Blue Cross Community MMAI (Medicare-Medicaid Plan)℠

2025 List of Covered Drugs (FORMULARY)

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

HPMS Approved Formulary File ID: 25440

Effective January 2025

For more recent information or other questions, contact us at **1-877-723-7702** (TTY **711**). We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. – 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day.

Or visit **http://www.bcbsil.com/mmai**

Important Message About What You Pay for Vaccines Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

Updated on 03/14/2025

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Blue Cross Community MMAI℠ | *2025 List of Covered Drugs* (***Drug List*** or ***Formulary***)

Introduction

This document is called the *List of Covered Drugs* (also known as the *Drug List*). It tells you which prescription drugs and over-the-counter drugs and items are covered by Blue Cross Community MMAI. The *Drug List* also tells you if there are any special rules or restrictions on any drugs covered by Blue Cross Community MMAI. Key terms and their definitions appear in the last chapter of the *Member Handbook.*

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If you have questions, please call Blue Cross Community MMAI Member Services at **1-877-723-7702** (TTY **711**). We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. – 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free. **For more information, visit http://www.bcbsil.com/mmai.**

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A. Disclaimers

This is a list of drugs that members can get in Blue Cross Community MMAI.

- Blue Cross Community MMAI is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees.
- The List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.
- You can get this document for free in other formats, such as large print, braille, or audio. Call **1-877-723-7702** (TTY **711**). We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. - 9:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free.
- You can request to always have your materials sent to you in the language and/or format (such as large print, braille, or audio) that you need. Call **1-877-723-7702** (TTY **711**). Once requested, Member Services will always send you materials in your chosen language and/or format until you request to have it changed. This service is free.

Blue Cross and Blue Shield of Illinois complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross and Blue Shield of Illinois does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex

Blue Cross and Blue Shield of Illinois:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that Blue Cross and Blue Shield of Illinois has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, Office of Civil Rights Coordinator, 300 E. Randolph St., 35th floor, Chicago, Illinois 60601, 1-855-664-7270, TTY/TDD: 1-855-661-6965, Fax: 1-855-661-6960. You can file a grievance by phone, mail, or fax. If you need help filing a grievance, a Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room
509F, HHH Building
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at

https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html
https://www.hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf

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English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-723-7702 (TTY: 711). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-723-7702 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑 问。如果您需要此翻译服务，请致电 1-877-723-7702 (TTY: 711)。我们的中文工作人员很乐意帮助您。 这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯 服務。如需翻譯服務，請致電 1-877-723-7702 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這 是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-723-7702 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-723-7702 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1-877-723-7702 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-723-7702 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-723-7702 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-723-7702 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-877-723-7702 **(TTY: 711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.**

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-877-723-7702 (TTY: 711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-723-7702 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-723-7702 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-877-723-7702 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-877-723-7702 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため に、無料の通訳サービスがありますございます。通訳をご用命になるには、
1-877-723-7702 (TTY: 711) にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサービスです。

If you have questions, please call Blue Cross Community MMAI Member Services at **1-877-723-7702** (TTY **711**). We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. – 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free. **For more information, visit http://www.bcbsil.com/mmai.**

B. Frequently Asked Questions (FAQ)

Find answers here to questions you have about this *List of Covered Drugs*. You can read all of the FAQ to learn more, or look for a question and answer.

B1. What prescription drugs are on the *List of Covered Drugs*? (We call the *List of Covered Drugs* the "*Drug List*" for short.)

The drugs on the *List of Covered Drugs* that starts in section C are the drugs covered by Blue Cross Community MMAI. These drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as "network pharmacies."

- Blue Cross Community MMAI will cover all medically necessary drugs on the *Drug List* if:
  - your doctor or other prescriber says you need them to get better or stay healthy, **and**
  - you fill the prescription at a Blue Cross Community MMAI network pharmacy.
- Blue Cross Community MMAI may have additional steps to access certain drugs (see question B4 below).

You can also see an up-to-date list of drugs that we cover on our website at **http://www.bcbsil.com/mmai.** or call Member Services at **1-877-723-7702** (TTY **711**). We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. - 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free.

B2. Does the *Drug List* ever change?

Yes, and Blue Cross Community MMAI must follow Medicare and Medicaid rules when making changes. We may add or remove drugs on the *Drug List* during the year.

We may also change our rules about drugs. For example, we could:

- Decide to require or not require prior authorization (PA) or approval for a drug. (PA is permission from Blue Cross Community MMAI before you can get a drug.)
- Add or change the amount of a drug you can get (called quantity limits).
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we will cover another drug.)

For more information on these drug rules, refer to question B4.

If you are taking a drug that was covered at the **beginning** of the year, we will generally not remove or change coverage of that **drug during the rest of the year** unless:

- a new, cheaper drug comes on the market that works as well as a drug on the *Drug List* now, **or**
- we learn that a drug is not safe, **or**
- a drug is removed from the market.

Questions B3 and B6 below have more information on what happens when the *Drug List* changes.

- You can always check Blue Cross Community MMAI's up to date *Drug List* online at **http://www.bcbsil.com/mmai**. Updates to the *Drug List* are posted on the website monthly.
- You can also call Member Services to check the current *Drug List* at **1-877-723-7702** (TTY **711**). We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. - 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free.

B3. What happens when there is a change to the *Drug List*?

Some changes to the *Drug List* will happen **immediately**. For example:

- Substitutions of certain new version of drugs. We may immediately remove the drugs from the Drug List if we replace them with certain new versions of that drug, but your cost for the new drug will be the same. When we add a new version of a drug, we may also decide to keep the brand name drug or original biological product on the list but change its coverage rules or limits.

- We may not tell you before we make this change, but we will send you information about the specific change we made once it happens.
- We can make these changes only if the drug we are adding:
  - Is a new generic version of a brand name drug, or
  - Is a certain new biosimilar version of original biological products on the *Drug List* (for example, adding an interchangeable biosimilar that can be substituted for an original biological product without a new prescription).
    Some of these drug types may be new to you. For more information, refer to Section B14.
- You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Please refer to question B10 for more information on exceptions.

- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or effective or the drug's manufacturer takes a drug off the market, we may immediately take it off the *Drug List*. If you are taking the drug, we will send you a notice after we make the change. If you are taking the drug, you should talk to your provider about next steps. Your provider will determine the best treatment plan for you. Do not stop taking your medicine. Contact your pharmacist or provider to talk about treatment options.

We may make other changes that affect the drugs you take. We will tell you in advance about these other changes to the *Drug List*. These changes might happen if:

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We remove a brand name drug from the *Drug List* when adding a generic drug that is not new to the market, or
- we remove an original biological product when adding a biosimilar, or
- we change the coverage rules or limits for the brand name drug.
- We add a generic drug and replace a brand name drug currently on the *Drug List*, or
- we add a new biosimilar to replace an original biological product currently on the *Drug List*, or
- we change the coverage rules or limits for the brand name drug.

When these changes happen, we will:

- tell you at least 30 days before we make the change to the *Drug List* **or**
- let you know and give you a 30-day supply of the drug after you ask for a refill.

This will give you time to talk to your doctor or other prescriber. They can help you decide:

- if there is a similar drug on the *Drug List* you can take instead **or**
- whether to ask for an exception from these changes. To learn more about exceptions, refer to question B10.

B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases, you or your doctor or other prescriber must do something before you can get the drug. For example,

- **Prior authorization (PA) or approval:** For some drugs, you or your doctor or other prescriber must get approval from Blue Cross Community MMAI before you fill your prescription. Blue Cross Community MMAI may not cover the drug if you do not get approval.
- **Quantity limits:** Sometimes Blue Cross Community MMAI limits the amount of a drug you can get.
- **Step therapy:** Sometimes Blue Cross Community MMAI requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your doctor thinks the first drug doesn't work for you, then we will cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables in section C You can also get more information by visiting our website at **http://www.bcbsil.com/mmai.** We have posted online documents that explain our PA and step therapy restrictions. You may also ask us to send you a copy.

You can ask for an exception from these limits. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the *Drug List* you can take instead or whether to ask for an exception. Please refer to question B10-B12 for more information about exceptions.

B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?

The table of drugs in section C has a column labeled "Necessary actions, restrictions, or limits on use."

B6. What happens if Blue Cross Community MMAI changes their rules about some drugs (for example, PA or approval, quantity limits, and/or step therapy restrictions)?

In some cases, we will tell you in advance if we add or change PA, quantity limits, and/or step therapy restrictions on a drug. Refer to question B3 for more information about this advance notice and situations where we may not be able to tell you in advance when our rules about the drugs on the *Drug List* change.

B7. How can I find a drug on the *Drug List*?

There are two ways to find a drug:

- You can search alphabetically by the drug's name, **or**
- You can search by medical condition.

To search **alphabetically**, go to the Index of Covered Drugs section. You can find it in the index that begins on page 76.

To search by **medical condition**, find the section labeled "Drugs Grouped by Medical Condition" in section C1 The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, cardiovascular agents. That is where you will find drugs that treat heart conditions.

B8. What if the drug I want to take is not on the *Drug List*?

If you don't find your drug on the *Drug List*, call Member Services at **1-877-723-7702** (TTY **711**), seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. - 8:00 p.m. Central time. On weekends

and Federal holidays, voice messaging is available. The call is free. If you learn that Blue Cross Community MMAI will not cover the drug, you can do one of these things:

- Ask Member Services for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. They can prescribe a drug on the *Drug List* that is like the one you want to take **Or**
- You can ask the health plan to make an exception to cover your drug. Please refer to question B10-B12 for more information about exceptions.

B9. What if I am a new Blue Cross Community MMAI member and can't find my drug on the *Drug List* or have a problem getting my drug?

We can help. We may cover a temporary 30-day supply of your drug during the first 90 days you are a member of Blue Cross Community MMAI. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the *Drug List* you can take instead or whether to ask for an exception.

If your prescription is written for fewer days, we will allow multiple refills to provide up to a maximum of 30 days of medication.

We will cover a 30-day supply of your drug if:

- you are taking a drug that is not on our *Drug List*, **or**
- health plan rules do not let you get the amount ordered by your prescriber, **or**
- the drug requires prior approval by Blue Cross Community MMAI, **or**
- you are taking a drug that is part of a step therapy restriction.

If you are in a nursing home or other long-term care facility, and need a drug that is not on the *Drug List* or if you cannot easily get the drug you need, we can help. If you have been in the plan for more than 90 days, live in a long-term care facility, and need a supply right away:

- We will cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new Blue Cross Community MMAI member.
- This is in addition to the temporary supply during the first 90 days you are a member of Blue Cross Community MMAI.

Circumstances exist in which unplanned transitions for current members could arise and in which prescribed drug regimens may not be on the formulary. These circumstances usually involve level of care changes in which a member is changing from one treatment setting to another. For these unplanned transitions, you must use our exceptions and appeals process. Coverage determinations and redeterminations will be processed as expeditiously as your health condition requires.

In order to prevent a temporary gap in care when a member is discharged to go home, members are permitted to have a full outpatient supply available to continue therapy once their limited supply provided at discharge is exhausted. This outpatient supply is available in advance of discharge from a Part A stay.

When a member is admitted to or discharged from a long-term care facility, he or she does not have access to the remainder of the previously dispensed prescription. We will ensure you have a refill upon admission or discharge. A one-time override of the "refill too soon" edits are provided for each medication which would be impacted due to a member being admitted to or discharged from a long-term care facility. Early refill edits are not used to limit appropriate and necessary access to a member's Part D benefit, and such members are allowed to access a refill upon admission or discharge.

To ask for a temporary supply, call Member Services. (Phone numbers are printed on the back cover of this booklet).

During the time when you are getting a temporary supply of a drug, you should talk with your provider to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug. The sections below tell you more about these options.

B10. Can I ask for an exception to cover my drug?

Yes. You can ask Blue Cross Community MMAI to make an exception to cover a drug that is not on the *Drug List*.

You can also ask us to change the rules on your drug.

- For example, Blue Cross Community MMAI may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or PA requirements.

B11. How can I ask for an exception?

To ask for an exception, call your care coordinator or Member Services at **1-877-723-7702** (TTY **711**). A Member Services representative will work with you and your provider to help you ask for an exception. You can also read Chapter 9 of the *Member Handbook* to learn more about exceptions.

B12. How long does it take to get an exception?

After we get a statement from your prescriber supporting your request for an exception, we will give you a decision within 72 hours.

If you or your prescriber think your health may be harmed if you have to wait 72 hours for a decision, you can ask for an expedited exception. This is a faster decision. If your prescriber supports your request, we will give you a decision within 24 hours of getting your prescriber's supporting statement.

B13. What are generic drugs?

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and generally work just as well. They usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA). There are generic drugs available for many brand name drugs. Generic drugs usually can be substituted for brand name drugs at the pharmacy without a new prescription—depending on state laws.

Blue Cross Community MMAI covers both brand name drugs and generic drugs.

B14. What are original biological products and how are they related to biosimilars?

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

For more information on drug types, refer to Chapter 5 of the *Member Handbook*.

B15. What are OTC drugs?

OTC stands for "over-the-counter". Blue Cross Community MMAI covers some OTC drugs when they are written as prescriptions by your provider.

You can read the Blue Cross Community MMAI *Drug List* to find out what OTC drugs are covered.

B16. Does Blue Cross Community MMAI cover non-drug OTC products?

Blue Cross Community MMAI covers some non-drug OTC products when they are written as prescriptions by your provider.

Examples of non-drug OTC products include syringes, pen needles, etc.

You can read the Blue Cross Community MMAI *Drug List* to find out what non-drug OTC products are covered.

B17. What is my copay?

As a Blue Cross Community MMAI member, you have no copays for prescription and OTC drugs as long as you follow Blue Cross Community MMAI rules.

B18. What are drug tiers?

Tiers are groups of drugs on our *Drug List*.

- Tier 1 drugs are Generic.
- Tier 2 drugs are Brand.
- Tier 3 drugs are Non-Medicare OTC Drugs.

C. Overview of the *List of Covered Drugs*

The following *List of Covered Drugs* gives you information about the drugs covered by Blue Cross Community MMAI. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins in section D. The index alphabetically lists all drugs covered by Blue Cross Community MMAI.

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

The information in the necessary actions, restrictions, or limits on use column tells you if Blue Cross Community MMAI has any rules for covering your drug.

KEY

Uppercase = BRAND NAME

Lowercase italics = generics

Tier 1 = Generic Drugs

Tier 2 = Brand Drugs

Tier 3 = Non-Medicare OTC Drugs

BD = Drugs that may be covered under Medicare Part B or Part D depending on the circumstance. These drugs require prior authorization to determine coverage under Part B or Part D. Information may need to be provided that describes the use or the place where the drug is received to determine coverage.

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

* = Limited Distribution Drug. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at **1-877-723-7702** (TTY **711**). We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. - 8:00 p.m. Central time. On weekends and Federal holiday, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free.

= High Risk Medication (HRM). Medicine that may be unsafe in patients greater than 65 years of age. Our formulary does include coverage for some of these drugs, but alternatives may be found in lower co-pay tiers. Please discuss with your doctor if there are alternatives to these medications that would be appropriate for you to use.

MC = Medicaid covered drug; different appeal rules may apply.

2025 DOSAGE FORM ABBREVIATION KEY			
act	actuation	**ad**	adsorbed
adjuv	adjuvant	**aepb**	aerosol powder blister
aer, aers, aero	aerosol	**afib/afl**	atrial fibrillation/atrial flutter
app	applicator	**ba, br act, breath act, breath activ**	breath activated
bau	bioequivalent allergy unit	**cap, caps**	capsules
cart	cartridge	**cd**	continuous delivery
chew tab	chewable tablets	**cpcr**	controlled release capsule
conc	concentrate	**conj**	conjugate, conjugated
crm	cream	**crys**	crystals
deter	deterrent	**disint, disintegr**	disintegrating
dr	delayed-release	**ec**	enteric coated
el, elu	enzyme-linked immunosorbent assay	**emul**	emulsion
er, extended, extended rel, xr	extended release	**ext**	extract
gm	gram	**gu**	genitourinary

2025 DOSAGE FORM ABBREVIATION KEY			
hr	hour	**ig**	immunoglobulin
im	intramuscular	**inh, inhal**	inhalation
inj	injection	**ir**	index of reactivity
iv	intravenous	**l**	liter
la	long acting	**lipo**	lipophilic
lf, lfu	flocculation units	**liq, liqd**	liquid
maint	maintenance	**mcg**	microgram
meq	milliequivalent	**misc**	miscellaneous
mg	milligram	**ml**	milliliter
mu	million units	**nebu**	nebules
oc	oral contraceptive	**oin, oint**	ointment
omv	outer membrane vesicles	**op, ophth**	ophthalmic
osm	osmotic	**pah**	pulmonary arterial hypertension
pak, pk	pack	**pf**	preservative-free
pfu	plaque forming units	**pow, powd**	powder
pmdd	premenstrual dysphoric disorder	**pref**	prefilled
pttw	patch twice weekly	**ptwk**	patch weekly
recomb	recombinant	**refrig**	refrigerate
sl	sublingual	**sol, soln**	solution
sqcm	square centimeter	**supp, suppos**	suppositories
sus, susp	suspension	**syr**	syringe
tab, tabs	tablets	**tbcr**	controlled release tablet
tbdp	dispersible tablet	**tbec**	enteric coated tablet
tbpk	tablet pack	**td**	transdermal
ther	therapy	**titr**	titration

2025 DOSAGE FORM ABBREVIATION KEY			
tl	translingual	**unt, ut**	unit
va	vaginal	**vac, vacc**	vaccine

Note: The "MC" next to a drug means the drug is not a "Part D drug." The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage)

- In addition, if you are getting Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for these drugs. For more information on Extra Help, please refer to the call-out box below.

Extra Help is a Medicare program that helps people with limited incomes and resources reduce Medicare Part D prescription drug costs, such as premiums, deductibles, and copays. Extra Help is also called the "Low-Income Subsidy," or "LIS."

- These drugs also have different rules for appeals. An appeal is a formal way of asking us to review a coverage decision and to change it if you think we made a mistake. For example, we might decide that a drug that you want is not covered or is no longer covered by Medicare or Medicaid.
- If you or your prescriber disagrees with our decision, you can appeal. To ask for instructions on how to appeal, call Member Services at 1-877-723-7702 (TTY: 711) (TTY 711). We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. - 8:00 p.m. Central time. On weekends and Federal holiday, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free. You can also read Chapter 9 of the *Member Handbook* to learn how to appeal a decision.

C1. Drugs Grouped by Medical Condition

The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, cardiovascular agents. That is where you will find drugs that treat heart conditions.

Cardiovascular Agents

Name of drug	Drug Tier Level	Necessary Actions, restrictions, or limits on use
linezolid for susp 100 mg/5ml	1	PA
REPATHA - evolocumab subcutaneous soln prefilled syringe 140 mg/ml	2	PA, QL (3 syringes/30 days)

D. Index of Covered Drugs

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
Analgesics		
acetaminophen chew tab 80 mg	3	MC
acetaminophen liquid 160 mg/5ml	3	MC
acetaminophen soln 160 mg/5ml	3	MC
acetaminophen suppos 120 mg	3	MC
acetaminophen susp 160 mg/5ml	3	MC
acetaminophen tab 325 mg, 500 mg	3	MC
acetaminophen w/ codeine soln 120-12 mg/5ml	1	QL (2700 mls/30 days)
acetaminophen w/ codeine tab 300-15 mg, 300-30 mg	1	QL (360 tablets/30 days)
acetaminophen w/ codeine tab 300-60 mg	1	QL (180 tablets/30 days)
aspirin buffered (ca carb-mg carb-mg ox) tab 325 mg	3	MC
aspirin chew tab 81 mg	3	MC
aspirin tab delayed release 81 mg, 325 mg	3	MC
aspirin tab 325 mg	3	MC
aspirin-acetaminophen-caffeine tab 250-250-65 mg	3	MC
celecoxib cap 50 mg, 100 mg, 200 mg	2	QL (60 capsules/30 days)
celecoxib cap 400 mg	2	QL (30 capsules/30 days)
diclofenac potassium tab 50 mg	1	QL (120 tablets/30 days)
diclofenac sodium gel 1% (1.16% diethylamine equiv)	1	
diclofenac sodium soln 1.5%	1	PA
diclofenac sodium tab delayed release 25 mg	1	QL (240 tablets/30 days)
diclofenac sodium tab delayed release 50 mg	1	QL (120 tablets/30 days)
diclofenac sodium tab delayed release 75 mg	1	QL (60 tablets/30 days)
diclofenac sodium tab er 24hr 100 mg	1	QL (60 tablets/30 days)
ec-naproxen - naproxen tab ec 375 mg	1	QL (120 tablets/30 days)
ec-naproxen - naproxen tab ec 500 mg	1	QL (90 tablets/30 days)
endocet - oxycodone w/ acetaminophen tab 2.5-325 mg, 5-325 mg	1	QL (360 tablets/30 days)
endocet - oxycodone w/ acetaminophen tab 7.5-325 mg	1	QL (240 tablets/30 days)
endocet - oxycodone w/ acetaminophen tab 10-325 mg	1	QL (180 tablets/30 days)
etodolac cap 200 mg	1	QL (150 capsules/30 days)
etodolac cap 300 mg	1	QL (90 capsules/30 days)
etodolac tab 400 mg, 500 mg	1	QL (60 tablets/30 days)
fentanyl td patch 72hr 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr	2	PA, QL (15 patches/30 days)
FEVERALL INFANTS - acetaminophen suppos 80 mg	3	MC
FEVERALL JUNIOR STRENGTH - acetaminophen suppos 325 mg	3	MC
flurbiprofen tab 100 mg	1	QL (90 tablets/30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	2	QL (2700 mls/30 days)
hydrocodone-acetaminophen tab 10-325 mg, 7.5-325 mg	1	QL (180 tablets/30 days)
hydrocodone-acetaminophen tab 5-325 mg	1	QL (240 tablets/30 days)
hydromorphone hcl liqd 1 mg/ml	2	QL (1440 mls/30 days)
hydromorphone hcl preservative free (pf) inj 10 mg/ml	2	BD
hydromorphone hcl tab 2 mg, 4 mg, 8 mg	1	QL (180 tablets/30 days)
ibu - ibuprofen tab 400 mg	1	QL (240 tablets/30 days)
ibu - ibuprofen tab 600 mg	1	QL (150 tablets/30 days)
ibu - ibuprofen tab 800 mg	1	QL (120 tablets/30 days)
ibuprofen susp 100 mg/5ml	1	
ibuprofen susp 100 mg/5ml	3	MC
ibuprofen tab 200 mg	3	MC
ibuprofen tab 400 mg	1	QL (240 tablets/30 days)
ibuprofen tab 600 mg	1	QL (150 tablets/30 days)
ibuprofen tab 800 mg	1	QL (120 tablets/30 days)
meloxicam tab 7.5 mg	1	QL (60 tablets/30 days)
meloxicam tab 15 mg	1	QL (30 tablets/30 days)
methadone hcl tab 5 mg	1	QL (180 tablets/30 days)
methadone hcl tab 10 mg	1	QL (360 tablets/30 days)
morphine sulfate tab er 15 mg, 30 mg, 60 mg	1	PA, QL (90 tablets/30 days)
morphine sulfate tab er 100 mg, 200 mg	2	PA, QL (90 tablets/30 days)
morphine sulfate tab 15 mg	2	QL (360 tablets/30 days)
morphine sulfate tab 30 mg	2	QL (180 tablets/30 days)
nabumetone tab 500 mg	1	QL (120 tablets/30 days)
nabumetone tab 750 mg	1	QL (60 tablets/30 days)
naproxen sodium tab 220 mg	3	MC
naproxen sodium tab 275 mg	2	QL (150 tablets/30 days)
naproxen sodium tab 550 mg	2	QL (90 tablets/30 days)
naproxen susp 125 mg/5ml	2	QL (1800 mls/30 days)
naproxen tab ec 375 mg	1	QL (120 tablets/30 days)
naproxen tab ec 500 mg	1	QL (90 tablets/30 days)
naproxen tab 250 mg	1	QL (180 tablets/30 days)
naproxen tab 375 mg	1	QL (120 tablets/30 days)
naproxen tab 500 mg	1	QL (90 tablets/30 days)
oxycodone hcl tab 5 mg	1	QL (360 tablets/30 days)
oxycodone hcl tab 10 mg, 15 mg, 20 mg, 30 mg	1	QL (180 tablets/30 days)
oxycodone w/ acetaminophen tab 2.5-325 mg, 5-325 mg	1	QL (360 tablets/30 days)
oxycodone w/ acetaminophen tab 7.5-325 mg	1	QL (240 tablets/30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
oxycodone w/ acetaminophen tab 10-325 mg	1	QL (180 tablets/30 days)
sulindac tab 150 mg, 200 mg	1	QL (60 tablets/30 days)
tramadol hcl tab er 24hr 100 mg, 200 mg, 300 mg	2	PA, QL (30 tablets/30 days)
tramadol hcl tab 50 mg	1	QL (240 tablets/30 days)
tramadol-acetaminophen tab 37.5-325 mg	2	QL (240 tablets/30 days)
Anesthetics		
lidocaine hcl viscous soln 2%	1	
lidocaine patch 5%	2	PA, QL (90 patches/30 days)
lidocaine-prilocaine cream 2.5-2.5%	2	PA, QL (60 grams/30 days)
lidocan - lidocaine patch 5%	2	PA, QL (90 patches/30 days)
tridacaine ii - lidocaine patch 5%	2	PA, QL (90 patches/30 days)
tridacaine iii - lidocaine patch 5%	2	PA, QL (90 patches/30 days)
Anti-Addiction/Substance Abuse Treatment Agents		
acamprosate calcium tab delayed release 333 mg	2	
buprenorphine hcl sl tab 2 mg (base equiv)	1	QL (360 tablets/30 days)
buprenorphine hcl sl tab 8 mg (base equiv)	1	QL (90 tablets/30 days)
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	2	QL (360 films/30 days)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	2	QL (180 films/30 days)
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	2	QL (90 films/30 days)
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	2	QL (60 films/30 days)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	1	QL (360 tablets/30 days)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	1	QL (90 tablets/30 days)
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	1	
disulfiram tab 250 mg	1	
disulfiram tab 500 mg	2	
KLOXXADO - naloxone hcl nasal spray 8 mg/0.1ml	2	
naloxone hcl inj 0.4 mg/ml, 4 mg/10ml	1	
naloxone hcl nasal spray 4 mg/0.1ml	1	
naloxone hcl nasal spray 4 mg/0.1ml	3	MC
naloxone hcl soln cartridge 0.4 mg/ml	1	
naloxone hcl soln prefilled syringe 2 mg/2ml	1	
naltrexone hcl tab 50 mg	1	
NARCAN - naloxone hcl nasal spray 4 mg/0.1ml	3	MC
NICODERM CQ - nicotine td patch 24hr 7 mg/24hr, 14 mg/24hr, 21 mg/24hr	3	MC
nicotine polacrilex gum 2 mg, 4 mg	3	MC

