Medica Drug List

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN YOUR PLAN. PLEASE NOTE, HOWEVER, THAT CERTAIN DRUGS ON THIS LIST MAY BE EXCLUDED UNDER YOUR SPECIFIC PLAN DESIGN. PLEASE REFER TO YOUR COVERAGE DOCUMENTS TO DETERMINE SPECIFIC BENEFIT LEVELS.

PLEASE NOTE: This list is subject to change and is not all-inclusive. Please review this document and contact Medica Customer Service with questions.

The coverage level for prescription drugs is generally higher when a member receives them at an in-network pharmacy, and, for some plans, members must use network pharmacies to receive prescription drug benefits. Plan terms vary and members should consult their benefit plan documents for specific coverage information.

Prior authorization may be required to obtain coverage for certain drugs on this list. Brand name drugs are listed in CAPITAL letters. Generic drugs are listed in *italicized* lower case letters. The coverage level of brand name drugs may change when a generic equivalent or interchangeable biosimilar product becomes available.

If you have questions, please call the Medica Customer Service number listed on the back of your ID card.

What is a Drug List?

The Medica Drug List is comprised of drugs that meet the medical needs of our members and have proven safety and effectiveness. It includes both brand name and generic drugs. The drugs on this list have been approved by the Food and Drug Administration (FDA). A team of physicians and pharmacists meets regularly to review and update the list. Your doctor can use this list to select medications for your health care needs, while helping you maximize your prescription drug benefit.

Are both brand name and generic drugs on the list?

Yes. The Drug List includes brand name and generic drugs from most therapeutic classifications.

The terms "generic" and "brand name" are used in the health care industry in different ways. To better understand your coverage, please review the following:

Generic: A drug: (1) that contains the same active ingredient as a brand name drug and is chemically equivalent to a brand name drug in strength, concentration, dosage form and route of administration; or (2) that Medica identifies as a generic product. Medica uses industry standard resources to determine a drug's classification as either brand name or generic. Not all products identified as "generic" by the manufacturer, pharmacy or your provider may be classified by Medica as generic.

Brand: A drug: (1) that is manufactured and marketed under a trademark or name by a specific drug manufacturer; or (2) that Medica identifies as a brand name product. Medica uses industry standard resources to determine a drug's classification as either brand name or generic. Not all products identified as "brand name" by the manufacturer, pharmacy or your provider may be classified by Medica as brand name.

Preferred brand drugs on the Drug List have a higher copayment or coinsurance. You may consider a preferred brand covered drug to treat your condition if you and your provider decide it is appropriate.

Non-preferred brand drugs have the highest copayment or coinsurance. The covered non-preferred brand drugs are usually more costly.

If you have questions about Medica's Drug List or whether a specific drug is covered (and/or whether the drug is a generic, preferred brand, or non-preferred brand), or if you would like to request a copy of the Medica Drug List at no charge, call Customer Service at one of the telephone numbers listed inside the front cover of your benefit plan document.

Does the Drug List ever change?

The Medica Drug List can change during the course of a calendar year. Medica strives to limit these changes. Examples of when changes may occur include when a new generic drug or interchangeable biosimilar becomes available or when new adverse information about the safety or effectiveness of a drug is released.

Certain drugs on the Drug List may be excluded under your specific plan design. Please refer to your benefit plan document to determine specific benefit levels.

How do I use the Drug List?

There are two ways to find your drug within the Drug List:

Drug Category

The Drug List begins on Page 8. The drugs in this Drug List are grouped into categories depending on their clinical classification. For example, drugs that are considered "anti-infectives" will be listed under the "anti-infectives" category. If you know how your drug is classified, look for the category name in the list. Then look under the category name for your drug.

Alphabetical Listing

The Drug List Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

Preventive Drug and Supply Medications (ACA)

Medications displayed as "Tier 6" in the Drug Tier column are defined as preventive health services under the Affordable Care Act (ACA) and are provided without member cost sharing. If your benefit includes mail order, please note that some preventive drugs and supplies may not be available through this service.

Remember, just because a drug that you take is listed on the Drug List does not mean that your benefit plan covers that medication. If you have questions, please refer to your benefit plan document or call the Medica Customer Service phone number listed on the back of your ID card to determine what level of coverage you have.

Note: To Search the Drug List, use ctrl + F on your keyboard and type in the search term.

Are there any restrictions on my coverage?

For some prescriptions there are special requirements that must be met in order to receive coverage. These include:

Prior authorization (PA)

Certain drugs require prior authorization (approval in advance) from Medica in order to be covered. These medications are shown on the Medica Drug List with the abbreviation "PA." The Drug List is available to providers, including pharmacies. Your network provider who prescribes the drug should initiate the prior authorization process. You will pay the entire cost of the drug received if you do not meet Medica's authorization criteria.

Step therapy (ST)

Step therapy is a process that involves trying an alternative covered drug first (typically a generic drug) before moving to a preferred brand or non-preferred brand covered drug for treatment of the same medical condition. The medications subject to step therapy are shown on the Medica Drug List with the abbreviation "ST." You must meet applicable step therapy requirements before Medica will cover these preferred brand or non-preferred brand drugs.

Quantity limits (QL)

Certain covered drugs have limits on the maximum quantity allowed per prescription over a specific time period. The medications subject to quantity limits are shown on the Medica Drug List with the abbreviation "QL." Some quantity limits are based on the manufacturer's packaging, FDA labeling or clinical guidelines.

Medical Benefit

Certain drugs fall under the medical benefits rather than pharmacy benefits. These drugs require administration by healthcare professionals in a physician's office, outpatient hospital or home infusion setting. You can find information on Medical Drug Policies on Medica's website.

Long Term Maintenance Medications (LT)

Medications that are considered long term (LT) maintenance medications are shown on the Medica Drug List with the abbreviation "LT" and may need to be filled through mail order. You should refer to your benefit plan document for further information.

Pharmacy requirement

Certain self-administered and cancer treatment medications must be obtained from a Medica-designated specialty pharmacy in order to be covered.

Can I request an exception to the coverage restrictions?

Yes. Your doctor can find the information they need to make a request on your behalf on Medica's website. To facilitate a thorough review, Medica asks that all information requested in the form be provided, including documentation of which medications have been tried and failed, including the dosages used, and the identified reason for failure (e.g. side effects, lack of efficacy).

Specialty Program (SP)
Certain drugs are available only through your Specialty Pharmacy benefit. Specialty medications are shown on the Medica Drug List with the abbreviation "SP". Specialty medications are high-technology, high cost, oral or injectable drugs used for the treatment of certain diseases that require complex therapies. Many specialty medications require special handling and in most cases are prescribed by a specialist.
In order to receive a specialty medication, you must utilize Accredo Specialty Pharmacy (Medica's designated specialty pharmacy).

Limited Availability Drugs (LA)
In certain circumstances, select medications may only be available at certain pharmacies. Limited availability (LA) or limited distribution drugs (LDD) are medications that may have special dosing or lab monitoring requirements that need to be followed very closely. Because of this, the manufacturer sometimes chooses to limit the distribution of its drug to only a few pharmacies, or as part of the drug approval process the FDA may recommend this type of distribution in order for the drug to be approved. This type of restricted distribution helps the manufacturer keep track of drug inventory, properly educate dispensing pharmacists about any necessary monitoring, and ensure that any risks that are associated with the LA drugs are minimized. These drugs are shown on the Medica Drug List with the abbreviation "LA".
Your provider typically knows where to send prescriptions for limited availability drugs, but if you have any questions, reach out to Accredo Specialty Pharmacy and they will assist you in which specialty pharmacies can dispense the drug you need.

Oral Oncology Medications
Oral drugs for the treatment of cancer are restricted to the Specialty Pharmacy Network (or LDD designated pharmacy), but are not subject to the specialty prescription drug copay. Oral oncology specialty medications are subject to the applicable outpatient prescription drug copay as outlined in your benefit plan document.

PLEASE NOTE: Reference the Specialty Drug List on Medica's website for further information.

Coverage Limitations

Proton Pump Inhibitors (PPI): Coverage limitations may apply to these medications. **Inclusion in the Medica Drug List does not imply coverage.** You should refer to your benefit plan document for further information.

Human Growth Hormones (GH): Coverage limitations may apply to these medications. **Inclusion in the Medica Drug List does not imply coverage.** You should refer to your benefit plan document for further information.

Non-Sedating Antihistamines (NSA): Coverage limitations may apply to these medications. **Inclusion in the Medica Drug List does not imply coverage.** You should refer to your benefit plan document for further information.

Erectile Dysfunction Drugs (ED): Coverage limitations may apply to these medications. **Inclusion in the Medica Drug List does not imply coverage.** You should refer to your benefit plan document for further information.

Infertility Drugs (INF): Coverage limitations may apply to these medications. **Inclusion in the Medica Drug List does not imply coverage.** You should refer to your benefit plan document for further information.

Weight Loss Drugs (Wt. Loss): Coverage exceptions may apply to these medications. **Inclusion in the Medica Drug List does not imply coverage.** You should refer to your benefit plan document for further information regarding weight loss, appetite suppressant, and/or anorexiant coverage.

Abbreviations

Coverage Notes and Restrictions Abbreviations		
Abbreviation/Note	**Description**	**Explanation**
PA	Prior Authorization Restriction	Your healthcare provider is required to get prior authorization from Medica before you fill your prescription for this drug. Without prior approval, Medica may not cover this drug.
QL	Quantity Limit Restriction	Medica limits the amount of this drug that is covered per prescription, or within a specific time frame.
ST	Step Therapy Restriction	Before Medica will provide coverage for this drug, you must first try another drug(s) to treat your medical condition. This drug may only be covered if the other drug(s) does not work for you.
LT	Long Term Maintenance Medication	These drugs are taken on a regular, on-going basis to treat some chronic diseases and may need to be filled through mail order.
SG	Small Group Coverage	These drugs are included in coverage for small group plan members only. Small group members are covered by an employer with between 2 and 49 employees. For questions if this applies to you, call the customer services number on the back of your ID card.
DS	Diabetic Supplies	These products are covered under the diabetic supply benefit in your plan document.

Other Special Requirements for Coverage	
Tier 1 = Generics	This prescription is available at your Generic benefit.
Tier 2 = Preferred Brands	This prescription is available at your Preferred Brand benefit.
Tier 3 = Non-Preferred Brands	This prescription is available at your Non-Preferred Brand benefit.
Tier 4 = Preferred Specialty Prescription Drugs	This prescription is available at your preferred specialty benefit.
Tier 5 = Non-Preferred Specialty Prescription Drugs	This prescription is available at your non-preferred specialty benefit.
Tier 6 = ACA Preventive Drugs	This prescription is available at your Preventive Health Service benefit.

This Guidebook includes information accurate at the time it was collected from Express Scripts' systems and may not reflect actual benefit setup details at later times.

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List of Abbreviations

1: Generic

2: Preferred Brand

3: Non-Preferred Brand

4: Preferred Specialty

5: Non-Preferred Specialty

6: Preventive

ACA: Affordable Care Act.

DS: These products are covered under the diabetic supply benefit in your plan document.

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

OTC: Over the Counter. An OTC drug is a non-prescription drug.

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

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

SG: These drugs are included in coverage for small group plan members only. Small group members are covered by an employer with between 2 and 49 employees. For questions if this applies to you, call the customer services number on the back of your ID card.

SP: Specialty

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

Drug Name	Tier	Requirements / Limits
ANTI INFECTIVES		
ANTIFUNGAL AGENTS		
ANCOBON	3	
BREXAFEMME	3	ST; QL (4 per 34 days)
clotrimazole mucous membrane	1	
CRESEMBA ORAL	2	PA
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	3	
DIFLUCAN ORAL TABLET 100 MG, 200 MG	3	
fluconazole oral suspension for reconstitution	1	
fluconazole oral tablet 100 mg, 200 mg, 50 mg	1	
fluconazole oral tablet 150 mg	1	QL (2 per 34 days)
flucytosine	1	
griseofulvin microsize	1	
griseofulvin ultramicrosize	1	
itraconazole oral capsule	1	QL (34 per 34 days)
itraconazole oral solution	1	QL (300 per 30 days)
ketoconazole oral	1	
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON	2	PA
NOXAFIL ORAL SUSPENSION	3	PA
nystatin oral	1	
ORAVIG	3	
posaconazole oral	1	PA
SPORANOX ORAL CAPSULE	3	QL (34 per 34 days)
SPORANOX ORAL SOLUTION	3	QL (300 per 30 days)
terbinafine hcl oral	1	
VFEND	3	PA
VIVJOA	3	PA; QL (18 per 34 days)
voriconazole oral	1	PA
ANTIVIRALS		
abacavir	1	
abacavir-lamivudine	1	
acyclovir oral capsule	1	
acyclovir oral suspension 200 mg/5 ml	1	
acyclovir oral tablet	1	
adefovir	1	
amantadine hcl	1	
APTIVUS	2	
atazanavir	1	
BARACLUDE ORAL SOLUTION	2	
BIKTARVY	2	
CIMDUO	2	
darunavir	1	
DESCOVY	2	
DOVATO	2	

Drug Name	Tier	Requirements / Limits
EDURANT	2	
efavirenz	1	
efavirenz-emtricitabin-tenofov	1	
efavirenz-lamivu-tenofov disop	1	
emtricitabine	1	
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	
emtricitabine-tenofovir (tdf) oral tablet 200-300 mg	6	ACA
EMTRIVA	2	
entecavir	1	
EPCLUSA	4	PA; SP; QL (28 per 34 days)
EPIVIR	3	
etravirine	1	
EVOTAZ	3	
famciclovir oral tablet 125 mg, 500 mg	1	QL (21 per 34 days)
famciclovir oral tablet 250 mg	1	QL (68 per 34 days)
FLUMADINE ORAL TABLET	3	
fosamprenavir	1	
FUZEON SUBCUTANEOUS RECON SOLN	2	QL (60 per 34 days)
GENVOYA	2	

Drug Name	Tier	Requirements / Limits
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	4	PA; SP; QL (28 per 34 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	4	PA; SP; QL (56 per 34 days)
HARVONI ORAL TABLET 45-200 MG	4	PA; SP; QL (56 per 34 days)
HARVONI ORAL TABLET 90-400 MG	4	PA; SP; QL (28 per 34 days)
INTELENCE ORAL TABLET 100 MG, 200 MG	3	
INTELENCE ORAL TABLET 25 MG	2	
ISENTRESS	2	MN:PEP= ACA
ISENTRESS HD	2	MN:PEP= ACA
JULUCA	2	
KALETRA	3	
LAGEVRIO (EUA)	2	QL (40 per 180 days)
lamivudine	1	
lamivudine-zidovudine	1	
LIVTENCITY	3	PA; QL (112 per 21 days)
lopinavir-ritonavir	1	
maraviroc	1	
nevirapine	1	
NORVIR ORAL POWDER IN PACKET	2	

Drug Name	Tier	Requirements / Limits
NORVIR ORAL TABLET	3	
ODEFSEY	2	
oseltamivir oral capsule 30 mg	1	QL (40 per 365 days)
oseltamivir oral capsule 45 mg, 75 mg	1	QL (20 per 365 days)
oseltamivir oral suspension for reconstitution	1	QL (360 per 365 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG	2	QL (20 per 180 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	2	QL (30 per 180 days)
PREVYMIS ORAL	2	QL (34 per 34 days)
PREZISTA ORAL SUSPENSION	2	
PREZISTA ORAL TABLET 150 MG, 75 MG	2	
PREZISTA ORAL TABLET 600 MG, 800 MG	3	
RELENZA DISKHALER	3	QL (40 per 365 days)
RETROVIR ORAL CAPSULE	3	
RETROVIR ORAL SYRUP	3	
REYATAZ ORAL CAPSULE 200 MG, 300 MG	3	

Drug Name	Tier	Requirements / Limits
REYATAZ ORAL POWDER IN PACKET	2	
ribavirin inhalation	1	PA
rimantadine	1	
ritonavir	1	
SELZENTRY ORAL SOLUTION	2	
SELZENTRY ORAL TABLET 150 MG, 300 MG	3	
SUNLENCA	5	PA; SP
SYMFI	2	
SYMFI LO	2	
SYMTUZA	2	
TAMIFLU ORAL CAPSULE 30 MG	3	QL (40 per 365 days)
TAMIFLU ORAL CAPSULE 45 MG, 75 MG	3	QL (20 per 365 days)
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTIO N	3	QL (360 per 365 days)
TEMBEXA	3	
tenofovir disoproxil fumarate	1	
TIVICAY ORAL TABLET 50 MG	2	MN:PEP= ACA
TIVICAY PD	2	MN:PEP= ACA
TRIUMEQ	2	
TRIUMEQ PD	2	
TYBOST	3	
valacyclovir	1	QL (34 per 34 days)
VALCYTE	3	

Drug Name	Tier	Requirements / Limits
valganciclovir	1	
VEMLIDY	2	
VIRACEPT ORAL TABLET	2	
VIRAZOLE	3	PA
VIREAD ORAL POWDER	2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VIREAD ORAL TABLET 300 MG	3	
VOSEVI	4	PA; SP; QL (28 per 34 days)
XOFLUZA ORAL TABLET 40 MG, 80 MG	3	QL (2 per 365 days)
ZEPATIER	4	PA; SP; QL (28 per 34 days)
ZIAGEN ORAL SOLUTION	3	
zidovudine	1	
CEPHALOSPORINS		
cefaclor oral capsule	1	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	1	
cefaclor oral tablet extended release 12 hr	1	
cefadroxil oral capsule	1	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	1	
cefadroxil oral tablet	1	
cefdinir	1	
cefixime	1	
cefpodoxime	1	
cefprozil	1	
cefuroxime axetil oral tablet	1	
cephalexin	1	
ERYTHROMYCINS & OTHER MACROLIDES		
azithromycin oral	1	
clarithromycin	1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	3	QL (1 per 34 days)
DIFICID ORAL TABLET	3	QL (20 per 34 days)
e.e.s. 400 oral tablet	1	
E.E.S. GRANULES	3	
ERYPED 200	3	
ERYPED 400	3	
ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg	1	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	3	

Drug Name	Tier	Requirements / Limits
erythrocin (as stearate) oral tablet 250 mg	1	
erythromycin ethylsuccinate oral suspension for reconstitution	1	
erythromycin ethylsuccinate oral tablet	1	
erythromycin oral	1	
ZITHROMAX ORAL PACKET	3	
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION	3	
ZITHROMAX ORAL TABLET 250 MG, 500 MG	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
MISCELLANEOUS ANTIINFECTIVES		
AEMCOLO	3	QL (12 per 34 days)
albendazole	1	QL (120 per 23 days)
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	2	QL (180 per 23 days)
ARAKODA	3	QL (16 per 34 days)
ARIKAYCE	4	PA; SP; LA
atovaquone	1	

Drug Name	Tier	Requirements / Limits
atovaquone-proguanil oral tablet 250-100 mg	1	QL (60 per 180 days)
atovaquone-proguanil oral tablet 62.5-25 mg	1	QL (180 per 180 days)
BENZNIDAZOLE	2	QL (360 per 34 days)
BETHKIS	5	PA; SP; QL (224 per 34 days)
BILTRICIDE	3	
CAYSTON	4	PA; SP; LA; QL (84 per 34 days)
chloroquine phosphate	1	
CLEOCIN HCL	3	
CLEOCIN PEDIATRIC	3	
clindamycin hcl	1	
clindamycin pediatric	1	
COARTEM	2	QL (24 per 23 days)
CYCLOSERINE	3	
dapsone oral	1	
DARAPRIM	5	PA; SP
EMVERM	2	QL (6 per 23 days)
ethambutol	1	
FLAGYL ORAL CAPSULE	3	
HUMATIN	5	SP
hydroxychloroquine	1	
IMPAVIDO	2	PA; QL (84 per 23 days)

Drug Name	Tier	Requirements / Limits
isoniazid oral	1	
ivermectin oral	1	PA; QL (14 per 23 days)
KITABIS PAK	4	PA; SP; QL (280 per 34 days)
KRINTAFEL	3	QL (2 per 23 days)
linezolid	1	PA
MALARONE	3	QL (60 per 180 days)
MALARONE PEDIATRIC	3	QL (180 per 180 days)
mefloquine	1	QL (13 per 180 days)
MEPRON	3	
metronidazole oral	1	
MYCOBUTIN	3	
NEBUPENT	2	QL (1 per 21 days)
neomycin	1	
nitazoxanide	1	QL (12 per 23 days)
paromomycin	1	
PASER	3	
pentamidine inhalation	1	QL (1 per 21 days)
praziquantel	1	
PRETOMANID	3	PA
PRIFTIN	2	
primaquine	1	QL (120 per 180 days)
pyrazinamide	1	
pyrimethamine	1	PA
QUALAQUIN	3	QL (42 per 23 days)

Drug Name	Tier	Requirements / Limits
quinine sulfate	1	QL (42 per 23 days)
rifabutin	1	
rifampin oral	1	
SIRTURO	2	PA; LA
SOLOSEC	2	QL (1 per 34 days)
STROMECTOL	3	PA; QL (14 per 23 days)
tinidazole oral tablet 250 mg	1	QL (40 per 23 days)
tinidazole oral tablet 500 mg	1	QL (20 per 23 days)
TOBI PODHALER	4	PA; SP; QL (224 per 34 days)
tobramycin in 0.225 % nacl	4	PA; SP; QL (280 per 34 days)
tobramycin inhalation	4	PA; SP; QL (224 per 34 days)
TOBRAMYCIN WITH NEBULIZER	5	PA; SP; QL (280 per 34 days)
TRECATOR	3	
XENLETA ORAL	3	
XIFAXAN ORAL TABLET 200 MG	2	PA; QL (9 per 34 days)
XIFAXAN ORAL TABLET 550 MG	2	PA; QL (68 per 34 days)
ZYVOX ORAL	3	PA
PENICILLINS		
amoxicillin oral capsule	1	

Drug Name	Tier	Requirements / Limits
amoxicillin oral suspension for reconstitution	1	
amoxicillin oral tablet	1	
amoxicillin oral tablet,chewable 125 mg, 250 mg	1	
amoxicillin-pot clavulanate	1	
ampicillin oral capsule 500 mg	1	
AUGMENTIN ES-600	3	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	2	
AUGMENTIN XR	3	
dicloxacillin	1	
MOXATAG	3	
penicillin v potassium	1	
QUINOLONES		
BAXDELA ORAL	2	QL (28 per 34 days)
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON	3	
CIPRO ORAL TABLET 250 MG, 500 MG	3	
ciprofloxacin	1	
ciprofloxacin hcl oral	1	

Drug Name	Tier	Requirements / Limits
FACTIVE	3	
levofloxacin oral	1	
moxifloxacin oral	1	
ofloxacin oral tablet 300 mg, 400 mg	1	
SULFA'S & RELATED AGENTS		
BACTRIM	3	
BACTRIM DS	3	
sulfadiazine	1	
sulfamethoxazole-trimethoprim oral	1	
sulfatrim	1	
TETRACYCLINES		
ACTICLATE	3	ST
avidoxy	1	
AVIDOXY DK	3	ST
demeclocycline	1	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 20 mg	1	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	1	ST
doxycycline hyclate oral tablet,delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	1	ST
doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg	1	
doxycycline monohydrate oral capsule 150 mg	1	ST

Drug Name	Tier	Requirements / Limits
doxycycline monohydrate oral capsule,ir - delay rel,biphase	1	ST
doxycycline monohydrate oral suspension for reconstitution	1	
doxycycline monohydrate oral tablet	1	
minocycline oral capsule	1	
minocycline oral tablet	1	
minocycline oral tablet extended release 24 hr	1	ST
mondoxyne nl	1	
MONODOX	3	ST
MORGIDOX 1X 50	3	ST
MORGIDOX 1X100	3	ST
morgidox oral capsule 100 mg	1	
NUZYRA ORAL	3	QL (30 per 30 days)
SEYSARA	3	ST
TARGADOX	3	ST
tetracycline oral capsule	1	
tetracycline oral tablet	1	ST
VIBRAMYCIN ORAL CAPSULE 100 MG	3	ST
URINARY TRACT AGENTS		
fosfomycin tromethamine	1	

