# Retiree RxCare
# 2026 Premier 5T Formulary
# (List of Covered Drugs or "Drug List")

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION**

**ABOUT SOME OF THE DRUGS WE COVER IN THIS PLAN**

Formulary ID No. 26256, Version 17

This formulary was updated for 10/1/2026. We have made no changes to this formulary since 9/17/2026. For more recent information or other questions, please contact Retiree RxCare Customer Care Center at 1-855-693-3921 (TTY users should call 711), 24 hours a day, 7 days a week, or visit http://retireerxcarepdp.com.

**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 MG Insurance Company. When it refers to "plan" or "our plan," it means Retiree RxCare.

This document includes a partial Drug List (formulary) for our plan which is current as of 9/17/2026. For a complete, 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 cover page of this document.

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

## What is the Retiree RxCare Abridged 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 Retiree RxCare 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. Retiree RxCare will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Retiree RxCare network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

This document is a partial formulary and includes only some of the drugs covered by Retiree RxCare. For a complete listing of all prescription drugs covered by Retiree RxCare, please contact us.

**Can the formulary change?**

Most changes in drug coverage happen on January 1, but we Retiree RxCare may add or remove drugs on the formulary during the year 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: http://retireerxcarepdp.com

**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 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 add new restrictions.

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

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

  If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the Retiree RxCare’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 add a new generic drug to replace a brand-name drug currently on the formulary or add a new biosimilar to replace an original biological product currently on the formulary or add new restrictions after we add a corresponding drug. 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. 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, , we must notify affected members of the

change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Retiree RxCare’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 formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 9/17/2026. To get updated information about the drugs covered by Retiree RxCare please contact us. Our contact information appears on the front cover page of this document. If there are any changes to this formulary mid-year, we will send members a notice of change.

## How do I use the formulary?

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

### Medical Condition

The formulary listing is contained within this document. 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, Hypertension / Lipids. If you know what your drug is used for, look for the category name within the following drug list. 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 70. 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?

Retiree RxCare 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 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:** Retiree RxCare requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from Retiree RxCare before you fill your prescriptions. If you don’t get approval, Retiree RxCare may not cover the drug.

- **Prior Authorization B/D:** This drug requires a Prior Authorization to determine if the drug is covered under Medicare Part B or Medicare Part D. Additional information is required from you or your Physician to make a determination before you may get your prescription filled. If you do not get approval, Retiree RxCare may not cover the medication and you will be responsible for the full cost of the drug, or for submitting the drug to your Medicare health plan.

- **Quantity Limits:** For certain drugs, Retiree RxCare limits the amount of the drug that Retiree RxCare will cover. For example, Retiree RxCare provides 30 per prescription for Zolpidem Tartrate 10mg. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, Retiree RxCare 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, Retiree RxCare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Retiree RxCare will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary listing contained within this document. 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 cover page of this document.

You can ask Retiree RxCare 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 Retiree RxCare’s formulary?” on page 5 for information about how to request an exception.

## What if my drug is not on the formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered. This document includes only a partial list of covered drugs, so Retiree RxCare may cover your drug. For more information, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front cover page of this document.

If you learn that Retiree RxCare does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Retiree RxCare. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Retiree RxCare.

- You can ask Retiree RxCare 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 Retiree RxCare’s formulary?

You can ask Retiree RxCare 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, Retiree RxCare limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, Retiree RxCare will only approve your request for an exception if the alternative drugs included on the plan’s formulary, the lower cost-sharing drug, or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a 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 90 days of membership in our plan, we will cover a 30-day emergency supply of that drug while you pursue a formulary exception.

**Note:** If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 30-day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). 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 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 30-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

For current members, who are in a long-term care facility or going through level of care changes, Retiree RxCare will allow up to a one-month supply of medication.

**Examples of level-of-care changes may include:**

- Discharge from a hospital to a home setting (i.e., assisted living, long-term care (LTC), or private home) accompanied by a list of medications that may not always consider the plan drug list due to the short-term nature of the hospital visit.
- Termination of a Medicare Part A skilled nursing facility stay (where payments include all pharmacy charges)
- Hospice disenrollment
- Leaving a long-term care facility stay and returning to the community.
- Discharge from psychiatric hospitals with drug regimens that are highly individualized.

## For more information

For more detailed information about your Retiree RxCare prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Retiree RxCare, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front cover page of this document.

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 .

# Retiree RxCare Premier 5T Formulary

The abridged formulary that begins on the following pages provides coverage information on some of the drugs covered by Retiree RxCare. If you have trouble finding your drug in the list, turn to the Index that begins on page 70.

Remember: This is only a partial list of drugs covered by Retiree RxCare. If your prescription is not in this partial formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front cover page of this document. The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., SYNTHROID) and generic drugs are listed in lower-case italics (e.g., simvastatin).

The information in the Requirements/Limits column tells you if Retiree RxCare has any special requirements for coverage of your drug.

**Understanding the requirements/limits**

| Coverage Tier | Definition |
|---|---|
| 1 | Preferred Generics |
| 2 | Generics |
| 3 | Preferred Brands |
| 4 | Non-Preferred Drugs |
| 5 | Specialty |

