3	QL (240 per 30 days)
fosinopril sodium 10 mg / hydrochlorothiazide 12.5 mg oral tablet	1	
fosinopril sodium 20 mg / hydrochlorothiazide 12.5 mg oral tablet	1	
hydrochlorothiazide 12.5 mg / irbesartan 150 mg oral tablet	1	QL (30 per 30 days)
hydrochlorothiazide 12.5 mg / irbesartan 300 mg oral tablet	1	QL (30 per 30 days)
hydrochlorothiazide 12.5 mg / lisinopril 10 mg oral tablet	1	
hydrochlorothiazide 12.5 mg / lisinopril 20 mg oral tablet	1	
hydrochlorothiazide 12.5 mg / losartan potassium 100 mg oral tablet	1	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Cardiovascular Agents (continued)		
hydrochlorothiazide 12.5 mg / losartan potassium 50 mg oral tablet	1	QL (30 per 30 days)
hydrochlorothiazide 12.5 mg / olmesartan medoxomil 20 mg oral tablet	1	QL (30 per 30 days)
hydrochlorothiazide 12.5 mg / olmesartan medoxomil 40 mg oral tablet	1	QL (30 per 30 days)
hydrochlorothiazide 12.5 mg / quinapril 10 mg oral tablet	1	
hydrochlorothiazide 12.5 mg / quinapril 20 mg oral tablet	1	
hydrochlorothiazide 12.5 mg / telmisartan 40 mg oral tablet	1	QL (30 per 30 days)
hydrochlorothiazide 12.5 mg / telmisartan 80 mg oral tablet	1	QL (60 per 30 days)
hydrochlorothiazide 12.5 mg / valsartan 160 mg oral tablet	1	QL (30 per 30 days)
hydrochlorothiazide 12.5 mg / valsartan 320 mg oral tablet	1	QL (30 per 30 days)
hydrochlorothiazide 12.5 mg / valsartan 80 mg oral tablet	1	QL (30 per 30 days)
hydrochlorothiazide 25 mg / lisinopril 20 mg oral tablet	1	
hydrochlorothiazide 25 mg / losartan potassium 100 mg oral tablet	1	QL (30 per 30 days)
hydrochlorothiazide 25 mg / metoprolol tartrate 100 mg oral tablet	2	
hydrochlorothiazide 25 mg / metoprolol tartrate 50 mg oral tablet	2	
hydrochlorothiazide 25 mg / olmesartan medoxomil 40 mg oral tablet	1	QL (30 per 30 days)
hydrochlorothiazide 25 mg / quinapril 20 mg oral tablet	1	
hydrochlorothiazide 25 mg / spironolactone 25 mg oral tablet	2	
hydrochlorothiazide 25 mg / telmisartan 80 mg oral tablet	1	QL (30 per 30 days)
hydrochlorothiazide 25 mg / valsartan 160 mg oral tablet	1	QL (30 per 30 days)
hydrochlorothiazide 25 mg / valsartan 320 mg oral tablet	1	QL (30 per 30 days)
hydrochlorothiazide 50 mg / metoprolol tartrate 100 mg oral tablet	2	
ivabradine 5 mg oral tablet	4	PA; QL (60 per 30 days)
ivabradine 7.5 mg oral tablet	4	PA; QL (60 per 30 days)
methazolamide 25 mg oral tablet	4	
methazolamide 50 mg oral tablet	4	
metyrosine 250 mg oral capsule	5	
pentoxifylline 400 mg extended release oral tablet	2	

Drug Name	Drug Tier	Requirements/Limits
Cardiovascular Agents (continued)		
ranolazine 1000 mg extended release oral tablet	4	QL (60 per 30 days)
ranolazine 500 mg extended release oral tablet	4	QL (60 per 30 days)
sacubitril 24 mg / valsartan 26 mg oral tablet	3	QL (180 per 30 days)
sacubitril 49 mg / valsartan 51 mg oral tablet	3	QL (60 per 30 days)
sacubitril 97 mg / valsartan 103 mg oral tablet	3	QL (60 per 30 days)
trandolapril 1 mg / verapamil hydrochloride 240 mg extended release oral tablet	1	
trandolapril 2 mg / verapamil hydrochloride 180 mg extended release oral tablet	1	
trandolapril 2 mg / verapamil hydrochloride 240 mg extended release oral tablet	1	
trandolapril 4 mg / verapamil hydrochloride 240 mg extended release oral tablet	1	
Diuretics, Loop		
bumetanide 0.25 mg/ml injection	4	
bumetanide 0.5 mg oral tablet	2	
bumetanide 1 mg oral tablet	2	
bumetanide 2 mg oral tablet	3	
furosemide 10 mg/ml injection	4	
furosemide 10 mg/ml oral solution	2	
furosemide 20 mg oral tablet	1	
furosemide 40 mg oral tablet	1	
furosemide 8 mg/ml oral solution	2	
furosemide 80 mg oral tablet	1	
torsemide 10 mg oral tablet	2	
torsemide 100 mg oral tablet	2	
torsemide 20 mg oral tablet	2	
torsemide 5 mg oral tablet	2	
Diuretics, Potassium-sparing		
amiloride hydrochloride 5 mg oral tablet	2	
hydrochlorothiazide 25 mg / triamterene 37.5 mg oral capsule	1	
hydrochlorothiazide 25 mg / triamterene 37.5 mg oral tablet	1	
hydrochlorothiazide 50 mg / triamterene 75 mg oral tablet	1	

Drug Name	Drug Tier	Requirements/Limits
Diuretics, Thiazide		
chlorthalidone 25 mg oral tablet	2	
chlorthalidone 50 mg oral tablet	2	
hydrochlorothiazide 12.5 mg oral capsule	1	
hydrochlorothiazide 12.5 mg oral tablet	1	
hydrochlorothiazide 25 mg oral tablet	1	
hydrochlorothiazide 50 mg oral tablet	1	
indapamide 1.25 mg oral tablet	1	
indapamide 2.5 mg oral tablet	1	
metolazone 10 mg oral tablet	3	
metolazone 2.5 mg oral tablet	3	
metolazone 5 mg oral tablet	3	
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate 134 mg oral capsule	3	QL (30 per 30 days)
fenofibrate 145 mg oral tablet	3	QL (30 per 30 days)
fenofibrate 160 mg oral tablet	3	QL (30 per 30 days)
fenofibrate 200 mg oral capsule	3	QL (30 per 30 days)
fenofibrate 48 mg oral tablet	3	QL (60 per 30 days)
fenofibrate 54 mg oral tablet	3	QL (60 per 30 days)
fenofibrate 67 mg oral capsule	3	QL (30 per 30 days)
fenofibric acid 135 mg delayed release oral capsule	3	QL (30 per 30 days)
fenofibric acid 45 mg delayed release oral capsule	3	QL (60 per 30 days)
gemfibrozil 600 mg oral tablet	2	QL (60 per 30 days)
Dyslipidemics, HMG CoA Reductase Inhibitors		
atorvastatin 10 mg oral tablet	1	QL (45 per 30 days)
atorvastatin 20 mg oral tablet	1	QL (45 per 30 days)
atorvastatin 40 mg oral tablet	1	QL (45 per 30 days)
atorvastatin 80 mg oral tablet	1	QL (30 per 30 days)
fluvastatin 20 mg oral capsule	4	QL (60 per 30 days)
fluvastatin 40 mg oral capsule	4	QL (60 per 30 days)
lovastatin 10 mg oral tablet	1	QL (60 per 30 days)
lovastatin 20 mg oral tablet	1	QL (60 per 30 days)
lovastatin 40 mg oral tablet	1	QL (60 per 30 days)
NEXLETOL (bempedoic acid 180 mg oral tablet)	4	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Cardiovascular Agents (continued)		
NEXLIZET (bempedoic acid 180 mg / ezetimibe 10 mg oral tablet)	4	QL (30 per 30 days)
pravastatin sodium 10 mg oral tablet	1	QL (45 per 30 days)
pravastatin sodium 20 mg oral tablet	1	QL (45 per 30 days)
pravastatin sodium 40 mg oral tablet	1	QL (45 per 30 days)
pravastatin sodium 80 mg oral tablet	1	QL (30 per 30 days)
rosuvastatin calcium 10 mg oral tablet	1	QL (45 per 30 days)
rosuvastatin calcium 20 mg oral tablet	1	QL (45 per 30 days)
rosuvastatin calcium 40 mg oral tablet	1	QL (30 per 30 days)
rosuvastatin calcium 5 mg oral tablet	1	QL (45 per 30 days)
simvastatin 10 mg oral tablet	1	QL (45 per 30 days)
simvastatin 20 mg oral tablet	1	QL (60 per 30 days)
simvastatin 40 mg oral tablet	1	QL (45 per 30 days)
simvastatin 5 mg oral tablet	1	QL (45 per 30 days)
simvastatin 80 mg oral tablet	1	QL (30 per 30 days)
Dyslipidemics, Other		
cholestyramine resin 4000 mg powder for oral suspension	3	
colestipol hydrochloride 1000 mg oral tablet	3	
colestipol hydrochloride 5000 mg granules for oral suspension	4	
ezetimibe 10 mg oral tablet	2	QL (30 per 30 days)
ezetimibe 10 mg / simvastatin 10 mg oral tablet	3	QL (30 per 30 days)
ezetimibe 10 mg / simvastatin 20 mg oral tablet	3	QL (30 per 30 days)
ezetimibe 10 mg / simvastatin 40 mg oral tablet	3	QL (30 per 30 days)
ezetimibe 10 mg / simvastatin 80 mg oral tablet	3	QL (30 per 30 days)
icosapent ethyl 1000 mg oral capsule	4	QL (120 per 30 days)
icosapent ethyl 500 mg oral capsule	4	QL (240 per 30 days)
niacin 1000 mg extended release oral tablet	4	QL (60 per 30 days)
niacin 500 mg extended release oral tablet	4	QL (30 per 30 days)
niacin 750 mg extended release oral tablet	4	QL (60 per 30 days)
omega-3 acid ethyl esters (usp) 1000 mg oral capsule	4	
PREVALITE (cholestyramine resin 4000 mg powder for oral suspension)	3	
REPATHA (evolocumab 140 mg/ml auto-injector)	3	PA; QL (6 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
Cardiovascular Agents (continued)		
REPATHA (evolocumab 140 mg/ml prefilled syringe)	3	PA; QL (6 per 28 days)
VASCEPA (icosapent ethyl 1000 mg oral capsule)	3	QL (120 per 30 days)
VASCEPA (icosapent ethyl 500 mg oral capsule)	3	QL (240 per 30 days)
Mineralocorticoid Receptor Antagonists		
KERENDIA (finerenone 10 mg oral tablet)	3	PA; QL (30 per 30 days)
KERENDIA (finerenone 20 mg oral tablet)	3	PA; QL (30 per 30 days)
KERENDIA (finerenone 40 mg oral tablet)	3	PA; QL (30 per 30 days)
spironolactone 100 mg oral tablet	1	
spironolactone 25 mg oral tablet	1	
spironolactone 50 mg oral tablet	1	
Vasodilators, Direct-acting Arterial		
hydralazine hydrochloride 10 mg oral tablet	2	
hydralazine hydrochloride 100 mg oral tablet	2	
hydralazine hydrochloride 25 mg oral tablet	2	
hydralazine hydrochloride 50 mg oral tablet	2	
minoxidil 10 mg oral tablet	2	
minoxidil 2.5 mg oral tablet	2	
Vasodilators, Direct-acting Arterial/Venous		
isosorbide dinitrate 10 mg oral tablet	3	
isosorbide dinitrate 20 mg oral tablet	3	
isosorbide dinitrate 30 mg oral tablet	3	
isosorbide dinitrate 5 mg oral tablet	3	
isosorbide mononitrate 10 mg oral tablet	2	
isosorbide mononitrate 120 mg extended release oral tablet	2	
isosorbide mononitrate 20 mg oral tablet	2	
isosorbide mononitrate 30 mg extended release oral tablet	2	
isosorbide mononitrate 60 mg extended release oral tablet	2	
NITRO-BID (nitroglycerin 0.02 mg/mg topical ointment)	4	
nitroglycerin 0.004 mg/mg rectal ointment	4	
nitroglycerin 0.1 mg/hr transdermal system	2	
nitroglycerin 0.2 mg/hr transdermal system	2	
nitroglycerin 0.3 mg sublingual tablet	2	

Drug Name	Drug Tier	Requirements/Limits
Cardiovascular Agents (continued)		
nitroglycerin 0.4 mg sublingual tablet	2	
nitroglycerin 0.4 mg/hr transdermal system	2	
nitroglycerin 0.6 mg sublingual tablet	2	
nitroglycerin 0.6 mg/hr transdermal system	2	
VERQUVO (vericiguat 10 mg oral tablet)	3	QL (30 per 30 days)
VERQUVO (vericiguat 2.5 mg oral tablet)	3	QL (30 per 30 days)
VERQUVO (vericiguat 5 mg oral tablet)	3	QL (30 per 30 days)
Cardiovascular Drugs		
Antilipemic Agents		
colesevelam hydrochloride 3750 mg powder for oral suspension	2	QL (180 per 30 days)
colesevelam hydrochloride 625 mg oral tablet	2	
fenofibrate 43 mg oral capsule	1	QL (60 per 30 days)
Beta-adrenergic Blocking Agents		
carvedilol phosphate 10 mg extended release oral capsule	2	
carvedilol phosphate 20 mg extended release oral capsule	2	
carvedilol phosphate 40 mg extended release oral capsule	2	
carvedilol phosphate 80 mg extended release oral capsule	2	
nadolol 20 mg oral tablet	2	
nadolol 40 mg oral tablet	2	
nadolol 80 mg oral tablet	2	
Calcium-Channel Blocking Agents		
diltiazem hydrochloride 120 mg extended release oral capsule	2	
diltiazem hydrochloride 180 mg extended release oral tablet	2	
diltiazem hydrochloride 240 mg extended release oral tablet	2	
diltiazem hydrochloride 300 mg extended release oral tablet	2	
diltiazem hydrochloride 360 mg extended release oral tablet	2	
diltiazem hydrochloride 420 mg extended release oral tablet	2	
diltiazem hydrochloride 60 mg extended release oral capsule	2	
diltiazem hydrochloride 90 mg extended release oral capsule	2	
isradipine 2.5 mg oral capsule	2	
isradipine 5 mg oral capsule	2	

Drug Name	Drug Tier	Requirements/Limits
Cardiovascular Drugs (continued)		
MATZIM (diltiazem hydrochloride 180 mg extended release oral tablet)	3	
MATZIM (diltiazem hydrochloride 240 mg extended release oral tablet)	3	
MATZIM (diltiazem hydrochloride 300 mg extended release oral tablet)	3	
MATZIM (diltiazem hydrochloride 360 mg extended release oral tablet)	3	
MATZIM (diltiazem hydrochloride 420 mg extended release oral tablet)	3	
nicardipine hydrochloride 20 mg oral capsule	2	
nicardipine hydrochloride 30 mg oral capsule	2	
nifedipine 10 mg oral capsule	1	
nifedipine 20 mg oral capsule	1	
nisoldipine 17 mg extended release oral tablet	2	
nisoldipine 34 mg extended release oral tablet	2	
nisoldipine 8.5 mg extended release oral tablet	2	
Cardiac Drugs		
amiodarone hydrochloride 400 mg oral tablet	1	
NORPACE (disopyramide 100 mg extended release oral capsule)	4	
NORPACE (disopyramide 150 mg extended release oral capsule)	4	
Renin-Angiotensin-Aldosterone System Inhibitors		
EDARBYCLOR (azilsartan medoxomil 40 mg / chlorthalidone 12.5 mg oral tablet)	4	
EDARBYCLOR (azilsartan medoxomil 40 mg / chlorthalidone 25 mg oral tablet)	4	
eplerenone 25 mg oral tablet	2	
eplerenone 50 mg oral tablet	2	
Vasodilating Agents		
isosorbide dinitrate 40 mg oral tablet	2	
nitroglycerin 0.4 mg/actuat mucosal spray	2	
NITROLINGUAL (nitroglycerin 0.4 mg/actuat mucosal spray)	2	

