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Medicare Plus BlueSM Group PPO
Prescription BlueSM Group PDP

2023 Standard Enhanced 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 November 1, 2022. For more recent information or other questions, please contact us, **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP** Customer Service, at 1-866-684-8216 or, for TTY users 711, Monday through Friday, 8:30 a.m. to 5 p.m. Eastern time. From October 1 through March 31, hours are from 8 a.m. to 9 p.m. Eastern time, seven days a week, or visit www.bcbsm.com/medicare.

- **Important message about what you pay for vaccines** – Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible (if applicable). Call Customer Service for more information.
- **Important message about what you pay for insulin** – You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible (if applicable).



When visiting your doctor(s), please bring your personal drug list and this 2023 Blue Cross Drug List with you.

Updated: 11/01/2022
Formulary 23129, Version 10
www.bcbsm.com/medicare



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Medicare
Advantage Plans

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 Blue Cross Blue Shield of Michigan. When it refers to "plan" or "our plan," it means **Medicare Plus Blue Group PPO** or **Prescription Blue Group PDP**.

This document includes a list of the drugs (formulary) for our plan which is current as of November 1, 2022. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2024, and from time to time during the year.

What is the Medicare Plus Blue Group PPO and Prescription Blue Group PDP Standard Enhanced Formulary?

A formulary is a list of covered drugs selected by **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP** 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. **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP** will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP** network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

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

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

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

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand-name drug currently on the formulary; or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 31-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP** Formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2023 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 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 Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of November 1, 2022. To get updated information about the drugs covered by **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP**, please contact us. Our contact information appears on the front and back cover pages. In the event of any CMS approved, mid-year non-maintenance formulary changes, you will be notified.

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page Index 1. 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?

Medicare Plus Blue Group PPO and Prescription Blue Group PDP cover both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

Are there any restrictions on my coverage?

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

- Prior Authorization:** **Medicare Plus Blue Group PPO and Prescription Blue Group PDP** require you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from **Medicare Plus Blue Group PPO** or **Prescription Blue Group PDP**

before you fill your prescriptions. If you don't get approval, **Medicare Plus Blue Group PPO** or **Prescription Blue Group PDP** may not cover the drug.

- Quantity Limits:** For certain drugs, **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP** limit the amount of the drug that **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP** will cover. For example, **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP** provides 31 tablets per prescription for pioglitazone. This may be in addition to a standard one-month or three-month supply.
- Step Therapy:** In some cases, **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP** require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP** may not cover Drug B unless you try Drug A first. If Drug A does not work for you, **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP** 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 **Medicare Plus Blue Group PPO** or **Prescription Blue Group PDP** 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 **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP** Formulary?" on page iii for information about how to request an exception.

What are over-the-counter (OTC) drugs?

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP** pay for certain OTC drugs. **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP** will provide these OTC drugs at no cost to you. The cost to **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP** of these OTC drugs will not count toward your total Part D drug costs (that is, the cost of the OTC drugs does not count for the coverage gap).

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 **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP** do not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP**. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP**.
- You can ask **Medicare Plus Blue Group PPO** or **Prescription Blue Group PDP** 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 Medicare Plus Blue Group PPO and Prescription Blue Group PDP Formulary?

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

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

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

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

As a new or continuing member in our plan, you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 108 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 31-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 31-day supply of medication. After your first 31-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, a skilled nursing facility or if you are discharged from a hospital, 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 Chapter 5, Section 5.2 of your *Evidence of Coverage* or visit our website at www.bcbsm.com/medicare/help/understanding-plans/pharmacy-prescription-drugs/transition.html.

We will send you a letter within three business days of your filling a temporary transition supply, notifying you that this was a temporary supply and explaining your options.

For more information

For more detailed information about your **Medicare Plus Blue Group PPO** or **Prescription Blue Group PDP**, please review your *Evidence of Coverage* and other plan materials.

If you have questions about **Medicare Plus Blue Group PPO** or **Prescription Blue Group PDP**, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

Medicare Plus Blue Group PPO and Prescription Blue Group PDP Standard Enhanced Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP**. If you have trouble finding your drug in the list, turn to the Index that begins on page Index 1.

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., pioglitazone).

The information in the Requirements/Limits column tells you if **Medicare Plus Blue Group PPO** or **Prescription Blue Group PDP** have any special requirements for coverage of your drug.

Medicare Plus Blue Group PPO and Prescription Blue Group PDP
Drug Tier Costs

(Up to a 31-day supply)

Tier	Drug Description	Standard retail and standard mail-order cost sharing (in-network)	Preferred retail and preferred mail-order cost sharing (in-network)	Long-term care (LTC) cost sharing	Out-of-network cost sharing
Tier 1	Preferred Generic				
Tier 2	Generic				
Tier 3	Preferred Brand				See your Evidence of Coverage Chart for member cost-share details
Tier 4	Non-Preferred Drug				
Tier 5	Specialty Tier				See your Medical or Prescription Benefits Chart for member cost-share details

Medicare Plus Blue Group PPO and Prescription Blue Group PDP
Drug Tier Costs

(32- to 90-day supply*)

Tier	Drug Description	Standard retail cost sharing (in-network)	Preferred retail cost sharing (in-network)	Standard mail-order cost sharing (in-network)	Preferred mail-order cost sharing (in-network)
Tier 1	Preferred Generic				
Tier 2	Generic				
Tier 3	Preferred Brand				See your Evidence of Coverage Chart for member cost-share details
Tier 4	Non-Preferred Drug				
Tier 5	Specialty Tier				90-day supply is not available

*Most pharmacies will fill a 90-day supply of medications available on Tier 1 through Tier 4. Check with your pharmacist. Medications on Tier 5 are available for a maximum of 31 days' supply per fill.

Drug Notes Code Definitions

Symbol	Definition
B/D	This prescription drug may be covered under Medicare Part B or D depending on the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
EX	This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count toward your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.
PA	Prior Authorization. The plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescription. If you don't get approval, we may not cover the drug.
QL	Quantity Limit. For certain drugs, the plan limits the amount of the drug that we will cover.
ST	Step Therapy. In some cases, the plan requires you to first try a certain drug to treat your condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
cataflam	2	
celecoxib capsule 200mg, 400mg	2	QL (180 EA per 90 days)
celecoxib capsule 100mg	2	QL (270 EA per 90 days)
celecoxib capsule 50mg	2	QL (540 EA per 90 days)
diclofenac potassium tablet 50mg	2	
diclofenac sodium dr	2	
diclofenac sodium er	2	
diclofenac sodium/misoprostol	2	
diclofenac sodium/gel	2	QL (1000 GM per 31 days)
diflunisal tablet 500mg	2	
etodolac er	2	
etodolac capsule 200mg	2	
etodolac tablet	2	
fenoprofen calcium tablet	4	
flurbiprofen tablet 100mg	2	
ibu	1	
ibuprofen suspension	2	
ibuprofen tablet 400mg, 600mg, 800mg	1	
KETOPROFEN ER CAPSULE EXTENDED RELEASE 24 HOUR 200MG	2	QL (90 EA per 90 days)
KETOPROFEN CAPSULE	2	
MECLOFENAMATE SODIUM CAPSULE	4	
mefenamic acid capsule	4	
meloxicam tablet	1	
nabumetone tablet	2	
naproxen sodium tablet 275mg, 550mg	2	
naproxen suspension, tablet delayed release	2	
naproxen tablet 250mg, 375mg, 500mg	2	
oxaprozin	2	
piroxicam capsule	2	
salsalate tablet 750mg	2	
sulindac tablet	2	
TOLMETIN SODIUM CAPSULE	2	
TOLMETIN SODIUM TABLET 600MG	2	
Opioid Analgesics, Long-acting		
buprenorphine	4	QL (12 EA per 84 days)
fentanyl patch 72 hour 100mcg/hr, 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr	4	QL (45 EA per 90 days)
levorphanol tartrate tablet	2	
METHADONE HCL SOLUTION	2	
methadone hcl tablet	2	

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You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
morphine sulfate er tablet extended release 100mg, 15mg, 30mg, 60mg	4	QL (270 EA per 90 days)
morphine sulfate er tablet extended release 200mg	4	QL (90 EA per 90 days)
OXYMORPHONE HYDROCHLORIDE ER TABLET EXTENDED RELEASE 12 HOUR 10MG, 15MG, 20MG, 30MG, 5MG, 7.5MG	4	QL (180 EA per 90 days)
OXYMORPHONE HYDROCHLORIDEER	4	QL (180 EA per 90 days)
TRAMADOL HCL ER TABLET EXTENDED RELEASE 24 HOUR 100MG, 200MG, 300MG	2	QL (90 EA per 90 days)
tramadol hcl er tablet extended release 24 hour 100mg, 200mg, 300mg	2	QL (90 EA per 90 days)
Opioid Analgesics, Short-acting		
acetaminophen/codeine solution	2	QL (5167 ML per 31 days)
acetaminophen/codeine tablet 300mg; 15mg, 300mg; 30mg	2	QL (1080 EA per 90 days)
acetaminophen/codeine tablet 300mg; 60mg	2	QL (540 EA per 90 days)
butorphanol tartrate solution	2	QL (15 ML per 90 days)
CODEINE SULFATE TABLET	2	QL (540 EA per 90 days)
duramorph injection 0.5mg/ml	4	QL (4133 ML per 31 days)
duramorph injection 1mg/ml	4	QL (6000 ML per 90 days)
endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg	2	QL (1080 EA per 90 days)
fentanyl citrate oral transmucosal lozenge on a handle 200mcg	4	QL (120 EA per 30 days) PA
fentanyl citrate oral transmucosal lozenge on a handle 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg	5	QL (120 EA per 30 days) PA
hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml	2	QL (5735 ML per 31 days)
hydrocodone bitartrate/acetaminophen tablet 325mg; 10mg, 325mg; 5mg	2	QL (1080 EA per 90 days)
hydrocodone/acetaminophen tablet 325mg; 7.5mg	2	QL (1080 EA per 90 days)
HYDROCODONE/IBUPROFEN TABLET 10MG; 200MG, 5MG; 200MG	2	QL (450 EA per 90 days)
hydrocodone/ibuprofen tablet 7.5mg; 200mg	2	QL (450 EA per 90 days)
hydromorphone hcl liquid, tablet	2	
HYDROMORPHONE HCL INJECTION 4MG/ML	4	
hydromorphone hcl injection 10mg/ml, 1mg/ml	4	
hydromorphone hydrochloride injection 2mg/ml	2	
hydromorphone hydrochloride injection 50mg/5ml	4	
MORPHINE SULFATE TABLET	2	
MORPHINE SULFATE INJECTION 2MG/ML, 4MG/ML, 8MG/ML	4	
morphine sulfate injection 4mg/ml	4	
morphine sulfate injection 0.5mg/ml	4	QL (4133 ML per 31 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate injection 1mg/ml</i>	4	QL (6000 ML per 90 days)
MORPHINE SULFATE ORAL SOLUTION 20MG/5ML	2	
<i>morphine sulfate oral solution 10mg/5ml, 20mg/ml</i>	2	
<i>nalbuphine hcl injection 20mg/ml</i>	2	QL (100 ML per 30 days)
<i>nalbuphine hcl injection 10mg/ml</i>	2	QL (200 ML per 30 days)
NUCYNTA	4	
<i>oxycodone hydrochloride capsule, tablet</i>	2	
<i>oxycodone hydrochloride concentrate</i>	4	
<i>oxycodone hydrochloride solution</i>	4	QL (1800 ML per 30 days)
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	QL (1080 EA per 90 days)
<i>oxymorphone hydrochloride</i>	4	QL (540 EA per 90 days)
<i>tramadol hcl tablet</i>	2	QL (720 EA per 90 days)
<i>tramadol hydrochloride/acetaminophen</i>	2	QL (1080 EA per 90 days)
Anesthetics		
Local Anesthetics		
CETACAINE AEROSOL 14%; 2%; 2%	4	EX
CRYODOSE TA	4	EX
<i>lidocaine/prilocaine cream</i>	4	PA
<i>lidocaine patch 5%</i>	3	QL (270 EA per 90 days) PA
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
<i>acamprosate calcium dr</i>	2	
<i>disulfiram tablet</i>	2	
<i>naltrexone hcl tablet</i>	1	
Opioid Dependence		
<i>buprenorphine hcl/naloxone hcl</i>	1	QL (270 EA per 90 days)
<i>buprenorphine hcl tablet sublingual</i>	1	QL (270 EA per 90 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg</i>	1	QL (180 EA per 90 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg</i>	1	QL (270 EA per 90 days)
Opioid Reversal Agents		
KLOXXADO	3	
<i>naloxone hcl injection 2mg/2ml, 4mg/10ml</i>	1	
<i>naloxone hydrochloride liquid</i>	3	
NALOXONE HYDROCHLORIDE INJECTION 0.4MG/ML	2	
<i>naloxone hydrochloride injection 0.4mg/ml, 4mg/10ml</i>	1	
Smoking Cessation Agents		
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	2	QL (180 EA per 90 days)
NICOTROL INHALER	4	
NICOTROL NS	4	

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Drug Name	Drug Tier	Requirements/Limits
VARENICLINE STARTING MONTH BOX	3	
VARENICLINE TARTRATE	3	
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate injection 500mg/2ml</i>	4	
ARIKAYCE	5	PA
GENTAMICIN SULFATE PEDIATRIC	4	
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE INJECTION 1.6MG/ML; 0.9%, 1MG/ML; 0.9%	4	
<i>gentamicin sulfate/0.9% sodium chloride injection 1.2mg/ml; 0.9%</i>	4	
<i>gentamicin sulfate cream 0.1%</i>	2	
<i>gentamicin sulfate injection 40mg/ml</i>	4	
<i>gentamicin sulfate ointment 0.1%</i>	2	
ISOTONIC GENTAMICIN INJECTION 0.8MG/ML; 0.9%	4	
<i>neomycin sulfate</i>	2	
NEOMYCIN/POLYMYXIN B SULFATES	4	
<i>paromomycin sulfate</i>	2	
TOBRAMYCIN SULFATE INJECTION 10MG/ML, 40MG/ML	4	
<i>tobramycin sulfate injection 1.2gm/30ml, 1.2gm, 80mg/2ml</i>	4	
Antibacterials, Other		
<i>aztreonam injection 1gm</i>	4	
<i>clindacin etz pledges</i>	3	
<i>clindamycin hcl capsule 300mg</i>	2	
<i>clindamycin hydrochloride capsule 150mg, 75mg</i>	2	
<i>clindamycin palmitate hcl</i>	4	
<i>clindamycin phosphate/dextrose</i>	4	
<i>clindamycin phosphate cream 2%</i>	2	
<i>clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 900mg/60ml, 900mg/6ml</i>	4	
<i>clindamycin phosphate swab 1%</i>	3	
CLINDAMYCIN/SODIUM CHLORIDE	4	
<i>colistimethate sodium</i>	4	
<i>daptomycin injection 500mg</i>	5	
FIRVANQ	4	
<i>fosfomycin tromethamine</i>	4	
<i>linezolid tablet</i>	4	QL (56 EA per 28 days)
<i>linezolid suspension reconstituted</i>	5	QL (1680 ML per 28 days)
LINEZOLID INJECTION 600MG/300ML; 0.9%	5	
<i>linezolid injection 600mg/300ml</i>	4	
<i>methenamine hippurate</i>	2	
<i>metronidazole vaginal</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole capsule 375mg</i>	2	
<i>metronidazole injection 500mg/100ml</i>	4	
<i>metronidazole tablet 250mg, 500mg</i>	2	
<i>nitrofurantoin macrocrystals</i>	2	
<i>nitrofurantoin monohydrate/macrocrystals</i>	2	
<i>nitrofurantoin suspension</i>	2	
<i>polymyxin b sulfate injection</i>	4	
SILVER NITRATE SOLUTION	4	EX
<i>tinidazole</i>	2	
TRIMETHOPRIM TABLET	2	
VANCOMYCIN HCL INJECTION 100GM	4	
<i>vancomycin hcl injection 10gm</i>	4	
VANCOMYCIN HYDROCHLORIDE ORAL SOLUTION RECONSTITUTED	4	
<i>vancomycin hydrochloride capsule 125mg</i>	4	QL (360 EA per 90 days)
<i>vancomycin hydrochloride capsule 250mg</i>	4	QL (720 EA per 90 days)
<i>vancomycin hydrochloride injection 1gm, 500mg, 750mg</i>	4	
VANDAZOLE	2	
XENLETA TABLET	5	
Beta-lactam, Cephalosporins		
CEFACLOR ER TABLET EXTENDED RELEASE 12 HOUR 500MG	2	
CEFACLOR CAPSULE	2	
CEFADROXIL TABLET	2	
<i>cefadroxil capsule, suspension reconstituted</i>	2	
CEFAZOLIN SODIUM/DEXTROSE INJECTION 1GM; 4%	4	
CEFAZOLIN SODIUM INJECTION 100GM, 1GM/50ML; 4%, 1GM, 300GM	4	
<i>cefaezolin sodium injection 10gm, 1gm, 500mg</i>	4	
<i>cefdinir</i>	2	
CEFEPIME/DEXTROSE INJECTION 1GM/50ML; 5%	4	
CEFEPIME INJECTION 1GM/50ML	4	
<i>cefeprizine injection 1gm</i>	4	
<i>cefixime</i>	2	
CEFOTAXIME SODIUM INJECTION 1GM, 2GM	4	
CEFOXITIN SODIUM INJECTION 1GM; 4%, 2GM; 2.2%	4	
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	4	
<i>cefpodoxime proxetil</i>	2	
<i>cefrizol</i>	2	
CEFTAZIDIME/DEXTROSE	4	
<i>ceftazidime injection 1gm, 2gm, 6gm</i>	4	
CEFTRIAXONE IN ISO-OSMOTIC DEXTROSE	4	
CEFTRIAXONE SODIUM INJECTION 100GM	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>ceftriaxone sodium injection 10gm, 1gm, 250mg, 2gm, 500mg</i>	4	
CEFTRIAXONE/DEXTROSE	4	
<i>cefuroxime axetil tablet</i>	2	
<i>cefuroxime sodium injection 1.5gm, 750mg</i>	4	
CEPHALEXIN TABLET	1	
<i>cephalexin capsule 250mg, 500mg</i>	1	
<i>cephalexin suspension reconstituted</i>	2	
FETROJA	5	
TAZICEF INJECTION 1GM	4	
<i>tazicef injection 1gm, 2gm</i>	4	
TEFLARO	5	
Beta-lactam, Penicillins		
AMOXICILLIN/CLAVULANATE POTASSIUM ER	4	
AMOXICILLIN/CLAVULANATE POTASSIUM TABLET CHEWABLE	2	
<i>amoxicillin/clavulanate potassium suspension reconstituted, tablet</i>	2	
<i>amoxicillin capsule, tablet</i>	1	
<i>amoxicillin suspension reconstituted</i>	2	
AMOXICILLIN TABLET CHEWABLE 125MG, 250MG	2	
AMPICILLIN SODIUM INJECTION 125MG, 1GM, 2GM	4	
<i>ampicillin sodium injection 1gm, 250mg, 500mg</i>	4	
AMPICILLIN-SULBACTAM INJECTION 1GM; 0.5GM, 2GM; 1GM	4	
<i>ampicillin-sulbactam injection 10gm; 5gm, 1gm; 0.5gm, 2gm; 1gm</i>	4	
AMPICILLIN CAPSULE 500MG	2	
BICILLIN C-R INJECTION 300000UNIT/ML; 300000UNIT/ML, 900000UNIT/2ML; 300000UNIT/2ML	4	
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	4	
<i>dicloxacillin sodium</i>	2	
NAFCILLIN SODIUM INJECTION 1GM	4	
<i>nafcillin sodium injection 10gm, 1gm</i>	4	
NAFCILLIN INJECTION 5%; 1GM/50ML	4	
OXACILLIN SODIUM INJECTION 1.5GM/50ML; 1GM/50ML, 300MG/50ML; 2GM/50ML	4	
<i>oxacillin sodium injection 10gm, 1gm, 2gm</i>	4	
<i>penicillin g potassium injection 20000000unit, 5000000unit</i>	4	
PENICILLIN G PROCAINE	4	
PENICILLIN G SODIUM	5	
PENICILLIN V POTASSIUM SOLUTION RECONSTITUTED	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>penicillin v potassium tablet</i>	1	
<i>piperacillin sodium/tazobactam sodium</i>	4	
Carbapenems		
<i>ertapenem</i>	4	
IMIPENEM/CILASTATIN INJECTION 250MG; 250MG	4	
<i>imipenem/cilastatin injection 500mg; 500mg</i>	4	
<i>meropenem</i>	3	
MEROPENEM/SODIUM CHLORIDE	3	
Macrolides		
AZITHROMYCIN PACKET	2	
<i>azithromycin suspension reconstituted, tablet</i>	2	
<i>azithromycin injection 500mg</i>	4	
<i>clarithromycin er</i>	4	
CLARITHROMYCIN SUSPENSION RECONSTITUTED	4	
<i>clarithromycin tablet</i>	2	
DIFICID SUSPENSION RECONSTITUTED	5	QL (136 ML per 10 days)
DIFICID TABLET	5	QL (20 EA per 10 days)
E.E.S. 400 TABLET	2	
<i>ery-tab tablet delayed release 250mg, 333mg</i>	4	
ERYTHROCIN STEARATE TABLET 250MG	2	
<i>erythromycin base tablet</i>	2	
<i>erythromycin dr tablet delayed release 250mg, 333mg</i>	2	
ERYTHROMYCIN ETHYLSUCCINATE TABLET	2	
<i>erythromycin ethylsuccinate suspension reconstituted 200mg/5ml</i>	2	
ERYTHROMYCIN CAPSULE DELAYED RELEASE PARTICLES 250MG	2	
Quinolones		
CIPROFLOXACIN HCL TABLET 100MG	2	
<i>ciprofloxacin hcl tablet 750mg</i>	2	
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	2	
<i>ciprofloxacin i.v.-in d5w injection 200mg/100ml; 5%</i>	4	
<i>levofloxacin in d5w injection 5%; 500mg/100ml, 5%; 750mg/150ml</i>	4	
<i>levofloxacin injection 25mg/ml</i>	4	
<i>levofloxacin oral solution 25mg/ml</i>	2	
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	2	
<i>moxifloxacin hydrochloride tablet 400mg</i>	2	
OFLOXACIN TABLET 300MG	2	
<i>ofloxacin tablet 400mg</i>	2	
Sulfonamides		
<i>sulfacetamide sodium lotion 10%</i>	2	
SULFADIAZINE TABLET	2	

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sulfamethoxazole/trimethoprim ds	1	
sulfamethoxazole/trimethoprim tablet	1	
sulfamethoxazole/trimethoprim suspension	2	
Tetracyclines		
demeclercycline hcl tablet	4	
doxy 100	4	
doxycycline hydiate capsule 100mg, 50mg	2	
doxycycline hydiate injection 100mg	4	
doxycycline hydiate tablet 100mg	2	
doxycycline suspension reconstituted	2	
minocycline hcl capsule 75mg	2	
minocycline hcl tablet	2	
minocycline hydrochloride capsule 100mg, 50mg	2	
tetracycline hydrochloride capsule	2	
Anticonvulsants		
<i>Anticonvulsants, Other</i>		
BRIVIACT TABLET	5	QL (62 EA per 31 days) PA
BRIVIACT SOLUTION	5	QL (620 ML per 31 days) PA
EPIDIOLEX	5	QL (600 ML per 30 days) PA
EPRONTIA	4	PA
felbamate	4	
FINTEPLA	5	QL (360 ML per 30 days) PA
FYCOMPA SUSPENSION	4	QL (720 ML per 30 days) PA
FYCOMPA TABLET 2MG	4	QL (540 EA per 90 days) PA
FYCOMPA TABLET 10MG, 12MG, 4MG, 8MG	5	QL (30 EA per 30 days) PA
FYCOMPA TABLET 6MG	5	QL (60 EA per 30 days) PA
lamotrigine er	4	
lamotrigine odt	4	
lamotrigine starter kit/blue	4	
lamotrigine starter kit/green	4	
lamotrigine starter kit/orange	4	
lamotrigine tablet chewable, tablet	2	
levetiracetam er	2	
levetiracetam solution, tablet	2	
NAYZILAM	5	QL (30 EA per 90 days) PA
roweepra tablet 500mg	2	
SPRITAM TABLET DISINTEGRATING SOLUBLE 250MG	4	QL (1080 EA per 90 days) PA
SPRITAM TABLET DISINTEGRATING SOLUBLE 1000MG	4	QL (270 EA per 90 days) PA
SPRITAM TABLET DISINTEGRATING SOLUBLE 750MG	4	QL (360 EA per 90 days) PA
SPRITAM TABLET DISINTEGRATING SOLUBLE 500MG	4	QL (540 EA per 90 days) PA
subvenite	2	
subvenite starter kit/blue	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>subvenite starter kit/green</i>	2	
<i>subvenite starter kit/orange</i>	2	
<i>topiramate capsule sprinkle, tablet</i>	2	
<i>valproic acid</i>	2	
XCOPRI TABLET THERAPY PACK 0	4	QL (84 EA per 84 days) PA
XCOPRI TABLET THERAPY PACK 0	5	QL (168 EA per 84 days) PA
XCOPRI TABLET THERAPY PACK 0	5	QL (28 EA per 28 days) PA
XCOPRI TABLET THERAPY PACK 0	5	QL (56 EA per 28 days) PA
XCOPRI TABLET 100MG, 50MG	5	QL (31 EA per 31 days) PA
XCOPRI TABLET 150MG, 200MG	5	QL (62 EA per 31 days) PA
Calcium Channel Modifying Agents		
CELONTIN CAPSULE 300MG	3	
<i>ethosuximide</i>	2	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>clobazam suspension</i>	4	QL (1440 ML per 90 days) PA
<i>clobazam tablet 20mg</i>	3	QL (62 EA per 31 days) PA
<i>clobazam tablet 10mg</i>	4	QL (180 EA per 90 days) PA
<i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg</i>	2	QL (360 EA per 90 days)
<i>clonazepam odt tablet disintegrating 2mg</i>	2	QL (900 EA per 90 days)
<i>clonazepam tablet 0.5mg, 1mg</i>	2	QL (360 EA per 90 days)
<i>clonazepam tablet 2mg</i>	2	QL (900 EA per 90 days)
DIACOMIT CAPSULE 500MG	5	QL (186 EA per 31 days) PA
DIACOMIT CAPSULE 250MG	5	QL (372 EA per 31 days) PA
DIACOMIT PACKET 500MG	5	QL (186 EA per 31 days) PA
DIACOMIT PACKET 250MG	5	QL (372 EA per 31 days) PA
DIAZEPAM RECTAL GEL	4	
<i>divalproex sodium dr</i>	2	
<i>divalproex sodium er</i>	2	
<i>divalproex sodium capsule delayed release sprinkle</i>	2	
<i>gabapentin solution</i>	2	QL (6480 ML per 90 days)
<i>gabapentin capsule</i>	2	QL (810 EA per 90 days)
<i>gabapentin tablet 800mg</i>	2	QL (360 EA per 90 days)
<i>gabapentin tablet 600mg</i>	2	QL (540 EA per 90 days)
<i>phenobarbital elixir 20mg/5ml</i>	3	QL (4500 ML per 90 days) PA
<i>phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	3	QL (360 EA per 90 days) PA
<i>pregabalin capsule 225mg, 300mg</i>	4	QL (180 EA per 90 days)
<i>pregabalin capsule 100mg, 150mg, 200mg, 50mg</i>	4	QL (270 EA per 90 days)
<i>pregabalin capsule 25mg, 75mg</i>	4	QL (360 EA per 90 days)
<i>pregabalin solution</i>	4	QL (2700 ML per 90 days)
<i>primidone tablet</i>	2	
SYMPAZAN FILM 5MG	4	QL (180 EA per 90 days) PA