| Abbreviation | Program Name | Definition |
|---|---|---|
| PA | Prior Authorization | Approval is required before your plan will cover this medication. |
| PA B/D | Medicare Part B vs. Part D | Coverage may be available under Medicare Part B or Part D. |
| QL | Quantity Limit | There is a limit to the amount that can be filled per prescription or over a period of time. |
| ST | Step Therapy | You must try a preferred treatment alternative before coverage is available for this medication. |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **Analgesics** | | |
| ***Analgesics*** | | |
| JOURNAVX TABLET 50MG | 4 | QL (30 EA per 90 days) |
| ***Nonsteroidal Anti-inflammatory Drugs*** | | |
| *celecoxib capsule 100mg, 200mg, 400mg, 50mg* | 2 | QL (60 EA per 30 days) |
| *diclofenac potassium tablet 50mg* | 3 | |
| *diclofenac sodium dr tablet delayed release 25mg, 50mg, 75mg* | 2 | |
| *diclofenac sodium er tablet extended release 24 hour 100mg* | 3 | |
| *diclofenac sodium gel 1%* | 2 | QL (1000 GM per 30 days) |
| *diclofenac sodium topical solution 1.5%* | 4 | PA |
| *diflunisal tablet 500mg* | 3 | |
| *ec-naproxen tablet delayed release 500mg* | 4 | |
| *etodolac capsule 200mg, 300mg* | 3 | |
| *etodolac tablet 400mg, 500mg* | 3 | |
| *flurbiprofen tablet 100mg, 50mg* | 2 | |
| *ibuprofen suspension 100mg/5ml* | 2 | |
| *ibuprofen tablet 400mg, 600mg, 800mg* | 1 | |
| *ibu tablet 400mg, 600mg, 800mg* | 1 | |
| *indomethacin er capsule extended release 75mg* | 3 | |
| *indomethacin capsule 25mg, 50mg* | 2 | |
| *ketorolac tromethamine +rfid injection 30mg/ml* | 4 | |
| *ketorolac tromethamine injection 15mg/ml, 30mg/ml, 60mg/2ml* | 4 | |
| *ketorolac tromethamine tablet 10mg* | 4 | QL (20 EA per 30 days) |
| *meloxicam tablet 15mg, 7.5mg* | 1 | |
| *nabumetone tablet 500mg, 750mg* | 2 | |
| *naproxen dr tablet delayed release 375mg* | 2 | |
| *naproxen dr tablet delayed release 500mg* | 4 | |
| *naproxen sodium tablet 275mg, 550mg* | 3 | |
| *naproxen tablet 250mg, 375mg, 500mg* | 1 | |
| *oxaprozin tablet 600mg* | 3 | |
| *piroxicam capsule 10mg, 20mg* | 3 | |
| *sulindac tablet 150mg, 200mg* | 2 | |
| ***Opioid Analgesics, Long-acting*** | | |
| *buprenorphine patch weekly 10mcg/hr, 15mcg/hr, 20mcg/hr, 5mcg/hr, 7.5mcg/hr* | 4 | QL (4 EA per 28 days) |
| *fentanyl patch 72 hour 100mcg/hr, 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr* | 4 | |
| *methadone hcl solution 5mg/5ml* | 3 | |
| *methadone hcl tablet 10mg, 5mg* | 2 | |
| *methadone hydrochloride intensol concentrate 10mg/ml* | 3 | |
| *methadone hydrochloride concentrate 10mg/ml* | 3 | |
| *methadone hydrochloride solution 10mg/5ml* | 3 | |
| *morphine sulfate er tablet extended release 100mg, 15mg, 200mg, 30mg, 60mg* | 3 | |
| XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5MG, 18MG, 27MG, 36MG, 9MG | 3 | |
| ***Opioid Analgesics, Short-acting*** | | |
| *acetaminophen/codeine phosphate tablet 300mg; 60mg* | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *acetaminophen/codeine solution 120mg/5ml; 12mg/5ml* | 3 | |
| *acetaminophen/codeine tablet 300mg; 15mg, 300mg; 30mg, 300mg; 60mg* | 2 | |
| *endocet tablet 325mg; 5mg* | 2 | |
| *endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg* | 3 | |
| *fentanyl citrate oral transmucosal lozenge on a handle 200mcg* | 4 | PA |
| *fentanyl citrate oral transmucosal lozenge on a handle 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg* | 5 | PA |
| *hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml* | 3 | |
| *hydrocodone bitartrate/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg* | 2 | |
| *hydrocodone/acetaminophen tablet 325mg; 7.5mg* | 2 | |
| *hydromorphone hcl injection 10mg/ml, 4mg/ml* | 4 | |
| *hydromorphone hcl tablet 2mg, 4mg* | 2 | |
| *hydromorphone hcl tablet 8mg* | 4 | |
| *hydromorphone hydrochloride injection 1mg/ml, 2mg/ml, 4mg/ml, 50mg/5ml* | 4 | |
| *morphine sulfate injection 10mg/ml, 4mg/ml* | 2 | |
| *morphine sulfate oral solution 100mg/5ml, 10mg/5ml, 20mg/5ml* | 3 | |
| *morphine sulfate tablet 15mg, 30mg* | 3 | |
| *oxycodone hydrochloride solution 5mg/5ml* | 3 | |
| *oxycodone hydrochloride tablet 10mg, 15mg, 5mg* | 2 | |
| *oxycodone hydrochloride tablet 20mg, 30mg* | 3 | |
| *oxycodone/acetaminophen tablet 325mg; 5mg* | 2 | |
| *oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg* | 3 | |
| *tramadol hydrochloride/acetaminophen tablet 325mg; 37.5mg* | 2 | |
| *tramadol hydrochloride tablet 50mg* | 1 | |
| **Anesthetics** | | |
| ***Local Anesthetics*** | | |
| *lidocaine/prilocaine cream 2.5%; 2.5%* | 2 | QL (30 GM per 30 days) PA |
| *lidocaine ointment 5%* | 3 | QL (150 GM per 30 days) PA |
| *lidocaine patch 5%* | 4 | PA |
| *premium lidocaine ointment 5%* | 3 | QL (150 GM per 30 days) PA |
| **Anti-Addiction/Substance Abuse Treatment Agents** | | |
| ***Alcohol Deterrents/Anti-craving*** | | |
| *acamprosate calcium dr tablet delayed release 333mg* | 4 | |
| *disulfiram tablet 250mg, 500mg* | 3 | |
| *naltrexone hydrochloride tablet 50mg* | 2 | |
| VIVITROL INJECTION 380MG | 5 | |
| ***Opioid Dependence*** | | |
| *buprenorphine hcl/naloxone hcl tablet sublingual 2mg; 0.5mg, 8mg; 2mg* | 2 | |
| *buprenorphine hcl tablet sublingual 2mg, 8mg* | 2 | |
| *buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg* | 3 | |
| ***Opioid Reversal Agents*** | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| KLOXXADO LIQUID 8MG/0.1ML | 4 | |
| *naloxone hcl injection 4mg/10ml* | 2 | |
| *naloxone hydrochloride injection 0.4mg/ml* | 2 | |
| *naloxone hydrochloride injection 2mg/2ml* | 3 | |
| *naloxone hydrochloride liquid 4mg/0.1ml* | 3 | |
| OPVEE SOLUTION 2.7MG/0.1ML | 3 | |
| REXTOVY LIQUID 4MG/0.25ML | 4 | |
| ***Smoking Cessation Agents*** | | |
| *bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg* | 2 | QL (60 EA per 30 days) |
| NICOTROL NS SOLUTION 10MG/ML | 4 | QL (360 ML per 365 days) |
| TYRVAYA SOLUTION 0.03MG/ACT | 4 | QL (8.4 ML per 30 days) |
| *varenicline starting month tablet therapy pack 0* | 4 | QL (504 EA per 365 days) |
| *varenicline tartrate continuing month tablet 1mg* | 4 | QL (504 EA per 365 days) |
| *varenicline tartrate tablet 0.5mg, 1mg* | 4 | QL (504 EA per 365 days) |
| **Antibacterials** | | |
| ***Aminoglycosides*** | | |
| *amikacin sulfate injection 1gm/4ml, 500mg/2ml* | 4 | |
| ARIKAYCE SUSPENSION 590MG/8.4ML | 5 | PA |
| *gentamicin sulfate pediatric injection 10mg/ml* | 3 | |
| *gentamicin sulfate cream 0.1%* | 3 | |
| *gentamicin sulfate injection 40mg/ml* | 3 | |
| *gentamicin sulfate ointment 0.1%* | 3 | |
| HUMATIN CAPSULE 250MG | 5 | |
| *neomycin sulfate tablet 500mg* | 2 | |
| *streptomycin sulfate injection 1gm* | 5 | |
| *tobramycin sulfate injection 1.2gm/30ml, 1.2gm, 10mg/ml, 40mg/ml, 80mg/2ml* | 4 | |
| ***Antibacterials, Other*** | | |
| *aztreonam injection 1gm, 2gm* | 4 | |
| *clindacin etz pledgets swab 1%* | 3 | |
| *clindamycin hcl capsule 300mg* | 2 | |
| *clindamycin hydrochloride capsule 150mg, 75mg* | 2 | |
| *clindamycin palmitate hydrochloride solution reconstituted 75mg/5ml* | 4 | |
| *clindamycin phosphate cream 2%* | 4 | |
| *clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 900mg/6ml* | 3 | |
| *clindamycin phosphate swab 1%* | 3 | |
| *colistimethate sodium injection 150mg* | 4 | |
| DAPTOMYCIN/SODIUM CHLORIDE INJECTION 1000MG/100ML; 0.9%, 350MG/50ML; 0.9%, 500MG/50ML; 0.9%, 700MG/100ML; 0.9% | 4 | |
| *daptomycin injection 350mg, 500mg* | 4 | |
| *fosfomycin tromethamine packet 3gm* | 4 | |
| IMPAVIDO CAPSULE 50MG | 5 | |
| *linezolid injection 600mg/300ml* | 4 | |
| *linezolid suspension reconstituted 100mg/5ml* | 5 | QL (1800 ML per 28 days) |
| *linezolid tablet 600mg* | 4 | QL (56 EA per 28 days) |
| *methenamine hippurate tablet 1gm* | 4 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *metronidazole vaginal gel 0.75%* | 3 | |
| *metronidazole injection 500mg/100ml* | 2 | |
| *metronidazole tablet 250mg, 500mg* | 1 | |
| *nitrofurantoin macrocrystals capsule 100mg, 50mg* | 3 | |
| *nitrofurantoin monohydrate/macrocrystals capsule 100mg* | 2 | |
| *nitrofurantoin monohydrate capsule 100mg* | 2 | |
| *tigecycline injection 50mg* | 4 | |
| *tinidazole tablet 250mg, 500mg* | 4 | |
| *trimethoprim tablet 100mg* | 2 | |
| *vancomycin hcl injection 10gm* | 3 | |
| *vancomycin hydrochloride capsule 125mg* | 4 | QL (120 EA per 30 days) |
| *vancomycin hydrochloride capsule 250mg* | 4 | QL (240 EA per 30 days) |
| VANCOMYCIN HYDROCHLORIDE INJECTION 1.75GM, 2GM | 3 | |
| *vancomycin hydrochloride injection 1gm, 500mg, 750mg* | 3 | |
| VOQUEZNA DUAL PAK THERAPY PACK 500MG; 20MG | 4 | PA |
| VOQUEZNA TRIPLE PAK THERAPY PACK 500MG; 500MG; 20MG | 4 | PA |
| ***Beta-lactam, Cephalosporins*** | | |
| *cefaclor capsule 250mg, 500mg* | 2 | |
| *cefaclor suspension reconstituted 250mg/5ml* | 4 | |
| *cefadroxil capsule 500mg* | 2 | |
| *cefadroxil suspension reconstituted 250mg/5ml, 500mg/5ml* | 2 | |
| *cefazolin sodium injection 10gm, 1gm, 500mg* | 4 | |
| CEFAZOLIN INJECTION 2GM, 3GM | 4 | |
| *cefdinir capsule 300mg* | 2 | |
| *cefdinir suspension reconstituted 125mg/5ml, 250mg/5ml* | 2 | |
| *cefepime hydrochloride injection 100gm, 2gm* | 4 | |
| CEFEPIME/DEXTROSE INJECTION 2GM/50ML; 5% | 4 | |
| *cefepime injection 1gm/50ml, 1gm, 2gm/100ml, 2gm* | 4 | |
| *cefixime capsule 400mg* | 4 | |
| *cefotaxime sodium injection 1gm, 2gm* | 2 | |
| *cefotetan injection 1gm, 2gm* | 4 | |
| *cefoxitin sodium injection 10gm, 1gm, 2gm* | 3 | |
| *cefpodoxime proxetil suspension reconstituted 100mg/5ml, 50mg/5ml* | 3 | |
| *cefpodoxime proxetil tablet 100mg, 200mg* | 4 | |
| *cefprozil suspension reconstituted 125mg/5ml, 250mg/5ml* | 3 | |
| *cefprozil tablet 250mg, 500mg* | 2 | |
| *ceftaroline fosamil injection 400mg, 600mg* | 5 | |
| *ceftazidime injection 1gm, 2gm, 6gm* | 3 | |
| *ceftriaxone sodium injection 10gm, 1gm, 250mg, 2gm, 500mg* | 3 | |
| *cefuroxime axetil tablet 250mg, 500mg* | 2 | |
| *cefuroxime sodium injection 1.5gm, 750mg* | 3 | |
| *cephalexin capsule 250mg, 500mg* | 2 | |
| *cephalexin suspension reconstituted 125mg/5ml, 250mg/5ml* | 2 | |
| TAZICEF INJECTION 6GM | 3 | |
| *tazicef injection 1gm, 2gm* | 3 | |
| TEFLARO INJECTION 400MG, 600MG | 5 | |
| ***Beta-lactam, Penicillins*** | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *amoxicillin/clavulanate potassium er tablet extended release 12 hour 1000mg; 62.5mg* | 4 | |
| *amoxicillin/clavulanate potassium suspension reconstituted 200mg/5ml; 28.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml* | 2 | |
| *amoxicillin/clavulanate potassium suspension reconstituted 250mg/5ml; 62.5mg/5ml* | 4 | |
| *amoxicillin/clavulanate potassium tablet chewable 200mg; 28.5mg, 400mg; 57mg* | 2 | |
| *amoxicillin/clavulanate potassium tablet 500mg; 125mg, 875mg; 125mg* | 2 | |
| *amoxicillin/clavulanate potassium tablet 250mg; 125mg* | 4 | |
| *amoxicillin/potassium clavulanate tablet chewable 200mg; 28.5mg, 400mg; 57mg* | 2 | |
| *amoxicillin capsule 250mg, 500mg* | 1 | |
| *amoxicillin suspension reconstituted 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml* | 1 | |
| *amoxicillin tablet chewable 125mg, 250mg* | 2 | |
| *amoxicillin tablet 500mg, 875mg* | 1 | |
| *ampicillin sodium injection 10gm, 125mg, 1gm, 2gm* | 3 | |
| *ampicillin-sulbactam injection 10gm; 5gm, 1gm; 0.5gm, 2gm; 1gm* | 3 | |
| *ampicillin/sulbactam injection 1gm; 0.5gm, 2gm; 1gm* | 3 | |
| *ampicillin capsule 500mg* | 2 | |
| AUGMENTIN SUSPENSION RECONSTITUTED 125MG/5ML; 31.25MG/5ML | 4 | |
| BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML | 4 | |
| *dicloxacillin sodium capsule 250mg, 500mg* | 2 | |
| *nafcillin sodium injection 10gm, 1gm, 2gm* | 4 | |
| *oxacillin sodium injection 10gm, 1gm, 2gm* | 4 | |
| *penicillin g sodium injection 5000000unit* | 5 | |
| *penicillin v potassium solution reconstituted 125mg/5ml, 250mg/5ml* | 2 | |
| *penicillin v potassium tablet 250mg, 500mg* | 2 | |
| *piperacillin sodium/tazobactam sodium injection 2gm; 0.25gm, 36gm; 4.5gm, 3gm; 0.375gm, 4gm; 0.5gm* | 4 | |
| ***Carbapenems*** | | |
| *ertapenem sodium injection 1gm* | 4 | |
| *imipenem/cilastatin injection 250mg; 250mg, 500mg; 500mg* | 3 | |
| *meropenem injection 1gm, 2gm, 500mg* | 3 | |
| ***Macrolides*** | | |
| *azithromycin injection 500mg* | 3 | |
| *azithromycin packet 1gm* | 2 | |
| *azithromycin suspension reconstituted 100mg/5ml, 200mg/5ml* | 2 | |
| *azithromycin tablet 250mg, 500mg, 600mg* | 1 | |
| *clarithromycin er tablet extended release 24 hour 500mg* | 4 | |
| *clarithromycin suspension reconstituted 125mg/5ml, 250mg/5ml* | 4 | |
| *clarithromycin tablet 250mg, 500mg* | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| DIFICID TABLET 200MG | 5 | |
| *erythromycin dr tablet delayed release 250mg, 333mg, 500mg* | 4 | |
| *fidaxomicin tablet 200mg* | 5 | |
| ***Quinolones*** | | |
| *ciprofloxacin hcl tablet 750mg* | 1 | |
| *ciprofloxacin hydrochloride tablet 250mg, 500mg, 750mg* | 1 | |
| *ciprofloxacin i.v.-in d5w injection 200mg/100ml; 5%, 400mg/200ml; 5%* | 3 | |
| *levofloxacin in d5w injection 5%; 250mg/50ml, 5%; 500mg/100ml, 5%; 750mg/150ml* | 4 | |
| *levofloxacin injection 25mg/ml* | 4 | |
| *levofloxacin oral solution 25mg/ml* | 4 | |
| *levofloxacin tablet 250mg, 500mg, 750mg* | 2 | |
| *moxifloxacin hydrochloride/sodium hydrochloride injection 400mg/250ml; 0.8%* | 4 | |
| *moxifloxacin hydrochloride tablet 400mg* | 3 | |
| ***Sulfonamides*** | | |
| *sulfadiazine tablet 500mg* | 5 | |
| *sulfamethoxazole/trimethoprim ds tablet 800mg; 160mg* | 1 | |
| *sulfamethoxazole/trimethoprim suspension 200mg/5ml; 40mg/5ml* | 3 | |
| *sulfamethoxazole/trimethoprim tablet 400mg; 80mg* | 1 | |
| ***Tetracyclines*** | | |
| *demeclocycline hcl tablet 150mg, 300mg* | 4 | |
| *doxycycline hyclate capsule 100mg, 50mg* | 2 | |
| *doxycycline hyclate injection 100mg* | 4 | |
| *doxycycline hyclate tablet 100mg* | 2 | |
| *doxycycline monohydrate capsule 100mg, 50mg* | 2 | |
| *doxycycline monohydrate tablet 100mg, 50mg* | 2 | |
| *doxycycline monohydrate tablet 150mg, 75mg* | 3 | |
| *doxycycline suspension reconstituted 25mg/5ml* | 3 | |
| *minocycline hcl capsule 75mg* | 3 | |
| *minocycline hydrochloride capsule 100mg, 50mg* | 3 | |
| *tetracycline hydrochloride capsule 250mg, 500mg* | 3 | |
| **Anticonvulsants** | | |
| ***Anticonvulsants, Other*** | | |
| *brivaracetam solution 10mg/ml* | 4 | PA |
| *brivaracetam tablet 100mg, 10mg, 25mg, 50mg, 75mg* | 4 | PA |
| BRIVIACT SOLUTION 10MG/ML | 5 | PA |
| BRIVIACT TABLET 100MG, 10MG, 25MG, 50MG, 75MG | 5 | PA |
| EPIDIOLEX SOLUTION 100MG/ML | 5 | PA |
| EPRONTIA SOLUTION 25MG/ML | 4 | |
| *felbamate suspension 600mg/5ml* | 4 | |
| *felbamate tablet 400mg, 600mg* | 4 | |
| FINTEPLA SOLUTION 2.2MG/ML | 5 | PA |
| FYCOMPA SUSPENSION 0.5MG/ML | 5 | |
| FYCOMPA TABLET 2MG | 4 | |
| FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG | 5 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *lamotrigine er tablet extended release 24 hour 100mg, 200mg, 250mg, 25mg, 300mg, 50mg* | 4 | |
| *lamotrigine odt tablet disintegrating 200mg* | 4 | |
| *lamotrigine starter kit/blue kit 25mg* | 4 | |
| *lamotrigine starter kit/green kit 0* | 4 | |
| *lamotrigine starter kit/orange kit 0* | 4 | |
| *lamotrigine tablet chewable 25mg, 5mg* | 2 | |
| *lamotrigine tablet 100mg, 150mg, 200mg, 25mg* | 1 | |
| *levetiracetam er tablet extended release 24 hour 500mg, 750mg* | 3 | |
| *levetiracetam solution 100mg/ml* | 2 | |
| *levetiracetam tablet disintegrating soluble 250mg, 500mg* | 4 | |
| *levetiracetam tablet 1000mg, 250mg, 500mg, 750mg* | 2 | |
| NAYZILAM SOLUTION 5MG/0.1ML | 4 | QL (10 EA per 30 days) |
| *perampanel suspension 0.5mg/ml* | 5 | |
| *perampanel tablet 2mg* | 4 | |
| *perampanel tablet 10mg, 12mg, 4mg, 6mg, 8mg* | 5 | |
| *roweepra tablet 500mg* | 2 | |
| SPRITAM TABLET DISINTEGRATING SOLUBLE 1000MG, 250MG, 500MG, 750MG | 4 | |
| *subvenite starter kit/blue kit 25mg* | 4 | |
| *subvenite starter kit/green kit 0* | 4 | |
| *subvenite starter kit/orange kit 0* | 4 | |
| SUBVENITE SUSPENSION 10MG/ML | 4 | |
| *subvenite tablet 100mg, 150mg, 200mg, 25mg* | 1 | |
| *topiramate capsule sprinkle 15mg, 25mg, 50mg* | 3 | |
| *topiramate solution 25mg/ml* | 4 | |
| *topiramate tablet 100mg, 200mg, 25mg, 50mg* | 1 | |
| *valproic acid capsule 250mg* | 2 | |
| *valproic acid solution 250mg/5ml* | 2 | |
| ***Calcium Channel Modifying Agents*** | | |
| *ethosuximide capsule 250mg* | 3 | |
| *ethosuximide solution 250mg/5ml* | 3 | |
| *methsuximide capsule 300mg* | 4 | |
| ***Gamma-aminobutyric Acid (GABA) Modulating Agents*** | | |
| *clobazam suspension 2.5mg/ml* | 4 | |
| *clobazam tablet 10mg, 20mg* | 4 | |
| *clonazepam odt tablet disintegrating 2mg* | 4 | QL (300 EA per 30 days) |
| *clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg* | 4 | QL (90 EA per 30 days) |
| *clonazepam tablet 2mg* | 1 | QL (300 EA per 30 days) |
| *clonazepam tablet 0.5mg, 1mg* | 1 | QL (90 EA per 30 days) |
| DIACOMIT CAPSULE 250MG, 500MG | 5 | PA |
| DIACOMIT PACKET 250MG, 500MG | 5 | PA |
| *diazepam gel 10mg, 2.5mg, 20mg* | 4 | |
| *divalproex sodium dr capsule delayed release sprinkle 125mg* | 2 | |
| *divalproex sodium dr tablet delayed release 125mg, 250mg, 500mg* | 2 | |
| *divalproex sodium er tablet extended release 24 hour 250mg, 500mg* | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *gabapentin capsule 400mg* | 1 | QL (270 EA per 30 days) |
| *gabapentin capsule 100mg, 300mg* | 1 | QL (360 EA per 30 days) |
| *gabapentin solution 250mg/5ml* | 4 | QL (2160 ML per 30 days) |
| *gabapentin tablet 800mg* | 2 | QL (150 EA per 30 days) |
| *gabapentin tablet 600mg* | 2 | QL (180 EA per 30 days) |
| LIBERVANT FILM 10MG, 12.5MG, 15MG, 5MG, 7.5MG | 4 | QL (10 EA per 30 days) |
| *phenobarbital elixir 20mg/5ml* | 4 | |
| *phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg* | 4 | |
| *pregabalin capsule 300mg* | 2 | QL (60 EA per 30 days) |
| *pregabalin capsule 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg* | 2 | QL (90 EA per 30 days) |
| *pregabalin solution 20mg/ml* | 4 | QL (900 ML per 30 days) |
| *primidone tablet 125mg, 250mg, 50mg* | 2 | |
| SYMPAZAN FILM 10MG, 5MG | 4 | |
| SYMPAZAN FILM 20MG | 5 | |
| *tiagabine hydrochloride tablet 12mg, 16mg, 2mg, 4mg* | 4 | |
| VALTOCO 10 MG DOSE LIQUID 10MG/0.1ML | 5 | QL (10 EA per 30 days) |
| VALTOCO 15 MG DOSE LIQUID THERAPY PACK 7.5MG/0.1ML | 5 | QL (10 EA per 30 days) |
| VALTOCO 20 MG DOSE LIQUID THERAPY PACK 10MG/0.1ML | 5 | QL (10 EA per 30 days) |
| VALTOCO 5 MG DOSE LIQUID 5MG/0.1ML | 5 | QL (10 EA per 30 days) |
| *vigabatrin packet 500mg* | 5 | PA |
| *vigabatrin tablet 500mg* | 5 | PA |
| *vigadrone packet 500mg* | 5 | PA |
| *vigadrone tablet 500mg* | 5 | PA |
| VIGAFYDE SOLUTION 100MG/ML | 5 | PA |
| *vigpoder packet 500mg* | 5 | PA |
| ZTALMY SUSPENSION 50MG/ML | 5 | PA |
| ***Sodium Channel Agents*** | | |
| *carbamazepine er capsule extended release 12 hour 100mg, 200mg, 300mg* | 4 | |
| *carbamazepine er tablet extended release 12 hour 100mg, 200mg, 400mg* | 3 | |
| *carbamazepine suspension 100mg/5ml* | 3 | |
| *carbamazepine tablet chewable 100mg, 200mg* | 2 | |
| *carbamazepine tablet 200mg* | 3 | |
| DILANTIN CAPSULE 30MG | 4 | |
| *epitol tablet 200mg* | 3 | |
| *eslicarbazepine acetate tablet 200mg, 400mg, 600mg, 800mg* | 4 | |
| *lacosamide solution 10mg/ml* | 4 | |
| *lacosamide tablet 100mg, 150mg, 200mg, 50mg* | 4 | |
| *oxcarbazepine suspension 300mg/5ml* | 4 | |
| *oxcarbazepine tablet 150mg, 300mg, 600mg* | 2 | |
| PHENYTEK CAPSULE 200MG, 300MG | 2 | |
| *phenytoin infatabs tablet chewable 50mg* | 2 | |
| *phenytoin sodium extended capsule 100mg, 200mg, 300mg* | 2 | |
| *phenytoin suspension 125mg/5ml* | 2 | |
| *phenytoin tablet chewable 50mg* | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *rufinamide suspension 40mg/ml* | 5 | |
| *rufinamide tablet 200mg* | 4 | |
| *rufinamide tablet 400mg* | 5 | |
| XCOPRI TABLET THERAPY PACK 0 | 4 | PA; (14 X 12.5 MG & 14 X 25 MG) |
| XCOPRI TABLET THERAPY PACK 0 | 5 | PA; (14 X 150 MG & 14 X 200 MG) |
| XCOPRI TABLET THERAPY PACK 0 | 5 | PA; (14 X 50 MG & 14 X 100 MG) |
| XCOPRI TABLET THERAPY PACK 0 | 5 | PA; 100 MG & 150 MG TABS (250 MG DAILY DOSE) |
| XCOPRI TABLET THERAPY PACK 0 | 5 | PA; 150 MG & 200 MG TABS (350 MG DAILY DOSE) |
| XCOPRI TABLET 100MG, 150MG, 200MG, 25MG, 50MG | 5 | PA |
| ZONISADE SUSPENSION 100MG/5ML | 4 | ST |
| *zonisamide capsule 100mg, 25mg, 50mg* | 2 | |
| **Antidementia Agents** | | |
| ***Antidementia Agents, Other*** | | |
| *ergoloid mesylates tablet 1mg* | 4 | |
| *memantine/donepezil hydrochloride er capsule extended release 24 hour 10mg; 14mg, 10mg; 21mg, 10mg; 28mg* | 3 | QL (30 EA per 30 days) |
| ***Cholinesterase Inhibitors*** | | |
| *donepezil hcl tablet disintegrating 10mg, 5mg* | 2 | |
| *donepezil hcl tablet 10mg* | 1 | |
| *donepezil hcl tablet 23mg* | 4 | |
| *donepezil hydrochloride tablet 10mg, 5mg* | 1 | |
| *galantamine hydrobromide er capsule extended release 24 hour 16mg, 24mg, 8mg* | 4 | |
| *galantamine hydrobromide solution 4mg/ml* | 4 | |
| *galantamine hydrobromide tablet 12mg, 4mg, 8mg* | 4 | |
| *rivastigmine tartrate capsule 1.5mg, 3mg, 4.5mg, 6mg* | 2 | |
| *rivastigmine transdermal system patch 24 hour 13.3mg/24hr, 4.6mg/24hr, 9.5mg/24hr* | 4 | |
| ***N-methyl-D-aspartate (NMDA) Receptor Antagonist*** | | |
| *memantine hcl titration pak tablet 0* | 2 | |
| *memantine hydrochloride er capsule extended release 24 hour 14mg, 21mg, 28mg, 7mg* | 4 | QL (30 EA per 30 days) |
| *memantine hydrochloride tablet 10mg, 5mg* | 2 | |
| **Antidepressants** | | |
| ***Antidepressants, Other*** | | |
| AUVELITY TITRATION PACK TABLET EXTENDED RELEASE THERAPY PACK 0; 0 | 4 | QL (102 EA per 365 days) |