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
nicotine polacrilex lozenge 2 mg, 4 mg	3	MC
nicotine td patch 24hr 7 mg/24hr, 14 mg/24hr, 21 mg/24hr	3	MC
NICOTINE TRANSDERMAL SYSTEM - nicotine td patch 24 hr kit 21-14-7 mg/24hr	3	MC
NICOTROL INHALER - nicotine inhaler system 10 mg (4 mg delivered)	2	
NICOTROL NS - nicotine nasal spray 10 mg/ml (0.5 mg/spray)	2	
OPVEE - nalmefene hcl nasal spray 2.7 mg/0.1ml (base equiv)	2	
varenicline tartrate tab 0.5 mg (base equiv), 1 mg (base equiv)	2	
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	2	
Antibacterials		
amikacin sulfate inj 500 mg/2ml (250 mg/ml), 1 gm/4ml (250 mg/ml)	2	
amoxicillin (trihydrate) cap 250 mg, 500 mg	1	
amoxicillin (trihydrate) chew tab 125 mg	1	
amoxicillin (trihydrate) chew tab 250 mg	1	
amoxicillin (trihydrate) for susp 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	1	
amoxicillin (trihydrate) tab 500 mg, 875 mg	1	
amoxicillin & k clavulanate chew tab 400-57 mg	2	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	1	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	2	
amoxicillin & k clavulanate tab 250-125 mg, 500-125 mg, 875-125 mg	1	
ampicillin & sulbactam sodium for inj 3 (2-1) gm	2	
ampicillin & sulbactam sodium for iv soln 3 (2-1) gm	2	
ampicillin cap 500 mg	1	
ampicillin sodium for inj 1 gm	2	
ampicillin sodium for iv soln 1 gm	2	
ARIKAYCE - amikacin sulfate liposome inhal susp 590 mg/8.4ml (base eq)	2	PA, QL (28 vials/28 days)
avidoxy - doxycycline monohydrate tab 100 mg	1	
azithromycin for susp 100 mg/5ml, 200 mg/5ml	1	
azithromycin iv for soln 500 mg	2	
azithromycin tab 250 mg, 500 mg, 600 mg	1	
aztreonam for inj 1 gm	2	

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
BICILLIN L-A - penicillin g benzathine im susp pref syr 600000 unit/ml, 2400000 unit/4ml, 1200000 unit/2ml	2	
cefaclor cap 250 mg	1	
cefaclor cap 500 mg	1	
cefadroxil cap 500 mg	1	
cefadroxil for susp 250 mg/5ml, 500 mg/5ml	1	
cefazolin sodium for inj 500 mg, 1 gm	2	
cefazolin sodium for iv soln 1 gm	2	
cefazolin sodium for iv soln 1 gm and dextrose 4% (50 ml)	2	
cefazolin sodium-dextrose iv solution 1 gm/50ml-4%	2	
cefdinir cap 300 mg	1	
cefdinir for susp 125 mg/5ml, 250 mg/5ml	1	
cefepime hcl for inj 1 gm	2	
cefepime hcl for iv soln 1 gm and dextrose 5% (50 ml)	2	
cefepime hcl for iv soln 2 gm and dextrose 5% (50 ml)	2	
cefepime hcl for iv soln 2 gm	2	
cefepime hcl iv soln 1 gm/50ml	2	
cefepime hcl iv soln 2 gm/100ml	2	
cefixime cap 400 mg	2	
cefoxitin sodium for iv soln 1 gm, 2 gm	2	
cefoxitin sodium iv for soln 1 gm and dextrose 4% (50 ml)	2	
cefoxitin sodium iv for soln 2 gm and dextrose 2.2% (50 ml)	2	
cefpodoxime proxetil for susp 50 mg/5ml, 100 mg/5ml	2	
cefpodoxime proxetil tab 100 mg, 200 mg	2	
cefprozil tab 250 mg, 500 mg	1	
ceftazidime for inj 1 gm, 6 gm	2	
ceftazidime for iv soln 2 gm	2	
ceftriaxone sodium (bulk) for inj 100 gm	2	
ceftriaxone sodium for inj 250 mg, 500 mg, 1 gm, 2 gm, 10 gm	2	
ceftriaxone sodium for iv soln 1 gm and dextrose 3.74% 50 ml	2	
ceftriaxone sodium for iv soln 2 gm and dextrose 2.22% 50 ml	2	
ceftriaxone sodium for iv soln 1 gm, 2 gm	2	
ceftriaxone sodium in dextrose inj 20 mg/ml	2	
ceftriaxone sodium in dextrose inj 40 mg/ml	2	
cefuroxime axetil tab 250 mg, 500 mg	1	
cefuroxime sodium for inj 750 mg	2	

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
cefuroxime sodium for iv soln 1.5 gm	2	
cephalexin cap 250 mg, 500 mg	1	
cephalexin for susp 125 mg/5ml, 250 mg/5ml	1	
ciprofloxacin hcl tab 250 mg (base equiv), 500 mg (base equiv), 750 mg (base equiv)	1	
ciprofloxacin 200 mg/100ml in d5w	2	
ciprofloxacin 400 mg/200ml in d5w	2	
CLARITHROMYCIN - clarithromycin for susp 125 mg/5ml, 250 mg/5ml	2	
clarithromycin tab 250 mg, 500 mg	1	
clindamycin hcl cap 75 mg, 150 mg, 300 mg	1	
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	2	
clindamycin phosphate inj 900 mg/6ml	2	
clindamycin phosphate vaginal cream 2%	1	
colistimethate sod for inj 150 mg (colistin base activity)	2	
daptomycin for iv soln 500 mg	2	
dicloxacillin sodium cap 250 mg, 500 mg	1	
DIFICID - fidaxomicin tab 200 mg	2	QL (20 tablets/10 days)
DIFICID - fidaxomicin for susp 40 mg/ml	2	QL (1 bottle/10 days)
doxycycline hyclate cap 50 mg, 100 mg	1	
doxycycline hyclate for inj 100 mg	2	
doxycycline hyclate tab 20 mg, 100 mg	1	
doxycycline monohydrate cap 50 mg, 100 mg	1	
doxycycline monohydrate tab 50 mg, 75 mg, 100 mg	1	
doxy 100 - doxycycline hyclate for inj 100 mg	2	
ertapenem sodium for inj 1 gm (base equivalent)	2	
ery-tab - erythromycin tab delayed release 250 mg, 333 mg, 500 mg	2	
erythrocin lactobionate - erythromycin lactobionate for inj500 mg	2	
erythromycin lactobionate for inj 500 mg	2	
erythromycin soln 2%	1	
erythromycin tab delayed release 250 mg, 333 mg, 500 mg	2	
erythromycin tab 250 mg, 500 mg	2	
erythromycin w/ delayed release particles cap 250 mg	2	
EXTENCILLINE - penicillin g benzathine for intramuscular susp 1200000 unit, 2400000 unit	2	
gentamicin sulfate inj 40 mg/ml	2	
HUMATIN - paromomycin sulfate cap 250 mg	2	

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
imipenem-cilastatin intravenous for soln 500 mg	2	
IMIPENEM/CILASTATIN - imipenem-cilastatin intravenous for soln 250 mg	1	
IMPAVIDO - miltefosine cap 50 mg	2	
LENTOCILIN - penicillin g benzathine for intramuscular susp 1200000 unit	2	
levofloxacin in d5w iv soln 250 mg/50ml, 500 mg/100ml, 750 mg/150ml	2	
levofloxacin oral soln 25 mg/ml	2	
levofloxacin tab 250 mg, 500 mg, 750 mg	1	
linezolid for susp 100 mg/5ml	2	PA
linezolid in sodium chloride iv soln 600 mg/300ml-0.9%	2	
linezolid iv soln 600 mg/300ml (2 mg/ml)	2	
linezolid tab 600 mg	2	PA
meropenem & sodium chloride 0.9% for iv soln 1 gm/50ml	1	
meropenem & sodium chloride 0.9% for iv soln 500 mg/50ml	1	
meropenem iv for soln 500 mg, 1 gm	1	
methenamine hippurate tab 1 gm	1	
metronidazole iv soln 500 mg/100ml	2	
metronidazole tab 250 mg, 500 mg	1	
metronidazole vaginal gel 0.75%	2	
minocycline hcl cap 50 mg, 75 mg, 100 mg	1	
mondoxyne nl - doxycycline monohydrate cap 100 mg	1	
moxifloxacin hcl tab 400 mg (base equiv)	1	
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj	2	
MOXIFLOXACIN HYDROCHLORIDE - moxifloxacin hcl iv solution 400 mg/250ml (base equiv)	2	
nafcillin sodium for inj 1 gm, 2 gm	2	
nafcillin sodium for iv soln 10 gm	2	
nafcillin sodium in dextrose inj 2 gm/100ml	2	
neomycin sulfate tab 500 mg	1	
nitrofurantoin macrocrystalline cap 50 mg, 100 mg#	1	
nitrofurantoin monohydrate macrocrystalline cap 100 mg#	1	
penicillin g potassium for inj 5000000 unit, 20000000 unit	2	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE - penicillin g potassium inj 40000 unit/ml in dextrose, 60000 unit/ml in dextrose	2	
penicillin v potassium for soln 125 mg/5ml	1	
penicillin v potassium for soln 250 mg/5ml	1	

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
penicillin v potassium tab 250 mg, 500 mg	1	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	2	
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm), 4.5 gm (4-0.5 gm)	2	
SIVEXTRO - tedizolid phosphate tab 200 mg	2	PA
SIVEXTRO - tedizolid phosphate for iv soln 200 mg	2	
STREPTOMYCIN SULFATE - streptomycin sulfate for inj 1 gm	2	
sulfadiazine tab 500 mg	2	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	2	
sulfamethoxazole-trimethoprim tab 400-80 mg, 800-160 mg	1	
tazicef - ceftazidime for inj 1 gm	2	
tazicef - ceftazidime for iv soln 1 gm	2	
tazicef - ceftazidime for iv soln 6 gm	2	
tazicef - ceftazidime for iv soln 2 gm	2	
TEFLARO - ceftaroline fosamil for iv soln 400 mg, 600 mg	2	
tetracycline hcl cap 250 mg, 500 mg	2	
tigecycline for iv soln 50 mg	2	
tinidazole tab 250 mg, 500 mg	1	
TOBRAMYCIN SULFATE - tobramycin sulfate inj 10 mg/ml (base equivalent)	2	
tobramycin sulfate for inj 1.2 gm	2	
tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)	2	
tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv), 1.2 gm/30ml (40 mg/ml) (base equiv)	2	
trimethoprim tab 100 mg	1	
vancomycin hcl cap 125 mg (base equivalent)	2	QL (120 capsules/30 days)
vancomycin hcl cap 250 mg (base equivalent)	2	QL (240 capsules/30 days)
vancomycin hcl for iv soln 100 gm (base equivalent)	2	
vancomycin hcl for iv soln 5 gm (base equivalent)	2	
vancomycin hcl for iv soln 500 mg (base equivalent), 750 mg (base equivalent), 1 gm (base equivalent), 10 gm (base equivalent)	2	
VANCOMYCIN HYDROCHLORIDE - vancomycin hcl for iv soln 1.75 gm (base equivalent), 2 gm (base equivalent)	2	
Anticonvulsants		
APTIOM - eslicarbazepine acetate tab 200 mg, 400 mg	2	QL (30 tablets/30 days)
APTIOM - eslicarbazepine acetate tab 600 mg, 800 mg	2	QL (60 tablets/30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
BRIVIACT - brivaracetam tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg	2	QL (60 tablets/30 days)
BRIVIACT - brivaracetam oral soln 10 mg/ml	2	QL (2 bottles/30 days)
BRIVIACT - brivaracetam iv soln 50 mg/5ml	2	
carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg	2	
carbamazepine chew tab 100 mg	1	
carbamazepine susp 100 mg/5ml	2	
carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg	2	
carbamazepine tab 200 mg	1	
clobazam suspension 2.5 mg/ml	2	PA (>=65 yr), QL (480 mls/30 days)
clobazam tab 10 mg, 20 mg	2	PA (>=65 yr), QL (60 tablets/30 days)
DIACOMIT - stiripentol cap 250 mg, 500 mg*	2	
DIACOMIT - stiripentol packet 250 mg, 500 mg*	2	
DIAZEPAM RECTAL GEL - diazepam rectal gel delivery system 2.5 mg	2	QL (5 twin pack(s)/30 days)
diazepam rectal gel delivery system 10 mg, 20 mg	2	QL (5 twin pack(s)/30 days)
DILANTIN - phenytoin sodium extended cap 30 mg	2	
divalproex sodium cap delayed release sprinkle 125 mg	1	
divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg	1	
divalproex sodium tab er 24 hr 250 mg, 500 mg	2	
EPIDIOLEX - cannabidiol soln 100 mg/ml*	2	PA
epitol - carbamazepine tab 200 mg	1	
EPRONTIA - topiramate oral soln 25 mg/ml	2	
ethosuximide cap 250 mg	1	
ethosuximide soln 250 mg/5ml	2	
felbamate susp 600 mg/5ml	2	
felbamate tab 400 mg, 600 mg	2	
FINTEPLA - fenfluramine hcl oral soln 2.2 mg/ml	2	PA, QL (360 mls/30 days)
FYCOMPA - perampanel tab 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg	2	QL (30 tablets/30 days)
FYCOMPA - perampanel susp 0.5 mg/ml	2	QL (2 bottles/28 days)
gabapentin cap 100 mg	1	QL (1080 capsules/30 days)
gabapentin cap 300 mg	1	QL (360 capsules/30 days)
gabapentin cap 400 mg	1	QL (270 capsules/30 days)
gabapentin oral soln 250 mg/5ml	1	QL (2160 mls/30 days)
gabapentin tab 600 mg	1	QL (180 tablets/30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
gabapentin tab 800 mg	1	QL (135 tablets/30 days)
lacosamide oral solution 10 mg/ml	2	
lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg	2	
lamotrigine tab chewable dispersible 5 mg, 25 mg	1	
lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg	1	
levetiracetam oral soln 100 mg/ml	1	
levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg	1	
LIBERVANT - diazepam buccal film 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg	2	QL (10 films/30 days)
methsuximide cap 300 mg	2	
NAYZILAM - midazolam nasal spray soln 5 mg/0.1 ml	2	QL (10 bottles/30 days)
oxcarbazepine susp 300 mg/5ml (60 mg/ml)	2	
oxcarbazepine tab 150 mg, 300 mg, 600 mg	1	
phenobarbital elixir 20 mg/5ml#	2	
phenobarbital tab 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg, 100 mg#	1	
phenytek - phenytoin sodium extended cap 200 mg, 300 mg	1	
phenytoin chew tab 50 mg	1	
phenytoin infatabs - phenytoin chew tab 50 mg	1	
phenytoin sodium extended cap 100 mg, 200 mg, 300 mg	1	
phenytoin susp 125 mg/5ml	1	
pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg	1	QL (90 capsules/30 days)
pregabalin cap 225 mg, 300 mg	1	QL (60 capsules/30 days)
pregabalin soln 20 mg/ml	1	QL (900 mls/30 days)
PRIMIDONE - primidone tab 125 mg	2	
primidone tab 50 mg, 250 mg	1	
roweepra - levetiracetam tab 500 mg	1	
rufinamide susp 40 mg/ml	2	
rufinamide tab 200 mg, 400 mg	2	
SPRITAM - levetiracetam tab disintegrating soluble 250 mg, 500 mg, 750 mg, 1000 mg	2	
subvenite - lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg	1	
SYMPAZAN - clobazam oral film 5 mg	2	PA (>=65 yr), QL (240 films/30 days)
SYMPAZAN - clobazam oral film 10 mg, 20 mg	2	PA (>=65 yr), QL (60 films/30 days)
tiagabine hcl tab 2 mg, 4 mg, 12 mg, 16 mg	2	

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
topiramate sprinkle cap 15 mg, 25 mg	1	
topiramate tab 25 mg, 50 mg, 100 mg, 200 mg	1	
valproate sodium oral soln 250 mg/5ml (base equiv)	1	
valproic acid cap 250 mg	1	
VALTOCO 10 MG DOSE - diazepam nasal spray 10 mg/0.1 ml	2	QL (5 twin pack(s)/30 days)
VALTOCO 15 MG DOSE - diazepam nasal spray ther pack 2 x 7.5 mg/0.1ml (15 mg dose)	2	QL (5 twin pack(s)/30 days)
VALTOCO 20 MG DOSE - diazepam nasal spray ther pack 2 x 10 mg/0.1ml (20 mg dose)	2	QL (5 twin pack(s)/30 days)
VALTOCO 5 MG DOSE - diazepam nasal spray 5 mg/0.1 ml	2	QL (5 twin pack(s)/30 days)
*vigabatrin powd pack 500 mg**	2	QL (180 packets/30 days)
*vigabatrin tab 500 mg**	2	QL (180 tablets/30 days)
*vigadrone - vigabatrin powd pack 500 mg**	2	QL (180 packets/30 days)
*vigadrone - vigabatrin tab 500 mg**	2	QL (180 tablets/30 days)
VIGAFYDE - vigabatrin oral soln 100 mg/ml	2	QL (5 bottles/30 days)
*vigpoder - vigabatrin powd pack 500 mg**	2	QL (180 packets/30 days)
XCOPRI - cenobamate tab 25 mg, 50 mg, 100 mg, 150 mg, 200 mg	2	
XCOPRI - cenobamate tab titration pack 14 x 12.5 mg & 14 x 25 mg, 14 x 50 mg & 14 x 100 mg, 14 x 150 mg & 14 x 200 mg	2	
XCOPRI - cenobamate tab pack 100 mg & 150 mg tabs (250 mg daily dose)	2	
XCOPRI - cenobamate tab pack 150 mg & 200 mg tabs (350 mg daily dose)	2	
ZONISADE - zonisamide oral susp 100 mg/5ml (20 mg/ml)	2	
zonisamide cap 25 mg, 50 mg, 100 mg	1	
ZTALMY - ganaxolone susp 50 mg/ml*	2	PA, QL (10 bottles/30 days)
Antidementia Agents		
donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg	1	
donepezil hydrochloride tab 5 mg, 10 mg	1	
GALANTAMINE HYDROBROMIDE - galantamine hydrobromide oral soln 4 mg/ml	2	
galantamine hydrobromide cap er 24hr 8 mg, 16 mg, 24 mg	2	
galantamine hydrobromide tab 4 mg, 8 mg, 12 mg	2	
memantine hcl oral solution 2 mg/ml	2	PA (<=29 yr)
memantine hcl tab 5 mg, 10 mg	1	PA (<=29 yr)
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	2	PA (<=29 yr)