Drug Name	Tier	Requirements / Limits
FURADANTIN	3	
MACROBID	3	
MACRODANTIN	3	
methenamine hippurate	1	
methenamine mandelate	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohyd/m-cryst	1	
nitrofurantoin oral suspension 25 mg/5 ml	1	
PRIMSOL	3	
trimethoprim	1	
VANCOMYCIN		
VANCOCIN ORAL CAPSULE 125 MG	3	QL (40 per 34 days)
VANCOCIN ORAL CAPSULE 250 MG	3	QL (80 per 34 days)
vancomycin oral capsule 125 mg	1	QL (40 per 34 days)
vancomycin oral capsule 250 mg	1	QL (80 per 34 days)
vancomycin oral recon soln 25 mg/ml	1	QL (300 per 30 days)
vancomycin oral recon soln 50 mg/ml	1	QL (450 per 34 days)
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
leucovorin calcium oral	1	
MESNEX ORAL	2	

Drug Name	Tier	Requirements / Limits
XGEVA	4	PA; SP
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
abiraterone oral tablet 250 mg	4	PA; SP; QL (136 per 34 days)
abiraterone oral tablet 500 mg	4	PA; SP; QL (68 per 34 days)
ALECENSA	4	PA; SP; QL (272 per 34 days)
ALKERAN	3	
ALUNBRIG ORAL TABLET 180 MG, 90 MG	4	PA; SP; QL (34 per 34 days)
ALUNBRIG ORAL TABLET 30 MG	4	PA; SP; QL (68 per 34 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	4	PA; SP; QL (30 per 30 days)
anastrozole	6	ACA
AROMASIN	3	
ASTAGRAF XL	3	ST
AYVAKIT	5	PA; SP; LA; QL (34 per 34 days)
AZASAN	3	
azathioprine	1	
BALVERSA	4	PA; SP; LA
BEVACIZUMAB INTRAVITREAL SYRINGE 1.25 MG/0.05 ML	3	
bexarotene	4	PA; SP
bicalutamide	1	

Drug Name	Tier	Requirements / Limits
BOSULIF ORAL CAPSULE 100 MG	4	PA; SP; QL (102 per 34 days)
BOSULIF ORAL CAPSULE 50 MG	4	PA; SP; QL (30 per 30 days)
BOSULIF ORAL TABLET 100 MG	4	PA; SP; QL (102 per 34 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	4	PA; SP; QL (34 per 34 days)
BRUKINSA	4	PA; SP; LA
CABOMETYX ORAL TABLET 20 MG	4	PA; SP; LA; QL (34 per 34 days)
CABOMETYX ORAL TABLET 40 MG, 60 MG	4	PA; SP; LA
CALQUENCE (ACALABRUTINIB MAL)	4	PA; SP; LA
capecitabine oral tablet 150 mg	4	PA; SP; QL (68 per 34 days)
capecitabine oral tablet 500 mg	4	PA; SP; QL (170 per 34 days)
CAPRELSA ORAL TABLET 100 MG	4	PA; SP; LA; QL (68 per 34 days)
CAPRELSA ORAL TABLET 300 MG	4	PA; SP; LA; QL (34 per 34 days)
CASODEX	3	
CELLCEPT	3	
COMETRIQ	4	PA; SP; QL (1 per 34 days)

Drug Name	Tier	Requirements / Limits
COPIKTRA	5	PA; SP; LA; QL (68 per 34 days)
COTELLIC	4	PA; SP; LA; QL (63 per 34 days)
cyclophosphamide oral capsule	1	
CYCLOPHOSPHAMIDE ORAL TABLET	3	
cyclosporine modified	1	
cyclosporine oral capsule	1	
DAURISMO ORAL TABLET 100 MG	5	PA; SP; QL (34 per 34 days)
DAURISMO ORAL TABLET 25 MG	5	PA; SP; QL (68 per 34 days)
DROXIA	2	
ELIGARD	4	PA; SP
ELIGARD (3 MONTH)	4	PA; SP
ELIGARD (4 MONTH)	4	PA; SP
ELIGARD (6 MONTH)	4	PA; SP
ENSPRYNG	4	PA; SP
ERIVEDGE	4	PA; SP; QL (34 per 34 days)
ERLEADA ORAL TABLET 240 MG	4	PA; SP; QL (34 per 34 days)
ERLEADA ORAL TABLET 60 MG	4	PA; SP; QL (136 per 34 days)

Drug Name	Tier	Requirements / Limits
erlotinib oral tablet 100 mg, 150 mg	4	PA; SP; QL (34 per 34 days)
erlotinib oral tablet 25 mg	4	PA; SP; QL (68 per 34 days)
etoposide oral	1	
EULEXIN	3	
everolimus (antineoplastic)	4	PA; SP; QL (34 per 34 days)
everolimus (immunosuppressive)	1	
exemestane	6	ACA
FARESTON	3	
FEMARA	3	
FENSOLVI	4	PA; SP
FIRMAGON KIT W DILUENT SYRINGE	4	PA; SP
GAVRETO	4	PA; SP; LA; QL (136 per 34 days)
gefitinib	4	PA; SP; QL (34 per 34 days)
gengraf	1	
GILOTRIF	4	PA; SP; QL (34 per 34 days)
GLEOSTINE	2	
HYCAMTIN ORAL	4	PA; SP
HYDREA	3	
hydroxyurea	1	

Drug Name	Tier	Requirements / Limits
ICLUSIG	4	PA; SP; QL (34 per 34 days)
IDHIFA	4	PA; SP; LA; QL (34 per 34 days)
imatinib oral tablet 100 mg	4	PA; SP; QL (204 per 34 days)
imatinib oral tablet 400 mg	4	PA; SP; QL (68 per 34 days)
IMBRUVICA ORAL CAPSULE 140 MG	4	PA; SP; QL (136 per 34 days)
IMBRUVICA ORAL CAPSULE 70 MG	4	PA; SP; QL (34 per 34 days)
IMBRUVICA ORAL SUSPENSION	4	PA; SP; QL (324 per 34 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	4	PA; SP; QL (34 per 34 days)
IMURAN	3	
INLYTA ORAL TABLET 1 MG	4	PA; SP; QL (204 per 34 days)
INLYTA ORAL TABLET 5 MG	4	PA; SP; QL (136 per 34 days)
IRESSA	5	PA; SP; QL (34 per 34 days)
IWILFIN	4	PA; SP; LA
JAKAFI	4	PA; SP; QL (68 per 34 days)

Drug Name	Tier	Requirements / Limits
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	4	PA; SP; QL (21 per 34 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	4	PA; SP; QL (42 per 34 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	4	PA; SP; QL (63 per 34 days)
KOSELUGO	5	PA; SP
lanreotide subcutaneous syringe 120 mg/0.5 ml	4	PA; SP; QL (1 per 21 days)
lapatinib	4	PA; SP; QL (204 per 34 days)
lenalidomide	4	PA; SP; QL (30 per 30 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	4	PA; SP; QL (30 per 30 days)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	4	PA; SP; QL (90 per 30 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	4	PA; SP; QL (60 per 34 days)

Drug Name	Tier	Requirements / Limits
letrozole	1	
LEUKERAN	2	
leuprolide subcutaneous kit	4	PA; SP
LONSURF	4	PA; SP
LORBRENA ORAL TABLET 100 MG	4	PA; SP; QL (34 per 34 days)
LORBRENA ORAL TABLET 25 MG	4	PA; SP; QL (102 per 34 days)
LUMAKRAS	5	PA; SP
LUPKYNIS	4	PA; SP; QL (204 per 34 days)
LUPRON DEPOT	4	PA; SP
LUPRON DEPOT (3 MONTH)	4	PA; SP
LUPRON DEPOT (4 MONTH)	4	PA; SP
LUPRON DEPOT (6 MONTH)	4	PA; SP
LYNPARZA	4	PA; SP; QL (136 per 34 days)
LYSODREN	4	SP
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	4	PA; SP; LA
MATULANE	4	SP
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)	1	

Drug Name	Tier	Requirements / Limits
megestrol oral tablet	1	
MEKINIST ORAL RECON SOLN	4	PA; SP; QL (1080 per 34 days)
MEKINIST ORAL TABLET 0.5 MG	4	PA; SP; QL (102 per 34 days)
MEKINIST ORAL TABLET 2 MG	4	PA; SP; QL (34 per 34 days)
mercaptopurine	1	
methotrexate sodium	1	
methotrexate sodium (pf)	1	
MYCAPSSA	5	PA; SP; LA; QL (56 per 21 days)
mycophenolate mofetil	1	
mycophenolate sodium	1	
MYFORTIC	3	
MYHIBBIN	3	
MYLERAN	2	
NEORAL	3	
NERLYNX	4	PA; SP; LA
NEXAVAR	5	PA; SP; LA; QL (136 per 34 days)
NILANDRON	3	PA
nilutamide	1	PA
NINLARO	4	PA; SP; QL (3 per 34 days)
NUBEQA	4	PA; SP; LA; QL (136 per 34 days)
octreotide acetate	4	PA; SP

Drug Name	Tier	Requirements / Limits
ODOMZO	4	PA; SP; LA; QL (34 per 34 days)
OGSIVEO	5	PA; SP
OJEMDA	4	PA; SP
ORGOVYX	5	PA; SP; LA; QL (34 per 34 days)
ORSERDU ORAL TABLET 345 MG	4	PA; SP; QL (34 per 34 days)
ORSERDU ORAL TABLET 86 MG	4	PA; SP; QL (102 per 34 days)
pazopanib	4	PA; SP; QL (136 per 34 days)
PEMAZYRE	4	PA; SP; LA; QL (28 per 34 days)
PIQRAY	4	PA; SP
POMALYST	4	PA; SP; LA
PROGRAF ORAL CAPSULE	3	
PROGRAF ORAL GRANULES IN PACKET	2	
PURIXAN	4	SP
RETEVMO ORAL CAPSULE 40 MG	5	PA; SP; LA; QL (204 per 34 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA; SP; LA; QL (136 per 34 days)
REVLIMID	4	PA; SP; LA; QL (30 per 30 days)
REZUROCK	3	PA; QL (34 per 34 days)

Drug Name	Tier	Requirements / Limits
ROZLYTREK ORAL CAPSULE 100 MG	4	PA; SP; LA; QL (34 per 34 days)
ROZLYTREK ORAL CAPSULE 200 MG	4	PA; SP; LA; QL (102 per 34 days)
ROZLYTREK ORAL PELLETS IN PACKET	4	PA; SP; LA; QL (42 per 34 days)
RYDAPT	4	PA; SP; QL (272 per 34 days)
RYTELO	5	PA; SP
SANDIMMUNE ORAL CAPSULE	3	
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	5	PA; SP
SCEMBLIX ORAL TABLET 100 MG	4	PA; SP; QL (120 per 34 days)
SCEMBLIX ORAL TABLET 20 MG, 40 MG	4	PA; SP; QL (60 per 34 days)
SIGNIFOR	4	PA; SP
sirolimus	1	
SOLTAMOX	6	ACA
SOMATULINE DEPOT	4	PA; SP; QL (1 per 21 days)
sorafenib	4	PA; SP; QL (136 per 34 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	4	PA; SP; QL (34 per 34 days)

Drug Name	Tier	Requirements / Limits
SPRYCEL ORAL TABLET 20 MG	4	PA; SP; QL (102 per 34 days)
SPRYCEL ORAL TABLET 70 MG	4	PA; SP; QL (68 per 34 days)
STIVARGA	4	PA; SP; QL (84 per 34 days)
sunitinib malate oral capsule 12.5 mg	4	PA; SP; QL (102 per 34 days)
sunitinib malate oral capsule 25 mg, 37.5 mg, 50 mg	4	PA; SP; QL (34 per 34 days)
SUTENT ORAL CAPSULE 12.5 MG	5	PA; SP; QL (102 per 34 days)
SUTENT ORAL CAPSULE 25 MG, 37.5 MG, 50 MG	5	PA; SP; QL (34 per 34 days)
TABLOID	3	
TABRECTA	4	PA; SP
tacrolimus oral capsule	1	
TAFINLAR ORAL CAPSULE	4	PA; SP; QL (136 per 34 days)
TAFINLAR ORAL TABLET FOR SUSPENSION	4	PA; SP; QL (840 per 34 days)
TAGRISSO	4	PA; SP; LA; QL (34 per 34 days)
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	4	PA; SP

Drug Name	Tier	Requirements / Limits
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	4	PA; SP; QL (34 per 34 days)
tamoxifen	6	ACA
TARCEVA ORAL TABLET 100 MG, 150 MG	5	PA; SP; QL (34 per 34 days)
TARGRETIN TOPICAL	5	PA; SP
TASIGNA ORAL CAPSULE 150 MG, 200 MG	4	PA; SP; QL (112 per 34 days)
TASIGNA ORAL CAPSULE 50 MG	4	PA; SP; QL (136 per 34 days)
TAZVERIK	5	PA; SP; LA
temozolomide	4	PA; SP
THALOMID ORAL CAPSULE 100 MG, 50 MG	4	PA; SP; QL (30 per 30 days)
TIBSOVO	4	PA; SP
toremifene	1	
TORPENZ	5	PA; SP; QL (34 per 34 days)
tretinoin (antineoplastic)	1	
TREXALL	3	
TRIPTODUR	4	PA; SP
TUKYSA ORAL TABLET 150 MG	5	PA; SP; LA; QL (136 per 34 days)
TUKYSA ORAL TABLET 50 MG	5	PA; SP; LA; QL (340 per 34 days)

Drug Name	Tier	Requirements / Limits
TURALIO ORAL CAPSULE 125 MG	5	PA; SP; LA; QL (136 per 34 days)
TYKERB	5	PA; SP; LA; QL (204 per 34 days)
VENCLEXTA ORAL TABLET 10 MG	4	PA; SP; LA; QL (56 per 34 days)
VENCLEXTA ORAL TABLET 100 MG	4	PA; SP; LA; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	4	PA; SP; LA; QL (28 per 34 days)
VENCLEXTA STARTING PACK	4	PA; SP; QL (1 per 34 days)
VERZENIO	4	PA; SP; LA; QL (68 per 34 days)
VIJOICE ORAL GRANULES IN PACKET	4	PA; SP; QL (28 per 21 days)
VIJOICE ORAL TABLET 125 MG, 50 MG	4	PA; SP; QL (28 per 21 days)
VIJOICE ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	4	PA; SP; QL (56 per 21 days)
VITRAKVI ORAL CAPSULE 100 MG	4	PA; SP; LA; QL (60 per 34 days)
VITRAKVI ORAL CAPSULE 25 MG	4	PA; SP; LA; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION	4	PA; SP; LA; QL (300 per 30 days)

Drug Name	Tier	Requirements / Limits
VIZIMPRO	4	PA; SP; QL (34 per 34 days)
VONJO	4	PA; SP
VOTRIENT	5	PA; SP; QL (136 per 34 days)
WELIREG	5	PA; SP; LA
XALKORI ORAL CAPSULE	4	PA; SP; QL (68 per 34 days)
XALKORI ORAL PELLET	4	PA; SP; QL (120 per 34 days)
XELODA ORAL TABLET 150 MG	5	PA; SP; QL (68 per 34 days)
XELODA ORAL TABLET 500 MG	5	PA; SP; QL (170 per 34 days)
XERMELO	4	PA; SP; LA; QL (84 per 34 days)
XOSPATA	4	PA; SP; LA; QL (102 per 34 days)
XTANDI ORAL CAPSULE	4	PA; SP; QL (136 per 34 days)
XTANDI ORAL TABLET 40 MG	4	PA; SP; QL (136 per 34 days)
XTANDI ORAL TABLET 80 MG	4	PA; SP; QL (68 per 34 days)
ZELBORAF	4	PA; SP; QL (272 per 34 days)

Drug Name	Tier	Requirements / Limits
ZOLINZA	4	PA; SP; QL (136 per 34 days)
ZORTRESS	3	
ZYDELIG	4	PA; SP; QL (68 per 34 days)
ZYKADIA	4	PA; SP; QL (102 per 34 days)
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH		
ANTICONVULSANTS		
APTIOM	3	
BRIVIACT ORAL	3	ST
carbamazepine oral capsule, er multiphase 12 hr	1	
carbamazepine oral suspension 100 mg/5 ml	1	
carbamazepine oral tablet	1	
carbamazepine oral tablet extended release 12 hr	1	
carbamazepine oral tablet,chewable	1	
CARBATROL	3	
CELONTIN ORAL CAPSULE 300 MG	3	
clobazam	1	PA
clonazepam oral tablet 0.5 mg, 1 mg	1	QL (90 per 23 days)
clonazepam oral tablet 2 mg	1	QL (60 per 23 days)

Drug Name	Tier	Requirements / Limits
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	1	QL (90 per 23 days)
clonazepam oral tablet,disintegrating 2 mg	1	QL (60 per 23 days)
DEPAKOTE	3	ST
DEPAKOTE ER	3	ST
DEPAKOTE SPRINKLES	3	ST
DIACOMIT	4	PA; SP
diazepam rectal	1	
DILANTIN	2	
DILANTIN EXTENDED	3	
DILANTIN INFATABS	3	
DILANTIN-125	3	
divalproex	1	
ELEPSIA XR	3	ST
EPIDIOLEX	4	PA; SP; LA
epitol	1	
EQUETRO	3	
ethosuximide	1	
felbamate	1	
FELBATOL ORAL TABLET	3	
FYCOMPA	2	
gabapentin oral capsule	1	QL (90 per 23 days)
gabapentin oral solution 250 mg/5 ml	1	QL (2160 per 23 days)
gabapentin oral solution 300 mg/6 ml (6 ml)	1	

Drug Name	Tier	Requirements / Limits
gabapentin oral tablet 600 mg	1	QL (180 per 23 days)
gabapentin oral tablet 800 mg	1	QL (120 per 23 days)
gabapentin oral tablet extended release 24 hr 300 mg	1	ST; QL (30 per 23 days)
gabapentin oral tablet extended release 24 hr 600 mg	1	ST; QL (90 per 23 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	ST; QL (30 per 23 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 450 MG, 750 MG, 900 MG	3	ST; QL (60 per 23 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	3	ST; QL (90 per 23 days)
lacosamide oral	1	
LAMICTAL XR STARTER (BLUE)	3	ST
LAMICTAL XR STARTER (GREEN)	3	ST
LAMICTAL XR STARTER (ORANGE)	3	ST
lamotrigine	1	
levetiracetam oral	1	
methsuximide	1	
MYSOLINE	3	

Drug Name	Tier	Requirements / Limits
NAYZILAM	2	PA; QL (2 per 34 days)
oxcarbazepine oral suspension	1	
oxcarbazepine oral tablet	1	
OXTELLAR XR	3	ST
phenobarbital	1	
PHENYTEK	3	
phenytoin oral suspension 125 mg/5 ml	1	
phenytoin oral tablet,chewable	1	
phenytoin sodium extended	1	
pregabalin oral capsule	1	
pregabalin oral solution	1	
pregabalin oral tablet extended release 24 hr	1	PA
primidone oral tablet 250 mg, 50 mg	1	
QUDEXY XR	3	ST
roweepra oral tablet 500 mg	1	
rufinamide	1	PA
SPRITAM	3	ST
subvenite	1	
subvenite starter (blue) kit	1	
subvenite starter (green) kit	1	
subvenite starter (orange) kit	1	

October 2024 You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Tier	Requirements / Limits
SYMPAZAN	3	PA
TEGRETOL ORAL SUSPENSION	3	
TEGRETOL ORAL TABLET	3	
TEGRETOL XR	3	
tiagabine	1	
topiramate oral capsule, sprinkle	1	
topiramate oral capsule,extended release 24hr	1	ST
topiramate oral capsule,sprinkle,er 24hr	1	ST
topiramate oral tablet	1	
TROKENDI XR	3	ST
valproic acid	1	
valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)	1	
VALTOCO	2	PA; QL (2 per 34 days)
vigabatrin oral powder in packet	4	PA; SP; LA; QL (150 per 30 days)
vigabatrin oral tablet	4	PA; SP; LA; QL (204 per 34 days)
vigadrone oral powder in packet	4	PA; SP; QL (150 per 30 days)
vigadrone oral tablet	4	PA; SP; QL (204 per 34 days)

Drug Name	Tier	Requirements / Limits
vigpoder	4	PA; SP; QL (150 per 30 days)
XCOPRI	3	QL (34 per 34 days)
XCOPRI MAINTENANCE PACK	3	QL (56 per 34 days)
XCOPRI TITRATION PACK	3	QL (56 per 34 days)
ZARONTIN	3	
zonisamide	1	
ZTALMY	4	PA; SP; LA
ANTIPARKINSONISM AGENTS		
apomorphine	4	PA; SP; QL (30 per 30 days)
AZILECT	3	ST
benztropine oral	1	
bromocriptine	1	
carbidopa	1	PA
carbidopa-levodopa	1	
carbidopa-levodopa-entacapone	1	
entacapone	1	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	4	PA; SP; QL (300 per 30 days)
LODOSYN	3	PA
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HR 2.25 MG, 3 MG, 3.75 MG	3	

Drug Name	Tier	Requirements / Limits
NEUPRO	3	
NOURIANZ	5	PA; SP; LA; QL (34 per 34 days)
PARLODEL ORAL CAPSULE	3	
pramipexole	1	
rasagiline	1	
ropinirole	1	
RYTARY	3	
selegiline hcl	1	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	3	
TASMAR ORAL TABLET 100 MG	3	PA
tolcapone	1	PA
trihexyphenidyl	1	
MIGRAINE & CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML	2	PA; QL (1 per 23 days)
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 70 MG/ML	2	PA; QL (70 per 30 days)
AJOVY AUTOINJECTOR	2	PA; QL (1.5 per 23 days)
AJOVY SYRINGE	2	PA; QL (1 per 23 days)
almotriptan malate oral tablet 12.5 mg	1	QL (24 per 21 days)
almotriptan malate oral tablet 6.25 mg	1	QL (18 per 21 days)

Drug Name	Tier	Requirements / Limits
dihydroergotamine injection	1	
dihydroergotamine nasal	1	ST; QL (8 per 21 days)
eletriptan	1	QL (18 per 21 days)
EMGALITY PEN	2	PA; QL (1 per 23 days)
EMGALITY SYRINGE	2	PA; QL (1 per 23 days)
ERGOMAR	3	
ergotamine-caffeine	1	
FROVA	3	ST; QL (27 per 21 days)
frovatriptan	1	QL (27 per 21 days)
migergot	1	
MIGRANAL	3	ST; QL (8 per 21 days)
naratriptan	1	QL (18 per 21 days)
NURTEC ODT	2	PA; QL (16 per 34 days)
QULIPTA	2	PA; QL (30 per 23 days)
REYVOW ORAL TABLET 100 MG	3	PA; QL (16 per 21 days)
REYVOW ORAL TABLET 50 MG	3	PA; QL (8 per 21 days)
rizatriptan	1	QL (36 per 21 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation	1	QL (18 per 21 days)
sumatriptan nasal spray,non-aerosol 5 mg/actuation	1	QL (36 per 21 days)

Drug Name	Tier	Requirements / Limits
sumatriptan succinate oral	1	QL (18 per 21 days)
sumatriptan succinate subcutaneous cartridge	1	QL (8 per 21 days)
sumatriptan succinate subcutaneous pen injector	1	QL (8 per 21 days)
sumatriptan succinate subcutaneous solution	1	QL (8 per 21 days)
sumatriptan-naproxen	1	ST; QL (18 per 21 days)
TOSYMRA	3	ST; QL (24 per 21 days)
TRUDHESA	3	ST; QL (8 per 21 days)
UBRELVY	2	PA; QL (20 per 21 days)
ZEMBRACE SYMTOUCH	3	ST; QL (16 per 21 days)
zolmitriptan nasal spray,non-aerosol 5 mg	1	ST; QL (18 per 21 days)
zolmitriptan oral	1	QL (18 per 21 days)
ZOMIG NASAL SPRAY,NON-AEROSOL 5 MG	3	ST; QL (18 per 21 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
ADLARITY	3	ST
ARICEPT	3	ST
AUSTEDO ORAL TABLET 12 MG, 9 MG	4	PA; SP; LA; QL (136 per 34 days)
AUSTEDO ORAL TABLET 6 MG	4	PA; SP; LA; QL (68 per 34 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	4	PA; SP; QL (102 per 34 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG	4	PA; SP; QL (34 per 34 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG	4	PA; SP; QL (68 per 34 days)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	4	PA; SP; QL (28 per 34 days)
dalfampridine	4	PA; SP; QL (68 per 34 days)
dichlorphenamide	4	PA; SP
donepezil oral tablet 10 mg, 5 mg	1	
donepezil oral tablet 23 mg	1	ST
donepezil oral tablet,disintegrating	1	
EVRYSDI	5	PA; SP; LA; QL (2480 per 360 days)
EXELON PATCH	3	ST