| AUVELITY TABLET EXTENDED RELEASE 105MG; 45MG | 4 | QL (60 EA per 30 days) |
| *bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg, 200mg* | 2 | QL (60 EA per 30 days) |
| *bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg* | 2 | QL (90 EA per 30 days) |
| *bupropion hydrochloride er (xl) tablet extended release 24 hour 300mg* | 2 | QL (30 EA per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg* | 2 | QL (90 EA per 30 days) |
| *bupropion hydrochloride tablet 100mg, 75mg* | 2 | |
| EXXUA TITRATION PACK TABLET EXTENDED RELEASE 24 HOUR 18.2MG | 5 | ST |
| EXXUA TABLET EXTENDED RELEASE 24 HOUR 36.3MG, 54.5MG, 72.6MG | 5 | QL (30 EA per 30 days) ST |
| EXXUA TABLET EXTENDED RELEASE 24 HOUR 18.2MG | 5 | ST |
| *mirtazapine odt tablet disintegrating 15mg, 30mg, 45mg* | 3 | |
| *mirtazapine tablet 15mg, 30mg, 45mg, 7.5mg* | 2 | |
| SPRAVATO 56MG DOSE SOLUTION THERAPY PACK 28MG/DEVICE | 5 | PA |
| SPRAVATO 84MG DOSE SOLUTION THERAPY PACK 28MG/DEVICE | 5 | PA |
| ZURZUVAE CAPSULE 30MG | 5 | QL (14 EA per 14 days) PA |
| ZURZUVAE CAPSULE 20MG, 25MG | 5 | QL (28 EA per 14 days) PA |
| ***Monoamine Oxidase Inhibitors*** | | |
| EMSAM PATCH 24 HOUR 12MG/24HR, 6MG/24HR, 9MG/24HR | 5 | QL (30 EA per 30 days) ST |
| MARPLAN TABLET 10MG | 4 | |
| *phenelzine sulfate tablet 15mg* | 3 | |
| *tranylcypromine sulfate tablet 10mg* | 4 | |
| ***SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor*** | | |
| *citalopram hydrobromide solution 10mg/5ml* | 4 | |
| *citalopram hydrobromide tablet 10mg, 20mg, 40mg* | 1 | |
| *desvenlafaxine er tablet extended release 24 hour 100mg* | 2 | QL (120 EA per 30 days) |
| *desvenlafaxine er tablet extended release 24 hour 25mg, 50mg* | 2 | QL (30 EA per 30 days) |
| DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 60MG | 4 | QL (60 EA per 30 days) |
| DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30MG, 40MG | 4 | QL (90 EA per 30 days) |
| *duloxetine hydrochloride dr capsule delayed release particles 120mg, 80mg, 90mg* | 2 | QL (30 EA per 30 days) |
| *duloxetine hydrochloride dr capsule delayed release particles 20mg, 60mg* | 2 | QL (60 EA per 30 days) |
| *duloxetine hydrochloride dr capsule delayed release particles 30mg* | 2 | QL (90 EA per 30 days) |
| *escitalopram oxalate solution 5mg/5ml* | 3 | |
| *escitalopram oxalate tablet 10mg, 20mg, 5mg* | 1 | |
| FETZIMA TITRATION PACK CAPSULE ER 24 HOUR THERAPY PACK 0 | 4 | QL (56 EA per 365 days) ST |
| FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 20MG, 40MG, 80MG | 4 | QL (30 EA per 30 days) ST |
| *fluoxetine hydrochloride capsule 10mg, 20mg, 40mg* | 1 | |
| *fluoxetine hydrochloride solution 20mg/5ml* | 4 | |
| *fluvoxamine maleate tablet 100mg, 25mg, 50mg* | 2 | |
| *nefazodone hydrochloride tablet 100mg, 150mg, 200mg, 250mg, 50mg* | 4 | |
| *paroxetine hcl tablet 30mg, 40mg* | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *paroxetine hydrochloride suspension 10mg/5ml* | 4 | |
| *paroxetine hydrochloride tablet 10mg, 20mg* | 2 | |
| RALDESY SOLUTION 10MG/ML | 5 | |
| *sertraline hcl concentrate 20mg/ml* | 3 | |
| *sertraline hcl tablet 50mg* | 1 | |
| *sertraline hydrochloride tablet 100mg, 25mg* | 1 | |
| *trazodone hydrochloride tablet 100mg, 150mg, 25mg, 50mg, 75mg* | 1 | |
| TRINTELLIX TABLET 10MG, 20MG, 5MG | 4 | QL (30 EA per 30 days) |
| *venlafaxine hydrochloride er capsule extended release 24 hour 150mg, 37.5mg, 75mg* | 2 | |
| *venlafaxine hydrochloride tablet 100mg, 25mg, 37.5mg, 50mg, 75mg* | 2 | |
| *vilazodone hydrochloride tablet 10mg, 20mg, 40mg* | 4 | QL (30 EA per 30 days) |
| ***Tricyclics*** | | |
| *amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg* | 3 | |
| *amitriptyline hydrochloride tablet 100mg, 10mg, 150mg, 25mg, 50mg, 75mg* | 3 | |
| *amoxapine tablet 100mg, 150mg, 25mg, 50mg* | 4 | |
| *clomipramine hydrochloride capsule 25mg, 50mg, 75mg* | 4 | |
| *desipramine hydrochloride tablet 100mg, 10mg, 150mg, 25mg, 50mg, 75mg* | 4 | |
| *doxepin hcl capsule 75mg* | 3 | |
| *doxepin hcl concentrate 10mg/ml* | 4 | |
| *doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg* | 3 | |
| *imipramine hcl tablet 25mg, 50mg* | 4 | |
| *imipramine hydrochloride tablet 10mg* | 4 | |
| *nortriptyline hcl capsule 25mg, 75mg* | 2 | |
| *nortriptyline hcl solution 10mg/5ml* | 4 | |
| *nortriptyline hydrochloride capsule 10mg, 50mg* | 2 | |
| *protriptyline hcl tablet 10mg, 5mg* | 4 | |
| *trimipramine maleate capsule 100mg, 25mg, 50mg* | 4 | |
| **Antiemetics** | | |
| ***Antiemetics, Other*** | | |
| *compro suppository 25mg* | 4 | |
| *meclizine hcl tablet 12.5mg, 25mg* | 4 | |
| *meclizine hydrochloride tablet 25mg* | 4 | |
| *prochlorperazine maleate tablet 10mg, 5mg* | 2 | |
| *prochlorperazine suppository 25mg* | 4 | |
| *promethazine hcl suppository 12.5mg* | 4 | |
| *promethazine hydrochloride plain solution 6.25mg/5ml* | 3 | |
| *promethazine hydrochloride solution 6.25mg/5ml* | 3 | |
| *promethazine hydrochloride suppository 25mg* | 4 | |
| *promethazine hydrochloride tablet 12.5mg, 25mg, 50mg* | 2 | |
| *promethegan suppository 12.5mg, 25mg* | 4 | |
| *scopolamine patch 72 hour 1mg/3days* | 4 | |
| ***Emetogenic Therapy Adjuncts*** | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *aprepitant capsule therapy pack 0* | 4 | QL (6 EA per 30 days) B/D; (THERAPY PACK 80 & 125 MG) |
| *aprepitant capsule 40mg* | 4 | QL (1 EA per 30 days) B/D |
| *aprepitant capsule 80mg* | 4 | QL (8 EA per 30 days) B/D |
| *aprepitant capsule 125mg* | 5 | QL (2 EA per 30 days) B/D |
| *dronabinol capsule 10mg, 2.5mg, 5mg* | 4 | QL (60 EA per 30 days) PA |
| *ondansetron hcl solution 4mg/5ml* | 4 | QL (450 ML per 30 days) B/D |
| *ondansetron hydrochloride tablet 4mg, 8mg* | 1 | B/D |
| *ondansetron odt tablet disintegrating 4mg, 8mg* | 2 | B/D |
| **Antifungals** | | |
| ***Antifungals*** | | |
| ABELCET INJECTION 5MG/ML | 4 | B/D |
| *amphotericin b liposome injection 50mg* | 5 | B/D |
| *amphotericin b injection 50mg* | 4 | B/D |
| *caspofungin acetate injection 50mg, 70mg* | 4 | |
| *clotrimazole cream 1%* | 2 | QL (90 GM per 30 days) |
| *clotrimazole solution 1%* | 2 | QL (60 ML per 30 days) |
| *clotrimazole troche 10mg* | 3 | |
| CRESEMBA CAPSULE 186MG, 74.5MG | 5 | PA |
| *econazole nitrate cream 1%* | 2 | |
| *fluconazole in sodium chloride injection 200mg/100ml; 0.9%, 400mg/200ml; 0.9%* | 3 | |
| *fluconazole suspension reconstituted 10mg/ml, 40mg/ml* | 3 | |
| *fluconazole tablet 100mg, 150mg, 200mg, 50mg* | 2 | |
| *flucytosine capsule 250mg, 500mg* | 5 | |
| *griseofulvin microsize suspension 125mg/5ml* | 4 | |
| *griseofulvin microsize tablet 500mg* | 4 | |
| *griseofulvin ultramicrosize tablet 125mg, 250mg* | 4 | |
| *itraconazole capsule 100mg* | 4 | PA |
| JUBLIA SOLUTION 10% | 5 | |
| *ketoconazole cream 2%* | 2 | QL (90 GM per 30 days) |
| *ketoconazole shampoo 2%* | 2 | |
| *ketoconazole tablet 200mg* | 2 | |
| *klayesta powder 100000unit/gm* | 2 | QL (120 GM per 30 days) |
| *micafungin injection 100mg, 50mg* | 4 | |
| *nyamyc powder 100000unit/gm* | 2 | QL (120 GM per 30 days) |
| *nystatin cream 100000unit/gm* | 2 | |
| *nystatin ointment 100000unit/gm* | 2 | |
| *nystatin powder 100000unit/gm* | 2 | QL (120 GM per 30 days) |
| *nystatin suspension 100000unit/ml* | 2 | |
| *nystatin tablet 500000unit* | 3 | |
| *nystop powder 100000unit/gm* | 2 | QL (120 GM per 30 days) |
| *posaconazole dr tablet delayed release 100mg* | 5 | PA |
| *posaconazole suspension 40mg/ml* | 5 | PA |
| *terbinafine hcl tablet 250mg* | 2 | QL (84 EA per 180 days) |
| *terconazole cream 0.4%, 0.8%* | 3 | |
| *voriconazole injection 200mg* | 5 | PA |
| *voriconazole suspension reconstituted 40mg/ml* | 5 | |
| *voriconazole tablet 200mg, 50mg* | 4 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **Antigout Agents** | | |
| ***Antigout Agents*** | | |
| *allopurinol tablet 100mg, 300mg* | 1 | |
| *colchicine tablet 0.6mg* | 3 | |
| *febuxostat tablet 40mg, 80mg* | 4 | |
| *probenecid/colchicine tablet 0.5mg; 500mg* | 2 | |
| *probenecid tablet 500mg* | 2 | |
| **Antimigraine Agents** | | |
| ***Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists*** | | |
| AIMOVIG INJECTION 140MG/ML | 3 | QL (1 ML per 28 days) PA |
| AIMOVIG INJECTION 70MG/ML | 3 | QL (2 ML per 28 days) PA |
| EMGALITY INJECTION 120MG/ML | 3 | QL (2 ML per 28 days) PA |
| EMGALITY INJECTION 100MG/ML | 5 | QL (3 ML per 28 days) PA |
| NURTEC TABLET DISINTEGRATING 75MG | 5 | QL (18 EA per 30 days) PA |
| QULIPTA TABLET 10MG, 30MG, 60MG | 5 | QL (30 EA per 30 days) PA |
| UBRELVY TABLET 100MG, 50MG | 5 | QL (16 EA per 30 days) PA |
| ***Ergot Alkaloids*** | | |
| *dihydroergotamine mesylate solution 4mg/ml* | 4 | QL (8 ML per 30 days) PA |
| *ergotamine tartrate/caffeine tablet 100mg; 1mg* | 3 | QL (24 EA per 28 days) |
| ***Prophylactic*** | | |
| *timolol maleate tablet 10mg, 20mg, 5mg* | 3 | |
| ***Serotonin (5-HT) Receptor Agonist*** | | |
| *naratriptan hcl tablet 1mg, 2.5mg* | 3 | QL (9 EA per 30 days) |
| *rizatriptan benzoate odt tablet disintegrating 10mg, 5mg* | 3 | QL (18 EA per 30 days) |
| *rizatriptan benzoate tablet 10mg, 5mg* | 2 | QL (18 EA per 30 days) |
| *sumatriptan succinate injection 6mg/0.5ml* | 4 | QL (5 ML per 30 days) |
| *sumatriptan succinate tablet 100mg, 25mg, 50mg* | 2 | QL (9 EA per 30 days) |
| *sumatriptan solution 20mg/act, 5mg/act* | 4 | QL (12 EA per 30 days) |
| *zolmitriptan tablet 2.5mg, 5mg* | 3 | QL (12 EA per 30 days) |
| **Antimyasthenic Agents** | | |
| ***Parasympathomimetics*** | | |
| *pyridostigmine bromide tablet 60mg* | 2 | |
| VYVGART HYTRULO INJECTION 180MG/ML; 2000UNIT/ML | 5 | PA |
| **Antimycobacterials** | | |
| ***Antimycobacterials, Other*** | | |
| *dapsone tablet 100mg, 25mg* | 3 | |
| *rifabutin capsule 150mg* | 4 | |
| ***Antituberculars*** | | |
| *cycloserine capsule 250mg* | 5 | |
| *ethambutol hydrochloride tablet 100mg, 400mg* | 2 | |
| ISONIAZID INJECTION 100MG/ML | 4 | |
| *isoniazid syrup 50mg/5ml* | 4 | |
| *isoniazid tablet 100mg, 300mg* | 1 | |
| PRIFTIN TABLET 150MG | 4 | |
| *pyrazinamide tablet 500mg* | 3 | |
| *rifampin capsule 150mg, 300mg* | 3 | |
| *rifampin injection 600mg* | 4 | |
| *rifapentine tablet 150mg* | 4 | |
| SIRTURO TABLET 100MG, 20MG | 5 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| TRECATOR TABLET 250MG | 4 | |
| **Antineoplastics** | | |
| ***Alkylating Agents*** | | |
| *cisplatin injection 100mg/100ml* | 4 | |
| *cyclophosphamide capsule 25mg, 50mg* | 3 | B/D |
| GLEOSTINE CAPSULE 10MG, 40MG | 4 | |
| GLEOSTINE CAPSULE 100MG | 5 | |
| LEUKERAN TABLET 2MG | 5 | |
| *lomustine capsule 10mg, 40mg* | 4 | |
| *lomustine capsule 100mg* | 5 | |
| MATULANE CAPSULE 50MG | 5 | |
| VALCHLOR GEL 0.016% | 5 | PA |
| ***Antiandrogens*** | | |
| *abiraterone acetate tablet 250mg* | 4 | PA |
| *abiraterone acetate tablet 500mg* | 5 | PA |
| *abirtega tablet 250mg* | 4 | PA |
| *bicalutamide tablet 50mg* | 2 | |
| ERLEADA TABLET 240MG, 60MG | 5 | PA |
| EULEXIN CAPSULE 125MG | 4 | |
| *nilutamide tablet 150mg* | 5 | |
| NUBEQA TABLET 300MG | 5 | PA |
| XTANDI CAPSULE 40MG | 5 | PA |
| XTANDI TABLET 40MG, 80MG | 5 | PA |
| YONSA TABLET 125MG | 5 | PA |
| ***Antiangiogenic Agents*** | | |
| *lenalidomide capsule 10mg, 15mg, 2.5mg, 20mg, 25mg, 5mg* | 5 | PA |
| *pomalidomide capsule 3mg, 4mg* | 5 | PA |
| *pomalidomide capsule 1mg, 2mg* | 5 | QL (30 EA per 30 days) PA |
| POMALYST CAPSULE 3MG, 4MG | 5 | PA |
| POMALYST CAPSULE 1MG, 2MG | 5 | QL (30 EA per 30 days) PA |
| THALOMID CAPSULE 100MG, 150MG, 200MG, 50MG | 5 | PA |
| ***Antiestrogens/Modifiers*** | | |
| EMCYT CAPSULE 140MG | 5 | |
| ETCAMAH TABLET 75MG | 5 | PA |
| INLURIYO TABLET 200MG | 5 | PA |
| ORSERDU TABLET 345MG, 86MG | 5 | PA |
| SOLTAMOX SOLUTION 10MG/5ML | 5 | |
| *tamoxifen citrate tablet 10mg, 20mg* | 2 | |
| *toremifene citrate tablet 60mg* | 4 | |
| VEPPANU TABLET 200MG | 5 | PA |
| VEPPANU TABLET 100MG | 5 | QL (30 EA per 30 days) PA |
| ***Antimetabolites*** | | |
| DROXIA CAPSULE 200MG, 300MG, 400MG | 3 | |
| *hydroxyurea capsule 500mg* | 2 | |
| *mercaptopurine suspension 2000mg/100ml* | 5 | |
| *mercaptopurine tablet 50mg* | 3 | |
| TABLOID TABLET 40MG | 5 | |
| ***Antineoplastics, Other*** | | |
| AKEEGA TABLET 500MG; 100MG, 500MG; 50MG | 5 | PA |
| IBRANCE TABLET 100MG, 125MG, 75MG | 5 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| INREBIC CAPSULE 100MG | 5 | PA |
| ITOVEBI TABLET 9MG | 5 | PA |
| ITOVEBI TABLET 3MG | 5 | QL (60 EA per 30 days) PA |
| IWILFIN TABLET 192MG | 5 | PA |
| KISQALI FEMARA 200 DOSE TABLET THERAPY PACK 2.5MG; 200MG | 5 | PA |
| KISQALI FEMARA 400 DOSE TABLET THERAPY PACK 2.5MG; 200MG | 5 | PA |
| KISQALI FEMARA 600 DOSE TABLET THERAPY PACK 2.5MG; 200MG | 5 | PA |
| KOMZIFTI CAPSULE 200MG | 5 | PA |
| LAZCLUZE TABLET 240MG | 5 | PA |
| LAZCLUZE TABLET 80MG | 5 | QL (60 EA per 30 days) PA |
| *leucovorin calcium tablet 10mg, 15mg, 25mg, 5mg* | 3 | |
| LONSURF TABLET 6.14MG; 15MG, 8.19MG; 20MG | 5 | PA |
| LYSODREN TABLET 500MG | 5 | |
| MODEYSO CAPSULE 125MG | 5 | PA |
| OGSIVEO TABLET 100MG, 150MG, 50MG | 5 | PA |
| OJEMDA SUSPENSION RECONSTITUTED 25MG/ML | 5 | PA |
| OJEMDA TABLET 100MG | 5 | PA |
| ONUREG TABLET 200MG, 300MG | 5 | PA |
| PHESGO INJECTION 2000UNIT/ML; 60MG/ML; 60MG/ML, 2000UNIT/ML; 80MG/ML; 40MG/ML | 5 | PA |
| REVUFORJ TABLET 110MG, 160MG, 25MG | 5 | PA |
| VONJO CAPSULE 100MG | 5 | PA |
| ZENBEXUS CAPSULE 0.75MG, 1MG | 5 | PA |
| ZOLINZA CAPSULE 100MG | 5 | PA |
| ***Aromatase Inhibitors, 3rd Generation*** | | |
| *anastrozole tablet 1mg* | 1 | |
| *exemestane tablet 25mg* | 4 | |
| *letrozole tablet 2.5mg* | 2 | |
| ***Enzyme Inhibitors*** | | |
| AVMAPKI FAKZYNJA CO-PACK THERAPY PACK 0.8MG; 200MG | 5 | PA |
| *topotecan hcl injection 4mg* | 5 | |
| *topotecan hydrochloride injection 4mg/4ml* | 5 | |
| ***Molecular Target Inhibitors*** | | |
| ALECENSA CAPSULE 150MG | 5 | PA |
| ALUNBRIG TABLET THERAPY PACK 0 | 5 | QL (60 EA per 365 days) PA |
| ALUNBRIG TABLET 30MG | 5 | QL (120 EA per 30 days) PA |
| ALUNBRIG TABLET 180MG, 90MG | 5 | QL (30 EA per 30 days) PA |
| AUGTYRO CAPSULE 160MG, 40MG | 5 | PA |
| AYVAKIT TABLET 100MG, 200MG, 25MG, 300MG, 50MG | 5 | QL (30 EA per 30 days) PA |
| BALVERSA TABLET 3MG, 4MG, 5MG | 5 | PA |
| BEQALZI STARTER PACK TABLET THERAPY PACK 0 | 5 | QL (88 EA per 365 days) PA |
| BEQALZI TABLET 80MG | 5 | QL (120 EA per 30 days) PA |
| BEQALZI TABLET 20MG | 5 | QL (28 EA per 28 days) PA |
| BEQALZI TABLET 1MG, 5MG | 5 | QL (44 EA per 365 days) PA |
| BOSULIF CAPSULE 100MG, 50MG | 5 | PA |
| BOSULIF TABLET 100MG, 400MG, 500MG | 5 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *bosutinib tablet 100mg, 400mg, 500mg* | 5 | PA |
| BRAFTOVI CAPSULE 75MG | 5 | PA |
| BRUKINSA CAPSULE 80MG | 5 | PA |
| BRUKINSA TABLET 160MG | 5 | PA |
| CABOMETYX TABLET 40MG, 60MG | 5 | PA |
| CABOMETYX TABLET 20MG | 5 | QL (30 EA per 30 days) PA |
| CALQUENCE CAPSULE 100MG | 5 | PA |
| CALQUENCE TABLET 100MG | 5 | PA |
| CAPRELSA TABLET 300MG | 5 | PA |
| CAPRELSA TABLET 100MG | 5 | QL (60 EA per 30 days) PA |
| CAVHANZA TABLET DISINTEGRATING 60MG, 80MG | 5 | PA |
| COMETRIQ KIT 0, 20MG | 5 | PA |
| COPIKTRA CAPSULE 15MG, 25MG | 5 | PA |
| COTELLIC TABLET 20MG | 5 | PA |
| DANZITEN TABLET 71MG, 95MG | 5 | PA |
| *dasatinib tablet 100mg, 140mg, 20mg, 50mg, 70mg, 80mg* | 5 | PA |
| DAURISMO TABLET 100MG, 25MG | 5 | PA |
| ENSACOVE CAPSULE 100MG, 25MG | 5 | PA |
| ERIVEDGE CAPSULE 150MG | 5 | PA |
| *erlotinib hydrochloride tablet 100mg, 150mg, 25mg* | 4 | PA |
| *everolimus tablet soluble 2mg, 3mg, 5mg* | 5 | PA |
| *everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg* | 5 | QL (30 EA per 30 days) PA |
| EXKIVITY CAPSULE 40MG | 5 | |
| FOTIVDA CAPSULE 0.89MG, 1.34MG | 5 | PA |
| FRUZAQLA CAPSULE 1MG, 5MG | 5 | PA |
| GAVRETO CAPSULE 100MG | 5 | PA |
| *gefitinib tablet 250mg* | 5 | PA |
| GILOTRIF TABLET 20MG, 30MG, 40MG | 5 | QL (30 EA per 30 days) PA |
| GOMEKLI CAPSULE 1MG, 2MG | 5 | PA |
| GOMEKLI TABLET SOLUBLE 1MG | 5 | PA |
| HERNEXEOS TABLET 60MG | 5 | PA |
| HYRNUO TABLET 10MG | 5 | PA |
| IBRANCE CAPSULE 100MG, 125MG, 75MG | 5 | PA |
| IBTROZI CAPSULE 200MG | 5 | PA |
| ICLUSIG TABLET 30MG, 45MG | 5 | PA |
| ICLUSIG TABLET 10MG, 15MG | 5 | QL (30 EA per 30 days) PA |
| IDHIFA TABLET 100MG, 50MG | 5 | QL (30 EA per 30 days) PA |
| *imatinib mesylate tablet 100mg* | 3 | PA |
| *imatinib mesylate tablet 400mg* | 4 | PA |
| IMBRUVICA CAPSULE 140MG | 5 | QL (120 EA per 30 days) PA |
| IMBRUVICA CAPSULE 70MG | 5 | QL (28 EA per 28 days) PA |
| IMBRUVICA SUSPENSION 70MG/ML | 5 | PA |
| IMBRUVICA TABLET 420MG | 5 | PA |
| IMBRUVICA TABLET 140MG, 280MG | 5 | QL (28 EA per 28 days) PA |
| IMKELDI SOLUTION 80MG/ML | 5 | PA |
| INLYTA TABLET 1MG, 5MG | 5 | PA |
| INQOVI TABLET 100MG; 35MG | 5 | PA |
| JAKAFI XR TABLET EXTENDED RELEASE 24 HOUR 11MG, 22MG, 33MG, 44MG, 55MG | 5 | QL (30 EA per 30 days) PA |
| JAKAFI TABLET 15MG, 20MG, 25MG, 5MG | 5 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| JAKAFI TABLET 10MG | 5 | QL (60 EA per 30 days) PA |
| JAYPIRCA TABLET 100MG | 5 | PA |
| JAYPIRCA TABLET 50MG | 5 | QL (30 EA per 30 days) PA |
| JIDEYTRO TABLET 100MG | 5 | QL (30 EA per 30 days) PA |
| JIDEYTRO TABLET 25MG | 5 | QL (90 EA per 30 days) PA |
| KISQALI TABLET THERAPY PACK 200MG | 5 | PA |
| KOSELUGO CAPSULE SPRINKLE 5MG, 7.5MG | 5 | PA |
| KOSELUGO CAPSULE 10MG, 25MG | 5 | PA |
| KRAZATI TABLET 200MG | 5 | PA |
| *lapatinib ditosylate tablet 250mg* | 5 | PA |
| LENVIMA 10 MG DAILY DOSE CAPSULE THERAPY PACK 10MG | 5 | PA |
| LENVIMA 12MG DAILY DOSE CAPSULE THERAPY PACK 4MG | 5 | PA |
| LENVIMA 14 MG DAILY DOSE CAPSULE THERAPY PACK 0 | 5 | PA |
| LENVIMA 18 MG DAILY DOSE CAPSULE THERAPY PACK 0 | 5 | PA |
| LENVIMA 20 MG DAILY DOSE CAPSULE THERAPY PACK 10MG | 5 | PA |
| LENVIMA 24 MG DAILY DOSE CAPSULE THERAPY PACK 0 | 5 | PA |
| LENVIMA 4 MG DAILY DOSE CAPSULE THERAPY PACK 4MG | 5 | PA |
| LENVIMA 8 MG DAILY DOSE CAPSULE THERAPY PACK 4MG | 5 | PA |
| LIFYORLI CAPSULE THERAPY PACK 0 | 5 | PA |
| LORBRENA TABLET 100MG, 25MG | 5 | PA |
| LUMAKRAS TABLET 120MG, 240MG, 320MG | 5 | PA |
| LYNPARZA TABLET 100MG, 150MG | 5 | PA |
| LYTGOBI TABLET THERAPY PACK 4MG | 5 | PA; 12 MG DAILY DOSE |
| LYTGOBI TABLET THERAPY PACK 4MG | 5 | PA; 16 MG DAILY DOSE |
| LYTGOBI TABLET THERAPY PACK 4MG | 5 | PA; 20 MG DAILY DOSE |
| MEKINIST SOLUTION RECONSTITUTED 0.05MG/ML | 5 | PA |
| MEKINIST TABLET 0.5MG, 2MG | 5 | PA |
| MEKTOVI TABLET 15MG | 5 | PA |
| NERLYNX TABLET 40MG | 5 | QL (180 EA per 30 days) PA |
| NILOTINIB D-TARTRATE CAPSULE 150MG, 200MG, 50MG | 5 | PA |
| *nilotinib hydrochloride capsule 150mg, 200mg, 50mg* | 5 | PA |
| NINLARO CAPSULE 2.3MG, 3MG, 4MG | 5 | PA |
| ODOMZO CAPSULE 200MG | 5 | PA |
| OJJAARA TABLET 100MG, 200MG | 5 | PA |
| OJJAARA TABLET 150MG | 5 | QL (30 EA per 30 days) PA |
| *pazopanib hydrochloride tablet 200mg, 400mg* | 5 | PA |
| PEMAZYRE TABLET 13.5MG, 4.5MG, 9MG | 5 | QL (30 EA per 30 days) PA |
| PIQRAY 200MG DAILY DOSE TABLET THERAPY PACK 200MG | 5 | PA |
| PIQRAY 250MG DAILY DOSE TABLET THERAPY PACK 0 | 5 | PA |
| PIQRAY 300MG DAILY DOSE TABLET THERAPY PACK 150MG | 5 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| QINLOCK TABLET 50MG | 5 | PA |
| RASONQUE TABLET 100MG | 5 | QL (120 EA per 30 days) PA |
| RASONQUE TABLET 150MG | 5 | QL (60 EA per 30 days) PA |
| RETEVMO CAPSULE 40MG, 80MG | 5 | PA |
| RETEVMO TABLET 120MG, 160MG | 5 | PA |
| RETEVMO TABLET 80MG | 5 | QL (60 EA per 30 days) PA |
| RETEVMO TABLET 40MG | 5 | QL (90 EA per 30 days) PA |
| REZLIDHIA CAPSULE 150MG | 5 | PA |
| ROMVIMZA CAPSULE 14MG, 20MG, 30MG | 5 | PA |
| ROZLYTREK CAPSULE 100MG, 200MG | 5 | PA |
| ROZLYTREK PACKET 50MG | 5 | PA |
| RUBRACA TABLET 250MG, 300MG | 5 | PA |
| RUBRACA TABLET 200MG | 5 | QL (120 EA per 30 days) PA |
| RYDAPT CAPSULE 25MG | 5 | PA |
| SCEMBLIX TABLET 100MG | 5 | QL (120 EA per 30 days) PA |
| SCEMBLIX TABLET 40MG | 5 | QL (240 EA per 30 days) PA |
| SCEMBLIX TABLET 20MG | 5 | QL (60 EA per 30 days) PA |
| *sorafenib tosylate tablet 200mg* | 5 | PA |
| *sorafenib tablet 200mg* | 5 | PA |
| STIVARGA TABLET 40MG | 5 | PA |
| *sunitinib malate capsule 12.5mg, 25mg, 37.5mg, 50mg* | 5 | PA |
| TABRECTA TABLET 150MG, 200MG | 5 | QL (120 EA per 30 days) PA |
| TAFINLAR CAPSULE 50MG, 75MG | 5 | PA |
| TAFINLAR TABLET SOLUBLE 10MG | 5 | PA |
| TAGRISSO TABLET 80MG | 5 | PA |
| TAGRISSO TABLET 40MG | 5 | QL (30 EA per 30 days) PA |
| TALZENNA CAPSULE 0.1MG, 0.25MG, 0.35MG, 0.5MG, 0.75MG, 1MG | 5 | PA |
| TAZVERIK TABLET 200MG | 5 | PA |
| TEPMETKO TABLET 225MG | 5 | PA |
| TIBSOVO TABLET 250MG | 5 | PA |
| *torpenz tablet 10mg, 2.5mg, 5mg, 7.5mg* | 5 | QL (30 EA per 30 days) PA |
| TRUQAP TABLET THERAPY PACK 160MG, 200MG | 5 | PA |
| TRUQAP TABLET 160MG, 200MG | 5 | PA |
| TUKYSA TABLET 150MG, 50MG | 5 | PA |
| TURALIO CAPSULE 125MG | 5 | PA |
| VANFLYTA TABLET 17.7MG, 26.5MG | 5 | PA |
| VENCLEXTA STARTING PACK TABLET THERAPY PACK 0 | 5 | PA |
| VENCLEXTA TABLET 10MG | 4 | PA |
| VENCLEXTA TABLET 100MG, 50MG | 5 | PA |
| VERZENIO TABLET 100MG, 150MG, 200MG, 50MG | 5 | PA |
| VITRAKVI CAPSULE 100MG, 25MG | 5 | PA |
| VITRAKVI SOLUTION 20MG/ML | 5 | PA |
| VIZIMPRO TABLET 15MG, 30MG, 45MG | 5 | PA |
| XALKORI CAPSULE SPRINKLE 150MG, 20MG, 50MG | 5 | PA |
| XALKORI CAPSULE 200MG, 250MG | 5 | PA |
| XOSPATA TABLET 40MG | 5 | PA |
| XPOVIO 60 MG TWICE WEEKLY TABLET THERAPY PACK 20MG | 5 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| XPOVIO 80 MG TWICE WEEKLY TABLET THERAPY PACK 20MG | 5 | PA |
| XPOVIO TABLET THERAPY PACK 10MG, 40MG, 50MG, 60MG, 80MG | 5 | PA |
| *yulithira tablet 10mg, 2.5mg, 5mg, 7.5mg* | 4 | QL (30 EA per 30 days) PA |
| ZEJULA TABLET 200MG, 300MG | 5 | PA |