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
rivastigmine tartrate cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent)	2	
rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr	2	
Antidepressants		
amitriptyline hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg#	1	
amoxapine tab 25 mg, 50 mg, 100 mg, 150 mg#	2	
AUVELITY - dextromethorphan hbr-bupropion hcl tab er 45-105 mg	2	QL (60 tablets/30 days)
bupropion hcl tab er 12hr 100 mg	1	QL (90 tablets/30 days)
bupropion hcl tab er 12hr 150 mg, 200 mg	1	QL (60 tablets/30 days)
bupropion hcl tab er 24hr 150 mg	1	QL (90 tablets/30 days)
bupropion hcl tab er 24hr 300 mg	1	QL (30 tablets/30 days)
bupropion hcl tab 75 mg	1	QL (60 tablets/30 days)
bupropion hcl tab 100 mg	1	QL (120 tablets/30 days)
citalopram hydrobromide oral soln 10 mg/5ml	1	QL (600 mls/30 days)
citalopram hydrobromide tab 10 mg (base equiv), 20 mg (base equiv)	1	QL (45 tablets/30 days)
citalopram hydrobromide tab 40 mg (base equiv)	1	QL (30 tablets/30 days)
clomipramine hcl cap 25 mg, 50 mg, 75 mg#	2	
desipramine hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg#	2	
desvenlafaxine succinate tab er 24hr 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv)	2	QL (30 tablets/30 days)
doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg#	2	
doxepin hcl conc 10 mg/ml#	2	
DRIZALMA SPRINKLE - duloxetine hcl cap delayed release sprinkle 20 mg (base eq), 40 mg (base eq), 60 mg (base eq)	2	QL (60 capsules/30 days)
DRIZALMA SPRINKLE - duloxetine hcl cap delayed release sprinkle 30 mg (base eq)	2	QL (90 capsules/30 days)
duloxetine hcl enteric coated pellets cap 20 mg (base eq), 60 mg (base eq)	1	QL (60 capsules/30 days)
duloxetine hcl enteric coated pellets cap 30 mg (base eq)	1	QL (90 capsules/30 days)
EMSAM - selegiline td patch 24hr 6 mg/24hr, 9 mg/24hr, 12 mg/24hr	2	PA, QL (30 patches/30 days)
escitalopram oxalate soln 5 mg/5ml (base equiv)	2	QL (600 mls/30 days)
escitalopram oxalate tab 5 mg (base equiv), 10 mg (base equiv)	1	QL (45 tablets/30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
escitalopram oxalate tab 20 mg (base equiv)	1	QL (30 tablets/30 days)
FETZIMA - levomilnacipran hcl cap er 24hr 20 mg (base equivalent), 40 mg (base equivalent), 80 mg (base equivalent), 120 mg (base equivalent)	2	QL (30 capsules/30 days)
FETZIMA TITRATION PACK - levomilnacipran hcl cap er 24hr 20 & 40 mg therapy pack	2	QL (28 capsules/28 days)
fluoxetine hcl cap 10 mg	1	QL (90 capsules/30 days)
fluoxetine hcl cap 20 mg	1	QL (120 capsules/30 days)
fluoxetine hcl cap 40 mg	1	QL (60 capsules/30 days)
fluoxetine hcl solution 20 mg/5ml	1	QL (600 mls/30 days)
fluvoxamine maleate tab 25 mg, 50 mg	1	QL (30 tablets/30 days)
fluvoxamine maleate tab 100 mg	1	QL (90 tablets/30 days)
imipramine hcl tab 10 mg, 25 mg, 50 mg#	2	
MARPLAN - isocarboxazid tab 10 mg	2	
mirtazapine orally disintegrating tab 15 mg, 30 mg, 45 mg	2	QL (30 tablets/30 days)
mirtazapine tab 7.5 mg, 30 mg, 45 mg	1	QL (30 tablets/30 days)
mirtazapine tab 15 mg	1	QL (45 tablets/30 days)
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 50 mg, 100 mg, 150 mg, 200 mg, 250 mg	2	
nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg#	1	
nortriptyline hcl soln 10 mg/5ml#	2	
paroxetine hcl oral susp 10 mg/5ml (base equiv)#	2	QL (900 mls/30 days)
paroxetine hcl tab 10 mg, 40 mg#	1	QL (45 tablets/30 days)
paroxetine hcl tab 20 mg#	1	QL (30 tablets/30 days)
paroxetine hcl tab 30 mg#	1	QL (60 tablets/30 days)
phenelzine sulfate tab 15 mg	1	
protriptyline hcl tab 5 mg, 10 mg#	2	
sertraline hcl oral concentrate for solution 20 mg/ml	2	QL (300 mls/30 days)
sertraline hcl tab 25 mg, 50 mg	1	QL (45 tablets/30 days)
sertraline hcl tab 100 mg	1	QL (60 tablets/30 days)
tranylcypromine sulfate tab 10 mg	2	
trazodone hcl tab 50 mg, 100 mg, 150 mg	1	
trazodone hcl tab 300 mg	2	
trimipramine maleate cap 25 mg, 50 mg, 100 mg#	2	
TRINTELLIX - vortioxetine hbr tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv)	2	QL (30 tablets/30 days)
VENLAFAXINE BESYLATE ER - venlafaxine besylate tab er 24hr 112.5 mg	2	QL (60 tablets/30 days)
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)	1	QL (60 capsules/30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
venlafaxine hcl cap er 24hr 75 mg (base equivalent)	1	QL (90 capsules/30 days)
venlafaxine hcl cap er 24hr 150 mg (base equivalent)	1	QL (30 capsules/30 days)
venlafaxine hcl tab 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent), 75 mg (base equivalent), 100 mg (base equivalent)	1	QL (90 tablets/30 days)
vilazodone hcl tab 10 mg, 20 mg, 40 mg	2	QL (30 tablets/30 days)
ZURZUVAE - zuranolone cap 20 mg, 25 mg	2	QL (28 capsules/365 days)
ZURZUVAE - zuranolone cap 30 mg	2	QL (14 capsules/365 days)
Antiemetics		
aprepitant capsule therapy pack 80 & 125 mg	2	BD
aprepitant capsule 40 mg, 80 mg, 125 mg	2	BD
chlorpromazine hcl conc 100 mg/ml	2	PA (>=65 yr)
chlorpromazine hcl conc 30 mg/ml	2	PA (>=65 yr)
chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg, 200 mg	2	PA (>=65 yr)
compro - prochlorperazine suppos 25 mg	2	
dimenhydrinate tab 50 mg#	3	MC
dronabinol cap 2.5 mg, 5 mg, 10 mg	2	BD
fructose-dextrose-phosphoric acid oral soln	3	MC
meclizine hcl chew tab 25 mg#	3	MC
meclizine hcl tab 12.5 mg, 25 mg#	1	
meclizine hcl tab 12.5 mg, 25 mg#	3	MC
ondansetron hcl tab 4 mg, 8 mg	1	
ondansetron orally disintegrating tab 4 mg, 8 mg	1	
perphenazine tab 2 mg, 4 mg, 8 mg, 16 mg	2	PA (>=65 yr)
prochlorperazine maleate tab 5 mg (base equivalent), 10 mg (base equivalent)	1	
prochlorperazine suppos 25 mg	2	
promethazine hcl tab 12.5 mg, 25 mg, 50 mg#	1	PA (>=65 yr)
scopolamine td patch 72hr 1 mg/3days#	2	PA (>=65 yr)
Antifungals		
AMPHOTERICIN B - amphotericin b for iv soln 50 mg	2	BD
amphotericin b liposome iv for susp 50 mg	2	BD
caspofungin acetate for iv soln 50 mg, 70 mg	2	
ciclodan - ciclopirox solution 8%	2	QL (6.6 mls/30 days)
ciclopirox olamine cream 0.77% (base equiv)	1	
ciclopirox olamine susp 0.77% (base equiv)	1	
ciclopirox solution 8%	2	QL (6.6 mls/30 days)
clotrimazole cream 1%	1	

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
clotrimazole troche 10 mg	1	
clotrimazole vaginal cream 1%, 2%	3	MC
fluconazole for susp 10 mg/ml, 40 mg/ml	1	
fluconazole in nacl 0.9% inj 200 mg/100ml, 400 mg/200ml	2	
fluconazole tab 50 mg, 100 mg, 150 mg, 200 mg	1	
flucytosine cap 250 mg, 500 mg	2	PA
griseofulvin microsize susp 125 mg/5ml	2	
griseofulvin microsize tab 500 mg	2	
griseofulvin ultramicrosize tab 125 mg, 250 mg	2	
itraconazole cap 100 mg	2	QL (120 capsules/30 days)
ketoconazole cream 2%	1	
ketoconazole shampoo 2%	1	
ketoconazole tab 200 mg	1	
klayesta - nystatin topical powder 100000 unit/gm	1	
micafungin sodium for iv soln 50 mg, 100 mg	2	
MICAFUNGIN SODIUM/SODIUM CHLORIDE - micafungin in sodium chloride 0.9% iv solution 150 mg/150ml	2	
MICAFUNGIN/SODIUM CHLORIDE - micafungin in sodium chloride 0.9% iv solution 50 mg/50ml, 100 mg/100ml	2	
miconazole nitrate vaginal app 200 mg & 2% cream 9 gm kit	3	MC
miconazole nitrate vaginal cream 2%	3	MC
miconazole nitrate vaginal suppos 100 mg	3	MC
miconazole nitrate vaginal supp 200 mg & 2% cream 9 gm kit	3	MC
miconazole nitrate vaginal supp 1200 mg & 2% cream kit	3	MC
MONISTAT 3 COMBINATION PACK - miconazole nitrate vaginal supp 200 mg & 2% cream 9 gm kit	3	MC
NOXAFIL - posaconazole for delayed release susp packet 300 mg	2	PA
nyamyc - nystatin topical powder 100000 unit/gm	1	
nystatin cream 100000 unit/gm	1	
nystatin oint 100000 unit/gm	1	
nystatin susp 100000 unit/ml	1	
nystatin tab 500000 unit	1	
nystatin topical powder 100000 unit/gm	1	
nystop - nystatin topical powder 100000 unit/gm	1	
posaconazole susp 40 mg/ml	2	PA
posaconazole tab delayed release 100 mg	2	PA

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
terbinafine hcl cream 1%	3	MC
terbinafine hcl tab 250 mg	1	QL (30 tablets/30 days)
terconazole vaginal cream 0.4%, 0.8%	1	
terconazole vaginal suppos 80 mg	2	
tioconazole vaginal oint 6.5%	3	MC
voriconazole for inj 200 mg	2	PA
voriconazole for susp 40 mg/ml	2	PA
voriconazole tab 50 mg, 200 mg	2	PA
Antigout Agents		
allopurinol tab 100 mg, 300 mg	1	
colchicine tab 0.6 mg	1	
colchicine w/ probenecid tab 0.5-500 mg	1	
probenecid tab 500 mg	1	
Antimigraine Agents		
dihydroergotamine mesylate nasal spray 4 mg/ml	2	PA, QL (8 mls/28 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml	1	PA, QL (2 pens/30 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml	1	PA, QL (3 syringes/30 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml	1	PA, QL (2 syringes/30 days)
ergotamine w/ caffeine tab 1-100 mg	1	
naratriptan hcl tab 1 mg (base equiv), 2.5 mg (base equiv)	1	QL (18 tablets/30 days)
NURTEC - rimegepant sulfate tab disint 75 mg	1	PA, QL (16 tablets/30 days)
rizatriptan benzoate oral disintegrating tab 5 mg (base eq), 10 mg (base eq)	2	QL (18 tablets/30 days)
rizatriptan benzoate tab 5 mg (base equivalent), 10 mg (base equivalent)	1	QL (18 tablets/30 days)
sumatriptan nasal spray 5 mg/act, 20 mg/act	2	QL (12 units (2 packages)/30 days)
sumatriptan succinate inj 6 mg/0.5ml	2	QL (10 doses/30 days)
sumatriptan succinate solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	2	QL (12 doses/30 days)
sumatriptan succinate solution cartridge 4 mg/0.5ml	2	QL (12 doses/30 days)
sumatriptan succinate solution cartridge 6 mg/0.5ml	2	QL (12 doses/30 days)
sumatriptan succinate tab 25 mg, 50 mg, 100 mg	1	QL (18 tablets/30 days)
Antimyasthenic Agents		
pyridostigmine bromide tab 60 mg	1	
Antimycobacterials		
dapsone tab 25 mg, 100 mg	1	

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
ethambutol hcl tab 100 mg, 400 mg	1	
isoniazid tab 100 mg, 300 mg	1	
PRIFTIN - rifapentine tab 150 mg	2	
pyrazinamide tab 500 mg	2	
rifabutin cap 150 mg	2	
rifampin cap 150 mg, 300 mg	1	
rifampin for inj 600 mg	2	
SIRTURO - bedaquiline fumarate tab 20 mg (base equiv), 100 mg (base equiv)*	2	
TRECATOR - ethionamide tab 250 mg	2	
Antineoplastics		
abiraterone acetate tab 250 mg	2	PA, QL (120 tablets/30 days)
AKEEGA - niraparib tosylate-abiraterone acetate tab 50-500 mg, 100-500 mg	2	PA, QL (60 tablets/30 days)
ALECENSA - alectinib hcl cap 150 mg (base equivalent)*	2	PA, QL (240 capsules/30 days)
ALUNBRIG - brigatinib tab initiation therapy pack 90 mg & 180 mg*	2	PA, QL (30 tablets/30 days)
ALUNBRIG - brigatinib tab 30 mg*	2	PA, QL (120 tablets/30 days)
ALUNBRIG - brigatinib tab 90 mg, 180 mg*	2	PA, QL (30 tablets/30 days)
anastrozole tab 1 mg	1	
AUGTYRO - repotrectinib cap 40 mg	2	PA, QL (240 capsules/30 days)
AUGTYRO - repotrectinib cap 160 mg	2	PA, QL (60 capsules/30 days)
AYVAKIT - avapritinib tab 25 mg, 50 mg, 100 mg, 200 mg, 300 mg	2	PA, QL (30 tablets/30 days)
BALVERSA - erdafitinib tab 3 mg	2	PA, QL (90 tablets/30 days)
BALVERSA - erdafitinib tab 4 mg	2	PA, QL (60 tablets/30 days)
BALVERSA - erdafitinib tab 5 mg	2	PA, QL (30 tablets/30 days)
bexarotene cap 75 mg	2	PA
bexarotene gel 1%	2	PA
bicalutamide tab 50 mg	1	
BOSULIF - bosutinib cap 50 mg	2	PA, QL (330 capsules/30 days)
BOSULIF - bosutinib cap 100 mg	2	PA, QL (180 capsules/30 days)
BOSULIF - bosutinib tab 100 mg	2	PA, QL (180 tablets/30 days)
BOSULIF - bosutinib tab 400 mg, 500 mg	2	PA, QL (30 tablets/30 days)
BRAFTOVI - encorafenib cap 75 mg*	2	PA, QL (180 capsules/30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
BRUKINSA - zanubrutinib cap 80 mg	2	PA, QL (120 capsules/30 days)
CABOMETYX - cabozantinib s-malate tab 20 mg (base equivalent), 40 mg (base equivalent), 60 mg (base equivalent)*	2	PA, QL (30 tablets/30 days)
CALQUENCE - acalabrutinib cap 100 mg*	2	PA, QL (60 capsules/30 days)
CALQUENCE - acalabrutinib maleate tab 100 mg*	2	PA, QL (60 tablets/30 days)
CAPRELSA - vandetanib tab 100 mg*	2	PA, QL (60 tablets/30 days)
CAPRELSA - vandetanib tab 300 mg*	2	PA, QL (30 tablets/30 days)
COMETRIQ - cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit*	2	PA, QL (84 capsules/28 days)
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit*	2	PA, QL (56 capsules/28 days)
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit*	2	PA, QL (112 capsules/28 days)
COPIKTRA - duvelisib cap 15 mg, 25 mg*	2	PA, QL (56 capsules/28 days)
COTELLIC - cobimetinib fumarate tab 20 mg (base equivalent)*	2	PA, QL (63 tablets/28 days)
CYCLOPHOSPHAMIDE - cyclophosphamide tab 25 mg, 50 mg	1	BD
cyclophosphamide cap 25 mg, 50 mg	2	BD
DANZITEN - nilotinib tartrate tab 71 mg (base equivalent), 95 mg (base equivalent)	2	PA, QL (112 tablets/28 days)
dasatinib tab 20 mg	2	PA, QL (90 tablets/30 days)
dasatinib tab 50 mg, 70 mg, 80 mg, 100 mg, 140 mg	2	PA, QL (30 tablets/30 days)
DAURISMO - glasdegib maleate tab 25 mg (base equivalent)	2	PA, QL (60 tablets/30 days)
DAURISMO - glasdegib maleate tab 100 mg (base equivalent)	2	PA, QL (30 tablets/30 days)
ERIVEDGE - vismodegib cap 150 mg*	2	PA, QL (30 capsules/30 days)
ERLEADA - apalutamide tab 60 mg*	2	PA, QL (120 tablets/30 days)
ERLEADA - apalutamide tab 240 mg*	2	PA, QL (30 tablets/30 days)
erlotinib hcl tab 25 mg (base equivalent)	2	PA, QL (60 tablets/30 days)
erlotinib hcl tab 100 mg (base equivalent), 150 mg (base equivalent)	2	PA, QL (30 tablets/30 days)
everolimus tab for oral susp 2 mg, 5 mg	2	PA, QL (60 tablets/30 days)
everolimus tab for oral susp 3 mg	2	PA, QL (90 tablets/30 days)
everolimus tab 2.5 mg, 7.5 mg, 10 mg	2	PA, QL (30 tablets/30 days)
everolimus tab 5 mg	2	PA, QL (60 tablets/30 days)
exemestane tab 25 mg	2	

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
FOTIVDA - tivozanib hcl cap 0.89 mg (base equivalent), 1.34 mg (base equivalent)*	2	PA, QL (21 capsules/28 days)
FRUZAQLA - fruquintinib cap 1 mg	2	PA, QL (84 capsules/28 days)
FRUZAQLA - fruquintinib cap 5 mg	2	PA, QL (21 capsules/28 days)
GAVRETO - pralsetinib cap 100 mg	2	PA, QL (120 capsules/30 days)
gefitinib tab 250 mg	2	PA, QL (30 tablets/30 days)
GILOTRIF - afatinib dimaleate tab 20 mg (base equivalent), 30 mg (base equivalent), 40 mg (base equivalent)*	2	PA, QL (30 tablets/30 days)
GLEOSTINE - lomustine cap 10 mg, 40 mg, 100 mg	2	
GOMEKLI - mirdametinib tab for oral susp 1 mg	2	PA, QL (168 tablets/28 days)
GOMEKLI - mirdametinib cap 1 mg	2	PA, QL (168 capsules/28 days)
GOMEKLI - mirdametinib cap 2 mg	2	PA, QL (84 capsules/28 days)
hydroxyurea cap 500 mg	1	
IBRANCE - palbociclib cap 75 mg, 100 mg, 125 mg*	2	PA, QL (21 capsules/28 days)
IBRANCE - palbociclib tab 75 mg, 100 mg, 125 mg*	2	PA, QL (21 tablets/28 days)
ICLUSIG - ponatinib hcl tab 10 mg (base equiv), 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv)*	2	PA, QL (30 tablets/30 days)
IDHIFA - enasidenib mesylate tab 50 mg (base equivalent), 100 mg (base equivalent)*	2	PA, QL (30 tablets/30 days)
imatinib mesylate tab 100 mg (base equivalent)	2	PA, QL (90 tablets/30 days)
imatinib mesylate tab 400 mg (base equivalent)	2	PA, QL (60 tablets/30 days)
IMBRUVICA - ibrutinib tab 420 mg*	2	PA, QL (30 tablets/30 days)
IMBRUVICA - ibrutinib oral susp 70 mg/ml*	2	PA, QL (3 bottles/30 days)
IMBRUVICA - ibrutinib cap 70 mg*	2	PA, QL (30 capsules/30 days)
IMBRUVICA - ibrutinib cap 140 mg*	2	PA, QL (120 capsules/30 days)
IMKELDI - imatinib mesylate oral soln 80 mg/ml (base equivalent)	2	PA, QL (2 bottles/28 days)
INLYTA - axitinib tab 1 mg*	2	PA, QL (180 tablets/30 days)
INLYTA - axitinib tab 5 mg*	2	PA, QL (120 tablets/30 days)
INQOVI - decitabine-cedazuridine tab 35-100 mg	2	PA, QL (5 tablets/28 days)
INREBIC - fedratinib hcl cap 100 mg	2	PA, QL (120 capsules/30 days)
ITOVEBI - inavolisib tab 3 mg	2	PA, QL (60 tablets/30 days)
ITOVEBI - inavolisib tab 9 mg	2	PA, QL (30 tablets/30 days)
IWILFIN - eflornithine hcl tab 192 mg	2	PA, QL (240 tablets/30 days)

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
JAKAFI - ruxolitinib phosphate tab 5 mg (base equivalent), 10 mg (base equivalent), 15 mg (base equivalent), 20 mg (base equivalent), 25 mg (base equivalent)*	2	PA, QL (60 tablets/30 days)
JAYPIRCA - pirtobrutinib tab 50 mg	2	PA, QL (30 tablets/30 days)
JAYPIRCA - pirtobrutinib tab 100 mg	2	PA, QL (60 tablets/30 days)
KISQALI - ribociclib succinate tab pack 200 mg daily dose	2	PA, QL (21 tablets/28 days)
KISQALI - ribociclib succinate tab pack 400 mg daily dose (200 mg tab)	2	PA, QL (42 tablets/28 days)
KISQALI - ribociclib succinate tab pack 600 mg daily dose (200 mg tab)	2	PA, QL (63 tablets/28 days)
KISQALI FEMARA 400 DOSE - ribociclib 400 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	2	PA, QL (70 tablets/28 days)
KISQALI FEMARA 600 DOSE - ribociclib 600 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	2	PA, QL (91 tablets/28 days)
KOSELUGO - selumetinib sulfate cap 10 mg	2	PA, QL (240 capsules/30 days)
KOSELUGO - selumetinib sulfate cap 25 mg	2	PA, QL (120 capsules/30 days)
KRAZATI - adagrasib tab 200 mg*	2	PA, QL (180 tablets/30 days)
lapatinib ditosylate tab 250 mg (base equiv)	2	PA, QL (180 tablets/30 days)
LAZCLUZE - lazertinib mesylate tab 80 mg	2	PA, QL (60 tablets/30 days)
LAZCLUZE - lazertinib mesylate tab 240 mg	2	PA, QL (30 tablets/30 days)
lenalidomide caps 2.5 mg	2	PA, QL (30 capsules/30 days)
lenalidomide cap 5 mg, 10 mg	2	PA, QL (30 capsules/30 days)
lenalidomide cap 15 mg, 20 mg, 25 mg	2	PA, QL (21 capsules/28 days)
LENVIMA 10 MG DAILY DOSE - lenvatinib cap therapy pack 10 mg (10 mg daily dose)*	2	PA, QL (30 capsules/30 days)
LENVIMA 12MG DAILY DOSE - lenvatinib cap therapy pack 3 x 4 mg (12 mg daily dose)*	2	PA, QL (90 capsules/30 days)
LENVIMA 14 MG DAILY DOSE - lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose)*	2	PA, QL (60 capsules/30 days)
LENVIMA 18 MG DAILY DOSE - lenvatinib cap ther pack 10 mg & 2 x 4 mg (18 mg daily dose)*	2	PA, QL (90 capsules/30 days)
LENVIMA 20 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 10 mg (20 mg daily dose)*	2	PA, QL (60 capsules/30 days)
LENVIMA 24 MG DAILY DOSE - lenvatinib cap ther pack 2 x 10 mg & 4 mg (24 mg daily dose)*	2	PA, QL (90 capsules/30 days)
LENVIMA 4 MG DAILY DOSE - lenvatinib cap therapy pack 4 mg (4 mg daily dose)*	2	PA, QL (30 capsules/30 days)
LENVIMA 8 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 4 mg (8 mg daily dose)*	2	PA, QL (60 capsules/30 days)
letrozole tab 2.5 mg	1	

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
leucovorin calcium tab 5 mg, 10 mg	1	
leucovorin calcium tab 15 mg, 25 mg	2	
LEUKERAN - chlorambucil tab 2 mg	2	
LONSURF - trifluridine-tipiracil tab 15-6.14 mg	2	PA, QL (100 tablets/28 days)
LONSURF - trifluridine-tipiracil tab 20-8.19 mg	2	PA, QL (80 tablets/28 days)
LORBRENA - lorlatinib tab 25 mg	2	PA, QL (90 tablets/30 days)
LORBRENA - lorlatinib tab 100 mg	2	PA, QL (30 tablets/30 days)
LUMAKRAS - sotorasib tab 120 mg*	2	PA, QL (240 tablets/30 days)
LUMAKRAS - sotorasib tab 240 mg*	2	PA, QL (120 tablets/30 days)
LUMAKRAS - sotorasib tab 320 mg*	2	PA, QL (90 tablets/30 days)
LYNPARZA - olaparib tab 100 mg, 150 mg*	2	PA, QL (120 tablets/30 days)
LYSODREN - mitotane tab 500 mg	2	
LYTGOBI - futibatinib tab therapy pack 4 mg (12 mg daily dose)*	2	PA, QL (84 tablets/28 days)
LYTGOBI - futibatinib tab therapy pack 4 mg (16 mg daily dose)*	2	PA, QL (112 tablets/28 days)
LYTGOBI - futibatinib tab therapy pack 4 mg (20 mg daily dose)*	2	PA, QL (140 tablets/28 days)
MATULANE - procarbazine hcl cap 50 mg*	2	PA
MEKINIST - trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq)	2	PA, QL (13 bottles/28 days)
MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent)*	2	PA, QL (90 tablets/30 days)
MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent)*	2	PA, QL (30 tablets/30 days)
MEKTOVI - binimetinib tab 15 mg*	2	PA, QL (180 tablets/30 days)
mercaptopurine tab 50 mg	1	
mesna tab 400 mg	2	
MESNEX - mesna tab 400 mg	2	
NERLYNX - neratinib maleate tab 40 mg (base equivalent)*	2	PA, QL (180 tablets/30 days)
nilutamide tab 150 mg	2	
NINLARO - ixazomib citrate cap 2.3 mg (base equivalent), 3 mg (base equivalent), 4 mg (base equivalent)	2	PA, QL (3 capsules/28 days)
NUBEQA - darolutamide tab 300 mg	2	PA, QL (120 tablets/30 days)
ODOMZO - sonidegib phosphate cap 200 mg (base equivalent)*	2	PA, QL (30 capsules/30 days)
OGSIVEO - nirogacestat hydrobromide tab 50 mg	2	PA, QL (180 tablets/30 days)
OGSIVEO - nirogacestat hydrobromide tab 100 mg, 150 mg	2	PA, QL (56 tablets/28 days)
OJEMDA - tovorafenib tab 100 mg	2	PA, QL (24 tablets/28 days)

