2027 Retiree RxCare Premier Plus 4T 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. 27194, Version 8

This formulary was updated for 1/1/2027. We have made no changes to this formulary since 10/7/2026. 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 10/7/2026. 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 and back cover pages.

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

What is the 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 visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

Can the formulary change?

Most changes in drug coverage happen on January 1, but Retiree RxCare may add drugs to or remove drugs from the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: 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 on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary but immediately move it to a different cost-sharing tier or add new restrictions

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

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

  If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the Retiree RxCare 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 it must 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 along with a 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 Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2027 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2027 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 10/7/2026. To get updated information about the drugs covered by Retiree RxCare please contact us. Our contact information appears on the front and back cover pages. 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 begins on page 8. 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 in the list that begins on page 8. 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 121. 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 covers 30 tablets per month for Zolpidem Tartrate 10mg.

- **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 that begins on page 8. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask 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 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's 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 and back cover pages.

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

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

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

the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

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

Retiree RxCare Premier Plus 4T Formulary

The abridged formulary that begins on the next page provides coverage information 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 121.

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 and back cover pages. 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	Generic
2	Preferred Brand
3	Non-Preferred Drug
4	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	3	QL (30 EA per 90 days)
Nonsteroidal Anti-inflammatory Drugs		
CAMBIA PACKET 50MG	3	
CELEBREX CAPSULE 100MG, 200MG, 400MG, 50MG	3	QL (60 EA per 30 days)
celecoxib capsule 100mg, 200mg, 400mg, 50mg	1	QL (60 EA per 30 days)
COMBOGESIC TABLET 325MG; 97.5MG	3	
COXANTO CAPSULE 300MG	4	PA
DICLOFENAC EPOLAMINE PATCH 1.3%	1	QL (60 EA per 30 days) PA
diclofenac potassium capsule 25mg	1	
diclofenac potassium packet 50mg	1	
diclofenac potassium tablet 50mg	1	
diclofenac potassium tablet 25mg	4	
diclofenac sodium dr tablet delayed release 25mg, 50mg, 75mg	1	
diclofenac sodium er tablet extended release 24 hour 100mg	1	
diclofenac sodium gel 1%	1	QL (1000 GM per 30 days)
diclofenac sodium topical solution 2%	1	QL (224 GM per 30 days) PA
diclofenac sodium topical solution 1.5%	1	QL (300 ML per 30 days) PA
DICLONA GEL 1%; 4.5%	4	
diflunisal tablet 500mg	1	
DOLOBID TABLET 375MG	4	
DUEXIS TABLET 26.6MG; 800MG	4	QL (90 EA per 30 days) PA
ec-naproxen tablet delayed release 500mg	1	
ELYXYB SOLUTION 120MG/4.8ML	3	QL (144 ML per 30 days) PA
etodolac capsule 200mg, 300mg	1	
etodolac tablet 400mg, 500mg	1	
fenoprofen calcium capsule 300mg	4	
fenopron capsule 300mg	4	
FLECTOR PATCH 1.3%	3	QL (60 EA per 30 days) PA
flurbiprofen tablet 100mg, 50mg	1	
ibuprofen lysine injection 10mg/ml	4	
ibuprofen/famotidine tablet 26.6mg; 800mg	1	QL (90 EA per 30 days) PA
ibuprofen suspension 100mg/5ml	1	
ibuprofen tablet 300mg, 400mg, 600mg, 800mg	1	
ibu tablet 400mg, 600mg, 800mg	1	
INDOCIN SUPPOSITORY 50MG	4	
INDOCIN SUSPENSION 25MG/5ML	3	
indomethacin er capsule extended release 75mg	1	
indomethacin capsule 25mg, 50mg	1	
indomethacin suppository 50mg	4	
ketoprofen capsule 25mg	1	
ketoprofen capsule 75mg	4	
ketorolac tromethamine tablet 10mg	1	QL (20 EA per 30 days)
LICART PATCH 24 HOUR 1.3%	3	QL (30 EA per 30 days) PA
LODINE TABLET 400MG	3	
LOFENA TABLET 25MG	4	
meloxicam tablet 15mg, 7.5mg	1	

Drug Name	Drug Tier	Requirements/Limits
nabumetone tablet 500mg, 750mg	1	
NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 375MG	3	
NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 500MG	4	
NAPROSYN SUSPENSION 125MG/5ML	4	PA
naproxen dr tablet delayed release 375mg, 500mg	1	
naproxen sodium cr tablet extended release 24 hour 375mg	1	
naproxen sodium er tablet extended release 24 hour 375mg	1	
naproxen sodium tablet 275mg, 550mg	1	
naproxen/esomeprazole magnesium tablet delayed release 20mg; 375mg, 20mg; 500mg	4	QL (60 EA per 30 days) PA
naproxen suspension 125mg/5ml	1	PA
naproxen tablet 250mg, 375mg, 500mg	1	
NEOPROFEN INJECTION 10MG/ML	4	
OXAPROZIN CAPSULE 300MG	4	PA
oxaprozin tablet 600mg	1	
PENNSAID SOLUTION 2%	4	QL (224 GM per 30 days) PA
piroxicam capsule 10mg, 20mg	1	
RELAFEN DS TABLET 1000MG	4	
SPRIX SOLUTION 15.75MG/SPRAY	4	QL (5 EA per 30 days)
sulindac tablet 150mg, 200mg	1	
TOLECTIN 600 TABLET 600MG	4	ST
tolmetin sodium capsule 400mg	1	
tolmetin sodium tablet 600mg	1	
tolmetin sodium tablet 200mg	4	
VIMOVO TABLET DELAYED RELEASE 20MG; 375MG, 20MG; 500MG	4	QL (60 EA per 30 days) PA
VYSCOXA SUSPENSION 10MG/ML	4	QL (946 ML per 23 days) PA
ZIPSOR CAPSULE 25MG	4	
Opioid Analgesics, Long-acting		
BELBUCA FILM 150MCG, 300MCG, 450MCG, 600MCG, 75MCG	3	QL (60 EA per 30 days)
BELBUCA FILM 750MCG, 900MCG	4	QL (60 EA per 30 days)
buprenorphine patch weekly 10mcg/hr, 15mcg/hr, 20mcg/hr, 5mcg/hr, 7.5mcg/hr	1	QL (4 EA per 28 days)
BUTRANS PATCH WEEKLY 10MCG/HR, 15MCG/HR, 20MCG/HR, 5MCG/HR, 7.5MCG/HR	3	QL (4 EA per 28 days)
CONZIP CAPSULE EXTENDED RELEASE 24 HOUR 100MG, 200MG, 300MG	3	PA
fentanyl patch 72 hour 100mcg/hr, 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr	1	
fentanyl patch 72 hour 87.5mcg/hr	4	
hydrocodone bitartrate er capsule extended release 12 hour 10mg, 15mg, 20mg, 30mg, 40mg, 50mg	1	
hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 20mg, 30mg, 40mg, 60mg, 80mg	3	ST
hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 100mg, 120mg	4	ST