Drug Name	Tier	Requirements / Limits
FIRDAPSE	4	PA; SP; LA
galantamine	1	
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	3	ST; QL (30 per 23 days)
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG	3	ST; QL (60 per 23 days)
INGREZZA	5	PA; SP; LA; QL (34 per 34 days)
INGREZZA INITIATION PK(TARDIV)	5	PA; SP; QL (28 per 34 days)
INGREZZA SPRINKLE	5	PA; SP; LA; QL (34 per 34 days)
memantine oral capsule,sprinkle,er 24hr	1	
memantine oral solution	1	
memantine oral tablet	1	
MEMANTINE ORAL TABLETS,DOSE PACK	3	
NAMENDA TITRATION PAK	3	
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	3	
NAMZARIC	2	ST
NUEDEXTA	2	PA
ormalvi	4	PA; SP

Drug Name	Tier	Requirements / Limits
RADICAVA ORS STARTER KIT SUSP	4	PA; SP
rivastigmine	1	
rivastigmine tartrate	1	
TEGSEDI	4	PA; SP; LA; QL (4 per 21 days)
tetrabenazine oral tablet 12.5 mg	4	PA; SP; QL (136 per 34 days)
tetrabenazine oral tablet 25 mg	4	PA; SP; QL (68 per 34 days)
ZEPOSIA	4	PA; SP; QL (34 per 34 days)
ZEPOSIA STARTER KIT (28-DAY)	4	PA; SP; QL (28 per 34 days)
ZEPOSIA STARTER PACK (7-DAY)	4	PA; SP; QL (7 per 34 days)
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
baclofen oral suspension	1	
baclofen oral tablet 10 mg, 20 mg, 5 mg	1	
carisoprodol	1	QL (84 per 68 days)
carisoprodol-aspirin	1	QL (84 per 68 days)
carisoprodol-aspirin-codeine	1	QL (90 per 180 days)
chlorzoxazone	1	

Drug Name	Tier	Requirements / Limits
cyclobenzaprine oral capsule,extended release 24hr	1	ST
cyclobenzaprine oral tablet	1	
DANTRIUM ORAL CAPSULE 25 MG	3	
dantrolene oral	1	
FEXMID	3	ST
LORZONE	3	ST
meprobamate	1	
metaxalone	1	
methocarbamol oral	1	
NORGESIC	3	
NORGESIC FORTE	3	
orphenadrine citrate oral	1	
orphenadrine-asa-caffeine oral tablet 25-385-30 mg	1	
orphengesic forte	1	
pyridostigmine bromide oral syrup	1	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	3	
pyridostigmine bromide oral tablet 60 mg	1	
pyridostigmine bromide oral tablet extended release	1	
SOMA	3	QL (84 per 68 days)
tanlor	1	
tizanidine	1	

Drug Name	Tier	Requirements / Limits
vanadom	1	QL (84 per 68 days)
ZANAFLEX	3	
NARCOTIC ANALGESICS		
acetaminophen-caff-dihydrocod	1	QL (90 per 180 days)
acetaminophen-codeine oral solution 120-12 mg/5 ml	1	QL (90 per 180 days)
acetaminophen-codeine oral tablet	1	QL (90 per 180 days)
ascomp with codeine	1	QL (90 per 180 days)
BELBUCA	2	ST; QL (68 per 34 days)
buprenorphine	1	ST
buprenorphine hcl sublingual	1	
butalbital-acetaminop-caf-cod	1	QL (90 per 180 days)
butalbital-acetaminophen	1	
butalbital-acetaminophen-caff	1	
butalbital-aspirin-caffeine	1	
codeine sulfate	1	QL (90 per 180 days)
codeine-butalbital-asa-caff	1	QL (90 per 180 days)
DILAUDID	3	QL (90 per 180 days)
diskets	1	QL (90 per 180 days)
DSUVIA	3	
endocet	1	QL (90 per 180 days)

Drug Name	Tier	Requirements / Limits
ESGIC	3	ST
fentanyl	1	ST; QL (15 per 23 days)
fentanyl citrate buccal lozenge on a handle	1	PA; QL (102 per 23 days)
FIORICET	3	ST
FIORICET WITH CODEINE	3	QL (90 per 180 days)
hydrocodone bitartrate oral capsule, oral only, er 12hr	1	ST; QL (102 per 23 days)
hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr	1	ST; QL (68 per 23 days)
hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml), 7.5-325 mg/15 ml	1	QL (90 per 180 days)
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	QL (90 per 180 days)
hydrocodone-ibuprofen	1	QL (90 per 180 days)
hydromorphone oral liquid	1	QL (90 per 180 days)
hydromorphone oral tablet	1	QL (90 per 180 days)
hydromorphone oral tablet extended release 24 hr	1	ST; QL (68 per 23 days)
hydromorphone rectal	1	QL (90 per 180 days)

Drug Name	Tier	Requirements / Limits
HYSINGLA ER	2	ST; QL (68 per 23 days)
levorphanol tartrate	1	QL (90 per 180 days)
meperidine oral solution	1	QL (90 per 180 days)
meperidine oral tablet 50 mg	1	QL (90 per 180 days)
methadone oral concentrate	1	QL (90 per 180 days)
methadone oral solution	1	QL (90 per 180 days)
methadone oral tablet	1	QL (90 per 180 days)
methadone oral tablet,soluble	1	QL (90 per 180 days)
methadose oral concentrate	1	QL (90 per 180 days)
methadose oral tablet,soluble	1	QL (90 per 180 days)
morphine concentrate oral solution	1	QL (90 per 180 days)
morphine oral capsule, er multiphase 24 hr	1	ST; QL (68 per 23 days)
morphine oral capsule,extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	1	ST; QL (102 per 23 days)
morphine oral solution	1	QL (90 per 180 days)
morphine oral tablet	1	QL (90 per 180 days)
morphine oral tablet extended release	1	ST; QL (136 per 23 days)
morphine rectal	1	QL (90 per 180 days)

Drug Name	Tier	Requirements / Limits
MS CONTIN	3	ST; QL (136 per 23 days)
NALOCET	3	QL (90 per 180 days)
oxycodone oral capsule	1	QL (90 per 180 days)
oxycodone oral concentrate	1	QL (90 per 180 days)
oxycodone oral solution	1	QL (90 per 180 days)
oxycodone oral tablet	1	QL (90 per 180 days)
OXYCODONE ORAL TABLET, ABUSE-DETERRENT	3	QL (90 per 180 days)
oxycodone-acetaminophen	1	QL (90 per 180 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR	2	ST; QL (102 per 23 days)
oxymorphone oral tablet	1	QL (90 per 180 days)
oxymorphone oral tablet extended release 12 hr	1	ST; QL (102 per 23 days)
prolate oral tablet	1	QL (90 per 180 days)
ROXICODONE ORAL TABLET 15 MG, 30 MG	3	QL (90 per 180 days)
tencon	1	
TREZIX	3	QL (90 per 180 days)
NON-NARCOTIC ANALGESICS		
adult aspirin regimen	6	ACA; OTC

Drug Name	Tier	Requirements / Limits
ANAPROX DS	3	ST
ARTHROTEC 50	3	ST
ARTHROTEC 75	3	ST
aspirin childrens	6	ACA; OTC
aspirin oral tablet,chewable	6	ACA; OTC
aspirin oral tablet,delayed release (dr/ec) 81 mg	6	ACA; OTC
bayer low dose aspirin	6	ACA; OTC
buprenorphine-naloxone sublingual film 12-3 mg	1	
buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg	1	QL (102 per 34 days)
buprenorphine-naloxone sublingual tablet 2-0.5 mg	1	QL (102 per 34 days)
buprenorphine-naloxone sublingual tablet 8-2 mg	1	
butorphanol injection	1	QL (90 per 180 days)
butorphanol nasal	1	QL (5 per 21 days)
CAMBIA	3	ST; QL (9 per 21 days)
celecoxib	1	
DAYPRO	3	ST
diclofenac potassium oral capsule	1	
diclofenac potassium oral powder in packet	1	ST; QL (9 per 21 days)

Drug Name	Tier	Requirements / Limits
diclofenac potassium oral tablet 25 mg	1	ST
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium oral	1	
diclofenac sodium topical drops	1	QL (150 per 21 days)
diclofenac sodium topical solution in metered-dose pump	1	ST; QL (112 per 21 days)
diclofenac-misoprostol	1	
diflunisal	1	
DISALCID	3	
DUEXIS	3	ST
EC-NAPROSYN	3	ST
ecotrin low strength	6	ACA; OTC
etodolac	1	
FELDENE ORAL CAPSULE 20 MG	3	ST
fenoprofen oral capsule 400 mg	1	ST
fenoprofen oral tablet	1	ST
FLECTOR	2	ST; QL (68 per 34 days)
flurbiprofen oral tablet 100 mg	1	
ibu	1	
ibuprofen oral suspension	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
ibuprofen-famotidine	1	ST

Drug Name	Tier	Requirements / Limits
indomethacin oral capsule	1	
indomethacin oral capsule, extended release	1	
indomethacin oral suspension	1	ST
indomethacin rectal suppository 50 mg	1	
ketoprofen oral capsule 25 mg	1	ST
ketoprofen oral capsule 50 mg, 75 mg	1	
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg	1	ST
ketorolac oral	1	QL (20 per 34 days)
kiprofen	1	ST
KLOXXADO	2	QL (2 per 34 days)
LICART	2	ST; QL (34 per 34 days)
LODINE ORAL TABLET	3	ST
lofena	1	ST
LOTREXONE	3	
meclofenamate	1	
mefenamic acid	1	
meloxicam oral tablet	1	QL (34 per 34 days)
meloxicam submicronized	1	ST; QL (34 per 34 days)
nabumetone	1	
NALFON ORAL TABLET	3	ST

Drug Name	Tier	Requirements / Limits
naloxone injection solution	1	
naloxone injection syringe	1	
naloxone nasal	1	QL (2 per 34 days)
NALTREX	3	
naltrexone	1	
NAPRELAN CR	3	ST
NAPROSYN ORAL SUSPENSION	3	ST
NAPROSYN ORAL TABLET 500 MG	3	ST
naproxen oral suspension	1	ST
naproxen oral tablet	1	
naproxen oral tablet,delayed release (dr/ec)	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
naproxen sodium oral tablet, er multiphase 24 hr	1	ST
naproxen-esomeprazole	1	ST
NARCAN	3	QL (2 per 34 days)
OPVEE	3	
oxaprozin oral tablet	1	
pentazocine-naloxone	1	QL (90 per 180 days)
piroxicam	1	
REXTOVY	2	QL (2 per 34 days)
salsalate	1	

Drug Name	Tier	Requirements / Limits
SPRIX	5	ST; SP; QL (5 per 34 days)
st joseph aspirin	6	ACA; OTC
st. joseph aspirin	6	ACA; OTC
sulindac	1	
TOLECTIN 600	3	ST
tolmetin oral capsule	1	ST
tramadol oral tablet 50 mg	1	QL (272 per 34 days)
tramadol oral tablet extended release 24 hr	1	ST; QL (34 per 34 days)
tramadol oral tablet, er multiphase 24 hr	1	PA; QL (34 per 34 days)
tramadol-acetaminophen	1	QL (272 per 34 days)
VIVITROL	4	SP
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 2.9-0.71 MG, 5.7-1.4 MG	2	QL (34 per 34 days)
ZUBSOLV SUBLINGUAL TABLET 11.4-2.9 MG	2	
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	2	QL (68 per 34 days)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII	2	
ABILIFY MAINTENA	2	

October 2024 You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Tier	Requirements / Limits
ABILIFY MYCITE MAINTENANCE KIT	3	QL (34 per 34 days)
ABILIFY MYCITE STARTER KIT	3	QL (34 per 34 days)
ADASUVE	3	
ADZENYS XR-ODT	3	ST
alprazolam intensol	1	QL (90 per 23 days)
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg	1	QL (90 per 23 days)
alprazolam oral tablet 2 mg	1	QL (60 per 23 days)
alprazolam oral tablet extended release 24 hr	1	QL (30 per 23 days)
alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg	1	QL (90 per 23 days)
alprazolam oral tablet,disintegrating 2 mg	1	QL (60 per 23 days)
amitriptyline	1	
amitriptyline-chlordiazepoxide	1	
amoxapine	1	
amphetamine sulfate	1	
ANAFRANIL	3	
aripiprazole oral solution	1	
aripiprazole oral tablet	1	QL (34 per 34 days)
aripiprazole oral tablet,disintegrating	1	QL (68 per 34 days)
ARISTADA	2	

Drug Name	Tier	Requirements / Limits
ARISTADA INITIO	2	
armodafinil	1	ST; QL (34 per 34 days)
asenapine maleate	1	QL (68 per 34 days)
ATIVAN ORAL	3	QL (90 per 23 days)
atomoxetine	1	
AUVELITY	3	ST; QL (60 per 34 days)
AZSTARYS	2	ST
BELSOMRA	3	ST; QL (15 per 23 days)
bupropion hcl oral tablet	1	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	1	QL (34 per 34 days)
bupropion hcl oral tablet sustained-release 12 hr	1	QL (68 per 34 days)
buspirone	1	
CAPLYTA	3	QL (34 per 34 days)
chlordiazepoxide hcl	1	
chlorpromazine	1	
citalopram oral solution	1	
citalopram oral tablet	1	QL (34 per 34 days)
clomipramine	1	
clonidine hcl oral tablet extended release 12 hr	1	
clorazepate dipotassium	1	

Drug Name	Tier	Requirements / Limits
clozapine	1	
CLOZARIL ORAL TABLET 100 MG, 25 MG	3	
COTEMPLA XR-ODT	3	ST
DAYTRANA	3	ST
DAYVIGO	3	ST; QL (15 per 23 days)
desipramine	1	
DESOXYN	3	
DESVENLAFAXINE	3	ST; QL (34 per 34 days)
desvenlafaxine succinate	1	ST; QL (34 per 34 days)
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG	3	ST
dexmethylphenidate	1	
dextroamphetamine sulfate	1	
dextroamphetamine-amphetamine	1	
diazepam intensol	1	QL (240 per 23 days)
diazepam oral solution 5 mg/5 ml (1 mg/ml)	1	QL (1200 per 23 days)
diazepam oral tablet	1	QL (120 per 23 days)
doxepin oral capsule	1	
doxepin oral concentrate	1	
doxepin oral tablet	1	ST; QL (15 per 23 days)

Drug Name	Tier	Requirements / Limits
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 60 mg	1	QL (68 per 34 days)
duloxetine oral capsule,delayed release(dr/ec) 30 mg	1	QL (34 per 34 days)
duloxetine oral capsule,delayed release(dr/ec) 40 mg	1	ST; QL (34 per 34 days)
EDLUAR	3	ST; QL (15 per 23 days)
EMSAM	3	
ergoloid	1	
escitalopram oxalate oral solution	1	ST
escitalopram oxalate oral tablet	1	QL (34 per 34 days)
estazolam	1	QL (15 per 23 days)
eszopiclone	1	QL (15 per 23 days)
FANAPT ORAL TABLET	3	QL (68 per 34 days)
FANAPT ORAL TABLETS,DOSE PACK	3	QL (8 per 34 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)-40 MG (26)	2	ST; QL (28 per 34 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	2	ST; QL (34 per 34 days)
fluoxetine oral capsule 10 mg	1	QL (34 per 34 days)

Drug Name	Tier	Requirements / Limits
fluoxetine oral capsule 20 mg	1	
fluoxetine oral capsule 40 mg	1	QL (68 per 34 days)
fluoxetine oral capsule,delayed release(dr/ec)	1	ST; QL (4 per 34 days)
fluoxetine oral solution	1	
fluoxetine oral tablet 10 mg	1	ST; QL (34 per 34 days)
fluoxetine oral tablet 20 mg, 60 mg	1	ST
fluphenazine decanoate	1	
fluphenazine hcl	1	
flurazepam	1	QL (15 per 23 days)
fluvoxamine oral capsule,extended release 24hr	1	ST; QL (68 per 34 days)
fluvoxamine oral tablet 100 mg	1	QL (102 per 34 days)
fluvoxamine oral tablet 25 mg	1	QL (34 per 34 days)
fluvoxamine oral tablet 50 mg	1	QL (68 per 34 days)
GEODON INTRAMUSCULAR	3	
GEODON ORAL	3	QL (68 per 34 days)
guanfacine oral tablet extended release 24 hr	1	
HALCION ORAL TABLET 0.25 MG	3	QL (15 per 23 days)

Drug Name	Tier	Requirements / Limits
HALDOL DECANOATE	3	
haloperidol	1	
haloperidol decanoate	1	
haloperidol lactate	1	
HETLIOZ	5	PA; SP; QL (34 per 34 days)
HETLIOZ LQ	5	PA; SP; QL (180 per 30 days)
IGALMI	3	
imipramine hcl	1	
imipramine pamoate	1	
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 9 MG	3	QL (34 per 34 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	3	QL (68 per 34 days)
INVEGA SUSTENNA	3	
INVEGA TRINZA	3	
JORNAY PM	3	ST
lisdexamfetamine oral capsule	1	
lisdexamfetamine oral tablet,chewable	1	ST
lithium carbonate	1	
lithium citrate	1	
LITHOBID	3	

Drug Name	Tier	Requirements / Limits
lorazepam intensol	1	QL (90 per 23 days)
lorazepam oral concentrate	1	QL (90 per 23 days)
lorazepam oral tablet	1	QL (90 per 23 days)
loxapine succinate	1	
LUMRYZ	4	PA; SP; QL (34 per 34 days)
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg	1	QL (34 per 34 days)
lurasidone oral tablet 80 mg	1	QL (68 per 34 days)
LYBALVI	3	QL (34 per 34 days)
MARPLAN	3	
METADATE CD	3	ST
methamphetamine	1	
METHYLIN ORAL SOLUTION	3	
methylphenidate	1	ST
methylphenidate hcl oral cap,er sprinkle,biphasic 40-60	1	ST
methylphenidate hcl oral capsule, er biphasic 30-70	1	
methylphenidate hcl oral capsule,er biphasic 50-50	1	
methylphenidate hcl oral solution	1	
methylphenidate hcl oral tablet	1	

Drug Name	Tier	Requirements / Limits
methylphenidate hcl oral tablet extended release	1	
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg	1	
methylphenidate hcl oral tablet,chewable	1	
MIDAZOLAM ORAL SYRUP 10 MG/5 ML (2 MG/ML)	3	
midazolam oral syrup 2 mg/ml	1	
mirtazapine	1	
MKO (MIDAZOLAM-KETAMINE-ONDAN)	3	
modafinil oral tablet 100 mg	1	ST; QL (34 per 34 days)
modafinil oral tablet 200 mg	1	ST; QL (68 per 34 days)
molindone	1	
MYDAYIS	3	ST
NARDIL	3	
nefazodone	1	
nortriptyline	1	
NUPLAZID	5	PA; SP; QL (34 per 34 days)
olanzapine intramuscular	1	
olanzapine oral	1	QL (34 per 34 days)
olanzapine-fluoxetine	1	

Drug Name	Tier	Requirements / Limits
oxazepam	1	
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	1	QL (34 per 34 days)
paliperidone oral tablet extended release 24hr 6 mg	1	QL (68 per 34 days)
PAMELOR	3	
PARNATE	3	
paroxetine hcl oral suspension	1	ST
paroxetine hcl oral tablet 10 mg, 40 mg	1	QL (34 per 34 days)
paroxetine hcl oral tablet 20 mg, 30 mg	1	QL (68 per 34 days)
paroxetine hcl oral tablet extended release 24 hr	1	ST; QL (68 per 34 days)
paroxetine mesylate(menop.sym)	1	ST; QL (34 per 34 days)
PAXIL CR	3	ST; QL (68 per 34 days)
PAXIL ORAL SUSPENSION	3	ST
PAXIL ORAL TABLET 10 MG, 40 MG	3	ST; QL (34 per 34 days)
PAXIL ORAL TABLET 20 MG, 30 MG	3	ST; QL (68 per 34 days)
perphenazine	1	
perphenazine-amitriptyline	1	
PERSERIS	3	
phenelzine	1	
pimozide	1	

Drug Name	Tier	Requirements / Limits
procentra	1	
protriptyline	1	
QELBREE	3	ST
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	QL (102 per 34 days)
quetiapine oral tablet 300 mg, 400 mg	1	QL (68 per 34 days)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg	1	QL (34 per 34 days)
quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg	1	QL (68 per 34 days)
QUVIVIQ	3	ST; QL (15 per 23 days)
ramelteon	1	QL (15 per 23 days)
REMERON ORAL TABLET 15 MG, 30 MG	3	
REMERON SOLTAB	3	
RESTORIL	3	QL (15 per 23 days)
REXULTI ORAL TABLET	3	QL (34 per 34 days)
RISPERDAL CONSTA	2	
RISPERDAL ORAL SOLUTION	3	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	QL (68 per 34 days)

Drug Name	Tier	Requirements / Limits
risperidone microspheres	1	
risperidone oral solution	1	
risperidone oral tablet	1	QL (68 per 34 days)
risperidone oral tablet,disintegrating	1	QL (68 per 34 days)
RYKINDO	2	
SECUADO	3	QL (34 per 34 days)
sertraline oral concentrate	1	
sertraline oral tablet 100 mg, 50 mg	1	QL (68 per 34 days)
sertraline oral tablet 25 mg	1	QL (45 per 34 days)
SILENOR	3	ST; QL (15 per 23 days)
SODIUM OXYBATE	4	PA; SP; LA; QL (540 per 34 days)
SUNOSI	2	ST; QL (34 per 34 days)
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	3	
tasimelteon	5	PA; SP; QL (34 per 34 days)
temazepam	1	QL (15 per 23 days)
thioridazine	1	
thiothixene	1	
tranylcypromine	1	
trazodone	1	

Drug Name	Tier	Requirements / Limits
triazolam	1	QL (15 per 23 days)
trifluoperazine	1	
trimipramine	1	
TRINTELLIX	3	ST; QL (34 per 34 days)
UZEDY	2	
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg	1	QL (34 per 34 days)
venlafaxine oral capsule,extended release 24hr 75 mg	1	QL (102 per 34 days)
venlafaxine oral tablet	1	QL (102 per 34 days)
venlafaxine oral tablet extended release 24hr	1	ST; QL (34 per 34 days)
VERSACLOZ	3	
vilazodone	1	ST; QL (34 per 34 days)
VRAYLAR ORAL CAPSULE	3	QL (34 per 34 days)
VYVANSE ORAL CAPSULE	3	ST
VYVANSE ORAL TABLET,CHEWABLE	2	ST
WAKIX ORAL TABLET 17.8 MG	5	ST; SP; LA; QL (68 per 34 days)
WAKIX ORAL TABLET 4.45 MG	5	ST; SP; LA; QL (34 per 34 days)
XYWAV	4	PA; SP; LA; QL (540 per 34 days)

