CCA Health MI Medicare Advantage

2022 Comprehensive Formulary

(List of Covered Drugs)

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

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This formulary was updated on 10/01/2022. For more recent information or other questions, please contact CCA Health MI Medicare Advantage Customer Services at 844-705-7498 or, for TTY users, 711. Our hours of operation are 24 hours a day, 7 days a week. You can also visit our website at www.RelianceMedicareAdvantage.org.

When this drug list (formulary) refers to "we," "us", or "our," it means CCA Health MI Medicare Advantage. When it refers to "plan" or "our plan," it means 2022 CCA Health MI Medicare Advantage.

This document includes a list of the drugs (formulary) for our plan which is current as of 11/01/2022. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2022, and from time to time during the year.

What is the CCA Health MI Medicare Advantage Comprehensive Formulary?

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

Can the Formulary (drug list) change?

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

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
    - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the CCA Health MI Medicare Advantage Formulary?"

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

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
    - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the CCA Health MI Medicare Advantage Formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2022 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2022 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year.

The enclosed formulary is current as of 11/01/2022. To get updated information about the drugs covered by CCA Health MI Medicare Advantage, please contact us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 75. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

CCA Health MI Medicare Advantage covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

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

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

- **Quantity Limits:** For certain drugs, CCA Health MI Medicare Advantage limits the amount of the drug that CCA Health MI Medicare Advantage will cover. For example, CCA Health MI Medicare Advantage provides 90 units per prescription for LYRICA CAPS. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, CCA Health MI Medicare Advantage 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, CCA Health MI Medicare Advantage may not cover Drug B unless you try Drug A first. If Drug A does not work for you, CCA Health MI Medicare Advantage will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 8. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask CCA Health MI Medicare Advantage to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the CCA Health MI Medicare Advantage's formulary?" on page 5 for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that CCA Health MI Medicare Advantage does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by CCA Health MI Medicare Advantage. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by CCA Health MI Medicare Advantage.

- You can ask CCA Health MI Medicare Advantage to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the CCA Health MI Medicare Advantage Formulary?

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

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

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

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

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

CCA Health MI Medicare Advantage LEVEL-OF-CARE CHANGE transition policy:

CCA Health MI Medicare Advantage provides transition fills for enrollees who experience a transition characterized as a level-of-care change from one treatment setting to another. Examples of level-of-care changes where a transition may apply include:

1. Enrollees who are discharged from a hospital to a home setting (i.e., assisted living, LTC, or private home) accompanied by a list of medications that may not always consider the formulary of the enrollee's plan due to the short-term nature of the hospital visit
2. Enrollees who end their Skilled Nursing Facility (SNF) Medicare Part A stay (where payments include all pharmacy charges) and who need to revert to their Part D plan formulary
3. Enrollees who give up hospice status to revert to standard Medicare Part A and B benefits
4. Enrollees who end an LTC facility stay and return to the community
5. Enrollees who are discharged from psychiatric hospitals with drug regimens that are highly individualized

CCA Health MI Medicare Advantage considers these unplanned transitions and applies the transition fill process as required.

CCA Health MI Medicare Advantage understands that while Part A provides reimbursement for "a limited supply" to facilitate enrollee discharge, the enrollee is entitled to a full outpatient supply in order to continue therapy once this limited supply is exhausted. This is particularly true for enrollees using a mail-order pharmacy or home infusion therapy, or for those residing in rural areas where obtaining a continuing supply of drugs may involve certain delays.

CCA Health MI Medicare Advantage ensures that enrollees are able to receive their outpatient Part D prescriptions in advance of discharge from a Part A stay through this transition process.

For more information

For more detailed information about your CCA Health MI Medicare Advantage prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about CCA Health MI Medicare Advantage, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

CCA Health MI Medicare Advantage's Formulary

The comprehensive formulary below provides coverage information about the drugs covered by CCA Health MI Medicare Advantage. If you have trouble finding your drug in the list, turn to the Index that begins on page 75.

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

The information in the Requirements/Limits column tells you if CCA Health MI Medicare Advantage has any special requirements for coverage of your drug.

Requirements/Limits	Helpful Tips
B/D	This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
NDS	Non-Extended Days' Supply. This prescription drug is not available for an extended days' supply.
PA	Prior Authorization. Our plan requires you or your physician to get prior authorization for certain drugs. This means you will need to get approval from CCA Health MI Medicare Advantage before you fill your prescriptions. If you do not get approval, your drug may not be covered.
QL	Quantity Limit. For certain drugs, our plan limits the amount of the drug that will be covered.
ST	Step Therapy. In some cases, our 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	Drug Tier	Requirements/ Limits
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
celecoxib oral capsule	1	QL (60 EA per 30 days)
diclofenac potassium oral tablet	1	
diclofenac sodium er oral tablet extended release 24 hour	1	
diclofenac sodium external gel 1 %	1	QL (1000 GM per 30 days)
diclofenac sodium external solution 1.5 %	1	PA
diclofenac sodium oral tablet delayed release	1	
diflunisal oral tablet	1	
ec-naproxen oral tablet delayed release 375 mg	1	
ELYXYB ORAL SOLUTION	1	PA; QL (19.2 ML per 30 days)
etodolac oral capsule	1	
etodolac oral tablet	1	
flurbiprofen oral tablet	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin oral capsule 25 mg, 50 mg	1	
ketorolac tromethamine injection solution	1	
ketorolac tromethamine intramuscular solution	1	
ketorolac tromethamine oral tablet	1	QL (20 EA per 30 days)
lofena oral tablet	1	
meloxicam oral tablet	1	
nabumetone oral tablet	1	
naproxen oral tablet	1	
naproxen oral tablet delayed release	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
oxaprozin oral tablet	1	
piroxicam oral capsule	1	
sulindac oral tablet	1	
Opioid Analgesics, Long-acting		
fentanyl transdermal patch 72 hour 100 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	NDS
methadone hcl intensol oral concentrate	1	NDS
methadone hcl oral concentrate	1	NDS
methadone hcl oral solution	1	NDS
methadone hcl oral tablet	1	NDS
methadose oral concentrate 10 mg/ml	1	NDS
methadose sugar-free oral concentrate	1	NDS
morphine sulfate er oral tablet extended release	1	NDS
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT	1	NDS
Opioid Analgesics, Short-acting		
acetaminophen-codeine #3 oral tablet	1	NDS
acetaminophen-codeine oral solution	1	NDS
acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg	1	NDS
CODEINE SULFATE ORAL TABLET 15 MG, 60 MG	1	NDS
codeine sulfate oral tablet 30 mg	1	NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 7

Drug Name	Drug Tier	Requirements/ Limits
endocet oral tablet	1	NDS
fentanyl citrate buccal lozenge on a handle	1	PA; NDS
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	1	NDS
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	NDS
hydromorphone hcl injection solution 1 mg/ml, 2 mg/ml, 4 mg/ml	1	NDS
hydromorphone hcl oral tablet	1	NDS
hydromorphone hcl pf injection solution 1 mg/ml, 10 mg/ml, 50 mg/5ml	1	NDS
lorcet hd oral tablet 10-325 mg	1	NDS
lorcet oral tablet 5-325 mg	1	NDS
lorcet plus oral tablet 7.5-325 mg	1	NDS
morphine sulfate (concentrate) oral solution 20 mg/ml	1	NDS
morphine sulfate (pf) intravenous solution 10 mg/ml, 4 mg/ml	1	NDS
morphine sulfate intravenous solution 10 mg/ml, 4 mg/ml	1	NDS
morphine sulfate oral solution	1	NDS
morphine sulfate oral tablet	1	NDS
oxycodone hcl oral solution	1	NDS
oxycodone hcl oral tablet	1	NDS
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	NDS
tramadol hcl oral tablet 50 mg	1	NDS
tramadol-acetaminophen oral tablet	1	NDS
Anesthetics		
Local Anesthetics		
glydo external prefilled syringe	1	PA; QL (30 ML per 30 days)
lidocaine external ointment 5 %	1	PA; QL (150 GM per 30 days)
lidocaine external patch 5 %	1	PA
lidocaine hcl urethral/mucosal external prefilled syringe	1	PA; QL (30 ML per 30 days)
lidocaine-prilocaine external cream	1	PA; QL (30 GM per 30 days)
premium lidocaine external ointment	1	PA; QL (150 GM per 30 days)
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
acamprosate calcium oral tablet delayed release	1	
disulfiram oral tablet	1	
naltrexone hcl oral tablet	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7

Drug Name	Drug Tier	Requirements/ Limits
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	
Opioid Dependence		
buprenorphine hcl sublingual tablet sublingual	1	
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 4-1 mg	1	QL (60 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 8-2 mg	1	QL (90 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg	1	QL (360 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg	1	QL (90 EA per 30 days)
Opioid Reversal Agents		
naloxone hcl injection solution	1	
naloxone hcl injection solution cartridge	1	
naloxone hcl injection solution prefilled syringe	1	
naloxone hcl nasal liquid	1	
NARCAN NASAL LIQUID	1	
Smoking Cessation Agents		
bupropion hcl er (smoking det) oral tablet extended release 12 hour	1	QL (60 EA per 30 days)
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG	1	QL (504 EA per 365 days)
CHANTIX ORAL TABLET 0.5 MG, 1 MG	1	QL (504 EA per 365 days)
CHANTIX STARTING MONTH PAK ORAL TABLET THERAPY PACK 0.5 MG X 11 & 1 MG X 42	1	QL (504 EA per 365 days)
NICOTROL NS NASAL SOLUTION	1	QL (360 ML per 365 days)
varenicline tartrate oral 0.5 mg x 11 & 1 mg x 42	1	QL (504 EA per 365 days)
varenicline tartrate oral tablet	1	QL (504 EA per 365 days)
Antibacterials		
Aminoglycosides		
amikacin sulfate injection solution	1	
gentamicin sulfate external cream	1	
gentamicin sulfate external ointment	1	
gentamicin sulfate injection solution	1	
neomycin sulfate oral tablet	1	
paromomycin sulfate oral capsule	1	
streptomycin sulfate intramuscular solution reconstituted	1	
tobramycin sulfate injection solution	1	
tobramycin sulfate injection solution reconstituted	1	
Antibacterials, Other		
aztreonam injection solution reconstituted	1	
clindacin etz external swab	1	
clindacin-p external swab	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7

Drug Name	Drug Tier	Requirements/ Limits
clindamycin hcl oral capsule	1	
clindamycin palmitate hcl oral solution reconstituted	1	
clindamycin phosphate external swab	1	
clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml	1	
clindamycin phosphate vaginal cream	1	
colistimethate sodium (cba) injection solution reconstituted	1	
daptomycin intravenous solution reconstituted	1	
IMPAVIDO ORAL CAPSULE	1	
KIMYRSA INTRAVENOUS SOLUTION RECONSTITUTED	1	
linezolid intravenous solution	1	
linezolid oral suspension reconstituted	1	QL (1800 ML per 28 days)
linezolid oral tablet	1	QL (56 EA per 28 days)
methenamine hippurate oral tablet	1	
metronidazole intravenous solution	1	
metronidazole oral tablet	1	
metronidazole vaginal gel	1	
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	1	
nitrofurantoin monohydrate macrocrystals oral capsule	1	
tinidazole oral tablet	1	
trimethoprim oral tablet	1	
vancomycin hcl intravenous solution reconstituted 1 gm, 250 mg, 500 mg, 750 mg	1	
vancomycin hcl oral capsule 125 mg	1	QL (120 EA per 30 days)
vancomycin hcl oral capsule 250 mg	1	QL (240 EA per 30 days)
VOQUEZNA DUAL PAK ORAL THERAPY PACK	1	PA
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK	1	PA
XENLETA ORAL TABLET	1	
Beta-lactam, Cephalosporins		
cefaclor oral capsule	1	
cefadroxil oral capsule	1	
cefadroxil oral suspension reconstituted	1	
cefazolin sodium injection solution reconstituted 1 gm	1	
CEFAZOLIN SODIUM INJECTION SOLUTION RECONSTITUTED 2 GM	1	
cefdinir oral capsule	1	
cefdinir oral suspension reconstituted	1	
cefepime hcl injection solution reconstituted	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7

Drug Name	Drug Tier	Requirements/ Limits
cefepime hcl intravenous solution reconstituted	1	
cefixime oral capsule	1	
cefotaxime sodium injection solution reconstituted	1	
cefotetan disodium injection solution reconstituted	1	
cefoxitin sodium intravenous solution reconstituted	1	
cefpodoxime proxetil oral suspension reconstituted	1	
cefpodoxime proxetil oral tablet	1	
cefprozil oral suspension reconstituted	1	
cefprozil oral tablet	1	
ceftazidime and dextrose intravenous solution reconstituted 2-5 gm-%(50ml)	1	
ceftazidime injection solution reconstituted	1	
ceftazidime intravenous solution reconstituted	1	
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	1	
cefuroxime axetil oral tablet	1	
cefuroxime sodium injection solution reconstituted	1	
cefuroxime sodium intravenous solution reconstituted	1	
cephalexin oral capsule 250 mg, 500 mg	1	
cephalexin oral suspension reconstituted	1	
FETROJA INTRAVENOUS SOLUTION RECONSTITUTED	1	
tazicef injection solution reconstituted	1	
tazicef intravenous solution reconstituted	1	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED	1	
Beta-lactam, Penicillins		
amoxicillin oral capsule	1	
amoxicillin oral suspension reconstituted	1	
amoxicillin oral tablet	1	
amoxicillin oral tablet chewable	1	
amoxicillin-potassium clavulanate er oral tablet extended release 12 hour	1	
amoxicillin-potassium clavulanate oral suspension reconstituted	1	
amoxicillin-potassium clavulanate oral tablet	1	
amoxicillin-potassium clavulanate oral tablet chewable	1	
ampicillin oral capsule	1	
ampicillin sodium injection solution reconstituted 1 gm	1	
ampicillin-sulbactam sodium injection solution reconstituted	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7

Drug Name	Drug Tier	Requirements/ Limits
ampicillin-sulbactam sodium intravenous solution reconstituted	1	
BICILLIN L-A INTRAMUSCULAR SUSPENSION	1	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
dicloxacillin sodium oral capsule	1	
nafcillin sodium injection solution reconstituted	1	
nafcillin sodium intravenous solution reconstituted	1	
penicillin g sodium injection solution reconstituted	1	
penicillin v potassium oral solution reconstituted	1	
penicillin v potassium oral tablet	1	
piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm	1	
Carbapenems		
ertapenem sodium injection solution reconstituted	1	
imipenem-cilastatin intravenous solution reconstituted	1	
meropenem intravenous solution reconstituted	1	
Macrolides		
azithromycin intravenous solution reconstituted	1	

Drug Name	Drug Tier	Requirements/ Limits
AZITHROMYCIN ORAL PACKET	1	
azithromycin oral suspension reconstituted	1	
azithromycin oral tablet	1	
clarithromycin er oral tablet extended release 24 hour	1	
clarithromycin oral suspension reconstituted	1	
clarithromycin oral tablet	1	
DIFICID ORAL SUSPENSION RECONSTITUTED	1	
DIFICID ORAL TABLET	1	
erythromycin base oral tablet delayed release 500 mg	1	
erythromycin ethylsuccinate oral suspension reconstituted	1	
erythromycin oral tablet delayed release 250 mg, 333 mg	1	
Quinolones		
BAXDELA ORAL TABLET	1	
ciprofloxacin hcl oral tablet	1	
ciprofloxacin in d5w intravenous solution 200 mg/100ml	1	
ciprofloxacin oral suspension reconstituted 500 mg/5ml (10%)	1	
levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7