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Drug Name	Drug Tier	Requirements/Limits
SYMPAZAN FILM 10MG, 20MG	5	QL (60 EA per 30 days) PA
<i>tiagabine hydrochloride</i>	4	
VALTOCO	5	QL (10 EA per 30 days) PA
<i>vigabatrin</i>	5	QL (186 EA per 31 days) PA
<i>vigadronе</i>	5	QL (186 EA per 31 days) PA
Sodium Channel Agents		
APTIOM	5	QL (62 EA per 31 days) PA
<i>carbamazepine er</i>	2	
<i>carbamazepine tablet chewable, suspension, tablet</i>	2	
DILANTIN CAPSULE 30MG	3	
<i>epitol</i>	2	
<i>fosphenytoin sodium injection 500mg pe/10ml</i>	2	
<i>lacosamide solution</i>	4	QL (3600 ML per 90 days)
<i>lacosamide tablet 100mg, 150mg, 200mg</i>	4	QL (180 EA per 90 days)
<i>lacosamide tablet 50mg</i>	4	QL (360 EA per 90 days)
<i>oxcarbazepine</i>	2	
<i>phenytoin sodium extended</i>	2	
<i>phenytoin tablet chewable, suspension</i>	2	
<i>rufinamide suspension</i>	5	PA
<i>rufinamide tablet 200mg</i>	4	QL (496 EA per 31 days) PA
<i>rufinamide tablet 400mg</i>	5	QL (248 EA per 31 days) PA
<i>zonisamide</i>	2	
Antidementia Agents		
Antidementia Agents, Other		
ERGOLOID MESYLATES TABLET	2	
NAMZARIC	3	
Cholinesterase Inhibitors		
ADLARITY	4	QL (12 EA per 84 days) PA
<i>donepezil hcl tablet disintegrating</i>	4	QL (90 EA per 90 days)
<i>donepezil hcl tablet 10mg</i>	2	QL (90 EA per 90 days)
<i>donepezil hcl tablet 23mg</i>	4	QL (90 EA per 90 days)
<i>donepezil hydrochloride tablet 5mg</i>	2	QL (90 EA per 90 days)
<i>galantamine hydrobromide er</i>	2	QL (90 EA per 90 days)
GALANTAMINE HYDROBROMIDE SOLUTION	2	QL (600 ML per 90 days)
<i>galantamine hydrobromide tablet</i>	2	QL (180 EA per 90 days)
<i>rivastigmine tartrate capsule 4.5mg, 6mg</i>	2	QL (180 EA per 90 days)
<i>rivastigmine tartrate capsule 1.5mg, 3mg</i>	2	QL (270 EA per 90 days)
<i>rivastigmine transdermal system</i>	4	QL (90 EA per 90 days)
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
<i>memantine hcl titration pak</i>	3	QL (147 EA per 84 days) PA
<i>memantine hydrochloride er</i>	4	QL (90 EA per 90 days) PA
<i>memantine hydrochloride solution</i>	2	QL (1080 ML per 90 days) PA
<i>memantine hydrochloride tablet</i>	2	QL (180 EA per 90 days) PA

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NAMENDA XR TITRATION PACK	4	QL (84 EA per 84 days) PA
Antidepressants		
Antidepressants, Other		
bupropion hcl tablet 100mg	2	QL (540 EA per 90 days)
bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg, 150mg, 200mg	2	QL (180 EA per 90 days)
bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg	2	QL (270 EA per 90 days)
bupropion hydrochloride er (xl) tablet extended release 24 hour 300mg	2	QL (90 EA per 90 days)
bupropion hydrochloride tablet 75mg	2	QL (540 EA per 90 days)
MAPROTILINE HCL	2	
mirtazapine odt	2	QL (90 EA per 90 days)
mirtazapine tablet	2	QL (90 EA per 90 days)
olanzapine/fluoxetine	4	
Monoamine Oxidase Inhibitors		
EMSAM	5	QL (31 EA per 31 days) PA
MARPLAN	4	QL (540 EA per 90 days)
phenelzine sulfate	2	
tranylcypromine sulfate	4	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor		
citalopram hydrobromide solution	2	QL (1800 ML per 90 days)
citalopram hydrobromide tablet 20mg	1	QL (180 EA per 90 days)
citalopram hydrobromide tablet 10mg	1	QL (360 EA per 90 days)
citalopram hydrobromide tablet 40mg	1	QL (90 EA per 90 days)
DESVENLAFAKINE ER TABLET EXTENDED RELEASE 24 HOUR 50MG	4	QL (180 EA per 90 days) ST
DESVENLAFAKINE ER TABLET EXTENDED RELEASE 24 HOUR 100MG	4	QL (90 EA per 90 days) ST
desvenlafaxine er tablet extended release 24 hour 100mg	3	QL (360 EA per 90 days)
desvenlafaxine er tablet extended release 24 hour 25mg, 50mg	3	QL (90 EA per 90 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 60MG	4	QL (180 EA per 90 days) PA
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40MG	4	QL (270 EA per 90 days) PA
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30MG	4	QL (360 EA per 90 days) PA
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG	4	QL (540 EA per 90 days) PA
duloxetine hydrochloride capsule delayed release particles 20mg, 30mg, 60mg	2	QL (180 EA per 90 days)
escitalopram oxalate solution	2	QL (1800 ML per 90 days)

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<i>escitalopram oxalate tablet 10mg, 5mg</i>	2	QL (135 EA per 90 days)
<i>escitalopram oxalate tablet 20mg</i>	2	QL (90 EA per 90 days)
FETZIMA TITRATION PACK	4	QL (28 EA per 28 days) ST
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20MG, 40MG	4	QL (180 EA per 90 days) ST
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 80MG	4	QL (90 EA per 90 days) ST
FLUOXETINE DR	2	QL (12 EA per 84 days)
<i>fluoxetine hcl capsule 20mg</i>	2	QL (360 EA per 90 days)
<i>fluoxetine hcl solution</i>	4	QL (1800 ML per 90 days)
<i>fluoxetine hydrochloride capsule 40mg</i>	2	QL (180 EA per 90 days)
<i>fluoxetine hydrochloride capsule 10mg</i>	2	QL (720 EA per 90 days)
FLUOXETINE HYDROCHLORIDE TABLET 10MG, 20MG	4	
<i>fluoxetine hydrochloride tablet 10mg, 20mg, 60mg</i>	4	
<i>fluvoxamine maleate</i>	2	
<i>fluvoxamine maleate er</i>	2	
NEFAZODONE HYDROCHLORIDE	2	
<i>paroxetine</i>	2	
<i>paroxetine hcl er tablet extended release 24 hour 37.5mg</i>	2	QL (180 EA per 90 days)
<i>paroxetine hcl er tablet extended release 24 hour 12.5mg, 25mg</i>	2	QL (270 EA per 90 days)
<i>paroxetine hcl tablet 30mg, 40mg</i>	2	QL (180 EA per 90 days)
<i>paroxetine hydrochloride suspension</i>	4	QL (2700 ML per 90 days)
<i>paroxetine hydrochloride tablet 10mg, 20mg</i>	2	QL (90 EA per 90 days)
<i>sertraline hcl concentrate</i>	2	
<i>sertraline hcl tablet 25mg, 50mg</i>	1	QL (270 EA per 90 days)
<i>sertraline hydrochloride tablet 100mg</i>	1	QL (180 EA per 90 days)
<i>trazodone hydrochloride</i>	1	
TRINTELLIX TABLET 10MG	4	QL (180 EA per 90 days) ST
TRINTELLIX TABLET 5MG	4	QL (360 EA per 90 days) ST
TRINTELLIX TABLET 20MG	4	QL (90 EA per 90 days) ST
<i>venlafaxine hcl er capsule extended release 24 hour 150mg</i>	2	QL (180 EA per 90 days)
<i>venlafaxine hcl er capsule extended release 24 hour 37.5mg</i>	2	QL (90 EA per 90 days)
<i>venlafaxine hydrochloride</i>	2	
<i>venlafaxine hydrochloride er capsule extended release 24 hour 75mg</i>	2	QL (270 EA per 90 days)
VIIBRYD STARTER PACK	4	QL (30 EA per 30 days) ST
<i>vilazodone hydrochloride</i>	4	QL (90 EA per 90 days)
Tricyclics		
<i>amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg</i>	2	PA
<i>amitriptyline hydrochloride tablet 10mg, 50mg</i>	2	PA
AMOXAPINE	2	
<i>clomipramine hydrochloride</i>	4	PA

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<i>desipramine hydrochloride</i>	4	
<i>doxepin hcl capsule 75mg</i>	3	PA
<i>doxepin hcl concentrate</i>	3	PA
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	3	PA
<i>imipramine hcl tablet 25mg, 50mg</i>	2	PA
<i>imipramine hydrochloride tablet 10mg</i>	2	PA
<i>imipramine pamoate</i>	4	PA
NORTRIPTYLINE HCL SOLUTION	3	
<i>nortriptyline hcl capsule 25mg, 75mg</i>	2	
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	2	
<i>protriptyline hcl</i>	2	
<i>trimipramine maleate capsule</i>	2	PA
Antiemetics		
Antiemetics, Other		
<i>compro</i>	2	
<i>meclizine hcl tablet</i>	2	
<i>prochlorperazine maleate tablet</i>	2	
<i>prochlorperazine suppository 25mg</i>	2	
<i>promethazine hcl plain</i>	2	
<i>promethazine hcl suppository 12.5mg, 25mg</i>	2	
<i>promethazine hcl tablet 12.5mg</i>	2	
<i>promethazine hydrochloride tablet 25mg, 50mg</i>	2	
PROMETHEGAN SUPPOSITORY 50MG	2	
<i>promethegan suppository 12.5mg, 25mg</i>	2	
<i>scopolamine</i>	4	QL (30 EA per 90 days)
Emetogenic Therapy Adjuncts		
ANZEMET TABLET 100MG	4	
<i>aprepitant</i>	4	B/D
<i>dronabinol capsule 10mg</i>	4	QL (180 EA per 90 days) B/D
<i>dronabinol capsule 5mg</i>	4	QL (360 EA per 90 days) B/D
<i>dronabinol capsule 2.5mg</i>	4	QL (720 EA per 90 days) B/D
EMEND SUSPENSION RECONSTITUTED	4	B/D
<i>gransetron hydrochloride tablet</i>	2	QL (60 EA per 30 days) B/D
<i>ondansetron hcl solution</i>	4	QL (2700 ML per 90 days) B/D
ONDANSETRON HCL TABLET 24MG	2	B/D
<i>ondansetron hydrochloride tablet</i>	2	B/D
<i>ondansetron odt</i>	2	B/D
Antifungals		
Antifungals		
<i>ABELCET</i>	4	B/D
<i>ALA-QUIN</i>	4	EX
<i>ALCORTIN A</i>	4	EX

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Drug Name	Drug Tier	Requirements/Limits
AMBISOME	5	B/D
<i>amphotericin b liposome</i>	4	B/D
AMPHOTERICIN B INJECTION	4	B/D
<i>caspofungin acetate injection 70mg</i>	4	
<i>caspofungin acetate injection 50mg</i>	5	
<i>clotrimazole cream, solution, troche</i>	2	
<i>econazole nitrate cream</i>	3	QL (255 GM per 90 days)
ERAXIS	5	
<i>fluconazole in sodium chloride</i>	4	
FLUCONAZOLE/SODIUM CHLORIDE	4	
<i>fluconazole suspension reconstituted, tablet</i>	2	
<i>flucytosine capsule 250mg</i>	2	
<i>flucytosine capsule 500mg</i>	5	
<i>griseofulvin microsize</i>	2	
<i>griseofulvin ultramicrosize tablet 125mg, 250mg</i>	2	
<i>hydrocortisone/iodoquinol</i>	2	EX
<i>itraconazole solution</i>	3	
<i>itraconazole capsule</i>	4	
<i>ketoconazole tablet</i>	2	PA
<i>ketoconazole cream</i>	2	QL (270 GM per 90 days)
<i>ketoconazole shampoo</i>	2	QL (360 ML per 90 days)
<i>ketoconazole foam</i>	4	
<i>ketodan</i>	4	
MICONAZOLE 3 SUPPOSITORY	2	
NAFTIFINE HCL	4	
<i>naftifine hydrochloride cream</i>	4	
NOXAFIL SUSPENSION	5	QL (651 ML per 31 days)
<i>nyamyc</i>	2	QL (180 GM per 90 days)
<i>nystatin cream, ointment, suspension, tablet</i>	2	
<i>nystatin powder</i>	2	QL (180 GM per 90 days)
<i>nystop</i>	2	QL (180 GM per 90 days)
<i>oxiconazole nitrate</i>	4	
<i>posaconazole dr</i>	5	QL (93 EA per 31 days)
<i>terbinafine hcl tablet</i>	2	
<i>terbinafine hydrochloride</i>	2	
<i>terconazole</i>	2	
<i>voriconazole tablet</i>	3	
<i>voriconazole injection, suspension reconstituted</i>	5	PA
Antigout Agents		
Antigout Agents		
<i>allopurinol tablet</i>	1	
<i>colchicine tablet 0.6mg</i>	4	QL (360 EA per 90 days)
<i>febuxostat</i>	3	QL (90 EA per 90 days) ST

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Drug Name	Drug Tier	Requirements/Limits
<i>probenecid/colchicine</i>	2	
<i>probenecid tablet</i>	2	
Antimigraine Agents		
Ergot Alkaloids		
<i>dihydroergotamine mesylate solution</i>	5	QL (24 ML per 90 days) PA
<i>MIGERGOT</i>	5	
Prophylactic		
<i>AIMOVIG INJECTION 140MG/ML</i>	3	QL (3 ML per 90 days) PA
<i>AIMOVIG INJECTION 70MG/ML</i>	3	QL (6 ML per 90 days) PA
<i>EMGALITY INJECTION 120MG/ML</i>	3	QL (4 ML per 90 days) PA
<i>EMGALITY INJECTION 100MG/ML</i>	3	QL (9 ML per 90 days) PA
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	1	
<i>UBRELVY</i>	5	QL (16 EA per 30 days) PA
Serotonin (5-HT) Receptor Agonist		
<i>almotriptan tablet 12.5mg</i>	4	QL (24 EA per 90 days)
<i>almotriptan tablet 6.25mg</i>	4	QL (48 EA per 90 days)
<i>eletriptan hydrobromide tablet 40mg</i>	3	QL (18 EA per 90 days)
<i>eletriptan hydrobromide tablet 20mg</i>	3	QL (36 EA per 90 days)
<i>frovatriptan succinate</i>	4	QL (36 EA per 90 days)
<i>naratriptan hcl tablet 2.5mg</i>	2	QL (24 EA per 90 days)
<i>naratriptan hcl tablet 1mg</i>	2	QL (60 EA per 90 days)
<i>rizatriptan benzoate odt tablet disintegrating 5mg</i>	2	QL (162 EA per 90 days)
<i>rizatriptan benzoate odt tablet disintegrating 10mg</i>	2	QL (81 EA per 90 days)
<i>rizatriptan benzoate tablet 5mg</i>	2	QL (162 EA per 90 days)
<i>rizatriptan benzoate tablet 10mg</i>	2	QL (81 EA per 90 days)
<i>SUMATRIPTAN SUCCINATE REFILL</i>	4	
<i>sumatriptan succinate injection</i>	4	QL (27 ML per 90 days)
<i>sumatriptan succinate tablet 50mg</i>	2	QL (108 EA per 90 days)
<i>sumatriptan succinate tablet 25mg</i>	2	QL (216 EA per 90 days)
<i>sumatriptan succinate tablet 100mg</i>	2	QL (54 EA per 90 days)
<i>sumatriptan solution</i>	4	QL (36 EA per 90 days)
<i>zolmitriptan odt tablet disintegrating 2.5mg</i>	2	QL (108 EA per 90 days)
<i>zolmitriptan odt tablet disintegrating 5mg</i>	2	QL (54 EA per 90 days)
<i>zolmitriptan tablet 2.5mg</i>	2	QL (108 EA per 90 days)
<i>zolmitriptan tablet 5mg</i>	2	QL (54 EA per 90 days)
Antimyasthenic Agents		
Parasympathomimetics		
<i>pyridostigmine bromide er</i>	2	
<i>pyridostigmine bromide solution</i>	2	
<i>pyridostigmine bromide tablet 60mg</i>	2	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone tablet</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
PRETOMANID	4	QL (90 EA per 90 days) PA
rifabutin	4	
Antituberculars		
<i>ethambutol hydrochloride</i>	2	
ISONIAZID SYRUP	2	
ISONIAZID TABLET 100MG	2	
<i>isoniazid tablet 300mg</i>	2	
PASER	4	
PRIFTIN	4	
<i>pyrazinamide tablet</i>	2	
<i>rifampin capsule</i>	2	
<i>rifampin injection</i>	4	
SIRTURO	5	PA
TRECATOR	4	
Antineoplastics		
Alkylating Agents		
<i>cyclophosphamide capsule</i>	3	B/D
LEUKERAN	5	
MATULANE	5	
PEPAXTO	5	
VALCHLOR	5	QL (60 GM per 30 days) PA
ZEPZELCA	5	PA
Antiandrogens		
<i>abiraterone acetate tablet 250mg</i>	5	QL (124 EA per 31 days) PA
<i>abiraterone acetate tablet 500mg</i>	5	QL (62 EA per 31 days) PA
<i>bicalutamide</i>	2	
ERLEADA	5	PA
<i>flutamide</i>	2	
<i>nilutamide</i>	5	
NUBEQA	5	PA
XTANDI CAPSULE	5	QL (124 EA per 31 days) PA
XTANDI TABLET 40MG	5	QL (124 EA per 31 days) PA
XTANDI TABLET 80MG	5	QL (62 EA per 31 days) PA
Antiangiogenic Agents		
FOTIVDA	5	QL (21 EA per 28 days) PA
<i>lenalidomide</i>	5	QL (31 EA per 31 days) PA
POMALYST	5	QL (31 EA per 31 days) PA
QINLOCK	5	QL (90 EA per 30 days) PA
REVLIMID CAPSULE 2.5MG, 20MG	5	QL (31 EA per 31 days) PA
TABRECTA	5	QL (112 EA per 28 days) PA
THALOMID CAPSULE 100MG, 50MG	5	QL (31 EA per 31 days) PA
THALOMID CAPSULE 150MG, 200MG	5	QL (62 EA per 31 days) PA
Antiestrogens/Modifiers		

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Drug Name	Drug Tier	Requirements/Limits
EMCYT	5	
SOLTAMOX	5	
<i>tamoxifen citrate tablet</i>	2	
<i>toremifene citrate</i>	5	
Antimetabolites		
DROXIA	4	
<i>hydroxyurea capsule</i>	2	
<i>mercaptopurine tablet</i>	2	
PURIXAN	5	
TABLOID	3 PA	
Antineoplastics, Other		
BESREMI	5	QL (2 ML per 28 days) PA
GAVRETO	5	QL (124 EA per 31 days) PA
IBRANCE TABLET 100MG, 125MG, 75MG	5	QL (21 EA per 28 days) PA
IDHIFA	5	QL (31 EA per 31 days) PA
INREBIC	5	QL (120 EA per 30 days) PA
KISQALI FEMARA 200 DOSE	5	PA
KISQALI FEMARA 400 DOSE	5	PA
KISQALI FEMARA 600 DOSE	5	PA
<i>leucovorin calcium tablet</i>	2	
<i>leucovorin calcium injection 500mg, 50mg</i>	4	
LONSURF	5	PA
LUMAKRAS	5	QL (240 EA per 30 days) PA
NINLARO	5	PA
ONUREG	5	QL (14 EA per 28 days) PA
PEMAZYRE	5	QL (14 EA per 21 days) PA
RETEVMO CAPSULE 80MG	5	QL (124 EA per 31 days) PA
RETEVMO CAPSULE 40MG	5	QL (186 EA per 31 days) PA
RYLAZE	5	PA
SCEMBLIX TABLET 40MG	5	QL (310 EA per 31 days) PA
SCEMBLIX TABLET 20MG	5	QL (62 EA per 31 days) PA
SYNRIBO	5	PA
TAZVERIK	5	QL (240 EA per 30 days) PA
TICE BCG	3	
TRUSELTIQ CAPSULE THERAPY PACK 100MG	5	QL (21 EA per 28 days) PA
TRUSELTIQ CAPSULE THERAPY PACK 0, 25MG	5	QL (42 EA per 28 days) PA
TRUSELTIQ CAPSULE THERAPY PACK 25MG	5	QL (63 EA per 28 days) PA
TUKYSA TABLET 150MG	5	QL (120 EA per 30 days) PA
TUKYSA TABLET 50MG	5	QL (300 EA per 30 days) PA
<i>valrubicin</i>	3	
XPOVIO 100 MG ONCE WEEKLY	5	QL (8 EA per 30 days) PA
XPOVIO 40 MG ONCE WEEKLY	5	QL (4 EA per 30 days) PA
XPOVIO 40 MG TWICE WEEKLY	5	QL (8 EA per 30 days) PA

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Drug Name	Drug Tier	Requirements/Limits
XPOVIO 60 MG ONCE WEEKLY	5	QL (4 EA per 30 days) PA
XPOVIO 60 MG TWICE WEEKLY	5	QL (24 EA per 30 days) PA
XPOVIO 80 MG ONCE WEEKLY	5	QL (8 EA per 30 days) PA
XPOVIO 80 MG TWICE WEEKLY	5	QL (32 EA per 30 days) PA
XPOVIO TABLET THERAPY PACK 40MG, 60MG	5	QL (4 EA per 30 days) PA
XPOVIO TABLET THERAPY PACK 40MG, 50MG	5	QL (8 EA per 30 days) PA
ZOLINZA	5	PA
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole tablet</i>	2	
<i>exemestane</i>	2	
<i>letrozole</i>	2	
Molecular Target Inhibitors		
ALECENSA	5	PA
ALUNBRIG TABLET	5	PA
AYVAKIT	5	QL (30 EA per 30 days) PA
BALVERSA TABLET 5MG	5	QL (30 EA per 30 days) PA
BALVERSA TABLET 4MG	5	QL (60 EA per 30 days) PA
BALVERSA TABLET 3MG	5	QL (90 EA per 30 days) PA
BOSULIF	5	PA
BRAFTOVI CAPSULE 75MG	5	PA
BRUKINSA	5	QL (120 EA per 30 days) PA
CABOMETYX TABLET 20MG, 60MG	5	QL (31 EA per 31 days) PA
CABOMETYX TABLET 40MG	5	QL (62 EA per 31 days) PA
CALQUENCE CAPSULE	5	PA
CAPRELSA	5	PA
COMETRIQ	5	PA
COPIKTRA	5	PA
COTELLIC	5	PA
DAURISMO	5	PA
ERIVEDGE	5	PA
<i>erlotinib hydrochloride tablet 100mg, 150mg</i>	5	QL (31 EA per 31 days) PA
<i>erlotinib hydrochloride tablet 25mg</i>	5	QL (93 EA per 31 days) PA
<i>everolimus tablet soluble 2mg, 3mg, 5mg</i>	5	PA
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	5	QL (31 EA per 31 days) PA
EXKIVITY	5	QL (124 EA per 31 days) PA
FARYDAK	5	QL (6 EA per 21 days) PA
GILOTrif	5	QL (31 EA per 31 days) PA
IBRANCE CAPSULE 100MG, 125MG, 75MG	5	QL (21 EA per 28 days) PA
ICLUSIG	5	PA
<i>imatinib mesylate tablet 100mg</i>	5	QL (186 EA per 31 days) PA
<i>imatinib mesylate tablet 400mg</i>	5	QL (62 EA per 31 days) PA
IMBRUVICA TABLET	5	QL (31 EA per 31 days) PA
IMBRUVICA CAPSULE 140MG	5	QL (124 EA per 31 days) PA

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Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA CAPSULE 70MG	5	QL (31 EA per 31 days) PA
INLYTA TABLET 5MG	5	QL (124 EA per 31 days) PA
INLYTA TABLET 1MG	5	QL (186 EA per 31 days) PA
INQOVI	5	QL (5 EA per 28 days) PA
IRESSA	5	PA
JAKAFI	5	QL (62 EA per 31 days) PA
KISQALI	5	PA
KOSELUGO	5	PA
<i>lapatinib ditosylate</i>	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
LYNPARZA TABLET	5	QL (124 EA per 31 days) PA
MEKINIST	5	PA
MEKTOVI	5	PA
NERLYNX	5	PA
ODOMZO	5	PA
PIQRAY 200MG DAILY DOSE	5	QL (30 EA per 30 days) PA
PIQRAY 250MG DAILY DOSE	5	QL (60 EA per 30 days) PA
PIQRAY 300MG DAILY DOSE	5	QL (60 EA per 30 days) PA
ROZLYTREK CAPSULE 100MG	5	QL (150 EA per 30 days) PA
ROZLYTREK CAPSULE 200MG	5	QL (90 EA per 30 days) PA
RUBRACA	5	PA
RYDAPT	5	PA
<i>sorafenib</i>	5	PA
<i>sorafenib tosylate</i>	5	PA
SPRYCEL TABLET 100MG, 140MG, 70MG	5	QL (31 EA per 31 days) PA
SPRYCEL TABLET 80MG	5	QL (62 EA per 31 days) PA
SPRYCEL TABLET 20MG, 50MG	5	QL (93 EA per 31 days) PA
STIVARGA	5	PA
<i>sunitinib malate capsule 12.5mg, 25mg, 50mg</i>	5	QL (31 EA per 31 days) PA
<i>sunitinib malate capsule 37.5mg</i>	5	QL (62 EA per 31 days) PA
TAFINLAR	5	PA
TAGRISSO	5	QL (31 EA per 31 days) PA
TALZENNA	5	PA
TASIGNA CAPSULE 200MG	5	QL (124 EA per 31 days) PA
TASIGNA CAPSULE 150MG	5	QL (155 EA per 31 days) PA