Drug Name	Tier	Requirements / Limits
zaleplon	1	QL (15 per 23 days)
zenzedi oral tablet 10 mg, 5 mg	1	
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	
ziprasidone hcl	1	QL (68 per 34 days)
ziprasidone mesylate	1	
zolpidem oral tablet	1	QL (15 per 23 days)
zolpidem oral tablet,ext release multiphase	1	QL (15 per 23 days)
zolpidem sublingual	1	QL (15 per 23 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	4	SP; QL (28 per 365 days)
ZURZUVAE ORAL CAPSULE 30 MG	4	SP; QL (14 per 365 days)
ZYPREXA INTRAMUSCULAR	3	
ZYPREXA ORAL	3	QL (34 per 34 days)
ZYPREXA RELPREVV	3	
ZYPREXA ZYDIS	3	QL (34 per 34 days)
CARDIOVASCULAR, HYPERTENSION & LIPIDS		
ANTIARRHYTHMIC AGENTS		
amiodarone oral	1	
BETAPACE	3	ST
BETAPACE AF	3	ST
disopyramide phosphate oral capsule	1	
dofetilide	1	
flecainide	1	
mexiletine	1	
MULTAQ	2	
pacerone oral tablet 100 mg, 200 mg, 400 mg	1	
propafenone	1	
quinidine gluconate oral	1	
quinidine sulfate oral tablet	1	
sotalol af	1	
sotalol oral	1	
SOTYLIZE	2	
ANTIHYPERTENSIVE THERAPY		
ACCUPRIL	3	
ACCURETIC	3	
acebutolol	1	
ALDACTONE	3	
aliskiren	1	
ALTACE	3	
amiloride	1	
amiloride-hydrochlorothiazide	1	
amlodipine	1	
amlodipine-benazepril	1	
amlodipine-olmesartan	1	

Drug Name	Tier	Requirements / Limits
amlodipine-valsartan	1	
amlodipine-valsartan-hcthiazid	1	
atenolol	1	
atenolol-chlorthalidone	1	
benazepril	1	
benazepril-hydrochlorothiazide	1	
betaxolol oral	1	
bisoprolol fumarate	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	
candesartan	1	
candesartan-hydrochlorothiazid	1	
captopril	1	
captopril-hydrochlorothiazide	1	
CARDIZEM CD	3	
CARDIZEM LA	3	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG	3	ST; QL (34 per 34 days)
CARDURA ORAL TABLET 8 MG	3	ST; QL (68 per 34 days)
CARDURA XL	3	ST; QL (34 per 34 days)
cartia xt	1	
carvedilol	1	
carvedilol phosphate	1	

Drug Name	Tier	Requirements / Limits
CATAPRES-TTS-1	3	QL (4 per 21 days)
CATAPRES-TTS-2	3	QL (4 per 21 days)
CATAPRES-TTS-3	3	QL (4 per 21 days)
chlorthalidone oral tablet 25 mg, 50 mg	1	
clonidine	1	QL (4 per 21 days)
clonidine hcl oral tablet	1	
CONSENSI	3	
COREG CR	3	ST
CORGARD ORAL TABLET 20 MG, 40 MG	3	ST
DEMSER	2	PA
DIBENZYLINE	3	PA
diltiazem hcl oral capsule,ext.rel 24h degradable	1	
diltiazem hcl oral capsule,extended release 12 hr	1	
diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl oral capsule,extended release 24hr	1	
diltiazem hcl oral tablet	1	
diltiazem hcl oral tablet extended release 24 hr	1	

Drug Name	Tier	Requirements / Limits
dilt-xr	1	
DIURIL	3	
doxazosin oral tablet 1 mg, 2 mg, 4 mg	1	QL (34 per 34 days)
doxazosin oral tablet 8 mg	1	QL (68 per 34 days)
DYRENIUM	3	
EDECRIN	3	ST
enalapril maleate	1	
enalapril-hydrochlorothiazide	1	
eplerenone	1	
eprosartan	1	
ethacrynic acid	1	
felodipine	1	
fosinopril	1	
fosinopril-hydrochlorothiazide	1	
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	1	
furosemide oral tablet	1	
guanfacine oral tablet	1	
hydralazine oral	1	
hydrochlorothiazide	1	
indapamide	1	
INSPRA	3	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide-hydralazine	1	

Drug Name	Tier	Requirements / Limits
isradipine	1	
KERENDIA	2	QL (34 per 34 days)
labetalol oral	1	
LASIX	3	ST
lisinopril	1	
lisinopril-hydrochlorothiazide	1	
LOPRESSOR ORAL	3	ST
losartan	1	
losartan-hydrochlorothiazide	1	
LOTENSIN HCT	3	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	
matzim la	1	
methyldopa	1	
methyldopa-hydrochlorothiazide	1	
metolazone	1	
metoprolol succinate	1	
metoprolol ta-hydrochlorothiaz	1	
metoprolol tartrate oral	1	
metyrosine	1	PA
minoxidil oral	1	
moexipril	1	
nadolol	1	
nebivolol	1	
nicardipine oral	1	
nifedipine	1	

Drug Name	Tier	Requirements / Limits
nimodipine oral capsule	1	
nisoldipine	1	
NYMALIZE	3	
olmesartan	1	
olmesartan-amlodipin-hcthiazid	1	
olmesartan-hydrochlorothiazide	1	
ORENITRAM	5	PA; SP; QL (102 per 34 days)
ORENITRAM MONTH 1 TITRATION KT	5	PA; SP; QL (168 per 34 days)
ORENITRAM MONTH 2 TITRATION KT	5	PA; SP; QL (336 per 34 days)
ORENITRAM MONTH 3 TITRATION KT	5	PA; SP; QL (252 per 34 days)
perindopril erbumine	1	
phenoxybenzamine	1	PA
pindolol	1	
prazosin	1	
PRESTALIA	3	ST
PROCARDIA XL	3	ST
propranolol oral	1	
propranolol-hydrochlorothiazid	1	
quinapril	1	
quinapril-hydrochlorothiazide	1	
ramipril	1	
spironolactone	1	

Drug Name	Tier	Requirements / Limits
spironolacton-hydrochlorothiaz	1	
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	3	ST
telmisartan	1	
telmisartan-amlodipine	1	
telmisartan-hydrochlorothiazid	1	
TENORETIC 50	3	ST
TENORMIN	3	ST
terazosin oral capsule 1 mg, 2 mg, 5 mg	1	QL (34 per 34 days)
terazosin oral capsule 10 mg	1	QL (68 per 34 days)
tiadylt er	1	
TIAZAC	3	
timolol maleate oral	1	
torsemide oral	1	
trandolapril	1	
trandolapril-verapamil	1	
triamterene	1	
triamterene-hydrochlorothiazid	1	
UPTRAVI ORAL TABLET	4	PA; SP; LA; QL (68 per 34 days)
UPTRAVI ORAL TABLETS,DOSE PACK	4	PA; SP; LA; QL (200 per 34 days)
valsartan oral tablet	1	

Drug Name	Tier	Requirements / Limits
valsartan-hydrochlorothiazide	1	
VASERETIC	3	
VASOTEC	3	
verapamil oral	1	
VERELAN PM	3	ST
ZESTORETIC	3	
ZESTRIL	3	
CARDIAC GLYCOSIDES		
digoxin oral	1	
LANOXIN ORAL	3	
COAGULATION THERAPY		
AMICAR	3	
aminocaproic acid oral	1	
ARIXTRA	3	
aspirin-dipyridamole	1	
BRILINTA	2	
CABLIVI INJECTION KIT	4	PA; SP; LA
cilostazol	1	
clopidogrel	1	
dabigatran etexilate	1	
dipyridamole oral	1	
DOPTELET (15 TAB PACK)	4	PA; SP; LA; QL (15 per 34 days)
EFFIENT	3	
ELIQUIS	2	
ELIQUIS DVT-PE TREAT 30D START	2	
enoxaparin	1	
fondaparinux	1	

Drug Name	Tier	Requirements / Limits
FRAGMIN SUBCUTANEOUS SOLUTION	2	
FRAGMIN SUBCUTANEOUS SYRINGE	2	
HEMGENIX	4	PA; SP
hep flush-10 (pf)	1	
HEPARIN (PORCINE) IN 0.9% NACL INTRAVENOUS PARENTERAL SOLUTION 2,500 UNIT/500 ML (5 UNIT/ML), 30,000 UNIT/1,000 ML, 5,000 UNIT/1,000 ML, 5,000 UNIT/500 ML (10 UNIT/ML)	3	
heparin (porcine) in 5 % dex	1	
heparin (porcine) in nacl (pf) intravenous parenteral solution	1	
HEPARIN (PORCINE) IN NACL (PF) INTRAVENOUS SYRINGE	3	
heparin (porcine) injection cartridge	1	
heparin (porcine) injection solution	1	
heparin (porcine) injection syringe 5,000 unit/ml	1	
heparin lock flush (porcine)	1	

Drug Name	Tier	Requirements / Limits
heparin lockflush(porcine)(pf)	1	
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	3	
heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml	1	
heparin, porcine (pf) injection solution	1	
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml	1	
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	3	
heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)	1	
heparin, porcine (pf) intravenous syringe 1 unit/ml, 100 unit/ml	1	
HEPARIN, PORCINE (PF) SUBCUTANEOUS	3	
jantoven	1	
pentoxifylline	1	

Drug Name	Tier	Requirements / Limits
PHYTONADIONE (VITAMIN K1) INJECTION SOLUTION 1 MG/0.5 ML	2	
phytonadione (vitamin k1) injection solution 10 mg/ml	1	
PHYTONADIONE (VITAMIN K1) INJECTION SYRINGE	2	
phytonadione (vitamin k1) oral tablet 5 mg	1	QL (10 per 34 days)
prasugrel	1	
PROMACTA	4	PA; SP; LA
TAVALISSE	4	PA; SP; LA; QL (68 per 34 days)
vitamin k	1	
vitamin k1 injection	1	
warfarin	1	
XARELTO	2	
XARELTO DVT-PE TREAT 30D START	2	
ZONTIVITY	3	PA
LIPID/CHOLESTEROL LOWERING AGENTS		
amlodipine-atorvastatin	1	QL (34 per 34 days)
atorvastatin oral tablet 10 mg, 20 mg	6	ACA; QL (34 per 34 days)
atorvastatin oral tablet 40 mg, 80 mg	1	QL (34 per 34 days)

Drug Name	Tier	Requirements / Limits
CADUET	3	ST; QL (34 per 34 days)
cholestyramine (with sugar)	1	
cholestyramine light	1	
colesevelam	1	
COLESTID ORAL GRANULES	3	PA
COLESTID ORAL TABLET	3	PA
colestipol	1	
ezetimibe	1	
ezetimibe-simvastatin	1	QL (34 per 34 days)
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1	
fenofibrate nanocrystallized	1	
fenofibrate oral tablet 120 mg, 40 mg	1	ST
fenofibrate oral tablet 160 mg, 54 mg	1	
fenofibric acid	1	
fenofibric acid (choline)	1	
FENOGLIDE	3	ST
FIBRICOR	3	ST
FLOLIPID	3	ST; QL (150 per 30 days)
fluvastatin oral capsule 20 mg	6	ACA; QL (34 per 34 days)
fluvastatin oral capsule 40 mg	6	ACA; QL (68 per 34 days)

Drug Name	Tier	Requirements / Limits
fluvastatin oral tablet extended release 24 hr	6	ACA; QL (34 per 34 days)
gemfibrozil	1	
icosapent ethyl	1	PA
JUXTAPID	4	PA; SP; LA
LESCOL XL	3	ST; QL (34 per 34 days)
LIVALO	3	ST; QL (34 per 34 days)
LOPID	3	
lovastatin oral tablet 10 mg	6	ACA; QL (34 per 34 days)
lovastatin oral tablet 20 mg, 40 mg	6	ACA; QL (68 per 34 days)
NEXLETOL	2	PA
NEXLIZET	2	PA
niacin oral tablet 500 mg	1	
niacin oral tablet extended release 24 hr	1	
NIACOR	3	
omega-3 acid ethyl esters	1	PA
pitavastatin calcium	6	ACA; QL (34 per 34 days)
pravastatin	6	ACA; QL (34 per 34 days)
prevalite	1	
QUESTRAN	3	ST
QUESTRAN LIGHT	3	ST
REPATHA PUSHTRONEX	2	PA; QL (1 per 21 days)
REPATHA SURECLICK	2	PA; QL (2 per 21 days)

Drug Name	Tier	Requirements / Limits
REPATHA SYRINGE	2	PA; QL (2 per 21 days)
rosuvastatin oral tablet 10 mg, 5 mg	6	ACA; QL (34 per 34 days)
rosuvastatin oral tablet 20 mg, 40 mg	1	QL (34 per 34 days)
ROSZET	3	ST; QL (30 per 30 days)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	6	ACA; QL (34 per 34 days)
simvastatin oral tablet 80 mg	1	QL (34 per 34 days)
TRILIPIX	3	ST
VASCEPA	2	PA
ZYPITAMAG	3	ST; QL (34 per 34 days)
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CAMZYOS	4	PA; SP
ENTRESTO	2	QL (68 per 34 days)
ENTRESTO SPRINKLE	3	QL (272 per 34 days)
ivabradine	1	
ranolazine	1	
VERQUVO	2	QL (34 per 34 days)
VYNDAMAX	4	PA; SP
VYNDAQEL	4	PA; SP
NITRATES		
GONITRO	3	
ISORDIL	3	

Drug Name	Tier	Requirements / Limits
ISORDIL TITRADOSE ORAL TABLET 5 MG	3	
isosorbide dinitrate oral tablet	1	
isosorbide mononitrate	1	
nitro-bid	1	
NITRO-DUR	3	
nitroglycerin sublingual	1	
nitroglycerin transdermal patch 24 hour	1	
nitroglycerin translingual	1	
NITROLINGUAL	3	
NITROMIST	3	
NITROSTAT	3	
nitro-time	1	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
acitretin	1	
ANALPRAM-HC TOPICAL	3	ST
calcipotriene scalp	1	QL (120 per 23 days)
calcipotriene topical cream	1	QL (120 per 23 days)
calcipotriene topical ointment	1	QL (120 per 23 days)
calcipotriene-betamethasone topical ointment	1	ST; QL (60 per 23 days)

Drug Name	Tier	Requirements / Limits
calcipotriene-betamethasone topical suspension	1	QL (60 per 23 days)
calcitriol topical	1	
ENSTILAR	2	ST; QL (60 per 23 days)
EPIFOAM	3	ST
hydrocortisone-pramoxine topical cream 2.5-1 %	1	ST
OVACE	3	
OVACE PLUS	3	
OVACE PLUS SHAMPOO	3	
OVACE PLUS WASH	3	
PLEXION NS	3	
PRAMOSONE TOPICAL CREAM 1-1 %	3	ST
PRAMOSONE TOPICAL LOTION	3	ST
PRAMOSONE TOPICAL OINTMENT	3	ST
selenium sulfide topical lotion	1	
selenium sulfide topical shampoo 2.25 %, 2.3 %	1	
SKYRIZI SUBCUTANEOUS PEN INJECTOR	4	PA; SP; QL (1 per 63 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; SP; QL (1 per 63 days)

Drug Name	Tier	Requirements / Limits
SOTYKTU	4	PA; SP; QL (34 per 26 days)
SPEVIGO SUBCUTANEOUS	5	PA; SP
STELARA SUBCUTANEOUS SOLUTION	4	PA; SP; QL (45 per 63 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	4	PA; SP; QL (45 per 63 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	4	PA; SP; QL (90 per 42 days)
sulfacetamide sodium topical	1	
TACLONEX TOPICAL SUSPENSION	3	QL (60 per 23 days)
TALTZ AUTOINJECTOR	4	PA; SP; QL (1 per 21 days)
TALTZ AUTOINJECTOR (2 PACK)	4	PA; SP; QL (1 per 21 days)
TALTZ AUTOINJECTOR (3 PACK)	4	PA; SP; QL (1 per 21 days)
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 40 MG/0.5 ML	4	PA; SP
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	4	PA; SP; QL (1 per 21 days)
TERSI FOAM	3	

Drug Name	Tier	Requirements / Limits
TREMFYA	4	PA; SP; QL (100 per 42 days)
VECTICAL	3	
VTAMA	3	ST; QL (60 per 21 days)
WYNZORA	3	ST; QL (60 per 23 days)
ZORYVE TOPICAL CREAM 0.3 %	3	ST; QL (60 per 21 days)
ZORYVE TOPICAL FOAM	3	ST; QL (60 per 23 days)
BURN THERAPY		
SILVADENE	3	
silver sulfadiazine	1	
ssd	1	
MISCELLANEOUS DERMATOLOGICALS		
ADBRY	4	PA; SP; QL (2 per 21 days)
AMELUZ	3	
ammonium lactate topical cream	1	SG
CANTHARIDIN IN ACETONE	3	
CIBINQO	4	PA; SP; QL (34 per 34 days)
CORTANE-B	3	
diclofenac sodium topical gel 3 %	1	PA; QL (100 per 21 days)
doxepin topical	1	ST; QL (90 per 23 days)

Drug Name	Tier	Requirements / Limits
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	4	PA; SP; QL (400 per 21 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	4	PA; SP; QL (600 per 21 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	4	PA; SP; QL (400 per 21 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	4	PA; SP; QL (600 per 21 days)
EFUDEX TOPICAL CREAM	3	
EUCRISA	2	ST; QL (120 per 23 days)
FLUOROPLEX	3	
fluorouracil topical cream 5 %	1	
fluorouracil topical solution	1	
HYFTOR	5	PA; SP
IODOFLEX	3	
IODOSORB	3	
LEVULAN	3	
methoxsalen	1	
methyl salicylate	1	
methyl salicylate topical liquid	1	
OPZELURA	3	PA; QL (240 per 21 days)
PANRETIN	3	

Drug Name	Tier	Requirements / Limits
pimecrolimus	1	ST; QL (120 per 23 days)
podofilox topical gel	1	ST; QL (7 per 34 days)
podofilox topical solution	1	
prudoxin	1	ST; QL (90 per 23 days)
REGRANEX	2	QL (15 per 34 days)
tacrolimus topical	1	ST; QL (120 per 23 days)
TOLAK	3	
VALCHLOR	4	PA; SP
VYJUVEK	5	PA; SP
wintergreen oil	1	
YCANTH	5	SP
ZONALON	3	ST; QL (90 per 23 days)
THERAPY FOR ACNE		
ABSORICA	3	ST
accutane	1	
ACZONE	3	ST
adapalene topical cream	1	
adapalene topical gel 0.3 %	1	
adapalene topical gel with pump	1	
ADAPALENE TOPICAL LOTION	3	ST
adapalene topical solution	1	
adapalene topical swab	1	ST

Drug Name	Tier	Requirements / Limits
adapalene-benzoyl peroxide	1	
AKLIEF	3	ST
ALTRENO	3	
amnesteem	1	
AMZEEQ	3	ST
ARAZLO	3	PA
avar	1	
AVAR LS	3	ST
azelaic acid	1	
AZELEX	3	ST
BENZAMYCIN	3	ST
BENZEPRO (MICROSPHERES)	3	ST
benzepro topical towelette	1	
benzoyl peroxide topical cleanser 7 %	1	
benzoyl peroxide topical foam	1	
bp 10-1	1	ST
brimonidine topical	1	PA
claravis	1	
CLEOCIN T TOPICAL LOTION	3	ST; QL (120 per 23 days)
clindacin	1	QL (100 per 23 days)
CLINDACIN ETZ TOPICAL KIT	3	ST
clindacin etz topical swab	1	
clindacin p	1	
CLINDACIN PAC	3	ST

Drug Name	Tier	Requirements / Limits
clindamycin phosphate topical foam	1	QL (100 per 23 days)
clindamycin phosphate topical gel	1	QL (120 per 23 days)
clindamycin phosphate topical gel, once daily	1	ST; QL (150 per 23 days)
clindamycin phosphate topical lotion	1	QL (120 per 23 days)
clindamycin phosphate topical solution	1	QL (120 per 23 days)
clindamycin phosphate topical swab	1	
clindamycin-benzoyl peroxide	1	
clindamycin-tretinoin	1	
dapsone topical	1	
DIFFERIN TOPICAL CREAM	3	ST
DIFFERIN TOPICAL GEL WITH PUMP	3	ST
DIFFERIN TOPICAL LOTION	3	ST
EPIDUO FORTE	3	ST
EPSOLAY	3	ST
ery pads	1	
erygel	1	
erythromycin with ethanol topical gel	1	

Drug Name	Tier	Requirements / Limits
erythromycin with ethanol topical solution	1	
erythromycin-benzoyl peroxide	1	
EVOCLIN	3	ST; QL (100 per 23 days)
FINACEA TOPICAL FOAM	2	ST
isotretinoin	1	
ivermectin topical cream	1	QL (45 per 23 days)
METROCREAM	3	ST
METROGEL TOPICAL GEL 1 %	3	ST
metronidazole topical	1	
MIRVASO	2	PA
neuac	1	
NEUAC KIT	3	ST
ONEXTON TOPICAL GEL WITH PUMP	3	ST
PACNEX	3	ST
PLEXION	3	ST
PLEXION CLEANSING CLOTHS	3	ST
PR BENZOYL PEROXIDE	3	ST
RETIN-A	3	
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %, 0.08 %	3	
RHOFADE	3	PA

Drug Name	Tier	Requirements / Limits
rosadan topical cream	1	
rosadan topical gel	1	
ROSADAN TOPICAL KIT, CLEANSER AND GEL	3	ST
ROSADAN TOPICAL KIT,CLEANSER AND CREAM	3	ST
ROSULA	3	ST
rosula cleansing cloths	1	
SOOLANTRA	3	ST; QL (45 per 23 days)
sss 10-5	1	
sulfacetamide sodium-sulfur topical cleanser 10-2 %, 10-5 % (w/w), 9-4 %, 9-4.5 %, 9.8-4.8 %	1	
sulfacetamide sodium-sulfur topical cream	1	
sulfacetamide sodium-sulfur topical lotion	1	
sulfacetamide sodium-sulfur topical pads, medicated	1	
sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %	1	
sulfacleanse 8-4	1	ST
SUMADAN	3	ST

Drug Name	Tier	Requirements / Limits
SUMADAN XLT	3	ST
SUMAXIN	3	ST
SUMAXIN CP	3	ST
SUMAXIN TS	3	ST
tazarotene topical cream 0.1 %	1	PA
tazarotene topical gel	1	PA
tretinoin	1	
tretinoin microspheres	1	
TWYNEO	3	ST
VANOXIDE-HC	3	ST
zenatane	1	
ZIANA	3	ST
TOPICAL ANESTHETICS		
COCAINE	3	
dermacinrx lidocan	1	PA
GOPRELTO	3	
lidocaine hcl laryngotracheal	1	
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	1	
lidocaine hcl-hydrocortison ac topical	1	
lidocaine topical adhesive patch,medicated 5 %	1	PA
lidocaine topical ointment	1	QL (50 per 23 days)
lidocaine viscous	1	
lidocaine-prilocaine topical cream	1	QL (30 per 23 days)

Drug Name	Tier	Requirements / Limits
lidocaine-prilocaine topical kit	1	
lidocan iii	1	PA
lidocan iv	1	PA
lidocan v	1	PA
lidocort	1	
NUMBRINO	3	
NYNUTEY	3	
tridacaine ii	1	PA
ZTLIDO	2	PA
TOPICAL ANTIBACTERIALS		
ALTABAX	3	ST; QL (30 per 30 days)
CENTANY	3	ST; QL (30 per 30 days)
CENTANY AT	3	ST; QL (1 per 34 days)
gentamicin topical	1	QL (60 per 34 days)
KLARON	3	ST
lugols topical	1	
mafenide acetate	1	
mupirocin	1	QL (44 per 34 days)
mupirocin calcium	1	ST; QL (30 per 30 days)
NEO-SYNALAR	3	
NEO-SYNALAR KIT	3	
strong iodine topical	1	
sulfacetamide sodium (acne)	1	
SULFAMYLON TOPICAL CREAM	2	

Drug Name	Tier	Requirements / Limits
XEPI	3	ST; QL (30 per 30 days)
TOPICAL ANTIFUNGALS		
CICLODAN KIT TOPICAL COMBO PACK	3	
CICLODAN KIT TOPICAL SOLUTION	3	ST
ciclodan topical cream	1	QL (90 per 21 days)
ciclodan topical solution	1	
ciclopirox topical cream	1	QL (90 per 21 days)
ciclopirox topical gel	1	QL (100 per 21 days)
ciclopirox topical shampoo	1	QL (120 per 21 days)
ciclopirox topical solution	1	
ciclopirox topical suspension	1	QL (60 per 21 days)
ciclopirox-ure-camph-menth-euc	1	
clotrimazole-betamethasone topical cream	1	QL (90 per 21 days)
clotrimazole-betamethasone topical lotion	1	QL (60 per 21 days)
econazole	1	QL (85 per 21 days)
EXELDERM	3	QL (60 per 21 days)
EXTINA	3	ST; QL (100 per 21 days)
JUBLIA	3	ST