Drug Name	Drug Tier	Requirements/ Limits
levofloxacin intravenous solution	1	
levofloxacin oral solution	1	
levofloxacin oral tablet	1	
moxifloxacin hcl in nacl intravenous solution	1	
moxifloxacin hcl oral tablet	1	
ofloxacin oral tablet	1	
Sulfonamides		
sulfadiazine oral tablet	1	
sulfamethoxazole-trimethoprim oral suspension	1	
sulfamethoxazole-trimethoprim oral tablet	1	
Tetracyclines		
demeclocycline hcl oral tablet	1	
doxy 100 intravenous solution reconstituted	1	
doxycycline hyclate intravenous solution reconstituted	1	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg	1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral suspension reconstituted	1	
doxycycline monohydrate oral tablet 100 mg, 50 mg	1	
minocycline hcl oral capsule	1	
mondoxyne nl oral capsule	1	
morgidox oral capsule 100 mg	1	
NUZYRA ORAL TABLET	1	
SEYSARA ORAL TABLET	1	
tetracycline hcl oral capsule	1	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT ORAL SOLUTION	1	PA
BRIVIACT ORAL TABLET	1	PA
EPIDIOLEX ORAL SOLUTION	1	PA
EPRONTIA ORAL SOLUTION	1	
felbamate oral suspension	1	
felbamate oral tablet	1	
FINTEPLA ORAL SOLUTION	1	PA
FYCOMPA ORAL SUSPENSION	1	
FYCOMPA ORAL TABLET	1	
lamotrigine oral kit	1	
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine starter kit-blue oral kit	1	
lamotrigine starter kit-green oral kit	1	
lamotrigine starter kit-orange oral kit	1	
levetiracetam er oral tablet extended release 24 hour	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7

Drug Name	Drug Tier	Requirements/ Limits
levetiracetam oral solution	1	
levetiracetam oral tablet	1	
NAYZILAM NASAL SOLUTION	1	QL (10 EA per 30 days)
roweepra oral tablet	1	
roweepra xr oral tablet extended release 24 hour 500 mg, 750 mg	1	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE	1	
subvenite oral tablet	1	
subvenite starter kit-blue oral kit	1	
subvenite starter kit-green oral kit	1	
subvenite starter kit-orange oral kit	1	
topiramate oral capsule sprinkle	1	
topiramate oral tablet	1	
XCOPRI ORAL TABLET	1	PA
XCOPRI ORAL TABLET THERAPY PACK	1	PA
Calcium Channel Modifying Agents		
CELONTIN ORAL CAPSULE	1	
ethosuximide oral capsule	1	
ethosuximide oral solution	1	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
clobazam oral suspension	1	
clobazam oral tablet	1	

Drug Name	Drug Tier	Requirements/ Limits
clonazepam oral tablet 0.5 mg, 1 mg	1	QL (90 EA per 30 days)
clonazepam oral tablet 2 mg	1	QL (300 EA per 30 days)
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	1	QL (90 EA per 30 days)
clonazepam oral tablet dispersible 2 mg	1	QL (300 EA per 30 days)
DIACOMIT ORAL CAPSULE	1	PA
DIACOMIT ORAL PACKET	1	PA
diazepam rectal gel	1	
divalproex sodium er oral tablet extended release 24 hour	1	
divalproex sodium oral capsule delayed release sprinkle	1	
divalproex sodium oral tablet delayed release	1	
gabapentin oral capsule 100 mg, 300 mg	1	QL (360 EA per 30 days)
gabapentin oral capsule 400 mg	1	QL (270 EA per 30 days)
gabapentin oral solution 250 mg/5ml	1	QL (2160 ML per 30 days)
gabapentin oral tablet 600 mg	1	QL (180 EA per 30 days)
gabapentin oral tablet 800 mg	1	QL (150 EA per 30 days)
phenobarbital oral elixir	1	
phenobarbital oral tablet	1	
primidone oral tablet	1	
SYMPAZAN ORAL FILM	1	
tiagabine hcl oral tablet	1	
VALTOCO NASAL LIQUID	1	QL (10 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 7

Drug Name	Drug Tier	Requirements/ Limits
VALTOCO NASAL LIQUID THERAPY PACK	1	QL (10 EA per 30 days)
vigabatrin oral packet	1	PA
vigabatrin oral tablet	1	PA
vigadrone oral packet	1	PA
Sodium Channel Agents		
APTIOM ORAL TABLET	1	
carbamazepine er oral capsule extended release 12 hour	1	
carbamazepine er oral tablet extended release 12 hour	1	
carbamazepine oral suspension	1	
carbamazepine oral tablet	1	
carbamazepine oral tablet chewable	1	
dilantin oral capsule 30 mg	1	
epitol oral tablet	1	
lacosamide oral solution	1	
lacosamide oral tablet	1	
oxcarbazepine oral suspension	1	
oxcarbazepine oral tablet	1	
PEGANONE ORAL TABLET 250 MG	1	
phenytoin oral suspension 125 mg/5ml	1	
phenytoin oral tablet chewable	1	
phenytoin sodium extended oral capsule	1	
rufinamide oral suspension	1	
rufinamide oral tablet	1	

Drug Name	Drug Tier	Requirements/ Limits
VIMPAT ORAL SOLUTION	1	
VIMPAT ORAL TABLET	1	
ZONISADE ORAL SUSPENSION	1	ST
zonisamide oral capsule	1	
Antidementia Agents		
Antidementia Agents, Other		
ergoloid mesylates oral tablet	1	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	1	ST; QL (56 EA per 365 days)
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	1	ST; QL (30 EA per 30 days)
Cholinesterase Inhibitors		
donepezil hcl oral tablet	1	
donepezil hcl oral tablet dispersible	1	
galantamine hydrobromide er oral capsule extended release 24 hour	1	
galantamine hydrobromide oral solution	1	
galantamine hydrobromide oral tablet	1	
rivastigmine tartrate oral capsule	1	
rivastigmine transdermal patch 24 hour	1	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
memantine hcl er oral capsule extended release 24 hour	1	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
memantine hcl oral tablet 10 mg, 5 mg	1	
MEMANTINE HCL ORAL TABLET 28 X 5 MG & 21 X 10 MG	1	
Antidepressants		
Antidepressants, Other		
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg	1	QL (90 EA per 30 days)
bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg	1	QL (60 EA per 30 days)
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg	1	QL (90 EA per 30 days)
bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg	1	QL (30 EA per 30 days)
bupropion hcl oral tablet	1	
maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg	1	
mirtazapine oral tablet	1	
mirtazapine oral tablet dispersible	1	
quetiapine fumarate oral tablet 150 mg	1	QL (90 EA per 30 days)
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK	1	PA
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK	1	PA
Monoamine Oxidase Inhibitors		
EMSAM TRANSDERMAL PATCH 24 HOUR	1	ST; QL (30 EA per 30 days)
MARPLAN ORAL TABLET	1	
phenelzine sulfate oral tablet	1	
tranylcypromine sulfate oral tablet	1	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor		
citalopram hydrobromide oral solution	1	
citalopram hydrobromide oral tablet	1	
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg	1	QL (120 EA per 30 days)
desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg	1	QL (30 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG	1	QL (60 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG	1	QL (90 EA per 30 days)
duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg	1	QL (60 EA per 30 days)
duloxetine hcl oral capsule delayed release particles 30 mg	1	QL (90 EA per 30 days)
escitalopram oxalate oral solution	1	
escitalopram oxalate oral tablet	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7

Drug Name	Drug Tier	Requirements/ Limits
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	1	ST; QL (30 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK	1	ST; QL (56 EA per 365 days)
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral solution	1	
fluvoxamine maleate oral tablet	1	
nefazodone hcl oral tablet	1	
paroxetine hcl er oral tablet extended release 24 hour	1	
paroxetine hcl oral suspension	1	
paroxetine hcl oral tablet	1	
PAXIL ORAL SUSPENSION	1	
SERTRALINE HCL ORAL CAPSULE	1	ST
sertraline hcl oral concentrate	1	
sertraline hcl oral tablet	1	
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg	1	
TRINTELLIX ORAL TABLET	1	QL (30 EA per 30 days)
VENLAFAXINE BESYLATE ER ORAL TABLET EXTENDED RELEASE 24 HOUR	1	ST
venlafaxine hcl er oral capsule extended release 24 hour	1	
venlafaxine hcl oral tablet	1	
VIIBRYD ORAL TABLET	1	QL (30 EA per 30 days)
VIIBRYD STARTER PACK ORAL KIT	1	QL (60 EA per 365 days)
vilazodone hcl oral tablet	1	QL (30 EA per 30 days)
Tricyclics		
amitriptyline hcl oral tablet	1	
amoxapine oral tablet	1	
clomipramine hcl oral capsule	1	
desipramine hcl oral tablet	1	
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
imipramine hcl oral tablet	1	
nortriptyline hcl oral capsule	1	
nortriptyline hcl oral solution	1	
protriptyline hcl oral tablet	1	
trimipramine maleate oral capsule	1	
Antiemetics		
Antiemetics, Other		
compro rectal suppository	1	
meclizine hcl oral tablet	1	
phenadoz rectal suppository 12.5 mg, 25 mg	1	
prochlorperazine edisylate injection solution	1	
prochlorperazine maleate oral tablet	1	
prochlorperazine rectal suppository	1	
promethazine hcl oral syrup	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7

Drug Name	Drug Tier	Requirements/ Limits
promethazine hcl oral tablet	1	
promethazine hcl rectal suppository	1	
promethegan rectal suppository 12.5 mg, 25 mg	1	
scopolamine transdermal patch 72 hour	1	
Emetogenic Therapy Adjuncts		
AKYNZEO INTRAVENOUS SOLUTION	1	
AKYNZEO ORAL CAPSULE	1	B/D; QL (2 EA per 30 days)
aprepitant oral capsule 125 mg	1	B/D; QL (2 EA per 30 days)
aprepitant oral capsule 40 mg	1	B/D; QL (1 EA per 30 days)
aprepitant oral capsule 80 & 125 mg	1	B/D; QL (6 EA per 30 days)
aprepitant oral capsule 80 mg	1	B/D; QL (8 EA per 30 days)
dronabinol oral capsule	1	PA; QL (60 EA per 30 days)
ondansetron hcl oral solution	1	B/D; QL (450 ML per 30 days)
ondansetron hcl oral tablet 4 mg, 8 mg	1	B/D
ondansetron odt oral tablet dispersible	1	B/D
SYNDROS ORAL SOLUTION	1	PA; QL (120 ML per 30 days)
Antifungals		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION	1	B/D

Drug Name	Drug Tier	Requirements/ Limits
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED	1	B/D
amphotericin b intravenous solution reconstituted	1	B/D
amphotericin b liposome intravenous suspension reconstituted	1	B/D
caspofungin acetate intravenous solution reconstituted	1	
clotrimazole external cream	1	
clotrimazole mouth/throat troche	1	
CRESEMBA ORAL CAPSULE	1	
econazole nitrate external cream	1	
fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	1	
fluconazole oral suspension reconstituted	1	
fluconazole oral tablet	1	
flucytosine oral capsule	1	
griseofulvin microsize oral suspension	1	
griseofulvin microsize oral tablet	1	
griseofulvin ultramicrosize oral tablet	1	
itraconazole oral capsule	1	PA
itraconazole oral solution	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 7

Drug Name	Drug Tier	Requirements/ Limits
JUBLIA EXTERNAL SOLUTION	1	
ketoconazole external cream	1	
ketoconazole external shampoo	1	
ketoconazole oral tablet	1	
miconazole 3 vaginal suppository	1	
naftifine hcl external gel 1 %	1	
NOXAFIL ORAL SUSPENSION	1	PA
nyamyc external powder	1	
nystatin external cream	1	
nystatin external ointment	1	
nystatin external powder	1	
nystatin mouth/throat suspension	1	
nystatin oral tablet	1	
nystop external powder	1	
posaconazole oral tablet delayed release	1	PA
terbinafine hcl oral tablet	1	QL (84 EA per 180 days)
terconazole vaginal cream	1	
voriconazole intravenous solution reconstituted	1	PA
voriconazole oral suspension reconstituted	1	
voriconazole oral tablet	1	
Antigout Agents		
Antigout Agents		
allopurinol oral tablet	1	
colchicine oral tablet	1	
colchicine-probenecid oral tablet	1	
febuxostat oral tablet	1	
probenecid oral tablet	1	
Antimigraine Agents		
Ergot Alkaloids		
dihydroergotamine mesylate injection solution	1	PA
dihydroergotamine mesylate nasal solution	1	PA; QL (8 ML per 30 days)
ergotamine-caffeine oral tablet	1	
Prophylactic		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	1	PA; QL (1 ML per 30 days)
AIMOVIG	1	PA; QL (2 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	1	PA; QL (1 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	1	PA; QL (3 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	1	PA; QL (1 ML per 30 days)
timolol maleate oral tablet	1	
UBRELVY ORAL TABLET	1	PA; QL (16 EA per 30 days)
Serotonin (5-HT) Receptor Agonist		
eletriptan hydrobromide oral tablet	1	QL (12 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 7

Drug Name	Drug Tier	Requirements/ Limits
naratriptan hcl oral tablet	1	QL (9 EA per 30 days)
rizatriptan benzoate oral tablet	1	QL (18 EA per 30 days)
rizatriptan benzoate oral tablet dispersible	1	QL (18 EA per 30 days)
sumatriptan nasal solution	1	QL (12 EA per 30 days)
sumatriptan succinate oral tablet	1	QL (9 EA per 30 days)
sumatriptan succinate refill subcutaneous solution cartridge subcutaneous solution cartridge	1	QL (5 ML per 30 days)
sumatriptan succinate subcutaneous solution	1	QL (5 ML per 30 days)
sumatriptan succinate subcutaneous solution auto-injector	1	QL (5 ML per 30 days)
sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml	1	QL (5 ML per 30 days)
zolmitriptan oral tablet	1	QL (12 EA per 30 days)
Antimyasthenic Agents		
Parasympathomimetics		
guanidine hcl oral tablet 125 mg	1	
pyridostigmine bromide oral tablet 60 mg	1	
Antimycobacterials		
Antimycobacterials, Other		
dapsone oral tablet	1	
rifabutin oral capsule	1	
Antituberculars		
cycloserine oral capsule	1	
ethambutol hcl oral tablet	1	
isoniazid oral syrup	1	
isoniazid oral tablet	1	
paser oral packet	1	
PRIFTIN ORAL TABLET	1	
pyrazinamide oral tablet	1	
rifampin intravenous solution reconstituted	1	
rifampin oral capsule	1	
SIRTURO ORAL TABLET	1	
TRECATOR ORAL TABLET	1	
Antineoplastics		
Alkylating Agents		
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 1 GM/5ML, 500 MG/2.5ML	1	
cyclophosphamide intravenous solution 2 gm/10ml	1	
cyclophosphamide oral capsule	1	B/D
GLEOSTINE ORAL CAPSULE	1	
ifosfamide intravenous solution reconstituted 3 gm	1	
LEUKERAN ORAL TABLET	1	
MATULANE ORAL CAPSULE	1	
thiotepa injection solution reconstituted 100 mg	1	
VALCHLOR EXTERNAL GEL	1	PA
ZEPZELCA INTRAVENOUS SOLUTION RECONSTITUTED	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 7

