2025

Vermont Blue advantage

Vermont Blue Advantage Group PPO 6 Tier[SM]

Updated: 09/17/2024

Formulary 25379

Comprehensive Formulary

(List of Covered Drugs)

Please read: this document contains information about the drugs we cover in this plan.

This formulary was updated on 09/17/2024. For more recent information or other questions, please contact us, Vermont Blue Advantage Group PPO 6 Tier Customer Service, at 1-855-489-0646 or, for TTY users, 711, 24 hours a day, 7 days a week, or visit www.VermontBlueAdvantage.com/formularies.

Note to existing members: This Formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this Drug List (Formulary) refers to “we” “us,” or “our,” it means Vermont Blue Advantage. When it refers to “plan” or “our plan,” it means **Vermont Blue Advantage Group PPO 6 Tier**.

This document includes a Drug List (formulary) for our plan which is current as of **September 17, 2024**. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2026, and from time to time during the year.

What is the Vermont Blue Advantage Group PPO 6 Tier formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by **Vermont Blue Advantage Group PPO 6 Tier** 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. **Vermont Blue Advantage Group PPO 6 Tier** will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a **Vermont Blue Advantage Group PPO 6 Tier** network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

For a complete listing of all prescription drugs covered by **Vermont Blue Advantage Group PPO 6 Tier**, please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

Can the formulary change?

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

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

- **Immediate substitutions of certain new versions of brand name drugs and original biological products**. We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand-name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.

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

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

  If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below entitled "How do I request an exception to the Vermont Blue Advantage PPO Formulary?"

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

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.

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

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the Vermont Blue Advantage Group PPO 6 Tier Formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as **September 17, 2024**. To get updated information about the drugs covered by **Vermont Blue Advantage Group PPO 6 Tier**, please contact us. Our contact information appears on the front and back cover pages. In the event of any mid-year non-maintenance formulary change, we will send out an errata sheet to notify you of this change.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 57. 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?

Vermont Blue Advantage Group PPO 6 Tier covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs work just as well as and usually cost less than brand-name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

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

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

- For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, "The 'Drug List' tells which Part D drugs are covered."

Are there any restrictions on my coverage?

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

- **Prior Authorization: Vermont Blue Advantage Group PPO 6 Tier** requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from **Vermont Blue Advantage Group PPO 6 Tier** before you fill your prescriptions. If you don't get approval, **Vermont Blue Advantage Group PPO 6 Tier** may not cover the drug.
- **Quantity Limits:** For certain drugs, **Vermont Blue Advantage Group PPO 6 Tier** limits the amount of the drug that **Vermont Blue Advantage Group PPO 6 Tier** will cover. For example, **Vermont Blue Advantage Group PPO 6 Tier** provides thirty tablets per prescription for *simvastatin*. This may be in addition to a standard one-month or three- month supply.
- **Step Therapy:** In some cases, **Vermont Blue Advantage Group PPO 6 Tier** 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, **Vermont Blue Advantage Group PPO 6 Tier** may not cover Drug B unless you try Drug A first. If Drug A does not work for you, **Vermont Blue Advantage Group PPO 6 Tier** will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online a document that explains 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 **Vermont Blue Advantage Group PPO 6 Tier** 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 Vermont Blue Advantage PPO Formulary?" on page iii for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that **Vermont Blue Advantage Group PPO 6 Tier** does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by **Vermont Blue Advantage Group PPO 6 Tier**. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by **Vermont Blue Advantage Group PPO 6 Tier**.
- You can ask **Vermont Blue Advantage Group PPO 6 Tier** 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 Vermont Blue Advantage Group PPO 6 Tier Formulary?

You can ask **Vermont Blue Advantage Group PPO 6 Tier** to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, **Vermont Blue Advantage Group PPO 6 Tier** 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.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved, this would lower the amount you must pay for your drug.

Generally, **Vermont Blue Advantage Group PPO 6 Tier** will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

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

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

As a new or continuing member in our plan, you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but has a coverage restriction, such as a prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 108 days you are a member of our plan.

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 108 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 108 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

If you move into (or out of) a long-term care facility, you will continue to have access to your medications during the transition. If needed, limits on early prescription refills will be waived to assure that your medications are available through a new pharmacy provider when you are moving to or from a long-term care facility. Contact Customer Service if you require assistance in your transition. For more detailed information about our Transition Policy, refer to your *Evidence of Coverage* or visit our website at **www.VermontBlueAdvantage.com/transition**.

For more information

For more detailed information about your **Vermont Blue Advantage Group PPO 6 Tier** prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about **Vermont Blue Advantage Group PPO 6 Tier**, 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**.

Vermont Blue Advantage Group PPO 6 Tier Formulary

The formulary below provides coverage information about the drugs covered by **Vermont Blue Advantage Group PPO 6 Tier**. If you have trouble finding your drug in the list, turn to the Index that begins on page 57.

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

The information in the Requirements/Limits column tells you if **Vermont Blue Advantage PPO 6 Tier** has any special requirements for coverage of your drug.

Description of our Formulary Drug Tiers

Drug Tiers	Includes
Tier 1: Preferred Generic	This is a broad selection of generic drugs available at a low or no cost sharing tier.
Tier 2: Generic	These are generic drugs but not the lowest cost-sharing tier.
Tier 3: Preferred Brand	This tier contains mostly brand-name drugs as well as some high-cost generics. It also contains Select Insulins.
Tier 4: Non-preferred	These are brand and generic drugs not in a preferred tier.
Tier 5: Specialty Tier	This contains high-cost generic and brand-name drugs
Tier 6: Select Care Drugs	These are select generic drugs available at a $0 copay.

Vermont Blue Advantage Group PPO 6 Tier Drug Tier Costs							
Tier	Drug Description	Up to a 30-day supply				Up to a 90-day supply*	
		Retail network pharmacy cost sharing	Mail-order cost sharing	Long-term care (LTC) cost sharing*	Out-of-network cost sharing	Standard retail cost sharing	Mail-order cost sharing
Tier 1	Preferred Generic	For member cost share details, see the prescription drug tables in your *Evidence of Coverage Medical Benefits Chart.*					
Tier 2	Generic						
Tier 3	Preferred Brand						
Tier 4	Non-Preferred Brand						
Tier 5	Specialty Tier						
Tier 6	Select Care Drugs						

*Most pharmacies will fill a 90-day supply of medication. Check with your pharmacist.
**Long-term care medication copays are based on a 31-day supply.

- Our plan covers most adult Part D vaccines at no cost to you. Call Customer Service for more information.
- You won’t pay more than $35 for a one-month supply of each covered insulin product, regardless of the cost-sharing tier.

Definitions	
Symbol	**Definition**
B/D	This drug may be covered under Medicare Part B or Part 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 drug is not available for an extended days' supply.
QL	Drug has Quantity limit. For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per 30 days per prescription for *rosuvastatin*.
PA	Prior Authorization. The plan requires you or your provider to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescription. If you don't get approval, we may not cover the drug.
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.

Brand-name drugs are CAPITALIZED.

Generic drugs are *lower-case italics.*

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
celecoxib capsule	2	QL(60 EA per 30 days)
diclofenac sodium dr	2	
diclofenac sodium gel 1%	2	QL(1000 GM per 30 days)
diclofenac sodium external solution 1.5%	4	PA
ec-naproxen tablet delayed release 500mg	4	
flurbiprofen tablet	2	
ibu	1	
ibuprofen tablet 400mg, 600mg, 800mg	1	
indomethacin er	3	
indomethacin capsule 25mg, 50mg	2	
ketorolac tromethamine injection 15mg/ml, 30mg/ml	4	
ketorolac tromethamine tablet 10mg	4	QL(20 EA per 30 days)
meloxicam tablet	1	
nabumetone tablet	2	
naproxen dr tablet delayed release 500mg	4	
naproxen tablet delayed release 500mg	4	
naproxen tablet 250mg, 375mg, 500mg	1	
oxaprozin tablet	3	
piroxicam capsule	3	
sulindac tablet	2	
Opioid Analgesics, Long-acting		
buprenorphine	4	QL(4 EA per 28 days); NDS
fentanyl patch 72 hour 100mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr	4	NDS
methadone hcl tablet	2	NDS
methadone hcl solution	3	NDS
methadone hydrochloride intensol	3	NDS
methadone hydrochloride concentrate	3	NDS
morphine sulfate er tablet extended release	3	NDS
XTAMPZA ER	3	NDS
Opioid Analgesics, Short-acting		
acetaminophen/codeine	2	NDS
endocet tablet 325mg; 5mg	2	NDS
endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg	3	NDS
fentanyl citrate oral transmucosal lozenge on a handle 200mcg	4	PA; NDS
fentanyl citrate oral transmucosal lozenge on a handle 1200mcg, 1600mg, 400mcg, 600mcg, 800mcg	5	PA; NDS
hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml	3	NDS
hydrocodone bitartrate/acetaminophen tablet 325mg; 10mg, 325mg; 5mg	2	NDS

Drug Name	Drug Tier	Requirements/Limits
hydrocodone/acetaminophen tablet 325mg; 7.5mg	2	NDS
hydromorphone hcl injection 10mg/ml, 1mg/ml, 4mg/ml	4	NDS
hydromorphone hcl tablet 2mg, 4mg	2	NDS
hydromorphone hcl tablet 8mg	4	NDS
hydromorphone hydrochloride injection 1mg/ml, 2mg/ml, 50mg/5ml	4	NDS
morphine sulfate oral solution, tablet	3	NDS
morphine sulfate injection 10mg/ml, 4mg/ml	2	NDS
morphine sulfate injection 4mg/ml	4	NDS
oxycodone hydrochloride solution	3	NDS
oxycodone hydrochloride tablet 10mg, 15mg, 5mg	2	NDS
oxycodone hydrochloride tablet 20mg, 30mg	3	NDS
oxycodone/acetaminophen tablet 325mg; 5mg	2	NDS
oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg	3	NDS
tramadol hydrochloride/acetaminophen	2	NDS
tramadol hydrochloride tablet 50mg	1	NDS
Anesthetics		
Local Anesthetics		
lidocaine/prilocaine cream	2	QL(30 GM per 30 days); PA
lidocaine ointment 5%	3	QL(150 GM per 30 days); PA
lidocaine patch 5%	4	PA
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
acamprosate calcium dr	4	
disulfiram tablet	3	
naltrexone hcl tablet	2	
VIVITROL	5	
Opioid Dependence		
buprenorphine hcl/naloxone hcl tablet sublingual 2mg; 0.5mg	2	QL(360 EA per 30 days)
buprenorphine hcl/naloxone hcl tablet sublingual 8mg; 2mg	2	QL(90 EA per 30 days)
buprenorphine hcl tablet sublingual	2	
buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 4mg; 1mg	3	QL(60 EA per 30 days)
buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 8mg; 2mg	3	QL(90 EA per 30 days)
buprenorphine hydrochloride/naloxone hydrochloride tablet sublingual 2mg; 0.5mg	2	QL(360 EA per 30 days)
Opioid Reversal Agents		
naloxone hcl injection 4mg/10ml	2	
naloxone hydrochloride liquid	4	
naloxone hydrochloride injection 0.4mg/ml	2	
naloxone hydrochloride injection 2mg/2ml	3	
OPVEE	3	

Drug Name	Drug Tier	Requirements/Limits
Smoking Cessation Agents		
bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg	2	QL(60 EA per 30 days)
NICOTROL NS	4	QL(360 ML per 365 days)
TYRVAYA	4	QL(8.4 ML per 30 days)
varenicline starting month box	4	QL(504 EA per 365 days)
varenicline tartrate	4	QL(504 EA per 365 days)
Antibacterials		
Aminoglycosides		
amikacin sulfate injection 1gm/4ml, 500mg/2ml	4	
arikayce	5	PA
gentamicin sulfate pediatric	3	
gentamicin sulfate cream 0.1%	3	
gentamicin sulfate injection 40mg/ml	3	
gentamicin sulfate ointment 0.1%	3	
HUMATIN	5	
neomycin sulfate	2	
streptomycin sulfate injection 1gm	5	
tobramycin sulfate injection	4	
Antibacterials, Other		
aztreonam injection 1gm	4	
aztreonam injection 2gm	5	
clindacin etz pledgets	3	
clindacin-p	3	
clindamycin hcl capsule 300mg	2	
clindamycin hydrochloride capsule 150mg, 75mg	2	
clindamycin palmitate hydrochloride	4	
clindamycin phosphate cream 2%	4	
clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 900mg/6ml	3	
clindamycin phosphate swab 1%	3	
colistimethate sodium	5	
daptomycin	5	
DAPTOMYCIN/SODIUM CHLORIDE INJECTION 350MG/50ML; 0.9%, 500MG/50ML; 0.9%, 700MG/100ML; 0.9%	4	
daptomycin/sodium chloride injection 1000mg/100ml; 0.9%	4	
IMPAVIDO	5	
linezolid tablet	4	QL(56 EA per 28 days)
linezolid suspension reconstituted	5	QL(1800 ML per 28 days)
linezolid injection 600mg/300ml	4	
metronidazole vaginal	3	
metronidazole injection 500mg/100ml	2	
metronidazole tablet 250mg, 500mg	2	

Drug Name	Drug Tier	Requirements/Limits
nitrofurantoin macrocrystals capsule 100mg, 50mg	4	
nitrofurantoin monohydrate/macrocrystals	2	
nitrofurantoin monohydrate capsule	2	
tigecycline	5	
tinidazole	4	
trimethoprim tablet	2	
vancomycin hcl injection 10gm	3	
vancomycin hydrochloride capsule 125mg	4	QL(120 EA per 30 days)
vancomycin hydrochloride capsule 250mg	4	QL(240 EA per 30 days)
VANCOMYCIN HYDROCHLORIDE INJECTION 1.75GM, 2GM	3	
vancomycin hydrochloride injection 1gm, 500mg, 750mg	3	
Beta-lactam, Cephalosporins		
cefaclor capsule	2	
cefadroxil capsule, suspension reconstituted	2	
cefazolin sodium injection 1gm	4	
CEFAZOLIN INJECTION 2GM, 3GM	4	
cefdinir capsule	2	
cefdinir suspension reconstituted	3	
cefepime	4	
cefepime hydrochloride injection 100gm, 2gm	4	
cefepime/dextrose injection 2gm/50ml; 5%	4	
cefixime capsule	4	
cefotaxime sodium injection 1gm, 2gm	2	
cefotetan injection 1gm, 2gm	4	
cefoxitin sodium injection 10gm, 1gm, 2gm	3	
cefpodoxime proxetil	4	
cefprozil	3	
ceftazidime/dextrose injection 2gm/50ml; 5%	3	
ceftazidime injection 1gm, 2gm, 6gm	3	
ceftriaxone sodium injection 10gm, 1gm, 250mg, 2gm, 500mg	3	
cefuroxime axetil tablet	2	
cefuroxime sodium injection 750mg	3	
cefuroxime sodium injection 1.5gm	4	
cephalexin capsule 250mg, 500mg	2	
cephalexin suspension reconstituted	2	
TAZICEF INJECTION 6GM	3	
tazicef injection 1gm, 2gm	3	
TEFLARO	5	
Beta-lactam, Penicillins		
amoxicillin/clavulanate potassium er	4	
amoxicillin/clavulanate potassium tablet chewable	2	