Drug Name	Tier	Requirements / Limits
ketoconazole topical cream	1	QL (60 per 21 days)
ketoconazole topical foam	1	ST; QL (100 per 21 days)
ketoconazole topical shampoo	1	QL (120 per 21 days)
ketodan	1	ST; QL (100 per 21 days)
ketodan kit	1	ST
klayesta	1	
LOPROX (AS OLAMINE) TOPICAL CREAM	3	QL (90 per 21 days)
LOPROX (AS OLAMINE) TOPICAL SUSPENSION	3	QL (60 per 21 days)
LOPROX KIT TOPICAL COMBO PACK	3	QL (544 per 23 days)
LOPROX KIT TOPICAL KIT, SUSPENSION AND CLEANSER	3	QL (1 per 23 days)
naftifine topical cream 1 %	1	QL (90 per 21 days)
naftifine topical cream 2 %	1	QL (60 per 21 days)
naftifine topical gel 2 %	1	QL (60 per 21 days)
NAFTIN TOPICAL GEL 2 %	3	QL (60 per 21 days)
nyamyc	1	
nystatin topical cream	1	QL (60 per 21 days)
nystatin topical ointment	1	QL (60 per 21 days)
nystatin topical powder	1	
nystatin-triamcinolone	1	QL (60 per 21 days)
nystop	1	
oxiconazole	1	QL (90 per 21 days)
tavaborole	1	ST
TOPICAL ANTIVIRALS		
acyclovir topical cream	1	PA; QL (5 per 34 days)
acyclovir topical ointment	1	PA; QL (30 per 30 days)
DENAVIR	3	
penciclovir	1	
ZOVIRAX TOPICAL CREAM	3	PA; QL (5 per 34 days)
TOPICAL CORTICOSTEROIDS		
ALA-SCALP	3	ST
alclometasone	1	
amcinonide topical cream	1	ST
amcinonide topical ointment	1	ST
apexicon e	1	ST
beser	1	ST
betamethasone dipropionate	1	
betamethasone valerate topical cream	1	
betamethasone valerate topical foam	1	ST

Drug Name	Tier	Requirements / Limits
betamethasone valerate topical lotion	1	
betamethasone valerate topical ointment	1	
betamethasone, augmented	1	
BRYHALI	3	ST
CAPEX	3	ST
clobetasol scalp	1	QL (100 per 23 days)
clobetasol topical cream	1	QL (120 per 23 days)
clobetasol topical foam	1	ST; QL (100 per 23 days)
clobetasol topical gel	1	QL (120 per 23 days)
clobetasol topical lotion	1	ST; QL (118 per 23 days)
clobetasol topical ointment	1	QL (120 per 23 days)
clobetasol topical shampoo	1	ST; QL (236 per 23 days)
clobetasol topical spray,non-aerosol	1	ST; QL (125 per 23 days)
clobetasol-emollient topical cream	1	QL (120 per 23 days)
clobetasol-emollient topical foam	1	ST; QL (100 per 23 days)
CLOBEX TOPICAL SHAMPOO	3	ST; QL (236 per 23 days)
CLOBEX TOPICAL SPRAY,NON-AEROSOL	3	ST; QL (125 per 23 days)
clocortolone pivalate	1	

Drug Name	Tier	Requirements / Limits
clodan	1	ST; QL (236 per 23 days)
CLODAN KIT	3	ST; QL (2 per 21 days)
CORDRAN TAPE LARGE ROLL	3	ST
CORDRAN TOPICAL CREAM	3	ST; QL (120 per 23 days)
CORDRAN TOPICAL LOTION	3	ST; QL (120 per 23 days)
CORDRAN TOPICAL OINTMENT	3	ST; QL (120 per 23 days)
DERMA-SMOOTHE/FS BODY OIL	3	ST
DERMA-SMOOTHE/FS SCALP OIL	3	ST
desonide topical cream	1	
desonide topical gel	1	ST
desonide topical lotion	1	ST
desonide topical ointment	1	
desoximetasone	1	ST
diflorasone	1	ST; QL (120 per 23 days)
DIPROLENE (AUGMENTED) TOPICAL OINTMENT	3	ST
DUOBRII	3	ST; QL (200 per 23 days)
fluocinolone	1	
fluocinolone and shower cap	1	

Drug Name	Tier	Requirements / Limits
fluocinonide topical cream 0.05 %	1	QL (120 per 23 days)
fluocinonide topical cream 0.1 %	1	ST; QL (120 per 23 days)
fluocinonide topical gel	1	QL (120 per 23 days)
fluocinonide topical ointment	1	QL (120 per 23 days)
fluocinonide topical solution	1	QL (120 per 23 days)
fluocinonide-e	1	QL (120 per 23 days)
flurandrenolide	1	ST; QL (120 per 23 days)
fluticasone propionate topical cream	1	
fluticasone propionate topical lotion	1	ST
fluticasone propionate topical ointment	1	
halcinonide topical cream	1	ST
halobetasol propionate topical cream	1	
halobetasol propionate topical foam	1	ST
halobetasol propionate topical ointment	1	
HALOG	3	ST
hydrocortisone butyrate topical cream	1	QL (120 per 23 days)

Drug Name	Tier	Requirements / Limits
hydrocortisone butyrate topical lotion	1	ST; QL (118 per 23 days)
hydrocortisone butyrate topical ointment	1	ST; QL (120 per 21 days)
hydrocortisone butyrate topical solution	1	ST; QL (120 per 23 days)
hydrocortisone topical cream 2.5 %	1	
hydrocortisone topical lotion 2 %, 2.5 %	1	
hydrocortisone topical ointment 2.5 %	1	
hydrocortisone valerate	1	
KENALOG TOPICAL	3	ST; QL (100 per 23 days)
mometasone topical	1	
NUCORT	3	ST
OLUX	3	ST; QL (100 per 23 days)
PANDEL	3	ST
prednicarbate	1	
scalacort	1	
SCALACORT DK	3	ST
SYNALAR	3	ST
SYNALAR CREAM KIT	3	ST
SYNALAR OINTMENT KIT	3	ST
SYNALAR TS	3	ST
TEXACORT	3	ST

Drug Name	Tier	Requirements / Limits
TOPICORT TOPICAL CREAM	3	ST
TOPICORT TOPICAL GEL	3	ST
TOPICORT TOPICAL OINTMENT	3	ST
tovet emollient	1	ST; QL (100 per 23 days)
triamcinolone acetonide topical aerosol	1	ST; QL (126 per 23 days)
triamcinolone acetonide topical cream	1	
triamcinolone acetonide topical lotion	1	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide topical ointment 0.05 %	1	ST
triderm topical cream 0.1 %	1	
triderm topical cream 0.5 %	1	ST
TOPICAL ENZYMES		
NEXOBRID	3	
SANTYL	2	QL (180 per 30 days)
TOPICAL SCABICIDES / PEDICULICIDES		
crotan	1	
ELIMITE	3	
EURAX	3	

Drug Name	Tier	Requirements / Limits
malathion	1	
OVIDE	3	
permethrin	1	
spinosad	1	
ULESFIA	3	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
ANOREXIANTS		
ADIPEX-P ORAL TABLET	3	PA; Wt Loss: Coverage Exception May Apply; QL (34 per 34 days)
benzphetamine	1	PA; Wt Loss: Coverage Exception May Apply; QL (102 per 34 days)
CONTRAVE	3	PA; Wt Loss: Coverage Exception May Apply; QL (136 per 34 days)
diethylpropion oral tablet	1	PA; Wt Loss: Coverage Exception May Apply; QL (102 per 34 days)
diethylpropion oral tablet extended release	1	PA; Wt Loss: Coverage Exception May Apply; QL (34 per 34 days)

Drug Name	Tier	Requirements / Limits
IMCIVREE	5	PA; Wt Loss: Coverage Exception May Apply; SP; QL (6 per 23 days)
LOMAIRA	3	PA; Wt Loss: Coverage Exception May Apply; QL (102 per 34 days)
ORLISTAT	3	PA; Wt Loss: Coverage Exception May Apply; QL (102 per 34 days)
phendimetrazine tartrate oral capsule, extended release	1	PA; Wt Loss: Coverage Exception May Apply; QL (34 per 34 days)
phendimetrazine tartrate oral tablet	1	PA; Wt Loss: Coverage Exception May Apply; QL (204 per 34 days)
phentermine	1	PA; Wt Loss: Coverage Exception May Apply; QL (34 per 34 days)
QSYMIA	3	PA; Wt Loss: Coverage Exception May Apply; QL (34 per 34 days)

Drug Name	Tier	Requirements / Limits
SAXENDA	3	PA; Wt Loss: Coverage Exception May Apply; QL (5 per 34 days)
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML	2	PA; Wt Loss: Coverage Exception May Apply; QL (8 per 365 days) SG: Covered for North Dakota only.
WEGOVY SUBCUTANEOUS PEN INJECTOR 1.7 MG/0.75 ML	2	PA; Wt Loss: Coverage Exception May Apply; QL (3 per 21 days) SG: Covered for North Dakota only.
WEGOVY SUBCUTANEOUS PEN INJECTOR 2.4 MG/0.75 ML	2	PA; Wt Loss: Coverage Exception May Apply; QL (4 per 21 days) SG: Covered for North Dakota only.
XENICAL	3	PA; Wt Loss: Coverage Exception May Apply; QL (102 per 34 days)
ZEPBOUND SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 15 MG/0.5 ML, 5 MG/0.5 ML	2	PA; Wt Loss: Coverage Exception May Apply; QL (2 per 21 days) SG: Covered for North Dakota only.

Drug Name	Tier	Requirements / Limits
ZEPBOUND SUBCUTANEOUS PEN INJECTOR 12.5 MG/0.5 ML, 2.5 MG/0.5 ML, 7.5 MG/0.5 ML	2	PA; Wt Loss: Coverage Exception May Apply; QL (2 per 365 days) SG: Covered for North Dakota only.
IRRIGATING SOLUTIONS		
lactated ringers irrigation	1	
neomycin-polymyxin b gu	1	
PHYSIOLYTE	3	
PHYSIOSOL IRRIGATION	3	
ringer's irrigation	1	
SORBITOL IRRIGATION	3	
SORBITOL-MANNITOL	3	
tis-u-sol pentalyte	1	
MISCELLANEOUS AGENTS		
acamprosate	1	
acetic acid irrigation	1	
AGRYLIN	3	
anagrelide	1	
BUPHENYL	5	PA; SP
caffeine citrate oral	1	
CARBAGLU	4	PA; SP; LA
carglumic acid	4	PA; SP
CARNITOR (SUGAR-FREE)	3	
CARNITOR ORAL	3	
cevimeline	1	
CHEMET	2	

Drug Name	Tier	Requirements / Limits
deferasirox	4	PA; SP
deferiprone	4	PA; SP
disulfiram	1	
droxidopa	5	PA; SP
EMPAVELI	4	PA; SP
ENDARI	5	PA; SP
EVOXAC	3	
EXSERVAN	5	PA; SP
FABHALTA	4	PA; SP
FERRIPROX (2 TIMES A DAY)	4	PA; SP
FERRIPROX ORAL SOLUTION	4	PA; SP
FERRIPROX ORAL TABLET	5	PA; SP
glutamine (sickle cell)	4	PA; SP
INCRELEX	4	PA; SP; GH: Coverage Limitation May Apply; LA
JOENJA	5	PA; SP; QL (60 per 34 days)
levocarnitine (with sugar)	1	
levocarnitine oral solution 100 mg/ml	1	
levocarnitine oral tablet	1	
LITFULO	5	PA; SP; QL (28 per 21 days)
LITHOSTAT	3	
METOPIRONE	3	
midodrine	1	

Drug Name	Tier	Requirements / Limits
nitisinone	4	PA; SP; LA
NITYR	4	PA; SP; LA
OLPRUVA	5	PA; SP
ORFADIN	5	PA; SP; LA
PHEBURANE	4	PA; SP
pilocarpine hcl oral tablet 5 mg	1	
PYRUKYND	5	PA; SP; LA
RADIOGARDASE	3	
REZDIFFRA	4	PA; SP; QL (34 per 26 days)
RILUTEK	3	PA
riluzole	1	PA
risedronate oral tablet 30 mg	1	QL (34 per 34 days)
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG	3	
sodium chloride 0.9 %	1	
sodium chloride injection	1	
sodium chloride irrigation	1	
sodium phenylbutyrate	1	PA
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG	5	PA; SP; LA; QL (112 per 34 days)
SOHONOS ORAL CAPSULE 10 MG	5	PA; SP; LA; QL (56 per 34 days)
SOHONOS ORAL CAPSULE 2.5 MG	5	PA; SP; LA; QL (140 per 34 days)

Drug Name	Tier	Requirements / Limits
SOHONOS ORAL CAPSULE 5 MG	5	PA; SP; LA; QL (84 per 34 days)
SYPRINE	3	PA
TEGLUTIK	5	PA; SP
THIOLA EC	5	PA; SP
TIGLUTIK	5	PA; SP
tiopronin	4	PA; SP
trientine oral capsule 250 mg	1	PA
VOYDEYA	4	PA; SP
water for irrigation, sterile	1	
XURIDEN	4	PA; SP
ZOKINVY	5	PA; SP; QL (136 per 34 days)
SMOKING DETERRENTS		
bupropion hcl (smoking deter)	6	ACA
CHANTIX CONTINUING MONTH BOX	3	
CHANTIX ORAL TABLET 1 MG	3	
CHANTIX STARTING MONTH BOX	3	
NICODERM CQ	2	OTC
NICORETTE BUCCAL GUM 2 MG	2	OTC
nicorette buccal gum 4 mg	6	ACA; OTC
NICORETTE BUCCAL LOZENGE	2	OTC

Drug Name	Tier	Requirements / Limits
NICORETTE BUCCAL MINI LOZENGE	2	OTC
nicotine	6	ACA; OTC
nicotine (polacrilex)	6	ACA; OTC
NICOTROL NS	6	ACA
quit 2	6	ACA; OTC
quit 4	6	ACA; OTC
stop smoking aid	6	ACA; OTC
varenicline	6	ACA
EAR, NOSE & THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
ARESTIN	5	SP
azelastine nasal spray,non-aerosol 137 mcg (0.1 %)	1	QL (60 per 34 days)
chlorhexidine gluconate mucous membrane	1	
CLINPRO 5000	3	
denta 5000 plus	1	
denta 5000 plus sensitive	1	
dentagel	1	
fluoride (sodium) dental	1	
FLUORIDEX DAILY DEFENSE	3	
FLUORIDEX SENSITIVITY RELIEF	3	
FLUORIMAX 5000	3	
FLUORIMAX 5000 SENSITIVE	3	

Drug Name	Tier	Requirements / Limits
FRAICHE 5000 PREVI	3	
FRAICHE 5000 SENSITIVE	3	
GELCLAIR	3	
GELX	3	
ipratropium bromide nasal	1	QL (30 per 30 days)
JUST RIGHT 5000	3	
kourzeq	1	
MUGARD	5	SP
olopatadine nasal	1	QL (31 per 34 days)
oralone	1	
ORAMAGICRX	3	
paroex oral rinse	1	
PATANASE	3	QL (31 per 34 days)
PERIDEX	3	
periogard	1	
pilocarpine hcl oral tablet 7.5 mg	1	
PREVIDENT	3	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 ENAMEL PROTECT	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	3	
PREVIDENT 5000 SENSITIVE	3	
PREVIDENT KIDS	3	
PROTHELIAL	5	SP

Drug Name	Tier	Requirements / Limits
SALAGEN (PILOCARPINE) ORAL TABLET 7.5 MG	3	
sf	1	
sf 5000 plus	1	
sodium fluoride 5000 plus	1	
sodium fluoride-pot nitrate	1	
triamcinolone acetonide dental	1	
MISCELLANEOUS OTIC PREPARATIONS		
acetic acid otic (ear)	1	
ciprofloxacin hcl otic (ear)	1	
DERMOTIC OIL	3	
flac otic oil	1	
fluocinolone acetonide oil	1	
hydrocortisone-acetic acid	1	
ofloxacin otic (ear)	1	
OTIC STEROID / ANTIBIOTIC		
ciprofloxacin-dexamethasone	1	
CORTISPORIN-TC	3	
neomycin-polymyxin-hc otic (ear)	1	
OTOVEL	3	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR	5	PA; SP

Drug Name	Tier	Requirements / Limits
ACTHAR SELFJECT	5	PA; SP
CORTEF	3	
cortisone	1	
deflazacort	4	PA; SP
dexabliss	1	ST
dexamethasone intensol	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
dexamethasone oral tablets,dose pack	1	ST
fludrocortisone	1	
hydrocortisone oral	1	
MEDROL (PAK)	3	
MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG	3	
methylprednisolone	1	
millipred dp	1	
millipred oral tablet	1	
ORAPRED ODT	3	
prednisolone	1	
prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	1	

Drug Name	Tier	Requirements / Limits
prednisolone sodium phosphate oral tablet,disintegrating	1	
prednisone	1	
prednisone intensol	1	
RAYOS	3	ST
TAPERDEX	3	ST
TARPEYO	5	PA; SP; QL (28 per 30 days)
TRIESENCE (PF)	3	
ZCORT	3	ST
ANTITHYROID AGENTS		
methimazole oral tablet 10 mg, 5 mg	1	
potassium iodide oral solution	1	
propylthiouracil	1	
SSKI	3	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
ACCU-CHEK AVIVA PLUS TEST STRP	2	Per day, DS; OTC; QL (10 per 1 day)
ACCU-CHEK GUIDE TEST STRIPS	2	Per day, DS; OTC; QL (10 per 1 day)
ACCU-CHEK SMARTVIEW TEST STRIP	2	Per day, DS; OTC; QL (10 per 1 day)
CONTOUR NEXT TEST STRIPS	2	Per day, DS; OTC; QL (10 per 1 day)
CONTOUR TEST STRIPS	2	Per day, DS; OTC; QL (10 per 1 day)

Drug Name	Tier	Requirements / Limits
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
ACE AEROSOL CLOUD ENHANCER	2	
AEROCHAMBER MECHANICAL VENT	2	
AEROCHAMBER MINI	2	
AEROCHAMBER PLUS FLOW-VU	2	
AEROCHAMBER PLUS Z STAT	2	
AEROTRACH PLUS	2	
AEROVENT PLUS	2	
BREATHERITE MDI SPACER	2	
COMPACT SPACE CHAMBER	2	
EASIVENT HOLDING CHAMBER	2	
FLEXICHAMBER	2	
GLUCAGON HCL INJECTION RECON SOLN 1 MG/ML	3	
LITEAIRE MDI CHAMBER	2	
MICROCHAMBER	2	
MICROSPACER	2	
OPTICHAMBER DIAMOND VHC	2	
POCKET CHAMBER	2	
PRIMEAIRE	2	

Drug Name	Tier	Requirements / Limits
PROCHAMBER	2	
RITEFLO AEROCHAMBER	2	
SPACE CHAMBER	2	
VORTEX HOLDING CHAMBER	2	
GLUCOSE ELEVATING AGENTS		
BAQSIMI	2	QL (2 per 34 days)
diazoxide	1	
glucagon emergency kit (human)	1	QL (2 per 34 days)
GVOKE	2	QL (2 per 34 days)
GVOKE HYPOPEN 2-PACK	2	QL (2 per 34 days)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	2	QL (2 per 34 days)
PROGLYCEM	3	
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
ACCU-CHEK GUIDE GLUCOSE METER	2	DS; OTC
ACCU-CHEK GUIDE ME GLUCOSE MTR	2	DS; OTC
ACCU-CHEK SMARTVIEW CONTRL SOL	2	DS; OTC
AT HOME A1C	3	DS; OTC

Drug Name	Tier	Requirements / Limits
AUTOJECT 2 INJECTION DEVICE	2	DS; OTC
AUTOPEN 1 TO 21 UNITS	2	DS; OTC
BD INTEGRA NEEDLE	2	DS
BD MICROTAINER LANCET 30 GAUGE	2	DS; OTC
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	2	DS
BD ULTRA-FINE NANO PEN NEEDLE	2	DS; OTC
CEQUR SIMPLICITY	2	DS
CONTOUR CONTROL SOLUTION, NML	2	DS; OTC
CONTOUR NEXT EZ METER	2	DS; OTC
CONTOUR NEXT LINK	2	DS; OTC
CONTOUR NEXT LINK 2.4	2	DS; OTC
CONTOUR NEXT METER	2	DS; OTC
CONTOUR NEXT ONE METER	2	DS; OTC
DEXCOM G6 RECEIVER	2	DS; QL (1 per 365 days)
DEXCOM G6 SENSOR	2	DS; QL (3 per 23 days)
DEXCOM G6 TRANSMITTER	2	DS; QL (1 per 68 days)

Drug Name	Tier	Requirements / Limits
DEXCOM G7 RECEIVER	2	DS; QL (1 per 365 days)
DEXCOM G7 SENSOR	2	DS; QL (3 per 23 days)
EVERSENSE E3 SENSOR-HOLDER	3	DS
FREESTYLE LIBRE 14 DAY READER	2	DS
FREESTYLE LIBRE 14 DAY SENSOR	2	DS; QL (2 per 21 days)
FREESTYLE LIBRE 2 READER	2	DS
FREESTYLE LIBRE 2 SENSOR	2	DS; QL (2 per 21 days)
GENTEEL VACUUM LANCING DEVICE	3	DS; OTC
INPEN (NOVOLOG OR FIASP) BLUE	3	DS
INPEN (NOVOLOG OR FIASP) PINK	2	DS
LANCETS 33 GAUGE	2	DS; OTC
LANCING DEVICE	2	DS; OTC
NOVOPEN ECHO	3	DS
OMNIPOD 5 G6 INTRO KIT (GEN 5)	2	QL (1 per 720 days)
OMNIPOD 5 G6 PODS (GEN 5)	2	DS; QL (15 per 21 days)
OMNIPOD CLASSIC PODS (GEN 3)	2	DS; QL (15 per 21 days)
OMNIPOD DASH INTRO KIT (GEN 4)	2	QL (1 per 720 days)

Drug Name	Tier	Requirements / Limits
OMNIPOD DASH PODS (GEN 4)	2	DS; QL (15 per 21 days)
OMNIPOD GO PODS 10 UNITS/DAY	2	DS; QL (10 per 23 days)
V-GO 20	2	DS
V-GO 30	2	DS
V-GO 40	2	DS
INSULIN THERAPY		
BASAGLAR KWIKPEN U-100 INSULIN	3	
BASAGLAR TEMPO PEN(U-100)INSLN	3	
FIASP FLEXTOUCH U-100 INSULIN	2	
FIASP PENFILL U-100 INSULIN	2	
FIASP U-100 INSULIN	2	
HUMULIN R U-500 (CONC) INSULIN	2	
HUMULIN R U-500 (CONC) KWIKPEN	2	
INSULIN LISPRO	2	
INSULIN LISPRO PROTAMIN-LISPRO	2	
LEVEMIR FLEXPEN	3	Covered for Small Group ONLY
LEVEMIR U-100 INSULIN	3	Covered for Small Group ONLY
NOVOLIN 70-30 FLEXPEN U-100	2	

October 2024 You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Tier	Requirements / Limits
NOVOLIN N FLEXPEN	2	
NOVOLIN R FLEXPEN	2	
NOVOLOG PENFILL U-100 INSULIN	2	
NOVOLIN 70/30	2	
NOVOLIN N	2	
NOVOLIN R	2	
SEMGLEE (YFGN)	2	
SEMGLEE (YFGN) PEN	2	
SOLIQUA 100/33	2	QL (15 per 34 days)
TOUJEO MAX U-300 SOLOSTAR	2	
TOUJEO SOLOSTAR U-300 INSULIN	2	
TRESIBA FLEXTOUCH U-100	2	
TRESIBA FLEXTOUCH U-200	2	
TRESIBA U-100 INSULIN	2	
XULTOPHY 100/3.6	3	QL (15 per 34 days); Covered for Small Group ONLY
MISCELLANEOUS HORMONES		
ANDRODERM	2	PA; QL (34 per 34 days)
cabergoline	1	QL (8 per 21 days)
calcitonin (salmon)	1	

