Providence
Medicare Advantage Plans

Providence Medicare Advantage Plans PHIP Align Group Plan + Rx (HMO) and PHIP Flex Group Plan + Rx (HMO-POS) 2026 Formulary (List of Covered Drugs or "Drug List")

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

Formulary ID: 00026069
This formulary was updated on 10/20/2026.
FIf you have any questions, please call Providence Medicare Advantage Plans at 503-574-8000 or 1-800-603-2340. TTY users should call 711. We are open seven days a week, between 8 a.m. and 8 p.m. (Pacific Time). Between April 1st and September 30th, we are closed Saturdays and Sundays, or visit ProvidenceHealthAssurance.com/PHIP.

PROVIDENCE MEDICARE ADVANTAGE PLANS

PHIP ALIGN GROUP PLAN + RX (HMO) AND PHIP FLEX GROUP PLAN + RX (HMO-POS)

2026 Formulary

(List of Covered Drugs or "Drug List")

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

When this Drug List (formulary) refers to "we," "us", or "our," it means Providence Health Assurance. When it refers to "plan" or "our plan," it means PHIP Align Group Plan + Rx (HMO) and PHIP Flex Group Plan + Rx (HMO-POS).

This document includes a Drug List (formulary) for our plan which is current as of 10/2026. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2027, and from time to time during the year.

What is the Providence Medicare Advantage Plans PHIP Align Group Plan + Rx (HMO) and PHIP Flex Group Plan + Rx (HMO-POS) formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by PHIP Align Group Plan + Rx (HMO) and PHIP Flex Group Plan + Rx (HMO-POS) in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. PHIP Align Group Plan + Rx (HMO) and PHIP Flex Group Plan + Rx (HMO-POS) will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a PHIP Align Group Plan + Rx (HMO) and PHIP Flex Group Plan + Rx (HMO-POS) network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary change?

Most changes in drug coverage happen on January 1, but PHIP Align Group Plan + Rx (HMO) and PHIP Flex Group Plan + Rx (HMO-POS) may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: www.ProvidenceHealthAssurance.com/PHIP.

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

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

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

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

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section titled “How do I request an exception to the PHIP Align Group Plan + Rx (HMO) and PHIP Flex Group Plan + Rx (HMO-POS)’s Formulary?”

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

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

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug at retail or mail-order or 31-day supply of the drug at long-term care (LTC) and notice of the change.

  If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the PHIP Align Group Plan + Rx (HMO) and PHIP Flex Group Plan + Rx (HMO-POS)’s Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 10/2026. To get updated information about the drugs covered by PHIP Align Group Plan + Rx (HMO) and PHIP Flex Group Plan + Rx (HMO-POS), please contact us. Our contact information appears on the front and back cover pages. In the event of mid-year non-maintenance formulary changes, we will either notify you via the Explanation of Benefits (EOBs) or errata sheet of changes.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 3. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents". If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 123. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

PHIP Align Group Plan + Rx (HMO) and PHIP Flex Group Plan + Rx (HMO-POS) covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

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

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some

biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** PHIP Align Group Plan + Rx (HMO) and PHIP Flex Group Plan + Rx (HMO-POS) requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from PHIP Align Group Plan + Rx (HMO) and PHIP Flex Group Plan + Rx (HMO-POS) before you fill your prescriptions. If you don't get approval, PHIP Align Group Plan + Rx (HMO) and PHIP Flex Group Plan + Rx (HMO-POS) may not cover the drug.

- **Quantity Limits:** For certain drugs, PHIP Align Group Plan + Rx (HMO) and PHIP Flex Group Plan + Rx (HMO-POS) limits the amount of the drug that PHIP Align Group Plan + Rx (HMO) and PHIP Flex Group Plan + Rx (HMO-POS) will cover. For example, PHIP Align Group Plan + Rx (HMO) and PHIP Flex Group Plan + Rx (HMO-POS) provides 2 tablets per day per prescription for Xtampza ER®. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, PHIP Align Group Plan + Rx (HMO) and PHIP Flex Group Plan + Rx (HMO-POS) requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, PHIP Align Group Plan + Rx (HMO) and PHIP Flex Group Plan + Rx (HMO-POS) may not cover Drug B unless you try Drug A first. If Drug A does not work for you, PHIP Align Group Plan + Rx (HMO) and PHIP Flex Group Plan + Rx (HMO-POS) will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 3. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask PHIP Align Group Plan + Rx (HMO) and PHIP Flex Group Plan + Rx (HMO-POS) to make an exception to these restrictions or limits or for a list of other,

similar drugs that may treat your health condition. See the section, “How do I request an exception to the Providence Medicare Advantage Plans PHIP Align Group Plan + Rx (HMO) and PHIP Flex Group Plan + Rx (HMO-POS)’s formulary?” on page vii for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that PHIP Align Group Plan + Rx (HMO) and PHIP Flex Group Plan + Rx (HMO-POS) does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by PHIP Align Group Plan + Rx (HMO) and PHIP Flex Group Plan + Rx (HMO-POS). When you receive the list, show it to your doctor and them to prescribe a similar drug that is covered by PHIP Align Group Plan + Rx (HMO) and PHIP Flex Group Plan + Rx (HMO-POS).

- You can ask PHIP Align Group Plan + Rx (HMO) and PHIP Flex Group Plan + Rx (HMO-POS) to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Providence Medicare Advantage Plans PHIP Align Group Plan + Rx (HMO) and PHIP Flex Group Plan + Rx (HMO-POS)’s Formulary?

You can ask PHIP Align Group Plan + Rx (HMO) and PHIP Flex Group Plan + Rx (HMO-POS) to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

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

- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, PHIP Align Group Plan + Rx (HMO) and PHIP Flex Group Plan + Rx (HMO-POS) limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

- You can ask us to cover a formulary drug at a lower cost-sharing level unless the drug is on the specialty tier. If approved this would lower the amount you must pay for your drug.

Generally, PHIP Align Group Plan + Rx (HMO) and PHIP Flex Group Plan + Rx (HMO-POS) will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or applying the restriction would not be as effective for you and/or would cause you to have adverse medical effects.

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

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

As a new or continuing member in our plan, you may be taking drugs that are not on our formulary. Or you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

Level of care change:	**Day Supply**
For members transitioning from a SNF to LTC:	31-day supply
SNF to Home (Retail):	30-day supply
LTC-LTC:	31-day supply

Hospital to Home (Retail): 30-day supply

For more information

For more detailed information about your PHIP Align Group Plan + Rx (HMO) and PHIP Flex Group Plan + Rx (HMO-POS) prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about PHIP Align Group Plan + Rx (HMO) and PHIP Flex Group Plan + Rx (HMO-POS), please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

PHIP Align Group Plan + Rx (HMO) and PHIP Flex Group Plan + Rx (HMO-POS)'s Formulary

The formulary that begins on page 3 provides coverage information about the drugs covered by PHIP Align Group Plan + Rx (HMO) and PHIP Flex Group Plan + Rx (HMO-POS). If you have trouble finding your drug in the list, turn to the Index that begins on page 123.

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

The second column of the chart lists the Drug Tier. The Drug Tier name lets you know the amount you will pay at the pharmacy.

- Tier 1 is the lowest cost share tier, and you will pay your preferred generic copay.
- Tier 2 you will pay your generic drug copay.
- Tier 3 you will pay your preferred brand name drug copay.
- Tier 4 you will pay your non-preferred drug copay.
- Tier 5 is the highest cost share tier, and you will pay your specialty coinsurance.

The information in the Requirements/Limits column tells you if PHIP Align Group Plan + Rx (HMO) and PHIP Flex Group Plan + Rx (HMO-POS) has any special requirements for coverage of your drug.

The following abbreviations may be found within the body of this document

COVERAGE NOTES ABBREVIATIONS

ABBREVIATION	DESCRIPTION	EXPLANATION
Utilization Management Restrictions		
PA	Prior Authorization Restriction	You (or your physician) are required to get prior authorization from PHIP Align Group Plan + Rx (HMO) and PHIP Flex Group Plan + Rx (HMO-POS) before you fill your prescription for this drug. Without prior approval, PHIP Align Group Plan + Rx (HMO) and PHIP Flex Group Plan + Rx (HMO-POS) may not cover this drug.
QL	Quantity Limit Restriction	PHIP Align Group Plan + Rx (HMO) and PHIP Flex Group Plan + Rx (HMO-POS) limits the amount of this drug that is covered per prescription, or within a specific time frame.
ST	Step Therapy Restriction	Before PHIP Align Group Plan + Rx (HMO) and PHIP Flex Group Plan + Rx (HMO-POS) will provide coverage for this drug, you must first try another drug to treat your medical condition. This drug may only be covered if the other drug does not work for you.
Other Special Requirements for Coverage		
LA	Limited Access Drug	This prescription may be available only at certain pharmacies. If you have any questions, please call Providence Medicare Advantage Plans at 503-574-8000 or 1-800-603-2340. TTY users should call 711. We are open seven days a week, between 8 a.m. and 8 p.m. (Pacific Time). Between April 1st and September 30th, we are closed Saturdays and Sundays. Or visit www.providencehealthassurance.com/PHIP.

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Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English
ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-603-2340 (TTY: 711) or speak to your provider."

Español (Spanish)
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-800-603-2340 (TTY: 711) o hable con su proveedor.

Việt (Vietnamese)
LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-800-603-2340 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn."

中文 (Chinese-Simplified)
注意：如果您说 中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-800-603-2340（文本电话：711）或咨询您的服务提供商。"

中文 (Chinese- Traditional)
注意：如果您說 中文，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-800-603-2340（TTY：711）或與您的提供者討論。」

РУССКИЙ (Russian)
ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-800-603-2340 (TTY: 711) или обратитесь к своему поставщику услуг.

한국어 (Korean)

주의: 한국어 를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-800-603-2340 (TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오."

українська мова (Ukrainian)

УВАГА: Якщо ви розмовляєте українська мова, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1-800-603-2340 (TTY: 711) або зверніться до свого постачальника».

日本語 (Japanese)

注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-800-603-2340（TTY：711）までお電話ください。または、ご利用の事業者にご相談ください。

العربية (Arabic)

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1- 800-603-2340 (711) أو تحدث إلى مقدم الخدمة".

ភាសាខ្មែរ (Khmer)

សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយ *ភាសាខ្មែរ* សេវាកម្មជំនួយភាសាឥតគិតថ្លៃគឺមានសម្រាប់អ្នក។ ជំនួយ និងសេវាកម្មដែលជាការជួយជ័សមរម្យក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បាន ក៏អាចរកបានដោយឥតគិតថ្លៃផងដែរ។ ហៅទូរសព្ទទៅ 1-800-603-2340 (TTY: 711) ឬនិយាយទៅកាន់អ្នកផ្តល់សេវារបស់អ្នក។"

Deutsch (German)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-800-603-2340 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.“

فارسي (Farsi)
توجه: اگر فارسي صحبت می‌کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک‌ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب‌های قابل دسترس، به‌طور رایگان موجود می‌باشند. با شماره 1-800-603-2340 (تله‌تایپ: 711) تماس بگیرید یا با ارائه‌دهنده خود صحبت کنید.

Français (French)
ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-603-2340 (TTY : 711) ou parlez à votre fournisseur. »

ไทย (Thai)
หมายเหตุ: หากคุณใช้ภาษา ไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-800-603-2340 (TTY: 711) หรือปรึกษาผู้ให้บริการของคุณ”

Tagalog
PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-800-603-2340 (TTY: 711) o makipag-usap sa iyong provider.”

አማርኛ (Amharic)
ማሳሰቢያ፡- አማርኛ የሚናገሩ ከሆነ፣ የቋንቋ ድጋፍ አገልግሎት በነፃ ይቀርብልዎታል። መረጃን በተደራሽ ቅርጸት ለማቅረብ ተገቢ የሆኑ ተጨማሪ እገዛዎች እና አገልግሎቶች እንዲሁ በነፃ ይገኛሉ። በስልክ ቁጥር 1-800-603-2340 (TTY: 711) ይደውሉ ወይም አገልግሎት አቅራቢዎን ያናግሩ።”

ਪੰਜਾਬੀ (Punjabi)
ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫ਼ਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹੁੰਦੀਆਂ ਹਨ। ਪਹੁੰਚਯੋਗ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਜਾਣਕਾਰੀ ਪ੍ਰਦਾਨ ਕਰਨ ਲਈ ਢੁਕਵੇਂ ਪੂਰਕ ਸਹਾਇਕ ਸਾਧਨ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਮੁਫ਼ਤ ਵਿੱਚ ਉਪਲਬਧ ਹੁੰਦੀਆਂ ਹਨ। 1-800-603-2340 (TTY: 711) ‘ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ ਆਪਣੇ ਪ੍ਰਦਾਤਾ ਨਾਲ ਗੱਲ ਕਰੋ।”

ລາວ (Laos)
ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ
ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 1-800-603-2340 (TTY: 711) ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ."

ՀԱՅԵՐԵՆ (Armenian)
ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե խոսում եք հայերեն, Դուք կարող եք օգտվել լեզվական աջակցության անվճար ծառայություններից: Մատչելի ձևաչափերով տեղեկատվություն տրամադրելու համապատասխան օժանդակ միջոցներն ու ծառայությունները նույնպես տրամադրվում են անվճար: Զանգահարեք 1-800-603-2340 հեռախոսահամարով (TTY՝ 711) կամ խոսեք Ձեր մատակարարի հետ:

Lus Hmoob (Hmong)
LUS CEEV TSHWJ XEEB: Yog hais tias koj hais Lus Hmoob muaj cov kev pab cuam txhais lus pub dawb rau koj. Cov kev pab thiab cov kev pab cuam ntxiv uas tsim nyog txhawm rau muab lus qhia paub ua cov hom ntaub ntawv uas tuaj yeem nkag cuag tau rau los kuj yeej tseem muaj pab dawb tsis xam tus nqi dab tsi ib yam nkaus. Hu rau 1-800-603-2340 (TTY: 711) los sis sib tham nrog koj tus kws muab kev saib xyuas kho mob."

हिंदी (Hindi)
ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-800-603-2340 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।"

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List of Abbreviations

1: Retail Pharmacy: $8/$16/$24 (31/62/93-day supply); Mail Order Pharmacy: $8/$16/$16 (31/62/93-day supply)

2: Retail Pharmacy: $15/$30/$45 (31/62/93-day supply); Mail Order Pharmacy: $15/$30/$30 (31/62/93-day supply)

3: Pharmacy: 40% Coinsurance up to $250/$500/$750 maximum (31/62/93-day supply)

4: Pharmacy: 40% Coinsurance up to $250/$500/$750 maximum (31/62/93-day supply)

5: Pharmacy: 40% Coinsurance up to $250 maximum (31-day supply)

Insulins: Important Message About What You Pay for Insulin - You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

PDMS: Preferred diabetic medical supplies. Diabetes supplies are available through any participating pharmacy. Benefits for diabetes supplies are paid under your Part B benefit. Please refer to your Benefit Summary for additional information

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

Below is a list of drug name formatting patterns that may appear in the following pages.

List of Patterns

lowercase italics: Generic drugs

UPPERCASE: Brand name drugs

Drug Name	Tier	Requirements/Limits
ANALGESICS		
Analgesics		
butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg	3	
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	3	
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	3	
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	3	
Nonsteroidal Anti-Inflammatory Drugs		
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	2	
diclofenac potassium oral tablet 50 mg	2	
diclofenac sodium oral tablet extended release 24 hr 100 mg	3	
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg	3	
diclofenac sodium oral tablet,delayed release (dr/ec) 50 mg, 75 mg	2	
diclofenac sodium topical drops 1.5 %	4	
diflunisal oral tablet 500 mg	3	
etodolac oral capsule 200 mg, 300 mg	3	
etodolac oral tablet 400 mg, 500 mg	3	
etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg	4	
flurbiprofen oral tablet 100 mg	3	
IBU ORAL TABLET 600 MG, 800 MG	1	
ibuprofen oral suspension 100 mg/5 ml	2	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin oral capsule 25 mg, 50 mg	2	
indomethacin oral capsule, extended release 75 mg	3	
LURBIRO ORAL TABLET 100 MG	3	
meloxicam oral tablet 15 mg, 7.5 mg	1	
nabumetone oral tablet 500 mg, 750 mg	2	
naproxen oral tablet 250 mg, 375 mg, 500 mg	1	
naproxen oral tablet,delayed release (dr/ec) 375 mg	2	
naproxen sodium oral tablet 275 mg, 550 mg	2	
piroxicam oral capsule 10 mg, 20 mg	2	
sulindac oral tablet 150 mg, 200 mg	2	

Drug Name	Tier	Requirements/Limits
tolvaptan (polycys kidney dis) oral tablets, sequential 15 mg (am)/ 15 mg (pm), 30 mg (am)/ 15 mg (pm), 45 mg (am)/ 15 mg (pm), 60 mg (am)/ 30 mg (pm), 90 mg (am)/ 30 mg (pm)	5	PA
Opioid Analgesics, Long-Acting		
buprenorphine hcl sublingual tablet 2 mg, 8 mg	2	QL (4 EA per 1 day)
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour	4	PA; QL (0.15 EA per 1 day)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	4	PA; QL (15 EA per 30 days)
hydromorphone (pf) injection solution 10 mg/ml	4	
methadone oral solution 10 mg/5 ml, 5 mg/5 ml	3	PA
methadone oral tablet 10 mg, 5 mg	3	PA
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)	3	
morphine oral solution 10 mg/5 ml (2 mg/ml)	3	
morphine oral tablet 15 mg	3	
morphine oral tablet extended release 100 mg	3	QL (2 EA per 1 day)
morphine oral tablet extended release 15 mg, 30 mg, 60 mg	3	QL (3 EA per 1 day)
tramadol oral tablet extended release 24 hr 100 mg	3	QL (3 EA per 1 day)
tramadol oral tablet extended release 24 hr 200 mg, 300 mg	3	QL (1 EA per 1 day)
Opioid Analgesics, Short-Acting		
acetaminophen-codeine oral solution 120-12 mg/5 ml	2	
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	2	
butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg	3	
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	3	
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	3	
butorphanol nasal spray,non-aerosol 10 mg/ml	4	
codeine sulfate oral tablet 15 mg, 30 mg, 60 mg	3	
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	3	
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	4	PA; QL (15 EA per 30 days)
hydrocodone-acetaminophen oral solution 10-325 mg/15 ml, 7.5-325 mg/15 ml	3	

Drug Name	Tier	Requirements/Limits
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	3	
hydrocodone-ibuprofen oral tablet 7.5-200 mg	3	
hydromorphone (pf) injection solution 10 mg/ml	4	
hydromorphone oral liquid 1 mg/ml	3	
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	3	
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)	3	
morphine oral solution 10 mg/5 ml (2 mg/ml), 20 mg/5 ml (4 mg/ml)	3	
morphine oral tablet 15 mg, 30 mg	3	
oxycodone oral capsule 5 mg	4	
oxycodone oral concentrate 20 mg/ml	4	
oxycodone oral solution 5 mg/5 ml	4	
oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	3	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	3	
oxymorphone oral tablet 10 mg, 5 mg	3	
tramadol oral tablet 50 mg	2	QL (8 EA per 1 day)
tramadol-acetaminophen oral tablet 37.5-325 mg	2	QL (10 EA per 1 day)
ANESTHETICS		
Local Anesthetics		
lidocaine hcl mucous membrane solution 2 %	2	
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	3	
lidocaine topical adhesive patch,medicated 5 %	4	PA; QL (3 EA per 1 day)
lidocaine topical ointment 5 %	3	PA
lidocaine-prilocaine topical cream 2.5-2.5 %	3	PA
LIDOCAN III TOPICAL ADHESIVE PATCH,MEDICATED 5 %	4	PA; QL (3 EA per 1 day)
ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS		
Alcohol Deterrents/Anti-Craving		
acamprosate oral tablet,delayed release (dr/ec) 333 mg	3	
disulfiram oral tablet 250 mg, 500 mg	3	
naltrexone oral tablet 50 mg	2	

Drug Name	Tier	Requirements/Limits
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG	5	
Opioid Dependence		
buprenorphine hcl sublingual tablet 2 mg, 8 mg	2	QL (4 EA per 1 day)
buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg	3	QL (3 EA per 1 day)
buprenorphine-naloxone sublingual film 8-2 mg	3	QL (4 EA per 1 day)
buprenorphine-naloxone sublingual tablet 2-0.5 mg	2	QL (16 EA per 1 day)
buprenorphine-naloxone sublingual tablet 8-2 mg	2	QL (4 EA per 1 day)
naltrexone oral tablet 50 mg	2	
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG	5	
Opioid Reversal Agents		
KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION	4	
naloxone injection solution 0.4 mg/ml	1	
naloxone injection syringe 0.4 mg/ml, 1 mg/ml	1	
OPVEE NASAL SPRAY,NON-AEROSOL 2.7 MG/ACTUATION	3	
ZURNAI INJECTION AUTO-INJECTOR 1.5 MG/0.5 ML	4	
Smoking Cessation Agents		
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg	2	
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML	4	
varenicline tartrate oral tablet 0.5 mg, 1 mg	3	
varenicline tartrate oral tablets,dose pack 0.5 mg (11)-1 mg (42)	3	
ANTIBACTERIALS		
Aminoglycosides		
amikacin injection solution 500 mg/2 ml	4	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	5	QL (8.4 ML per 1 day)
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml	4	
gentamicin injection solution 40 mg/ml	4	
gentamicin topical cream 0.1 %	3	
gentamicin topical ointment 0.1 %	3	
neomycin oral tablet 500 mg	3	

Drug Name	Tier	Requirements/Limits
streptomycin intramuscular recon soln 1 gram	5	
tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml	4	
Antibacterials, Other		
acetic acid otic (ear) solution 2 %	2	
aztreonam injection recon soln 1 gram, 2 gram	4	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	2	
clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml	4	
CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	4	
clindamycin phosphate injection solution 150 mg/ml	4	
clindamycin phosphate topical swab 1 %	4	
clindamycin phosphate vaginal cream 2 %	4	
colistin (colistimethate na) injection recon soln 150 mg	4	
daptomycin intravenous recon soln 350 mg, 500 mg	5	
fosfomycin tromethamine oral packet 3 gram	4	
linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml	4	
linezolid oral suspension for reconstitution 100 mg/5 ml	5	QL (60 ML per 1 day)
linezolid oral tablet 600 mg	4	QL (2 EA per 1 day)
methenamine hippurate oral tablet 1 gram	3	
metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml	4	
metronidazole oral tablet 250 mg, 500 mg	2	
metronidazole topical cream 0.75 %	3	
metronidazole topical gel 0.75 %	2	
metronidazole topical gel 1 %	3	
metronidazole topical lotion 0.75 %	4	
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	3	
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	2	
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	2	
nitrofurantoin oral suspension 25 mg/5 ml	4	
polymyxin b sulfate injection recon soln 500,000 unit	4	
tigecycline intravenous recon soln 50 mg	4	
tinidazole oral tablet 250 mg, 500 mg	3	
trimethoprim oral tablet 100 mg	2	