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Drug Name	Drug Tier	Requirements/Limits
TASIGNA CAPSULE 50MG	5	QL (434 EA per 31 days) PA
TEPMETKO	5	QL (62 EA per 31 days) PA
TIBSOVO	5	PA
TURALIO	5	QL (120 EA per 30 days) PA
VENCLEXTA STARTING PACK	5	PA
VENCLEXTA TABLET 10MG, 50MG	3	PA
VENCLEXTA TABLET 100MG	5	PA
VERZENIO	5	QL (60 EA per 30 days) PA
VITRAKVI	5	PA
VIZIMPRO	5	PA
VONJO	5	QL (124 EA per 31 days) PA
VOTRIENT	5	PA
WELIREG	5	QL (93 EA per 31 days) PA
XALKORI	5	QL (62 EA per 31 days) PA
XOSPATA	5	PA
ZEJULA	5	PA
ZELBORA	5	QL (248 EA per 31 days) PA
ZYDELIG	5	QL (62 EA per 31 days) PA
ZYKADIA TABLET	5	PA
<i>Monoclonal Antibody/Antibody-Drug Conjugate</i>		
DANYELZA	5	PA
ENHERTU	5	PA
HERCEPTIN HYLECTA	5	
LIBTAYO	5	PA
LUMOXITI	5	PA
MARGENZA	5	PA
MONJUVI	5	PA
PADCEV	5	PA
POLIVY	5	PA
RYBREVANT	5	PA
SARCLISA	5	PA
TIVDAK	5	PA
TRODELVY	5	PA
<i>Retinoids</i>		
<i>bexarotene capsule</i>	5	PA
<i>bexarotene gel</i>	5	QL (60 GM per 30 days) PA
PANRETIN	5	QL (60 GM per 30 days) PA
<i>tretinoin capsule 10mg</i>	5	
<i>Treatment Adjuncts</i>		
<i>dexrazoxane injection 500mg</i>	2	
MESNEX TABLET	3	
<i>Antiparasitics</i>		
<i>Anthelmintics</i>		

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<i>albendazole tablet</i>	4	
<i>ivermectin tablet 3mg</i>	2	PA
<i>praziquantel tablet</i>	2	
Antiprotozoals		
<i>atovaquone</i>	4	
<i>atovaquone/proguanil hcl</i>	2	
BENZNIDAZOLE	4	
CHLOROQUINE PHOSPHATE TABLET 500MG	2	
<i>chloroquine phosphate tablet 250mg</i>	2	
COARTEM	3	
<i>hydroxychloroquine sulfate tablet 200mg</i>	1	
<i>mefloquine hcl</i>	2	
<i>nitazoxanide</i>	5	
<i>pentamidine isethionate injection</i>	4	
PRIMAQUINE PHOSPHATE TABLET	3	
<i>pyrimethamine tablet</i>	5	
<i>quinine sulfate capsule 324mg</i>	2	PA
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate tablet</i>	2	
<i>benztropine mesylate injection</i>	4	
TRIHEXYYPHENIDYL HCL SOLUTION	2	
<i>trihexyphenidyl hydrochloride</i>	2	
Antiparkinson Agents, Other		
<i>amantadine hcl capsule, solution, tablet</i>	2	
<i>carbidopa/levodopa/entacapone</i>	4	
<i>entacapone</i>	4	
Dopamine Agonists		
<i>apomorphine hydrochloride injection</i>	5	QL (93 ML per 31 days) PA
<i>bromocriptine mesylate capsule, tablet</i>	2	
NEUPRO	4	
<i>pramipexole dihydrochloride</i>	2	
<i>pramipexole dihydrochloride er</i>	4	
<i>ropinirole er</i>	2	
<i>ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	2	
<i>ropinirole hydrochloride tablet 0.25mg, 3mg</i>	2	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa/levodopa</i>	2	
<i>carbidopa/levodopa er</i>	2	
CARBIDOPA/LEVODOPA ODT	2	
<i>carbidopa tablet</i>	4	
Monoamine Oxidase B (MAO-B) Inhibitors		

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Drug Name	Drug Tier	Requirements/Limits
<i>rasagiline mesylate tablet</i>	4	
<i>selegiline hcl capsule, tablet</i>	2	
Antipsychotics		
1st Generation/Typical		
<i>chlorpromazine hcl tablet</i>	4	
CHLORPROMAZINE HYDROCHLORIDE CONCENTRATE	4	
<i>fluphenazine decanoate injection</i>	4	
FLUPHENAZINE HCL CONCENTRATE	2	
FLUPHENAZINE HCL INJECTION	4	
<i>fluphenazine hcl tablet</i>	2	
FLUPHENAZINE HYDROCHLORIDE ELIXIR	2	
<i>haloperidol decanoate injection</i>	4	
<i>haloperidol lactate</i>	2	
<i>haloperidol concentrate, tablet</i>	2	
<i>loxapine</i>	2	
MOLINDONE HYDROCHLORIDE	2	
<i>perphenazine tablet</i>	2	
PIMOZIDE	2	
<i>thioridazine hcl tablet 100mg, 10mg, 25mg, 50mg</i>	2	PA
<i>thiothixene capsule 10mg, 1mg, 2mg, 5mg</i>	2	
<i>trifluoperazine hcl tablet 10mg, 2mg, 5mg</i>	2	
<i>trifluoperazine hydrochloride tablet 1mg</i>	2	
2nd Generation/Atypical		
ABILIFY MAINTENA	5	QL (1 EA per 28 days) ST
<i>ariPIPRAZOLE odt tablet disintegrating 15mg</i>	4	QL (180 EA per 90 days)
<i>ariPIPRAZOLE odt tablet disintegrating 10mg</i>	4	QL (270 EA per 90 days)
<i>ariPIPRAZOLE tablet</i>	3	QL (90 EA per 90 days)
<i>ariPIPRAZOLE solution</i>	4	QL (2700 ML per 90 days)
ARISTADA INITIO	5	QL (2.4 ML per 31 days) ST
ARISTADA INJECTION 441MG/1.6ML	5	QL (1.6 ML per 30 days) ST
ARISTADA INJECTION 662MG/2.4ML	5	QL (2.4 ML per 30 days) ST
ARISTADA INJECTION 882MG/3.2ML	5	QL (3.2 ML per 30 days) ST
ARISTADA INJECTION 1064MG/3.9ML	5	QL (3.9 ML per 56 days) ST
<i>asenapine maleate sl</i>	3	QL (180 EA per 90 days)
CAPLYTA CAPSULE 42MG	5	QL (30 EA per 30 days) ST
FANAPT TITRATION PACK	4	QL (8 EA per 31 days) ST
FANAPT TABLET 1MG, 2MG, 4MG	5	QL (180 EA per 90 days) ST
FANAPT TABLET 10MG, 12MG, 6MG, 8MG	5	QL (62 EA per 31 days) ST
INVEGA HAFYERA INJECTION 1092MG/3.5ML	5	QL (3.5 ML per 180 days) ST
INVEGA HAFYERA INJECTION 1560MG/5ML	5	QL (5 ML per 180 days) ST
INVEGA SUSTENNA INJECTION 39MG/0.25ML	4	QL (0.25 ML per 28 days) ST
INVEGA SUSTENNA INJECTION 78MG/0.5ML	5	QL (0.5 ML per 28 days) ST

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INVEGA SUSTENNA INJECTION 117MG/0.75ML	5	QL (0.75 ML per 28 days) ST
INVEGA SUSTENNA INJECTION 156MG/ML	5	QL (1 ML per 28 days) ST
INVEGA SUSTENNA INJECTION 234MG/1.5ML	5	QL (1.5 ML per 28 days) ST
INVEGA TRINZA INJECTION 273MG/0.88ML	5	QL (0.88 ML per 90 days) ST
INVEGA TRINZA INJECTION 410MG/1.32ML	5	QL (1.32 ML per 90 days) ST
INVEGA TRINZA INJECTION 546MG/1.75ML	5	QL (1.75 ML per 90 days) ST
INVEGA TRINZA INJECTION 819MG/2.63ML	5	QL (2.63 ML per 90 days) ST
LATUDA TABLET 120MG, 20MG, 40MG, 60MG	5	QL (31 EA per 31 days) ST
LATUDA TABLET 80MG	5	QL (62 EA per 31 days) ST
LYBALVI	5	QL (30 EA per 30 days) ST
NUPLAZID CAPSULE	5	QL (31 EA per 31 days) PA
NUPLAZID TABLET 10MG	5	QL (31 EA per 31 days) PA
<i>olanzapine odt tablet disintegrating 10mg</i>	2	QL (180 EA per 90 days)
<i>olanzapine odt tablet disintegrating 15mg, 20mg, 5mg</i>	2	QL (90 EA per 90 days)
<i>olanzapine injection</i>	4	
<i>olanzapine tablet 10mg, 2.5mg, 5mg</i>	2	QL (180 EA per 90 days)
<i>olanzapine tablet 15mg, 20mg, 7.5mg</i>	2	QL (90 EA per 90 days)
<i>paliperidone er tablet extended release 24 hour 6mg</i>	2	QL (180 EA per 90 days)
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	2	QL (90 EA per 90 days)
PERSERIS	5	QL (1 EA per 30 days) ST
<i>quetiapine fumarate er tablet extended release 24 hour 300mg, 400mg</i>	2	QL (180 EA per 90 days)
<i>quetiapine fumarate er tablet extended release 24 hour 150mg</i>	2	QL (270 EA per 90 days)
<i>quetiapine fumarate er tablet extended release 24 hour 50mg</i>	2	QL (360 EA per 90 days)
<i>quetiapine fumarate er tablet extended release 24 hour 200mg</i>	2	QL (90 EA per 90 days)
<i>quetiapine fumarate tablet 300mg, 400mg</i>	2	QL (180 EA per 90 days)
<i>quetiapine fumarate tablet 100mg</i>	2	QL (270 EA per 90 days)
<i>quetiapine fumarate tablet 200mg, 25mg, 50mg</i>	2	QL (360 EA per 90 days)
REXULTI TABLET 3MG, 4MG	5	QL (31 EA per 31 days) ST
REXULTI TABLET 0.25MG, 0.5MG, 1MG, 2MG	5	QL (62 EA per 31 days) ST
RISPERDAL CONSTA INJECTION 12.5MG	4	QL (6 EA per 90 days) ST
RISPERDAL CONSTA INJECTION 25MG, 37.5MG, 50MG	5	QL (2 EA per 30 days) ST
RISPERIDONE ODT TABLET DISINTEGRATING 0.25MG	2	QL (270 EA per 90 days)
<i>risperidone odt tablet disintegrating 1mg, 2mg, 3mg, 4mg</i>	2	QL (180 EA per 90 days)
<i>risperidone odt tablet disintegrating 0.5mg</i>	2	QL (360 EA per 90 days)
<i>risperidone solution</i>	2	
<i>risperidone tablet 1mg, 2mg, 3mg, 4mg</i>	2	QL (180 EA per 90 days)
<i>risperidone tablet 0.25mg</i>	2	QL (270 EA per 90 days)
<i>risperidone tablet 0.5mg</i>	2	QL (360 EA per 90 days)
SECUADO	5	QL (31 EA per 31 days) ST
VRAYLAR CAPSULE THERAPY PACK	4	QL (7 EA per 31 days) ST
VRAYLAR CAPSULE 3MG, 4.5MG, 6MG	5	QL (31 EA per 31 days) ST

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Drug Name	Drug Tier	Requirements/Limits
VRAYLAR CAPSULE 1.5MG	5	QL (62 EA per 31 days) ST
<i>ziprasidone hcl</i>	2	QL (180 EA per 90 days)
<i>ziprasidone mesylate</i>	4	
ZYPREXA RELPREVV INJECTION 210MG	4	QL (6 EA per 90 days) ST
ZYPREXA RELPREVV INJECTION 405MG	5	QL (1 EA per 30 days) ST
ZYPREXA RELPREVV INJECTION 300MG	5	QL (2 EA per 30 days) ST
Treatment-Resistant		
CLOZAPINE ODT TABLET DISINTEGRATING 12.5MG	2	PA
CLOZAPINE ODT TABLET DISINTEGRATING 200MG	4	QL (405 EA per 90 days) PA
CLOZAPINE ODT TABLET DISINTEGRATING 150MG	4	QL (540 EA per 90 days) PA
<i>clozapine odt tablet disintegrating 25mg</i>	2	PA
<i>clozapine odt tablet disintegrating 100mg</i>	2	QL (810 EA per 90 days) PA
<i>clozapine tablet 100mg, 200mg, 25mg, 50mg</i>	2	
VERSACLOZ	5	QL (540 ML per 30 days) PA
Antispasticity Agents		
<i>Antispasticity Agents</i>		
<i>baclofen injection 2000mcg/20ml, 40mg/20ml, 500mcg/ml</i>	2	
<i>baclofen tablet 10mg, 20mg</i>	2	
<i>baclofen tablet 5mg</i>	3	
<i>dantrolene sodium capsule</i>	2	
<i>tizanidine hcl tablet 2mg</i>	2	
<i>tizanidine hydrochloride tablet 4mg</i>	2	
Antivirals		
<i>Anti-cytomegalovirus (CMV) Agents</i>		
GANCICLOVIR INJECTION 500MG/10ML	4	
LIVTENCITY	5	PA
PREVYMIS TABLET	5	
<i>valganciclovir</i>	3	
<i>valganciclovir hydrochloride</i>	5	
<i>Anti-hepatitis B (HBV) Agents</i>		
<i>adefovir dipivoxil</i>	4	
<i>entecavir</i>	3	QL (90 EA per 90 days)
<i>lamivudine tablet 100mg</i>	2	
<i>Anti-hepatitis C (HCV) Agents</i>		
EPCLUSIA PACKET 150MG; 37.5MG	5	QL (31 EA per 31 days) PA
EPCLUSIA PACKET 200MG; 50MG	5	QL (62 EA per 31 days) PA
EPCLUSIA TABLET 400MG; 100MG	5	QL (31 EA per 31 days) PA
EPCLUSIA TABLET 200MG; 50MG	5	QL (62 EA per 31 days) PA
HARVONI TABLET	5	QL (31 EA per 31 days) PA
HARVONI PACKET 33.75MG; 150MG	5	QL (31 EA per 31 days) PA
HARVONI PACKET 45MG; 200MG	5	QL (62 EA per 31 days) PA
<i>ribavirin capsule</i>	2	
<i>ribavirin tablet 200mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
SOVALDI PACKET 150MG	5	QL (31 EA per 31 days) PA
SOVALDI PACKET 200MG	5	QL (62 EA per 31 days) PA
SOVALDI TABLET 400MG	5	QL (31 EA per 31 days) PA
SOVALDI TABLET 200MG	5	QL (62 EA per 31 days) PA
VOSEVI	5	QL (31 EA per 31 days) PA
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
APRETUDE	5	
BIKTARVY	5	QL (31 EA per 31 days)
CABENUVA	5	
DOVATO	5	
GENVOYA	5	QL (31 EA per 31 days)
ISENTRESS HD	5	
ISENTRESS PACKET, TABLET	5	QL (62 EA per 31 days)
ISENTRESS TABLET CHEWABLE 25MG	3	QL (186 EA per 31 days)
ISENTRESS TABLET CHEWABLE 100MG	5	QL (186 EA per 31 days)
JULUCA	5	QL (31 EA per 31 days)
STRIBILD	5	
TIVICAY PD	4	QL (372 EA per 31 days)
TIVICAY TABLET 10MG	4	QL (31 EA per 31 days)
TIVICAY TABLET 25MG	5	QL (31 EA per 31 days)
TIVICAY TABLET 50MG	5	QL (62 EA per 31 days)
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA	5	
DELSTRIGO	5	
EDURANT	5	
efavirenz	4	
efavirenz/emtricitabine/tenofovir disoproxil fumarate	5	
efavirenz/lamivudine/tenofovir disoproxil fumarate	5	
etravirine tablet 100mg	3	
etravirine tablet 200mg	5	
INTELENCE TABLET 25MG	3	
NEVIRAPINE ER TABLET EXTENDED RELEASE 24 HOUR 100MG	2	
nevirapine er tablet extended release 24 hour 400mg	2	
NEVIRAPINE SUSPENSION	4	
nevirapine tablet	2	
PIFELTRO	5	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
abacavir	4	
abacavir sulfate/lamivudine	3	
abacavir sulfate/lamivudine/zidovudine	5	

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Drug Name	Drug Tier	Requirements/Limits
CIMDUO	5	
DESCOVY	5	
<i>emtricitabine</i>	3	
<i>emtricitabine/tenofovir disoproxil</i>	5	QL (31 EA per 31 days)
<i>emtricitabine/tenofovir disoproxil fumarate</i>	5	QL (31 EA per 31 days)
EMTRIVA SOLUTION	3	
<i>lamivudine/zidovudine</i>	2	
<i>lamivudine solution 10mg/ml</i>	2	
<i>lamivudine tablet 150mg, 300mg</i>	2	
ODEFSEY	5	
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL (30 EA per 180 days)
STAVUDINE CAPSULE	2	
TEMIXYS	5	
<i>tenofovir disoproxil fumarate</i>	3	
TRIUMEQ	5	QL (31 EA per 31 days)
TRIUMEQ PD	5	QL (180 EA per 30 days)
TRIZIVIR	5	
VIREAD POWDER	5	
VIREAD TABLET 150MG, 200MG, 250MG	5	
<i>zidovudine</i>	2	
Anti-HIV Agents, Other		
FUZEON	5	
<i>maraviroc</i>	5	
RUKOBIA	5	QL (62 EA per 31 days)
SELZENTRY SOLUTION	5	
SELZENTRY TABLET 25MG	3	
SELZENTRY TABLET 75MG	5	
TROGARZO	5	
TYBOST	3	
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS CAPSULE	5	
<i>atazanavir</i>	4	
<i>atazanavir sulfate capsule 300mg</i>	4	
CRIVAN CAPSULE 200MG, 400MG	3	
EVOTAZ	5	
<i>fosamprenavir calcium</i>	5	
INVIRASE TABLET	5	
LEXIVA SUSPENSION	4	
<i>lopinavir/ritonavir solution</i>	4	
<i>lopinavir/ritonavir tablet 100mg; 25mg</i>	4	
<i>lopinavir/ritonavir tablet 200mg; 50mg</i>	5	
NORVIR PACKET, SOLUTION	3	
PREZCOBIX	5	QL (31 EA per 31 days)

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Drug Name	Drug Tier	Requirements/Limits
PREZISTA SUSPENSION	5	QL (414 ML per 31 days)
PREZISTA TABLET 75MG	4	QL (1440 EA per 90 days)
PREZISTA TABLET 150MG	4	QL (720 EA per 90 days)
PREZISTA TABLET 800MG	5	QL (31 EA per 31 days)
PREZISTA TABLET 600MG	5	QL (62 EA per 31 days)
REYATAZ PACKET	5	
ritonavir	2	
SYMTUZA	5	
VIRACEPT	5	
Anti-influenza Agents		
<i>oseltamivir phosphate capsule 30mg</i>	2	QL (168 EA per 180 days)
<i>oseltamivir phosphate capsule 45mg, 75mg</i>	2	QL (84 EA per 180 days)
<i>oseltamivir phosphate suspension reconstituted</i>	2	QL (1050 ML per 180 days)
RIMANTADINE HYDROCHLORIDE	2	
Antiherpetic Agents		
<i>acyclovir sodium injection 50mg/ml</i>	4	B/D
<i>acyclovir capsule 200mg</i>	2	
<i>acyclovir suspension 200mg/5ml</i>	2	
<i>acyclovir tablet 400mg, 800mg</i>	2	
<i>famciclovir tablet</i>	2	QL (90 EA per 30 days)
<i>valacyclovir hcl tablet 1gm</i>	2	
<i>valacyclovir hydrochloride tablet 500mg</i>	2	
Anxiolytics		
Anxiolytics, Other		
<i>buspirone hcl tablet 15mg, 30mg</i>	2	
<i>buspirone hydrochloride tablet 10mg, 5mg, 7.5mg</i>	2	
meprobamate	4	PA
Benzodiazepines		
<i>alprazolam</i>	2	QL (450 EA per 90 days)
ALPRAZOLAM INTENSOL	2	
<i>clorazepate dipotassium tablet 7.5mg</i>	2	QL (1080 EA per 90 days)
<i>clorazepate dipotassium tablet 3.75mg</i>	2	QL (2160 EA per 90 days)
<i>clorazepate dipotassium tablet 15mg</i>	2	QL (540 EA per 90 days)
<i>diazepam solution</i>	2	QL (1200 ML per 30 days)
<i>diazepam tablet</i>	2	QL (360 EA per 90 days)
<i>lorazepam intensol</i>	2	QL (450 ML per 90 days)
<i>lorazepam tablet</i>	2	QL (450 EA per 90 days)
Bipolar Agents		
Mood Stabilizers		
<i>lithium carbonate er</i>	2	
LITHIUM CARBONATE CAPSULE 600MG	2	
<i>lithium carbonate capsule 150mg, 300mg</i>	2	
<i>lithium carbonate tablet</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose tablet	2	
BYDUREON BCISE	3	QL (10.2 ML per 84 days)
BYDUREON PEN	3	QL (12.6 EA per 84 days)
CYCLOSET	4	QL (540 EA per 90 days)
FARXIGA	3	QL (90 EA per 90 days)
glimepiride tablet 4mg	1	QL (180 EA per 90 days)
glimepiride tablet 2mg	1	QL (360 EA per 90 days)
glimepiride tablet 1mg	1	QL (720 EA per 90 days)
glipizide er tablet extended release 24 hour 10mg	1	QL (180 EA per 90 days)
glipizide er tablet extended release 24 hour 2.5mg, 5mg	1	QL (270 EA per 90 days)
glipizide/metformin hydrochloride tablet 2.5mg; 500mg, 5mg; 500mg	1	QL (360 EA per 90 days)
glipizide/metformin hydrochloride tablet 2.5mg; 250mg	1	QL (720 EA per 90 days)
glipizide tablet 10mg	1	QL (360 EA per 90 days)
glipizide tablet 5mg	1	QL (720 EA per 90 days)
glyburide micronized tablet 6mg	1	QL (180 EA per 90 days)
glyburide micronized tablet 3mg	1	QL (360 EA per 90 days)
glyburide micronized tablet 1.5mg	1	QL (720 EA per 90 days)
glyburide/metformin hydrochloride tablet 2.5mg; 500mg, 5mg; 500mg	1	QL (360 EA per 90 days)
glyburide/metformin hydrochloride tablet 1.25mg; 250mg	1	QL (720 EA per 90 days)
glyburide tablet 1.25mg	1	QL (1440 EA per 90 days)
glyburide tablet 5mg	1	QL (360 EA per 90 days)
glyburide tablet 2.5mg	1	QL (720 EA per 90 days)
GLYXAMBI	3	QL (90 EA per 90 days)
JANUMET	3	QL (180 EA per 90 days)
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 50MG, 500MG; 50MG	3	QL (180 EA per 90 days)
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG	3	QL (90 EA per 90 days)
JANUVIA	3	QL (90 EA per 90 days)
JARDIANCE	3	QL (90 EA per 90 days)
JENTADUETO	3	QL (180 EA per 90 days)
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG	3	QL (180 EA per 90 days)
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG	3	QL (90 EA per 90 days)
metformin hydrochloride er tablet extended release 24 hour 1000mg, 750mg	1	QL (180 EA per 90 days)
metformin hydrochloride er tablet extended release 24 hour 500mg	1	QL (360 EA per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
metformin hydrochloride er tablet extended release 24 hour 500mg	1	QL (450 EA per 90 days)
metformin hydrochloride tablet 1000mg	1	QL (230 EA per 90 days)
metformin hydrochloride tablet 850mg	1	QL (270 EA per 90 days)
metformin hydrochloride tablet 500mg	1	QL (459 EA per 90 days)
miglitol	2	
nateglinide tablet 120mg	1	QL (270 EA per 90 days)
nateglinide tablet 60mg	1	QL (540 EA per 90 days)
OZEMPIC INJECTION 2MG/1.5ML	3	QL (1.5 ML per 28 days)
OZEMPIC INJECTION 2MG/1.5ML, 4MG/3ML, 5.5MG/ML; 14MG/ML; 8MG/3ML	3	QL (3 ML per 28 days)
pioglitazone hcl-glimepiride	1	QL (90 EA per 90 days)
pioglitazone hcl/metformin hcl	1	QL (270 EA per 90 days)
pioglitazone hcl tablet 45mg	1	QL (90 EA per 90 days)
pioglitazone hydrochloride tablet 15mg, 30mg	1	QL (90 EA per 90 days)
repaglinide tablet 1mg	1	QL (1440 EA per 90 days)
repaglinide tablet 0.5mg	1	QL (2880 EA per 90 days)
repaglinide tablet 2mg	1	QL (720 EA per 90 days)
RYBELSUS TABLET 7MG	3	QL (180 EA per 90 days)
RYBELSUS TABLET 3MG	3	QL (420 EA per 90 days)
RYBELSUS TABLET 14MG	3	QL (90 EA per 90 days)
SOLIQUA 100/33	3	QL (60 ML per 90 days)
SYMLINPEN 120	5	QL (10.8 ML per 30 days) PA
SYMLINPEN 60	5	QL (12 ML per 30 days) PA
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	3	QL (180 EA per 90 days)
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25MG; 1000MG	3	QL (90 EA per 90 days)
SYNJARDY TABLET 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG	3	QL (180 EA per 90 days)
SYNJARDY TABLET 5MG; 500MG	3	QL (360 EA per 90 days)
TRADJENTA	3	QL (90 EA per 90 days)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	3	QL (180 EA per 90 days)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	3	QL (90 EA per 90 days)
TRULICITY	3	QL (2 ML per 28 days)
VICTOZA	3	QL (27 ML per 90 days)
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	3	QL (180 EA per 90 days)
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 10MG; 500MG	3	QL (90 EA per 90 days)

Glycemic Agents

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Drug Name	Drug Tier	Requirements/Limits
BAQSIMI ONE PACK	3	
BAQSIMI TWO PACK	3	
diazoxide suspension	5	
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	3	
SUGAR INJECTION 1MG/ML		
<i>glucagon emergency kit for low blood sugar injection 1mg</i>	3	
GVOKE HYPOPEN 1-PACK	3	
GVOKE HYPOPEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS	3	
KORLYM	5	PA
Insulins		
HUMALOG KWIKPEN INJECTION 200UNIT/ML	4	ST
HUMULIN R U-500 (CONCENTRATED)	5	
HUMULIN R U-500 KWIKPEN	5	
LANTUS	3	
LANTUS SOLOSTAR	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	
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	