Drug Name	Tier	Requirements / Limits
calcitriol intravenous solution 1 mcg/ml	1	
calcitriol oral	1	
CERDELGA	4	PA; SP; QL (56 per 34 days)
cetrorelix	4	INF: Coverage Limitations May Apply; SP
CETROTIDE	4	INF: Coverage Limitations May Apply; SP
CHORIONIC GONADOTROPIN, HUMAN INJECTION RECON SOLN 6,000 UNIT	3	PA; INF: Coverage Limitations May Apply
cinacalcet	1	PA
clomid	1	INF: Coverage Limitations May Apply
clomiphene citrate	1	INF: Coverage Limitations May Apply
danazol	1	
DDAVP ORAL	3	
DEPO-TESTOSTERONE	3	PA
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	1	

Drug Name	Tier	Requirements / Limits
DESMOPRESSIN NASAL SPRAY,NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	2	
desmopressin oral	1	
doxercalciferol oral	1	ST
fyremadel	4	INF: Coverage Limitations May Apply; SP
GALAFOLD	5	PA; SP; LA; QL (15 per 34 days)
ganirelix	4	ST; INF: Coverage Limitations May Apply; SP
GONAL-F	4	PA; INF: Coverage Limitations May Apply; SP
GONAL-F RFF	4	PA; INF: Coverage Limitations May Apply; SP
GONAL-F RFF REDI-JECT	4	PA; INF: Coverage Limitations May Apply; SP
JATENZO	3	PA; QL (68 per 34 days)
javygtor	4	PA; SP
JYNARQUE ORAL TABLET	5	PA; SP; LA; QL (136 per 34 days)

Drug Name	Tier	Requirements / Limits
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM)	5	PA; SP; LA
JYNARQUE ORAL TABLETS, SEQUENTIAL 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	5	PA; SP; LA; QL (56 per 34 days)
MENOPUR	4	INF: Coverage Limitations May Apply; SP
METHITEST	2	
methyltestosterone oral capsule	1	
MIACALCIN INJECTION	3	
mifepristone oral tablet 300 mg	4	PA; SP
miglustat	4	PA; SP; LA; QL (90 per 30 days)
MYALEPT	4	PA; SP; LA
NOCDURNA (MEN)	3	PA; QL (34 per 34 days)
NOCDURNA (WOMEN)	3	PA; QL (34 per 34 days)
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT	4	INF: Coverage Limitations May Apply; SP; QL (6 per 34 days)
OPFOLDA	5	PA; SP; QL (8 per 34 days)

Drug Name	Tier	Requirements / Limits
ORILISSA	2	PA; QL (34 per 34 days)
OVIDREL	4	INF: Coverage Limitations May Apply; SP
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	4	PA; SP; LA; QL (34 per 34 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	4	PA; SP; LA; QL (8 per 34 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML	4	PA; SP; LA; QL (68 per 34 days)
paricalcitol intravenous	1	
paricalcitol oral	1	ST
PREGNYL	5	ST; INF: Coverage Limitations May Apply; SP; QL (3 per 34 days)
RAYALDEE	3	ST
ROCALTROL ORAL CAPSULE 0.25 MCG	3	ST
ROCALTROL ORAL SOLUTION	3	ST
sapropterin	4	PA; SP
SOMAVERT	4	PA; SP
STRENSIQ	4	PA; SP; LA
SYNAREL	2	PA
TESTOPEL	5	PA; SP

Drug Name	Tier	Requirements / Limits
testosterone cypionate	1	PA
testosterone enanthate	1	PA
testosterone transdermal gel	1	PA; QL (68 per 34 days)
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation	1	PA; QL (120 per 30 days)
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	1	PA; QL (300 per 30 days)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	1	PA; QL (150 per 30 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram)	1	PA; QL (75 per 34 days)
testosterone transdermal gel in packet 1 % (50 mg/5 gram)	1	PA; QL (300 per 30 days)
testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)	1	PA; QL (34 per 34 days)
testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)	1	PA; QL (60 per 34 days)

Drug Name	Tier	Requirements / Limits
testosterone transdermal solution in metered pump w/app	1	PA; QL (180 per 30 days)
tolvaptan oral tablet 15 mg	4	PA; SP; LA; QL (34 per 34 days)
tolvaptan oral tablet 30 mg	4	PA; SP; LA; QL (136 per 34 days)
VOGELXO TRANSDERMAL GEL	3	PA; QL (68 per 34 days)
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP	3	PA; QL (300 per 30 days)
VOGELXO TRANSDERMAL GEL IN PACKET	3	PA; QL (60 per 34 days)
VOXZOGO	5	PA; SP
XYOSTED	2	PA; QL (2 per 21 days)
ZEMPLAR INTRAVENOUS	3	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	ST
NON-INSULIN HYPOGLYCEMIC AGENTS		
acarbose	1	
ACTOPLUS MET ORAL TABLET 15-850 MG	3	ST; QL (102 per 34 days)
ACTOS	3	ST; QL (34 per 34 days)
CYCLOSET	3	

Drug Name	Tier	Requirements / Limits
DUETACT	3	ST; QL (34 per 34 days)
FARXIGA	2	ST; QL (34 per 34 days)
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
glipizide oral tablet 10 mg, 5 mg	1	
glipizide oral tablet extended release 24hr	1	
glipizide-metformin	1	
GLUCOTROL XL	3	
glyburide	1	
glyburide micronized	1	
glyburide-metformin	1	
GLYXAMBI	2	ST; QL (34 per 34 days)
JANUMET	2	ST; QL (68 per 34 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	2	ST; QL (34 per 34 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	2	ST; QL (68 per 34 days)
JANUVIA	2	ST; QL (34 per 34 days)
JARDIANCE	2	ST; QL (34 per 34 days)
metformin oral solution	1	ST

Drug Name	Tier	Requirements / Limits
metformin oral tablet 1,000 mg, 500 mg, 850 mg	1	
metformin oral tablet extended release 24 hr 500 mg	1	QL (136 per 34 days)
metformin oral tablet extended release 24 hr 750 mg	1	QL (68 per 34 days)
metformin oral tablet extended release 24hr 1,000 mg	1	ST; QL (68 per 34 days)
metformin oral tablet extended release 24hr 500 mg	1	ST; QL (34 per 34 days)
metformin oral tablet,er gast.retention 24 hr 1,000 mg	1	ST; QL (68 per 34 days)
metformin oral tablet,er gast.retention 24 hr 500 mg	1	ST; QL (136 per 34 days)
miglitol	1	
MOUNJARO	2	PA; QL (2 per 21 days)
nateglinide	1	
OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	3	ST; QL (34 per 34 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	PA; QL (3 per 21 days)

Drug Name	Tier	Requirements / Limits
pioglitazone	1	QL (34 per 34 days)
pioglitazone-glimepiride	1	QL (34 per 34 days)
pioglitazone-metformin	1	QL (102 per 34 days)
PRECOSE	3	
repaglinide	1	
RIOMET	3	ST
RYBELSUS	2	PA; QL (34 per 26 days)
saxagliptin	1	ST; QL (34 per 34 days)
saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg	1	ST; QL (68 per 34 days)
saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg	1	ST; QL (34 per 34 days)
SEGLUROMET	2	ST; QL (68 per 34 days)
STEGLATRO	2	ST; QL (34 per 34 days)
SYMLINPEN 120	2	QL (21.6 per 34 days)
SYMLINPEN 60	2	QL (9 per 34 days)
SYNJARDY	2	ST; QL (68 per 34 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	2	ST; QL (34 per 34 days)

Drug Name	Tier	Requirements / Limits
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	2	ST; QL (68 per 34 days)
TRIJARDY XR	2	ST
TRULICITY	2	PA; QL (2 per 21 days)
VICTOZA 2-PAK	2	PA; QL (6 per 23 days)
VICTOZA 3-PAK	2	PA; QL (9 per 23 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-500 MG	2	ST; QL (34 per 34 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	2	ST; QL (68 per 34 days)
THYROID HORMONES		
adthyza oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
ARMOUR THYROID	2	
ERMEZA	3	ST
euthyrox	1	
levo-t	1	
levothyroxine oral tablet	1	

Drug Name	Tier	Requirements / Limits
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	
liothyronine oral	1	
niva thyroid	1	
np thyroid	1	
thyroid (pork)	1	
unithroid	1	
GASTROENTEROLOGY		
ANTIDIARRHEALS & ANTISPASMODICS		
anaspaz	1	
chlordiazepoxide-clidinium	1	
dicyclomine oral capsule	1	
dicyclomine oral solution	1	
dicyclomine oral tablet	1	
diphenoxylate-atropine	1	
DONNATAL ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML	3	
DONNATAL ORAL TABLET	3	
ed-spaz	1	
GLYCATE	3	
glycopyrrolate oral	1	
hyoscyamine sulfate oral	1	

Drug Name	Tier	Requirements / Limits
hyoscyamine sulfate sublingual	1	
hyosyne	1	
LEVBID	3	
LEVSIN ORAL	3	
LEVSIN/SL	3	
LOMOTIL	3	
methscopolamine	1	
MOTOFEN	3	
NULEV	3	
opium tincture	1	
oscimin	1	
oscimin sl	1	
phenobarb-hyoscy-atropine-scop	1	
phenohytro oral elixir 16.2-0.1037 - 0.0194 mg/5 ml	1	
phenohytro oral tablet	1	
ROBINUL FORTE	3	
ROBINUL ORAL	3	
SYMAX DUOTAB	3	
symax fastabs	1	
symax-sl	1	
symax-sr	1	
MISCELLANEOUS AGENTS		
AURYXIA	3	
lanthanum	1	QL (102 per 34 days)
LOKELMA	2	QL (34 per 34 days)

Drug Name	Tier	Requirements / Limits
RENVELA ORAL POWDER IN PACKET 0.8 GRAM	3	QL (204 per 34 days)
RENVELA ORAL POWDER IN PACKET 2.4 GRAM	3	QL (102 per 34 days)
RENVELA ORAL TABLET	3	QL (306 per 34 days)
sevelamer carbonate oral powder in packet 0.8 gram	1	QL (204 per 34 days)
sevelamer carbonate oral powder in packet 2.4 gram	1	QL (102 per 34 days)
sevelamer carbonate oral tablet	1	QL (306 per 34 days)
sevelamer hcl oral tablet 400 mg	1	QL (510 per 34 days)
sevelamer hcl oral tablet 800 mg	1	QL (204 per 34 days)
sodium polystyrene sulfonate oral powder	1	
sps (with sorbitol)	1	
VELPHORO	2	QL (136 per 34 days)
VELTASSA	2	QL (34 per 34 days)
MISCELLANEOUS GASTROINTESTINAL AGENTS		
alosetron	1	
alvimopan	1	
ANA-LEX KIT	3	
ANALPRAM-HC RECTAL CREAM 1-1 %	3	

Drug Name	Tier	Requirements / Limits
ANALPRAM-HC RECTAL CREAM 2.5-1 %	3	ST
anucort-hc	1	
aprepitant oral capsule 125 mg, 40 mg	1	QL (1 per 34 days)
aprepitant oral capsule 80 mg	1	QL (2 per 34 days)
aprepitant oral capsule,dose pack	1	QL (3 per 34 days)
APRISO	3	ST
AZULFIDINE	3	ST
AZULFIDINE EN-TABS	3	ST
balsalazide	1	
betaine	4	PA; SP
budesonide oral	1	
budesonide rectal	1	
BYLVAY ORAL CAPSULE 1,200 MCG	5	PA; SP; LA; QL (68 per 34 days)
BYLVAY ORAL CAPSULE 400 MCG	5	PA; SP; LA; QL (170 per 34 days)
BYLVAY ORAL PELLET 200 MCG	5	PA; SP; LA; QL (136 per 34 days)
BYLVAY ORAL PELLET 600 MCG	5	PA; SP; LA; QL (34 per 34 days)
CHENODAL	4	PA; SP; LA
CHOLBAM ORAL CAPSULE 250 MG	4	PA; SP
CHOLBAM ORAL CAPSULE 50 MG	4	PA; SP; QL (136 per 34 days)

Drug Name	Tier	Requirements / Limits
citrate of magnesia	6	ACA; OTC
citroma	6	ACA; OTC
clearlax oral powder	6	ACA; OTC
COLAZAL	3	ST
COMPAZINE	3	
compro	1	
constulose	1	
CORTENEMA	3	
CREON	2	
cromolyn oral	1	
DICLEGIS	3	QL (136 per 34 days)
DIPENTUM	3	ST; SG
doxylamine-pyridoxine (vit b6)	1	QL (136 per 34 days)
dronabinol	1	PA
droperidol injection solution	1	
dulcolax (magnesium hydroxide) oral suspension	6	ACA; OTC
enulose	1	
GASTROCROM	3	
gavilax oral powder	6	ACA; OTC
gavilyte-c	6	ACA
gavilyte-g	6	ACA
gavilyte-n	6	ACA
generlac	1	
gentle laxative (bisacodyl) oral	6	ACA; OTC
gentle laxative (mag hydrox)	6	ACA; OTC
gentlelax	6	ACA; OTC

Drug Name	Tier	Requirements / Limits
GOLYTELY	3	
granisetron hcl oral	1	QL (6 per 34 days)
hemmorex-hc	1	
hydrocortisone acetate rectal	1	
hydrocortisone rectal	1	
hydrocortisone topical cream with perineal applicator	1	
hydrocortisone-pramoxine rectal cream 1-1 %	1	
hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)	1	ST
KRISTALOSE	3	
lactulose oral packet	1	
lactulose oral solution 10 gram/15 ml, 20 gram/30 ml	1	
laxative (bisacodyl) oral tablet,delayed release (dr/ec)	6	ACA; OTC
laxative peg 3350	6	ACA; OTC
lidocaine hcl-hydrocortison ac rectal cream	1	
LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL	3	
lidocaine hcl-hydrocortison ac rectal kit	1	
lidocaine-hydrocortisone-aloe	1	

Drug Name	Tier	Requirements / Limits
LINZESS	2	QL (34 per 34 days)
LIVMARLI	5	PA; SP
lubiprostone	1	QL (68 per 34 days)
magnesium citrate oral solution	6	ACA; OTC
MARINOL	3	PA
mesalamine	1	
mesalamine with cleansing wipe	1	
metoclopramide hcl oral solution	1	
metoclopramide hcl oral tablet	1	
milk of magnesia	6	ACA; OTC
milk of magnesia concentrated	6	ACA; OTC
MOVANTIK	2	QL (34 per 34 days)
natura-lax	6	ACA; OTC
nitroglycerin rectal	1	
OCALIVA	4	PA; SP; LA; QL (34 per 34 days)
OMVOH PEN	4	PA; SP; QL (2 per 21 days)
OMVOH SUBCUTANEOUS	4	PA; SP
ondansetron hcl oral solution	1	QL (100 per 34 days)
ondansetron hcl oral tablet 4 mg, 8 mg	1	QL (9 per 34 days)
ondansetron oral tablet,disintegrating 4 mg, 8 mg	1	QL (9 per 34 days)

Drug Name	Tier	Requirements / Limits
onelax magnesium citrate	6	ACA; OTC
oral saline laxative	6	ACA; OTC
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500-61,500 UNIT, 16,800-56,800-98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700-83,900 UNIT, 37,000-97,300-149,900 UNIT, 4,200-14,200-24,600 UNIT	2	
peg 3350-electrolytes	6	ACA
peg3350-sod sul-nacl-kcl-asb-c	6	ACA
peg-electrolyte soln	6	ACA
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	2	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	3	
phosphate laxative	6	ACA; OTC
polyethylene glycol 3350 oral powder	6	ACA; OTC
powderlax oral powder	6	ACA; OTC
prochlorperazine	1	
prochlorperazine maleate	1	

Drug Name	Tier	Requirements / Limits
PROCORT	3	
PROCTOCORT RECTAL	3	ST
procto-med hc	1	
proctosol hc topical	1	
proctozone-hc	1	
purelax oral powder	6	ACA; OTC
REBYOTA	5	SP
RECTIV	2	
REGLAN ORAL	3	
RELISTOR ORAL	2	ST
RELISTOR SUBCUTANEOUS SOLUTION	2	ST
RELISTOR SUBCUTANEOUS SYRINGE	2	ST
ROWASA RECTAL ENEMA KIT	3	
SANCUSO	3	QL (1 per 34 days)
scopolamine base	1	
SFROWASA	3	
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	4	PA; SP; QL (1.2 per 42 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	4	PA; SP; QL (2.4 per 42 days)
smoothlax oral powder	6	ACA; OTC

Drug Name	Tier	Requirements / Limits
sodium,potassium,mag sulfates	6	ACA
SUCRAID	4	PA; SP
sulfasalazine	1	
SYMPROIC	2	
SYNDROS	3	PA
trimethobenzamide oral	1	
TRULANCE	2	
UCERIS ORAL	3	
UCERIS RECTAL	2	
URSO FORTE	3	
ursodiol	1	
VARUBI	2	QL (2 per 34 days)
VIBERZI	2	
VIOKACE	2	
VOWST	5	SP
women's gentle laxative(bisac)	6	ACA; OTC

Drug Name	Tier	Requirements / Limits
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000-24,000 UNIT, 60,000-189,600-252,600 UNIT	2	
ZYMFENTRA	4	PA; SP; QL (2 per 21 days)
ULCER THERAPY		
amoxicil-clarithromy-lansopraz	1	QL (112 per 34 days)
bismuth subcit k-metronidz-tcn	1	
cimetidine hcl oral	1	
cimetidine oral tablet 300 mg, 400 mg, 800 mg	1	
CYTOTEC	3	
dexlansoprazole oral capsule,biphase delayed releas 30 mg	1	ST; PPI: Coverage Limitation May Apply; QL (34 per 34 days)

Drug Name	Tier	Requirements / Limits
dexlansoprazole oral capsule,biphase delayed releas 60 mg	1	ST; PPI: Coverage Limitation May Apply
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	1	PPI: Coverage Limitation May Apply
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg	1	ST; PPI: Coverage Limitation May Apply; QL (34 per 34 days)
esomeprazole magnesium oral granules dr for susp in packet 40 mg	1	ST; PPI: Coverage Limitation May Apply
famotidine oral suspension for reconstitution	1	
famotidine oral tablet 40 mg	1	
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	1	PPI: Coverage Limitation May Apply; QL (34 per 34 days)
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	1	PPI: Coverage Limitation May Apply
lansoprazole oral tablet,disintegrat, delay rel 15 mg	1	ST; PPI: Coverage Limitation May Apply; QL (34 per 34 days)
lansoprazole oral tablet,disintegrat, delay rel 30 mg	1	ST; PPI: Coverage Limitation May Apply

Drug Name	Tier	Requirements / Limits
misoprostol	1	
nizatidine oral capsule	1	
OMECLAMOX-PAK	3	QL (80 per 34 days)
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg	1	PPI: Coverage Limitation May Apply; QL (34 per 34 days)
omeprazole oral capsule,delayed release(dr/ec) 40 mg	1	PPI: Coverage Limitation May Apply
omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram	1	ST; PPI: Coverage Limitation May Apply; QL (34 per 34 days)
omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram	1	ST; PPI: Coverage Limitation May Apply
omeprazole-sodium bicarbonate oral packet 20-1,680 mg	1	ST; PPI: Coverage Limitation May Apply; QL (34 per 34 days)
omeprazole-sodium bicarbonate oral packet 40-1,680 mg	1	ST; PPI: Coverage Limitation May Apply
pantoprazole oral granules dr for susp in packet	1	ST; PPI: Coverage Limitation May Apply

Drug Name	Tier	Requirements / Limits
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	1	PPI: Coverage Limitation May Apply; QL (34 per 34 days)
pantoprazole oral tablet,delayed release (dr/ec) 40 mg	1	PPI: Coverage Limitation May Apply
PEPCID ORAL TABLET 40 MG	3	
rabeprazole oral tablet,delayed release (dr/ec)	1	PPI: Coverage Limitation May Apply
sucralfate	1	
TALICIA	2	QL (168 per 34 days)
VOQUEZNA	3	ST
VOQUEZNA DUAL PAK	3	
VOQUEZNA TRIPLE PAK	3	
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY		
ANTIVIRALS		
ribavirin oral capsule	4	PA; SP
ribavirin oral tablet 200 mg	4	PA; SP
BIOTECHNOLOGY DRUGS		
ARCALYST	5	PA; SP; QL (4 per 21 days)
FULPHILA	4	PA; SP; QL (2 per 23 days)
LEUKINE INJECTION RECON SOLN	4	PA; SP

Drug Name	Tier	Requirements / Limits
NIVESTYM	4	PA; SP
PROCRIT	4	PA; SP
RETACRIT	4	PA; SP
XOLREMDI	5	PA; SP
ZIEXTENZO	4	PA; SP; QL (2 per 23 days)
GROWTH HORMONES		
EGRIFTA SV	4	PA; SP; GH: Coverage Limitation May Apply
GENOTROPIN	4	PA; SP; GH: Coverage Limitation May Apply
GENOTROPIN MINIQUICK	4	PA; SP; GH: Coverage Limitation May Apply
NGENLA	4	PA; SP; GH: Coverage Limitation May Apply
OMNITROPE	4	PA; SP; GH: Coverage Limitation May Apply
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	4	PA; SP; GH: Coverage Limitation May Apply
INTERFERONS		
ACTIMMUNE	4	PA; SP
ALFERON N	2	
PEGASYS SUBCUTANEOUS SOLUTION	4	SP; QL (4 per 21 days)

Drug Name	Tier	Requirements / Limits
PEGASYS SUBCUTANEOUS SYRINGE	4	SP; QL (2 per 21 days)
MULTIPLE SCLEROSIS AGENTS		
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	4	PA; SP; QL (1 per 21 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	4	PA; SP; QL (1 per 21 days)
BAFIERTAM	4	PA; SP; QL (136 per 34 days)
BETASERON SUBCUTANEOUS KIT	4	PA; SP; QL (14 per 23 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)	4	PA; SP; QL (60 per 34 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg, 240 mg	4	PA; SP; QL (68 per 34 days)
fingolimod	4	PA; SP; QL (34 per 34 days)
glatiramer subcutaneous syringe 20 mg/ml	4	PA; SP; QL (1 per 23 days)
glatiramer subcutaneous syringe 40 mg/ml	4	PA; SP; QL (12 per 23 days)
glatopa subcutaneous syringe 20 mg/ml	4	PA; SP; QL (1 per 23 days)
glatopa subcutaneous syringe 40 mg/ml	4	PA; SP; QL (12 per 23 days)
KESIMPTA PEN	4	PA; SP; QL (1 per 21 days)
MAVENCLAD (10 TABLET PACK)	5	PA; SP; LA; QL (10 per 34 days)
MAVENCLAD (4 TABLET PACK)	5	PA; SP; LA; QL (4 per 34 days)
MAVENCLAD (5 TABLET PACK)	5	PA; SP; LA; QL (5 per 34 days)
MAVENCLAD (6 TABLET PACK)	5	PA; SP; LA; QL (6 per 34 days)
MAVENCLAD (7 TABLET PACK)	5	PA; SP; LA; QL (7 per 34 days)
MAVENCLAD (8 TABLET PACK)	5	PA; SP; LA; QL (8 per 34 days)
MAVENCLAD (9 TABLET PACK)	5	PA; SP; LA; QL (9 per 34 days)
MAYZENT ORAL TABLET 0.25 MG, 2 MG	4	PA; SP; QL (34 per 34 days)
MAYZENT ORAL TABLET 1 MG	4	PA; SP
MAYZENT STARTER(FOR 1MG MAINT)	4	PA; SP
MAYZENT STARTER(FOR 2MG MAINT)	4	PA; SP
PLEGRIDY INTRAMUSCULAR	4	PA; SP; QL (1 per 21 days)