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
OJEMDA - tovorafenib for oral susp 25 mg/ml	2	PA, QL (8 bottles/28 days)
OJJAARA - momelotinib dihydrochloride tab 100 mg, 150 mg, 200 mg	2	PA, QL (30 tablets/30 days)
ONUREG - azacitidine tab 200 mg, 300 mg	2	PA, QL (14 tablets/28 days)
ORGOVYX - relugolix tab 120 mg*	2	PA, QL (90 tablets/30 days)
ORSERDU - elacestrant hydrochloride tab 86 mg	2	PA, QL (90 tablets/30 days)
ORSERDU - elacestrant hydrochloride tab 345 mg	2	PA, QL (30 tablets/30 days)
PANRETIN - alitretinoin gel 0.1%	2	PA
pazopanib hcl tab 200 mg (base equiv)	2	PA, QL (120 tablets/30 days)
PEMAZYRE - pemigatinib tab 4.5 mg, 9 mg, 13.5 mg	2	PA, QL (14 tablets/21 days)
PIQRAY 200MG DAILY DOSE - alpelisib tab therapy pack 200 mg daily dose	2	PA, QL (30 tablets/30 days)
PIQRAY 250MG DAILY DOSE - alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)	2	PA, QL (60 tablets/30 days)
PIQRAY 300MG DAILY DOSE - alpelisib tab pack 300 mg daily dose (2x150 mg tab)	2	PA, QL (60 tablets/30 days)
POMALYST - pomalidomide cap 1 mg, 2 mg, 3 mg, 4 mg*	2	PA, QL (21 capsules/28 days)
PURIXAN - mercaptopurine susp 2000 mg/100ml (20 mg/ml)*	2	
QINLOCK - ripretinib tab 50 mg	2	PA, QL (90 tablets/30 days)
RETEVMO - selpercatinib cap 40 mg	2	PA, QL (180 capsules/30 days)
RETEVMO - selpercatinib cap 80 mg	2	PA, QL (120 capsules/30 days)
RETEVMO - selpercatinib tab 40 mg	2	PA, QL (90 tablets/30 days)
RETEVMO - selpercatinib tab 80 mg, 120 mg, 160 mg	2	PA, QL (60 tablets/30 days)
REVUFORJ - revumenib citrate tab 110 mg	2	PA, QL (120 tablets/30 days)
REVUFORJ - revumenib citrate tab 160 mg	2	PA, QL (60 tablets/30 days)
REZLIDHIA - olutasidenib cap 150 mg*	2	PA, QL (60 capsules/30 days)
ROZLYTREK - entrectinib pellet pack 50 mg	2	PA, QL (336 packets/28 days)
ROZLYTREK - entrectinib cap 100 mg	2	PA, QL (150 capsules/30 days)
ROZLYTREK - entrectinib cap 200 mg	2	PA, QL (90 capsules/30 days)
RUBRACA - rucaparib camsylate tab 200 mg (base equivalent), 250 mg (base equivalent), 300 mg (base equivalent)*	2	PA, QL (120 tablets/30 days)
RYDAPT - midostaurin cap 25 mg	2	PA, QL (240 capsules/30 days)
SCEMBLIX - asciminib hcl tab 20 mg	2	PA, QL (60 tablets/30 days)
SCEMBLIX - asciminib hcl tab 40 mg	2	PA, QL (300 tablets/30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
SCEMBLIX - asciminib hcl tab 100 mg	2	PA, QL (120 tablets/30 days)
SOLTAMOX - tamoxifen citrate oral soln 10 mg/5ml (base equivalent)	2	
sorafenib tosylate tab 200 mg (base equivalent)	2	PA, QL (120 tablets/30 days)
STIVARGA - regorafenib tab 40 mg*	2	PA, QL (84 tablets/28 days)
sunitinib malate cap 12.5 mg (base equivalent)	2	PA, QL (90 capsules/30 days)
sunitinib malate cap 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent)	2	PA, QL (30 capsules/30 days)
TABLOID - thioguanine tab 40 mg	2	
TABRECTA - capmatinib hcl tab 150 mg, 200 mg	2	PA, QL (120 tablets/30 days)
TAFINLAR - dabrafenib mesylate cap 50 mg (base equivalent), 75 mg (base equivalent)*	2	PA, QL (120 capsules/30 days)
TAFINLAR - dabrafenib mesylate tab for oral susp 10 mg (base equiv)	2	PA, QL (4 bottles/28 days)
TAGRISSO - osimertinib mesylate tab 40 mg (base equivalent), 80 mg (base equivalent)*	2	PA, QL (30 tablets/30 days)
TALZENNA - talazoparib tosylate cap 0.1 mg (base equivalent), 0.35 mg (base equivalent)	2	PA, QL (30 capsules/30 days)
TALZENNA - talazoparib tosylate cap 0.25 mg (base equivalent), 0.5 mg (base equivalent), 0.75 mg (base equivalent), 1 mg (base equivalent)*	2	PA, QL (30 capsules/30 days)
tamoxifen citrate tab 10 mg (base equivalent), 20 mg (base equivalent)	1	
TASIGNA - nilotinib hcl cap 50 mg (base equivalent), 150 mg (base equivalent), 200 mg (base equivalent)	2	PA, QL (120 capsules/30 days)
TAZVERIK - tazemetostat hbr tab 200 mg	2	PA, QL (240 tablets/30 days)
TEPMETKO - tepotinib hcl tab 225 mg*	2	PA, QL (60 tablets/30 days)
THALOMID - thalidomide cap 50 mg, 100 mg	2	PA, QL (30 capsules/30 days)
TIBSOVO - ivosidenib tab 250 mg*	2	PA, QL (60 tablets/30 days)
toremifene citrate tab 60 mg (base equivalent)	2	
torpenz - everolimus tab 5 mg	2	PA, QL (60 tablets/30 days)
torpenz - everolimus tab 2.5 mg, 7.5 mg, 10 mg	2	PA, QL (30 tablets/30 days)
tretinoin cap 10 mg	2	PA
TRUQAP - capivasertib tab therapy pack 160 mg, 200 mg	2	PA, QL (4 boxes/28 days)
TRUQAP - capivasertib tab 160 mg, 200 mg	2	PA, QL (64 tablets/28 days)
TUKYSA - tucatinib tab 50 mg	2	PA, QL (300 tablets/30 days)
TUKYSA - tucatinib tab 150 mg	2	PA, QL (120 tablets/30 days)
TURALIO - pexidartinib hcl cap 125 mg (base equivalent)	2	PA, QL (120 capsules/30 days)
VALCHLOR - mechlorethamine hcl gel 0.016% (base equivalent)*	2	PA, QL (1 tube/30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
VANFLYTA - quizartinib dihydrochloride tab 17.7 mg, 26.5 mg*	2	PA, QL (60 tablets/30 days)
VENCLEXTA - venetoclax tab 10 mg*	1	PA, QL (60 tablets/30 days)
VENCLEXTA - venetoclax tab 50 mg*	2	PA, QL (30 tablets/30 days)
VENCLEXTA - venetoclax tab 100 mg*	2	PA, QL (180 tablets/30 days)
VENCLEXTA STARTING PACK - venetoclax tab therapy starter pack 10 & 50 & 100 mg*	2	PA, QL (1 pack (42 tablets)/28 days)
VERZENIO - abemaciclib tab 50 mg, 100 mg, 150 mg, 200 mg*	2	PA, QL (60 tablets/30 days)
VITRAKVI - larotrectinib sulfate oral soln 20 mg/ml (base equivalent)*	2	PA, QL (300 mls/30 days)
VITRAKVI - larotrectinib sulfate cap 25 mg (base equivalent)*	2	PA, QL (180 capsules/30 days)
VITRAKVI - larotrectinib sulfate cap 100 mg (base equivalent)*	2	PA, QL (60 capsules/30 days)
VIZIMPRO - dacomitinib tab 15 mg, 30 mg, 45 mg*	2	PA, QL (30 tablets/30 days)
VONJO - pacritinib citrate cap 100 mg*	2	PA, QL (120 capsules/30 days)
VORANIGO - vorasidenib tab 10 mg	2	PA, QL (60 tablets/30 days)
VORANIGO - vorasidenib tab 40 mg	2	PA, QL (30 tablets/30 days)
XALKORI - crizotinib cap 200 mg, 250 mg*	2	PA, QL (120 capsules/30 days)
XALKORI - crizotinib cap sprinkle 20 mg, 50 mg*	2	PA, QL (120 capsules/30 days)
XALKORI - crizotinib cap sprinkle 150 mg*	2	PA, QL (180 capsules/30 days)
XOSPATA - gilteritinib fumarate tablet 40 mg (base equivalent)	2	PA, QL (90 tablets/30 days)
XPOVIO - selinexor tab therapy pack 40 mg (40 mg once weekly), 40 mg (40 mg twice weekly), 40 mg (80 mg once weekly), 50 mg (100 mg once weekly), 60 mg (60 mg once weekly)*	2	PA, QL (1 box/28 days)
XPOVIO 60 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (60 mg twice weekly)*	2	PA, QL (1 box/28 days)
XPOVIO 80 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (80 mg twice weekly)*	2	PA, QL (1 box/28 days)
XTANDI - enzalutamide cap 40 mg*	2	PA, QL (120 capsules/30 days)
XTANDI - enzalutamide tab 40 mg*	2	PA, QL (120 tablets/30 days)
XTANDI - enzalutamide tab 80 mg*	2	PA, QL (60 tablets/30 days)
ZEJULA - niraparib tosylate tab 100 mg (base equivalent), 200 mg (base equivalent), 300 mg (base equivalent)*	2	PA, QL (30 tablets/30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
ZELBORAF - vemurafenib tab 240 mg*	2	PA, QL (240 tablets/30 days)
ZOLINZA - vorinostat cap 100 mg	2	PA, QL (120 capsules/30 days)
ZYDELIG - idelalisib tab 100 mg, 150 mg*	2	PA, QL (60 tablets/30 days)
ZYKADIA - ceritinib tab 150 mg*	2	PA, QL (90 tablets/30 days)
Antiparasitics		
albendazole tab 200 mg	2	
atovaquone susp 750 mg/5ml	2	PA, QL (600 mls/30 days)
atovaquone-proguanil hcl tab 62.5-25 mg, 250-100 mg	2	
chloroquine phosphate tab 250 mg, 500 mg	2	
COARTEM - artemether-lumefantrine tab 20-120 mg	2	
hydroxychloroquine sulfate tab 200 mg	1	
ivermectin tab 3 mg	1	PA
mefloquine hcl tab 250 mg	1	
nitazoxanide tab 500 mg	2	QL (20 tablets/30 days)
pentamidine isethionate for inj soln 300 mg	2	
pentamidine isethionate for nebulization soln 300 mg	2	BD
praziquantel tab 600 mg	2	
primaquine phosphate tab 26.3 mg (15 mg base)	2	
pyrimethamine tab 25 mg	2	PA
quinine sulfate cap 324 mg	2	PA
Antiparkinson Agents		
amantadine hcl cap 100 mg	1	
amantadine hcl soln 50 mg/5ml	1	
APOKYN - apomorphine hcl soln cartridge 30 mg/3ml*	2	PA, QL (60 mls/30 days)
benztropine mesylate tab 0.5 mg, 1 mg, 2 mg#	1	PA (>=65 yr)
bromocriptine mesylate tab 2.5 mg (base equivalent)	2	
carbidopa & levodopa orally disintegrating tab 10-100 mg	2	
carbidopa & levodopa orally disintegrating tab 25-100 mg	2	
carbidopa & levodopa orally disintegrating tab 25-250 mg	2	
carbidopa & levodopa tab er 25-100 mg, 50-200 mg	1	
carbidopa & levodopa tab 10-100 mg, 25-100 mg, 25-250 mg	1	
entacapone tab 200 mg	2	
INBRIJA - levodopa inhal powder cap 42 mg	2	PA, QL (300 capsules/30 days)
pramipexole dihydrochloride tab 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1	

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
rasagiline mesylate tab 0.5 mg (base equiv), 1 mg (base equiv)	2	
ropinirole hydrochloride tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	1	
selegiline hcl cap 5 mg	1	
selegiline hcl tab 5 mg	1	
Antipsychotics		
ABILIFY ASIMTUFII - aripiprazole im er susp prefilled syringe 720 mg/2.4ml, 960 mg/3.2ml	2	QL (1 syringe/56 days)
ABILIFY MAINTENA - aripiprazole im for extended release susp 300 mg, 400 mg	2	QL (1 vial/28 days)
ABILIFY MAINTENA - aripiprazole im for er susp prefilled syringe 300 mg, 400 mg	2	QL (1 syringe/28 days)
aripiprazole oral solution 1 mg/ml	2	PA (>=65 yr), QL (750 mls/30 days)
aripiprazole orally disintegrating tab 10 mg, 15 mg	2	PA (>=65 yr), QL (60 tablets/30 days)
aripiprazole tab 2 mg, 5 mg	2	PA (>=65 yr), QL (45 tablets/30 days)
aripiprazole tab 10 mg, 15 mg, 20 mg, 30 mg	2	PA (>=65 yr), QL (30 tablets/30 days)
asenapine maleate sl tab 2.5 mg (base equiv), 5 mg (base equiv), 10 mg (base equiv)	2	PA (>=65 yr), QL (60 tablets/30 days)
CAPLYTA - lumateperone tosylate cap 10.5 mg, 21 mg, 42 mg	2	QL (30 capsules/30 days)
CLOZAPINE ODT - clozapine orally disintegrating tab 12.5 mg	2	PA (>=65 yr), QL (90 tablets/30 days)
clozapine orally disintegrating tab 25 mg, 100 mg	2	PA (>=65 yr), QL (270 tablets/30 days)
clozapine orally disintegrating tab 150 mg	2	PA (>=65 yr), QL (180 tablets/30 days)
clozapine orally disintegrating tab 200 mg	2	PA (>=65 yr), QL (120 tablets/30 days)
clozapine tab 25 mg, 50 mg	1	PA (>=65 yr), QL (90 tablets/30 days)
clozapine tab 100 mg	2	PA (>=65 yr), QL (270 tablets/30 days)
clozapine tab 200 mg	2	PA (>=65 yr), QL (120 tablets/30 days)
COBENFY - xanomeline tartrate-trospium chloride cap 50-20 mg, 100-20 mg, 125-30 mg	2	PA, QL (60 capsules/30 days)
COBENFY STARTER PACK - xanomeline-trospium chloride cap pack 50-20 mg & 100-20 mg	2	PA, QL (1 pack/28 days)

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
FANAPT - iloperidone tab 1 mg, 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg	2	PA (>=65 yr), QL (60 tablets/30 days)
FANAPT TITRATION PACK - iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak	2	PA (>=65 yr), QL (7 packs (56 tablets)/28 days)
fluphenazine decanoate inj 25 mg/ml	2	PA (>=65 yr)
FLUPHENAZINE HCL - fluphenazine hcl oral conc 5 mg/ml	2	PA (>=65 yr)
fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg	2	PA (>=65 yr)
FLUPHENAZINE HYDROCHLORIDE - fluphenazine hcl elixir 2.5 mg/5ml	2	PA (>=65 yr)
FLUPHENAZINE HYDROCHLORIDE - fluphenazine hcl inj 2.5 mg/ml	2	PA (>=65 yr)
haloperidol decanoate im soln 50 mg/ml, 100 mg/ml	2	PA (>=65 yr)
haloperidol lactate inj 5 mg/ml	2	PA (>=65 yr)
haloperidol lactate oral conc 2 mg/ml	1	PA (>=65 yr)
haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg, 20 mg	1	PA (>=65 yr)
INVEGA HAFYERA - paliperidone palmitate er susp pref syr 1,092 mg/3.5ml, 1,560 mg/5ml	2	QL (1 kit/180 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 39 mg/0.25ml, 78 mg/0.5ml, 117 mg/0.75ml, 156 mg/ml, 234 mg/1.5ml	2	QL (1 kit/28 days)
INVEGA TRINZA - paliperidone palmitate er susp pref syr 273 mg/0.88ml, 410 mg/1.32ml, 546 mg/1.75ml, 819 mg/2.63ml	2	QL (1 kit/84 days)
loxapine succinate cap 5 mg, 10 mg, 25 mg, 50 mg	1	PA (>=65 yr)
lurasidone hcl tab 20 mg, 40 mg, 60 mg, 120 mg	2	PA (>=65 yr), QL (30 tablets/30 days)
lurasidone hcl tab 80 mg	2	PA (>=65 yr), QL (60 tablets/30 days)
LYBALVI - olanzapine-samidorphan l-malate tab 5-10 mg, 10-10 mg, 15-10 mg, 20-10 mg	2	PA (>=65 yr), QL (30 tablets/30 days)
MOLINDONE HYDROCHLORIDE - molindone hcl tab 5 mg, 10 mg, 25 mg	2	PA (>=65 yr)
NUPLAZID - pimavanserin tartrate cap 34 mg (base equivalent)*	2	PA, QL (30 capsules/30 days)
NUPLAZID - pimavanserin tartrate tab 10 mg (base equivalent)*	2	PA, QL (30 tablets/30 days)
olanzapine for im inj 10 mg	2	PA (>=65 yr), QL (90 vials/30 days)
olanzapine orally disintegrating tab 5 mg, 10 mg, 15 mg, 20 mg	2	PA (>=65 yr), QL (30 tablets/30 days)
olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg	1	PA (>=65 yr), QL (45 tablets/30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
olanzapine tab 15 mg, 20 mg	1	PA (>=65 yr), QL (30 tablets/30 days)
OPIPZA - aripiprazole oral film 2 mg	2	PA (>=65 yr), QL (30 films/30 days)
OPIPZA - aripiprazole oral film 5 mg, 10 mg	2	PA (>=65 yr), QL (90 films/30 days)
paliperidone tab er 24hr 1.5 mg, 3 mg, 9 mg	2	PA (>=65 yr), QL (30 tablets/30 days)
paliperidone tab er 24hr 6 mg	2	PA (>=65 yr), QL (60 tablets/30 days)
PERSERIS - risperidone subcutaneous for er susp prefilled syr 90 mg, 120 mg	2	QL (1 syringe/28 days)
PIMOZIDE - pimozide tab 1 mg, 2 mg	2	PA (>=65 yr)
QUETIAPINE FUMARATE - quetiapine fumarate tab 150 mg	2	PA (>=65 yr), QL (150 tablets/30 days)
quetiapine fumarate tab 25 mg, 50 mg, 100 mg, 200 mg	1	PA (>=65 yr), QL (120 tablets/30 days)
quetiapine fumarate tab 300 mg, 400 mg	1	PA (>=65 yr), QL (60 tablets/30 days)
REXULTI - brexpiprazole tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	2	PA (>=65 yr), QL (30 tablets/30 days)
risperidone microspheres for im extended rel susp 12.5 mg, 25 mg, 37.5 mg, 50 mg	2	QL (2 vials/28 days)
RISPERIDONE ODT - risperidone orally disintegrating tab 0.25 mg	2	PA (>=65 yr), QL (60 tablets/30 days)
risperidone orally disintegrating tab 0.5 mg, 1 mg, 2 mg, 3 mg	2	PA (>=65 yr), QL (60 tablets/30 days)
risperidone orally disintegrating tab 4 mg	2	PA (>=65 yr), QL (120 tablets/30 days)
risperidone soln 1 mg/ml	2	PA (>=65 yr), QL (480 mls/30 days)
risperidone tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	1	QL (60 tablets/30 days)
risperidone tab 4 mg	1	QL (120 tablets/30 days)
SECUADO - asenapine td patch 24 hr 3.8 mg/24hr, 5.7 mg/24hr, 7.6 mg/24hr	2	PA (>=65 yr), QL (30 patches/30 days)
thioridazine hcl tab 10 mg	1	PA (>=65 yr)
thioridazine hcl tab 100 mg	1	PA (>=65 yr)
thioridazine hcl tab 25 mg	1	PA (>=65 yr)
thioridazine hcl tab 50 mg	1	PA (>=65 yr)
thiothixene cap 1 mg, 2 mg, 5 mg, 10 mg	2	PA (>=65 yr)

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Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
trifluoperazine hcl tab 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)	1	PA (>=65 yr)
UZEDY - risperidone subcutaneous er susp pref syr 50 mg/0.14ml, 75 mg/0.21ml, 100 mg/0.28ml, 125 mg/0.35ml	2	QL (1 syringe/28 days)
UZEDY - risperidone subcutaneous er susp pref syr 150 mg/0.42ml, 200 mg/0.56ml, 250 mg/0.7ml	2	QL (1 syringe/56 days)
VERSACLOZ - clozapine susp 50 mg/ml	2	PA (>=65 yr), QL (540 mls/30 days)
VRAYLAR - cariprazine hcl cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent)	2	QL (30 capsules/30 days)
ziprasidone hcl cap 20 mg, 40 mg	2	QL (90 capsules/30 days)
ziprasidone hcl cap 60 mg, 80 mg	2	QL (60 capsules/30 days)
ziprasidone mesylate for inj 20 mg (base equivalent)	2	PA (>=65 yr), QL (60 vials/30 days)
Antispasticity Agents		
baclofen tab 10 mg, 20 mg	1	
dantrolene sodium cap 25 mg, 50 mg, 100 mg	2	
tizanidine hcl tab 2 mg (base equivalent), 4 mg (base equivalent)	1	
Antivirals		
abacavir sulfate soln 20 mg/ml (base equiv)	2	QL (960 mls/30 days)
abacavir sulfate tab 300 mg (base equiv)	2	QL (60 tablets/30 days)
abacavir sulfate-lamivudine tab 600-300 mg	2	QL (30 tablets/30 days)
acyclovir cap 200 mg	1	
acyclovir sodium iv soln 50 mg/ml	2	BD
acyclovir susp 200 mg/5ml	2	
acyclovir tab 400 mg, 800 mg	1	
adefovir dipivoxil tab 10 mg	2	
APTIVUS - tipranavir cap 250 mg	2	QL (120 capsules/30 days)
atazanavir sulfate cap 150 mg (base equiv), 300 mg (base equiv)	2	QL (30 capsules/30 days)
atazanavir sulfate cap 200 mg (base equiv)	2	QL (60 capsules/30 days)
BARACLUDE - entecavir oral soln 0.05 mg/ml	2	
BIKTARVY - bictegravir-emtricitabine-tenofovir af tab 30-120-15 mg, 50-200-25 mg	2	QL (30 tablets/30 days)
CIMDUO - lamivudine-tenofovir disoproxil fumarate tab 300-300 mg	2	QL (30 tablets/30 days)
COMPLERA - emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	2	QL (30 tablets/30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
darunavir tab 600 mg	2	QL (60 tablets/30 days)
darunavir tab 800 mg	2	QL (30 tablets/30 days)
DELSTRIGO - doravirine-lamivudine-tenofovir df tab 100-300-300 mg	2	QL (30 tablets/30 days)
DESCOVY - emtricitabine-tenofovir alafenamide fumarate tab 120-15 mg, 200-25 mg	2	QL (30 tablets/30 days)
DOVATO - dolutegravir sodium-lamivudine tab 50-300 mg (base eq)	2	QL (30 tablets/30 days)
EDURANT - rilpivirine hcl tab 25 mg (base equivalent)	2	QL (30 tablets/30 days)
efavirenz tab 600 mg	2	QL (30 tablets/30 days)
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	2	QL (30 tablets/30 days)
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg, 600-300-300 mg	2	QL (30 tablets/30 days)
emtricitabine caps 200 mg	2	QL (30 capsules/30 days)
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg	2	QL (30 tablets/30 days)
EMTRIVA - emtricitabine soln 10 mg/ml	2	QL (850 mls/30 days)
entecavir tab 0.5 mg, 1 mg	2	
etravirine tab 100 mg, 200 mg	2	QL (60 tablets/30 days)
EVOTAZ - atazanavir sulfate-cobicistat tab 300-150 mg (base equiv)	2	QL (30 tablets/30 days)
famciclovir tab 125 mg, 250 mg, 500 mg	1	
fosamprenavir calcium tab 700 mg (base equiv)	2	QL (120 tablets/30 days)
FUZEON - enfuvirtide for inj 90 mg	2	QL (60 vials/30 days)
GENVOYA - elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg	2	QL (30 tablets/30 days)
INTELENCE - etravirine tab 25 mg	2	QL (120 tablets/30 days)
ISENTRESS - raltegravir potassium chew tab 25 mg (base equiv), 100 mg (base equiv)	1	QL (180 tablets/30 days)
ISENTRESS - raltegravir potassium packet for susp 100 mg (base equiv)	2	QL (60 packets/30 days)
ISENTRESS - raltegravir potassium tab 400 mg (base equiv)	2	QL (60 tablets/30 days)
ISENTRESS HD - raltegravir potassium tab 600 mg (base equiv)	2	QL (60 tablets/30 days)
JULUCA - dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq)	2	QL (30 tablets/30 days)
lamivudine oral soln 10 mg/ml	2	QL (960 mls/30 days)
lamivudine tab 100 mg (hbv)	1	
lamivudine tab 150 mg	1	QL (60 tablets/30 days)
lamivudine tab 300 mg	2	QL (30 tablets/30 days)