Blood Products and Modifiers

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Drug Name	Drug Tier	Requirements/Limits
Anticoagulants		
ELIQUIS STARTER PACK	3	QL (74 EA per 30 days)
ELIQUIS TABLET 2.5MG	3	QL (180 EA per 90 days)
ELIQUIS TABLET 5MG	3	QL (194 EA per 90 days)
<i>enoxaparin sodium injection 100mg/ml, 120mg/0.8ml, 150mg/ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml</i>	4	
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	4	
<i>fondaparinux sodium injection 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	5	
FRAGMIN INJECTION 2500UNIT/0.2ML	4	
FRAGMIN INJECTION 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 9500UNIT/3.8ML	5	
<i>heparin sodium injection 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/ml</i>	2	
<i>jantoven</i>	1	
<i>warfarin sodium tablet</i>	1	
XARELTO STARTER PACK	3	QL (51 EA per 30 days)
XARELTO SUSPENSION RECONSTITUTED	3	QL (2700 ML per 90 days)
XARELTO TABLET 15MG, 2.5MG	3	QL (180 EA per 90 days)
XARELTO TABLET 10MG, 20MG	3	QL (90 EA per 90 days)
Blood Products and Modifiers, Other		
<i>anagrelide hydrochloride</i>	2	
ARANESP ALBUMIN FREE INJECTION 10MCG/0.4ML, 25MCG/0.42ML, 25MCG/ML, 40MCG/0.4ML, 40MCG/ML	4	PA
ARANESP ALBUMIN FREE INJECTION 100MCG/0.5ML, 100MCG/ML, 150MCG/0.3ML, 200MCG/0.4ML, 200MCG/ML, 300MCG/0.6ML, 500MCG/ML, 60MCG/0.3ML, 60MCG/ML	5	PA
EPOGEN INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
EPOGEN INJECTION 20000UNIT/ML	5	PA
NEULASTA	5	QL (1.2 ML per 28 days)
NEULASTA ONPRO KIT	5	QL (1.2 ML per 28 days)
NIVESTYM	5	PA
OXBRYTA	5	PA
PROCIT INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
PROCIT INJECTION 20000UNIT/ML, 40000UNIT/ML	5	PA
PROMACTA TABLET 12.5MG, 25MG	5	QL (31 EA per 31 days) PA
PROMACTA TABLET 50MG, 75MG	5	QL (62 EA per 31 days) PA
ZARXIO	5	PA
Hemostasis Agents		

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Drug Name	Drug	Tier	Requirements/Limits
<i>tranexamic acid tablet</i>		2	QL (90 EA per 63 days)
Platelet Modifying Agents			
<i>aspirin/dipyridamole er</i>		4	QL (180 EA per 90 days)
BRILINTA TABLET 60MG		3	QL (180 EA per 90 days)
BRILINTA TABLET 90MG		3	QL (182 EA per 90 days)
CABLIVI		5	PA
<i>cilostazol</i>		2	
<i>clopidogrel tablet 75mg</i>		1	QL (90 EA per 90 days)
DOPTELET		5	PA
<i>prasugrel</i>		3	
Cardiovascular Agents			
Alpha-adrenergic Agonists			
<i>clonidine hcl patch weekly</i>		1	QL (12 EA per 84 days)
<i>clonidine hydrochloride tablet</i>		2	
<i>droxidopa capsule 200mg, 300mg</i>		5	QL (186 EA per 31 days) PA
<i>droxidopa capsule 100mg</i>		5	QL (93 EA per 31 days) PA
<i>midodrine hcl</i>		2	
Alpha-adrenergic Blocking Agents			
<i>doxazosin mesylate tablet</i>		2	
<i>prazosin hydrochloride capsule</i>		2	
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>		2	
<i>terazosin hydrochloride capsule 2mg</i>		2	
Angiotensin II Receptor Antagonists			
<i>candesartan cilexetil tablet 16mg</i>		1	QL (180 EA per 90 days)
<i>candesartan cilexetil tablet 8mg</i>		1	QL (360 EA per 90 days)
<i>candesartan cilexetil tablet 4mg</i>		1	QL (720 EA per 90 days)
<i>candesartan cilexetil tablet 32mg</i>		1	QL (90 EA per 90 days)
<i>irbesartan tablet 150mg</i>		1	QL (180 EA per 90 days)
<i>irbesartan tablet 75mg</i>		1	QL (360 EA per 90 days)
<i>irbesartan tablet 300mg</i>		1	QL (90 EA per 90 days)
<i>losartan potassium tablet 100mg, 50mg</i>		1	QL (180 EA per 90 days)
<i>losartan potassium tablet 25mg</i>		1	QL (270 EA per 90 days)
<i>olmesartan medoxomil tablet 20mg</i>		1	QL (180 EA per 90 days)
<i>olmesartan medoxomil tablet 5mg</i>		1	QL (720 EA per 90 days)
<i>olmesartan medoxomil tablet 40mg</i>		1	QL (90 EA per 90 days)
<i>telmisartan tablet 40mg</i>		1	QL (180 EA per 90 days)
<i>telmisartan tablet 20mg</i>		1	QL (360 EA per 90 days)
<i>telmisartan tablet 80mg</i>		1	QL (90 EA per 90 days)
VALSARTAN SOLUTION		4	QL (7200 ML per 90 days)
<i>valsartan tablet 160mg</i>		1	QL (180 EA per 90 days)
<i>valsartan tablet 80mg</i>		1	QL (360 EA per 90 days)
<i>valsartan tablet 40mg</i>		1	QL (720 EA per 90 days)
<i>valsartan tablet 320mg</i>		1	QL (90 EA per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
Angiotensin-converting Enzyme (ACE) Inhibitors		
benazepril hcl tablet 5mg	1	QL (1440 EA per 90 days)
benazepril hcl tablet 40mg	1	QL (180 EA per 90 days)
benazepril hcl tablet 10mg	1	QL (720 EA per 90 days)
benazepril hydrochloride tablet 20mg	1	QL (360 EA per 90 days)
captopril tablet 25mg	1	QL (1620 EA per 90 days)
captopril tablet 12.5mg	1	QL (3240 EA per 90 days)
captopril tablet 100mg	1	QL (405 EA per 90 days)
captopril tablet 50mg	1	QL (810 EA per 90 days)
enalapril maleate tablet 2.5mg	1	QL (1440 EA per 90 days)
enalapril maleate tablet 20mg	1	QL (180 EA per 90 days)
enalapril maleate tablet 10mg	1	QL (360 EA per 90 days)
enalapril maleate tablet 5mg	1	QL (720 EA per 90 days)
fosinopril sodium tablet 40mg	1	QL (180 EA per 90 days)
fosinopril sodium tablet 20mg	1	QL (360 EA per 90 days)
fosinopril sodium tablet 10mg	1	QL (720 EA per 90 days)
lisinopril tablet 30mg	1	QL (120 EA per 90 days)
lisinopril tablet 2.5mg	1	QL (1440 EA per 90 days)
lisinopril tablet 20mg	1	QL (180 EA per 90 days)
lisinopril tablet 10mg	1	QL (360 EA per 90 days)
lisinopril tablet 5mg	1	QL (720 EA per 90 days)
lisinopril tablet 40mg	1	QL (90 EA per 90 days)
moexipril hcl tablet 15mg	1	QL (180 EA per 90 days)
moexipril hcl tablet 7.5mg	1	QL (360 EA per 90 days)
perindopril erbumine tablet 8mg	1	QL (180 EA per 90 days)
perindopril erbumine tablet 4mg	1	QL (360 EA per 90 days)
perindopril erbumine tablet 2mg	1	QL (720 EA per 90 days)
quinapril hcl tablet 40mg	1	QL (180 EA per 90 days)
quinapril hcl tablet 20mg	1	QL (360 EA per 90 days)
quinapril hydrochloride tablet 5mg	1	QL (1440 EA per 90 days)
quinapril hydrochloride tablet 10mg	1	QL (720 EA per 90 days)
ramipril capsule 1.25mg	1	QL (1440 EA per 90 days)
ramipril capsule 10mg	1	QL (180 EA per 90 days)
ramipril capsule 5mg	1	QL (360 EA per 90 days)
ramipril capsule 2.5mg	1	QL (720 EA per 90 days)
trandolapril tablet 4mg	1	QL (180 EA per 90 days)
trandolapril tablet 2mg	1	QL (360 EA per 90 days)
trandolapril tablet 1mg	1	QL (720 EA per 90 days)
Antiarrhythmics		
amiodarone hydrochloride tablet	2	
digitek	2	QL (90 EA per 90 days)
digox	2	QL (90 EA per 90 days)
DIGOXIN SOLUTION	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>digoxin tablet 125mcg, 250mcg</i>	2	QL (90 EA per 90 days)
<i>dofetilide</i>	2	
<i>flecainide acetate</i>	2	
<i>mexiletine hcl</i>	2	
MULTAQ	3	QL (180 EA per 90 days)
<i>pacerone tablet 100mg, 200mg, 400mg</i>	2	
<i>propafenone hcl</i>	2	
<i>propafenone hydrochloride er</i>	4	
<i>quinididine gluconate cr</i>	4	
QUINIDINE SULFATE TABLET	2	
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hydrochloride (af)</i>	2	
Beta-adrenergic Blocking Agents		
<i>acebutolol hydrochloride</i>	2	
<i>atenolol tablet</i>	1	
<i>betaxolol hcl tablet 10mg, 20mg</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>carvedilol</i>	1	
<i>carvedilol phosphate er</i>	4	QL (90 EA per 90 days)
<i>labetalol hydrochloride tablet</i>	1	
<i>metoprolol succinate er</i>	1	QL (180 EA per 90 days)
<i>metoprolol tartrate tablet 100mg, 25mg, 50mg</i>	1	
<i>nadolol tablet 20mg, 40mg, 80mg</i>	1	
<i>pindolol tablet</i>	1	
<i>propranolol hcl er capsule extended release 24 hour 120mg, 160mg</i>	1	
PROPRANOLOL HCL SOLUTION 40MG/5ML	2	
<i>propranolol hcl solution 20mg/5ml</i>	2	
<i>propranolol hcl tablet 40mg</i>	1	
<i>propranolol hydrochloride er capsule extended release 24 hour 60mg, 80mg</i>	1	
<i>propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg</i>	1	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate tablet</i>	1	
<i>felodipine er</i>	2	QL (90 EA per 90 days)
<i>isradipine</i>	2	
<i>nicardipine hcl capsule</i>	1	
<i>nifedipine er</i>	2	QL (90 EA per 90 days)
<i>nimodipine capsule</i>	4	
NISOLDIPINE ER TABLET EXTENDED RELEASE 24 HOUR 20MG, 30MG	4	QL (180 EA per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
NISOLDIPINE ER TABLET EXTENDED RELEASE 24 HOUR 25.5MG, 40MG	4	QL (90 EA per 90 days)
<i>nisoldipine er tablet extended release 24 hour 17mg, 34mg, 8.5mg</i>	4	QL (90 EA per 90 days)
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	
<i>diltiazem hcl cd</i>	2	
<i>diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 420mg</i>	2	
<i>diltiazem hcl er capsule extended release 12 hour, tablet extended release 24 hour</i>	2	
<i>diltiazem hcl tablet</i>	2	
<i>diltiazem hydrochloride er</i>	2	
<i>matzim la</i>	2	
<i>taztia xt</i>	2	
<i>tiadylt er</i>	2	
VERAPAMIL HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 100MG, 300MG	2	
<i>verapamil hcl er tablet extended release 120mg, 240mg</i>	2	
VERAPAMIL HCL SR CAPSULE EXTENDED RELEASE 24 HOUR 360MG	2	
<i>verapamil hcl sr capsule extended release 24 hour 120mg, 180mg, 240mg</i>	2	
<i>verapamil hcl tablet 40mg, 80mg</i>	1	
VERAPAMIL HYDROCHLORIDE ER CAPSULE EXTENDED RELEASE 24 HOUR	2	
<i>verapamil hydrochloride er tablet extended release 180mg</i>	2	
<i>verapamil hydrochloride tablet</i>	1	
Cardiovascular Agents, Other		
<i>acetazolamide tablet 250mg</i>	2	
<i>aliskiren</i>	4	QL (90 EA per 90 days)
<i>amiloride/hydrochlorothiazide</i>	2	
<i>amlodipine besylate/atorvastatin calcium tablet 2.5mg; 40mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg</i>	2	QL (180 EA per 90 days)
<i>amlodipine besylate/atorvastatin calcium tablet 2.5mg; 10mg, 2.5mg; 20mg</i>	2	QL (360 EA per 90 days)
<i>amlodipine besylate/atorvastatin calcium tablet 10mg; 10mg, 10mg; 20mg, 10mg; 40mg, 10mg; 80mg, 5mg; 80mg</i>	2	QL (90 EA per 90 days)
<i>amlodipine besylate/benazepril hydrochloride capsule 5mg; 10mg, 5mg; 20mg</i>	2	QL (180 EA per 90 days)
<i>amlodipine besylate/benazepril hydrochloride capsule 2.5mg; 10mg</i>	2	QL (360 EA per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
amlodipine besylate/benazepril hydrochloride capsule 10mg; 20mg, 10mg; 40mg, 5mg; 40mg	2	QL (90 EA per 90 days)
amlodipine besylate/valsartan tablet 5mg; 160mg	2	QL (180 EA per 90 days)
amlodipine besylate/valsartan tablet 10mg; 160mg, 10mg; 320mg, 5mg; 320mg	2	QL (90 EA per 90 days)
amlodipine/olmesartan medoxomil	2	QL (90 EA per 90 days)
amlodipine/valsartan/hydrochlorothiazide tablet 5mg; 12.5mg; 160mg	2	QL (180 EA per 90 days)
amlodipine/valsartan/hydrochlorothiazide tablet 10mg; 12.5mg; 160mg, 10mg; 25mg; 160mg, 10mg; 25mg; 320mg, 5mg; 25mg; 160mg	2	QL (90 EA per 90 days)
atenolol/chlorthalidone	2	
BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE TABLET 5MG; 6.25MG	2	QL (360 EA per 90 days)
benazepril hydrochloride/hydrochlorothiazide tablet 10mg; 12.5mg	2	QL (180 EA per 90 days)
benazepril hydrochloride/hydrochlorothiazide tablet 20mg; 12.5mg, 20mg; 25mg	2	QL (90 EA per 90 days)
bisoprolol fumarate/hydrochlorothiazide	2	
CAMZYOS	5	QL (31 EA per 31 days) PA
candesartan cilexetil/hydrochlorothiazide tablet 16mg; 12.5mg	2	QL (180 EA per 90 days)
candesartan cilexetil/hydrochlorothiazide tablet 32mg; 12.5mg, 32mg; 25mg	2	QL (90 EA per 90 days)
CAPTOPRIL/HYDROCHLOROTHIAZIDE	2	
CORLANOR SOLUTION	4	QL (1350 ML per 90 days)
CORLANOR TABLET	4	QL (180 EA per 90 days)
enalapril maleate/hydrochlorothiazide tablet 10mg; 25mg	2	QL (180 EA per 90 days)
enalapril maleate/hydrochlorothiazide tablet 5mg; 12.5mg	2	QL (360 EA per 90 days)
ENTRESTO	3	QL (180 EA per 90 days)
fosinopril sodium/hydrochlorothiazide	2	QL (360 EA per 90 days)
irbesartan/hydrochlorothiazide tablet 12.5mg; 150mg	2	QL (180 EA per 90 days)
irbesartan/hydrochlorothiazide tablet 12.5mg; 300mg	2	QL (90 EA per 90 days)
isoxsuprine hcl tablet	2	EX
KERENDIA	4	QL (90 EA per 90 days) PA
lisinopril/hydrochlorothiazide tablet 25mg; 20mg	1	QL (180 EA per 90 days)
lisinopril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg	1	QL (360 EA per 90 days)
losartan potassium/hydrochlorothiazide tablet 12.5mg; 50mg	1	QL (180 EA per 90 days)
losartan potassium/hydrochlorothiazide tablet 12.5mg; 100mg, 25mg; 100mg	1	QL (90 EA per 90 days)
metoprolol/hydrochlorothiazide	2	
metyrosine	5	

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Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	1	QL (90 EA per 90 days)
<i>olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 20mg</i>	1	QL (180 EA per 90 days)
<i>olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 40mg, 25mg; 40mg</i>	1	QL (90 EA per 90 days)
<i>pentoxifylline er</i>	2	
PROPRANOLOL/HYDROCHLOROTHIAZIDE	2	
<i>quinapril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg</i>	2	QL (180 EA per 90 days)
<i>quinapril/hydrochlorothiazide tablet 25mg; 20mg</i>	2	QL (90 EA per 90 days)
<i>ranolazine er</i>	4	
<i>spironolactone/hydrochlorothiazide</i>	2	
TEKTURNA HCT	4	QL (90 EA per 90 days)
<i>telmisartan/amlodipine tablet 5mg; 40mg</i>	2	QL (180 EA per 90 days)
<i>telmisartan/amlodipine tablet 10mg; 40mg, 10mg; 80mg, 5mg; 80mg</i>	2	QL (90 EA per 90 days)
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 40mg, 12.5mg; 80mg</i>	2	QL (180 EA per 90 days)
<i>telmisartan/hydrochlorothiazide tablet 25mg; 80mg</i>	2	QL (90 EA per 90 days)
TRANDOLAPRIL/VERAPAMIL HCL ER TABLET EXTENDED RELEASE 2MG; 180MG	2	QL (120 EA per 90 days)
TRANDOLAPRIL/VERAPAMIL HCL ER TABLET EXTENDED RELEASE 1MG; 240MG, 2MG; 240MG, 4MG; 240MG	2	QL (90 EA per 90 days)
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tablet</i>	1	
<i>valsartan/hydrochlorothiazide tablet 12.5mg; 160mg, 12.5mg; 80mg</i>	2	QL (180 EA per 90 days)
<i>valsartan/hydrochlorothiazide tablet 12.5mg; 320mg, 25mg; 160mg, 25mg; 320mg</i>	2	QL (90 EA per 90 days)
VYNDAMAX	5	QL (31 EA per 31 days) PA
Diuretics, Loop		
<i>bumetanide tablet</i>	1	
<i>bumetanide injection</i>	4	
<i>furosemide tablet</i>	1	
<i>furosemide injection</i>	4	
FUROSEMIDE ORAL SOLUTION 8MG/ML	1	
<i>furosemide oral solution 10mg/ml</i>	1	
<i>torsemide tablet</i>	2	
Diuretics, Potassium-sparing		
<i>amiloride hcl tablet</i>	2	
<i>eplerenone</i>	2	
<i>spironolactone tablet</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
Diuretics, Thiazide		
chlorthalidone tablet 25mg, 50mg	2	
hydrochlorothiazide capsule, tablet	1	
indapamide tablet	1	
metolazone	2	
Dyslipidemics, Fibrin Acid Derivatives		
fenofibrate micronized capsule 134mg, 200mg, 67mg	3	QL (90 EA per 90 days)
fenofibrate capsule 130mg, 43mg	3	QL (90 EA per 90 days)
fenofibrate tablet 145mg, 48mg	3	
fenofibrate tablet 160mg, 54mg	3	QL (90 EA per 90 days)
FENOFIBRIC ACID	4	
fenofibric acid dr capsule delayed release 45mg	3	QL (270 EA per 90 days)
fenofibric acid dr capsule delayed release 135mg	3	QL (90 EA per 90 days)
gemfibrozil tablet	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
atorvastatin calcium tablet 40mg	1	QL (180 EA per 90 days)
atorvastatin calcium tablet 10mg, 20mg	1	QL (360 EA per 90 days)
atorvastatin calcium tablet 80mg	1	QL (90 EA per 90 days)
EZALLOR SPRINKLE	4	QL (90 EA per 90 days)
fluvastatin sodium er	1	QL (90 EA per 90 days)
fluvastatin capsule 40mg	1	QL (180 EA per 90 days)
fluvastatin capsule 20mg	1	QL (360 EA per 90 days)
LIVALO TABLET 2MG	4	QL (180 EA per 90 days)
LIVALO TABLET 1MG	4	QL (360 EA per 90 days)
LIVALO TABLET 4MG	4	QL (90 EA per 90 days)
lovastatin tablet 40mg	1	QL (180 EA per 90 days)
lovastatin tablet 10mg, 20mg	1	QL (360 EA per 90 days)
pravastatin sodium tablet 40mg	1	QL (180 EA per 90 days)
pravastatin sodium tablet 10mg, 20mg	1	QL (360 EA per 90 days)
pravastatin sodium tablet 80mg	1	QL (90 EA per 90 days)
rosuvastatin calcium tablet 20mg	2	QL (180 EA per 90 days)
rosuvastatin calcium tablet 10mg, 5mg	2	QL (360 EA per 90 days)
rosuvastatin calcium tablet 40mg	2	QL (90 EA per 90 days)
simvastatin tablet 40mg	1	QL (180 EA per 90 days)
simvastatin tablet 10mg, 20mg, 5mg	1	QL (360 EA per 90 days)
simvastatin tablet 80mg	1	QL (90 EA per 90 days)
Dyslipidemics, Other		
cholestyramine light	4	
cholestyramine packet, powder	4	
colesevelam hydrochloride	3	
colestipol hcl	3	
ezetimibe	2	QL (90 EA per 90 days)
ezetimibe/simvastatin	4	QL (90 EA per 90 days) ST

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Drug Name	Drug Tier	Requirements/Limits
<i>icosapent ethyl capsule 1gm</i>	4	
<i>niacin er</i>	3	
NIACIN TABLET 500MG	2	
<i>omega-3-acid ethyl esters</i>	4	QL (360 EA per 90 days)
<i>prevalite</i>	3	
REPATHA	3	QL (3 ML per 28 days) PA
REPATHA PUSHTRONEX SYSTEM	3	QL (3.5 ML per 28 days) PA
REPATHA SURECLICK	3	QL (3 ML per 28 days) PA
Vasodilators, Direct-acting Arterial/Venous		
<i>isosorbide dinitrate tablet</i>	2	
<i>isosorbide mononitrate</i>	2	
<i>isosorbide mononitrate er</i>	2	
NITRO-BID	3	
NITRO-DUR PATCH 24 HOUR 0.3MG/HR, 0.8MG/HR	4	
<i>nitroglycerin lingual solution</i>	4	
<i>nitroglycerin transdermal</i>	2	
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	2	
Vasodilators, Direct-acting Arterial		
<i>hydralazine hcl tablet 10mg</i>	2	
<i>hydralazine hydrochloride tablet 100mg, 25mg, 50mg</i>	2	
<i>minoxidil tablet</i>	2	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine/dextroamphetamine tablet 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	2	QL (180 EA per 90 days)
<i>amphetamine/dextroamphetamine tablet 1.25mg; 1.25mg; 1.25mg; 1.25mg, 1.875mg; 1.875mg; 1.875mg, 2.5mg; 2.5mg; 2.5mg, 3.125mg; 3.125mg; 3.125mg, 3.75mg; 3.75mg; 3.75mg, 5mg; 5mg; 5mg</i>	2	QL (270 EA per 90 days)
<i>dextroamphetamine sulfate tablet 30mg</i>	2	QL (180 EA per 90 days)
<i>dextroamphetamine sulfate tablet 20mg</i>	2	QL (270 EA per 90 days)
<i>dextroamphetamine sulfate tablet 15mg</i>	2	QL (360 EA per 90 days)
<i>dextroamphetamine sulfate tablet 10mg, 5mg</i>	2	QL (540 EA per 90 days)
<i>zenzedi tablet 10mg, 5mg</i>	2	QL (540 EA per 90 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine hydrochloride capsule 10mg, 25mg</i>	4	QL (180 EA per 90 days)
<i>atomoxetine capsule 18mg, 40mg, 60mg</i>	4	QL (180 EA per 90 days)
<i>atomoxetine capsule 100mg, 80mg</i>	4	QL (90 EA per 90 days)
<i>clonidine hydrochloride er</i>	2	QL (360 EA per 90 days)
<i>methylphenidate hydrochloride cd capsule extended release 20mg</i>	2	QL (270 EA per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hydrochloride er capsule extended release 40mg</i>	2	QL (90 EA per 90 days)
<i>methylphenidate hydrochloride tablet</i>	2	QL (270 EA per 90 days)
<i>methylphenidate hydrochloride solution 10mg/5ml</i>	2	QL (2700 ML per 90 days)
<i>methylphenidate hydrochloride solution 5mg/5ml</i>	2	QL (5400 ML per 90 days)
Central Nervous System, Other		
ADIPEX-P	4	EX
BENZPHETAMINE HCL TABLET 25MG	2	EX
<i>benzphetamine hcl tablet 50mg</i>	2	EX
<i>diethylpropion hcl</i>	2	EX
DIETHYLPROMION HCL ER	2	EX
FIRDAPSE	5	PA
NUEDEXTA	5	QL (180 EA per 90 days) PA
<i>phendimetrazine tartrate</i>	2	EX
PHENDIMETRAZINE TARTRATE ER	2	EX
<i>phentermine hcl tablet 37.5mg</i>	2	EX
<i>phentermine hydrochloride capsule</i>	2	EX
<i>riluzole</i>	2	
<i>tetrabenazine tablet 25mg</i>	5	QL (124 EA per 31 days) PA
<i>tetrabenazine tablet 12.5mg</i>	5	QL (248 EA per 31 days) PA
Fibromyalgia Agents		
SAVELLA	3	QL (180 EA per 90 days) PA
SAVELLA TITRATION PACK	3	QL (165 EA per 84 days) PA
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 (14 EA per 28 days) PA
<i>dalfampridine er</i>	3	QL (62 EA per 31 days)
<i>dimethyl fumarate</i>	5	QL (62 EA per 31 days) PA
<i>dimethyl fumarate starterpack</i>	5	QL (62 EA per 31 days) PA
GILENYA CAPSULE 0.5MG	5	QL (31 EA per 31 days) PA
<i>glatiramer acetate injection 40mg/ml</i>	5	QL (12 ML per 28 days) PA
<i>glatiramer acetate injection 20mg/ml</i>	5	QL (31 ML per 31 days) PA
<i>glatopa injection 40mg/ml</i>	5	QL (12 ML per 28 days) PA
<i>glatopa injection 20mg/ml</i>	5	QL (31 ML per 31 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 (4.2 ML per 28 days) PA
REBIF TITRATION PACK	5	QL (4.2 ML per 28 days) PA
VUMERTY	5	QL (124 EA per 31 days) ST
Dental and Oral Agents		
Dental and Oral Agents		
cevimeline hydrochloride	2	