Drug Name	Tier	Requirements / Limits
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	4	PA; SP; QL (1 per 21 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; SP; QL (1 per 365 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	4	PA; SP; QL (1 per 21 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; SP; QL (1 per 365 days)
PONVORY	4	PA; SP; QL (34 per 34 days)
PONVORY 14-DAY STARTER PACK	4	PA; SP; QL (14 per 34 days)
REBIF (WITH ALBUMIN)	4	PA; SP; QL (6 per 21 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	PA; SP; QL (6 per 21 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	PA; SP; QL (4.2 per 21 days)
REBIF TITRATION PACK	4	PA; SP; QL (4.2 per 21 days)

Drug Name	Tier	Requirements / Limits
teriflunomide	4	PA; SP; QL (34 per 34 days)
VUMERITY	4	PA; SP; QL (136 per 34 days)
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF)	6	ACA
ACAM2000 (NATIONAL STOCKPILE)	2	
ACTHIB (PF)	6	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF)	6	ACA
AFLURIA TRIV 2024-2025	6	ACA
AFLURIA TRIV 2024-2025 (PF)	6	ACA
AREXVY (PF)	6	ACA
BCG VACCINE, LIVE (PF)	2	
BEXSERO	6	ACA
BIOTHRAX	6	ACA
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	6	ACA
CAPVAXIVE	6	ACA
DAPTACEL (DTAP PEDIATRIC) (PF)	6	ACA
DENGVAXIA (PF)	6	ACA
ENGERIX-B (PF)	6	ACA
ENGERIX-B PEDIATRIC (PF)	6	ACA

Drug Name	Tier	Requirements / Limits
ERVEBO(PF)(NATIONAL STOCKPILE)	3	
FLUAD TRIV 2024-25(65Y UP)(PF)	6	ACA
FLUARIX TRIV 2024-2025 (PF)	6	ACA
FLUBLOK TRIV 2024-2025 (PF)	6	ACA
FLUCELVAX TRIV 2024-2025	6	ACA
FLUCELVAX TRIV 2024-2025 (PF)	6	ACA
FLULAVAL TRIV 2024-2025 (PF)	6	ACA
FLUMIST TRIVALENT 2024-2025	6	ACA
FLUZONE HIGH-DOSE TRIV 24-25	6	ACA
FLUZONE TRIV 2024-2025	6	ACA
FLUZONE TRIV 2024-2025 (PF)	6	ACA
GARDASIL 9 (PF)	6	ACA
GRASTEK	2	PA
HAVRIX (PF)	6	ACA
HEPLISAV-B (PF)	6	ACA
HIBERIX (PF)	6	ACA
IMOVAX RABIES VACCINE (PF)	6	ACA
INFANRIX (DTAP) (PF)	6	ACA
IPOL	6	ACA
IXCHIQ (PF)	2	
IXIARO (PF)	6	ACA

Drug Name	Tier	Requirements / Limits
JYNNEOS (PF)	2	
KINRIX (PF)	6	ACA
MENQUADFI (PF)	6	ACA
MENVEO A-C-Y-W-135-DIP (PF)	6	ACA
M-M-R II (PF)	6	ACA
MRESVIA (PF)	6	ACA
ODACTRA	2	PA
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	4	PA; SP
PEDIARIX (PF)	6	ACA
PEDVAX HIB (PF)	6	ACA
PENBRAYA (PF)	6	ACA
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	6	ACA
PNEUMOVAX-23 INJECTION SYRINGE	6	ACA
PREHEVBRIO (PF)	6	ACA
PREVNAR 20 (PF)	6	ACA
PRIORIX (PF)	6	ACA
PROQUAD (PF)	6	ACA
QUADRACEL (PF)	6	ACA
RABAVERT (PF)	6	ACA
RAGWITEK	2	PA
RECOMBIVAX HB (PF)	6	ACA
ROTARIX ORAL SUSPENSION	6	ACA
ROTATEQ VACCINE	6	ACA

October 2024 You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Tier	Requirements / Limits
SHINGRIX (PF)	6	ACA
STAMARIL (PF)	6	ACA
TDVAX	6	ACA
TENIVAC (PF)	6	ACA
TICOVAC	6	ACA
TRUMENBA	6	ACA
TWINRIX (PF)	6	ACA
TYPHIM VI	6	ACA
VAQTA (PF)	6	ACA
VARIVAX (PF)	6	ACA
VAXCHORA VACCINE	6	ACA
VAXELIS (PF)	6	ACA
VAXNEUVANCE (PF)	6	ACA
VIVOTIF	6	ACA
YF-VAX (PF)	6	ACA
IMMUNOLOGY		
INTERLEUKINS		
imiquimod	1	
MUSCULOSKELETAL & RHEUMATOLOGY		
GOUT THERAPY		
allopurinol oral tablet 100 mg, 300 mg	1	
colchicine oral capsule	1	ST
colchicine oral tablet	1	
febuxostat	1	ST
GLOPERBA	3	
MITIGARE	2	ST

Drug Name	Tier	Requirements / Limits
probenecid	1	
probenecid-colchicine	1	
ZYLOPRIM ORAL TABLET 100 MG	3	
OSTEOPOROSIS THERAPY		
ACTONEL ORAL TABLET 150 MG	3	ST; QL (1 per 23 days)
ACTONEL ORAL TABLET 35 MG	3	ST; QL (4 per 21 days)
alendronate oral solution	1	QL (300 per 21 days)
alendronate oral tablet 10 mg, 5 mg	1	QL (34 per 34 days)
alendronate oral tablet 35 mg, 70 mg	1	QL (4 per 21 days)
ATELVIA	3	ST; QL (4 per 21 days)
BINOSTO	3	ST; QL (4 per 21 days)
EVISTA	3	
FORTEO	4	PA; SP; QL (3 per 21 days)
FOSAMAX ORAL TABLET 70 MG	3	ST; QL (4 per 21 days)
FOSAMAX PLUS D	3	ST; QL (4 per 21 days)
ibandronate oral	1	QL (1 per 23 days)
raloxifene	6	ACA
risedronate oral tablet 150 mg	1	QL (1 per 23 days)
risedronate oral tablet 35 mg	1	QL (4 per 21 days)
risedronate oral tablet 5 mg	1	QL (34 per 34 days)

Drug Name	Tier	Requirements / Limits
risedronate oral tablet,delayed release (dr/ec)	1	QL (4 per 21 days)
teriparatide subcutaneous pen injector 20 mcg/dose (600mcg/2.4ml)	4	PA; SP; QL (3 per 21 days)
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	5	PA; SP; QL (3 per 21 days)
TYMLOS	4	PA; SP; QL (1 per 34 days)
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN	4	PA; SP; QL (4 per 21 days)
ACTEMRA SUBCUTANEOUS	4	PA; SP; QL (4 per 21 days)
ADALIMUMAB-ADAZ	4	PA; SP; QL (2 per 21 days)
ADALIMUMAB-ADBM	4	PA; SP; QL (2 per 21 days)
ADALIMUMAB-ADBM(CF) PEN CROHNS	4	PA; SP; QL (6 per 365 days)
ADALIMUMAB-ADBM(CF) PEN PS-UV	4	PA; SP; QL (4 per 365 days)
ADALIMUMAB-RYVK	4	PA; SP; QL (2 per 21 days)
ARAVA	3	QL (34 per 34 days)
BENLYSTA SUBCUTANEOUS	4	PA; SP; QL (4 per 21 days)
CYLTEZO(CF)	4	PA; SP; QL (2 per 21 days)
CYLTEZO(CF) PEN	4	PA; SP; QL (2 per 21 days)

Drug Name	Tier	Requirements / Limits
CYLTEZO(CF) PEN CROHN'S-UC-HS	4	PA; SP; QL (6 per 365 days)
CYLTEZO(CF) PEN PSORIASIS-UV	4	PA; SP; QL (4 per 365 days)
DEPEN TITRATABS	2	PA
ENBREL MINI	4	PA; SP; QL (4 per 21 days)
ENBREL SUBCUTANEOUS SOLUTION	4	PA; SP; QL (9 per 21 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5)	4	PA; SP; QL (9 per 21 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML)	4	PA; SP; QL (4 per 21 days)
ENBREL SURECLICK	4	PA; SP; QL (4 per 21 days)
HUMIRA (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; SP; QL (2 per 21 days)
HUMIRA PEN (ONLY NDCS STARTING WITH 00074)	4	PA; SP; QL (2 per 21 days)
HUMIRA(CF) (ONLY NDCS STARTING WITH 00074)	4	PA; SP; QL (2 per 21 days)

Drug Name	Tier	Requirements / Limits
HUMIRA(CF) PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	4	PA; SP; QL (2 per 21 days)
HUMIRA(CF) PEN CROHNS-UC-HS (ONLY NDCS STARTING WITH 00074)	4	PA; SP; QL (3 per 365 days)
HUMIRA(CF) PEN PEDIATRIC UC (ONLY NDCS STARTING WITH 00074)	4	PA; SP; QL (4 per 365 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS (ONLY NDCS STARTING WITH 00074)	4	PA; SP; QL (3 per 365 days)
HYRIMOZ PEN CROHN'S-UC STARTER	4	PA; SP; QL (3 per 365 days)
HYRIMOZ PEN PSORIASIS STARTER	4	PA; SP; QL (3 per 365 days)
HYRIMOZ(CF)	4	PA; SP; QL (2 per 21 days)
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML	4	PA; SP; QL (3 per 365 days)

Drug Name	Tier	Requirements / Limits
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML- 40 MG/0.4 ML	4	PA; SP; QL (2 per 365 days)
HYRIMOZ(CF) PEN	4	PA; SP; QL (2 per 21 days)
leflunomide	1	QL (34 per 34 days)
OTEZLA ORAL TABLET 20 MG	4	PA
OTEZLA ORAL TABLET 30 MG	4	PA; SP; QL (60 per 23 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (51)	4	PA
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	4	PA; SP; QL (55 per 274 days)
penicillamine	1	PA
RASUVO (PF)	2	ST
RIDAURA	2	
RINVOQ LQ	4	PA; SP; QL (360 per 23 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	4	PA; SP; QL (30 per 23 days)

Drug Name	Tier	Requirements / Limits
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	4	PA; SP; QL (56 per 365 days)
SAVELLA ORAL TABLET	2	ST; QL (68 per 34 days)
SAVELLA ORAL TABLETS,DOSE PACK	2	ST; QL (55 per 34 days)
SIMLANDI(CF) AUTOINJECTOR	4	PA; SP; QL (2 per 21 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	4	PA; SP; QL (1 per 21 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; SP; QL (1 per 21 days)
TYENNE AUTOINJECTOR	4	PA; SP
TYENNE SUBCUTANEOUS	4	PA; SP
XELJANZ ORAL SOLUTION	4	PA; SP; QL (480 per 34 days)
XELJANZ ORAL TABLET	4	PA; SP; QL (68 per 34 days)
XELJANZ XR	4	PA; SP; QL (34 per 34 days)
OBSTETRICS & GYNECOLOGY		
DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES		
CAYA CONTOURED	6	ACA

Drug Name	Tier	Requirements / Limits
DUREX AVANTI BARE REAL FEEL	6	ACA; OTC
DUREX TROPICAL CONDOM	6	ACA; OTC
FC2 FEMALE CONDOM	6	ACA; OTC
FEMCAP VAGINAL DEVICE 22 MM	6	ACA
KYLEENA	4	SP
LILETTA	5	SP
MIRENA	6	SP; ACA
PARAGARD T 380A	6	SP; ACA
SKYLA	4	SP
TRUSTEX-RIA NON-LUB CONDOMS	6	ACA; OTC
WIDE-SEAL DIAPHRAGM	6	ACA
ESTROGENS & PROGESTINS		
ACTIVELLA	3	
ANGELIQ	3	
camila	6	ACA
CLIMARA	3	QL (4 per 21 days)
COMBIPATCH	2	
covaryx	1	
covaryx h.s.	1	
CRINONE VAGINAL GEL 8 %	4	INF: Coverage Limitations May Apply; SP
deblitane	6	ACA
DELESTROGEN	3	

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Drug Name	Tier	Requirements / Limits
DEPO-ESTRADIOL	2	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	6	ACA; QL (1 per 68 days)
DEPO-PROVERA INTRAMUSCULAR SYRINGE	6	ACA; QL (1 per 68 days)
DEPO-SUBQ PROVERA 104	3	QL (1 per 68 days)
dotti	1	QL (8 per 21 days)
DUAVEE	2	
eemt	1	
eemt hs	1	
emzahh	6	ACA
errin	6	ACA
ESTRACE ORAL	3	
estradiol oral	1	
estradiol transdermal gel in metered-dose pump	1	QL (50 per 34 days)
estradiol transdermal gel in packet	1	QL (34 per 34 days)
estradiol transdermal patch semiweekly	1	QL (8 per 21 days)
estradiol transdermal patch weekly	1	QL (4 per 21 days)
estradiol vaginal	1	
estradiol valerate	1	
estradiol-norethindrone acet	1	
ESTRATEST F.S.	3	

Drug Name	Tier	Requirements / Limits
estrogens-methyltestosterone	1	
EVAMIST	3	QL (17 per 34 days)
fyavolv	1	
heather	6	ACA
incassia	6	ACA
jencycla	6	ACA
jinteli	1	
lyleq	6	ACA
lyllana	1	QL (8 per 21 days)
lyza	6	ACA
medroxyprogesterone intramuscular	6	ACA; QL (1 per 68 days)
medroxyprogesterone oral	1	
MENOSTAR	3	QL (4 per 21 days)
mimvey	1	
nora-be	6	ACA
norethindrone (contraceptive)	6	ACA
norethindrone acetate	1	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	
OPILL	6	ACA; OTC
PREMARIN VAGINAL	2	
progesterone	4	SP
progesterone micronized	1	
PROMETRIUM	3	

Drug Name	Tier	Requirements / Limits
PROVERA	3	
sharobel	6	ACA
tulana	6	ACA
yuvafem	1	
MISCELLANEOUS OB/GYN		
ANNOVERA	6	ST; ACA; QL (1 per 274 days)
CERVIDIL	3	
CLEOCIN VAGINAL	3	
clindamycin phosphate vaginal	1	
CLINDESSE	3	
eluryng	6	ACA
enilloring	6	ACA
etonogestrel-ethinyl estradiol	6	ACA
fem ph	1	
GYNAZOLE-1	3	
haloette	6	ACA
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	1	
miconazole-3 vaginal suppository	1	
MYFEMBREE	2	PA
NEXPLANON	6	SP; ACA
norelgestromin-ethin.estradiol	6	ACA
NUVESSA	3	
ORIAHNN	2	PA
OSPHENA	3	SG
PREPIDIL	3	
RELAGARD	3	

Drug Name	Tier	Requirements / Limits
terconazole	1	
tranexamic acid oral	1	
TRIMO-SAN JELLY	2	
vandazole	1	
VCF CONTRACEPTIVE FILM	2	OTC
VCF CONTRACEPTIVE GEL	6	ACA; OTC
VEOZAH	3	
XACIATO	2	
xulane	6	ACA
zafemy	6	ACA
ORAL CONTRACEPTIVES & RELATED AGENTS		
afirmelle	6	ACA
after pill	6	ACA; OTC; QL (1 per 34 days)
AFTERA	6	ACA; OTC; QL (1 per 34 days)
altavera (28)	6	ACA
alyacen 1/35 (28)	6	ACA
alyacen 7/7/7 (28)	6	ACA
amethia	6	ACA
amethyst (28)	6	ACA
apri	6	ACA
aranelle (28)	6	ACA
ashlyna	6	ACA
aubra	6	ACA
aubra eq	6	ACA
aurovela 1.5/30 (21)	6	ACA

Drug Name	Tier	Requirements / Limits
aurovela 1/20 (21)	6	ACA
aurovela 24 fe	6	ACA
aurovela fe 1.5/30 (28)	6	ACA
aurovela fe 1-20 (28)	6	ACA
aviane	6	ACA
ayuna	6	ACA
azurette (28)	6	ACA
balziva (28)	6	ACA
BEYAZ	6	ST; ACA
blisovi 24 fe	6	ACA
blisovi fe 1.5/30 (28)	6	ACA
blisovi fe 1/20 (28)	6	ACA
briellyn	6	ACA
camrese	6	ACA
camrese lo	6	ACA
caziant (28)	6	ACA
charlotte 24 fe	6	ACA
chateal (28)	6	ACA
chateal eq (28)	6	ACA
cryselle (28)	6	ACA
curae	6	ACA; OTC; QL (1 per 34 days)
cyred	6	ACA
cyred eq	6	ACA
dasetta 1/35 (28)	6	ACA
dasetta 7/7/7 (28)	6	ACA
daysee	6	ACA
desog-e.estradiol/e.estradiol	6	ACA
dolishale	6	ACA

Drug Name	Tier	Requirements / Limits
drospirenone-e.estradiol-lm.fa	6	ACA
drospirenone-ethinyl estradiol	6	ACA
econtra ez	6	ACA; OTC; QL (1 per 34 days)
econtra one-step	6	ACA; OTC; QL (1 per 34 days)
elinest	6	ACA
ELLA	6	ACA; QL (1 per 34 days)
enpresse	6	ACA
enskyce	6	ACA
estarylla	6	ACA
ethynodiol diac-eth estradiol	6	ACA
falmina (28)	6	ACA
finzala	6	ACA
gemmily	6	ACA
hailey	6	ACA
hailey 24 fe	6	ACA
hailey fe 1.5/30 (28)	6	ACA
hailey fe 1/20 (28)	6	ACA
her style	6	ACA; OTC; QL (1 per 34 days)
iclevia	6	ACA
isibloom	6	ACA
jaimiess	6	ACA
jasmiel (28)	6	ACA
jolessa	6	ACA
joyeaux	6	ACA
juleber	6	ACA

Drug Name	Tier	Requirements / Limits
junel 1.5/30 (21)	6	ACA
junel 1/20 (21)	6	ACA
junel fe 1.5/30 (28)	6	ACA
junel fe 1/20 (28)	6	ACA
junel fe 24	6	ACA
kaitlib fe	6	ACA
kalliga	6	ACA
kariva (28)	6	ACA
kelnor 1/35 (28)	6	ACA
kelnor 1/50 (28)	6	ACA
kurvelo (28)	6	ACA
l norgest/e.estradiol-e.estrad	6	ACA
larin 1.5/30 (21)	6	ACA
larin 1/20 (21)	6	ACA
larin 24 fe	6	ACA
larin fe 1.5/30 (28)	6	ACA
larin fe 1/20 (28)	6	ACA
layolis fe	6	ACA
leena 28	6	ACA
lessina	6	ACA
levonest (28)	6	ACA
levonorgest-eth.estradiol-iron	6	ACA
levonorgestrel	6	ACA; OTC; QL (1 per 34 days)
levonorgestrel-ethinyl estrad	6	ACA
levonorg-eth estrad triphasic	6	ACA
levora-28	6	ACA
lojaimiess	6	ACA
loryna (28)	6	ACA

Drug Name	Tier	Requirements / Limits
low-ogestrel (28)	6	ACA
lo-zumandimine (28)	6	ACA
lutera (28)	6	ACA
marlissa (28)	6	ACA
merzee	6	ACA
mibelas 24 fe	6	ACA
microgestin 1.5/30 (21)	6	ACA
microgestin 1/20 (21)	6	ACA
microgestin 24 fe	6	ACA
microgestin fe 1.5/30 (28)	6	ACA
microgestin fe 1/20 (28)	6	ACA
mili	6	ACA
mono-linyah	6	ACA
my choice	6	ACA; OTC; QL (1 per 34 days)
my way	6	ACA; OTC; QL (1 per 34 days)
necon 0.5/35 (28)	6	ACA
new day	6	ACA; OTC; QL (1 per 34 days)
nikki (28)	6	ACA
noreth-ethinyl estradiol-iron	6	ACA
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	6	ACA
norethindrone-e.estradiol-iron	6	ACA

Drug Name	Tier	Requirements / Limits
norgestimate-ethinyl estradiol	6	ACA
nortrel 0.5/35 (28)	6	ACA
nortrel 1/35 (21)	6	ACA
nortrel 1/35 (28)	6	ACA
nortrel 7/7/7 (28)	6	ACA
nylia 1/35 (28)	6	ACA
nylia 7/7/7 (28)	6	ACA
nymyo	6	ACA
ocella	6	ACA
opcicon one-step	6	ACA; OTC; QL (1 per 34 days)
option-2	6	ACA; OTC; QL (1 per 34 days)
philith	6	ACA
pimtrea (28)	6	ACA
PLAN B ONE-STEP	6	ACA; OTC; QL (1 per 34 days)
portia 28	6	ACA
reclipsen (28)	6	ACA
rivelsa	6	ACA
setlakin	6	ACA
simliya (28)	6	ACA
simpesse	6	ACA
sprintec (28)	6	ACA
sronyx	6	ACA
syeda	6	ACA
TAKE ACTION	6	ACA; OTC; QL (1 per 34 days)
tarina 24 fe	6	ACA
tarina fe 1/20 (28)	6	ACA

Drug Name	Tier	Requirements / Limits
tilia fe	6	ACA
tri-estarylla	6	ACA
tri-legest fe	6	ACA
tri-linyah	6	ACA
tri-lo-estarylla	6	ACA
tri-lo-marzia	6	ACA
tri-lo-mili	6	ACA
tri-lo-sprintec	6	ACA
tri-mili	6	ACA
tri-nymyo	6	ACA
tri-sprintec (28)	6	ACA
trivora (28)	6	ACA
tri-vylibra	6	ACA
tri-vylibra lo	6	ACA
turqoz (28)	6	ACA
tydemy	6	ACA
velivet triphasic regimen (28)	6	ACA
vestura (28)	6	ACA
vienva	6	ACA
viorele (28)	6	ACA
volnea (28)	6	ACA
vyfemla (28)	6	ACA
vylibra	6	ACA
wera (28)	6	ACA
wymzya fe	6	ACA
YAZ (28)	6	ST; ACA
zarah	6	ACA
zovia 1-35 (28)	6	ACA
zumandimine (28)	6	ACA
OXYTOCICS		
methylergonovine oral	1	QL (272 per 34 days)

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Drug Name	Tier	Requirements / Limits
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE	2	
bacitracin ophthalmic (eye)	1	
bacitracin-polymyxin b	1	
BETADINE OPHTHALMIC PREP	3	
ciprofloxacin hcl ophthalmic (eye)	1	
erythromycin ophthalmic (eye)	1	
gatifloxacin	1	
gentamicin ophthalmic (eye) drops	1	
levofloxacin ophthalmic (eye) drops 1.5 %	1	
MOXIFLOXACIN (PF)-BSS INTRACAMERAL SOLUTION	3	
moxifloxacin ophthalmic (eye)	1	
MOXIFLOXACIN-SOD CHLOR,ISO(PF)	3	
NATACYN	2	
neomycin-bacitracin-polymyxin	1	
neomycin-polymyxin-gramicidin	1	
neo-polycin	1	
OCUFLOX	3	
ofloxacin ophthalmic (eye)	1	
polycin	1	
polymyxin b sulf-trimethoprim	1	
povidone-iodine ophthalmic (eye)	1	
tobramycin ophthalmic (eye)	1	
TOBRAMYCIN-VANCOMYCIN	3	
TOBREX OPHTHALMIC (EYE) OINTMENT	3	
VIGAMOX	3	
ANTIVIRALS		
trifluridine	1	
ZIRGAN	3	
BETA-BLOCKERS		
betaxolol ophthalmic (eye)	1	
BETOPTIC S	3	
carteolol	1	
levobunolol ophthalmic (eye) drops 0.5 %	1	
timolol maleate (pf)	1	
timolol maleate ophthalmic (eye)	1	
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE	4	SP
CYCLOPLEGIC MYDRIATICS		