Drug Name	Drug Tier	Requirements/Limits
Central Nervous System Agents		
Analgesics and Antipyretics		
buprenorphine 0.005 mg/hr transdermal system	3	QL (4 per 28 days)
buprenorphine 0.0075 mg/hr transdermal system	3	QL (4 per 28 days)
buprenorphine 0.01 mg/hr transdermal system	3	QL (4 per 28 days)
buprenorphine 0.015 mg/hr transdermal system	3	QL (4 per 28 days)
buprenorphine 0.02 mg/hr transdermal system	3	QL (4 per 28 days)
diclofenac potassium 50 mg powder for oral solution	2	QL (9 per 30 days)
diflunisal 500 mg oral tablet	2	QL (90 per 30 days)
fenoprofen 400 mg oral capsule	2	
meclofenamate 100 mg oral capsule	2	QL (120 per 30 days)
meclofenamate 50 mg oral capsule	2	QL (240 per 30 days)
tramadol hydrochloride 100 mg oral tablet	3	QL (120 per 30 days)
Anorexigenic Agents and Respiratory and CNS Stimulants		
dexmethylphenidate hydrochloride 10 mg extended release oral capsule	2	QL (60 per 30 days)
dexmethylphenidate hydrochloride 15 mg extended release oral capsule	2	QL (60 per 30 days)
dexmethylphenidate hydrochloride 20 mg extended release oral capsule	2	QL (60 per 30 days)
dexmethylphenidate hydrochloride 25 mg extended release oral capsule	2	QL (60 per 30 days)
dexmethylphenidate hydrochloride 30 mg extended release oral capsule	2	QL (60 per 30 days)
dexmethylphenidate hydrochloride 35 mg extended release oral capsule	2	QL (60 per 30 days)
dexmethylphenidate hydrochloride 40 mg extended release oral capsule	2	QL (60 per 30 days)
dexmethylphenidate hydrochloride 5 mg extended release oral capsule	2	QL (60 per 30 days)
dextroamphetamine sulfate 10 mg extended release oral capsule	2	QL (120 per 30 days)
dextroamphetamine sulfate 15 mg extended release oral capsule	2	QL (120 per 30 days)
dextroamphetamine sulfate 5 mg extended release oral capsule	2	QL (60 per 30 days)
methylphenidate hydrochloride 10 mg chewable tablet	2	QL (180 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Central Nervous System Agents (continued)		
methylphenidate hydrochloride 10 mg extended release oral capsule	2	QL (60 per 30 days)
methylphenidate hydrochloride 10 mg extended release oral tablet	2	QL (120 per 30 days)
methylphenidate hydrochloride 18 mg extended release oral tablet	2	QL (60 per 30 days)
methylphenidate hydrochloride 2.5 mg chewable tablet	2	QL (90 per 30 days)
methylphenidate hydrochloride 20 mg extended release oral capsule	2	QL (30 per 30 days)
methylphenidate hydrochloride 20 mg extended release oral capsule	2	QL (60 per 30 days)
methylphenidate hydrochloride 27 mg extended release oral tablet	2	QL (60 per 30 days)
methylphenidate hydrochloride 30 mg extended release oral capsule	2	QL (60 per 30 days)
methylphenidate hydrochloride 36 mg extended release oral tablet	2	QL (60 per 30 days)
methylphenidate hydrochloride 40 mg extended release oral capsule	2	QL (60 per 30 days)
methylphenidate hydrochloride 5 mg chewable tablet	2	QL (180 per 30 days)
methylphenidate hydrochloride 50 mg extended release oral capsule	2	QL (30 per 30 days)
methylphenidate hydrochloride 54 mg extended release oral tablet	2	QL (60 per 30 days)
methylphenidate hydrochloride 60 mg extended release oral capsule	2	QL (30 per 30 days)
methylphenidate hydrochloride 60 mg extended release oral capsule	2	QL (60 per 30 days)
Anticonvulsants		
DILANTIN (phenytoin 25 mg/ml oral suspension)	4	QL (750 per 30 days)
DILANTIN (phenytoin 50 mg chewable tablet)	4	QL (600 per 30 days)
DILANTIN (phenytoin sodium 100 mg extended release oral capsule)	4	QL (300 per 30 days)
EQUETRO (carbamazepine 100 mg extended release oral capsule)	4	QL (180 per 30 days)
EQUETRO (carbamazepine 200 mg extended release oral capsule)	4	QL (180 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Central Nervous System Agents (continued)		
EQUETRO (carbamazepine 300 mg extended release oral capsule)	4	QL (180 per 30 days)
lamotrigine 100 mg / lamotrigine 25 mg pack	2	
lamotrigine 100 mg / lamotrigine 25 mg / lamotrigine 50 mg pack	2	QL (70 per 365 days)
lamotrigine 100 mg / lamotrigine 50 mg pack	2	QL (56 per 365 days)
lamotrigine 25 mg pack	2	
lamotrigine 25 mg / lamotrigine 50 mg pack	2	QL (28 per 180 days)
Antimigraine Agents		
AJOVY (fremanezumab-vfrm 150 mg/ml auto-injector)	3	QL (4.5 per 84 days)
AJOVY (fremanezumab-vfrm 150 mg/ml prefilled syringe)	3	QL (4.5 per 84 days)
eletriptan 20 mg oral tablet	2	QL (9 per 30 days)
eletriptan 40 mg oral tablet	2	QL (9 per 30 days)
frovatriptan 2.5 mg oral tablet	2	QL (12 per 30 days)
zolmitriptan 2.5 mg disintegrating oral tablet	2	QL (9 per 30 days)
zolmitriptan 2.5 mg oral tablet	2	QL (9 per 30 days)
zolmitriptan 5 mg disintegrating oral tablet	2	QL (9 per 30 days)
zolmitriptan 5 mg oral tablet	2	QL (9 per 30 days)
Antiparkinsonian Agents		
carbidopa 12.5 mg / entacapone 200 mg / levodopa 50 mg oral tablet	2	
carbidopa 18.75 mg / entacapone 200 mg / levodopa 75 mg oral tablet	2	
carbidopa 25 mg oral tablet	2	
carbidopa 25 mg / entacapone 200 mg / levodopa 100 mg oral tablet	2	
carbidopa 31.25 mg / entacapone 200 mg / levodopa 125 mg oral tablet	2	
carbidopa 37.5 mg / entacapone 200 mg / levodopa 150 mg oral tablet	2	
carbidopa 50 mg / entacapone 200 mg / levodopa 200 mg oral tablet	2	
pramipexole dihydrochloride 0.375 mg extended release oral tablet	2	QL (30 per 30 days)
pramipexole dihydrochloride 0.75 mg extended release oral tablet	2	QL (90 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Central Nervous System Agents (continued)		
pramipexole dihydrochloride 1.5 mg extended release oral tablet	2	QL (90 per 30 days)
pramipexole dihydrochloride 2.25 mg extended release oral tablet	2	QL (30 per 30 days)
pramipexole dihydrochloride 3 mg extended release oral tablet	2	QL (30 per 30 days)
pramipexole dihydrochloride 3.75 mg extended release oral tablet	2	QL (30 per 30 days)
pramipexole dihydrochloride 4.5 mg extended release oral tablet	2	QL (30 per 30 days)
ropinirole 12 mg extended release oral tablet	2	QL (90 per 30 days)
ropinirole 2 mg extended release oral tablet	2	QL (90 per 30 days)
ropinirole 4 mg extended release oral tablet	2	QL (90 per 30 days)
ropinirole 6 mg extended release oral tablet	2	QL (90 per 30 days)
ropinirole 8 mg extended release oral tablet	2	QL (90 per 30 days)
trihexyphenidyl hydrochloride 0.4 mg/ml oral solution	2	
trihexyphenidyl hydrochloride 2 mg oral tablet	2	
trihexyphenidyl hydrochloride 5 mg oral tablet	2	
Anxiolytics, Sedatives, and Hypnotics		
alprazolam 0.25 mg disintegrating oral tablet	2	QL (150 per 30 days)
alprazolam 0.5 mg disintegrating oral tablet	2	QL (150 per 30 days)
alprazolam 0.5 mg extended release oral tablet	2	QL (90 per 30 days)
alprazolam 1 mg disintegrating oral tablet	2	QL (150 per 30 days)
alprazolam 1 mg extended release oral tablet	2	QL (90 per 30 days)
alprazolam 1 mg/ml oral solution	2	QL (300 per 30 days)
alprazolam 2 mg disintegrating oral tablet	2	QL (150 per 30 days)
alprazolam 2 mg extended release oral tablet	2	QL (90 per 30 days)
alprazolam 3 mg extended release oral tablet	2	QL (90 per 30 days)
BELSOMRA (suvorexant 10 mg oral tablet)	4	QL (30 per 30 days)
BELSOMRA (suvorexant 15 mg oral tablet)	4	QL (30 per 30 days)
BELSOMRA (suvorexant 20 mg oral tablet)	4	QL (30 per 30 days)
BELSOMRA (suvorexant 5 mg oral tablet)	4	QL (30 per 30 days)
diazepam 5 mg/ml oral solution	2	QL (240 per 30 days)
eszopiclone 1 mg oral tablet	2	QL (30 per 30 days)
eszopiclone 2 mg oral tablet	2	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Central Nervous System Agents (continued)		
eszopiclone 3 mg oral tablet	2	QL (30 per 30 days)
hydroxyzine pamoate 100 mg oral capsule	2	
hydroxyzine pamoate 25 mg oral capsule	2	
hydroxyzine pamoate 50 mg oral capsule	2	
triazolam 0.125 mg oral tablet	2	QL (30 per 30 days)
triazolam 0.25 mg oral tablet	2	QL (30 per 30 days)
zolpidem tartrate 12.5 mg extended release oral tablet	2	QL (30 per 30 days)
zolpidem tartrate 6.25 mg extended release oral tablet	2	QL (30 per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
amphetamine aspartate 1.25 mg / amphetamine sulfate 1.25 mg / dextroamphetamine saccharate 1.25 mg / dextroamphetamine sulfate 1.25 mg extended release oral capsule	3	QL (30 per 30 days)
amphetamine aspartate 1.25 mg / amphetamine sulfate 1.25 mg / dextroamphetamine saccharate 1.25 mg / dextroamphetamine sulfate 1.25 mg oral tablet	3	QL (60 per 30 days)
amphetamine aspartate 1.875 mg / amphetamine sulfate 1.875 mg / dextroamphetamine saccharate 1.875 mg / dextroamphetamine sulfate 1.875 mg oral tablet	3	QL (60 per 30 days)
amphetamine aspartate 2.5 mg / amphetamine sulfate 2.5 mg / dextroamphetamine saccharate 2.5 mg / dextroamphetamine sulfate 2.5 mg extended release oral capsule	4	QL (30 per 30 days)
amphetamine aspartate 2.5 mg / amphetamine sulfate 2.5 mg / dextroamphetamine saccharate 2.5 mg / dextroamphetamine sulfate 2.5 mg oral tablet	3	QL (60 per 30 days)
amphetamine aspartate 3.125 mg / amphetamine sulfate 3.125 mg / dextroamphetamine saccharate 3.125 mg / dextroamphetamine sulfate 3.125 mg oral tablet	3	QL (60 per 30 days)
amphetamine aspartate 3.75 mg / amphetamine sulfate 3.75 mg / dextroamphetamine saccharate 3.75 mg / dextroamphetamine sulfate 3.75 mg extended release oral capsule	4	QL (30 per 30 days)
amphetamine aspartate 3.75 mg / amphetamine sulfate 3.75 mg / dextroamphetamine saccharate 3.75 mg / dextroamphetamine sulfate 3.75 mg oral tablet	3	QL (60 per 30 days)
amphetamine aspartate 5 mg / amphetamine sulfate 5 mg / dextroamphetamine saccharate 5 mg / dextroamphetamine sulfate 5 mg extended release oral capsule	4	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Central Nervous System Agents (continued)		
amphetamine aspartate 5 mg / amphetamine sulfate 5 mg / dextroamphetamine saccharate 5 mg / dextroamphetamine sulfate 5 mg oral tablet	3	QL (90 per 30 days)
amphetamine aspartate 6.25 mg / amphetamine sulfate 6.25 mg / dextroamphetamine saccharate 6.25 mg / dextroamphetamine sulfate 6.25 mg extended release oral capsule	4	QL (30 per 30 days)
amphetamine aspartate 7.5 mg / amphetamine sulfate 7.5 mg / dextroamphetamine saccharate 7.5 mg / dextroamphetamine sulfate 7.5 mg extended release oral capsule	4	QL (30 per 30 days)
amphetamine aspartate 7.5 mg / amphetamine sulfate 7.5 mg / dextroamphetamine saccharate 7.5 mg / dextroamphetamine sulfate 7.5 mg oral tablet	3	QL (60 per 30 days)
dextroamphetamine sulfate 10 mg oral tablet	4	QL (180 per 30 days)
dextroamphetamine sulfate 5 mg oral tablet	4	QL (90 per 30 days)
ZENZEDI (dextroamphetamine sulfate 10 mg oral tablet)	4	QL (180 per 30 days)
ZENZEDI (dextroamphetamine sulfate 5 mg oral tablet)	4	QL (90 per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
atomoxetine 10 mg oral capsule	4	QL (60 per 30 days)
atomoxetine 100 mg oral capsule	4	QL (30 per 30 days)
atomoxetine 18 mg oral capsule	4	QL (60 per 30 days)
atomoxetine 25 mg oral capsule	4	QL (60 per 30 days)
atomoxetine 40 mg oral capsule	4	QL (60 per 30 days)
atomoxetine 60 mg oral capsule	4	QL (30 per 30 days)
atomoxetine 80 mg oral capsule	4	QL (30 per 30 days)
clonidine hydrochloride 0.1 mg extended release oral tablet	4	QL (120 per 30 days)
dexmethylphenidate hydrochloride 10 mg oral tablet	3	PA; QL (60 per 30 days)
dexmethylphenidate hydrochloride 2.5 mg oral tablet	3	PA; QL (60 per 30 days)
dexmethylphenidate hydrochloride 5 mg oral tablet	3	PA; QL (60 per 30 days)
guanfacine 1 mg extended release oral tablet	3	QL (30 per 30 days)
guanfacine 2 mg extended release oral tablet	3	QL (30 per 30 days)
guanfacine 3 mg extended release oral tablet	3	QL (30 per 30 days)
guanfacine 4 mg extended release oral tablet	3	QL (30 per 30 days)
methylphenidate hydrochloride 1 mg/ml oral solution	4	PA; QL (450 per 30 days)
methylphenidate hydrochloride 10 mg oral tablet	3	PA; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Central Nervous System Agents (continued)		
methylphenidate hydrochloride 2 mg/ml oral solution	4	PA; QL (900 per 30 days)
methylphenidate hydrochloride 20 mg extended release oral tablet	4	PA; QL (90 per 30 days)
methylphenidate hydrochloride 20 mg oral tablet	3	PA; QL (90 per 30 days)
methylphenidate hydrochloride 5 mg oral tablet	3	PA; QL (90 per 30 days)
Central Nervous System Agents, Miscellaneous		
memantine hydrochloride 14 mg extended release oral capsule	2	QL (30 per 30 days)
memantine hydrochloride 21 mg extended release oral capsule	2	QL (30 per 30 days)
memantine hydrochloride 28 mg extended release oral capsule	2	QL (30 per 30 days)
memantine hydrochloride 7 mg extended release oral capsule	2	QL (30 per 30 days)
SUNOSI (solriamfetol 150 mg oral tablet)	4	QL (30 per 30 days)
SUNOSI (solriamfetol 75 mg oral tablet)	4	QL (30 per 30 days)
Central Nervous System, Other		
acetaminophen 325 mg / butalbital 50 mg / caffeine 40 mg oral tablet	3	QL (180 per 30 days)
aspirin 325 mg / butalbital 50 mg / caffeine 40 mg oral capsule	3	QL (180 per 30 days)
AUSTEDO (deutetrabenazine 12 mg extended release oral tablet)	5	PA; QL (30 per 30 days); LA
AUSTEDO (deutetrabenazine 12 mg oral tablet)	5	PA; QL (120 per 30 days); LA
AUSTEDO (deutetrabenazine 18 mg extended release oral tablet)	5	PA; QL (30 per 30 days)
AUSTEDO (deutetrabenazine 24 mg extended release oral tablet)	5	PA; QL (60 per 30 days); LA
AUSTEDO (deutetrabenazine 30 mg extended release oral tablet)	5	PA; QL (30 per 30 days)
AUSTEDO (deutetrabenazine 36 mg extended release oral tablet)	5	PA; QL (30 per 30 days)
AUSTEDO (deutetrabenazine 42 mg extended release oral tablet)	5	PA; QL (30 per 30 days)
AUSTEDO (deutetrabenazine 48 mg extended release oral tablet)	5	PA; QL (30 per 30 days)
AUSTEDO (deutetrabenazine 6 mg extended release oral tablet)	5	PA; QL (90 per 30 days); LA
AUSTEDO (deutetrabenazine 6 mg oral tablet)	5	PA; QL (60 per 30 days); LA
AUSTEDO (deutetrabenazine 9 mg oral tablet)	5	PA; QL (120 per 30 days); LA

Drug Name	Drug Tier	Requirements/Limits
Central Nervous System Agents (continued)		
AUSTEDO XR ONCE DAILY, 4 WEEK TITRATION PACK, 12 MG / 18 MG / 24 MG / 30 MG (deutetrabenazine 12 mg / deutetrabenazine 18 mg / deutetrabenazine 24 mg / deutetrabenazine 30 mg pack)	5	PA; QL (28 per 28 days)
INGREZZA (valbenazine 40 mg oral capsule)	5	PA; QL (60 per 30 days)
INGREZZA (valbenazine 40 mg / valbenazine 80 mg pack)	5	PA; QL (28 per 28 days)
INGREZZA (valbenazine 60 mg oral capsule)	5	PA; QL (30 per 30 days)
INGREZZA (valbenazine 80 mg oral capsule)	5	PA; QL (30 per 30 days)
NUEDEXTA (dextromethorphan hydrobromide 20 mg / quinidine sulfate 10 mg oral capsule)	5	PA; QL (60 per 30 days)
riluzole 50 mg oral tablet	4	
tetrabenazine 12.5 mg oral tablet	4	PA; QL (240 per 30 days)
tetrabenazine 25 mg oral tablet	5	PA; QL (120 per 30 days)
VEOZAH (fezolinetant 45 mg oral tablet)	4	PA; QL (30 per 30 days)
Multiple Sclerosis Agents		
AVONEX (interferon beta-1a 0.06 mg/ml auto-injector)	5	PA; QL (1 per 28 days)
AVONEX (interferon beta-1a 0.06 mg/ml prefilled syringe)	5	PA; QL (1 per 28 days)
BETASERON (interferon beta-1b 0.3 mg injection)	5	PA; QL (15 per 30 days)
cladribine 10 mg pack	4	
COPAXONE (glatiramer acetate 20 mg/ml prefilled syringe)	5	PA; QL (30 per 30 days)
COPAXONE (glatiramer acetate 40 mg/ml prefilled syringe)	5	PA; QL (12 per 28 days)
dalfampridine 10 mg extended release oral tablet	3	PA
dimethyl fumarate 120 mg delayed release oral capsule	4	PA; QL (60 per 30 days)
dimethyl fumarate 120 mg / dimethyl fumarate 240 mg pack	4	PA; QL (60 per 30 days)
dimethyl fumarate 240 mg delayed release oral capsule	4	PA; QL (60 per 30 days)
fingolimod 0.5 mg oral capsule	5	PA; QL (30 per 30 days)
glatiramer acetate 20 mg/ml prefilled syringe	5	PA; QL (30 per 30 days)
glatiramer acetate 40 mg/ml prefilled syringe	5	PA; QL (12 per 28 days)
GLATOPA (glatiramer acetate 20 mg/ml prefilled syringe)	5	PA; QL (30 per 30 days)
GLATOPA (glatiramer acetate 40 mg/ml prefilled syringe)	5	PA; QL (12 per 28 days)
KESIMPTA (ofatumumab 50 mg/ml pen injector)	5	PA; QL (1.6 per 28 days)
PLEGRIDY (peginterferon beta-1a 0.25 mg/ml auto-injector)	5	PA; QL (1 per 28 days)
PLEGRIDY (peginterferon beta-1a 0.25 mg/ml prefilled syringe)	5	PA; QL (1 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
Central Nervous System Agents (continued)		
teriflunomide 14 mg oral tablet	3	QL (30 per 30 days)
teriflunomide 7 mg oral tablet	3	QL (30 per 30 days)
VUMERITY (diroximel fumarate 231 mg delayed release oral capsule)	5	PA; QL (120 per 30 days)
ZEPOSIA 28-DAY STARTER KIT (ozanimod 0.23 mg / ozanimod 0.46 mg / ozanimod 0.92 mg pack)	5	
Psychotherapeutic Agents		
APLENZIN (bupropion hydrobromide 174 mg extended release oral tablet)	4	QL (30 per 30 days)
APLENZIN (bupropion hydrobromide 348 mg extended release oral tablet)	4	QL (30 per 30 days)
APLENZIN (bupropion hydrobromide 522 mg extended release oral tablet)	4	QL (30 per 30 days)
ARISTADA (aripiprazole lauroxil 273 mg/ml prefilled syringe)	5	BvsD; QL (4 per 56 days)
ARISTADA (aripiprazole lauroxil 276 mg/ml prefilled syringe)	5	BvsD; QL (2 per 28 days)
ARISTADA (aripiprazole lauroxil 276 mg/ml prefilled syringe)	5	BvsD; QL (2.5 per 28 days)
ARISTADA (aripiprazole lauroxil 276 mg/ml prefilled syringe)	5	BvsD; QL (3 per 28 days)
ARISTADA (aripiprazole lauroxil 281.3 mg/ml prefilled syringe)	5	BvsD; QL (2 per 28 days)
desvenlafaxine 100 mg extended release oral tablet	2	QL (30 per 30 days)
desvenlafaxine 50 mg extended release oral tablet	2	QL (30 per 30 days)
duloxetine 40 mg delayed release oral capsule	2	QL (60 per 30 days)
fluoxetine 60 mg oral tablet	2	QL (30 per 30 days)
fluoxetine 90 mg delayed release oral capsule	2	QL (4 per 28 days)
fluvoxamine maleate 100 mg extended release oral capsule	2	
fluvoxamine maleate 150 mg extended release oral capsule	2	
imipramine pamoate 100 mg oral capsule	2	
imipramine pamoate 125 mg oral capsule	2	
imipramine pamoate 150 mg oral capsule	2	
imipramine pamoate 75 mg oral capsule	2	
paroxetine hydrochloride 12.5 mg extended release oral tablet	2	QL (30 per 30 days)
paroxetine hydrochloride 25 mg extended release oral tablet	2	QL (90 per 30 days)
paroxetine hydrochloride 37.5 mg extended release oral tablet	2	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Dental and Oral Agents		
Dental and Oral Agents		
chlorhexidine gluconate 1.2 mg/ml mouthwash	2	
KOURZEQ (triamcinolone acetonide 0.001 mg/mg oral paste)	3	
PERIOGARD (chlorhexidine gluconate 1.2 mg/ml mouthwash)	2	
pilocarpine hydrochloride 5 mg oral tablet	4	
pilocarpine hydrochloride 7.5 mg oral tablet	4	
triamcinolone acetonide 0.001 mg/mg oral paste	3	
Dermatological Agents		
Acne and Rosacea Agents		
ACCUTANE (isotretinoin 10 mg oral capsule)	4	
ACCUTANE (isotretinoin 20 mg oral capsule)	4	
ACCUTANE (isotretinoin 40 mg oral capsule)	4	
acitretin 10 mg oral capsule	4	
acitretin 17.5 mg oral capsule	4	
acitretin 25 mg oral capsule	4	
adapalene 0.001 mg/mg / benzoyl peroxide 0.025 mg/mg topical gel	2	
AMNESTEEM (isotretinoin 10 mg oral capsule)	4	
AMNESTEEM (isotretinoin 20 mg oral capsule)	4	
AMNESTEEM (isotretinoin 30 mg oral capsule)	4	
AMNESTEEM (isotretinoin 40 mg oral capsule)	4	
azelaic acid 0.15 mg/mg topical gel	4	
benzoyl peroxide 0.05 mg/mg / erythromycin 0.03 mg/mg topical gel	4	
CLARAVIS (isotretinoin 10 mg oral capsule)	4	
CLARAVIS (isotretinoin 20 mg oral capsule)	4	
CLARAVIS (isotretinoin 30 mg oral capsule)	4	
CLARAVIS (isotretinoin 40 mg oral capsule)	4	
FINACEA (azelaic acid 150 mg/ml topical foam)	3	
isotretinoin 10 mg oral capsule	4	
isotretinoin 20 mg oral capsule	4	
isotretinoin 25 mg oral capsule	4	
isotretinoin 30 mg oral capsule	4	