Drug Name	Drug Tier	Requirements/Limits
hydromorphone hcl er tablet extended release 24 hour 12mg, 16mg, 8mg	1	
hydromorphone hydrochloride er tablet extended release 24 hour 32mg	1	
HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 20MG, 30MG, 40MG, 60MG	3	ST
HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 100MG, 120MG, 80MG	4	ST
INFUMORPH 200 INJECTION 10MG/ML	3	B/D
INFUMORPH 500 INJECTION 25MG/ML	3	B/D
levorphanol tartrate tablet 2mg, 3mg	4	
methadone hcl injection 10mg/ml	4	
methadone hcl oral solution 5mg/5ml	1	
methadone hcl tablet 10mg, 5mg	1	
methadone hydrochloride intensol concentrate 10mg/ml	1	
methadone hydrochloride concentrate 10mg/ml	1	
methadone hydrochloride solution 10mg/5ml	1	
METHADOSE SUGAR-FREE CONCENTRATE 10MG/ML	1	
METHADOSE CONCENTRATE 10MG/ML	1	
mitigo injection 10mg/ml, 25mg/ml	1	B/D
morphine sulfate er capsule extended release 24 hour 100mg, 10mg, 120mg, 20mg, 30mg, 45mg, 50mg, 60mg, 75mg, 80mg, 90mg	1	
morphine sulfate er tablet extended release 100mg, 15mg, 200mg, 30mg, 60mg	1	
MS CONTIN TABLET EXTENDED RELEASE 15MG, 30MG	3	
MS CONTIN TABLET EXTENDED RELEASE 100MG, 200MG, 60MG	4	
NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 50MG	3	
NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 100MG, 150MG, 200MG, 250MG	4	
oxycodone hydrochloride er tablet er 12 hour abuse-deterrent 10mg, 20mg, 40mg	3	ST
oxycodone hydrochloride er tablet er 12 hour abuse-deterrent 80mg	4	ST
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 10MG, 15MG, 20MG, 30MG, 40MG, 60MG	3	ST
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 80MG	4	ST
oxymorphone hydrochloride er tablet extended release 12 hour 10mg, 15mg, 20mg, 30mg, 5mg, 7.5mg	1	
oxymorphone hydrochlorideer tablet extended release 12 hour 40mg	1	
TAPENTADOL HYDROCHLORIDE ER TABLET EXTENDED RELEASE 12 HOUR 50MG	3	
TAPENTADOL HYDROCHLORIDE ER TABLET EXTENDED RELEASE 12 HOUR 100MG, 150MG, 200MG, 250MG	4	
TRAMADOL HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 100MG, 200MG, 300MG	3	PA

Drug Name	Drug Tier	Requirements/Limits
tramadol hcl er tablet extended release 24 hour 100mg, 200mg, 300mg	1	
tramadol hydrochloride er tablet extended release 24 hour 100mg, 200mg, 300mg	1	
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5MG, 18MG, 27MG, 36MG, 9MG	2	
xyvona tablet 2mg, 3mg	4	
Opioid Analgesics, Short-acting		
acetaminophen/caffeine/dihydrocodeine capsule 320.5mg; 30mg; 16mg	1	QL (300 EA per 30 days)
acetaminophen/codeine phosphate tablet 300mg; 60mg	1	
acetaminophen/codeine solution 120mg/5ml; 12mg/5ml	1	
acetaminophen/codeine tablet 300mg; 15mg, 300mg; 30mg, 300mg; 60mg	1	
ascomp/codeine capsule 325mg; 50mg; 40mg; 30mg	1	
butalbital/acetaminophen/caffeine/codeine capsule 300mg; 50mg; 40mg; 30mg, 325mg; 50mg; 40mg; 30mg	1	
butalbital/aspirin/caffeine/codeine capsule 325mg; 50mg; 40mg; 30mg	1	
butorphanol tartrate injection 1mg/ml, 2mg/ml	1	
butorphanol tartrate nasal solution 10mg/ml	1	
codeine sulfate tablet 15mg, 30mg, 60mg	1	
DEMEROL INJECTION 100MG/ML, 25MG/ML, 50MG/ML, 75MG/ML	3	PA
DILAUDID INJECTION 0.2MG/ML, 1MG/ML, 2MG/ML	3	
DILAUDID LIQUID 1MG/ML	3	
DILAUDID TABLET 2MG, 4MG, 8MG	3	
DURAMORPH INJECTION 0.5MG/ML, 1MG/ML	1	
endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg	1	
fentanyl citrate oral transmucosal lozenge on a handle 200mcg	1	PA
fentanyl citrate oral transmucosal lozenge on a handle 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg	4	PA
fentanyl citrate injection 1000mcg/20ml, 100mcg/2ml, 2500mcg/50ml, 250mcg/5ml, 25mcg/0.5ml, 500mcg/10ml, 50mcg/ml	1	B/D
FENTANYL CITRATE TABLET 200MCG	4	PA
FENTORA TABLET 100MCG, 200MCG, 400MCG, 600MCG, 800MCG	4	PA
FIORICET/CODEINE CAPSULE 300MG; 50MG; 40MG; 30MG	3	
hydrocodone bitartrate/acetaminophen solution 300mg/15ml; 10mg/15ml, 325mg/15ml; 10mg/15ml, 325mg/15ml; 7.5mg/15ml	1	
hydrocodone bitartrate/acetaminophen tablet 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg	1	
hydrocodone/acetaminophen tablet 325mg; 7.5mg	1	
hydrocodone/ibuprofen tablet 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg	1	

Drug Name	Drug Tier	Requirements/Limits
hydromorphone hcl injection 10mg/ml, 1mg/ml, 4mg/ml	1	
hydromorphone hcl liquid 1mg/ml	1	
hydromorphone hcl suppository 3mg	1	
hydromorphone hcl tablet 2mg, 4mg, 8mg	1	
HYDROMORPHONE HYDROCHLORIDE INJECTION 0.2MG/ML	1	
hydromorphone hydrochloride injection 0.2mg/ml, 1mg/ml, 2mg/ml, 4mg/ml, 50mg/5ml	1	
meperidine hcl injection 100mg/ml, 25mg/ml, 50mg/ml	1	PA
meperidine hcl oral solution 50mg/5ml	1	
meperidine hydrochloride tablet 50mg	1	
morphine sulfate/sodium chloride injection 1mg/ml	1	
MORPHINE SULFATE INJECTION 1MG/ML	1	B/D
morphine sulfate injection 10mg/ml, 4mg/ml, 5mg/ml, 8mg/ml	1	B/D
morphine sulfate injection 0.5mg/ml, 10mg/ml, 1mg/ml, 2mg/ml, 4mg/ml, 50mg/ml, 8mg/ml	1	
morphine sulfate oral solution 100mg/5ml, 10mg/5ml, 20mg/5ml	1	
morphine sulfate suppository 10mg, 20mg, 30mg, 5mg	1	
morphine sulfate tablet 15mg, 30mg	1	
nalbuphine hydrochloride injection 10mg/ml, 20mg/ml	1	
NALOCET TABLET 300MG; 2.5MG	4	
NUCYNTA TABLET 50MG, 75MG	3	
NUCYNTA TABLET 100MG	4	
OXYCODONE AND ACETAMINOPHEN TABLET 300MG; 7.5MG	4	
oxycodone hcl capsule 5mg	1	
OXYCODONE HYDROCHLORIDE/ACETAMINOPHEN SOLUTION 325MG/5ML; 5MG/5ML	1	
OXYCODONE HYDROCHLORIDE/ACETAMINOPHEN SOLUTION 300MG/5ML; 10MG/5ML	4	
oxycodone hydrochloride capsule 5mg	1	
oxycodone hydrochloride concentrate 100mg/5ml	1	
oxycodone hydrochloride solution 5mg/5ml	1	
OXYCODONE HYDROCHLORIDE TABLET ABUSE-DETERRENT 10MG, 15MG, 30MG, 5MG	3	
oxycodone hydrochloride tablet 10mg, 15mg, 20mg, 30mg, 5mg	1	
OXYCODONE/ACETAMINOPHEN TABLET 300MG; 10MG, 300MG; 2.5MG, 300MG; 5MG	4	
oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg	1	
oxymorphone hydrochloride tablet 10mg, 5mg	1	
pentazocine/naloxone hcl tablet 0.5mg; 50mg	1	
PERCOCET TABLET 325MG; 2.5MG	3	
PERCOCET TABLET 325MG; 10MG, 325MG; 5MG, 325MG; 7.5MG	4	
PROLATE SOLUTION 300MG/5ML; 10MG/5ML	4	
PROLATE TABLET 300MG; 10MG, 300MG; 5MG, 300MG; 7.5MG	4	