Drug Name	Tier	Requirements/Limits
vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg, 750 mg	4	
vancomycin oral capsule 125 mg	4	QL (4 EA per 1 day)
vancomycin oral capsule 250 mg	4	QL (8 EA per 1 day)
XIFAXAN ORAL TABLET 200 MG	4	PA; QL (3 EA per 1 day)
XIFAXAN ORAL TABLET 550 MG	5	PA; QL (3 EA per 1 day)
Beta-Lactam, Cephalosporins		
cefaclor oral capsule 250 mg, 500 mg	3	
cefaclor oral suspension for reconstitution 250 mg/5 ml	4	
cefadroxil oral capsule 500 mg	3	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	4	
cefadroxil oral tablet 1 gram	3	
cefazolin injection recon soln 1 gram, 500 mg	4	
cefazolin intravenous recon soln 10 gram	4	
cefdinir oral capsule 300 mg	3	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	3	
cefepime injection recon soln 1 gram, 2 gram	4	
cefixime oral capsule 400 mg	4	
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	4	
cefotetan injection recon soln 1 gram, 2 gram	4	
cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram	4	
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	3	
cefpodoxime oral tablet 100 mg, 200 mg	3	
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	3	
cefprozil oral tablet 250 mg, 500 mg	3	
ceftaroline fosamil intravenous recon soln 400 mg, 600 mg	5	
ceftazidime injection recon soln 1 gram, 2 gram, 6 gram	4	
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	4	
cefuroxime axetil oral tablet 250 mg, 500 mg	2	
cefuroxime sodium injection recon soln 750 mg	4	

Drug Name	Tier	Requirements/Limits
cefuroxime sodium intravenous recon soln 1.5 gram	4	
cephalexin oral capsule 250 mg, 500 mg	2	
cephalexin oral capsule 750 mg	4	
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	2	
TAZICEF INJECTION RECON SOLN 1 GRAM, 2 GRAM, 6 GRAM	4	
ZERBAXA INTRAVENOUS RECON SOLN 1.5 GRAM	5	
Beta-Lactam, Penicillins		
amoxicillin oral capsule 250 mg, 500 mg	2	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml	2	
amoxicillin oral tablet 500 mg, 875 mg	2	
amoxicillin oral tablet,chewable 125 mg, 250 mg	2	
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml	2	
amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg	2	
ampicillin oral capsule 500 mg	3	
ampicillin sodium injection recon soln 1 gram, 10 gram	4	
ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram	4	
BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K)	4	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	4	
dicloxacillin oral capsule 250 mg, 500 mg	3	
nafcillin injection recon soln 1 gram, 10 gram, 2 gram	4	
oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml	4	
oxacillin injection recon soln 1 gram, 10 gram, 2 gram	4	
penicillin g potassium injection recon soln 20 million unit	4	
penicillin g sodium injection recon soln 5 million unit	4	
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	3	
penicillin v potassium oral tablet 250 mg, 500 mg	2	

Drug Name	Tier	Requirements/Limits
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram	4	
Carbapenems		
ertapenem injection recon soln 1 gram	4	
imipenem-cilastatin intravenous recon soln 250 mg, 500 mg	4	
meropenem intravenous recon soln 1 gram, 500 mg	3	
Macrolides		
azithromycin intravenous recon soln 500 mg	4	
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	3	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	2	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	4	
clarithromycin oral tablet 250 mg, 500 mg	3	
clarithromycin oral tablet extended release 24 hr 500 mg	4	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	5	QL (136 ML per 10 days)
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	4	
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml	4	
erythromycin oral tablet 250 mg, 500 mg	4	
erythromycin oral tablet,delayed release (dr/ec) 250 mg, 333 mg, 500 mg	4	
fidaxomicin oral tablet 200 mg	5	QL (20 EA per 10 days)
Quinolones		
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	2	
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	2	
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml	4	
levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml	4	
levofloxacin oral solution 250 mg/10 ml	4	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	2	
moxifloxacin oral tablet 400 mg	3	
moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml	4	
ofloxacin oral tablet 400 mg	4	

Drug Name	Tier	Requirements/Limits
Sulfonamides		
sulfacetamide sodium (acne) topical suspension 10 %	4	
sulfadiazine oral tablet 500 mg	4	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	3	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	2	
Tetracyclines		
demeclocycline oral tablet 150 mg, 300 mg	4	
DOXY-100 INTRAVENOUS RECON SOLN 100 MG	4	
doxycycline hyclate oral capsule 100 mg, 50 mg	2	
doxycycline hyclate oral tablet 100 mg, 20 mg	2	
doxycycline monohydrate oral capsule 100 mg, 50 mg	2	
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml	3	
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	2	
minocycline oral capsule 100 mg, 50 mg, 75 mg	2	
minocycline oral tablet 100 mg, 50 mg, 75 mg	4	
tetracycline oral capsule 250 mg, 500 mg	4	
ANTICONVULSANTS		
Anticonvulsants, Other		
brivaracetam oral solution 10 mg/ml	2	QL (20 ML per 1 day)
brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg	2	QL (2 EA per 1 day)
DIACOMIT ORAL CAPSULE 250 MG	5	PA; QL (12 EA per 1 day); LA
DIACOMIT ORAL CAPSULE 500 MG	5	PA; QL (6 EA per 1 day); LA
DIACOMIT ORAL POWDER IN PACKET 250 MG	5	PA; QL (12 EA per 1 day); LA
DIACOMIT ORAL POWDER IN PACKET 500 MG	5	PA; QL (6 EA per 1 day); LA
divalproex oral capsule, delayed rel sprinkle 125 mg	2	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	2	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	2	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	5	PA; LA
felbamate oral suspension 600 mg/5 ml	4	
felbamate oral tablet 400 mg, 600 mg	4	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	5	PA; QL (12 ML per 1 day); LA
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	

Drug Name	Tier	Requirements/Limits
lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	4	
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	3	
levetiracetam oral solution 100 mg/ml	2	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	2	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	2	
levetiracetam oral tablet for suspension 250 mg, 500 mg	4	ST
perampanel oral suspension 0.5 mg/ml	5	ST; QL (24 ML per 1 day)
perampanel oral tablet 10 mg, 12 mg, 4 mg, 6 mg, 8 mg	5	ST; QL (1 EA per 1 day)
perampanel oral tablet 2 mg	4	ST; QL (1 EA per 1 day)
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	4	ST
SUBVENITE ORAL SUSPENSION 10 MG/ML	4	
SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	1	
topiramate oral capsule, sprinkle 15 mg, 25 mg	2	
topiramate oral capsule, sprinkle 50 mg	4	
topiramate oral solution 25 mg/ml	4	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	
valproic acid (as sodium salt) oral solution 250 mg/5 ml	2	
valproic acid oral capsule 250 mg	2	
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	5	ST; QL (2 EA per 1 day)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	5	ST; QL (1 EA per 1 day)
XCOPRI ORAL TABLET 150 MG, 200 MG	5	ST; QL (2 EA per 1 day)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	4	ST; QL (56 EA per 365 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	5	ST; QL (56 EA per 365 days)
ZTALMY ORAL SUSPENSION 50 MG/ML	5	PA; QL (36 ML per 1 day); LA
Calcium Channel Modifying Agents		
ethosuximide oral capsule 250 mg	3	
ethosuximide oral solution 250 mg/5 ml	3	

Drug Name	Tier	Requirements/Limits
methsuximide oral capsule 300 mg	4	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	3	
pregabalin oral solution 20 mg/ml	4	
ZONISADE ORAL SUSPENSION 100 MG/5 ML	4	
Gamma-Aminobutyric Acid (Gaba) Modulating Agents		
clobazam oral suspension 2.5 mg/ml	4	QL (16 ML per 1 day)
clobazam oral tablet 10 mg, 20 mg	3	QL (2 EA per 1 day)
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	4	
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	4	
clorazepate dipotassium oral tablet 15 mg	4	QL (12 EA per 1 day)
clorazepate dipotassium oral tablet 3.75 mg	4	QL (4 EA per 1 day)
clorazepate dipotassium oral tablet 7.5 mg	4	QL (6 EA per 1 day)
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	4	
diazepam oral solution 5 mg/5 ml (1 mg/ml)	3	
diazepam oral tablet 10 mg, 2 mg, 5 mg	3	
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	4	
gabapentin oral capsule 100 mg, 300 mg, 400 mg	2	
gabapentin oral capsule 200 mg	4	QL (3 EA per 1 day)
gabapentin oral solution 250 mg/5 ml	4	
gabapentin oral tablet 600 mg, 800 mg	2	
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	2	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	4	
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)	4	QL (10 EA per 30 days)
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	3	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	3	
pregabalin oral capsule 200 mg, 300 mg	3	
pregabalin oral solution 20 mg/ml	4	
primidone oral tablet 125 mg, 250 mg, 50 mg	2	
RELGAABI ORAL CAPSULE 200 MG	4	QL (3 EA per 1 day)
RELGAABI ORAL CAPSULE 300 MG, 400 MG	2	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	5	ST; QL (2 EA per 1 day)

Drug Name	Tier	Requirements/Limits
tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg	4	
VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	5	QL (10 EA per 30 days)
vigabatrin oral powder in packet 500 mg	5	ST; QL (6 EA per 1 day); LA
vigabatrin oral tablet 500 mg	5	ST; QL (6 EA per 1 day); LA
VIGADRONE ORAL POWDER IN PACKET 500 MG	5	ST; QL (6 EA per 1 day); LA
VIGADRONE ORAL TABLET 500 MG	5	ST; QL (6 EA per 1 day); LA
VIGAFYDE ORAL SOLUTION 100 MG/ML	5	ST; QL (30 ML per 1 day)
ZTALMY ORAL SUSPENSION 50 MG/ML	5	PA; QL (36 ML per 1 day); LA
Sodium Channel Agents		
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	4	
carbamazepine oral suspension 100 mg/5 ml	4	
carbamazepine oral tablet 200 mg	2	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	4	
carbamazepine oral tablet,chewable 100 mg, 200 mg	3	
DILANTIN ORAL CAPSULE 30 MG	4	
eslicarbazepine oral tablet 200 mg, 400 mg	4	ST; QL (1 EA per 1 day)
eslicarbazepine oral tablet 600 mg, 800 mg	5	ST; QL (2 EA per 1 day)
lacosamide oral solution 10 mg/ml	4	
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	3	
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	3	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	2	
phenytoin oral suspension 125 mg/5 ml	2	
phenytoin oral tablet,chewable 50 mg	2	
phenytoin sodium extended oral capsule 100 mg	2	
rufinamide oral suspension 40 mg/ml	5	ST; QL (80 ML per 1 day)
rufinamide oral tablet 200 mg	4	ST; QL (16 EA per 1 day)
rufinamide oral tablet 400 mg	4	ST; QL (8 EA per 1 day)
ZONISADE ORAL SUSPENSION 100 MG/5 ML	4	
zonisamide oral capsule 100 mg, 25 mg, 50 mg	2	
ANTIDEMENTIA AGENTS		
Antidementia Agents, Other		
donepezil oral tablet 10 mg, 5 mg	1	

Drug Name	Tier	Requirements/Limits
donepezil oral tablet,disintegrating 10 mg, 5 mg	2	
Cholinesterase Inhibitors		
donepezil oral tablet 10 mg, 5 mg	1	
donepezil oral tablet 23 mg	2	
donepezil oral tablet,disintegrating 10 mg, 5 mg	2	
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	3	
galantamine oral solution 4 mg/ml	3	
galantamine oral tablet 12 mg, 4 mg, 8 mg	3	
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	3	
N-Methyl-D-Aspartate (Nmda) Receptor Antagonist		
memantine oral capsule,sprinkle,er 24hr 14 mg	4	QL (2 EA per 1 day)
memantine oral capsule,sprinkle,er 24hr 21 mg, 28 mg	4	QL (1 EA per 1 day)
memantine oral capsule,sprinkle,er 24hr 7 mg	4	QL (4 EA per 1 day)
memantine oral solution 2 mg/ml	4	QL (10 ML per 1 day)
memantine oral tablet 10 mg, 5 mg	2	
memantine oral tablets,dose pack 5-10 mg	4	QL (98 EA per 365 days)
ANTIDEPRESSANTS		
Antidepressants, Other		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML, 960 MG/3.2 ML	5	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	5	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	5	
aripiprazole oral solution 1 mg/ml	4	QL (25 ML per 1 day)
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	2	
aripiprazole oral tablet,disintegrating 10 mg, 15 mg	4	QL (2 EA per 1 day)
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	5	ST; QL (2 EA per 1 day)
bupropion hcl oral tablet 100 mg, 75 mg	2	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	2	
bupropion hcl oral tablet extended release 24 hr 450 mg	4	

Drug Name	Tier	Requirements/Limits
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	2	
EXXUA ORAL TABLET EXTENDED RELEASE 24 HR 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG	5	ST; QL (1 EA per 1 day)
EXXUA ORAL TABLET, EXT REL 24HR DOSE PACK 18.2 MG (32 TABS)	5	ST; QL (64 EA per 365 days)
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	2	
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg	2	
OPIPZA ORAL FILM 10 MG, 5 MG	5	PA; QL (3 EA per 1 day)
OPIPZA ORAL FILM 2 MG	5	PA; QL (1 EA per 1 day)
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	2	
quetiapine oral tablet 150 mg	4	
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	3	
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	5	PA; QL (28 EA per 180 days)
ZURZUVAE ORAL CAPSULE 30 MG	5	PA; QL (14 EA per 180 days)
Monoamine Oxidase Inhibitors		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	5	QL (1 EA per 1 day)
MARPLAN ORAL TABLET 10 MG	4	
phenelzine oral tablet 15 mg	3	
tranylcypromine oral tablet 10 mg	4	
Ssris/Snris (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitors)		
citalopram oral solution 10 mg/5 ml	3	
citalopram oral tablet 10 mg, 20 mg, 40 mg	1	
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	2	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	4	
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	1	
escitalopram oxalate oral capsule 15 mg	4	QL (1 EA per 1 day)
escitalopram oxalate oral solution 5 mg/5 ml	3	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	1	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	4	ST; QL (1 EA per 1 day)

Drug Name	Tier	Requirements/Limits
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	4	ST; QL (1 EA per 1 day)
fluoxetine oral capsule 10 mg, 20 mg, 40 mg	1	
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)	2	
fluoxetine oral tablet 10 mg, 20 mg, 60 mg	2	
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg	2	
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	4	
paroxetine hcl oral suspension 10 mg/5 ml	4	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	2	
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg	3	
RALDESY ORAL SOLUTION 10 MG/ML	4	
sertraline oral concentrate 20 mg/ml	3	
sertraline oral tablet 100 mg, 25 mg, 50 mg	1	
trazodone oral tablet 100 mg, 150 mg, 50 mg	1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	4	ST; QL (1 EA per 1 day)
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg	2	
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	2	
vilazodone oral tablet 10 mg, 20 mg, 40 mg	4	ST; QL (1 EA per 1 day)
Tricyclics		
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	4	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	3	
clomipramine oral capsule 25 mg, 50 mg, 75 mg	4	
desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	3	
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	3	
doxepin oral concentrate 10 mg/ml	3	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	4	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	4	
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	2	
nortriptyline oral solution 10 mg/5 ml	3	
protriptyline oral tablet 10 mg, 5 mg	4	
trimipramine oral capsule 100 mg, 25 mg, 50 mg	4	

Drug Name	Tier	Requirements/Limits
ANTIEMETICS		
Antiemetics, Other		
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml	4	
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	4	
COMPRO RECTAL SUPPOSITORY 25 MG	4	
meclizine oral tablet 12.5 mg, 25 mg	2	
metoclopramide hcl oral solution 5 mg/5 ml	2	
metoclopramide hcl oral tablet 10 mg, 5 mg	1	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	4	
prochlorperazine maleate oral tablet 10 mg, 5 mg	2	
prochlorperazine rectal suppository 25 mg	4	
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	3	
promethazine rectal suppository 12.5 mg, 25 mg	4	
scopolamine base transdermal patch 3 day 1 mg over 3 days	4	QL (10 EA per 30 days)
Emetogenic Therapy Adjuncts		
aprepitant oral capsule 125 mg	4	QL (2 EA per 30 days)
aprepitant oral capsule 40 mg	4	QL (8 EA per 30 days)
aprepitant oral capsule 80 mg	4	QL (4 EA per 30 days)
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	4	QL (6 EA per 30 days)
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	4	
granisetron hcl oral tablet 1 mg	4	QL (2 EA per 1 day)
ondansetron hcl oral solution 4 mg/5 ml	4	
ondansetron hcl oral tablet 4 mg, 8 mg	2	
ondansetron oral tablet,disintegrating 4 mg, 8 mg	2	
ANTIFUNGALS		
Antifungals		
amphotericin b injection recon soln 50 mg	4	PA
amphotericin b liposome intravenous suspension for reconstitution 50 mg	5	PA
caspofungin intravenous recon soln 50 mg, 70 mg	4	
ciclopirox topical cream 0.77 %	2	
ciclopirox topical gel 0.77 %	3	
ciclopirox topical shampoo 1 %	3	
ciclopirox topical solution 8 %	2	
ciclopirox topical suspension 0.77 %	3	

Drug Name	Tier	Requirements/Limits
clotrimazole mucous membrane troche 10 mg	2	
clotrimazole topical cream 1 %	2	
clotrimazole topical solution 1 %	3	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	5	PA
econazole nitrate topical cream 1 %	3	
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml	4	
fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml	3	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	2	
flucytosine oral capsule 250 mg, 500 mg	5	
griseofulvin microsize oral suspension 125 mg/5 ml	4	
griseofulvin microsize oral tablet 500 mg	4	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	4	
itraconazole oral capsule 100 mg	3	
ketoconazole oral tablet 200 mg	2	
ketoconazole topical cream 2 %	3	
ketoconazole topical shampoo 2 %	2	
micafungin intravenous recon soln 100 mg, 50 mg	4	
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG	3	
naftifine topical cream 1 %	4	
nystatin oral suspension 100,000 unit/ml	2	
nystatin oral tablet 500,000 unit	3	
nystatin topical cream 100,000 unit/gram	2	
nystatin topical ointment 100,000 unit/gram	2	
nystatin topical powder 100,000 unit/gram	2	
NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM	2	
posaconazole oral suspension 200 mg/5 ml (40 mg/ml)	5	PA; QL (20 EA per 1 day)
posaconazole oral tablet,delayed release (dr/ec) 100 mg	5	PA; QL (6 EA per 1 day)
terbinafine hcl oral tablet 250 mg	2	
terconazole vaginal cream 0.4 %, 0.8 %	3	
terconazole vaginal suppository 80 mg	4	
voriconazole intravenous recon soln 200 mg	5	PA
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	5	PA; QL (20 ML per 1 day)
voriconazole oral tablet 200 mg	4	PA; QL (4 EA per 1 day)

Drug Name	Tier	Requirements/Limits
voriconazole oral tablet 50 mg	4	PA; QL (16 EA per 1 day)
ANTIGOUT AGENTS		
Antigout Agents		
allopurinol oral tablet 100 mg, 300 mg	1	
colchicine oral tablet 0.6 mg	2	
febuxostat oral tablet 40 mg, 80 mg	3	
probenecid oral tablet 500 mg	3	
probenecid-colchicine oral tablet 500-0.5 mg	3	
ANTIMIGRAINE AGENTS		
Antimigraine Agents		
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	3	PA; QL (0.6 EA per 1 day)
Calcitonin Gene-Related Peptide (Cgrp) Receptor Antagonists		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	3	PA; QL (0.04 ML per 1 day)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	3	PA; QL (0.08 ML per 1 day)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	3	PA; QL (0.08 ML per 1 day)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	3	PA; QL (0.1 ML per 1 day)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	3	PA; QL (0.6 EA per 1 day)
Ergot Alkaloids		
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	5	QL (8 ML per 30 days)
ergotamine-caffeine oral tablet 1-100 mg	3	QL (40 EA per 28 days)
Prophylactic		
divalproex oral capsule, delayed rel sprinkle 125 mg	2	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	2	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	2	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	3	
topiramate oral capsule, sprinkle 15 mg, 25 mg	2	
topiramate oral capsule, sprinkle 50 mg	4	
topiramate oral solution 25 mg/ml	4	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	

Drug Name	Tier	Requirements/Limits
valproic acid (as sodium salt) oral solution 250 mg/5 ml	2	
valproic acid oral capsule 250 mg	2	
Serotonin (5-Ht) Receptor Agonist		
eletriptan oral tablet 20 mg, 40 mg	3	QL (12 EA per 30 days)
naratriptan oral tablet 1 mg, 2.5 mg	3	QL (9 EA per 30 days)
rizatriptan oral tablet 10 mg, 5 mg	2	QL (12 EA per 30 days)
rizatriptan oral tablet,disintegrating 10 mg, 5 mg	2	QL (12 EA per 30 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation	4	QL (12 EA per 30 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	2	QL (9 EA per 30 days)
sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml	4	QL (4 ML per 30 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	4	QL (4 ML per 30 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	3	QL (9 EA per 30 days)
zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg	3	QL (9 EA per 30 days)
ANTIMYASTHENIC AGENTS		
Parasympathomimetics		
pyridostigmine bromide oral syrup 60 mg/5 ml	4	
pyridostigmine bromide oral tablet 60 mg	3	
pyridostigmine bromide oral tablet extended release 180 mg	4	
ANTIMYCOBACTERIALS		
Antimycobacterials, Other		
dapsone oral tablet 100 mg, 25 mg	3	
rifabutin oral capsule 150 mg	4	
rifapentine oral tablet 150 mg	4	
Antituberculars		
ethambutol oral tablet 100 mg, 400 mg	3	
isoniazid oral solution 50 mg/5 ml	2	
isoniazid oral tablet 100 mg, 300 mg	2	
pyrazinamide oral tablet 500 mg	4	
rifampin intravenous recon soln 600 mg	4	
rifampin oral capsule 150 mg, 300 mg	3	
rifapentine oral tablet 150 mg	4	
SIRTURO ORAL TABLET 100 MG, 20 MG	5	LA