Drug Name	Drug Tier	Requirements/Limits
Dermatological Agents (continued)		
isotretinoin 35 mg oral capsule	4	
isotretinoin 40 mg oral capsule	4	
sulfacetamide sodium 100 mg/ml topical lotion	4	
tazarotene 0.5 mg/ml topical cream	4	PA
tazarotene 1 mg/ml topical cream	4	PA
TAZORAC (tazarotene 0.5 mg/ml topical cream)	4	PA
tretinoin 0.0001 mg/mg topical gel	4	PA
tretinoin 0.00025 mg/mg topical gel	4	PA
tretinoin 0.25 mg/ml topical cream	4	PA
tretinoin 0.5 mg/ml topical cream	4	PA
tretinoin 1 mg/ml topical cream	4	PA
ZENATANE (isotretinoin 10 mg oral capsule)	4	
ZENATANE (isotretinoin 20 mg oral capsule)	4	
ZENATANE (isotretinoin 30 mg oral capsule)	4	
ZENATANE (isotretinoin 40 mg oral capsule)	4	
Dermatitis and Pruitus Agents		
ALA-CORT (hydrocortisone 10 mg/ml topical cream)	2	
alclometasone dipropionate 0.0005 mg/mg topical ointment	3	QL (120 per 30 days)
alclometasone dipropionate 0.5 mg/ml topical cream	3	QL (120 per 30 days)
ammonium lactate 120 mg/ml topical cream	2	
ammonium lactate 120 mg/ml topical lotion	3	
betamethasone 0.0005 mg/mg topical ointment	3	QL (200 per 28 days)
betamethasone 0.0005 mg/mg topical ointment	4	QL (135 per 30 days)
betamethasone 0.001 mg/mg topical ointment	3	QL (135 per 30 days)
betamethasone 0.5 mg/ml topical cream	3	QL (135 per 30 days)
betamethasone 0.5 mg/ml topical cream	3	QL (200 per 28 days)
betamethasone 0.5 mg/ml topical lotion	3	QL (120 per 30 days)
betamethasone 0.5 mg/ml topical lotion	3	QL (210 per 30 days)
betamethasone 1 mg/ml topical cream	3	QL (135 per 30 days)
betamethasone 1 mg/ml topical lotion	3	QL (120 per 30 days)
clobetasol propionate 0.0005 mg/mg topical gel	4	QL (210 per 28 days)
clobetasol propionate 0.0005 mg/mg topical ointment	4	QL (210 per 28 days)
clobetasol propionate 0.5 mg/ml topical cream	4	QL (210 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
Dermatological Agents (continued)		
clobetasol propionate 0.5 mg/ml topical solution	4	QL (200 per 28 days)
desonide 0.0005 mg/mg topical ointment	4	QL (120 per 30 days)
desoximetasone 0.5 mg/ml topical cream	4	QL (120 per 30 days)
desoximetasone 2.5 mg/ml topical cream	4	QL (120 per 30 days)
fluocinolone acetonide 0.00025 mg/mg topical ointment	3	QL (120 per 30 days)
fluocinolone acetonide 0.1 mg/ml topical cream	3	QL (120 per 30 days)
fluocinolone acetonide 0.1 mg/ml topical oil	4	QL (118.28 per 30 days)
fluocinolone acetonide 0.1 mg/ml topical solution	4	QL (120 per 30 days)
fluocinolone acetonide 0.25 mg/ml topical cream	4	QL (120 per 30 days)
fluocinonide 0.0005 mg/mg topical gel	4	QL (120 per 30 days)
fluocinonide 0.0005 mg/mg topical ointment	3	QL (120 per 30 days)
fluocinonide 0.5 mg/ml topical cream	3	QL (120 per 30 days)
fluocinonide 0.5 mg/ml topical solution	3	QL (120 per 30 days)
fluticasone propionate 0.00005 mg/mg topical ointment	2	QL (120 per 30 days)
fluticasone propionate 0.5 mg/ml topical cream	2	QL (120 per 30 days)
halobetasol propionate 0.0005 mg/mg topical ointment	4	QL (200 per 28 days)
halobetasol propionate 0.5 mg/ml topical cream	4	QL (200 per 28 days)
hydrocortisone 0.01 mg/mg topical ointment	2	
hydrocortisone 0.025 mg/mg topical ointment	2	QL (454 per 30 days)
hydrocortisone 10 mg/ml topical cream	2	
hydrocortisone 25 mg/ml topical lotion	2	QL (118 per 30 days)
mometasone furoate 0.001 mg/mg topical ointment	2	QL (135 per 30 days)
mometasone furoate 1 mg/ml topical cream	2	QL (135 per 30 days)
mometasone furoate 1 mg/ml topical lotion	2	QL (120 per 30 days)
selenium sulfide 25 mg/ml medicated shampoo	2	
tacrolimus 0.0003 mg/mg topical ointment	4	PA
tacrolimus 0.001 mg/mg topical ointment	4	PA
triamcinolone acetonide 0.00025 mg/mg topical ointment	2	QL (454 per 30 days)
triamcinolone acetonide 0.001 mg/mg topical ointment	2	QL (454 per 30 days)
triamcinolone acetonide 0.005 mg/mg topical ointment	2	QL (120 per 30 days)
triamcinolone acetonide 0.25 mg/ml topical cream	2	QL (454 per 30 days)
triamcinolone acetonide 0.25 mg/ml topical lotion	3	QL (120 per 30 days)
triamcinolone acetonide 1 mg/ml topical cream	2	QL (454 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Dermatological Agents (continued)		
triamcinolone acetonide 1 mg/ml topical lotion	3	QL (120 per 30 days)
triamcinolone acetonide 5 mg/ml topical cream	2	QL (454 per 30 days)
TRIDERM (triamcinolone acetonide 5 mg/ml topical cream)	2	QL (454 per 30 days)
Dermatitis and Pruritus Agents		
betamethasone 0.0005 mg/mg topical gel	3	QL (200 per 28 days)
hydrocortisone acetate 10 mg/ml / pramoxine hydrochloride 10 mg/ml rectal cream	2	
Dermatological Agents, Other		
betamethasone 0.5 mg/ml / clotrimazole 10 mg/ml topical cream	3	
calcipotriene 0.00005 mg/mg topical ointment	4	QL (120 per 30 days)
calcipotriene 0.05 mg/ml topical cream	4	QL (120 per 30 days)
calcipotriene 0.05 mg/ml topical solution	3	QL (120 per 30 days)
diclofenac sodium 0.03 mg/mg topical gel	4	PA
fluorouracil 20 mg/ml topical solution	3	
fluorouracil 50 mg/ml topical cream	3	
fluorouracil 50 mg/ml topical solution	3	
imiquimod 50 mg/ml topical cream	3	PA NSO
OTEZLA (apremilast 20 mg oral tablet)	5	PA; QL (60 per 30 days)
OTEZLA (apremilast 30 mg oral tablet)	5	PA; QL (60 per 30 days)
OTEZLA (apremilast 75 mg extended release oral tablet)	5	PA; QL (30 per 30 days)
OTEZLA 28-DAY 10/20 STARTER PACK (apremilast 10 mg / apremilast 20 mg pack)	5	PA; QL (28 per 28 days)
OTEZLA 28-DAY 10/20/30 STARTER PACK (apremilast 10 mg / apremilast 20 mg / apremilast 30 mg pack)	5	PA; QL (28 per 28 days)
OTEZLA 28-DAY 10/20/30/75 STARTER PACK (apremilast 10 mg / apremilast 20 mg / apremilast 30 mg / apremilast 75 mg pack)	5	PA; QL (28 per 30 days)
podofilox 5 mg/ml topical solution	4	
SANTYL (collagenase 0.25 unt/mg topical ointment)	3	QL (180 per 30 days)
silver sulfadiazine 10 mg/ml topical cream	2	
SSD (silver sulfadiazine 10 mg/ml topical cream)	2	
Pediculicides/Scabicides		
ivermectin 10 mg/ml topical cream	4	PA

Drug Name	Drug Tier	Requirements/Limits
Dermatological Agents (continued)		
malathion 5 mg/ml topical lotion	4	
permethrin 50 mg/ml topical cream	3	
Topical Anti-infectives		
gentamicin 0.001 mg/mg topical ointment	3	
gentamicin 1 mg/ml topical cream	3	
metronidazole 0.0075 mg/mg topical gel	3	
metronidazole 0.01 mg/mg topical gel	4	
metronidazole 7.5 mg/ml topical cream	4	
metronidazole 7.5 mg/ml topical lotion	4	
mupirocin 0.02 mg/mg topical ointment	2	QL (30 per 30 days)
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
carglumic acid 200 mg tablet for oral suspension	5	PA
glucose 50 mg/ml / potassium chloride 0.01 meq/ml / sodium chloride 4.5 mg/ml injection	4	
glucose 50 mg/ml / potassium chloride 0.02 meq/ml / sodium chloride 4.5 mg/ml injection	4	
glucose 50 mg/ml / potassium chloride 0.04 meq/ml / sodium chloride 4.5 mg/ml injection	4	
glucose 50 mg/ml / sodium chloride 2 mg/ml injection	4	
glucose 50 mg/ml / sodium chloride 4.5 mg/ml injection	4	
glucose 50 mg/ml / sodium chloride 9 mg/ml injection	4	
KLOR-CON (potassium chloride 10 meq extended release oral tablet)	2	
KLOR-CON (potassium chloride 15 meq extended release oral tablet)	2	
KLOR-CON (potassium chloride 20 meq extended release oral tablet)	2	
KLOR-CON (potassium chloride 8 meq extended release oral tablet)	2	
magnesium sulfate 500 mg/ml injection	4	
magnesium sulfate 500 mg/ml prefilled syringe	4	
potassium chloride 0.02 meq/ml / sodium chloride 4.5 mg/ml injection	4	
potassium chloride 1.33 meq/ml oral solution	4	

Drug Name	Drug Tier	Requirements/Limits
Electrolytes/Minerals/Metals/Vitamins (continued)		
potassium chloride 10 meq extended release oral capsule	2	
potassium chloride 10 meq extended release oral tablet	2	
potassium chloride 15 meq extended release oral tablet	2	
potassium chloride 2 meq/ml injectable solution	4	
potassium chloride 2 meq/ml injection	4	
potassium chloride 2.67 meq/ml oral solution	4	
potassium chloride 20 meq extended release oral tablet	2	
potassium chloride 8 meq extended release oral capsule	2	
potassium chloride 8 meq extended release oral tablet	2	
potassium citrate 10 meq extended release oral tablet	4	
potassium citrate 15 meq extended release oral tablet	4	
potassium citrate 5 meq extended release oral tablet	4	
sodium chloride 4.5 mg/ml injection	4	
sodium chloride 9 mg/ml injection	4	
TROPHAMINE 10 % (alanine 5.4 mg/ml / arginine 12 mg/ml / aspartate 3.2 mg/ml / cysteine 0.24 mg/ml / glutamate 5 mg/ml injectable solution)	4	BvsD
Electrolyte/Mineral/Metal Modifiers		
calcium acetate 667 mg oral capsule	3	BvsD
calcium acetate 667 mg oral tablet	3	BvsD
CHEMET (succimer 100 mg oral capsule)	4	
deferasirox 125 mg tablet for oral suspension	4	PA
deferasirox 180 mg oral granules	5	PA
deferasirox 180 mg oral tablet	4	PA
deferasirox 250 mg tablet for oral suspension	5	PA
deferasirox 360 mg oral granules	5	PA
deferasirox 360 mg oral tablet	3	PA
deferasirox 500 mg tablet for oral suspension	5	PA
deferasirox 90 mg oral granules	5	PA
deferasirox 90 mg oral tablet	3	PA
deferiprone 500 mg oral tablet	5	
FERRIPROX (deferiprone 100 mg/ml oral solution)	5	QL (3000 per 30 days)
FOSRENOL (lanthanum carbonate 1000 mg chewable tablet)	2	BvsD; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Electrolytes/Minerals/Metals/Vitamins (continued)		
FOSRENOL (lanthanum carbonate 1000 mg oral powder)	2	BvsD
FOSRENOL (lanthanum carbonate 500 mg chewable tablet)	2	BvsD; QL (270 per 30 days)
FOSRENOL (lanthanum carbonate 750 mg chewable tablet)	2	BvsD; QL (180 per 30 days)
FOSRENOL (lanthanum carbonate 750 mg oral powder)	2	BvsD
glucose 25 mg/ml / sodium chloride 4.5 mg/ml injection	4	
lanthanum carbonate 1000 mg chewable tablet	2	BvsD; QL (120 per 30 days)
lanthanum carbonate 500 mg chewable tablet	2	BvsD; QL (270 per 30 days)
lanthanum carbonate 750 mg chewable tablet	2	BvsD; QL (180 per 30 days)
sevelamer carbonate 2400 mg powder for oral suspension	2	BvsD
sevelamer carbonate 800 mg oral tablet	2	BvsD
sevelamer carbonate 800 mg powder for oral suspension	2	BvsD
sevelamer hydrochloride 400 mg oral tablet	2	BvsD
sevelamer hydrochloride 800 mg oral tablet	2	BvsD
trientine hydrochloride 250 mg oral capsule	5	PA; QL (240 per 30 days)
VELPHORO (sucroferric oxyhydroxide 500 mg chewable tablet)	5	BvsD; QL (180 per 30 days)
Potassium Binders		
KIONEX (sodium polystyrene sulfonate 250 mg/ml oral suspension)	2	
sodium polystyrene sulfonate 15000 mg powder for oral suspension	2	
SPS (sodium polystyrene sulfonate 250 mg/ml oral suspension)	2	
VELTASSA (patiromer 1000 mg powder for oral suspension)	3	
VELTASSA (patiromer 16800 mg powder for oral suspension)	3	
VELTASSA (patiromer 25200 mg powder for oral suspension)	3	
VELTASSA (patiromer 8400 mg powder for oral suspension)	3	
Vitamins		
glucose 100 mg/ml injection	4	
glucose 50 mg/ml injection	4	
INTRALIPID (soybean oil 200 mg/ml injection)	4	BvsD
NUTRILIPID (soybean oil 200 mg/ml injection)	4	BvsD

Drug Name	Drug Tier	Requirements/Limits
Electrolytes/Minerals/Metals/Vitamins (continued)		
TRAVASOL 10 (alanine 20.7 mg/ml / arginine 11.5 mg/ml / glycine 10.3 mg/ml / histidine 4.8 mg/ml / isoleucine 6 mg/ml injectable solution)	4	BvsD
Electrolytic, Caloric, and Water Balance		
Diuretics		
tolvaptan 15 mg oral tablet	5	QL (30 per 30 days)
tolvaptan 30 mg oral tablet	5	QL (120 per 30 days)
triamterene 100 mg oral capsule	2	
triamterene 50 mg oral capsule	2	
Replacement Preparations		
KLOR-CON (potassium chloride 20 meq powder for oral solution)	2	
potassium chloride 0.1 meq/ml injection	2	
potassium chloride 0.2 meq/ml injection	2	
potassium chloride 20 meq powder for oral solution	2	
sodium chloride 30 mg/ml injection	2	
sodium chloride 50 mg/ml injection	2	
Eye, Ear, Nose, and Throat (EENT) Preparations		
Anti-Infectives		
CILOXAN (ciprofloxacin 0.003 mg/mg ophthalmic ointment)	4	QL (18 per 30 days)
CIPRO HC (ciprofloxacin 2 mg/ml / hydrocortisone 10 mg/ml otic suspension)	3	
ciprofloxacin 2 mg/ml otic solution	2	
ciprofloxacin 3 mg/ml / dexamethasone 1 mg/ml otic suspension	2	
gatifloxacin 5 mg/ml ophthalmic solution	2	QL (15 per 30 days)
hydrocortisone 10 mg/ml / neomycin 3.5 mg/ml / polymyxin b 10000 unt/ml ophthalmic suspension	2	
levofloxacin 5 mg/ml ophthalmic solution	2	
TOBRADEX (dexamethasone 0.001 mg/mg / tobramycin 0.003 mg/mg ophthalmic ointment)	4	
TOBREX (tobramycin 0.003 mg/mg ophthalmic ointment)	4	
ZIRGAN (ganciclovir 0.0015 mg/mg ophthalmic gel)	4	

Drug Name	Drug Tier	Requirements/Limits
Anti-Inflammatory Agents		
bromfenac 0.9 mg/ml ophthalmic solution	2	
FLAREX (fluorometholone acetate 1 mg/ml ophthalmic suspension)	4	
FML FORTE LIQUIFILM (fluorometholone 2.5 mg/ml ophthalmic suspension)	4	
ILEVRO (nepafenac 3 mg/ml ophthalmic suspension)	4	QL (15 per 30 days)
LOTEMAX (loteprednol etabonate 0.0038 mg/mg ophthalmic gel)	4	QL (15 per 30 days)
LOTEMAX (loteprednol etabonate 0.005 mg/mg ophthalmic ointment)	4	QL (15 per 30 days)
loteprednol etabonate 5 mg/ml ophthalmic suspension	2	QL (15 per 30 days)
MAXIDEX (dexamethasone 1 mg/ml ophthalmic suspension)	4	
mometasone furoate 0.05 mg/actuat metered dose nasal spray	2	QL (34 per 30 days)
TYRVAYA (varenicline 0.03 mg/actuat nasal spray)	3	
Antiallergic Agents		
bepotastine besilate 15 mg/ml ophthalmic solution	2	QL (15 per 30 days)
olopatadine hydrochloride 0.665 mg/actuat metered dose nasal spray	2	QL (30 per 30 days)
Antiglaucoma Agents		
ALPHAGAN (brimonidine tartrate 1 mg/ml ophthalmic solution)	3	QL (15 per 30 days)
COMBIGAN (brimonidine tartrate 2 mg/ml / timolol 5 mg/ml ophthalmic solution)	3	
dorzolamide 20 mg/ml / timolol 5 mg/ml ophthalmic solution	2	
RHOPRESSA (netarsudil 0.2 mg/ml ophthalmic solution)	4	QL (60 per 30 days)
ROCKLATAN (latanoprost 0.05 mg/ml / netarsudil 0.2 mg/ml ophthalmic solution)	4	QL (5 per 30 days)
VYZULTA (latanoprostene bunod 0.24 mg/ml ophthalmic solution)	4	
Gastrointestinal Agents		
Anti-Constipation Agents		
CONSTULOSE (lactulose 667 mg/ml oral solution)	2	
ENULOSE (lactulose 667 mg/ml oral solution)	2	
GENERLAC (lactulose 667 mg/ml oral solution)	2	
lactulose 10000 mg powder for oral solution	2	
lactulose 667 mg/ml oral solution	2	

Drug Name	Drug Tier	Requirements/Limits
Gastrointestinal Agents (continued)		
LINZESS (linaclotide 0.072 mg oral capsule)	3	QL (30 per 30 days)
LINZESS (linaclotide 0.145 mg oral capsule)	3	QL (30 per 30 days)
LINZESS (linaclotide 0.29 mg oral capsule)	3	QL (30 per 30 days)
lubiprostone 0.008 mg oral capsule	4	QL (120 per 30 days)
lubiprostone 0.024 mg oral capsule	4	QL (60 per 30 days)
MOVANTIK (naloxegol 12.5 mg oral tablet)	3	QL (30 per 30 days)
MOVANTIK (naloxegol 25 mg oral tablet)	3	QL (30 per 30 days)
SYMPROIC (naldemedine 0.2 mg oral tablet)	3	
Anti-Diarrheal Agents		
alosetron 0.5 mg oral tablet	4	PA; QL (60 per 30 days)
alosetron 1 mg oral tablet	5	PA; QL (60 per 30 days)
atropine sulfate 0.025 mg / diphenoxylate hydrochloride 2.5 mg oral tablet	4	PA
loperamide hydrochloride 2 mg oral capsule	2	
XERMELO (telotristat ethyl 250 mg oral tablet)	5	PA; QL (90 per 30 days)
Antispasmodics, Gastrointestinal		
dicyclomine hydrochloride 10 mg oral capsule	2	PA
dicyclomine hydrochloride 2 mg/ml oral solution	4	PA
dicyclomine hydrochloride 20 mg oral tablet	2	PA
glycopyrrolate 1 mg oral tablet	3	
glycopyrrolate 2 mg oral tablet	3	
Gastrointestinal Agents, Other		
GATTEX (teduglutide 5 mg injection)	5	PA; LA
GAVILYTE-C (polyethylene glycol 3350 240000 mg / potassium chloride 2980 mg / sodium bicarbonate 6720 mg / sodium chloride 5840 mg / sodium sulfate 22720 mg powder for oral solution)	2	
GAVILYTE-G (polyethylene glycol 3350 236000 mg / potassium chloride 2970 mg / sodium bicarbonate 6740 mg / sodium chloride 5860 mg / sodium sulfate 22740 mg powder for oral solution)	2	
GAVILYTE-N (polyethylene glycol 3350 420000 mg / potassium chloride 1480 mg / sodium bicarbonate 5720 mg / sodium chloride 11200 mg powder for oral solution)	2	
magnesium sulfate 0.0277 meq/ml / potassium sulfate 0.0374 meq/ml / sodium sulfate 0.257 meq/ml oral solution	4	

Drug Name	Drug Tier	Requirements/Limits
Gastrointestinal Agents (continued)		
magnesium sulfate 0.0277 meq/ml / potassium sulfate 0.0374 meq/ml / sodium sulfate 0.257 meq/ml pack	4	
metoclopramide 1 mg/ml oral solution	3	
metoclopramide 10 mg oral tablet	1	
metoclopramide 5 mg oral tablet	1	
MYALEPT (metreleptin 5 mg/ml injectable solution)	5	QL (68 per 30 days)
polyethylene glycol 3350 236000 mg / potassium chloride 2970 mg / sodium bicarbonate 6740 mg / sodium chloride 5860 mg / sodium sulfate 22740 mg powder for oral solution	2	
polyethylene glycol 3350 420000 mg / potassium chloride 1480 mg / sodium bicarbonate 5720 mg / sodium chloride 11200 mg powder for oral solution	2	
PYLERA (bismuth subcitrate 140 mg / metronidazole 125 mg / tetracycline hydrochloride 125 mg oral capsule)	3	QL (120 per 10 days)
REZDIFFRA (resmetirom 100 mg oral tablet)	5	QL (30 per 30 days); LA
REZDIFFRA (resmetirom 60 mg oral tablet)	5	QL (30 per 30 days); LA
REZDIFFRA (resmetirom 80 mg oral tablet)	5	QL (30 per 30 days); LA
SAMSCA (tolvaptan 15 mg oral tablet)	5	QL (120 per 30 days)
SAMSCA (tolvaptan 30 mg oral tablet)	5	QL (60 per 30 days)
SUTAB (magnesium sulfate 225 mg / potassium chloride 188 mg / sodium sulfate 1479 mg oral tablet)	4	
tolvaptan 15 mg oral tablet	5	LA
tolvaptan 30 mg oral tablet	5	LA
ursodiol 250 mg oral tablet	4	
ursodiol 300 mg oral capsule	3	
ursodiol 500 mg oral tablet	4	
VOWST (fecal microbiota spores, live-brpk 30000000 unt oral capsule)	5	QL (12 per 56 days)
XIFAXAN (rifaximin 550 mg oral tablet)	3	PA; QL (100 per 30 days)
Histamine2 (H2) Receptor Antagonists		
cimetidine 200 mg oral tablet	3	
cimetidine 300 mg oral tablet	3	
cimetidine 400 mg oral tablet	3	
cimetidine 800 mg oral tablet	3	
famotidine 20 mg oral tablet	2	