Drug Name	Drug Tier	Requirements/ Limits
Antiandrogens		
abiraterone acetate oral tablet	1	PA
bicalutamide oral tablet	1	
ERLEADA ORAL TABLET	1	PA
flutamide oral capsule	1	
nilutamide oral tablet	1	
NUBEQA ORAL TABLET	1	PA
XTANDI ORAL CAPSULE	1	PA
XTANDI ORAL TABLET	1	PA
Antiangiogenic Agents		
FOTIVDA ORAL CAPSULE	1	PA
lenalidomide oral capsule	1	PA
POMALYST ORAL CAPSULE	1	PA
QINLOCK ORAL TABLET	1	PA
REVLIMID ORAL CAPSULE	1	PA
TABRECTA ORAL TABLET	1	PA; QL (120 EA per 30 days)
THALOMID ORAL CAPSULE	1	PA
Antiestrogens/Modifiers		
EMCYT ORAL CAPSULE	1	
SOLTAMOX ORAL SOLUTION	1	
tamoxifen citrate oral tablet	1	
toremifene citrate oral tablet	1	
Antimetabolites		
DROXIA ORAL CAPSULE	1	
hydroxyurea oral capsule	1	
mercaptopurine oral tablet	1	
nelarabine intravenous solution	1	
PURIXAN ORAL SUSPENSION	1	
TABLOID ORAL TABLET	1	
Antineoplastics		
OPDUALAG INTRAVENOUS SOLUTION	1	PA
Antineoplastics, Other		
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA
GAVRETO ORAL CAPSULE	1	PA
IBRANCE ORAL TABLET	1	PA
IDHIFA ORAL TABLET	1	PA; QL (30 EA per 30 days)
INREBIC ORAL CAPSULE	1	PA
KIMMTRAK INTRAVENOUS SOLUTION	1	PA
KISQALI FEMARA ORAL TABLET THERAPY PACK	1	PA
LONSURF ORAL TABLET	1	PA
LUMAKRAS ORAL TABLET	1	PA
NINLARO ORAL CAPSULE	1	PA
ONUREG ORAL TABLET	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 7

Drug Name	Drug Tier	Requirements/ Limits
PEMAZYRE ORAL TABLET	1	PA; QL (30 EA per 30 days)
PHESGO SUBCUTANEOUS SOLUTION	1	PA
RETEVMO ORAL CAPSULE	1	PA
ROMIDEPSIN INTRAVENOUS SOLUTION	1	PA
RYLAZE INTRAMUSCULAR SOLUTION	1	
SCEMBLIX ORAL TABLET 20 MG	1	PA; QL (60 EA per 30 days)
SCEMBLIX ORAL TABLET 40 MG	1	PA
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED	1	PA
TAZVERIK ORAL TABLET	1	PA
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	1	PA
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	1	PA
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	1	PA
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	1	PA
TUKYSA ORAL TABLET	1	PA
VONJO ORAL CAPSULE	1	PA

Drug Name	Drug Tier	Requirements/ Limits
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	1	PA
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	1	PA
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	1	PA
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	1	PA
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	1	PA
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	1	PA
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	1	PA
ZOLINZA ORAL CAPSULE	1	PA
Aromatase Inhibitors, 3rd Generation		
anastrozole oral tablet	1	
exemestane oral tablet	1	
letrozole oral tablet	1	
Molecular Target Inhibitors		
AFINITOR DISPERZ ORAL TABLET SOLUBLE	1	PA
AFINITOR ORAL TABLET 10 MG	1	PA; QL (30 EA per 30 days)
ALECENSA ORAL CAPSULE	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 7

Drug Name	Drug Tier	Requirements/ Limits
ALUNBRIG ORAL TABLET 180 MG, 90 MG	1	PA; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30 MG	1	PA; QL (120 EA per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK	1	PA; QL (60 EA per 365 days)
AYVAKIT ORAL TABLET	1	PA; QL (30 EA per 30 days)
BALVERSA ORAL TABLET	1	PA
BOSULIF ORAL TABLET	1	PA
BRAFTOVI ORAL CAPSULE	1	PA
BRUKINSA ORAL CAPSULE	1	PA
CABOMETYX ORAL TABLET	1	PA
CALQUENCE ORAL CAPSULE	1	PA
CALQUENCE ORAL TABLET	1	PA
CAPRELSA ORAL TABLET 100 MG	1	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	1	PA
COMETRIQ ORAL KIT	1	PA
COPIKTRA ORAL CAPSULE	1	PA
COTELLIC ORAL TABLET	1	PA
DAURISMO ORAL TABLET	1	PA
ERIVEDGE ORAL CAPSULE	1	PA
erlotinib hcl oral tablet	1	PA
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1	PA; QL (30 EA per 30 days)
everolimus oral tablet soluble	1	PA
EXKIVITY ORAL CAPSULE	1	PA
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	1	PA
FYARRO INTRAVENOUS SUSPENSION RECONSTITUTED	1	PA
GILOTRIF ORAL TABLET	1	PA; QL (30 EA per 30 days)
IBRANCE ORAL CAPSULE	1	PA
ICLUSIG ORAL TABLET 10 MG, 15 MG	1	PA; QL (30 EA per 30 days)
ICLUSIG ORAL TABLET 30 MG, 45 MG	1	PA
imatinib mesylate oral tablet	1	PA
IMBRUVICA ORAL CAPSULE	1	PA
IMBRUVICA ORAL SUSPENSION	1	PA
IMBRUVICA ORAL TABLET	1	PA
INLYTA ORAL TABLET	1	PA
INQOVI ORAL TABLET	1	PA
IRESSA ORAL TABLET	1	PA
JAKAFI ORAL TABLET 10 MG	1	PA; QL (60 EA per 30 days)
JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG, 5 MG	1	PA
KISQALI ORAL TABLET THERAPY PACK 200 MG	1	PA
KOSELUGO ORAL CAPSULE	1	PA
lapatinib ditosylate oral tablet	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 7

Drug Name	Drug Tier	Requirements/ Limits
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	1	PA
LORBRENA ORAL TABLET	1	PA
LYNPARZA ORAL CAPSULE 50 MG	1	
LYNPARZA ORAL TABLET	1	PA
MEKINIST ORAL TABLET	1	PA
MEKTOVI ORAL TABLET	1	PA
NERLYNX ORAL TABLET	1	PA; QL (180 EA per 30 days)
NEXAVAR ORAL TABLET	1	PA
ODOMZO ORAL CAPSULE	1	PA
PIQRAY ORAL TABLET THERAPY PACK	1	PA
ROZLYTREK ORAL CAPSULE	1	PA
RUBRACA ORAL TABLET	1	PA
RYDAPT ORAL CAPSULE	1	PA
sorafenib tosylate oral tablet	1	PA
SPRYCEL ORAL TABLET	1	PA
STIVARGA ORAL TABLET	1	PA
sunitinib malate oral capsule	1	PA
SUTENT ORAL CAPSULE	1	PA
TAFINLAR ORAL CAPSULE	1	PA
TAGRISSO ORAL TABLET 40 MG	1	PA; QL (30 EA per 30 days)
TAGRISSO ORAL TABLET 80 MG	1	PA
TALZENNA ORAL CAPSULE	1	PA
TASIGNA ORAL CAPSULE	1	PA
TEPMETKO ORAL TABLET	1	PA
TIBSOVO ORAL TABLET	1	PA
TURALIO ORAL CAPSULE	1	PA
TYKERB ORAL TABLET	1	PA
UKONIQ ORAL TABLET 200 MG	1	PA
VENCLEXTA ORAL TABLET	1	PA
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK	1	PA
VERZENIO ORAL TABLET	1	PA
VITRAKVI ORAL CAPSULE	1	PA
VITRAKVI ORAL SOLUTION	1	PA
VIZIMPRO ORAL TABLET	1	PA
VOTRIENT ORAL TABLET	1	PA
WELIREG ORAL TABLET	1	PA
XALKORI ORAL CAPSULE	1	PA
XOSPATA ORAL TABLET	1	PA

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Drug Name	Drug Tier	Requirements/ Limits
ZEJULA ORAL CAPSULE	1	PA
ZELBORAF ORAL TABLET	1	PA
ZYDELIG ORAL TABLET	1	PA
ZYKADIA ORAL CAPSULE 150 MG	1	PA
ZYKADIA ORAL TABLET	1	PA
Monoclonal Antibody/Antibody-Drug Conjugate		
DANYELZA INTRAVENOUS SOLUTION	1	PA
DARZALEX FASPRO SUBCUTANEOUS SOLUTION	1	PA
JEMPERLI INTRAVENOUS SOLUTION	1	PA
KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED	1	PA
MONJUVI INTRAVENOUS SOLUTION RECONSTITUTED	1	PA
MVASI INTRAVENOUS SOLUTION	1	PA
POLIVY INTRAVENOUS SOLUTION RECONSTITUTED	1	PA
RUXIENCE INTRAVENOUS SOLUTION	1	PA
RYBREVANT INTRAVENOUS SOLUTION	1	PA
SARCLISA INTRAVENOUS SOLUTION	1	PA
TIVDAK INTRAVENOUS SOLUTION RECONSTITUTED	1	PA
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED	1	PA
TRODELVY INTRAVENOUS SOLUTION RECONSTITUTED	1	PA
ZIRABEV INTRAVENOUS SOLUTION	1	PA
ZYNLONTA INTRAVENOUS SOLUTION RECONSTITUTED	1	PA
Retinoids		
bexarotene external gel	1	PA
bexarotene oral capsule	1	PA
PANRETIN EXTERNAL GEL	1	
TARGRETIN EXTERNAL GEL	1	PA
tretinoin oral capsule	1	
Treatment Adjuncts		
leucovorin calcium injection solution reconstituted 500 mg	1	
leucovorin calcium oral tablet	1	
MESNEX ORAL TABLET	1	
Antiparasitics		
Anthelmintics		
albendazole oral tablet	1	
ivermectin oral tablet	1	PA
praziquantel oral tablet	1	
Antiprotozoals		

You can find information on what the symbols and abbreviations on this table mean by going to page 7

Drug Name	Drug Tier	Requirements/ Limits
ALINIA ORAL SUSPENSION RECONSTITUTED	1	
atovaquone oral suspension	1	
atovaquone-proguanil hcl oral tablet	1	
BENZNIDAZOLE ORAL TABLET	1	
chloroquine phosphate oral tablet	1	
COARTEM ORAL TABLET	1	
hydroxychloroquine sulfate oral tablet	1	
mefloquine hcl oral tablet	1	
nitazoxanide oral tablet	1	
pentamidine isethionate inhalation solution reconstituted	1	B/D
pentamidine isethionate injection solution reconstituted	1	
primaquine phosphate oral tablet	1	
pyrimethamine oral tablet	1	PA
quinine sulfate oral capsule	1	PA
Antiparkinson Agents		
Anticholinergics		
benztropine mesylate oral tablet	1	
trihexyphenidyl hcl oral solution	1	
trihexyphenidyl hcl oral tablet	1	
Antiparkinson Agents, Other		
entacapone oral tablet	1	
tolcapone oral tablet	1	

Drug Name	Drug Tier	Requirements/ Limits
Dopamine Agonists		
bromocriptine mesylate oral capsule	1	
bromocriptine mesylate oral tablet	1	
KYNMOBI SUBLINGUAL FILM	1	PA; QL (150 EA per 30 days)
KYNMOBI TITRATION KIT SUBLINGUAL KIT	1	PA; QL (20 EA per 365 days)
NEUPRO TRANSDERMAL PATCH 24 HOUR	1	ST
pramipexole dihydrochloride oral tablet	1	
ropinirole hcl oral tablet	1	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
carbidopa oral tablet	1	
carbidopa-levodopa er oral tablet extended release	1	
carbidopa-levodopa oral tablet	1	
carbidopa-levodopa oral tablet dispersible	1	
INBRIJA INHALATION CAPSULE	1	PA
RYTARY ORAL CAPSULE EXTENDED RELEASE	1	ST
Monoamine Oxidase B (MAO-B) Inhibitors		
rasagiline mesylate oral tablet	1	
selegiline hcl oral capsule	1	
selegiline hcl oral tablet	1	
Antipsychotics		

Drug Name	Drug Tier	Requirements/ Limits
1st Generation/Typical		
chlorpromazine hcl oral concentrate	1	
chlorpromazine hcl oral tablet	1	
fluphenazine decanoate injection solution	1	
fluphenazine hcl injection solution	1	
fluphenazine hcl oral concentrate	1	
fluphenazine hcl oral elixir	1	
fluphenazine hcl oral tablet	1	
haloperidol decanoate intramuscular solution	1	
haloperidol lactate injection solution	1	
haloperidol lactate oral concentrate	1	
haloperidol oral tablet	1	
loxapine succinate oral capsule	1	
molindone hcl oral tablet	1	
perphenazine oral tablet	1	
pimozide oral tablet	1	
thioridazine hcl oral tablet	1	
thiothixene oral capsule	1	
trifluoperazine hcl oral tablet	1	
2nd Generation/Atypical		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	1	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	1	
aripiprazole oral solution	1	QL (750 ML per 30 days)
aripiprazole oral tablet	1	QL (30 EA per 30 days)
aripiprazole oral tablet dispersible	1	QL (60 EA per 30 days)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE	1	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE	1	
asenapine maleate sublingual tablet sublingual	1	QL (60 EA per 30 days)
CAPLYTA ORAL CAPSULE	1	ST; QL (30 EA per 30 days)
FANAPT ORAL TABLET	1	ST; QL (60 EA per 30 days)
FANAPT TITRATION PACK ORAL TABLET	1	ST; QL (8 EA per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	ST
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	1	QL (30 EA per 30 days)
LATUDA ORAL TABLET 80 MG	1	QL (60 EA per 30 days)
LYBALVI ORAL TABLET	1	ST; QL (30 EA per 30 days)
NUPLAZID ORAL CAPSULE	1	PA
NUPLAZID ORAL TABLET	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 7

Drug Name	Drug Tier	Requirements/ Limits
olanzapine intramuscular solution reconstituted	1	
olanzapine oral tablet	1	QL (30 EA per 30 days)
olanzapine oral tablet dispersible	1	QL (30 EA per 30 days)
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg	1	QL (30 EA per 30 days)
paliperidone er oral tablet extended release 24 hour 6 mg	1	QL (60 EA per 30 days)
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	1	
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 300 mg, 400 mg, 50 mg	1	QL (60 EA per 30 days)
quetiapine fumarate er oral tablet extended release 24 hour 200 mg	1	QL (90 EA per 30 days)
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	QL (90 EA per 30 days)
quetiapine fumarate oral tablet 300 mg, 400 mg	1	QL (60 EA per 30 days)
REXULTI ORAL TABLET	1	QL (30 EA per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	1	
risperidone oral solution	1	QL (240 ML per 30 days)
risperidone oral tablet	1	QL (60 EA per 30 days)
risperidone oral tablet dispersible	1	QL (60 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR	1	PA; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE	1	ST; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK	1	ST; QL (14 EA per 365 days)
ziprasidone hcl oral capsule	1	QL (60 EA per 30 days)
ziprasidone mesylate intramuscular solution reconstituted	1	QL (60 EA per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	
Treatment-Resistant		
clozapine oral tablet 100 mg, 25 mg	1	QL (270 EA per 30 days)
clozapine oral tablet 200 mg	1	QL (120 EA per 30 days)
clozapine oral tablet 50 mg	1	QL (180 EA per 30 days)
clozapine oral tablet dispersible 100 mg, 25 mg	1	QL (270 EA per 30 days)
clozapine oral tablet dispersible 12.5 mg	1	QL (90 EA per 30 days)
clozapine oral tablet dispersible 150 mg	1	QL (180 EA per 30 days)
clozapine oral tablet dispersible 200 mg	1	QL (120 EA per 30 days)
VERSACLOZ ORAL SUSPENSION	1	QL (540 ML per 30 days)
Antispasticity Agents		
Antispasticity Agents		
baclofen oral tablet	1	
dantrolene sodium oral capsule	1	
tizanidine hcl oral tablet	1	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		