Drug Name	Tier	Requirements/Limits
ANTINEOPLASTICS		
Alkylating Agents		
cyclophosphamide oral capsule 25 mg, 50 mg	3	PA
cyclophosphamide oral tablet 50 mg	3	PA
LEUKERAN ORAL TABLET 2 MG	5	PA
lomustine oral capsule 10 mg, 40 mg	4	PA
lomustine oral capsule 100 mg	5	PA
MATULANE ORAL CAPSULE 50 MG	5	LA
VALCHLOR TOPICAL GEL 0.016 %	5	QL (60 GM per 30 days); LA
Antiandrogens		
abiraterone oral tablet 250 mg	3	PA; QL (4 EA per 1 day)
ABIRTEGA ORAL TABLET 250 MG	3	PA; QL (4 EA per 1 day)
bicalutamide oral tablet 50 mg	2	
ERLEADA ORAL TABLET 240 MG	5	PA; QL (1 EA per 1 day); LA
ERLEADA ORAL TABLET 60 MG	5	PA; QL (4 EA per 1 day); LA
EULEXIN ORAL CAPSULE 125 MG	5	PA; QL (6 EA per 1 day)
nilutamide oral tablet 150 mg	5	PA; QL (2 EA per 1 day)
NUBEQA ORAL TABLET 300 MG	5	PA; QL (4 EA per 1 day); LA
toremifene oral tablet 60 mg	5	PA; QL (1 EA per 1 day)
XTANDI ORAL CAPSULE 40 MG	5	PA; QL (4 EA per 1 day); LA
XTANDI ORAL TABLET 40 MG	5	PA; QL (4 EA per 1 day); LA
XTANDI ORAL TABLET 80 MG	5	PA; QL (2 EA per 1 day); LA
YONSA ORAL TABLET 125 MG	5	PA; QL (4 EA per 1 day)
Antiangiogenic Agents		
lenalidomide oral capsule 10 mg, 2.5 mg, 5 mg	5	PA; QL (1 EA per 1 day); LA
lenalidomide oral capsule 15 mg, 20 mg, 25 mg	5	PA; QL (21 EA per 28 days); LA
pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg	5	PA; QL (21 EA per 28 days)
THALOMID ORAL CAPSULE 100 MG, 50 MG	5	LA
ZENBEXUS ORAL CAPSULE 0.75 MG, 1 MG	5	PA; QL (21 EA per 28 days); LA
Antiestrogens/Modifiers		
INLURIYO ORAL TABLET 200 MG	5	PA; QL (2 EA per 1 day); LA
ORSERDU ORAL TABLET 345 MG	5	PA; QL (1 EA per 1 day); LA
ORSERDU ORAL TABLET 86 MG	5	PA; QL (3 EA per 1 day); LA
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	5	QL (20 ML per 1 day)
tamoxifen oral tablet 10 mg, 20 mg	2	
toremifene oral tablet 60 mg	5	PA; QL (1 EA per 1 day)

Drug Name	Tier	Requirements/Limits
Antimetabolites		
BESREMI PEN SUBCUTANEOUS PEN INJECTOR 500 MCG/0.5 ML	5	PA; QL (1 ML per 28 days); LA
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	5	PA; QL (2 ML per 28 days); LA
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	3	
fluorouracil topical cream 5 %	4	
fluorouracil topical solution 2 %, 5 %	4	
hydroxyurea oral capsule 500 mg	2	
mercaptopurine oral suspension 20 mg/ml	5	
mercaptopurine oral tablet 50 mg	3	
ONUREG ORAL TABLET 200 MG, 300 MG	5	PA; QL (14 EA per 28 days)
TABLOID ORAL TABLET 40 MG	5	PA
Antineoplastics, Other		
hydroxyurea oral capsule 500 mg	2	
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA; QL (1 EA per 1 day); LA
INQOVI ORAL TABLET 35-100 MG	5	PA; QL (5 EA per 28 days); LA
IWILFIN ORAL TABLET 192 MG	5	PA; QL (8 EA per 1 day); LA
JYLAMVO ORAL SOLUTION 2 MG/ML	4	
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	3	
LONSURF ORAL TABLET 15-6.14 MG	5	PA; QL (10 EA per 1 day); LA
LONSURF ORAL TABLET 20-8.19 MG	5	PA; QL (8 EA per 1 day); LA
LUMAKRAS ORAL TABLET 240 MG	5	PA; QL (4 EA per 1 day); LA
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA; QL (4 EA per 1 day); LA
LYSODREN ORAL TABLET 500 MG	5	
methotrexate sodium (pf) injection solution 25 mg/ml	2	
methotrexate sodium injection solution 25 mg/ml	2	
methotrexate sodium oral tablet 2.5 mg	2	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA; QL (3 EA per 28 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	5	PA; QL (1 EA per 1 day); LA
ORGOVYX ORAL TABLET 120 MG	5	PA; QL (32 EA per 30 days); LA
RETEVMO ORAL TABLET 120 MG, 160 MG	5	PA; QL (2 EA per 1 day); LA
RETEVMO ORAL TABLET 40 MG	5	PA; QL (6 EA per 1 day); LA
RETEVMO ORAL TABLET 80 MG	5	PA; QL (4 EA per 1 day); LA
VORANIGO ORAL TABLET 10 MG	5	PA; QL (2 EA per 1 day); LA
VORANIGO ORAL TABLET 40 MG	5	PA; QL (1 EA per 1 day); LA
XATMEP ORAL SOLUTION 2.5 MG/ML	4	

Drug Name	Tier	Requirements/Limits
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2)	5	PA; QL (8 EA per 28 days); LA
XPOVIO ORAL TABLET 40 MG/WEEK (10 MG X 4), 80 MG/WEEK (80 MG X 1)	5	PA; QL (4 EA per 28 days)
XPOVIO ORAL TABLET 60 MG/WEEK (60 MG X 1)	5	PA; QL (4 EA per 28 days); LA
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	5	PA; QL (24 EA per 28 days); LA
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	5	PA; QL (32 EA per 28 days); LA
ZOLINZA ORAL CAPSULE 100 MG	5	PA; QL (4 EA per 1 day)
Aromatase Inhibitors, 3Rd Generation		
anastrozole oral tablet 1 mg	1	
exemestane oral tablet 25 mg	3	
letrozole oral tablet 2.5 mg	1	
Enzyme Inhibitors		
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA; QL (21 EA per 28 days); LA
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	PA; QL (2 EA per 1 day); LA
TIBSOVO ORAL TABLET 250 MG	5	PA; QL (2 EA per 1 day); LA
Molecular Target Inhibitors		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	5	PA; QL (2 EA per 1 day)
ALECENSA ORAL CAPSULE 150 MG	5	PA; QL (8 EA per 1 day); LA
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; QL (1 EA per 1 day); LA
ALUNBRIG ORAL TABLET 30 MG	5	PA; QL (4 EA per 1 day); LA
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)-180 MG (23)	5	PA; QL (1 EA per 1 day); LA
AUGTYRO ORAL CAPSULE 160 MG	5	PA; QL (2 EA per 1 day); LA
AUGTYRO ORAL CAPSULE 40 MG	5	PA; QL (8 EA per 1 day); LA
AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG	5	PA; QL (66 EA per 28 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	5	PA; QL (1 EA per 1 day); LA
BALVERSA ORAL TABLET 3 MG	5	PA; QL (3 EA per 1 day); LA
BALVERSA ORAL TABLET 4 MG	5	PA; QL (2 EA per 1 day); LA
BALVERSA ORAL TABLET 5 MG	5	PA; QL (1 EA per 1 day); LA
BOSULIF ORAL CAPSULE 100 MG	5	PA; QL (6 EA per 1 day); LA
BOSULIF ORAL CAPSULE 50 MG	5	PA; QL (1 EA per 1 day); LA
BOSULIF ORAL TABLET 100 MG	5	PA; QL (4 EA per 1 day); LA
BOSULIF ORAL TABLET 500 MG	5	PA; QL (1 EA per 1 day); LA

Drug Name	Tier	Requirements/Limits
bosutinib oral tablet 100 mg	5	PA; QL (4 EA per 1 day)
bosutinib oral tablet 400 mg, 500 mg	5	PA; QL (1 EA per 1 day)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; QL (6 EA per 1 day); LA
BRUKINSA ORAL TABLET 160 MG	5	PA; QL (2 EA per 1 day); LA
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	5	PA; QL (1 EA per 1 day); LA
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	5	PA; QL (2 EA per 1 day); LA
CAPRELSA ORAL TABLET 100 MG	5	PA; QL (2 EA per 1 day); LA
CAPRELSA ORAL TABLET 300 MG	5	PA; QL (1 EA per 1 day); LA
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	5	PA; QL (2 EA per 1 day); LA
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5	PA; QL (4 EA per 1 day); LA
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	5	PA; QL (3 EA per 1 day); LA
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA; QL (2 EA per 1 day); LA
COTELLIC ORAL TABLET 20 MG	5	PA; QL (63 EA per 28 days); LA
DANZITEN ORAL TABLET 71 MG, 95 MG	5	PA; QL (4 EA per 1 day)
dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg	5	PA; QL (1 EA per 1 day)
dasatinib oral tablet 20 mg	5	PA; QL (3 EA per 1 day)
DAURISMO ORAL TABLET 100 MG	5	PA; QL (1 EA per 1 day)
DAURISMO ORAL TABLET 25 MG	5	PA; QL (2 EA per 1 day)
ENSACOVE ORAL CAPSULE 100 MG, 25 MG	5	PA; LA
ERIVEDGE ORAL CAPSULE 150 MG	5	PA; QL (1 EA per 1 day); LA
erlotinib oral tablet 100 mg, 150 mg	4	PA; QL (1 EA per 1 day)
erlotinib oral tablet 25 mg	4	PA; QL (3 EA per 1 day)
everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	5	PA; QL (1 EA per 1 day)
everolimus (antineoplastic) oral tablet for suspension 2 mg, 5 mg	5	PA; QL (2 EA per 1 day)
everolimus (antineoplastic) oral tablet for suspension 3 mg	5	PA; QL (3 EA per 1 day)
everolimus (immunosuppressive) oral tablet 0.25 mg	4	PA; QL (2 EA per 1 day)
everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg	5	PA; QL (2 EA per 1 day)
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	5	PA; QL (21 EA per 28 days); LA
FRUZAQLA ORAL CAPSULE 1 MG	5	PA; QL (105 EA per 28 days); LA
FRUZAQLA ORAL CAPSULE 5 MG	5	PA; QL (21 EA per 28 days); LA

Drug Name	Tier	Requirements/Limits
GAVRETO ORAL CAPSULE 100 MG	5	PA; QL (4 EA per 1 day); LA
gefitinib oral tablet 250 mg	5	PA; QL (1 EA per 1 day)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA; QL (1 EA per 1 day); LA
GOMEKLI ORAL CAPSULE 1 MG	5	PA; QL (8 EA per 1 day); LA
GOMEKLI ORAL CAPSULE 2 MG	5	PA; QL (4 EA per 1 day); LA
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG	5	PA; QL (8 EA per 1 day); LA
HERNEXEOS ORAL TABLET 60 MG	5	PA; QL (3 EA per 1 day); LA
HYRNUO ORAL TABLET 10 MG	5	PA; QL (4 EA per 1 day)
IBRANCE ORAL CAPSULE 125 MG	5	PA; QL (21 EA per 28 days); LA
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA; QL (21 EA per 28 days); LA
IBTROZI ORAL CAPSULE 200 MG	5	PA; QL (3 EA per 1 day); LA
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	5	PA; QL (1 EA per 1 day); LA
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA; QL (1 EA per 1 day); LA
imatinib oral tablet 100 mg	3	PA; QL (3 EA per 1 day)
imatinib oral tablet 400 mg	3	PA; QL (2 EA per 1 day)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; QL (3 EA per 1 day); LA
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; QL (1 EA per 1 day); LA
IMBRUVICA ORAL SUSPENSION 70 MG/ML	5	PA; QL (216 ML per 30 days); LA
IMBRUVICA ORAL TABLET 140 MG, 280 MG	5	PA; QL (1 EA per 1 day)
IMBRUVICA ORAL TABLET 420 MG	5	PA; QL (1 EA per 1 day); LA
IMKELDI ORAL SOLUTION 80 MG/ML	5	PA; QL (10 ML per 1 day)
INLYTA ORAL TABLET 1 MG	5	PA; QL (6 EA per 1 day); LA
INLYTA ORAL TABLET 5 MG	5	PA; QL (4 EA per 1 day); LA
INREBIC ORAL CAPSULE 100 MG	5	PA; QL (4 EA per 1 day); LA
ITOVEBI ORAL TABLET 3 MG	5	PA; QL (2 EA per 1 day); LA
ITOVEBI ORAL TABLET 9 MG	5	PA; QL (1 EA per 1 day); LA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA; QL (2 EA per 1 day); LA
JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG, 33 MG, 44 MG, 55 MG	5	PA; QL (1 EA per 1 day)
JAYPIRCA ORAL TABLET 100 MG	5	PA; QL (3 EA per 1 day); LA
JAYPIRCA ORAL TABLET 50 MG	5	PA; QL (1 EA per 1 day); LA
JIDEYTRO ORAL TABLET 100 MG	5	PA; QL (1 EA per 1 day)
JIDEYTRO ORAL TABLET 25 MG	5	PA; QL (3 EA per 1 day)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA; QL (21 EA per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA; QL (42 EA per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA; QL (63 EA per 28 days)

Drug Name	Tier	Requirements/Limits
KOMZIFTI ORAL CAPSULE 200 MG	5	PA; QL (3 EA per 1 day); LA
KOSELUGO ORAL CAPSULE 10 MG	5	PA; QL (8 EA per 1 day); LA
KOSELUGO ORAL CAPSULE 25 MG	5	PA; QL (4 EA per 1 day); LA
KOSELUGO ORAL CAPSULE, SPRINKLE 5 MG	5	PA; QL (20 EA per 1 day)
KOSELUGO ORAL CAPSULE, SPRINKLE 7.5 MG	5	PA; QL (12 EA per 1 day)
KRAZATI ORAL TABLET 200 MG	5	PA; QL (6 EA per 1 day); LA
lapatinib oral tablet 250 mg	5	PA; QL (6 EA per 1 day)
LAZCLUZE ORAL TABLET 240 MG	5	PA; QL (1 EA per 1 day); LA
LAZCLUZE ORAL TABLET 80 MG	5	PA; QL (2 EA per 1 day); LA
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	5	PA; QL (1 EA per 1 day); LA
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	5	PA; QL (3 EA per 1 day); LA
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	5	PA; QL (2 EA per 1 day); LA
LIFYORLI ORAL CAPSULE 125 MG/DAY(100 MG X1-25MG X1)	5	PA; QL (18 EA per 28 days)
LIFYORLI ORAL CAPSULE 150 MG/DAY(100 MG X1-25MG X2)	5	PA; QL (27 EA per 28 days)
LORBRENA ORAL TABLET 100 MG	5	PA; QL (1 EA per 1 day); LA
LORBRENA ORAL TABLET 25 MG	5	PA; QL (3 EA per 1 day); LA
LUMAKRAS ORAL TABLET 120 MG	5	PA; QL (8 EA per 1 day); LA
LUMAKRAS ORAL TABLET 240 MG	5	PA; QL (4 EA per 1 day); LA
LUMAKRAS ORAL TABLET 320 MG	5	PA; QL (3 EA per 1 day); LA
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA; QL (4 EA per 1 day); LA
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	5	PA; QL (5 EA per 1 day); LA
MEKINIST ORAL RECON SOLN 0.05 MG/ML	5	PA; QL (40 ML per 1 day)
MEKINIST ORAL TABLET 0.5 MG	5	PA; QL (3 EA per 1 day); LA
MEKINIST ORAL TABLET 2 MG	5	PA; QL (1 EA per 1 day); LA
MEKTOVI ORAL TABLET 15 MG	5	PA; QL (6 EA per 1 day); LA
MODEYSO ORAL CAPSULE 125 MG	5	PA; QL (20 EA per 28 days); LA
NERLYNX ORAL TABLET 40 MG	5	PA; QL (6 EA per 1 day); LA
nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg	5	PA; QL (4 EA per 1 day)
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA; QL (3 EA per 28 days)
ODOMZO ORAL CAPSULE 200 MG	5	PA; QL (1 EA per 1 day)
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	PA; QL (2 EA per 1 day); LA

Drug Name	Tier	Requirements/Limits
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	5	PA; QL (96 ML per 28 days)
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6)	5	PA; QL (24 EA per 28 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	5	PA; QL (1 EA per 1 day); LA
pazopanib oral tablet 200 mg	5	PA; QL (4 EA per 1 day)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	PA; QL (14 EA per 21 days); LA
PHYRAGO ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	5	PA; QL (1 EA per 1 day)
PHYRAGO ORAL TABLET 20 MG	5	PA; QL (3 EA per 1 day)
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA; QL (1 EA per 1 day)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	5	PA; QL (2 EA per 1 day)
QINLOCK ORAL TABLET 50 MG	5	PA; QL (3 EA per 1 day); LA
RETEVMO ORAL TABLET 120 MG, 160 MG	5	PA; QL (2 EA per 1 day); LA
RETEVMO ORAL TABLET 40 MG	5	PA; QL (6 EA per 1 day); LA
RETEVMO ORAL TABLET 80 MG	5	PA; QL (4 EA per 1 day); LA
REVUFORJ ORAL TABLET 110 MG	5	PA; QL (4 EA per 1 day); LA
REVUFORJ ORAL TABLET 160 MG	5	PA; QL (2 EA per 1 day); LA
REVUFORJ ORAL TABLET 25 MG	5	PA; QL (8 EA per 1 day); LA
REZLIDHIA ORAL CAPSULE 150 MG	5	PA; QL (2 EA per 1 day); LA
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	5	PA; QL (8 EA per 28 days); LA
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; QL (5 EA per 1 day); LA
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; QL (3 EA per 1 day); LA
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	5	PA; QL (12 EA per 1 day); LA
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA; QL (4 EA per 1 day); LA
RYDAPT ORAL CAPSULE 25 MG	5	PA; QL (8 EA per 1 day)
SCEMBLIX ORAL TABLET 100 MG	5	PA; QL (4 EA per 1 day)
SCEMBLIX ORAL TABLET 20 MG	5	PA; QL (2 EA per 1 day)
SCEMBLIX ORAL TABLET 40 MG	5	PA; QL (10 EA per 1 day)
sorafenib oral tablet 200 mg	5	PA; QL (4 EA per 1 day)
STIVARGA ORAL TABLET 40 MG	5	PA; QL (84 EA per 28 days); LA
sunitinib malate oral capsule 12.5 mg	5	PA; QL (3 EA per 1 day)
sunitinib malate oral capsule 25 mg	5	PA; QL (2 EA per 1 day)
sunitinib malate oral capsule 37.5 mg, 50 mg	5	PA; QL (1 EA per 1 day)
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA; QL (4 EA per 1 day)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA; QL (4 EA per 1 day); LA

Drug Name	Tier	Requirements/Limits
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	5	PA; QL (30 EA per 1 day); LA
TAGRISSO ORAL TABLET 40 MG, 80 MG	5	PA; QL (1 EA per 1 day); LA
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	5	PA; QL (1 EA per 1 day); LA
TALZENNA ORAL CAPSULE 0.25 MG	5	PA; QL (3 EA per 1 day); LA
TEPMETKO ORAL TABLET 225 MG	5	PA; QL (2 EA per 1 day); LA
TIBSOVO ORAL TABLET 250 MG	5	PA; QL (2 EA per 1 day); LA
TORPENZ ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	5	PA; QL (1 EA per 1 day)
TRUQAP ORAL TABLET 160 MG, 200 MG	5	PA; QL (64 EA per 28 days); LA
TUKYSA ORAL TABLET 150 MG	5	PA; QL (4 EA per 1 day); LA
TUKYSA ORAL TABLET 50 MG	5	PA; QL (10 EA per 1 day); LA
TURALIO ORAL CAPSULE 125 MG	5	PA; QL (4 EA per 1 day); LA
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	5	PA; QL (2 EA per 1 day)
VENCLEXTA ORAL TABLET 10 MG	3	PA; QL (2 EA per 1 day); LA
VENCLEXTA ORAL TABLET 100 MG	5	PA; QL (6 EA per 1 day); LA
VENCLEXTA ORAL TABLET 50 MG	5	PA; QL (1 EA per 1 day); LA
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	5	PA; QL (42 EA per 28 days); LA
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA; QL (2 EA per 1 day); LA
VITRAKVI ORAL CAPSULE 100 MG	5	PA; QL (2 EA per 1 day)
VITRAKVI ORAL CAPSULE 25 MG	5	PA; QL (6 EA per 1 day)
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA; QL (10 ML per 1 day)
VONJO ORAL CAPSULE 100 MG	5	PA; QL (4 EA per 1 day); LA
WELIREG ORAL TABLET 40 MG	5	PA; QL (3 EA per 1 day); LA
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA; QL (4 EA per 1 day); LA
XALKORI ORAL PELLET 150 MG	5	PA; QL (6 EA per 1 day); LA
XALKORI ORAL PELLET 20 MG, 50 MG	5	PA; QL (4 EA per 1 day); LA
XOSPATA ORAL TABLET 40 MG	5	PA; QL (3 EA per 1 day); LA
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2)	5	PA; QL (8 EA per 28 days); LA
XPOVIO ORAL TABLET 40 MG/WEEK (10 MG X 4)	5	PA; QL (4 EA per 28 days)
XPOVIO ORAL TABLET 60 MG/WEEK (60 MG X 1)	5	PA; QL (4 EA per 28 days); LA
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	5	PA; QL (24 EA per 28 days); LA
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	5	PA; QL (32 EA per 28 days); LA