Drug Name	Drug Tier	Requirements/Limits
Gastrointestinal Agents (continued)		
famotidine 40 mg oral tablet	2	
famotidine 8 mg/ml oral suspension	4	
nizatidine 150 mg oral capsule	4	
nizatidine 300 mg oral capsule	3	
Protectants		
misoprostol 0.1 mg oral tablet	3	
misoprostol 0.2 mg oral tablet	3	
sucralfate 1000 mg oral tablet	2	
Proton Pump Inhibitors		
esomeprazole 20 mg delayed release oral capsule	3	QL (30 per 30 days)
esomeprazole 40 mg delayed release oral capsule	3	QL (30 per 30 days)
lansoprazole 15 mg delayed release oral capsule	2	QL (30 per 30 days)
lansoprazole 30 mg delayed release oral capsule	2	QL (30 per 30 days)
omeprazole 10 mg delayed release oral capsule	1	QL (30 per 30 days)
omeprazole 20 mg delayed release oral capsule	1	QL (60 per 30 days)
omeprazole 40 mg delayed release oral capsule	1	QL (60 per 30 days)
pantoprazole 20 mg delayed release oral tablet	1	QL (30 per 30 days)
pantoprazole 40 mg delayed release oral tablet	1	QL (60 per 30 days)
rabeprazole sodium 20 mg delayed release oral tablet	3	QL (30 per 30 days)
Gastrointestinal Drugs		
Anti-Inflammatory Agents		
DIPENTUM (olsalazine sodium 250 mg oral capsule)	4	
ROWASA (mesalamine 66.7 mg/ml enema)	4	
Antiemetics		
granisetron 1 mg oral tablet	2	BvsD
GRANISOL (granisetron 0.2 mg/ml oral solution)	2	BvsD
ondansetron 0.8 mg/ml oral solution	2	BvsD
VARUBI (rolapitant 90 mg oral tablet)	4	BvsD; QL (4 per 28 days)
Cathartics and Laxatives		
ascorbic acid 4700 mg / polyethylene glycol 3350 100000 mg / potassium chloride 1015 mg / sodium ascorbate 5900 mg / sodium chloride 2690 mg powder for oral solution	2	

Drug Name	Drug Tier	Requirements/Limits
Gastrointestinal Drugs (continued)		
SUPREP BOWEL PREP KIT (magnesium sulfate 0.0277 meq/ml / potassium sulfate 0.0374 meq/ml / sodium sulfate 0.257 meq/ml pack)	3	
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
betaine 1000 mg powder for oral solution	5	
CREON (amylase 120000 unt / lipase 24000 unt / protease 76000 unt delayed release oral capsule)	3	
CREON (amylase 15000 unt / lipase 3000 unt / protease 9500 unt delayed release oral capsule)	3	
CREON (amylase 180000 unt / lipase 36000 unt / protease 114000 unt delayed release oral capsule)	3	
CREON (amylase 30000 unt / lipase 6000 unt / protease 19000 unt delayed release oral capsule)	3	
CREON (amylase 60000 unt / lipase 12000 unt / protease 38000 unt delayed release oral capsule)	3	
cromolyn sodium 20 mg/ml oral solution	4	
CYSTAGON (cysteamine 150 mg oral capsule)	4	PA; LA
CYSTAGON (cysteamine 50 mg oral capsule)	4	PA; LA
glutamine 5000 mg powder for oral solution	5	PA
levocarnitine 100 mg/ml oral solution	4	
levocarnitine 330 mg oral tablet	4	
miglustat 100 mg oral capsule	5	PA; QL (180 per 30 days); LA
nitisinone 10 mg oral capsule	5	
nitisinone 2 mg oral capsule	5	
nitisinone 20 mg oral capsule	5	
nitisinone 5 mg oral capsule	5	
ORFADIN (nitisinone 4 mg/ml oral suspension)	5	LA
PROLASTIN (alpha 1-proteinase inhibitor, human 1 mg injection)	5	PA; LA
PYRUKYND 20 MG / 50 MG TAPER (mitapivat 20 mg / mitapivat 50 mg pack)	5	PA; QL (14 per 28 days); LA
PYRUKYND 20 MG 4-WEEK (mitapivat 20 mg pack)	5	PA; QL (56 per 28 days); LA
PYRUKYND 5 MG / 20 MG TAPER (mitapivat 20 mg / mitapivat 5 mg pack)	5	PA; QL (14 per 28 days); LA

Drug Name	Drug Tier	Requirements/Limits
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment (continued)		
PYRUKYND 5 MG 4-WEEK (mitapivat 5 mg pack)	5	PA; QL (56 per 28 days); LA
PYRUKYND 5 MG TAPER (mitapivat 5 mg pack)	5	PA; QL (7 per 28 days); LA
PYRUKYND 50 MG 4-WEEK (mitapivat 50 mg pack)	5	PA; QL (56 per 28 days); LA
REVCOVI (elapegademase-lvlr 1.6 mg/ml injection)	5	LA
sapropterin dihydrochloride 100 mg oral tablet	5	PA
sapropterin dihydrochloride 100 mg powder for oral solution	5	PA
sapropterin dihydrochloride 500 mg powder for oral solution	5	PA
sodium phenylbutyrate 0.94 mg/mg oral powder	5	PA
sodium phenylbutyrate 500 mg oral tablet	5	PA
SUCRAID (sacrosidase 8500 unt/ml oral solution)	5	
VYNDAMAX (tafamidis 61 mg oral capsule)	5	PA; QL (30 per 30 days)
WELIREG (belzutifan 40 mg oral tablet)	5	PA NSO; QL (90 per 30 days); LA
YARGESA (miglustat 100 mg oral capsule)	5	PA; QL (180 per 30 days); LA
ZENPEP (amylase 105000 unt / lipase 25000 unt / protease 79000 unt delayed release oral capsule)	3	
ZENPEP (amylase 14000 unt / lipase 3000 unt / protease 10000 unt delayed release oral capsule)	3	
ZENPEP (amylase 168000 unt / lipase 40000 unt / protease 126000 unt delayed release oral capsule)	3	
ZENPEP (amylase 24000 unt / lipase 5000 unt / protease 17000 unt delayed release oral capsule)	3	
ZENPEP (amylase 252600 unt / lipase 60000 unt / protease 189600 unt delayed release oral capsule)	3	
ZENPEP (amylase 42000 unt / lipase 10000 unt / protease 32000 unt delayed release oral capsule)	3	
ZENPEP (amylase 63000 unt / lipase 15000 unt / protease 47000 unt delayed release oral capsule)	3	
ZENPEP (amylase 84000 unt / lipase 20000 unt / protease 63000 unt delayed release oral capsule)	3	
Genitourinary Agents		
Antispasmodics, Urinary		
mirabegron 25 mg extended release oral tablet	3	QL (60 per 30 days)
mirabegron 8 mg/ml extended release suspension	3	QL (300 per 28 days)
MYRBETRIQ (mirabegron 25 mg extended release oral tablet)	3	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Genitourinary Agents (continued)		
MYRBETRIQ (mirabegron 50 mg extended release oral tablet)	3	QL (30 per 30 days)
MYRBETRIQ (mirabegron 8 mg/ml extended release suspension)	3	QL (300 per 28 days)
oxybutynin chloride 1 mg/ml oral solution	3	QL (600 per 30 days)
oxybutynin chloride 10 mg extended release oral tablet	3	QL (90 per 30 days)
oxybutynin chloride 15 mg extended release oral tablet	3	QL (60 per 30 days)
oxybutynin chloride 2.5 mg oral tablet	2	QL (60 per 30 days)
oxybutynin chloride 5 mg extended release oral tablet	3	QL (30 per 30 days)
oxybutynin chloride 5 mg oral tablet	2	QL (120 per 30 days)
solifenacin succinate 10 mg oral tablet	2	QL (30 per 30 days)
solifenacin succinate 5 mg oral tablet	2	QL (30 per 30 days)
tolterodine tartrate 1 mg oral tablet	4	QL (60 per 30 days)
tolterodine tartrate 2 mg extended release oral capsule	4	QL (30 per 30 days)
tolterodine tartrate 2 mg oral tablet	4	QL (60 per 30 days)
tolterodine tartrate 4 mg extended release oral capsule	4	QL (30 per 30 days)
Benign Prostatic Hypertrophy Agents		
alfuzosin hydrochloride 10 mg extended release oral tablet	2	QL (30 per 30 days)
dutasteride 0.5 mg oral capsule	2	QL (30 per 30 days)
finasteride 5 mg oral tablet	1	QL (30 per 30 days)
tadalafil 2.5 mg oral tablet	4	PA; QL (30 per 30 days)
tadalafil 5 mg oral tablet	4	PA; QL (30 per 30 days)
tamsulosin hydrochloride 0.4 mg oral capsule	2	QL (60 per 30 days)
Genitourinary Agents, Other		
bethanechol chloride 10 mg oral tablet	3	
bethanechol chloride 25 mg oral tablet	3	
bethanechol chloride 5 mg oral tablet	3	
bethanechol chloride 50 mg oral tablet	3	
ELMIRON (pentosan polysulfate 100 mg oral capsule)	4	
penicillamine 250 mg oral tablet	5	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
dexamethasone 0.1 mg/ml oral solution	3	
dexamethasone 0.5 mg oral tablet	2	

Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal) (continued)		
dexamethasone 0.75 mg oral tablet	2	
dexamethasone 1 mg oral tablet	2	
dexamethasone 2 mg oral tablet	2	
dexamethasone 4 mg oral tablet	2	
dexamethasone 6 mg oral tablet	2	
DEXLYT (dexamethasone 0.25 mg oral tablet)	2	
fludrocortisone acetate 0.1 mg oral tablet	2	
hydrocortisone 10 mg oral tablet	2	
hydrocortisone 20 mg oral tablet	2	
hydrocortisone 5 mg oral tablet	2	
methylprednisolone 16 mg oral tablet	2	
methylprednisolone 32 mg oral tablet	2	
methylprednisolone 4 mg oral tablet	2	
methylprednisolone 4 mg pack	2	
methylprednisolone 8 mg oral tablet	2	
prednisolone 1 mg/ml oral solution	2	
prednisolone 3 mg/ml oral solution	2	
prednisolone 5 mg/ml oral solution	2	
prednisone 1 mg oral tablet	1	
prednisone 1 mg/ml oral solution	4	
prednisone 10 mg oral tablet	2	
prednisone 10 mg pack	2	
prednisone 2.5 mg oral tablet	2	
prednisone 20 mg oral tablet	2	
prednisone 5 mg oral tablet	2	
prednisone 5 mg pack	2	
prednisone 50 mg oral tablet	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
desmopressin acetate 0.01 mg/actuat nasal spray	4	
desmopressin acetate 0.1 mg oral tablet	3	
desmopressin acetate 0.2 mg oral tablet	3	

Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) (continued)		
INCRELEX (mecasermin 10 mg/ml injectable solution)	5	LA
OMNITROPE (somatropin 3.3 mg/ml cartridge)	5	PA
OMNITROPE (somatropin 5 mg/ml injectable solution)	5	PA
OMNITROPE (somatropin 6.67 mg/ml cartridge)	5	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
danazol 100 mg oral capsule	4	PA
danazol 200 mg oral capsule	4	PA
danazol 50 mg oral capsule	4	PA
DEPO-TESTOSTERONE (testosterone cypionate 100 mg/ml injectable solution)	3	PA
DEPO-TESTOSTERONE (testosterone cypionate 200 mg/ml injectable solution)	3	PA
KYZATREX (testosterone undecanoate 150 mg oral capsule)	4	QL (120 per 30 days)
KYZATREX (testosterone undecanoate 200 mg oral capsule)	4	QL (120 per 30 days)
testosterone 0.01 mg/mg topical gel	4	PA; QL (225 per 30 days)
testosterone 0.01 mg/mg topical gel	4	PA; QL (300 per 30 days)
testosterone 0.0162 mg/mg topical gel	4	PA; QL (37.5 per 30 days)
testosterone 0.0162 mg/mg topical gel	4	PA; QL (150 per 30 days)
testosterone 12.5 mg/actuat topical gel	4	PA; QL (300 per 30 days)
testosterone 20.25 mg/actuat topical gel	4	PA; QL (150 per 30 days)
testosterone cypionate 100 mg/ml injectable solution	3	PA
testosterone cypionate 200 mg/ml injectable solution	3	PA
testosterone cypionate 200 mg/ml injection	3	PA
testosterone enanthate 200 mg/ml injectable solution	3	PA
Estrogens		
DOTTI (estradiol 0.00104 mg/hr transdermal system)	3	
DOTTI (estradiol 0.00156 mg/hr transdermal system)	3	
DOTTI (estradiol 0.00208 mg/hr transdermal system)	3	
DOTTI (estradiol 0.00313 mg/hr transdermal system)	3	
DOTTI (estradiol 0.00417 mg/hr transdermal system)	3	
estradiol 0.001 mg/mg topical gel	4	
estradiol 0.00104 mg/hr transdermal system	3	

Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) (continued)		
estradiol 0.00156 mg/hr transdermal system	3	
estradiol 0.00208 mg/hr transdermal system	3	
estradiol 0.0025 mg/hr transdermal system	3	
estradiol 0.00312 mg/hr transdermal system	3	
estradiol 0.00313 mg/hr transdermal system	3	
estradiol 0.00417 mg/hr transdermal system	3	
estradiol 0.01 mg vaginal insert	4	
estradiol 0.1 mg/ml vaginal cream	3	
estradiol 0.5 mg oral tablet	1	
estradiol 1 mg oral tablet	1	
estradiol 2 mg oral tablet	1	
estradiol valerate 10 mg/ml injectable solution	3	
estradiol valerate 20 mg/ml injectable solution	3	
estradiol valerate 40 mg/ml injectable solution	4	
ethinyl estradiol 0.00146 mg/hr / norelgestromin 0.00625 mg/hr transdermal system	3	
KELNOR 1/35 28 DAY (ethinyl estradiol 0.035 mg / ethynodiol diacetate 1 mg / inert ingredients 1 mg pack)	4	
LYLLANA (estradiol 0.00104 mg/hr transdermal system)	3	
LYLLANA (estradiol 0.00156 mg/hr transdermal system)	3	
LYLLANA (estradiol 0.00208 mg/hr transdermal system)	3	
LYLLANA (estradiol 0.00313 mg/hr transdermal system)	3	
LYLLANA (estradiol 0.00417 mg/hr transdermal system)	3	
PREMARIN (estrogens, conjugated (usp) 0.625 mg/ml vaginal cream)	3	
VALTYA 1/50 28 DAY (ethinyl estradiol 0.05 mg / ethynodiol diacetate 1 mg / inert ingredients 1 mg pack)	3	
XULANE (ethinyl estradiol 0.00146 mg/hr / norelgestromin 0.00625 mg/hr transdermal system)	3	
YUVAFEM (estradiol 0.01 mg vaginal insert)	4	
ZAFEMY (ethinyl estradiol 0.00146 mg/hr / norelgestromin 0.00625 mg/hr transdermal system)	3	
ZOVIA 1/35E 28 DAY (ethinyl estradiol 0.035 mg / ethynodiol diacetate 1 mg / inert ingredients 1 mg pack)	4	

Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers), Other		
COMBIPATCH (estradiol 0.00208 mg/hr / norethindrone acetate 0.00583 mg/hr transdermal system)	4	
COMBIPATCH (estradiol 0.00208 mg/hr / norethindrone acetate 0.0104 mg/hr transdermal system)	4	
Oral Contraceptives		
JUNEL FE 1/20 28 DAY (ethinyl estradiol 0.02 mg / ferrous fumarate 75 mg / norethindrone acetate 1 mg pack)	3	
TILIA FE (ethinyl estradiol 0.02 mg / ethinyl estradiol 0.03 mg / ethinyl estradiol 0.035 mg / ferrous fumarate 75 mg / norethindrone acetate 1 mg pack)	3	
Progestins		
ABIGALE 1/0.5 28 DAY (estradiol 1 mg / norethindrone acetate 0.5 mg pack)	4	
ALTAVERA 28 DAY (ethinyl estradiol 0.03 mg / inert ingredients 1 mg / levonorgestrel 0.15 mg pack)	4	
ALYACEN 1/35 (ethinyl estradiol 0.035 mg / inert ingredients 1 mg / norethindrone 1 mg pack)	4	
APRI 28 DAY (desogestrel 0.15 mg / ethinyl estradiol 0.03 mg / inert ingredients 1 mg pack)	4	
ARANELLE 28 (ethinyl estradiol 0.035 mg / inert ingredients 1 mg / norethindrone 0.5 mg / norethindrone 1 mg pack)	4	
AUBRA 28 DAY (ethinyl estradiol 0.02 mg / inert ingredients 1 mg / levonorgestrel 0.1 mg pack)	4	
AVIANE 28 (ethinyl estradiol 0.02 mg / inert ingredients 1 mg / levonorgestrel 0.1 mg pack)	4	
AZURETTE 28 DAY (desogestrel 0.15 mg / ethinyl estradiol 0.01 mg / ethinyl estradiol 0.02 mg / inert ingredients 1 mg pack)	4	
BALZIVA 28 DAY (ethinyl estradiol 0.035 mg / inert ingredients 1 mg / norethindrone 0.4 mg pack)	4	
BLISOVI 21 FE 1.5/30 28 DAY PACK (ethinyl estradiol 0.03 mg / ferrous fumarate 75 mg / norethindrone acetate 1.5 mg pack)	4	
BLISOVI 24 FE 1/20 28 DAY (ethinyl estradiol 0.02 mg / ferrous fumarate 75 mg / norethindrone acetate 1 mg pack)	4	
BRIELLYN 28 DAY (ethinyl estradiol 0.035 mg / inert ingredients 1 mg / norethindrone 0.4 mg pack)	4	
CAMILA 28 DAY (norethindrone 0.35 mg pack)	3	

Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) (continued)		
CAMRESELO 91 DAY (ethinyl estradiol 0.01 mg / ethinyl estradiol 0.02 mg / levonorgestrel 0.1 mg pack)	4	
CRYSELLE 28 (ethinyl estradiol 0.03 mg / inert ingredients 1 mg / norgestrel 0.3 mg pack)	4	
CYRED 28 DAY (desogestrel 0.15 mg / ethinyl estradiol 0.03 mg / inert ingredients 1 mg pack)	4	
DEBLITANE 28 DAY (norethindrone 0.35 mg pack)	3	
DEPO-SUBQ PROVERA (medroxyprogesterone acetate 160 mg/ml prefilled syringe)	3	
drospirenone 3 mg / ethinyl estradiol 0.02 mg / inert ingredients 1 mg pack	4	
drospirenone 3 mg / ethinyl estradiol 0.02 mg / levomefolate calcium 0.451 mg pack	4	
drospirenone 3 mg / ethinyl estradiol 0.03 mg / inert ingredients 1 mg pack	4	
ELURYNG (ethinyl estradiol 0.000625 mg/hr / etonogestrel 0.005 mg/hr vaginal system)	3	
ENILLORING (ethinyl estradiol 0.000625 mg/hr / etonogestrel 0.005 mg/hr vaginal system)	3	
ENSKYCE 28 DAY (desogestrel 0.15 mg / ethinyl estradiol 0.03 mg / inert ingredients 1 mg pack)	4	
ERRIN 28 DAY (norethindrone 0.35 mg pack)	3	
ESTARYLLA 28 DAY (ethinyl estradiol 0.035 mg / inert ingredients 1 mg / norgestimate 0.25 mg pack)	4	
estradiol 1 mg / norethindrone acetate 0.5 mg pack	4	
ethinyl estradiol 0.000625 mg/hr / etonogestrel 0.005 mg/hr vaginal system	3	
ethinyl estradiol 0.01 mg / ethinyl estradiol 0.02 mg / levonorgestrel 0.1 mg pack	4	
ethinyl estradiol 0.02 mg / inert ingredients 1 mg / levonorgestrel 0.1 mg pack	4	
ethinyl estradiol 0.02 mg / norethindrone acetate 1 mg pack	4	
ethinyl estradiol 0.025 mg / inert ingredients 1 mg / norgestimate 0.18 mg / norgestimate 0.215 mg / norgestimate 0.25 mg pack	4	
ethinyl estradiol 0.03 mg / ethinyl estradiol 0.04 mg / inert ingredients 1 mg / levonorgestrel 0.05 mg / levonorgestrel 0.075 mg pack	4	

Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) (continued)		
ethinyl estradiol 0.03 mg / inert ingredients 1 mg / levonorgestrel 0.15 mg pack	4	
ethinyl estradiol 0.035 mg / inert ingredients 1 mg / norgestimate 0.18 mg / norgestimate 0.215 mg / norgestimate 0.25 mg pack	4	
ethinyl estradiol 0.035 mg / inert ingredients 1 mg / norgestimate 0.25 mg pack	4	
FALMINA 28 DAY (ethinyl estradiol 0.02 mg / inert ingredients 1 mg / levonorgestrel 0.1 mg pack)	4	
FEIRZA 1.5/30 28 DAY (ethinyl estradiol 0.03 mg / ferrous fumarate 75 mg / norethindrone acetate 1.5 mg pack)	4	
FEIRZA 1/20 28 DAY (ethinyl estradiol 0.02 mg / ferrous fumarate 75 mg / norethindrone acetate 1 mg pack)	4	
GALLIFREY (norethindrone acetate 5 mg oral tablet)	3	
HAILEY 24 FE 28 DAY (ethinyl estradiol 0.02 mg / ferrous fumarate 75 mg / norethindrone acetate 1 mg pack)	4	
HEATHER 28 DAY (norethindrone 0.35 mg pack)	3	
ICLEVIA 91 DAY (ethinyl estradiol 0.03 mg / inert ingredients 1 mg / levonorgestrel 0.15 mg pack)	4	
INCASSIA 28 DAY (norethindrone 0.35 mg pack)	3	
INTROVALE 91 DAY (ethinyl estradiol 0.03 mg / inert ingredients 1 mg / levonorgestrel 0.15 mg pack)	4	
ISIBLOOM 28 DAY (desogestrel 0.15 mg / ethinyl estradiol 0.03 mg / inert ingredients 1 mg pack)	4	
JASMIEL 28 DAY (drospirenone 3 mg / ethinyl estradiol 0.02 mg / inert ingredients 1 mg pack)	4	
JULEBER 28 DAY (desogestrel 0.15 mg / ethinyl estradiol 0.03 mg / inert ingredients 1 mg pack)	4	
JUNEL 1.5/30 21 DAY (ethinyl estradiol 0.03 mg / norethindrone acetate 1.5 mg pack)	4	
JUNEL 1/20 21 DAY (ethinyl estradiol 0.02 mg / norethindrone acetate 1 mg pack)	4	
JUNEL FE 1.5/30 28 DAY (ethinyl estradiol 0.03 mg / ferrous fumarate 75 mg / norethindrone acetate 1.5 mg pack)	4	
JUNEL FE 24 1/20 28 DAY (ethinyl estradiol 0.02 mg / ferrous fumarate 75 mg / norethindrone acetate 1 mg pack)	4	
KARIVA 28 DAY (desogestrel 0.15 mg / ethinyl estradiol 0.01 mg / ethinyl estradiol 0.02 mg / inert ingredients 1 mg pack)	4	

Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) (continued)		
KURVELO (ethinyl estradiol 0.03 mg / inert ingredients 1 mg / levonorgestrel 0.15 mg pack)	4	
LARIN 1.5/30 (ethinyl estradiol 0.03 mg / norethindrone acetate 1.5 mg pack)	4	
LARIN 1/20 (ethinyl estradiol 0.02 mg / norethindrone acetate 1 mg pack)	4	
LARIN FE 1.5/30 (ethinyl estradiol 0.03 mg / ferrous fumarate 75 mg / norethindrone acetate 1.5 mg pack)	4	
LARIN FE 1/20 (ethinyl estradiol 0.02 mg / ferrous fumarate 75 mg / norethindrone acetate 1 mg pack)	4	
LESSINA 28 DAY (ethinyl estradiol 0.02 mg / inert ingredients 1 mg / levonorgestrel 0.1 mg pack)	4	
LEVONEST 28 DAY (ethinyl estradiol 0.03 mg / ethinyl estradiol 0.04 mg / inert ingredients 1 mg / levonorgestrel 0.05 mg / levonorgestrel 0.075 mg pack)	4	
LILETTA (levonorgestrel 0.000813 mg/hr intrauterine system)	3	
LOESTRIN 1.5/30 21 DAY (ethinyl estradiol 0.03 mg / norethindrone acetate 1.5 mg pack)	4	
LOESTRIN 1/20 21 DAY (ethinyl estradiol 0.02 mg / norethindrone acetate 1 mg pack)	4	
LOESTRIN FE 1.5/30 28 DAY (ethinyl estradiol 0.03 mg / ferrous fumarate 75 mg / norethindrone acetate 1.5 mg pack)	4	
LOESTRIN FE 1/20 28 DAY (ethinyl estradiol 0.02 mg / ferrous fumarate 75 mg / norethindrone acetate 1 mg pack)	4	
LOJAIMIESS 91 DAY (ethinyl estradiol 0.01 mg / ethinyl estradiol 0.02 mg / levonorgestrel 0.1 mg pack)	4	
LORYNA 28 DAY (drospirenone 3 mg / ethinyl estradiol 0.02 mg / inert ingredients 1 mg pack)	4	
LOW-OGESTREL 28 DAY (ethinyl estradiol 0.03 mg / inert ingredients 1 mg / norgestrel 0.3 mg pack)	4	
LYLEQ 28 DAY (norethindrone 0.35 mg pack)	3	
LYZA (norethindrone 0.35 mg pack)	3	
MARLISSA 28 DAY (ethinyl estradiol 0.03 mg / inert ingredients 1 mg / levonorgestrel 0.15 mg pack)	4	
medroxyprogesterone acetate 10 mg oral tablet	2	
medroxyprogesterone acetate 150 mg/ml injection	3	
medroxyprogesterone acetate 150 mg/ml prefilled syringe	3	
medroxyprogesterone acetate 2.5 mg oral tablet	2	

Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) (continued)		
medroxyprogesterone acetate 5 mg oral tablet	2	
megestrol acetate 20 mg oral tablet	3	
megestrol acetate 40 mg oral tablet	3	
megestrol acetate 40 mg/ml oral suspension	4	
MELEYA 28 DAY (norethindrone 0.35 mg pack)	3	
MICROGESTIN 1.5/30 21 DAY (ethinyl estradiol 0.03 mg / norethindrone acetate 1.5 mg pack)	4	
MICROGESTIN 1/20 21 DAY (ethinyl estradiol 0.02 mg / norethindrone acetate 1 mg pack)	4	
MICROGESTIN FE 1.5/30 28 DAY (ethinyl estradiol 0.03 mg / ferrous fumarate 75 mg / norethindrone acetate 1.5 mg pack)	4	
MICROGESTIN FE 1/20 28 DAY (ethinyl estradiol 0.02 mg / ferrous fumarate 75 mg / norethindrone acetate 1 mg pack)	4	
MILI 28 DAY (ethinyl estradiol 0.035 mg / inert ingredients 1 mg / norgestimate 0.25 mg pack)	4	
MIMVEY (estradiol 1 mg / norethindrone acetate 0.5 mg pack)	4	
NECON 0.5/35 28 DAY (ethinyl estradiol 0.035 mg / inert ingredients 1 mg / norethindrone 0.5 mg pack)	4	
NEXPLANON (etonogestrel 68 mg drug implant)	3	
NIKKI 28 DAY (drospirenone 3 mg / ethinyl estradiol 0.02 mg / inert ingredients 1 mg pack)	4	
NORA-BE 28 DAY (norethindrone 0.35 mg pack)	3	
norethindrone 0.35 mg pack	3	
norethindrone acetate 5 mg oral tablet	3	
NORTREL 0.5/35 28 DAY (ethinyl estradiol 0.035 mg / inert ingredients 1 mg / norethindrone 0.5 mg pack)	4	
NORTREL 1/35 21 DAY (ethinyl estradiol 0.035 mg / norethindrone 1 mg pack)	4	
NORTREL 1/35 28 DAY (ethinyl estradiol 0.035 mg / inert ingredients 1 mg / norethindrone 1 mg pack)	4	
NORTREL 7/7/7 28 DAY (ethinyl estradiol 0.035 mg / inert ingredients 1 mg / norethindrone 0.5 mg / norethindrone 0.75 mg / norethindrone 1 mg pack)	4	
NYLIA 1/35 28 DAY (ethinyl estradiol 0.035 mg / inert ingredients 1 mg / norethindrone 1 mg pack)	4	

Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) (continued)		
NYLIA 7/7/7 28 DAY (ethinyl estradiol 0.035 mg / inert ingredients 1 mg / norethindrone 0.5 mg / norethindrone 0.75 mg / norethindrone 1 mg pack)	4	
ORQUIDEA 28 DAY (norethindrone 0.35 mg pack)	3	
PIMTREA PACK (desogestrel 0.15 mg / ethinyl estradiol 0.01 mg / ethinyl estradiol 0.02 mg / inert ingredients 1 mg pack)	4	
PORTIA 28 DAY (ethinyl estradiol 0.03 mg / inert ingredients 1 mg / levonorgestrel 0.15 mg pack)	4	
progesterone 100 mg oral capsule	2	
progesterone 200 mg oral capsule	2	
RECLIPSEN 28 DAY (desogestrel 0.15 mg / ethinyl estradiol 0.03 mg / inert ingredients 1 mg pack)	4	
SETLAKIN 91 DAY (ethinyl estradiol 0.03 mg / inert ingredients 1 mg / levonorgestrel 0.15 mg pack)	4	
SHAROBEL 28 DAY (norethindrone 0.35 mg pack)	3	
SKYLA (levonorgestrel 0.000583 mg/hr intrauterine system)	4	
SLYND (drospirenone 4 mg / inert ingredients 1 mg pack)	4	
SPRINTEC 28 DAY (ethinyl estradiol 0.035 mg / inert ingredients 1 mg / norgestimate 0.25 mg pack)	4	
SYEDA 28 DAY (drospirenone 3 mg / ethinyl estradiol 0.03 mg / inert ingredients 1 mg pack)	4	
TARINA 24 FE 1/20 28 DAY (ethinyl estradiol 0.02 mg / ferrous fumarate 75 mg / norethindrone acetate 1 mg pack)	4	
TARINA FE 1/20 28 DAY (ethinyl estradiol 0.02 mg / ferrous fumarate 75 mg / norethindrone acetate 1 mg pack)	4	
TRI-ESTARYLLA 28 DAY (ethinyl estradiol 0.035 mg / inert ingredients 1 mg / norgestimate 0.18 mg / norgestimate 0.215 mg / norgestimate 0.25 mg pack)	4	
TRI-LEGEST 28 DAY (ethinyl estradiol 0.02 mg / ethinyl estradiol 0.03 mg / ethinyl estradiol 0.035 mg / ferrous fumarate 75 mg / norethindrone acetate 1 mg pack)	4	
TRI-LO- ESTARYLLA 28 DAY (ethinyl estradiol 0.025 mg / inert ingredients 1 mg / norgestimate 0.18 mg / norgestimate 0.215 mg / norgestimate 0.25 mg pack)	4	
TRI-LO-SPRINTEC 28 DAY (ethinyl estradiol 0.025 mg / inert ingredients 1 mg / norgestimate 0.18 mg / norgestimate 0.215 mg / norgestimate 0.25 mg pack)	4	

Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) (continued)		
TRI-MILI 28 DAY (ethinyl estradiol 0.035 mg / inert ingredients 1 mg / norgestimate 0.18 mg / norgestimate 0.215 mg / norgestimate 0.25 mg pack)	4	
TRI-SPRINTEC 28 DAY (ethinyl estradiol 0.035 mg / inert ingredients 1 mg / norgestimate 0.18 mg / norgestimate 0.215 mg / norgestimate 0.25 mg pack)	4	
TRI-VYLIBRA 28 DAY (ethinyl estradiol 0.035 mg / inert ingredients 1 mg / norgestimate 0.18 mg / norgestimate 0.215 mg / norgestimate 0.25 mg pack)	4	
TRI-VYLIBRA LO 28 DAY (ethinyl estradiol 0.025 mg / inert ingredients 1 mg / norgestimate 0.18 mg / norgestimate 0.215 mg / norgestimate 0.25 mg pack)	4	
TURQOZ 28 DAY (ethinyl estradiol 0.03 mg / inert ingredients 1 mg / norgestrel 0.3 mg pack)	4	
VELIVET 28 DAY (desogestrel 0.1 mg / desogestrel 0.125 mg / desogestrel 0.15 mg / ethinyl estradiol 0.025 mg / inert ingredients 1 mg pack)	4	
VESTURA (drospirenone 3 mg / ethinyl estradiol 0.02 mg / inert ingredients 1 mg pack)	4	
VIENVA 28 DAY (ethinyl estradiol 0.02 mg / inert ingredients 1 mg / levonorgestrel 0.1 mg pack)	4	
VYFEMLA 28 DAY (ethinyl estradiol 0.035 mg / inert ingredients 1 mg / norethindrone 0.4 mg pack)	4	
VYLIBRA 28 DAY (ethinyl estradiol 0.035 mg / inert ingredients 1 mg / norgestimate 0.25 mg pack)	4	
WYMZYA FE 28 DAY (ethinyl estradiol 0.035 mg / ferrous fumarate 75 mg / norethindrone 0.4 mg pack)	4	
XARAH FE 28 DAY (ethinyl estradiol 0.02 mg / ethinyl estradiol 0.03 mg / ethinyl estradiol 0.035 mg / ferrous fumarate 75 mg / norethindrone acetate 1 mg pack)	4	
XELRIA FE 28 DAY (ethinyl estradiol 0.035 mg / ferrous fumarate 75 mg / norethindrone 0.4 mg pack)	4	
Selective Estrogen Receptor Modifying Agents		
DUAVEE (bazedoxifene 20 mg / estrogens, conjugated (usp) 0.45 mg oral tablet)	4	
raloxifene hydrochloride 60 mg oral tablet	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
levothyroxine sodium 0.025 mg oral tablet	1	

Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) (continued)		
levothyroxine sodium 0.05 mg oral tablet	1	
levothyroxine sodium 0.075 mg oral tablet	1	
levothyroxine sodium 0.088 mg oral tablet	1	
levothyroxine sodium 0.1 mg oral tablet	1	
levothyroxine sodium 0.112 mg oral tablet	1	
levothyroxine sodium 0.125 mg oral tablet	1	
levothyroxine sodium 0.137 mg oral tablet	1	
levothyroxine sodium 0.15 mg oral tablet	1	
levothyroxine sodium 0.175 mg oral tablet	1	
levothyroxine sodium 0.2 mg oral tablet	1	
levothyroxine sodium 0.3 mg oral tablet	1	
LEVOXYL (levothyroxine sodium 0.025 mg oral tablet)	3	
LEVOXYL (levothyroxine sodium 0.05 mg oral tablet)	3	
LEVOXYL (levothyroxine sodium 0.075 mg oral tablet)	3	
LEVOXYL (levothyroxine sodium 0.088 mg oral tablet)	3	
LEVOXYL (levothyroxine sodium 0.1 mg oral tablet)	3	
LEVOXYL (levothyroxine sodium 0.112 mg oral tablet)	3	
LEVOXYL (levothyroxine sodium 0.125 mg oral tablet)	3	
LEVOXYL (levothyroxine sodium 0.137 mg oral tablet)	3	
LEVOXYL (levothyroxine sodium 0.15 mg oral tablet)	3	
LEVOXYL (levothyroxine sodium 0.175 mg oral tablet)	3	
LEVOXYL (levothyroxine sodium 0.2 mg oral tablet)	3	
liothyronine sodium 0.005 mg oral tablet	2	
liothyronine sodium 0.025 mg oral tablet	2	
liothyronine sodium 0.05 mg oral tablet	2	
SYNTHROID (levothyroxine sodium 0.025 mg oral tablet)	4	
SYNTHROID (levothyroxine sodium 0.05 mg oral tablet)	4	
SYNTHROID (levothyroxine sodium 0.075 mg oral tablet)	4	
SYNTHROID (levothyroxine sodium 0.088 mg oral tablet)	4	
SYNTHROID (levothyroxine sodium 0.1 mg oral tablet)	4	
SYNTHROID (levothyroxine sodium 0.112 mg oral tablet)	4	
SYNTHROID (levothyroxine sodium 0.125 mg oral tablet)	4	
SYNTHROID (levothyroxine sodium 0.137 mg oral tablet)	4	

Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) (continued)		
SYNTHROID (levothyroxine sodium 0.15 mg oral tablet)	4	
SYNTHROID (levothyroxine sodium 0.175 mg oral tablet)	4	
SYNTHROID (levothyroxine sodium 0.2 mg oral tablet)	4	
SYNTHROID (levothyroxine sodium 0.3 mg oral tablet)	4	
TIROSINT (levothyroxine sodium 0.013 mg/ml oral solution)	3	
TIROSINT (levothyroxine sodium 0.025 mg/ml oral solution)	3	
TIROSINT (levothyroxine sodium 0.05 mg/ml oral solution)	3	
TIROSINT (levothyroxine sodium 0.075 mg/ml oral solution)	3	
TIROSINT (levothyroxine sodium 0.088 mg/ml oral solution)	3	
TIROSINT (levothyroxine sodium 0.1 mg/ml oral solution)	3	
TIROSINT (levothyroxine sodium 0.112 mg/ml oral solution)	3	
TIROSINT (levothyroxine sodium 0.125 mg/ml oral solution)	3	
TIROSINT (levothyroxine sodium 0.137 mg/ml oral solution)	3	
TIROSINT (levothyroxine sodium 0.15 mg/ml oral solution)	3	
TIROSINT (levothyroxine sodium 0.175 mg/ml oral solution)	3	
TIROSINT (levothyroxine sodium 0.2 mg/ml oral solution)	3	
UNITHROID (levothyroxine sodium 0.025 mg oral tablet)	3	
UNITHROID (levothyroxine sodium 0.05 mg oral tablet)	3	
UNITHROID (levothyroxine sodium 0.075 mg oral tablet)	3	
UNITHROID (levothyroxine sodium 0.088 mg oral tablet)	3	
UNITHROID (levothyroxine sodium 0.1 mg oral tablet)	3	
UNITHROID (levothyroxine sodium 0.112 mg oral tablet)	3	
UNITHROID (levothyroxine sodium 0.125 mg oral tablet)	3	
UNITHROID (levothyroxine sodium 0.137 mg oral tablet)	3	
UNITHROID (levothyroxine sodium 0.15 mg oral tablet)	3	
UNITHROID (levothyroxine sodium 0.175 mg oral tablet)	3	
UNITHROID (levothyroxine sodium 0.2 mg oral tablet)	3	
UNITHROID (levothyroxine sodium 0.3 mg oral tablet)	3	
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
cabergoline 0.5 mg oral tablet	3	
ELIGARD (leuprolide acetate 120 mg/ml prefilled syringe)	5	PA NSO

Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Suppressant (Adrenal or Pituitary) (continued)		
ELIGARD (leuprolide acetate 30 mg/ml prefilled syringe)	4	PA NSO
ELIGARD (leuprolide acetate 60 mg/ml prefilled syringe)	5	PA NSO
FIRMAGON (degarelix 120 mg injection)	4	
FIRMAGON (degarelix 80 mg injection)	4	
ISTURISA (osilodrostat 1 mg oral tablet)	5	QL (240 per 30 days)
ISTURISA (osilodrostat 5 mg oral tablet)	5	QL (360 per 30 days)
leuprolide acetate 5 mg/ml injectable solution	4	PA NSO
LUPRON (leuprolide acetate 15 mg/ml prefilled syringe)	5	BvsD
LUPRON (leuprolide acetate 20 mg/ml prefilled syringe)	5	PA NSO
LUPRON (leuprolide acetate 3.75 mg/ml prefilled syringe)	5	PA NSO
LUPRON (leuprolide acetate 30 mg/ml prefilled syringe)	5	BvsD
LUPRON (leuprolide acetate 7.5 mg/ml prefilled syringe)	5	PA NSO
LUPRON (leuprolide acetate 7.5 mg/ml prefilled syringe)	5	BvsD
mifepristone 300 mg oral tablet	5	PA; QL (120 per 30 days)
octreotide 0.05 mg/ml injection	4	PA
octreotide 0.1 mg/ml injection	4	PA
octreotide 0.2 mg/ml injectable solution	4	PA
octreotide 0.5 mg/ml injection	5	PA
octreotide 1 mg/ml injectable solution	4	PA
SIGNIFOR (pasireotide 0.3 mg/ml injection)	5	PA; LA
SIGNIFOR (pasireotide 0.6 mg/ml injection)	5	PA; LA
SIGNIFOR (pasireotide 0.9 mg/ml injection)	5	PA; LA
SOMAVERT (pegvisomant 10 mg injection)	5	PA; LA
SOMAVERT (pegvisomant 15 mg injection)	5	PA; LA
SOMAVERT (pegvisomant 20 mg injection)	5	PA; LA
SOMAVERT (pegvisomant 25 mg injection)	5	PA; LA
SOMAVERT (pegvisomant 30 mg injection)	5	PA; LA
SYNAREL (nafarelin 0.2 mg/actuat metered dose nasal spray)	5	
TRELSTAR (triptorelin 11.25 mg injection)	4	PA NSO
TRELSTAR (triptorelin 22.5 mg injection)	4	PA NSO
TRELSTAR (triptorelin 3.75 mg injection)	4	PA NSO

Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
methimazole 10 mg oral tablet	1	
methimazole 5 mg oral tablet	1	
propylthiouracil 50 mg oral tablet	2	
Hormones and Synthetic Substitutes		
Adrenals		
dexamethasone 1.5 mg oral tablet	2	
HEMADY (dexamethasone 20 mg oral tablet)	4	QL (60 per 30 days)
prednisolone 10 mg disintegrating oral tablet	2	
prednisolone 15 mg disintegrating oral tablet	2	
prednisolone 2 mg/ml oral solution	2	
prednisolone 30 mg disintegrating oral tablet	2	
prednisolone 4 mg/ml oral solution	2	
prednisone 5 mg/ml oral solution	2	
Antidiabetic Agents		
alogliptin 12.5 mg oral tablet	1	QL (30 per 30 days)
alogliptin 12.5 mg / metformin hydrochloride 1000 mg oral tablet	1	QL (60 per 30 days)
alogliptin 12.5 mg / metformin hydrochloride 500 mg oral tablet	1	QL (60 per 30 days)
alogliptin 12.5 mg / pioglitazone 30 mg oral tablet	1	QL (30 per 30 days)
alogliptin 25 mg oral tablet	1	QL (30 per 30 days)
alogliptin 25 mg / pioglitazone 15 mg oral tablet	1	QL (30 per 30 days)
alogliptin 25 mg / pioglitazone 30 mg oral tablet	1	QL (30 per 30 days)
alogliptin 25 mg / pioglitazone 45 mg oral tablet	1	QL (30 per 30 days)
alogliptin 6.25 mg oral tablet	1	QL (30 per 30 days)
FARXIGA (dapagliflozin 10 mg oral tablet)	3	QL (30 per 30 days)
FARXIGA (dapagliflozin 5 mg oral tablet)	3	QL (30 per 30 days)
insulin lispro 100 unt/ml injectable solution	3	
insulin lispro 100 unt/ml pen injector	3	
metformin hydrochloride 100 mg/ml oral solution	1	
miglitol 100 mg oral tablet	2	
miglitol 25 mg oral tablet	2	

Drug Name	Drug Tier	Requirements/Limits
Hormones and Synthetic Substitutes (continued)		
miglitol 50 mg oral tablet	2	
STEGLATRO (ertugliflozin 15 mg oral tablet)	4	QL (30 per 30 days)
STEGLATRO (ertugliflozin 5 mg oral tablet)	4	QL (30 per 30 days)
TRIJARDY (empagliflozin 10 mg / linagliptin 5 mg / metformin hydrochloride 1000 mg extended release oral tablet)	3	
TRIJARDY (empagliflozin 12.5 mg / linagliptin 2.5 mg / metformin hydrochloride 1000 mg extended release oral tablet)	3	
TRIJARDY (empagliflozin 25 mg / linagliptin 5 mg / metformin hydrochloride 1000 mg extended release oral tablet)	3	
TRIJARDY (empagliflozin 5 mg / linagliptin 2.5 mg / metformin hydrochloride 1000 mg extended release oral tablet)	3	
Estrogens and Estrogen Agonists-Antagonists		
DEPO-ESTRADIOL (estradiol cypionate 5 mg/ml injectable solution)	4	
estradiol 0.5 mg / norethindrone acetate 0.1 mg pack	2	
FEMRING (estradiol 0.00208 mg/hr vaginal system)	4	QL (1 per 90 days)
FEMRING (estradiol 0.00417 mg/hr vaginal system)	4	QL (1 per 90 days)
IMVEXXY 10 MCG MAINTENANCE PACK (estradiol 0.01 mg pack)	4	QL (30 per 30 days)
IMVEXXY 10 MCG STARTER PACK (estradiol 0.01 mg pack)	4	QL (30 per 30 days)
IMVEXXY 4 MCG MAINTENANCE PACK (estradiol 0.004 mg pack)	4	QL (30 per 30 days)
IMVEXXY 4 MCG STARTER PACK (estradiol 0.004 mg pack)	4	QL (30 per 30 days)
OSPHENA (ospemifene 60 mg oral tablet)	4	QL (30 per 30 days)
PREMARIN (estrogens, conjugated (usp) 0.3 mg oral tablet)	3	QL (30 per 30 days)
PREMARIN (estrogens, conjugated (usp) 0.45 mg oral tablet)	3	QL (30 per 30 days)
PREMARIN (estrogens, conjugated (usp) 0.625 mg oral tablet)	3	QL (30 per 30 days)
PREMARIN (estrogens, conjugated (usp) 0.9 mg oral tablet)	3	QL (30 per 30 days)
PREMARIN (estrogens, conjugated (usp) 1.25 mg oral tablet)	3	QL (30 per 30 days)
Progestins		
CRINONE (progesterone 0.04 mg/mg vaginal gel)	4	
megestrol acetate 125 mg/ml oral suspension	2	

Drug Name	Drug Tier	Requirements/Limits
Immunological Agents		
Angioedema Agents		
CINRYZE (c1 esterase inhibitor (human) 500 unt injection)	5	PA; QL (20 per 30 days); LA
HAEGARDA (c1 esterase inhibitor (human) 2000 unt injection)	5	PA; QL (27 per 28 days); LA
HAEGARDA (c1 esterase inhibitor (human) 3000 unt injection)	5	PA; QL (18 per 28 days); LA
icatibant 10 mg/ml prefilled syringe	5	PA; QL (18 per 30 days)
SAJAZIR (icatibant 10 mg/ml prefilled syringe)	5	PA; QL (18 per 30 days)
Immunoglobulins		
GAMMAGARD (immunoglobulin g, human 100 mg/ml injection)	5	PA
GAMMAGARD (immunoglobulin g, human 10000 mg injection)	5	PA
GAMMAGARD (immunoglobulin g, human 5000 mg injection)	5	PA
GAMMAPLEX (immunoglobulin g, human 100 mg/ml injection)	5	PA
GAMMAPLEX (immunoglobulin g, human 50 mg/ml injection)	5	PA
GAMUNEX (immunoglobulin g, human 100 mg/ml injection)	5	PA
Immunological Agents, Other		
ACTEMRA (tocilizumab 180 mg/ml auto-injector)	5	PA
ACTEMRA (tocilizumab 180 mg/ml prefilled syringe)	5	PA
ARCALYST (rilonacept 220 mg injection)	5	PA; LA
azathioprine 100 mg oral tablet	3	
azathioprine 75 mg oral tablet	3	
BENLYSTA (belimumab 200 mg/ml auto-injector)	5	PA
BENLYSTA (belimumab 200 mg/ml prefilled syringe)	5	PA
BIMZELX (bimekizumab-bkzx 160 mg/ml auto-injector)	4	
BIMZELX (bimekizumab-bkzx 160 mg/ml prefilled syringe)	4	
CEQUA (cyclosporine 0.9 mg/ml ophthalmic solution)	3	
COSENTYX (secukinumab 150 mg/ml auto-injector)	5	PA; QL (2 per 28 days)
COSENTYX (secukinumab 150 mg/ml auto-injector)	5	PA
COSENTYX (secukinumab 150 mg/ml prefilled syringe)	5	PA; QL (2 per 28 days)
cyclosporine 0.5 mg/ml ophthalmic suspension	3	
DUPIXENT (dupilumab 150 mg/ml auto-injector)	5	PA; QL (8 per 28 days)
DUPIXENT (dupilumab 150 mg/ml prefilled syringe)	5	PA; QL (8 per 28 days)
DUPIXENT (dupilumab 175 mg/ml auto-injector)	5	PA; QL (4 per 28 days)
DUPIXENT (dupilumab 175 mg/ml prefilled syringe)	5	PA; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
Immunological Agents (continued)		
EBGLYSS (lebrikizumab-lbkz 125 mg/ml pen injector)	3	QL (8 per 30 days)
EBGLYSS (lebrikizumab-lbkz 125 mg/ml prefilled syringe)	3	QL (8 per 30 days)
eltrombopag 12.5 mg oral tablet	5	
ENTYVIO (vedolizumab 159 mg/ml auto-injector)	5	PA
HYFTOR (sirolimus 0.002 mg/mg topical gel)	3	
NEORAL (cyclosporine, modified 100 mg oral capsule)	3	
NEORAL (cyclosporine, modified 100 mg/ml oral solution)	3	
NEORAL (cyclosporine, modified 25 mg oral capsule)	3	
NUCALA (mepolizumab 100 mg injection)	5	QL (3 per 28 days)
NUCALA (mepolizumab 100 mg/ml auto-injector)	5	QL (3 per 28 days)
NUCALA (mepolizumab 100 mg/ml prefilled syringe)	5	QL (3 per 28 days)
NUCALA (mepolizumab 100 mg/ml prefilled syringe)	5	LA
ORENCIA (abatacept 125 mg/ml auto-injector)	5	PA
ORENCIA (abatacept 125 mg/ml prefilled syringe)	5	PA
RINVOQ (upadacitinib 1 mg/ml oral solution)	5	PA
RINVOQ (upadacitinib 15 mg extended release oral tablet)	5	PA
RINVOQ (upadacitinib 30 mg extended release oral tablet)	5	PA
RINVOQ (upadacitinib 45 mg extended release oral tablet)	5	PA
SANDIMMUNE (cyclosporine 100 mg oral capsule)	3	
SANDIMMUNE (cyclosporine 25 mg oral capsule)	3	
SAPHNELO (anifrolumab-fnia 150 mg/ml auto-injector)	3	
SAPHNELO (anifrolumab-fnia 150 mg/ml prefilled syringe)	3	
SKYRIZI (risankizumab-rzaa 150 mg/ml auto-injector)	5	PA
SKYRIZI (risankizumab-rzaa 150 mg/ml cartridge)	5	PA
SKYRIZI (risankizumab-rzaa 150 mg/ml prefilled syringe)	5	PA
STELARA (ustekinumab 90 mg/ml injection)	5	PA
STELARA (ustekinumab 90 mg/ml prefilled syringe)	5	PA
STEQEYMA (ustekinumab-stba 90 mg/ml prefilled syringe)	3	PA
STEQEYMA (ustekinumab-stba 90 mg/ml prefilled syringe)	5	PA
tofacitinib 1 mg/ml oral solution	5	QL (660 per 30 days)
tofacitinib 10 mg oral tablet	5	QL (60 per 30 days)
tofacitinib 11 mg extended release oral tablet	5	QL (30 per 30 days)
tofacitinib 22 mg extended release oral tablet	5	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Immunological Agents (continued)		
tofacitinib 5 mg oral tablet	5	QL (60 per 30 days)
TREMFYA (guselkumab 100 mg/ml auto-injector)	5	PA
TREMFYA (guselkumab 100 mg/ml prefilled syringe)	5	PA
TREMFYA INDUCTION PACK FOR CROHN'S DISEASE (guselkumab 100 mg/ml pack)	5	PA
TYENNE (tocilizumab-aazg 180 mg/ml auto-injector)	5	PA
TYENNE (tocilizumab-aazg 180 mg/ml prefilled syringe)	5	PA
VERKAZIA (cyclosporine 1 mg/ml ophthalmic suspension)	3	
VEVYE (cyclosporine 1 mg/ml ophthalmic solution)	3	
VOYXACT (sibeprenlimab-szsi 200 mg/ml prefilled syringe)	4	QL (2 per 28 days)
XOLAIR (omalizumab 150 mg injection)	5	PA; LA
XOLAIR (omalizumab 150 mg/ml auto-injector)	5	PA; LA
XOLAIR (omalizumab 150 mg/ml prefilled syringe)	5	PA; LA
ZYMFENTRA (infliximab-dyyb 120 mg/ml pen injector)	5	QL (2 per 28 days)
ZYMFENTRA (infliximab-dyyb 120 mg/ml prefilled syringe)	5	QL (2 per 28 days)
Immunostimulants		
ACTIMMUNE (interferon gamma-1b 0.2 mg/ml injection)	5	PA NSO; LA
ARMLUPEG (pegfilgrastim-unne 10 mg/ml prefilled syringe)	4	
BESREMI (ropeginterferon alfa-2b-njft 0.5 mg/ml prefilled syringe)	5	PA NSO; QL (2 per 28 days)
PEGASYS (peginterferon alfa-2a 0.18 mg/ml injection)	5	PA
PEGASYS (peginterferon alfa-2a 0.36 mg/ml prefilled syringe)	5	PA
Immunosuppressants		
ALVAIZ (eltrombopag 18 mg oral tablet)	5	QL (180 per 30 days); LA
ALVAIZ (eltrombopag 36 mg oral tablet)	5	QL (90 per 30 days); LA
ALVAIZ (eltrombopag 54 mg oral tablet)	5	QL (60 per 30 days); LA
ALVAIZ (eltrombopag 9 mg oral tablet)	5	QL (360 per 30 days); LA
azathioprine 50 mg oral tablet	2	BvsD
CELLCEPT (mycophenolate mofetil 200 mg/ml oral suspension)	3	
CELLCEPT (mycophenolate mofetil 250 mg oral capsule)	3	
CELLCEPT (mycophenolate mofetil 500 mg oral tablet)	3	
cyclosporine 100 mg oral capsule	4	BvsD

Drug Name	Drug Tier	Requirements/Limits
Immunological Agents (continued)		
cyclosporine 25 mg oral capsule	4	BvsD
cyclosporine, modified 100 mg oral capsule	4	BvsD
cyclosporine, modified 100 mg/ml oral solution	4	BvsD
cyclosporine, modified 25 mg oral capsule	4	BvsD
cyclosporine, modified 50 mg oral capsule	4	BvsD
eltrombopag 25 mg oral tablet	5	QL (60 per 30 days)
eltrombopag 50 mg oral tablet	5	QL (30 per 30 days)
eltrombopag 75 mg oral tablet	5	QL (30 per 30 days)
ENBREL (etanercept 50 mg/ml auto-injector)	5	PA
ENBREL (etanercept 50 mg/ml cartridge)	5	PA
ENBREL (etanercept 50 mg/ml injection)	5	PA
ENBREL (etanercept 50 mg/ml prefilled syringe)	5	PA
ENVARSUS (tacrolimus 0.75 mg extended release oral tablet)	4	BvsD
ENVARSUS (tacrolimus 1 mg extended release oral tablet)	4	BvsD
ENVARSUS (tacrolimus 4 mg extended release oral tablet)	5	BvsD
everolimus 0.25 mg oral tablet	4	BvsD
everolimus 0.5 mg oral tablet	5	BvsD
everolimus 0.75 mg oral tablet	5	BvsD
everolimus 1 mg oral tablet	5	BvsD
FILSPARI (sparsentan 200 mg oral tablet)	5	QL (14 per 14 days); LA
FILSPARI (sparsentan 400 mg oral tablet)	5	QL (30 per 30 days); LA
GENGRAF (cyclosporine, modified 100 mg oral capsule)	4	BvsD
GENGRAF (cyclosporine, modified 25 mg oral capsule)	4	BvsD
HADLIMA (adalimumab-bwwd 100 mg/ml auto-injector)	5	PA
HADLIMA (adalimumab-bwwd 100 mg/ml prefilled syringe)	5	PA
HADLIMA (adalimumab-bwwd 50 mg/ml auto-injector)	5	PA
HADLIMA (adalimumab-bwwd 50 mg/ml prefilled syringe)	5	PA
JYLAMVO (methotrexate 2 mg/ml oral solution)	3	
KINERET (anakinra 149 mg/ml prefilled syringe)	5	QL (30 per 30 days)
leflunomide 10 mg oral tablet	3	
leflunomide 20 mg oral tablet	3	
methotrexate 2.5 mg oral tablet	2	
methotrexate 25 mg/ml injectable solution	1	

Drug Name	Drug Tier	Requirements/Limits
Immunological Agents (continued)		
methotrexate 25 mg/ml injection	2	
mycophenolate mofetil 200 mg/ml oral suspension	5	BvsD
mycophenolate mofetil 250 mg oral capsule	3	BvsD
mycophenolate mofetil 500 mg oral tablet	3	BvsD
mycophenolic acid 180 mg delayed release oral tablet	4	BvsD
mycophenolic acid 360 mg delayed release oral tablet	4	BvsD
MYHIBBIN (mycophenolate mofetil 200 mg/ml oral suspension)	5	BvsD
PROGRAF (tacrolimus 0.2 mg granules for oral suspension)	4	BvsD
PROGRAF (tacrolimus 1 mg granules for oral suspension)	4	BvsD
RASUVO (methotrexate 50 mg/ml auto-injector)	3	
REZUROCK (belumosudil 200 mg oral tablet)	5	PA; QL (30 per 30 days); LA
SIMLANDI (adalimumab-ryvk 100 mg/ml auto-injector)	5	PA
SIMLANDI (adalimumab-ryvk 100 mg/ml prefilled syringe)	4	PA
SIMLANDI (adalimumab-ryvk 100 mg/ml prefilled syringe)	5	PA
sirolimus 0.5 mg oral tablet	4	BvsD
sirolimus 1 mg oral tablet	4	BvsD
sirolimus 1 mg/ml oral solution	4	BvsD
sirolimus 2 mg oral tablet	4	BvsD
tacrolimus 0.5 mg extended release oral capsule	3	
tacrolimus 0.5 mg oral capsule	4	BvsD
tacrolimus 1 mg extended release oral capsule	3	
tacrolimus 1 mg oral capsule	4	BvsD
tacrolimus 5 mg extended release oral capsule	3	
tacrolimus 5 mg oral capsule	4	BvsD
TAVNEOS (avacopan 10 mg oral capsule)	5	QL (180 per 30 days)
TREXALL (methotrexate 10 mg oral tablet)	3	
TREXALL (methotrexate 15 mg oral tablet)	3	
TREXALL (methotrexate 5 mg oral tablet)	3	
TREXALL (methotrexate 7.5 mg oral tablet)	3	
XATMEP (methotrexate 2.5 mg/ml oral solution)	4	BvsD

Drug Name	Drug Tier	Requirements/Limits
Vaccines		
ABRYSVO (respiratory syncytial virus pre-fusion f protein, a, recombinant, stabilized 0.12 mg/ml / respiratory syncytial virus pre-fusion f protein, b, recombinant, stabilized 0.12 mg/ml injection)	1	QL (1 per 365 days)
ACTHIB (haemophilus influenzae type b strain 1482, capsular polysaccharide inactivated tetanus toxoid conjugate vaccine 0.068 mg/ml injection)	1	
ADACEL (bordetella pertussis filamentous hemagglutinin vaccine, inactivated 0.01 mg/ml / bordetella pertussis fimbriae 2/3 vaccine, inactivated 0.01 mg/ml / bordetella pertussis pertactin vaccine, inactivated 0.006 mg/ml / bordetella pertussis toxoid vaccine injection)	1	
ADACEL (bordetella pertussis filamentous hemagglutinin vaccine, inactivated 0.01 mg/ml / bordetella pertussis fimbriae 2/3 vaccine, inactivated 0.01 mg/ml / bordetella pertussis pertactin vaccine, inactivated 0.006 mg/ml / bordetella pertussis toxoid vaccine prefilled syringe)	1	
AREXVY (respiratory syncytial virus pre-fusion f protein, recombinant 0.24 mg/ml injection)	1	QL (1 per 999 days)
bcg, live, tice strain 50 mg injection	1	
BEXSERO (meningococcal group b vaccine 0.1 mg/ml / neisseria meningitidis serogroup b recombinant fhbp fusion protein antigen 0.1 mg/ml / neisseria meningitidis serogroup b recombinant nhba fusion protein antigen 0.1 mg/ml / neisseria meningitidis serogroup b prefilled syringe)	1	
BOOSTRIX (bordetella pertussis filamentous hemagglutinin vaccine, inactivated 0.016 mg/ml / bordetella pertussis pertactin vaccine, inactivated 0.005 mg/ml / bordetella pertussis toxoid vaccine, inactivated 0.016 mg/ml / diphtheria toxoid vaccine, inactivated prefilled syringe)	1	
BOOSTRIX (bordetella pertussis filamentous hemagglutinin vaccine, inactivated 0.016 mg/ml / bordetella pertussis pertactin vaccine, inactivated 0.005 unt/ml / bordetella pertussis toxoid vaccine, inactivated 0.016 mg/ml / diphtheria toxoid vaccine, inactivated injection)	1	
DAPTACEL (bordetella pertussis filamentous hemagglutinin vaccine, inactivated 0.01 mg/ml / bordetella pertussis fimbriae 2/3 vaccine, inactivated 0.01 mg/ml / bordetella pertussis pertactin vaccine, inactivated 0.006 mg/ml / bordetella pertussis toxoid vaccine injection)	1	
ENGERIX-B (hepatitis b surface antigen vaccine 0.02 mg/ml injection)	1	BvsD