Drug Name	Drug Tier	Requirements/Limits
QDOLO SOLUTION 5MG/ML	4	
ROXICODONE TABLET 15MG	3	
ROXICODONE TABLET 30MG	4	
TAPENTADOL HYDROCHLORIDE SOLUTION 20MG/ML	4	ST
tapentadol hydrochloride tablet 100mg, 50mg, 75mg	1	
tramadol hydrochloride/acetaminophen tablet 325mg; 37.5mg	1	
TRAMADOL HYDROCHLORIDE SOLUTION 5MG/ML	3	
tramadol hydrochloride tablet 100mg, 25mg, 50mg, 75mg	1	
TREZIX CAPSULE 320.5MG; 30MG; 16MG	3	QL (300 EA per 30 days)
Anesthetics		
Local Anesthetics		
DERMACINRX LIDOCAINE GEL 5%	3	PA
glydo prefilled syringe 2%	1	QL (30 ML per 30 days) PA
LIDEXAGEL GEL 5%	3	PA
lidocaine hcl jelly prefilled syringe 2%	1	QL (30 ML per 30 days) PA
lidocaine hcl prefilled syringe 2%	1	QL (30 ML per 30 days) PA
lidocaine hydrochloride jelly gel 2%	1	QL (30 ML per 30 days) PA
lidocaine hydrochloride solution 4%	1	QL (250 ML per 30 days) PA
lidocaine/prilocaine cream 2.5%; 2.5%	1	QL (30 GM per 30 days) PA
lidocaine ointment 5%	1	QL (150 GM per 30 days) PA
lidocaine patch 5%	1	QL (90 EA per 30 days) PA
LIDOCAN PATCH 5%	3	QL (90 EA per 30 days) PA
LIDODERM PATCH 5%	3	QL (90 EA per 30 days) PA
LIDOTRAL GEL 5%	3	PA
LIDOTRAL SOLUTION 5%	3	PA
LYDEXA CREAM 4.12%	4	
NUMYRA GEL 2.8%	4	QL (100 GM per 30 days) PA
PLIAGLIS CREAM 7%; 7%	3	QL (30 GM per 30 days) PA
premium lidocaine ointment 5%	1	QL (150 GM per 30 days) PA
QUTENZA (2 PATCH) KIT 0; 8%; 0	4	QL (4 EA per 90 days) PA
QUTENZA (4 PATCH) KIT 0; 8%; 0	4	QL (4 EA per 90 days) PA
QUTENZA KIT 0; 8%; 0	4	QL (4 EA per 90 days) PA
TRIDACAINE III PATCH 5%	3	QL (90 EA per 30 days) PA
TRIDACAINE II PATCH 5%	3	QL (90 EA per 30 days) PA
ZTLIDO PATCH 1.8%	3	QL (90 EA per 30 days) PA
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
acamprosate calcium dr tablet delayed release 333mg	1	
disulfiram tablet 250mg, 500mg	1	
naltrexone hydrochloride tablet 50mg	1	
VIVITROL INJECTION 380MG	4	
Opioid Dependence		
BRIXADI INJECTION 128MG/0.36ML, 16MG/0.32ML, 24MG/0.48ML, 32MG/0.64ML, 64MG/0.18ML, 8MG/0.16ML, 96MG/0.27ML	4	
buprenorphine hcl/naloxone hcl tablet sublingual 2mg; 0.5mg, 8mg; 2mg	1	
buprenorphine hcl tablet sublingual 2mg, 8mg	1	
buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg	1	

Drug Name	Drug Tier	Requirements/Limits
lofexidine hydrochloride tablet 0.18mg	4	QL (224 EA per 14 days)
LUCEMYRA TABLET 0.18MG	4	QL (224 EA per 14 days)
SUBLOCADE INJECTION 100MG/0.5ML, 300MG/1.5ML	4	
SUBOXONE FILM 12MG; 3MG, 2MG; 0.5MG, 4MG; 1MG, 8MG; 2MG	2	
ZUBSOLV TABLET SUBLINGUAL 0.7MG; 0.18MG, 1.4MG; 0.36MG, 11.4MG; 2.9MG, 2.9MG; 0.71MG, 5.7MG; 1.4MG, 8.6MG; 2.1MG	3	
Opioid Reversal Agents		
KLOXXADO LIQUID 8MG/0.1ML	3	
naloxone hcl injection 4mg/10ml	1	
naloxone hydrochloride injection 0.4mg/ml, 2mg/2ml, 4mg/10ml	1	
naloxone hydrochloride liquid 4mg/0.1ml	1	
OPVEE SOLUTION 2.7MG/0.1ML	3	
REXTOVY LIQUID 4MG/0.25ML	3	
ZIMHI INJECTION 5MG/0.5ML	3	ST
ZURNAI INJECTION 1.5MG/0.5ML	3	ST
Smoking Cessation Agents		
bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg	1	QL (60 EA per 30 days)
CHANTIX CONTINUING MONTH PAK TABLET 1MG	3	QL (504 EA per 365 days)
CHANTIX STARTING MONTH PAK TABLET THERAPY PACK 0	3	QL (504 EA per 365 days)
CHANTIX TABLET 0.5MG, 1MG	3	QL (504 EA per 365 days)
NICOTROL NS SOLUTION 10MG/ML	2	QL (360 ML per 365 days)
varenicline starting month tablet therapy pack 0	1	QL (504 EA per 365 days)
varenicline tartrate continuing month tablet 1mg	1	QL (504 EA per 365 days)
varenicline tartrate tablet 0.5mg, 1mg	1	QL (504 EA per 365 days)
Antibacterials		
Aminoglycosides		
amikacin sulfate injection 1gm/4ml, 500mg/2ml	1	
ARIKAYCE SUSPENSION 590MG/8.4ML	4	QL (235.2 ML per 28 days) PA
gentamicin sulfate pediatric injection 10mg/ml	1	
gentamicin sulfate cream 0.1%	1	
gentamicin sulfate injection 40mg/ml	1	
gentamicin sulfate ointment 0.1%	1	
HUMATIN CAPSULE 250MG	4	
neomycin sulfate tablet 500mg	1	
streptomycin sulfate injection 1gm	4	QL (60 EA per 30 days)
tobramycin sulfate injection 1.2gm/30ml, 1.2gm, 10mg/ml, 40mg/ml, 80mg/2ml	1	
ZEMDRI INJECTION 500MG/10ML	4	
Antibacterials, Other		
AEMCOLO TABLET DELAYED RELEASE 194MG	3	PA
aztreonam injection 1gm, 2gm	1	
BLUJEPA TABLET 750MG	4	PA
clindacin etz pledgets swab 1%	1	QL (69 EA per 30 days)
clindacin-p swab 1%	1	QL (69 EA per 30 days)
clindamycin hcl capsule 300mg	1	