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Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
lamivudine-zidovudine tab 150-300 mg	2	QL (60 tablets/30 days)
LIVTENCITY - maribavir tab 200 mg*	2	QL (120 tablets/30 days)
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	2	QL (480 mls/30 days)
lopinavir-ritonavir tab 100-25 mg	2	QL (300 tablets/30 days)
lopinavir-ritonavir tab 200-50 mg	2	QL (120 tablets/30 days)
maraviroc tab 150 mg	2	QL (60 tablets/30 days)
maraviroc tab 300 mg	2	QL (120 tablets/30 days)
MAVYRET - glecaprevir-pibrentasvir tab 100-40 mg	2	PA
MAVYRET - glecaprevir-pibrentasvir pellet pack 50-20 mg	2	PA
nevirapine susp 50 mg/5ml	2	QL (1200 mls/30 days)
nevirapine tab er 24hr 400 mg	2	QL (30 tablets/30 days)
nevirapine tab 200 mg	1	QL (60 tablets/30 days)
NORVIR - ritonavir powder packet 100 mg	2	QL (360 packets/30 days)
ODEFSEY - emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg	2	QL (30 tablets/30 days)
oseltamivir phosphate cap 30 mg (base equiv)	1	QL (168 capsules/365 days)
oseltamivir phosphate cap 45 mg (base equiv), 75 mg (base equiv)	1	QL (84 capsules/365 days)
oseltamivir phosphate for susp 6 mg/ml (base equiv)	1	QL (1080 mls/365 days)
PAXLOVID - nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak	1	QL (20 tablets/30 days)
PAXLOVID - nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak	1	QL (30 tablets/30 days)
PIFELTRO - doravirine tab 100 mg	2	QL (30 tablets/30 days)
PREVYMIS - letermovir tab 240 mg, 480 mg	2	QL (30 tablets/30 days)
PREZCOBIX - darunavir-cobicistat tab 800-150 mg	2	QL (30 tablets/30 days)
PREZISTA - darunavir oral susp 100 mg/ml	2	QL (400 mls/30 days)
PREZISTA - darunavir tab 75 mg	2	QL (300 tablets/30 days)
PREZISTA - darunavir tab 150 mg	2	QL (180 tablets/30 days)
RELENZA DISKHALER - zanamivir aerosol powder breath activated 5 mg/act	2	QL (6 boxes/365 days)
REYATAZ - atazanavir sulfate oral powder packet 50 mg (base equiv)	2	QL (240 packets/30 days)
ribavirin cap 200 mg	1	
ribavirin tab 200 mg	2	
ritonavir tab 100 mg	1	QL (360 tablets/30 days)
RUKOBIA - fostemsavir tromethamine tab er 12hr 600 mg	2	QL (60 tablets/30 days)
SELZENTRY - maraviroc oral soln 20 mg/ml	2	QL (1840 mls/30 days)
STRIBILD - elvitegrav-cobic-emtricitab-tenofovdf tab 150-150-200-300 mg	2	QL (30 tablets/30 days)

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Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
SUNLENCA - lenacapavir sodium tab therapy pack 4 x 300 mg	2	QL (4 tablets/28 days)
SUNLENCA - lenacapavir sodium tab therapy pack 5 x 300 mg	2	QL (5 tablets/28 days)
SYMTUZA - darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg	2	QL (30 tablets/30 days)
tenofovir disoproxil fumarate tab 300 mg	2	QL (30 tablets/30 days)
TIVICAY - dolutegravir sodium tab 50 mg (base equiv)	2	QL (60 tablets/30 days)
TIVICAY PD - dolutegravir sodium tab for oral susp 5 mg (base equiv)	2	QL (360 tablets/30 days)
TRIUMEQ - abacavir-dolutegravir-lamivudine tab 600-50-300 mg	2	QL (30 tablets/30 days)
TRIUMEQ PD - abacavir-dolutegravir-lamivudine tab for oral sus 60-5-30 mg	2	QL (180 tablets/30 days)
TYBOST - cobicistat tab 150 mg	1	QL (30 tablets/30 days)
valacyclovir hcl tab 500 mg, 1 gm	1	
valganciclovir hcl for soln 50 mg/ml (base equiv)	2	
valganciclovir hcl tab 450 mg (base equivalent)	1	
VIRACEPT - nelfinavir mesylate tab 250 mg	2	QL (270 tablets/30 days)
VIRACEPT - nelfinavir mesylate tab 625 mg	2	QL (120 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate tab 150 mg, 200 mg, 250 mg	2	QL (30 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate oral powder 40 mg/gm	2	QL (240 grams/30 days)
XOFLUZA - baloxavir marboxil tab therapy pack 1 x 40 mg (40 mg dose)	2	QL (4 tablets/365 days)
XOFLUZA - baloxavir marboxil tab therapy pack 1 x 80 mg (80 mg dose)	2	QL (2 tablets/365 days)
zidovudine cap 100 mg	2	QL (180 capsules/30 days)
zidovudine syrup 10 mg/ml	2	QL (1920 mls/30 days)
zidovudine tab 300 mg	1	QL (60 tablets/30 days)
Anxiolytics		
alprazolam tab 0.25 mg, 0.5 mg, 1 mg	1	QL (120 tablets/30 days)
alprazolam tab 2 mg	1	QL (150 tablets/30 days)
buspirone hcl tab 5 mg, 7.5 mg, 10 mg, 15 mg, 30 mg	1	
clonazepam orally disintegrating tab 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	2	QL (90 tablets/30 days)
clonazepam orally disintegrating tab 2 mg	2	QL (300 tablets/30 days)
clonazepam tab 0.5 mg, 1 mg	1	QL (120 tablets/30 days)
clonazepam tab 2 mg	1	QL (300 tablets/30 days)

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
clorazepate dipotassium tab 3.75 mg	2	PA (>=65 yr), QL (120 tablets/30 days)
clorazepate dipotassium tab 7.5 mg	2	PA (>=65 yr), QL (360 tablets/30 days)
clorazepate dipotassium tab 15 mg	2	PA (>=65 yr), QL (180 tablets/30 days)
diazepam oral soln 1 mg/ml	2	PA (>=65 yr), QL (1200 mls/30 days)
diazepam tab 2 mg, 5 mg, 10 mg	1	PA (>=65 yr), QL (120 tablets/30 days)
hydroxyzine hcl tab 25 mg, 50 mg#	1	PA (>=65 yr)
lorazepam conc 2 mg/ml	1	PA (>=65 yr), QL (150 mls/30 days)
lorazepam intensol - lorazepam conc 2 mg/ml	1	PA (>=65 yr), QL (150 mls/30 days)
lorazepam tab 0.5 mg, 1 mg	1	PA (>=65 yr), QL (120 tablets/30 days)
lorazepam tab 2 mg	1	PA (>=65 yr), QL (150 tablets/30 days)
Bipolar Agents		
lithium carbonate cap 150 mg, 300 mg	1	
lithium carbonate cap 600 mg	1	
lithium carbonate tab er 300 mg, 450 mg	1	
lithium carbonate tab 300 mg	1	
lithium oral solution 8 meq/5ml	2	
Blood Glucose Regulators		
acarbose tab 25 mg	1	QL (360 tablets/30 days)
acarbose tab 50 mg	1	QL (180 tablets/30 days)
acarbose tab 100 mg	1	QL (90 tablets/30 days)
ALCOHOL SWABS	1	PA
BYDUREON BCISE - exenatide extended release susp auto-injector 2 mg/0.85ml	1	PA, QL (4 pens/28 days)
diazoxide susp 50 mg/ml	2	
FARXIGA - dapagliflozin propanediol tab 5 mg (base equivalent)	1	QL (60 tablets/30 days)
FARXIGA - dapagliflozin propanediol tab 10 mg (base equivalent)	1	QL (30 tablets/30 days)
GAUZE PADS 2" X 2"	1	PA
glimepiride tab 1 mg#	1	QL (240 tablets/30 days)
glimepiride tab 2 mg#	1	QL (120 tablets/30 days)
glimepiride tab 4 mg#	1	QL (60 tablets/30 days)

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Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
glipizide tab er 24hr 2.5 mg	1	QL (240 tablets/30 days)
glipizide tab er 24hr 5 mg	1	QL (120 tablets/30 days)
glipizide tab er 24hr 10 mg	1	QL (60 tablets/30 days)
glipizide tab 5 mg	1	QL (240 tablets/30 days)
glipizide tab 10 mg	1	QL (120 tablets/30 days)
glipizide xl - glipizide tab er 24hr 2.5 mg	1	QL (240 tablets/30 days)
glipizide xl - glipizide tab er 24hr 5 mg	1	QL (120 tablets/30 days)
glipizide xl - glipizide tab er 24hr 10 mg	1	QL (60 tablets/30 days)
glipizide-metformin hcl tab 2.5-250 mg	1	QL (240 tablets/30 days)
glipizide-metformin hcl tab 2.5-500 mg, 5-500 mg	1	QL (120 tablets/30 days)
glucose gel 40%	3	MC
glyburide micronized tab 1.5 mg#	1	QL (240 tablets/30 days)
glyburide micronized tab 3 mg#	1	QL (120 tablets/30 days)
glyburide micronized tab 6 mg#	1	QL (60 tablets/30 days)
glyburide tab 1.25 mg#	1	QL (480 tablets/30 days)
glyburide tab 2.5 mg#	1	QL (240 tablets/30 days)
glyburide tab 5 mg#	1	QL (120 tablets/30 days)
GLYXAMBI - empagliflozin-linagliptin tab 10-5 mg, 25-5 mg	2	QL (30 tablets/30 days)
GVOKE HYPOPEN 1-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml	1	QL (4 syringes/30 days)
GVOKE HYPOPEN 2-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml	1	QL (4 syringes/30 days)
GVOKE KIT - glucagon subcutaneous soln 1 mg/0.2ml	1	QL (4 vials/30 days)
GVOKE PFS - glucagon subcutaneous soln pref syringe 1 mg/0.2ml	1	QL (4 syringes/30 days)
HUMALOG - insulin lispro soln cartridge 100 unit/ml	1	QL (20 cartridges/30 days)
HUMALOG - insulin lispro inj soln 100 unit/ml	1	QL (60 mls/30 days)
HUMALOG JUNIOR KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)	1	QL (20 pens/30 days)
HUMALOG KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (1 unit dial), 200 unit/ml	1	QL (20 pens/30 days)
HUMALOG MIX 50/50 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50)	1	QL (20 pens/30 days)
HUMALOG MIX 75/25 - insulin lispro prot & lispro inj 100 unit/ml (75-25)	1	QL (6 vials/30 days)
HUMALOG MIX 75/25 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)	1	QL (20 pens/30 days)
HUMALOG TEMPO PEN - insulin lispro soln pen-inj w/ transmitter port 100 unit/ml	1	QL (20 pens/30 days)
HUMULIN N - insulin nph (human) (isophane) inj 100 unit/ml	1	QL (60 mls/30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
HUMULIN N KWIKPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	1	QL (20 pens/30 days)
HUMULIN R - insulin regular (human) inj 100 unit/ml	1	QL (60 mls/30 days)
HUMULIN R U-500 (CONCENTRATED) - insulin regular (human) inj 500 unit/ml	1	BD
HUMULIN R U-500 KWIKPEN - insulin regular (human) soln pen-injector 500 unit/ml	1	QL (20 pens/30 days)
HUMULIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30)	1	QL (60 mls/30 days)
HUMULIN 70/30 KWIKPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	1	QL (20 pens/30 days)
INSULIN SYRINGE/NEEDLE	1	PA
JANUMET - sitagliptin-metformin hcl tab 50-500 mg, 50-1000 mg	1	QL (60 tablets/30 days)
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 50-500 mg, 100-1000 mg	1	QL (30 tablets/30 days)
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 50-1000 mg	1	QL (60 tablets/30 days)
JANUVIA - sitagliptin phosphate tab 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv)	1	QL (30 tablets/30 days)
JARDIANCE - empagliflozin tab 10 mg, 25 mg	1	QL (30 tablets/30 days)
JENTADUETO - linagliptin-metformin hcl tab 2.5-500 mg, 2.5-850 mg, 2.5-1000 mg	1	QL (60 tablets/30 days)
JENTADUETO XR - linagliptin-metformin hcl tab er 24hr 2.5-1000 mg	1	QL (60 tablets/30 days)
JENTADUETO XR - linagliptin-metformin hcl tab er 24hr 5-1000 mg	1	QL (30 tablets/30 days)
LANTUS - insulin glargine inj 100 unit/ml	1	QL (6 vials/30 days)
LANTUS SOLOSTAR - insulin glargine soln pen-injector 100 unit/ml	1	QL (20 pens/30 days)
LYUMJEV - insulin lispro-aabc inj 100 unit/ml	1	QL (6 vials/30 days)
LYUMJEV KWIKPEN - insulin lispro-aabc soln pen-inj 100 unit/ml (1 unit dial)	1	QL (20 pens/30 days)
LYUMJEV KWIKPEN - insulin lispro-aabc soln pen-injector 200 unit/ml	1	QL (20 pens/30 days)
LYUMJEV TEMPO PEN - insulin lispro-aabc soln pen-inj w/ transmit port 100 unit/ml	1	QL (20 pens/30 days)
metformin hcl tab er 24hr 500 mg	1	QL (120 tablets/30 days)
metformin hcl tab er 24hr 750 mg	1	QL (60 tablets/30 days)
metformin hcl tab 500 mg	1	QL (150 tablets/30 days)
metformin hcl tab 850 mg	1	QL (90 tablets/30 days)
metformin hcl tab 1000 mg	1	QL (75 tablets/30 days)

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Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
MOUNJARO - tirzepatide soln auto-injector 2.5 mg/0.5ml, 5 mg/0.5ml, 7.5 mg/0.5ml, 10 mg/0.5ml, 12.5 mg/0.5ml, 15 mg/0.5ml	1	PA, QL (4 pens/28 days)
nateglinide tab 60 mg	1	QL (180 tablets/30 days)
nateglinide tab 120 mg	1	QL (90 tablets/30 days)
NOVOLIN N - insulin nph (human) (isophane) inj 100 unit/ml	1	QL (60 mls/30 days)
NOVOLIN N FLEXPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	1	QL (20 pens/30 days)
NOVOLIN N FLEXPEN RELION - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	1	QL (20 pens/30 days)
NOVOLIN N RELION - insulin nph (human) (isophane) inj 100 unit/ml	1	QL (60 mls/30 days)
NOVOLIN R - insulin regular (human) inj 100 unit/ml	1	QL (60 mls/30 days)
NOVOLIN R FLEXPEN - insulin regular (human) soln pen-injector 100 unit/ml	1	QL (20 pens/30 days)
NOVOLIN R FLEXPEN RELION - insulin regular (human) soln pen-injector 100 unit/ml	1	QL (20 pens/30 days)
NOVOLIN R RELION - insulin regular (human) inj 100 unit/ml	1	QL (60 mls/30 days)
NOVOLIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30)	1	QL (60 mls/30 days)
NOVOLIN 70/30 FLEXPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	1	QL (20 pens/30 days)
NOVOLIN 70/30 FLEXPEN RELION - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	1	QL (20 pens/30 days)
NOVOLIN 70/30 RELION - insulin nph isophane & regular human inj 100 unit/ml (70-30)	1	QL (60 mls/30 days)
NOVOLOG - insulin aspart inj soln 100 unit/ml	1	QL (6 vials/30 days)
NOVOLOG FLEXPEN - insulin aspart soln pen-injector 100 unit/ml	1	QL (20 pens/30 days)
NOVOLOG FLEXPEN RELION - insulin aspart soln pen-injector 100 unit/ml	1	QL (20 pens/30 days)
NOVOLOG MIX 70/30 - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	1	QL (6 vials/30 days)
NOVOLOG MIX 70/30 PREFILLED FLEXPEN - insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30), 100 unit/ml (70-30)	1	QL (20 pens/30 days)
NOVOLOG MIX 70/30 RELION - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	1	QL (6 vials/30 days)
NOVOLOG PENFILL - insulin aspart soln cartridge 100 unit/ml	1	QL (20 cartridges/30 days)
NOVOLOG RELION - insulin aspart inj soln 100 unit/ml	1	QL (6 vials/30 days)

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
OZEMPIC - semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/3ml), 1 mg/dose (4 mg/3ml), 2 mg/dose (8 mg/3ml)	1	PA, QL (1 pen/28 days)
pioglitazone hcl tab 15 mg (base equiv)	1	QL (90 tablets/30 days)
pioglitazone hcl tab 30 mg (base equiv), 45 mg (base equiv)	1	QL (30 tablets/30 days)
repaglinide tab 0.5 mg	1	QL (960 tablets/30 days)
repaglinide tab 1 mg	1	QL (480 tablets/30 days)
repaglinide tab 2 mg	1	QL (240 tablets/30 days)
RYBELSUS - semaglutide tab 1.5 mg, 3 mg, 4 mg, 7 mg, 9 mg, 14 mg	1	PA, QL (30 tablets/30 days)
SYNJARDY - empagliflozin-metformin hcl tab 5-500 mg	1	QL (120 tablets/30 days)
SYNJARDY - empagliflozin-metformin hcl tab 5-1000 mg, 12.5-500 mg, 12.5-1000 mg	1	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 5-1000 mg, 10-1000 mg, 12.5-1000 mg	1	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 25-1000 mg	1	QL (30 tablets/30 days)
TOUJEO MAX SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (2 unit dial)	1	QL (60 mls/30 days)
TOUJEO SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (1 unit dial)	1	QL (60 mls/30 days)
TRADJENTA - linagliptin tab 5 mg	1	QL (30 tablets/30 days)
TRUEPLUS GLUCOSE GEL - glucose gel 15 gm/32ml	3	MC
TRULICITY - dulaglutide soln auto-injector 0.75 mg/0.5ml, 1.5 mg/0.5ml, 3 mg/0.5ml, 4.5 mg/0.5ml	1	PA, QL (4 pens/28 days)
XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 2.5-1000 mg, 5-500 mg, 5-1000 mg	1	QL (60 tablets/30 days)
XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 10-500 mg, 10-1000 mg	1	QL (30 tablets/30 days)
Blood Products and Modifiers		
anagrelide hcl cap 0.5 mg, 1 mg	1	
aspirin-dipyridamole cap er 12hr 25-200 mg	2	
BRILINTA - ticagrelor tab 60 mg, 90 mg	2	
cilostazol tab 50 mg, 100 mg	1	
clopidogrel bisulfate tab 75 mg (base equiv)	1	
dabigatran etexilate mesylate cap 75 mg (etexilate base eq), 150 mg (etexilate base eq)	2	QL (60 capsules/30 days)
dabigatran etexilate mesylate cap 110 mg (etexilate base eq)	2	QL (120 capsules/30 days)
ELIQUIS - apixaban tab 2.5 mg	1	QL (60 tablets/30 days)
ELIQUIS - apixaban tab 5 mg	1	QL (74 tablets/30 days)
ELIQUIS STARTER PACK - apixaban tab starter pack 5 mg	1	QL (74 tablets/30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
enoxaparin sodium inj soln pref syr 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml, 100 mg/ml, 120 mg/0.8ml, 150 mg/ml	2	QL (30 syringes/90 days)
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml	2	QL (30 syringes/90 days)
GRANIX - tbo-filgrastim soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	2	PA
GRANIX - tbo-filgrastim subcutaneous inj 300 mcg/ml, 480 mcg/1.6ml (300 mcg/ml)	2	PA
heparin sodium (porcine) inj 1000 unit/ml, 5000 unit/ml, 10000 unit/ml, 20000 unit/ml	1	
heparin sodium (porcine) pf inj 5000 unit/ml	1	
heparin sodium (porcine) pf inj 1000 unit/ml	1	
jantoven - warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg	1	
prasugrel hcl tab 5 mg (base equiv), 10 mg (base equiv)	1	
PROMACTA - eltrombopag olamine tab 12.5 mg (base equiv), 25 mg (base equiv), 50 mg (base equiv), 75 mg (base equiv)*	2	PA
PROMACTA - eltrombopag olamine powder pack for susp 25 mg (base equiv), 12.5 mg (base eq)*	2	PA
RETACRIT - epoetin alfa-epbx inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml, 40000 unit/ml	2	PA
tranexamic acid tab 650 mg	1	
warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg	1	
XARELTO - rivaroxaban for susp 1 mg/ml	1	QL (4 bottles/30 days)
XARELTO - rivaroxaban tab 2.5 mg, 15 mg	1	QL (60 tablets/30 days)
XARELTO - rivaroxaban tab 10 mg, 20 mg	1	QL (30 tablets/30 days)
XARELTO STARTER PACK - rivaroxaban tab starter therapy pack 15 mg & 20 mg	1	QL (51 tablets/30 days)
Cardiovascular Agents		
acebutolol hcl cap 200 mg, 400 mg	1	
acetazolamide cap er 12hr 500 mg	2	
acetazolamide tab 125 mg, 250 mg	1	
aliskiren fumarate tab 150 mg (base equivalent), 300 mg (base equivalent)	2	QL (30 tablets/30 days)
amiloride & hydrochlorothiazide tab 5-50 mg	1	
amiloride hcl tab 5 mg	1	
amiodarone hcl tab 100 mg	2	
amiodarone hcl tab 200 mg	1	