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<i>chlorhexidine gluconate solution</i>	2	
<i>clinpro 5000</i>	4	
<i>denta 5000 plus</i>	4	
<i>dentagel</i>	4	
<i>doxycycline hyclate tablet 20mg</i>	2	
<i>fluoridex daily defense paste</i>	4	
<i>fluoridex enhanced whitening</i>	4	
<i>fluorimax 5000</i>	4	
<i>just right 5000 paste</i>	4	
<i>oralone dental paste</i>	2	
<i>periogard</i>	2	
<i>pilocarpine hydrochloride</i>	2	
<i>PREVIDENT 5000 BOOSTER PLUS</i>	4	
<i>PREVIDENT 5000 DRY MOUTH</i>	4	
<i>PREVIDENT 5000 ENAMEL PROTECT</i>	4	
<i>PREVIDENT 5000 ORTHO DEFENSE</i>	4	
<i>PREVIDENT 5000 PLUS</i>	4	
<i>PREVIDENT 5000 SENSITIVE</i>	4	
<i>sf</i>	2	
<i>sf 5000 plus</i>	2	
<i>sodium fluoride 5000 plus</i>	2	
<i>sodium fluoride 5000 ppm</i>	2	
<i>sodium fluoride 5000 ppm dry mouth</i>	2	
<i>sodium fluoride 5000 ppm enamel protect</i>	2	
<i>sodium fluoride 5000 ppm sensitive</i>	2	
<i>sodium fluoride gel 1.1%</i>	2	
<i>triamcinolone acetonide dental paste</i>	2	
Dermatological Agents		
Acne and Rosacea Agents		
<i>accutane</i>	2	PA
<i>acitretin</i>	4	PA
<i>adapalene gel 0.3%</i>	4	
<i>adapalene cream</i>	4	
<i>amnesteem</i>	2	PA
<i>avita cream</i>	4	QL (45 GM per 30 days) PA
<i>azelaic acid</i>	4	QL (150 GM per 90 days)
<i>claravis</i>	2	PA
<i>clindamycin phosphate/benzoyl peroxide gel 5%; 1.2%</i>	4	
<i>isotretinoin capsule</i>	2	PA
<i>metronidazole cream 0.75%</i>	2	
<i>metronidazole gel 0.75%, 1%</i>	2	
<i>metronidazole lotion 0.75%</i>	2	
<i>myorisan</i>	2	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>neuac</i>	4	
<i>rosadan</i>	2	
<i>tazarotene cream</i>	4	QL (180 GM per 90 days) PA
<i>tretinoin cream 0.025%, 0.05%, 0.1%</i>	4	QL (45 GM per 30 days) PA
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	4	QL (45 GM per 30 days) PA
<i>zenatane</i>	2	PA
Dermatitis and Pruritus Agents		
<i>ala-cort cream 2.5%</i>	2	QL (90 GM per 90 days)
<i>alclometasone dipropionate</i>	2	
AMCINONIDE	4	
<i>ammonium lactate cream, lotion</i>	2	
APEXICON E	4	
BETAMETHASONE DIPROPIONATE AUGMENTED GEL	2	
<i>betamethasone dipropionate augmented cream, lotion, ointment</i>	2	
<i>betamethasone dipropionate cream, lotion, ointment</i>	2	
<i>betamethasone valerate cream, lotion, ointment</i>	2	
<i>clobetasol propionate e</i>	4	QL (180 GM per 90 days)
<i>clobetasol propionate emollient foam</i>	4	QL (300 GM per 90 days)
<i>clobetasol propionate solution</i>	3	QL (150 ML per 90 days)
<i>clobetasol propionate cream, ointment</i>	3	QL (180 GM per 90 days)
<i>clobetasol propionate gel</i>	4	QL (180 GM per 90 days)
<i>clobetasol propionate lotion, shampoo</i>	4	QL (354 ML per 90 days)
<i>clodan</i>	4	QL (354 ML per 90 days)
<i>desonide cream, ointment</i>	3	QL (180 GM per 90 days)
<i>desonide lotion</i>	3	QL (354 ML per 90 days)
<i>desoximetasone cream, gel, ointment</i>	4	
DIFLORASONE DIACETATE CREAM	4	
<i>diflorasone diacetate ointment</i>	4	
<i>fluocinolone acetonide body</i>	2	
<i>fluocinolone acetonide scalp</i>	2	
<i>fluocinolone acetonide cream 0.01%, 0.025%</i>	2	QL (360 GM per 90 days)
<i>fluocinolone acetonide ointment 0.025%</i>	2	QL (360 GM per 90 days)
<i>fluocinolone acetonide solution 0.01%</i>	2	QL (360 ML per 90 days)
<i>fluocinonide emulsified base</i>	4	QL (360 GM per 90 days)
<i>fluocinonide cream 0.05%</i>	3	QL (360 GM per 90 days)
<i>fluocinonide gel, ointment</i>	3	QL (180 GM per 90 days)
<i>fluocinonide solution</i>	3	QL (180 ML per 90 days)
<i>flurandrenolide cream</i>	4	
<i>fluticasone propionate cream 0.05%</i>	2	
<i>fluticasone propionate ointment 0.005%</i>	2	
<i>halobetasol propionate cream, ointment</i>	2	QL (150 GM per 90 days)
<i>hydrocortisone valerate</i>	2	QL (180 GM per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
hydrocortisone cream 2.5%	2	QL (90 GM per 90 days)
hydrocortisone lotion 2.5%	2	QL (354 ML per 90 days)
hydrocortisone ointment 2.5%	2	QL (90 GM per 90 days)
mometasone furoate cream 0.1%	2	
mometasone furoate ointment 0.1%	2	
mometasone furoate solution 0.1%	2	
nolix cream	4	
PREDNICARBATE OINTMENT	2	
selenium sulfide	2	
tacrolimus ointment 0.03%, 0.1%	4	QL (300 GM per 90 days)
tovet	4	QL (300 GM per 90 days)
triamcinolone acetonide cream, lotion, ointment	2	
triderm	2	
tritocin	2	
Dermatological Agents, Other		
ANALPRAM HC	4	EX
anucort-hc	2	EX
calcipotriene solution	2	QL (180 ML per 90 days) PA
calcipotriene cream, ointment	2	QL (360 GM per 90 days) PA
calcitrene	4	QL (360 GM per 90 days) PA
CALCITRIOL OINTMENT 3MCG/GM	4	
clotrimazole/betamethasone dipropionate cream	2	QL (135 GM per 90 days)
clotrimazole/betamethasone dipropionate lotion	2	QL (90 ML per 90 days)
fluorouracil cream 5%	2	QL (120 GM per 90 days)
FLUOROURACIL SOLUTION 2%	2	
FLUOROURACIL SOLUTION 5%	2	QL (10 ML per 30 days)
hydrocortisone acetate	2	EX
hydrocortisone acetate/pramoxine cream 2.5%; 1%	2	EX
hydrocortisone acetate/pramoxine cream 1%; 1%	4	
imiquimod cream 5%	2	QL (72 EA per 90 days)
METHOXSALEN CAPSULE	5	
nystatin/triamcinolone	2	
podofilox	4	
PRAMOSONE CREAM 2.5%; 1%	4	EX
PROCORT	4	EX
REFISSA	4	EX
RENOVA CREAM 0.02%	4	EX
salicylic acid wart remover	2	EX
SALVAX DUO PLUS	4	EX
SANTYL	4	
SCALACORT DK	4	EX
silver sulfadiazine	2	
ssd	2	

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Drug Name	Drug Tier	Requirements/Limits
TRETINOIN EMOLlient	4	EX
TRI-LUMA	4	EX
VANIQA	4	EX
VIRASAL	4	EX
Pediculicides/Scabicides		
CROTAN	4	
IVERMECTIN LOTION 0.5%	4	
LINDANE SHAMPOO	2	
<i>malathion</i>	4	
<i>permethrin cream</i>	2	
Topical Anti-infectives		
<i>acyclovir cream 5%</i>	4	
<i>acyclovir ointment 5%</i>	4	QL (90 GM per 90 days)
<i>ciclodan solution</i>	2	QL (19.8 ML per 90 days)
<i>ciclopirox nail lacquer</i>	2	QL (19.8 ML per 90 days)
<i>ciclopirox olamine</i>	2	QL (270 GM per 90 days)
<i>ciclopirox suspension</i>	2	QL (180 ML per 90 days)
<i>ciclopirox gel</i>	2	QL (300 GM per 90 days)
<i>ciclopirox shampoo</i>	2	QL (360 ML per 90 days)
<i>clindamycin phosphate gel 1%</i>	2	QL (180 GM per 90 days)
<i>clindamycin phosphate lotion 1%</i>	2	QL (180 ML per 90 days)
<i>clindamycin phosphate external solution 1%</i>	2	QL (180 ML per 90 days)
<i>erythromycin solution 2%</i>	2	QL (180 ML per 90 days)
MENTAX	4	
<i>mupirocin</i>	2	QL (90 GM per 90 days)
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
<i>calcium chloride</i>	4	
CALCIUM GLUCONATE INJECTION 10%	4	
DEXTROSE 10%/NACL 0.45%	4	
<i>dextrose 10%</i>	4	
DEXTROSE 2.5%/NACL 0.45%	4	
<i>dextrose 5%</i>	4	
<i>dextrose 5%/nacl 0.2%</i>	4	
<i>dextrose 5%/nacl 0.3%</i>	4	
<i>dextrose 5%/nacl 0.33%</i>	4	
<i>dextrose 5%/nacl 0.45%</i>	4	
<i>dextrose 5%/nacl 0.9%</i>	4	
<i>dextrose 50%</i>	2	
<i>dextrose 70%</i>	4	
<i>dextrose/sodium chloride</i>	4	
<i>fluoride tablet chewable 1mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
FREAMINE III INJECTION 89MEQ/L; 710MG/100ML; 950MG/100ML; 3MEQ/L; 24MG/100ML; 1400MG/100ML; 280MG/100ML; 690MG/100ML; 910MG/100ML; 730MG/100ML; 530MG/100ML; 560MG/100ML; 10MMOLE/L; 120MG/100ML; 1120MG/100ML; 590MG/100ML; 10MEQ/L; 400MG/100ML; 150MG/100ML; 660MG/100ML	2	B/D
GALZIN	4	EX
ISOLYTE-P/DEXTROSE 5%	4	
ISOLYTE-S PH 7.4	4	
ISOLYTE-S INJECTION 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	4	
kcl 0.075%/d5w/nacl 0.45%	4	
kcl 0.15%/d5w/nacl 0.2%	4	
kcl 0.15%/d5w/nacl 0.45%	4	
kcl 0.15%/d5w/nacl 0.9%	4	
kcl 0.3%/d5w/nacl 0.45%	4	
KCL 0.3%/D5W/NAACL 0.9%	4	
klor-con 10	2	
klor-con 8	2	
klor-con m10	2	
klor-con m15	2	
klor-con m20	2	
magnesium sulfate injection 50%	4	
nafrinse	2	
PLASMA-LYTE A	4	
PLASMA-LYTE-148	4	
plenamine	4	B/D
potassium acetate injection 2meq/ml	4	
potassium chloride er	2	
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS INJECTION 3MEQ/L; 149MEQ/L; 5%; 28MEQ/L; 24MEQ/L; 130MEQ/L	4	
potassium chloride/dextrose/sodium chloride injection 5%; 30meq/l; 0.45%	4	
potassium chloride/dextrose injection 5%; 20meq/l	4	
POTASSIUM CHLORIDE/SODIUM CHLORIDE INJECTION 20MEQ/L; 0.45%, 40MEQ/L; 0.9%	4	
potassium chloride/sodium chloride injection 20meq/l; 0.9%	4	
potassium chloride oral solution	2	
POTASSIUM CHLORIDE INJECTION 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 20MEQ/50ML, 40MEQ/100ML	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>potassium citrate er</i>	2	
<i>potassium phosphate injection 236mg/ml; 224mg/ml</i>	4	
POTASSIUM PHOSPHATES INJECTION 236MG/ML; 224MG/ML	4	
<i>potassium phosphates injection 236mg/ml; 224mg/ml</i>	4	
PREMASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	4	B/D
SODIUM ACETATE INJECTION 2MEQ/ML	4	
<i>sodium acetate injection 4meq/ml</i>	4	
<i>sodium chloride 0.45% injection</i>	4	
<i>sodium chloride injection 0.9%, 2.5meq/ml, 3%, 4meq/ml, 5%</i>	4	
<i>sodium fluoride tablet chewable 1mg</i>	2	
<i>sodium phosphate injection 142mg/ml; 276mg/ml</i>	4	
TRAVASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	4	B/D
Electrolyte/Mineral/Metal Modifiers		
CHEMET	5	
<i>deferasirox tablet soluble</i>	5	PA
<i>deferasirox tablet 90mg</i>	3	PA
<i>deferasirox tablet 180mg, 360mg</i>	5	PA
JYNARQUE	5	PA
<i>penicillamine tablet</i>	5	
<i>sodium polystyrene sulfonate</i>	2	
<i>tolvaptan</i>	5	PA
<i>trientine hydrochloride</i>	5	PA
Phosphate Binders		
<i>calcium acetate capsule</i>	2	
<i>calcium acetate tablet 667mg</i>	2	
<i>lanthanum carbonate</i>	5	
<i>sevelamer carbonate packet</i>	2	
<i>sevelamer carbonate tablet</i>	2	QL (1620 EA per 90 days)
Potassium Binders		
SPS	2	
VELTASSA PACKET 8.4GM	5	QL (270 EA per 90 days) PA
VELTASSA PACKET 16.8GM, 25.2GM	5	QL (90 EA per 90 days) PA

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Drug Name	Drug Tier	Requirements/Limits
Vitamins		
DRISDOL CAPSULE		
folic acid tablet 1mg	4	EX
HYDROXOCOBALAMIN INJECTION	2	EX
MEPHYTON	2	EX
PNV-DHA+DOCUSATE	4	EX
vitamin d capsule 50000unit	2	
vitamin d capsule 50000unit	2	EX
Gastrointestinal Agents		
Anti-Constipation Agents		
constulose	2	
enulose	2	
generlac	2	
LACTULOSE PACKET	2	
lactulose solution	2	
LINZESS	3	QL (90 EA per 90 days)
LUBIPROSTONE	4	QL (180 EA per 90 days)
MOVANTIK TABLET 12.5MG	4	QL (180 EA per 90 days) PA
MOVANTIK TABLET 25MG	4	QL (90 EA per 90 days) PA
RELISTOR TABLET	5	QL (93 EA per 31 days) PA
RELISTOR INJECTION 8MG/0.4ML	5	QL (11.2 ML per 28 days) PA
RELISTOR INJECTION 12MG/0.6ML	5	QL (16.8 ML per 28 days) PA
TRULANCE	3	QL (90 EA per 90 days)
Anti-Diarrheal Agents		
alosetron hydrochloride	4	QL (62 EA per 31 days) PA
diphenoxylate hydrochloride/atropine sulfate	2	
DIPHENOXYLATE/ATROPINE LIQUID	2	
loperamide hcl capsule	2	
XERMELO	5	QL (90 EA per 30 days) PA
Antispasmodics, Gastrointestinal		
chlordiazepoxide hcl/clidinium bromide	2	
chlordiazepoxide hydrochloride/clidinium bromide	2	
dicyclomine hcl solution	2	
dicyclomine hydrochloride capsule, tablet	2	
DONNATAL ELIXIR 0.0194MG/5ML; 0.1037MG/5ML; 16.2MG/5ML; 0.0065MG/5ML	4	EX
DONNATAL TABLET 0.0194MG; 0.1037MG; 16.2MG; 0.0065MG	2	EX
GLYCOPYRRROLATE TABLET 1.5MG	2	
glycopyrrolate tablet 1mg, 2mg	2	
methscopolamine bromide tablet	2	
phenobarbital/belladonna alkaloids	2	EX
Gastrointestinal Agents, Other		
CALCIUM DISODIUM VERSENATE	4	

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Drug Name	Drug Tier	Requirements/Limits
GATTEX	5	PA
GAVILYTE-C	2	
gavilyte-g	2	
gavilyte-n/flavor pack	2	
metoclopramide hcl solution	2	
metoclopramide hcl tablet 5mg	2	
metoclopramide hydrochloride tablet 10mg	2	
MYALEPT	5	PA
peg-3350/electrolytes	2	
peg-3350/nacl/na bicarbonate/kcl	2	
RECTIV	4	QL (90 GM per 90 days)
sodium sulfate/potassium sulfate/magnesium sulfate	4	
SUPREP BOWEL PREP KIT	4	
ursodiol capsule 300mg	2	
ursodiol tablet	2	
XIFAXAN TABLET 550MG	5	QL (93 EA per 31 days) PA
Histamine2 (H2) Receptor Antagonists		
famotidine suspension reconstituted	1	
famotidine tablet 20mg, 40mg	1	
NIZATIDINE	2	
Protectants		
misoprostol	2	
sucralfate tablet	2	
Proton Pump Inhibitors		
esomeprazole magnesium capsule delayed release	3	QL (90 EA per 90 days)
omeprazole dr capsule delayed release 10mg	1	QL (180 EA per 90 days)
omeprazole capsule delayed release 20mg, 40mg	1	QL (180 EA per 90 days)
pantoprazole sodium tablet delayed release	2	QL (180 EA per 90 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, 18000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
cromolyn sodium concentrate 100mg/5ml	2	
CYSTAGON	4	
ENDARI	5	PA

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Drug Name	Drug Tier	Requirements/Limits
EVRYSDI	5	PA
GALAFOLD	5	PA
<i>miglustat</i>	5	PA
<i>nitisinone</i>	5	PA
NITYR	5	PA
ORFADIN SUSPENSION	5	PA
ORFADIN CAPSULE 20MG	5	PA
PROLASTIN-C	5	PA
PYRUKYND	5	QL (56 EA per 28 days) PA
PYRUKYND TAPER PACK TABLET THERAPY PACK 0	5	QL (14 EA per 28 days) PA
PYRUKYND TAPER PACK TABLET THERAPY PACK 5MG	5	QL (7 EA per 28 days) PA
RAVICTI	5	PA
REVCOVI	5	PA
<i>sapropterin dihydrochloride</i>	5	PA
<i>sodium phenylbutyrate powder, tablet</i>	5	
TEGSEDI	5	PA
VIJOICE TABLET THERAPY PACK 125MG, 50MG	5	QL (28 EA per 28 days) PA
VIJOICE TABLET THERAPY PACK 0	5	QL (56 EA per 28 days) PA
VYNDAQEL	5	QL (124 EA per 31 days) PA
ZEMAIRA	5	PA
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	3	
Genitourinary Agents		
Antispasmodics, Urinary		
<i>fesoterodine fumarate er</i>	3	QL (90 EA per 90 days)
<i>flavoxate hcl</i>	2	
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR	3	QL (90 EA per 90 days)
<i>oxybutynin chloride er</i>	2	QL (180 EA per 90 days)
<i>oxybutynin chloride syrup, tablet</i>	2	
<i>solifenacain succinate tablet 5mg</i>	3	QL (180 EA per 90 days)
<i>solifenacain succinate tablet 10mg</i>	3	QL (90 EA per 90 days)
<i>tolterodine tartrate</i>	2	QL (180 EA per 90 days)
<i>tolterodine tartrate er</i>	2	QL (90 EA per 90 days)
<i>trospium chloride</i>	2	
<i>trospium chloride er</i>	2	QL (90 EA per 90 days)
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er</i>	2	QL (90 EA per 90 days)

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Drug Name	Drug	Tier	Requirements/Limits
<i>dutasteride capsule</i>		2	QL (90 EA per 90 days)
<i>finasteride tablet</i>		2	QL (90 EA per 90 days)
<i>tamsulosin hydrochloride</i>		2	QL (180 EA per 90 days)
Genitourinary Agents, Other			
<i>bethanechol chloride tablet</i>		2	
CAVERJECT INJECTION 20MCG, 40MCG		3	QL (6 EA per 30 days) EX
CIALIS TABLET 10MG, 20MG		3	QL (6 EA per 30 days) EX
EDEX INJECTION 10MCG, 20MCG, 40MCG		4	QL (6 EA per 30 days) EX
ELMIRON		3	
LEVITRA TABLET 10MG, 20MG		4	QL (6 EA per 30 days) EX
MUSE PELLET 1000MCG, 250MCG, 500MCG		3	QL (6 EA per 30 days) EX
<i>sildenafil citrate tablet 100mg, 25mg, 50mg</i>		2	QL (6 EA per 30 days) EX
STAXYN		4	QL (6 EA per 30 days) EX
<i>tadalafil tablet 10mg, 20mg</i>		3	QL (6 EA per 30 days) EX
<i>vedenafil hydrochloride</i>		4	QL (6 EA per 30 days) EX
<i>vedenafil hydrochloride odt</i>		4	QL (6 EA per 30 days) EX
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)			
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)			
<i>decadron tablet 0.5mg, 0.75mg, 4mg, 6mg</i>		2	
DEXAMETHASONE INTENSOL		2	
DEXAMETHASONE SOLUTION		2	
<i>dexamethasone elixir</i>		2	
DEXAMETHASONE TABLET 0.5MG, 0.75MG, 1MG		2	
<i>dexamethasone tablet 1.5mg, 2mg, 4mg, 6mg</i>		2	
<i>fludrocortisone acetate tablet</i>		2	
HEMADY		3	PA
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>		2	
<i>methylprednisolone dose pack tablet therapy pack</i>		2	
<i>methylprednisolone tablet</i>		2	
PREDNISOLONE SODIUM PHOSPHATE ORAL SOLUTION 25MG/5ML		2	
<i>prednisolone sodium phosphate oral solution 15mg/5ml, 20mg/5ml, 5mg/5ml</i>		2	
PREDNISOLONE SOLUTION		2	
PREDNISONE INTENSOL		2	
PREDNISONE SOLUTION		2	
<i>prednisone tablet therapy pack</i>		2	
<i>prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>		2	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)			
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)			
<i>desmopressin acetate tablet</i>		2	
<i>desmopressin acetate injection</i>		4	
<i>desmopressin acetate nasal solution 0.01%</i>		4	

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Drug Name	Drug Tier	Requirements/Limits
EGRIFTA SV	5	
FOLLISTIM AQ INJECTION 300UNT/0.36ML, 600UNT/0.72ML, 900UNT/1.08ML	4	EX
GONAL-F RFF	4	EX
GONAL-F INJECTION 1050UNIT, 450UNIT	4	EX
HUMATROPE INJECTION 12MG, 24MG, 6MG	5	PA
INCRELEX	5	PA
MENOPUR	4	EX
NORDITROPIN FLEXPRO	5	PA
NUTROPIN AQ NUSPIN 10	5	PA
NUTROPIN AQ NUSPIN 20	5	PA
NUTROPIN AQ NUSPIN 5	5	PA
OVIDREL INJECTION 250MCG/0.5ML	4	EX
SEROSTIM	5	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>Anabolic Steroids</i>		
oxandrolone tablet 10mg	2	QL (180 EA per 90 days) PA
oxandrolone tablet 2.5mg	2	QL (360 EA per 90 days) PA
<i>Androgens</i>		
danazol capsule	4	
METHITEST	5	
methyltestosterone capsule	5	
testosterone cypionate injection 100mg/ml, 200mg/ml	3	
TESTOSTERONE ENANTHATE INJECTION	3	
testosterone pump gel 1.62%	3	QL (450 GM per 90 days) PA
testosterone gel 20.25mg/1.25gm	3	QL (225 GM per 90 days) PA
testosterone gel 40.5mg/2.5gm	3	QL (450 GM per 90 days) PA
testosterone gel 25mg/2.5gm	4	QL (900 GM per 90 days) PA
<i>Estrogens</i>		
drospirenone/ethynodiol/levomefolate calcium tablet 3mg; 0.03mg; 0.451mg	2	
drospirenone/ethynodiol tablet 3mg; 0.02mg	2	
eluryng	4	QL (3 EA per 84 days)
esterified estrogens/methyltestosterone	2	EX
esterified estrogens/methyltestosterone hs tablet 0.625mg; 1.25mg	2	EX
estradiol valerate injection 20mg/ml	4	
estradiol cream, oral tablet, vaginal tablet	2	
ESTRING	3	QL (1 EA per 90 days)
ethynodiol diacetate/ethynodiol tablet 50mcg; 1mg	2	
etonogestrel/ethynodiol tablet	4	QL (3 EA per 84 days)
FEMRING	3	QL (1 EA per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>fyavolv tablet 2.5mcg; 0.5mg</i>	2	
<i>gianvi</i>	2	
IMVEXXY MAINTENANCE PACK	3	PA
IMVEXXY STARTER PACK	3	PA
<i>jasmiel</i>	2	
<i>kelnor 1/50</i>	2	
<i>lo-zumandimine</i>	2	
<i>loryna</i>	2	
MENEST TABLET 1.25MG	4	
<i>nikki</i>	2	
<i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg</i>	2	
PREMARIN CREAM	3	
<i>tydemy</i>	2	
<i>vestura</i>	2	
<i>xulane</i>	2	
<i>yuvafem</i>	2	
<i>zafemy</i>	2	
Progestins		
<i>camila</i>	2	
<i>deblitane</i>	2	
<i>errin</i>	2	
<i>heather</i>	2	
<i>incassia</i>	2	
<i>jencycla</i>	2	
<i>lyleq</i>	2	
<i>lyza</i>	2	
<i>medroxyprogesterone acetate tablet</i>	2	
<i>medroxyprogesterone acetate injection</i>	3	
<i>megestrol acetate tablet</i>	2	
<i>megestrol acetate suspension</i>	4	
<i>nora-be</i>	2	
<i>norethindrone acetate tablet</i>	2	
<i>norethindrone tablet</i>	2	
<i>norlyda</i>	2	
<i>progesterone capsule</i>	2	
<i>sharobel</i>	2	
Selective Estrogen Receptor Modifying Agents		
CLOMIPHENE CITRATE TABLET	2	PA
DUAVEE	3	
<i>raloxifene hydrochloride</i>	1	QL (90 EA per 90 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		

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Drug Name	Drug Tier	Requirements/Limits
euthyrox tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg	1	
levo-t	1	
levothyroxine sodium tablet	1	
levoxyl tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg	1	
liothyronine sodium tablet	2	
SYNTHROID TABLET	3	
unithroid	2	
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN	3	
RECORLEV	5	QL (248 EA per 31 days) PA
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
cabergoline	2	
CETROTIDE INJECTION 0.25MG	4	EX
FIRMAGON INJECTION 80MG	4	
FIRMAGON INJECTION 120MG/VIAL	5	
leuprolide acetate injection	5	PA
LUPRON DEPOT (1-MONTH)	5	PA
LUPRON DEPOT (3-MONTH)	5	PA
LUPRON DEPOT (4-MONTH)	5	PA
LUPRON DEPOT (6-MONTH)	5	PA
LUPRON DEPOT-PED (1-MONTH) INJECTION 11.25MG, 7.5MG	5	PA
LUPRON DEPOT-PED (3-MONTH) INJECTION 11.25MG	5	PA
octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml	4	PA
octreotide acetate injection 1000mcg/ml, 500mcg/ml	5	PA
ORGOVYX	5	QL (30 EA per 28 days) PA
SIGNIFOR	5	PA
SOMATULINE DEPOT	5	PA
SOMAVERT	5	PA
SYNAREL	5	
TRELSTAR MIXJECT	5	PA
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
methimazole tablet 10mg, 5mg	2	
propylthiouracil tablet	2	
Immunological Agents		
Angioedema Agents		
HAEGARDA	5	PA
icatibant acetate	5	QL (279 ML per 31 days) PA