Drug Name	Drug Tier	Requirements/Limits
amoxicillin/clavulanate potassium suspension reconstituted 200mg/5ml; 28.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml	2	
amoxicillin/clavulanate potassium suspension reconstituted 250mg/5ml; 62.5mg/5ml	4	
amoxicillin/clavulanate potassium tablet 500mg; 125mg, 875mg; 125mg	2	
amoxicillin/clavulanate potassium tablet 250mg; 125mg	4	
amoxicillin capsule, suspension reconstituted, tablet	2	
amoxicillin tablet chewable 125mg, 250mg	2	
ampicillin sodium injection 10gm, 125mg, 1gm	3	
ampicillin-sulbactam	3	
ampicillin/sulbactam injection 2gm; 1gm	3	
ampicillin capsule 500mg	2	
AUGMENTIN SUSPENSION RECONSTITUTED 125MG/5ML; 31.25MG/5ML	4	
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	4	
dicloxacillin sodium	2	
nafcillin sodium injection 10gm, 1gm, 2gm	4	
penicillin g sodium	5	
penicillin v potassium	2	
piperacillin sodium/tazobactam sodium injection 2gm; 0.25gm, 36gm; 4.5gm, 3gm; 0.375gm, 4gm; 0.5gm	4	
Carbapenems		
ertapenem	4	
ertapenem sodium	4	
imipenem/cilastatin	3	
meropenem injection 1gm, 500mg	3	
meropenem injection 2gm	4	
Macrolides		
azithromycin packet	2	
azithromycin suspension reconstituted	3	
azithromycin injection 500mg	3	
azithromycin tablet 250mg	2	
azithromycin tablet 500mg, 600mg	3	
clarithromycin er	4	
clarithromycin tablet	3	
clarithromycin suspension reconstituted	4	
DIFICID TABLET	5	
erythromycin dr tablet delayed release	4	
Quinolones		
ciprofloxacin hcl tablet 750mg	1	
ciprofloxacin hcl tablet 100mg	3	

Drug Name	Drug Tier	Requirements/Limits
ciprofloxacin hydrochloride tablet 250mg, 500mg	1	
ciprofloxacin i.v.-in d5w	3	
ciprofloxacin suspension reconstituted 500mg/5ml, 5gm/100ml	4	
levofloxacin in d5w	4	
levofloxacin injection 25mg/ml	4	
levofloxacin oral solution 25mg/ml	4	
levofloxacin tablet 250mg, 500mg, 750mg	2	
moxifloxacin hydrochloride/sodium hydrochloride	4	
moxifloxacin hydrochloride tablet 400mg	3	
Sulfonamides		
sulfadiazine tablet	5	
sulfamethoxazole/trimethoprim ds	2	
sulfamethoxazole/trimethoprim tablet	2	
sulfamethoxazole/trimethoprim suspension	3	
Tetracyclines		
demeclocycline hcl tablet	4	
demeclocycline hydrochloride tablet 300mg	4	
doxy 100	4	
doxycycline hyclate capsule 100mg, 50mg	2	
doxycycline hyclate injection 100mg	4	
doxycycline hyclate tablet 100mg	2	
doxycycline monohydrate capsule 100mg, 50mg	2	
doxycycline monohydrate tablet 100mg, 50mg	2	
doxycycline suspension reconstituted	3	
minocycline hcl capsule 75mg	3	
minocycline hydrochloride capsule 100mg, 50mg	3	
mondoxyne nl capsule 100mg	2	
tetracycline hydrochloride capsule	3	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT SOLUTION, TABLET	5	PA
EPIDIOLEX	5	PA
EPRONTIA	4	
felbamate	4	
FINTEPLA	5	PA
FYCOMPA SUSPENSION	5	
FYCOMPA TABLET 2MG	4	
FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG	5	
lamotrigine starter kit/blue	4	
lamotrigine starter kit/green	4	
lamotrigine starter kit/orange	4	
lamotrigine tablet chewable, tablet	2	
levetiracetam er	3	

Drug Name	Drug Tier	Requirements/Limits
levetiracetam solution, tablet	2	
NAYZILAM	4	QL(10 EA per 30 days)
roweepra tablet 500mg	2	
SPRITAM	4	
subvenite	2	
subvenite starter kit/blue	4	
subvenite starter kit/green	4	
subvenite starter kit/orange	4	
topiramate tablet	2	
topiramate capsule sprinkle	3	
valproic acid	2	
Calcium Channel Modifying Agents		
ethosuximide	3	
methsuximide	4	
Gamma-aminobutyric Acid (GABA) Modulating Agents		
clobazam	4	
clonazepam odt tablet disintegrating 2mg	4	QL(300 EA per 30 days)
clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg	4	QL(90 EA per 30 days)
clonazepam tablet 2mg	1	QL(300 EA per 30 days)
clonazepam tablet 0.5mg, 1mg	1	QL(90 EA per 30 days)
DIACOMIT	5	PA
diazepam rectal gel	4	
divalproex sodium dr	2	
divalproex sodium er	2	
divalproex sodium capsule delayed release sprinkle	2	
gabapentin capsule 400mg	2	QL(270 EA per 30 days)
gabapentin capsule 100mg, 300mg	2	QL(360 EA per 30 days)
gabapentin solution	4	QL(2160 ML per 30 days)
gabapentin tablet 800mg	2	QL(150 EA per 30 days)
gabapentin tablet 600mg	2	QL(180 EA per 30 days)
LIBERVANT	4	QL(10 EA per 30 days)
phenobarbital elixir 20mg/5ml	4	
phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg	4	
pregabalin capsule 300mg	2	QL(60 EA per 30 days)
pregabalin capsule 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg	2	QL(90 EA per 30 days)
pregabalin solution	4	QL(900 ML per 30 days)
primidone tablet	2	
SYMPAZAN FILM 5MG	4	
SYMPAZAN FILM 10MG, 20MG	5	
tiagabine hydrochloride	4	
VALTOCO 10 MG DOSE	5	QL(10 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
VALTOCO 15 MG DOSE	5	QL(10 EA per 30 days)
VALTOCO 20 MG DOSE	5	QL(10 EA per 30 days)
VALTOCO 5 MG DOSE	5	QL(10 EA per 30 days)
vigabatrin	5	PA
vigadrone	5	PA
VIGAFYDE	5	PA
vigpoder	5	PA
ZTALMY	5	PA
Sodium Channel Agents		
APTIOM	5	
carbamazepine er	4	
carbamazepine tablet chewable	2	
carbamazepine suspension, tablet	3	
DILANTIN CAPSULE 30MG	4	
epitol	3	
lacosamide solution, tablet	4	
oxcarbazepine tablet	3	
oxcarbazepine suspension	4	
PHENYTEK	2	
phenytoin sodium extended	2	
phenytoin tablet chewable, suspension	2	
rufinamide suspension	5	
rufinamide tablet 200mg	4	
rufinamide tablet 400mg	5	
XCOPRI TABLET	5	PA
XCOPRI TABLET THERAPY PACK 0	4	PA
XCOPRI TABLET THERAPY PACK 0	5	PA
ZONISADE	4	ST
zonisamide	2	
Antidementia Agents		
Antidementia Agents, Other		
ergoloid mesylates tablet	4	
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR	3	QL(30 EA per 30 days)
Cholinesterase Inhibitors		
donepezil hcl tablet disintegrating	2	
donepezil hcl tablet 10mg	2	
donepezil hydrochloride tablet 10mg, 5mg	2	
galantamine hydrobromide er	4	
galantamine hydrobromide solution, tablet	4	
rivastigmine tartrate	3	
rivastigmine transdermal system	4	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
memantine hcl titration pak	2	
memantine hydrochloride tablet	2	

Drug Name	Drug Tier	Requirements/Limits
Antidepressants		
Antidepressants, Other		
AUVELITY	4	QL(60 EA per 30 days); ST
bupropion hcl tablet 100mg	2	
bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg, 200mg	2	QL(60 EA per 30 days)
bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg	2	QL(90 EA per 30 days)
bupropion hydrochloride er (xl) tablet extended release 24 hour 300mg	2	QL(30 EA per 30 days)
bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg	2	QL(90 EA per 30 days)
bupropion hydrochloride tablet 75mg	2	
mirtazapine odt	3	
mirtazapine tablet	2	
ZURZUVAE CAPSULE 30MG	5	QL(14 EA per 14 days); PA
ZURZUVAE CAPSULE 20MG, 25MG	5	QL(28 EA per 14 days); PA
Monoamine Oxidase Inhibitors		
EMSAM	5	QL(30 EA per 30 days); ST
MARPLAN	4	
phenelzine sulfate	3	
tranylcypromine sulfate	4	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor		
citalopram hydrobromide tablet	1	
citalopram hydrobromide solution	4	
desvenlafaxine er tablet extended release 24 hour 100mg	3	QL(120 EA per 30 days)
desvenlafaxine er tablet extended release 24 hour 25mg, 50mg	3	QL(30 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 60MG	4	QL(60 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30MG, 40MG	4	QL(90 EA per 30 days)
duloxetine hydrochloride capsule delayed release particles 20mg, 60mg	2	QL(60 EA per 30 days)
duloxetine hydrochloride capsule delayed release particles 30mg	2	QL(90 EA per 30 days)
escitalopram oxalate tablet	2	
escitalopram oxalate solution	4	
FETZIMA	4	QL(30 EA per 30 days); ST
FETZIMA TITRATION PACK	4	QL(56 EA per 365 days); ST
fluoxetine hydrochloride capsule	1	
fluoxetine hydrochloride solution	4	
fluvoxamine maleate	3	
nefazodone hydrochloride	4	

Drug Name	Drug Tier	Requirements/Limits
paroxetine hcl tablet 30mg, 40mg	2	
paroxetine hydrochloride suspension	4	
paroxetine hydrochloride tablet 10mg, 20mg	2	
sertraline hcl concentrate	3	
sertraline hcl tablet 50mg	1	
sertraline hydrochloride tablet 100mg, 25mg	1	
trazodone hydrochloride tablet 100mg, 150mg, 50mg	2	
TRINTELLIX	4	QL(30 EA per 30 days)
venlafaxine hydrochloride	2	
venlafaxine hydrochloride er capsule extended release 24 hour	2	
vilazodone hydrochloride	4	QL(30 EA per 30 days)
Tricyclics		
amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg	3	
amitriptyline hydrochloride tablet 100mg, 10mg, 50mg	3	
amoxapine	4	
clomipramine hydrochloride	4	
desipramine hydrochloride	4	
doxepin hcl capsule 75mg	3	
doxepin hcl concentrate	4	
doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg	3	
imipramine hcl tablet 25mg, 50mg	4	
imipramine hydrochloride tablet 10mg	4	
nortriptyline hcl capsule 25mg, 75mg	2	
nortriptyline hcl solution	4	
nortriptyline hydrochloride capsule 10mg, 50mg	2	
protriptyline hcl	4	
trimipramine maleate capsule	4	
Antiemetics		
Antiemetics, Other		
compro	4	
meclizine hcl tablet	4	
prochlorperazine maleate tablet	2	
prochlorperazine suppository 25mg	4	
promethazine hcl suppository 12.5mg, 25mg	4	
promethazine hcl tablet 12.5mg	3	
promethazine hydrochloride plain	3	
promethazine hydrochloride tablet 25mg, 50mg	3	
promethegan suppository 12.5mg, 25mg	4	
scopolamine	4	
Emetogenic Therapy Adjuncts		
aprepitant capsule 40mg	4	QL(1 EA per 30 days); B/D
aprepitant capsule 125mg	4	QL(2 EA per 30 days); B/D

Drug Name	Drug Tier	Requirements/Limits
aprepitant capsule 0	4	QL(6 EA per 30 days); B/D
aprepitant capsule 80mg	4	QL(8 EA per 30 days); B/D
dronabinol	4	QL(60 EA per 30 days); PA
ondansetron hcl solution	4	QL(450 ML per 30 days); B/D
ondansetron hydrochloride tablet	2	B/D
ondansetron odt tablet disintegrating 4mg, 8mg	2	B/D
Antifungals		
Antifungals		
ABELCET	4	B/D
amphotericin b liposome	5	B/D
amphotericin b injection	4	B/D
CASPOFUNGIN ACETATE INJECTION 70MG	4	
caspofungin acetate injection 50mg	4	
clotrimazole cream	2	QL(90 GM per 30 days)
clotrimazole troche	3	
econazole nitrate cream	2	
fluconazole in sodium chloride	3	
fluconazole tablet	2	
fluconazole suspension reconstituted	3	
flucytosine capsule	5	
griseofulvin microsize	4	
griseofulvin ultramicrosize tablet 125mg, 250mg	4	
itraconazole capsule	4	PA
JUBLIA	5	
ketoconazole shampoo, tablet	2	
ketoconazole cream	2	QL(90 GM per 30 days)
klayesta	2	QL(120 GM per 30 days)
nyamyc	2	QL(120 GM per 30 days)
nystatin cream, ointment, suspension	2	
nystatin powder	2	QL(120 GM per 30 days)
nystatin tablet	3	
nystop	2	QL(120 GM per 30 days)
posaconazole dr	5	PA
posaconazole suspension	5	PA
terbinafine hcl tablet	2	QL(84 EA per 180 days)
terconazole cream	3	
voriconazole tablet	4	
voriconazole suspension reconstituted	5	
voriconazole injection	5	PA
Antigout Agents		
Antigout Agents		
allopurinol tablet 100mg, 300mg	2	
colchicine tablet 0.6mg	3	
probenecid/colchicine	2	

Drug Name	Drug Tier	Requirements/Limits
probenecid tablet	2	
Antimigraine Agents		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists		
AIMOVIG INJECTION 140MG/ML	3	QL(1 ML per 28 days); PA
AIMOVIG INJECTION 70MG/ML	3	QL(2 ML per 28 days); PA
EMGALITY INJECTION 120MG/ML	3	QL(2 ML per 28 days); PA
EMGALITY INJECTION 100MG/ML	5	QL(3 ML per 28 days); PA
QULIPTA	5	QL(30 EA per 30 days); PA
UBRELVY	5	QL(16 EA per 30 days); PA
Ergot Alkaloids		
dihydroergotamine mesylate solution	4	QL(8 ML per 30 days); PA
ergotamine tartrate/caffeine	3	QL(24 EA per 28 days)
Prophylactic		
timolol maleate tablet 10mg, 20mg, 5mg	3	
Serotonin (5-HT) Receptor Agonist		
rizatriptan benzoate	2	QL(18 EA per 30 days)
rizatriptan benzoate odt	3	QL(18 EA per 30 days)
sumatriptan succinate tablet	2	QL(9 EA per 30 days)
sumatriptan succinate injection 6mg/0.5ml	4	QL(5 ML per 30 days)
sumatriptan solution	4	QL(12 EA per 30 days)
zolmitriptan tablet	4	QL(12 EA per 30 days)
Antimyasthenic Agents		
Parasympathomimetics		
pyridostigmine bromide tablet 60mg	2	
Antimycobacterials		
Antimycobacterials, Other		
dapsone tablet	3	
rifabutin	4	
Antituberculars		
cycloserine	5	
ethambutol hydrochloride	2	
ISONIAZID INJECTION	4	
isoniazid tablet	1	
isoniazid syrup	4	
PRIFTIN	4	
pyrazinamide tablet	3	
rifampin capsule	3	
rifampin injection	4	
SIRTURO	5	
TRECATOR	4	
Antineoplastics		
Alkylating Agents		
cisplatin injection 100mg/100ml	4	
cyclophosphamide capsule	3	B/D