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
amlodipine besylate tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)	1	
amlodipine besylate-benazepril hcl cap 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg	1	
amlodipine besylate-valsartan tab 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg	1	QL (30 tablets/30 days)
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg, 5-160-25 mg, 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg	1	QL (30 tablets/30 days)
atenolol & chlorthalidone tab 50-25 mg, 100-25 mg	1	
atenolol tab 25 mg, 50 mg, 100 mg	1	
atorvastatin calcium tab 10 mg (base equivalent), 20 mg (base equivalent), 40 mg (base equivalent)	1	QL (45 tablets/30 days)
atorvastatin calcium tab 80 mg (base equivalent)	1	QL (30 tablets/30 days)
benazepril & hydrochlorothiazide tab 5-6.25 mg, 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
benazepril hcl tab 5 mg, 10 mg, 20 mg, 40 mg	1	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg, 5-6.25 mg, 10-6.25 mg	1	
bisoprolol fumarate tab 5 mg, 10 mg	1	
bumetanide inj 0.25 mg/ml	2	
bumetanide tab 0.5 mg, 1 mg, 2 mg	1	
candesartan cilexetil tab 4 mg, 8 mg, 16 mg	1	QL (60 tablets/30 days)
candesartan cilexetil tab 32 mg	1	QL (30 tablets/30 days)
captopril tab 12.5 mg, 25 mg, 50 mg, 100 mg	2	
cartia xt - diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg	1	
carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg	1	
chlorthalidone tab 25 mg, 50 mg	1	
cholestyramine light powder packets 4 gm	2	
cholestyramine light powder 4 gm/dose	2	
cholestyramine powder packets 4 gm	2	
cholestyramine powder 4 gm/dose	2	
clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg	1	
clonidine td patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	2	
colestipol hcl granule packets 5 gm	2	
colestipol hcl granules 5 gm	2	
colestipol hcl tab 1 gm	2	
CORLANOR - ivabradine hcl oral soln 5 mg/5ml (base equiv)	2	PA, QL (600 mls/30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
digoxin oral soln 0.05 mg/ml#	2	QL (150 mls/30 days)
digoxin tab 125 mcg (0.125 mg), 250 mcg (0.25 mg)#	1	QL (30 tablets/30 days)
dilt-xr - diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg	1	
diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg	1	
diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl tab 30 mg, 60 mg, 90 mg, 120 mg	1	
dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25 mg), 500 mcg (0.5 mg)	2	
doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg	1	QL (60 tablets/30 days)
droxidopa cap 100 mg, 200 mg, 300 mg	2	PA
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg, 10-25 mg	1	
enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg	1	
ENTRESTO - sacubitril-valsartan sprinkle cap 6-6 mg, 15-16 mg	1	QL (240 capsules/30 days)
ENTRESTO - sacubitril-valsartan tab 24-26 mg	1	QL (180 tablets/30 days)
ENTRESTO - sacubitril-valsartan tab 49-51 mg, 97-103 mg	1	QL (60 tablets/30 days)
ezetimibe tab 10 mg	1	QL (30 tablets/30 days)
felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg	1	
fenofibrate micronized cap 67 mg, 134 mg, 200 mg	1	QL (30 capsules/30 days)
fenofibrate tab 48 mg, 54 mg	1	QL (60 tablets/30 days)
fenofibrate tab 145 mg, 160 mg	1	QL (30 tablets/30 days)
flecainide acetate tab 50 mg, 100 mg, 150 mg	1	
fosinopril sodium tab 10 mg, 20 mg, 40 mg	1	
furosemide inj 10 mg/ml	2	
furosemide oral soln 8 mg/ml	1	
furosemide oral soln 10 mg/ml	1	
furosemide tab 20 mg, 40 mg, 80 mg	1	
gemfibrozil tab 600 mg	1	QL (60 tablets/30 days)
hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg	1	
hydrochlorothiazide cap 12.5 mg	1	
hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg	1	
icosapent ethyl cap 0.5 gm	2	QL (240 capsules/30 days)
icosapent ethyl cap 1 gm	2	QL (120 capsules/30 days)
indapamide tab 1.25 mg, 2.5 mg	1	
irbesartan tab 75 mg, 150 mg, 300 mg	1	QL (30 tablets/30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg	1	QL (30 tablets/30 days)
isosorbide dinitrate tab 5 mg, 10 mg, 20 mg, 30 mg	1	
isosorbide mononitrate tab er 24hr 30 mg, 60 mg, 120 mg	1	
isosorbide mononitrate tab 10 mg	1	
isosorbide mononitrate tab 20 mg	1	
ivabradine hcl tab 5 mg (base equiv), 7.5 mg (base equiv)	2	PA, QL (60 tablets/30 days)
KERENDIA - finerenone tab 10 mg, 20 mg	1	PA, QL (30 tablets/30 days)
labetalol hcl tab 100 mg, 200 mg, 300 mg	1	
lisinopril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
lisinopril tab 2.5 mg, 5 mg, 10 mg, 20 mg, 30 mg, 40 mg	1	
losartan potassium & hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg	1	QL (30 tablets/30 days)
losartan potassium tab 25 mg, 50 mg	1	QL (60 tablets/30 days)
losartan potassium tab 100 mg	1	QL (30 tablets/30 days)
lovastatin tab 10 mg, 20 mg, 40 mg	1	QL (60 tablets/30 days)
methazolamide tab 25 mg, 50 mg	2	
metoprolol & hydrochlorothiazide tab 50-25 mg, 100-25 mg, 100-50 mg	1	
metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv)	1	
metoprolol tartrate tab 25 mg, 50 mg, 100 mg	1	
metyrosine cap 250 mg	2	
mexiletine hcl cap 150 mg	2	
midodrine hcl tab 2.5 mg, 5 mg, 10 mg	2	
minoxidil tab 2.5 mg, 10 mg	1	
moexipril hcl tab 7.5 mg, 15 mg	1	
niacin tab er 500 mg (antihyperlipidemic)	2	QL (30 tablets/30 days)
niacin tab er 750 mg (antihyperlipidemic), 1000 mg (antihyperlipidemic)	2	QL (60 tablets/30 days)
nifedipine tab er 24hr 30 mg, 60 mg, 90 mg	1	
nifedipine tab er 24hr osmotic release 30 mg, 60 mg, 90 mg	1	
nimodipine cap 30 mg	2	
NITRO-BID - nitroglycerin oint 2%	2	
nitroglycerin oint 0.4%	2	
nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6 mg	1	
nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	1	

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
olmesartan medoxomil tab 5 mg	1	QL (60 tablets/30 days)
olmesartan medoxomil tab 20 mg, 40 mg	1	QL (30 tablets/30 days)
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg	1	QL (30 tablets/30 days)
omega-3-acid ethyl esters cap 1 gm	2	
pacerone - amiodarone hcl tab 100 mg	2	
pacerone - amiodarone hcl tab 200 mg	1	
pentoxifylline tab er 400 mg	1	
perindopril erbumine tab 2 mg	1	
perindopril erbumine tab 4 mg	1	
perindopril erbumine tab 8 mg	1	
phenoxybenzamine hcl cap 10 mg	2	
pindolol tab 5 mg, 10 mg	1	
pravastatin sodium tab 10 mg, 20 mg, 40 mg	1	QL (45 tablets/30 days)
pravastatin sodium tab 80 mg	1	QL (30 tablets/30 days)
prazosin hcl cap 1 mg, 2 mg, 5 mg	1	
prevalite - cholestyramine light powder packets 4 gm	2	
prevalite - cholestyramine light powder 4 gm/dose	2	
propafenone hcl cap er 12hr 225 mg, 325 mg, 425 mg	2	
propafenone hcl tab 150 mg, 225 mg, 300 mg	1	
propranolol hcl oral soln 20 mg/5ml	1	
propranolol hcl oral soln 40 mg/5ml	1	
propranolol hcl tab 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg	1	
quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg	1	
quinapril-hydrochlorothiazide tab 20-25 mg	1	
quinidine sulfate tab 200 mg	2	
quinidine sulfate tab 300 mg	2	
ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg	1	
ranolazine tab er 12hr 500 mg, 1000 mg	2	QL (60 tablets/30 days)
REPATHA - evolocumab subcutaneous soln prefilled syringe 140 mg/ml	1	PA, QL (2 syringes/28 days)
REPATHA PUSHTRONEX SYSTEM - evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml	1	PA, QL (2 systems/28 days)
REPATHA SURECLICK - evolocumab subcutaneous soln auto-injector 140 mg/ml	1	PA, QL (2 pens/28 days)
rosuvastatin calcium tab 5 mg, 10 mg, 20 mg	1	QL (45 tablets/30 days)
rosuvastatin calcium tab 40 mg	1	QL (30 tablets/30 days)
simvastatin tab 5 mg, 10 mg, 40 mg	1	QL (45 tablets/30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
simvastatin tab 20 mg	1	QL (60 tablets/30 days)
simvastatin tab 80 mg	1	QL (30 tablets/30 days)
sorine - sotalol hcl tab 120 mg, 160 mg	1	
sotalol hcl (afib/afl) tab 80 mg, 120 mg, 160 mg	1	
sotalol hcl tab 80 mg, 120 mg, 160 mg, 240 mg	1	
spironolactone & hydrochlorothiazide tab 25-25 mg	1	
spironolactone tab 25 mg, 50 mg, 100 mg	1	
taztia xt - diltiazem hcl extended release beads cap er 24hr 120 mg	1	
taztia xt - diltiazem hcl extended release beads cap er 24hr 180 mg	1	
taztia xt - diltiazem hcl extended release beads cap er 24hr 240 mg	1	
taztia xt - diltiazem hcl extended release beads cap er 24hr 300 mg	1	
taztia xt - diltiazem hcl extended release beads cap er 24hr 360 mg	1	
telmisartan tab 20 mg, 40 mg, 80 mg	1	QL (30 tablets/30 days)
terazosin hcl cap 1 mg (base equivalent)	1	QL (90 capsules/30 days)
terazosin hcl cap 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)	1	QL (60 capsules/30 days)
tiadylt er - diltiazem hcl extended release beads cap er 24hr 120 mg	1	
tiadylt er - diltiazem hcl extended release beads cap er 24hr 180 mg	1	
tiadylt er - diltiazem hcl extended release beads cap er 24hr 240 mg	1	
tiadylt er - diltiazem hcl extended release beads cap er 24hr 300 mg	1	
tiadylt er - diltiazem hcl extended release beads cap er 24hr 360 mg	1	
tiadylt er - diltiazem hcl extended release beads cap er 24hr 420 mg	1	
timolol maleate tab 5 mg, 10 mg, 20 mg	2	
torsemide tab 5 mg, 10 mg, 20 mg, 100 mg	1	
trandolapril tab 1 mg, 2 mg, 4 mg	1	
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 37.5-25 mg, 75-50 mg	1	
valsartan tab 40 mg, 80 mg, 160 mg	1	QL (60 tablets/30 days)
valsartan tab 320 mg	1	QL (30 tablets/30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg	1	QL (30 tablets/30 days)
VASCEPA - icosapent ethyl cap 0.5 gm	1	QL (240 capsules/30 days)
VASCEPA - icosapent ethyl cap 1 gm	1	QL (120 capsules/30 days)
verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg	1	
verapamil hcl tab er 120 mg, 180 mg, 240 mg	1	
verapamil hcl tab 40 mg, 80 mg, 120 mg	1	
VERQUVO - vericiguat tab 2.5 mg, 5 mg, 10 mg	1	QL (30 tablets/30 days)
Central Nervous System Agents		
amphetamine-dextroamphetamine cap er 24hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg	2	QL (30 capsules/30 days)
amphetamine-dextroamphetamine tab 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 30 mg	1	QL (60 tablets/30 days)
amphetamine-dextroamphetamine tab 20 mg	1	QL (90 tablets/30 days)
atomoxetine hcl cap 10 mg (base equiv), 18 mg (base equiv), 25 mg (base equiv), 40 mg (base equiv)	2	QL (60 capsules/30 days)
atomoxetine hcl cap 60 mg (base equiv), 80 mg (base equiv), 100 mg (base equiv)	2	QL (30 capsules/30 days)
BETASERON - interferon beta-1b for inj kit 0.3 mg	2	PA, QL (15 vials/ syringes/30 days)
COPAXONE - glatiramer acetate soln prefilled syringe 20 mg/ml	2	PA, QL (30 syringes/30 days)
COPAXONE - glatiramer acetate soln prefilled syringe 40 mg/ml	2	PA, QL (12 syringes/28 days)
dalfampridine tab er 12hr 10 mg	1	PA
dexmethylphenidate hcl tab 2.5 mg, 5 mg, 10 mg	1	PA, QL (60 tablets/30 days)
dextroamphetamine sulfate tab 5 mg	2	QL (90 tablets/30 days)
dextroamphetamine sulfate tab 10 mg	2	QL (180 tablets/30 days)
dimethyl fumarate capsule delayed release 120 mg, 240 mg	2	PA, QL (60 capsules/30 days)
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	2	PA, QL (60 capsules/30 days)
guanfacine hcl tab er 24hr 1 mg (base equiv), 2 mg (base equiv), 3 mg (base equiv), 4 mg (base equiv)#	1	QL (30 tablets/30 days)
KESIMPTA - ofatumumab soln auto-injector 20 mg/0.4ml	2	PA, QL (4 pens/28 days)
methylphenidate hcl tab er 20 mg	2	PA, QL (90 tablets/30 days)
methylphenidate hcl tab 5 mg, 10 mg, 20 mg	1	PA, QL (90 tablets/30 days)
NUEDEXTA - dextromethorphan hbr-quinidine sulfate cap 20-10 mg	2	PA, QL (60 capsules/30 days)
riluzole tab 50 mg	2	
tetrabenazine tab 12.5 mg	2	PA, QL (240 tablets/30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
tetrabenazine tab 25 mg	2	PA, QL (120 tablets/30 days)
VEOZAH - fezolinetant tab 45 mg	2	PA, QL (30 tablets/30 days)
zenzedi - dextroamphetamine sulfate tab 5 mg	2	QL (90 tablets/30 days)
zenzedi - dextroamphetamine sulfate tab 10 mg	2	QL (180 tablets/30 days)
Dental and Oral Agents		
chlorhexidine gluconate soln 0.12%	1	
kourzeq - triamcinolone acetonide dental paste 0.1%	1	
oralone dental paste - triamcinolone acetonide dental paste0.1%	1	
periogard - chlorhexidine gluconate soln 0.12%	1	
pilocarpine hcl tab 5 mg, 7.5 mg	2	
triamcinolone acetonide dental paste 0.1%	1	
Dermatological Agents		
accutane - isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg	2	
acitretin cap 10 mg, 17.5 mg, 25 mg	2	
ala-cort - hydrocortisone cream 1%	1	
amnesteem - isotretinoin cap 10 mg, 20 mg, 40 mg	2	
azelaic acid gel 15%	2	
bacitracin oint 500 unit/gm	3	MC
bacitracin zinc oint 500 unit/gm	3	MC
benzoyl peroxide-erythromycin gel 5-3%	2	
BETAMETHASONE DIPROPIONATE AUGMENTED - betamethasone dipropionate augmented gel 0.05%	2	QL (200 grams/28 days)
betamethasone dipropionate augmented cream 0.05%	1	QL (200 grams/28 days)
betamethasone dipropionate augmented lotion 0.05%	2	QL (210 mls/30 days)
betamethasone dipropionate augmented oint 0.05%	2	QL (200 grams/28 days)
betamethasone dipropionate cream 0.05%	2	QL (135 grams/30 days)
betamethasone dipropionate lotion 0.05%	2	QL (120 mls/30 days)
betamethasone dipropionate oint 0.05%	2	QL (135 grams/30 days)
betamethasone valerate cream 0.1% (base equivalent)	1	QL (135 grams/30 days)
betamethasone valerate lotion 0.1% (base equivalent)	1	QL (120 mls/30 days)
betamethasone valerate oint 0.1% (base equivalent)	1	QL (135 grams/30 days)
calcipotriene cream 0.005%	2	QL (120 grams/30 days)
calcipotriene soln 0.005% (50 mcg/ml)	1	QL (120 mls/30 days)
capsaicin cream 0.025%	3	MC
chlorhexidine gluconate soln 4%	3	MC
claravis - isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg	2	
clotrimazole w/ betamethasone cream 1-0.05%	1	
FINACEA - azelaic acid foam 15%	1	

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
fluocinonide cream 0.05%	1	QL (120 grams/30 days)
fluocinonide emulsified base cream 0.05%	1	QL (120 grams/30 days)
fluocinonide gel 0.05%	2	QL (120 grams/30 days)
FLUOROURACIL - fluorouracil soln 2%	1	
fluorouracil cream 5%	2	
fluorouracil soln 5%	1	
fluticasone propionate cream 0.05%	1	QL (120 grams/30 days)
fluticasone propionate oint 0.005%	1	QL (120 grams/30 days)
gentamicin sulfate cream 0.1%	2	
gentamicin sulfate oint 0.1%	1	
halobetasol propionate cream 0.05%	2	QL (200 grams/28 days)
halobetasol propionate oint 0.05%	2	QL (200 grams/28 days)
hydrocortisone cream 1%	1	
hydrocortisone cream 1%	3	MC
hydrocortisone cream 2.5%	1	QL (454 grams/30 days)
hydrocortisone lotion 2.5%	1	QL (118 mls/30 days)
hydrocortisone oint 1%	1	
hydrocortisone oint 1%	3	MC
hydrocortisone oint 2.5%	1	QL (454 grams/30 days)
imiquimod cream 5%	2	PA
isotretinoin cap 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg	2	
lactic acid (ammonium lactate) cream 12%	1	
lactic acid (ammonium lactate) lotion 12%	1	
lidocaine anorectal cream 5%	3	MC
malathion lotion 0.5%	2	
metronidazole cream 0.75%	2	
metronidazole gel 0.75%	1	
metronidazole gel 1%	2	
metronidazole lotion 0.75%	2	
miconazole nitrate cream 2%	3	MC
mometasone furoate cream 0.1%	1	QL (135 grams/30 days)
mometasone furoate oint 0.1%	1	QL (135 grams/30 days)
mometasone furoate solution 0.1% (lotion)	1	QL (120 mls/30 days)
mupirocin oint 2%	1	QL (30 grams/30 days)
neomycin-bacitracin-polymyxin oint	3	MC
OTEZLA - apremilast tab starter therapy pack 4 x 10 mg & 51 x 20 mg	2	PA

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
OTEZLA - apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg*	2	PA
OTEZLA - apremilast tab 20 mg	2	PA
OTEZLA - apremilast tab 30 mg*	2	PA
permethrin cream 5%	1	
permethrin creme rinse 1%	3	MC
podofilox soln 0.5%	2	
povidone-iodine soln 10%	3	MC
pyrantel pamoate susp 144 mg/ml (50 mg/ml base equiv)	3	MC
SANTYL - collagenase oint 250 unit/gm	2	QL (180 grams/30 days)
selenium sulfide lotion 2.5%	1	
silver sulfadiazine cream 1%	1	
ssd - silver sulfadiazine cream 1%	1	
sulfacetamide sodium lotion 10% (acne)	2	
tacrolimus oint 0.03%, 0.1%	2	PA
tazarotene cream 0.05%, 0.1%	2	PA
TAZORAC - tazarotene cream 0.05%	2	PA
tretinoin cream 0.025%, 0.05%, 0.1%	2	PA
tretinoin gel 0.01%, 0.025%	2	PA
triamcinolone acetonide cream 0.025%, 0.1%, 0.5%	1	QL (454 grams/30 days)
triamcinolone acetonide lotion 0.025%, 0.1%	1	QL (120 mls/30 days)
triamcinolone acetonide oint 0.025%, 0.1%	1	QL (454 grams/30 days)
triamcinolone acetonide oint 0.5%	1	QL (120 grams/30 days)
triderm - triamcinolone acetonide cream 0.5%	1	QL (454 grams/30 days)
zenatane - isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg	2	
Electrolytes/Minerals/Metals/Vitamins		
b-complex w/ c & folic acid cap 1 mg	3	MC
b-complex w/ c & folic acid tab 0.8 mg, 1 mg	3	MC
B-COMPLEX/FOLIC ACID/VITAMIN C - b-complex w/ c & folic acid tab er	3	MC
calcium carbonate-cholecalciferol tab 500 mg-5 mcg(200 unit)	3	MC
carglumic acid soluble tab 200 mg	2	PA
CHEMET - succimer cap 100 mg	2	
cyanocobalamin inj 1000 mcg/ml	3	MC
deferasirox tab for oral susp 125 mg, 250 mg, 500 mg	2	PA
deferasirox tab 90 mg	1	PA
deferasirox tab 180 mg, 360 mg	2	PA
dextrose inj 5%, 10%	2	

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
dextrose 2.5% w/ sodium chloride 0.45%	2	
dextrose 5% w/ sodium chloride 0.2%, 0.45%, 0.9%	2	
DRISDOL - ergocalciferol cap 1.25 mg (50000 unit)	3	MC
ergocalciferol cap 1.25 mg (50000 unit)	3	MC
ergocalciferol soln 200 mcg/ml (8000 unit/ml)	3	MC
FERROUS SULFATE - ferrous sulfate tab ec 324 mg (65 mg fe equivalent)	3	MC
ferrous sulfate tab 325 mg (65 mg elemental fe)	3	MC
folic acid tab 1 mg	3	MC
INTRALIPID - fat emulsion plant based (soy) iv emulsion 20%	2	BD
kcl 20 meq/l (0.149%) in nacl 0.45% inj	2	
kcl 20 meq/l (0.15%) in nacl 0.45% inj	2	
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	2	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	2	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.225% inj	2	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	2	
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	2	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	2	
kionex - sodium polystyrene sulfonate susp 15 gm/60ml	1	
klor-con m10 - potassium chloride microencapsulated crys ertab 10 meq	1	
klor-con m15 - potassium chloride microencapsulated crys ertab 15 meq	1	
klor-con m20 - potassium chloride microencapsulated crys ertab 20 meq	1	
klor-con 8 - potassium chloride tab er 8 meq (600 mg)	1	
klor-con 10 - potassium chloride tab er 10 meq	1	
magnesium sulfate inj 50%	2	
NEPHRONEX - b-complex w/ c & folic acid liquid 0.9 mg/5ml	3	MC
NUTRILIPID - fat emulsion plant based (soy) iv emulsion 20%	2	BD
phytonadione inj 10 mg/ml	3	MC
phytonadione tab 5 mg	3	MC
potassium chloride cap er 8 meq, 10 meq	1	
potassium chloride inj 2 meq/ml	2	
potassium chloride microencapsulated crys er tab 10 meq, 15 meq, 20 meq	1	

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
potassium chloride oral soln 10% (20 meq/15ml), 20% (40 meq/15ml)	2	
potassium chloride tab er 8 meq (600 mg), 10 meq, 20 meq (1500 mg)	1	
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	2	
potassium citrate tab er 5 meq (540 mg), 10 meq (1080 mg), 15 meq (1620 mg)	2	
PYRIDOXINE HCL - pyridoxine hcl inj 100 mg/ml	3	MC
sodium chloride iv soln 0.45%, 0.9%	2	
sodium chloride preservative free (pf) inj 0.9%	2	
sodium polystyrene sulfonate powder	1	
SPS - sodium polystyrene sulfonate rectal susp 30 gm/120ml	1	
sps - sodium polystyrene sulfonate susp 15 gm/60ml	1	
thiamine hcl inj 100 mg/ml	3	MC
TRAVASOL - amino acid infusion 10%	2	BD
trientine hcl cap 250 mg	2	PA, QL (240 capsules/30 days)
TROPHAMINE - amino acid infusion 10%	2	BD
VELTASSA - patiromer sorbitex calcium for susp packet 1 gm (base eq), 8.4 gm (base eq), 16.8 gm (base eq), 25.2 gm (base eq)	1	
Gastrointestinal Agents		
alosetron hcl tab 0.5 mg (base equiv), 1 mg (base equiv)	2	PA, QL (60 tablets/30 days)
alum & mag hydroxide-simethicone chew tab 200-200-25 mg	3	MC
alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml, 400-400-40 mg/5ml	3	MC
ALUMINUM HYDROXIDE - aluminum hydroxide gel susp 320 mg/5ml	3	MC
aluminum hydroxide-magnesium carbonate chew tab 160-105 mg	3	MC
aluminum hydroxide-magnesium carbonate susp 508-475 mg/10ml	3	MC
aluminum hydroxide-magnesium carbonate susp 95-358 mg/15ml	3	MC
benzocaine-docusate sodium rectal enema 20-283 mg	3	MC
bisacodyl suppos 10 mg	3	MC
bisacodyl tab delayed release 5 mg	3	MC
bismuth subsalicylate chew tab 262 mg	3	MC
bismuth subsalicylate susp 262 mg/15ml, 525 mg/15ml	3	MC

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
bismuth subsalicylate tab 262 mg	3	MC
CALCIUM CARBONATE - calcium carbonate (antacid) susp 1250 mg/5ml	3	MC
calcium carbonate (antacid) chew tab 500 mg, 750 mg	3	MC
calcium polycarbophil tab 625 mg	3	MC
CHENODAL - chenodiol tab 250 mg*	2	PA
COLACE CLEAR - docusate sodium cap 50 mg	3	MC
constulose - lactulose solution 10 gm/15ml	1	
dicyclomine hcl cap 10 mg#	2	PA (>=65 yr)
dicyclomine hcl oral soln 10 mg/5ml#	2	PA (>=65 yr)
dicyclomine hcl tab 20 mg#	2	PA (>=65 yr)
diphenoxylate w/ atropine tab 2.5-0.025 mg#	2	PA (>=65 yr)
docusate calcium cap 240 mg	3	MC
docusate sodium cap 100 mg, 250 mg	3	MC
docusate sodium enema 100 mg/5ml	3	MC
docusate sodium enema 283 mg/5ml	3	MC
docusate sodium liquid 150 mg/15ml	3	MC
docusate sodium tab 100 mg	3	MC
enulose - lactulose (encephalopathy) solution 10 gm/15ml	1	
EVAC - psyllium powder 100%	3	MC
famotidine for susp 40 mg/5ml	2	
famotidine tab 10 mg	3	MC
famotidine tab 20 mg, 40 mg	1	
FLEET LIQUID GLYCERIN SUPPOSITORIES - glycerin enema adult 5.4 gm/average delivered dose	3	MC
FLEET PEDIATRIC - sodium phosphates - enema (pediatric)	3	MC
GATTEX - teduglutide (rdna) for inj kit 5 mg*	2	PA
gavilax - polyethylene glycol 3350 oral powder 17 gm/ scoop	3	MC
gavilax - polyethylene glycol 3350 oral packet 17 gm	3	MC
gavilyte-c - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	1	
gavilyte-g - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	1	
gavilyte-n/flavor pack - peg 3350-kcl-sod bicarb-nacl for soln 420 gm	1	
generlac - lactulose (encephalopathy) solution 10 gm/15ml	1	
glycerin suppos 1 gm, 1.2 gm, 2 gm, 2.1 gm	3	MC
glycopyrrolate tab 1 mg, 2 mg	1	