Drug Name	Tier	Requirements/Limits
YULITHIRA ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	4	PA; QL (1 EA per 1 day)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	5	PA; QL (1 EA per 1 day); LA
ZELBORAF ORAL TABLET 240 MG	5	PA; QL (8 EA per 1 day); LA
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA; QL (2 EA per 1 day); LA
ZYKADIA ORAL TABLET 150 MG	5	PA; QL (3 EA per 1 day); LA
Retinoids		
bexarotene oral capsule 75 mg	5	PA; QL (10 EA per 1 day)
bexarotene topical gel 1 %	5	PA; QL (60 GM per 30 days)
PANRETIN TOPICAL GEL 0.1 %	5	PA; QL (60 GM per 30 days)
tretinoin (antineoplastic) oral capsule 10 mg	5	PA
Treatment Adjuncts		
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	3	
mesna oral tablet 400 mg	5	
MESNEX ORAL TABLET 400 MG	5	
ANTIPARASITICS		
Anthelmintics		
albendazole oral tablet 200 mg	4	
ivermectin oral tablet 3 mg	3	
praziquantel oral tablet 600 mg	4	
Antiprotozoals		
atovaquone oral suspension 750 mg/5 ml	4	
atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg	3	
chloroquine phosphate oral tablet 250 mg, 500 mg	4	
COARTEM ORAL TABLET 20-120 MG	4	
hydroxychloroquine oral tablet 100 mg, 200 mg, 300 mg, 400 mg	2	
IMPAVIDO ORAL CAPSULE 50 MG	5	PA; QL (3 EA per 1 day)
mefloquine oral tablet 250 mg	2	
nitazoxanide oral tablet 500 mg	5	QL (0.2 EA per 1 day)
pentamidine inhalation recon soln 300 mg	4	PA
pentamidine injection recon soln 300 mg	4	
primaquine oral tablet 26.3 mg (15 mg base)	3	
pyrimethamine oral tablet 25 mg	5	
quinine sulfate oral capsule 324 mg	4	PA

Drug Name	Tier	Requirements/Limits
ANTIPARKINSON AGENTS		
Anticholinergics		
benztropine oral tablet 0.5 mg, 1 mg, 2 mg	2	
trihexyphenidyl oral elixir 0.4 mg/ml	2	
trihexyphenidyl oral tablet 2 mg, 5 mg	2	
Antiparkinson Agents, Other		
amantadine hcl oral capsule 100 mg	3	
amantadine hcl oral solution 50 mg/5 ml	3	
carbidopa oral tablet 25 mg	4	
entacapone oral tablet 200 mg	4	
Dopamine Agonists		
apomorphine subcutaneous cartridge 10 mg/ml	5	
bromocriptine oral capsule 5 mg	4	
bromocriptine oral tablet 2.5 mg	4	
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	2	
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	2	
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	3	
Dopamine Precursors And/Or L-Amino Acid Decarboxylase Inhibitors		
carbidopa oral tablet 25 mg	4	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	2	
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	3	
Monoamine Oxidase B (Mao-B) Inhibitors		
rasagiline oral tablet 0.5 mg, 1 mg	4	
selegiline hcl oral capsule 5 mg	3	
selegiline hcl oral tablet 5 mg	3	
ANTIPSYCHOTICS		
1St Generation/Typical		
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml	4	
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	4	
fluphenazine decanoate injection solution 25 mg/ml	4	
fluphenazine hcl injection solution 2.5 mg/ml	4	
fluphenazine hcl oral concentrate 5 mg/ml	4	

Drug Name	Tier	Requirements/Limits
fluphenazine hcl oral elixir 2.5 mg/5 ml	4	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	4	
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	4	
haloperidol lactate injection solution 5 mg/ml	4	
haloperidol lactate oral concentrate 2 mg/ml	2	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	2	
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	2	
molindone oral tablet 10 mg, 25 mg, 5 mg	4	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	4	
pimozide oral tablet 1 mg, 2 mg	3	
prochlorperazine maleate oral tablet 10 mg, 5 mg	2	
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	3	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	4	
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	3	
2Nd Generation/Atypical		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML, 960 MG/3.2 ML	5	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	5	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	5	
aripiprazole oral solution 1 mg/ml	4	QL (25 ML per 1 day)
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	2	
aripiprazole oral tablet,disintegrating 10 mg, 15 mg	4	QL (2 EA per 1 day)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	5	QL (2.4 ML per 42 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	5	QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	5	QL (1.6 ML per 28 days)

Drug Name	Tier	Requirements/Limits
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	5	QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	5	QL (3.2 ML per 28 days)
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg	4	PA; QL (2 EA per 1 day)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	5	PA; QL (1 EA per 1 day)
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	5	PA; QL (2 EA per 1 day)
COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG	5	PA; QL (2 EA per 1 day)
ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	QL (0.75 ML per 28 days)
ERZOFRI INTRAMUSCULAR SYRINGE 156 MG/ML	5	QL (1 ML per 28 days)
ERZOFRI INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	QL (1.5 ML per 28 days)
ERZOFRI INTRAMUSCULAR SYRINGE 351 MG/2.25 ML	5	QL (2.25 ML per 365 days)
ERZOFRI INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	5	QL (0.25 ML per 28 days)
ERZOFRI INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	QL (0.5 ML per 28 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5	PA; QL (2 EA per 1 day)
FANAPT TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	4	PA; QL (2 EA per 1 day)
FANAPT TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2)	4	PA; QL (24 EA per 365 days)
FANAPT TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2 MG(2) -6 MG (2)	4	PA; QL (16 EA per 365 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	5	QL (3.5 ML per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	5	QL (5 ML per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	QL (0.75 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	QL (1 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	QL (1.5 ML per 28 days)

Drug Name	Tier	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	QL (0.25 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	QL (0.5 ML per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	5	QL (0.88 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	5	QL (1.32 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	QL (1.75 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	5	QL (2.63 ML per 84 days)
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg	3	QL (1 EA per 1 day)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	5	PA; QL (1 EA per 1 day)
NUPLAZID ORAL CAPSULE 34 MG	5	PA; QL (1 EA per 1 day); LA
NUPLAZID ORAL TABLET 10 MG	5	PA; QL (1 EA per 1 day); LA
olanzapine intramuscular recon soln 10 mg	4	
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	2	
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg	4	
OPIPZA ORAL FILM 2 MG	5	PA; QL (1 EA per 1 day)
OPIPZA ORAL FILM 5 MG	5	PA; QL (3 EA per 1 day)
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	4	QL (1 EA per 1 day)
paliperidone oral tablet extended release 24hr 6 mg	4	QL (2 EA per 1 day)
PERSERIS SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG	5	QL (1 EA per 28 days)
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	2	
quetiapine oral tablet 150 mg	4	
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	3	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	5	PA; QL (1 EA per 1 day)
risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml	4	QL (2 EA per 28 days)

Drug Name	Tier	Requirements/Limits
risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml, 50 mg/2 ml	5	QL (2 EA per 28 days)
risperidone oral solution 1 mg/ml	3	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	2	
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	4	
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	5	PA; QL (1 EA per 1 day)
VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG	5	PA; QL (1 EA per 1 day)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	3	
ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)	4	
Treatment-Resistant		
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	3	
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	4	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	QL (18 ML per 1 day)
ANTISPASTICITY AGENTS		
Antispasticity Agents		
baclofen oral tablet 10 mg, 20 mg, 5 mg	2	
dantrolene oral capsule 100 mg, 25 mg, 50 mg	3	
tizanidine oral tablet 2 mg, 4 mg	2	
ANTIVIRALS		
Anti-Cytomegalovirus (Cmv) Agents		
LIVTENCITY ORAL TABLET 200 MG	5	PA; QL (4 EA per 1 day); LA
PREVYMIS ORAL TABLET 240 MG, 480 MG	5	PA; QL (1 EA per 1 day)
valganciclovir oral recon soln 50 mg/ml	5	
valganciclovir oral tablet 450 mg	3	
Anti-Hepatitis B (Hbv) Agents		
adefovir oral tablet 10 mg	4	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	5	QL (21 ML per 1 day)
entecavir oral tablet 0.5 mg, 1 mg	2	
lamivudine oral solution 10 mg/ml	2	
lamivudine oral tablet 100 mg	4	
lamivudine oral tablet 150 mg, 300 mg	2	

Drug Name	Tier	Requirements/Limits
tenofovir disoproxil fumarate oral tablet 300 mg	2	
VEMLIDY ORAL TABLET 25 MG	5	QL (1 EA per 1 day)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	5	QL (8 GM per 1 day)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	QL (1 EA per 1 day)
Anti-Hepatitis C (Hcv) Agents		
ledipasvir-sofosbuvir oral tablet 90-400 mg	5	PA; QL (1 EA per 1 day)
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	5	PA; QL (5 EA per 1 day)
MAVYRET ORAL TABLET 100-40 MG	5	PA; QL (3 EA per 1 day)
ribavirin oral capsule 200 mg	3	
ribavirin oral tablet 200 mg	3	
sofosbuvir-velpatasvir oral tablet 400-100 mg	5	PA; QL (1 EA per 1 day)
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; QL (1 EA per 1 day)
Antiherpetic Agents		
acyclovir oral capsule 200 mg	2	
acyclovir oral suspension 200 mg/5 ml	4	
acyclovir oral tablet 400 mg, 800 mg	2	
acyclovir sodium intravenous solution 50 mg/ml	4	PA
famciclovir oral tablet 125 mg, 250 mg, 500 mg	3	
trifluridine ophthalmic (eye) drops 1 %	3	
valacyclovir oral tablet 1 gram, 500 mg	2	
Anti-Hiv Agents, Integrase Inhibitors (Insti)		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	5	QL (1 EA per 1 day)
DOVATO ORAL TABLET 50-300 MG	5	QL (1 EA per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG	5	QL (1 EA per 1 day)
ISENTRESS HD ORAL TABLET 600 MG	5	QL (2 EA per 1 day)
ISENTRESS ORAL POWDER IN PACKET 100 MG	4	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET 400 MG	5	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	QL (6 EA per 1 day)
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	4	QL (6 EA per 1 day)
JULUCA ORAL TABLET 50-25 MG	5	QL (1 EA per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG	5	QL (1 EA per 1 day)
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	QL (1 EA per 1 day)
TIVICAY ORAL TABLET 50 MG	5	QL (2 EA per 1 day)
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	5	QL (6 EA per 1 day)

Drug Name	Tier	Requirements/Limits
Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)		
DELSTRIGO ORAL TABLET 100-300-300 MG	5	QL (1 EA per 1 day)
EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG	5	
efavirenz oral tablet 600 mg	4	
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg	4	QL (1 EA per 1 day)
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg	5	QL (1 EA per 1 day)
emtricita-rilpivirine-tenof df oral tablet 200-25-300 mg	5	QL (1 EA per 1 day)
etravirine oral tablet 100 mg	4	QL (2 EA per 1 day)
etravirine oral tablet 200 mg	5	QL (2 EA per 1 day)
IDVYNSO ORAL TABLET 100-0.25 MG	5	
INTELENCE ORAL TABLET 25 MG	4	QL (4 EA per 1 day)
nevirapine oral suspension 50 mg/5 ml	2	
nevirapine oral tablet 200 mg	2	
nevirapine oral tablet extended release 24 hr 400 mg	2	
PIFELTRO ORAL TABLET 100 MG	5	QL (1 EA per 1 day)
rilpivirine hcl oral tablet 25 mg	5	QL (1 EA per 1 day)
Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)		
abacavir oral solution 20 mg/ml	2	
abacavir oral tablet 300 mg	2	
abacavir-lamivudine oral tablet 600-300 mg	2	
CIMDUO ORAL TABLET 300-300 MG	5	QL (1 EA per 1 day)
DELSTRIGO ORAL TABLET 100-300-300 MG	5	QL (1 EA per 1 day)
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	5	QL (1 EA per 1 day)
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg	4	QL (1 EA per 1 day)
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg	5	QL (1 EA per 1 day)
emtricitabine oral capsule 200 mg	4	
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg	4	QL (1 EA per 1 day)
emtricitabine-tenofovir (tdf) oral tablet 200-300 mg	2	
EMTRIVA ORAL SOLUTION 10 MG/ML	4	QL (28.34 ML per 1 day)
JULUCA ORAL TABLET 50-25 MG	5	QL (1 EA per 1 day)
lamivudine oral solution 10 mg/ml	2	

Drug Name	Tier	Requirements/Limits
lamivudine oral tablet 100 mg	4	
lamivudine oral tablet 150 mg, 300 mg	2	
lamivudine-zidovudine oral tablet 150-300 mg	2	
ODEFSEY ORAL TABLET 200-25-25 MG	5	QL (1 EA per 1 day)
tenofovir disoproxil fumarate oral tablet 300 mg	2	
TRIUMEQ ORAL TABLET 600-50-300 MG	5	QL (1 EA per 1 day)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	4	QL (6 EA per 1 day)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	5	QL (8 GM per 1 day)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	QL (1 EA per 1 day)
zidovudine oral capsule 100 mg	2	
zidovudine oral syrup 10 mg/ml	2	
zidovudine oral tablet 300 mg	2	
Anti-Hiv Agents, Other		
maraviroc oral tablet 150 mg	5	QL (2 EA per 1 day)
maraviroc oral tablet 300 mg	5	QL (4 EA per 1 day)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	5	QL (2 EA per 1 day)
SELZENTRY ORAL SOLUTION 20 MG/ML	5	QL (60 ML per 1 day)
SUNLENCA ORAL TABLET 300 MG	5	QL (10 EA per 365 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	5	QL (1 EA per 1 day)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	4	QL (6 EA per 1 day)
Anti-Hiv Agents, Protease Inhibitors (Pi)		
APTIVUS ORAL CAPSULE 250 MG	5	QL (4 EA per 1 day)
atazanavir oral capsule 150 mg, 200 mg, 300 mg	4	
darunavir oral tablet 600 mg	4	QL (2 EA per 1 day)
darunavir oral tablet 800 mg	5	QL (1 EA per 1 day)
EVOTAZ ORAL TABLET 300-150 MG	5	QL (1 EA per 1 day)
fosamprenavir oral tablet 700 mg	5	QL (4 EA per 1 day)
KALETRA ORAL SOLUTION 400-100 MG/5 ML	4	
lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg	4	
NORVIR ORAL POWDER IN PACKET 100 MG	4	QL (12 EA per 1 day)
PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG-MG	5	QL (1 EA per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML	5	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	5	QL (6 EA per 1 day)

Drug Name	Tier	Requirements/Limits
PREZISTA ORAL TABLET 75 MG	4	QL (10 EA per 1 day)
REYATAZ ORAL POWDER IN PACKET 50 MG	5	QL (6 EA per 1 day)
ritonavir oral tablet 100 mg	2	
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	QL (1 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG	5	QL (10 EA per 1 day)
VIRACEPT ORAL TABLET 625 MG	5	QL (4 EA per 1 day)
Anti-Influenza Agents		
amantadine hcl oral capsule 100 mg	3	
amantadine hcl oral solution 50 mg/5 ml	3	
oseltamivir oral capsule 30 mg, 45 mg, 75 mg	3	
oseltamivir oral suspension for reconstitution 6 mg/ml	3	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	4	QL (120 EA per 365 days)
rimantadine oral tablet 100 mg	3	
XOFLUZA ORAL TABLET 40 MG, 80 MG	4	
Antiviral, Coronavirus Agents		
LAGEVRIO (EUA) ORAL CAPSULE 200 MG	4	
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10)	3	QL (40 EA per 180 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)- 100 MG (5)	3	QL (22 EA per 180 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	3	QL (60 EA per 180 days)
XOCOVA ORAL TABLET 125 MG	3	QL (14 EA per 180 days)
Antivirals		
LAGEVRIO (EUA) ORAL CAPSULE 200 MG	4	
ANXIOLYTICS		
Anxiolytics, Other		
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	1	
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	3	
doxepin oral concentrate 10 mg/ml	3	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	4	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	4	
Benzodiazepines		
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	4	
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	4	

Drug Name	Tier	Requirements/Limits
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	4	
clorazepate dipotassium oral tablet 15 mg	4	QL (12 EA per 1 day)
clorazepate dipotassium oral tablet 3.75 mg	4	QL (4 EA per 1 day)
clorazepate dipotassium oral tablet 7.5 mg	4	QL (6 EA per 1 day)
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	4	
diazepam oral solution 5 mg/5 ml (1 mg/ml)	3	
diazepam oral tablet 10 mg, 2 mg, 5 mg	3	
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	4	
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	2	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	4	
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)	4	QL (10 EA per 30 days)
VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	5	QL (10 EA per 30 days)
Ssris/Snris (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitors)		
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	4	
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	1	
escitalopram oxalate oral capsule 15 mg	4	QL (1 EA per 1 day)
escitalopram oxalate oral solution 5 mg/5 ml	3	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	1	
paroxetine hcl oral suspension 10 mg/5 ml	4	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	2	
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg	3	
sertraline oral concentrate 20 mg/ml	3	
sertraline oral tablet 100 mg, 25 mg, 50 mg	1	
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg	2	
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	2	

Drug Name	Tier	Requirements/Limits
BIPOLAR AGENTS		
Bipolar Agents, Other		
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg	4	PA; QL (2 EA per 1 day)
lamotrigine oral tablet 25 mg	1	
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg	3	QL (1 EA per 1 day)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	5	PA; QL (1 EA per 1 day)
olanzapine intramuscular recon soln 10 mg	4	
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	2	
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg	4	
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	2	
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	3	
risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml	4	QL (2 EA per 28 days)
risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml, 50 mg/2 ml	5	QL (2 EA per 28 days)
risperidone oral solution 1 mg/ml	3	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	2	
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	4	
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	5	PA; QL (1 EA per 1 day)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	3	
ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)	4	
Mood Stabilizers		
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	4	
carbamazepine oral suspension 100 mg/5 ml	4	
carbamazepine oral tablet 200 mg	2	

Drug Name	Tier	Requirements/Limits
carbamazepine oral tablet extended release 12 hr 100 mg	4	
carbamazepine oral tablet,chewable 100 mg, 200 mg	3	
divalproex oral capsule, delayed rel sprinkle 125 mg	2	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	2	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	2	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
lamotrigine oral tablet extended release 24hr 50 mg	4	
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	3	
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	1	
lithium carbonate oral tablet 300 mg	1	
lithium carbonate oral tablet extended release 300 mg, 450 mg	2	
lithium citrate oral solution 8 meq/5 ml	4	
SUBVENITE ORAL SUSPENSION 10 MG/ML	4	
SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	1	
valproic acid (as sodium salt) oral solution 250 mg/5 ml	2	
valproic acid oral capsule 250 mg	2	
BLOOD GLUCOSE REGULATORS		
Antidiabetic Agents		
acarbose oral tablet 100 mg, 25 mg, 50 mg	2	
colesevelam oral powder in packet 3.75 gram	4	
colesevelam oral tablet 625 mg	4	
dapagliflozin oral tablet 10 mg, 5 mg	2	
dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg, 10-500 mg, 5-500 mg	2	QL (1 EA per 1 day)
dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 5-1,000 mg	2	QL (2 EA per 1 day)
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
glipizide oral tablet 10 mg, 2.5 mg, 5 mg	1	
glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg	1	
glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	1	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	3	QL (1 EA per 1 day)

Drug Name	Tier	Requirements/Limits
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	3	
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	QL (1 EA per 1 day)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	3	QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	QL (1 EA per 1 day)
liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)	3	PA; QL (0.3 ML per 1 day)
metformin oral tablet 1,000 mg, 500 mg, 850 mg	1	
metformin oral tablet extended release 24 hr 500 mg, 750 mg	1	
miglitol oral tablet 100 mg, 25 mg, 50 mg	4	
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	3	PA; QL (0.08 ML per 1 day)
nateglinide oral tablet 120 mg, 60 mg	2	
OZEMPIC ORAL TABLET 1.5 MG, 4 MG, 9 MG	3	PA; QL (1 EA per 1 day)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	3	PA; QL (0.11 ML per 1 day)
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	1	
pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg	2	
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	2	
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	3	PA; QL (1 EA per 1 day)
saxagliptin oral tablet 2.5 mg, 5 mg	2	QL (1 EA per 1 day)
saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg	2	QL (2 EA per 1 day)
saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg	2	QL (1 EA per 1 day)
sitagliptin phos-metformin oral tablet 50-1,000 mg, 50-500 mg	3	QL (2 EA per 1 day)
sitagliptin phos-metformin oral tablet, er multiphase 24 hr 100-1,000 mg, 50-1,000 mg, 50-500 mg	3	QL (1 EA per 1 day)
sitagliptin phosphate oral tablet 100 mg, 25 mg, 50 mg	3	QL (1 EA per 1 day)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	3	QL (2 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	3	QL (2 EA per 1 day)

Drug Name	Tier	Requirements/Limits
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	3	QL (1 EA per 1 day)
TRADJENTA ORAL TABLET 5 MG	3	QL (1 EA per 1 day)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	3	QL (1 EA per 1 day)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	3	QL (2 EA per 1 day)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	3	PA; QL (0.08 ML per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG	3	QL (1 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	3	QL (2 EA per 1 day)
Blood Glucose Regulators		
ALCOHOL PADS TOPICAL PADS, MEDICATED	2	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	3	
mifepristone oral tablet 300 mg	5	PA; QL (4 EA per 1 day)
Glycemic Agents		
BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION	3	
diazoxide oral suspension 50 mg/ml	5	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	3	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	3	
mifepristone oral tablet 300 mg	5	PA; QL (4 EA per 1 day)
Insulins		
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	3	
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	2	
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	3	

Drug Name	Tier	Requirements/Limits
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML)	3	
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	3	
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	3	
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	3	
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	3	
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	3	
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	3	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	3	
insulin glargine-yfgn subcutaneous insulin pen 100 unit/ml (3 ml)	3	
insulin glargine-yfgn subcutaneous solution 100 unit/ml	3	
insulin syringe-needle u-100 syringe 0.3 ml 29 gauge, 1 ml 29 gauge x 1/2"	2	
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	3	
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	