Drug Name	Drug Tier	Requirements/Limits
clindamycin hydrochloride capsule 150mg, 300mg, 75mg	1	
clindamycin palmitate hydrochloride solution reconstituted 75mg/5ml	1	
clindamycin phosphate cream 2%	1	
clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 900mg/6ml	1	
clindamycin phosphate swab 1%	1	QL (69 EA per 30 days)
colistimethate sodium injection 150mg	1	
COLY-MYCIN M INJECTION 150MG	3	
CONTEPO INJECTION 6GM	4	
CUBICIN RF INJECTION 500MG	4	
dalbavancin hydrochloride injection 500mg	4	
DALVANCE INJECTION 500MG	4	
DAPTOMYCIN/SODIUM CHLORIDE INJECTION 1000MG/100ML; 0.9%, 350MG/50ML; 0.9%, 500MG/50ML; 0.9%, 700MG/100ML; 0.9%	3	
daptomycin injection 350mg, 500mg	1	
EMBLAVEO INJECTION 0.5GM; 1.5GM	4	
FIRVANQ SOLUTION RECONSTITUTED 50MG/ML	3	QL (1200 ML per 30 days)
FIRVANQ SOLUTION RECONSTITUTED 25MG/ML	3	QL (600 ML per 30 days)
fosfomycin tromethamine packet 3gm	1	
IMPAVIDO CAPSULE 50MG	4	
KIMYRSA INJECTION 1200MG	4	
LIKMEZ SUSPENSION 500MG/5ML	3	PA
lincomycin hydrochloride injection 300mg/ml	1	
linezolid injection 600mg/300ml	1	
linezolid injection 600mg/300ml; 0.9%	4	
linezolid suspension reconstituted 100mg/5ml	4	QL (1800 ML per 28 days)
linezolid tablet 600mg	1	QL (56 EA per 28 days)
methenamine hippurate tablet 1gm	1	
METHENAMINE MANDELATE SOLUTION 500MG/5ML	4	
methenamine mandelate tablet 0.5gm, 1gm	1	
metronidazole vaginal gel 0.75%	1	
metronidazole injection 500mg/100ml	1	
metronidazole tablet 125mg, 250mg, 500mg	1	
nitrofurantoin macrocrystals capsule 100mg, 25mg, 50mg	1	
nitrofurantoin monohydrate/macrocrystals capsule 100mg	1	
nitrofurantoin monohydrate capsule 100mg	1	
NITROFURANTOIN SUSPENSION 50MG/5ML	4	
nitrofurantoin suspension 25mg/5ml	4	
NUZOLVENCE PACKET 3GM	3	
ORBACTIV INJECTION 400MG	4	
ORLYNVAH TABLET 500MG; 500MG	4	PA
SIVEXTRO INJECTION 200MG	4	QL (6 EA per 30 days)
SIVEXTRO TABLET 200MG	4	QL (6 EA per 30 days)
tigecycline injection 50mg	1	
tinidazole tablet 250mg, 500mg	1	
trimethoprim tablet 100mg	1	
TYGACIL INJECTION 50MG	4	
VANCOCIN CAPSULE 125MG	4	QL (120 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
VANCOCIN CAPSULE 250MG	4	QL (240 EA per 30 days)
vancomycin hcl injection 10gm	1	
vancomycin hydrochloride capsule 125mg	1	QL (120 EA per 30 days)
vancomycin hydrochloride capsule 250mg	1	QL (240 EA per 30 days)
vancomycin hydrochloride injection 1.75gm, 1gm, 2gm, 500mg, 750mg	1	
vancomycin hydrochloride oral solution reconstituted 250mg/5ml	1	QL (1200 ML per 30 days)
vancomycin hydrochloride oral solution reconstituted 25mg/ml	1	QL (600 ML per 30 days)
VIBATIV INJECTION 750MG	4	
VOQUEZNA DUAL PAK THERAPY PACK 500MG; 20MG	3	PA
VOQUEZNA TRIPLE PAK THERAPY PACK 500MG; 500MG; 20MG	3	PA
XACDURO INJECTION 1GM; 1GM	4	
ZYVOX SUSPENSION RECONSTITUTED 100MG/5ML	3	QL (1800 ML per 28 days)
ZYVOX TABLET 600MG	4	QL (56 EA per 28 days)
Beta-lactam, Cephalosporins		
AVYCAZ INJECTION 0.5GM; 2GM	4	
cefaclor capsule 250mg, 500mg	1	
cefaclor suspension reconstituted 250mg/5ml	3	
cefadroxil capsule 500mg	1	
cefadroxil suspension reconstituted 250mg/5ml, 500mg/5ml	1	
cefazolin sodium/dextrose injection 3gm; 2%	1	
cefazolin sodium injection 10gm, 1gm, 500mg	1	
cefazolin injection 2gm, 3gm	1	
cefdinir capsule 300mg	1	
cefdinir suspension reconstituted 125mg/5ml, 250mg/5ml	1	
cefepime hydrochloride injection 100gm, 2gm	1	
cefepime/dextrose injection 2gm/50ml; 5%	1	
cefepime injection 1gm/50ml, 1gm, 2gm/100ml, 2gm	1	
cefixime capsule 400mg	1	
CEFOTAXIME SODIUM INJECTION 1GM, 2GM	1	
cefotetan injection 1gm, 2gm	1	
cefoxitin sodium injection 10gm, 1gm, 2gm	1	
cefpodoxime proxetil suspension reconstituted 100mg/5ml, 50mg/5ml	1	
cefpodoxime proxetil tablet 100mg, 200mg	1	
cefprozil suspension reconstituted 125mg/5ml, 250mg/5ml	1	
cefprozil tablet 250mg, 500mg	1	
ceftaroline fosamil injection 400mg, 600mg	4	
ceftazidime injection 1gm, 2gm, 6gm	1	
ceftriaxone sodium injection 10gm, 1gm, 250mg, 2gm, 500mg	1	
cefuroxime axetil tablet 250mg, 500mg	1	
cefuroxime sodium injection 1.5gm, 750mg	1	
cephalexin capsule 250mg, 500mg, 750mg	1	
cephalexin suspension reconstituted 125mg/5ml, 250mg/5ml	1	
FETROJA INJECTION 1GM	4	
tazicef injection 1gm, 2gm, 6gm	1	
TEFLARO INJECTION 400MG, 600MG	4	
ZERBAXA INJECTION 1GM; 0.5GM	4	