Drug Name	Drug Tier	Requirements/ Limits
cidofovir intravenous solution	1	
ganciclovir sodium intravenous solution	1	B/D
ganciclovir sodium intravenous solution reconstituted	1	B/D
LIVTENCITY ORAL TABLET	1	
PREVYMIS INTRAVENOUS SOLUTION	1	
PREVYMIS ORAL TABLET	1	
valganciclovir hcl oral solution reconstituted	1	
valganciclovir hcl oral tablet	1	
Anti-hepatitis B (HBV) Agents		
adefovir dipivoxil oral tablet	1	
BARACLUDE ORAL SOLUTION	1	QL (600 ML per 30 days)
entecavir oral tablet	1	QL (30 EA per 30 days)
EPIVIR HBV ORAL SOLUTION	1	
lamivudine oral tablet 100 mg	1	
VEMLIDY ORAL TABLET	1	
Anti-hepatitis C (HCV) Agents		
MAVYRET ORAL PACKET	1	PA; QL (560 EA per 365 days)
MAVYRET ORAL TABLET	1	PA; QL (336 EA per 365 days)
ribavirin oral tablet	1	
sofosbuvir-velpatasvir oral tablet	1	PA; QL (84 EA per 365 days)
VOSEVI ORAL TABLET	1	PA; QL (84 EA per 365 days)
Antiherpetic Agents		
acyclovir oral capsule	1	
acyclovir oral suspension	1	
acyclovir oral tablet	1	
acyclovir sodium intravenous solution	1	B/D
famciclovir oral tablet	1	
valacyclovir hcl oral tablet	1	QL (120 EA per 30 days)
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE	1	
BIKTARVY ORAL TABLET	1	QL (30 EA per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE	1	
DOVATO ORAL TABLET	1	QL (30 EA per 30 days)
GENVOYA ORAL TABLET	1	QL (30 EA per 30 days)
ISENTRESS HD ORAL TABLET	1	
ISENTRESS ORAL PACKET	1	
ISENTRESS ORAL TABLET	1	
ISENTRESS ORAL TABLET CHEWABLE	1	
JULUCA ORAL TABLET	1	QL (30 EA per 30 days)
STRIBILD ORAL TABLET	1	QL (30 EA per 30 days)
TIVICAY ORAL TABLET	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7

Drug Name	Drug Tier	Requirements/ Limits
TIVICAY PD ORAL TABLET SOLUBLE	1	
VOCABRIA ORAL TABLET	1	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA ORAL TABLET	1	QL (30 EA per 30 days)
DELSTRIGO ORAL TABLET	1	QL (30 EA per 30 days)
EDURANT ORAL TABLET	1	
efavirenz oral capsule	1	
efavirenz oral tablet	1	
efavirenz-emtricitab-tenofovir oral tablet	1	QL (30 EA per 30 days)
efavirenz-lamivudine-tenofovir oral tablet	1	QL (30 EA per 30 days)
etravirine oral tablet	1	
INTELENCE ORAL TABLET	1	
nevirapine er oral tablet extended release 24 hour	1	
nevirapine oral suspension	1	
nevirapine oral tablet	1	
PIFELTRO ORAL TABLET	1	
RESCRIPTOR ORAL TABLET 200 MG	1	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
abacavir sulfate oral solution	1	
abacavir sulfate oral tablet	1	
abacavir sulfate-lamivudine oral tablet	1	QL (30 EA per 30 days)
abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg	1	QL (60 EA per 30 days)
CIMDUO ORAL TABLET	1	QL (30 EA per 30 days)
DESCOVY ORAL TABLET	1	QL (30 EA per 30 days)
didanosine oral capsule delayed release 200 mg, 250 mg, 400 mg	1	
emtricitabine oral capsule	1	
emtricitabine-tenofovir df oral tablet	1	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION	1	
lamivudine oral solution	1	
lamivudine oral tablet 150 mg, 300 mg	1	
lamivudine-zidovudine oral tablet	1	QL (60 EA per 30 days)
ODEFSEY ORAL TABLET	1	QL (30 EA per 30 days)
PAXLOVID (150/100) ORAL TABLET THERAPY PACK	1	QL (20 EA per 5 days)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK	1	QL (30 EA per 5 days)
RETROVIR INTRAVENOUS SOLUTION	1	
stavudine oral capsule	1	
TEMIXYS ORAL TABLET 300-300 MG	1	QL (30 EA per 30 days)
tenofovir disoproxil fumarate oral tablet	1	
TRIUMEQ ORAL TABLET	1	QL (30 EA per 30 days)
TRIUMEQ PD ORAL TABLET SOLUBLE	1	QL (180 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 7

Drug Name	Drug Tier	Requirements/ Limits
TRIZIVIR ORAL TABLET	1	QL (60 EA per 30 days)
VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG	1	
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM, 4 GM	1	
VIREAD ORAL POWDER	1	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	1	
zidovudine oral capsule	1	
zidovudine oral syrup	1	
zidovudine oral tablet	1	
Anti-HIV Agents, Other		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	1	
maraviroc oral tablet	1	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR	1	
SELZENTRY ORAL SOLUTION	1	
SELZENTRY ORAL TABLET	1	
TROGARZO INTRAVENOUS SOLUTION	1	
TYBOST ORAL TABLET	1	
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS ORAL CAPSULE	1	
APTIVUS ORAL SOLUTION 100 MG/ML	1	
atazanavir sulfate oral capsule	1	
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	1	
EVOTAZ ORAL TABLET	1	QL (30 EA per 30 days)
fosamprenavir calcium oral tablet	1	
INVIRASE ORAL TABLET 500 MG	1	
KALETRA ORAL TABLET	1	
LEXIVA ORAL SUSPENSION	1	
lopinavir-ritonavir oral solution	1	
lopinavir-ritonavir oral tablet	1	
NORVIR ORAL PACKET	1	
NORVIR ORAL SOLUTION	1	
PREZCOBIX ORAL TABLET	1	QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION	1	
PREZISTA ORAL TABLET	1	
REYATAZ ORAL PACKET	1	
ritonavir oral tablet	1	
SYMTUZA ORAL TABLET	1	QL (30 EA per 30 days)
VIRACEPT ORAL TABLET	1	
Anti-influenza Agents		
amantadine hcl oral capsule	1	
amantadine hcl oral solution	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7

Drug Name	Drug Tier	Requirements/ Limits
oseltamivir phosphate oral capsule 30 mg	1	QL (168 EA per 365 days)
oseltamivir phosphate oral capsule 45 mg	1	QL (84 EA per 365 days)
oseltamivir phosphate oral capsule 75 mg	1	QL (110 EA per 365 days)
oseltamivir phosphate oral suspension reconstituted	1	QL (1080 ML per 365 days)
rimantadine hcl oral tablet	1	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK	1	QL (4 EA per 365 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK	1	QL (2 EA per 365 days)
Anxiolytics		
Anxiolytics, Other		
buspirone hcl oral tablet	1	
hydroxyzine pamoate oral capsule	1	
Benzodiazepines		
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg	1	QL (120 EA per 30 days)
alprazolam oral tablet 2 mg	1	QL (150 EA per 30 days)
chlordiazepoxide hcl oral capsule 10 mg	1	QL (900 EA per 30 days)
chlordiazepoxide hcl oral capsule 25 mg	1	QL (360 EA per 30 days)
chlordiazepoxide hcl oral capsule 5 mg	1	QL (120 EA per 30 days)
clorazepate dipotassium oral tablet 15 mg	1	QL (180 EA per 30 days)
clorazepate dipotassium oral tablet 3.75 mg	1	QL (720 EA per 30 days)
clorazepate dipotassium oral tablet 7.5 mg	1	QL (360 EA per 30 days)
diazepam injection solution	1	

Drug Name	Drug Tier	Requirements/ Limits
diazepam intensol oral concentrate	1	
diazepam oral concentrate	1	
diazepam oral solution	1	
diazepam oral tablet 10 mg	1	QL (120 EA per 30 days)
diazepam oral tablet 2 mg	1	QL (300 EA per 30 days)
diazepam oral tablet 5 mg	1	QL (240 EA per 30 days)
lorazepam intensol oral concentrate	1	
lorazepam oral tablet 0.5 mg, 1 mg	1	QL (90 EA per 30 days)
lorazepam oral tablet 2 mg	1	QL (150 EA per 30 days)
Bipolar Agents		
Mood Stabilizers		
lithium carbonate er oral tablet extended release	1	
lithium carbonate oral capsule	1	
lithium carbonate oral tablet	1	
lithium oral solution 8 meq/5ml	1	
valproic acid oral capsule	1	
valproic acid oral solution	1	
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose oral tablet	1	
CYCLOSET ORAL TABLET	1	
FARXIGA ORAL TABLET	1	
glimepiride oral tablet	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7

Drug Name	Drug Tier	Requirements/ Limits
glipizide er oral tablet extended release 24 hour	1	
glipizide oral tablet	1	
glipizide xl oral tablet extended release 24 hour	1	
glipizide-metformin hcl oral tablet	1	
glyburide oral tablet	1	
glyburide-metformin oral tablet	1	
GLYXAMBI ORAL TABLET	1	
JANUMET ORAL TABLET	1	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	1	
JANUVIA ORAL TABLET	1	
JARDIANCE ORAL TABLET	1	
JENTADUETO ORAL TABLET	1	
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	1	
metformin hcl er oral tablet extended release 24 hour	1	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR	1	QL (2 ML per 28 days)
nateglinide oral tablet	1	
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	1	QL (1.5 ML per 28 days)
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 4 MG/3ML, 8 MG/3ML	1	QL (3 ML per 28 days)
pioglitazone hcl oral tablet	1	
pioglitazone hcl-metformin hcl oral tablet	1	
repaglinide oral tablet	1	
RYBELSUS ORAL TABLET 14 MG, 7 MG	1	QL (30 EA per 30 days)
RYBELSUS ORAL TABLET 3 MG	1	QL (60 EA per 365 days)
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR	1	
SYMLINPEN 120	1	PA
SYMLINPEN 60	1	PA
SYNJARDY ORAL TABLET	1	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	1	
tolazamide oral tablet 250 mg, 500 mg	1	
TRADJENTA ORAL TABLET	1	
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	1	
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR	1	QL (2 ML per 28 days)
VICTOZA	1	QL (9 ML per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	1	
Glycemic Agents		

Drug Name	Drug Tier	Requirements/ Limits
BAQSIMI ONE PACK NASAL POWDER	1	
BAQSIMI TWO PACK NASAL POWDER	1	
diazoxide oral suspension	1	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED	1	ST
glucagon emergency kit	1	
GLUCAGON EMERGENCY KIT	1	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	1	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	1	
GVOKE KIT SUBCUTANEOUS SOLUTION	1	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	
Insulins		
HUMALOG INJECTION SOLUTION	1	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	1	
HUMALOG MIX 50/50 KWIKPEN	1	
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION	1	
HUMALOG MIX 75/25 KWIKPEN	1	

Drug Name	Drug Tier	Requirements/ Limits
HUMALOG MIX 75/25 VIAL SUBCUTANEOUS SUSPENSION	1	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	1	
HUMALOG U-100 JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	1	
HUMULIN 70/30 KWIKPEN	1	
HUMULIN 70/30 VIAL SUBCUTANEOUS SUSPENSION	1	
HUMULIN N KWIKPEN	1	
HUMULIN N VIAL SUBCUTANEOUS SUSPENSION	1	
HUMULIN R U-500 KWIKPEN	1	
HUMULIN R U-500 VIAL SUBCUTANEOUS SOLUTION	1	
HUMULIN R VIAL INJECTION SOLUTION	1	
INSULIN LISPRO (1 UNIT DIAL) SUBCUTANEOUS SOLUTION PEN-INJECTOR	1	
INSULIN LISPRO INJECTION SOLUTION	1	
INSULIN LISPRO JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	1	
INSULIN LISPRO PROT & LISPRO SUBCUTANEOUS SUSPENSION PEN-INJECTOR	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7

Drug Name	Drug Tier	Requirements/ Limits
LANTUS U-100 SOLOSTAR	1	
LANTUS U-100 VIAL SUBCUTANEOUS SOLUTION	1	
LEVEMIR U-100 FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	1	
LEVEMIR U-100 VIAL SUBCUTANEOUS SOLUTION	1	
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	1	
LYUMJEV VIAL INJECTION SOLUTION	1	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	1	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	1	
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	1	
TRESIBA SUBCUTANEOUS SOLUTION	1	
Blood Products and Modifiers		
Anticoagulants		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	1	QL (148 EA per 365 days)
ELIQUIS ORAL TABLET 2.5 MG	1	QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	1	QL (90 EA per 30 days)
enoxaparin sodium injection solution	1	QL (105 ML per 90 days)
enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml	1	QL (35 ML per 90 days)
enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml	1	QL (28 ML per 90 days)
enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml	1	QL (10.5 ML per 90 days)
enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml	1	QL (14 ML per 90 days)
enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml	1	QL (21 ML per 90 days)
fondaparinux sodium subcutaneous solution 10 mg/0.8ml	1	QL (28 ML per 90 days)
fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml	1	QL (17.5 ML per 90 days)
fondaparinux sodium subcutaneous solution 5 mg/0.4ml	1	QL (14 ML per 90 days)
fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml	1	QL (21 ML per 90 days)
FRAGMIN SUBCUTANEOUS SOLUTION	1	QL (22.8 ML per 90 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML	1	QL (35 ML per 90 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 7

Drug Name	Drug Tier	Requirements/ Limits
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12500 UNIT/0.5ML	1	QL (17.5 ML per 90 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 15000 UNIT/0.6ML	1	QL (21 ML per 90 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 18000 UNT/0.72ML	1	QL (25.3 ML per 90 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	1	QL (7 ML per 90 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 7500 UNIT/0.3ML	1	QL (10.5 ML per 90 days)
heparin sodium (porcine) injection solution 5000 unit/ml	1	
jantoven oral tablet	1	
warfarin sodium oral tablet	1	
XARELTO ORAL TABLET 10 MG, 20 MG	1	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	1	QL (60 EA per 30 days)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK	1	QL (102 EA per 365 days)
Blood Products and Modifiers, Other		
anagrelide hcl oral capsule	1	

Drug Name	Drug Tier	Requirements/ Limits
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT	1	PA
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA
OXBRYTA ORAL TABLET SOLUBLE	1	PA; QL (240 EA per 30 days)
PROCRIT INJECTION SOLUTION	1	PA
PROMACTA ORAL PACKET	1	PA
PROMACTA ORAL TABLET	1	PA
PYRUKYND ORAL TABLET 20 MG, 5 MG	1	PA; QL (60 EA per 30 days)
PYRUKYND ORAL TABLET 50 MG	1	PA; QL (120 EA per 30 days)
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK	1	PA; QL (30 EA per 30 days)
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	1	
Hemostasis Agents		
tranexamic acid oral tablet	1	
Platelet Modifying Agents		
aspirin-dipyridamole er oral capsule extended release 12 hour	1	
BRILINTA ORAL TABLET	1	
CABLIVI INJECTION KIT	1	PA; QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 7

Drug Name	Drug Tier	Requirements/ Limits
cilostazol oral tablet	1	
clopidogrel bisulfate oral tablet	1	
prasugrel hcl oral tablet	1	
TAVALISSE ORAL TABLET	1	PA
Cardiovascular Agents		
Alpha-adrenergic Agonists		
clonidine hcl oral tablet	1	
clonidine transdermal patch weekly	1	
droxidopa oral capsule	1	PA
guanfacine hcl oral tablet	1	
methyldopa oral tablet 250 mg, 500 mg	1	
midodrine hcl oral tablet	1	
Alpha-adrenergic Blocking Agents		
prazosin hcl oral capsule	1	
terazosin hcl oral capsule	1	
Angiotensin II Receptor Antagonists		
candesartan cilexetil oral tablet	1	
eprosartan mesylate oral tablet 600 mg	1	
irbesartan oral tablet	1	
losartan potassium oral tablet	1	
olmesartan medoxomil oral tablet	1	
telmisartan oral tablet	1	
valsartan oral tablet	1	
Angiotensin-converting Enzyme (ACE) Inhibitors		
benazepril hcl oral tablet	1	
captopril oral tablet	1	
enalapril maleate oral tablet	1	
fosinopril sodium oral tablet	1	
lisinopril oral tablet	1	
moexipril hcl oral tablet	1	
perindopril erbumine oral tablet	1	
quinapril hcl oral tablet	1	
ramipril oral capsule	1	
trandolapril oral tablet	1	
Antiarrhythmics		
amiodarone hcl oral tablet	1	
digitek oral tablet	1	
digox oral tablet	1	
digoxin oral solution	1	
digoxin oral tablet	1	
disopyramide phosphate oral capsule	1	
dofetilide oral capsule	1	
flecainide acetate oral tablet	1	
mexiletine hcl oral capsule	1	
pacerone oral tablet	1	
propafenone hcl er oral capsule extended release 12 hour	1	
propafenone hcl oral tablet	1	
quinidine gluconate er oral tablet extended release	1	
quinidine sulfate oral tablet	1	
sorine oral tablet	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7