Drug Name	Drug Tier	Requirements/Limits
Immunological Agents (continued)		
ENGERIX-B (hepatitis b surface antigen vaccine 0.02 mg/ml prefilled syringe)	1	BvsD
GARDASIL 9 (l1 protein, human papillomavirus type 11 vaccine 0.08 mg/ml / l1 protein, human papillomavirus type 16 vaccine 0.12 mg/ml / l1 protein, human papillomavirus type 18 vaccine 0.08 mg/ml / l1 protein, human papillomavirus type 31 vaccine 0.04 mg/ml / l1 injection)	1	
GARDASIL 9 (l1 protein, human papillomavirus type 11 vaccine 0.08 mg/ml / l1 protein, human papillomavirus type 16 vaccine 0.12 mg/ml / l1 protein, human papillomavirus type 18 vaccine 0.08 mg/ml / l1 protein, human papillomavirus type 31 vaccine 0.04 mg/ml / l1 prefilled syringe)	1	
HAVRIX (hepatitis a vaccine (inactivated) strain hm175 1440 unt/ml prefilled syringe)	1	
HEPLISAV-B (hepatitis b surface antigen vaccine 0.04 mg/ml prefilled syringe)	1	BvsD
HIBERIX (haemophilus influenzae type b strain 20752, capsular polysaccharide inactivated tetanus toxoid conjugate vaccine 0.07 mg/ml injection)	1	
IMOVAX (rabies virus vaccine wistar strain pm-1503-3m (human), inactivated 2.5 unt/ml injection)	1	BvsD
INFANRIX (bordetella pertussis filamentous hemagglutinin vaccine, inactivated 0.05 mg/ml / bordetella pertussis pertactin vaccine, inactivated 0.016 mg/ml / bordetella pertussis toxoid vaccine, inactivated 0.05 mg/ml / diphtheria toxoid vaccine, inactivated 50 prefilled syringe)	1	
IPOL (poliovirus vaccine inactivated, type 1 (mahoney) 80 unt/ml / poliovirus vaccine inactivated, type 2 (mef-1) 16 unt/ml / poliovirus vaccine inactivated, type 3 (saukett) 64 unt/ml injectable suspension)	1	
IXIARO (japanese encephalitis virus vaccine nakayama-nih strain, inactivated 0.012 mg/ml prefilled syringe)	1	
JYNNEOS (modified vaccinia ankara-bavarian nordic 198000000 unt/ml injection)	1	BvsD
KINRIX (acellular pertussis vaccine, inactivated 0.116 mg/ml / diphtheria toxoid vaccine, inactivated 50 unt/ml / poliovirus vaccine inactivated, type 1 (mahoney) 80 unt/ml / poliovirus vaccine inactivated, type 2 (mef-1) 16 unt/ml / poliovirus vaccine inact prefilled syringe)	1	

Drug Name	Drug Tier	Requirements/Limits
Immunological Agents (continued)		
M-M-R II (measles virus vaccine live, enders' attenuated edmonston strain 2000 unt/ml / mumps virus vaccine live, jeryl lynn strain 25000 unt/ml / rubella virus vaccine live (wistar ra 27-3 strain) 2000 unt/ml injection)	1	
MENQUADFI (neisseria meningitidis serogroup a capsular polysaccharide tetanus toxoid protein conjugate vaccine 0.02 mg/ml / neisseria meningitidis serogroup c capsular polysaccharide tetanus toxoid protein conjugate vaccine 0.02 mg/ml / neisseria meningitidis s injection)	1	
MENVEO (neisseria meningitidis serogroup a oligosaccharide diphtheria crm197 protein conjugate vaccine 0.02 mg/ml / neisseria meningitidis serogroup c oligosaccharide diphtheria crm197 protein conjugate vaccine 0.01 mg/ml / neisseria meningitidis serogroup w injection)	1	
MRESVIA (respiratory syncytial virus pre-fusion f glycoprotein mrna 0.1 mg/ml prefilled syringe)	1	QL (0.5 per 999 days)
PEDIARIX (acellular pertussis vaccine, inactivated 0.116 mg/ml / diphtheria toxoid vaccine, inactivated 50 unt/ml / hepatitis b surface antigen vaccine 0.02 mg/ml / poliovirus vaccine inactivated, type 1 (mahoney) 80 unt/ml / poliovirus vaccine inactivated, ty prefilled syringe)	1	
PEDVAXHIB (haemophilus influenzae b (ross strain) capsular polysaccharide meningococcal protein conjugate vaccine 0.265 mg/ml injection)	1	
PENBRAYA (neisseria meningitidis serogroup a capsular polysaccharide tetanus toxoid protein conjugate vaccine 0.01 mg/ml / neisseria meningitidis serogroup b recombinant lp2086 a05 protein variant antigen 0.12 mg/ml / neisseria meningitidis serogroup b recombi injection)	1	
PENMENVY (neisseria meningitidis serogroup a oligosaccharide diphtheria crm197 protein conjugate vaccine 0.02 mg/ml / neisseria meningitidis serogroup b recombinant fhbp fusion protein antigen 0.1 mg/ml / neisseria meningitidis serogroup b recombinant nada fus injection)	1	
PENTACEL (acellular pertussis vaccine, inactivated 96 unt/ml / diphtheria toxoid vaccine, inactivated 30 unt/ml / haemophilus influenzae type b, capsular polysaccharide inactivated tetanus toxoid conjugate vaccine 68 unt/ml / poliovirus vaccine inactivated, ty injection)	1	
PRIORIX (measles virus vaccine live, attenuated schwarz strain 5024 unt/ml / mumps virus vaccine live, rit-4385 strain 31684 unt/ml / rubella virus vaccine live (wistar ra 27-3 strain) 3990 unt/ml injection)	1	

Drug Name	Drug Tier	Requirements/Limits
Immunological Agents (continued)		
PROQUAD (measles virus vaccine live, enders' attenuated edmonston strain 2000 unt/ml / mumps virus vaccine live, jeryl lynn strain 40000 unt/ml / rubella virus vaccine live (wistar ra 27-3 strain) 2000 unt/ml / varicella-zoster virus vaccine live (oka-merck) injection)	1	
QUADRACEL (bordetella pertussis filamentous hemagglutinin vaccine, inactivated 0.04 mg/ml / bordetella pertussis fimbriae 2/3 vaccine, inactivated 0.01 mg/ml / bordetella pertussis pertactin vaccine, inactivated 0.006 mg/ml / bordetella pertussis toxoid vaccine injection)	1	
QUADRACEL (bordetella pertussis filamentous hemagglutinin vaccine, inactivated 0.04 mg/ml / bordetella pertussis fimbriae 2/3 vaccine, inactivated 0.01 mg/ml / bordetella pertussis pertactin vaccine, inactivated 0.006 mg/ml / bordetella pertussis toxoid vaccine prefilled syringe)	1	
RABAVERT (rabies virus vaccine flury-lep strain 2.5 unt/ml injection)	1	BvsD
RECOMBIVAX (hepatitis b surface antigen vaccine 0.01 mg/ml injection)	1	BvsD
RECOMBIVAX (hepatitis b surface antigen vaccine 0.01 mg/ml prefilled syringe)	1	BvsD
RECOMBIVAX (hepatitis b surface antigen vaccine 0.04 mg/ml injection)	1	BvsD
ROTARIX (rotavirus vaccine, live attenuated, g1p[8] human 89-12 strain 667000 unt/ml oral suspension)	1	
ROTATEQ (human-bovine reassortant rotavirus strain g1 vaccine 1100000 unt/ml / human-bovine reassortant rotavirus strain g2 vaccine 1400000 unt/ml / human-bovine reassortant rotavirus strain g3 vaccine 1100000 unt/ml / human-bovine reassortant rotavirus strai oral suspension)	1	
SHINGRIX (varicella zoster virus glycoprotein e, recombinant 0.1 mg/ml injection)	1	QL (2 per 999 days)
SHINGRIX (varicella zoster virus glycoprotein e, recombinant 0.1 mg/ml prefilled syringe)	1	
TENIVAC (diphtheria toxoid vaccine, inactivated 4 unt/ml / tetanus toxoid vaccine, inactivated 10 unt/ml injection)	1	BvsD
TENIVAC (diphtheria toxoid vaccine, inactivated 4 unt/ml / tetanus toxoid vaccine, inactivated 10 unt/ml prefilled syringe)	1	BvsD
TICOVAC (tick-borne encephalitis purified antigen 0.0048 mg/ml prefilled syringe)	1	

Drug Name	Drug Tier	Requirements/Limits
Immunological Agents (continued)		
TRUMENBA (neisseria meningitidis serogroup b recombinant lp2086 a05 protein variant antigen 0.12 mg/ml / neisseria meningitidis serogroup b recombinant lp2086 b01 protein variant antigen 0.12 mg/ml prefilled syringe)	1	
TWINRIX (hepatitis a vaccine (inactivated) strain hm175 720 unt/ml / hepatitis b surface antigen vaccine 0.02 mg/ml prefilled syringe)	1	
TYPHIM VI (typhoid vi polysaccharide vaccine, s typhi ty2 strain 0.05 mg/ml prefilled syringe)	1	
VAQTA (hepatitis a virus strain cr 326f antigen, inactivated 50 unt/ml injection)	1	
VAQTA (hepatitis a virus strain cr 326f antigen, inactivated 50 unt/ml prefilled syringe)	1	
VARIVAX (varicella-zoster virus vaccine live (oka-merck) strain 2700 unt/ml injection)	1	
VAXCHORA (vibrio cholerae cvd 103-hgr strain live antigen 12000000 unt/ml oral suspension)	1	
VIMKUNYA (chikungunya virus antigen, recombinant senegal strain 37997 0.05 mg/ml prefilled syringe)	1	
VIVOTIF (salmonella typhi ty21a live antigen 2000000000 unt delayed release oral capsule)	1	
YF-VAX (yellow fever virus strain 17d-204 live antigen 4000 unt/ml injection)	1	
Immunological Agents, Other		
Sphingosine 1-Phosphate (S1P) Receptor Modulators		
ZEPOSIA (ozanimod 0.92 mg oral capsule)	4	QL (30 per 30 days)
ZEPOSIA 7-DAY STARTER PACK (ozanimod 0.23 mg / ozanimod 0.46 mg pack)	4	QL (1 per 7 days)
Inflammatory Bowel Disease Agents		
Aminosalicylates		
balsalazide disodium 750 mg oral capsule	4	
mesalamine 1000 mg rectal suppository	4	
mesalamine 1200 mg delayed release oral tablet	4	QL (120 per 30 days)
mesalamine 375 mg extended release oral capsule	4	QL (120 per 30 days)
mesalamine 66.7 mg/ml enema	4	
sulfasalazine 500 mg delayed release oral tablet	3	

Drug Name	Drug Tier	Requirements/Limits
Inflammatory Bowel Disease Agents (continued)		
sulfasalazine 500 mg oral tablet	2	
Glucocorticoids		
budesonide 3 mg delayed release oral capsule	4	PA; QL (90 per 30 days)
budesonide 9 mg extended release oral tablet	5	PA; QL (30 per 30 days)
hydrocortisone 1.67 mg/ml enema	4	
hydrocortisone 25 mg/ml topical cream	2	QL (454 per 30 days)
PROCTO-MED (hydrocortisone 25 mg/ml topical cream)	2	QL (454 per 30 days)
PROCTOSOL (hydrocortisone 25 mg/ml topical cream)	2	QL (454 per 30 days)
PROCTOZONE HC (hydrocortisone 25 mg/ml topical cream)	2	QL (454 per 30 days)
TARPEYO (budesonide 4 mg delayed release oral capsule)	3	PA; QL (120 per 30 days)
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
alendronic acid 10 mg oral tablet	1	QL (120 per 30 days)
alendronic acid 35 mg oral tablet	1	QL (4 per 28 days)
alendronic acid 70 mg oral tablet	1	QL (4 per 28 days)
BONSITY (teriparatide 0.02 mg/actuat pen injector)	5	PA
calcitriol 0.00025 mg oral capsule	2	
calcitriol 0.0005 mg oral capsule	2	
calcitriol 0.001 mg/ml oral solution	4	
cinacalcet 30 mg oral tablet	4	PA
cinacalcet 60 mg oral tablet	4	PA
cinacalcet 90 mg oral tablet	4	PA
doxercalciferol 0.001 mg oral capsule	2	
doxercalciferol 0.0025 mg oral capsule	2	
ibandronic acid 150 mg oral tablet	2	QL (1 per 28 days)
JUBBONTI (denosumab-bbdz 60 mg/ml prefilled syringe)	4	PA
paricalcitol 0.001 mg oral capsule	4	
paricalcitol 0.002 mg oral capsule	4	
paricalcitol 0.004 mg oral capsule	4	
risedronate sodium 150 mg oral tablet	3	QL (1 per 28 days)
risedronate sodium 30 mg oral tablet	3	QL (30 per 30 days)
risedronate sodium 35 mg oral tablet	3	QL (4 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
Metabolic Bone Disease Agents (continued)		
risedronate sodium 35 mg pack	3	QL (4 per 28 days)
risedronate sodium 35 mg pack	4	QL (4 per 28 days)
risedronate sodium 5 mg oral tablet	3	QL (30 per 30 days)
salmon calcitonin 200 unt/actuat nasal spray	3	
teriparatide 0.02 mg/actuat pen injector	5	PA
TYMLOS (abaloparatide 2 mg/ml pen injector)	5	PA
WYOST (denosumab-bbdz 70 mg/ml injection)	5	PA
Ophthalmic Agents		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
dexamethasone 1 mg/ml / neomycin 3.5 mg/ml / polymyxin b 10000 unt/ml ophthalmic suspension	2	
dexamethasone 1 mg/ml / tobramycin 3 mg/ml ophthalmic suspension	3	
Ophthalmic Agents, Other		
atropine sulfate 10 mg/ml ophthalmic solution	3	
bacitracin zinc 0.4 unt/mg / hydrocortisone acetate 0.01 mg/mg / neomycin sulfate 0.0035 mg/mg / polymyxin b sulfate 10 unt/mg ophthalmic ointment	3	
brimonidine tartrate 2 mg/ml / timolol 5 mg/ml ophthalmic solution	3	
CYSTADROPS (cysteamine 3.8 mg/ml ophthalmic solution)	5	PA; LA
CYSTARAN (cysteamine 4.4 mg/ml ophthalmic solution)	5	PA; LA
dexamethasone 0.001 mg/mg / neomycin 0.0035 mg/mg / polymyxin b 10 unt/mg ophthalmic ointment	2	
dorzolamide 20 mg/ml / timolol 5 mg/ml ophthalmic solution	1	
MIEBO (perfluorohexyloctane 1340 mg/ml ophthalmic solution)	3	PA; QL (12 per 30 days)
prednisolone sodium phosphate 2.5 mg/ml / sulfacetamide sodium 100 mg/ml ophthalmic solution	2	
RESTASIS (cyclosporine 0.5 mg/ml ophthalmic suspension)	3	QL (11 per 30 days)
RESTASIS (cyclosporine 0.5 mg/ml ophthalmic suspension)	3	QL (60 per 30 days)
XDEMVY (lotilaner 2.5 mg/ml ophthalmic solution)	5	PA
XIIDRA (lifitegrast 50 mg/ml ophthalmic solution)	3	PA; QL (60 per 30 days)
Ophthalmic Anti-allergy Agents		
azelastine hydrochloride 0.5 mg/ml ophthalmic solution	3	

Drug Name	Drug Tier	Requirements/Limits
Ophthalmic Agents (continued)		
cromolyn sodium 40 mg/ml ophthalmic solution	2	
epinastine hydrochloride 0.5 mg/ml ophthalmic solution	3	
Ophthalmic Anti-Infectives		
bacitracin 0.4 unt/mg / neomycin 0.0035 mg/mg / polymyxin b 10 unt/mg ophthalmic ointment	3	
bacitracin 0.5 unt/mg / polymyxin b 10 unt/mg ophthalmic ointment	2	
ciprofloxacin 3 mg/ml ophthalmic solution	2	
erythromycin 0.005 mg/mg ophthalmic ointment	2	
gentamicin 3 mg/ml ophthalmic solution	2	
gramicidin 0.025 mg/ml / neomycin 1.75 mg/ml / polymyxin b 10000 unt/ml ophthalmic solution	3	
moxifloxacin 5 mg/ml ophthalmic solution	4	
NATACYN (natamycin 50 mg/ml ophthalmic suspension)	4	
ofloxacin 3 mg/ml ophthalmic solution	2	
polymyxin b 10000 unt/ml / trimethoprim 1 mg/ml ophthalmic solution	2	
sulfacetamide sodium 100 mg/ml ophthalmic solution	2	
tobramycin 3 mg/ml ophthalmic solution	2	
trifluridine 10 mg/ml ophthalmic solution	3	
Ophthalmic Anti-inflammatories		
dexamethasone phosphate 1 mg/ml ophthalmic solution	3	
diclofenac sodium 1 mg/ml ophthalmic solution	2	
difluprednate 0.5 mg/ml ophthalmic suspension	4	
fluorometholone 1 mg/ml ophthalmic suspension	3	
flurbiprofen sodium 0.3 mg/ml ophthalmic solution	3	
ketorolac tromethamine 4 mg/ml ophthalmic solution	3	
ketorolac tromethamine 5 mg/ml ophthalmic solution	2	
prednisolone 10 mg/ml ophthalmic solution	3	
prednisolone acetate 10 mg/ml ophthalmic suspension	3	
Ophthalmic Beta-Adrenergic Blocking Agents		
betaxolol 5 mg/ml ophthalmic solution	3	
carteolol hydrochloride 10 mg/ml ophthalmic solution	2	
levobunolol hydrochloride 5 mg/ml ophthalmic solution	2	

Drug Name	Drug Tier	Requirements/Limits
Ophthalmic Agents (continued)		
timolol 0.0025 mg/mg ophthalmic gel	4	
timolol 0.005 mg/mg ophthalmic gel	4	
timolol 2.5 mg/ml ophthalmic solution	1	
timolol 5 mg/ml ophthalmic solution	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
apraclonidine 5 mg/ml ophthalmic solution	2	
brimonidine tartrate 1 mg/ml ophthalmic solution	3	
brimonidine tartrate 1.5 mg/ml ophthalmic solution	4	
brimonidine tartrate 2 mg/ml ophthalmic solution	2	
dorzolamide 20 mg/ml ophthalmic solution	2	
IOPIDINE (apraclonidine 10 mg/ml ophthalmic solution)	4	
pilocarpine hydrochloride 10 mg/ml ophthalmic solution	3	
pilocarpine hydrochloride 20 mg/ml ophthalmic solution	3	
pilocarpine hydrochloride 40 mg/ml ophthalmic solution	3	
ZOLYMBUS (bimatoprost 0.0001 mg/mg ophthalmic gel)	4	
Ophthalmic Prostaglandin and Prostamide Analogs		
bimatoprost 0.3 mg/ml ophthalmic solution	3	QL (15 per 75 days)
latanoprost 0.05 mg/ml ophthalmic solution	1	QL (15 per 75 days)
LUMIGAN (bimatoprost 0.1 mg/ml ophthalmic solution)	3	QL (15 per 75 days)
travoprost 0.04 mg/ml ophthalmic solution	3	QL (15 per 75 days)
Otic Agents		
Otic Agents		
acetic acid 20 mg/ml otic solution	2	
acetic acid 20 mg/ml / hydrocortisone 10 mg/ml otic solution	4	
fluocinolone acetonide 0.1 mg/ml otic solution	4	
hydrocortisone 10 mg/ml / neomycin 3.5 mg/ml / polymyxin b 10000 unt/ml otic solution	3	
hydrocortisone 10 mg/ml / neomycin 3.5 mg/ml / polymyxin b 10000 unt/ml otic suspension	3	
ofloxacin 3 mg/ml otic solution	3	
Pulmonary Antihypertensives		
Activin Signaling Inhibitors		
WINREVAIR (sotatercept-csrk 45 mg injection)	5	LA