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Drug Name	Drug Tier	Requirements/Limits
sajazir	5	QL (279 ML per 31 days) PA
Immunoglobulins		
GAMMAGARD LIQUID	5	B/D
GAMMAPLEX INJECTION 10GM/100ML, 20GM/200ML, 5GM/50ML	5	B/D
GAMUNEX-C	5	B/D
HYPERHEP B	4	
HYQVIA INJECTION 2.5GM/25ML; 200UNT/1.25ML	5	B/D
NABI-HB INJECTION 312UNIT/ML	4	
VARIZIG INJECTION 125UNIT/1.2ML	3	
Immunological Agents, Other		
ARCALYST	5	PA
BENLYSTA	5	PA
COSENTYX SENSOREADY PEN	5	QL (8 ML per 28 days) PA
COSENTYX INJECTION 75MG/0.5ML	5	QL (4 ML per 28 days) PA
COSENTYX INJECTION 150MG/ML	5	QL (8 ML per 28 days) PA
ENSPRYNG	5	QL (3 ML per 28 days) PA
GAMIFANT INJECTION 100MG/20ML	5	PA
RIDAURA	5	
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 30MG, 45MG	5	QL (31 EA per 31 days) PA
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15MG	5	QL (93 EA per 31 days) PA
SKYRIZI PEN	5	QL (1 ML per 28 days) PA
SKYRIZI INJECTION 75MG/0.83ML	5	QL (1 EA per 28 days) PA
SKYRIZI INJECTION 150MG/ML	5	QL (1 ML per 28 days) PA
SKYRIZI INJECTION 360MG/2.4ML	5	QL (2.4 ML per 56 days) PA
STELARA INJECTION 45MG/0.5ML	5	QL (1 ML per 28 days) PA
STELARA INJECTION 90MG/ML	5	QL (2 ML per 28 days) PA
XELJANZ XR	5	QL (30 EA per 30 days) PA
XELJANZ SOLUTION	5	QL (720 ML per 30 days) PA
XELJANZ TABLET 5MG	5	QL (60 EA per 30 days) PA
XELJANZ TABLET 10MG	5	QL (62 EA per 31 days) PA
XOLAIR	5	PA
Immunostimulants		
ACTIMMUNE	5	PA
INTRON A INJECTION 10000000UNIT, 18000000UNIT, 50000000UNIT	5	
PEGASYS INJECTION 180MCG/0.5ML	5	QL (4 ML per 28 days)
Immunosuppressants		
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 0.5MG, 1MG	4	B/D

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Drug Name	Drug Tier	Requirements/Limits
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 5MG	5	B/D
<i>azathioprine tablet</i>	2	B/D
<i>cyclosporine modified capsule 50mg</i>	2	B/D
<i>cyclosporine modified capsule 100mg, 25mg</i>	4	B/D
<i>cyclosporine modified solution</i>	4	B/D
<i>cyclosporine capsule</i>	2	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	5	QL (16 EA per 28 days) PA
ENBREL INJECTION 25MG/0.5ML	5	QL (16 ML per 28 days) PA
ENBREL INJECTION 25MG/0.5ML, 50MG/ML	5	QL (8 ML per 28 days) PA
<i>everolimus tablet 0.25mg</i>	4	B/D
<i>everolimus tablet 0.5mg, 0.75mg, 1mg</i>	5	B/D
<i>gengraf capsule 100mg, 25mg</i>	4	B/D
<i>gengraf solution</i>	4	B/D
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 0	5	QL (2 EA per 28 days) PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 80MG/0.8ML	5	QL (4 EA per 28 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 0	5	QL (3 EA per 28 days) PA
HUMIRA PEN-PS/UV STARTER INJECTION 40MG/0.8ML	5	QL (6 EA per 28 days) PA
HUMIRA PEN INJECTION 80MG/0.8ML	5	QL (4 EA per 28 days) PA
HUMIRA PEN INJECTION 40MG/0.4ML, 40MG/0.8ML	5	QL (6 EA per 28 days) PA
HUMIRA INJECTION 10MG/0.1ML, 20MG/0.2ML	5	QL (2 EA per 28 days) PA
HUMIRA INJECTION 40MG/0.4ML, 40MG/0.8ML	5	QL (6 EA per 28 days) PA
<i>leflunomide</i>	2	QL (90 EA per 90 days)
<i>methotrexate sodium tablet</i>	1	
METHOTREXATE SODIUM INJECTION 250MG/10ML	3	
<i>methotrexate sodium injection 1gm/40ml, 250mg/10ml, 50mg/2ml</i>	3	
<i>methotrexate injection 50mg/2ml</i>	3	
<i>mycophenolate mofetil capsule, tablet</i>	2	B/D
<i>mycophenolate mofetil suspension reconstituted</i>	5	B/D
<i>mycophenolic acid dr</i>	4	B/D

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Drug Name	Drug Tier	Requirements/Limits
OTREXUP INJECTION 10MG/0.4ML, 12.5MG/0.4ML, 15MG/0.4ML, 17.5MG/0.4ML, 20MG/0.4ML, 22.5MG/0.4ML, 25MG/0.4ML	4	
PROGRAF PACKET	3	B/D
RASUVO INJECTION 10MG/0.2ML, 12.5MG/0.25ML, 15MG/0.3ML, 17.5MG/0.35ML, 20MG/0.4ML, 22.5MG/0.45ML, 25MG/0.5ML, 30MG/0.6ML, 7.5MG/0.15ML	4	
SANDIMMUNE SOLUTION	4	B/D
<i>sirolimus tablet</i>	4	B/D
<i>sirolimus solution</i>	5	B/D
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	2	B/D
XATMEP	4	
Vaccines		
ACTHIB INJECTION 0	3	
ADACEL	3	
BCG VACCINE INJECTION 50MG	3	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	3	
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	3	
ENGERIX-B	3	B/D
GARDASIL 9	3	
HAVRIX INJECTION 1440ELU/ML, 720ELU/0.5ML	3	
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	B/D
INFANRIX	3	
IPOP INACTIVATED IPV	3	
IXIARO	3	
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
M-M-R II	3	
MENACTRA	3	
MENQUADFI	3	
MENVEO	3	
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
PEDVAX HIB INJECTION 7.5MCG/0.5ML	3	
PENTACEL	3	
PREHEVBARIO	3	B/D
PRIORIX	3	

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Drug Name	Drug Tier	Requirements/Limits
PROQUAD	3	
QUADRACEL	3	
RABAVERT	3	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTAQUE SOLUTION	3	
SHINGRIX	3	QL (2 EA per 999 days)
STAMARIL	3	
TDVAX	3	
TENIVAC	3	
TICOVAC	3	
TRUMENBA	3	
TWINRIX	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
YF-VAX	3	
Inflammatory Bowel Disease Agents		
Aminosalicylates		
balsalazide disodium	2	
mesalamine dr capsule delayed release	3	
mesalamine dr tablet delayed release 800mg	3	
mesalamine dr tablet delayed release 1.2gm	4	
mesalamine er capsule extended release	4	
mesalamine suppository	3	
mesalamine kit	4	
mesalamine enema	4	QL (5400 ML per 90 days)
PENTASA	4	
sulfasalazine tablet	1	
sulfasalazine tablet delayed release	2	
Glucocorticoids		
budesonide er	4	
budesonide capsule delayed release particles 3mg	3	
hydrocortisone cream 2.5%	2	QL (90 GM per 90 days)
hydrocortisone enema 100mg/60ml	2	
procto-med hc	2	QL (90 GM per 90 days)
PROCTOCORT SUPPOSITORY	4	EX
proctosol hc	2	QL (90 GM per 90 days)
proctozone-hc	2	QL (90 GM per 90 days)
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
ALENDRONATE SODIUM SOLUTION	2	
ALENDRONATE SODIUM TABLET 5MG	1	QL (90 EA per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>alendronate sodium tablet 35mg, 70mg</i>	1	QL (12 EA per 84 days)
<i>alendronate sodium tablet 10mg</i>	1	QL (90 EA per 90 days)
<i>calcitonin-salmon solution</i>	2	
<i>calcitriol capsule 0.25mcg, 0.5mcg</i>	2	
<i>calcitriol solution 1mcg/ml</i>	2	
<i>cinacalcet hydrochloride tablet 30mg</i>	3	QL (360 EA per 90 days)
<i>cinacalcet hydrochloride tablet 90mg</i>	4	QL (124 EA per 31 days)
<i>cinacalcet hydrochloride tablet 60mg</i>	4	QL (62 EA per 31 days)
FORTEO INJECTION 600MCG/2.4ML	5	QL (3 ML per 28 days) PA
<i>ibandronate sodium tablet</i>	2	QL (3 EA per 84 days)
NATPARA	5	PA
<i>paricalcitol capsule</i>	2	
PROLIA	4	QL (1 ML per 180 days) PA
TYMLOS	5	PA
XGEVA	5	PA

Miscellaneous Therapeutic Agents

Miscellaneous Therapeutic Agents		
<i>acetylcysteine injection 200mg/ml</i>	2	
ALCOHOL PREP PADS	1	
ARIDOL	4	EX
<i>atropine sulfate injection 8mg/20ml</i>	4	
AUTOPEN DEVICE	1	
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	1	
BARIUM SULFATE	4	EX
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1 1/2"	1	
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	1	
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	1	
BD PEN	1	
BD PEN MINI	1	
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	1	
CEQUR SIMPLICITY 2U	3	
CEQUR SIMPLICITY INSERTER	3	
COAL TAR SOLUTION	4	EX
CURITY GAUZE PADS 2"X2"	2	
CYANOKIT	4	EX
CYSTO-CONRAY II	4	EX
DOJOLVI	5	PA
E-Z-DISK	4	EX
E-Z-HD	4	EX
E-Z-PAQUE SUSPENSION RECONSTITUTED	4	EX

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Drug Name	Drug Tier	Requirements/Limits
E-Z-PASTE	4	EX
ENTERO VU	4	EX
<i>formaldehyde neutralized/buffered</i>	2	EX
GASTROGRAFIN	4	EX
HISTATROL INJECTION 0.275MG/ML	4	EX
INPEN 100/BLUE/LILLY/HUMALOG	1	
INPEN 100/BLUE/NOVOLOG/FIASP	1	
INPEN 100/GREY/LILLY/HUMALOG	1	
INPEN 100/GREY/NOVOLOG/FIASP	1	
INPEN 100/PINK/LILLY/HUMALOG	1	
INPEN 100/PINK/NOVOLOG/FIASP	1	
INTRALIPID INJECTION 20GM/100ML, 30GM/100ML	4	B/D
IODINE STRONG	2	EX
IODOFLEX	4	EX
IODOSORB	4	EX
LAGEVRIO	3	QL (40 EA per 180 days)
<i>levocarnitine solution, tablet</i>	2	
LIQUID E-Z-PAQUE	4	EX
LIQUID POLIBAR PLUS	4	EX
LUGOLS STRONG IODINE	2	EX
<i>md-gastroview</i>	2	EX
<i>methergine tablet</i>	4	
<i>methylergonovine maleate tablet</i>	4	
NEULUMEX	4	EX
NOVOPEN ECHO	1	
OMNIPOD 5 G6 INTRO KIT (GEN 5)	3	
OMNIPOD 5 G6 PODS (GEN 5)	3	
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	3	
OMNIPOD CLASSIC PODS (GEN 3)	3	
OMNIPOD DASH INTRO KIT (GEN 4)	3	
OMNIPOD DASH PDM KIT (GEN 4)	3	
OMNIPOD DASH PODS (GEN 4)	3	
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL (30 EA per 180 days)
PROPECIA	4	EX
PROVOCHOLINE SOLUTION RECONSTITUTED 100MG	4	EX
READI-CAT 2 SUSPENSION 2%	4	EX
SITZMARKS	4	EX
<i>sodium chloride 0.9%</i>	4	
SSKI	4	EX
V-GO 20	1	
V-GO 30	1	
V-GO 40	1	
VOLUMEN	4	EX

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Drug Name	Drug Tier	Requirements/Limits
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
<i>atropine sulfate ophthalmic solution 1%</i>	2	
<i>bacitracin/polymyxin b</i>	2	
BLEPHAMIDE S.O.P.	4	
COMBIGAN	3	
CYCLOMYDRIL	4	EX
CYSTARAN	5	PA
<i>dorzolamide hcl/timolol maleate</i>	2	
<i>fluorescein/proparacaine</i>	2	EX
FUL-GLO STRIP 0.6MG	4	EX
<i>neo-polycin</i>	2	
<i>neomycin/bacitracin/polymyxin</i>	2	
NEOMYCIN/POLYMYXIN/GRAMICIDIN	2	
NEOMYCIN/POLYMYXIN/HYDROCORTISONE	2	
OPHTHALMIC SUSPENSION 1%; 3.5MG/ML; 10000UNIT/ML		
OXERVATE	5	PA
PAREMYD	4	EX
<i>polycin</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	2	
PRED-G S.O.P.	4	
RESTASIS	3	QL (180 EA per 90 days)
RESTASIS MULTIDOSE	3	QL (180 ML per 90 days)
ROCKLATAN	3	
SIMBRINZA	4	
SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE	2	
TOBRADEX ST	3	
TOBRADEX OINTMENT	3	
<i>tobramycin/dexamethasone</i>	2	
<i>Ophthalmic Anti-allergy Agents</i>		
<i>azelastine hcl ophthalmic solution 0.05%</i>	2	
<i>cromolyn sodium solution 4%</i>	2	
<i>epinastine hcl</i>	2	
<i>olopatadine hcl ophthalmic solution 0.1%</i>	2	
<i>Ophthalmic Anti-Infectives</i>		
AZASITE	4	
BACITRACIN	2	
BETADINE OPHTHALMIC PREP	4	EX
<i>ciprofloxacin hydrochloride solution 0.3%</i>	2	
<i>erythromycin ointment 5mg/gm</i>	2	
<i>gatifloxacin</i>	2	QL (5 ML per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
GENTAK OINTMENT	2	
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	2	
<i>levofloxacin ophthalmic solution 0.5%</i>	2	
MOXIFLOXACIN HYDROCHLORIDE SOLUTION 0.5%	2	
<i>moxifloxacin hydrochloride solution 0.5%</i>	2	
NATACYN	3	
<i>ofloxacin ophthalmic solution 0.3%</i>	2	
SULFACETAMIDE SODIUM OINTMENT 10%	2	
<i>sulfacetamide sodium solution 10%</i>	2	QL (30 ML per 30 days)
<i>tobramycin solution 0.3%</i>	1	
TRIFLURIDINE	2	
ZIRGAN	3	
Ophthalmic Anti-inflammatories		
DEXAMETHASONE SODIUM PHOSPHATE SOLUTION	2	
<i>diluprednate</i>	3	
<i>fluorometholone</i>	2	
FLURBIPROFEN SODIUM	2	
FML	4	
ILEVRO	4	
<i>ketorolac tromethamine</i>	2	
NEVANAC	4	
PRED MILD	4	
PREDNISOLONE ACETATE	2	
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 1%	2	
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol hcl solution 0.5%</i>	2	
BETOPTIC-S	4	
CARTEOLOL HCL	2	
LEVOBUNOLOL HCL SOLUTION 0.5%	2	
<i>timolol maleate ophthalmic gel forming</i>	2	
<i>timolol maleate solution 0.25%, 0.5%</i>	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide er</i>	2	
<i>acetazolamide tablet 125mg</i>	2	
ALPHAGAN P SOLUTION 0.1%	3	
<i>apraclonidine</i>	2	
<i>brimonidine tartrate</i>	2	
<i>brinzolamide</i>	4	
<i>dorzolamide hydrochloride</i>	2	
<i>methazolamide tablet</i>	4	
<i>pilocarpine hcl solution 1%, 2%, 4%</i>	2	
RHOPRESSA	3	

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Drug Name	Drug Tier	Requirements/Limits
Ophthalmic Prostaglandin and Prostamide Analogs		
bimatoprost	4	
latanoprost solution	2	
LUMIGAN	3	
travoprost	3	
ZIOPTAN	3	
Otic Agents		
<i>Otic Agents</i>		
acetic acid	2	
CIPRO HC	4	
CIPROFLOXACIN	2	
ciprofloxacin/dexamethasone	3	
flac	2	
fluocinolone acetonide oil 0.01%	2	
hydrocortisone/acetic acid	2	
neomycin/polymyxin/hc	2	
neomycin/polymyxin/hydrocortisone solution 1%; 3.5mg/ml; 10000unit/ml	2	
neomycin/polymyxin/hydrocortisone otic suspension 1%; 3.5mg/ml; 10000unit/ml	2	
ofloxacin otic solution 0.3%	2	
Respiratory Tract/Pulmonary Agents		
<i>Anti-inflammatories, Inhaled Corticosteroids</i>		
BECONASE AQ SUSPENSION	4	
BREZTRI AEROSPHERE	3	QL (32.1 GM per 90 days)
budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml	4	B/D
FLOVENT DISKUS	3	QL (360 EA per 90 days)
FLOVENT HFA	3	QL (72 GM per 90 days)
flunisolide solution 0.025%	2	QL (225 ML per 90 days)
fluticasone propionate suspension 50mcg/act	2	QL (48 GM per 90 days)
mometasone furoate suspension 50mcg/act	2	QL (102 GM per 90 days)
PULMICORT FLEXHALER	3	QL (6 EA per 90 days)
QVAR REDIHALER	3	QL (64 GM per 90 days)
<i>Antihistamines</i>		
azelastine hcl nasal solution 0.15%	2	
azelastine hydrochloride solution 0.1%	2	
cetirizine hydrochloride solution 1mg/ml	2	QL (900 ML per 90 days)
ciproheptadine hcl syrup	2	
ciproheptadine hydrochloride tablet	2	
desloratadine	2	QL (90 EA per 90 days)
DESLORATADINE ODT	2	QL (90 EA per 90 days)
DEXCHLORPHENIRAMINE MALEATE SOLUTION	2	
diphenhydramine hcl injection 50mg/ml	3	

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Drug Name	Drug Tier	Requirements/Limits
hydroxyzine hcl tablet 50mg	2	
hydroxyzine hydrochloride syrup	2	
hydroxyzine hydrochloride tablet 10mg, 25mg	2	
hydroxyzine pamoate capsule 25mg, 50mg	2	
levocetirizine dihydrochloride solution	2	
levocetirizine dihydrochloride tablet	2	QL (90 EA per 90 days)
olopatadine hcl nasal solution 0.6%	2	QL (91.5 GM per 90 days)
Antileukotrienes		
montelukast sodium tablet chewable, tablet	2	QL (90 EA per 90 days)
montelukast sodium packet	4	QL (90 EA per 90 days)
zafirlukast	3	QL (180 EA per 90 days)
zileuton er	5	QL (360 EA per 90 days)
Bronchodilators, Anticholinergic		
ATROVENT HFA	3	QL (77.4 GM per 90 days)
INCRUSE ELLIPTA	3	
ipratropium bromide inhalation solution	2	B/D
ipratropium bromide nasal solution 0.06%	2	QL (135 ML per 90 days)
ipratropium bromide nasal solution 0.03%	2	QL (90 ML per 90 days)
SPIRIVA HANDIHALER	3	QL (90 EA per 90 days)
SPIRIVA RESPIMAT	3	QL (12 GM per 90 days)
Bronchodilators, Sympathomimetic		
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108MCG/ACT	3	QL (216 GM per 90 days)
albuterol sulfate hfa aerosol solution 108mcg/act	3	QL (102 GM per 90 days)
albuterol sulfate hfa aerosol solution 108mcg/act	3	QL (81 GM per 90 days)
albuterol sulfate syrup	1	
albuterol sulfate nebulization solution	1	B/D
albuterol sulfate tablet	4	
EPINEPHRINE INJECTION 0.15MG/0.15ML, 0.3MG/0.3ML	3	QL (6 EA per 90 days)
epinephrine injection 0.15mg/0.3ml, 0.3mg/0.3ml	3	QL (6 EA per 90 days)
isoproterenol hydrochloride	4	
levalbuterol hcl nebulization solution	2	B/D
LEVALBUTEROL TARTRATE HFA	3	QL (90 GM per 90 days)
levalbuterol nebulization solution	2	B/D
SEREVENT DISKUS	3	QL (180 EA per 90 days)
SYMJEPI	3	
terbutaline sulfate tablet	2	
VENTOLIN HFA	3	QL (216 GM per 90 days)
Cystic Fibrosis Agents		
CAYSTON	5	QL (84 ML per 28 days) PA
KALYDECO	5	PA
ORKAMBI TABLET	5	PA

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Drug Name	Drug Tier	Requirements/Limits
ORKAMBI PACKET 125MG; 100MG, 188MG; 150MG	5	PA
PULMOZYME	5	B/D
<i>tobramycin nebulization solution 300mg/5ml</i>	5	B/D
TRIKAFTA	5	PA
Mast Cell Stabilizers		
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	2	B/D
Phosphodiesterase Inhibitors, Airways Disease		
<i>aminophylline injection</i>	4	
DALIRESP	4	PA
<i>theophylline er tablet extended release 24 hour</i>	2	
<i>theophylline er tablet extended release 12 hour 300mg</i>	2	
Pulmonary Antihypertensives		
ADEMPAS	5	QL (93 EA per 31 days) PA
<i>alyq (pulmonary arterial hypertension) oral tablet 20mg</i>	5	QL (62 EA per 31 days) PA
<i>ambrisentan</i>	5	QL (30 EA per 30 days) PA
<i>bosentan tablet 62.5mg</i>	5	QL (120 EA per 30 days) PA
<i>bosentan tablet 125mg</i>	5	QL (60 EA per 30 days) PA
OPSUMIT	5	QL (31 EA per 31 days) PA
ORENITRAM TABLET EXTENDED RELEASE 0.125MG	4	PA
ORENITRAM TABLET EXTENDED RELEASE 0.25MG, 1MG, 2.5MG, 5MG	5	PA
<i>sildenafil citrate (pulmonary arterial hypertension) oral suspension reconstituted 10mg/ml</i>	5	QL (180 ML per 30 days) PA
<i>sildenafil citrate (pulmonary arterial hypertension) oral tablet 20mg</i>	2	QL (270 EA per 90 days) PA
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20mg</i>	4	QL (62 EA per 31 days) PA
TRACLEER TABLET SOLUBLE	5	QL (120 EA per 30 days) PA
<i>treprostinil</i>	4	
TYVASO	5	B/D
TYVASO DPI MAINTENANCE KIT POWDER 16MCG, 32MCG, 48MCG, 64MCG	5	QL (112 EA per 28 days) PA
TYVASO DPI MAINTENANCE KIT POWDER 0	5	QL (224 EA per 28 days) PA
TYVASO DPI TITRATION KIT POWDER 0	5	QL (392 EA per 365 days) PA
TYVASO DPI TITRATION KIT POWDER 0	5	QL (504 EA per 365 days) PA
TYVASO REFILL	5	B/D
TYVASO STARTER	5	B/D
VENTAVIS SOLUTION 10MCG/ML	5	QL (150 ML per 30 days) B/D
VENTAVIS SOLUTION 20MCG/ML	5	QL (90 ML per 30 days) B/D
Pulmonary Fibrosis Agents		
OFEV	5	QL (62 EA per 31 days) PA
<i>pirfenidone tablet 267mg</i>	5	QL (279 EA per 31 days) PA
<i>pirfenidone tablet 801mg</i>	5	QL (93 EA per 31 days) PA
Respiratory Tract Agents, Other		

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Drug Name	Drug Tier	Requirements/Limits
<i>acetylcysteine inhalation solution 10%, 20%</i>	2	B/D
ADVAIR HFA	3	QL (36 GM per 90 days)
ANORO ELLIPTA	3	QL (180 EA per 90 days)
<i>benzonatate</i>	2	EX
BREO ELLIPTA	3	QL (180 EA per 90 days)
<i>bromphen/pseudoephedrine hcl/dextromethorphan hbr</i>	4	EX
COMBIVENT RESPIMAT	4	QL (24 GM per 90 days)
DULERA	3	QL (39 GM per 90 days)
<i>fluticasone propionate/salmeterol diskus</i>	2	QL (180 EA per 90 days)
<i>hydrocodone polistirex/chlorpheniramine polistirex</i>	2	EX
<i>ipratropium bromide/albuterol sulfate</i>	2	B/D
NUCALA	5	PA
<i>promethazine dm</i>	2	EX
<i>promethazine/codeine solution</i>	2	EX
<i>promethazine/phenylephrine/codeine</i>	2	EX
STIOLTO RESPIMAT	3	QL (12 GM per 90 days)
SYMBICORT	3	QL (30.6 GM per 90 days)
TRELEGY ELLIPTA	3	QL (180 EA per 90 days)
TUSSICAPS CAPSULE EXTENDED RELEASE 12 HOUR 8MG; 10MG	4	EX
<i>wixela inh</i>	2	QL (180 EA per 90 days)
Skeletal Muscle Relaxants		
<i>Skeletal Muscle Relaxants</i>		
<i>chlorzoxazone tablet 250mg</i>	2	
<i>cyclobenzaprine hydrochloride tablet</i>	2	
<i>methocarbamol tablet</i>	2	
Sleep Disorder Agents		
<i>Sleep Promoting Agents</i>		
<i>HETLIOZ</i>	5	QL (31 EA per 31 days) PA
<i>ramelteon</i>	3	QL (90 EA per 90 days)
<i>temazepam capsule 15mg, 30mg</i>	2	
<i>triazolam</i>	3	QL (180 EA per 90 days)
<i>zaleplon</i>	2	QL (90 EA per 90 days)
<i>zolpidem tartrate er</i>	2	QL (90 EA per 90 days)
<i>zolpidem tartrate tablet</i>	2	QL (90 EA per 90 days)
<i>Wakefulness Promoting Agents</i>		
<i>armodafinil</i>	3	QL (90 EA per 90 days) PA
<i>modafinil</i>	3	QL (180 EA per 90 days) PA
XYREM	5	QL (558 ML per 31 days) PA