Drug Name	Drug Tier	Requirements/ Limits
sotalol hcl (af) oral tablet	1	
sotalol hcl oral tablet	1	
Beta-adrenergic Blocking Agents		
acebutolol hcl oral capsule	1	
atenolol oral tablet	1	
betaxolol hcl oral tablet	1	
bisoprolol fumarate oral tablet	1	
BYSTOLIC ORAL TABLET	1	
carvedilol oral tablet	1	
carvedilol phosphate er oral capsule extended release 24 hour	1	
labetalol hcl oral tablet	1	
metoprolol succinate er oral tablet extended release 24 hour	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
nadolol oral tablet	1	
nebivolol hcl oral tablet	1	
pindolol oral tablet	1	
propranolol hcl er oral capsule extended release 24 hour	1	
propranolol hcl oral tablet	1	
Calcium Channel Blocking Agents, Dihydropyridines		
amlodipine besylate oral tablet	1	
felodipine er oral tablet extended release 24 hour	1	
nicardipine hcl oral capsule	1	
nifedipine er oral tablet extended release 24 hour	1	
nifedipine er osmotic release oral tablet extended release 24 hour	1	
nimodipine oral capsule	1	
NYMALIZE ORAL SOLUTION	1	
Calcium Channel Blocking Agents, Nondihydropyridines		
cartia xt oral capsule extended release 24 hour	1	
diltiazem hcl er beads oral capsule extended release 24 hour	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour	1	
diltiazem hcl er coated beads oral tablet extended release 24 hour	1	
diltiazem hcl er oral capsule extended release 12 hour	1	
diltiazem hcl er oral capsule extended release 24 hour	1	
diltiazem hcl oral tablet	1	
dilt-xr oral capsule extended release 24 hour	1	
matzim la oral tablet extended release 24 hour	1	
taztia xt oral capsule extended release 24 hour	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7

Drug Name	Drug Tier	Requirements/ Limits
tiadylt er oral capsule extended release 24 hour	1	
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
VERAPAMIL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 360 MG	1	
verapamil hcl er oral tablet extended release	1	
verapamil hcl oral tablet	1	
Cardiovascular Agents, Other		
acetazolamide oral tablet	1	
aliskiren fumarate oral tablet	1	
amiloride-hydrochlorothiazide oral tablet	1	
amlodipine besylate-benazepril hcl oral capsule	1	
amlodipine besylate-valsartan oral tablet	1	
amlodipine-atorvastatin oral tablet	1	
amlodipine-valsartan-hctz oral tablet	1	
atenolol-chlorthalidone oral tablet	1	
benazepril-hydrochlorothiazide oral tablet	1	
bisoprolol-hydrochlorothiazide oral tablet	1	
CAMZYOS ORAL CAPSULE	1	PA; QL (30 EA per 30 days)
candesartan cilexetil-hctz oral tablet	1	

Drug Name	Drug Tier	Requirements/ Limits
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	1	
CORLANOR ORAL SOLUTION	1	PA; QL (450 ML per 30 days)
CORLANOR ORAL TABLET	1	PA; QL (60 EA per 30 days)
enalapril-hydrochlorothiazide oral tablet	1	
ENTRESTO ORAL TABLET	1	QL (60 EA per 30 days)
fosinopril sodium-hctz oral tablet	1	
icosapent ethyl oral capsule 0.5 gm	1	PA
irbesartan-hydrochlorothiazide oral tablet	1	
lisinopril-hydrochlorothiazide oral tablet	1	
losartan potassium-hctz oral tablet	1	
metyrosine oral capsule	1	
olmesartan medoxomil-hctz oral tablet	1	
pentoxifylline er oral tablet extended release	1	
quinapril-hydrochlorothiazide oral tablet	1	
ranolazine er oral tablet extended release 12 hour	1	
spironolactone-hctz oral tablet	1	
telmisartan-hctz oral tablet	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7

Drug Name	Drug Tier	Requirements/ Limits
trandolapril-verapamil hcl er oral tablet extended release	1	
triamterene-hctz oral capsule	1	
triamterene-hctz oral tablet	1	
valsartan-hydrochlorothiazide oral tablet	1	
VYNDAMAX ORAL CAPSULE	1	PA; QL (30 EA per 30 days)
Diuretics, Loop		
bumetanide injection solution	1	
bumetanide oral tablet	1	
furosemide injection solution	1	
furosemide oral solution	1	
furosemide oral tablet	1	
torsemide oral tablet	1	
Diuretics, Potassium-sparing		
amiloride hcl oral tablet	1	
eplerenone oral tablet	1	
spironolactone oral tablet	1	
Diuretics, Thiazide		
chlorothiazide oral tablet 250 mg, 500 mg	1	
chlorthalidone oral tablet	1	
DIURIL ORAL SUSPENSION	1	
hydrochlorothiazide oral capsule	1	
hydrochlorothiazide oral tablet	1	
indapamide oral tablet	1	
metolazone oral tablet	1	

Drug Name	Drug Tier	Requirements/ Limits
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	1	
fenofibrate oral capsule 200 mg, 67 mg	1	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	
fenofibric acid oral capsule delayed release	1	
gemfibrozil oral tablet	1	
Dyslipidemics, HMG CoA Reductase Inhibitors		
atorvastatin calcium oral tablet	1	
fluvastatin sodium er oral tablet extended release 24 hour	1	
fluvastatin sodium oral capsule	1	
LIVALO ORAL TABLET	1	ST
lovastatin oral tablet	1	
pravastatin sodium oral tablet	1	
rosuvastatin calcium oral tablet	1	
simvastatin oral tablet	1	
Dyslipidemics, Other		
cholestyramine light oral packet	1	
cholestyramine light oral powder	1	
cholestyramine oral packet	1	
cholestyramine oral powder	1	
colestipol hcl oral granules	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7

Drug Name	Drug Tier	Requirements/ Limits
colestipol hcl oral packet	1	
colestipol hcl oral tablet	1	
ezetimibe oral tablet	1	
ezetimibe-simvastatin oral tablet	1	
icosapent ethyl oral capsule 1 gm	1	PA
JUXTAPID ORAL CAPSULE 10 MG, 40 MG, 5 MG, 60 MG	1	PA; QL (30 EA per 30 days)
JUXTAPID ORAL CAPSULE 20 MG, 30 MG	1	PA; QL (60 EA per 30 days)
niacin er (antihyperlipidemic) oral tablet extended release	1	
omega-3-acid ethyl esters oral capsule	1	
prevalite oral packet	1	
prevalite oral powder	1	
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE	1	PA; QL (7 ML per 28 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA; QL (3 ML per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	1	PA; QL (3 ML per 28 days)
Vasodilators, Direct-acting Arterial		
hydralazine hcl oral tablet	1	
minoxidil oral tablet	1	
Vasodilators, Direct-acting Arterial/Venous		
DILATRATE-SR ORAL CAPSULE EXTENDED RELEASE 40 MG	1	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
isosorbide mononitrate er oral tablet extended release 24 hour	1	
isosorbide mononitrate oral tablet	1	
minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	1	
nitro-bid transdermal ointment	1	
nitroglycerin sublingual tablet sublingual	1	
nitroglycerin transdermal patch 24 hour	1	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
amphetamine-dextroamphetamine er oral capsule extended release 24 hour	1	QL (60 EA per 30 days)
amphetamine-dextroamphetamine oral tablet	1	QL (90 EA per 30 days)
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg	1	QL (180 EA per 30 days)
dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg	1	QL (120 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 7

Drug Name	Drug Tier	Requirements/ Limits
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	1	QL (60 EA per 30 days)
dextroamphetamine sulfate oral tablet 10 mg	1	QL (180 EA per 30 days)
dextroamphetamine sulfate oral tablet 5 mg	1	QL (90 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
atomoxetine hcl oral capsule 10 mg	1	QL (60 EA per 30 days)
atomoxetine hcl oral capsule 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	1	QL (30 EA per 30 days)
clonidine hcl er oral tablet extended release 12 hour	1	
guanfacine hcl er oral tablet extended release 24 hour	1	
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg, 72 mg	1	QL (30 EA per 30 days)
methylphenidate hcl er (osm) oral tablet extended release 36 mg	1	QL (60 EA per 30 days)
methylphenidate hcl oral solution 5 mg/5ml	1	
methylphenidate hcl oral tablet	1	QL (90 EA per 30 days)
Central Nervous System, Other		
AUSTEDO ORAL TABLET	1	PA; QL (120 EA per 30 days)
butalbital-apap-caffeine oral tablet	1	
EXSERVAN ORAL FILM	1	PA
INGREZZA ORAL CAPSULE 40 MG	1	PA; QL (60 EA per 30 days)
INGREZZA ORAL CAPSULE 60 MG, 80 MG	1	PA; QL (30 EA per 30 days)
NUEDEXTA ORAL CAPSULE	1	PA
RADICAVA ORS ORAL SUSPENSION	1	PA
RADICAVA ORS STARTER KIT ORAL SUSPENSION	1	PA
riluzole oral tablet	1	PA
tetrabenazine oral tablet	1	PA
ZTALMY ORAL SUSPENSION	1	PA
Fibromyalgia Agents		
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg	1	QL (90 EA per 30 days)
pregabalin oral capsule 300 mg	1	QL (60 EA per 30 days)
pregabalin oral solution	1	QL (900 ML per 30 days)
SAVELLA ORAL TABLET	1	QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL	1	QL (110 EA per 365 days)
Multiple Sclerosis Agents		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	1	PA; QL (4 EA per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	1	PA; QL (4 EA per 28 days)
AVONEX VIAL INTRAMUSCULAR KIT INTRAMUSCULAR KIT 30 MCG	1	PA; QL (4 EA per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 7

Drug Name	Drug Tier	Requirements/ Limits
BAFIERTAM ORAL CAPSULE DELAYED RELEASE	1	PA; QL (120 EA per 30 days)
BETASERON SUBCUTANEOUS KIT	1	PA; QL (15 EA per 30 days)
dalfampridine er oral tablet extended release 12 hour	1	PA; QL (60 EA per 30 days)
dimethyl fumarate oral capsule delayed release	1	PA; QL (60 EA per 30 days)
dimethyl fumarate starter pack oral	1	PA; QL (120 EA per 365 days)
EXTAVIA SUBCUTANEOUS KIT	1	PA; QL (15 EA per 30 days)
fingolimod hcl oral capsule	1	PA; QL (30 EA per 30 days)
GILENYA ORAL CAPSULE	1	PA; QL (30 EA per 30 days)
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	1	PA; QL (30 ML per 30 days)
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	1	PA; QL (12 ML per 28 days)
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	1	PA; QL (0.4 ML per 28 days)
MAYZENT ORAL TABLET 0.25 MG	1	PA; QL (120 EA per 30 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	1	PA; QL (30 EA per 30 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG	1	PA; QL (14 EA per 365 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	1	PA; QL (24 EA per 365 days)

Drug Name	Drug Tier	Requirements/ Limits
OCREVUS INTRAVENOUS SOLUTION	1	PA; QL (40 ML per 365 days)
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	1	PA; QL (1 ML per 28 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR	1	PA; QL (2 ML per 365 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA; QL (4 ML per 365 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR	1	PA; QL (1 ML per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA; QL (1 ML per 28 days)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	1	PA; QL (6 ML per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	1	PA; QL (8.4 ML per 365 days)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA; QL (6 ML per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA; QL (8.4 ML per 365 days)
TYSABRI INTRAVENOUS CONCENTRATE	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 7

Drug Name	Drug Tier	Requirements/ Limits
VUMERITY (STARTER) ORAL CAPSULE DELAYED RELEASE 231 MG	1	PA; QL (212 EA per 365 days)
VUMERITY ORAL CAPSULE DELAYED RELEASE	1	PA; QL (120 EA per 30 days)
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK	1	PA; QL (14 EA per 365 days)
ZEPOSIA ORAL CAPSULE	1	PA; QL (30 EA per 30 days)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK	1	PA; QL (74 EA per 365 days)
Dental and Oral Agents		
Dental and Oral Agents		
chlorhexidine gluconate mouth/throat solution	1	
doxycycline hyclate oral tablet 20 mg	1	
lidocaine viscous hcl mouth/throat solution	1	
oralone mouth/throat paste	1	
paroex mouth/throat solution 0.12 %	1	
pilocarpine hcl oral tablet	1	
triamcinolone acetonide mouth/throat paste	1	
Dermatological Agents		
Acne and Rosacea Agents		
acitretin oral capsule	1	
amnesteem oral capsule	1	PA
azelaic acid external gel	1	
benzoyl peroxide-erythromycin external gel	1	
claravis oral capsule	1	PA
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %	1	
FINACEA EXTERNAL FOAM	1	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	PA
metronidazole external cream	1	
metronidazole external gel	1	
metronidazole external lotion	1	
myorisan oral capsule	1	PA
rosadan external cream	1	
rosadan external gel	1	
tazarotene external cream	1	
tazarotene external gel	1	
tretinoin external cream 0.025 %, 0.05 %	1	PA
zenatane oral capsule	1	PA
Dermatitis and Pruitus Agents		
ala-cort external cream 2.5 %	1	
alclometasone dipropionate external cream	1	
alclometasone dipropionate external ointment	1	
ammonium lactate external cream	1	
ammonium lactate external lotion	1	

Drug Name	Drug Tier	Requirements/ Limits
betamethasone dipropionate aug external cream	1	
betamethasone dipropionate aug external gel	1	
betamethasone dipropionate aug external ointment	1	
betamethasone dipropionate external cream	1	
betamethasone dipropionate external lotion	1	
betamethasone dipropionate external ointment	1	
betamethasone valerate external cream	1	
betamethasone valerate external lotion	1	
betamethasone valerate external ointment	1	
CIBINQO ORAL TABLET	1	PA; QL (30 EA per 30 days)
clobetasol propionate e external cream	1	
clobetasol propionate external cream	1	
clobetasol propionate external gel	1	
clobetasol propionate external ointment	1	
clobetasol propionate external solution	1	
desonide external cream	1	
desonide external ointment	1	
desoximetasone external cream 0.25 %	1	
desoximetasone external ointment 0.25 %	1	
EUCRISA EXTERNAL OINTMENT	1	PA
fluocinolone acetonide external cream	1	
fluocinolone acetonide external ointment	1	
fluocinolone acetonide external solution	1	
fluocinonide external cream 0.05 %	1	
fluocinonide external cream 0.1 %	1	QL (120 GM per 30 days)
fluocinonide external gel	1	
fluocinonide external ointment	1	
fluocinonide external solution	1	
fluticasone propionate external cream	1	
fluticasone propionate external ointment	1	
halobetasol propionate external cream	1	
halobetasol propionate external ointment	1	
hydrocortisone (perianal) external cream 2.5 %	1	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 2.5 %	1	
hydrocortisone valerate external cream	1	QL (60 GM per 30 days)
mometasone furoate external cream	1	
mometasone furoate external ointment	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7