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
lactulose (encephalopathy) solution 10 gm/15ml	1	
lactulose solution 10 gm/15ml	1	
LINZESS - linaclotide cap 72 mcg, 145 mcg, 290 mcg	1	QL (30 capsules/30 days)
loperamide hcl cap 2 mg	1	
loperamide hcl cap 2 mg	3	MC
loperamide hcl soln 1 mg/7.5ml	3	MC
loperamide hcl tab 2 mg	3	MC
lubiprostone cap 8 mcg	2	QL (120 capsules/30 days)
lubiprostone cap 24 mcg	2	QL (60 capsules/30 days)
magnesium hydroxide susp 400 mg/5ml	3	MC
magnesium oxide tab 400 mg, 420 mg	3	MC
methylcellulose powder laxative	3	MC
methylcellulose tab 500 mg	3	MC
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	1	
metoclopramide hcl tab 5 mg (base equivalent), 10 mg (base equivalent)	1	
MILK OF MAGNESIA CONCENTRATE - magnesium hydroxide susp concentrate 2400 mg/10ml	3	MC
misoprostol tab 100 mcg, 200 mcg	1	
MOVANTIK - naloxegol oxalate tab 12.5 mg (base equivalent), 25 mg (base equivalent)	1	QL (30 tablets/30 days)
nizatidine cap 150 mg	2	
nizatidine cap 300 mg	1	
NUTRISOURCE FIBER - guar gum oral powder	3	MC
NUTRISOURCE FIBER - guar gum packet	3	MC
omeprazole cap delayed release 10 mg	1	QL (30 capsules/30 days)
omeprazole cap delayed release 20 mg, 40 mg	1	QL (60 capsules/30 days)
pantoprazole sodium ec tab 20 mg (base equiv)	1	QL (30 tablets/30 days)
pantoprazole sodium ec tab 40 mg (base equiv)	1	QL (60 tablets/30 days)
PEDIA-LAX - docusate sodium liquid 50 mg/15ml	3	MC
PEDIA-LAX - glycerin liquid suppos 2.8 gm (2.7 ml)	3	MC
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	1	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	1	
polyethylene glycol 3350 oral powder 17 gm/scoop	3	MC
polyethylene glycol 3350 oral packet 17 gm	3	MC
psyllium cap 0.52 gm	3	MC
saline nasal spray 0.65%	3	MC
SENNA - senna syrup 176 mg/5ml	3	MC

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
SENNA PLUS - sennosides-docusate sodium cap 8.6-50 mg	3	MC
sennosides cap 8.6 mg	3	MC
sennosides chew tab 15 mg	3	MC
sennosides syrup 8.8 mg/5ml	3	MC
sennosides tab 8.6 mg, 15 mg, 17.2 mg, 25 mg	3	MC
sennosides-docusate sodium tab 8.6-50 mg	3	MC
SENOKOT KIDS LAXATIVE GUM - senna chew tab 8.7 mg	3	MC
SENOKOT LAXATIVE GUMMIES - senna chew tab 8.7 mg	3	MC
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	2	
SODIUM BICARBONATE - sodium bicarbonate powder	3	MC
sodium bicarbonate tab 325 mg, 650 mg	3	MC
sodium phosphates - enema	3	MC
SORBITOL - sorbitol oral solution 70%	3	MC
SORBITOL - sorbitol rectal solution 70%	3	MC
STOOL SOFTENER + STIMULANT LAXATIVE - sennosides-docusate sodium cap 8.6-50 mg	3	MC
sucralfate tab 1 gm	1	
SUTAB - sod sulfate-mg sulfate-pot chloride tab 1479-225-188 mg	2	
ursodiol cap 300 mg	1	
ursodiol tab 250 mg, 500 mg	2	
VOWST - fecal microbiota spores, live-brpk caps	2	PA, QL (12 capsules/56 days)
XERMELO - telotristat ethyl tab 250 mg (as telotristat etiprate)	2	PA, QL (90 tablets/30 days)
XIFAXAN - rifaximin tab 550 mg	2	PA, QL (90 tablets/30 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
betaine powder for oral solution	2	
CREON - pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit, 6000-19000-30000 unit, 12000-38000-60000 unit, 24000-76000-120000 unit, 36000-114000-180000 unit	1	
cromolyn sodium oral conc 100 mg/5ml	2	
CYSTAGON - cysteamine bitartrate cap 50 mg, 150 mg*	2	PA
glutamine (sickle cell) powd pack 5 gm	2	PA
levocarnitine oral soln 1 gm/10ml (10%)	2	
levocarnitine tab 330 mg	2	
*miglustat cap 100 mg**	2	PA, QL (180 capsules/30 days)
nitisinone cap 2 mg, 5 mg, 10 mg, 20 mg	2	

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
ORFADIN - nitisinone susp 4 mg/ml*	2	
PROLASTIN-C - alpha1-proteinase inhibitor (human) inj 1000 mg/20ml*	2	PA
REVCOVI - elapegademase-lvlr im soln 2.4 mg/1.5ml (1.6 mg/ml)*	2	
sapropterin dihydrochloride powder packet 100 mg, 500 mg	2	PA
sapropterin dihydrochloride tab 100 mg	2	PA
sodium phenylbutyrate oral powder 3 gm/teaspoonful	2	PA
sodium phenylbutyrate tab 500 mg	2	PA
VYNDAQEL - tafamidis meglumine (cardiac) cap 20 mg	2	PA, QL (120 capsules/30 days)
WELIREG - belzutifan tab 40 mg*	2	PA, QL (90 tablets/30 days)
*yargesa - miglustat cap 100 mg**	2	PA, QL (180 capsules/30 days)
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit, 5000-17000-24000 unit, 10000-32000-42000 unit, 15000-47000-63000 unit, 20000-63000-84000 unit, 25000-79000-105000 unit, 40000-126000-168000 unit, 60000-189600-252600 unit	1	
Genitourinary Agents		
alfuzosin hcl tab er 24hr 10 mg	1	QL (30 tablets/30 days)
bethanechol chloride tab 5 mg, 10 mg, 25 mg, 50 mg	1	
dutasteride cap 0.5 mg	1	QL (30 capsules/30 days)
finasteride tab 5 mg	1	QL (30 tablets/30 days)
LILETTA - levonorgestrel iud 20.1 mcg/day (initial) (52 mg total)	1	
MYRBETRIQ - mirabegron granules for oral extended release susp 8 mg/ml	1	QL (3 bottles/28 days)
MYRBETRIQ - mirabegron tab er 24 hr 25 mg, 50 mg	1	QL (30 tablets/30 days)
NEXPLANON - etonogestrel subdermal implant 68 mg	1	
ORACIT - sodium citrate & citric acid soln 490-640 mg/5ml	3	MC
oxybutynin chloride solution 5 mg/5ml	1	QL (600 mls/30 days)
oxybutynin chloride tab er 24hr 5 mg	1	QL (30 tablets/30 days)
oxybutynin chloride tab er 24hr 10 mg	1	QL (90 tablets/30 days)
oxybutynin chloride tab er 24hr 15 mg	1	QL (60 tablets/30 days)
oxybutynin chloride tab 5 mg	1	QL (120 tablets/30 days)
penicillamine tab 250 mg	2	
SKYLA - levonorgestrel releasing iud 14 mcg/day (13.5 mg total)	2	
sodium citrate & citric acid soln 500-334 mg/5ml	3	MC
tadalafil tab 2.5 mg, 5 mg	2	PA, QL (30 tablets/30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
tamsulosin hcl cap 0.4 mg	1	QL (60 capsules/30 days)
tolterodine tartrate cap er 24hr 2 mg, 4 mg	2	QL (30 capsules/30 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
dexamethasone elixir 0.5 mg/5ml	2	
dexamethasone soln 0.5 mg/5ml	2	
dexamethasone tab 0.5 mg, 0.75 mg, 1 mg, 2 mg, 4 mg, 6 mg	1	
fludrocortisone acetate tab 0.1 mg	1	
hydrocortisone tab 5 mg, 10 mg, 20 mg	1	
methylprednisolone tab therapy pack 4 mg (21)	1	
methylprednisolone tab 4 mg, 8 mg, 16 mg, 32 mg	1	
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)	2	
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	1	
prednisolone soln 15 mg/5ml	1	
prednisone oral soln 5 mg/5ml	2	
prednisone tab therapy pack 5 mg (21), 5 mg (48), 10 mg (21), 10 mg (48)	1	
prednisone tab 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg, 50 mg	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
desmopressin acetate nasal spray soln 0.01% (refrigerated), 0.01%	2	
desmopressin acetate tab 0.1 mg, 0.2 mg	1	
INCRELEX - mecasermin inj 40 mg/4ml (10 mg/ml)*	2	
OMNITROPE - somatropin solution cartridge 5 mg/1.5ml, 10 mg/1.5ml	2	PA
OMNITROPE - somatropin for inj 5.8 mg	2	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
afirmelle - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	2	
altavera - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	2	
alyacen 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg#	2	
alyacen 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	2	
apri - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	2	
aranelle - norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg	2	
aubra eq - levonorgestrel & ethinyl estradiol tab 0.1 mg-20mcg	2	

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
aurovela fe 1/20 - norethindrone ace & ethinyl estradiol-fetab 1 mg-20 mcg	2	
aurovela fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	2	
aurovela 1/20 - norethindrone ace & ethinyl estradiol tab 1mg-20 mcg	2	
aurovela 1.5/30 - norethindrone ace & ethinyl estradiol tab1.5 mg-30 mcg	2	
aurovela 24 fe - norethindrone ace-ethinyl estradiol-fe tab1 mg-20 mcg (24)	2	
aviane - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	2	
ayuna - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	2	
azurette - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	2	
balziva - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	2	
blisovi fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	2	
blisovi fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	2	
blisovi 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	2	
briellyn - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	2	
camila - norethindrone tab 0.35 mg	1	
camrese lo - levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	2	
chateal eq - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	2	
COMBIPATCH - estradiol-norethindrone ace td pttw 0.05-0.14 mg/day, 0.05-0.25 mg/day#	2	
cryselle-28 - norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	2	
cyred eq - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	2	
danazol cap 50 mg, 100 mg, 200 mg	2	PA
dasetta 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg#	2	
dasetta 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	2	
deblitane - norethindrone tab 0.35 mg	1	

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
delyla - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	2	
DEPO-SUBQ PROVERA 104 - medroxyprogesterone acetate susp pref syr 104 mg/0.65ml	1	
depo-testosterone - testosterone cypionate im inj in oil 100 mg/ml	1	PA
depo-testosterone - testosterone cypionate im inj in oil 200 mg/ml	1	PA
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	2	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	2	
dotti - estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr#	2	
drospirenone-ethinyl estradiol tab 3-0.02 mg	2	
drospirenone-ethinyl estradiol tab 3-0.03 mg#	2	
DUAVEE - conjugated estrogens-bazedoxifene tab 0.45-20 mg#	2	
elinest - norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	2	
eluryng - etonogestrel-ethinyl estradiol va ring 0.12-0.015mg/24hr	1	
emzahh - norethindrone tab 0.35 mg	1	
enilloring - etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	1	
enpresse-28 - levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	2	
enskyce - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	2	
errin - norethindrone tab 0.35 mg	1	
estarylla - norgestimate & ethinyl estradiol tab 0.25 mg-35mcg	2	
estradiol & norethindrone acetate tab 1-0.5 mg#	2	
estradiol tab 0.5 mg, 1 mg, 2 mg#	1	
estradiol td gel 0.25 mg/0.25gm (0.1%), 0.5 mg/0.5gm (0.1%), 0.75 mg/0.75gm (0.1%), 1 mg/gm (0.1%), 1.25 mg/1.25gm (0.1%)#	2	
estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr#	2	
estradiol td patch weekly 0.025 mg/24hr, 0.0375 mg/24hr (37.5 mcg/24hr), 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr#	1	
estradiol vaginal cream 0.1 mg/gm	2	

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
estradiol vaginal tab 10 mcg	2	
estradiol valerate im in oil 10 mg/ml, 20 mg/ml, 40 mg/ml	2	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	2	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	1	
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	1	
falmina - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	2	
feirza 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	2	
feirza 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	2	
gallifrey - norethindrone acetate tab 5 mg	1	
hailey fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	2	
hailey fe 1.5/30 - norethindrone ace & ethinyl estradiol-fetab 1.5 mg-30 mcg	2	
hailey 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	2	
hailey 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1mg-20 mcg (24)	2	
haloette - etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	1	
heather - norethindrone tab 0.35 mg	1	
iclevia - levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	2	
incassia - norethindrone tab 0.35 mg	1	
introvale - levonorgestrel & ethinyl estradiol (91-day) tab0.15-0.03 mg	2	
isibloom - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	2	
jasmiel - drospirenone-ethinyl estradiol tab 3-0.02 mg	2	
jencycla - norethindrone tab 0.35 mg	1	
jolessa - levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	2	
juleber - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	2	
junel fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	2	
junel fe 24 - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	2	
junel fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	2	

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
junel 1/20 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	2	
junel 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	2	
kalliga - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	2	
kariva - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	2	
kelnor 1/35 - ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	2	
kelnor 1/50 - ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	1	
kurvelo - levonorgestrel & ethinyl estradiol tab 0.15 mg-30mcg	2	
larin fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	2	
larin fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	2	
larin 1/20 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	2	
larin 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	2	
larin 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	2	
leena - norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg	2	
lessina - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	2	
levonest - levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	2	
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	2	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	2	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg, 0.15 mg-30 mcg	2	
levonorgestrel tab 1.5 mg	3	MC
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	2	
levora 0.15/30-28 - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	2	
lo-zumandimine - drospirenone-ethinyl estradiol tab 3-0.02 mg	2	
loestrin fe 1/20 - norethindrone ace & ethinyl estradiol-fetab 1 mg-20 mcg	2	

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
loestrin fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	2	
loestrin 1/20-21 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	2	
loestrin 1.5/30-21 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	2	
lojaimiess - levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	2	
loryna - drospirenone-ethinyl estradiol tab 3-0.02 mg	2	
low-ogestrel - norgestrel & ethinyl estradiol tab 0.3 mg-30mcg	2	
lutera - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	2	
lyleq - norethindrone tab 0.35 mg	1	
lyllana - estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr#	2	
lyza - norethindrone tab 0.35 mg	1	
marlissa - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	2	
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	1	
medroxyprogesterone acetate im susp 150 mg/ml	1	
medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg	1	
megestrol acetate susp 40 mg/ml#	2	
megestrol acetate tab 20 mg, 40 mg#	1	
MENEST - esterified estrogens tab 0.3 mg, 0.625 mg, 1.25 mg, 2.5 mg#	2	
microgestin fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	2	
microgestin fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	2	
microgestin 1/20 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	2	
microgestin 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	2	
microgestin 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	2	
mili - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	2	
mimvey - estradiol & norethindrone acetate tab 1-0.5 mg#	2	
mono-linyah - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	2	

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Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
necon 0.5/35-28 - norethindrone & ethinyl estradiol tab 0.5mg-35 mcg	2	
nikki - drospirenone-ethinyl estradiol tab 3-0.02 mg	2	
nora-be - norethindrone tab 0.35 mg	1	
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	1	
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg, 0.5 mg-35 mcg	2	
norethindrone & ethinyl estradiol tab 1 mg-35 mcg#	2	
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	2	
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	2	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg, 1.5 mg-30 mcg	2	
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg, 1.5 mg-30 mcg	2	
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	2	
norethindrone acetate tab 5 mg	1	
norethindrone tab 0.35 mg	1	
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg, 0.5-35/1-35/0.5-35 mg-mcg	2	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	2	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg, 0.18-35/0.215-35/0.25-35 mg-mcg	2	
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	2	
norlyroc - norethindrone tab 0.35 mg	1	
nortrel 0.5/35 (28) - norethindrone & ethinyl estradiol tab0.5 mg-35 mcg	2	
nortrel 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg#	2	
nortrel 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	2	
nylia 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg#	2	
nylia 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	2	
nymyo - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	2	
ocella - drospirenone-ethinyl estradiol tab 3-0.03 mg#	2	
philith - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	2	

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
pimtrea - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	2	
portia-28 - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	2	
PREMARIN - estrogens, conjugated vaginal cream 0.625 mg/gm	1	
progesterone cap 100 mg, 200 mg	1	
raloxifene hcl tab 60 mg	1	
reclipsen - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	2	
setlakin - levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	2	
sharobel - norethindrone tab 0.35 mg	1	
simliya - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	2	
sprintec 28 - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	2	
sronyx - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	2	
syeda - drospirenone-ethinyl estradiol tab 3-0.03 mg#	2	
tarina fe 1/20 eq - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	2	
tarina 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1mg-20 mcg (24)	2	
testosterone cypionate im inj in oil 100 mg/ml, 200 mg/ml	1	PA
TESTOSTERONE ENANTHATE - testosterone enanthate im inj in oil 200 mg/ml	1	PA
testosterone td gel 25 mg/2.5gm (1%)	2	PA, QL (90 packets/30 days)
testosterone td gel 50 mg/5gm (1%)	2	PA, QL (60 units/30 days)
testosterone td gel 12.5 mg/act (1%)	2	PA, QL (4 pump bottles/30 days)
testosterone td gel 20.25 mg/1.25gm (1.62%)	2	PA, QL (30 packets/30 days)
testosterone td gel 40.5 mg/2.5gm (1.62%)	2	PA, QL (60 packets/30 days)
testosterone td gel 20.25 mg/act (1.62%)	2	PA, QL (2 pump bottles/30 days)
tilia fe - norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	2	
tri-estarylla - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	2	
tri-legest fe - norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	2	

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Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
tri-linyah - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	2	
tri-lo-estarylla - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	2	
tri-lo-marzia - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	2	
tri-lo-mili - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	2	
tri-lo-sprintec - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	2	
tri-mili - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	2	
tri-nymyo - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	2	
tri-sprintec - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	2	
tri-vylibra - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	2	
tri-vylibra lo - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	2	
trivora-28 - levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	2	
turqoz - norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	2	
valtya 1/50 - ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	1	
velivet - desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg	2	
vestura - drospirenone-ethinyl estradiol tab 3-0.02 mg	2	
vienva - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	2	
viorele - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	2	
volnea - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	2	
vyfemla - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	2	
vylibra - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	2	
wera - norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg	2	
wymzya fe - norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	2	
xulane - norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	1	

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Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
yuvafem - estradiol vaginal tab 10 mcg	2	
zafemy - norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	1	
zovia 1/35 - ethynodiol diacetate & ethinyl estradiol tab 1mg-35 mcg	2	
zumandimine - drospirenone-ethinyl estradiol tab 3-0.03 mg#	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
euthyrox - levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg	1	
levo-t - levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg	1	
levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg	1	
levoxyl - levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg	1	
liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg	1	
SYNTHROID - levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg	2	
unithroid - levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg	1	
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
cabergoline tab 0.5 mg	1	
ELIGARD - leuprolide acetate (3 month) for subcutaneous inj kit 22.5mg	2	PA
ELIGARD - leuprolide acetate (6 month) for subcutaneous inj kit 45 mg	2	PA
ELIGARD - leuprolide acetate for subcutaneous inj kit 7.5 mg	2	PA
ELIGARD - leuprolide acetate (4 month) for subcutaneous inj kit 30 mg	2	PA
FIRMAGON - degarelix acetate for inj 80 mg (base equiv), 120 mg/vial (240 mg dose)	2	
LEUPROLIDE ACETATE - leuprolide acetate (3 month) for inj 22.5 mg	2	PA
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	2	PA
LUPRON DEPOT (1-MONTH) - leuprolide acetate for inj kit 3.75 mg, 7.5 mg	2	PA

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Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
LUPRON DEPOT (4-MONTH) - leuprolide acetate (4 month) for inj kit 30 mg	2	PA
LUPRON DEPOT-PED (1-MONTH) - leuprolide acetate for inj pediatric kit 7.5 mg	2	PA
LUPRON DEPOT-PED (3-MONTH) - leuprolide acetate (3 month) for inj pediatric kit 11.25 mg	2	PA
LUPRON DEPOT-PED (6-MONTH) - leuprolide acet (6 month) for im inj pediatric kit 45 mg	2	PA
mifepristone tab 300 mg	2	PA, QL (120 tablets/30 days)
octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml), 200 mcg/ml (0.2 mg/ml), 500 mcg/ml (0.5 mg/ml), 1000 mcg/ml (1 mg/ml)	2	PA
octreotide acetate subcutaneous soln pref syr 100 mcg/ml	2	PA
octreotide acetate subcutaneous soln pref syr 50 mcg/ml	2	PA
octreotide acetate subcutaneous soln pref syr 500 mcg/ml	2	PA
SIGNIFOR - pasireotide diaspartate inj 0.3 mg/ml (base equiv), 0.6 mg/ml (base equiv), 0.9 mg/ml (base equiv)*	2	PA
SOMAVERT - pegvisomant for inj 10 mg (as protein), 15 mg (as protein), 20 mg (as protein), 25 mg (as protein), 30 mg (as protein)*	2	PA
SYNAREL - nafarelin acetate nasal soln 2 mg/ml (200 mcg/act) (base eq)	2	
Hormonal Agents, Suppressant (Thyroid)		
methimazole tab 5 mg, 10 mg	1	
propylthiouracil tab 50 mg	1	
Immunological Agents		
ABRYSVO - rsv pre-fusion f a&b vac recomb for im soln 120 mcg/0.5ml	1	QL (1 vaccine/365 days)
ACTHIB - haemophilus b polysaccharide conjugate vaccine for inj	1	
ACTIMMUNE - interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)*	2	PA
ADACEL - tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-lf-mcg/0.5ml	1	
ARCALYST - rilonacept for inj 220 mg*	2	PA
AREXVY - rsvpref3 vaccine recomb adjuvanted for im susp 120 mcg/0.5ml	1	QL (1 vaccine/lifetime; >=50 yr)
azathioprine tab 50 mg	1	BD
BCG VACCINE - bcg vaccine for inj soln 50 mg	1	
BENLYSTA - belimumab subcutaneous solution auto-injector 200 mg/ml	2	PA
BENLYSTA - belimumab subcutaneous solution prefilled syringe 200 mg/ml	2	PA

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Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
BESREMI - ropeginterferon alfa-2b-njft soln prefilled syr 500 mcg/ml	2	PA, QL (2 syringes/28 days)
BEXSERO - meningococcal vac b (recomb omv adjuv) inj prefilled syringe	1	
BOOSTRIX - tet-diph-acell pertuss ad pref syr 5-2.5-18.5 lf-mcg/0.5ml	1	
BOOSTRIX - tet tox-diph-acell pertuss ad inj 5-2.5-18.5 lf-lf-mcg/0.5ml	1	
COSENTYX - secukinumab subcutaneous soln prefilled syringe 75 mg/0.5ml	2	PA
COSENTYX - secukinumab subcutaneous soln prefilled syringe 150 mg/ml*	2	PA
COSENTYX - secukinumab subcutaneous pref syr 150 mg/ml (300 mg dose)*	2	PA
COSENTYX SENSOREADY PEN - secukinumab subcutaneous soln auto-injector 150 mg/ml*	2	PA
COSENTYX SENSOREADY PEN - secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose)*	2	PA
COSENTYX UNOREADY - secukinumab subcutaneous soln auto-injector 300 mg/2ml*	2	PA
cyclosporine cap 25 mg, 100 mg	2	BD
cyclosporine modified cap 25 mg, 50 mg, 100 mg	2	BD
cyclosporine modified oral soln 100 mg/ml	2	BD
DAPTACEL - diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml	1	
DENGVAXIA - dengue virus vaccine live tetravalent for subcutaneous susp	1	
DUPIXENT - dupilumab subcutaneous soln auto-injector 200 mg/1.14ml, 300 mg/2ml	2	PA
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml, 300 mg/2ml	2	PA
ENBREL - etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml, 50 mg/ml	2	PA
ENBREL - etanercept subcutaneous inj 25 mg/0.5ml	2	PA
ENBREL MINI - etanercept subcutaneous solution cartridge 50 mg/ml	2	PA
ENBREL SURECLICK - etanercept subcutaneous solution auto-injector 50 mg/ml	2	PA
ENGERIX-B - hepatitis b vaccine (recombinant) susp pref syr 10 mcg/0.5ml, 20 mcg/ml	1	BD
ENGERIX-B - hepatitis b vaccine (recombinant) susp 20 mcg/ml	1	BD