Drug Name	Tier	Requirements/Limits
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	3	
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	3	
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	3	
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
pen needle, diabetic needle 29 gauge x 1/2"	2	
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	3	
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	3	
BLOOD PRODUCTS AND MODIFIERS		
Anticoagulants		
dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg	4	
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	3	QL (2.47 EA per 1 day)
ELIQUIS ORAL TABLET 2.5 MG	3	QL (2 EA per 1 day)
ELIQUIS ORAL TABLET 5 MG	3	QL (2.47 EA per 1 day)
ELIQUIS ORAL TABLET FOR SUSPENSION 0.5 MG, 1.5 MG (0.5 MG X 3), 2 MG (0.5 MG X 4)	3	QL (19.8 EA per 1 day)
ELIQUIS SPRINKLE ORAL CAPSULE, SPRINKLE 0.15 MG	3	QL (2.47 EA per 1 day)
enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml	4	
fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml	5	
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	4	
heparin (porcine) injection solution 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	3	

Drug Name	Tier	Requirements/Limits
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	3	QL (51 EA per 30 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	3	QL (20.67 ML per 1 day)
XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG	3	QL (2 EA per 1 day)
Blood Products And Modifiers, Other		
anagrelide oral capsule 0.5 mg, 1 mg	3	
eltrombopag olamine oral powder in packet 12.5 mg, 25 mg	5	PA; QL (6 EA per 1 day)
eltrombopag olamine oral tablet 12.5 mg, 25 mg	5	PA; QL (1 EA per 1 day)
eltrombopag olamine oral tablet 50 mg, 75 mg	5	PA; QL (2 EA per 1 day)
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	
LEUKINE INJECTION RECON SOLN 250 MCG	5	
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	4	PA
UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 6 MG/0.6 ML	5	
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	
Blood Products And Modifiers		
eltrombopag olamine oral powder in packet 12.5 mg, 25 mg	5	PA; QL (6 EA per 1 day)
eltrombopag olamine oral tablet 12.5 mg, 25 mg	5	PA; QL (1 EA per 1 day)
eltrombopag olamine oral tablet 50 mg, 75 mg	5	PA; QL (2 EA per 1 day)
Hemostasis Agents		
tranexamic acid oral tablet 650 mg	3	
Platelet Modifying Agents		
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	4	

Drug Name	Tier	Requirements/Limits
cilostazol oral tablet 100 mg, 50 mg	2	
clopidogrel oral tablet 75 mg	1	
prasugrel hcl oral tablet 10 mg, 5 mg	3	
ticagrelor oral tablet 60 mg, 90 mg	3	
CARDIOVASCULAR AGENTS		
Alpha-Adrenergic Agonists		
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	
clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr	4	
guanfacine oral tablet 1 mg, 2 mg	2	
midodrine oral tablet 10 mg, 2.5 mg, 5 mg	4	
Alpha-Adrenergic Blocking Agents		
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	1	
prazosin oral capsule 1 mg, 2 mg, 5 mg	2	
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
Angiotensin Ii Receptor Antagonists		
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg	2	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	1	
losartan oral tablet 100 mg, 25 mg, 50 mg	1	
olmesartan oral tablet 20 mg, 40 mg, 5 mg	1	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	1	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	1	
Angiotensin-Converting Enzyme (Ace) Inhibitors		
benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	2	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	
fosinopril oral tablet 10 mg, 20 mg, 40 mg	1	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	
moexipril oral tablet 15 mg, 7.5 mg	2	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	2	
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	1	
Antiarrhythmics		
acebutolol oral capsule 200 mg, 400 mg	3	
amiodarone oral tablet 100 mg, 400 mg	4	

Drug Name	Tier	Requirements/Limits
amiodarone oral tablet 200 mg	2	
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG	2	
digoxin oral solution 50 mcg/ml (0.05 mg/ml)	2	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	2	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	4	
diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg	2	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	2	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	2	
diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	4	
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG	2	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	3	
flecainide oral tablet 100 mg, 150 mg, 50 mg	2	
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	4	
mexiletine oral capsule 150 mg, 200 mg, 250 mg	4	
MULTAQ ORAL TABLET 400 MG	4	
PACERONE ORAL TABLET 200 MG	2	
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg	4	
propafenone oral tablet 150 mg, 225 mg, 300 mg	2	
propranolol oral capsule,extended release 24 hr 120 mg	2	
quinidine gluconate oral tablet extended release 324 mg	4	
quinidine sulfate oral tablet 200 mg, 300 mg	4	
SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG	2	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	2	
TIADYLT ER ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	2	
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	4	

Drug Name	Tier	Requirements/Limits
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg	3	
verapamil oral capsule,ext rel. pellets 24 hr 360 mg	4	
verapamil oral tablet 120 mg, 40 mg, 80 mg	1	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	2	
Beta-Adrenergic Blocking Agents		
acebutolol oral capsule 200 mg, 400 mg	3	
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	
betaxolol oral tablet 10 mg, 20 mg	3	
bisoprolol fumarate oral tablet 10 mg, 5 mg	2	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
labetalol oral tablet 100 mg, 200 mg, 300 mg	2	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	3	
nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	3	
pindolol oral tablet 10 mg, 5 mg	3	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	2	
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	2	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	3	
Calcium Channel Blocking Agents, Dihydropyridines		
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	1	
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	2	
isradipine oral capsule 2.5 mg, 5 mg	4	
nicardipine oral capsule 20 mg, 30 mg	4	
nifedipine oral capsule 10 mg, 20 mg	3	
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	2	
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg	2	

Drug Name	Tier	Requirements/Limits
nimodipine oral capsule 30 mg	4	
Calcium Channel Blocking Agents, Nondihydropyridines		
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG	2	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	4	
diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg	2	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	2	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	2	
diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	4	
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG	2	
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	4	
TIADYLT ER ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	2	
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	4	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg	3	
verapamil oral capsule,ext rel. pellets 24 hr 360 mg	4	
verapamil oral tablet 120 mg, 40 mg, 80 mg	1	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	2	
Cardiovascular Agents, Other		
acetazolamide oral tablet 125 mg, 250 mg	3	
aliskiren oral tablet 150 mg, 300 mg	4	QL (1 EA per 1 day)
amiloride-hydrochlorothiazide oral tablet 5-50 mg	2	
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	2	
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	1	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	2	

Drug Name	Tier	Requirements/Limits
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	2	
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	3	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	2	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	2	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	2	
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	2	
CORLANOR ORAL SOLUTION 5 MG/5 ML	4	PA; QL (20 ML per 1 day); LA
digoxin oral solution 50 mcg/ml (0.05 mg/ml)	2	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	2	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	1	
ENTRESTO SPRINKLE ORAL PELLET 15-16 MG, 6-6 MG	3	QL (8 EA per 1 day)
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	2	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	2	
ivabradine oral tablet 5 mg, 7.5 mg	4	PA; QL (2 EA per 1 day)
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	1	
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg	3	
metyrosine oral capsule 250 mg	5	PA
olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	2	
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	2	
OZEMPIC ORAL TABLET 1.5 MG, 4 MG, 9 MG	3	PA; QL (1 EA per 1 day)
pentoxifylline oral tablet extended release 400 mg	2	

Drug Name	Tier	Requirements/Limits
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	2	
ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg	3	
sacubitril-valsartan oral tablet 24-26 mg	3	QL (3 EA per 1 day)
sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg	3	QL (2 EA per 1 day)
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	2	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	3	
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	2	
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	4	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	1	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg	1	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	1	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	4	PA; QL (1 EA per 1 day)
Diuretics, Loop		
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	2	
ethacrynic acid oral tablet 25 mg	4	
furosemide injection solution 10 mg/ml	4	
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	2	
furosemide oral tablet 20 mg, 40 mg, 80 mg	1	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	2	
Diuretics, Potassium-Sparing		
amiloride oral tablet 5 mg	2	
eplerenone oral tablet 25 mg, 50 mg	3	
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG	3	PA; QL (1 EA per 1 day)
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	
triamterene oral capsule 100 mg	4	QL (3 EA per 1 day)
triamterene oral capsule 50 mg	4	QL (6 EA per 1 day)
Diuretics, Thiazide		
chlorthalidone oral tablet 25 mg, 50 mg	1	
hydrochlorothiazide oral capsule 12.5 mg	1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	1	

Drug Name	Tier	Requirements/Limits
indapamide oral tablet 1.25 mg, 2.5 mg	2	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	3	
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	2	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	2	
fenofibrate oral tablet 160 mg, 54 mg	2	
fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg, 45 mg	3	
gemfibrozil oral tablet 600 mg	1	
Dyslipidemics, Hmg Coa Reductase Inhibitors		
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	
fluvastatin oral capsule 20 mg, 40 mg	2	
fluvastatin oral tablet extended release 24 hr 80 mg	2	
lovastatin oral tablet 10 mg, 20 mg, 40 mg	1	
pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg	2	
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	
rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg	1	
Dyslipidemics, Other		
cholestyramine (with sugar) oral powder in packet 4 gram	4	
CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM	4	
colesevelam oral powder in packet 3.75 gram	4	
colesevelam oral tablet 625 mg	4	
colestipol oral packet 5 gram	4	
colestipol oral tablet 1 gram	3	
ezetimibe oral tablet 10 mg	1	
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	2	
icosapent ethyl oral capsule 0.5 gram, 1 gram	4	
NEXLETOL ORAL TABLET 180 MG	4	PA
NEXLIZET ORAL TABLET 180-10 MG	4	PA
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg	2	
omega-3 acid ethyl esters oral capsule 1 gram	2	

Drug Name	Tier	Requirements/Limits
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	3	PA; QL (0.11 ML per 1 day)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	3	PA; QL (0.11 ML per 1 day)
Mineralocorticoid Receptor Antagonists		
eplerenone oral tablet 25 mg, 50 mg	3	
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG	3	PA; QL (1 EA per 1 day)
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	
Vasodilators, Direct-Acting Arterial/ Venous		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	3	
isosorbide mononitrate oral tablet 10 mg, 20 mg	1	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg	1	
nitroglycerin rectal ointment 0.4 % (w/w)	4	
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	2	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	2	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	4	PA; QL (1 EA per 1 day)
Vasodilators, Direct-Acting Arterial		
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	
minoxidil oral tablet 10 mg, 2.5 mg	2	
CENTRAL NERVOUS SYSTEM AGENTS		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg	4	QL (4 EA per 1 day)
dextroamphetamine sulfate oral capsule, extended release 5 mg	4	QL (3 EA per 1 day)
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	4	
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 25 mg, 30 mg, 5 mg	3	QL (1 EA per 1 day)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg	3	QL (2 EA per 1 day)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	2	
lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	4	QL (1 EA per 1 day)

Drug Name	Tier	Requirements/Limits
lisdexamfetamine oral tablet,chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	4	QL (1 EA per 1 day)
ZENZEDI ORAL TABLET 10 MG, 5 MG	4	
Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines		
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg	3	QL (2 EA per 1 day)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	3	QL (1 EA per 1 day)
clonidine hcl oral tablet extended release 12 hr 0.1 mg	4	
dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	4	QL (1 EA per 1 day)
dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg	2	
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	2	
methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	4	QL (1 EA per 1 day)
methylphenidate hcl oral capsule,er biphasic 50-50 10 mg	4	QL (6 EA per 1 day)
methylphenidate hcl oral capsule,er biphasic 50-50 20 mg, 30 mg, 40 mg, 60 mg	4	QL (1 EA per 1 day)
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	2	
methylphenidate hcl oral tablet extended release 10 mg, 20 mg	4	QL (3 EA per 1 day)
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg	4	QL (1 EA per 1 day)
methylphenidate hcl oral tablet extended release 24hr 36 mg	4	QL (2 EA per 1 day)
Central Nervous System, Other		
carbamazepine oral tablet extended release 12 hr 100 mg	4	
dextromethorphan-quinidine oral capsule 20-10 mg	5	PA; QL (2 EA per 1 day)
gabapentin oral capsule 300 mg, 400 mg	2	
gabapentin oral solution 250 mg/5 ml	4	
gabapentin oral tablet 800 mg	2	
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	3	PA; QL (0.6 EA per 1 day)
riluzole oral tablet 50 mg	4	
tetrabenazine oral tablet 12.5 mg	4	PA; QL (8 EA per 1 day)
tetrabenazine oral tablet 25 mg	4	PA; QL (4 EA per 1 day)
VEOZAH ORAL TABLET 45 MG	4	
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	5	PA; QL (2 EA per 1 day)

Drug Name	Tier	Requirements/Limits
Fibromyalgia Agents		
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	1	
milnacipran oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	4	QL (2 EA per 1 day)
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	3	
pregabalin oral solution 20 mg/ml	4	
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	4	QL (55 EA per 28 days)
Multiple Sclerosis Agents		
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	5	QL (1 EA per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	5	QL (1 EA per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	QL (14 EA per 28 days)
dalfampridine oral tablet extended release 12 hr 10 mg	3	QL (2 EA per 1 day)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg	3	QL (2 EA per 1 day)
fingolimod oral capsule 0.5 mg	4	QL (1 EA per 1 day)
glatiramer subcutaneous syringe 20 mg/ml	5	QL (1 ML per 1 day)
glatiramer subcutaneous syringe 40 mg/ml	5	QL (12 ML per 28 days)
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML	5	QL (1 ML per 1 day)
GLATOPA SUBCUTANEOUS SYRINGE 40 MG/ML	5	QL (12 ML per 28 days)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	5	QL (0.4 ML per 28 days); LA
teriflunomide oral tablet 14 mg, 7 mg	3	QL (1 EA per 1 day)
DENTAL AND ORAL AGENTS		
Dental And Oral Agents		
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	2	
doxycycline hyclate oral tablet 20 mg	2	
KOURZEQ DENTAL PASTE 0.1 %	3	
PERIOGARD MUCOUS MEMBRANE MOUTHWASH 0.12 %	2	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	4	
triamcinolone acetonide dental paste 0.1 %	3	
DERMATOLOGICAL AGENTS		
Acne And Rosacea Agents		
ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 40 MG	4	

Drug Name	Tier	Requirements/Limits
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	4	
adapalene topical cream 0.1 %	4	PA
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	4	
azelaic acid topical gel 15 %	3	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	4	
clindamycin-benzoyl peroxide topical gel 1-5 %	4	
erythromycin-benzoyl peroxide topical gel 3-5 %	4	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	4	
tazarotene topical cream 0.05 %, 0.1 %	4	PA
tazarotene topical gel 0.05 %, 0.1 %	4	PA
tretinoin topical cream 0.025 %, 0.05 %	3	PA
tretinoin topical cream 0.1 %	4	PA
tretinoin topical gel 0.01 %, 0.025 %, 0.05 %	4	PA
TRILITAS TOPICAL GEL 0.1 %	4	PA
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	4	
Dermatitis And Pruritus Agents		
alclometasone topical cream 0.05 %	3	
alclometasone topical ointment 0.05 %	3	
ammonium lactate topical cream 12 %	2	
ammonium lactate topical lotion 12 %	2	
betamethasone dipropionate topical cream 0.05 %	2	
betamethasone dipropionate topical lotion 0.05 %	2	
betamethasone dipropionate topical ointment 0.05 %	3	
betamethasone valerate topical cream 0.1 %	2	
betamethasone valerate topical foam 0.12 %	4	
betamethasone valerate topical lotion 0.1 %	2	
betamethasone valerate topical ointment 0.1 %	2	
betamethasone, augmented topical cream 0.05 %	2	
betamethasone, augmented topical gel 0.05 %	3	
betamethasone, augmented topical lotion 0.05 %	3	
betamethasone, augmented topical ointment 0.05 %	3	
clobetasol scalp solution 0.05 %	3	
clobetasol topical cream 0.05 %	3	
clobetasol topical foam 0.05 %	4	
clobetasol topical gel 0.05 %	4	

Drug Name	Tier	Requirements/Limits
clobetasol topical lotion 0.05 %	4	
clobetasol topical ointment 0.05 %	3	
clobetasol topical shampoo 0.05 %	4	
clobetasol-emollient topical cream 0.05 %	4	
CLODAN TOPICAL SHAMPOO 0.05 %	4	
desonide topical cream 0.05 %	3	
desonide topical ointment 0.05 %	3	
desoximetasone topical cream 0.25 %	3	
desoximetasone topical ointment 0.25 %	3	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	5	PA; QL (4.56 ML per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; QL (8 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; QL (4.56 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; QL (8 ML per 28 days)
EUCRISA TOPICAL OINTMENT 2 %	4	PA
fluocinolone and shower cap scalp oil 0.01 %	3	
fluocinolone topical cream 0.01 %, 0.025 %	3	
fluocinolone topical ointment 0.025 %	3	
fluocinolone topical solution 0.01 %	3	
fluocinonide topical cream 0.05 %, 0.1 %	3	
fluocinonide topical gel 0.05 %	3	
fluocinonide topical ointment 0.05 %	3	
fluocinonide topical solution 0.05 %	3	
fluocinonide-emollient topical cream 0.05 %	3	
fluticasone propionate topical cream 0.05 %	2	
fluticasone propionate topical ointment 0.005 %	2	
halobetasol propionate topical cream 0.05 %	4	
halobetasol propionate topical ointment 0.05 %	4	
hydrocortisone butyrate topical cream 0.1 %	4	
hydrocortisone butyrate topical ointment 0.1 %	4	
hydrocortisone butyrate topical solution 0.1 %	4	
hydrocortisone topical cream 1 %	2	
hydrocortisone topical cream with perineal applicator 2.5 %	2	
hydrocortisone topical lotion 2.5 %	2	

Drug Name	Tier	Requirements/Limits
hydrocortisone topical ointment 1 %, 2.5 %	2	
hydrocortisone valerate topical cream 0.2 %	4	
mometasone topical cream 0.1 %	2	
mometasone topical ointment 0.1 %	2	
mometasone topical solution 0.1 %	2	
pimecrolimus topical cream 1 %	4	ST
PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	2	
PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	2	
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	2	
selenium sulfide topical lotion 2.5 %	2	
tacrolimus topical ointment 0.03 %, 0.1 %	3	
triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %	2	
triamcinolone acetonide topical lotion 0.025 %, 0.1 %	3	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	2	
TRIDERM TOPICAL CREAM 0.5 %	2	
Dermatological Agents, Other		
ALCOHOL PADS TOPICAL PADS, MEDICATED	2	
betamethasone valerate topical foam 0.12 %	4	
calcipotriene scalp solution 0.005 %	3	
calcipotriene topical cream 0.005 %	4	
calcipotriene topical ointment 0.005 %	4	
calcitriol topical ointment 3 mcg/gram	4	
clotrimazole-betamethasone topical cream 1-0.05 %	2	
clotrimazole-betamethasone topical lotion 1-0.05 %	4	
diclofenac sodium topical gel 3 %	3	
fluorouracil topical cream 5 %	4	
fluorouracil topical solution 2 %, 5 %	4	
hydrocortisone-pramoxine rectal cream 1-1 %	4	
imiquimod topical cream in packet 5 %	2	
methoxsalen oral capsule,liqd-filled,rapid rel 10 mg	5	
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%	3	
nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%	3	

Drug Name	Tier	Requirements/Limits
OTEZLA ORAL TABLET 20 MG, 30 MG	5	PA; QL (2 EA per 1 day)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	5	PA; QL (2 EA per 1 day)
OTEZLA XR INITIATION ORAL TABLET AND TABLET ER DOSE PACK 10-20-30-75 MG	5	PA; QL (41 EA per 28 days)
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HR 75 MG	5	PA; QL (1 EA per 1 day)
PANRETIN TOPICAL GEL 0.1 %	5	PA; QL (60 GM per 30 days)
PELLIX SCALP SOLUTION 0.005 %	3	
podofilox topical solution 0.5 %	3	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	4	QL (1 GM per 1 day)
silver sulfadiazine topical cream 1 %	3	
SSD TOPICAL CREAM 1 %	3	
Dermatological Agents		
ACCUTANE ORAL CAPSULE 20 MG, 40 MG	4	
Pediculicides/Scabicides		
malathion topical lotion 0.5 %	4	
permethrin topical cream 5 %	3	
Topical Anti-Infectives		
acyclovir topical ointment 5 %	3	
ciclopirox topical cream 0.77 %	2	
ciclopirox topical gel 0.77 %	3	
ciclopirox topical shampoo 1 %	3	
ciclopirox topical solution 8 %	2	
ciclopirox topical suspension 0.77 %	3	
clindamycin phosphate topical gel 1 %	3	
clindamycin phosphate topical lotion 1 %	4	
clindamycin phosphate topical solution 1 %	3	
clindamycin phosphate topical swab 1 %	4	
econazole nitrate topical cream 1 %	3	
ERY PADS TOPICAL SWAB 2 %	4	
erythromycin with ethanol topical gel 2 %	4	
erythromycin with ethanol topical solution 2 %	3	
mupirocin topical ointment 2 %	2	
naftifine topical cream 1 %	4	
SULFAMYLON TOPICAL CREAM 85 MG/G	4	

Drug Name	Tier	Requirements/Limits
ELECTROLYTES/MINERALS/METALS/VITAMINS		
Electrolyte/ Mineral Replacement		
d2.5 %-0.45 % sodium chloride intravenous parenteral solution	4	
d5 % and 0.9 % sodium chloride intravenous parenteral solution	4	
d5 %-0.45 % sodium chloride intravenous parenteral solution	4	
dextrose 10 % in water (d10w) intravenous parenteral solution 10 %	4	
dextrose 5 % in water (d5w) intravenous parenteral solution	4	
dextrose 5%-0.2 % sod chloride intravenous parenteral solution	4	
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	4	PA
KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ	3	
KLOR-CON M10 ORAL TABLET,ER PARTICLES/CRYSTALS 10 MEQ	2	
KLOR-CON M20 ORAL TABLET,ER PARTICLES/CRYSTALS 20 MEQ	2	
levocarnitine oral tablet 330 mg	3	PA
magnesium sulfate injection solution 500 mg/ml (50 %)	4	
magnesium sulfate injection syringe 500 mg/ml (50 %)	4	
potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l	4	
potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l	4	
potassium chloride in water intravenous piggyback 10 meq/100 ml, 20 meq/100 ml, 40 meq/100 ml	4	
potassium chloride intravenous solution 2 meq/ml	4	
potassium chloride oral capsule, extended release 10 meq, 8 meq	2	
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml	4	
potassium chloride oral tablet extended release 10 meq, 15 meq, 20 meq, 8 meq	2	
potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq	2	
potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l	4	