Drug Name	Drug Tier	Requirements/Limits
GLEOSTINE CAPSULE 10MG, 40MG	4	
GLEOSTINE CAPSULE 100MG	5	
LEUKERAN	5	
MATULANE	5	
VALCHLOR	5	PA
Antiandrogens		
abiraterone acetate tablet 250mg	4	PA
abiraterone acetate tablet 500mg	5	PA
bicalutamide	2	
ERLEADA	5	PA
flutamide	3	
nilutamide	5	
NUBEQA	5	PA
XTANDI	5	PA
Antiangiogenic Agents		
lenalidomide	5	PA
POMALYST	5	PA
THALOMID	5	PA
Antiestrogens/Modifiers		
EMCYT	5	
ORSERDU	5	PA
SOLTAMOX	5	
tamoxifen citrate tablet	2	
toremifene citrate	5	
Antimetabolites		
DROXIA	3	
hydroxyurea capsule	2	
mercaptopurine tablet	4	
PURIXAN	5	
TABLOID	5	
Antineoplastics, Other		
AKEEGA	5	PA
IBRANCE TABLET 100MG, 125MG, 75MG	5	PA
INREBIC	5	PA
IWILFIN	5	PA
KISQALI FEMARA 200 DOSE	5	PA
KISQALI FEMARA 400 DOSE	5	PA
KISQALI FEMARA 600 DOSE	5	PA
LAZCLUZE TABLET 240MG	5	PA
LAZCLUZE TABLET 80MG	5	QL(60 EA per 30 days); PA
leucovorin calcium tablet	3	
LONSURF	5	PA
LYSODREN	5	
OGSIVEO	5	PA

Drug Name	Drug Tier	Requirements/Limits
OJEMDA	5	PA
ONUREG	5	PA
PHESGO INJECTION 2000UNIT/ML; 60MG/ML; 60MG/ML	5	PA
SYNRIBO	5	
TRUSELTIQ	5	PA
VONJO	5	PA
ZOLINZA	5	PA
Aromatase Inhibitors, 3rd Generation		
anastrozole tablet	2	
exemestane	4	
letrozole	2	
Enzyme Inhibitors		
topotecan hcl injection 4mg	5	
topotecan hydrochloride	5	
Molecular Target Inhibitors		
ALECENSA	5	PA
ALUNBRIG TABLET THERAPY PACK	5	QL(60 EA per 365 days); PA
ALUNBRIG TABLET 30MG	5	QL(120 EA per 30 days); PA
ALUNBRIG TABLET 180MG, 90MG	5	QL(30 EA per 30 days); PA
AUGTYRO	5	PA
AYVAKIT	5	QL(30 EA per 30 days); PA
BALVERSA	5	PA
BOSULIF	5	PA
BRAFTOVI CAPSULE 75MG	5	PA
BRUKINSA	5	PA
CABOMETYX TABLET 40MG, 60MG	5	PA
CABOMETYX TABLET 20MG	5	QL(30 EA per 30 days); PA
CALQUENCE	5	PA
CAPRELSA TABLET 300MG	5	PA
CAPRELSA TABLET 100MG	5	QL(60 EA per 30 days); PA
COMETRIQ	5	PA
COPIKTRA	5	PA
COTELLIC	5	PA
dasatinib	5	PA
DAURISMO	5	PA
ERIVEDGE	5	PA
erlotinib hydrochloride tablet 100mg, 25mg	4	PA
erlotinib hydrochloride tablet 150mg	5	PA
everolimus tablet soluble 2mg, 3mg, 5mg	5	PA
everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg	5	QL(30 EA per 30 days); PA
EXKIVITY	5	
FOTIVDA	5	PA
FRUZAQLA	5	PA

Drug Name	Drug Tier	Requirements/Limits
GAVRETO	5	PA
gefitinib	5	PA
GILOTRIF	5	QL(30 EA per 30 days); PA
IBRANCE CAPSULE 100MG, 125MG, 75MG	5	PA
ICLUSIG TABLET 30MG, 45MG	5	PA
ICLUSIG TABLET 10MG, 15MG	5	QL(30 EA per 30 days); PA
IDHIFA	5	QL(30 EA per 30 days); PA
imatinib mesylate tablet 100mg	3	PA
imatinib mesylate tablet 400mg	4	PA
IMBRUVICA CAPSULE, SUSPENSION	5	PA
IMBRUVICA TABLET 420MG, 560MG	5	PA
INLYTA	5	PA
INQOVI	5	PA
JAKAFI TABLET 15MG, 20MG, 25MG, 5MG	5	PA
JAKAFI TABLET 10MG	5	QL(60 EA per 30 days); PA
JAYPIRCA TABLET 100MG	5	PA
JAYPIRCA TABLET 50MG	5	QL(30 EA per 30 days); PA
KISQALI	5	PA
KOSELUGO	5	PA
KRAZATI	5	PA
lapatinib ditosylate	5	PA
LENVIMA 10 MG DAILY DOSE	5	PA
LENVIMA 12MG DAILY DOSE	5	PA
LENVIMA 14 MG DAILY DOSE	5	PA
LENVIMA 18 MG DAILY DOSE	5	PA
LENVIMA 20 MG DAILY DOSE	5	PA
LENVIMA 24 MG DAILY DOSE	5	PA
LENVIMA 4 MG DAILY DOSE	5	PA
LENVIMA 8 MG DAILY DOSE	5	PA
LORBRENA	5	PA
LUMAKRAS	5	PA
LYNPARZA TABLET	5	PA
LYTGOBI TABLET THERAPY PACK 4MG	5	PA; 12 MG DAILY DOSE
LYTGOBI TABLET THERAPY PACK 4MG	5	PA; 16 MG DAILY DOSE
LYTGOBI TABLET THERAPY PACK 4MG	5	PA; 20 MG DAILY DOSE
MEKINIST	5	PA
MEKTOVI	5	PA
NERLYNX	5	QL(180 EA per 30 days); PA
NINLARO	5	PA
ODOMZO	5	PA
OJJAARA	5	PA
pazopanib hydrochloride	5	PA
PEMAZYRE	5	QL(30 EA per 30 days); PA
PIQRAY 200MG DAILY DOSE	5	PA

Drug Name	Drug Tier	Requirements/Limits
PIQRAY 250MG DAILY DOSE	5	PA
PIQRAY 300MG DAILY DOSE	5	PA
QINLOCK	5	PA
RETEVMO CAPSULE	5	PA
RETEVMO TABLET 120MG, 160MG	5	PA
RETEVMO TABLET 80MG	5	QL(60 EA per 30 days); PA
RETEVMO TABLET 40MG	5	QL(90 EA per 30 days); PA
REZLIDHIA	5	PA
ROZLYTREK	5	PA
RUBRACA	5	PA
RYDAPT	5	PA
SCEMBLIX TABLET 40MG	5	PA
SCEMBLIX TABLET 100MG	5	QL(120 EA per 30 days); PA
SCEMBLIX TABLET 20MG	5	QL(60 EA per 30 days); PA
sorafenib	5	PA
sorafenib tosylate	5	PA
SPRYCEL	5	PA
STIVARGA	5	PA
sunitinib malate	5	PA
TABRECTA	5	QL(120 EA per 30 days); PA
TAFINLAR	5	PA
TAGRISSO TABLET 80MG	5	PA
TAGRISSO TABLET 40MG	5	QL(30 EA per 30 days); PA
TALZENNA	5	PA
TASIGNA	5	PA
TAZVERIK	5	PA
TEPMETKO	5	PA
TIBSOVO	5	PA
TORPENZ	5	QL(30 EA per 30 days); PA
TRUQAP TABLET	5	PA
TUKYSA	5	PA
TURALIO	5	PA
VANFLYTA	5	PA
VENCLEXTA STARTING PACK	5	PA
VENCLEXTA TABLET 10MG	4	PA
VENCLEXTA TABLET 100MG, 50MG	5	PA
VERZENIO	5	PA
VITRAKVI	5	PA
VIZIMPRO	5	PA
XALKORI	5	PA
XOSPATA	5	PA
XPOVIO	5	PA
XPOVIO 60 MG TWICE WEEKLY	5	PA
XPOVIO 80 MG TWICE WEEKLY	5	PA

Drug Name	Drug Tier	Requirements/Limits
ZEJULA CAPSULE	5	PA
ZEJULA TABLET 200MG, 300MG	5	PA
ZEJULA TABLET 100MG	5	QL(30 EA per 30 days); PA
ZELBORAF	5	PA
ZYDELIG	5	PA
ZYKADIA TABLET	5	PA
Monoclonal Antibodies/Antibody-Drug Conjugates		
TEVIMBRA	5	PA
Retinoids		
bexarotene	5	PA
PANRETIN	5	
tretinoin capsule 10mg	5	
Treatment Adjuncts		
MESNEX TABLET	5	
VORANIGO TABLET 40MG	5	PA
VORANIGO TABLET 10MG	5	QL(60 EA per 30 days); PA
Antiparasitics		
Anthelmintics		
albendazole tablet	4	
ivermectin tablet	2	PA
praziquantel tablet	4	
Antiprotozoals		
ALINIA SUSPENSION RECONSTITUTED	4	
atovaquone	4	
atovaquone/proguanil hcl	3	
benznidazole	4	
chloroquine phosphate tablet	3	
COARTEM	4	
hydroxychloroquine sulfate tablet 100mg, 200mg	2	
mefloquine hcl	2	
nitazoxanide	4	
pentamidine isethionate injection	3	
pentamidine isethionate inhalation solution reconstituted	3	B/D
primaquine phosphate tablet	3	
pyrimethamine tablet	5	PA
quinine sulfate capsule 324mg	3	PA
Antiparkinson Agents		
Anticholinergics		
benztropine mesylate tablet	2	
trihexyphenidyl hydrochloride	4	
Antiparkinson Agents, Other		
entacapone	3	
OSMOLEX ER TABLET ER 24 HOUR THERAPY PACK	4	PA

Drug Name	Drug Tier	Requirements/Limits
OSMOLEX ER TABLET EXTENDED RELEASE 24 HOUR 129MG, 193MG	4	PA
Dopamine Agonists		
bromocriptine mesylate capsule, tablet	4	
pramipexole dihydrochloride	2	
ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg	2	
ropinirole hydrochloride tablet 0.25mg, 3mg	2	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
carbidopa/levodopa	2	
carbidopa/levodopa er	3	
carbidopa/levodopa odt	4	
carbidopa tablet	4	
INBRIJA	5	PA
RYTARY	4	ST
Monoamine Oxidase B (MAO-B) Inhibitors		
rasagiline mesylate tablet	4	
selegiline hcl capsule, tablet	3	
Antipsychotics		
1st Generation/Typical		
chlorpromazine hcl tablet	4	
chlorpromazine hydrochloride concentrate, tablet	4	
fluphenazine decanoate injection	4	
fluphenazine hcl concentrate	4	
fluphenazine hcl tablet 1mg	4	
fluphenazine hydrochloride elixir, injection	4	
fluphenazine hydrochloride tablet 10mg, 2.5mg, 5mg	4	
haloperidol decanoate injection	3	
haloperidol lactate	3	
haloperidol concentrate	2	
haloperidol tablet 0.5mg, 10mg, 1mg, 2mg, 5mg	2	
haloperidol tablet 20mg	3	
loxapine	2	
molindone hydrochloride	4	
perphenazine tablet 2mg, 4mg	3	
perphenazine tablet 16mg, 8mg	4	
pimozide	4	
thioridazine hcl tablet 100mg, 10mg, 25mg, 50mg	3	
thiothixene capsule 10mg, 1mg, 2mg, 5mg	4	
trifluoperazine hcl tablet 2mg, 5mg	3	
trifluoperazine hcl tablet 10mg	4	
trifluoperazine hydrochloride tablet 1mg	3	
2nd Generation/Atypical		
ABILIFY MAINTENA	5	