| ZEJULA TABLET 100MG | 5 | QL (30 EA per 30 days) PA |
| ZELBORAF TABLET 240MG | 5 | PA |
| ZYDELIG TABLET 100MG, 150MG | 5 | PA |
| ZYKADIA TABLET 150MG | 5 | PA |
| ***Monoclonal Antibodies/Antibody-Drug Conjugates*** | | |
| TEVIMBRA INJECTION 100MG/10ML, 150MG/15ML | 5 | PA |
| ***Retinoids*** | | |
| *bexarotene capsule 75mg* | 5 | PA |
| *bexarotene gel 1%* | 5 | PA |
| PANRETIN GEL 0.1% | 5 | |
| *tretinoin capsule 10mg* | 5 | |
| ***Treatment Adjuncts*** | | |
| MESNA TABLET 400MG | 5 | |
| VORANIGO TABLET 40MG | 5 | PA |
| VORANIGO TABLET 10MG | 5 | QL (60 EA per 30 days) PA |
| **Antiparasitics** | | |
| ***Anthelmintics*** | | |
| *albendazole tablet 200mg* | 4 | |
| *ivermectin tablet 3mg, 6mg* | 2 | PA |
| *praziquantel tablet 600mg* | 4 | |
| ***Antiprotozoals*** | | |
| ALINIA SUSPENSION RECONSTITUTED 100MG/5ML | 5 | |
| *atovaquone/proguanil hcl tablet 62.5mg; 25mg* | 3 | |
| *atovaquone/proguanil hydrochloride tablet 250mg; 100mg* | 3 | |
| *atovaquone suspension 750mg/5ml* | 4 | |
| *benznidazole tablet 100mg, 12.5mg* | 3 | |
| *chloroquine phosphate tablet 250mg, 500mg* | 3 | |
| COARTEM TABLET 20MG; 120MG | 4 | |
| *hydroxychloroquine sulfate tablet 100mg, 200mg* | 2 | |
| *mefloquine hydrochloride tablet 250mg* | 2 | |
| *nitazoxanide tablet 500mg* | 5 | |
| *pentamidine isethionate injection 300mg* | 3 | |
| *pentamidine isethionate inhalation solution reconstituted 300mg* | 3 | B/D |
| *primaquine phosphate tablet 26.3mg* | 3 | |
| *pyrimethamine tablet 25mg* | 5 | PA |
| *quinine sulfate capsule 324mg* | 3 | PA |
| **Antiparkinson Agents** | | |
| ***Anticholinergics*** | | |
| *benztropine mesylate tablet 0.5mg, 1mg, 2mg* | 2 | |
| *trihexyphenidyl hydrochloride tablet 2mg, 5mg* | 4 | |
| ***Antiparkinson Agents, Other*** | | |
| *entacapone tablet 200mg* | 3 | |
| ***Dopamine Agonists*** | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *bromocriptine mesylate capsule 5mg* | 4 | |
| *bromocriptine mesylate tablet 2.5mg* | 4 | |
| *pramipexole dihydrochloride tablet 0.125mg, 0.25mg, 0.5mg, 0.75mg, 1.5mg, 1mg* | 2 | |
| *ropinirole er tablet extended release 24 hour 12mg, 2mg, 4mg, 6mg, 8mg* | 4 | |
| *ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg* | 2 | |
| *ropinirole hydrochloride tablet 0.25mg, 3mg* | 2 | |
| ***Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors*** | | |
| *carbidopa/levodopa er tablet extended release 25mg; 100mg, 50mg; 200mg* | 3 | |
| *carbidopa/levodopa odt tablet disintegrating 10mg; 100mg, 25mg; 100mg, 25mg; 250mg* | 4 | |
| *carbidopa/levodopa tablet 10mg; 100mg, 25mg; 100mg, 25mg; 250mg* | 2 | |
| *carbidopa tablet 25mg* | 4 | |
| INBRIJA CAPSULE 42MG | 5 | PA |
| RYTARY CAPSULE EXTENDED RELEASE 23.75MG; 95MG, 36.25MG; 145MG, 48.75MG; 195MG, 61.25MG; 245MG | 4 | ST |
| ***Monoamine Oxidase B (MAO-B) Inhibitors*** | | |
| *rasagiline mesylate tablet 0.5mg, 1mg* | 4 | |
| *selegiline hcl capsule 5mg* | 3 | |
| *selegiline hcl tablet 5mg* | 3 | |
| **Antipsychotics** | | |
| ***1st Generation/Typical*** | | |
| *chlorpromazine hydrochloride concentrate 100mg/ml, 30mg/ml* | 4 | |
| *chlorpromazine hydrochloride tablet 100mg, 10mg, 200mg, 25mg, 50mg* | 4 | |
| *fluphenazine decanoate injection 25mg/ml* | 4 | |
| *fluphenazine hcl concentrate 5mg/ml* | 4 | |
| *fluphenazine hydrochloride elixir 2.5mg/5ml* | 4 | |
| *fluphenazine hydrochloride injection 2.5mg/ml* | 4 | |
| *fluphenazine hydrochloride tablet 10mg, 1mg, 2.5mg, 5mg* | 4 | |
| *haloperidol decanoate injection 100mg/ml, 50mg/ml* | 3 | |
| *haloperidol lactate injection 5mg/ml* | 2 | |
| *haloperidol concentrate 2mg/ml* | 2 | |
| *haloperidol tablet 0.5mg, 10mg, 1mg, 2mg, 5mg* | 2 | |
| *haloperidol tablet 20mg* | 3 | |
| *loxapine capsule 10mg, 25mg, 50mg, 5mg* | 2 | |
| *molindone hydrochloride tablet 10mg, 25mg, 5mg* | 4 | |
| *perphenazine tablet 16mg, 2mg, 4mg, 8mg* | 3 | |
| *pimozide tablet 1mg, 2mg* | 4 | |
| *thioridazine hydrochloride tablet 100mg, 10mg, 25mg, 50mg* | 3 | |
| *thiothixene capsule 10mg, 1mg, 2mg, 5mg* | 4 | |
| *trifluoperazine hcl tablet 10mg, 2mg, 5mg* | 3 | |
| *trifluoperazine hydrochloride tablet 1mg* | 3 | |
| ***2nd Generation/Atypical*** | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ABILIFY MAINTENA INJECTION 300MG, 400MG | 5 | |
| *aripiprazole odt tablet disintegrating 10mg, 15mg* | 4 | QL (60 EA per 30 days) |
| *aripiprazole solution 1mg/ml* | 4 | QL (750 ML per 30 days) |
| *aripiprazole tablet 10mg, 15mg, 20mg, 2mg, 30mg, 5mg* | 2 | QL (30 EA per 30 days) |
| ARISTADA INITIO INJECTION 675MG/2.4ML | 5 | |
| ARISTADA INJECTION 1064MG/3.9ML, 441MG/1.6ML, 662MG/2.4ML, 882MG/3.2ML | 5 | |
| *asenapine maleate sl tablet sublingual 10mg, 2.5mg, 5mg* | 4 | QL (60 EA per 30 days) |
| BYSANTI TITRATION PACK A TABLET THERAPY PACK 0 | 4 | QL (16 EA per 365 days) ST |
| BYSANTI TITRATION PACK B TABLET THERAPY PACK 0 | 4 | QL (24 EA per 365 days) ST |
| BYSANTI TITRATION PACK C TABLET THERAPY PACK 0 | 4 | QL (16 EA per 365 days) ST |
| BYSANTI TABLET 1MG | 5 | QL (180 EA per 30 days) ST |
| BYSANTI TABLET 10MG, 12MG, 2MG, 4MG, 6MG, 8MG | 5 | QL (60 EA per 30 days) ST |
| CAPLYTA CAPSULE 10.5MG, 21MG, 42MG | 5 | QL (30 EA per 30 days) PA |
| FANAPT TITRATION PACK A TABLET 0 | 4 | QL (16 EA per 365 days) ST |
| FANAPT TITRATION PACK B TABLET 0 | 4 | QL (24 EA per 365 days) ST |
| FANAPT TITRATION PACK C TABLET 0 | 4 | QL (16 EA per 365 days) ST |
| FANAPT TABLET 10MG, 12MG, 1MG, 2MG, 4MG, 6MG, 8MG | 5 | QL (60 EA per 30 days) ST |
| INVEGA HAFYERA INJECTION 1092MG/3.5ML, 1560MG/5ML | 5 | ST |
| INVEGA SUSTENNA INJECTION 39MG/0.25ML | 4 | |
| INVEGA SUSTENNA INJECTION 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML | 5 | |
| INVEGA TRINZA INJECTION 273MG/0.88ML, 410MG/1.32ML, 546MG/1.75ML, 819MG/2.63ML | 5 | |
| *lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg* | 4 | QL (30 EA per 30 days) |
| *lurasidone hydrochloride tablet 80mg* | 4 | QL (60 EA per 30 days) |
| LYBALVI TABLET 10MG; 10MG, 15MG; 10MG, 20MG; 10MG, 5MG; 10MG | 5 | QL (30 EA per 30 days) ST |
| NUPLAZID CAPSULE 34MG | 5 | PA |
| NUPLAZID TABLET 10MG | 5 | PA |
| *olanzapine odt tablet disintegrating 10mg, 15mg, 20mg, 5mg* | 3 | QL (30 EA per 30 days) |
| *olanzapine injection 10mg* | 4 | |
| *olanzapine tablet 10mg, 15mg, 2.5mg, 20mg, 5mg, 7.5mg* | 2 | QL (30 EA per 30 days) |
| OPIPZA FILM 2MG | 5 | QL (30 EA per 30 days) PA |
| OPIPZA FILM 10MG, 5MG | 5 | QL (90 EA per 30 days) PA |
| *paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg* | 4 | QL (30 EA per 30 days) |
| *paliperidone er tablet extended release 24 hour 6mg* | 4 | QL (60 EA per 30 days) |
| PERSERIS INJECTION 120MG, 90MG | 5 | |
| *quetiapine fumarate er tablet extended release 24 hour 150mg, 300mg, 400mg, 50mg* | 2 | QL (60 EA per 30 days) |
| *quetiapine fumarate er tablet extended release 24 hour 200mg* | 2 | QL (90 EA per 30 days) |
| *quetiapine fumarate tablet 300mg, 400mg* | 2 | QL (60 EA per 30 days) |
| *quetiapine fumarate tablet 100mg, 150mg, 200mg, 25mg, 50mg* | 2 | QL (90 EA per 30 days) |
| REXULTI TABLET 0.25MG, 0.5MG, 1MG, 2MG, 3MG, 4MG | 5 | QL (30 EA per 30 days) |
| *risperidone er injection 12.5mg, 25mg* | 4 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *risperidone er injection 37.5mg, 50mg* | 5 | |
| *risperidone odt tablet disintegrating 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg* | 4 | QL (60 EA per 30 days) |
| *risperidone solution 1mg/ml* | 2 | QL (240 ML per 30 days) |
| *risperidone tablet 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg* | 1 | QL (60 EA per 30 days) |
| SECUADO PATCH 24 HOUR 3.8MG/24HR, 5.7MG/24HR, 7.6MG/24HR | 5 | QL (30 EA per 30 days) ST |
| UZEDY INJECTION 100MG/0.28ML, 125MG/0.35ML, 150MG/0.42ML, 200MG/0.56ML, 250MG/0.7ML, 50MG/0.14ML, 75MG/0.21ML | 5 | |
| VRAYLAR CAPSULE 0.5MG, 0.75MG, 1.5MG, 3MG, 4.5MG, 6MG | 5 | QL (30 EA per 30 days) |
| *ziprasidone hcl capsule 20mg, 40mg, 60mg, 80mg* | 3 | QL (60 EA per 30 days) |
| *ziprasidone mesylate injection 20mg* | 4 | QL (60 EA per 30 days) |
| ZYPREXA RELPREVV INJECTION 210MG | 4 | |
| ZYPREXA RELPREVV INJECTION 300MG, 405MG | 5 | |
| ***Treatment-Resistant*** | | |
| *clozapine odt tablet disintegrating 200mg* | 4 | QL (120 EA per 30 days) |
| *clozapine odt tablet disintegrating 150mg* | 4 | QL (180 EA per 30 days) |
| *clozapine odt tablet disintegrating 100mg, 25mg* | 4 | QL (270 EA per 30 days) |
| *clozapine odt tablet disintegrating 12.5mg* | 4 | QL (90 EA per 30 days) |
| *clozapine tablet 50mg* | 3 | QL (180 EA per 30 days) |
| *clozapine tablet 25mg* | 3 | QL (270 EA per 30 days) |
| *clozapine tablet 200mg* | 4 | QL (120 EA per 30 days) |
| *clozapine tablet 100mg* | 4 | QL (270 EA per 30 days) |
| VERSACLOZ SUSPENSION 50MG/ML | 5 | QL (540 ML per 30 days) |
| **Antispasticity Agents** | | |
| ***Antispasticity Agents*** | | |
| *baclofen tablet 10mg, 20mg* | 2 | |
| *baclofen tablet 5mg* | 3 | |
| *dantrolene sodium capsule 100mg, 25mg, 50mg* | 4 | |
| *tizanidine hcl tablet 2mg* | 2 | |
| *tizanidine hydrochloride tablet 4mg* | 2 | |
| **Antivirals** | | |
| ***Anti-cytomegalovirus (CMV) Agents*** | | |
| *ganciclovir injection 500mg/10ml, 500mg* | 2 | B/D |
| LIVTENCITY TABLET 200MG | 5 | |
| PREVYMIS PACKET 120MG, 20MG | 5 | |
| PREVYMIS TABLET 240MG, 480MG | 5 | |
| *valganciclovir hydrochloride solution reconstituted 50mg/ml* | 5 | |
| *valganciclovir tablet 450mg* | 3 | |
| ***Anti-hepatitis B (HBV) Agents*** | | |
| *adefovir dipivoxil tablet 10mg* | 4 | |
| BARACLUDE SOLUTION 0.05MG/ML | 5 | QL (600 ML per 30 days) |
| *entecavir tablet 0.5mg, 1mg* | 4 | QL (30 EA per 30 days) |
| *lamivudine tablet 100mg* | 3 | |
| ***Anti-hepatitis C (HCV) Agents*** | | |
| MAVYRET PACKET 50MG; 20MG | 5 | QL (560 EA per 365 days) PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| MAVYRET TABLET 100MG; 40MG | 5 | QL (336 EA per 365 days) PA |
| *ribavirin tablet 200mg* | 3 | |
| *sofosbuvir/velpatasvir tablet 400mg; 100mg* | 5 | QL (84 EA per 365 days) PA |
| VOSEVI TABLET 400MG; 100MG; 100MG | 5 | QL (84 EA per 365 days) PA |
| ***Anti-HIV Agents, Integrase Inhibitors (INSTI)*** | | |
| BIKTARVY TABLET 30MG; 120MG; 15MG, 50MG; 200MG; 25MG | 5 | QL (30 EA per 30 days) |
| BIXLENVO TABLET 75MG; 50MG | 5 | QL (30 EA per 30 days) |
| CABENUVA INJECTION 400MG/2ML; 600MG/2ML, 600MG/3ML; 900MG/3ML | 5 | |
| DOVATO TABLET 50MG; 300MG | 5 | QL (30 EA per 30 days) |
| GENVOYA TABLET 150MG; 150MG; 200MG; 10MG | 5 | QL (30 EA per 30 days) |
| ISENTRESS HD TABLET 600MG | 5 | QL (60 EA per 30 days) |
| ISENTRESS PACKET 100MG | 5 | QL (60 EA per 30 days) |
| ISENTRESS TABLET CHEWABLE 25MG | 3 | QL (180 EA per 30 days) |
| ISENTRESS TABLET CHEWABLE 100MG | 5 | QL (180 EA per 30 days) |
| ISENTRESS TABLET 400MG | 5 | QL (60 EA per 30 days) |
| JULUCA TABLET 50MG; 25MG | 5 | QL (30 EA per 30 days) |
| STRIBILD TABLET 150MG; 150MG; 200MG; 300MG | 5 | QL (30 EA per 30 days) |
| TIVICAY PD TABLET SOLUBLE 5MG | 4 | QL (180 EA per 30 days) |
| TIVICAY TABLET 10MG | 4 | QL (30 EA per 30 days) |
| TIVICAY TABLET 25MG | 5 | QL (30 EA per 30 days) |
| TIVICAY TABLET 50MG | 5 | QL (60 EA per 30 days) |
| VOCABRIA TABLET 30MG | 5 | |
| ***Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)*** | | |
| DELSTRIGO TABLET 100MG; 300MG; 300MG | 5 | QL (30 EA per 30 days) |
| EDURANT PED TABLET SOLUBLE 2.5MG | 5 | QL (180 EA per 30 days) |
| EDURANT TABLET 25MG | 5 | QL (30 EA per 30 days) |
| *efavirenz/emtricitabine/tenofovir disoproxil fumarate tablet 600mg; 200mg; 300mg* | 3 | QL (30 EA per 30 days) |
| *efavirenz/lamivudine/tenofovir disoproxil fumarate tablet 400mg; 300mg; 300mg, 600mg; 300mg; 300mg* | 5 | QL (30 EA per 30 days) |
| *efavirenz capsule 200mg, 50mg* | 4 | QL (90 EA per 30 days) |
| *efavirenz tablet 600mg* | 4 | QL (30 EA per 30 days) |
| *emtricitabine/rilpivirine/tenofovir disoproxil fumarate tablet 200mg; 25mg; 300mg* | 5 | QL (30 EA per 30 days) |
| *etravirine tablet 100mg* | 4 | QL (60 EA per 30 days) |
| *etravirine tablet 200mg* | 5 | QL (60 EA per 30 days) |
| IDVYNSO TABLET 100MG; 0.25MG | 5 | QL (30 EA per 30 days) |
| INTELENCE TABLET 25MG | 4 | QL (120 EA per 30 days) |
| *nevirapine er tablet extended release 24 hour 400mg* | 4 | QL (30 EA per 30 days) |
| *nevirapine suspension 50mg/5ml* | 3 | QL (1200 ML per 30 days) |
| *nevirapine tablet 200mg* | 2 | QL (60 EA per 30 days) |
| PIFELTRO TABLET 100MG | 5 | QL (30 EA per 30 days) |
| *rilpivirine hydrochloride tablet 25mg* | 5 | QL (30 EA per 30 days) |
| ***Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)*** | | |
| *abacavir sulfate/lamivudine tablet 600mg; 300mg* | 4 | QL (30 EA per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *abacavir solution 20mg/ml* | 4 | QL (960 ML per 30 days) |
| *abacavir tablet 300mg* | 3 | QL (60 EA per 30 days) |
| CIMDUO TABLET 300MG; 300MG | 5 | QL (30 EA per 30 days) |
| DESCOVY TABLET 120MG; 15MG, 200MG; 25MG | 5 | QL (30 EA per 30 days) |
| *emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg* | 2 | QL (30 EA per 30 days) |
| *emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg* | 4 | QL (30 EA per 30 days) |
| *emtricitabine/tenofovir disoproxil fumarate tablet 133mg; 200mg* | 5 | QL (30 EA per 30 days) |
| *emtricitabine/tenofovir disoproxil tablet 167mg; 250mg* | 4 | QL (30 EA per 30 days) |
| *emtricitabine capsule 200mg* | 4 | QL (30 EA per 30 days) |
| EMTRIVA SOLUTION 10MG/ML | 4 | QL (850 ML per 30 days) |
| *lamivudine/zidovudine tablet 150mg; 300mg* | 3 | QL (60 EA per 30 days) |
| *lamivudine solution 10mg/ml* | 3 | QL (960 ML per 30 days) |
| *lamivudine tablet 150mg* | 2 | QL (60 EA per 30 days) |
| *lamivudine tablet 300mg* | 3 | QL (30 EA per 30 days) |
| ODEFSEY TABLET 200MG; 25MG; 25MG | 5 | QL (30 EA per 30 days) |
| *tenofovir disoproxil fumarate tablet 300mg* | 4 | QL (30 EA per 30 days) |
| TRIUMEQ PD TABLET SOLUBLE 60MG; 5MG; 30MG | 4 | QL (180 EA per 30 days) |
| TRIUMEQ TABLET 600MG; 50MG; 300MG | 5 | QL (30 EA per 30 days) |
| VIREAD POWDER 40MG/GM | 5 | QL (240 GM per 30 days) |
| VIREAD TABLET 150MG, 200MG, 250MG | 5 | QL (30 EA per 30 days) |
| *zidovudine capsule 100mg* | 3 | QL (180 EA per 30 days) |
| *zidovudine syrup 50mg/5ml* | 3 | QL (1920 ML per 30 days) |
| *zidovudine tablet 300mg* | 3 | QL (60 EA per 30 days) |
| ***Anti-HIV Agents, Other*** | | |
| FUZEON INJECTION 90MG | 5 | |
| *maraviroc tablet 300mg* | 5 | QL (120 EA per 30 days) |
| *maraviroc tablet 150mg* | 5 | QL (60 EA per 30 days) |
| RUKOBIA TABLET EXTENDED RELEASE 12 HOUR 600MG | 5 | QL (60 EA per 30 days) |
| SELZENTRY SOLUTION 20MG/ML | 5 | |
| SELZENTRY TABLET 25MG | 4 | QL (480 EA per 30 days) |
| SELZENTRY TABLET 75MG | 5 | QL (60 EA per 30 days) |
| SUNLENCA INJECTION 463.5MG/1.5ML | 5 | |
| SUNLENCA TABLET THERAPY PACK 300MG | 5 | QL (10 EA per 365 days); (5 X 300 MG Pack) |
| SUNLENCA TABLET THERAPY PACK 300MG | 5 | QL (8 EA per 365 days); (4 X 300 MG Pack) |
| SUNLENCA TABLET 300MG | 5 | QL (24 EA per 168 days) |
| TYBOST TABLET 150MG | 3 | QL (30 EA per 30 days) |
| ***Anti-HIV Agents, Protease Inhibitors (PI)*** | | |
| APTIVUS CAPSULE 250MG | 5 | QL (120 EA per 30 days) |
| *atazanavir sulfate capsule 300mg* | 4 | QL (30 EA per 30 days) |
| *atazanavir capsule 150mg* | 4 | |
| *atazanavir capsule 200mg* | 4 | QL (60 EA per 30 days) |
| *darunavir tablet 800mg* | 4 | QL (30 EA per 30 days) |
| *darunavir tablet 600mg* | 4 | QL (60 EA per 30 days) |
| EVOTAZ TABLET 300MG; 150MG | 5 | QL (30 EA per 30 days) |
| *fosamprenavir calcium tablet 700mg* | 5 | QL (120 EA per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| KALETRA SOLUTION 400MG/5ML; 100MG/5ML | 4 | |
| LEXIVA SUSPENSION 50MG/ML | 4 | QL (1800 ML per 30 days) |
| *lopinavir/ritonavir solution 400mg/5ml; 100mg/5ml* | 4 | |
| *lopinavir/ritonavir tablet 100mg; 25mg, 200mg; 50mg* | 4 | |
| NORVIR PACKET 100MG | 4 | QL (360 EA per 30 days) |
| PREZCOBIX TABLET 150MG; 675MG, 150MG; 800MG | 5 | QL (30 EA per 30 days) |
| PREZISTA SUSPENSION 100MG/ML | 5 | QL (400 ML per 30 days) |
| PREZISTA TABLET 75MG | 4 | QL (300 EA per 30 days) |
| PREZISTA TABLET 150MG | 5 | QL (180 EA per 30 days) |
| REYATAZ PACKET 50MG | 5 | QL (180 EA per 30 days) |
| *ritonavir tablet 100mg* | 3 | QL (360 EA per 30 days) |
| SYMTUZA TABLET 150MG; 800MG; 200MG; 10MG | 5 | QL (30 EA per 30 days) |
| VIRACEPT TABLET 625MG | 5 | QL (120 EA per 30 days) |
| VIRACEPT TABLET 250MG | 5 | QL (300 EA per 30 days) |
| ***Anti-influenza Agents*** | | |
| *amantadine hcl capsule 100mg* | 2 | |
| *amantadine hcl solution 50mg/5ml* | 2 | |
| *oseltamivir phosphate capsule 75mg* | 2 | QL (110 EA per 365 days) |
| *oseltamivir phosphate capsule 30mg* | 2 | QL (168 EA per 365 days) |
| *oseltamivir phosphate capsule 45mg* | 2 | QL (84 EA per 365 days) |
| *oseltamivir phosphate suspension reconstituted 6mg/ml* | 3 | QL (1080 ML per 365 days) |
| RELENZA DISKHALER AEROSOL POWDER BREATH ACTIVATED 5MG/BLISTER | 4 | QL (240 EA per 365 days) |
| XOFLUZA TABLET THERAPY PACK 40MG, 80MG | 3 | |
| ***Antiherpetic Agents*** | | |
| *acyclovir sodium injection 50mg/ml* | 4 | B/D |
| *acyclovir capsule 200mg* | 2 | |
| *acyclovir suspension 200mg/5ml* | 4 | |
| *acyclovir tablet 400mg, 800mg* | 2 | |
| *famciclovir tablet 125mg, 250mg, 500mg* | 3 | |
| *valacyclovir hydrochloride tablet 1gm, 500mg* | 3 | QL (120 EA per 30 days) |
| VYJUVEK GEL 0 | 5 | PA |
| ***Antiviral, Coronavirus Agents*** | | |
| LAGEVRIO CAPSULE 200MG | 3 | QL (40 EA per 5 days) |
| PAXLOVID TABLET THERAPY PACK 150MG; 100MG | 3 | QL (11 EA per 5 days); (300mg-100mg Day 1; 150mg-100mg Days 2-5 Pak) |
| PAXLOVID TABLET THERAPY PACK 150MG; 100MG | 3 | QL (20 EA per 5 days); (150mg-100mg Pak) |
| PAXLOVID TABLET THERAPY PACK 150MG; 100MG | 3 | QL (30 EA per 5 days); (300mg-100mg Pak) |
| XOCOVA TABLET 125MG | 3 | QL (7 EA per 5 days) |
| **Anxiolytics** | | |
| ***Anxiolytics, Other*** | | |
| *buspirone hcl tablet 15mg* | 1 | |
| *buspirone hydrochloride tablet 10mg, 30mg, 5mg, 7.5mg* | 1 | |
| ***Benzodiazepines*** | | |
| *alprazolam tablet 0.25mg, 0.5mg, 1mg* | 2 | QL (120 EA per 30 days) |
| *alprazolam tablet 2mg* | 2 | QL (150 EA per 30 days) |
| *clorazepate dipotassium tablet 15mg* | 4 | QL (180 EA per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *clorazepate dipotassium tablet 7.5mg* | 4 | QL (360 EA per 30 days) |
| *clorazepate dipotassium tablet 3.75mg* | 4 | QL (720 EA per 30 days) |
| *diazepam intensol concentrate 5mg/ml* | 2 | |
| *diazepam concentrate 5mg/ml* | 2 | |
| *diazepam solution 5mg/5ml* | 2 | |
| *diazepam tablet 10mg* | 2 | QL (120 EA per 30 days) |
| *diazepam tablet 5mg* | 2 | QL (240 EA per 30 days) |
| *diazepam tablet 2mg* | 2 | QL (300 EA per 30 days) |
| *lorazepam intensol concentrate 2mg/ml* | 3 | |
| *lorazepam tablet 2mg* | 2 | QL (150 EA per 30 days) |
| *lorazepam tablet 0.5mg, 1mg* | 2 | QL (90 EA per 30 days) |
| **Bipolar Agents** | | |
| ***Bipolar Agents, Other*** | | |
| IGALMI FILM 120MCG, 180MCG | 4 | PA |
| ***Mood Stabilizers*** | | |
| *lithium carbonate er tablet extended release 300mg, 450mg* | 2 | |
| *lithium carbonate capsule 150mg, 300mg, 600mg* | 1 | |
| *lithium carbonate tablet 300mg* | 1 | |
| *lithium solution 8meq/5ml* | 2 | |
| **Blood Glucose Regulators** | | |
| ***Antidiabetic Agents*** | | |
| *acarbose tablet 100mg, 25mg, 50mg* | 2 | |
| *dapagliflozin/metformin hydrochloride er tablet extended release 24 hour 10mg; 1000mg, 10mg; 500mg, 5mg; 1000mg, 5mg; 500mg* | 3 | |
| *glimepiride tablet 1mg, 2mg, 4mg* | 1 | |
| *glipizide er tablet extended release 24 hour 10mg, 2.5mg, 5mg* | 1 | |
| *glipizide xl tablet extended release 24 hour 10mg, 2.5mg, 5mg* | 1 | |
| *glipizide/metformin hydrochloride tablet 2.5mg; 250mg, 2.5mg; 500mg, 5mg; 500mg* | 1 | |
| *glipizide tablet 10mg, 2.5mg, 5mg* | 1 | |
| *glyburide micronized tablet 1.5mg, 3mg, 6mg* | 1 | |
| *glyburide/metformin hydrochloride tablet 1.25mg; 250mg, 2.5mg; 500mg, 5mg; 500mg* | 1 | |
| *glyburide tablet 1.25mg, 2.5mg, 5mg* | 1 | |
| GLYXAMBI TABLET 10MG; 5MG, 25MG; 5MG | 3 | |
| JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG, 1000MG; 50MG, 500MG; 50MG | 3 | |
| JANUMET TABLET 1000MG; 50MG, 500MG; 50MG | 3 | |
| JANUVIA TABLET 100MG, 25MG, 50MG | 3 | QL (30 EA per 30 days) |
| JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG | 3 | |
| JENTADUETO TABLET 2.5MG; 1000MG, 2.5MG; 500MG, 2.5MG; 850MG | 3 | |
| *metformin hydrochloride er tablet extended release 24 hour 500mg, 750mg* | 1 | |
| *metformin hydrochloride er tablet extended release 24 hour 1000mg, 500mg* | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *metformin hydrochloride solution 500mg/5ml* | 1 | |
| *metformin hydrochloride tablet 1000mg, 500mg, 850mg* | 1 | |
| MOUNJARO INJECTION 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML | 3 | QL (2 ML per 28 days) PA |
| *nateglinide tablet 120mg, 60mg* | 1 | |
| OZEMPIC INJECTION 2MG/3ML, 4MG/3ML, 8MG/3ML | 3 | QL (3 ML per 28 days) PA |
| OZEMPIC TABLET 4MG, 9MG | 3 | QL (30 EA per 30 days) PA |
| OZEMPIC TABLET 1.5MG | 3 | QL (60 EA per 365 days) PA |
| *pioglitazone hcl/metformin hcl tablet 500mg; 15mg, 850mg; 15mg* | 2 | |
| *pioglitazone hcl tablet 45mg* | 1 | |
| *pioglitazone hydrochloride tablet 15mg, 30mg* | 1 | |
| *repaglinide tablet 0.5mg, 1mg, 2mg* | 1 | |
| RYBELSUS TABLET 14MG, 7MG | 3 | QL (30 EA per 30 days) PA |
| RYBELSUS TABLET 3MG | 3 | QL (60 EA per 365 days) PA |
| *sitagliptin phosphate/metformin hydrochloride tablet 1000mg; 50mg, 500mg; 50mg* | 3 | |
| *sitagliptin phosphate tablet 100mg, 25mg, 50mg* | 3 | QL (30 EA per 30 days) |
| SOLIQUA 100/33 INJECTION 100UNIT/ML; 33MCG/ML | 3 | |
| SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 12.5MG; 1000MG, 25MG; 1000MG, 5MG; 1000MG | 3 | |