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Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
ENTYVIO PEN - vedolizumab soln auto-injector 108 mg/0.68ml	2	PA
ENVARSUS XR - tacrolimus tab er 24hr 0.75 mg, 1 mg, 4 mg	2	BD
ERVEBO - ebola zaire virus vaccine live im susp	1	
everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	2	BD
GAMMAPLEX - immune globulin (human) iv soln 5 gm/100ml, 10 gm/200ml, 20 gm/400ml, 5 gm/50ml, 10 gm/100ml, 20 gm/200ml	2	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 1 gm/10ml, 2.5 gm/25ml, 5 gm/50ml, 10 gm/100ml, 20 gm/200ml, 40 gm/400ml	2	BD, PA
GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac susp pref syr	1	
GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac im susp	1	
gengraf - cyclosporine modified cap 25 mg, 100 mg	2	BD
gengraf - cyclosporine modified oral soln 100 mg/ml	2	BD
HADLIMA - adalimumab-bwwd soln prefilled syringe 40 mg/0.4ml, 40 mg/0.8ml	2	PA
HADLIMA PUSHTOUCH - adalimumab-bwwd soln auto-injector 40 mg/0.4ml, 40 mg/0.8ml	2	PA
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 2000 unit*	2	PA, QL (27 vials/28 days)
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 3000 unit*	2	PA, QL (18 vials/28 days)
HAVRIX - hepatitis a vaccine inj susp 720 el unit/0.5ml, 1440 el unit/ml	1	
HEPLISAV-B - hepatitis b vaccine recomb adjuvanted pref syr 20 mcg/0.5ml	1	BD
HIBERIX - haemophilus b polysaccharide conjugate vac for inj 10 mcg	1	
icatibant acetate subcutaneous soln pref syr 30 mg/3ml	2	PA, QL (6 syringes/30 days)
IMOVAX RABIES (H.D.C.V.) - rabies virus vaccine, hdc for inj susp	1	BD
INFANRIX - diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml	1	
IPOL INACTIVATED IPV - poliovirus vaccine, ipv injection	1	
IXCHIQ - chikungunya virus vaccine live for im solution	1	
IXIARO - japanese encephalitis vaccine inactivated adsorbed inj	1	
JYNNEOS - smallpox & monkeypox vac, live, non-replicating inj 0.5 ml	1	BD

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
KINRIX - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	1	
leflunomide tab 10 mg, 20 mg	1	
M-M-R II - measles-mumps-rubella virus vaccines for inj soln	1	
MENACTRA - meningococcal (a, c, y, and w-135) diphth conjugate vaccine	1	
MENQUADFI - meningococcal (a, c, y, and w-135) tetanus conjugate vaccine	1	
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac im soln	1	
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac for inj	1	
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml), 1000 mg/40ml (25 mg/ml)	1	
methotrexate sodium inj 250 mg/10ml (25 mg/ml)	1	
methotrexate sodium inj 50 mg/2ml (25 mg/ml)	1	
methotrexate sodium tab 2.5 mg (base equiv)	1	
MRESVIA - rsv mrna pre-f vaccine im susp pref syr 50 mcg/0.5ml	1	QL (1 vaccine/ lifetime; >=60 yr)
mycophenolate mofetil cap 250 mg	1	BD
mycophenolate mofetil for oral susp 200 mg/ml	2	BD
mycophenolate mofetil tab 500 mg	1	BD
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv)	2	BD
MYHIBBIN - mycophenolate mofetil oral susp 200 mg/ml	2	BD
PEDIARIX - diph-tet tox-acell pert-hep b-polio ipv vac susp pref syr	1	
PEDVAX HIB - haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml	1	
PEGASYS - peginterferon alfa-2a soln prefilled syr 180 mcg/0.5ml	2	PA
PEGASYS - peginterferon alfa-2a inj 180 mcg/ml	2	PA
PENBRAYA - meningococcal acyw (tet conj)-mening b (rcmb) vacc for inj	1	
PENTACEL - diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp	1	
PRIORIX - measles-mumps-rubella virus vaccines for subcutaneous susp	1	
PROGRAF - tacrolimus packet for susp 0.2 mg, 1 mg	2	BD
PROQUAD - measles-mumps-rubella-varicella virus vaccines for susp	1	

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
QUADRACEL - diph-tetanus tox ad-acell pert & polio virus, ipv vac inj	1	
QUADRACEL - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	1	
RABAVERT - rabies vaccine, pcec for inj	1	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp pref syr 5 mcg/0.5ml, 10 mcg/ml	1	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml, 10 mcg/ml, 40 mcg/ml	1	BD
REZUROCK - belumosudil mesylate tab 200 mg*	2	PA, QL (30 tablets/30 days)
RINVOQ - upadacitinib tab er 24hr 15 mg, 30 mg, 45 mg	2	PA
RINVOQ LQ - upadacitinib oral soln 1 mg/ml	2	PA
ROTARIX - rotavirus vaccine, live oral susp	1	
ROTATEQ - rotavirus vaccine, live oral pentavalent soln	1	
sajazir - icatibant acetate subcutaneous soln pref syr 30 mg/3ml	2	PA, QL (6 syringes/30 days)
SHINGRIX - zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml	1	QL (2 vaccines/ lifetime; >=18 yr)
SIMLANDI - adalimumab-ryvk prefilled syringe kit 20 mg/0.2ml, 40 mg/0.4ml, 80 mg/0.8ml	2	PA
SIMLANDI 1-PEN KIT - adalimumab-ryvk auto-injector kit 40 mg/0.4ml	2	PA
SIMLANDI 2-PEN KIT - adalimumab-ryvk auto-injector kit 40 mg/0.4ml	2	PA
sirolimus oral soln 1 mg/ml	2	BD
sirolimus tab 0.5 mg, 1 mg, 2 mg	2	BD
SKYRIZI - risankizumab-rzaa subcutaneous soln cartridge 180 mg/1.2ml, 360 mg/2.4ml	2	PA
SKYRIZI - risankizumab-rzaa iv soln 600 mg/10ml (60 mg/ml)	2	PA
SKYRIZI - risankizumab-rzaa soln prefilled syringe 150 mg/ml	2	PA
SKYRIZI PEN - risankizumab-rzaa soln auto-injector 150 mg/ml	2	PA
STAMARIL - yellow fever vaccine for inj suspension	1	
STELARA - ustekinumab iv soln 130 mg/26ml (5 mg/ml) (for iv infusion)	2	PA
STELARA - ustekinumab soln prefilled syringe 45 mg/0.5ml, 90 mg/ml	2	PA
STELARA - ustekinumab inj 45 mg/0.5ml	2	PA
tacrolimus cap 0.5 mg, 1 mg, 5 mg	2	BD
TDVAX - tetanus-diphtheria toxoids (td) inj 2-2 lf/0.5ml	1	BD

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
TENIVAC - tetanus-diphtheria toxoids (td) inj 5-2 lfu	1	BD
TICOVAC - tick-borne encephalit vac inact susp pref syr 1.2 mcg/0.25ml, 2.4 mcg/0.5ml	1	
TREMFYA - guselkumab soln auto-injector 100 mg/ml, 200 mg/2ml	2	PA
TREMFYA - guselkumab soln prefilled syringe 100 mg/ml, 200 mg/2ml	2	PA
TREMFYA - guselkumab iv soln 200 mg/20ml (10 mg/ml)	2	PA
TRUMENBA - meningococcal group b vac (recomb) im susp prefilled syr	1	
TWINRIX - hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml	1	
TYPHIM VI - typhoid vi polysaccharide vacc im soln pref syr 25 mcg/0.5ml	1	
TYPHIM VI - typhoid vi polysaccharide intramuscular vac inj 25 mcg/0.5ml	1	
VAQTA - hepatitis a vaccine inj susp 25 unit/0.5ml, 50 unit/ml	1	
VARIVAX - varicella virus vac live for inj 1350 pfu/0.5ml	1	
VAXCHORA - cholera vaccine live attenuated for oral susp	1	
XATMEP - methotrexate oral soln 2.5 mg/ml	2	BD
XOLAIR - omalizumab subcutaneous soln auto-injector 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml*	2	PA
XOLAIR - omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml*	2	PA
XOLAIR - omalizumab for inj 150 mg*	2	PA
YF-VAX - yellow fever vaccine subcutaneous inj	1	
Inflammatory Bowel Disease Agents		
balsalazide disodium cap 750 mg	2	
budesonide delayed release particles cap 3 mg	2	PA, QL (90 capsules/30 days)
budesonide tab er 24hr 9 mg	2	PA, QL (30 tablets/30 days)
hydrocortisone enema 100 mg/60ml	2	
hydrocortisone perianal cream 1%	1	
hydrocortisone perianal cream 1%	3	MC
hydrocortisone perianal cream 2.5%	1	QL (454 grams/30 days)
mesalamine cap er 24hr 0.375 gm	2	QL (120 capsules/30 days)
mesalamine enema 4 gm	2	
mesalamine rectal enema 4 gm & cleanser wipe kit	2	
mesalamine suppos 1000 mg	2	
mesalamine tab delayed release 1.2 gm	2	QL (120 tablets/30 days)
procto-med hc - hydrocortisone perianal cream 2.5%	1	QL (454 grams/30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
proctocort - hydrocortisone perianal cream 1%	1	
proctosol hc - hydrocortisone perianal cream 2.5%	1	QL (454 grams/30 days)
proctozone-hc - hydrocortisone perianal cream 2.5%	1	QL (454 grams/30 days)
sulfasalazine tab delayed release 500 mg	1	
sulfasalazine tab 500 mg	1	
Metabolic Bone Disease Agents		
alendronate sodium tab 10 mg	1	QL (120 tablets/30 days)
alendronate sodium tab 35 mg, 70 mg	1	QL (4 tablets/28 days)
calcitonin (salmon) nasal soln 200 unit/act	1	
calcitriol cap 0.25 mcg, 0.5 mcg	1	
calcitriol oral soln 1 mcg/ml	2	
cinacalcet hcl tab 30 mg (base equiv), 60 mg (base equiv), 90 mg (base equiv)	2	PA
ibandronate sodium tab 150 mg (base equivalent)	1	QL (1 tablet/28 days)
paricalcitol cap 1 mcg, 2 mcg, 4 mcg	2	
PROLIA - denosumab inj soln prefilled syringe 60 mg/ml	2	PA
TYMLOS - abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml	2	PA
XGEVA - denosumab inj 120 mg/1.7ml	2	PA
Ophthalmic Agents		
atropine sulfate ophth soln 1%	1	
azelastine hcl ophth soln 0.05%	2	
BACITRACIN - bacitracin ophth oint 500 unit/gm	2	
bacitracin-polymyxin b ophth oint	1	
bacitracin-polymyxin-neomycin-hc ophth oint 1%	1	
betaxolol hcl ophth soln 0.5%	1	
brimonidine tartrate ophth soln 0.1%, 0.2%	1	
brimonidine tartrate ophth soln 0.15%	2	
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	2	
carteolol hcl ophth soln 1%	1	
ciprofloxacin hcl ophth soln 0.3% (base equivalent)	1	
cromolyn sodium ophth soln 4%	1	
CYSTADROPS - cysteamine hcl ophth soln 0.37% (base equivalent)*	2	PA
CYSTARAN - cysteamine hcl ophth soln 0.44% (base equivalent)*	2	PA
dexamethasone sodium phosphate ophth soln 0.1%	1	
diclofenac sodium ophth soln 0.1%	1	
difluprednate ophth emulsion 0.05%	2	

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Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
dorzolamide hcl ophth soln 2%	1	
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	1	
epinastine hcl ophth soln 0.05%	2	
erythromycin ophth oint 5 mg/gm	1	
fluorometholone ophth susp 0.1%	1	
flurbiprofen sodium ophth soln 0.03%	1	
gentamicin sulfate ophth soln 0.3%	1	
ketorolac tromethamine ophth soln 0.4%, 0.5%	1	
latanoprost ophth soln 0.005%	1	QL (15 mls/75 days)
levobunolol hcl ophth soln 0.5%	1	
LUMIGAN - bimatoprost ophth soln 0.01%	1	QL (15 mls/75 days)
moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily) (generic for Moxeza)	2	
moxifloxacin hcl ophth soln 0.5% (base equiv) (generic for Vigamox)	2	
NATACYN - natamycin ophth susp 5%	2	
neo-polycin - neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	1	
neo-polycin hc - bacitracin-polymyxin-neomycin-hc ophth oint 1%	1	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	1	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	1	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	1	
NEOMYCIN/POLYMYXIN/GRAMICIDIN - neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	1	
ofloxacin ophth soln 0.3%	1	
pilocarpine hcl ophth soln 1%, 2%, 4%	1	
polycin - bacitracin-polymyxin b ophth oint	1	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	1	
polyvinyl alcohol ophth soln 1.4%	3	MC
prednisolone acetate ophth susp 1%	1	
prednisolone sodium phosphate ophth soln 1%	1	
RESTASIS - cyclosporine (ophth) emulsion 0.05%	1	QL (60 vials/30 days)
RESTASIS MULTIDOSE - cyclosporine (ophth) emulsion 0.05%	1	QL (2 bottles/30 days)
sodium chloride hypertonic ophth oint 5%	3	MC
sodium chloride hypertonic ophth soln 5%	3	MC
sulfacetamide sodium ophth soln 10%	1	

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	1	
timolol maleate ophth gel forming soln 0.25%, 0.5%	2	
timolol maleate ophth soln 0.25%, 0.5%	1	
tobramycin ophth soln 0.3%	1	
tobramycin-dexamethasone ophth susp 0.3-0.1%	2	
travoprost ophth soln 0.004% (benzalkonium free) (bak free)	2	QL (15 mls/75 days)
TRIFLURIDINE - trifluridine ophth soln 1%	1	
XDEMVY - lotilaner ophth soln 0.25%	2	PA
Otic Agents		
acetic acid otic soln 2%	1	
carbamide peroxide 6.5% otic soln	3	MC
flac - fluocinolone acetonide (otic) oil 0.01%	2	
fluocinolone acetonide (otic) oil 0.01%	2	
hydrocortisone w/ acetic acid otic soln 1-2%	2	
neomycin-polymyxin-hc otic soln 1%	1	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	1	
ofloxacin otic soln 0.3%	1	
Respiratory Tract/Pulmonary Agents		
acetylcysteine inhal soln 10%, 20%	2	BD
ADEMPAS - riociguat tab 0.5 mg, 1 mg, 1.5 mg, 2 mg, 2.5 mg*	2	PA, QL (90 tablets/30 days)
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 45-21 mcg/act, 115-21 mcg/act, 230-21 mcg/act	1	QL (1 inhaler/30 days)
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (generics for ProAir HFA and Proventil HFA)	1	QL (2 inhalers/30 days)
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml), 0.5% (5 mg/ml), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv)	1	BD
albuterol sulfate syrup 2 mg/5ml	1	
albuterol sulfate tab 2 mg, 4 mg	2	
*ambrisentan tab 5 mg, 10 mg**	2	PA, QL (30 tablets/30 days)
ANORO ELLIPTA - umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act	1	QL (1 package/30 days)
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 50 mcg/act, 100 mcg/act, 200 mcg/act	1	QL (30 blisters/30 days)
ASMANEX HFA - mometasone furoate inhal aerosol suspension 50 mcg/act, 100 mcg/act, 200 mcg/act	1	QL (1 inhaler/30 days)

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
ASMANEX TWISTHALER 120 METERED DOSES - mometasone furoate inhal powd 220 mcg/act (breath activated)	1	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 14 METERED DOSES - mometasone furoate inhal powd 220 mcg/act (breath activated)	1	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 30 METERED DOSES - mometasone furoate inhal powd 110 mcg/act (breath activated), 220 mcg/act (breath activated)	1	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 60 METERED DOSES - mometasone furoate inhal powd 220 mcg/act (breath activated)	1	QL (1 inhaler/30 days)
ATROVENT HFA - ipratropium bromide hfa inhal aerosol 17 mcg/act	2	QL (2 inhalers/30 days)
azelastine hcl nasal spray 0.1% (137 mcg/spray)	1	QL (2 bottles/30 days)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 50-25 mcg/act, 100-25 mcg/act, 200-25 mcg/act	1	QL (1 package/30 days)
breyna - budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	1	QL (3 inhalers/30 days)
breyna - budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	1	QL (3 inhalers/30 days)
budesonide inhalation susp 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml	2	BD
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 160-4.5 mcg/act	1	QL (3 inhalers/30 days)
CAYSTON - aztreonam lysine for inhal soln 75 mg (base equivalent)*	2	PA
cetirizine hcl cap 10 mg	3	MC
cetirizine hcl chew tab 5 mg, 10 mg	3	MC
cetirizine hcl childrens - cetirizine hcl oral soln 1 mg/ml(5 mg/5ml)	3	MC
cetirizine hcl childrens allergy - cetirizine hcl oral soln1 mg/ml (5 mg/5ml)	3	MC
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	3	MC
cetirizine hcl tab 5 mg, 10 mg	3	MC
COMBIVENT RESPIMAT - ipratropium-albuterol inhal aerosol soln 20-100 mcg/act	2	QL (2 inhalers/30 days)
cromolyn sodium soln nebu 20 mg/2ml	1	BD
cyproheptadine hcl tab 4 mg#	2	PA (>=65 yr)
dextromethorphan-guaifenesin liquid 10-100 mg/5ml	3	MC
dextromethorphan-guaifenesin syrup 10-100 mg/5ml	3	MC
dextromethorphan-guaifenesin tab er 12hr 30-600 mg, 60-1200 mg	3	MC

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Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
diphenhydramine hcl cap 25 mg, 50 mg#	3	MC
diphenhydramine hcl chew tab 12.5 mg, 25 mg	3	MC
diphenhydramine hcl liquid 12.5 mg/5ml#	3	MC
diphenhydramine hcl tab 25 mg	3	MC
DULERA - mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act, 100-5 mcg/act, 200-5 mcg/act	1	QL (3 inhalers/30 days)
EPINEPHRINE (authorized generic for Adrenaclick 0.3 mg/0.3 mL) - epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	1	
EPINEPHRINE - epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	1	
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	1	
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (generic for EpiPen 2-Pak)	1	
flunisolide nasal soln 25 mcg/act (0.025%)	1	QL (3 bottles/30 days)
FLUTICASONE PROPIONATE HFA - fluticasone propionate hfa inhal aero 44 mcg/act	1	QL (1 inhaler/30 days)
FLUTICASONE PROPIONATE HFA - fluticasone propionate hfa inhal aer 110 mcg/act	1	QL (1 inhaler/30 days)
FLUTICASONE PROPIONATE HFA - fluticasone propionate hfa inhal aer 220 mcg/act	1	QL (2 inhalers/30 days)
fluticasone propionate nasal susp 50 mcg/act	1	QL (1 bottle/30 days)
FLUTICASONE PROPIONATE/SALMETEROL - fluticasone-salmeterol aer powder ba 55-14 mcg/act, 113-14 mcg/act, 232-14 mcg/act	1	QL (1 inhaler/30 days)
fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	QL (1 inhaler/30 days)
guaifenesin liquid 100 mg/5ml	3	MC
guaifenesin tab er 12hr 600 mg, 1200 mg	3	MC
INCRUSE ELLIPTA - umeclidinium br aero powd breath act 62.5 mcg/act (base eq)	1	QL (30 blisters/30 days)
ipratropium bromide inhal soln 0.02%	1	BD
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	1	QL (2 bottles/30 days)
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	1	QL (3 bottles/30 days)
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	1	BD
KALYDECO - ivacaftor tab 150 mg*	2	PA, QL (60 tablets/30 days)
KALYDECO - ivacaftor packet 5.8 mg, 13.4 mg, 25 mg, 50 mg, 75 mg*	2	PA, QL (60 packets/30 days)
levocetirizine dihydrochloride tab 5 mg	1	
loratadine cap 10 mg	3	MC
loratadine chew tab 5 mg	3	MC

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Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
loratadine oral soln 5 mg/5ml	3	MC
loratadine rapidly-disintegrating tab 10 mg	3	MC
loratadine tab 10 mg	3	MC
montelukast sodium chew tab 4 mg (base equiv), 5 mg (base equiv)	1	
montelukast sodium oral granules packet 4 mg (base equiv)	2	
montelukast sodium tab 10 mg (base equiv)	1	
OFEV - nintedanib esylate cap 100 mg (base equivalent), 150 mg (base equivalent)*	2	PA, QL (60 capsules/30 days)
OPSUMIT - macitentan tab 10 mg*	2	PA, QL (30 tablets/30 days)
ORKAMBI - lumacaftor-ivacaftor tab 100-125 mg, 200-125 mg*	2	PA, QL (120 tablets/30 days)
ORKAMBI - lumacaftor-ivacaftor granules packet 75-94 mg, 100-125 mg, 150-188 mg*	2	PA, QL (60 packets/30 days)
pirfenidone cap 267 mg	2	PA, QL (270 capsules/30 days)
pirfenidone tab 267 mg	2	PA, QL (270 tablets/30 days)
pirfenidone tab 801 mg	2	PA, QL (90 tablets/30 days)
promethazine w/ codeine syrup 6.25-10 mg/5ml#	3	MC
pseudoephedrine hcl tab 30 mg	3	MC
PULMOZYME - dornase alfa inhal soln 2.5 mg/2.5ml	2	BD
roflumilast tab 250 mcg, 500 mcg	2	PA, QL (30 tablets/30 days)
SEREVENT DISKUS - salmeterol xinafoate aer pow ba 50 mcg/act (base equiv)	1	QL (1 inhaler/30 days)
sildenafil citrate tab 20 mg	1	PA, QL (90 tablets/30 days)
SPIRIVA RESPIMAT - tiotropium bromide monohydrate inhal aerosol 2.5 mcg/act	1	QL (1 inhaler/30 days)
STIOLTO RESPIMAT - tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act	1	QL (1 canister/30 days)
tadalafil tab 20 mg (pah)	2	PA, QL (60 tablets/30 days)
theophylline tab er 12hr 300 mg, 450 mg	2	
theophylline tab er 24hr 400 mg, 600 mg	1	
tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)	1	QL (30 capsules/30 days)
tobramycin nebu soln 300 mg/5ml	2	BD, PA
TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/act, 200-62.5-25 mcg/act	1	QL (60 blisters/30 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 80-40-60 mg& ivacaf 59.5mg thpk gran	2	PA, QL (60 packets/30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg& ivacaf 75mg thpk gran	2	PA, QL (60 packets/30 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 50-25-37.5 mg & ivacaftor 75 mg tbpk	2	PA, QL (90 tablets/30 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg &ivacaftor 150 mg tbpk	2	PA, QL (90 tablets/30 days)
VENTOLIN HFA - albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	1	QL (2 inhalers/30 days)
wixela inhub - fluticasone-salmeterol aer powder ba 100-50 mcg/act	1	QL (1 inhaler/30 days)
wixela inhub - fluticasone-salmeterol aer powder ba 250-50 mcg/act	1	QL (1 inhaler/30 days)
wixela inhub - fluticasone-salmeterol aer powder ba 500-50 mcg/act	1	QL (1 inhaler/30 days)
zafirlukast tab 10 mg, 20 mg	2	
Skeletal Muscle Relaxants		
cyclobenzaprine hcl tab 5 mg, 10 mg#	1	
methocarbamol tab 500 mg, 750 mg#	1	
Sleep Disorder Agents		
armodafinil tab 50 mg, 150 mg, 200 mg, 250 mg	2	PA, QL (30 tablets/30 days)
modafinil tab 100 mg, 200 mg	1	PA, QL (30 tablets/30 days)
SODIUM OXYBATE - sodium oxybate oral solution 500 mg/ml	2	PA, QL (540 mls/30 days)
tasimelteon capsule 20 mg	2	PA, QL (30 capsules/30 days)
temazepam cap 15 mg, 30 mg	2	QL (30 capsules/30 days)
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Blue Cross Community MMAI (Medicare-Medicaid Plan)℠

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

For more recent information or other questions, contact us at **1-877-723-7702** (TTY **711**). We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. - 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free. Or visit **https://www.bcbsil.com/mmai.**

For questions about enrolling call: Illinois Client Enrollment Services at 1-877-912-8880, Monday through Friday from 8 a.m. to 6 p.m. TTY users should call 1-866-565-8576. The call and help are free. Website: **enrollhfs.illinois.gov**

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