Drug Name	Drug Tier	Requirements/Limits
aripiprazole odt tablet disintegrating 15mg	4	QL(60 EA per 30 days)
aripiprazole odt tablet disintegrating 10mg	5	QL(60 EA per 30 days)
aripiprazole tablet	2	QL(30 EA per 30 days)
aripiprazole solution	4	QL(750 ML per 30 days)
ARISTADA	5	
ARISTADA INITIO	5	
asenapine maleate sl	4	QL(60 EA per 30 days)
CAPLYTA	5	QL(30 EA per 30 days); PA
FANAPT	5	QL(60 EA per 30 days); ST
FANAPT TITRATION PACK	4	QL(16 EA per 365 days); ST
INVEGA HAFYERA	5	ST
INVEGA SUSTENNA INJECTION 39MG/0.25ML	4	
INVEGA SUSTENNA INJECTION 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	5	
INVEGA TRINZA	5	
lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg	4	QL(30 EA per 30 days)
lurasidone hydrochloride tablet 80mg	4	QL(60 EA per 30 days)
LYBALVI	5	QL(30 EA per 30 days); ST
NUPLAZID CAPSULE	5	PA
NUPLAZID TABLET 10MG	5	PA
olanzapine odt	3	QL(30 EA per 30 days)
olanzapine tablet	2	QL(30 EA per 30 days)
olanzapine injection	4	
paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg	4	QL(30 EA per 30 days)
paliperidone er tablet extended release 24 hour 6mg	4	QL(60 EA per 30 days)
PERSERIS	5	
quetiapine fumarate er tablet extended release 24 hour 150mg, 300mg, 400mg, 50mg	3	QL(60 EA per 30 days)
quetiapine fumarate er tablet extended release 24 hour 200mg	3	QL(90 EA per 30 days)
quetiapine fumarate tablet 300mg, 400mg	2	QL(60 EA per 30 days)
quetiapine fumarate tablet 100mg, 150mg, 200mg, 25mg, 50mg	2	QL(90 EA per 30 days)
REXULTI	5	QL(30 EA per 30 days)
risperidone er injection 12.5mg, 25mg	4	
risperidone er injection 37.5mg, 50mg	5	
risperidone odt	4	QL(60 EA per 30 days)
risperidone tablet	1	QL(60 EA per 30 days)
risperidone solution	2	QL(240 ML per 30 days)
SECUADO	5	QL(30 EA per 30 days); ST
VRAYLAR CAPSULE THERAPY PACK	4	QL(14 EA per 365 days)
VRAYLAR CAPSULE	5	QL(30 EA per 30 days)
ziprasidone hcl	3	QL(60 EA per 30 days)
ziprasidone mesylate	4	QL(60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ZYPREXA RELPREVV INJECTION 210MG	4	
ZYPREXA RELPREVV INJECTION 300MG, 405MG	5	
Treatment-Resistant		
clozapine odt tablet disintegrating 200mg	4	QL(120 EA per 30 days)
clozapine odt tablet disintegrating 150mg	4	QL(180 EA per 30 days)
clozapine odt tablet disintegrating 100mg, 25mg	4	QL(270 EA per 30 days)
clozapine odt tablet disintegrating 12.5mg	4	QL(90 EA per 30 days)
clozapine tablet 50mg	3	QL(180 EA per 30 days)
clozapine tablet 25mg	3	QL(270 EA per 30 days)
clozapine tablet 200mg	4	QL(120 EA per 30 days)
clozapine tablet 100mg	4	QL(270 EA per 30 days)
VERSACLOZ	5	QL(540 ML per 30 days)
Antispasticity Agents		
Antispasticity Agents		
baclofen tablet 10mg, 20mg	2	
baclofen tablet 5mg	3	
dantrolene sodium capsule 100mg, 25mg	4	
tizanidine hcl tablet 2mg	2	
tizanidine hydrochloride tablet 4mg	2	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
ganciclovir injection 500mg/10ml	2	B/D
LIVTENCITY	5	
PREVYMIS TABLET	5	
valganciclovir	3	
valganciclovir hydrochloride	5	
Anti-hepatitis B (HBV) Agents		
adefovir dipivoxil	4	
BARACLUDE SOLUTION	5	QL(600 ML per 30 days)
entecavir	4	QL(30 EA per 30 days)
lamivudine tablet 100mg	3	
Anti-hepatitis C (HCV) Agents		
MAVYRET TABLET	5	QL(336 EA per 365 days); PA
MAVYRET PACKET	5	QL(560 EA per 365 days); PA
ribavirin tablet 200mg	3	
sofosbuvir/velpatasvir	5	QL(84 EA per 365 days); PA
VOSEVI	5	QL(84 EA per 365 days); PA
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY	5	QL(30 EA per 30 days)
DOVATO	5	QL(30 EA per 30 days)
GENVOYA	5	QL(30 EA per 30 days)
ISENTRESS HD	5	QL(60 EA per 30 days)
ISENTRESS PACKET, TABLET	5	QL(60 EA per 30 days)
ISENTRESS TABLET CHEWABLE 25MG	3	QL(180 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ISENTRESS TABLET CHEWABLE 100MG	5	QL(180 EA per 30 days)
JULUCA	5	QL(30 EA per 30 days)
STRIBILD	5	QL(30 EA per 30 days)
TIVICAY PD	4	QL(180 EA per 30 days)
TIVICAY TABLET 10MG	4	QL(30 EA per 30 days)
TIVICAY TABLET 25MG	5	QL(30 EA per 30 days)
TIVICAY TABLET 50MG	5	QL(60 EA per 30 days)
VOCABRIA	5	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA	5	QL(30 EA per 30 days)
DELSTRIGO	5	QL(30 EA per 30 days)
EDURANT	5	QL(30 EA per 30 days)
efavirenz/emtricitabine/tenofovir disoproxil fumarate	4	QL(30 EA per 30 days)
efavirenz/lamivudine/tenofovir disoproxil fumarate	5	QL(30 EA per 30 days)
efavirenz tablet	4	QL(30 EA per 30 days)
efavirenz capsule	4	QL(90 EA per 30 days)
etravirine tablet 100mg	4	QL(60 EA per 30 days)
etravirine tablet 200mg	5	QL(60 EA per 30 days)
INTELENCE TABLET 25MG	4	QL(120 EA per 30 days)
nevirapine er tablet extended release 24 hour 400mg	4	QL(30 EA per 30 days)
nevirapine er tablet extended release 24 hour 100mg	4	QL(60 EA per 30 days)
nevirapine tablet	2	QL(60 EA per 30 days)
nevirapine suspension	3	QL(1200 ML per 30 days)
PIFELTRO	5	QL(30 EA per 30 days)
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
abacavir sulfate/lamivudine	4	QL(30 EA per 30 days)
abacavir tablet	4	QL(60 EA per 30 days)
abacavir solution	4	QL(960 ML per 30 days)
CIMDUO	5	QL(30 EA per 30 days)
DESCOVY	5	QL(30 EA per 30 days)
emtricitabine	4	QL(30 EA per 30 days)
emtricitabine/tenofovir disoproxil	5	QL(30 EA per 30 days)
emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg	2	QL(30 EA per 30 days)
emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg	4	QL(30 EA per 30 days)
emtricitabine/tenofovir disoproxil fumarate tablet 133mg; 200mg	5	QL(30 EA per 30 days)
EMTRIVA SOLUTION	4	QL(850 ML per 30 days)
lamivudine/zidovudine	4	QL(60 EA per 30 days)
lamivudine solution 10mg/ml	3	QL(960 ML per 30 days)
lamivudine tablet 300mg	3	QL(30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
lamivudine tablet 150mg	3	QL(60 EA per 30 days)
ODEFSEY	5	QL(30 EA per 30 days)
tenofovir disoproxil fumarate	4	QL(30 EA per 30 days)
TRIUMEQ	5	QL(30 EA per 30 days)
TRIUMEQ PD	4	QL(180 EA per 30 days)
TRIZIVIR	5	QL(60 EA per 30 days)
VIREAD POWDER	5	QL(240 GM per 30 days)
VIREAD TABLET 150MG, 200MG, 250MG	5	QL(30 EA per 30 days)
zidovudine capsule	3	QL(180 EA per 30 days)
zidovudine syrup	3	QL(1920 ML per 30 days)
zidovudine tablet	3	QL(60 EA per 30 days)
Anti-HIV Agents, Other		
FUZEON	5	
maraviroc tablet 300mg	5	QL(120 EA per 30 days)
maraviroc tablet 150mg	5	QL(60 EA per 30 days)
RUKOBIA	5	QL(60 EA per 30 days)
SELZENTRY SOLUTION	5	
SELZENTRY TABLET 25MG	4	QL(480 EA per 30 days)
SELZENTRY TABLET 75MG	5	QL(60 EA per 30 days)
SUNLENCA TABLET THERAPY PACK 300MG	5	QL(10 EA per 365 days)
SUNLENCA TABLET THERAPY PACK 300MG	5	QL(8 EA per 365 days)
TYBOST	3	QL(30 EA per 30 days)
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS CAPSULE	5	QL(120 EA per 30 days)
atazanavir sulfate capsule 300mg	4	QL(30 EA per 30 days)
atazanavir capsule 150mg	4	
atazanavir capsule 200mg	4	QL(60 EA per 30 days)
darunavir tablet 800mg	5	QL(30 EA per 30 days)
darunavir tablet 600mg	5	QL(60 EA per 30 days)
EVOTAZ	5	QL(30 EA per 30 days)
fosamprenavir calcium	5	QL(120 EA per 30 days)
LEXIVA SUSPENSION	4	QL(1800 ML per 30 days)
lopinavir/ritonavir	4	
NORVIR PACKET	4	QL(360 EA per 30 days)
NORVIR SOLUTION	4	QL(480 ML per 30 days)
PREZCOBIX	5	QL(30 EA per 30 days)
PREZISTA SUSPENSION	5	QL(400 ML per 30 days)
PREZISTA TABLET 75MG	4	QL(300 EA per 30 days)
PREZISTA TABLET 150MG	5	QL(180 EA per 30 days)
REYATAZ PACKET	5	QL(180 EA per 30 days)
ritonavir	3	QL(360 EA per 30 days)
SYMTUZA	5	QL(30 EA per 30 days)
VIRACEPT TABLET 625MG	5	QL(120 EA per 30 days)
VIRACEPT TABLET 250MG	5	QL(300 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Anti-influenza Agents		
amantadine hcl capsule, solution	2	
oseltamivir phosphate capsule 75mg	3	QL(110 EA per 365 days)
oseltamivir phosphate capsule 30mg	3	QL(168 EA per 365 days)
oseltamivir phosphate capsule 45mg	3	QL(84 EA per 365 days)
oseltamivir phosphate suspension reconstituted	3	QL(1080 ML per 365 days)
XOFLUZA TABLET THERAPY PACK 40MG, 80MG	3	
XOFLUZA TABLET THERAPY PACK 20MG	3	QL(4 EA per 365 days)
Antiherpetic Agents		
acyclovir sodium injection 50mg/ml	4	B/D
acyclovir capsule 200mg	2	
acyclovir suspension 200mg/5ml	4	
acyclovir tablet 400mg, 800mg	2	
famciclovir tablet	3	
valacyclovir hydrochloride	3	QL(120 EA per 30 days)
VYJUVEK	5	PA
Antiviral, Coronavirus Agents		
LAGEVRIO	3	QL(40 EA per 5 days)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(20 EA per 5 days)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(30 EA per 5 days); (300mg-100mg Pak)
Anxiolytics		
Anxiolytics, Other		
buspirone hcl tablet 15mg	1	
buspirone hydrochloride tablet 10mg, 5mg	1	
buspirone hydrochloride tablet 30mg	4	
Benzodiazepines		
alprazolam tablet 0.25mg, 0.5mg, 1mg	2	QL(120 EA per 30 days)
alprazolam tablet 2mg	2	QL(150 EA per 30 days)
clorazepate dipotassium tablet 15mg	4	QL(180 EA per 30 days)
clorazepate dipotassium tablet 7.5mg	4	QL(360 EA per 30 days)
clorazepate dipotassium tablet 3.75mg	4	QL(720 EA per 30 days)
diazepam intensol	2	
diazepam concentrate, solution	2	
diazepam tablet 10mg	2	QL(120 EA per 30 days)
diazepam tablet 5mg	2	QL(240 EA per 30 days)
diazepam tablet 2mg	2	QL(300 EA per 30 days)
lorazepam intensol	3	
lorazepam tablet 2mg	2	QL(150 EA per 30 days)
lorazepam tablet 0.5mg, 1mg	2	QL(90 EA per 30 days)
Bipolar Agents		
Bipolar Agents, Other		
IGALMI	4	PA
Mood Stabilizers		

Drug Name	Drug Tier	Requirements/Limits
lithium	2	
lithium carbonate er	2	
lithium carbonate capsule 150mg, 300mg	1	
lithium carbonate capsule 600mg	2	
lithium carbonate tablet	2	
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose tablet	2	
BYDUREON BCISE	4	QL(3.4 ML per 28 days); PA
BYETTA INJECTION 10MCG/0.04ML	4	QL(2.4 ML per 28 days); PA
BYETTA INJECTION 5MCG/0.02ML	4	QL(4.8 ML per 28 days); PA
glimepiride tablet 1mg, 2mg, 4mg	6	
glipizide er	6	
glipizide xl	6	
glipizide/metformin hydrochloride	6	
glipizide tablet	6	
glyburide/metformin hydrochloride	6	
glyburide tablet 1.25mg, 2.5mg, 5mg	6	
GLYXAMBI	3	
JANUMET	3	
JANUMET XR	3	
JANUVIA	3	QL(30 EA per 30 days)
JENTADUETO	3	
JENTADUETO XR	3	
metformin hydrochloride er tablet extended release 24 hour 500mg, 750mg	6	
metformin hydrochloride tablet 1000mg, 500mg, 850mg	6	
MOUNJARO	3	QL(2 ML per 28 days); PA
nateglinide	6	
OZEMPIC INJECTION 2MG/1.5ML	3	QL(1.5 ML per 28 days); PA
OZEMPIC INJECTION 2MG/3ML, 4MG/3ML, 8MG/3ML	3	QL(3 ML per 28 days); PA
pioglitazone hcl/metformin hcl	6	
pioglitazone hcl tablet 45mg	6	
pioglitazone hydrochloride tablet 15mg, 30mg	6	
repaglinide	6	
RYBELSUS TABLET 14MG, 7MG	3	QL(30 EA per 30 days); PA
RYBELSUS TABLET 3MG	3	QL(60 EA per 365 days); PA
SOLIQUA 100/33	3	
SYNJARDY	3	
SYNJARDY XR	3	
TRADJENTA	3	QL(30 EA per 30 days)
TRIJARDY XR	3	
TRULICITY	3	QL(2 ML per 28 days); PA
XIGDUO XR	3	

Drug Name	Drug Tier	Requirements/Limits
Glycemic Agents		
BAQSIMI ONE PACK	3	
BAQSIMI TWO PACK	3	
diazoxide suspension	5	
glucagon emergency kit	3	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJECTION 1MG	3	
GVOKE HYPOPEN 1-PACK	3	
GVOKE HYPOPEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS	3	
Insulins		
HUMALOG	3	
HUMALOG JUNIOR KWIKPEN	3	
HUMALOG KWIKPEN	3	
HUMALOG MIX 50/50	3	
HUMALOG MIX 50/50 KWIKPEN	3	
HUMALOG MIX 75/25	3	
HUMALOG MIX 75/25 KWIKPEN	3	
HUMULIN 70/30	3	
HUMULIN 70/30 KWIKPEN	3	
HUMULIN N	3	
HUMULIN N KWIKPEN	3	
HUMULIN R	3	
HUMULIN R U-500 (CONCENTRATED)	3	
HUMULIN R U-500 KWIKPEN	3	
insulin lispro	3	
LANTUS	3	
LANTUS SOLOSTAR	3	
LYUMJEV	3	
LYUMJEV KWIKPEN	3	
NOVOLIN 70/30	3	
NOVOLIN 70/30 FLEXPEN	3	
NOVOLIN 70/30 FLEXPEN RELION	3	
NOVOLIN 70/30 RELION	3	
NOVOLIN N	3	
NOVOLIN N FLEXPEN	3	
NOVOLIN N FLEXPEN RELION	3	
NOVOLIN N RELION	3	
NOVOLIN R	3	
NOVOLIN R FLEXPEN	3	
NOVOLIN R FLEXPEN RELION	3	
NOVOLIN R RELION	3	
NOVOLOG	3	