| SYNJARDY TABLET 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG, 5MG; 500MG | 3 | |
| TRADJENTA TABLET 5MG | 3 | QL (30 EA per 30 days) |
| TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG, 12.5MG; 2.5MG; 1000MG, 25MG; 5MG; 1000MG, 5MG; 2.5MG; 1000MG | 3 | |
| TRULICITY INJECTION 0.75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML | 3 | QL (2 ML per 28 days) PA |
| XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 10MG; 500MG, 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG | 3 | |
| ***Glycemic Agents*** | | |
| BAQSIMI ONE PACK POWDER 3MG/DOSE | 3 | |
| BAQSIMI TWO PACK POWDER 3MG/DOSE | 3 | |
| *diazoxide suspension 50mg/ml* | 5 | |
| *glucagon emergency kit for low blood sugar injection 1mg* | 3 | |
| *glucagon emergency kit injection 1mg* | 3 | |
| GVOKE HYPOPEN 1-PACK INJECTION 0.5MG/0.1ML, 1MG/0.2ML | 3 | |
| GVOKE HYPOPEN 2-PACK INJECTION 0.5MG/0.1ML, 1MG/0.2ML | 3 | |
| GVOKE KIT INJECTION 1MG/0.2ML | 3 | |
| GVOKE PFS INJECTION 0.5MG/0.1ML, 1MG/0.2ML | 3 | |
| ***Insulins*** | | |
| FIASP FLEXTOUCH INJECTION 100UNIT/ML | 3 | |
| FIASP PENFILL INJECTION 100UNIT/ML | 3 | |
| FIASP INJECTION 100UNIT/ML | 3 | |
| HUMALOG JUNIOR KWIKPEN INJECTION 100UNIT/ML | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| HUMALOG KWIKPEN INJECTION 100UNIT/ML, 200UNIT/ML | 3 | |
| HUMALOG MIX 50/50 KWIKPEN INJECTION 50UNIT/ML; 50UNIT/ML | 3 | |
| HUMALOG MIX 50/50 INJECTION 50UNIT/ML; 50UNIT/ML | 3 | |
| HUMALOG MIX 75/25 KWIKPEN INJECTION 25UNIT/ML; 75UNIT/ML | 3 | |
| HUMALOG MIX 75/25 INJECTION 25UNIT/ML; 75UNIT/ML | 3 | |
| HUMALOG INJECTION 100UNIT/ML | 3 | |
| HUMULIN 70/30 KWIKPEN INJECTION 30UNIT/ML; 70UNIT/ML | 3 | |
| HUMULIN 70/30 INJECTION 30UNIT/ML; 70UNIT/ML | 3 | |
| HUMULIN N KWIKPEN INJECTION 100UNIT/ML | 3 | |
| HUMULIN N INJECTION 100UNIT/ML | 3 | |
| HUMULIN R U-500 (CONCENTRATED) INJECTION 500UNIT/ML | 3 | |
| HUMULIN R U-500 KWIKPEN INJECTION 500UNIT/ML | 3 | |
| HUMULIN R INJECTION 100UNIT/ML | 3 | |
| INSULIN ASPART FLEXPEN INJECTION 100UNIT/ML | 3 | |
| INSULIN ASPART PENFILL INJECTION 100UNIT/ML | 3 | |
| INSULIN ASPART INJECTION 100UNIT/ML | 3 | |
| *insulin lispro injection 100unit/ml* | 3 | |
| LANTUS SOLOSTAR INJECTION 100UNIT/ML | 3 | |
| LANTUS INJECTION 100UNIT/ML | 3 | |
| LYUMJEV KWIKPEN INJECTION 100UNIT/ML, 200UNIT/ML | 3 | |
| LYUMJEV INJECTION 100UNIT/ML | 3 | |
| NOVOLIN 70/30 FLEXPEN RELION INJECTION 30UNIT/ML; 70UNIT/ML | 3 | |
| NOVOLIN 70/30 FLEXPEN INJECTION 30UNIT/ML; 70UNIT/ML | 3 | |
| NOVOLIN 70/30 RELION INJECTION 30UNIT/ML; 70UNIT/ML | 3 | |
| NOVOLIN 70/30 INJECTION 30UNIT/ML; 70UNIT/ML | 3 | |
| NOVOLIN N FLEXPEN RELION INJECTION 100UNIT/ML | 3 | |
| NOVOLIN N FLEXPEN INJECTION 100UNIT/ML | 3 | |
| NOVOLIN N RELION INJECTION 100UNIT/ML | 3 | |
| NOVOLIN N INJECTION 100UNIT/ML | 3 | |
| NOVOLIN R FLEXPEN RELION INJECTION 100UNIT/ML | 3 | |
| NOVOLIN R FLEXPEN INJECTION 100UNIT/ML | 3 | |
| NOVOLIN R RELION INJECTION 100UNIT/ML | 3 | |
| NOVOLIN R INJECTION 100UNIT/ML | 3 | |
| NOVOLOG FLEXPEN RELION INJECTION 100UNIT/ML | 3 | |
| NOVOLOG FLEXPEN INJECTION 100UNIT/ML | 3 | |
| NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION INJECTION 30UNIT/ML; 70UNIT/ML | 3 | |
| NOVOLOG MIX 70/30 PREFILLED FLEXPEN INJECTION 30UNIT/ML; 70UNIT/ML | 3 | |
| NOVOLOG MIX 70/30 RELION INJECTION 30UNIT/ML; 70UNIT/ML | 3 | |
| NOVOLOG MIX 70/30 INJECTION 30UNIT/ML; 70UNIT/ML | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| NOVOLOG PENFILL INJECTION 100UNIT/ML | 3 | |
| NOVOLOG RELION INJECTION 100UNIT/ML | 3 | |
| NOVOLOG INJECTION 100UNIT/ML | 3 | |
| TOUJEO MAX SOLOSTAR INJECTION 300UNIT/ML | 3 | |
| TOUJEO SOLOSTAR INJECTION 300UNIT/ML | 3 | |
| TRESIBA FLEXTOUCH INJECTION 100UNIT/ML, 200UNIT/ML | 3 | |
| TRESIBA INJECTION 100UNIT/ML | 3 | |
| **Blood Products and Modifiers** | | |
| ***Anticoagulants*** | | |
| *dabigatran etexilate capsule 110mg, 150mg, 75mg* | 4 | QL (60 EA per 30 days) |
| ELIQUIS STARTER PACK TABLET THERAPY PACK 5MG | 3 | QL (148 EA per 365 days) |
| ELIQUIS CAPSULE SPRINKLE 0.15MG | 3 | QL (84 EA per 28 days) |
| ELIQUIS TABLET SOLUBLE 0.5MG | 3 | QL (140 EA per 28 days) |
| ELIQUIS TABLET SOLUBLE 0.5MG | 3 | QL (420 EA per 28 days); PACK 3 X 0.5 MG (1.5 MG) |
| ELIQUIS TABLET SOLUBLE 0.5MG | 3 | QL (560 EA per 28 days); PACK 4 X 0.5 MG (2 MG) |
| ELIQUIS TABLET 5MG | 3 | |
| ELIQUIS TABLET 2.5MG | 3 | QL (60 EA per 30 days) |
| *enoxaparin sodium injection 100mg/ml, 120mg/0.8ml, 150mg/ml, 300mg/3ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml* | 4 | |
| *fondaparinux sodium injection 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml* | 4 | |
| *fondaparinux sodium injection 10mg/0.8ml* | 5 | |
| FRAGMIN INJECTION 2500UNIT/0.2ML | 4 | |
| FRAGMIN INJECTION 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML | 5 | |
| *heparin sodium injection 5000unit/ml* | 3 | |
| *jantoven tablet 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg* | 1 | |
| *warfarin sodium tablet 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg* | 1 | |
| XARELTO STARTER PACK TABLET THERAPY PACK 0 | 3 | QL (102 EA per 365 days) |
| XARELTO SUSPENSION RECONSTITUTED 1MG/ML | 3 | QL (600 ML per 30 days) |
| XARELTO TABLET 10MG, 20MG | 3 | QL (30 EA per 30 days) |
| XARELTO TABLET 2.5MG | 3 | QL (360 EA per 30 days) |
| XARELTO TABLET 15MG | 3 | QL (60 EA per 30 days) |
| ***Blood Products and Modifiers, Other*** | | |
| *anagrelide hydrochloride capsule 0.5mg, 1mg* | 3 | |
| *eltrombopag olamine packet 12.5mg, 25mg* | 5 | PA |
| *eltrombopag olamine tablet 12.5mg, 25mg, 50mg, 75mg* | 5 | PA |
| MIMRYLO INJECTION 19MG, 28MG, 9.5MG | 5 | QL (4 EA per 28 days) PA |
| MIMRYLO INJECTION 41MG, 54MG | 5 | QL (8 EA per 28 days) PA |
| NEULASTA ONPRO KIT INJECTION 6MG/0.6ML | 5 | PA |
| NEULASTA INJECTION 4MG/0.4ML, 6MG/0.6ML | 5 | PA |
| PROCRIT INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML | 4 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| PROCRIT INJECTION 20000UNIT/ML, 40000UNIT/ML | 5 | PA |
| RETACRIT INJECTION 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML | 4 | PA |
| RETACRIT INJECTION 40000UNIT/ML | 5 | PA |
| UDENYCA ONBODY INJECTION 6MG/0.6ML | 5 | PA |
| UDENYCA INJECTION 6MG/0.6ML | 5 | PA |
| XOLREMDI CAPSULE 100MG | 5 | QL (120 EA per 30 days) PA |
| ZARXIO INJECTION 300MCG/0.5ML, 480MCG/0.8ML | 5 | |
| ***Hemostasis Agents*** | | |
| *tranexamic acid tablet 650mg* | 3 | |
| ***Platelet Modifying Agents*** | | |
| *aspirin/dipyridamole er capsule extended release 12 hour 25mg; 200mg* | 4 | |
| *aspirin/dipyridamole capsule extended release 12 hour 25mg; 200mg* | 4 | |
| CABLIVI INJECTION 11MG | 5 | QL (30 EA per 30 days) PA |
| *cilostazol tablet 100mg, 50mg* | 2 | |
| *clopidogrel tablet 75mg* | 1 | |
| *clopidogrel tablet 300mg* | 2 | |
| DOPTELET TABLET 20MG | 5 | PA |
| *prasugrel hydrochloride tablet 10mg, 5mg* | 2 | |
| *ticagrelor tablet 60mg, 90mg* | 3 | |
| **Cardiovascular Agents** | | |
| ***Alpha-adrenergic Agonists*** | | |
| *clonidine hydrochloride tablet 0.05mg, 0.1mg, 0.2mg, 0.3mg* | 1 | |
| *clonidine patch weekly 0.1mg/24hr, 0.2mg/24hr, 0.3mg/24hr* | 4 | |
| *droxidopa capsule 100mg* | 4 | PA |
| *droxidopa capsule 200mg, 300mg* | 5 | PA |
| *guanfacine hydrochloride tablet 1mg, 2mg* | 4 | |
| METHYLDOPA TABLET 250MG, 500MG | 4 | |
| *midodrine hydrochloride tablet 10mg, 2.5mg, 5mg* | 2 | |
| ***Alpha-adrenergic Blocking Agents*** | | |
| *prazosin hydrochloride capsule 1mg, 2mg, 5mg* | 2 | |
| ***Angiotensin II Receptor Antagonists*** | | |
| *azilsartan medoxomil tablet 40mg, 80mg* | 4 | |
| *candesartan cilexetil tablet 16mg, 32mg, 4mg, 8mg* | 1 | |
| EDARBI TABLET 40MG, 80MG | 4 | |
| *irbesartan tablet 150mg, 300mg, 75mg* | 1 | |
| *losartan potassium tablet 100mg, 25mg, 50mg* | 1 | |
| *olmesartan medoxomil tablet 20mg, 40mg, 5mg* | 1 | |
| *telmisartan tablet 20mg, 40mg, 80mg* | 1 | |
| *valsartan tablet 160mg, 320mg, 40mg, 80mg* | 1 | |
| ***Angiotensin-converting Enzyme (ACE) Inhibitors*** | | |
| *benazepril hydrochloride tablet 10mg, 20mg, 40mg, 5mg* | 1 | |
| *captopril tablet 100mg, 12.5mg, 25mg, 50mg* | 2 | |
| *enalapril maleate tablet 10mg, 2.5mg, 20mg, 5mg* | 1 | |
| *fosinopril sodium tablet 10mg, 20mg, 40mg* | 1 | |
| *lisinopril tablet 10mg, 2.5mg, 20mg, 30mg, 40mg, 5mg* | 1 | |
| *moexipril hydrochloride tablet 15mg, 7.5mg* | 2 | |
| *perindopril erbumine tablet 2mg, 4mg, 8mg* | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *quinapril hydrochloride tablet 10mg, 20mg, 40mg, 5mg* | 1 | |
| *ramipril capsule 1.25mg, 10mg, 2.5mg, 5mg* | 1 | |
| *trandolapril tablet 1mg, 2mg, 4mg* | 1 | |
| ***Antiarrhythmics*** | | |
| *amiodarone hydrochloride tablet 200mg* | 1 | |
| *amiodarone hydrochloride tablet 100mg, 400mg* | 3 | |
| *digoxin solution 0.05mg/ml* | 4 | |
| *digoxin tablet 125mcg, 250mcg* | 2 | |
| *digoxin tablet 62.5mcg* | 4 | |
| *digox tablet 125mcg, 250mcg* | 2 | |
| *dofetilide capsule 125mcg, 250mcg, 500mcg* | 4 | |
| *flecainide acetate tablet 100mg, 150mg, 50mg* | 2 | |
| *mexiletine hydrochloride capsule 150mg* | 3 | |
| *mexiletine hydrochloride capsule 200mg, 250mg* | 4 | |
| MULTAQ TABLET 400MG | 3 | |
| PACERONE TABLET 200MG | 2 | |
| PACERONE TABLET 100MG | 3 | |
| *propafenone hcl tablet 150mg, 225mg, 300mg* | 2 | |
| *propafenone hydrochloride er capsule extended release 12 hour 225mg, 325mg, 425mg* | 4 | |
| *propafenone hydrochloride tablet 150mg, 225mg, 300mg* | 2 | |
| *quinidine sulfate tablet 200mg, 300mg* | 4 | |
| *sotalol hcl tablet 120mg, 160mg, 240mg* | 2 | |
| *sotalol hydrochloride (af) tablet 120mg, 160mg, 80mg* | 2 | |
| *sotalol hydrochloride tablet 120mg, 160mg, 80mg* | 2 | |
| ***Beta-adrenergic Blocking Agents*** | | |
| *acebutolol hydrochloride capsule 200mg, 400mg* | 2 | |
| *atenolol tablet 100mg, 25mg, 50mg* | 1 | |
| *betaxolol hcl tablet 10mg, 20mg* | 3 | |
| *bisoprolol fumarate tablet 10mg, 5mg* | 2 | |
| *carvedilol tablet 12.5mg, 25mg, 3.125mg, 6.25mg* | 1 | |
| *labetalol hydrochloride tablet 100mg, 200mg, 300mg* | 2 | |
| *metoprolol succinate er tablet extended release 24 hour 100mg, 200mg, 25mg, 50mg* | 1 | |
| *metoprolol tartrate tablet 100mg, 25mg, 37.5mg, 50mg, 75mg* | 1 | |
| *nadolol tablet 20mg, 40mg, 80mg* | 2 | |
| *nebivolol hydrochloride tablet 10mg, 2.5mg, 20mg, 5mg* | 3 | |
| *pindolol tablet 10mg, 5mg* | 3 | |
| *propranolol hcl tablet 40mg* | 2 | |
| *propranolol hydrochloride er capsule extended release 24 hour 120mg, 160mg, 60mg, 80mg* | 2 | |
| *propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg* | 2 | |
| ***Calcium Channel Blocking Agents, Dihydropyridines*** | | |
| *amlodipine besylate tablet 10mg, 2.5mg, 5mg* | 1 | |
| *felodipine er tablet extended release 24 hour 10mg, 2.5mg, 5mg* | 2 | |
| *isradipine capsule 2.5mg, 5mg* | 4 | |
| *nifedipine er tablet extended release 24 hour 30mg, 60mg, 90mg* | 2 | |
| *nimodipine capsule 30mg* | 4 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***Calcium Channel Blocking Agents, Nondihydropyridines*** | | |
| *cartia xt capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg* | 2 | |
| *dilt-xr capsule extended release 24 hour 120mg, 180mg, 240mg* | 2 | |
| *diltiazem hcl cd capsule extended release 24 hour 360mg* | 2 | |
| *diltiazem hcl er capsule extended release 12 hour 120mg, 60mg, 90mg* | 4 | |
| *diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 420mg* | 2 | |
| *diltiazem hcl er tablet extended release 24 hour 420mg* | 4 | |
| *diltiazem hcl tablet 30mg, 60mg* | 2 | |
| *diltiazem hydrochloride er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg* | 2 | |
| *diltiazem hydrochloride er tablet extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg* | 4 | |
| *diltiazem hydrochloride tablet 120mg, 90mg* | 2 | |
| *matzim la tablet extended release 24 hour 180mg, 240mg, 300mg, 360mg, 420mg* | 4 | |
| *taztia xt capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg* | 2 | |
| *tiadylt er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg, 420mg* | 2 | |
| *verapamil hcl er capsule extended release 24 hour 120mg, 180mg, 240mg* | 3 | |
| *verapamil hcl er tablet extended release 120mg* | 2 | |
| *verapamil hcl sr capsule extended release 24 hour 120mg, 180mg, 240mg, 360mg* | 3 | |
| *verapamil hydrochloride er tablet extended release 180mg, 240mg* | 2 | |
| *verapamil hydrochloride sr capsule extended release 24 hour 240mg, 360mg* | 3 | |
| *verapamil hydrochloride tablet 120mg, 40mg, 80mg* | 1 | |
| ***Cardiovascular Agents, Other*** | | |
| *aliskiren tablet 150mg, 300mg* | 2 | |
| *amiloride/hydrochlorothiazide tablet 5mg; 50mg* | 2 | |
| *amlodipine besylate/benazepril hydrochloride capsule 10mg; 20mg, 10mg; 40mg, 2.5mg; 10mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg* | 1 | |
| *amlodipine besylate/valsartan tablet 10mg; 160mg, 10mg; 320mg, 5mg; 160mg, 5mg; 320mg* | 1 | |
| *amlodipine/olmesartan medoxomil tablet 10mg; 20mg, 10mg; 40mg, 5mg; 20mg, 5mg; 40mg* | 1 | |
| *atenolol/chlorthalidone tablet 100mg; 25mg, 50mg; 25mg* | 2 | |
| *benazepril hydrochloride/hydrochlorothiazide tablet 10mg; 12.5mg, 20mg; 12.5mg, 20mg; 25mg, 5mg; 6.25mg* | 1 | |
| *bisoprolol fumarate/hydrochlorothiazide tablet 10mg; 6.25mg, 2.5mg; 6.25mg, 5mg; 6.25mg* | 2 | |
| *candesartan cilexetil/hydrochlorothiazide tablet 16mg; 12.5mg, 32mg; 12.5mg, 32mg; 25mg* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *captopril/hydrochlorothiazide tablet 25mg; 15mg, 25mg; 25mg, 50mg; 15mg, 50mg; 25mg* | 2 | |
| EDARBYCLOR TABLET 40MG; 12.5MG, 40MG; 25MG | 4 | |
| *enalapril maleate/hydrochlorothiazide tablet 10mg; 25mg, 5mg; 12.5mg* | 1 | |
| ENTRESTO CAPSULE SPRINKLE 15MG; 16MG, 6MG; 6MG | 3 | QL (240 EA per 30 days) |
| *fosinopril sodium/hydrochlorothiazide tablet 10mg; 12.5mg, 20mg; 12.5mg* | 2 | |
| *irbesartan/hydrochlorothiazide tablet 12.5mg; 150mg, 12.5mg; 300mg* | 1 | |
| *isosorbide dinitrate/hydralazine hydrochloride tablet 37.5mg; 20mg* | 4 | |
| *ivabradine hydrochloride tablet 5mg, 7.5mg* | 4 | QL (60 EA per 30 days) |
| *lisinopril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg, 25mg; 20mg* | 1 | |
| *losartan potassium/hydrochlorothiazide tablet 12.5mg; 100mg, 12.5mg; 50mg, 25mg; 100mg* | 1 | |
| *metyrosine capsule 250mg* | 5 | PA |
| *olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 20mg, 12.5mg; 40mg, 25mg; 40mg* | 1 | |
| *pentoxifylline er tablet extended release 400mg* | 2 | |
| *quinapril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg, 25mg; 20mg* | 1 | |
| *ranolazine er tablet extended release 12 hour 1000mg, 500mg* | 3 | |
| *sacubitril/valsartan tablet 24mg; 26mg* | 3 | QL (180 EA per 30 days) |
| *sacubitril/valsartan tablet 49mg; 51mg, 97mg; 103mg* | 3 | QL (60 EA per 30 days) |
| *spironolactone/hydrochlorothiazide tablet 25mg; 25mg* | 2 | |
| *telmisartan/hydrochlorothiazide tablet 12.5mg; 40mg, 12.5mg; 80mg, 25mg; 80mg* | 1 | |
| *trandolapril/verapamil hcl er tablet extended release 1mg; 240mg, 2mg; 180mg, 2mg; 240mg, 4mg; 240mg* | 2 | |
| *triamterene/hydrochlorothiazide capsule 25mg; 37.5mg* | 1 | |
| *triamterene/hydrochlorothiazide tablet 25mg; 37.5mg, 50mg; 75mg* | 1 | |
| *valsartan/hydrochlorothiazide tablet 12.5mg; 160mg, 12.5mg; 320mg, 12.5mg; 80mg, 25mg; 160mg, 25mg; 320mg* | 1 | |
| VYNDAMAX CAPSULE 61MG | 5 | QL (30 EA per 30 days) PA |
| ***Diuretics, Loop*** | | |
| *bumetanide injection 0.25mg/ml* | 2 | |
| *bumetanide tablet 0.5mg, 1mg, 2mg* | 2 | |
| *furosemide injection 10mg/ml* | 2 | |
| *furosemide oral solution 10mg/ml, 40mg/5ml* | 1 | |
| *furosemide tablet 20mg, 40mg, 80mg* | 1 | |
| *torsemide tablet 100mg, 10mg, 20mg, 5mg* | 1 | |
| ***Diuretics, Potassium-sparing*** | | |
| *amiloride hcl tablet 5mg* | 1 | |
| *triamterene capsule 100mg, 50mg* | 4 | |
| ***Diuretics, Thiazide*** | | |
| *chlorthalidone tablet 25mg, 50mg* | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *hydrochlorothiazide capsule 12.5mg* | 1 | |
| *hydrochlorothiazide tablet 12.5mg, 25mg, 50mg* | 1 | |
| *indapamide tablet 1.25mg, 2.5mg* | 1 | |
| *metolazone tablet 10mg, 2.5mg, 5mg* | 2 | |
| ***Dyslipidemics, Fibric Acid Derivatives*** | | |
| *fenofibrate micronized capsule 134mg, 200mg, 67mg* | 2 | |
| *fenofibrate tablet 145mg, 160mg, 48mg, 54mg* | 2 | |
| *fenofibric acid dr capsule delayed release 135mg, 45mg* | 3 | |
| *gemfibrozil tablet 600mg* | 2 | |
| ***Dyslipidemics, HMG CoA Reductase Inhibitors*** | | |
| *atorvastatin calcium tablet 10mg, 20mg, 40mg, 80mg* | 1 | |
| *fluvastatin sodium er tablet extended release 24 hour 80mg* | 4 | |
| *fluvastatin capsule 20mg, 40mg* | 4 | |
| *lovastatin tablet 10mg, 20mg, 40mg* | 1 | |
| *pitavastatin calcium tablet 1mg, 2mg, 4mg* | 4 | |
| *pravastatin sodium tablet 10mg, 20mg, 40mg, 80mg* | 1 | |
| *rosuvastatin calcium tablet 10mg, 20mg, 40mg, 5mg* | 1 | |
| *simvastatin tablet 10mg, 20mg, 40mg, 5mg, 80mg* | 1 | |
| ***Dyslipidemics, Other*** | | |
| *cholestyramine light packet 4gm* | 4 | |
| *cholestyramine light powder 4gm/dose* | 4 | |
| *cholestyramine packet 4gm* | 3 | |
| *cholestyramine powder 4gm/dose* | 3 | |
| *colesevelam hydrochloride tablet 625mg* | 4 | |
| *colestipol hydrochloride granules 5gm* | 4 | |
| *colestipol hydrochloride packet 5gm* | 4 | |
| *colestipol hydrochloride tablet 1gm* | 3 | |
| *ezetimibe/simvastatin tablet 10mg; 10mg, 10mg; 20mg, 10mg; 40mg, 10mg; 80mg* | 2 | |
| *ezetimibe tablet 10mg* | 2 | |
| *icosapent ethyl capsule 0.5gm, 1gm* | 4 | |
| NEXLETOL TABLET 180MG | 4 | QL (30 EA per 30 days) PA |
| NEXLIZET TABLET 180MG; 10MG | 4 | QL (30 EA per 30 days) PA |
| *niacin er tablet extended release 1000mg, 500mg, 750mg* | 3 | |
| *omega-3-acid ethyl esters capsule 375mg; 465mg; 1gm* | 3 | |
| PRALUENT INJECTION 150MG/ML, 75MG/ML | 3 | QL (2 ML per 28 days) PA |
| *prevalite packet 4gm* | 4 | |
| *prevalite powder 4gm/dose* | 4 | |
| REPATHA PUSHTRONEX SYSTEM INJECTION 420MG/3.5ML | 3 | QL (7 ML per 28 days) PA |
| REPATHA SURECLICK INJECTION 140MG/ML | 3 | QL (3 ML per 28 days) PA |
| REPATHA INJECTION 140MG/ML | 3 | QL (3 ML per 28 days) PA |
| TRYNGOLZA INJECTION 50MG/0.8ML, 80MG/0.8ML | 5 | QL (0.8 ML per 28 days) PA |
| ***Mineralocorticoid Receptor Antagonists*** | | |
| *eplerenone tablet 25mg, 50mg* | 3 | |
| KERENDIA TABLET 10MG, 20MG, 40MG | 4 | QL (30 EA per 30 days) PA |
| *spironolactone tablet 100mg, 25mg, 50mg* | 1 | |
| ***Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)*** | | |
| *dapagliflozin tablet 10mg, 5mg* | 3 | QL (30 EA per 30 days) |
| JARDIANCE TABLET 10MG, 25MG | 3 | QL (30 EA per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***Vasodilators, Direct-acting Arterial/Venous*** | | |
| *isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg* | 2 | |
| *isosorbide mononitrate er tablet extended release 24 hour 120mg, 30mg, 60mg* | 1 | |
| *isosorbide mononitrate tablet 10mg, 20mg* | 2 | |
| *nitro-bid ointment 2%* | 4 | |
| *nitroglycerin transdermal patch 24 hour 0.1mg/hr, 0.2mg/hr, 0.4mg/hr, 0.6mg/hr* | 2 | |
| *nitroglycerin transdermal ointment 2%* | 4 | |
| *nitroglycerin solution 0.4mg/spray* | 4 | |
| *nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg* | 2 | |
| VERQUVO TABLET 10MG, 2.5MG, 5MG | 3 | QL (30 EA per 30 days) PA |
| ***Vasodilators, Direct-acting Arterial*** | | |
| *hydralazine hydrochloride tablet 10mg, 25mg, 50mg* | 1 | |
| *hydralazine hydrochloride tablet 100mg* | 2 | |
| *minoxidil tablet 10mg, 2.5mg* | 2 | |
| **Central Nervous System Agents** | | |
| ***Attention Deficit Hyperactivity Disorder Agents, Amphetamines*** | | |
| *amphetamine/dextroamphetamine capsule extended release 24 hour 2.5mg; 2.5mg; 2.5mg; 2.5mg* | 3 | QL (60 EA per 30 days); Extended-release capsule 10mg |
| *amphetamine/dextroamphetamine capsule extended release 24 hour 3.75mg; 3.75mg; 3.75mg; 3.75mg* | 3 | QL (60 EA per 30 days); Extended-release capsule 15mg |
| *amphetamine/dextroamphetamine capsule extended release 24 hour 5mg; 5mg; 5mg; 5mg* | 3 | QL (60 EA per 30 days); Extended-release capsule 20mg |
| *amphetamine/dextroamphetamine capsule extended release 24 hour 6.25mg; 6.25mg; 6.25mg; 6.25mg* | 3 | QL (60 EA per 30 days); Extended-release capsule 25mg |
| *amphetamine/dextroamphetamine capsule extended release 24 hour 7.5mg; 7.5mg; 7.5mg; 7.5mg* | 3 | QL (60 EA per 30 days); Extended-release capsule 30mg |
| *amphetamine/dextroamphetamine capsule extended release 24 hour 1.25mg; 1.25mg; 1.25mg; 1.25mg* | 3 | QL (60 EA per 30 days); Extended-release capsule 5mg |
| *amphetamine/dextroamphetamine tablet 1.25mg; 1.25mg; 1.25mg; 1.25mg, 1.875mg; 1.875mg; 1.875mg; 1.875mg, 2.5mg; 2.5mg; 2.5mg; 2.5mg, 3.125mg; 3.125mg; 3.125mg; 3.125mg, 3.75mg; 3.75mg; 3.75mg; 3.75mg, 5mg; 5mg; 5mg; 5mg, 7.5mg; 7.5mg; 7.5mg; 7.5mg* | 3 | QL (90 EA per 30 days) |
| *dextroamphetamine sulfate er capsule extended release 24 hour 15mg* | 4 | QL (120 EA per 30 days) |
| *dextroamphetamine sulfate er capsule extended release 24 hour 10mg* | 4 | QL (180 EA per 30 days) |
| *dextroamphetamine sulfate er capsule extended release 24 hour 5mg* | 4 | QL (60 EA per 30 days) |
| *dextroamphetamine sulfate tablet 10mg* | 3 | QL (180 EA per 30 days) |
| *dextroamphetamine sulfate tablet 5mg* | 3 | QL (90 EA per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines*** | | |
| *atomoxetine hydrochloride capsule 25mg* | 4 | QL (30 EA per 30 days) |
| *atomoxetine hydrochloride capsule 10mg* | 4 | QL (60 EA per 30 days) |
| *atomoxetine capsule 100mg, 18mg, 25mg, 40mg, 60mg, 80mg* | 4 | QL (30 EA per 30 days) |
| *atomoxetine capsule 10mg* | 4 | QL (60 EA per 30 days) |
| *dexmethylphenidate hcl tablet 10mg, 5mg* | 3 | QL (60 EA per 30 days) |