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OTC products

Drug Name	Drug Tier	Requirements/Limits
Dermatological Agents		
Topical Anti-infectives		
benzoyl peroxide foam 5.3%	2	ED
BPO	2	ED
Respiratory Tract/Pulmonary Agents		
Antihistamines		
alavert allergy/sinus	57	ED
alavert d-12 hour allergy & congestion	57	ED
alavert tablet disintegrating	57	ED
all day allergy-d	57	ED
ALLEGRA ALLERGY	57	ED
ALLEGRA-D 12 HOUR ALLERGY & CONGESTION	57	ED
ALLEGRA-D 24 HOUR ALLERGY & CONGESTION	57	ED
allergy 24-hr	57	ED
allergy relief 24hr tablet 180mg	57	ED
allergy relief loratadine	57	ED
allergy relief nasal decongestant	57	ED
allergy relief-d tablet extended release 24 hour	57	ED
allergy relief/indoor/outdoor	57	ED
allergy relief capsule 10mg	57	ED
allergy relief tablet 10mg, 180mg, 60mg	57	ED
cetirizine hcl childrens allergy solution	57	ED
cetirizine hcl childrens tablet chewable	57	ED
cetirizine hcl/pseudoephedrine hcl er	57	ED
cetirizine hcl tablet chewable 5mg	57	ED
cetirizine hcl tablet 5mg	57	ED
cetirizine hydrochloride tablet 10mg	57	ED
cetirizine hydrochloride tablet chewable	57	ED
childrens loratadine syrup	57	ED
claritin allergy childrens	57	ED
CLARITIN CHILDRENS	57	ED
CLARITIN REDITABS	57	ED
CLARITIN-D 12 HOUR	57	ED
CLARITIN-D 24 HOUR	57	ED
CLARITIN CAPSULE, TABLET	57	ED
fexofenadine hcl/pseudoephedrine hcl er	57	ED
fexofenadine hydrochloride	57	ED
fexofenadine hydrochloride/pseudoephedrine hydrochloride er	57	ED
loratadine childrens syrup	57	ED
loratadine-d 12hr	57	ED
loratadine-d 24hr	57	ED
loratadine syrup, tablet	57	ED

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ZYRTEC ALLERGY CAPSULE	57	ED
ZYRTEC-D ALLERGY/CONGESTION	57	ED
<i>Respiratory Tract Agents, Other</i>		
guaifenesin/codeine solution	2	ED
RYDEX	2	ED
Z-TUSS AC	4	ED

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<i>abacavir</i>	25	ALENDRONATE SODIUM	57
<i>abacavir sulfate/lamivudine</i>	25	<i>alfuzosin hcl er</i>	49
<i>abacavir sulfate/lamivudine/zidovudine</i>	25	<i>aliskiren</i>	35
ABELCET	13	<i>all day allergy-d</i>	66
ABILITY MAINTENA	22	ALLEGRA ALLERGY	66
<i>abiraterone acetate</i>	16	ALLEGRA-D 12 HOUR ALLERGY & CONGESTION	66
<i>acamprosate calcium dr</i>	3	ALLEGRA-D 24 HOUR ALLERGY & CONGESTION	66
<i>acarbose</i>	28	<i>allergy 24-hr</i>	66
<i>accutane</i>	41	<i>allergy relief</i>	66
<i>acebutolol hydrochloride</i>	34	<i>allergy relief 24hr</i>	66
<i>acetaminophen/codeine</i>	2	<i>allergy relief loratadine</i>	66
<i>acetazolamide</i>	35	<i>allergy relief nasal decongestant</i>	66
<i>acetazolamide</i>	61	<i>allergy relief/indoor/outdoor</i>	66
<i>acetazolamide er</i>	61	<i>allergy relief-d</i>	66
<i>acetic acid</i>	62	<i>allopurinol</i>	14
<i>acetylcysteine</i>	58	<i>almotriptan</i>	15
<i>acetylcysteine</i>	65	<i>alosetron hydrochloride</i>	47
<i>acitretin</i>	41	ALPHAGAN P	61
ACTHIB	56	<i>alprazolam</i>	27
ACTIMMUNE	54	ALPRAZOLAM INTENSOL	27
<i>acyclovir</i>	27	ALUNBRIG	18
<i>acyclovir</i>	44	<i>alyq</i>	64
<i>acyclovir sodium</i>	27	<i>amantadine hcl</i>	21
ADACEL	56	AMBISOME	14
<i>adapalene</i>	41	<i>ambrisentan</i>	64
<i>adefovir dipivoxil</i>	24	AMCINONIDE	42
ADEMPAS	64	<i>amikacin sulfate</i>	4
ADIPEX-P	40	<i>amiloride hcl</i>	37
ADLARITY	10	<i>amiloride/hydrochlorothiazide</i>	35
ADVAIR HFA	65	<i>aminophylline</i>	64
AIMOVIG	15	<i>amiodarone hydrochloride</i>	33
<i>ala-cort</i>	42	<i>amitriptyline hcl</i>	12
ALA-QUIN	13	<i>amitriptyline hydrochloride</i>	12
<i>alavert</i>	66	<i>amlodipine besylate</i>	34
<i>alavert allergy/sinus</i>	66	<i>amlodipine besylate/atorvastatin calcium</i>	35
<i>alavert d-12 hour allergy & congestion</i>	66	<i>amlodipine besylate/benzephril</i>	35
<i>albendazole</i>	21	<i>hydrochloride</i>	
<i>albuterol sulfate</i>	63	<i>amlodipine besylate/valsartan</i>	36
ALBUTEROL SULFATE HFA	63	<i>amlodipine/olmesartan medoxomil</i>	36
<i>alclometasone dipropionate</i>	42	<i>amlodipine/valsartan/hydrochlorothiazide</i>	36
ALCOHOL PREP PADS	58	<i>ammonium lactate</i>	42
ALCORTIN A	13	<i>amnesteem</i>	41
ALECENSA	18	AMOXAPINE	12
		<i>amoxicillin</i>	6

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Drug Name	Page #	Drug Name	Page #
AMOXICILLIN/CLAVULANATE	6	ATROVENT HFA	63
POTASSIUM		AUTOPEN	58
AMOXICILLIN/CLAVULANATE	6	<i>avita</i>	41
POTASSIUM ER		AVONEX	40
<i>amphetamine/dextroamphetamine</i>	39	AVONEX PEN	40
AMPHOTERICIN B	14	AYVAKIT	18
<i>amphotericin b liposome</i>	14	AZASITE	60
AMPICILLIN	6	<i>azathioprine</i>	55
AMPICILLIN SODIUM	6	<i>azelaic acid</i>	41
AMPICILLIN-SULBACTAM	6	<i>azelastine hcl</i>	60
<i>anagrelide hydrochloride</i>	31	<i>azelastine hcl</i>	62
ANALPRAM HC	43	<i>azelastine hydrochloride</i>	62
<i>anastrozole</i>	18	AZITHROMYCIN	7
ANORO ELLIPTA	65	<i>aztreonam</i>	4
<i>anucort-hc</i>	43	BACITRACIN	60
ANZEMET	13	<i>bacitracin/polymyxin b</i>	60
APEXICON E	42	<i>baclofen</i>	24
<i>apomorphine hydrochloride</i>	21	<i>balsalazide disodium</i>	57
<i>apraclonidine</i>	61	BALVERSA	18
<i>aprepitant</i>	13	BAQSIMI ONE PACK	30
APRETUDE	25	BAQSIMI TWO PACK	30
APTIOM	10	BARIUM SULFATE	58
APTIVUS	26	BCG VACCINE	56
ARANESP ALBUMIN FREE	31	BD INSULIN SYRINGE	58
ARCALYST	54	SAFETYGLIDE/1ML/29G X 1/2"	
ARIDOL	58	B-D INSULIN SYRINGE ULTRAFINE	58
ARIKAYCE	4	II/0.3ML/31G X 5/16"	
<i>ariPIPRAZOLE</i>	22	BD INSULIN SYRINGE ULTRA-	58
<i>ariPIPRAZOLE odt</i>	22	FINE/0.5ML/30G X 12.7MM	
ARISTADA	22	BD INSULIN SYRINGE ULTRA-	58
ARISTADA INITIO	22	FINE/1ML/31G X 8MM	
<i>armodafinil</i>	65	BD PEN	58
<i>asenapine maleate sl</i>	22	BD PEN MINI	58
aspirin/dipyridamole er	32	BD PEN NEEDLE/ORIGINAL/ULTRA-	58
ASTAGRAF XL	54	FINE/29G X 12.7MM	
<i>atazanavir</i>	26	BECONASE AQ	62
<i>atazanavir sulfate</i>	26	<i>benazepril hcl</i>	33
<i>atenolol</i>	34	BENAZEPRIL	36
<i>atenolol/chlorthalidone</i>	36	HCL/HYDROCHLOROTHIAZIDE	
<i>atomoxetine</i>	39	<i>benazepril hydrochloride</i>	33
<i>atomoxetine hydrochloride</i>	39	<i>benazepril</i>	36
<i>atorvastatin calcium</i>	38	<i>hydrochloride/hydrochlorothiazide</i>	
<i>atovaquone</i>	21	BENLYSTA	54
<i>atovaquone/proguanil hcl</i>	21	BENZNIDAZOLE	21
<i>atropine sulfate</i>	58	<i>benzonatate</i>	65
<i>atropine sulfate</i>	60	<i>benzoyl peroxide</i>	66

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BENZPHETAMINE HCL	40	<i>buprenorphine hydrochloride/naloxone hydrochloride</i>	3
<i>benztropine mesylate</i>	21	<i>bupropion hcl</i>	11
BESREMI	17	<i>bupropion hydrochloride</i>	11
BETADINE OPHTHALMIC PREP	60	<i>bupropion hydrochloride er (sr)</i>	3
<i>betaine anhydrous</i>	48	<i>bupropion hydrochloride er (sr)</i>	11
<i>betamethasone dipropionate</i>	42	<i>bupropion hydrochloride er (xl)</i>	11
BETAMETHASONE DIPROPIONATE AUGMENTED	42	<i>buspirone hcl</i>	27
<i>betamethasone valerate</i>	42	<i>buspirone hydrochloride</i>	27
BETASERON	40	<i>butorphanol tartrate</i>	2
<i>betaxolol hcl</i>	34	BYDUREON BCISE	28
<i>betaxolol hcl</i>	61	BYDUREON PEN	28
<i>bethanechol chloride</i>	50	CABENUVA	25
BETOPTIC-S	61	<i>cabergoline</i>	53
<i>bexarotene</i>	20	CABLIVI	32
BEXSERO	56	CABOMETYX	18
<i>bicalutamide</i>	16	<i>calcipotriene</i>	43
BICILLIN C-R	6	<i>calcitonin-salmon</i>	58
BICILLIN L-A	6	<i>calcitrene</i>	43
BIKTARVY	25	CALCITRIOL	43
<i>bimatoprost</i>	62	<i>calcitriol</i>	58
<i>bisoprolol fumarate</i>	34	<i>calcium acetate</i>	46
<i>bisoprolol fumarate/hydrochlorothiazide</i>	36	<i>calcium chloride</i>	44
BLEPHAMIDE S.O.P.	60	CALCIUM DISODIUM VERSENATE	47
BOOSTRIX	56	CALCIUM GLUCONATE	44
<i>bosentan</i>	64	CALQUENCE	18
BOSULIF	18	<i>camila</i>	52
BPO	66	CAMZYOS	36
BRAFTOVI	18	<i>candesartan cilexetil</i>	32
BREO ELLIPTA	65	<i>candesartan cilexetil/hydrochlorothiazide</i>	36
BREZTRI AEROSPHERE	62	CAPLYTA	22
BRILINTA	32	CAPRELSA	18
<i>brimonidine tartrate</i>	61	<i>captopril</i>	33
<i>brinzolamide</i>	61	CAPTOPRIL/HYDROCHLOROTHIAZID	36
BRIVIACT	8	E	
<i>bromocriptine mesylate</i>	21	<i>carbamazepine</i>	10
<i>bromphen/pseudoephedrine hcl/dextromethorphan hbr</i>	65	<i>carbamazepine er</i>	10
BRUKINSA	18	<i>carbidopa</i>	21
<i>budesonide</i>	57	<i>carbidopa/levodopa</i>	21
<i>budesonide</i>	62	<i>carbidopa/levodopa er</i>	21
<i>budesonide er</i>	57	CARBIDOPA/LEVODOPA ODT	21
<i>bumetanide</i>	37	<i>carbidopa/levodopa/entacapone</i>	21
<i>buprenorphine</i>	1	CARTEOLOL HCL	61
<i>buprenorphine hcl</i>	3	<i>cartia xt</i>	35
<i>buprenorphine hcl/naloxone hcl</i>	3	<i>carvedilol</i>	34

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<i>cataflam</i>	1	<i>chlorpromazine hcl</i>	22
CAVERJECT	50	CHLORPROMAZINE	22
CAYSTON	63	HYDROCHLORIDE	
CEFACLOR	5	<i>chlorthalidone</i>	38
CEFACLOR ER	5	<i>chlorzoxazone</i>	65
CEFADROXIL	5	CHOLBAM	48
CEFAZOLIN SODIUM	5	<i>cholestyramine</i>	38
CEFAZOLIN SODIUM/DEXTROSE	5	<i>cholestyramine light</i>	38
<i>cefdinir</i>	5	CIALIS	50
CEFEPIME	5	<i>ciclodan</i>	44
CEFEPIME/DEXTROSE	5	<i>ciclopirox</i>	44
<i>cefixime</i>	5	<i>ciclopirox nail lacquer</i>	44
CEFOTAXIME SODIUM	5	<i>ciclopirox olamine</i>	44
CEFOXITIN SODIUM	5	<i>cilostazol</i>	32
<i>cefpodoxime proxetil</i>	5	CIMDUO	26
<i>cefprozil</i>	5	<i>cinacalcet hydrochloride</i>	58
<i>ceftazidime</i>	5	CIPRO HC	62
CEFTAZIDIME/DEXTROSE	5	CIPROFLOXACIN	62
CEFTRIAKONE IN ISO-OSMOTIC	5	CIPROFLOXACIN HCL	7
DEXTROSE		<i>ciprofloxacin hydrochloride</i>	7
CEFTRIAKONE SODIUM	5	<i>ciprofloxacin hydrochloride</i>	60
CEFTRIAKONE/DEXTROSE	6	<i>ciprofloxacin i.v.-in d5w</i>	7
<i>cefuroxime axetil</i>	6	<i>ciprofloxacin/dexamethasone</i>	62
<i>cefuroxime sodium</i>	6	<i>citalopram hydrobromide</i>	11
<i>celecoxib</i>	1	<i>claravis</i>	41
CELONTIN	9	CLARITHROMYCYIN	7
CEPHALEXIN	6	<i>clarithromycin er</i>	7
CEQUR SIMPLICITY 2U	58	CLARITIN	66
CEQUR SIMPLICITY INSERTER	58	<i>claritin allergy childrens</i>	66
CERDELGA	48	CLARITIN CHILDRENS	66
CETACAINE	3	CLARITIN REDITABS	66
<i>cetirizine hcl</i>	66	CLARITIN-D 12 HOUR	66
<i>cetirizine hcl childrens</i>	66	CLARITIN-D 24 HOUR	66
<i>cetirizine hcl childrens allergy</i>	66	<i>clindacin etz pledges</i>	4
<i>cetirizine hcl/pseudoephedrine hcl er</i>	66	<i>clindamycin hcl</i>	4
<i>cetirizine hydrochloride</i>	62	<i>clindamycin hydrochloride</i>	4
<i>cetirizine hydrochloride</i>	66	<i>clindamycin palmitate hcl</i>	4
CETROTIDE	53	<i>clindamycin phosphate</i>	4
<i>cevimeline hydrochloride</i>	40	<i>clindamycin phosphate</i>	44
CHEMET	46	<i>clindamycin phosphate/benzoyl peroxide</i>	41
<i>childrens loratadine</i>	66	<i>clindamycin phosphate/dextrose</i>	4
<i>chlordiazepoxide hcl/clidinium bromide</i>	47	CLINDAMYCIN/SODIUM CHLORIDE	4
<i>chlordiazepoxide hydrochloride/clidinium</i>	47	<i>clinpro 5000</i>	41
<i>bromide</i>		<i>clobazam</i>	9
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<i>clodan</i>	42	<i>cyclosporine modified</i>	55
CLOMIPHENE CITRATE	52	<i>cyproheptadine hcl</i>	62
<i>clomipramine hydrochloride</i>	12	<i>cyproheptadine hydrochloride</i>	62
<i>clonazepam</i>	9	CYSTAGON	48
<i>clonazepam odt</i>	9	CYSTARAN	60
<i>clonidine hcl</i>	32	CYSTO-CONRAY II	58
<i>clonidine hydrochloride</i>	32	<i>dalfampridine er</i>	40
<i>clonidine hydrochloride er</i>	39	DALIRESP	64
<i>clopidogrel</i>	32	<i>danazol</i>	51
<i>clorazepate dipotassium</i>	27	<i>dantrolene sodium</i>	24
<i>clotrimazole</i>	14	DANYELZA	20
<i>clotrimazole/betamethasone dipropionate</i>	43	<i>dapsone</i>	15
<i>clozapine</i>	24	DAPTACEL	56
CLOZAPINE ODT	24	<i>daptomycin</i>	4
COAL TAR	58	DAURISMO	18
COARTEM	21	<i>deblitane</i>	52
CODEINE SULFATE	2	<i>decadron</i>	50
<i>colchicine</i>	14	<i>deferasirox</i>	46
<i>colesevelam hydrochloride</i>	38	DELSTRIGO	25
<i>colestipol hcl</i>	38	<i>demecclocycline hcl</i>	8
<i>colistimethate sodium</i>	4	<i>denta 5000 plus</i>	41
COMBIGAN	60	<i>dentagel</i>	41
COMBIVENT RESPIMAT	65	DESCOVY	26
COMETRIQ	18	<i>desipramine hydrochloride</i>	13
COMPLERA	25	<i>desloratadine</i>	62
<i>compro</i>	13	DESLORATADINE ODT	62
<i>constulose</i>	47	<i>desmopressin acetate</i>	50
COPIKTRA	18	<i>desonide</i>	42
CORLANOR	36	<i>desoximetasone</i>	42
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COSENTYX SENSOREADY PEN	54	DEXAMETHASONE	50
COTELLIC	18	DEXAMETHASONE INTENSOL	50
CREON	48	DEXAMETHASONE SODIUM	61
CRIXIVAN	26	PHOSPHATE	
<i>cromolyn sodium</i>	48	DEXCHLORPHENIRAMINE MALEATE	62
<i>cromolyn sodium</i>	60	<i>dexrazoxane</i>	20
<i>cromolyn sodium</i>	64	<i>dextroamphetamine sulfate</i>	39
CROTAN	44	DEXTROSE 10%/NACL 0.45%	44
CRYODOSE TA	3	<i>dextrose 10%</i>	44
CURITY GAUZE PADS 2"X2"	58	DEXTROSE 2.5%/NACL 0.45%	44
CYANOKIT	58	<i>dextrose 5%</i>	44
<i>cyclobenzaprine hydrochloride</i>	65	<i>dextrose 5%/nacl 0.2%</i>	44
CYCLOMYDRIL	60	<i>dextrose 5%/nacl 0.3%</i>	44
<i>cyclophosphamide</i>	16	<i>dextrose 5%/nacl 0.33%</i>	44

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<i>dextrose 5%/nacl 0.9%</i>	44	<i>donepezil hcl</i>	10
<i>dextrose 50%</i>	44	<i>donepezil hydrochloride</i>	10
<i>dextrose 70%</i>	44	DONNATAL	47
<i>dextrose/sodium chloride</i>	44	DOPTELET	32
DIACOMIT	9	<i>dorzolamide hcl/timolol maleate</i>	60
<i>diazepam</i>	27	<i>dorzolamide hydrochloride</i>	61
DIAZEPAM RECTAL GEL	9	DOVATO	25
<i>diazoxide</i>	30	<i>doxazosin mesylate</i>	32
<i>diclofenac potassium</i>	1	<i>doxepin hcl</i>	13
<i>diclofenac sodium</i>	1	<i>doxepin hydrochloride</i>	13
<i>diclofenac sodium dr</i>	1	<i>doxy 100</i>	8
<i>diclofenac sodium er</i>	1	<i>doxycycline</i>	8
<i>diclofenac sodium/misoprostol</i>	1	<i>doxycycline hyclate</i>	8
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<i>dicyclomine hcl</i>	47	DRISDOL	47
<i>dicyclomine hydrochloride</i>	47	DRIZALMA SPRINKLE	11
<i>diethylpropion hcl</i>	40	<i>dronabinol</i>	13
DIETHYLPROMION HCL ER	40	<i>drospirenone/ethinyl estradiol</i>	51
DIFICID	7	<i>drospirenone/ethinyl estradiol/levomefolate</i>	51
DIFLORASONE DIACETATE	42	<i>calcium</i>	
<i>diflunisal</i>	1	DROXIA	17
<i>difluprednate</i>	61	<i>droxidopa</i>	32
<i>digitek</i>	33	DUAVEE	52
<i>digox</i>	33	DULERA	65
DIGOXIN	33	<i>duloxetine hydrochloride</i>	11
<i>dihydroergotamine mesylate</i>	15	<i>duramorph</i>	2
DILANTIN	10	<i>dutasteride</i>	50
<i>diltiazem hcl</i>	35	<i>E.E.S. 400</i>	7
<i>diltiazem hcl cd</i>	35	<i>econazole nitrate</i>	14
<i>diltiazem hcl er</i>	35	EDEX	50
<i>diltiazem hydrochloride er</i>	35	EDURANT	25
<i>dilt-xr</i>	35	<i>efavirenz</i>	25
<i>dimethyl fumarate</i>	40	<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	25
<i>dimethyl fumarate starterpack</i>	40	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	25
<i>diphenhydramine hcl</i>	62	EGRIFTA SV	51
<i>diphenoxylate hydrochloride/atropine sulfate</i>	47	<i>eletriptan hydrobromide</i>	15
DIPHENOXYLATE/ATROPINE	47	ELIQUIS	31
DIPHTHERIA/TETANUS TOXOIDS	56	ELIQUIS STARTER PACK	31
ADSORBED PEDIATRIC		ELMIRON	50
<i>disulfiram</i>	3	<i>eluryng</i>	51
<i>divalproex sodium</i>	9	EMCYT	17
<i>divalproex sodium dr</i>	9	EMEND	13
<i>divalproex sodium er</i>	9	EMGALITY	15
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<i>emtricitabine/tenofovir disoproxil</i>	26	<i>estradiol</i>	51
<i>emtricitabine/tenofovir disoproxil fumarate</i>	26	<i>estradiol valerate</i>	51
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<i>enalapril maleate/hydrochlorothiazide</i>	36	<i>ethosuximide</i>	9
ENBREL	55	<i>ethynodiol diacetate/ethinyl estradiol</i>	51
ENBREL MINI	55	<i>etodolac</i>	1
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ENDARI	48	<i>etonogestrel/ethinyl estradiol</i>	51
<i>endocet</i>	2	<i>etravirine</i>	25
ENGERIX-B	56	<i>euthyrox</i>	53
ENHERTU	20	<i>everolimus</i>	18
<i>enoxaparin sodium</i>	31	<i>everolimus</i>	55
ENSPRYNG	54	EVOTAZ	26
<i>entacapone</i>	21	EVRYSDI	49
<i>entecavir</i>	24	<i>exemestane</i>	18
ENTERO VU	59	EXKIVITY	18
ENTRESTO	36	EZALLOR SPRINKLE	38
<i>enulose</i>	47	E-Z-DISK	58
EPCLUSA	24	<i>ezetimibe</i>	38
EPIDIOLEX	8	<i>ezetimibe/simvastatin</i>	38
<i>epinastine hcl</i>	60	E-Z-HD	58
EPINEPHRINE	63	E-Z-PAQUE	58
<i>epitol</i>	10	E-Z-PASTE	59
<i>eplerenone</i>	37	<i>famciclovir</i>	27
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ERLEADA	16	<i>febuxostat</i>	14
<i>erlotinib hydrochloride</i>	18	<i>felbamate</i>	8
<i>errin</i>	52	<i>felodipine er</i>	34
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ERYTHROMYCIN	7	FENOFIBRIC ACID	38
<i>erythromycin</i>	44	<i>fenofibric acid dr</i>	38
<i>erythromycin</i>	60	<i>fenoprofen calcium</i>	1
<i>erythromycin base</i>	7	<i>fentanyl</i>	1
<i>erythromycin dr</i>	7	<i>fentanyl citrate oral transmucosal</i>	2
ERYTHROMYCIN ETHYLSUCCINATE	7	<i>fesoterodine fumarate er</i>	49
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<i>fexofenadine hydrochloride</i>	66	<i>fluvastatin</i>	38
<i>fexofenadine</i>	66	<i>fluvastatin sodium er</i>	38
<i>hydrochloride/pseudoephedrine</i>		<i>fluvoxamine maleate</i>	12
<i>hydrochloride er</i>		<i>fluvoxamine maleate er</i>	12
<i>finasteride</i>	50	<i>FML</i>	61
<i>FINTEPLA</i>	8	<i>folic acid</i>	47
<i>FIRDAPSE</i>	40	<i>FOLLISTIM AQ</i>	51
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<i>FIRVANQ</i>	4	<i>formaldehyde neutralized/buffered</i>	59
<i>flac</i>	62	<i>FORTEO</i>	58
<i>flavoxate hcl</i>	49	<i>fosamprenavir calcium</i>	26
<i>flecainide acetate</i>	34	<i>fosfomycin tromethamine</i>	4
<i>FLOVENT DISKUS</i>	62	<i>fosinopril sodium</i>	33
<i>FLOVENT HFA</i>	62	<i>fosinopril sodium/hydrochlorothiazide</i>	36
<i>fluconazole</i>	14	<i>fosphenytoin sodium</i>	10
<i>fluconazole in sodium chloride</i>	14	<i>FOTIVDA</i>	16
<i>FLUCONAZOLE/SODIUM CHLORIDE</i>	14	<i>FRAGMIN</i>	31
<i>flucytosine</i>	14	<i>FREAMINE III</i>	45
<i>fludrocortisone acetate</i>	50	<i>frovatriptan succinate</i>	15
<i>flunisolide</i>	62	<i>FUL-GLO</i>	60
<i>fluocinolone acetonide</i>	42	<i>furosemide</i>	37
<i>fluocinolone acetonide</i>	62	<i>FUZEON</i>	26
<i>fluocinolone acetonide body</i>	42	<i>fyavolv</i>	52
<i>fluocinolone acetonide scalp</i>	42	<i>FYCOMPA</i>	8
<i>fluocinonide</i>	42	<i>gabapentin</i>	9
<i>fluocinonide emulsified base</i>	42	<i>GALAFOLD</i>	49
<i>fluorescein/proparacaine</i>	60	<i>GALANTAMINE HYDROBROMIDE</i>	10
<i>fluoride</i>	44	<i>galantamine hydrobromide er</i>	10
<i>fluoridex daily defense</i>	41	<i>GALZIN</i>	45
<i>fluoridex enhanced whitening</i>	41	<i>GAMIFANT</i>	54
<i>fluorimax 5000</i>	41	<i>GAMMAGARD LIQUID</i>	54
<i>fluorometholone</i>	61	<i>GAMMAPLEX</i>	54
<i>fluorouracil</i>	43	<i>GAMUNEX-C</i>	54
<i>FLUOXETINE DR</i>	12	<i>GANCICLOVIR</i>	24
<i>fluoxetine hcl</i>	12	<i>GARDASIL 9</i>	56
<i>fluoxetine hydrochloride</i>	12	<i>GASTROGRAFIN</i>	59
<i>fluphenazine decanoate</i>	22	<i>gatifloxacin</i>	60
<i>FLUPHENAZINE HCL</i>	22	<i>GATTEX</i>	48
<i>FLUPHENAZINE HYDROCHLORIDE</i>	22	<i>GAVILYTE-C</i>	48
<i>flurandrenolide</i>	42	<i>gavilyte-g</i>	48
<i>flurbiprofen</i>	1	<i>gavilyte-n/flavor pack</i>	48
<i>FLURBIPROFEN SODIUM</i>	61	<i>GAVRETO</i>	17
<i>flutamide</i>	16	<i>gemfibrozil</i>	38
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<i>gentamicin sulfate</i>	4	HIBERIX	56
<i>gentamicin sulfate</i>	61	HISTATROL	59
GENTAMICIN SULFATE PEDIATRIC	4	HUMALOG KWIKPEN	30
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE	4	HUMATROPE	51
GENVOYA	25	HUMIRA	55
<i>gianvi</i>	52	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	55
GILENYA	40	HUMIRA PEN	55
GILOTrif	18	HUMIRA PEN-CD/UC/HS STARTER	55
<i>glatiramer acetate</i>	40	HUMIRA PEN-PEDIATRIC UC STARTER PACK	55
<i>glatopa</i>	40	HUMIRA PEN-PS/UV STARTER	55
<i>glimepiride</i>	28	HUMULIN R U-500 (CONCENTRATED)	30
<i>glipizide</i>	28	HUMULIN R U-500 KWIKPEN	30
<i>glipizide er</i>	28	<i>hydralazine hcl</i>	39
<i>glipizide/metformin hydrochloride</i>	28	<i>hydralazine hydrochloride</i>	39
GLUCAGEN HYPOKIT	30	<i>hydrochlorothiazide</i>	38
GLUCAGON EMERGENCY KIT	30	<i>hydrocodone bitartrate/acetaminophen</i>	2
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	30	<i>hydrocodone polistirex/chlorpheniramine polistirex</i>	65
<i>glyburide</i>	28	<i>hydrocodone/acetaminophen</i>	2
<i>glyburide micronized</i>	28	HYDROCODONE/IBUPROFEN	2
<i>glyburide/metformin hydrochloride</i>	28	<i>hydrocortisone</i>	43
GLYCOPYRROLATE	47	<i>hydrocortisone</i>	50
GLYXAMBI	28	<i>hydrocortisone</i>	57
GONAL-F	51	<i>hydrocortisone acetate</i>	43
GONAL-F RFF	51	<i>hydrocortisone acetate/pramoxine</i>	43
<i>granisetron hydrochloride</i>	13	<i>hydrocortisone valerate</i>	42
<i>griseofulvin microsize</i>	14	<i>hydrocortisone/acetic acid</i>	62
<i>griseofulvin ultramicrosize</i>	14	<i>hydrocortisone/iodoquinol</i>	14
<i>guaifenesin/codeine</i>	67	<i>hydromorphone hcl</i>	2
GVOKE HYPOPEN 1-PACK	30	<i>hydromorphone hydrochloride</i>	2
GVOKE HYPOPEN 2-PACK	30	HYDROXOCOBALAMIN	47
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GVOKE PFS	30	<i>hydroxyurea</i>	17
HAEGARDA	53	<i>hydroxyzine hcl</i>	63
<i>halobetasol propionate</i>	42	<i>hydroxyzine hydrochloride</i>	63
<i>haloperidol</i>	22	<i>hydroxyzine pamoate</i>	63
<i>haloperidol decanoate</i>	22	HYPERHEP B	54
<i>haloperidol lactate</i>	22	HYQVIA	54
HARVONI	24	<i>ibandronate sodium</i>	58
HAVRIX	56	IBRANCE	17
<i>heather</i>	52	IBRANCE	18
HEMADY	50	<i>ibu</i>	1
<i>heparin sodium</i>	31		