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG FLEXPEN	3	
NOVOLOG FLEXPEN RELION	3	
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION	3	
NOVOLOG MIX 70/30 RELION	3	
NOVOLOG PENFILL	3	
NOVOLOG RELION	3	
TOUJEO MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	
TRESIBA	3	
TRESIBA FLEXTOUCH	3	
Blood Products and Modifiers		
Anticoagulants		
ELIQUIS STARTER PACK	3	QL(148 EA per 365 days)
ELIQUIS TABLET 2.5MG	3	QL(60 EA per 30 days)
ELIQUIS TABLET 5MG	3	QL(90 EA per 30 days)
enoxaparin sodium	4	
fondaparinux sodium injection 2.5mg/0.5ml	4	
fondaparinux sodium injection 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml	5	
FRAGMIN INJECTION 2500UNIT/0.2ML	4	
FRAGMIN INJECTION 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	5	
heparin sodium injection 5000unit/ml	3	
jantoven	1	
warfarin sodium tablet	1	
XARELTO STARTER PACK	3	QL(102 EA per 365 days)
XARELTO TABLET 10MG, 20MG	3	QL(30 EA per 30 days)
XARELTO TABLET 15MG, 2.5MG	3	QL(60 EA per 30 days)
Blood Products and Modifiers, Other		
anagrelide hydrochloride	3	
NEULASTA	5	PA
NEULASTA ONPRO KIT	5	PA
PROCRIT INJECTION 10000UNIT/ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
PROCRIT INJECTION 40000UNIT/ML	5	PA
PROMACTA	5	PA
RETACRIT INJECTION 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
RETACRIT INJECTION 40000UNIT/ML	5	PA

Drug Name	Drug Tier	Requirements/Limits
ROLVEDON	5	PA
UDENYCA	5	PA
UDENYCA ONBODY	5	PA
XOLREMDI	5	QL(120 EA per 30 days); PA
ZARXIO	5	
Hemostasis Agents		
tranexamic acid tablet	3	
Platelet Modifying Agents		
aspirin/dipyridamole	4	
aspirin/dipyridamole er	4	
BRILINTA	3	
CABLIVI	5	QL(30 EA per 30 days); PA
cilostazol	2	
clopidogrel tablet 75mg	1	
clopidogrel tablet 300mg	2	
DOPTELET	5	PA
prasugrel hydrochloride	2	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
clonidine hydrochloride tablet	1	
droxidopa	5	PA
methyldopa tablet 250mg, 500mg	4	
midodrine hcl	2	
Alpha-adrenergic Blocking Agents		
prazosin hydrochloride capsule	2	
Angiotensin II Receptor Antagonists		
candesartan cilexetil	6	
irbesartan	6	
losartan potassium tablet	6	
olmesartan medoxomil tablet	6	
telmisartan	6	
valsartan tablet	6	
Angiotensin-converting Enzyme (ACE) Inhibitors		
benazepril hcl tablet 10mg, 40mg, 5mg	6	
benazepril hydrochloride tablet 20mg	6	
captopril tablet	6	
enalapril maleate tablet	6	
fosinopril sodium	6	
lisinopril tablet	6	
moexipril hcl	6	
perindopril erbumine	6	
quinapril hydrochloride	6	
ramipril	6	
trandolapril	6	

Drug Name	Drug Tier	Requirements/Limits
Antiarrhythmics		
amiodarone hydrochloride tablet 200mg	2	
amiodarone hydrochloride tablet 100mg	4	
digitek tablet 0.125mg, 0.25mg	2	
digox	2	
digoxin solution	4	
digoxin tablet 125mcg, 250mcg	2	
dofetilide	4	
flecainide acetate	2	
mexiletine hcl capsule 150mg	3	
mexiletine hcl capsule 200mg, 250mg	4	
PACERONE TABLET 200MG	2	
PACERONE TABLET 100MG	4	
propafenone hcl	2	
propafenone hydrochloride tablet 300mg	2	
quinidine sulfate tablet	4	
sorine	2	
sotalol hcl	2	
sotalol hydrochloride (af)	2	
sotalol hydrochloride tablet 120mg, 80mg	2	
Beta-adrenergic Blocking Agents		
acebutolol hydrochloride	2	
atenolol tablet	1	
betaxolol hcl tablet 10mg, 20mg	4	
bisoprolol fumarate	2	
carvedilol	1	
labetalol hydrochloride tablet	2	
metoprolol succinate er	2	
metoprolol tartrate tablet 100mg, 25mg, 37.5mg, 50mg	1	
metoprolol tartrate tablet 75mg	2	
nadolol tablet 20mg, 40mg, 80mg	3	
nebivolol hydrochloride	4	
nebivolol tablet 5mg	4	
pindolol tablet	3	
propranolol hcl er capsule extended release 24 hour 120mg, 160mg	3	
propranolol hcl tablet 40mg	2	
propranolol hydrochloride er capsule extended release 24 hour 60mg, 80mg	3	
propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg	2	
Calcium Channel Blocking Agents, Dihydropyridines		
amlodipine besylate tablet	1	
felodipine er	2	
nifedipine er	2	

Drug Name	Drug Tier	Requirements/Limits
nimodipine capsule	4	
Calcium Channel Blocking Agents, Nondihydropyridines		
cartia xt	2	
dilt-xr	2	
diltiazem hcl cd	2	
diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 420mg	2	
diltiazem hcl er tablet extended release 24 hour 240mg, 300mg, 360mg	4	
diltiazem hcl tablet 30mg, 60mg, 90mg	2	
diltiazem hydrochloride er capsule extended release 24 hour	2	
diltiazem hydrochloride er tablet extended release 24 hour 240mg, 300mg, 360mg	4	
diltiazem hydrochloride tablet 120mg	2	
taztia xt	2	
tiadylt er	2	
verapamil hcl er tablet extended release 120mg, 240mg	2	
verapamil hcl sr capsule extended release 24 hour	4	
verapamil hcl tablet 40mg, 80mg	2	
verapamil hydrochloride er tablet extended release 180mg	2	
verapamil hydrochloride tablet 120mg	2	
Cardiovascular Agents, Other		
aliskiren	6	
amiloride/hydrochlorothiazide	2	
amlodipine besylate/benazepril hydrochloride	6	
amlodipine besylate/valsartan	6	
atenolol/chlorthalidone	2	
benazepril hydrochloride/hydrochlorothiazide	6	
bisoprolol fumarate/hydrochlorothiazide	2	
candesartan cilexetil/hydrochlorothiazide	6	
captopril/hydrochlorothiazide	6	
enalapril maleate/hydrochlorothiazide	6	
ENTRESTO CAPSULE SPRINKLE	3	QL(240 EA per 30 days)
ENTRESTO TABLET	3	QL(60 EA per 30 days)
fosinopril sodium/hydrochlorothiazide	6	
irbesartan/hydrochlorothiazide	6	
ivabradine hydrochloride	4	QL(60 EA per 30 days); PA
lisinopril/hydrochlorothiazide	6	
losartan potassium/hydrochlorothiazide	6	
metyrosine	5	PA
olmesartan medoxomil/hydrochlorothiazide	6	
pentoxifylline er	2	
quinapril/hydrochlorothiazide	6	
ranolazine er	3	

Drug Name	Drug Tier	Requirements/Limits
spironolactone/hydrochlorothiazide	2	
telmisartan/hydrochlorothiazide	6	
triamterene/hydrochlorothiazide capsule 25mg; 37.5mg	1	
triamterene/hydrochlorothiazide tablet	1	
valsartan/hydrochlorothiazide	6	
VYNDAMAX	5	QL(30 EA per 30 days); PA
Diuretics, Loop		
bumetanide injection, tablet	2	
furosemide tablet	1	
furosemide injection	3	
torsemide tablet	2	
Diuretics, Potassium-sparing		
amiloride hcl tablet	2	
triamterene capsule	4	
Diuretics, Thiazide		
chlorthalidone tablet 25mg, 50mg	2	
hydrochlorothiazide capsule, tablet	1	
indapamide tablet	2	
metolazone	2	
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate micronized capsule 134mg, 200mg, 67mg	2	
fenofibrate capsule 200mg, 67mg	2	
fenofibrate tablet 145mg, 160mg, 48mg, 54mg	2	
fenofibric acid dr	3	
gemfibrozil tablet	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
atorvastatin calcium	6	
fluvastatin	4	
fluvastatin sodium er	4	
lovastatin tablet	6	
pitavastatin calcium	4	
pravastatin sodium	6	
rosuvastatin calcium tablet	6	
simvastatin tablet	6	
Dyslipidemics, Other		
cholestyramine light	4	
cholestyramine packet, powder	4	
colestipol hcl tablet	3	
colestipol hcl granules	4	
ezetimibe	2	
ezetimibe/simvastatin	6	
icosapent ethyl	4	
niacin er	4	
omega-3-acid ethyl esters	4	

Drug Name	Drug Tier	Requirements/Limits
PRALUENT	3	QL(2 ML per 28 days); PA
prevalite	4	
REPATHA	3	QL(3 ML per 28 days); PA
REPATHA PUSHTRONEX SYSTEM	3	QL(7 ML per 28 days); PA
REPATHA SURECLICK	3	QL(3 ML per 28 days); PA
Mineralocorticoid Receptor Antagonists		
eplerenone	3	
KERENDIA	4	QL(30 EA per 30 days); PA
spironolactone tablet	2	
Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)		
FARXIGA	3	QL(30 EA per 30 days)
JARDIANCE	3	QL(30 EA per 30 days)
Vasodilators, Direct-acting Arterial/Venous		
isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg	3	
isosorbide mononitrate	2	
isosorbide mononitrate er	2	
nitroglycerin transdermal	2	
nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg	2	
VERQUVO	3	QL(30 EA per 30 days); PA
Vasodilators, Direct-acting Arterial		
hydralazine hcl tablet 10mg	2	
hydralazine hydrochloride tablet 100mg, 25mg, 50mg	2	
minoxidil tablet	2	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
amphetamine/dextroamphetamine capsule extended release 24 hour 2.5mg; 2.5mg; 2.5mg; 2.5mg	4	QL(60 EA per 30 days); Extended-release capsule 10mg
amphetamine/dextroamphetamine capsule extended release 24 hour 3.75mg; 3.75mg; 3.75mg; 3.75mg	4	QL(60 EA per 30 days); Extended-release capsule 15mg
amphetamine/dextroamphetamine capsule extended release 24 hour 5mg; 5mg; 5mg; 5mg	4	QL(60 EA per 30 days); Extended-release capsule 20mg
amphetamine/dextroamphetamine capsule extended release 24 hour 6.25mg; 6.25mg; 6.25mg; 6.25mg	4	QL(60 EA per 30 days); Extended-release capsule 25mg
amphetamine/dextroamphetamine capsule extended release 24 hour 7.5mg; 7.5mg; 7.5mg; 7.5mg	4	QL(60 EA per 30 days); Extended-release capsule 30mg
amphetamine/dextroamphetamine capsule extended release 24 hour 1.25mg; 1.25mg; 1.25mg; 1.25mg	4	QL(60 EA per 30 days); Extended-release capsule 5mg
amphetamine/dextroamphetamine tablet 2.5mg; 2.5mg; 2.5mg; 2.5mg	3	QL(90 EA per 30 days); Extended-release tablet 10mg
amphetamine/dextroamphetamine tablet 3.125mg; 3.125mg; 3.125mg; 3.125mg	3	QL(90 EA per 30 days); Extended-release tablet 12.5mg
amphetamine/dextroamphetamine tablet 3.75mg; 3.75mg; 3.75mg; 3.75mg	3	QL(90 EA per 30 days); Extended-release tablet 15mg

Drug Name	Drug Tier	Requirements/Limits
amphetamine/dextroamphetamine tablet 5mg; 5mg; 5mg; 5mg	3	QL(90 EA per 30 days); Extended-release tablet 20mg
amphetamine/dextroamphetamine tablet 7.5mg; 7.5mg; 7.5mg; 7.5mg	3	QL(90 EA per 30 days); Extended-release tablet 30mg
amphetamine/dextroamphetamine tablet 1.25mg; 1.25mg; 1.25mg; 1.25mg	3	QL(90 EA per 30 days); Extended-release tablet 5mg
amphetamine/dextroamphetamine tablet 1.875mg; 1.875mg; 1.875mg; 1.875mg	3	QL(90 EA per 30 days); Extended-release tablet 7.5mg
dextroamphetamine sulfate tablet 10mg	3	QL(180 EA per 30 days)
dextroamphetamine sulfate tablet 5mg	3	QL(90 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
atomoxetine hydrochloride capsule 25mg	4	QL(30 EA per 30 days)
atomoxetine hydrochloride capsule 10mg	4	QL(60 EA per 30 days)
atomoxetine capsule 100mg, 18mg, 40mg, 60mg, 80mg	4	QL(30 EA per 30 days)
guanfacine hydrochloride er	4	
methylphenidate hydrochloride tablet	2	QL(90 EA per 30 days)
methylphenidate hydrochloride solution 5mg/5ml	4	
Central Nervous System, Other		
AUSTEDO	5	QL(120 EA per 30 days); PA
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 0	5	QL(56 EA per 365 days); PA
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 0	5	QL(84 EA per 365 days); PA
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 6MG	5	QL(210 EA per 30 days); PA
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 18MG, 30MG, 36MG, 42MG, 48MG	5	QL(30 EA per 30 days); PA
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 24MG	5	QL(60 EA per 30 days); PA
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12MG	5	QL(90 EA per 30 days); PA
butalbital/acetaminophen/caffeine tablet 325mg; 50mg; 40mg	3	
INGREZZA CAPSULE THERAPY PACK	5	QL(56 EA per 365 days); PA
INGREZZA CAPSULE SPRINKLE 0; 80MG, 60MG	5	QL(30 EA per 30 days); PA
INGREZZA CAPSULE SPRINKLE 0; 40MG	5	QL(60 EA per 30 days); PA
INGREZZA CAPSULE 60MG, 80MG	5	QL(30 EA per 30 days); PA
INGREZZA CAPSULE 40MG	5	QL(60 EA per 30 days); PA
NUEDEXTA	5	PA
riluzole	4	
tetrabenazine	4	PA
VEOZAH	4	QL(30 EA per 30 days); PA
Fibromyalgia Agents		
SAVELLA	3	QL(60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
SAVELLA TITRATION PACK	3	QL(110 EA per 365 days)
Multiple Sclerosis Agents		
AVONEX PEN	5	QL(4 EA per 28 days); PA
AVONEX INJECTION 30MCG/0.5ML	5	QL(4 EA per 28 days); PA
BETASERON	5	QL(15 EA per 30 days); PA
dalfampridine er	3	QL(60 EA per 30 days); PA
dimethyl fumarate	4	QL(60 EA per 30 days); PA
dimethyl fumarate starterpack	4	QL(120 EA per 365 days); PA
fingolimod hydrochloride	5	QL(30 EA per 30 days); PA
glatiramer acetate injection 40mg/ml	5	QL(12 ML per 28 days); PA
glatiramer acetate injection 20mg/ml	5	QL(30 ML per 30 days); PA
KESIMPTA	5	QL(0.4 ML per 28 days); PA
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	4	QL(14 EA per 365 days); PA
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	5	QL(24 EA per 365 days); PA
MAYZENT TABLET 0.25MG	5	QL(120 EA per 30 days); PA
MAYZENT TABLET 1MG, 2MG	5	QL(30 EA per 30 days); PA
REBIF	5	QL(6 ML per 28 days); PA
REBIF REBIDOSE	5	QL(6 ML per 28 days); PA
REBIF REBIDOSE TITRATION PACK	5	QL(8.4 ML per 365 days); PA
REBIF TITRATION PACK	5	QL(8.4 ML per 365 days); PA
VUMERITY	5	QL(120 EA per 30 days); PA
ZEPOSIA	5	QL(30 EA per 30 days); PA
ZEPOSIA 7-DAY STARTER PACK	5	QL(14 EA per 365 days); PA
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0	5	QL(56 EA per 365 days); PA; (28 Capsules Pack)
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0	5	QL(74 EA per 365 days); PA; (37 Capsules Pack)
Dental and Oral Agents		
Dental and Oral Agents		
chlorhexidine gluconate solution	1	
doxycycline hyclate tablet 20mg	3	
kourzeq	3	
lidocaine hydrochloride viscous	2	
lidocaine viscous	2	
oralone dental paste	3	
pilocarpine hydrochloride	4	
triamcinolone acetonide dental paste	3	
Dermatological Agents		
Acne and Rosacea Agents		
acitretin	4	
amnesteem	4	
azelaic acid	4	QL(100 GM per 30 days)