Drug Name	Drug Tier	Requirements/Limits
Pulmonary Antihypertensives (continued)		
WINREVAIR (sotatercept-csrk 60 mg injection)	5	LA
WINREVAIR 45 MG, 2 VIAL KIT (sotatercept-csrk 45 mg pack)	5	LA
WINREVAIR 60 MG, 2 VIAL KIT (sotatercept-csrk 60 mg pack)	5	LA
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ARNUITY (fluticasone furoate 0.05 mg/actuat dry powder inhaler)	3	QL (30 per 30 days)
ARNUITY (fluticasone furoate 0.1 mg/actuat dry powder inhaler)	3	QL (30 per 30 days)
ARNUITY (fluticasone furoate 0.2 mg/actuat dry powder inhaler)	3	QL (30 per 30 days)
ASMANEX (mometasone furoate 0.05 mg/actuat metered dose inhaler)	3	QL (13 per 30 days)
ASMANEX (mometasone furoate 0.1 mg/actuat metered dose inhaler)	3	QL (13 per 30 days)
ASMANEX (mometasone furoate 0.11 mg/actuat dry powder inhaler)	3	QL (1 per 30 days)
ASMANEX (mometasone furoate 0.2 mg/actuat metered dose inhaler)	3	QL (13 per 30 days)
ASMANEX (mometasone furoate 0.22 mg/actuat dry powder inhaler)	3	QL (1 per 30 days)
budesonide 0.125 mg/ml inhalation suspension	4	BvsD
budesonide 0.25 mg/ml inhalation suspension	4	BvsD
budesonide 0.5 mg/ml inhalation suspension	4	BvsD
flunisolide 0.025 mg/actuat metered dose nasal spray	3	QL (75 per 30 days)
fluticasone furoate 0.1 mg/actuat / vilanterol 0.025 mg/actuat dry powder inhaler	3	QL (60 per 30 days)
fluticasone furoate 0.2 mg/actuat / vilanterol 0.025 mg/actuat dry powder inhaler	3	QL (60 per 30 days)
fluticasone propionate 0.044 mg/actuat metered dose inhaler	3	QL (10.6 per 30 days)
fluticasone propionate 0.05 mg/actuat metered dose nasal spray	2	QL (16 per 30 days)
fluticasone propionate 0.11 mg/actuat metered dose inhaler	3	QL (12 per 30 days)
fluticasone propionate 0.22 mg/actuat metered dose inhaler	3	QL (24 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Antihistamines		
azelastine hydrochloride 0.137 mg/actuat metered dose nasal spray	2	QL (60 per 30 days)
cyproheptadine hydrochloride 4 mg oral tablet	4	PA
levocetirizine dihydrochloride 5 mg oral tablet	2	
Antileukotrienes		
montelukast 10 mg oral tablet	2	
montelukast 4 mg chewable tablet	2	
montelukast 4 mg oral granules	4	
montelukast 5 mg chewable tablet	2	
zafirlukast 10 mg oral tablet	4	
zafirlukast 20 mg oral tablet	4	
Bronchodilators, Anticholinergic		
ATROVENT (ipratropium bromide 0.017 mg/actuat metered dose inhaler)	4	QL (25.8 per 30 days)
INCRUSE (umeclidinium 0.0625 mg/actuat dry powder inhaler)	3	QL (30 per 30 days)
ipratropium bromide 0.017 mg/actuat metered dose inhaler	4	QL (25.8 per 30 days)
ipratropium bromide 0.021 mg/actuat metered dose nasal spray	2	QL (60 per 30 days)
ipratropium bromide 0.042 mg/actuat metered dose nasal spray	2	QL (45 per 30 days)
ipratropium bromide 0.2 mg/ml inhalation solution	2	BvsD
SPIRIVA (tiotropium 0.0025 mg/actuat inhalation spray)	3	QL (4 per 30 days)
tiotropium 0.018 mg inhalation powder	3	QL (30 per 30 days)
Bronchodilators, Sympathomimetic		
albuterol 0.09 mg/actuat metered dose inhaler	3	QL (17 per 30 days)
albuterol 0.09 mg/actuat metered dose inhaler	3	QL (13.4 per 30 days)
albuterol 0.21 mg/ml inhalation solution	3	BvsD
albuterol 0.4 mg/ml oral solution	2	
albuterol 0.417 mg/ml inhalation solution	3	BvsD
albuterol 0.83 mg/ml inhalation solution	2	BvsD
albuterol 2 mg oral tablet	4	
albuterol 4 mg oral tablet	4	
albuterol 5 mg/ml inhalation solution	3	BvsD
epinephrine 0.5 mg/ml auto-injector	3	

Drug Name	Drug Tier	Requirements/Limits
Respiratory Tract/Pulmonary Agents (continued)		
epinephrine 1 mg/ml auto-injector	3	
SEREVENT (salmeterol 0.05 mg/actuat dry powder inhaler)	3	QL (60 per 30 days)
VENTOLIN (albuterol 0.09 mg/actuat metered dose inhaler)	3	QL (36 per 30 days)
Cystic Fibrosis Agents		
CAYSTON (aztreonam 75 mg/ml inhalation solution)	5	PA; LA
KALYDECO (ivacaftor 13.4 mg oral granules)	5	PA; QL (60 per 30 days); LA
KALYDECO (ivacaftor 150 mg oral tablet)	5	PA; QL (60 per 30 days); LA
KALYDECO (ivacaftor 25 mg oral granules)	5	PA; QL (60 per 30 days); LA
KALYDECO (ivacaftor 5.8 mg oral granules)	5	PA; QL (60 per 30 days); LA
KALYDECO (ivacaftor 50 mg oral granules)	5	PA; QL (60 per 30 days); LA
KALYDECO (ivacaftor 75 mg oral granules)	5	PA; QL (60 per 30 days); LA
ORKAMBI (ivacaftor 125 mg / lumacaftor 100 mg oral granules)	5	PA; QL (60 per 30 days); LA
ORKAMBI (ivacaftor 125 mg / lumacaftor 100 mg oral tablet)	5	PA; QL (120 per 30 days); LA
ORKAMBI (ivacaftor 125 mg / lumacaftor 200 mg oral tablet)	5	PA; QL (120 per 30 days); LA
ORKAMBI (ivacaftor 188 mg / lumacaftor 150 mg oral granules)	5	PA; QL (60 per 30 days); LA
ORKAMBI (ivacaftor 94 mg / lumacaftor 75 mg oral granules)	5	PA; QL (60 per 30 days); LA
PULMOZYME (dornase alfa 1 mg/ml inhalation solution)	5	BvsD
tobramycin 60 mg/ml inhalation solution	5	PA
TRIKAFTA (100 MG / 50 MG / 75 MG; 150 MG) (elexacaftor 100 mg / ivacaftor 150 mg / ivacaftor 75 mg / tezacaftor 50 mg pack)	5	PA; QL (90 per 30 days)
TRIKAFTA (100 MG / 50 MG / 75 MG; 75 MG) GRANULES (elexacaftor 100 mg / ivacaftor 75 mg / tezacaftor 50 mg pack)	5	PA; QL (60 per 30 days)
TRIKAFTA (50 MG / 37.5 MG / 25 MG; 75 MG) (elexacaftor 50 mg / ivacaftor 37.5 mg / ivacaftor 75 mg / tezacaftor 25 mg pack)	5	PA; QL (90 per 30 days)
TRIKAFTA (80 MG / 40 MG / 60 MG; 59.5 MG) GRANULES (elexacaftor 80 mg / ivacaftor 59.5 mg / ivacaftor 60 mg / tezacaftor 40 mg pack)	5	PA; QL (60 per 30 days)
Mast Cell Stabilizers		
cromolyn sodium 10 mg/ml inhalation solution	3	BvsD
Phosphodiesterase Inhibitors, Airways Disease		
roflumilast 0.25 mg oral tablet	4	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Respiratory Tract/Pulmonary Agents (continued)		
roflumilast 0.5 mg oral tablet	4	QL (30 per 30 days)
theophylline 100 mg extended release oral tablet	2	
theophylline 200 mg extended release oral tablet	2	
theophylline 300 mg extended release oral tablet	4	
theophylline 400 mg extended release oral tablet	3	
theophylline 450 mg extended release oral tablet	4	
theophylline 600 mg extended release oral tablet	3	
Pulmonary Antihypertensives		
ADEMPAS (riociguat 0.5 mg oral tablet)	5	PA; QL (90 per 30 days); LA
ADEMPAS (riociguat 1 mg oral tablet)	5	PA; QL (90 per 30 days); LA
ADEMPAS (riociguat 1.5 mg oral tablet)	5	PA; QL (90 per 30 days); LA
ADEMPAS (riociguat 2 mg oral tablet)	5	PA; QL (90 per 30 days); LA
ADEMPAS (riociguat 2.5 mg oral tablet)	5	PA; QL (90 per 30 days); LA
ambrisentan 10 mg oral tablet	5	PA; QL (30 per 30 days); LA
ambrisentan 5 mg oral tablet	5	PA; QL (30 per 30 days); LA
bosentan 125 mg oral tablet	5	PA; QL (60 per 30 days); LA
bosentan 62.5 mg oral tablet	5	PA; QL (60 per 30 days); LA
macitentan 10 mg oral tablet	4	PA; QL (30 per 30 days)
OPSUMIT (macitentan 10 mg oral tablet)	5	PA; QL (30 per 30 days); LA
sildenafil 20 mg oral tablet	3	PA; QL (90 per 30 days)
tadalafil 20 mg oral tablet	4	PA; QL (60 per 30 days)
TRACLEER (bosentan 32 mg tablet for oral suspension)	5	PA; QL (120 per 30 days); LA
TYVASO (treprostinil 0.016 mg inhalation powder)	4	QL (120 per 30 days); LA
TYVASO (treprostinil 0.032 mg inhalation powder)	4	QL (120 per 30 days); LA
TYVASO (treprostinil 0.048 mg inhalation powder)	4	QL (120 per 30 days); LA
TYVASO (treprostinil 0.064 mg inhalation powder)	4	QL (120 per 30 days); LA
TYVASO (treprostinil 0.08 mg inhalation powder)	4	QL (120 per 30 days); LA
TYVASO 16-32-48 MCG TITRATION PACK (treprostinil 0.016 mg / treprostinil 0.032 mg / treprostinil 0.048 mg pack)	4	LA
TYVASO 32-64 MCG MAINTENANCE PACK (treprostinil 0.032 mg / treprostinil 0.064 mg pack)	4	LA
TYVASO 48-64 MCG MAINTENANCE PACK (treprostinil 0.048 mg / treprostinil 0.064 mg pack)	4	LA

Drug Name	Drug Tier	Requirements/Limits
Respiratory Tract/Pulmonary Agents (continued)		
TYVASO 48-80 MCG MAINTENANCE PACK (treprostinil 0.048 mg / treprostinil 0.08 mg pack)	4	
UPTRAVI (selexipag 0.2 mg oral tablet)	4	QL (90 per 30 days); LA
UPTRAVI (selexipag 0.4 mg oral tablet)	4	QL (90 per 30 days); LA
UPTRAVI (selexipag 0.6 mg oral tablet)	4	QL (90 per 30 days); LA
UPTRAVI (selexipag 0.8 mg oral tablet)	4	QL (60 per 30 days); LA
UPTRAVI (selexipag 1 mg oral tablet)	4	QL (90 per 30 days); LA
UPTRAVI (selexipag 1.2 mg oral tablet)	4	QL (90 per 30 days); LA
UPTRAVI (selexipag 1.4 mg oral tablet)	4	QL (90 per 30 days); LA
UPTRAVI (selexipag 1.6 mg oral tablet)	4	QL (90 per 30 days); LA
UPTRAVI TITRATION PACK (selexipag 0.2 mg / selexipag 0.8 mg pack)	4	QL (200 per 56 days)
Pulmonary Fibrosis Agents		
OFEV (nintedanib 100 mg oral capsule)	5	PA; QL (60 per 30 days); LA
OFEV (nintedanib 150 mg oral capsule)	5	PA; QL (60 per 30 days); LA
pirfenidone 267 mg oral capsule	5	PA; QL (270 per 30 days)
pirfenidone 267 mg oral tablet	5	PA; QL (270 per 30 days)
pirfenidone 801 mg oral tablet	5	PA; QL (90 per 30 days)
Respiratory Tract Agents, Other		
acetylcysteine 100 mg/ml inhalation solution	3	BvsD
acetylcysteine 200 mg/ml inhalation solution	3	BvsD
ADVAIR (fluticasone propionate 0.045 mg/actuat / salmeterol 0.021 mg/actuat metered dose inhaler)	3	QL (12 per 30 days)
ADVAIR (fluticasone propionate 0.115 mg/actuat / salmeterol 0.021 mg/actuat metered dose inhaler)	3	QL (12 per 30 days)
ADVAIR (fluticasone propionate 0.23 mg/actuat / salmeterol 0.021 mg/actuat metered dose inhaler)	3	QL (12 per 30 days)
albuterol 0.833 mg/ml / ipratropium bromide 0.167 mg/ml inhalation solution	2	BvsD
ANORO (umeclidinium 0.0625 mg/actuat / vilanterol 0.025 mg/actuat dry powder inhaler)	3	QL (60 per 30 days)
azelastine hydrochloride 0.137 mg/actuat / fluticasone propionate 0.05 mg/actuat metered dose nasal spray	2	QL (23 per 30 days)
BREO (fluticasone furoate 0.05 mg/actuat / vilanterol 0.025 mg/actuat dry powder inhaler)	3	QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Respiratory Tract/Pulmonary Agents (continued)		
BREO (fluticasone furoate 0.1 mg/actuat / vilanterol 0.025 mg/actuat dry powder inhaler)	3	QL (60 per 30 days)
BREO (fluticasone furoate 0.2 mg/actuat / vilanterol 0.025 mg/actuat dry powder inhaler)	3	QL (60 per 30 days)
BREYNA (budesonide 0.08 mg/actuat / formoterol fumarate 0.0045 mg/actuat metered dose inhaler)	3	QL (30.9 per 30 days)
BREYNA (budesonide 0.16 mg/actuat / formoterol fumarate 0.0045 mg/actuat metered dose inhaler)	3	QL (30.9 per 30 days)
BREZTRI (budesonide 0.16 mg/actuat / formoterol fumarate 0.0048 mg/actuat / glycopyrrolate 0.009 mg/actuat metered dose inhaler)	3	QL (10.7 per 30 days)
BREZTRI (budesonide 0.16 mg/actuat / formoterol fumarate 0.0048 mg/actuat / glycopyrrolate 0.018 mg/actuat metered dose inhaler)	3	QL (10.7 per 30 days)
budesonide 0.08 mg/actuat / formoterol fumarate 0.0045 mg/actuat metered dose inhaler	3	QL (30.9 per 30 days)
budesonide 0.16 mg/actuat / formoterol fumarate 0.0045 mg/actuat metered dose inhaler	3	QL (30.9 per 30 days)
COMBIVENT (albuterol 0.1 mg/actuat / ipratropium bromide 0.02 mg/actuat inhalation spray)	4	QL (8 per 30 days)
DULERA (formoterol fumarate 0.005 mg/actuat / mometasone furoate 0.05 mg/actuat metered dose inhaler)	3	QL (39 per 30 days)
DULERA (formoterol fumarate 0.005 mg/actuat / mometasone furoate 0.1 mg/actuat metered dose inhaler)	3	QL (39 per 30 days)
DULERA (formoterol fumarate 0.005 mg/actuat / mometasone furoate 0.2 mg/actuat metered dose inhaler)	3	QL (39 per 30 days)
fluticasone propionate 0.055 mg/actuat / salmeterol 0.014 mg/actuat dry powder inhaler	3	QL (1 per 30 days)
fluticasone propionate 0.1 mg/actuat / salmeterol 0.05 mg/actuat dry powder inhaler	3	QL (60 per 30 days)
fluticasone propionate 0.113 mg/actuat / salmeterol 0.014 mg/actuat dry powder inhaler	3	QL (1 per 30 days)
fluticasone propionate 0.232 mg/actuat / salmeterol 0.014 mg/actuat dry powder inhaler	3	QL (1 per 30 days)
fluticasone propionate 0.25 mg/actuat / salmeterol 0.05 mg/actuat dry powder inhaler	3	QL (60 per 30 days)
fluticasone propionate 0.5 mg/actuat / salmeterol 0.05 mg/actuat dry powder inhaler	3	QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Respiratory Tract/Pulmonary Agents (continued)		
STIOLTO (olodaterol 0.0025 mg/actuat / tiotropium 0.0025 mg/actuat inhalation spray)	3	QL (4 per 30 days)
TEZSPIRE (tezepelumab-ekko 110 mg/ml auto-injector)	4	BvsD; QL (2 per 30 days)
TRELEGY (fluticasone furoate 0.1 mg/actuat / umeclidinium 0.0625 mg/actuat / vilanterol 0.025 mg/actuat dry powder inhaler)	3	QL (60 per 30 days)
TRELEGY (fluticasone furoate 0.2 mg/actuat / umeclidinium 0.0625 mg/actuat / vilanterol 0.025 mg/actuat dry powder inhaler)	3	QL (60 per 30 days)
WIXELA (fluticasone propionate 0.1 mg/actuat / salmeterol 0.05 mg/actuat dry powder inhaler)	3	QL (60 per 30 days)
WIXELA (fluticasone propionate 0.25 mg/actuat / salmeterol 0.05 mg/actuat dry powder inhaler)	3	QL (60 per 30 days)
WIXELA (fluticasone propionate 0.5 mg/actuat / salmeterol 0.05 mg/actuat dry powder inhaler)	3	QL (60 per 30 days)
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
cyclobenzaprine hydrochloride 10 mg oral tablet	2	
cyclobenzaprine hydrochloride 5 mg oral tablet	2	
methocarbamol 500 mg oral tablet	2	
methocarbamol 750 mg oral tablet	2	
Skin and Mucous Membrane Agents		
Anti-Infectives		
benzoyl peroxide 0.025 mg/mg / clindamycin phosphate 0.012 mg/mg topical gel	2	
benzoyl peroxide 0.05 mg/mg / clindamycin 0.01 mg/mg topical gel	2	
benzoyl peroxide 0.05 mg/mg / clindamycin phosphate 0.012 mg/mg topical gel	2	
betamethasone 0.5 mg/ml / clotrimazole 10 mg/ml topical lotion	2	
ciclopirox 10 mg/ml medicated shampoo	2	
CLEOCIN (clindamycin 100 mg vaginal insert)	4	
clindamycin 10 mg/ml medicated pad	2	
clindamycin 10 mg/ml topical lotion	2	
ERY (erythromycin 20 mg/ml medicated pad)	2	

Drug Name	Drug Tier	Requirements/Limits
Skin and Mucous Membrane Agents (continued)		
erythromycin 0.02 mg/mg topical gel	2	
miconazole nitrate 200 mg vaginal insert	4	
mupirocin 20 mg/ml topical cream	2	
naftifine hydrochloride 20 mg/ml topical cream	2	
oxiconazole 10 mg/ml topical cream	2	
spinosad 9 mg/ml medicated shampoo	4	
Anti-Inflammatory Agents		
betamethasone 0.0005 mg/mg / calcipotriene 0.00005 mg/mg topical ointment	2	
betamethasone 0.5 mg/ml / calcipotriene 0.05 mg/ml topical lotion	3	
betamethasone valerate 1.2 mg/ml topical foam	2	
clobetasol propionate 0.5 mg/ml medicated shampoo	2	
clobetasol propionate 0.5 mg/ml topical foam	2	
clobetasol propionate 0.5 mg/ml topical lotion	2	
clobetasol propionate 0.5 mg/ml topical spray	2	QL (125 per 14 days)
desonide 0.5 mg/ml topical cream	2	
desonide 0.5 mg/ml topical lotion	2	
desoximetasone 0.0025 mg/mg topical ointment	2	
ENSTILAR (betamethasone dipropionate 0.643 mg/ml / calcipotriene 0.05 mg/ml topical foam)	5	
EUCRISA (crisaborole 0.02 mg/mg topical ointment)	3	QL (60 per 30 days)
fluocinonide 1 mg/ml topical cream	2	
Skin and Mucous Membrane Agents, Miscellaneous		
adapalene 0.003 mg/mg topical gel	2	
adapalene 1 mg/ml topical cream	2	
ALTRENO (tretinoin 0.5 mg/ml topical lotion)	4	QL (45 per 30 days)
AZELEX (azelaic acid 200 mg/ml topical cream)	4	
calcitriol 0.000003 mg/mg topical ointment	2	
dapsone 0.05 mg/mg topical gel	2	
methoxsalen 10 mg oral capsule	5	
pimecrolimus 10 mg/ml topical cream	2	
tretinoin 0.0004 mg/mg topical gel	2	

Drug Name	Drug Tier	Requirements/Limits
Skin and Mucous Membrane Agents (continued)		
tretinoin 0.0005 mg/mg topical gel	2	
tretinoin 0.001 mg/mg topical gel	2	
VTAMA (tapinarof 10 mg/ml topical cream)	4	QL (60 per 30 days)
Sleep Disorder Agents		
Sleep Promoting Agents		
ramelteon 8 mg oral tablet	4	QL (30 per 30 days)
tasimelteon 20 mg oral capsule	5	PA; QL (30 per 30 days)
temazepam 15 mg oral capsule	2	QL (30 per 30 days)
temazepam 30 mg oral capsule	2	QL (30 per 30 days)
zaleplon 10 mg oral capsule	3	QL (60 per 30 days)
zaleplon 5 mg oral capsule	3	QL (30 per 30 days)
zolpidem tartrate 10 mg oral tablet	2	QL (30 per 30 days)
zolpidem tartrate 5 mg oral tablet	2	QL (30 per 30 days)
Wakefulness Promoting Agents		
armodafinil 150 mg oral tablet	4	PA; QL (30 per 30 days)
armodafinil 200 mg oral tablet	4	PA; QL (30 per 30 days)
armodafinil 250 mg oral tablet	4	PA; QL (30 per 30 days)
armodafinil 50 mg oral tablet	4	PA; QL (30 per 30 days)
modafinil 100 mg oral tablet	3	PA; QL (30 per 30 days)
modafinil 200 mg oral tablet	3	PA; QL (30 per 30 days)
sodium oxybate 500 mg/ml oral solution	5	PA; QL (540 per 30 days)
Smooth Muscle Relaxants		
Genitourinary Smooth Muscle Relaxants		
darifenacin 15 mg extended release oral tablet	2	QL (30 per 30 days)
darifenacin 7.5 mg extended release oral tablet	2	QL (30 per 30 days)
flavoxate hydrochloride 100 mg oral tablet	2	
trospium chloride 20 mg oral tablet	2	QL (60 per 30 days)
trospium chloride 60 mg extended release oral capsule	2	QL (30 per 30 days)

Appendix: Alphabetical Index of Drugs

Brand name drugs are shown in **CAPITALS**; generic drugs are shown in *lower-case italics*. The number next to each drug is the page of the Drug List where it appears. In the electronic version, select a page number to go directly to that drug.

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Healthy Arkansas Premier Advantage (HMO-POS) | 2027

2027 Formulary

(List of Covered Drugs)

This formulary was updated on 09/2026

Questions? We're here to help.

For more recent information or other questions, please contact us at **844-325-0275** (TTY users should call **711**). Hours are 8:00 am – 8:00 pm CST 7 days a week from October 1 to March 31, and Monday through Friday from April 1 to September 30. Or visit us online at healthy-ar.com.