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<i>icatibant acetate</i>	53	ISENTRESS HD	25
ICLUSIG	18	ISOLYTE-P/DEXTROSE 5%	45
<i>icosapent ethyl</i>	39	ISOLYTE-S	45
IDHIFA	17	ISOLYTE-S PH 7.4	45
ILEVRO	61	ISONIAZID	16
<i>imatinib mesylate</i>	18	<i>isoproterenol hydrochloride</i>	63
IMBRUVICA	18	<i>isosorbide dinitrate</i>	39
IMIPENEM/CILASTATIN	7	<i>isosorbide mononitrate</i>	39
<i>imipramine hcl</i>	13	<i>isosorbide mononitrate er</i>	39
<i>imipramine hydrochloride</i>	13	ISOTONIC GENTAMICIN	4
<i>imipramine pamoate</i>	13	<i>isotretinoin</i>	41
<i>imiquimod</i>	43	<i>isoxyprine hcl</i>	36
IMOVAX RABIES (H.D.C.V.)	56	<i>isradipine</i>	34
IMVEXXY MAINTENANCE PACK	52	<i>itraconazole</i>	14
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<i>incassia</i>	52	IVERMECTIN	44
INCRELEX	51	IXIARO	56
INCRUSE ELLIPTA	63	JAKAFI	19
<i>indapamide</i>	38	<i>jantoven</i>	31
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INLYTA	19	JANUMET XR	28
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INPEN 100/BLUE/NOVOLOG/FIASP	59	JARDIANE	28
INPEN 100/GREY/LILLY/HUMALOG	59	<i>jasmiel</i>	52
INPEN 100/GREY/NOVOLOG/FIASP	59	<i>jencycla</i>	52
INPEN 100/PINK/LILLY/HUMALOG	59	JENTADUETO	28
INPEN 100/PINK/NOVOLOG/FIASP	59	JENTADUETO XR	28
<i>INQOVI</i>	19	JULUCA	25
<i>INREBIC</i>	17	<i>just right 5000</i>	41
INTELENCE	25	JYNARQUE	46
INTRALIPID	59	KALYDECO	63
INTRON A	54	<i>kcl 0.075%/d5w/nacl 0.45%</i>	45
INVEGA HAFYERA	22	<i>kcl 0.15%/d5w/nacl 0.2%</i>	45
INVEGA SUSTENNA	22	<i>kcl 0.15%/d5w/nacl 0.45%</i>	45
INVEGA TRINZA	23	<i>kcl 0.15%/d5w/nacl 0.9%</i>	45
INVIRASE	26	<i>kcl 0.3%/d5w/nacl 0.45%</i>	45
IODINE STRONG	59	KCL 0.3%/D5W/NACL 0.9%	45
IODOFLEX	59	<i>kelnor 1/50</i>	52
IODOSORB	59	KERENDIA	36
IPOL INACTIVATED IPV	56	<i>ketoconazole</i>	14
<i>ipratropium bromide</i>	63	<i>ketodan</i>	14
<i>ipratropium bromide/albuterol sulfate</i>	65	KETOPROFEN	1
<i>irbesartan</i>	32	KETOPROFEN ER	1
<i>irbesartan/hydrochlorothiazide</i>	36	<i>ketorolac tromethamine</i>	61
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KISQALI FEMARA 200 DOSE	17	LEVALBUTEROL TARTRATE HFA	63
KISQALI FEMARA 400 DOSE	17	levetiracetam	8
KISQALI FEMARA 600 DOSE	17	levetiracetam er	8
<i>klor-con 10</i>	45	LEVITRA	50
<i>klor-con 8</i>	45	LEVOBUNOLOL HCL	61
<i>klor-con m10</i>	45	levocarnitine	59
<i>klor-con m15</i>	45	levocetirizine dihydrochloride	63
<i>klor-con m20</i>	45	levofloxacin	7
KLOXXADO	3	levofloxacin	61
KORLYM	30	levofloxacin in d5w	7
KOSELUGO	19	levorphanol tartrate	1
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<i>lacosamide</i>	10	levothyroxine sodium	53
LACTULOSE	47	levoxyl	53
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<i>lamivudine</i>	26	lidocaine	3
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<i>lamotrigine</i>	8	LINDANE	44
<i>lamotrigine er</i>	8	linezolid	4
<i>lamotrigine odt</i>	8	LINZESS	47
<i>lamotrigine starter kit/blue</i>	8	liothyronine sodium	53
<i>lamotrigine starter kit/green</i>	8	LIQUID E-Z-PAQUE	59
<i>lamotrigine starter kit/orange</i>	8	LIQUID POLIBAR PLUS	59
<i>lanthanum carbonate</i>	46	lisinopril	33
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<i>leflunomide</i>	55	LONSURF	17
<i>lenalidomide</i>	16	loperamide hcl	47
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LENVIMA 4 MG DAILY DOSE	19	lorazepam intensol	27
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LUMIGAN	62	<i>mesalamine dr</i>	57
LUMOXITI	20	<i>mesalamine er</i>	57
LUPRON DEPOT (1-MONTH)	53	MESNEX	20
LUPRON DEPOT (3-MONTH)	53	<i>metformin hydrochloride</i>	29
LUPRON DEPOT (4-MONTH)	53	<i>metformin hydrochloride er</i>	28
LUPRON DEPOT (6-MONTH)	53	METHADONE HCL	1
LUPRON DEPOT-PED (1-MONTH)	53	<i>methazolamide</i>	61
LUPRON DEPOT-PED (3-MONTH)	53	<i>methenamine hippurate</i>	4
LYBALVI	23	<i>methergine</i>	59
<i>lyleq</i>	52	<i>methimazole</i>	53
LYNPARZA	19	METHITEST	51
LYSODREN	53	<i>methocarbamol</i>	65
<i>lyza</i>	52	<i>methotrexate</i>	55
<i>magnesium sulfate</i>	45	<i>methotrexate sodium</i>	55
<i>malathion</i>	44	METHOXSALEN	43
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<i>maraviroc</i>	26	<i>methylergonovine maleate</i>	59
MARGENZA	20	<i>methylphenidate hydrochloride</i>	40
MARPLAN	11	<i>methylphenidate hydrochloride cd</i>	39
MATULANE	16	<i>methylphenidate hydrochloride er</i>	40
<i>matzim la</i>	35	<i>methylprednisolone</i>	50
<i>md-gastroview</i>	59	<i>methylprednisolone dose pack</i>	50
<i>meclizine hcl</i>	13	<i>methyltestosterone</i>	51
MECLOFENAMATE SODIUM	1	metoclopramide hcl	48
<i>medroxyprogesterone acetate</i>	52	<i>metoclopramide hydrochloride</i>	48
<i>mefenamic acid</i>	1	<i>metolazone</i>	38
<i>mefloquine hcl</i>	21	<i>metoprolol succinate er</i>	34
<i>megestrol acetate</i>	52	<i>metoprolol tartrate</i>	34
MEKINIST	19	<i>metoprolol/hydrochlorothiazide</i>	36
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<i>memantine hcl titration pak</i>	10	<i>metronidazole vaginal</i>	4
<i>memantine hydrochloride</i>	10	<i>metyrosine</i>	36
<i>memantine hydrochloride er</i>	10	<i>mexiletine hcl</i>	34
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MENQUADFI	56	<i>miglitol</i>	29
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<i>meprobamate</i>	27	<i>minoxidil</i>	39

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<i>misoprostol</i>	48	NEOMYCIN/POLYMYXIN B SULFATES	4
M-M-R II	56	NEOMYCIN/POLYMYXIN/GRAMICIDI N	60
<i>modafinil</i>	65	<i>neomycin/polymyxin/hc</i>	62
<i>moexipril hcl</i>	33	NEOMYCIN/POLYMYXIN/HYDROCOR TISONE	60
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<i>mometasone furoate</i>	43	<i>neo-polycin</i>	60
<i>mometasone furoate</i>	62	NERLYNX	19
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<i>montelukast sodium</i>	63	NEULASTA	31
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<i>moxifloxacin hydrochloride</i>	7	NEVANAC	61
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MUSE	50	<i>niacin er</i>	39
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<i>mycophenolate mofetil</i>	55	NICOTROL INHALER	3
<i>mycophenolic acid dr</i>	55	NICOTROL NS	3
<i>myorisan</i>	41	<i>nifedipine er</i>	34
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<i>nabumetone</i>	1	<i>nimodipine</i>	34
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NAFCILLIN SODIUM	6	<i>nitazoxanide</i>	21
<i>nafrinse</i>	45	<i>nitisinone</i>	49
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<i>naloxone hcl</i>	3	<i>nitrofurantoin macrocrystals</i>	5
<i>naloxone hydrochloride</i>	3	<i>nitrofurantoin monohydrate/macocrystals</i>	5
<i>naltrexone hcl</i>	3	<i>nitroglycerin</i>	39
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<i>naproxen sodium</i>	1	NIVESTYM	31
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<i>nortriptyline hydrochloride</i>	13	<i>olanzapine</i>	23
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NOVOLIN 70/30 FLEXPEN	30	<i>olmesartan medoxomil</i>	32
NOVOLIN 70/30 FLEXPEN RELION	30	<i>olmesartan</i>	37
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NOVOLIN N FLEXPEN	30	<i>olopatadine hcl</i>	60
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<i>oxycodone/acetaminophen</i>	3	<i>phenobarbital</i>	9
<i>oxymorphone hydrochloride</i>	3	<i>phenobarbital/belladonna alkaloids</i>	47
OXYMORPHONE HYDROCHLORIDE	2	<i>phentermine hcl</i>	40
ER		<i>phentermine hydrochloride</i>	40
OXYMORPHONE	2	<i>phenytoin</i>	10
HYDROCHLORIDEER		<i>phenytoin sodium extended</i>	10
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<i>paliperidone er</i>	23	PIMOZIDE	22
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<i>paricalcitol</i>	58	<i>pioglitazone hcl-glimepiride</i>	29
<i>paramomycin sulfate</i>	4	<i>pioglitazone hydrochloride</i>	29
<i>paroxetine</i>	12	<i>piperacillin sodium/tazobactam sodium</i>	7
<i>paroxetine hcl</i>	12	PIQRAY 200MG DAILY DOSE	19
<i>paroxetine hcl er</i>	12	PIQRAY 250MG DAILY DOSE	19
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<i>penicillin g potassium</i>	6	<i>polymyxin b sulfate/trimethoprim sulfate</i>	60
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PENICILLIN V POTASSIUM	6	<i>potassium acetate</i>	45
PENTACEL	56	<i>potassium chloride</i>	45
<i>pentamidine isethionate</i>	21	<i>potassium chloride er</i>	45
PENTASA	57	<i>potassium chloride/dextrose</i>	45
<i>pentoxifylline er</i>	37	POTASSIUM	45
PEPAXTO	16	CHLORIDE/DEXTROSE/LACTATED	
<i>perindopril erbumine</i>	33	RINGERS	
<i>periogard</i>	41	<i>potassium chloride/dextrose/sodium</i>	45
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<i>perphenazine</i>	22	POTASSIUM CHLORIDE/SODIUM	45
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<i>prazosin hydrochloride</i>	32	<i>promethazine hcl plain</i>	13
PRED MILD	61	<i>promethazine hydrochloride</i>	13
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PREDNICARBATE	43	<i>promethazine/phenylephrine/codeine</i>	65
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<i>prochlorperazine maleate</i>	13	<i>quinapril hydrochloride</i>	33
PROCORT	43	<i>quinapril/hydrochlorothiazide</i>	37
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<i>sirolimus</i>	56	STIVARGA	19
SIRTURO	16	STRIBILD	25
SITZMARKS	59	<i>subvenite</i>	8
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<i>sodium fluoride</i>	46	SODIUM/PREDNISOLONE SODIUM	
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<i>sodium fluoride 5000 ppm</i>	41	SULFADIAZINE	7
<i>sodium fluoride 5000 ppm dry mouth</i>	41	<i>sulfamethoxazole/trimethoprim</i>	8
<i>sodium fluoride 5000 ppm enamel protect</i>	41	<i>sulfamethoxazole/trimethoprim ds</i>	8
<i>sodium fluoride 5000 ppm sensitive</i>	41	<i>sulfasalazine</i>	57
<i>sodium phenylbutyrate</i>	49	<i>sulindac</i>	1
<i>sodium phosphate</i>	46	<i>sumatriptan</i>	15
<i>sodium polystyrene sulfonate</i>	46	<i>sumatriptan succinate</i>	15
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	48	SUMATRIPTAN SUCCINATE REFILL	15
<i>solifenacin succinate</i>	49	<i>sunitinib malate</i>	19
SOLIQUA 100/33	29	SUPREP BOWEL PREP KIT	48
SOLTAMOX	17	SYMBICORT	65
SOMATULINE DEPOT	53	SYMJEPI	63
SOMAVERT	53	SYMLINPEN 120	29
<i>sorafenib</i>	19	SYMLINPEN 60	29
<i>sorafenib tosylate</i>	19	SYMPAZAN	9
<i>sorine</i>	34	SYMTUZA	27
<i>sotalol hcl</i>	34	SYNAREL	53
<i>sotalol hydrochloride (af)</i>	34	SYNJARDY	29
SOVALDI	25	SYNJARDY XR	29
SPIRIVA HANDIHALER	63	SYNRIBO	17
SPIRIVA RESPIMAT	63	SYNTROID	53
<i>spironolactone</i>	37	TABLOID	17
<i>spironolactone/hydrochlorothiazide</i>	37	TABRECTA	16
SPRITAM	8	<i>tacrolimus</i>	43
SPRYCEL	19	<i>tacrolimus</i>	56
SPS	46	<i>tadalafil</i>	50
<i>ssd</i>	43	<i>tadalafil</i>	64
SSKI	59	TAFINLAR	19
		TAGRISSO	19

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TALZENNA	19	TIVICAY	25
<i>tamoxifen citrate</i>	17	TIVICAY PD	25
<i>tamsulosin hydrochloride</i>	50	<i>tizanidine hcl</i>	24
<i>TASIGNA</i>	19	<i>tizanidine hydrochloride</i>	24
<i>tazarotene</i>	42	TOBRADEX	60
TAZICEF	6	TOBRADEX ST	60
<i>taztia xt</i>	35	<i>tobramycin</i>	61
TAZVERIK	17	<i>tobramycin</i>	64
TDVAX	57	TOBRAMYCIN SULFATE	4
TEFLARO	6	<i>tobramycin/dexamethasone</i>	60
TEGSEDI	49	TOLMETIN SODIUM	1
TEKTURNA HCT	37	<i>tolterodine tartrate</i>	49
<i>telmisartan</i>	32	<i>tolterodine tartrate er</i>	49
<i>telmisartan/amlodipine</i>	37	<i>tolvaptan</i>	46
<i>telmisartan/hydrochlorothiazide</i>	37	<i>topiramate</i>	9
<i>temazepam</i>	65	<i>toremifene citrate</i>	17
TEMIXYS	26	<i>torsemide</i>	37
TENIVAC	57	TOUJEO MAX SOLOSTAR	30
<i>tenofovir disoproxil fumarate</i>	26	TOUJEO SOLOSTAR	30
TEPMETKO	20	<i>tovet</i>	43
<i>terazosin hcl</i>	32	TRACLEER	64
<i>terazosin hydrochloride</i>	32	TRADJENTA	29
<i>terbinafine hcl</i>	14	<i>tramadol hcl</i>	3
<i>terbinafine hydrochloride</i>	14	TRAMADOL HCL ER	2
<i>terbutaline sulfate</i>	63	<i>tramadol hydrochloride/acetaminophen</i>	3
<i>terconazole</i>	14	<i>trandolapril</i>	33
<i>testosterone</i>	51	TRANDOLAPRIL/VERAPAMIL HCL ER	37
<i>testosterone cypionate</i>	51	<i>tranexamic acid</i>	32
TESTOSTERONE ENANTHATE	51	<i>tranylcypromine sulfate</i>	11
<i>testosterone pump</i>	51	TRAVASOL	46
<i>tetrabenazine</i>	40	<i>travoprost</i>	62
<i>tetracycline hydrochloride</i>	8	<i>trazodone hydrochloride</i>	12
THALOMID	16	TRECATOR	16
<i>theophylline er</i>	64	TRELEGY ELLIPTA	65
<i>thioridazine hcl</i>	22	TRELSTAR MIXJECT	53
<i>thiothixene</i>	22	<i>treprostinil</i>	64
<i>tiadylt er</i>	35	<i>tretinooin</i>	20
<i>tiagabine hydrochloride</i>	10	<i>tretinooin</i>	42
TIBSOVO	20	TRETINOIN EMOLLIENT	44
TICE BCG	17	<i>triamcinolone acetonide</i>	43
TICOVAC	57	<i>triamcinolone acetonide dental paste</i>	41
<i>timolol maleate</i>	15	<i>triamterene/hydrochlorothiazide</i>	37
<i>timolol maleate</i>	61	<i>triazolam</i>	65
<i>timolol maleate ophthalmic gel forming</i>	61	<i>triderm</i>	43
<i>tinidazole</i>	5	<i>trientine hydrochloride</i>	46
TIVDAK	20	<i>trifluoperazine hcl</i>	22

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<i>trifluoperazine hydrochloride</i>	22	<i>valsartan/hydrochlorothiazide</i>	37
TRIFLURIDINE	61	VALTOCO	10
TRIHEXYPHENIDYL HCL	21	VANCOMYCIN HCL	5
<i>trihexyphenidyl hydrochloride</i>	21	VANCOMYCIN HYDROCHLORIDE	5
TRIJARDY XR	29	VANDAZOLE	5
TRIKAFTA	64	VANIQA	44
TRI-LUMA	44	VAQTA	57
TRIMETHOPRIM	5	<i>vendenafil hydrochloride</i>	50
<i>trimipramine maleate</i>	13	<i>vendenafil hydrochloride odt</i>	50
TRINTELLIX	12	VARENICLINE STARTING MONTH	4
<i>tritocin</i>	43	BOX	
TRIUMEQ	26	VARENICLINE TARTRATE	4
TRIUMEQ PD	26	VARIVAX	57
TRIZIVIR	26	VARIZIG	54
TRODELVY	20	VELTASSA	46
TROGARZO	26	VENCLEXTA	20
<i>trospium chloride</i>	49	VENCLEXTA STARTING PACK	20
<i>trospium chloride er</i>	49	<i>venlafaxine hcl er</i>	12
TRULANCE	47	<i>venlafaxine hydrochloride</i>	12
TRULICITY	29	<i>venlafaxine hydrochloride er</i>	12
TRUMENBA	57	VENTAVIS	64
TRUSELTIQ	17	VENTOLIN HFA	63
TUKYSA	17	<i>verapamil hcl</i>	35
TURALIO	20	VERAPAMIL HCL ER	35
TUSSICAPS	65	VERAPAMIL HCL SR	35
TWINRIX	57	<i>verapamil hydrochloride</i>	35
TYBOST	26	VERAPAMIL HYDROCHLORIDE ER	35
<i>tydemy</i>	52	VERSACLOZ	24
TYMLOS	58	VERZENIO	20
TYPHIM VI	57	<i>vestura</i>	52
TYVASO	64	V-GO 20	59
TYVASO DPI MAINTENANCE KIT	64	V-GO 30	59
TYVASO DPI TITRATION KIT	64	V-GO 40	59
TYVASO REFILL	64	VICTOZA	29
TYVASO STARTER	64	<i>vigabatrin</i>	10
UBRELVY	15	<i>vigadrone</i>	10
<i>unithroid</i>	53	VIIBRYD STARTER PACK	12
<i>ursodiol</i>	48	VIJOICE	49
<i>valacyclovir hcl</i>	27	<i>vilazodone hydrochloride</i>	12
<i>valacyclovir hydrochloride</i>	27	VIRACEPT	27
VALCHLOR	16	VIRASAL	44
<i>valganciclovir</i>	24	VIREAD	26
<i>valganciclovir hydrochloride</i>	24	<i>vitamin d</i>	47
valproic acid	9	VITRAKVI	20
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<i>voriconazole</i>	14	<i>zenzedi</i>	39
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VOTRIENT	20	<i>zidovudine</i>	26
VRAYLAR	23	<i>zileuton er</i>	63
VUMERTY	40	ZIOPTAN	62
VYNDAMAX	37	<i>ziprasidone hcl</i>	24
VYNDAQEL	49	<i>ziprasidone mesylate</i>	24
<i>warfarin sodium</i>	31	ZIRGAN	61
WELIREG	20	ZOLINZA	18
<i>wixela inhub</i>	65	<i>zolmitriptan</i>	15
XALKORI	20	<i>zolmitriptan odt</i>	15
XARELTO	31	<i>zolpidem tartrate</i>	65
XARELTO STARTER PACK	31	<i>zolpidem tartrate er</i>	65
XATMEP	56	<i>zonisamide</i>	10
XCOPRI	9	Z-TUSS AC	67
XELJANZ	54	ZYDELIG	20
XELJANZ XR	54	ZYKADIA	20
XENLETA	5	ZYPREXA RELPREVV	24
XERMELO	47	ZYRTEC ALLERGY	67
XGEVA	58	ZYRTEC-D ALLERGY/CONGESTION	67
XIFAXAN	48		
XIGDUO XR	29		
XOLAIR	54		
XOSPATA	20		
XPOVIO	18		
XPOVIO 100 MG ONCE WEEKLY	17		
XPOVIO 40 MG ONCE WEEKLY	17		
XPOVIO 40 MG TWICE WEEKLY	17		
XPOVIO 60 MG ONCE WEEKLY	18		
XPOVIO 60 MG TWICE WEEKLY	18		
XPOVIO 80 MG ONCE WEEKLY	18		
XPOVIO 80 MG TWICE WEEKLY	18		
XTANDI	16		
<i>xulane</i>	52		
XYREM	65		
YF-VAX	57		
<i>yuvafem</i>	52		
<i>zafemy</i>	52		
<i>zafirlukast</i>	63		
<i>zaleplon</i>	65		
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This formulary was updated on November 1, 2022. For more recent information or other questions, please contact us, **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP** Customer Service, at 1-866-684-8216 or, for TTY users 711, Monday through Friday, 8:30 a.m. to 5 p.m. Eastern time. From October 1 through March 31, hours are from 8 a.m. to 9 p.m. Eastern time, seven days a week, or visit www.bcbsm.com/medicare.

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