| *dexmethylphenidate hydrochloride tablet 2.5mg* | 3 | QL (60 EA per 30 days) |
| *guanfacine hydrochloride er tablet extended release 24 hour 1mg, 2mg, 3mg, 4mg* | 3 | |
| *methylphenidate hydrochloride er (dif) tablet extended release 27mg, 54mg* | 4 | QL (30 EA per 30 days) |
| *methylphenidate hydrochloride er (dif) tablet extended release 36mg* | 4 | QL (60 EA per 30 days) |
| *methylphenidate hydrochloride er (osm) tablet extended release 18mg, 27mg, 54mg* | 4 | QL (30 EA per 30 days) |
| *methylphenidate hydrochloride er (osm) tablet extended release 36mg* | 4 | QL (60 EA per 30 days) |
| *methylphenidate hydrochloride er tablet extended release 24 hour 27mg, 54mg* | 4 | QL (30 EA per 30 days) |
| *methylphenidate hydrochloride er tablet extended release 24 hour 36mg* | 4 | QL (60 EA per 30 days) |
| *methylphenidate hydrochloride solution 5mg/5ml* | 4 | |
| *methylphenidate hydrochloride tablet 10mg, 20mg, 5mg* | 2 | QL (90 EA per 30 days) |
| ***Central Nervous System, Other*** | | |
| AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 0 | 5 | QL (56 EA per 365 days) PA; (12mg & 18mg & 24mg & 30mg Pack) |
| AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 0 | 5 | QL (84 EA per 365 days) PA; (6mg & 12mg & 24mg Pack) |
| AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12MG, 18MG, 24MG, 30MG, 36MG, 42MG, 48MG, 6MG | 5 | QL (30 EA per 30 days) PA |
| AUSTEDO TABLET 12MG, 6MG, 9MG | 5 | QL (120 EA per 30 days) PA |
| *butalbital/acetaminophen/caffeine tablet 325mg; 50mg; 40mg* | 3 | |
| COBENFY STARTER PACK CAPSULE THERAPY PACK 20MG; 0 | 5 | QL (112 EA per 365 days) PA |
| COBENFY CAPSULE 20MG; 100MG, 20MG; 50MG, 30MG; 125MG | 5 | QL (60 EA per 30 days) PA |
| *dextromethorphan hydrobromide/quinidine sulfate capsule 20mg; 10mg* | 5 | PA |
| INGREZZA CAPSULE SPRINKLE 60MG, 80MG | 5 | QL (30 EA per 30 days) PA |
| INGREZZA CAPSULE SPRINKLE 40MG | 5 | QL (60 EA per 30 days) PA |
| INGREZZA CAPSULE THERAPY PACK 0 | 5 | QL (56 EA per 365 days) PA |
| INGREZZA CAPSULE 60MG, 80MG | 5 | QL (30 EA per 30 days) PA |
| INGREZZA CAPSULE 40MG | 5 | QL (60 EA per 30 days) PA |
| NUEDEXTA CAPSULE 20MG; 10MG | 5 | PA |
| *riluzole tablet 50mg* | 4 | |
| *tetrabenazine tablet 12.5mg* | 4 | PA |
| *tetrabenazine tablet 25mg* | 5 | PA |
| VEOZAH TABLET 45MG | 4 | QL (30 EA per 30 days) PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***Fibromyalgia Agents*** | | |
| *milnacipran hydrochloride titration pack miscellaneous 0* | 3 | QL (110 EA per 365 days) |
| *milnacipran hydrochloride tablet 100mg, 12.5mg, 25mg, 50mg* | 3 | QL (60 EA per 30 days) |
| SAVELLA TITRATION PACK MISCELLANEOUS 0 | 3 | QL (110 EA per 365 days) |
| SAVELLA TABLET 100MG, 12.5MG, 25MG, 50MG | 3 | QL (60 EA per 30 days) |
| ***Multiple Sclerosis Agents*** | | |
| AVONEX PEN INJECTION 30MCG/0.5ML | 5 | QL (4 EA per 28 days) PA |
| AVONEX INJECTION 30MCG/0.5ML | 5 | QL (4 EA per 28 days) PA |
| BETASERON INJECTION 0.3MG | 5 | QL (15 EA per 30 days) PA |
| *dalfampridine er tablet extended release 12 hour 10mg* | 3 | QL (60 EA per 30 days) PA |
| *dimethyl fumarate starterpack capsule delayed release therapy pack 0* | 4 | QL (120 EA per 365 days) PA |
| *dimethyl fumarate capsule delayed release 120mg, 240mg* | 4 | QL (60 EA per 30 days) PA |
| *fingolimod hydrochloride capsule 0.5mg* | 5 | QL (30 EA per 30 days) PA |
| *glatiramer acetate injection 40mg/ml* | 5 | QL (12 ML per 28 days) PA |
| *glatiramer acetate injection 20mg/ml* | 5 | QL (30 ML per 30 days) PA |
| KESIMPTA INJECTION 20MG/0.4ML | 5 | QL (0.4 ML per 28 days) PA |
| MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG | 4 | QL (14 EA per 365 days) PA; (7 tablet Starter Pack) |
| MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG | 5 | QL (24 EA per 365 days) PA; (12 tablet Starter Pack) |
| MAYZENT TABLET 0.25MG | 5 | QL (120 EA per 30 days) PA |
| MAYZENT TABLET 1MG, 2MG | 5 | QL (30 EA per 30 days) PA |
| REBIF REBIDOSE TITRATION PACK INJECTION 0 | 5 | QL (8.4 ML per 365 days) PA |
| REBIF REBIDOSE INJECTION 22MCG/0.5ML, 44MCG/0.5ML | 5 | QL (6 ML per 28 days) PA |
| REBIF TITRATION PACK INJECTION 0 | 5 | QL (8.4 ML per 365 days) PA |
| REBIF INJECTION 22MCG/0.5ML, 44MCG/0.5ML | 5 | QL (6 ML per 28 days) PA |
| VUMERITY CAPSULE DELAYED RELEASE 231MG | 5 | QL (120 EA per 30 days) PA |
| **Dental and Oral Agents** | | |
| ***Dental and Oral Agents*** | | |
| *chlorhexidine gluconate solution 0.12%* | 1 | |
| *doxycycline hyclate tablet 20mg* | 3 | |
| *kourzeq paste 0.1%* | 3 | |
| *lidocaine hydrochloride viscous solution 2%* | 2 | |
| *lidocaine viscous solution 2%* | 2 | |
| *oralone dental paste paste 0.1%* | 3 | |
| *periogard solution 0.12%* | 1 | |
| *pilocarpine hydrochloride tablet 5mg, 7.5mg* | 4 | |
| *triamcinolone acetonide dental paste paste 0.1%* | 3 | |
| **Dermatological Agents** | | |
| ***Acne and Rosacea Agents*** | | |
| ACCUTANE CAPSULE 10MG, 20MG, 30MG, 40MG | 4 | |
| *acitretin capsule 10mg, 17.5mg, 25mg* | 4 | |
| *adapalene/benzoyl peroxide gel 0.1%; 2.5%* | 3 | |
| *amnesteem capsule 10mg, 20mg, 30mg, 40mg* | 4 | |
| *azelaic acid gel 15%* | 4 | QL (100 GM per 30 days) |
| *claravis capsule 10mg, 20mg, 30mg, 40mg* | 4 | |
| *clindamycin phosphate/benzoyl peroxide gel 5%; 1.2%* | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *erythromycin/benzoyl peroxide gel 5%; 3%* | 4 | |
| FINACEA FOAM 15% | 3 | QL (50 GM per 30 days) |
| *isotretinoin capsule 10mg, 20mg, 30mg, 40mg* | 4 | |
| *metronidazole cream 0.75%* | 2 | |
| *metronidazole gel 0.75%* | 3 | |
| *metronidazole gel 1%* | 4 | |
| *tazarotene cream 0.1%* | 4 | QL (60 GM per 30 days) |
| *tretinoin cream 0.025%* | 3 | PA |
| *tretinoin cream 0.05%* | 4 | PA |
| *zenatane capsule 10mg, 20mg, 30mg, 40mg* | 4 | |
| ***Dermatitis and Pruritus Agents*** | | |
| ADBRY INJECTION 150MG/ML | 5 | QL (6 ML per 28 days) PA |
| ADBRY INJECTION 300MG/2ML | 5 | QL (8 ML per 28 days) PA |
| *ala-cort cream 1%* | 2 | |
| *alclometasone dipropionate cream 0.05%* | 2 | |
| *alclometasone dipropionate ointment 0.05%* | 2 | |
| *ammonium lactate cream 12%* | 2 | |
| *ammonium lactate lotion 12%* | 2 | |
| *betamethasone dipropionate augmented cream 0.05%* | 2 | |
| *betamethasone dipropionate augmented gel 0.05%* | 4 | |
| *betamethasone dipropionate augmented lotion 0.05%* | 2 | |
| *betamethasone dipropionate augmented ointment 0.05%* | 3 | |
| *betamethasone dipropionate cream 0.05%* | 3 | |
| *betamethasone dipropionate lotion 0.05%* | 3 | |
| *betamethasone dipropionate ointment 0.05%* | 4 | |
| *betamethasone valerate cream 0.1%* | 3 | |
| *betamethasone valerate lotion 0.1%* | 3 | |
| *betamethasone valerate ointment 0.1%* | 2 | |
| *clobetasol propionate e cream 0.05%* | 2 | |
| *clobetasol propionate cream 0.05%* | 2 | |
| *clobetasol propionate foam 0.05%* | 2 | |
| *clobetasol propionate gel 0.05%* | 3 | |
| *clobetasol propionate ointment 0.05%* | 2 | |
| *clobetasol propionate shampoo 0.05%* | 4 | |
| *clobetasol propionate solution 0.05%* | 3 | |
| *desonide cream 0.05%* | 3 | |
| *desonide ointment 0.05%* | 2 | QL (120 GM per 30 days) |
| *desoximetasone cream 0.25%* | 3 | QL (100 GM per 30 days) |
| *desoximetasone ointment 0.25%* | 3 | |
| EBGLYSS INJECTION 250MG/2ML | 5 | PA |
| EUCRISA OINTMENT 2% | 4 | PA |
| *fluocinolone acetonide body oil 0.01%* | 3 | |
| *fluocinolone acetonide scalp oil 0.01%* | 3 | |
| *fluocinolone acetonide topical oil 0.01%* | 3 | |
| *fluocinolone acetonide cream 0.01%, 0.025%* | 3 | |
| *fluocinolone acetonide ointment 0.025%* | 3 | |
| *fluocinolone acetonide solution 0.01%* | 3 | |
| *fluocinonide cream 0.1%* | 2 | QL (120 GM per 30 days) |
| *fluocinonide cream 0.05%* | 2 | QL (60 GM per 30 days) |
| *fluocinonide gel 0.05%* | 2 | QL (60 GM per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *fluocinonide ointment 0.05%* | 2 | QL (60 GM per 30 days) |
| *fluocinonide solution 0.05%* | 2 | QL (60 ML per 30 days) |
| *fluticasone propionate cream 0.05%* | 2 | |
| *fluticasone propionate ointment 0.005%* | 2 | |
| *halobetasol propionate cream 0.05%* | 3 | |
| *halobetasol propionate ointment 0.05%* | 4 | |
| *hydrocortisone valerate cream 0.2%* | 3 | QL (60 GM per 30 days) |
| *hydrocortisone cream 1%, 2.5%* | 2 | |
| *hydrocortisone lotion 2.5%* | 2 | |
| *hydrocortisone ointment 2.5%* | 2 | |
| *hydrocortisone ointment 1%* | 2 | QL (100 GM per 30 days) |
| *mometasone furoate cream 0.1%* | 2 | |
| *mometasone furoate ointment 0.1%* | 2 | |
| *mometasone furoate solution 0.1%* | 2 | |
| *pimecrolimus cream 1%* | 4 | |
| *selenium sulfide lotion 2.5%* | 2 | |
| SPEVIGO INJECTION 150MG/ML, 300MG/2ML | 5 | QL (4 ML per 28 days) PA |
| *tacrolimus ointment 0.03%, 0.1%* | 4 | |
| *triamcinolone acetonide cream 0.025%, 0.1%, 0.5%* | 1 | |
| *triamcinolone acetonide lotion 0.1%* | 2 | |
| *triamcinolone acetonide lotion 0.025%* | 3 | |
| *triamcinolone acetonide ointment 0.025%, 0.1%* | 1 | |
| *triamcinolone acetonide ointment 0.5%* | 2 | |
| *triderm cream 0.5%* | 2 | |
| ***Dermatological Agents, Other*** | | |
| *calcipotriene cream 0.005%* | 4 | QL (120 GM per 30 days) |
| *calcipotriene ointment 0.005%* | 4 | QL (120 GM per 30 days) |
| *calcipotriene solution 0.005%* | 3 | QL (60 ML per 30 days) |
| *clotrimazole/betamethasone dipropionate cream 0.05%; 1%* | 2 | QL (90 GM per 30 days) |
| *diclofenac sodium gel 3%* | 4 | QL (300 GM per 30 days) ST |
| FLUOROURACIL CREAM 0.5% | 4 | |
| *fluorouracil cream 5%* | 2 | QL (40 GM per 30 days) |
| *fluorouracil solution 2%, 5%* | 3 | |
| *imiquimod cream 5%* | 3 | QL (48 EA per 30 days) |
| *nystatin/triamcinolone acetonide cream 100000unit/gm; 1mg/gm* | 2 | |
| *nystatin/triamcinolone acetonide ointment 100000unit/gm; 0.1%* | 2 | |
| *nystatin/triamcinolone cream 100000unit/gm; 1mg/gm* | 2 | |
| *nystatin/triamcinolone ointment 100000unit/gm; 0.1%* | 2 | |
| OTEZLA TABLET 20MG, 30MG | 5 | QL (60 EA per 30 days) PA |
| *podofilox solution 0.5%* | 3 | |
| SANTYL OINTMENT 250UNIT/GM | 4 | |
| *silver sulfadiazine cream 1%* | 2 | |
| *ssd cream 1%* | 2 | |
| ***Pediculicides/Scabicides*** | | |
| *malathion lotion 0.5%* | 4 | |
| *permethrin cream 5%* | 3 | |
| ***Topical Anti-infectives*** | | |
| *acyclovir ointment 5%* | 4 | QL (60 GM per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *ciclodan solution 8%* | 2 | PA |
| *ciclopirox nail lacquer solution 8%* | 2 | PA |
| *ciclopirox olamine cream 0.77%* | 2 | |
| *ciclopirox gel 0.77%* | 2 | |
| *ciclopirox shampoo 1%* | 3 | |
| *ciclopirox suspension 0.77%* | 3 | |
| *clindamycin phosphate lotion 1%* | 4 | QL (75 ML per 30 days) |
| *clindamycin phosphate topical solution 1%* | 2 | QL (60 ML per 30 days) |
| *ery pad 2%* | 3 | |
| *erythromycin gel 2%* | 3 | |
| *erythromycin solution 2%* | 2 | |
| *mupirocin cream 2%* | 3 | |
| *mupirocin ointment 2%* | 2 | QL (110 GM per 30 days) |
| **Electrolytes/Minerals/Metals/Vitamins** | | |
| ***Electrolyte/Mineral Replacement*** | | |
| AMINOSYN II INJECTION 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 270MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 400MG/100ML; 200MG/100ML; 500MG/100ML | 4 | B/D |
| *aminosyn ii injection 107.6meq/l; 1490mg/100ml; 1527mg/100ml; 1050mg/100ml; 1107mg/100ml; 750mg/100ml; 450mg/100ml; 990mg/100ml; 1500mg/100ml; 1575mg/100ml; 258mg/100ml; 405mg/100ml; 447mg/100ml; 1083mg/100ml; 795mg/100ml; 50meq/l; 600mg/100ml; 300mg/100ml; 750mg/100ml* | 4 | B/D |
| AMINOSYN-PF INJECTION 46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML | 4 | B/D |
| *carglumic acid tablet soluble 200mg* | 5 | |
| *dextrose 5%/sodium chloride 0.45% injection 5%; 0.45%* | 4 | |
| *dextrose 5%/sodium chloride 0.9% injection 5%; 0.9%* | 4 | |
| *dextrose 5% injection 5%* | 2 | |
| *klor-con 10 tablet extended release 10meq* | 2 | |
| *klor-con 8 tablet extended release 8meq* | 2 | |
| *klor-con m10 tablet extended release 10meq* | 2 | |
| *klor-con m15 tablet extended release 15meq* | 2 | |
| *klor-con m20 tablet extended release 20meq* | 2 | |
| *klor-con packet 20meq* | 4 | |
| *magnesium sulfate injection 50%* | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| PLENAMINE INJECTION 147.4MEQ/L; 2.17GM/100ML; 1.47GM/100ML; 434MG/100ML; 749MG/100ML; 1.04GM/100ML; 894MG/100ML; 749MG/100ML; 1.04GM/100ML; 1.18GM/100ML; 749MG/100ML; 1.04GM/100ML; 894MG/100ML; 592MG/100ML; 749MG/100ML; 250MG/100ML; 39MG/100ML; 960MG/100ML | 4 | B/D |
| *potassium chloride er capsule extended release 10meq, 8meq* | 2 | |
| *potassium chloride er tablet extended release 10meq, 15meq, 20meq, 8meq* | 2 | |
| *potassium chloride injection 10meq/100ml, 20meq/100ml, 40meq/100ml* | 2 | |
| *potassium chloride packet 20meq* | 4 | |
| *potassium chloride oral solution 10%, 20%* | 4 | |
| *potassium citrate er tablet extended release 1080mg, 15meq, 540mg* | 4 | |
| *sodium chloride 0.45% injection 0.45%* | 3 | |
| *sodium chloride injection 0.45%, 0.9%* | 3 | |
| ***Electrolyte/Mineral/Metal Modifiers*** | | |
| CHEMET CAPSULE 100MG | 5 | |
| *deferasirox packet 180mg, 360mg, 90mg* | 5 | PA |
| *deferasirox tablet soluble 125mg, 250mg* | 4 | PA |
| *deferasirox tablet soluble 500mg* | 5 | PA |
| *deferasirox tablet 90mg* | 3 | PA |
| *deferasirox tablet 180mg, 360mg* | 4 | PA |
| JYNARQUE TABLET 15MG, 30MG | 5 | QL (120 EA per 30 days) PA |
| *penicillamine tablet 250mg* | 5 | |
| *tolvaptan tablet 15mg, 30mg* | 5 | QL (120 EA per 30 days) PA; (Generic for Jynarque) |
| *trientine hydrochloride capsule 250mg* | 5 | PA |
| ***Phosphate Binders*** | | |
| *calcium acetate capsule 667mg* | 4 | |
| *calcium acetate tablet 667mg* | 3 | |
| VELPHORO TABLET CHEWABLE 500MG | 5 | |
| ***Potassium Binders*** | | |
| *kionex suspension 15gm/60ml* | 3 | |
| LOKELMA PACKET 10GM, 5GM | 4 | QL (90 EA per 30 days) |
| *sodium polystyrene sulfonate powder 0* | 3 | |
| *sodium polystyrene sulfonate suspension 15gm/60ml* | 3 | |
| SPS SUSPENSION 15GM/60ML | 3 | |
| VELTASSA PACKET 16.8GM, 1GM, 25.2GM, 8.4GM | 4 | |
| ***Vitamins*** | | |
| *prenatal tablet 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg* | 2 | |
| **Gastrointestinal Agents** | | |
| ***Anti-Constipation Agents*** | | |
| *constulose solution 10gm/15ml* | 2 | |
| *enulose solution 10gm/15ml* | 2 | |
| *generlac solution 10gm/15ml* | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *lactulose solution 10gm/15ml* | 2 | |
| LINZESS CAPSULE 145MCG, 290MCG, 72MCG | 3 | QL (30 EA per 30 days) |
| *lubiprostone capsule 24mcg, 8mcg* | 4 | QL (60 EA per 30 days) |
| MOVANTIK TABLET 12.5MG, 25MG | 3 | QL (30 EA per 30 days) |
| *prucalopride tablet 1mg, 2mg* | 3 | QL (30 EA per 30 days) |
| RELISTOR INJECTION 8MG/0.4ML | 5 | QL (12 ML per 30 days) ST |
| RELISTOR INJECTION 12MG/0.6ML | 5 | QL (18 ML per 30 days) ST |
| RELISTOR TABLET 150MG | 5 | QL (90 EA per 30 days) ST |
| ***Anti-Diarrheal Agents*** | | |
| *alosetron hydrochloride tablet 0.5mg* | 4 | PA |
| *alosetron hydrochloride tablet 1mg* | 5 | PA |
| *diphenoxylate hydrochloride/atropine sulfate tablet 0.025mg; 2.5mg* | 3 | |
| *loperamide hydrochloride capsule 2mg* | 2 | |
| XERMELO TABLET 250MG | 5 | QL (90 EA per 30 days) PA |
| ***Antispasmodics, Gastrointestinal*** | | |
| *dicyclomine hcl solution 10mg/5ml* | 4 | |
| *dicyclomine hydrochloride capsule 10mg* | 2 | |
| *dicyclomine hydrochloride tablet 20mg* | 2 | |
| *glycopyrrolate injection 0.4mg/2ml* | 4 | |
| *glycopyrrolate tablet 1mg, 2mg* | 3 | PA |
| ***Gastrointestinal Agents, Other*** | | |
| CLENPIQ SOLUTION 12GM/175ML; 3.5GM/175ML; 10MG/175ML | 3 | |
| CTEXLI TABLET 250MG | 5 | PA |
| *gavilyte-c solution reconstituted 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm* | 2 | |
| *gavilyte-g solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm* | 2 | |
| *gavilyte-n/flavor pack solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm* | 2 | |
| LIVMARLI SOLUTION 19MG/ML | 5 | QL (60 ML per 30 days) PA |
| LIVMARLI SOLUTION 9.5MG/ML | 5 | QL (90 ML per 30 days) PA |
| LIVMARLI TABLET 30MG | 5 | QL (30 EA per 30 days) PA |
| LIVMARLI TABLET 10MG, 15MG, 20MG | 5 | QL (60 EA per 30 days) PA |
| *metoclopramide hcl solution 5mg/5ml* | 2 | |
| *metoclopramide hydrochloride tablet 10mg, 5mg* | 1 | |
| *nitroglycerin rectal ointment 0.4%* | 4 | |
| *peg-3350/electrolytes solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm* | 2 | |
| *peg-3350/nacl/na bicarbonate/kcl solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm* | 2 | |
| *sodium sulfate/potassium sulfate/magnesium sulfate solution 1.6gm/177ml; 3.13gm/177ml; 17.5gm/177ml* | 3 | |
| SUTAB TABLET 225MG; 188MG; 1479MG | 3 | |
| *ursodiol capsule 300mg* | 4 | |
| *ursodiol tablet 250mg, 500mg* | 3 | |
| VOQUEZNA TABLET 10MG | 4 | QL (30 EA per 30 days) PA |
| VOQUEZNA TABLET 20MG | 4 | QL (60 EA per 30 days) PA |
| VOWST CAPSULE 0 | 5 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| XIFAXAN TABLET 200MG | 4 | PA |
| XIFAXAN TABLET 550MG | 5 | PA |
| ***Histamine2 (H2) Receptor Antagonists*** | | |
| *famotidine suspension reconstituted 40mg/5ml* | 4 | |
| *famotidine tablet 20mg, 40mg* | 2 | |
| *nizatidine capsule 150mg, 300mg* | 4 | |
| ***Protectants*** | | |
| *misoprostol tablet 100mcg, 200mcg* | 3 | |
| *sucralfate suspension 1gm/10ml* | 4 | |
| *sucralfate tablet 1gm* | 2 | |
| ***Proton Pump Inhibitors*** | | |
| *esomeprazole magnesium capsule delayed release 20mg, 40mg* | 2 | QL (60 EA per 30 days) |
| *lansoprazole capsule delayed release 15mg, 30mg* | 2 | QL (60 EA per 30 days) |
| *omeprazole dr capsule delayed release 10mg* | 1 | QL (60 EA per 30 days) |
| *omeprazole capsule delayed release 20mg, 40mg* | 1 | QL (60 EA per 30 days) |
| *pantoprazole sodium tablet delayed release 20mg, 40mg* | 1 | QL (60 EA per 30 days) |
| *rabeprazole sodium tablet delayed release 20mg* | 3 | QL (60 EA per 30 days) |
| **Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment** | | |
| ***Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment*** | | |
| *betaine anhydrous powder 0* | 5 | |
| CERDELGA CAPSULE 84MG | 5 | PA |
| CHOLBAM CAPSULE 250MG, 50MG | 5 | PA |
| CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT | 3 | |
| *cromolyn sodium concentrate 100mg/5ml* | 4 | |
| CYSTAGON CAPSULE 150MG, 50MG | 4 | |
| EVRYSDI SOLUTION RECONSTITUTED 0.75MG/ML | 5 | QL (240 ML per 30 days) PA |
| FABRAZYME INJECTION 35MG, 5MG | 5 | PA |
| *l-glutamine packet 5gm* | 5 | PA |
| *miglustat capsule 100mg* | 5 | PA |
| *nitisinone capsule 10mg, 20mg, 2mg, 5mg* | 5 | |
| ONPATTRO INJECTION 10MG/5ML | 5 | PA |
| PROLASTIN-C INJECTION 1000MG/20ML | 5 | PA |
| PYRUKYND TAPER PACK TABLET THERAPY PACK 0, 5MG | 5 | QL (30 EA per 30 days) PA |
| PYRUKYND TABLET 50MG | 5 | QL (120 EA per 30 days) PA |
| PYRUKYND TABLET 20MG, 5MG | 5 | QL (60 EA per 30 days) PA |
| REVCOVI INJECTION 2.4MG/1.5ML | 5 | PA |
| *sapropterin dihydrochloride packet 100mg, 500mg* | 5 | PA |
| *sapropterin dihydrochloride tablet 100mg* | 5 | PA |
| *sodium phenylbutyrate powder 3gm/tsp* | 5 | |
| *sodium phenylbutyrate tablet 500mg* | 5 | |
| STRENSIQ INJECTION 18MG/0.45ML, 28MG/0.7ML, 40MG/ML, 80MG/0.8ML | 5 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| SUCRAID SOLUTION 8500UNIT/ML | 5 | PA |
| WELIREG TABLET 40MG | 5 | PA |
| *yargesa capsule 100mg* | 5 | PA |
| ZELVYSIA PACKET 100MG, 500MG | 5 | PA |
| ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT | 3 | |
| **Genitourinary Agents** | | |
| ***Antispasmodics, Urinary*** | | |
| *fesoterodine fumarate er tablet extended release 24 hour 4mg, 8mg* | 4 | |
| GELNIQUE GEL 10% | 4 | |
| GEMTESA TABLET 75MG | 4 | |
| MYRBETRIQ SUSPENSION RECONSTITUTED ER 8MG/ML | 3 | |
| MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 25MG, 50MG | 3 | |
| *oxybutynin chloride er tablet extended release 24 hour 10mg, 15mg, 5mg* | 2 | |
| *oxybutynin chloride solution 5mg/5ml* | 2 | |
| *oxybutynin chloride tablet 5mg* | 2 | |
| *solifenacin succinate tablet 10mg, 5mg* | 2 | |
| *tolterodine tartrate er capsule extended release 24 hour 2mg, 4mg* | 3 | |
| *tolterodine tartrate tablet 1mg, 2mg* | 3 | |
| *trospium chloride er capsule extended release 24 hour 60mg* | 4 | |
| *trospium chloride tablet 20mg* | 3 | |
| ***Benign Prostatic Hypertrophy Agents*** | | |
| *alfuzosin hcl er tablet extended release 24 hour 10mg* | 2 | |
| *doxazosin mesylate tablet 1mg, 2mg, 4mg, 8mg* | 2 | |
| *dutasteride capsule 0.5mg* | 2 | |
| *finasteride tablet 5mg* | 1 | |
| *silodosin capsule 4mg, 8mg* | 4 | |
| *tadalafil tablet 2.5mg, 5mg* | 3 | QL (30 EA per 30 days) PA |
| *tamsulosin hydrochloride capsule 0.4mg* | 1 | |
| *terazosin hcl capsule 10mg, 1mg, 5mg* | 1 | |
| *terazosin hydrochloride capsule 2mg* | 1 | |
| ***Genitourinary Agents, Other*** | | |
| *acetic acid 0.25% solution 0.25%* | 1 | |
| *bethanechol chloride tablet 10mg, 25mg, 50mg, 5mg* | 2 | |
| ELMIRON CAPSULE 100MG | 4 | |
| **Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)** | | |
| ***Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)*** | | |
| *cortisone acetate tablet 25mg* | 5 | |
| *dexamethasone elixir 0.5mg/5ml* | 3 | |
| *dexamethasone solution 0.5mg/5ml* | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg* | 2 | |
| *fludrocortisone acetate tablet 0.1mg* | 2 | |
| *hydrocortisone tablet 10mg, 20mg, 5mg* | 2 | |
| *methylprednisolone dose pack tablet therapy pack 4mg* | 2 | |
| *methylprednisolone tablet 16mg, 32mg, 4mg, 8mg* | 2 | |
| *prednisolone sodium phosphate solution 15mg/5ml* | 2 | |
| *prednisolone sodium phosphate solution 25mg/5ml, 5mg/5ml* | 4 | |
| *prednisolone solution 15mg/5ml* | 2 | |
| *prednisone tablet therapy pack 10mg, 5mg* | 2 | |
| *prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg* | 1 | |