Drug Name	Drug Tier	Requirements/Limits
claravis	4	
erythromycin/benzoyl peroxide	4	
FINACEA FOAM	4	QL(50 GM per 30 days)
isotretinoin capsule 10mg, 20mg, 30mg, 40mg	4	
metronidazole cream 0.75%	3	
metronidazole gel 0.75%	3	
metronidazole gel 1%	4	
myorisan	4	
rosadan	3	
tazarotene cream 0.1%	4	QL(60 GM per 30 days)
tretinoin cream 0.025%	3	PA
tretinoin cream 0.05%	4	PA
zenatane	4	
Dermatitis and Pruritus Agents		
ADBRY	5	QL(6 ML per 28 days); PA
ALA-CORT CREAM 2.5%	2	
alclometasone dipropionate	3	
ammonium lactate cream, lotion	2	
betamethasone dipropionate augmented cream	2	
betamethasone dipropionate augmented gel, ointment	4	
betamethasone dipropionate cream, lotion	3	
betamethasone dipropionate ointment	4	
betamethasone valerate cream, lotion, ointment	3	
clobetasol propionate e	4	
clobetasol propionate cream, gel, ointment, solution	3	
desonide cream	3	
desonide ointment	3	QL(120 GM per 30 days)
desoximetasone cream 0.25%	3	QL(100 GM per 30 days)
desoximetasone ointment 0.25%	3	
EUCRISA	4	PA
fluocinolone acetonide	3	
fluocinonide cream 0.1%	3	QL(120 GM per 30 days)
fluocinonide cream 0.05%	3	QL(60 GM per 30 days)
fluocinonide gel, ointment	3	QL(60 GM per 30 days)
fluocinonide solution	3	QL(60 ML per 30 days)
fluticasone propionate cream 0.05%	2	
fluticasone propionate ointment 0.005%	2	
halobetasol propionate cream	3	
halobetasol propionate ointment	4	
hydrocortisone valerate cream	3	QL(60 GM per 30 days)
hydrocortisone cream 1%, 2.5%	2	
hydrocortisone lotion 2.5%	2	
hydrocortisone ointment 1%, 2.5%	2	
mometasone furoate cream 0.1%	2	

Drug Name	Drug Tier	Requirements/Limits
mometasone furoate ointment 0.1%	2	
mometasone furoate solution 0.1%	2	
pimecrolimus	4	
selenium sulfide	2	
SPEVIGO INJECTION 150MG/ML	5	QL(4 ML per 28 days); PA
tacrolimus ointment 0.03%, 0.1%	4	
triamcinolone acetonide cream 0.025%, 0.1%, 0.5%	2	
triamcinolone acetonide lotion 0.1%	2	
triamcinolone acetonide lotion 0.025%	3	
triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%	2	
triderm cream 0.5%	2	
Dermatological Agents, Other		
calcipotriene solution	3	QL(60 ML per 30 days)
calcipotriene cream, ointment	4	QL(120 GM per 30 days)
clotrimazole/betamethasone dipropionate cream	2	QL(90 GM per 30 days)
diclofenac sodium gel 3%	4	QL(300 GM per 30 days); ST
fluorouracil cream 5%	4	QL(40 GM per 30 days)
fluorouracil solution	3	
imiquimod cream 5%	3	QL(48 EA per 30 days)
nystatin/triamcinolone	3	
nystatin/triamcinolone acetonide ointment	3	
OTEZLA TABLET 20MG, 30MG	5	QL(60 EA per 30 days); PA
podofilox solution	3	
SANTYL	4	
silver sulfadiazine	2	
SOTYKTU	5	QL(30 EA per 30 days); PA
ssd	2	
urea lotion 40%	4	
Pediculicides/Scabicides		
malathion	4	
permethrin cream	3	
Topical Anti-infectives		
acyclovir ointment 5%	4	QL(60 GM per 30 days)
ciclodan solution	2	PA
ciclopirox nail lacquer	2	PA
ciclopirox olamine	2	
ciclopirox gel	2	
ciclopirox shampoo, suspension	3	
clindamycin phosphate external solution 1%	3	QL(60 ML per 30 days)
ery	3	
erythromycin gel 2%	3	
erythromycin solution 2%	2	
mupirocin ointment	2	QL(110 GM per 30 days)
mupirocin cream	3	

Drug Name	Drug Tier	Requirements/Limits
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
AMINOSYN II INJECTION 107.6MEQ/L; 1490MG/100ML; 1527MG/100ML; 1050MG/100ML; 1107MG/100ML; 750MG/100ML; 450MG/100ML; 990MG/100ML; 1500MG/100ML; 1575MG/100ML; 258MG/100ML; 405MG/100ML; 447MG/100ML; 1083MG/100ML; 795MG/100ML; 50MEQ/L; 600MG/100ML; 300MG/100ML; 750MG/100ML, 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 270MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 400MG/100ML; 200MG/100ML; 500MG/100ML	4	B/D
AMINOSYN-PF INJECTION 46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	4	B/D
carglumic acid	5	
dextrose 5%	2	
dextrose 5%/sodium chloride 0.45%	4	
dextrose 5%/sodium chloride 0.9%	4	
effer-k tablet effervescent 25meq	2	
klor-con 10	2	
klor-con 8	2	
klor-con m10	2	
klor-con m15	3	
klor-con m20	2	
klor-con/ef	2	
magnesium sulfate injection 50%	3	
PLENAMINE	4	B/D
potassium chloride er capsule extended release	2	
potassium chloride er tablet extended release 10meq, 15meq, 20meq, 8meq	2	
potassium chloride er tablet extended release 15meq	3	
potassium chloride solution 10%	4	
potassium citrate er	4	
sodium chloride 0.45% injection	3	
sodium chloride injection 0.45%, 0.9%	3	
Electrolyte/Mineral/Metal Modifiers		
CHEMET	5	

Drug Name	Drug Tier	Requirements/Limits
deferasirox packet	5	PA
deferasirox tablet soluble 125mg	4	PA
deferasirox tablet soluble 250mg, 500mg	5	PA
deferasirox tablet 90mg	3	PA
deferasirox tablet 180mg, 360mg	4	PA
penicillamine tablet	5	
trientine hydrochloride capsule 250mg	5	PA
Phosphate Binders		
calcium acetate tablet 667mg	3	
sevelamer carbonate tablet	4	
VELPHORO	5	
Potassium Binders		
KIONEX SUSPENSION	3	
LOKELMA	4	QL(90 EA per 30 days)
sodium polystyrene sulfonate powder	3	
sps	3	
VELTASSA	4	
Vitamins		
prenatal tablet 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg	2	
Gastrointestinal Agents		
Anti-Constipation Agents		
constulose	2	
enulose	2	
generlac	2	
lactulose solution 10gm/15ml	2	
LINZESS	3	QL(30 EA per 30 days)
lubiprostone	4	QL(60 EA per 30 days)
MOTEGRITY	3	QL(30 EA per 30 days)
RELISTOR TABLET	5	QL(90 EA per 30 days); ST
RELISTOR INJECTION 8MG/0.4ML	5	QL(12 ML per 30 days); ST
RELISTOR INJECTION 12MG/0.6ML	5	QL(18 ML per 30 days); ST
Anti-Diarrheal Agents		
alosetron hydrochloride tablet 0.5mg	4	PA
alosetron hydrochloride tablet 1mg	5	PA
diphenoxylate hydrochloride/atropine sulfate	3	
loperamide hcl capsule	2	
XERMELO	5	QL(90 EA per 30 days); PA
Antispasmodics, Gastrointestinal		
dicyclomine hydrochloride capsule, tablet	2	
glycopyrrolate tablet 1mg, 2mg	3	PA
Gastrointestinal Agents, Other		
CLENPIQ	3	

Drug Name	Drug Tier	Requirements/Limits
gavilyte-c	2	
gavilyte-g	2	
LIVMARLI SOLUTION 19MG/ML	5	QL(60 ML per 30 days); PA
LIVMARLI SOLUTION 9.5MG/ML	5	QL(90 ML per 30 days); PA
metoclopramide hcl solution	2	
metoclopramide hcl tablet 5mg	1	
metoclopramide hydrochloride tablet 10mg	1	
nitroglycerin ointment 0.4%	4	
peg-3350/electrolytes	2	
peg-3350/nacl/na bicarbonate/kcl	2	
sodium sulfate/potassium sulfate/magnesium sulfate	3	
SUTAB	3	
ursodiol tablet	3	
VOWST	5	PA
XIFAXAN TABLET 200MG	4	PA
XIFAXAN TABLET 550MG	5	PA
Histamine2 (H2) Receptor Antagonists		
famotidine tablet 20mg, 40mg	2	
nizatidine capsule	4	
Protectants		
misoprostol	3	
sucralfate tablet	2	
Proton Pump Inhibitors		
esomeprazole magnesium capsule delayed release	3	QL(60 EA per 30 days)
lansoprazole capsule delayed release	2	QL(60 EA per 30 days)
omeprazole dr capsule delayed release 10mg	2	QL(60 EA per 30 days)
omeprazole capsule delayed release 10mg, 20mg, 40mg	2	QL(60 EA per 30 days)
pantoprazole sodium tablet delayed release	2	QL(60 EA per 30 days)
rabeprazole sodium	3	QL(60 EA per 30 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
betaine anhydrous	5	
CERDELGA	5	PA
CHOLBAM	5	PA
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
cromolyn sodium concentrate 100mg/5ml	4	
CYSTAGON	4	
EVRYSDI	5	QL(240 ML per 30 days); PA

Drug Name	Drug Tier	Requirements/Limits
FABRAZYME	5	PA
l-glutamine	5	PA
miglustat	5	PA
nitisinone	5	
PROLASTIN-C	5	PA
PYRUKYND TAPER PACK	5	QL(30 EA per 30 days); PA
PYRUKYND TABLET 50MG	5	QL(120 EA per 30 days); PA
PYRUKYND TABLET 20MG, 5MG	5	QL(60 EA per 30 days); PA
REVCOVI	5	PA
sapropterin dihydrochloride	5	PA
sodium phenylbutyrate powder	5	
SUCRAID	5	PA
TEGSEDI	5	PA
WELIREG	5	PA
yargesa	5	PA
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	3	
Genitourinary Agents		
Antispasmodics, Urinary		
GEMTESA	4	
MYRBETRIQ	3	
oxybutynin chloride er	2	
oxybutynin chloride solution	2	
oxybutynin chloride tablet 5mg	2	
solifenacin succinate	2	
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er	2	
doxazosin mesylate	2	
dutasteride capsule	2	
finasteride tablet	2	
tadalafil tablet 2.5mg, 5mg	3	QL(30 EA per 30 days); PA
tamsulosin hydrochloride	2	
terazosin hcl capsule 10mg, 1mg, 5mg	2	
terazosin hydrochloride capsule 2mg	2	
Genitourinary Agents, Other		
acetic acid 0.25%	2	
bethanechol chloride tablet	3	
ELMIRON	5	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		

Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
cortisone acetate tablet 25mg	3	
dexamethasone solution	2	
dexamethasone elixir	3	
dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg	2	
fludrocortisone acetate tablet	2	
hydrocortisone tablet 10mg, 20mg, 5mg	2	
methylprednisolone dose pack tablet therapy pack	2	
methylprednisolone tablet	2	
prednisolone sodium phosphate solution 15mg/5ml	2	
prednisolone sodium phosphate solution 25mg/5ml, 5mg/5ml	4	
prednisolone solution	2	
prednisone tablet therapy pack	2	
prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg	1	
triamcinolone acetonide injection 10mg/ml	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
desmopressin acetate tablet	3	
desmopressin acetate solution 0.01%	4	
GENOTROPIN	5	PA
GENOTROPIN MINIQUICK INJECTION 0.2MG	4	PA
GENOTROPIN MINIQUICK INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	5	PA
INCRELEX	5	PA
ISTURISA TABLET 10MG	5	QL(180 EA per 30 days); PA
ISTURISA TABLET 1MG	5	QL(240 EA per 30 days); PA
ISTURISA TABLET 5MG	5	QL(360 EA per 30 days); PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
danazol capsule	4	
testosterone cypionate injection 100mg/ml, 200mg/ml	2	PA
testosterone enanthate injection	3	PA
testosterone pump	4	PA
testosterone gel 25mg/2.5gm, 50mg/5gm	4	PA
Estrogens		
afirmelle	3	
altavera	3	
alyacen 1/35	3	
alyacen 7/7/7	3	
amabelz	4	
amethia	4	QL(91 EA per 91 days)
amethyst	3	

Drug Name	Drug Tier	Requirements/Limits
ashlyna	4	QL(91 EA per 91 days)
aubra	3	
aubra eq	3	
aurovela 1.5/30	3	
aurovela 1/20	3	
aurovela fe 1.5/30	3	
aurovela fe 1/20	3	
aviane	3	
ayuna	3	
azurette	3	
balziva	3	
blisovi fe 1.5/30	3	
blisovi fe 1/20	3	
briellyn	3	
camrese	4	QL(91 EA per 91 days)
camrese lo	4	QL(91 EA per 91 days)
chateal	3	
chateal eq	3	
CLIMARA PRO	4	
cryselle-28	3	
dasetta 1/35	3	
dasetta 7/7/7	3	
daysee	4	QL(91 EA per 91 days)
delyla	3	
desogestrel/ethinyl estradiol tablet 0; 0	3	
dolishale	3	
DOTTI PATCH TWICE WEEKLY 0.075MG/24HR, 0.1MG/24HR	4	
dotti patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr	4	
elinest	3	
eluryng	4	
enilloring	4	
enpresse-28	3	
estarylla	3	
estradiol/norethindrone acetate	4	
estradiol gel 0.25mg/0.25gm, 0.5mg/0.5gm, 0.75mg/0.75gm, 1.25mg/1.25gm, 1mg/gm	4	
estradiol oral tablet	2	
estradiol cream, patch weekly	3	
estradiol patch twice weekly, vaginal tablet	4	
ESTRING	4	QL(1 EA per 90 days)
ethynodiol diacetate/ethinyl estradiol	3	
etonogestrel/ethinyl estradiol	3	