Drug Name	Drug Tier	Requirements/ Limits
mometasone furoate external solution	1	
OPZELURA EXTERNAL CREAM	1	PA; QL (240 GM per 30 days)
selenium sulfide external lotion	1	
tacrolimus external ointment	1	
triamcinolone acetonide external cream	1	
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triderm external cream	1	
Dermatological Agents, Other		
calcipotriene external cream	1	QL (120 GM per 30 days)
calcipotriene external ointment	1	QL (120 GM per 30 days)
calcipotriene external solution	1	QL (60 ML per 30 days)
clotrimazole-betamethasone external cream	1	
diclofenac sodium external gel 3 %	1	ST; QL (300 GM per 30 days)
fluorouracil external cream	1	
fluorouracil external solution	1	
imiquimod external cream 5 %	1	
nystatin-triamcinolone external cream	1	
nystatin-triamcinolone external ointment	1	
PICATO EXTERNAL GEL 0.015 %, 0.05 %	1	ST
podofilox external solution	1	
SANTYL EXTERNAL OINTMENT	1	
silver sulfadiazine external cream	1	
SSD EXTERNAL CREAM	1	
urea external lotion	1	
Pediculicides/Scabicides		
malathion external lotion	1	
permethrin external cream	1	
Topical Anti-infectives		
acyclovir external ointment	1	
BACTROBAN NASAL NASAL OINTMENT 2 %	1	
ciclodan external solution	1	PA
ciclopirox external gel	1	
ciclopirox external shampoo	1	
ciclopirox external solution	1	PA
ciclopirox olamine external cream	1	
ciclopirox olamine external suspension	1	
clindamycin phosphate external solution	1	
ery external pad	1	
erythromycin external gel	1	
erythromycin external pad 2 %	1	
erythromycin external solution	1	
mupirocin external ointment	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7

Drug Name	Drug Tier	Requirements/ Limits
Electrolytes/Minerals/ Metals/Vitamins		
Electrolyte/Mineral Replacement		
AMINOSYN II INTRAVENOUS SOLUTION	1	B/D
AMINOSYN-PF INTRAVENOUS SOLUTION	1	B/D
CARBAGLU ORAL TABLET SOLUBLE	1	
carglumic acid oral tablet soluble	1	
clinisol sf intravenous solution	1	B/D
dextrose intravenous solution 5 %	1	
dextrose-nacl intravenous solution 5-0.45 %, 5-0.9 %	1	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE	1	
klor-con m10 oral tablet extended release	1	
klor-con m15 oral tablet extended release	1	
klor-con m20 oral tablet extended release	1	
klor-con oral packet	1	
KLOR-CON ORAL TABLET EXTENDED RELEASE	1	
klor-con sprinkle oral capsule extended release 10 meq, 8 meq	1	
plenamine intravenous solution	1	B/D
potassium chloride crys er oral tablet extended release	1	
potassium chloride er oral capsule extended release	1	
potassium chloride er oral tablet extended release	1	
potassium chloride oral packet	1	
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	1	
potassium citrate er oral tablet extended release	1	
sodium chloride intravenous solution 0.45 %, 0.9 %	1	
XENPOZYME INTRAVENOUS SOLUTION RECONSTITUTED	1	PA
Electrolyte/Mineral/Metal Modifiers		
CHEMET ORAL CAPSULE	1	
clovique oral capsule 250 mg	1	PA
deferasirox granules oral packet	1	PA
deferasirox oral tablet	1	PA
deferasirox oral tablet soluble	1	PA
deferiprone oral tablet	1	PA
sodium polystyrene sulfonate oral powder	1	
trientine hcl oral capsule	1	PA
Phosphate Binders		
AURYXIA ORAL TABLET	1	PA
calcium acetate (phos binder) oral capsule	1	
calcium acetate oral tablet 667 mg	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7

Drug Name	Drug Tier	Requirements/ Limits
lanthanum carbonate oral tablet chewable	1	
sevelamer carbonate oral packet	1	
sevelamer carbonate oral tablet	1	
VELPHORO ORAL TABLET CHEWABLE	1	
Potassium Binders		
kionex oral suspension 15 gm/60ml	1	
sodium polystyrene sulfonate oral suspension 15 gm/60ml	1	
sodium polystyrene sulfonate rectal suspension 30 gm/120ml, 50 gm/200ml	1	
sps oral suspension	1	
VELTASSA ORAL PACKET	1	
Vitamins		
prenatal oral tablet 27-1 mg	1	
Gastrointestinal Agents		
Anti-Constipation Agents		
constulose oral solution	1	
enulose oral solution	1	
generlac oral solution	1	
lactulose encephalopathy oral solution	1	
lactulose oral solution 10 gm/15ml	1	
LINZESS ORAL CAPSULE	1	QL (30 EA per 30 days)
lubiprostone oral capsule	1	QL (60 EA per 30 days)
MOTEGRITY ORAL TABLET	1	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
polyethylene glycol 3350 oral packet 17 gm	1	
polyethylene glycol 3350 oral powder	1	
RELISTOR ORAL TABLET	1	ST; QL (90 EA per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE)	1	ST; QL (18 ML per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML	1	ST; QL (12 ML per 30 days)
Anti-Diarrheal Agents		
alosetron hcl oral tablet	1	PA
diphenoxylate-atropine oral tablet	1	
loperamide hcl oral capsule	1	
XERMELO ORAL TABLET	1	PA; QL (90 EA per 30 days)
Antispasmodics, Gastrointestinal		
CUVPOSA ORAL SOLUTION	1	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet	1	
glycopyrrolate oral solution	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
Gastrointestinal Agents, Other		
CLENPIQ ORAL SOLUTION	1	
GATTEX SUBCUTANEOUS KIT	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 7

Drug Name	Drug Tier	Requirements/ Limits
gavilyte-c oral solution reconstituted	1	
gavilyte-g oral solution reconstituted	1	
gavilyte-h oral kit 5-210 mg-gm	1	
gavilyte-n with flavor pack oral solution reconstituted 420 gm	1	
metoclopramide hcl oral solution 5 mg/5ml	1	
metoclopramide hcl oral tablet	1	
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED	1	PA
NA SULFATE-K SULFATE-MG SULF ORAL SOLUTION	1	
peg 3350/electrolytes oral solution reconstituted 240 gm	1	
peg 3350-kcl-na bicarb-nacl oral solution reconstituted	1	
peg-3350/electrolytes oral solution reconstituted	1	
RECTIV RECTAL OINTMENT	1	
SUPREP BOWEL PREP KIT ORAL SOLUTION	1	
trilyte oral solution reconstituted 420 gm	1	
ursodiol oral tablet	1	
XIFAXAN ORAL TABLET	1	PA
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED	1	PA

Drug Name	Drug Tier	Requirements/ Limits
Histamine2 (H2) Receptor Antagonists		
famotidine oral suspension reconstituted	1	
famotidine oral tablet 20 mg, 40 mg	1	
nizatidine oral solution 15 mg/ml	1	
Protectants		
misoprostol oral tablet	1	
sucralfate oral suspension	1	
sucralfate oral tablet	1	
Proton Pump Inhibitors		
esomeprazole magnesium oral capsule delayed release	1	QL (60 EA per 30 days)
lansoprazole oral capsule delayed release	1	QL (60 EA per 30 days)
omeprazole oral capsule delayed release	1	QL (60 EA per 30 days)
pantoprazole sodium oral tablet delayed release	1	QL (60 EA per 30 days)
rabeprazole sodium oral tablet delayed release	1	QL (60 EA per 30 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
ALDURAZYME INTRAVENOUS SOLUTION	1	PA
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 7

Drug Name	Drug Tier	Requirements/ Limits
betaine oral powder	1	
CERDELGA ORAL CAPSULE	1	PA
CHOLBAM ORAL CAPSULE	1	PA
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	1	
cromolyn sodium oral concentrate	1	
CYSTAGON ORAL CAPSULE	1	
ELAPRASE INTRAVENOUS SOLUTION	1	PA
EVRYSDI ORAL SOLUTION RECONSTITUTED	1	PA; QL (240 ML per 30 days)
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG	1	PA
GALAFOLD ORAL CAPSULE	1	PA; QL (14 EA per 28 days)
KANUMA INTRAVENOUS SOLUTION	1	PA
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED	1	PA
miglustat oral capsule	1	PA
NAGLAZYME INTRAVENOUS SOLUTION	1	PA
nitisinone oral capsule	1	
ORFADIN ORAL CAPSULE 20 MG	1	
ORFADIN ORAL SUSPENSION	1	
PROCYSBI ORAL CAPSULE DELAYED RELEASE	1	PA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED	1	PA
RAVICTI ORAL LIQUID	1	PA
REVCOVI INTRAMUSCULAR SOLUTION	1	PA
sapropterin dihydrochloride oral packet	1	PA
sapropterin dihydrochloride oral tablet	1	PA
sodium phenylbutyrate oral powder	1	
STRENSIQ SUBCUTANEOUS SOLUTION	1	PA
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA
VIMIZIM INTRAVENOUS SOLUTION	1	PA
VYNDAQEL ORAL CAPSULE	1	PA; QL (120 EA per 30 days)
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED	1	PA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES	1	
ZOKINVY ORAL CAPSULE	1	PA; QL (120 EA per 30 days)
Genitourinary Agents		
Antispasmodics, Urinary		

Drug Name	Drug Tier	Requirements/ Limits
darifenacin hydrobromide er oral tablet extended release 24 hour	1	
flavoxate hcl oral tablet	1	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	1	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	1	
oxybutynin chloride er oral tablet extended release 24 hour	1	
oxybutynin chloride oral syrup	1	
oxybutynin chloride oral tablet	1	
solifenacin succinate oral tablet	1	
tolterodine tartrate er oral capsule extended release 24 hour	1	
tolterodine tartrate oral tablet	1	
trospium chloride er oral capsule extended release 24 hour	1	
trospium chloride oral tablet	1	
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er oral tablet extended release 24 hour	1	
doxazosin mesylate oral tablet	1	
dutasteride oral capsule	1	
finasteride oral tablet 5 mg	1	
silodosin oral capsule	1	
tadalafil oral tablet 2.5 mg, 5 mg	1	PA; QL (30 EA per 30 days)
tamsulosin hcl oral capsule	1	
Genitourinary Agents, Other		
acetic acid irrigation solution	1	
bethanechol chloride oral tablet	1	
d-penamine oral tablet 125 mg	1	
ELMIRON ORAL CAPSULE	1	
penicillamine oral tablet	1	
THIOLA EC ORAL TABLET DELAYED RELEASE	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
cortisone acetate oral tablet 25 mg	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
fludrocortisone acetate oral tablet	1	
hydrocortisone oral tablet	1	
methylprednisolone oral tablet	1	
methylprednisolone oral tablet therapy pack	1	
prednisolone oral solution	1	
prednisolone oral syrup	1	
prednisolone sodium phosphate oral solution	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7

Drug Name	Drug Tier	Requirements/ Limits
prednisone oral solution	1	
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
desmopressin ace spray refrig nasal solution	1	
desmopressin acetate injection solution	1	
desmopressin acetate nasal solution	1	
desmopressin acetate oral tablet	1	
desmopressin acetate pf injection solution	1	
desmopressin acetate spray nasal solution	1	
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	1	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE	1	PA
INCRELEX SUBCUTANEOUS SOLUTION	1	PA
SKYTROFA SUBCUTANEOUS CARTRIDGE	1	PA
STIMATE NASAL SOLUTION 1.5 MG/ML	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		

Drug Name	Drug Tier	Requirements/ Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
KORLYM ORAL TABLET	1	PA; QL (120 EA per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Anabolic Steroids		
ANADROL-50 ORAL TABLET 50 MG	1	PA
oxandrolone oral tablet 10 mg	1	PA; QL (60 EA per 30 days)
oxandrolone oral tablet 2.5 mg	1	PA; QL (240 EA per 30 days)
Androgens		
ANDRODERM TRANSDERMAL PATCH 24 HOUR	1	PA
danazol oral capsule	1	
testosterone cypionate intramuscular solution	1	PA
testosterone enanthate intramuscular solution	1	PA
testosterone transdermal gel 12.5 mg/act (1%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)	1	PA
Estrogens		
afirmelle oral tablet	1	
altavera oral tablet	1	
alyacen 1/35 oral tablet	1	
alyacen 7/7/7 oral tablet	1	
amabelz oral tablet	1	
amethyst oral tablet	1	
aubra eq oral tablet	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7

Drug Name	Drug Tier	Requirements/ Limits
aubra oral tablet	1	
aurovela 1.5/30 oral tablet	1	
aurovela 1/20 oral tablet	1	
aurovela 24 fe oral tablet	1	
aurovela fe 1.5/30 oral tablet	1	
aurovela fe 1/20 oral tablet	1	
aviane oral tablet	1	
ayuna oral tablet	1	
azurette oral tablet	1	
balziva oral tablet	1	
bekyree oral tablet 0.15-0.02/0.01 mg (21/5)	1	
blisovi 24 fe oral tablet	1	
blisovi fe 1.5/30 oral tablet	1	
blisovi fe 1/20 oral tablet	1	
briellyn oral tablet	1	
chateal eq oral tablet	1	
chateal oral tablet	1	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	1	
cryselle-28 oral tablet	1	
cyclafem 1/35 oral tablet 1-35 mg-mcg	1	
cyclafem 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	
dasetta 1/35 oral tablet	1	
dasetta 7/7/7 oral tablet	1	
delyla oral tablet	1	
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	1	

Drug Name	Drug Tier	Requirements/ Limits
DIVIGEL TRANSDERMAL GEL 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1.25 MG/1.25GM	1	
dolishale oral tablet	1	
dotti transdermal patch twice weekly	1	
elinest oral tablet	1	
enpresse-28 oral tablet	1	
estarylla oral tablet	1	
estradiol oral tablet	1	
estradiol transdermal patch twice weekly	1	
estradiol transdermal patch weekly	1	
estradiol vaginal cream	1	
estradiol vaginal tablet	1	
estradiol-norethindrone acet oral tablet	1	
ESTRING VAGINAL RING	1	QL (1 EA per 90 days)
ethynodiol diac-eth estradiol oral tablet	1	
falmina oral tablet	1	
femynor oral tablet	1	
fyavolv oral tablet	1	
hailey 1.5/30 oral tablet	1	
hailey 24 fe oral tablet	1	
hailey fe 1.5/30 oral tablet	1	
hailey fe 1/20 oral tablet	1	
jinteli oral tablet	1	
junel 1.5/30 oral tablet	1	
junel 1/20 oral tablet	1	
junel fe 1.5/30 oral tablet	1	
junel fe 1/20 oral tablet	1	
junel fe 24 oral tablet	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7

Drug Name	Drug Tier	Requirements/ Limits
kariva oral tablet	1	
kelnor 1/35 oral tablet	1	
kelnor 1/50 oral tablet	1	
kimidess oral tablet 0.15-0.02/0.01 mg (21/5)	1	
kurvelo oral tablet	1	
larin 1.5/30 oral tablet	1	
larin 1/20 oral tablet	1	
larin 24 fe oral tablet	1	
larin fe 1.5/30 oral tablet	1	
larin fe 1/20 oral tablet	1	
larissia oral tablet 0.1-20 mg-mcg	1	
lessina oral tablet	1	
levonest oral tablet	1	
levonorgestrel-ethinyl estrad oral tablet	1	
levonorg-eth estrad triphasic oral tablet	1	
levora 0.15/30 (28) oral tablet	1	
lillow oral tablet 0.15-30 mg-mcg	1	
lopreeza oral tablet 0.5-0.1 mg, 1-0.5 mg	1	
low-ogestrel oral tablet	1	
lutera oral tablet	1	
lyllana transdermal patch twice weekly	1	
marlissa oral tablet	1	
menest oral tablet	1	
microgestin 1.5/30 oral tablet	1	
microgestin 1/20 oral tablet	1	
microgestin 24 fe oral tablet	1	
microgestin fe 1.5/30 oral tablet	1	
microgestin fe 1/20 oral tablet	1	
mili oral tablet	1	
mimvey lo oral tablet 0.5-0.1 mg	1	
mimvey oral tablet	1	
mono-linyah oral tablet	1	
mononessa oral tablet 0.25-35 mg-mcg	1	
necon 0.5/35 (28) oral tablet	1	
necon 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	
norethin ace-eth estrad-fe oral tablet	1	
norethindrone acet-ethinyl est oral tablet	1	
norethindrone-eth estradiol oral tablet	1	
norgestimate-eth estradiol oral tablet	1	
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	
nortrel 0.5/35 (28) oral tablet	1	
nortrel 1/35 (21) oral tablet	1	
nortrel 1/35 (28) oral tablet	1	
nortrel 7/7/7 oral tablet	1	
nylia 1/35 oral tablet	1	
nylia 7/7/7 oral tablet	1	
nymyo oral tablet	1	
orsythia oral tablet	1	
philith oral tablet	1	
pimtrea oral tablet	1	
pirmella 1/35 oral tablet	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7