| **Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)** | | |
| ***Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)*** | | |
| *desmopressin acetate solution 0.01%* | 4 | |
| *desmopressin acetate tablet 0.1mg, 0.2mg* | 3 | |
| GENOTROPIN MINIQUICK INJECTION 0.2MG | 4 | PA |
| GENOTROPIN MINIQUICK INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG | 5 | PA |
| GENOTROPIN INJECTION 12MG, 5MG | 5 | PA |
| INCRELEX INJECTION 40MG/4ML | 5 | PA |
| ISTURISA TABLET 1MG | 5 | QL (240 EA per 30 days) PA |
| ISTURISA TABLET 5MG | 5 | QL (360 EA per 30 days) PA |
| **Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)** | | |
| ***Androgens*** | | |
| *danazol capsule 100mg, 200mg, 50mg* | 4 | |
| *testosterone cypionate injection 100mg/ml, 200mg/ml* | 2 | PA |
| *testosterone enanthate injection 200mg/ml* | 3 | PA |
| *testosterone pump gel 1.62%* | 3 | PA |
| *testosterone pump gel 12.5mg/act* | 4 | PA |
| *testosterone gel 20.25mg/1.25gm, 40.5mg/2.5gm* | 3 | PA |
| *testosterone gel 25mg/2.5gm, 50mg/5gm* | 4 | PA |
| ***Estrogens*** | | |
| *abigale lo tablet 0.5mg; 0.1mg* | 4 | |
| *abigale tablet 1mg; 0.5mg* | 4 | |
| *afirmelle tablet 20mcg; 0.1mg* | 3 | |
| *altavera tablet 30mcg; 0.15mg* | 3 | |
| *alyacen 1/35 tablet 35mcg; 1mg* | 3 | |
| *alyacen 7/7/7 tablet 35mcg; 0* | 3 | |
| *amabelz tablet 0.5mg; 0.1mg, 1mg; 0.5mg* | 4 | |
| *amethia tablet 0; 0* | 4 | QL (91 EA per 91 days) |
| *amethyst tablet 20mcg; 90mcg* | 3 | |
| *ashlyna tablet 0; 0* | 4 | QL (91 EA per 91 days) |
| *aubra eq tablet 20mcg; 0.1mg* | 3 | |
| *aurovela 1.5/30 tablet 30mcg; 1.5mg* | 3 | |
| *aurovela 1/20 tablet 20mcg; 1mg* | 3 | |
| *aurovela fe 1.5/30 tablet 30mcg; 75mg; 1.5mg* | 3 | |
| *aurovela fe 1/20 tablet 20mcg; 75mg; 1mg* | 3 | |
| *aviane tablet 20mcg; 0.1mg* | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *ayuna tablet 0.03mg; 0.15mg* | 3 | |
| *azurette tablet 0; 0* | 3 | |
| *balziva tablet 35mcg; 0.4mg* | 3 | |
| *blisovi fe 1.5/30 tablet 30mcg; 75mg; 1.5mg* | 3 | |
| *blisovi fe 1/20 tablet 20mcg; 75mg; 1mg* | 3 | |
| *briellyn tablet 35mcg; 0.4mg* | 3 | |
| *camrese lo tablet 0; 0* | 4 | QL (91 EA per 91 days) |
| *camrese tablet 0; 0* | 4 | QL (91 EA per 91 days) |
| *chateal eq tablet 30mcg; 0.15mg* | 3 | |
| CLIMARA PRO PATCH WEEKLY 0.045MG/DAY; 0.015MG/DAY | 4 | |
| *conjugated estrogens tablet 0.3mg, 0.45mg, 0.625mg, 0.9mg, 1.25mg* | 4 | |
| *cryselle-28 tablet 30mcg; 0.3mg* | 3 | |
| *cryselle tablet 30mcg; 0.3mg* | 3 | |
| *dasetta 1/35 tablet 35mcg; 1mg* | 3 | |
| *dasetta 7/7/7 tablet 35mcg; 0* | 3 | |
| *daysee tablet 0; 0* | 4 | QL (91 EA per 91 days) |
| *delyla tablet 20mcg; 0.1mg* | 3 | |
| *desogestrel/ethinyl estradiol tablet 0; 0* | 3 | |
| *dolishale tablet 20mcg; 90mcg* | 3 | |
| DOTTI PATCH TWICE WEEKLY 0.025MG/24HR, 0.0375MG/24HR, 0.05MG/24HR, 0.075MG/24HR, 0.1MG/24HR | 4 | |
| *elinest tablet 30mcg; 0.3mg* | 3 | |
| *eluryng ring 0.015mg/24hr; 0.12mg/24hr* | 4 | |
| *enilloring ring 0.015mg/24hr; 0.12mg/24hr* | 4 | |
| *enpresse-28 tablet 0; 0* | 3 | |
| *estarylla tablet 35mcg; 0.25mg* | 3 | |
| *estradiol/norethindrone acetate tablet 0.5mg; 0.1mg, 1mg; 0.5mg* | 4 | |
| *estradiol cream 0.1mg/gm* | 2 | |
| *estradiol gel 0.06%, 0.25mg/0.25gm, 0.5mg/0.5gm, 0.75mg/0.75gm, 1.25mg/1.25gm, 1mg/gm* | 4 | |
| *estradiol patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr* | 4 | |
| *estradiol patch weekly 0.025mg/24hr, 0.05mg/24hr, 0.06mg/24hr, 0.075mg/24hr, 0.1mg/24hr, 37.5mcg/24hr* | 3 | |
| *estradiol oral tablet 0.5mg, 1mg, 2mg* | 2 | |
| *estradiol vaginal tablet 10mcg* | 4 | |
| ESTRING RING 7.5MCG/24HR | 4 | QL (1 EA per 90 days) |
| *ethynodiol diacetate/ethinyl estradiol tablet 35mcg; 1mg, 50mcg; 1mg* | 3 | |
| *etonogestrel/ethinyl estradiol ring 0.015mg/24hr; 0.12mg/24hr* | 3 | |
| *falmina tablet 20mcg; 0.1mg* | 3 | |
| *feirza 1.5/30 tablet 30mcg; 75mg; 1.5mg* | 3 | |
| *feirza 1/20 tablet 20mcg; 75mg; 1mg* | 3 | |
| FYAVOLV TABLET 2.5MCG; 0.5MG, 5MCG; 1MG | 4 | |
| *hailey 1.5/30 tablet 30mcg; 1.5mg* | 3 | |
| *hailey fe 1.5/30 tablet 30mcg; 75mg; 1.5mg* | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *hailey fe 1/20 tablet 20mcg; 75mg; 1mg* | 3 | |
| *haloette ring 0.015mg/24hr; 0.12mg/24hr* | 4 | |
| *iclevia tablet 0.03mg; 0.15mg* | 4 | QL (91 EA per 91 days) |
| *introvale tablet 0.03mg; 0.15mg* | 4 | QL (91 EA per 91 days) |
| *jaimiess tablet 0; 0* | 4 | QL (91 EA per 91 days) |
| *jinteli tablet 5mcg; 1mg* | 4 | |
| *jolessa tablet 0.03mg; 0.15mg* | 4 | QL (91 EA per 91 days) |
| *junel 1.5/30 tablet 30mcg; 1.5mg* | 3 | |
| *junel 1/20 tablet 20mcg; 1mg* | 3 | |
| *junel fe 1.5/30 tablet 30mcg; 75mg; 1.5mg* | 3 | |
| *junel fe 1/20 tablet 20mcg; 75mg; 1mg* | 3 | |
| *kariva tablet 0; 0* | 3 | |
| *kelnor 1/35 tablet 35mcg; 1mg* | 3 | |
| *kelnor 1/50 tablet 50mcg; 1mg* | 3 | |
| *kurvelo tablet 0.03mg; 0.15mg* | 3 | |
| *larin 1.5/30 tablet 30mcg; 1.5mg* | 3 | |
| *larin 1/20 tablet 20mcg; 1mg* | 3 | |
| *larin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg* | 3 | |
| *larin fe 1/20 tablet 20mcg; 75mg; 1mg* | 3 | |
| *lessina tablet 20mcg; 0.1mg* | 3 | |
| *levonest tablet 0; 0* | 3 | |
| *levonorgestrel and ethinyl estradiol tablet 20mcg; 90mcg* | 3 | |
| *levonorgestrel and ethinyl estradiol tablet 0; 0* | 4 | QL (91 EA per 91 days) |
| *levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg* | 3 | |
| *levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0* | 4 | QL (91 EA per 91 days) |
| *levora 0.15/30-28 tablet 0.03mg; 0.15mg* | 3 | |
| *lojaimiess tablet 0; 0* | 4 | QL (91 EA per 91 days) |
| *low-ogestrel tablet 30mcg; 0.3mg* | 3 | |
| *luizza 1.5/30 tablet 30mcg; 1.5mg* | 3 | |
| *luizza 1/20 tablet 20mcg; 1mg* | 3 | |
| *lutera tablet 20mcg; 0.1mg* | 3 | |
| *lyllana patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr* | 4 | |
| *marlissa tablet 0.03mg; 0.15mg* | 3 | |
| MENEST TABLET 2.5MG | 4 | |
| *microgestin 1.5/30 tablet 30mcg; 1.5mg* | 3 | |
| *microgestin 1/20 tablet 20mcg; 1mg* | 3 | |
| *microgestin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg* | 3 | |
| *microgestin fe 1/20 tablet 20mcg; 75mg; 1mg* | 3 | |
| *mili tablet 35mcg; 0.25mg* | 3 | |
| *mimvey tablet 1mg; 0.5mg* | 4 | |
| *mono-linyah tablet 35mcg; 0.25mg* | 3 | |
| *necon 0.5/35-28 tablet 35mcg; 0.5mg* | 3 | |
| *norelgestromin/ethinyl estradiol patch weekly 35mcg/24hr; 150mcg/24hr* | 4 | |
| *norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 20mcg; 75mg; 1mg, 30mcg; 75mg; 1.5mg* | 3 | |
| *norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg, 30mcg; 1.5mg* | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg, 5mcg; 1mg* | 4 | |
| *norgestimate/ethinyl estradiol tablet 0; 0, 35mcg; 0.25mg* | 3 | |
| *nortrel 0.5/35 (28) tablet 35mcg; 0.5mg* | 3 | |
| *nortrel 1/35 tablet 35mcg; 1mg* | 3 | |
| *nortrel 7/7/7 tablet 35mcg; 0* | 3 | |
| *nylia 1/35 tablet 35mcg; 1mg* | 3 | |
| *nylia 7/7/7 tablet 35mcg; 0* | 3 | |
| *philith tablet 35mcg; 0.4mg* | 3 | |
| *pimtrea tablet 0; 0* | 3 | |
| *portia-28 tablet 0.03mg; 0.15mg* | 3 | |
| PREMARIN CREAM 0.625MG/GM | 4 | |
| PREMARIN TABLET 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG | 4 | |
| PREMPHASE TABLET 0.625MG; 5MG | 4 | |
| PREMPRO TABLET 0.3MG; 1.5MG, 0.45MG; 1.5MG, 0.625MG; 2.5MG, 0.625MG; 5MG | 4 | |
| *rivelsa tablet 0; 0* | 4 | QL (91 EA per 91 days) |
| *rosyrah tablet 0; 0* | 4 | QL (91 EA per 91 days) |
| *setlakin tablet 0.03mg; 0.15mg* | 4 | QL (91 EA per 91 days) |
| *simliya tablet 0; 0* | 3 | |
| *simpesse tablet 0; 0* | 4 | QL (91 EA per 91 days) |
| *sprintec 28 tablet 35mcg; 0.25mg* | 3 | |
| *sronyx tablet 20mcg; 0.1mg* | 3 | |
| *tarina fe 1/20 eq tablet 20mcg; 75mg; 1mg* | 3 | |
| *tri-estarylla tablet 0; 0* | 3 | |
| *tri-linyah tablet 0; 0* | 3 | |
| *tri-mili tablet 0; 0* | 3 | |
| *tri-nymyo tablet 0; 0* | 3 | |
| *tri-sprintec tablet 0; 0* | 3 | |
| *tri-vylibra tablet 0; 0* | 3 | |
| *trivora-28 tablet 0; 0* | 3 | |
| *turqoz tablet 30mcg; 0.3mg* | 3 | |
| VALTYA 1/35 TABLET 35MCG; 1MG | 3 | |
| *valtya 1/50 tablet 50mcg; 1mg* | 3 | |
| *vienva tablet 20mcg; 0.1mg* | 3 | |
| *viorele tablet 0; 0* | 3 | |
| *volnea tablet 0; 0* | 3 | |
| *vyfemla tablet 35mcg; 0.4mg* | 3 | |
| *vylibra tablet 35mcg; 0.25mg* | 3 | |
| *wera tablet 35mcg; 0.5mg* | 3 | |
| *xulane patch weekly 35mcg/24hr; 150mcg/24hr* | 3 | |
| *yuvafem tablet 10mcg* | 4 | |
| *zafemy patch weekly 35mcg/24hr; 150mcg/24hr* | 4 | |
| *zovia 1/35 tablet 35mcg; 1mg* | 3 | |
| ***Progestins*** | | |
| *camila tablet 0.35mg* | 2 | |
| *deblitane tablet 0.35mg* | 2 | |
| DEPO-SUBQ PROVERA 104 INJECTION 104MG/0.65ML | 3 | QL (0.65 ML per 90 days) |
| *emzahh tablet 0.35mg* | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *errin tablet 0.35mg* | 2 | |
| *gallifrey tablet 5mg* | 2 | |
| *heather tablet 0.35mg* | 2 | |
| *incassia tablet 0.35mg* | 2 | |
| *jencycla tablet 0.35mg* | 2 | |
| LILETTA INTRAUTERINE DEVICE 20.1MCG/DAY | 3 | |
| *lyleq tablet 0.35mg* | 2 | |
| *lyza tablet 0.35mg* | 2 | |
| *medroxyprogesterone acetate injection 150mg/ml* | 2 | QL (1 ML per 90 days) |
| *medroxyprogesterone acetate tablet 10mg, 2.5mg, 5mg* | 1 | |
| *megestrol acetate suspension 40mg/ml* | 3 | |
| *megestrol acetate suspension 625mg/5ml* | 4 | |
| *megestrol acetate tablet 20mg, 40mg* | 2 | |
| *meleya tablet 0.35mg* | 2 | |
| NEXPLANON INJECTION 68MG | 3 | |
| *nora-be tablet 0.35mg* | 2 | |
| *norethindrone acetate tablet 5mg* | 2 | |
| *norethindrone tablet 0.35mg* | 2 | |
| *norlyroc tablet 0.35mg* | 2 | |
| *orquidea tablet 0.35mg* | 2 | |
| *progesterone capsule 100mg, 200mg* | 2 | |
| *sharobel tablet 0.35mg* | 2 | |
| ***Selective Estrogen Receptor Modifying Agents*** | | |
| OSPHENA TABLET 60MG | 3 | QL (30 EA per 30 days) PA |
| *raloxifene hydrochloride tablet 60mg* | 2 | |
| **Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)** | | |
| ***Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)*** | | |
| EUTHYROX TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG | 2 | |
| LEVO-T TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG | 3 | |
| *levothyroxine sodium tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg* | 1 | |
| LEVOXYL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG | 2 | |
| *liomny tablet 25mcg, 50mcg, 5mcg* | 2 | |
| *liothyronine sodium tablet 25mcg, 50mcg, 5mcg* | 2 | |
| REZDIFFRA TABLET 100MG, 60MG, 80MG | 5 | QL (30 EA per 30 days) PA |
| SYNTHROID TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG | 3 | |
| UNITHROID TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG | 2 | |
| **Hormonal Agents, Suppressant (Adrenal or Pituitary)** | | |
| ***Hormonal Agents, Suppressant (Adrenal or Pituitary)*** | | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *cabergoline tablet 0.5mg* | 3 | |
| FIRMAGON INJECTION 80MG | 4 | QL (1 EA per 28 days) PA |
| FIRMAGON INJECTION 120MG/VIAL | 5 | QL (4 EA per 365 days) PA |
| *leuprolide acetate injection 1mg/0.2ml* | 4 | PA |
| LUPRON DEPOT (1-MONTH) INJECTION 3.75MG, 7.5MG | 5 | QL (1 EA per 28 days) PA |
| LUPRON DEPOT (3-MONTH) INJECTION 11.25MG, 22.5MG | 5 | QL (1 EA per 84 days) PA |
| LUPRON DEPOT (4-MONTH) INJECTION 30MG | 5 | QL (1 EA per 112 days) PA |
| LUPRON DEPOT (6-MONTH) INJECTION 45MG | 5 | QL (1 EA per 168 days) PA |
| LUPRON DEPOT-PED (1-MONTH) INJECTION 11.25MG, 15MG, 7.5MG | 5 | QL (1 EA per 28 days) PA |
| LUPRON DEPOT-PED (3-MONTH) INJECTION 11.25MG, 30MG | 5 | QL (1 EA per 84 days) PA |
| *mifepristone tablet 200mg* | 4 | |
| *mifepristone tablet 300mg* | 5 | QL (120 EA per 30 days) PA |
| *octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml* | 4 | PA |
| *octreotide acetate injection 1000mcg/ml, 500mcg/ml* | 5 | PA |
| ORGOVYX TABLET 120MG | 5 | PA |
| SIGNIFOR INJECTION 0.3MG/ML, 0.6MG/ML, 0.9MG/ML | 5 | QL (60 ML per 30 days) PA |
| SOMAVERT INJECTION 10MG, 15MG, 20MG, 25MG, 30MG | 5 | PA |
| TRELSTAR MIXJECT INJECTION 22.5MG | 4 | QL (1 EA per 168 days) PA |
| TRELSTAR MIXJECT INJECTION 11.25MG | 4 | QL (1 EA per 84 days) PA |
| **Hormonal Agents, Suppressant (Thyroid)** | | |
| ***Antithyroid Agents*** | | |
| *methimazole tablet 10mg, 5mg* | 2 | |
| *propylthiouracil tablet 50mg* | 2 | |
| **Immunological Agents** | | |
| ***Angioedema Agents*** | | |
| CINRYZE INJECTION 500UNIT | 5 | PA |
| *icatibant acetate injection 30mg/3ml* | 5 | PA |
| ***Immunoglobulins*** | | |
| BIVIGAM INJECTION 10%, 5GM/50ML | 5 | PA |
| GAMASTAN INJECTION 0 | 3 | PA |
| HIZENTRA INJECTION 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML | 5 | PA |
| HYPERHEP B INJECTION 110UNIT/0.5ML | 4 | B/D |
| PRIVIGEN INJECTION 10GM/100ML, 20GM/200ML, 40GM/400ML, 5GM/50ML | 5 | PA |
| ***Immunological Agents, Other*** | | |
| AVTOZMA INJECTION 200MG/10ML, 400MG/20ML, 80MG/4ML | 5 | PA |
| AVTOZMA INJECTION 162MG/0.9ML | 5 | QL (3.6 ML per 28 days) PA |
| BENLYSTA INJECTION 200MG/ML | 5 | PA |
| COSENTYX SENSOREADY PEN INJECTION 150MG/ML | 5 | QL (10 ML per 28 days) PA |
| COSENTYX UNOREADY INJECTION 300MG/2ML | 5 | QL (10 ML per 28 days) PA |
| COSENTYX INJECTION 125MG/5ML | 5 | PA |
| COSENTYX INJECTION 150MG/ML, 75MG/0.5ML | 5 | QL (10 ML per 28 days) PA |
| DUPIXENT INJECTION 200MG/1.14ML | 5 | QL (4.56 ML per 28 days) PA |
| DUPIXENT INJECTION 300MG/2ML | 5 | QL (8 ML per 28 days) PA |
| EBGLYSS INJECTION 250MG/2ML | 5 | PA |
| EMPAVELI INJECTION 1080MG/20ML | 5 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| KINERET INJECTION 100MG/0.67ML | 5 | PA |
| ODACTRA TABLET SUBLINGUAL 0; 0 | 3 | QL (30 EA per 30 days) PA |
| ORENCIA CLICKJECT INJECTION 125MG/ML | 5 | QL (4 ML per 28 days) PA |
| ORENCIA INJECTION 50MG/0.4ML | 5 | QL (1.6 ML per 28 days) PA |
| ORENCIA INJECTION 87.5MG/0.7ML | 5 | QL (2.8 ML per 28 days) PA |
| ORENCIA INJECTION 125MG/ML | 5 | QL (4 ML per 28 days) PA |
| OTEZLA TABLET THERAPY PACK 0 | 5 | QL (110 EA per 365 days) PA |
| RINVOQ LQ SOLUTION 1MG/ML | 5 | QL (360 ML per 30 days) PA |
| RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15MG, 30MG, 45MG | 5 | QL (30 EA per 30 days) PA |
| SKYRIZI PEN INJECTION 150MG/ML | 5 | QL (1 ML per 28 days) PA |
| SKYRIZI INJECTION 55MG/0.37ML | 5 | QL (0.37 ML per 28 days) PA |
| SKYRIZI INJECTION 150MG/ML | 5 | QL (1 ML per 28 days) PA |
| SKYRIZI INJECTION 180MG/1.2ML | 5 | QL (1.2 ML per 56 days) PA |
| SKYRIZI INJECTION 360MG/2.4ML | 5 | QL (2.4 ML per 56 days) PA |
| SKYRIZI INJECTION 600MG/10ML | 5 | QL (60 ML per 365 days) PA |
| STELARA INJECTION 130MG/26ML | 5 | QL (104 ML per 365 days) PA |
| STELARA INJECTION 45MG/0.5ML, 90MG/ML | 5 | QL (3 ML per 84 days) PA |
| STEQEYMA INJECTION 45MG/0.5ML | 3 | QL (3 ML per 84 days) PA |
| STEQEYMA INJECTION 130MG/26ML | 5 | QL (104 ML per 365 days) PA |
| STEQEYMA INJECTION 90MG/ML | 5 | QL (3 ML per 84 days) PA |
| TAVNEOS CAPSULE 10MG | 5 | QL (180 EA per 30 days) PA |
| *tofacitinib citrate er tablet extended release 24 hour 11mg, 22mg* | 5 | QL (30 EA per 30 days) PA |
| *tofacitinib citrate solution 1mg/ml* | 5 | QL (300 ML per 30 days) PA |
| *tofacitinib citrate tablet 10mg, 5mg* | 5 | QL (60 EA per 30 days) PA |
| TREMFYA INDUCTION PACK FOR CROHNS DISEASE/ULCERATIVE COLITIS INJECTION 200MG/2ML | 5 | QL (4 ML per 28 days) PA |
| TREMFYA PEN INJECTION 100MG/ML | 5 | QL (2 ML per 56 days) PA |
| TREMFYA INJECTION 200MG/20ML | 5 | PA |
| TREMFYA INJECTION 100MG/ML | 5 | QL (2 ML per 56 days) PA |
| TREMFYA INJECTION 200MG/2ML | 5 | QL (4 ML per 28 days) PA |
| TYENNE INJECTION 162MG/0.9ML | 5 | QL (3.6 ML per 28 days) PA |
| *ustekinumab injection 130mg/26ml* | 5 | QL (104 ML per 365 days) PA |
| *ustekinumab injection 45mg/0.5ml, 90mg/ml* | 5 | QL (3 ML per 84 days) PA |
| VEOPOZ INJECTION 400MG/2ML | 5 | PA |
| VYVGART HYTRULO INJECTION 1000MG/5ML; 10000UNIT/5ML | 5 | QL (20 ML per 28 days) PA |
| WEZLANA INJECTION 130MG/26ML | 5 | QL (104 ML per 365 days) PA |
| WEZLANA INJECTION 45MG/0.5ML, 90MG/ML | 5 | QL (3 ML per 84 days) PA |
| XELJANZ XR TABLET EXTENDED RELEASE 24 HOUR 11MG, 22MG | 5 | QL (30 EA per 30 days) PA |
| XELJANZ SOLUTION 1MG/ML | 5 | QL (300 ML per 30 days) PA |
| XELJANZ TABLET 10MG, 5MG | 5 | QL (60 EA per 30 days) PA |
| XOLAIR INJECTION 75MG/0.5ML | 5 | QL (1 ML per 28 days) PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| XOLAIR INJECTION 150MG | 5 | QL (8 EA per 28 days) PA |
| XOLAIR INJECTION 150MG/ML, 300MG/2ML | 5 | QL (8 ML per 28 days) PA |
| ***Immunostimulants*** | | |
| ACTIMMUNE INJECTION 100MCG/0.5ML | 5 | PA |
| BESREMI PEN INJECTION 500MCG/0.5ML | 5 | PA |
| BESREMI INJECTION 500MCG/ML | 5 | PA |
| PEGASYS INJECTION 180MCG/ML | 5 | PA |
| ***Immunosuppressants*** | | |
| ADALIMUMAB-AATY 1-PEN KIT INJECTION 80MG/0.8ML | 5 | QL (3 EA per 28 days) PA |
| ADALIMUMAB-AATY 1-PEN KIT INJECTION 40MG/0.4ML | 5 | QL (6 EA per 28 days) PA |
| ADALIMUMAB-AATY 2-PEN KIT INJECTION 40MG/0.4ML | 5 | QL (6 EA per 28 days) PA |
| ADALIMUMAB-AATY 2-SYRINGE INJECTION 20MG/0.2ML | 5 | QL (2 EA per 28 days) PA |
| ADALIMUMAB-AATY 2-SYRINGE INJECTION 40MG/0.4ML | 5 | QL (6 EA per 28 days) PA |
| *adalimumab-aaty cd/uc/hs starter injection 80mg/0.8ml* | 5 | QL (3 EA per 28 days) PA |
| ADALIMUMAB-ADBM CROHNS/UC/HS STARTER INJECTION 40MG/0.8ML | 5 | QL (6 EA per 28 days) PA; Boehringer Ingelheim labeled products only |
| ADALIMUMAB-ADBM PSORIASIS/UVEITIS STARTER INJECTION 40MG/0.8ML | 5 | QL (6 EA per 28 days) PA; Boehringer Ingelheim labeled products only |
| ADALIMUMAB-ADBM STARTER PACKAGE FOR CROHNS DISEASE/UC/HS INJECTION 40MG/0.4ML | 5 | QL (6 EA per 28 days) PA; Boehringer Ingelheim labeled products only |
| ADALIMUMAB-ADBM STARTER PACKAGE FOR PSORIASIS/UVEITIS INJECTION 40MG/0.4ML | 5 | QL (6 EA per 28 days) PA; Boehringer Ingelheim labeled products only |
| ADALIMUMAB-ADBM INJECTION 10MG/0.2ML, 20MG/0.4ML | 5 | QL (2 EA per 28 days) PA; Boehringer Ingelheim labeled products only |
| ADALIMUMAB-ADBM INJECTION 40MG/0.4ML, 40MG/0.8ML | 5 | QL (6 EA per 28 days) PA; Boehringer Ingelheim labeled products only |
| ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 0.5MG, 1MG, 5MG | 4 | B/D |
| *azathioprine tablet 50mg* | 2 | B/D |
| *cyclosporine modified capsule 100mg, 25mg, 50mg* | 4 | B/D |
| *cyclosporine modified solution 100mg/ml* | 4 | B/D |
| *cyclosporine capsule 100mg, 25mg* | 4 | B/D |
| ENBREL MINI INJECTION 50MG/ML | 5 | QL (8 ML per 28 days) PA |
| ENBREL SURECLICK INJECTION 50MG/ML | 5 | QL (8 ML per 28 days) PA |
| ENBREL INJECTION 25MG/0.5ML | 5 | QL (4 ML per 28 days) PA |
| ENBREL INJECTION 50MG/ML | 5 | QL (8 ML per 28 days) PA |
| ENVARSUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75MG, 1MG | 4 | B/D |
| ENVARSUS XR TABLET EXTENDED RELEASE 24 HOUR 4MG | 5 | B/D |
| *everolimus tablet 0.25mg* | 4 | B/D |
| *everolimus tablet 0.5mg, 0.75mg, 1mg* | 5 | B/D |
| *gengraf capsule 100mg, 25mg* | 4 | B/D |
| *gengraf solution 100mg/ml* | 4 | B/D |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 0 | 5 | QL (4 EA per 365 days) PA |
| HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 80MG/0.8ML | 5 | QL (6 EA per 365 days) PA |
| HUMIRA PEN-CD/UC/HS STARTER INJECTION 80MG/0.8ML | 5 | QL (4 EA per 28 days) PA |
| HUMIRA PEN-CD/UC/HS STARTER INJECTION 40MG/0.8ML | 5 | QL (6 EA per 28 days) PA |
| HUMIRA PEN-PEDIATRIC UC STARTER PACK INJECTION 80MG/0.8ML | 5 | QL (4 EA per 28 days) PA |
| HUMIRA PEN-PS/UV STARTER INJECTION 0 | 5 | QL (6 EA per 365 days) PA |
| HUMIRA PEN INJECTION 80MG/0.8ML | 5 | QL (4 EA per 28 days) PA; Abbvie labeled products only |
| HUMIRA PEN INJECTION 40MG/0.8ML | 5 | QL (6 EA per 28 days) PA |
| HUMIRA PEN INJECTION 40MG/0.4ML | 5 | QL (6 EA per 28 days) PA; Abbvie labeled products only |
| HUMIRA INJECTION 10MG/0.1ML, 20MG/0.2ML | 5 | QL (2 EA per 28 days) PA; Abbvie labeled products only |
| HUMIRA INJECTION 40MG/0.8ML | 5 | QL (6 EA per 28 days) PA |
| HUMIRA INJECTION 40MG/0.4ML | 5 | QL (6 EA per 28 days) PA; Abbvie labeled products only |
| INFLECTRA INJECTION 100MG | 5 | PA |
| INFLIXIMAB INJECTION 100MG | 5 | PA |
| JYLAMVO SOLUTION 2MG/ML | 4 | PA |
| *leflunomide tablet 10mg, 20mg* | 2 | |
| *methotrexate sodium injection 1gm/40ml, 1gm, 250mg/10ml, 50mg/2ml* | 2 | |
| *methotrexate sodium tablet 2.5mg* | 2 | |
| *methotrexate injection 50mg/2ml* | 2 | |
| *mycophenolate mofetil capsule 250mg* | 4 | B/D |
| *mycophenolate mofetil suspension reconstituted 200mg/ml* | 5 | B/D |
| *mycophenolate mofetil tablet 500mg* | 4 | B/D |
| *mycophenolic acid dr tablet delayed release 180mg, 360mg* | 4 | B/D |
| ORENCIA INJECTION 250MG | 5 | PA |
| PEGASYS INJECTION 180MCG/0.5ML | 5 | PA |
| PROGRAF PACKET 0.2MG, 1MG | 4 | B/D |
| RENFLEXIS INJECTION 100MG | 5 | PA |
| REZUROCK TABLET 200MG | 5 | QL (60 EA per 30 days) PA |
| SANDIMMUNE SOLUTION 100MG/ML | 4 | B/D |
| *sirolimus solution 1mg/ml* | 4 | B/D |
| *sirolimus tablet 0.5mg, 1mg, 2mg* | 4 | B/D |
| *tacrolimus er capsule extended release 24 hour 0.5mg, 1mg, 5mg* | 4 | B/D |
| *tacrolimus capsule 0.5mg, 1mg, 5mg* | 4 | B/D |
| XATMEP SOLUTION 2.5MG/ML | 4 | PA |
| ***Vaccines*** | | |
| ABRYSVO INJECTION 120MCG/0.5ML | 1 | QL (1 EA per 252 days) |
| ACTHIB INJECTION 0 | 1 | |
| ADACEL INJECTION 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| AREXVY INJECTION 120MCG/0.5ML | 1 | QL (1 EA per 999 days) |
| *bcg vaccine injection 50mg* | 1 | |
| BEXSERO INJECTION 0.5ML | 1 | |
| BOOSTRIX INJECTION 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML | 1 | |
| DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML | 3 | |
| DENGVAXIA INJECTION 0 | 3 | |
| ENGERIX-B INJECTION 10MCG/0.5ML, 20MCG/ML | 1 | B/D |
| GARDASIL 9 INJECTION 0.5ML | 1 | |
| HAVRIX INJECTION 1440UNIT/ML | 1 | |
| HAVRIX INJECTION 720ELU/0.5ML | 3 | |
| HEPLISAV-B INJECTION 20MCG/0.5ML | 1 | B/D |
| HIBERIX INJECTION 10MCG | 1 | |