Drug Name	Drug Tier	Requirements/Limits
falmina	3	
fayosim	4	QL(91 EA per 91 days)
femynor	3	
fyavolv	4	
hailey 1.5/30	3	
hailey fe 1.5/30	3	
hailey fe 1/20	3	
haloette	4	
iclevia	4	QL(91 EA per 91 days)
introvale	4	QL(91 EA per 91 days)
jaimiess	4	QL(91 EA per 91 days)
jinteli	4	
jolessa	4	QL(91 EA per 91 days)
junel 1.5/30	3	
junel 1/20	3	
junel fe 1.5/30	3	
junel fe 1/20	3	
kariva	3	
kelnor 1/35	3	
kelnor 1/50	3	
kurvelo	3	
larin 1.5/30	3	
larin 1/20	3	
larin fe 1.5/30	3	
larin fe 1/20	3	
lessina	3	
levonest	3	
levonorgestrel and ethinyl estradiol tablet 20mcg; 90mcg	3	
levonorgestrel and ethinyl estradiol tablet 0; 0	4	QL(91 EA per 91 days)
levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg	3	
levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0	4	QL(91 EA per 91 days)
levora 0.15/30-28	3	
lojaimiess	4	QL(91 EA per 91 days)
low-ogestrel	3	
lutera	3	
lyllana	4	
marlissa	3	
MENEST TABLET 2.5MG	4	
microgestin 1.5/30	3	
microgestin 1/20	3	
microgestin fe 1.5/30	3	
microgestin fe 1/20	3	
mili	3	

Drug Name	Drug Tier	Requirements/Limits
mimvey	4	
mono-linyah	3	
necon 0.5/35-28	3	
norelgestromin/ethinyl estradiol	4	
norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 20mcg; 75mg; 1mg, 30mcg; 75mg; 1.5mg	3	
norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg, 30mcg; 1.5mg	3	
norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg, 5mcg; 1mg	4	
norgestimate/ethinyl estradiol	3	
nortrel 0.5/35 (28)	3	
nortrel 1/35	3	
nortrel 7/7/7	3	
nylia 1/35	3	
nylia 7/7/7	3	
nymyo	3	
philith	3	
pimtrea	3	
portia-28	3	
PREMARIN CREAM	4	
PREMARIN TABLET 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	4	
PREMPHASE	4	
PREMPRO	4	
rivelsa	4	QL(91 EA per 91 days)
setlakin	4	QL(91 EA per 91 days)
simliya	3	
simpesse	4	QL(91 EA per 91 days)
sprintec 28	3	
sronyx	3	
tarina fe 1/20	3	
tarina fe 1/20 eq	3	
tri femynor	3	
tri-estarylla	3	
tri-linyah	3	
tri-mili	3	
tri-nymyo	3	
tri-sprintec	3	
tri-vylibra	3	
trivora-28	3	
turqoz	3	
vienva	3	
viorele	3	

Drug Name	Drug Tier	Requirements/Limits
volnea	3	
vyfemla	3	
vylibra	3	
wera	3	
xulane	3	
yuvafem	4	
zafemy	4	
zovia 1/35	3	
Progestins		
camila	3	
deblitane	3	
DEPO-SUBQ PROVERA 104	3	QL(0.65 ML per 90 days)
emzahh	3	
errin	3	
gallifrey	2	
heather	3	
incassia	3	
jencycla	3	
LILETTA	3	
lyleq	3	
lyza	3	
medroxyprogesterone acetate tablet	1	
medroxyprogesterone acetate injection	2	QL(1 ML per 90 days)
megestrol acetate tablet	2	
megestrol acetate suspension 40mg/ml	3	
NEXPLANON	3	
nora-be	3	
norethindrone acetate tablet	2	
norethindrone tablet	3	
norlyda	3	
norlyroc	3	
progesterone capsule	2	
sharobel	3	
Selective Estrogen Receptor Modifying Agents		
OSPHENA	3	QL(30 EA per 30 days); PA
raloxifene hydrochloride	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
euthyrox tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg	2	
levo-t	4	
levothyroxine sodium tablet	1	
levoxyl tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg	2	

Drug Name	Drug Tier	Requirements/Limits
liothyronine sodium tablet	2	
unithroid	2	
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
cabergoline	3	
FIRMAGON INJECTION 80MG	4	QL(1 EA per 28 days); PA
FIRMAGON INJECTION 120MG/VIAL	5	QL(4 EA per 365 days); PA
leuprolide acetate injection 1mg/0.2ml	4	PA
LUPRON DEPOT (1-MONTH)	5	QL(1 EA per 28 days); PA
LUPRON DEPOT (3-MONTH)	5	QL(1 EA per 84 days); PA
LUPRON DEPOT (4-MONTH)	5	QL(1 EA per 112 days); PA
LUPRON DEPOT (6-MONTH)	5	QL(1 EA per 168 days); PA
LUPRON DEPOT-PED (1-MONTH)	5	QL(1 EA per 28 days); PA
LUPRON DEPOT-PED (3-MONTH)	5	QL(1 EA per 84 days); PA
mifepristone tablet 200mg	4	
mifepristone tablet 300mg	5	QL(120 EA per 30 days); PA
octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml	4	PA
octreotide acetate injection 1000mcg/ml, 500mcg/ml	5	PA
ORGOVYX	5	PA
SIGNIFOR	5	QL(60 ML per 30 days); PA
SOMAVERT	5	PA
TRELSTAR MIXJECT INJECTION 22.5MG	4	QL(1 EA per 168 days); PA
TRELSTAR MIXJECT INJECTION 11.25MG	4	QL(1 EA per 84 days); PA
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
methimazole tablet 10mg, 5mg	2	
propylthiouracil tablet	2	
Immunological Agents		
Angioedema Agents		
CINRYZE	5	PA
icatibant acetate	5	PA
sajazir	5	PA
Immunoglobulins		
BIVIGAM INJECTION 10%, 5GM/50ML	5	PA
GAMASTAN	3	PA
HIZENTRA INJECTION 1GM/5ML, 2GM/10ML	5	PA
HYPERHEP B INJECTION 110UNIT/0.5ML	4	B/D
PRIVIGEN	5	PA
Immunological Agents, Other		
BENLYSTA	5	PA
COSENTYX SENSOREADY PEN	5	QL(10 ML per 28 days); PA
COSENTYX UNOREADY	5	QL(10 ML per 28 days); PA
COSENTYX INJECTION 125MG/5ML	5	PA
COSENTYX INJECTION 150MG/ML, 75MG/0.5ML	5	QL(10 ML per 28 days); PA

Drug Name	Drug Tier	Requirements/Limits
DUPIXENT INJECTION 100MG/0.67ML	5	QL(1.34 ML per 28 days); PA
DUPIXENT INJECTION 200MG/1.14ML	5	QL(4.56 ML per 28 days); PA
DUPIXENT INJECTION 300MG/2ML	5	QL(8 ML per 28 days); PA
EMPAVELI	5	PA
KINERET	5	PA
ORENCIA CLICKJECT	5	QL(4 ML per 28 days); PA
ORENCIA INJECTION 50MG/0.4ML	5	QL(1.6 ML per 28 days); PA
ORENCIA INJECTION 87.5MG/0.7ML	5	QL(2.8 ML per 28 days); PA
ORENCIA INJECTION 125MG/ML	5	QL(4 ML per 28 days); PA
OTEZLA TABLET THERAPY PACK 0	5	QL(110 EA per 365 days); PA
RINVOQ	5	QL(30 EA per 30 days); PA
RINVOQ LQ	5	QL(360 ML per 30 days); PA
SKYRIZI PEN	5	QL(1 ML per 28 days); PA
SKYRIZI INJECTION 150MG/ML	5	QL(1 ML per 28 days); PA
SKYRIZI INJECTION 180MG/1.2ML	5	QL(1.2 ML per 56 days); PA
SKYRIZI INJECTION 360MG/2.4ML	5	QL(2.4 ML per 56 days); PA
SKYRIZI INJECTION 600MG/10ML	5	QL(3 ML per 365 days); PA
STELARA INJECTION 130MG/26ML	5	PA
STELARA INJECTION 45MG/0.5ML, 90MG/ML	5	QL(3 ML per 84 days); PA
TAVNEOS	5	QL(180 EA per 30 days); PA
VEOPOZ	5	PA
XELJANZ XR	5	QL(30 EA per 30 days); PA
XELJANZ SOLUTION	5	QL(300 ML per 30 days); PA
XELJANZ TABLET	5	QL(60 EA per 30 days); PA
XOLAIR	5	PA
Immunostimulants		
ACTIMMUNE	5	PA
BESREMI	5	PA
PEGASYS INJECTION 180MCG/ML	5	PA
Immunosuppressants		
ADALIMUMAB-ADBM CROHNS/UC/HS STARTER	5	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBM PSORIASIS/UVEITIS STARTER	5	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBM STARTER PACKAGE FOR CROHNS DISEASE/UC/HS	5	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBM STARTER PACKAGE FOR PSORIASIS/UVEITIS	5	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only

Drug Name	Drug Tier	Requirements/Limits
ADALIMUMAB-ADBM INJECTION 10MG/0.2ML, 20MG/0.4ML	5	QL(2 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBM INJECTION 40MG/0.4ML, 40MG/0.8ML	5	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
adalimumab-adbm injection 40mg/0.4ml	5	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
azathioprine tablet 50mg	2	B/D
cyclosporine modified	4	B/D
cyclosporine capsule 100mg, 25mg	4	B/D
ENBREL MINI	5	QL(8 ML per 28 days); PA
ENBREL SURECLICK	5	QL(8 ML per 28 days); PA
ENBREL INJECTION 25MG/0.5ML	5	QL(4 ML per 28 days); PA
ENBREL INJECTION 50MG/ML	5	QL(8 ML per 28 days); PA
ENVARSUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75MG, 1MG	4	B/D
ENVARSUS XR TABLET EXTENDED RELEASE 24 HOUR 4MG	5	B/D
everolimus tablet 0.25mg, 0.5mg, 0.75mg, 1mg	5	B/D
gengraf capsule 100mg, 25mg	4	B/D
gengraf solution	4	B/D
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 0	5	QL(4 EA per 365 days); PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 80MG/0.8ML	5	QL(6 EA per 365 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK	5	QL(4 EA per 28 days); PA
HUMIRA PEN-PS/UV STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN-PS/UV STARTER INJECTION 0	5	QL(6 EA per 365 days); PA
HUMIRA PEN INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA; Abbvie labeled products only
HUMIRA PEN INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA; Abbvie labeled products only
HUMIRA INJECTION 10MG/0.1ML, 20MG/0.2ML	5	QL(2 EA per 28 days); PA; Abbvie labeled products only
HUMIRA INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA

Drug Name	Drug Tier	Requirements/Limits
HUMIRA INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA; Abbvie labeled products only
infliximab	5	PA
JYLAMVO	5	PA
leflunomide	2	
methotrexate sodium tablet	2	
methotrexate sodium injection 250mg/10ml, 50mg/2ml	2	
methotrexate injection 50mg/2ml	2	
mycophenolate mofetil capsule, tablet	4	B/D
mycophenolate mofetil suspension reconstituted	5	B/D
mycophenolic acid dr	4	B/D
ORENCIA INJECTION 250MG	5	PA
PEGASYS INJECTION 180MCG/0.5ML	5	PA
PROGRAF PACKET	4	B/D
REZUROCK	5	QL(60 EA per 30 days); PA
SANDIMMUNE SOLUTION	4	B/D
sirolimus solution, tablet	4	B/D
tacrolimus capsule 0.5mg, 1mg, 5mg	4	B/D
XATMEP	4	PA
Vaccines		
ABRYSVO	1	QL(1 EA per 252 days)
ACTHIB INJECTION 0	1	
ADACEL	1	
AREXVY	1	QL(1 EA per 999 days)
bcg vaccine injection 50mg	1	
BEXSERO	1	
BOOSTRIX INJECTION 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	1	
BOOSTRIX INJECTION 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	3	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	3	
DENGVAXIA	3	
diphtheria/tetanus toxoids adsorbed pediatric	3	
ENGERIX-B	1	B/D
GARDASIL 9 INJECTION 0	1	
GARDASIL 9 INJECTION 0	3	
HAVRIX INJECTION 1440ELU/ML	1	
HAVRIX INJECTION 720ELU/0.5ML	3	
HEPLISAV-B	1	B/D
HIBERIX	1	
IMOVAX RABIES (H.D.C.V.)	1	B/D
INFANRIX	3	
IPOL INACTIVATED IPV	1	

Drug Name	Drug Tier	Requirements/Limits
IXCHIQ	3	
IXIARO	1	
JYNNEOS	1	
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
M-M-R II	1	
MENACTRA	1	
menquadfi	1	
MENVEO	1	
MRESVIA	1	QL(0.5 ML per 999 days)
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
PEDVAX HIB INJECTION 7.5MCG/0.5ML	3	
PENBRAYA	3	
PENTACEL	3	
PREHEVBRIO	1	B/D
PRIORIX	1	
PROQUAD	3	
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	Pre-Filled Syringe
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	Single-dose vial
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	Single-dose vial; any pack size
RABAVERT	1	B/D
RECOMBIVAX HB INJECTION 10MCG/ML, 40MCG/ML, 5MCG/0.5ML	1	B/D
RECOMBIVAX HB INJECTION 5MCG/0.5ML	3	B/D
ROTARIX	3	
ROTATEQ SOLUTION	3	
SHINGRIX	1	
STAMARIL	1	
TDVAX	1	
TENIVAC	1	
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT	1	
TICOVAC	3	
TRUMENBA	1	
TWINRIX	1	
TYPHIM VI INJECTION 25MCG/0.5ML	1	
TYPHIM VI INJECTION 25MCG/0.5ML	3	
VAQTA INJECTION 50UNIT/ML	1	
VAQTA INJECTION 25UNIT/0.5ML	3	
VARIVAX	1	
VAXCHORA	3	