Drug Name	Drug Tier	Requirements/Limits
ZEVTERA INJECTION 667MG	4	
Beta-lactam, Penicillins		
amoxicillin/clavulanate potassium er tablet extended release 12 hour 1000mg; 62.5mg	1	
amoxicillin/clavulanate potassium suspension reconstituted 200mg/5ml; 28.5mg/5ml, 250mg/5ml; 62.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml	1	
amoxicillin/clavulanate potassium tablet chewable 200mg; 28.5mg, 400mg; 57mg	1	
amoxicillin/clavulanate potassium tablet 250mg; 125mg, 500mg; 125mg, 875mg; 125mg	1	
amoxicillin/potassium clavulanate tablet chewable 200mg; 28.5mg, 400mg; 57mg	1	
amoxicillin capsule 250mg, 500mg	1	
amoxicillin suspension reconstituted 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml	1	
amoxicillin tablet chewable 125mg, 250mg	1	
amoxicillin tablet 500mg, 875mg	1	
ampicillin sodium injection 10gm, 125mg, 1gm, 2gm, 500mg	1	
ampicillin-sulbactam injection 10gm; 5gm, 1gm; 0.5gm, 2gm; 1gm	1	
ampicillin/sulbactam injection 1gm; 0.5gm, 2gm; 1gm	1	
ampicillin capsule 500mg	1	
AUGMENTIN SUSPENSION RECONSTITUTED 125MG/5ML; 31.25MG/5ML	3	
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	3	
dicloxacillin sodium capsule 250mg, 500mg	1	
nafcillin sodium injection 10gm, 1gm, 2gm	1	
NAFCILLIN INJECTION 5%; 2GM/100ML	4	
nafcillin injection 5%; 1gm/50ml	4	
OXACILLIN SODIUM INJECTION 300MG/50ML; 2GM/50ML	3	
oxacillin sodium injection 10gm, 1gm, 2gm	1	
penicillin g sodium injection 5000000unit	4	
penicillin v potassium solution reconstituted 125mg/5ml, 250mg/5ml	1	
penicillin v potassium tablet 250mg, 500mg	1	
PIPERACILLIN SODIUM/TAZOBACTAM SODIUM/NACL INJECTION 2GM/50ML; 0.45%; 0.25GM/50ML, 3GM/50ML; 0.3%; 0.375GM/50ML, 4GM/100ML; 0.45%; 0.5GM/100ML	3	
piperacillin sodium/tazobactam sodium injection 12gm; 1.5gm, 2gm; 0.25gm, 36gm; 4.5gm, 3gm; 0.375gm, 4gm; 0.5gm	1	
PIVYA TABLET 185MG	3	PA
Carbapenems		
ertapenem sodium injection 1gm	1	
imipenem/cilastatin injection 250mg; 250mg, 500mg; 500mg	1	
MEROPENEM/SODIUM CHLORIDE INJECTION 1GM/50ML; 0.9%, 500MG; 0.9%	3	
meropenem injection 1gm, 2gm, 500mg	1	
RECARBRIO INJECTION 500MG; 500MG; 250MG	4	

Drug Name	Drug Tier	Requirements/Limits
VABOMERE INJECTION 1GM; 1GM	3	
Macrolides		
azithromycin injection 500mg	1	
azithromycin packet 1gm	1	
azithromycin suspension reconstituted 100mg/5ml, 200mg/5ml	1	
azithromycin tablet 250mg, 500mg, 600mg	1	
clarithromycin er tablet extended release 24 hour 500mg	1	
clarithromycin suspension reconstituted 125mg/5ml, 250mg/5ml	1	
clarithromycin tablet 250mg, 500mg	1	
DIFICID SUSPENSION RECONSTITUTED 40MG/ML	4	QL (136 ML per 12 days)
DIFICID TABLET 200MG	4	QL (20 EA per 10 days)
ERYPED 400 SUSPENSION RECONSTITUTED 400MG/5ML	4	
erythromycin dr tablet delayed release 250mg, 333mg, 500mg	1	
erythromycin ethylsuccinate suspension reconstituted 200mg/5ml, 400mg/5ml	1	
fidaxomicin tablet 200mg	4	QL (20 EA per 10 days)
Quinolones		
BAXDELA INJECTION 300MG	4	
BAXDELA TABLET 450MG	4	
ciprofloxacin hcl tablet 750mg	1	
ciprofloxacin hydrochloride tablet 250mg, 500mg, 750mg	1	
ciprofloxacin i.v.-in d5w injection 200mg/100ml; 5%, 400mg/200ml; 5%	1	
levofloxacin in d5w injection 5%; 250mg/50ml, 5%; 500mg/100ml, 5%; 750mg/150ml	1	
levofloxacin injection 25mg/ml	1	
levofloxacin oral solution 25mg/ml	1	
levofloxacin tablet 250mg, 500mg, 750mg	1	
moxifloxacin hydrochloride/sodium hydrochloride injection 400mg/250ml; 0.8%	1	
moxifloxacin hydrochloride tablet 400mg	1	
ofloxacin tablet 300mg, 400mg	1	
Sulfonamides		
sulfadiazine tablet 500mg	4	
sulfamethoxazole/trimethoprim ds tablet 800mg; 160mg	1	
sulfamethoxazole/trimethoprim suspension 200mg/5ml; 40mg/5ml	1	
sulfamethoxazole/trimethoprim tablet 400mg; 80mg	1	
sulfatrim pediatric suspension 200mg/5ml; 40mg/5ml	1	
Tetracyclines		
demeclocycline hcl tablet 150mg, 300mg	1	
DORYX MPC TABLET DELAYED RELEASE 60MG	4	
doxy 100 injection 100mg	1	
doxycycline hyclate capsule 100mg, 50mg, 75mg	1	
doxycycline hyclate injection 100mg	1	
doxycycline hyclate tablet 100mg, 150mg, 50mg, 75mg	1	

Drug Name	Drug Tier	Requirements/Limits
doxycycline monohydrate capsule 100mg, 150mg, 50mg, 75mg	1	
doxycycline monohydrate tablet 100mg, 150mg, 50mg, 75mg	1	
doxycycline suspension reconstituted 25mg/5ml	1	
MINOCIN INJECTION 100MG	4	
minocycline hcl capsule 75mg	1	
minocycline hydrochloride capsule 100mg, 50mg	1	
NUZYRA INJECTION 100MG	4	
NUZYRA TABLET 150MG	4	QL (30 EA per 14 days)
SEYSARA TABLET 100MG, 150MG, 60MG	4	
tetracycline hydrochloride capsule 250mg, 500mg	1	
XERAVA INJECTION 100MG, 50MG	4	
Anticonvulsants		
Anticonvulsants, Other		
brivaracetam solution 10mg/ml	3	QL (600 ML per 30 days) PA
brivaracetam tablet 10mg	3	PA
brivaracetam tablet 100mg, 25mg, 50mg, 75mg	3	QL (60 EA per 30 days) PA
BRIVIACT INJECTION 50MG/5ML	4	PA
BRIVIACT ORAL SOLUTION 10MG/ML	4	QL (600 ML per 30 days) PA
BRIVIACT TABLET 10MG	4	PA
BRIVIACT TABLET 100MG, 25MG, 50MG, 75MG	4	QL (60 EA per 30 days) PA
ELEPSIA XR TABLET EXTENDED RELEASE 24 HOUR 1000MG, 1500MG	4	
EPIDIOLEX SOLUTION 100MG/ML	4	PA
felbamate suspension 600mg/5ml	1	
felbamate tablet 400mg, 600mg	1	
FELBATOL TABLET 400MG, 600MG	4	
FINTEPLA SOLUTION 2.2MG/ML	4	QL (360 ML per 30 days) PA
FYCOMPA SUSPENSION 0.5MG/ML	4	
FYCOMPA TABLET 2MG	3	QL (30 EA per 30 days)
FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG	4	QL (30 EA per 30 days)
KEPPRA XR TABLET EXTENDED RELEASE 24 HOUR 500MG, 750MG	3	
KEPPRA INJECTION 500MG/5ML	4	
KEPPRA ORAL SOLUTION 100MG/ML	3	
KEPPRA TABLET 500MG	3	
KEPPRA TABLET 1000MG, 750MG	4	
LAMICTAL CHEWABLE DISPERSIBLE TABLET CHEWABLE 5MG	3	
LAMICTAL CHEWABLE DISPERSIBLE TABLET CHEWABLE 25MG	4	
LAMICTAL ODT KIT 0	4	
LAMICTAL ODT TABLET DISINTEGRATING 100MG, 200MG, 25MG, 50MG	3	
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT 0	3	
LAMICTAL XR TABLET EXTENDED RELEASE 24 HOUR 100MG, 200MG, 250MG, 300MG, 50MG	4	
LAMICTAL TABLET 100MG, 150MG, 200MG	3	
LAMICTAL TABLET 25MG	4	