| IMOVAX RABIES (H.D.C.V.) INJECTION 2.5UNIT/ML | 1 | B/D |
| INFANRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML | 3 | |
| IPOL INACTIVATED IPV INJECTION 0 | 1 | |
| IXIARO INJECTION 0 | 1 | |
| JYNNEOS INJECTION 0.5ML | 1 | |
| KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML | 3 | |
| M-M-R II INJECTION 0; 0; 0 | 1 | |
| MENACTRA INJECTION 0 | 1 | |
| MENQUADFI INJECTION 0.5ML | 1 | |
| MENVEO INJECTION 0 | 1 | |
| MRESVIA INJECTION 50MCG/0.5ML | 1 | QL (0.5 ML per 999 days) |
| PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML | 3 | |
| PEDVAXHIB INJECTION 7.5MCG/0.5ML | 3 | |
| PENBRAYA INJECTION 0; 0 | 1 | |
| PENMENVY INJECTION 0; 0 | 1 | |
| PENTACEL INJECTION 15LFU/0.5ML; 0; 48MCG/0.5ML; 0; 5LFU/0.5ML | 3 | |
| PREHEVBRIO INJECTION 10MCG/ML | 1 | B/D |
| PRIORIX INJECTION 0; 0; 0 | 1 | |
| PROQUAD INJECTION 0; 0; 0; 0 | 3 | |
| QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML | 3 | Pre-Filled Syringe |
| QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML | 3 | Single-dose vial |
| RABAVERT INJECTION 0 | 1 | B/D |
| RECOMBIVAX HB INJECTION 10MCG/ML, 40MCG/ML, 5MCG/0.5ML | 1 | B/D |
| ROTARIX SUSPENSION 0 | 3 | |
| ROTATEQ SOLUTION 0 | 3 | |
| SHINGRIX INJECTION 50MCG/0.5ML | 1 | |
| *shingrix injection 50mcg/0.5ml* | 1 | |
| STAMARIL INJECTION 0 | 1 | |
| TDVAX INJECTION 2LF/0.5ML; 2LF/0.5ML | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| TENIVAC INJECTION 2LFU; 5LFU | 1 | |
| TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT INJECTION 2LF/0.5ML; 2LF/0.5ML | 1 | |
| TICOVAC INJECTION 2.4MCG/0.5ML | 1 | |
| TICOVAC INJECTION 1.2MCG/0.25ML | 3 | |
| TRUMENBA INJECTION 0.5ML | 1 | |
| TWINRIX INJECTION 720ELU/ML; 20MCG/ML | 1 | |
| TYPHIM VI INJECTION 25MCG/0.5ML | 1 | |
| VAQTA INJECTION 50UNIT/ML | 1 | |
| VAQTA INJECTION 25UNIT/0.5ML | 3 | |
| VARIVAX INJECTION 1350PFU/0.5ML | 1 | |
| VAXCHORA SUSPENSION RECONSTITUTED 0 | 1 | |
| VAXELIS INJECTION 0; 0; 0; 0; 0; 0 | 3 | |
| VIMKUNYA INJECTION 40MCG/0.8ML | 1 | |
| VIVOTIF CAPSULE DELAYED RELEASE 0 | 1 | |
| YF-VAX INJECTION 0 | 1 | |
| **Inflammatory Bowel Disease Agents** | | |
| ***Aminosalicylates*** | | |
| *balsalazide disodium capsule 750mg* | 4 | |
| *mesalamine dr tablet delayed release 1.2gm* | 4 | |
| *mesalamine er capsule extended release 24 hour 0.375gm* | 4 | |
| *mesalamine er capsule extended release 500mg* | 4 | |
| *mesalamine enema 4gm* | 4 | |
| *mesalamine kit 4gm* | 5 | |
| *mesalamine suppository 1000mg* | 4 | |
| SFROWASA ENEMA 4GM/60ML | 5 | |
| *sulfasalazine tablet delayed release 500mg* | 2 | |
| *sulfasalazine tablet 500mg* | 2 | |
| ***Glucocorticoids*** | | |
| *budesonide er tablet extended release 24 hour 9mg* | 5 | |
| *budesonide capsule delayed release particles 3mg* | 4 | |
| *hydrocortisone cream 2.5%* | 2 | |
| *hydrocortisone enema 100mg/60ml* | 4 | |
| *procto-med hc cream 2.5%* | 2 | |
| *proctosol hc cream 2.5%* | 2 | |
| *proctozone-hc cream 2.5%* | 2 | |
| **Metabolic Bone Disease Agents** | | |
| ***Metabolic Bone Disease Agents*** | | |
| *alendronate sodium tablet 10mg, 35mg, 5mg* | 1 | |
| *alendronate sodium tablet 70mg* | 1 | QL (4 EA per 28 days) |
| BONSITY INJECTION 560MCG/2.24ML | 5 | PA |
| *calcitonin-salmon solution 200unit/act* | 3 | QL (3.7 ML per 30 days) |
| *calcitriol capsule 0.25mcg, 0.5mcg* | 2 | |
| *cinacalcet hydrochloride tablet 30mg, 60mg, 90mg* | 4 | |
| FORTEO INJECTION 560MCG/2.24ML | 5 | PA |
| *ibandronate sodium tablet 150mg* | 2 | QL (1 EA per 28 days) |
| JUBBONTI INJECTION 60MG/ML | 4 | QL (2 ML per 365 days) |
| OSENVELT INJECTION 120MG/1.7ML | 5 | PA |
| *paricalcitol capsule 1mcg, 2mcg, 4mcg* | 3 | |
| RAYALDEE CAPSULE EXTENDED RELEASE 30MCG | 5 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *risedronate sodium tablet 30mg, 5mg* | 4 | |
| *risedronate sodium tablet 150mg* | 4 | QL (1 EA per 28 days) |
| *risedronate sodium tablet 35mg* | 4 | QL (4 EA per 28 days) |
| *stoboclo injection 60mg/ml* | 4 | QL (2 ML per 365 days) |
| *teriparatide injection 560mcg/2.24ml* | 5 | PA |
| TYMLOS INJECTION 3120MCG/1.56ML | 5 | PA |
| WYOST INJECTION 120MG/1.7ML | 5 | PA |
| **Miscellaneous Therapeutic Agents** | | |
| ***Miscellaneous Therapeutic Agents*** | | |
| ALCOHOL PREP PADS PAD 70% | 3 | |
| B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16" MISCELLANEOUS | 2 | QL (200 EA per 30 days) |
| BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2" MISCELLANEOUS | 2 | QL (200 EA per 30 days) |
| BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM MISCELLANEOUS | 2 | QL (200 EA per 30 days) |
| BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM MISCELLANEOUS | 2 | QL (200 EA per 30 days) |
| BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM MISCELLANEOUS | 2 | QL (200 EA per 30 days) |
| CURITY GAUZE PADS 2"X2" 12 PLY PAD | 3 | |
| ELLA TABLET 30MG | 3 | |
| KYGEVVI PACKET 2GM; 2GM | 5 | PA |
| NUTRILIPID INJECTION 20GM/100ML | 4 | B/D |
| OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5) KIT | 3 | QL (1 EA per 365 days) |
| OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5) MISCELLANEOUS | 3 | QL (30 EA per 30 days) |
| OMNIPOD 5 G7 INTRO KIT (GEN 5) KIT | 3 | QL (1 EA per 365 days) |
| OMNIPOD 5 G7 PODS (GEN 5) MISCELLANEOUS | 3 | QL (30 EA per 30 days) |
| OMNIPOD 5 LIBRE INTRO KIT KIT | 3 | QL (1 EA per 365 days) |
| OMNIPOD 5 LIBRE PODS MISCELLANEOUS | 3 | QL (30 EA per 30 days) |
| OMNIPOD CLASSIC PODS (GEN 3) MISCELLANEOUS | 3 | QL (30 EA per 30 days) |
| OMNIPOD DASH INTRO KIT (GEN 4) KIT | 3 | QL (1 EA per 365 days) |
| OMNIPOD DASH PDM KIT (GEN 4) KIT | 3 | QL (1 EA per 365 days) |
| OMNIPOD DASH PODS (GEN 4) MISCELLANEOUS | 3 | QL (30 EA per 30 days) |
| OMNIPOD GO 10 UNITS/DAY KIT | 3 | QL (10 EA per 30 days) |
| OMNIPOD GO 15 UNITS/DAY KIT | 3 | QL (10 EA per 30 days) |
| OMNIPOD GO 20 UNITS/DAY KIT | 3 | QL (10 EA per 30 days) |
| OMNIPOD GO 25 UNITS/DAY KIT | 3 | QL (10 EA per 30 days) |
| OMNIPOD GO 30 UNITS/DAY KIT | 3 | QL (10 EA per 30 days) |
| OMNIPOD GO 35 UNITS/DAY KIT | 3 | QL (10 EA per 30 days) |
| OMNIPOD GO 40 UNITS/DAY KIT | 3 | QL (10 EA per 30 days) |
| RIVFLOZA INJECTION 128MG/0.8ML | 5 | QL (0.8 ML per 28 days) PA |
| RIVFLOZA INJECTION 160MG/ML, 80MG/0.5ML | 5 | QL (1 ML per 28 days) PA |
| SKYCLARYS CAPSULE 50MG | 5 | QL (90 EA per 30 days) PA |
| *sodium chloride 0.9% solution 0.9%* | 2 | |
| V-GO 20 KIT | 3 | |
| V-GO 30 KIT | 3 | |
| V-GO 40 KIT | 3 | |
| VISTOGARD PACKET 10GM | 5 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ZOKINVY CAPSULE 50MG, 75MG | 5 | QL (120 EA per 30 days) PA |
| **Ophthalmic Agents** | | |
| ***Ophthalmic Agents, Other*** | | |
| *atropine sulfate solution 1%* | 2 | |
| *bacitracin/polymyxin b ointment 500unit/gm; 10000unit/gm* | 2 | |
| *brimonidine tartrate/timolol maleate solution 0.2%; 0.5%* | 3 | |
| COMBIGAN SOLUTION 0.2%; 0.5% | 3 | |
| *cyclosporine emulsion 0.05%* | 3 | |
| CYSTARAN SOLUTION 0.44% | 5 | QL (60 ML per 28 days) |
| *dorzolamide hcl/timolol maleate solution 20mg/ml; 5mg/ml* | 2 | |
| *loteprednol etabonate/tobramycin suspension 0.5%; 0.3%* | 4 | |
| MIEBO SOLUTION 1.338GM/ML | 4 | QL (12 ML per 30 days) |
| *neo-polycin hc ointment 400unit/gm; 1%; 3.5mg/gm; 10000unit/gm* | 3 | |
| *neo-polycin ointment 400unit/gm; 3.5mg/gm; 10000unit/gm* | 3 | |
| *neomycin/polymyxin/bacitracin zinc ointment 400unit/gm; 3.5mg/gm; 10000unit/gm* | 3 | |
| *neomycin/polymyxin/bacitracin/hydrocortisone ointment 400unit/gm; 1%; 0.5%; 10000unit/gm* | 3 | |
| *neomycin/polymyxin/bacitracin ointment 400unit/gm; 5mg/gm; 10000unit/gm* | 3 | |
| *neomycin/polymyxin/dexamethasone ointment 0.1%; 3.5mg/gm; 10000unit/gm* | 2 | |
| *neomycin/polymyxin/dexamethasone suspension 0.1%; 3.5mg/ml; 10000unit/ml* | 2 | |
| *neomycin/polymyxin/gramicidin solution 0.025mg/ml; 1.75mg/ml; 10000unit/ml* | 3 | |
| *polycin ointment 500unit/gm; 10000unit/gm* | 2 | |
| *polymyxin b sulfate/trimethoprim sulfate solution 10000unit/ml; 0.1%* | 1 | |
| RESTASIS MULTIDOSE EMULSION 0.05% | 3 | |
| RESTASIS EMULSION 0.05% | 3 | |
| ROCKLATAN SOLUTION 0.005%; 0.02% | 3 | QL (2.5 ML per 25 days) |
| SIMBRINZA SUSPENSION 0.2%; 1% | 3 | |
| *sulfacetamide sodium/prednisolone sodium phosphate solution 0.23%; 10%* | 2 | |
| TOBRADEX ST SUSPENSION 0.05%; 0.3% | 4 | |
| TOBRADEX OINTMENT 0.1%; 0.3% | 4 | |
| *tobramycin/dexamethasone suspension 0.1%; 0.3%* | 4 | |
| XIIDRA SOLUTION 5% | 4 | QL (60 EA per 30 days) |
| ZYLET SUSPENSION 0.5%; 0.3% | 4 | |
| ***Ophthalmic Anti-allergy Agents*** | | |
| *azelastine hcl ophthalmic solution 0.05%* | 2 | |
| *cromolyn sodium solution 4%* | 2 | |
| *olopatadine hydrochloride solution 0.2%* | 3 | |
| ***Ophthalmic Anti-Infectives*** | | |
| *bacitracin ointment 500unit/gm* | 4 | |
| BESIVANCE SUSPENSION 0.6% | 4 | |
| *ciprofloxacin hydrochloride solution 0.3%* | 2 | |
| *erythromycin ointment 5mg/gm* | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *gatifloxacin solution 0.5%* | 4 | |
| *gentamicin sulfate ophthalmic solution 0.3%* | 2 | |
| LEVOFLOXACIN OPHTHALMIC SOLUTION 0.5% | 3 | |
| *moxifloxacin hydrochloride solution 0.5%* | 2 | |
| NATACYN SUSPENSION 5% | 4 | |
| *ofloxacin ophthalmic solution 0.3%* | 2 | |
| *sulfacetamide sodium ointment 10%* | 3 | |
| *sulfacetamide sodium solution 10%* | 2 | |
| *tobramycin solution 0.3%* | 1 | |
| *trifluridine solution 1%* | 4 | |
| XDEMVY SOLUTION 0.25% | 5 | QL (10 ML per 42 days) |
| ZIRGAN GEL 0.15% | 4 | |
| ***Ophthalmic Anti-inflammatories*** | | |
| *bromfenac sodium solution 0.07%* | 4 | QL (12 ML per 365 days) |
| *dexamethasone sodium phosphate solution 0.1%* | 3 | |
| *diclofenac sodium ophthalmic solution 0.1%* | 2 | |
| FLAREX SUSPENSION 0.1% | 3 | |
| *fluorometholone suspension 0.1%* | 3 | |
| *flurbiprofen sodium solution 0.03%* | 2 | |
| ILEVRO SUSPENSION 0.3% | 3 | QL (4 ML per 30 days) |
| *ketorolac tromethamine ophthalmic solution 0.5%* | 2 | |
| *ketorolac tromethamine ophthalmic solution 0.4%* | 3 | |
| LOTEMAX SM GEL 0.38% | 4 | QL (20 GM per 365 days) |
| *prednisolone acetate suspension 1%* | 3 | |
| ***Ophthalmic Beta-Adrenergic Blocking Agents*** | | |
| *betaxolol hcl solution 0.5%* | 3 | |
| *carteolol hcl solution 1%* | 2 | |
| *levobunolol hcl solution 0.5%* | 2 | |
| *timolol maleate solution 0.25%, 0.5%* | 1 | |
| ***Ophthalmic Intraocular Pressure Lowering Agents, Other*** | | |
| *acetazolamide er capsule extended release 12 hour 500mg* | 3 | |
| *acetazolamide tablet 125mg, 250mg* | 3 | |
| BRIMONIDINE TARTRATE SOLUTION 0.1% | 3 | |
| *brimonidine tartrate solution 0.2%* | 2 | |
| *brinzolamide suspension 1%* | 4 | |
| *dorzolamide hydrochloride solution 2%* | 2 | |
| *methazolamide tablet 25mg, 50mg* | 4 | |
| *pilocarpine hydrochloride solution 1%, 2%, 4%* | 3 | |
| RHOPRESSA SOLUTION 0.02% | 3 | QL (2.5 ML per 25 days) |
| ***Ophthalmic Prostaglandin and Prostamide Analogs*** | | |
| *latanoprost solution 0.005%* | 1 | |
| LUMIGAN SOLUTION 0.01% | 3 | QL (2.5 ML per 25 days) |
| VYZULTA SOLUTION 0.024% | 4 | QL (5 ML per 25 days) |
| **Otic Agents** | | |
| ***Otic Agents*** | | |
| *acetic acid solution 2%* | 2 | |
| *ciprofloxacin/dexamethasone suspension 0.3%; 0.1%* | 4 | |
| *hydrocortisone/acetic acid solution 2%; 1%* | 4 | |
| *neomycin/polymyxin/hc solution 1%; 3.5mg/ml; 10000unit/ml* | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *neomycin/polymyxin/hydrocortisone suspension 1%; 3.5mg/ml; 10000unit/ml* | 3 | |
| *ofloxacin otic solution 0.3%* | 2 | |
| **Respiratory Tract/Pulmonary Agents** | | |
| ***Anti-inflammatories, Inhaled Corticosteroids*** | | |
| ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT, 200MCG/ACT, 50MCG/ACT | 3 | QL (30 EA per 30 days) |
| ASMANEX HFA AEROSOL 100MCG/ACT, 200MCG/ACT, 50MCG/ACT | 4 | QL (13 GM per 30 days) |
| ASMANEX TWISTHALER 120 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH | 4 | QL (1 EA per 30 days) |
| ASMANEX TWISTHALER 14 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH | 4 | QL (1 EA per 30 days) |
| ASMANEX TWISTHALER 30 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 110MCG/INH, 220MCG/INH | 4 | QL (1 EA per 30 days) |
| ASMANEX TWISTHALER 60 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH | 4 | QL (1 EA per 30 days) |
| *budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml* | 4 | QL (120 ML per 30 days) B/D |
| *flunisolide solution 0.025%* | 4 | QL (50 ML per 30 days) |
| *fluticasone propionate suspension 50mcg/act* | 1 | |
| *mometasone furoate suspension 50mcg/act* | 4 | QL (34 GM per 30 days) |
| QVAR REDIHALER AEROSOL BREATH ACTIVATED 40MCG/ACT, 80MCG/ACT | 3 | QL (21.2 GM per 30 days) |
| ***Antihistamines*** | | |
| *azelastine hcl nasal solution 0.15%* | 2 | QL (60 ML per 30 days) |
| *azelastine hydrochloride solution 0.1%* | 2 | QL (60 ML per 30 days) |
| *cetirizine hydrochloride solution 5mg/5ml* | 2 | |
| *cyproheptadine hydrochloride tablet 4mg* | 4 | |
| *diphenhydramine hydrochloride injection 50mg/ml* | 4 | |
| *hydroxyzine hcl tablet 50mg* | 3 | |
| *hydroxyzine hydrochloride syrup 10mg/5ml* | 4 | |
| *hydroxyzine hydrochloride tablet 10mg, 25mg* | 3 | |
| *hydroxyzine pamoate capsule 100mg, 25mg, 50mg* | 4 | |
| *levocetirizine dihydrochloride tablet 5mg* | 2 | |
| ***Antileukotrienes*** | | |
| *montelukast sodium packet 4mg* | 2 | |
| *montelukast sodium tablet chewable 4mg, 5mg* | 2 | |
| *montelukast sodium tablet 10mg* | 1 | |
| *zafirlukast tablet 10mg, 20mg* | 4 | |
| ***Bronchodilators, Anticholinergic*** | | |
| ATROVENT HFA AEROSOL SOLUTION 17MCG/ACT | 4 | QL (25.8 GM per 30 days) |
| INCRUSE ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5MCG/INH | 3 | QL (30 EA per 30 days) |
| *ipratropium bromide hfa aerosol solution 17mcg/act* | 4 | QL (25.8 GM per 30 days) |
| *ipratropium bromide nasal solution 0.03%, 0.06%* | 2 | |
| *ipratropium bromide inhalation solution 0.02%* | 2 | QL (312.5 ML per 30 days) B/D |
| SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT | 3 | |
| SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT | 3 | QL (8 GM per 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *tiotropium bromide capsule 18mcg* | 4 | QL (30 EA per 30 days) |
| YUPELRI NEBULIZATION SOLUTION 175MCG/3ML | 5 | QL (90 ML per 30 days) B/D |
| ***Bronchodilators, Sympathomimetic*** | | |
| *albuterol sulfate hfa aerosol solution 108mcg/act* | 2 | QL (13.4 GM per 30 days); (6.7 GM Pack Size) |
| *albuterol sulfate hfa aerosol solution 108mcg/act* | 2 | QL (17 GM per 30 days); (8.5 GM Pack Size) |
| *albuterol sulfate hfa aerosol solution 108mcg/act* | 2 | QL (48 GM per 30 days); (18 GM Pack Size) |
| *albuterol sulfate nebulization solution 2.5mg/0.5ml* | 2 | QL (100 EA per 30 days) B/D |
| *albuterol sulfate nebulization solution 0.083%* | 2 | QL (525 ML per 30 days) B/D |
| *albuterol sulfate nebulization solution 0.63mg/3ml, 1.25mg/3ml* | 4 | QL (375 ML per 30 days) B/D |
| *arformoterol tartrate nebulization solution 15mcg/2ml* | 4 | QL (120 ML per 30 days) PA |
| *epinephrine injection 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml* | 3 | |
| *formoterol fumarate nebulization solution 20mcg/2ml* | 4 | QL (120 ML per 30 days) B/D |
| *levalbuterol hcl nebulization solution 1.25mg/3ml* | 4 | QL (270 ML per 30 days) B/D |
| *levalbuterol hcl nebulization solution 0.31mg/3ml, 0.63mg/3ml* | 4 | QL (540 ML per 30 days) B/D |
| *levalbuterol hydrochloride nebulization solution 0.63mg/3ml* | 4 | QL (540 ML per 30 days) B/D |
| *levalbuterol tartrate hfa aerosol 45mcg/act* | 3 | QL (30 GM per 30 days) |
| *levalbuterol nebulization solution 1.25mg/0.5ml* | 4 | QL (90 EA per 30 days) B/D |
| PROAIR RESPICLICK AEROSOL POWDER BREATH ACTIVATED 108MCG/ACT | 3 | QL (2 EA per 30 days) |
| SEREVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 50MCG/DOSE | 3 | QL (60 EA per 30 days) |
| ***Cystic Fibrosis Agents*** | | |
| CAYSTON SOLUTION RECONSTITUTED 75MG | 5 | PA |
| KALYDECO PACKET 13.4MG, 25MG, 5.8MG, 50MG, 75MG | 5 | QL (56 EA per 28 days) PA |
| KALYDECO TABLET 150MG | 5 | QL (60 EA per 30 days) PA |
| ORKAMBI TABLET 125MG; 100MG, 125MG; 200MG | 5 | QL (112 EA per 28 days) PA |
| PULMOZYME SOLUTION 2.5MG/2.5ML | 5 | PA |
| *tobramycin nebulization solution 300mg/5ml* | 5 | B/D |
| TRIKAFTA TABLET THERAPY PACK 100MG; 0; 50MG | 5 | QL (84 EA per 28 days) PA |
| ***Mast Cell Stabilizers*** | | |
| *cromolyn sodium nebulization solution 20mg/2ml* | 3 | B/D |
| ***Phosphodiesterase Inhibitors, Airways Disease*** | | |
| *roflumilast tablet 250mcg, 500mcg* | 4 | PA |
| *theophylline er tablet extended release 12 hour 300mg, 450mg* | 4 | |
| *theophylline er tablet extended release 24 hour 400mg, 600mg* | 2 | |
| ***Pulmonary Antihypertensives*** | | |
| ADEMPAS TABLET 0.5MG, 1.5MG, 1MG, 2.5MG, 2MG | 5 | QL (90 EA per 30 days) PA |
| *alyq tablet 20mg* | 4 | QL (60 EA per 30 days) PA |
| *ambrisentan tablet 10mg, 5mg* | 5 | QL (30 EA per 30 days) PA |
| *macitentan tablet 10mg* | 5 | QL (30 EA per 30 days) PA |
| OPSUMIT TABLET 10MG | 5 | QL (30 EA per 30 days) PA |
| ORENITRAM TITRATION KIT MONTH 1 TABLET EXTENDED RELEASE THERAPY PACK 0 | 5 | QL (336 EA per 365 days) PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ORENITRAM TITRATION KIT MONTH 2 TABLET EXTENDED RELEASE THERAPY PACK 0 | 5 | QL (672 EA per 365 days) PA |
| ORENITRAM TITRATION KIT MONTH 3 TABLET EXTENDED RELEASE THERAPY PACK 0 | 5 | QL (504 EA per 365 days) PA |
| ORENITRAM TABLET EXTENDED RELEASE 0.125MG | 4 | PA |
| ORENITRAM TABLET EXTENDED RELEASE 0.25MG, 1MG, 2.5MG, 5MG | 5 | PA |
| *sildenafil citrate tablet 20mg* | 3 | QL (90 EA per 30 days) PA; (20mg) |
| *tadalafil tablet 20mg* | 4 | QL (60 EA per 30 days) PA |
| VENTAVIS SOLUTION 10MCG/ML, 20MCG/ML | 5 | QL (270 ML per 30 days) PA |
| WINREVAIR INJECTION 0, 45MG, 60MG | 5 | QL (1 EA per 21 days) PA |
| ***Pulmonary Fibrosis Agents*** | | |
| *nintedanib esylate capsule 100mg, 150mg* | 5 | PA |
| OFEV CAPSULE 100MG, 150MG | 5 | PA |
| *pirfenidone capsule 267mg* | 5 | PA |
| *pirfenidone tablet 267mg, 534mg, 801mg* | 5 | PA |
| ***Respiratory Tract Agents, Other*** | | |
| ADVAIR HFA AEROSOL 115MCG/ACT; 21MCG/ACT, 230MCG/ACT; 21MCG/ACT, 45MCG/ACT; 21MCG/ACT | 3 | QL (24 GM per 30 days) |
| AIRSUPRA AEROSOL 90MCG/ACT; 80MCG/ACT | 3 | QL (32.1 GM per 30 days) |
| ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5MCG/ACT; 25MCG/ACT | 3 | QL (60 EA per 30 days) |
| BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT; 25MCG/ACT, 200MCG/INH; 25MCG/INH, 50MCG/INH; 25MCG/INH | 3 | QL (60 EA per 30 days) |
| *breyna aerosol 160mcg/act; 4.5mcg/act, 80mcg/act; 4.5mcg/act* | 4 | QL (10.3 GM per 30 days) |
| BREZTRI AEROSPHERE AEROSOL 160MCG/ACT; 4.8MCG/ACT; 18MCG/ACT | 3 | QL (10.7 GM per 30 days) |
| BREZTRI AEROSPHERE AEROSOL 160MCG/ACT; 4.8MCG/ACT; 9MCG/ACT | 3 | QL (23.6 GM per 28 days) |
| BRONCHITOL CAPSULE 40MG | 5 | QL (560 EA per 28 days) PA |
| *budesonide/formoterol fumarate dihydrate aerosol 160mcg/act; 4.5mcg/act, 80mcg/act; 4.5mcg/act* | 4 | QL (10.3 GM per 30 days) |
| COMBIVENT RESPIMAT AEROSOL SOLUTION 100MCG/ACT; 20MCG/ACT | 3 | QL (8 GM per 30 days) |
| DULERA AEROSOL 5MCG/ACT; 50MCG/ACT | 4 | QL (13 GM per 30 days) PA |
| DULERA AEROSOL 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT | 4 | QL (17.6 GM per 30 days) PA |
| FASENRA PEN INJECTION 30MG/ML | 5 | QL (1 ML per 28 days) PA |
| FASENRA INJECTION 10MG/0.5ML | 4 | QL (0.5 ML per 28 days) PA |
| FASENRA INJECTION 30MG/ML | 5 | QL (1 ML per 28 days) PA |
| *fluticasone propionate/salmeterol diskus aerosol powder breath activated 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act* | 2 | QL (60 EA per 30 days) |
| *fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act* | 2 | QL (60 EA per 30 days) |
| *ipratropium bromide/albuterol sulfate solution 2.5mg/3ml; 0.5mg/3ml* | 2 | QL (540 ML per 30 days) B/D |
| NUCALA INJECTION 40MG/0.4ML | 5 | QL (0.4 ML per 28 days) PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| NUCALA INJECTION 100MG | 5 | QL (3 EA per 28 days) PA |
| NUCALA INJECTION 100MG/ML | 5 | QL (3 ML per 28 days) PA |
| STIOLTO RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT; 2.5MCG/ACT | 3 | QL (24 GM per 30 days) |
| TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT; 62.5MCG/ACT; 25MCG/ACT, 200MCG/INH; 62.5MCG/INH; 25MCG/INH | 3 | QL (60 EA per 30 days) |
| *wixela inhub aerosol powder breath activated 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act* | 2 | QL (60 EA per 30 days) |
| **Skeletal Muscle Relaxants** | | |
| ***Skeletal Muscle Relaxants*** | | |
| *cyclobenzaprine hydrochloride tablet 10mg, 5mg* | 3 | PA |
| *methocarbamol tablet 500mg, 750mg* | 2 | |
| *orphenadrine citrate er tablet extended release 12 hour 100mg* | 3 | |
| **Sleep Disorder Agents** | | |
| ***Sleep Promoting Agents*** | | |
| BELSOMRA TABLET 10MG, 15MG, 20MG, 5MG | 3 | QL (30 EA per 30 days) |
| *eszopiclone tablet 1mg, 2mg, 3mg* | 4 | QL (30 EA per 30 days) |
| *ramelteon tablet 8mg* | 4 | QL (30 EA per 30 days) |
| *temazepam capsule 15mg, 30mg* | 3 | QL (30 EA per 30 days) |
| *zaleplon capsule 5mg* | 4 | QL (30 EA per 30 days) |
| *zaleplon capsule 10mg* | 4 | QL (60 EA per 30 days) |
| *zolpidem tartrate er tablet extended release 12.5mg, 6.25mg* | 4 | QL (30 EA per 30 days) |
| *zolpidem tartrate tablet 10mg, 5mg* | 2 | QL (30 EA per 30 days) |
| ***Wakefulness Promoting Agents*** | | |
| *armodafinil tablet 150mg, 200mg, 250mg* | 4 | QL (30 EA per 30 days) PA |
| *armodafinil tablet 50mg* | 4 | QL (60 EA per 30 days) PA |
| *modafinil tablet 100mg, 200mg* | 3 | QL (30 EA per 30 days) PA |
| *sodium oxybate solution 500mg/ml* | 5 | QL (540 ML per 30 days) PA |

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