Drug Name	Drug Tier	Requirements/Limits
VAXELIS	3	
YF-VAX	1	
Inflammatory Bowel Disease Agents		
Aminosalicylates		
balsalazide disodium	4	
mesalamine er capsule extended release	4	
mesalamine enema, kit, suppository	4	
SFROWASA	4	
sulfasalazine tablet, tablet delayed release	2	
Glucocorticoids		
budesonide er	5	
budesonide capsule delayed release particles 3mg	4	
hydrocortisone cream 2.5%	2	
hydrocortisone enema 100mg/60ml	4	
procto-med hc	2	
proctosol hc	2	
proctozone-hc	2	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
alendronate sodium tablet 10mg, 35mg, 5mg	6	
alendronate sodium tablet 70mg	6	QL(4 EA per 28 days)
calcitonin-salmon solution	3	QL(3.7 ML per 30 days)
calcitriol capsule	2	
cinacalcet hydrochloride	4	
FORTEO INJECTION 600MCG/2.4ML	5	PA
ibandronate sodium tablet	6	QL(1 EA per 28 days)
paricalcitol capsule 1mcg, 2mcg	3	
paricalcitol capsule 4mcg	4	
PROLIA	4	QL(2 ML per 365 days)
RAYALDEE	5	
risedronate sodium tablet 35mg	4	QL(4 EA per 28 days)
teriparatide	5	PA
TYMLOS	5	PA
XGEVA	5	PA
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ALCOHOL PREP PADS	3	
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	3	QL(200 EA per 30 days)
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	3	QL(200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	3	QL(200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	3	QL(200 EA per 30 days)
BD INSULIN SYRINGE/1ML/29G X 12.7MM	3	QL(200 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	3	QL(200 EA per 30 days)
BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 6MM	3	QL(200 EA per 30 days)
CURITY GAUZE PADS 2"X2" 12 PLY	3	
EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 1/2"	3	QL(200 EA per 30 days)
ELLA	3	
NUTRILIPID	4	B/D
OMNIPOD 5 DEXG7G6 INTRO KIT (GEN 5)	3	QL(1 EA per 365 days)
OMNIPOD 5 DEXG7G6 PODS (GEN 5)	3	QL(30 EA per 30 days)
OMNIPOD 5 G7 INTRO KIT (GEN 5)	3	QL(1 EA per 365 days)
OMNIPOD 5 G7 PODS (GEN 5)	3	QL(30 EA per 30 days)
OMNIPOD 5 LIBRE2 PLUS G6	3	QL(1 EA per 365 days)
OMNIPOD 5 LIBRE2 PLUS G6 PODS	3	QL(30 EA per 30 days)
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	3	QL(1 EA per 365 days)
OMNIPOD CLASSIC PODS (GEN 3)	3	QL(30 EA per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4)	3	QL(1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	3	QL(1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4)	3	QL(30 EA per 30 days)
OMNIPOD GO 10 UNITS/DAY	3	QL(10 EA per 30 days)
OMNIPOD GO 15 UNITS/DAY	3	QL(10 EA per 30 days)
OMNIPOD GO 20 UNITS/DAY	3	QL(10 EA per 30 days)
OMNIPOD GO 25 UNITS/DAY	3	QL(10 EA per 30 days)
OMNIPOD GO 30 UNITS/DAY	3	QL(10 EA per 30 days)
OMNIPOD GO 35 UNITS/DAY	3	QL(10 EA per 30 days)
OMNIPOD GO 40 UNITS/DAY	3	QL(10 EA per 30 days)
SKYCLARYS	5	QL(90 EA per 30 days); PA
sodium chloride 0.9%	2	
V-GO 20	3	
V-GO 30	3	
V-GO 40	3	
VISTOGARD	5	
ZOKINVY	5	QL(120 EA per 30 days); PA
Ophthalmic Agents		
Ophthalmic Agents, Other		
atropine sulfate solution 1%	3	
bacitracin/polymyxin b	2	
brimonidine tartrate/timolol maleate	3	
COMBIGAN	3	
cyclosporine emulsion 0.05%	3	
CYSTARAN	5	QL(60 ML per 28 days)
dorzolamide hcl/timolol maleate	2	
neo-polycin	3	
neo-polycin hc	3	

Drug Name	Drug Tier	Requirements/Limits
neomycin/bacitracin/polymyxin	3	
neomycin/polymyxin/bacitracin/hydrocortisone	3	
neomycin/polymyxin/dexamethasone	2	
neomycin/polymyxin/gramicidin	3	
polycin	2	
polymyxin b sulfate/trimethoprim sulfate	2	
RESTASIS	3	
RESTASIS MULTIDOSE	3	
ROCKLATAN	3	QL(2.5 ML per 25 days)
SIMBRINZA	3	
sulfacetamide sodium/prednisolone sodium phosphate	2	
TOBRADEX ST	4	
tobramycin/dexamethasone	4	
XIIDRA	4	QL(60 EA per 30 days)
ZYLET	4	
Ophthalmic Anti-allergy Agents		
azelastine hcl ophthalmic solution 0.05%	3	
cromolyn sodium solution 4%	2	
olopatadine hcl	3	
Ophthalmic Anti-Infectives		
bacitracin	4	
BESIVANCE	4	
ciprofloxacin hydrochloride solution 0.3%	2	
erythromycin ointment 5mg/gm	2	
gatifloxacin	4	
gentak ointment	2	
gentamicin sulfate ophthalmic solution 0.3%	2	
levofloxacin ophthalmic solution 0.5%	3	
moxifloxacin hydrochloride solution 0.5%	3	
NATACYN	4	
ofloxacin ophthalmic solution 0.3%	2	
sulfacetamide sodium solution	2	
sulfacetamide sodium ointment	3	
tobramycin solution 0.3%	2	
trifluridine	4	
XDEMVY	5	QL(10 ML per 42 days)
ZIRGAN	4	
Ophthalmic Anti-inflammatories		
bromfenac sodium solution 0.07%	4	QL(12 ML per 365 days)
dexamethasone sodium phosphate solution	3	
diclofenac sodium ophthalmic solution 0.1%	2	
FLAREX	3	
flurbiprofen sodium	2	
ketorolac tromethamine ophthalmic solution 0.5%	2	

Drug Name	Drug Tier	Requirements/Limits
LOTEMAX SM	4	QL(20 GM per 365 days)
prednisolone acetate	3	
Ophthalmic Beta-Adrenergic Blocking Agents		
betaxolol hcl solution 0.5%	4	
carteolol hcl	2	
levobunolol hcl solution 0.5%	2	
timolol maleate solution 0.25%, 0.5%	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
acetazolamide	3	
acetazolamide er	3	
BRIMONIDINE TARTRATE SOLUTION 0.1%	3	
brimonidine tartrate solution 0.2%	2	
dorzolamide hydrochloride	2	
pilocarpine hcl solution 1%, 2%, 4%	3	
RHOPRESSA	3	QL(2.5 ML per 25 days)
Ophthalmic Prostaglandin and Prostamide Analogs		
latanoprost solution	1	
LUMIGAN	3	QL(2.5 ML per 25 days)
VYZULTA	4	QL(5 ML per 25 days)
Otic Agents		
Otic Agents		
acetic acid	2	
neomycin/polymyxin/hc	3	
neomycin/polymyxin/hydrocortisone suspension	3	
ofloxacin otic solution 0.3%	3	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA	3	QL(30 EA per 30 days)
ASMANEX HFA	4	QL(13 GM per 30 days)
ASMANEX TWISTHALER 120 METERED DOSES	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 14 METERED DOSES	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 30 METERED DOSES	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 60 METERED DOSES	4	QL(1 EA per 30 days)
budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml	4	QL(120 ML per 30 days); B/D
fluticasone propionate suspension 50mcg/act	2	
mometasone furoate suspension 50mcg/act	4	QL(34 GM per 30 days)
QVAR REDIHALER	3	QL(21.2 GM per 30 days)
Antihistamines		
azelastine hcl nasal solution 0.15%	2	QL(60 ML per 30 days)
azelastine hydrochloride solution 0.1%	2	QL(60 ML per 30 days)
cyproheptadine hydrochloride tablet	4	
diphenhydramine hcl injection 50mg/ml	4	
hydroxyzine hcl tablet 50mg	3	
hydroxyzine hydrochloride syrup	4	

Drug Name	Drug Tier	Requirements/Limits
hydroxyzine hydrochloride tablet 10mg, 25mg	3	
hydroxyzine pamoate capsule	4	
levocetirizine dihydrochloride tablet	2	
Antileukotrienes		
montelukast sodium tablet chewable, packet, tablet	2	
zafirlukast	4	
Bronchodilators, Anticholinergic		
ATROVENT HFA	4	QL(25.8 GM per 30 days)
INCRUSE ELLIPTA	3	QL(30 EA per 30 days)
ipratropium bromide nasal solution	2	
ipratropium bromide inhalation solution	2	QL(312.5 ML per 30 days); B/D
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT	3	
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT	3	QL(8 GM per 30 days)
tiotropium bromide	4	QL(30 EA per 30 days)
YUPELRI	5	QL(90 ML per 30 days); B/D
Bronchodilators, Sympathomimetic		
albuterol sulfate hfa aerosol solution 108mcg/act	2	QL(13.4 GM per 30 days)
albuterol sulfate hfa aerosol solution 108mcg/act	2	QL(17 GM per 30 days)
albuterol sulfate hfa aerosol solution 108mcg/act	2	QL(48 GM per 30 days)
albuterol sulfate nebulization solution 2.5mg/0.5ml	2	QL(100 EA per 30 days); B/D
albuterol sulfate nebulization solution 0.083%	2	QL(525 ML per 30 days); B/D
albuterol sulfate nebulization solution 0.63mg/3ml, 1.25mg/3ml	4	QL(375 ML per 30 days); B/D
arformoterol tartrate	4	QL(120 ML per 30 days); PA
epinephrine injection 0.15mg/0.15ml, 0.15mg/0.3ml	3	
epinephrine injection 0.3mg/0.3ml	3	Applies to product manufactured by Mylan Specialty L.P. Only
epinephrine injection 0.3mg/0.3ml	3	Applies to products manufactured by Impax or Lineage Therapeutics
levalbuterol hydrochloride nebulization solution 0.63mg/3ml	4	QL(540 ML per 30 days); B/D
levalbuterol tartrate hfa	3	QL(30 GM per 30 days)
PROAIR RESPICLICK	3	QL(2 EA per 30 days)
SEREVENT DISKUS	3	QL(60 EA per 30 days)
Cystic Fibrosis Agents		
CAYSTON	5	PA
KALYDECO PACKET	5	QL(56 EA per 28 days); PA
KALYDECO TABLET	5	QL(60 EA per 30 days); PA
ORKAMBI TABLET	5	QL(112 EA per 28 days); PA
PULMOZYME	5	PA
TOBI PODHALER	5	QL(224 EA per 56 days)
tobramycin nebulization solution 300mg/5ml	5	B/D
TRIKAFTA TABLET THERAPY PACK 100MG; 0; 50MG	5	QL(84 EA per 28 days); PA

Drug Name	Drug Tier	Requirements/Limits
Mast Cell Stabilizers		
cromolyn sodium nebulization solution 20mg/2ml	3	B/D
Phosphodiesterase Inhibitors, Airways Disease		
roflumilast	4	PA
theophylline er tablet extended release 24 hour	2	
theophylline er tablet extended release 12 hour 300mg, 450mg	4	
Pulmonary Antihypertensives		
ADEMPAS	5	QL(90 EA per 30 days); PA
alyq	4	QL(60 EA per 30 days); PA
ambrisentan	5	QL(30 EA per 30 days); PA
OPSUMIT	5	QL(30 EA per 30 days); PA
ORENITRAM TITRATION KIT MONTH 1	5	QL(336 EA per 365 days); PA
ORENITRAM TITRATION KIT MONTH 2	5	QL(672 EA per 365 days); PA
ORENITRAM TITRATION KIT MONTH 3	5	QL(504 EA per 365 days); PA
ORENITRAM TABLET EXTENDED RELEASE 0.125MG	4	PA
ORENITRAM TABLET EXTENDED RELEASE 0.25MG, 1MG, 2.5MG, 5MG	5	PA
sildenafil citrate tablet	3	QL(90 EA per 30 days); PA; (20mg)
tadalafil tablet 20mg	4	QL(60 EA per 30 days); PA
VENTAVIS	5	QL(270 ML per 30 days); PA
Pulmonary Fibrosis Agents		
OFEV	5	PA
pirfenidone capsule	5	PA
PIRFENIDONE TABLET 534MG	5	PA
pirfenidone tablet 267mg, 801mg	5	PA
Respiratory Tract Agents, Other		
ADVAIR HFA	3	QL(24 GM per 30 days)
ANORO ELLIPTA	3	QL(60 EA per 30 days)
BREO ELLIPTA	3	QL(60 EA per 30 days)
breyna	4	QL(10.3 GM per 30 days)
BREZTRI AEROSPHERE	3	QL(23.6 GM per 28 days)
BRONCHITOL	5	QL(560 EA per 28 days); PA
COMBIVENT RESPIMAT	3	QL(8 GM per 30 days)
DULERA AEROSOL 5MCG/ACT; 50MCG/ACT	4	QL(13 GM per 30 days); PA
DULERA AEROSOL 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT	4	QL(17.6 GM per 30 days); PA
FASENRA PEN	5	PA
FASENRA INJECTION 10MG/0.5ML	4	PA
FASENRA INJECTION 30MG/ML	5	PA
fluticasone propionate/salmeterol diskus	2	QL(60 EA per 30 days)
fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act	2	QL(60 EA per 30 days)
ipratropium bromide/albuterol sulfate	2	QL(540 ML per 30 days); B/D
NUCALA INJECTION 100MG/ML	5	QL(3 ML per 28 days); PA

Drug Name	Drug Tier	Requirements/Limits
STIOLTO RESPIMAT	3	QL(24 GM per 30 days)
TRELEGY ELLIPTA	3	QL(60 EA per 30 days)
wixela inhub	2	QL(60 EA per 30 days)
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
cyclobenzaprine hydrochloride tablet 10mg, 5mg	3	PA
methocarbamol tablet 500mg, 750mg	2	
orphenadrine citrate er	4	
Sleep Disorder Agents		
Sleep Promoting Agents		
BELSOMRA	3	QL(30 EA per 30 days)
ESZOPICLONE	4	QL(30 EA per 30 days)
temazepam capsule 15mg, 30mg	3	QL(30 EA per 30 days)
zaleplon capsule 5mg	4	QL(30 EA per 30 days)
zaleplon capsule 10mg	4	QL(60 EA per 30 days)
zolpidem tartrate er	4	QL(30 EA per 30 days)
zolpidem tartrate tablet	2	QL(30 EA per 30 days)
Wakefulness Promoting Agents		
ARMODAFINIL TABLET 150MG, 200MG, 250MG	4	QL(30 EA per 30 days); PA
ARMODAFINIL TABLET 50MG	4	QL(60 EA per 30 days); PA
modafinil tablet	3	QL(30 EA per 30 days); PA
sodium oxybate	5	QL(540 ML per 30 days); PA

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Vermont Blue Advantage Group PPO 6 Tier

This formulary was updated on **09/17/2024.** For more recent information or other questions, please contact **Vermont Blue Advantage Group PPO 6** Tier Customer Service at **1-855-489-0646** or, for **TTY users, 711,** 24 hours a day, 7 days a week or visit **www.VermontBlueAdvantage.com/formularies.**