Drug Name	Drug Tier	Requirements/Limits
lamotrigine er tablet extended release 24 hour 100mg, 200mg, 250mg, 25mg, 300mg, 50mg	1	
lamotrigine odt tablet disintegrating 100mg, 200mg, 25mg, 50mg	1	
lamotrigine starter kit/blue kit 25mg	1	
lamotrigine starter kit/green kit 0	1	
lamotrigine starter kit/orange kit 0	1	
lamotrigine titration kit 0	1	
lamotrigine tablet chewable 25mg, 5mg	1	
lamotrigine tablet 100mg, 150mg, 200mg, 25mg	1	
levetiracetam er tablet extended release 24 hour 500mg, 750mg	1	
levetiracetam/sodium chloride injection 1000mg/100ml; 750mg/100ml, 1500mg/100ml; 540mg/100ml, 500mg/100ml; 820mg/100ml	1	
levetiracetam injection 500mg/5ml	1	
levetiracetam oral solution 100mg/ml	1	
LEVETIRACETAM TABLET DISINTEGRATING SOLUBLE 250MG	3	
LEVETIRACETAM TABLET DISINTEGRATING SOLUBLE 500MG	3	QL (60 EA per 30 days)
levetiracetam tablet 1000mg, 250mg, 500mg, 750mg	1	
MIDAZOLAM HYDROCHLORIDE INJECTION 10MG/0.7ML	1	
NAYZILAM SOLUTION 5MG/0.1ML	3	QL (10 EA per 30 days)
perampanel suspension 0.5mg/ml	4	
perampanel tablet 10mg, 12mg, 2mg, 4mg, 6mg, 8mg	3	QL (30 EA per 30 days)
QUDEXY XR CAPSULE ER 24 HOUR SPRINKLE 200MG	3	
QUDEXY XR CAPSULE ER 24 HOUR SPRINKLE 150MG	4	
roweepra tablet 500mg	1	
SPRITAM TABLET DISINTEGRATING SOLUBLE 1000MG, 250MG, 750MG	3	
SPRITAM TABLET DISINTEGRATING SOLUBLE 500MG	3	QL (60 EA per 30 days)
subvenite starter kit/blue kit 25mg	1	
subvenite starter kit/green kit 0	1	
subvenite starter kit/orange kit 0	1	
SUBVENITE SUSPENSION 10MG/ML	3	
subvenite tablet 100mg, 150mg, 200mg, 25mg	1	
TOPAMAX SPRINKLE CAPSULE SPRINKLE 25MG	3	
TOPAMAX TABLET 50MG	3	
TOPAMAX TABLET 100MG, 200MG	4	
topiramate er capsule er 24 hour sprinkle 100mg, 150mg, 200mg, 25mg, 50mg	1	
topiramate er capsule extended release 24 hour 100mg, 25mg, 50mg	1	
topiramate er capsule extended release 24 hour 200mg	1	QL (60 EA per 30 days)
topiramate capsule sprinkle 15mg, 25mg, 50mg	1	
topiramate solution 25mg/ml	1	
topiramate tablet 100mg, 200mg, 25mg, 50mg	1	
TROKENDI XR CAPSULE EXTENDED RELEASE 24 HOUR 100MG	3	

Drug Name	Drug Tier	Requirements/Limits
TROKENDI XR CAPSULE EXTENDED RELEASE 24 HOUR 200MG	4	QL (60 EA per 30 days)
valproic acid capsule 250mg	1	
valproic acid solution 250mg/5ml	1	
Calcium Channel Modifying Agents		
CELONTIN CAPSULE 300MG	3	
ethosuximide capsule 250mg	1	
ethosuximide solution 250mg/5ml	1	
methsuximide capsule 300mg	1	
Gamma-aminobutyric Acid (GABA) Modulating Agents		
clobazam suspension 2.5mg/ml	1	QL (480 ML per 30 days)
clobazam tablet 10mg, 20mg	1	QL (60 EA per 30 days)
clonazepam odt tablet disintegrating 2mg	1	QL (300 EA per 30 days)
clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg	1	QL (90 EA per 30 days)
clonazepam tablet 2mg	1	QL (300 EA per 30 days)
clonazepam tablet 0.25mg, 0.5mg, 1mg	1	QL (90 EA per 30 days)
DIACOMIT CAPSULE 250MG, 500MG	4	PA
DIACOMIT PACKET 250MG, 500MG	4	PA
diazepam gel 2.5mg, 20mg	1	
diazepam gel 10mg	1	QL (5 EA per 30 days)
divalproex sodium dr capsule delayed release sprinkle 125mg	1	
divalproex sodium dr tablet delayed release 125mg, 250mg, 500mg	1	
divalproex sodium er tablet extended release 24 hour 250mg, 500mg	1	
gabapentin capsule 400mg	1	QL (270 EA per 30 days)
gabapentin capsule 100mg, 300mg	1	QL (360 EA per 30 days)
gabapentin capsule 200mg	4	PA
gabapentin solution 250mg/5ml	1	QL (2160 ML per 30 days)
gabapentin tablet 800mg	1	QL (150 EA per 30 days)
gabapentin tablet 600mg	1	QL (180 EA per 30 days)
GABARONE TABLET 400MG	4	QL (270 EA per 30 days) ST
GABARONE TABLET 100MG	4	QL (540 EA per 30 days) ST
KLONOPIN TABLET 2MG	3	QL (300 EA per 30 days)
KLONOPIN TABLET 0.5MG, 1MG	3	QL (90 EA per 30 days)
LIBERVANT FILM 10MG, 12.5MG, 15MG, 5MG, 7.5MG	3	QL (10 EA per 30 days)
LYRICA CAPSULE 300MG	3	QL (60 EA per 30 days)
LYRICA CAPSULE 100MG, 150MG, 200MG, 225MG, 25MG, 50MG, 75MG	3	QL (90 EA per 30 days)
LYRICA SOLUTION 20MG/ML	3	QL (900 ML per 30 days)
MYSOLINE TABLET 250MG, 50MG	4	
NEURONTIN CAPSULE 400MG	3	QL (270 EA per 30 days)
NEURONTIN CAPSULE 100MG, 300MG	3	QL (360 EA per 30 days)
NEURONTIN SOLUTION 250MG/5ML	3	QL (2160 ML per 30 days)
NEURONTIN TABLET 800MG	4	QL (150 EA per 30 days)
NEURONTIN TABLET 600MG	4	QL (180 EA per 30 days)
ONFI SUSPENSION 2.5MG/ML	4	QL (480 ML per 30 days)
ONFI TABLET 10MG, 20MG	4	QL (60 EA per 30 days)
phenobarbital sodium injection 130mg/ml, 65mg/ml	1	