Drug Name	Tier	Requirements/Limits
potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	4	
potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)	4	
sodium chloride 0.45 % intravenous parenteral solution 0.45 %	4	
sodium chloride 0.9 % intravenous parenteral solution	4	
sodium chloride irrigation solution 0.9 %	3	
Electrolyte/Mineral/Metal Modifiers		
CHEMET ORAL CAPSULE 100 MG	5	
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg	5	
deferasirox oral tablet 180 mg, 360 mg, 90 mg	3	
deferasirox oral tablet, dispersible 125 mg	4	
deferasirox oral tablet, dispersible 250 mg, 500 mg	5	
penicillamine oral capsule 250 mg	5	
potassium chloride oral tablet,er particles/crystals 15 meq	2	
tolvaptan (polycys kidney dis) oral tablet 15 mg, 30 mg	5	PA
tolvaptan (polycys kidney dis) oral tablets, sequential 15 mg (am)/ 15 mg (pm), 30 mg (am)/ 15 mg (pm), 45 mg (am)/ 15 mg (pm), 60 mg (am)/ 30 mg (pm), 90 mg (am)/ 30 mg (pm)	5	PA
tolvaptan oral tablet 15 mg, 30 mg	5	PA
trientine oral capsule 250 mg	5	QL (8 EA per 1 day)
Electrolytes/Minerals/Metals/Vitamins		
CLINOLIPID INTRAVENOUS EMULSION 20 %	4	PA
d2.5 %-0.45 % sodium chloride intravenous parenteral solution	4	
d5 % and 0.9 % sodium chloride intravenous parenteral solution	4	
d5 %-0.45 % sodium chloride intravenous parenteral solution	4	
dextrose 10 % in water (d10w) intravenous parenteral solution 10 %	4	
dextrose 5 % in water (d5w) intravenous parenteral solution	4	
dextrose 5%-0.2 % sod chloride intravenous parenteral solution	4	
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	4	PA

Drug Name	Tier	Requirements/Limits
levocarnitine (with sugar) oral solution 100 mg/ml	3	PA
levocarnitine oral tablet 330 mg	3	PA
NUTRILIPID INTRAVENOUS EMULSION 20 %	4	PA
TPN ELECTROLYTES INTRAVENOUS SOLUTION 35-20-5 MEQ/20 ML	4	
Phosphate Binders		
calcium acetate(phosphat bind) oral capsule 667 mg	3	
calcium acetate(phosphat bind) oral tablet 667 mg	3	
lanthanum oral tablet,chewable 1,000 mg	4	QL (4 EA per 1 day)
lanthanum oral tablet,chewable 500 mg	4	QL (3 EA per 1 day)
lanthanum oral tablet,chewable 750 mg	4	QL (6 EA per 1 day)
sevelamer carbonate oral tablet 800 mg	3	
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 8.4 GRAM	3	
Potassium Binders		
KIONEX ORAL SUSPENSION 15 GRAM/60 ML	2	
sodium polystyrene sulfonate oral powder 15 gram	2	
sodium polystyrene sulfonate oral suspension 15 gram/60 ml	2	
SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML	3	
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 8.4 GRAM	3	
Vitamins		
potassium chloride oral tablet extended release 15 meq	2	
potassium chloride oral tablet,er particles/crystals 15 meq	2	
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG	2	
GASTROINTESTINAL AGENTS		
Anti-Constipation Agents		
CONSTULOSE ORAL SOLUTION 10 GRAM/15 ML	2	
ENULOSE ORAL SOLUTION 10 GRAM/15 ML	2	
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM	2	
GAVILYTE-G ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	2	
GAVILYTE-N ORAL RECON SOLN 420 GRAM	2	

Drug Name	Tier	Requirements/Limits
GENERLAC ORAL SOLUTION 10 GRAM/15 ML	2	
lactulose oral solution 10 gram/15 ml	2	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	QL (1 EA per 1 day)
lubiprostone oral capsule 24 mcg, 8 mcg	3	QL (2 EA per 1 day)
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	4	QL (1 EA per 1 day)
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	2	
peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram	4	
peg-electrolyte soln oral recon soln 420 gram	2	
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram	4	
Anti-Diarrheal Agents		
alosetron oral tablet 0.5 mg, 1 mg	4	QL (2 EA per 1 day)
diphenoxylate-atropine oral tablet 2.5-0.025 mg	4	
loperamide oral capsule 2 mg	2	
XERMELO ORAL TABLET 250 MG	5	PA; QL (3 EA per 1 day); LA
XIFAXAN ORAL TABLET 200 MG	4	PA; QL (3 EA per 1 day)
XIFAXAN ORAL TABLET 550 MG	5	PA; QL (3 EA per 1 day)
Antispasmodics, Gastrointestinal		
dicyclomine oral capsule 10 mg	4	
dicyclomine oral tablet 20 mg	4	
glycopyrrolate oral tablet 1 mg, 2 mg	2	
methscopolamine oral tablet 2.5 mg, 5 mg	4	
scopolamine base transdermal patch 3 day 1 mg over 3 days	4	QL (10 EA per 30 days)
Gastrointestinal Agents, Other		
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM	2	
GAVILYTE-G ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	2	
GAVILYTE-N ORAL RECON SOLN 420 GRAM	2	
metoclopramide hcl oral solution 5 mg/5 ml	2	
metoclopramide hcl oral tablet 10 mg, 5 mg	1	
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	2	
peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram	4	

Drug Name	Tier	Requirements/Limits
peg-electrolyte soln oral recon soln 420 gram	2	
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	5	PA; QL (1 EA per 1 day)
ursodiol oral capsule 300 mg	3	
ursodiol oral tablet 250 mg, 500 mg	3	
VOWST ORAL CAPSULE 1 X 10EXP6 TO 3 X 10EXP7 CELL	5	PA; LA
XIFAXAN ORAL TABLET 200 MG	4	PA; QL (3 EA per 1 day)
XIFAXAN ORAL TABLET 550 MG	5	PA; QL (3 EA per 1 day)
Histamine2 (H2) Receptor Antagonists		
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	3	
famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)	4	
famotidine oral tablet 20 mg, 40 mg	2	
nizatidine oral capsule 150 mg, 300 mg	2	
Protectants		
misoprostol oral tablet 100 mcg, 200 mcg	3	
sucralfate oral tablet 1 gram	2	
Proton Pump Inhibitors		
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg, 40 mg	2	
lansoprazole oral capsule,delayed release(dr/ec) 15 mg, 30 mg	2	
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg	2	
pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg	2	
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	2	
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
betaine oral powder 1 gram/scoop	5	
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 - 30,000 UNIT	3	
cromolyn inhalation solution for nebulization 20 mg/2 ml	3	PA

Drug Name	Tier	Requirements/Limits
cromolyn oral concentrate 100 mg/5 ml	4	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	4	LA
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	3	
glutamine (sickle cell) oral powder in packet 5 gram	5	ST; QL (6 EA per 1 day)
JAVYGTOR ORAL POWDER IN PACKET 100 MG, 500 MG	5	LA
JAVYGTOR ORAL TABLET,SOLUBLE 100 MG	5	LA
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	5	
ORFADIN ORAL SUSPENSION 4 MG/ML	5	LA
PLENAMINE INTRAVENOUS PARENTERAL SOLUTION 15 %	4	PA
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	5	PA
sapropterin oral powder in packet 100 mg, 500 mg	5	
sapropterin oral tablet,soluble 100 mg	5	
VYNDAMAX ORAL CAPSULE 61 MG	5	PA; QL (1 EA per 1 day)
VYVGART HYTRULO SUBCUTANEOUS SYRINGE 1,000 MG-10,000 UNIT/5 ML	5	PA
WELIREG ORAL TABLET 40 MG	5	PA; QL (3 EA per 1 day); LA
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	3	
GENITOURINARY AGENTS		
Antispasmodics, Urinary		
GEMTESA ORAL TABLET 75 MG	4	QL (1 EA per 1 day)
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML	3	QL (10 ML per 1 day)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	3	QL (1 EA per 1 day)
oxybutynin chloride oral syrup 5 mg/5 ml	3	
oxybutynin chloride oral tablet 5 mg	3	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg	3	
solifenacin oral tablet 10 mg, 5 mg	3	
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg	3	
tolterodine oral tablet 1 mg, 2 mg	3	

Drug Name	Tier	Requirements/Limits
trospium oral capsule,extended release 24hr 60 mg	4	
trospium oral tablet 20 mg	3	
Benign Prostatic Hypertrophy Agents		
alfuzosin oral tablet extended release 24 hr 10 mg	1	
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	1	
dutasteride oral capsule 0.5 mg	1	
finasteride oral tablet 5 mg	1	
prazosin oral capsule 1 mg, 2 mg, 5 mg	2	
silodosin oral capsule 4 mg, 8 mg	3	
tadalafil oral tablet 2.5 mg, 5 mg	3	PA; QL (1 EA per 1 day)
tamsulosin oral capsule 0.4 mg	1	
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
Genitourinary Agents, Other		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	2	
ELMIRON ORAL CAPSULE 100 MG	5	QL (3 EA per 1 day)
penicillamine oral capsule 250 mg	5	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
budesonide oral capsule,delayed,extend.release 3 mg	4	
budesonide oral tablet,delayed and ext.release 9 mg	5	PA; QL (1 EA per 1 day)
dexamethasone oral solution 0.5 mg/5 ml	2	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	2	
fludrocortisone oral tablet 0.1 mg	2	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	2	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	2	
methylprednisolone oral tablets,dose pack 4 mg	2	
prednisolone oral solution 15 mg/5 ml	2	
prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)	2	
prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)	4	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	4	
prednisone oral solution 5 mg/5 ml	2	

Drug Name	Tier	Requirements/Limits
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	1	
prednisone oral tablets,dose pack 10 mg, 5 mg	2	
TRIDERM TOPICAL CREAM 0.5 %	2	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	4	
desmopressin oral tablet 0.1 mg, 0.2 mg	2	
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	5	PA; LA
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	PA
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	5	PA
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PROSTAGLANDINS)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)		
misoprostol oral tablet 200 mcg	3	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)		
Androgens		
danazol oral capsule 100 mg, 200 mg, 50 mg	3	
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	2	
testosterone enanthate intramuscular oil 200 mg/ml	2	
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %), 20.25 mg/1.25 gram (1.62 %)	3	
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)	3	
testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)	3	
Estrogens		
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR	4	QL (4 EA per 28 days)

Drug Name	Tier	Requirements/Limits
DOTTI TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	3	QL (8 EA per 28 days)
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	3	
ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR	3	
ENILLORING VAGINAL RING 0.12-0.015 MG/24 HR	3	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	1	
estradiol transdermal gel in metered-dose pump 1.25 gram/actuation	4	QL (2 GM per 1 day)
estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %)	4	QL (4 EA per 1 day)
estradiol transdermal gel in packet 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%)	4	QL (1 EA per 1 day)
estradiol transdermal gel in packet 1 mg/gram (0.1 %)	4	QL (1 GM per 1 day)
estradiol transdermal gel in packet 1.25 mg/1.25 gram (0.1 %)	4	QL (1.25 GM per 1 day)
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	3	QL (8 EA per 28 days)
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	3	QL (4 EA per 28 days)
estradiol vaginal cream 0.01 % (0.1 mg/gram)	2	
estradiol vaginal tablet 10 mcg	3	
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	4	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	3	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	3	
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	4	
HALOETTE VAGINAL RING 0.12-0.015 MG/24 HR	3	
JASMIEL (28) ORAL TABLET 3-0.02 MG	3	
KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG	3	
LORYNA (28) ORAL TABLET 3-0.02 MG	3	
LYLLANA TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	3	QL (8 EA per 28 days)
NIKKI (28) ORAL TABLET 3-0.02 MG	3	
OCELLA ORAL TABLET 3-0.03 MG	3	

Drug Name	Tier	Requirements/Limits
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	3	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	3	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	
SYEDA ORAL TABLET 3-0.03 MG	3	
VESTURA (28) ORAL TABLET 3-0.02 MG	3	
YUVAFEM VAGINAL TABLET 10 MCG	3	
ZOVIA 1-35 (28) ORAL TABLET 1-35 MG-MCG	3	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
ABIGALE LO ORAL TABLET 0.5-0.1 MG	2	
ABIGALE ORAL TABLET 1-0.5 MG	2	
ALTAVERA (28) ORAL TABLET 0.15-0.03 MG	3	
ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG	3	
APRI ORAL TABLET 0.15-0.03 MG	3	
ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG	3	
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	3	
AVIANE ORAL TABLET 0.1-20 MG-MCG	3	
AZURETTE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	3	
BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG	3	
BLISOVI 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	3	
BLISOVI FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	3	
BRIELLYN ORAL TABLET 0.4-35 MG-MCG	3	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR	4	QL (4 EA per 28 days)
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	4	QL (8 EA per 28 days)
CRYSELLE (28) ORAL TABLET 0.3-30 MG-MCG	3	
CYRED EQ ORAL TABLET 0.15-0.03 MG	3	
DOLISHALE ORAL TABLET 90-20 MCG (28)	3	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	3	

Drug Name	Tier	Requirements/Limits
ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR	3	
ENILLORING VAGINAL RING 0.12-0.015 MG/24 HR	3	
ENSKYCE ORAL TABLET 0.15-0.03 MG	3	
ESTARYLLA ORAL TABLET 0.25-0.035 MG	3	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	2	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	3	
FALMINA (28) ORAL TABLET 0.1-20 MG-MCG	3	
FEIRZA ORAL TABLET 1 MG-20 MCG (21)/75 MG (7), 1.5 MG-30 MCG (21)/75 MG (7)	3	
FINZALA ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	3	
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	2	
GALBRIELA ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	4	
HAILEY 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	3	
HAILEY FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	3	
HALOETTE VAGINAL RING 0.12-0.015 MG/24 HR	3	
ICLEVIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	3	
ISIBLOOM ORAL TABLET 0.15-0.03 MG	3	
JASMIEL (28) ORAL TABLET 3-0.02 MG	3	
JINTELI ORAL TABLET 1-5 MG-MCG	2	
JULEBER ORAL TABLET 0.15-0.03 MG	3	
JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	3	
JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG	3	
JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	3	
JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	3	
JUNEL FE 24 ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	3	
KARIVA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	3	
KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG	3	
KURVELO (28) ORAL TABLET 0.15-0.03 MG	3	

Drug Name	Tier	Requirements/Limits
LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	3	
LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	3	
LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	3	
LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	3	
LESSINA ORAL TABLET 0.1-20 MG-MCG	3	
LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	3	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)	3	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	3	
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	3	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	4	
LORYNA (28) ORAL TABLET 3-0.02 MG	3	
LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG	3	
LUIZZA ORAL TABLET 1-20 MG-MCG, 1.5-30 MG-MCG	3	
LUTERA (28) ORAL TABLET 0.1-20 MG-MCG	3	
LYNKUET ORAL CAPSULE 60 MG	4	
MARLISSA (28) ORAL TABLET 0.15-0.03 MG	3	
MIBELAS 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	3	
MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	3	
MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	3	
MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	3	
MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	3	
MILI ORAL TABLET 0.25-0.035 MG	3	
MIMVEY ORAL TABLET 1-0.5 MG	2	
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	3	
NEXPLANON SUBDERMAL IMPLANT 68 MG	4	
NIKKI (28) ORAL TABLET 3-0.02 MG	3	

Drug Name	Tier	Requirements/Limits
norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr	4	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	2	
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	3	
norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	3	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28), 0.25-0.035 mg	3	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	3	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21)	3	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	3	
NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG-35 MCG	3	
NYLIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	3	
NYLIA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	3	
OCELLA ORAL TABLET 3-0.03 MG	3	
PIMTREA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	3	
PORTIA 28 ORAL TABLET 0.15-0.03 MG	3	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	
RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG	3	
SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	3	
SPRINTEC (28) ORAL TABLET 0.25-0.035 MG	3	
SYEDA ORAL TABLET 3-0.03 MG	3	
TARINA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	3	
TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	3	
TILIA FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	3	
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	3	

Drug Name	Tier	Requirements/Limits
TRI-LEGEST FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	3	
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	3	
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	3	
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	3	
TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	3	
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	3	
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	3	
TURQOZ (28) ORAL TABLET 0.3-30 MG-MCG	3	
VALTYA ORAL TABLET 1-35 MG-MCG, 1-50 MG-MCG	3	
VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG	3	
VESTURA (28) ORAL TABLET 3-0.02 MG	3	
VIENVA ORAL TABLET 0.1-20 MG-MCG	3	
VIORELE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	3	
VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG	3	
VYLIBRA ORAL TABLET 0.25-0.035 MG	3	
XARAH FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	3	
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	3	
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	3	
ZOVIA 1-35 (28) ORAL TABLET 1-35 MG-MCG	3	
Progestins		
ALTAVERA (28) ORAL TABLET 0.15-0.03 MG	3	
ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG	3	
APRI ORAL TABLET 0.15-0.03 MG	3	
ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG	3	
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	3	
AVIANE ORAL TABLET 0.1-20 MG-MCG	3	

Drug Name	Tier	Requirements/Limits
BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG	3	
BLISOVI 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	3	
BLISOVI FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	3	
BRIELLYN ORAL TABLET 0.4-35 MG-MCG	3	
CAMILA ORAL TABLET 0.35 MG	3	
CRYSELLE (28) ORAL TABLET 0.3-30 MG-MCG	3	
CYRED EQ ORAL TABLET 0.15-0.03 MG	3	
DEBLITANE ORAL TABLET 0.35 MG	3	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	4	
DOLISHALE ORAL TABLET 90-20 MCG (28)	3	
ENSKYCE ORAL TABLET 0.15-0.03 MG	3	
ERRIN ORAL TABLET 0.35 MG	3	
ESTARYLLA ORAL TABLET 0.25-0.035 MG	3	
FALMINA (28) ORAL TABLET 0.1-20 MG-MCG	3	
FEIRZA ORAL TABLET 1 MG-20 MCG (21)/75 MG (7), 1.5 MG-30 MCG (21)/75 MG (7)	3	
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	2	
GALLIFREY ORAL TABLET 5 MG	2	
HAILEY 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	3	
HEATHER ORAL TABLET 0.35 MG	3	
ICLEVIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	3	
INCASSIA ORAL TABLET 0.35 MG	3	
ISIBLOOM ORAL TABLET 0.15-0.03 MG	3	
JINTELI ORAL TABLET 1-5 MG-MCG	2	
JULEBER ORAL TABLET 0.15-0.03 MG	3	
JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	3	
JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG	3	
JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	3	
JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	3	
JUNEL FE 24 ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	3	

Drug Name	Tier	Requirements/Limits
KARIVA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	3	
KURVELO (28) ORAL TABLET 0.15-0.03 MG	3	
LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	3	
LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	3	
LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	3	
LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	3	
LESSINA ORAL TABLET 0.1-20 MG-MCG	3	
LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	3	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 90-20 mcg (28)	3	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	3	
LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG	3	
LYLEQ ORAL TABLET 0.35 MG	3	
LYZA ORAL TABLET 0.35 MG	3	
MARLISSA (28) ORAL TABLET 0.15-0.03 MG	3	
medroxyprogesterone intramuscular suspension 150 mg/ml	3	
medroxyprogesterone intramuscular syringe 150 mg/ml	3	
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	2	
megestrol oral suspension 400 mg/10 ml (40 mg/ml)	2	
megestrol oral suspension 625 mg/5 ml (125 mg/ml)	4	
megestrol oral tablet 20 mg, 40 mg	2	
MELEYA ORAL TABLET 0.35 MG	3	
MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	3	
MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	3	
MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	3	
MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	3	
MILI ORAL TABLET 0.25-0.035 MG	3	
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	3	

Drug Name	Tier	Requirements/Limits
NORA-BE ORAL TABLET 0.35 MG	3	
norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr	4	
norethindrone (contraceptive) oral tablet 0.35 mg	3	
norethindrone acetate oral tablet 5 mg	2	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	2	
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	3	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28), 0.25-0.035 mg	3	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	3	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21)	3	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	3	
NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG-35 MCG	3	
NYLIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	3	
NYLIA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	3	
ORQUIDEA ORAL TABLET 0.35 MG	3	
PIMTREA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	3	
PORTIA 28 ORAL TABLET 0.15-0.03 MG	3	
progesterone micronized oral capsule 100 mg, 200 mg	2	
RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG	3	
SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	3	
SHAROBEL ORAL TABLET 0.35 MG	3	
SPRINTEC (28) ORAL TABLET 0.25-0.035 MG	3	
TARINA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	3	
TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	3	
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	3	
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	3	
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	3	

Drug Name	Tier	Requirements/Limits
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	3	
TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	3	
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	3	
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	3	
TURQOZ (28) ORAL TABLET 0.3-30 MG-MCG	3	
VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG	3	
VIENVA ORAL TABLET 0.1-20 MG-MCG	3	
VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG	3	
VYLIBRA ORAL TABLET 0.25-0.035 MG	3	
XARAH FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	3	
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	3	
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	3	
Selective Estrogen Receptor Modifying Agents		
DUAVEE ORAL TABLET 0.45-20 MG	4	
raloxifene oral tablet 60 mg	2	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	3	
LIOMNY ORAL TABLET 25 MCG, 5 MCG, 50 MCG	2	
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	2	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	

Drug Name	Tier	Requirements/Limits
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
Hormonal Agents, Suppressant (Adrenal Or Pituitary)		
bromocriptine oral capsule 5 mg	4	
bromocriptine oral tablet 2.5 mg	4	
cabergoline oral tablet 0.5 mg	2	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	4	PA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	4	PA
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	4	PA
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	4	
leuprolide subcutaneous kit 1 mg/0.2 ml	4	
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	5	PA
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	PA
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	5	PA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	5	PA
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	5	PA
LUPRON DEPOT-PED INTRAMUSCULAR KIT 7.5 MG (PED)	5	PA
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	5	PA
LYSODREN ORAL TABLET 500 MG	5	
mifepristone oral tablet 300 mg	5	PA; QL (4 EA per 1 day)
octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	4	
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	5	PA; QL (2 ML per 1 day); LA
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; QL (1 EA per 1 day); LA