Drug Name	Tier	Requirements / Limits
ATROPINE OPHTHALMIC (EYE) DROPS 0.01 %, 0.025 %, 0.05 %	3	
atropine ophthalmic (eye) drops 1 %	1	
atropine ophthalmic (eye) ointment	1	
CYCLOGYL	3	
cyclopentolate ophthalmic (eye) drops 1 %	1	
cyclopen-tropic-phenyleph-watr	1	
CYCLOPENT-TROPIC-PHEN-KETR-WAT OPHTHALMIC (EYE) DROPS 1 %-1 %-2.5 %- 0.5 %	3	
homatropaire	1	
MYDCOMBI	3	
MYDRIACYL	3	
PHENYLEPH-TROPICAMIDE IN WATER	3	
tropicamide	1	
DIRECT ACTING MIOTICS		
MIOCHOL-E	3	
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	1	
MISCELLANEOUS OPHTHALMOLOGICS		
AKTEN (PF)	3	
ALCAINE	3	
ALOCRIL	3	ST; SG

Drug Name	Tier	Requirements / Limits
altacaine	1	
ALTAFLUOR BENOX	3	
azelastine ophthalmic (eye)	1	
bepotastine besilate	1	
BEVACIZUMAB INTRAVITREAL SYRINGE 2 MG/0.08 ML, 2.5 MG/0.1 ML, 2.75 MG/0.11 ML, 3.25 MG/0.13 ML	3	
CEQUA	3	PA; QL (60 per 34 days)
cromolyn ophthalmic (eye)	1	
CYCLOSPORINE IN KLARITY	3	
cyclosporine ophthalmic (eye)	1	PA; QL (68 per 34 days)
CYSTARAN	4	PA; SP
DEXAMET-MOXIFL-KETORO-NACL(PF)	3	
epinastine	1	
FLUORESCEIN-BENOXINATE	3	
fluorescein-proparacaine	1	
IHEEZO (PF)	3	
KLARITY (CHONDROITIN) (PF)	3	
LASTACAFT ONCE DAILY RELIEF	3	ST; SG; OTC

Drug Name	Tier	Requirements / Limits
MIEBO (PF)	2	PA; QL (12 per 34 days)
MYDRIATIC4(TROP-PROP-PE-KTRLC)	3	
OMIDRIA	3	
OXERVATE	4	PA; SP
PHOTREXA CROSS-LINKING KIT	3	
PHOTREXA VISCOUS	3	
PREDNISOLN SP-MOXIFLOX-BROMFEN	3	
PREDNISOLONE ACETATE-BROMFENAC	3	
PREDNISOLONE ACETATE-NEPAFENAC	3	
PREDNISOLONE-MOXIFLO-NEPAFENAC	3	
PREDNISOLONE-MOXIFLOX-BROMFEN	3	
proparacaine	1	
RESTASIS	3	PA; QL (68 per 34 days)
RESTASIS MULTIDOSE	2	PA; QL (6 per 34 days)
tetracaine hcl	1	
TETRACAINE HCL (PF) OPHTHALMIC (EYE)	3	
TYRVAYA	3	PA

Drug Name	Tier	Requirements / Limits
VEVYE	3	PA; QL (2 per 34 days)
XDEMVY	4	SP; QL (10 per 34 days)
XIIDRA	2	PA; QL (60 per 34 days)
ZERVIATE	3	ST; SG; NSA: Coverage Limitation May Apply
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR	3	ST
ACULAR LS	3	ST
bromfenac	1	
diclofenac sodium ophthalmic (eye)	1	
flurbiprofen sodium	1	
ILEVRO	3	
ketorolac ophthalmic (eye)	1	
PROLENSA	3	
ORAL DRUGS FOR GLAUCOMA		
acetazolamide	1	
methazolamide	1	
OTHER GLAUCOMA DRUGS		
bimatoprost ophthalmic (eye)	1	
BRIMONIDINE-DORZOLAMIDE	3	
BRIMONIDINE-DORZOLAMIDE (PF)	3	
brimonidine-timolol	1	
brinzolamide	1	
COMBIGAN	3	ST

Drug Name	Tier	Requirements / Limits
dorzolamide	1	
DORZOLAMIDE (PF)	3	
dorzolamide-timolol	1	
dorzolamide-timolol (pf) ophthalmic (eye) dropperette	1	
latanoprost	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	ST
miostat	1	
SIMBRINZA	3	
tafluprost (pf)	1	ST
TIMOLOL-BRIMONIDI-DORZOLAM(PF)	3	
travoprost	1	
VYZULTA	3	ST
STEROID-ANTIBIOTIC COMBINATIONS		
DEXAMETH-MOXIFLOX(PF)-NACL,ISO	3	
MAXITROL	3	
neomycin-bacitracin-poly-hc	1	
neomycin-polymyxin b-dexameth	1	
neomycin-polymyxin-hc ophthalmic (eye)	1	
neo-polycin hc	1	
PREDNISOLONE SOD PH-MOXIFLOX	3	
PREDNISOLONE-MOXIFLOXACIN HCL	3	
TOBRADEX OPHTHALMIC (EYE) OINTMENT	3	
tobramycin-dexamethasone	1	
STEROIDS		
dexamethasone sodium phosphate ophthalmic (eye)	1	
DEXTENZA	3	
DEXYCU (PF)	3	
difluprednate	1	
EYSUVIS	2	PA; QL (8.3 per 34 days)
fluorometholone	1	
FML LIQUIFILM	3	ST
INVELTYS	3	ST
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL	3	ST
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
LOTEMAX OPHTHALMIC (EYE) OINTMENT	3	ST
LOTEMAX SM	3	ST
loteprednol etabonate ophthalmic (eye) drops,gel	1	

Drug Name	Tier	Requirements / Limits
loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %	1	ST
loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %	1	
PRED FORTE	3	
prednisolone acetate	1	
PREDNISOLONE ACETATE (PF)	3	
prednisolone sodium phosphate ophthalmic (eye)	1	
STEROID-SULFONAMIDE COMBINATIONS		
sulfacetamide-prednisolone	1	
SULFONAMIDES		
sulfacetamide sodium ophthalmic (eye)	1	
SYMPATHOMIMETICS		
ALPHAGAN P	3	ST
apraclonidine	1	
brimonidine ophthalmic (eye)	1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE	3	ST
VASOCONSTRICTOR DECONGESTANTS		
CYCLOMYDRIL	3	

Drug Name	Tier	Requirements / Limits
phenylephrine hcl ophthalmic (eye)	1	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTIHISTAMINE & ANTIALLERGENIC AGENTS		
AUVI-Q	2	QL (2 per 34 days)
carbinoxamine maleate oral liquid	1	
carbinoxamine maleate oral tablet 4 mg	1	
carbinoxamine maleate oral tablet 6 mg	1	ST
cetirizine oral solution 1 mg/ml	1	NSA: Coverage Limitation May Apply
CLARINEX ORAL TABLET	3	NSA: Coverage Limitation May Apply; QL (34 per 34 days)
clemastine	1	
cyproheptadine	1	
desloratadine	1	NSA: Coverage Limitation May Apply; QL (34 per 34 days)
dexchlorpheniramine maleate oral solution	1	

Drug Name	Tier	Requirements / Limits
epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml	1	QL (2 per 34 days)
EPIPEN	2	ST; QL (2 per 34 days)
EPIPEN JR	2	ST; QL (2 per 34 days)
hydroxyzine hcl oral solution 10 mg/5 ml	1	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate	1	
KARBINAL ER	3	ST
levocetirizine oral solution	1	NSA: Coverage Limitation May Apply
levocetirizine oral tablet	1	NSA: Coverage Limitation May Apply; QL (34 per 34 days)
promethazine oral	1	
promethazine rectal suppository 12.5 mg, 25 mg	1	
promethegan	1	
QUZYTTIR	3	NSA: Coverage Limitation May Apply
RYCLORA	3	
RYVENT	3	ST
SYMJEPI	2	QL (2 per 34 days)

Drug Name	Tier	Requirements / Limits
VISTARIL ORAL CAPSULE 25 MG	3	
COUGH & COLD THERAPY		
benzonatate	1	
BROMFED DM	3	
brompheniramine-pseudoeph-dm	1	
CLARINEX-D 12 HOUR	3	NSA: Coverage Limitation May Apply; QL (68 per 34 days)
codeine-guaifenesin	1	
CODITUSSIN AC	3	
CODITUSSIN DAC	3	
g tussin ac	1	
HISTEX-AC	3	
HYCODAN (WITH HOMATROPINE)	3	
hydrocodone-chlorpheniramine	1	
hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml	1	
hydrocodone-homatropine oral tablet	1	
hydromet	1	
MAR-COF CG	3	
maxi-tuss ac	1	
MAXI-TUSS CD	3	
NINJACOF-XG	3	
POLY-TUSSIN AC	3	
promethazine vc	1	

Drug Name	Tier	Requirements / Limits
promethazine-codeine	1	
promethazine-dm	1	
RESPA-AR	3	
TUXARIN ER	3	
PULMONARY AGENTS		
ACCOLATE	3	
acetylcysteine	1	
ADEMPAS	4	PA; SP; LA; QL (102 per 34 days)
ADRENALIN NASAL	3	
ADVAIR HFA	2	QL (12 per 34 days)
AIRDUO DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG-14 MCG/ACTUATION, 232-14 MCG/ACTUATION	3	QL (1 per 34 days)
AIRSUPRA	2	ST
albuterol sulfate inhalation hfa aerosol inhaler	1	QL (17 per 34 days)
albuterol sulfate inhalation solution for nebulization	1	
albuterol sulfate oral	1	
alyq	4	PA; SP; QL (68 per 34 days)
ambrisentan	4	PA; SP; LA; QL (34 per 34 days)

Drug Name	Tier	Requirements / Limits
ANORO ELLIPTA	2	QL (60 per 34 days)
arformoterol	1	QL (120 per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION	2	QL (1 per 34 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 50 MCG/ACTUATION	2	QL (34 per 34 days)
ASMANEX HFA	2	QL (13 per 34 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	2	QL (1 per 34 days)
ATROVENT HFA	3	QL (26 per 34 days)
azelastine-fluticasone	1	ST; QL (23 per 34 days)

Drug Name	Tier	Requirements / Limits
bosentan	4	PA; SP; QL (68 per 34 days)
BREO ELLIPTA	2	QL (60 per 34 days)
breyna	1	QL (11 per 34 days)
BREZTRI AEROSPHERE	2	QL (5.9 per 34 days)
BRONCHITOL	5	PA; SP
BROVANA	3	QL (120 per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml	1	QL (120 per 30 days)
budesonide inhalation suspension for nebulization 1 mg/2 ml	1	QL (60 per 34 days)
budesonide-formoterol	1	QL (11 per 34 days)
CINRYZE	4	PA; SP; QL (32 per 21 days)
COMBIVENT RESPIMAT	2	QL (8 per 34 days)
cromolyn inhalation	1	
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION	2	QL (1 per 34 days)

Drug Name	Tier	Requirements / Limits
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	2	QL (13 per 34 days)
DYMISTA	3	ST; QL (23 per 34 days)
ELIXOPHYLLIN	3	
epinephrine hcl	1	
FASENRA PEN	4	PA; SP; QL (1 per 42 days)
flunisolide	1	ST; QL (50 per 34 days)
fluticasone propionate nasal	1	QL (16 per 34 days)
fluticasone propion-salmeterol inhalation blister with device	1	QL (1 per 34 days)
formoterol fumarate	1	QL (120 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	5	PA; SP; LA; QL (24 per 21 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	5	PA; SP; LA; QL (16 per 21 days)
HYPER-SAL	3	
icatibant	4	PA; SP; QL (12 per 21 days)
ipratropium bromide inhalation	1	
ipratropium-albuterol	1	QL (540 per 34 days)

Drug Name	Tier	Requirements / Limits
KALYDECO	4	PA; SP; QL (56 per 34 days)
levalbuterol hcl sol for nebulization	1	
mometasone nasal	1	ST; QL (17 per 34 days)
montelukast	1	
nebusal inhalation solution for nebulization 3 %	1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	3	
NUCALA SUBCUTANEOUS AUTO-INJECTOR	4	PA; SP; LA; QL (1 per 21 days)
NUCALA SUBCUTANEOUS SYRINGE	4	PA; SP; LA; QL (1 per 21 days)
OFEV	4	PA; SP; QL (68 per 34 days)
OPSUMIT	4	PA; SP; LA; QL (34 per 34 days)
OPSYNVI	4	PA; SP; QL (30 per 34 days)
ORKAMBI ORAL GRANULES IN PACKET	4	PA; SP; QL (56 per 34 days)
ORKAMBI ORAL TABLET	4	PA; SP; QL (112 per 34 days)
ORLADEYO	5	PA; SP; LA; QL (28 per 21 days)

Drug Name	Tier	Requirements / Limits
pirfenidone oral capsule	4	PA; SP; QL (270 per 34 days)
pirfenidone oral tablet 267 mg	4	PA; SP; QL (270 per 34 days)
pirfenidone oral tablet 801 mg	4	PA; SP; QL (102 per 34 days)
pulmosal	1	
PULMOZYME	4	PA; SP
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	2	QL (11 per 34 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	2	QL (22 per 34 days)
REVATIO ORAL TABLET	5	PA; SP; QL (102 per 34 days)
roflumilast oral tablet 250 mcg	1	PA; QL (34 per 34 days)
roflumilast oral tablet 500 mcg	1	PA
RYALTRIS	3	ST; QL (29 per 34 days)
sajazir	4	PA; SP; QL (12 per 21 days)

Drug Name	Tier	Requirements / Limits
sildenafil (pulm.hypertension) oral suspension for reconstitution	4	PA; SP; QL (112 per 34 days)
sildenafil (pulm.hypertension) oral tablet	4	PA; SP; QL (102 per 34 days)
sodium chloride inhalation	1	
SPIRIVA RESPIMAT	2	QL (4 per 34 days)
SPIRIVA WITH HANDIHALER	2	QL (34 per 34 days)
STIOLTO RESPIMAT	2	QL (4 per 34 days)
STRIVERDI RESPIMAT	2	QL (4 per 34 days)
SYMBICORT	3	QL (11 per 34 days)
SYMDEKO	4	PA; SP; QL (56 per 34 days)
tadalafil (pulm. hypertension)	4	PA; SP; QL (68 per 34 days)
TAKHZYRO	4	PA; SP; LA; QL (2 per 21 days)
terbutaline oral	1	
TEZSPIRE SUBCUTANEOUS PEN INJECTOR	4	PA; SP; QL (1.91 per 21 days)
THEO-24	3	
theophylline oral elixir	1	
theophylline oral solution	1	

Drug Name	Tier	Requirements / Limits
theophylline oral tablet extended release 12 hr	1	
theophylline oral tablet extended release 24 hr	1	
tiotropium bromide	1	
TRACLEER ORAL TABLET	5	PA; SP; LA; QL (68 per 34 days)
TRACLEER ORAL TABLET FOR SUSPENSION	4	PA; SP; LA; QL (136 per 34 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	2	QL (60 per 34 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG	2	QL (28 per 34 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	4	PA; SP; QL (56 per 34 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL	4	PA; SP; QL (84 per 34 days)
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16 MCG (112)- 32 MCG (84), 16(112)-32(112) - 48(28) MCG, 32 MCG, 48 MCG, 64 MCG	4	PA; SP

Drug Name	Tier	Requirements / Limits
WINREVAIR	4	PA; SP
wixela inhub	1	QL (1 per 34 days)
XHANCE	2	ST; QL (32 per 34 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR	4	PA; SP; LA; QL (2 per 21 days)
XOLAIR SUBCUTANEOUS RECON SOLN	4	PA; SP; LA; QL (6 per 21 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; SP; LA; QL (4 per 21 days)
XOLAIR SUBCUTANEOUS SYRINGE 300 MG/2 ML, 75 MG/0.5 ML	4	PA; SP; LA; QL (2 per 21 days)
YUPELRI	2	QL (34 per 34 days)
zafirlukast	1	
zileuton	1	ST
ZYFLO	3	ST
UROLOGICALS		
ANTICHOLINERGICS & ANTISPASMODICS		
darifenacin	1	
fesoterodine	1	
flavoxate	1	
GEMTESA	3	PA
mirabegron	1	
MYRBETRIQ	2	PA
oxybutynin chloride oral syrup	1	
oxybutynin chloride oral tablet 5 mg	1	
oxybutynin chloride oral tablet extended release 24hr	1	
OXYTROL	3	ST; QL (8 per 21 days)
solifenacin	1	
tolterodine	1	
trospium	1	
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
alfuzosin	1	
dutasteride	1	ST
dutasteride-tamsulosin	1	ST
finasteride oral tablet 5 mg	1	
FLOMAX	3	ST
PROSCAR	3	ST
silodosin	1	
tadalafil oral tablet 2.5 mg	1	PA; ED: Coverage Limitation May Apply; QL (34 per 34 days)
tadalafil oral tablet 5 mg	1	PA; ED: Coverage Limitation May Apply; QL (6 per 30 days)
tamsulosin	1	
CHOLINERGIC STIMULANTS		
bethanechol chloride	1	
MISCELLANEOUS UROLOGICALS		

Drug Name	Tier	Requirements / Limits
CYSTAGON	4	SP; LA
ELMIRON	2	
K-PHOS NO 2	3	
K-PHOS ORIGINAL	2	
methen-sod phos-meth blue-hyos	1	
ORACIT	3	
potassium citrate oral tablet extended release	1	
RENACIDIN	2	
sodium citrate-citric acid oral solution 490-640 mg/5 ml	1	
URELLE	3	
uretron d-s	1	
URIBEL TABS	3	
urimar-t oral tablet	1	
uro-458	1	
UROCIT-K 10	3	
UROCIT-K 15	3	
urogesic-blue	1	
uro-mp	1	
UROQID-ACID NO.2	3	
uro-sp	1	
uryl	1	
URINARY ANESTHETICS		
phenazopyridine oral tablet 100 mg, 200 mg	1	
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		

Drug Name	Tier	Requirements / Limits
calcium acetate(phosphat bind)	1	QL (408 per 34 days)
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	3	
effer-k oral tablet, effervescent 25 meq	1	
GALZIN	3	
klor-con	1	
klor-con 10	1	
klor-con 8	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
klor-con/ef	1	
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ	3	
lugols oral	1	
potassium chloride oral capsule, extended release	1	
potassium chloride oral liquid	1	
potassium chloride oral packet	1	
potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq	1	
potassium chloride oral tablet,er particles/crystals	1	
strong iodine oral	1	

October 2024 You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Tier	Requirements / Limits
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
DOJOLVI	5	PA; SP; LA
VITAMINS & HEMATINICS		
ACCRUFER	3	
b complex 1 (with folic acid)	6	ACA; OTC
b complex-vitamin c-folic acid oral tablet	6	ACA; OTC
balanced b-100 oral tablet	6	ACA; OTC
bal-care dha	1	
BAL-CARE DHA ESSENTIAL	3	
b-complex with vitamin c oral tablet 400-500 mcg-mg	6	ACA; OTC
classic prenatal	6	ACA; OTC
c-nate dha	1	
complete natal dha	1	
CONCEPT DHA	3	
CONCEPT OB	3	
cyanocobalamin (vitamin b-12) injection	1	
cyanocobalamin (vitamin b-12) nasal	1	ST; QL (4 per 34 days)
dialyvite 800 oral tablet	6	ACA; OTC
dodex	1	
DUET DHA WITH OMEGA-3	3	
elite-ob	1	
ENBRACE HR	3	

Drug Name	Tier	Requirements / Limits
ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)	1	
ferocon	6	ACA; OTC
FLORIVA (FLUORIDE-VITAMIN D3)	3	OTC
fluoride (sodium) oral drops	6	ACA; OTC
fluoride (sodium) oral tablet,chewable	6	ACA; OTC
folic acid oral tablet 1 mg	1	
folic acid oral tablet 400 mcg, 800 mcg	6	ACA; OTC
folitab	6	ACA; OTC
folivane-ob	1	
foltabs 800	6	ACA; OTC
full spectrum b-vitamin c	6	ACA; OTC
hydroxocobalamin	1	
kobee	6	ACA; OTC
KOSHER PRENATAL PLUS IRON	3	
ludent fluoride	6	ACA; OTC
MARNATAL-F	3	
MECOBALAMIN (VITAMIN B12) INJECTION	3	
m-natal plus	1	
multi-vitamin with fluoride	6	ACA; OTC
mvc-fluoride	6	ACA; OTC
mynatal	1	
mynatal plus	1	

Drug Name	Tier	Requirements / Limits
mynatal-z	1	
NASCOBAL	2	ST; QL (4 per 34 days)
NATACHEW (FE BIS-GLYCINATE)	3	
NEEVODHA (WITH ALGAL OIL)	3	
NEONATAL COMPLETE	3	
NEONATAL FE	3	
NEONATAL PLUS VITAMIN	3	
NEONATAL-DHA	3	
NESTABS	3	
NESTABS ABC	3	
NESTABS DHA	3	
NESTABS ONE	3	
newgen	1	
OB COMPLETE	3	
OB COMPLETE ONE	3	
OB COMPLETE PETITE	3	
OB COMPLETE PREMIER	3	
OB COMPLETE WITH DHA	3	
one daily prenatal	6	ACA; OTC
pnv-dha	1	
pnv-omega	1	
pnv-select	1	
pr natal 400	1	
pr natal 400 ec	1	
pr natal 430	1	

Drug Name	Tier	Requirements / Limits
pr natal 430 ec	1	
prena1 chew	1	
prena1 pearl	1	
prena1 true	1	
PRENATA	3	
prenatabs fa	1	
prenatabs rx	1	
prenatal complete	6	ACA; OTC
prenatal multi-dha (algal oil)	6	ACA; OTC
prenatal multivitamins	6	ACA; OTC
prenatal one daily	6	ACA; OTC
prenatal oral tablet 28 mg iron- 800 mcg	6	ACA; OTC
prenatal plus	1	
prenatal plus (calcium carb)	1	
PRENATAL PLUS DHA	3	
PRENATAL PLUS VITAMIN-MINERAL	3	
prenatal vit no.179-iron-folic	6	ACA; OTC
prenatal vitamin oral tablet 27 mg iron- 0.8 mg	6	ACA; OTC
prenatal vitamin with minerals	6	ACA; OTC
prenatal-u	1	
PRENATE AM	3	
PRENATE CHEWABLE	3	

Drug Name	Tier	Requirements / Limits
PRENATE DHA (FERR ASP GLYCIN)	3	
PRENATE ELITE (IRON ASP GLYC)	3	
PRENATE ENHANCE	3	
PRENATE ESSENTIAL(IRON-ASP-GL)	3	
PRENATE MINI (FERR ASP GLYCIN)	3	
PRENATE PIXIE	3	
PRENATE RESTORE	3	
PRENATE STAR	3	
PRIMACARE	3	
PROVIDA OB	3	
rena-vite	6	ACA; OTC
R-NATAL OB	3	
SELECT-OB	3	
SELECT-OB (FOLIC ACID)	3	
SELECT-OB + DHA	3	
se-natal 19 chewable	1	
se-natal-19	1	
soluvita	6	ACA; OTC
soluvita a,c,d with fluoride	6	ACA; OTC
stress formula with iron	6	ACA; OTC
stress formula with iron(sulf)	6	ACA; OTC
super b maxi complex	6	ACA; OTC

Drug Name	Tier	Requirements / Limits
super b-50 complex	6	ACA; OTC
super quints	6	ACA; OTC
taron-c dha	1	
THRIVITE RX	3	
TRICARE	3	
tricon	6	ACA; OTC
TRIFERIC	3	
trinatal rx 1	1	
trinate	1	
TRISTART DHA	3	
tri-vitamin with fluoride	6	ACA; OTC
VITAFOL FE PLUS	3	
VITAFOL GUMMIES	3	
VITAFOL ULTRA	3	
VITAFOL-OB	3	
VITAFOL-OB+DHA	3	
VITAFOL-ONE	3	
VITAMEDMD ONE RX	3	
VITAMEDMD REDICHEW RX	3	
vitamin b complex-folic acid oral tablet	6	ACA; OTC
vitamins a,c,d and fluoride	6	ACA; OTC
VITATRUE	3	
wescap-c dha	1	
wescap-pn dha	1	
wesnatal dha complete	1	
wesnate dha	1	

Drug Name	Tier	Requirements / Limits
westab plus	1	
westgel dha	1	
zatean-pn dha	1	

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zingiber	1	

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