Drug Name	Drug Tier	Requirements/ Limits
pirmella 7/7/7 oral tablet	1	
portia-28 oral tablet	1	
PREMARIN ORAL TABLET	1	
PREMARIN VAGINAL CREAM	1	
PREMPHASE ORAL TABLET	1	
PREMPRO ORAL TABLET	1	
previfem oral tablet 0.25-35 mg-mcg	1	
simliya oral tablet	1	
sprintec 28 oral tablet	1	
sronyx oral tablet	1	
tarina 24 fe oral tablet	1	
tarina fe 1/20 eq oral tablet	1	
tarina fe 1/20 oral tablet	1	
tri femynor oral tablet	1	
tri-estarylla oral tablet	1	
tri-linyah oral tablet	1	
tri-mili oral tablet	1	
trinessa (28) oral tablet	1	
tri-nymyo oral tablet	1	
tri-previfem oral tablet 0.18/0.215/0.25 mg-35 mcg	1	
tri-sprintec oral tablet	1	
trivora (28) oral tablet	1	
tri-vylibra oral tablet	1	
vienva oral tablet	1	
viorele oral tablet	1	
volnea oral tablet	1	
vyfemla oral tablet	1	
vylibra oral tablet	1	
wera oral tablet	1	
yuvafem vaginal tablet	1	
zovia 1/35 (28) oral tablet	1	
zovia 1/35e (28) oral tablet 1-35 mg-mcg	1	
Progestins		
camila oral tablet	1	
deblitane oral tablet	1	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	1	QL (10 ML per 28 days)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	1	QL (0.65 ML per 90 days)
errin oral tablet	1	
heather oral tablet	1	
incassia oral tablet	1	
jencycla oral tablet	1	
jolivette oral tablet 0.35 mg	1	
lyleq oral tablet	1	
lyza oral tablet	1	
MAKENA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	1	PA
medroxyprogesterone acetate intramuscular suspension	1	QL (1 ML per 90 days)
medroxyprogesterone acetate intramuscular suspension prefilled syringe	1	QL (1 ML per 90 days)
medroxyprogesterone acetate oral tablet	1	
megestrol acetate oral suspension 40 mg/ml, 625 mg/5ml	1	PA
megestrol acetate oral tablet	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 7

Drug Name	Drug Tier	Requirements/ Limits
nora-be oral tablet	1	
norethindrone acetate oral tablet	1	
norethindrone oral tablet	1	
norlyda oral tablet	1	
norlyroc oral tablet	1	
progesterone oral capsule	1	
sharobel oral tablet	1	
tulana oral tablet 0.35 mg	1	
Selective Estrogen Receptor Modifying Agents		
OSPHENA ORAL TABLET	1	PA; QL (30 EA per 30 days)
raloxifene hcl oral tablet	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
levothyroxine sodium oral tablet	1	
LEVOXYL ORAL TABLET	1	
liothyronine sodium oral tablet	1	
UNITHROID ORAL TABLET	1	
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
ISTURISA ORAL TABLET	1	PA
LYSODREN ORAL TABLET	1	

Drug Name	Drug Tier	Requirements/ Limits
RECORLEV ORAL TABLET	1	PA; QL (240 EA per 30 days)
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
cabergoline oral tablet	1	
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED	1	PA; QL (4 EA per 365 days)
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED	1	PA; QL (1 EA per 28 days)
lanreotide acetate subcutaneous solution	1	PA
leuprolide acetate injection kit	1	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT	1	PA; QL (1 EA per 28 days)
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT	1	PA; QL (1 EA per 84 days)
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG INTRAMUSCULAR KIT	1	PA; QL (1 EA per 112 days)
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG INTRAMUSCULAR KIT	1	PA; QL (1 EA per 168 days)
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT	1	PA; QL (1 EA per 28 days)
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT	1	PA; QL (1 EA per 84 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 7

Drug Name	Drug Tier	Requirements/ Limits
MYCAPSSA ORAL CAPSULE DELAYED RELEASE	1	PA
MYFEMBREE ORAL TABLET	1	PA; QL (30 EA per 30 days)
octreotide acetate injection solution	1	PA
ORGOVYX ORAL TABLET	1	PA
ORILISSA ORAL TABLET 150 MG	1	PA; QL (30 EA per 30 days)
ORILISSA ORAL TABLET 200 MG	1	PA; QL (60 EA per 30 days)
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	1	PA; QL (1 EA per 28 days)
SIGNIFOR SUBCUTANEOUS SOLUTION	1	PA; QL (60 ML per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION	1	PA
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	1	PA
SUPPRELIN LA SUBCUTANEOUS KIT	1	PA; QL (1 EA per 365 days)
SYNAREL NASAL SOLUTION	1	
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG	1	PA; QL (1 EA per 84 days)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 22.5 MG	1	PA; QL (1 EA per 168 days)
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	1	PA; QL (1 EA per 168 days)
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG	1	PA; QL (1 EA per 28 days)
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
methimazole oral tablet	1	
propylthiouracil oral tablet	1	
Immunological Agents		
Angioedema Agents		
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED	1	PA
icatibant acetate subcutaneous solution	1	PA
sajazir subcutaneous solution	1	PA
Immunoglobulins		
ASCENIV INTRAVENOUS SOLUTION	1	PA
BIVIGAM INTRAVENOUS SOLUTION	1	PA
carimune nf intravenous solution reconstituted 12 gm, 6 gm	1	PA
CUTAQUIG SUBCUTANEOUS SOLUTION	1	PA
CUVITRU SUBCUTANEOUS SOLUTION	1	PA
FLEBOGAMMA DIF INTRAVENOUS SOLUTION	1	PA
GAMASTAN INTRAMUSCULAR INJECTABLE	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 7

Drug Name	Drug Tier	Requirements/ Limits
gammagard injection solution 1 gm/10ml, 10 gm/100ml, 20 gm/200ml, 5 gm/50ml	1	PA
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML, 30 GM/300ML	1	PA
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED	1	PA
GAMMAKED INJECTION SOLUTION	1	PA
GAMMAPLEX INTRAVENOUS SOLUTION	1	PA
GAMUNEX-C INJECTION SOLUTION	1	PA
HEPAGAM B INJECTION SOLUTION	1	B/D
HIZENTRA SUBCUTANEOUS SOLUTION	1	PA
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA
HYPERHEP B INTRAMUSCULAR SOLUTION	1	B/D
HYPERHEP B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	1	B/D
HYPERRAB INJECTION SOLUTION	1	B/D
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	1	PA
NABI-HB INTRAMUSCULAR SOLUTION	1	B/D
OCTAGAM INTRAVENOUS SOLUTION	1	PA
PANZYGA INTRAVENOUS SOLUTION	1	PA
PRIVIGEN INTRAVENOUS SOLUTION	1	PA
SYNAGIS INTRAMUSCULAR SOLUTION	1	PA
VARIZIG INTRAMUSCULAR SOLUTION	1	PA
XEMBIFY SUBCUTANEOUS SOLUTION	1	PA
Immunological Agents, Other		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	1	PA
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA; QL (3.6 ML per 28 days)
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	1	PA
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 7

Drug Name	Drug Tier	Requirements/ Limits
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	1	PA
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	1	PA
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML	1	PA; QL (4.56 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML	1	PA; QL (8 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	1	PA; QL (1.34 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	1	PA; QL (4.56 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	1	PA; QL (8 ML per 28 days)
EMPAVELI SUBCUTANEOUS SOLUTION	1	PA
ENJAYMO INTRAVENOUS SOLUTION	1	PA
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED	1	PA
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA
LEMTRADA INTRAVENOUS SOLUTION	1	PA
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	1	PA; QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG	1	PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 45 MG	1	PA; QL (30 EA per 30 days)
SAPHNELO INTRAVENOUS SOLUTION	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 7

Drug Name	Drug Tier	Requirements/ Limits
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT	1	PA
SKYRIZI INTRAVENOUS SOLUTION	1	PA
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	1	PA
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	1	PA
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA
STELARA INTRAVENOUS SOLUTION	1	PA
STELARA SUBCUTANEOUS SOLUTION	1	PA
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	1	PA
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR	1	PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA
XELJANZ ORAL SOLUTION	1	PA
XELJANZ ORAL TABLET	1	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	1	PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	1	PA
Immunostimulants		
ACTIMMUNE SUBCUTANEOUS SOLUTION	1	PA
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML	1	PA
INTRON A INJECTION SOLUTION RECONSTITUTED	1	PA
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 180 MCG/0.5ML	1	PA
PEGASYS SUBCUTANEOUS SOLUTION	1	PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG	1	PA
Immunosuppressants		
azathioprine oral tablet	1	B/D

You can find information on what the symbols and abbreviations on this table mean by going to page 7

Drug Name	Drug Tier	Requirements/ Limits
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED	1	PA
CIMZIA PREFILLED KIT SUBCUTANEOUS PREFILLED SYRINGE KIT	1	PA
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT	1	PA
cyclosporine modified oral capsule	1	B/D
cyclosporine modified oral solution	1	B/D
cyclosporine oral capsule	1	B/D
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	1	PA
ENBREL SUBCUTANEOUS SOLUTION	1	PA
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	1	PA
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	1	PA
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1	B/D
gengraf oral capsule	1	B/D
gengraf oral solution	1	B/D

Drug Name	Drug Tier	Requirements/ Limits
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT	1	PA
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	1	PA
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT	1	PA
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT	1	PA
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT	1	PA
HUMIRA PEN-PSOR/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT	1	PA
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	1	PA
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED	1	PA
infliximab intravenous solution reconstituted	1	PA
leflunomide oral tablet	1	
methotrexate oral tablet	1	
methotrexate sodium (pf) injection solution	1	
methotrexate sodium injection solution 50 mg/2ml	1	
methotrexate sodium oral tablet	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7

Drug Name	Drug Tier	Requirements/ Limits
mycophenolate mofetil oral capsule	1	B/D
mycophenolate mofetil oral suspension reconstituted	1	B/D
mycophenolate mofetil oral tablet	1	B/D
mycophenolate sodium oral tablet delayed release	1	B/D
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED	1	PA
PROGRAF ORAL PACKET	1	B/D
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED	1	PA
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED	1	PA
REZUROCK ORAL TABLET	1	PA; QL (60 EA per 30 days)
SANDIMMUNE ORAL SOLUTION	1	B/D
SIMPONI ARIA INTRAVENOUS SOLUTION	1	PA
sirolimus oral solution	1	B/D
sirolimus oral tablet	1	B/D
tacrolimus oral capsule	1	B/D
XATMEP ORAL SOLUTION	1	
ZORTRESS ORAL TABLET 1 MG	1	B/D
Vaccines		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	1	
ADACEL INTRAMUSCULAR SUSPENSION	1	
BCG VACCINE INJECTION SOLUTION RECONSTITUTED	1	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
BOOSTRIX INTRAMUSCULAR SUSPENSION	1	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
DAPTACEL INTRAMUSCULAR SUSPENSION	1	
DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	
DIPHTHERIA-TETANUS TOXOIDS DT INTRAMUSCULAR SUSPENSION	1	
ENGERIX-B INJECTION SUSPENSION	1	B/D
GARDASIL 9 INTRAMUSCULAR SUSPENSION	1	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
HAVRIX INTRAMUSCULAR SUSPENSION	1	
HIBERIX INJECTION SOLUTION RECONSTITUTED	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7

Drug Name	Drug Tier	Requirements/ Limits
IMOVAX RABIES INTRAMUSCULAR INJECTABLE 2.5 UNIT/ML	1	B/D
INFANRIX INTRAMUSCULAR SUSPENSION	1	
IPOL INJECTION INJECTABLE	1	
IXIARO INTRAMUSCULAR SUSPENSION	1	
KINRIX INTRAMUSCULAR SUSPENSION	1	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
MENACTRA INTRAMUSCULAR SOLUTION	1	
MENQUADFI INTRAMUSCULAR SOLUTION	1	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	1	
M-M-R II INJECTION SOLUTION RECONSTITUTED	1	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	1	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	
PREHEVBRIO INTRAMUSCULAR SUSPENSION	1	B/D
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	
QUADRACEL INTRAMUSCULAR SUSPENSION	1	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	B/D
RECOMBIVAX HB INJECTION SUSPENSION	1	B/D
ROTARIX ORAL SUSPENSION RECONSTITUTED	1	
ROTATEQ ORAL SOLUTION	1	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	
STAMARIL INJECTION SUSPENSION RECONSTITUTED	1	
TDVAX INTRAMUSCULAR SUSPENSION	1	
TENIVAC INTRAMUSCULAR INJECTABLE	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7

Drug Name	Drug Tier	Requirements/ Limits
TETANUS-DIPHTHERIA TOXOIDS TD INTRAMUSCULAR SUSPENSION	1	
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
TYPHIM VI INTRAMUSCULAR SOLUTION	1	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	1	
VAQTA INTRAMUSCULAR SUSPENSION	1	
VARIVAX SUBCUTANEOUS INJECTABLE	1	
VAXELIS INTRAMUSCULAR SUSPENSION	1	
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
YF-VAX SUBCUTANEOUS INJECTABLE	1	
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED 19400 UNT/0.65ML	1	

Drug Name	Drug Tier	Requirements/ Limits
Inflammatory Bowel Disease Agents		
Aminosalicylates		
balsalazide disodium oral capsule	1	
mesalamine er oral capsule 0.375 gm	1	
mesalamine oral tablet delayed release	1	
mesalamine rectal enema	1	
mesalamine rectal suppository	1	
mesalamine-cleanser rectal kit	1	
sulfasalazine oral tablet	1	
sulfasalazine oral tablet delayed release	1	
Glucocorticoids		
budesonide er oral tablet extended release 24 hour	1	
budesonide oral capsule delayed release particles	1	
colocort rectal enema 100 mg/60ml	1	
hydrocortisone rectal enema	1	
procto-med hc external cream	1	
proctosol hc external cream	1	
proctozone-hc external cream	1	
TARPEYO ORAL CAPSULE DELAYED RELEASE	1	PA; QL (120 EA per 30 days)
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		