Drug Name	Tier	Requirements/Limits
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
Antithyroid Agents		
methimazole oral tablet 10 mg, 5 mg	1	
propylthiouracil oral tablet 50 mg	3	
IMMUNOLOGICAL AGENTS		
Angioedema Agents		
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	5	PA
icatibant subcutaneous syringe 30 mg/3 ml	5	PA; QL (18 ML per 30 days)
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	5	PA; QL (1 EA per 1 day); LA
SAJAZIR SUBCUTANEOUS SYRINGE 30 MG/3 ML	5	PA; QL (18 ML per 30 days); LA
Immunoglobulins		
BIVIGAM INTRAVENOUS SOLUTION 10 %	5	PA
GAMMAGARD LIQUID ERC INJECTION SOLUTION 10 %	5	PA
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	5	PA
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	5	PA
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %)	5	PA
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	5	PA
GAMMAPLEX INTRAVENOUS SOLUTION 10 %	5	PA
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	5	PA
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	5	PA
PANZYGA INTRAVENOUS SOLUTION 10 %	5	PA
PRIVIGEN INTRAVENOUS SOLUTION 10 %	5	PA
Immunological Agents, Other		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	5	PA; LA
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	5	PA; QL (4 ML per 28 days); LA
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	5	PA; QL (4 ML per 28 days); LA
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; QL (8 ML per 28 days); LA
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; QL (8 ML per 28 days); LA
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; QL (2 ML per 28 days); LA

Drug Name	Tier	Requirements/Limits
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; QL (8 ML per 28 days); LA
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	5	PA; QL (4.56 ML per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; QL (8 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; QL (4.56 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; QL (8 ML per 28 days)
leflunomide oral tablet 10 mg, 20 mg	3	
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	5	PA; QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	5	PA; QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	5	PA; QL (1.6 ML per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	5	PA; QL (2.8 ML per 28 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10)	3	QL (40 EA per 180 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)- 100 MG (5)	3	QL (22 EA per 180 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	3	QL (60 EA per 180 days)
PYZCHIVA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	4	PA; QL (1 ML per 56 days)
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	5	PA
RINVOQ LQ ORAL SOLUTION 1 MG/ML	5	PA; QL (12 ML per 1 day)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	5	PA; QL (1 EA per 1 day)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	5	PA; QL (1 EA per 1 day); LA
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	5	PA; QL (4 EA per 28 days)
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; QL (1 ML per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; QL (1 ML per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE 55 MG/0.37 ML	5	PA; QL (0.74 ML per 56 days)

Drug Name	Tier	Requirements/Limits
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	5	PA; QL (1.2 ML per 56 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	5	PA; QL (2.4 ML per 56 days)
STEQEYMA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	4	PA; QL (1 ML per 56 days)
STEQEYMA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	4	PA; QL (1 ML per 56 days)
STEQEYMA SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; QL (1 ML per 56 days)
TREMFYA ONE-PRESS SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA; QL (1 ML per 28 days)
TREMFYA PEN INDUCTION PK(2PEN) SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	5	PA; QL (24 ML per 365 days)
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	5	PA; QL (2 ML per 28 days)
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; QL (1 ML per 28 days)
TREMFYA SUBCUTANEOUS SYRINGE 200 MG/2 ML	5	PA; QL (2 ML per 28 days)
ustekinumab-aekn subcutaneous syringe 45 mg/0.5 ml	4	PA; QL (1 ML per 56 days)
ustekinumab-aekn subcutaneous syringe 90 mg/ml	5	PA; QL (1 ML per 56 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	5	PA; LA
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	5	PA; LA
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	5	PA; LA
Immunostimulants		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	5	PA; LA
BESREMI PEN SUBCUTANEOUS PEN INJECTOR 500 MCG/0.5 ML	5	PA; QL (1 ML per 28 days); LA
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	5	PA; QL (2 ML per 28 days); LA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	5	
Immunosuppressants		
azathioprine oral tablet 50 mg	2	PA
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	5	PA; QL (4 ML per 28 days); LA
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	5	PA; QL (4 ML per 28 days); LA

Drug Name	Tier	Requirements/Limits
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	4	PA
cyclosporine modified oral solution 100 mg/ml	4	PA
cyclosporine oral capsule 100 mg, 25 mg	4	PA
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; QL (8 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; QL (4.56 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; QL (8 ML per 28 days)
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	5	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	5	PA; QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5)	5	PA; QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML)	5	PA; QL (8 ML per 28 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	5	PA; QL (8 ML per 28 days)
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	4	PA
everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	5	PA; QL (1 EA per 1 day)
everolimus (antineoplastic) oral tablet for suspension 2 mg, 5 mg	5	PA; QL (2 EA per 1 day)
everolimus (antineoplastic) oral tablet for suspension 3 mg	5	PA; QL (3 EA per 1 day)
everolimus (immunosuppressive) oral tablet 0.25 mg	4	PA; QL (2 EA per 1 day)
everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg	5	PA; QL (2 EA per 1 day)
GENGRAF ORAL CAPSULE 100 MG, 25 MG	4	PA
HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	5	PA; QL (4.8 ML per 28 days)
HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	5	PA; QL (4.8 ML per 28 days)
HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML	5	PA; QL (2.4 ML per 28 days)
HADLIMA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; QL (2.4 ML per 28 days)
leflunomide oral tablet 10 mg, 20 mg	3	

Drug Name	Tier	Requirements/Limits
mercaptopurine oral tablet 50 mg	3	
methotrexate sodium (pf) injection solution 25 mg/ml	2	
methotrexate sodium injection solution 25 mg/ml	2	
methotrexate sodium oral tablet 2.5 mg	2	
mycophenolate mofetil oral capsule 250 mg	2	PA
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	5	PA
mycophenolate mofetil oral tablet 500 mg	2	PA
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg	4	PA
OTEZLA ORAL TABLET 20 MG	5	PA; QL (2 EA per 1 day)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	5	PA; QL (2 EA per 1 day)
OTEZLA XR INITIATION ORAL TABLET AND TABLET ER DOSE PACK 10-20-30-75 MG	5	PA; QL (41 EA per 28 days)
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HR 75 MG	5	PA; QL (1 EA per 1 day)
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	4	PA
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	3	QL (2 EA per 1 day)
SAPHNELO PEN SUBCUTANEOUS AUTO-INJECTOR 120 MG/0.8 ML	5	PA; QL (3.2 ML per 28 days)
SAPHNELO SUBCUTANEOUS SYRINGE 120 MG/0.8 ML	5	PA; QL (3.2 ML per 28 days)
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML	5	PA; QL (4 EA per 28 days)
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	5	PA; QL (2 EA per 28 days)
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PA; QL (4 EA per 28 days)
sirolimus oral solution 1 mg/ml	4	PA
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	4	PA
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	3	PA
TORPENZ ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	5	PA; QL (1 EA per 1 day)
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	5	PA; QL (3.6 ML per 28 days)
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	5	PA; QL (3.6 ML per 28 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	4	

Drug Name	Tier	Requirements/Limits
YULITHIRA ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	4	PA; QL (1 EA per 1 day)
Vaccines		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	3	
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	3	
bcg vaccine, live (pf) percutaneous suspension for reconstitution 50 mg	3	
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	3	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	3	
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	3	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	3	PA
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	3	PA
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	3	PA
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	3	
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	3	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	3	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	3	PA
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	3	

Drug Name	Tier	Requirements/Limits
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	3	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	3	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	3	
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	3	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	3	
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	3	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	3	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	3	
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	3	
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	3	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	3	
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	3	
PENMENVY MEN A-B-C-W-Y (PF) INTRAMUSCULAR KIT 0.5 ML	3	
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML	3	
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	3	
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	3	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	3	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	3	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	3	
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	3	PA

Drug Name	Tier	Requirements/Limits
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	3	PA
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	3	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	3	
SHINGRIX (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	3	QL (2 ML per 999 days)
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	3	
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	3	
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML	3	
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	3	
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	3	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	3	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	3	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	3	
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	3	
VIMKUNYA (PF) INTRAMUSCULAR SYRINGE 40 MCG/0.8 ML	3	
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	3	
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	3	
INFLAMMATORY BOWEL DISEASE AGENTS		
Aminosalicylates		
balsalazide oral capsule 750 mg	3	
mesalamine oral capsule,extended release 24hr 0.375 gram	3	
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram	3	

Drug Name	Tier	Requirements/Limits
mesalamine rectal enema 4 gram/60 ml	4	
mesalamine rectal suppository 1,000 mg	3	
sulfasalazine oral tablet 500 mg	2	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	2	
Glucocorticoids		
budesonide oral capsule,delayed,extend.release 3 mg	4	
budesonide oral tablet,delayed and ext.release 9 mg	5	PA; QL (1 EA per 1 day)
dexamethasone oral solution 0.5 mg/5 ml	2	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	2	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	2	
hydrocortisone rectal enema 100 mg/60 ml	4	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	2	
methylprednisolone oral tablets,dose pack 4 mg	2	
prednisolone oral solution 15 mg/5 ml	2	
prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)	2	
prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)	4	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	4	
prednisone oral solution 5 mg/5 ml	2	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	1	
prednisone oral tablets,dose pack 10 mg, 5 mg	2	
PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	2	
PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	2	
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	2	
METABOLIC BONE DISEASE AGENTS		
Metabolic Bone Disease Agents		
alendronate oral solution 70 mg/75 ml	4	
alendronate oral tablet 10 mg, 35 mg, 70 mg	1	
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation	3	
calcitriol oral capsule 0.25 mcg, 0.5 mcg	2	

Drug Name	Tier	Requirements/Limits
calcitriol oral solution 1 mcg/ml	4	
cinacalcet oral tablet 30 mg, 60 mg	4	PA; QL (2 EA per 1 day)
cinacalcet oral tablet 90 mg	4	PA; QL (4 EA per 1 day)
ibandronate oral tablet 150 mg	2	
JUBBONTI SUBCUTANEOUS SYRINGE 60 MG/ML	4	QL (1 ML per 180 days)
OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	4	
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	4	
risedronate oral tablet 150 mg, 35 mg	2	
risedronate oral tablet 30 mg, 5 mg	4	
risedronate oral tablet,delayed release (dr/ec) 35 mg	4	
STOBOCLO SUBCUTANEOUS SYRINGE 60 MG/ML	4	QL (1 ML per 180 days)
teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)	5	PA; QL (2.48 ML per 28 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	5	PA; QL (1.56 ML per 28 days)
WYOST SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	4	
NON-FRF		
Non-Frf		
1ST TIER UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	2	
1ST TIER UNIFINE PENTIPS PLUS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	2	
ACCU-CHEK AVIVA CONTROL SOLN SOLUTION	PDMS	
ACCU-CHEK AVIVA PLUS TEST STRP STRIP	PDMS	
ACCU-CHEK FASTCLIX LANCET DRUM	PDMS	
ACCU-CHEK GUIDE GLUCOSE METER	PDMS	QL (1 EA per 365 days)
ACCU-CHEK GUIDE L1-L2 CTRL SOL SOLUTION	PDMS	
ACCU-CHEK GUIDE ME GLUCOSE MTR	PDMS	QL (1 EA per 365 days)
ACCU-CHEK GUIDE TEST STRIPS STRIP	PDMS	QL (5 EA per 1 day)
ACCU-CHEK SMARTVIEW CONTRL SOL SOLUTION	PDMS	
ACCU-CHEK SMARTVIEW TEST STRIP STRIP	PDMS	
ACCU-CHEK SOFTCLIX LANCETS	PDMS	
ADRENALIN INJECTION SOLUTION 1 MG/ML (1 ML)	4	

Drug Name	Tier	Requirements/Limits
ADTHYZA ORAL TABLET 120 MG, 130 MG, 15 MG, 16.25 MG, 30 MG, 32.5 MG, 60 MG, 65 MG, 90 MG, 97.5 MG	4	
ADVOCATE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 33 GAUGE X 5/32"	2	
ADVOCATE SYRINGES SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	2	
ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	2	
alcohol swabs topical pads, medicated	2	
ALCOHOL WIPES TOPICAL PADS, MEDICATED	2	
AMERITHROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	4	
AMETHYST (28) ORAL TABLET 90-20 MCG (28)	3	
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	4	
ASSURE ID PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	2	
AUBRA ORAL TABLET 0.1-20 MG-MCG	3	
AUROVELA 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	3	
AUROVELA 1/20 (21) ORAL TABLET 1-20 MG-MCG	3	
AUROVELA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	3	
AUROVELA FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	3	
AUROVELA FE 1-20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	3	
AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"	2	
AUVELITY ORAL TABLET,IR ER BIPHASIC,DOSEPACK 30 MG-105 MG /45 MG-105 MG	5	ST; QL (102 EA per 365 days)
AYUNA ORAL TABLET 0.15-0.03 MG	3	
BAND-AID GAUZE PADS TOPICAL BANDAGE 2 X 2 "	2	
BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2"	2	

Drug Name	Tier	Requirements/Limits
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64"	2	
BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8"	2	
BLISOVI FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	3	
BORDERED GAUZE TOPICAL BANDAGE 2 X 2 "	2	
BYSANTI ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5	PA; QL (2 EA per 1 day)
BYSANTI TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	5	PA; QL (16 EA per 365 days)
BYSANTI TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2)	5	PA; QL (24 EA per 365 days)
BYSANTI TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2MG(2)- 6 MG (2)	5	PA; QL (16 EA per 365 days)
CAREFINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	2	
CARETOUCH ALCOHOL PREP PAD TOPICAL PADS, MEDICATED	2	
CARETOUCH INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 X 5/16", 1 ML 29 GAUGE X 5/16, 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	2	
CARETOUCH PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	2	
CHARLOTTE 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	4	
CHATEAL EQ (28) ORAL TABLET 0.15-0.03 MG	3	
cholestyramine (with sugar) oral powder 4 gram	4	
CHOLESTYRAMINE LIGHT ORAL POWDER 4 GRAM	4	
CLICKFINE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32"	2	
clindamycin palmitate hcl oral recon soln 75 mg/5 ml	4	

Drug Name	Tier	Requirements/Limits
clindamycin-benzoyl peroxide topical gel with pump 1-5 %	4	
colestipol oral granules 5 gram	4	
COMFORT EZ INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	2	
COMFORT EZ PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/16", 33 GAUGE X 5/32"	2	
COMFORT EZ PRO SAFETY PEN NDL NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/32"	2	
COMFORT TOUCH PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 31 GAUGE X 5/32", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"	2	
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; QL (8 ML per 28 days); LA
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; QL (8 ML per 28 days); LA
CURITY ALCOHOL SWABS TOPICAL PADS, MEDICATED	2	
CURITY GAUZE TOPICAL BANDAGE 2 X 2 "	2	
CYRED ORAL TABLET 0.15-0.03 MG	3	
D5 % (D-GLUCOSE)-0.9 % SODCHLR INTRAVENOUS PARENTERAL SOLUTION	4	
DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG	3	
DASETTA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG-35 MCG	3	
DERMACEA TOPICAL BANDAGE 2 X 2 "	2	
DERMACINRX LIDOCAN TOPICAL ADHESIVE PATCH,MEDICATED 5 %	4	PA; QL (3 EA per 1 day)
desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)	4	

Drug Name	Tier	Requirements/Limits
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	3	
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	2	
dexamethasone oral elixir 0.5 mg/5 ml	2	
DEXCOM G6 RECEIVER	PDMS	PA
DEXCOM G6 SENSOR DEVICE	PDMS	PA; QL (0.1 EA per 1 day)
DEXCOM G6 TRANSMITTER DEVICE	PDMS	PA; QL (1 EA per 90 days)
DEXCOM G7 15 DAY SENSOR DEVICE	PDMS	PA; QL (0.1 EA per 1 day)
DEXCOM G7 RECEIVER	PDMS	PA
DEXCOM G7 SENSOR DEVICE	PDMS	PA; QL (0.1 EA per 1 day)
dextrose 5 % in water (d5w) intravenous piggyback 5 %	4	
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	2	
diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg	2	
diltiazem hcl oral capsule,extended release 24hr 360 mg	2	
diphenhydramine hcl injection solution 50 mg/ml	4	
DROPLET GENTEEL LANCING DEVICE	PDMS	
DROPLET INSULIN SYR(HALF UNIT) SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 0.5ML 30 GAUGE X 15/64"	2	
DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16	2	
DROPLET LANCETS 30 GAUGE	PDMS	
DROPLET MICRON PEN NEEDLE NEEDLE 34 GAUGE X 9/64"	2	
DROPLET PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	2	

Drug Name	Tier	Requirements/Limits
DROPSAFE ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	2	
DROPSAFE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16"	2	
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16"	2	
EASY COMFORT ALCOHOL PAD TOPICAL PADS, MEDICATED	2	
EASY COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.3 ML 31 X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1 ML 32 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16"	2	
EASY COMFORT PEN NEEDLES NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"	2	
EASY GLIDE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"	2	
EASY GLIDE PEN NEEDLE NEEDLE 33 GAUGE X 5/32"	2	
EASY TOUCH ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	2	
EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16"	2	
EASY TOUCH INSULIN SAFETY SYR SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2"	2	
EASY TOUCH INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 27 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	2	
EASY TOUCH LUER LOCK INSULIN SYRINGE 1 ML	2	

Drug Name	Tier	Requirements/Limits
EASY TOUCH LUER LOCK SYRINGE SYRINGE 60 ML	2	
EASY TOUCH NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	2	
EASY TOUCH PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	2	
EASY TOUCH SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16", 30 GAUGE X 1/4", 30 GAUGE X 3/16", 30 GAUGE X 5/16"	2	
EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16"	2	
EASY TOUCH UNI-SLIP SYRINGE 1 ML	2	
ELINEST ORAL TABLET 0.3-30 MG-MCG	3	
EMBRACE PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	2	
EMZAHH ORAL TABLET 0.35 MG	3	
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	3	
EVEXITHROID ORAL TABLET 120 MG, 15 MG, 180 MG, 30 MG, 45 MG, 60 MG, 75 MG, 90 MG	4	
EXEL INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	2	
EXTENDED RESERVOIR 3 ML	2	
famotidine (pf) intravenous solution 20 mg/2 ml	4	
FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML)	3	
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 %	5	PA
fluocinolone topical oil 0.01 %	3	
FLUOCINONIDE-E TOPICAL CREAM 0.05 %	3	
FREESTYLE FREEDOM LITE KIT	PDMS	
FREESTYLE INSULINX	PDMS	
FREESTYLE INSULINX STRIP	PDMS	
FREESTYLE INSULINX TEST STRIPS STRIP	PDMS	
FREESTYLE LIBRE 14 DAY READER	PDMS	PA
FREESTYLE LIBRE 14 DAY SENSOR KIT	PDMS	PA; QL (0.08 EA per 1 day)
FREESTYLE LIBRE 2 PLUS SENSOR DEVICE	PDMS	PA; QL (0.08 EA per 1 day)

Drug Name	Tier	Requirements/Limits
FREESTYLE LIBRE 2 READER	PDMS	PA
FREESTYLE LIBRE 2 SENSOR KIT	PDMS	PA; QL (0.08 EA per 1 day)
FREESTYLE LIBRE 3 PLUS SENSOR DEVICE	PDMS	PA; QL (0.08 EA per 1 day)
FREESTYLE LIBRE 3 READER	PDMS	PA
FREESTYLE LIBRE 3 SENSOR DEVICE	PDMS	PA; QL (0.08 EA per 1 day)
FREESTYLE LITE METER KIT	PDMS	
FREESTYLE LITE STRIPS STRIP	PDMS	
FREESTYLE PRECISION NEO STRIPS STRIP	PDMS	
FREESTYLE TEST STRIP	PDMS	
GAMMAKED INJECTION SOLUTION 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	5	PA
GAMUNEX-C INJECTION SOLUTION 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	5	PA; LA
gauze bandage topical bandage 2 x 2 "	2	
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	3	
GLUCOCARD EXPRESSION KIT	PDMS	
GLUCOCARD SHINE METER	PDMS	
GLUCOCARD SHINE TEST STRIPS STRIP	PDMS	
GLYDO MUCOUS MEMBRANE JELLY IN APPLICATOR 2 %	3	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	
HAILEY FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	3	
HAILEY ORAL TABLET 1.5-30 MG-MCG	3	
HALOETTE VAGINAL RING 0.12-0.015 MG/24 HR	3	
HEALTHWISE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	2	
HEALTHWISE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	2	
HEALTHY ACCENTS UNIFINE PENTIP NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16"	2	

Drug Name	Tier	Requirements/Limits
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %)	5	PA
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	5	PA
hydrocortisone topical cream 2.5 %	2	
hydrocortisone topical cream with perineal applicator 1 %	2	
IBU ORAL TABLET 400 MG	2	
INCONTROL ALCOHOL PADS TOPICAL PADS, MEDICATED	2	
INCONTROL PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	2	
insulin syr/ndl u100 half mark syringe 0.3 ml 31 gauge x 1/4"	2	
INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	2	
insulin syringe-needle u-100 syringe 0.3 ml 29 gauge x 1/2", 0.3 ml 30, 0.3 ml 30 gauge x 1/2", 0.3 ml 30 gauge x 5/16", 0.3 ml 31 gauge x 1/4", 0.3 ml 31 gauge x 15/64", 0.3 ml 31 gauge x 5/16", 0.5 ml 29 gauge x 1/2", 0.5 ml 30 gauge x 1/2", 0.5 ml 30 gauge x 5/16", 0.5 ml 31 gauge x 5/16", 1 ml 27 gauge x 1/2", 1 ml 27 gauge x 5/8", 1 ml 28 gauge x 1/2", 1 ml 29 gauge x 7/16", 1 ml 30 gauge x 1/2", 1 ml 30 gauge x 3/8", 1 ml 30 gauge x 5/16, 1 ml 30 gauge x 7/16", 1 ml 31 gauge x 1/4", 1 ml 31 gauge x 15/64", 1 ml 31 gauge x 5/16, 1/2 ml 27 gauge x 1/2", 1/2 ml 28 gauge x 1/2", 1/2 ml 29 , 1/2 ml 30 gauge, 1/2 ml 31 gauge x 1/4", 1/2 ml 31 gauge x 15/64"	2	
insulin u-500 syringe-needle syringe 1/2 ml 31 gauge x 15/64"	2	
INSUPEN PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	2	
IV PREP WIPES TOPICAL PADS, MEDICATED	2	
JENCYCLA ORAL TABLET 0.35 MG	3	
JENTADUETO ORAL TABLET 2.5-850 MG	3	QL (2 EA per 1 day)
JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	3	
KALLIGA ORAL TABLET 0.15-0.03 MG	3	