Drug Name	Drug Tier	Requirements/Limits
phenobarbital elixir 20mg/5ml	1	
phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg	1	
pregabalin capsule 300mg	1	QL (60 EA per 30 days)
pregabalin capsule 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg	1	QL (90 EA per 30 days)
pregabalin solution 20mg/ml	1	QL (900 ML per 30 days)
primidone tablet 125mg, 250mg, 50mg	1	
SABRIL PACKET 500MG	4	PA
SABRIL TABLET 500MG	4	QL (180 EA per 30 days) PA
SYMPAZAN FILM 5MG	3	QL (60 EA per 30 days)
SYMPAZAN FILM 10MG, 20MG	4	
tiagabine hydrochloride tablet 12mg, 16mg, 2mg, 4mg	1	
VALTOCO 10 MG DOSE LIQUID 10MG/0.1ML	4	QL (10 EA per 30 days)
VALTOCO 15 MG DOSE LIQUID THERAPY PACK 7.5MG/0.1ML	4	QL (10 EA per 30 days)
VALTOCO 20 MG DOSE LIQUID THERAPY PACK 10MG/0.1ML	4	QL (10 EA per 30 days)
VALTOCO 5 MG DOSE LIQUID 5MG/0.1ML	4	QL (10 EA per 30 days)
vigabatrin packet 500mg	4	PA
vigabatrin tablet 500mg	4	QL (180 EA per 30 days) PA
VIGADRONE PACKET 500MG	4	PA
VIGADRONE TABLET 500MG	4	QL (180 EA per 30 days) PA
VIGAFYDE SOLUTION 100MG/ML	4	PA
vigpoder packet 500mg	4	PA
ZTALMY SUSPENSION 50MG/ML	4	PA
Sodium Channel Agents		
APTIOM TABLET 400MG	4	
APTIOM TABLET 200MG	4	QL (30 EA per 30 days)
APTIOM TABLET 600MG, 800MG	4	QL (60 EA per 30 days)
BANZEL SUSPENSION 40MG/ML	4	
BANZEL TABLET 200MG, 400MG	4	
carbamazepine er capsule extended release 12 hour 100mg, 200mg, 300mg	1	
carbamazepine er tablet extended release 12 hour 100mg, 200mg, 400mg	1	
carbamazepine suspension 100mg/5ml	1	
carbamazepine tablet chewable 100mg, 200mg	1	
carbamazepine tablet 200mg	1	
DILANTIN CAPSULE 30MG	3	
epitol tablet 200mg	1	
eslicarbazepine acetate tablet 400mg	1	
eslicarbazepine acetate tablet 200mg	1	QL (30 EA per 30 days)
eslicarbazepine acetate tablet 600mg, 800mg	1	QL (60 EA per 30 days)
lacosamide injection 200mg/20ml	1	
lacosamide oral solution 10mg/ml	3	
lacosamide tablet 100mg, 150mg, 200mg, 50mg	1	
oxcarbazepine er tablet extended release 24 hour 150mg, 300mg	1	
oxcarbazepine er tablet extended release 24 hour 600mg	4	

Drug Name	Drug Tier	Requirements/Limits
oxcarbazepine suspension 300mg/5ml	1	
oxcarbazepine tablet 150mg, 300mg, 600mg	1	
OXTELLAR XR TABLET EXTENDED RELEASE 24 HOUR 600MG	4	
phenytek capsule 200mg, 300mg	1	
phenytoin infatabs tablet chewable 50mg	1	
phenytoin sodium extended capsule 100mg, 200mg, 300mg	1	
phenytoin suspension 125mg/5ml	1	
phenytoin tablet chewable 50mg	1	
rufinamide suspension 40mg/ml	4	
rufinamide tablet 200mg	1	
rufinamide tablet 400mg	4	
TRILEPTAL SUSPENSION 300MG/5ML	3	
TRILEPTAL TABLET 300MG	3	
TRILEPTAL TABLET 600MG	4	
VIMPAT INJECTION 200MG/20ML	3	
VIMPAT ORAL SOLUTION 10MG/ML	4	
VIMPAT TABLET 100MG, 150MG, 200MG	4	
XCOPRI TABLET THERAPY PACK 0	3	QL (56 EA per 365 days) PA; (12.5mg-25mg)
XCOPRI TABLET THERAPY PACK 0	4	PA
XCOPRI TABLET THERAPY PACK 0	4	QL (56 EA per 28 days) PA
XCOPRI TABLET THERAPY PACK 0	4	QL (56 EA per 28 days) PA ; (100mg-150mg)
XCOPRI TABLET THERAPY PACK 0	4	QL (56 EA per 365 days) PA
XCOPRI TABLET 100MG, 25MG, 50MG	4	QL (30 EA per 30 days) PA
XCOPRI TABLET 150MG, 200MG	4	QL (60 EA per 30 days) PA
ZONEGRAN CAPSULE 25MG	3	
ZONEGRAN CAPSULE 100MG	4	
ZONISADE SUSPENSION 100MG/5ML	3	ST
zonisamide capsule 100mg, 25mg, 50mg	1	
Antidementia Agents		
Antidementia Agents, Other		
ergoloid mesylates tablet 1mg	3	
LEQEMBI IQLIK INJECTION 250MG/1.25ML	4	QL (10 ML per 28 days) PA
LEQEMBI IQLIK INJECTION 360MG/1.8ML	4	QL (7.2 ML per 28 days) PA
memantine/donepezil hydrochloride er capsule extended release 24 hour 10mg; 14mg, 10mg; 21mg, 10mg; 28mg	1	QL (30 EA per 30 days)
NAMZARIC CAPSULE ER 24 HOUR THERAPY PACK 10MG; 0	2	QL (56 EA per 365 days)
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 10MG; 14MG, 10MG; 21MG, 10MG; 28MG, 10MG; 7MG	2	QL (30 EA per 30 days)
Cholinesterase Inhibitors		
ADLARITY PATCH WEEKLY 10MG/DAY, 5MG/DAY	3	ST
donepezil hcl tablet disintegrating 10mg, 5mg	1	
donepezil hcl tablet 10mg, 23mg	1	
donepezil hydrochloride odt tablet disintegrating 10mg, 5mg	1	
donepezil hydrochloride tablet 5mg	1	
galantamine hydrobromide er capsule extended release 24 hour 16mg, 24mg, 8mg	1	