Drug Name	Drug Tier	Requirements/ Limits
alendronate sodium oral solution	1	
alendronate sodium oral tablet 10 mg, 35 mg, 5 mg	1	
alendronate sodium oral tablet 70 mg	1	QL (4 EA per 28 days)
calcitonin (salmon) nasal solution	1	QL (3.7 ML per 30 days)
calcitriol oral capsule	1	
cinacalcet hcl oral tablet	1	
doxercalciferol oral capsule	1	
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR	1	PA
ibandronate sodium oral tablet	1	QL (1 EA per 28 days)
NATPARA SUBCUTANEOUS CARTRIDGE	1	PA; QL (2 EA per 28 days)
paricalcitol oral capsule	1	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	QL (2 ML per 365 days)
RAYALDEE ORAL CAPSULE EXTENDED RELEASE	1	
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR	1	PA
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR	1	PA
XGEVA SUBCUTANEOUS SOLUTION	1	PA
Miscellaneous Therapeutic Agents		
alcohol prep pads pad 70 %	1	
BD ULTRA-FINE INSULIN SYRINGES 29G X 1/2" 1 ML, 31G X 15/64" 0.3 ML	1	QL (200 EA per 30 days)
cvs gauze sterile pad 2"x2"	1	
ELLA ORAL TABLET	1	
IGALMI SUBLINGUAL FILM	1	PA
insulin pen needles 29g x 12mm	1	QL (200 EA per 30 days)
insulin syringes 28g x 1/2" 0.5 ml, 29g 0.3 ml, 29g x 1/2" 1 ml	1	QL (200 EA per 30 days)
KORSUVA INTRAVENOUS SOLUTION	1	PA
LAGEVRIO ORAL CAPSULE	1	QL (40 EA per 5 days)
LIVMARLI ORAL SOLUTION	1	PA; QL (90 ML per 30 days)
NUTRILIPID INTRAVENOUS EMULSION	1	B/D
OMNIPOD 5 G6 INTRO (GEN 5) KIT	1	QL (1 EA per 365 days)
OMNIPOD 5 G6 POD (GEN 5)	1	QL (30 EA per 30 days)
OMNIPOD CLASSIC PDM (GEN 3) KIT	1	QL (1 EA per 365 days)
OMNIPOD CLASSIC PODS (GEN 3)	1	QL (30 EA per 30 days)
OMNIPOD DASH INTRO (GEN 4) KIT	1	QL (1 EA per 365 days)
OMNIPOD DASH PDM (GEN 4) KIT	1	QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4)	1	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
OXLUMO SUBCUTANEOUS SOLUTION	1	PA
SODIUM CHLORIDE IRRIGATION SOLUTION	1	
TAVNEOS ORAL CAPSULE	1	PA; QL (180 EA per 30 days)
V-GO 20 KIT	1	
V-GO 30 KIT	1	
V-GO 40 KIT	1	
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG	1	PA; QL (28 EA per 28 days)
VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG	1	PA; QL (56 EA per 28 days)
VISTOGARD ORAL PACKET	1	
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED	1	PA; QL (30 EA per 30 days)
VYVGART INTRAVENOUS SOLUTION	1	PA
Ophthalmic Agents		
Ophthalmic Agents, Other		
ATROPINE SULFATE OPHTHALMIC SOLUTION 1 %	1	
bacitracin-polymyxin b ophthalmic ointment	1	
bacitra-neomycin-polymyxin-hc ophthalmic ointment	1	
brimonidine tartrate-timolol ophthalmic solution	1	
COMBIGAN OPHTHALMIC SOLUTION	1	
CYSTARAN OPHTHALMIC SOLUTION	1	PA; QL (60 ML per 28 days)
dorzolamide hcl-timolol mal ophthalmic solution	1	
dorzolamide hcl-timolol mal pf ophthalmic solution	1	
neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000	1	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
neomycin-polymyxin-gramicidin ophthalmic solution	1	
neo-polycin hc ophthalmic ointment	1	
neo-polycin ophthalmic ointment	1	
polycin ophthalmic ointment	1	
polymyxin b-trimethoprim ophthalmic solution	1	
PRED-G S.O.P. OPHTHALMIC OINTMENT	1	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION	1	
RESTASIS OPHTHALMIC EMULSION	1	
ROCKLATAN OPHTHALMIC SOLUTION	1	QL (2.5 ML per 25 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 7

Drug Name	Drug Tier	Requirements/ Limits
SIMBRINZA OPHTHALMIC SUSPENSION	1	
sulfacetamide-prednisolone ophthalmic solution	1	
TOBRADEX OPHTHALMIC OINTMENT	1	
TOBRADEX ST OPHTHALMIC SUSPENSION	1	
tobramycin-dexamethasone ophthalmic suspension	1	
VABYSMO INTRAVITREAL SOLUTION	1	PA
XIIDRA OPHTHALMIC SOLUTION	1	QL (60 EA per 30 days)
ZYLET OPHTHALMIC SUSPENSION	1	
Ophthalmic Anti-allergy Agents		
azelastine hcl ophthalmic solution	1	
bepotastine besilate ophthalmic solution	1	
cromolyn sodium ophthalmic solution	1	
epinastine hcl ophthalmic solution	1	
olopatadine hcl ophthalmic solution	1	
Ophthalmic Anti-Infectives		
bacitracin ophthalmic ointment	1	
BESIVANCE OPHTHALMIC SUSPENSION	1	
ciprofloxacin hcl ophthalmic solution	1	
erythromycin ophthalmic ointment	1	
gatifloxacin ophthalmic solution	1	
gentak ophthalmic ointment	1	
gentamicin sulfate ophthalmic solution	1	
levofloxacin ophthalmic solution 0.5 %	1	
moxifloxacin hcl ophthalmic solution	1	
NATACYN OPHTHALMIC SUSPENSION	1	
ofloxacin ophthalmic solution	1	
sulfacetamide sodium ophthalmic ointment	1	
sulfacetamide sodium ophthalmic solution	1	
tobramycin ophthalmic solution	1	
trifluridine ophthalmic solution	1	
ZIRGAN OPHTHALMIC GEL	1	
Ophthalmic Anti-inflammatories		
dexamethasone sodium phosphate ophthalmic solution	1	
diclofenac sodium ophthalmic solution	1	
FLAREX OPHTHALMIC SUSPENSION	1	
flurbiprofen sodium ophthalmic solution	1	
FML FORTE OPHTHALMIC SUSPENSION	1	
ketorolac tromethamine ophthalmic solution	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7

Drug Name	Drug Tier	Requirements/ Limits
LOTEMAX SM OPHTHALMIC GEL	1	QL (20 GM per 365 days)
loteprednol etabonate ophthalmic gel	1	QL (20 GM per 365 days)
loteprednol etabonate ophthalmic suspension	1	
prednisolone acetate ophthalmic suspension	1	
PROLENSA OPHTHALMIC SOLUTION	1	QL (12 ML per 365 days)
Ophthalmic Beta-Adrenergic Blocking Agents		
betaxolol hcl ophthalmic solution	1	
carteolol hcl ophthalmic solution	1	
levobunolol hcl ophthalmic solution	1	
timolol maleate (once-daily) ophthalmic solution	1	
timolol maleate ophthalmic gel forming solution	1	
timolol maleate ophthalmic solution	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
acetazolamide er oral capsule extended release 12 hour	1	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	1	
apraclonidine hcl ophthalmic solution	1	
BRIMONIDINE TARTRATE OPHTHALMIC SOLUTION 0.15 %	1	
brimonidine tartrate ophthalmic solution 0.2 %	1	
brinzolamide ophthalmic suspension	1	
dorzolamide hcl ophthalmic solution	1	
methazolamide oral tablet	1	
pilocarpine hcl ophthalmic solution	1	
RHOPRESSA OPHTHALMIC SOLUTION	1	QL (2.5 ML per 25 days)
Ophthalmic Prostaglandin and Prostamide Analogs		
latanoprost ophthalmic solution	1	
LUMIGAN OPHTHALMIC SOLUTION	1	QL (2.5 ML per 25 days)
VYZULTA OPHTHALMIC SOLUTION	1	QL (5 ML per 25 days)
Otic Agents		
Otic Agents		
acetic acid otic solution	1	
CIPROFLOXACIN HCL OTIC SOLUTION	1	
ciprofloxacin-dexamethasone otic suspension	1	
flac otic oil	1	
fluocinolone acetonide otic oil	1	
hydrocortisone-acetic acid otic solution	1	
neomycin-polymyxin-hc otic solution 1 %	1	
neomycin-polymyxin-hc otic suspension	1	
ofloxacin otic solution	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7

Drug Name	Drug Tier	Requirements/ Limits
Respiratory Tract/Pulmonary Agents		
Antihistamines		
azelastine hcl nasal solution 0.1 %, 0.15 %	1	QL (60 ML per 30 days)
cyproheptadine hcl oral tablet	1	
diphenhydramine hcl injection solution	1	
hydroxyzine hcl oral tablet	1	
levocetirizine dihydrochloride oral tablet	1	
Anti-inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	1	QL (30 EA per 30 days)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	1	QL (1 EA per 30 days)
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	1	QL (1 EA per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH, 220 MCG/INH	1	QL (1 EA per 30 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	1	QL (1 EA per 30 days)
ASMANEX (7 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT	1	QL (1 EA per 30 days)
ASMANEX HFA INHALATION AEROSOL	1	QL (13 GM per 30 days)
BREZTRI AEROSPHERE INHALATION AEROSOL	1	QL (23.6 GM per 28 days)
budesonide inhalation suspension	1	B/D; QL (120 ML per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 50 MCG/BLIST	1	QL (60 EA per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/BLIST	1	QL (240 EA per 30 days)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	1	QL (24 GM per 30 days)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	1	QL (21.2 GM per 30 days)
fluticasone propionate nasal suspension	1	
mometasone furoate nasal suspension	1	QL (34 GM per 30 days)
Antileukotrienes		
montelukast sodium oral packet	1	
montelukast sodium oral tablet	1	

Drug Name	Drug Tier	Requirements/ Limits
montelukast sodium oral tablet chewable	1	
zafirlukast oral tablet	1	
Bronchodilators, Anticholinergic		
ATROVENT HFA INHALATION AEROSOL SOLUTION	1	QL (25.8 GM per 30 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/INH	1	QL (30 EA per 30 days)
ipratropium bromide inhalation solution	1	B/D; QL (312.5 ML per 30 days)
ipratropium bromide nasal solution	1	
LONHALA MAGNAIR REFILL KIT INHALATION SOLUTION	1	QL (60 ML per 30 days)
SPIRIVA HANDIHALER INHALATION CAPSULE	1	QL (30 EA per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	1	QL (8 GM per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	1	
YUPELRI INHALATION SOLUTION	1	B/D; QL (90 ML per 30 days)
Bronchodilators, Sympathomimetic		
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	1	QL (17 GM per 30 days)
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (brand equivalent proventil)	1	QL (13.4 GM per 30 days)
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (brand equivalent ventolin)	1	QL (48 GM per 30 days)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%	1	B/D; QL (525 ML per 30 days)
albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml	1	B/D; QL (375 ML per 30 days)
albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml	1	B/D; QL (100 EA per 30 days)
albuterol sulfate oral syrup	1	
epinephrine injection solution 0.3 mg/0.3ml	1	Applies to products manufactured by Impax or Lineage Therapeutics
epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml	1	
epinephrine injection solution auto-injector 0.3 mg/0.3ml	1	Applies to product manufactured by Mylan Specialty L.P. Only
formoterol fumarate inhalation nebulization solution	1	B/D; QL (120 ML per 30 days)
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml	1	B/D; QL (540 ML per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 7

Drug Name	Drug Tier	Requirements/ Limits
levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml	1	B/D; QL (90 EA per 30 days)
levalbuterol hcl inhalation nebulization solution 1.25 mg/3ml	1	B/D; QL (270 ML per 30 days)
levalbuterol hfa inhalation aerosol 45 mcg/act	1	QL (30 GM per 30 days)
PERFOROMIST INHALATION NEBULIZATION SOLUTION	1	B/D; QL (120 ML per 30 days)
PROAIR HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	1	QL (17 GM per 30 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	1	QL (2 EA per 30 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE	1	QL (60 EA per 30 days)
terbutaline sulfate oral tablet	1	
Cystic Fibrosis Agents		
CAYSTON INHALATION SOLUTION RECONSTITUTED	1	PA
KALYDECO ORAL PACKET	1	PA
KALYDECO ORAL TABLET	1	PA
ORKAMBI ORAL PACKET	1	PA; QL (56 EA per 28 days)
ORKAMBI ORAL TABLET	1	PA; QL (112 EA per 28 days)
PULMOZYME INHALATION SOLUTION	1	PA
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG	1	PA; QL (56 EA per 28 days)
SYMDEKO ORAL TABLET THERAPY PACK 50-75 & 75 MG	1	PA; QL (60 EA per 30 days)
TOBI PODHALER INHALATION CAPSULE	1	QL (224 EA per 56 days)
tobramycin inhalation nebulization solution	1	B/D
TRIKAFTA ORAL TABLET THERAPY PACK	1	PA; QL (84 EA per 28 days)
Mast Cell Stabilizers		
cromolyn sodium inhalation nebulization solution	1	B/D
Phosphodiesterase Inhibitors, Airways Disease		
DALIRESP ORAL TABLET	1	PA
theophylline er oral tablet extended release 12 hour	1	
theophylline er oral tablet extended release 24 hour	1	
Pulmonary Antihypertensives		
ADEMPAS ORAL TABLET	1	PA; QL (90 EA per 30 days)
alyq oral tablet	1	PA; QL (60 EA per 30 days)
ambrisentan oral tablet	1	PA; QL (30 EA per 30 days)
bosentan oral tablet	1	PA; QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits
epoprostenol sodium intravenous solution reconstituted	1	B/D
OPSUMIT ORAL TABLET	1	PA; QL (30 EA per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	1	PA
sildenafil citrate oral tablet 20 mg	1	PA; QL (90 EA per 30 days)
tadalafil (pah) oral tablet	1	PA; QL (60 EA per 30 days)
UPTRAVI INTRAVENOUS SOLUTION RECONSTITUTED	1	PA
VENTAVIS INHALATION SOLUTION	1	PA; QL (270 ML per 30 days)
Pulmonary Fibrosis Agents		
ESBRIET ORAL CAPSULE	1	PA
ESBRIET ORAL TABLET	1	PA
OFEV ORAL CAPSULE	1	PA
pirfenidone oral tablet 267 mg, 801 mg	1	PA
PIRFENIDONE ORAL TABLET 534 MG	1	PA
Respiratory Tract Agents, Other		
acetylcysteine inhalation solution	1	B/D
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH	1	QL (60 EA per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH	1	QL (60 EA per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	1	QL (8 GM per 30 days)
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT	1	QL (17.6 GM per 30 days)
DULERA INHALATION AEROSOL 50-5 MCG/ACT	1	QL (13 GM per 30 days)
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	1	PA
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	QL (60 EA per 30 days)
ipratropium-albuterol inhalation solution	1	B/D; QL (540 ML per 30 days)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	1	PA; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	1	PA; QL (3 ML per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 7

Drug Name	Drug Tier	Requirements/ Limits
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	1	PA; QL (0.4 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	1	PA; QL (3 EA per 28 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION	1	QL (24 GM per 30 days)
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT	1	QL (12 GM per 30 days)
SYMBICORT INHALATION AEROSOL 80-4.5 MCG/ACT	1	QL (13.8 GM per 30 days)
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA; QL (1.91 ML per 28 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH, 200-62.5-25 MCG/INH	1	QL (60 EA per 30 days)
wixela inhub inhalation aerosol powder breath activated	1	QL (60 EA per 30 days)
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
methocarbamol oral tablet 500 mg, 750 mg	1	
Sleep Disorder Agents		
Sleep Promoting Agents		
BELSOMRA ORAL TABLET	1	QL (30 EA per 30 days)
eszopiclone oral tablet	1	QL (30 EA per 30 days)
ramelteon oral tablet	1	QL (30 EA per 30 days)
temazepam oral capsule 15 mg, 30 mg	1	QL (30 EA per 30 days)
zaleplon oral capsule 10 mg	1	QL (60 EA per 30 days)
zaleplon oral capsule 5 mg	1	QL (30 EA per 30 days)
zolpidem tartrate er oral tablet extended release	1	QL (30 EA per 30 days)
zolpidem tartrate oral tablet	1	QL (30 EA per 30 days)
Wakefulness Promoting Agents		
armodafinil oral tablet 150 mg, 200 mg, 250 mg	1	PA; QL (30 EA per 30 days)
armodafinil oral tablet 50 mg	1	PA; QL (60 EA per 30 days)
modafinil oral tablet	1	PA; QL (30 EA per 30 days)
XYREM ORAL SOLUTION	1	PA; QL (540 ML per 30 days)

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This formulary was updated on 10/01/2022. For more recent information or other questions, please contact CCA Health MI Medicare Advantage Customer Services at 844-705-7498 or, for TTY users, 711. Our hours of operation are 24 hours a day, 7 days a week. You can also visit our website at www.RelianceMedicareAdvantage.org.