Drug Name	Tier	Requirements/Limits
LARIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	3	
levetiracetam oral solution 500 mg/5 ml (5 ml)	2	
levofloxacin ophthalmic (eye) drops 1.5 %	4	
lidocaine hcl mucous membrane jelly in applicator 2 %	3	
LIDOCAN IV TOPICAL ADHESIVE PATCH,MEDICATED 5 %	4	PA; QL (3 EA per 1 day)
LIDOCAN V TOPICAL ADHESIVE PATCH,MEDICATED 5 %	4	PA; QL (3 EA per 1 day)
lorazepam oral concentrate 2 mg/ml	2	
LO-ZUMANDIMINE (28) ORAL TABLET 3-0.02 MG	3	
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"	2	
MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 GAUGE X 5/16"	2	
MAXICOMFORT II PEN NEEDLE NEEDLE 31 GAUGE X 1/4"	2	
MAXICOMFORT INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2"	2	
MAXI-COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	2	
MAXICOMFORT SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16"	2	
megestrol oral suspension 400 mg/10 ml (10 ml)	2	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	3	
methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	4	
methylprednisolone sodium succ injection recon soln 125 mg, 40 mg	4	
methylprednisolone sodium succ intravenous recon soln 1,000 mg, 500 mg	4	
metronidazole topical gel with pump 1 %	3	
MICROLET LANCET	PDMS	
MICROLET NEXT LANCING DEVICE KIT	PDMS	
milnacipran oral tablets,dose pack 12.5 mg (5)-25 mg(8)-50 mg(42)	4	QL (55 EA per 28 days)
MINI ULTRA-THIN II NEEDLE 31 GAUGE X 3/16"	2	
M-NATAL PLUS ORAL TABLET 27 MG IRON- 1 MG	2	

Drug Name	Tier	Requirements/Limits
MONOJECT INSULIN SAFETY SYRING SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2"	2	
MONOJECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML , 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	2	
MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE	2	
MONOJECT ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE	2	
MONO-LINYAH ORAL TABLET 0.25-0.035 MG	3	
NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	2	
NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	2	
NOVOFINE 32 NEEDLE 32 GAUGE X 1/4"	2	
NOVOFINE PLUS NEEDLE 32 GAUGE X 1/6"	2	
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	4	
OCELLA ORAL TABLET 3-0.03 MG	3	
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)	4	
olopatadine ophthalmic (eye) drops 0.1 %	2	
OMEGAVEN INTRAVENOUS EMULSION 10 %	4	PA
OMNIPOD 5 (LIBRE 2/3 PLUS) SUBCUTANEOUS CARTRIDGE	4	PA; QL (0.5 EA per 1 day)
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	4	PA; QL (1 EA per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	4	PA; QL (0.5 EA per 1 day)
OMNIPOD 5 INTRO (LIBRE2/3PLUS) SUBCUTANEOUS CARTRIDGE	4	PA; QL (1 EA per 365 days)
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	4	PA; QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	4	PA; QL (0.5 EA per 1 day)
ondansetron hcl (pf) injection solution 4 mg/2 ml	4	
ondansetron hcl (pf) injection syringe 4 mg/2 ml	4	

Drug Name	Tier	Requirements/Limits
ondansetron hcl intravenous solution 2 mg/ml	4	
opium tincture oral tincture 10 mg/ml (morphine)	4	
PARADIGM RESERVOIR 1.8 ML, 3 ML	2	
PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	2	
pen needle, diabetic needle 29 gauge x 15/32", 30 gauge x 3/16", 30 gauge x 5/16", 31 gauge x 1/3", 31 gauge x 1/4", 31 gauge x 1/6", 31 gauge x 13/64", 31 gauge x 15/64", 31 gauge x 3/16", 31 gauge x 5/16", 31 gauge x 5/32", 32 gauge x 1/4", 32 gauge x 3/16", 32 gauge x 5/16", 32 gauge x 5/32", 33 gauge x 1/4", 33 gauge x 3/16", 33 gauge x 5/32"	2	
pen needle, diabetic, safety needle 31 gauge x 3/16", 31 gauge x 5/32"	2	
PENTIPS PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	2	
phenytoin sodium extended oral capsule 200 mg, 300 mg	2	
PHILITH ORAL TABLET 0.4-35 MG-MCG	3	
PIP PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32"	2	
PRECISION XTRA MONITOR	PDMS	
PRECISION XTRA TEST STRIP	PDMS	
prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml)	2	
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG	2	
PREVENT DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	2	
PRO COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED	2	
PRO COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	2	
PRO COMFORT PEN NEEDLE NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	2	
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml), 5 mg/ml	4	

Drug Name	Tier	Requirements/Limits
PRODIGY INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2"	2	
PURE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED	2	
PURE COMFORT PEN NEEDLE NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	2	
PURE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4"	2	
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	4	
RENTHYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 45 MG, 60 MG, 75 MG, 90 MG	4	
SAFESNAP INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	2	
SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	2	
SECURESAFE INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	2	
SECURESAFE PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	2	
SIMLIYA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	3	
SKY SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16"	2	
SMOFLIPID INTRAVENOUS EMULSION 20 %	4	PA
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML	4	
SPRAVATO NASAL SPRAY,NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	5	PA
STERILE PADS TOPICAL BANDAGE 2 X 2 "	2	
SURE COMFORT ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	2	
SURE COMFORT INS. SYR. U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"	2	

Drug Name	Tier	Requirements/Limits
SURE COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 1/4"	2	
SURE COMFORT PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	2	
SURE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32"	2	
SURE-FINE PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16"	2	
SURE-JECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	2	
SURE-PREP ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	2	
TARINA FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	3	
TECHLITE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16	2	
TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16"	2	
TECHLITE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	2	
TECHLITE PLUS PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	PDMS	
TERUMO INSULIN SYRINGE SYRINGE 0.3 ML 30 X 3/8", 0.5 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	2	

Drug Name	Tier	Requirements/Limits
testosterone transdermal gel 50 mg/5 gram (1 %)	3	
THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8", 0.3 ML 31 X 3/8", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 X 3/8", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8", 1 ML 31 X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	2	
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG	2	
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML	5	PA; QL (1 ML per 28 days)
TRIDACAINE III TOPICAL ADHESIVE PATCH,MEDICATED 5 %	4	PA; QL (3 EA per 1 day)
TRIDACAINE XL TOPICAL ADHESIVE PATCH,MEDICATED 5 %	4	PA; QL (3 EA per 1 day)
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	3	
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	3	
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	3	
TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG	2	
TRUE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED	2	
TRUE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16	2	
TRUE COMFORT PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"	2	
TRUE COMFORT PRO ALCOHOL PADS TOPICAL PADS, MEDICATED	2	
TRUE COMFORT PRO INS SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1 ML 32 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16"	2	
TRUE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 32 GAUGE X 5/32"	2	

Drug Name	Tier	Requirements/Limits
TRUEPLUS INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	2	
TRUEPLUS PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	2	
TULANA ORAL TABLET 0.35 MG	3	
ULTICARE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 1/4"	2	
ULTICARE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 1/4"	2	
ULTICARE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	2	
ULTICARE SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16"	2	
ULTICARE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	2	
ULTIGUARD SAFEPACK-INSULIN SYR SYRINGE 0.3 ML 30 X 1/2", 0.3 ML 31 X 5/16", 1 ML 30 X 1/2", 1 ML 31 X 5/16", 1/2 ML 30 X 1/2", 1/2 ML 31 X 5/16"	2	
ULTIGUARD SAFEPACK-PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	2	
ULTILET ALCOHOL SWAB TOPICAL PADS, MEDICATED	2	
ULTILET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 29	2	
ULTILET PEN NEEDLE NEEDLE 29 GAUGE, 32 GAUGE X 5/32"	2	
ULTRA CMFT INS SYR (HALF UNIT) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16"	2	

Drug Name	Tier	Requirements/Limits
ULTRA COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29	2	
ULTRA FLO INSUL SYR(HALF UNIT) SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	2	
ULTRA FLO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2"	2	
ULTRA FLO PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	2	
ULTRA THIN PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	2	
ULTRACARE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	2	
ULTRACARE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	2	
ULTRA-FINE INS SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16"	2	
ULTRA-FINE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 31 GAUGE X 15/64"	2	
ULTRA-FINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4"	2	
ULTRA-THIN II (SHORT) INS SYR SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	2	
ULTRA-THIN II (SHORT) PEN NDL NEEDLE 31 GAUGE X 5/16"	2	

Drug Name	Tier	Requirements/Limits
ULTRA-THIN II INS PEN NEEDLES NEEDLE 29 GAUGE X 1/2"	2	
ULTRA-THIN II INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	2	
UNIFINE PENTIPS MAXFLOW NEEDLE 30 GAUGE X 3/16"	2	
UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	2	
UNIFINE PENTIPS PLUS MAXFLOW NEEDLE 30 GAUGE X 3/16"	2	
UNIFINE PENTIPS PLUS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	2	
UNIFINE SAFECONTROL PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16", 32 GAUGE X 5/32"	2	
UNIFINE SAFECONTROL PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16"	PDMS	
UNIFINE ULTRA PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	2	
valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)	2	
VANISHPOINT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 3/16"	2	
VANISHPOINT SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	2	
VEPPANU ORAL TABLET 100 MG, 200 MG	5	PA; QL (1 EA per 1 day)
VERIFINE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	2	
VERIFINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	2	
VOLNEA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	3	
voriconazole-hpbcd intravenous recon soln 200 mg	5	PA
WEBCOL TOPICAL PADS, MEDICATED	2	

Drug Name	Tier	Requirements/Limits
WERA (28) ORAL TABLET 0.5-35 MG-MCG	3	
WESTAB PLUS ORAL TABLET 27 MG IRON- 1 MG	2	
XIAFLEX INJECTION RECON SOLN 0.9 MG	5	PA; LA
zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml	4	PA
ZUMANDIMINE (28) ORAL TABLET 3-0.03 MG	3	
OPHTHALMIC AGENTS		
Ophthalmic Agents, Other		
atropine ophthalmic (eye) drops 1 %	3	
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %	3	
dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %	4	
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	1	
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %	3	QL (12 ML per 30 days)
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	3	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	3	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	2	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	2	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml	3	
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml	4	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	1	
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	3	QL (2 EA per 1 day)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	4	ST
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)	2	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	4	
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %	4	
tobramycin-lotepred ophthalmic (eye) drops,suspension 0.3-0.5 %	4	

Drug Name	Tier	Requirements/Limits
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 %	5	PA; QL (10 ML per 42 days)
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	3	QL (2 EA per 1 day)
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	4	
Ophthalmic Anti-Allergy Agents		
azelastine ophthalmic (eye) drops 0.05 %	2	
cromolyn ophthalmic (eye) drops 4 %	2	
epinastine ophthalmic (eye) drops 0.05 %	3	
Ophthalmic Anti-Infectives		
bacitracin ophthalmic (eye) ointment 500 unit/gram	4	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	2	
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	2	
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)	2	
gatifloxacin ophthalmic (eye) drops 0.5 %	3	
gentamicin ophthalmic (eye) drops 0.3 %	2	
moxifloxacin ophthalmic (eye) drops 0.5 %	3	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	3	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml	3	
ofloxacin ophthalmic (eye) drops 0.3 %	2	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	1	
sulfacetamide sodium ophthalmic (eye) drops 10 %	3	
tobramycin ophthalmic (eye) drops 0.3 %	2	
trifluridine ophthalmic (eye) drops 1 %	3	
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 %	5	PA; QL (10 ML per 42 days)
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	4	
Ophthalmic Anti-Inflammatories		
bromfenac ophthalmic (eye) drops 0.07 %, 0.09 %	4	
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %	3	
diclofenac sodium ophthalmic (eye) drops 0.1 %	2	
difluprednate ophthalmic (eye) drops 0.05 %	4	
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	3	

Drug Name	Tier	Requirements/Limits
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	3	
flurbiprofen sodium ophthalmic (eye) drops 0.03 %	2	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	3	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	3	
ketorolac ophthalmic (eye) drops 0.4 %	3	
ketorolac ophthalmic (eye) drops 0.5 %	2	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	4	
loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %	4	
loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %	4	
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	4	
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	2	
prednisolone sodium phosphate ophthalmic (eye) drops 1 %	2	
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	3	QL (2 EA per 1 day)
Ophthalmic Beta-Adrenergic Blocking Agents		
betaxolol ophthalmic (eye) drops 0.5 %	3	
carteolol ophthalmic (eye) drops 1 %	2	
levobunolol ophthalmic (eye) drops 0.5 %	2	
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %	1	
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %	3	
timolol ophthalmic (eye) drops 0.5 %	4	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
acetazolamide oral capsule, extended release 500 mg	3	
acetazolamide oral tablet 125 mg, 250 mg	3	
apraclonidine ophthalmic (eye) drops 0.5 %	3	
brimonidine ophthalmic (eye) drops 0.1 %	3	
brimonidine ophthalmic (eye) drops 0.15 %	4	
brimonidine ophthalmic (eye) drops 0.2 %	1	
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %	3	
brinzolamide ophthalmic (eye) drops,suspension 1 %	4	

Drug Name	Tier	Requirements/Limits
dorzolamide ophthalmic (eye) drops 2 %	1	
dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %	4	
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	1	
methazolamide oral tablet 25 mg, 50 mg	4	
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	3	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	4	ST
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	4	ST
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	3	
Ophthalmic Prostaglandin And Prostamide Analogs		
bimatoprost ophthalmic (eye) drops 0.01 %, 0.03 %	3	
latanoprost ophthalmic (eye) drops 0.005 %	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	
travoprost ophthalmic (eye) drops 0.004 %	3	
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	3	
OTIC AGENTS		
Otic Agents		
acetic acid otic (ear) solution 2 %	2	
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %	4	
fluocinolone acetonide oil otic (ear) drops 0.01 %	3	
hydrocortisone-acetic acid otic (ear) drops 1-2 %	3	
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%	3	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%	3	
ofloxacin otic (ear) drops 0.3 %	3	
RESPIRATORY TRACT/ PULMONARY AGENTS		
Antihistamines		
azelastine nasal spray,non-aerosol 137 mcg (0.1 %)	2	
cetirizine oral solution 1 mg/ml	2	
desloratadine oral tablet 5 mg	2	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	4	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	4	

Drug Name	Tier	Requirements/Limits
levocetirizine oral solution 2.5 mg/5 ml	3	
levocetirizine oral tablet 5 mg	2	
olopatadine nasal spray,non-aerosol 0.6 %	3	
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	3	
Anti-Inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	3	QL (1 EA per 1 day)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	3	QL (0.5 GM per 1 day)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	3	QL (0.04 EA per 1 day)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml	4	PA
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	3	
fluticasone propionate inhalation blister with device 100 mcg/actuation, 250 mcg/actuation, 50 mcg/actuation	3	
fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation, 44 mcg/actuation	3	QL (0.4 GM per 1 day)
fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation	3	QL (0.8 GM per 1 day)
fluticasone propionate nasal spray,suspension 50 mcg/actuation	2	
mometasone nasal spray,non-aerosol 50 mcg/actuation	3	
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	3	QL (0.4 GM per 1 day)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	3	QL (0.8 GM per 1 day)
Antileukotrienes		
montelukast oral tablet 10 mg	2	
montelukast oral tablet,chewable 4 mg, 5 mg	2	
zafirlukast oral tablet 10 mg, 20 mg	4	
Bronchodilators, Anticholinergic		
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	3	QL (0.3 GM per 1 day)

Drug Name	Tier	Requirements/Limits
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	3	QL (1 EA per 1 day)
ipratropium bromide inhalation hfa aerosol inhaler 17 mcg/actuation	4	QL (1 GM per 1 day)
ipratropium bromide inhalation solution 0.02 %	2	PA
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)	2	
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	2	PA
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	3	QL (0.15 GM per 1 day)
tiotropium bromide inhalation capsule, w/inhalation device 18 mcg	3	QL (1 EA per 1 day)
Bronchodilators, Sympathomimetic		
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	2	QL (0.6 GM per 1 day)
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml	2	PA
albuterol sulfate oral syrup 2 mg/5 ml	2	
albuterol sulfate oral tablet 2 mg, 4 mg	4	
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE	3	QL (2 EA per 1 day)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	3	QL (0.5 GM per 1 day)
epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml	3	
fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation, 44 mcg/actuation	3	QL (0.4 GM per 1 day)
fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation	3	QL (0.8 GM per 1 day)
fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation	2	QL (0.04 EA per 1 day)
formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml	4	PA
levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml	4	PA
levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation	4	

Drug Name	Tier	Requirements/Limits
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	3	QL (2 EA per 1 day)
Cystic Fibrosis Agents		
ALYFTREK ORAL TABLET 10-50-125 MG	5	PA; QL (2 EA per 1 day); LA
ALYFTREK ORAL TABLET 4-20-50 MG	5	PA; QL (3 EA per 1 day); LA
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	5	QL (4 ML per 1 day); LA
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	5	PA; QL (2 EA per 1 day); LA
KALYDECO ORAL TABLET 150 MG	5	PA; QL (2 EA per 1 day); LA
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	5	PA; QL (2 EA per 1 day); LA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; QL (4 EA per 1 day); LA
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	PA; QL (5 ML per 1 day)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	5	PA; QL (2 EA per 1 day); LA
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	5	QL (8 EA per 1 day); LA
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	5	PA; QL (10 ML per 1 day)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	5	PA; QL (2 EA per 1 day); LA
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	5	PA; QL (3 EA per 1 day); LA
Mast Cell Stabilizers		
cromolyn inhalation solution for nebulization 20 mg/2 ml	3	PA
cromolyn oral concentrate 100 mg/5 ml	4	
Phosphodiesterase Inhibitors, Airways Disease		
roflumilast oral tablet 250 mcg, 500 mcg	4	QL (1 EA per 1 day)
theophylline oral tablet extended release 12 hr 300 mg, 450 mg	3	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	3	
Pulmonary Antihypertensives		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; QL (3 EA per 1 day); LA
ALYQ ORAL TABLET 20 MG	3	PA; QL (2 EA per 1 day)
ambrisentan oral tablet 10 mg, 5 mg	5	PA; QL (1 EA per 1 day); LA

Drug Name	Tier	Requirements/Limits
bosentan oral tablet 125 mg, 62.5 mg	3	PA; QL (2 EA per 1 day); LA
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42)	5	PA; QL (336 EA per 365 days)
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210)	5	PA; QL (672 EA per 365 days)
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)-1MG	5	PA; QL (504 EA per 365 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	4	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	5	PA
sildenafil (pulm.hypertension) oral tablet 20 mg	2	PA
tadalafil (pulm. hypertension) oral tablet 20 mg	3	PA; QL (2 EA per 1 day)
WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 90 MG (45 MG X 2)	5	PA; QL (1 EA per 21 days)
WINREVAIR SUBCUTANEOUS KIT 45 MG, 60 MG	5	PA; QL (2 EA per 21 days)
YUTREPIA INHALATION CAPSULE, W/INHALATION DEVICE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG	5	PA
Pulmonary Fibrosis Agents		
nintedanib oral capsule 100 mg, 150 mg	5	PA; QL (2 EA per 1 day)
pirfenidone oral capsule 267 mg	5	PA; QL (9 EA per 1 day)
pirfenidone oral tablet 267 mg	5	PA; QL (9 EA per 1 day)
pirfenidone oral tablet 801 mg	5	PA; QL (3 EA per 1 day)
Respiratory Tract Agents, Other		
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	4	PA
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	3	QL (0.4 GM per 1 day)
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	3	QL (2 EA per 1 day)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE	3	QL (2 EA per 1 day)
BREYNA INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	2	QL (0.4 GM per 1 day)
BRINSUPRI ORAL TABLET 10 MG, 25 MG	5	PA; QL (1 EA per 1 day)

Drug Name	Tier	Requirements/Limits
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	2	QL (0.4 GM per 1 day)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	3	QL (0.3 GM per 1 day)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	3	QL (0.5 GM per 1 day)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; QL (8 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; QL (4.56 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; QL (8 ML per 28 days)
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	5	PA; QL (1 ML per 28 days); LA
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	5	PA; QL (0.5 ML per 28 days); LA
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	5	PA; QL (1 ML per 28 days); LA
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	2	QL (2 EA per 1 day)
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	2	PA
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA; QL (3 ML per 28 days); LA
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	5	PA; QL (3 EA per 28 days); LA
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; QL (3 ML per 28 days); LA
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; QL (0.4 ML per 28 days); LA
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	3	QL (0.15 GM per 1 day)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	3	QL (2 EA per 1 day)
umeclidinium inhalation blister with device 62.5 mcg/actuation	3	QL (1 EA per 1 day)
WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	2	QL (2 EA per 1 day)
Respiratory Tract/ Pulmonary Agents		
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	3	QL (0.3 GM per 1 day)
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	5	PA; QL (1 ML per 28 days); LA

Drug Name	Tier	Requirements/Limits
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	5	PA; QL (0.5 ML per 28 days); LA
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	5	PA; QL (1 ML per 28 days); LA
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	2	PA
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA; QL (3 ML per 28 days); LA
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	5	PA; QL (3 EA per 28 days); LA
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; QL (3 ML per 28 days); LA
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; QL (0.4 ML per 28 days); LA
SKELETAL MUSCLE RELAXANTS		
Skeletal Muscle Relaxants		
metaxalone oral tablet 800 mg	2	
methocarbamol oral tablet 500 mg, 750 mg	2	
milnacipran oral tablet 100 mg	4	QL (2 EA per 1 day)
SLEEP DISORDER AGENTS		
Sleep Promoting Agents		
eszopiclone oral tablet 1 mg	3	QL (3 EA per 1 day)
eszopiclone oral tablet 2 mg, 3 mg	3	QL (1 EA per 1 day)
ramelteon oral tablet 8 mg	2	QL (1 EA per 1 day)
temazepam oral capsule 15 mg, 30 mg	4	
zaleplon oral capsule 10 mg	3	QL (2 EA per 1 day)
zaleplon oral capsule 5 mg	3	QL (4 EA per 1 day)
zolpidem oral tablet 10 mg	2	QL (1 EA per 1 day)
zolpidem oral tablet 5 mg	2	QL (2 EA per 1 day)
Wakefulness Promoting Agents		
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	3	QL (1 EA per 1 day)
modafinil oral tablet 100 mg, 200 mg	3	QL (1 EA per 1 day)
SUNOSI ORAL TABLET 150 MG, 75 MG	3	PA; QL (1 EA per 1 day)
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	5	PA; QL (2 EA per 1 day)

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