Drug Name	Drug Tier	Requirements/Limits
galantamine hydrobromide solution 4mg/ml	1	
galantamine hydrobromide tablet 12mg, 4mg, 8mg	1	
rivastigmine tartrate capsule 1.5mg, 3mg, 4.5mg, 6mg	1	
rivastigmine transdermal system patch 24 hour 13.3mg/24hr, 4.6mg/24hr, 9.5mg/24hr	1	
ZUNVEYL TABLET DELAYED RELEASE 10MG	3	QL (120 EA per 30 days) ST
ZUNVEYL TABLET DELAYED RELEASE 15MG, 5MG	3	QL (60 EA per 30 days) ST
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
memantine hcl titration pak tablet 0	1	
memantine hydrochloride er capsule extended release 24 hour 14mg, 21mg, 28mg, 7mg	1	QL (30 EA per 30 days)
memantine hydrochloride tablet 10mg, 5mg	1	
NAMENDA XR CAPSULE EXTENDED RELEASE 24 HOUR 14MG, 21MG, 28MG	3	QL (30 EA per 30 days)
Antidepressants		
Antidepressants, Other		
APLENZIN TABLET EXTENDED RELEASE 24 HOUR 174MG, 348MG, 522MG	4	QL (30 EA per 30 days) ST
AUVELITY TITRATION PACK TABLET EXTENDED RELEASE THERAPY PACK 0; 0	3	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	1	QL (60 EA per 30 days)
bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg	1	QL (90 EA per 30 days)
bupropion hydrochloride er (xl) tablet extended release 24 hour 300mg	1	QL (30 EA per 30 days)
bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg	1	QL (90 EA per 30 days)
bupropion hydrochloride tablet 100mg	1	QL (120 EA per 30 days)
bupropion hydrochloride tablet 75mg	1	QL (180 EA per 30 days)
chlordiazepoxide/amitriptyline tablet 12.5mg; 5mg, 25mg; 10mg	1	
EXXUA TITRATION PACK TABLET EXTENDED RELEASE 24 HOUR 18.2MG	4	QL (30 EA per 30 days) ST
EXXUA TABLET EXTENDED RELEASE 24 HOUR 18.2MG, 36.3MG, 54.5MG, 72.6MG	4	QL (30 EA per 30 days) ST
mirtazapine odt tablet disintegrating 15mg, 30mg, 45mg	1	
mirtazapine tablet 15mg, 30mg, 45mg, 7.5mg	1	
olanzapine/fluoxetine capsule 25mg; 12mg, 50mg; 12mg, 50mg; 6mg	1	QL (30 EA per 30 days)
olanzapine/fluoxetine capsule 25mg; 3mg, 25mg; 6mg	1	QL (90 EA per 30 days)
perphenazine/amitriptyline tablet 10mg; 2mg, 10mg; 4mg, 25mg; 2mg, 25mg; 4mg, 50mg; 4mg	1	
SPRAVATO 56MG DOSE SOLUTION THERAPY PACK 28MG/DEVICE	4	PA
SPRAVATO 84MG DOSE SOLUTION THERAPY PACK 28MG/DEVICE	4	PA
SYMBYAX CAPSULE 25MG; 3MG, 25MG; 6MG	3	QL (90 EA per 30 days)
WELLBUTRIN SR TABLET EXTENDED RELEASE 12 HOUR 150MG, 200MG	3	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
WELLBUTRIN SR TABLET EXTENDED RELEASE 12 HOUR 100MG	3	QL (90 EA per 30 days)
WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 300MG	4	QL (30 EA per 30 days)
WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 150MG	4	QL (90 EA per 30 days)
ZURZUVAE CAPSULE 30MG	4	QL (14 EA per 14 days) PA
ZURZUVAE CAPSULE 20MG, 25MG	4	QL (28 EA per 14 days) PA
Monoamine Oxidase Inhibitors		
EMSAM PATCH 24 HOUR 12MG/24HR, 6MG/24HR, 9MG/24HR	4	QL (30 EA per 30 days) ST
MARPLAN TABLET 10MG	3	
PARNATE TABLET 10MG	3	
phenelzine sulfate tablet 15mg	1	
tranylcypromine sulfate tablet 10mg	1	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor		
CELEXA TABLET 10MG, 20MG, 40MG	3	QL (30 EA per 30 days)
citalopram hydrobromide capsule 30mg	1	QL (30 EA per 30 days)
citalopram hydrobromide solution 10mg/5ml	1	QL (600 ML per 30 days)
citalopram hydrobromide tablet 10mg, 20mg, 40mg	1	QL (30 EA per 30 days)
CYMBALTA CAPSULE DELAYED RELEASE PARTICLES 20MG, 60MG	3	QL (60 EA per 30 days)
CYMBALTA CAPSULE DELAYED RELEASE PARTICLES 30MG	3	QL (90 EA per 30 days)
DESVENLAFAXINE ER TABLET EXTENDED RELEASE 24 HOUR 100MG	3	QL (120 EA per 30 days) ST
DESVENLAFAXINE ER TABLET EXTENDED RELEASE 24 HOUR 50MG	3	QL (30 EA per 30 days) ST
desvenlafaxine er tablet extended release 24 hour 100mg	1	QL (120 EA per 30 days); Generic Pristiq
desvenlafaxine er tablet extended release 24 hour 25mg, 50mg	1	QL (30 EA per 30 days); Generic Pristiq
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 60MG	3	QL (60 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30MG, 40MG	3	QL (90 EA per 30 days)
duloxetine hydrochloride dr capsule delayed release particles 120mg, 80mg, 90mg	1	QL (30 EA per 30 days)
duloxetine hydrochloride dr capsule delayed release particles 20mg, 60mg	1	QL (60 EA per 30 days)
duloxetine hydrochloride dr capsule delayed release particles 30mg, 40mg	1	QL (90 EA per 30 days)
ESCITALOPRAM OXALATE CAPSULE 15MG	1	
escitalopram oxalate solution 5mg/5ml	1	
escitalopram oxalate tablet 10mg, 20mg, 5mg	1	
FETZIMA TITRATION PACK CAPSULE ER 24 HOUR THERAPY PACK 0	3	QL (56 EA per 365 days) ST
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 20MG, 40MG, 80MG	3	QL (30 EA per 30 days) ST
fluoxetine dr capsule delayed release 90mg	1	QL (4 EA per 28 days)

Drug Name	Drug Tier	Requirements/Limits
fluoxetine hydrochloride capsule 10mg, 20mg, 40mg	1	
fluoxetine hydrochloride solution 20mg/5ml	1	
fluoxetine hydrochloride tablet 10mg, 20mg, 60mg	1	
fluvoxamine maleate er capsule extended release 24 hour 100mg, 150mg	1	QL (60 EA per 30 days)
fluvoxamine maleate tablet 100mg, 25mg, 50mg	1	
nefazodone hydrochloride tablet 100mg, 150mg, 200mg, 250mg, 50mg	3	
paroxetine hcl er tablet extended release 24 hour 12.5mg, 25mg, 37.5mg	1	
paroxetine hcl tablet 30mg, 40mg	1	
paroxetine hydrochloride suspension 10mg/5ml	1	
paroxetine hydrochloride tablet 10mg, 20mg	1	
paroxetine capsule 7.5mg	1	QL (30 EA per 30 days)
PAXIL CR TABLET EXTENDED RELEASE 24 HOUR 12.5MG, 25MG, 37.5MG	3	
PAXIL SUSPENSION 10MG/5ML	3	
PAXIL TABLET 10MG, 20MG, 30MG, 40MG	3	
PRISTIQ TABLET EXTENDED RELEASE 24 HOUR 100MG	3	QL (120 EA per 30 days)
PRISTIQ TABLET EXTENDED RELEASE 24 HOUR 25MG, 50MG	3	QL (30 EA per 30 days)
PROZAC CAPSULE 20MG, 40MG	3	
RALDESY SOLUTION 10MG/ML	3	
sertraline hcl concentrate 20mg/ml	1	
sertraline hcl tablet 50mg	1	
sertraline hydrochloride capsule 150mg, 200mg	1	
sertraline hydrochloride concentrate 20mg/ml	1	
sertraline hydrochloride tablet 100mg, 25mg	1	
trazodone hydrochloride tablet 100mg, 150mg, 25mg, 50mg, 75mg	1	
TRINTELLIX TABLET 10MG, 20MG, 5MG	3	QL (30 EA per 30 days)
VENLAFAXINE BESYLATE ER TABLET EXTENDED RELEASE 24 HOUR 112.5MG	3	ST
venlafaxine hcl tablet 100mg, 25mg, 37.5mg, 50mg, 75mg	1	
venlafaxine hydrochloride er capsule extended release 24 hour 150mg, 37.5mg, 75mg	1	
venlafaxine hydrochloride er tablet extended release 24 hour 150mg, 225mg, 37.5mg, 75mg	1	
venlafaxine hydrochloride tablet 100mg, 25mg, 37.5mg, 50mg, 75mg	1	
VIIBRYD TABLET 10MG, 20MG, 40MG	3	QL (30 EA per 30 days)
vilazodone hydrochloride tablet 10mg, 20mg, 40mg	1	QL (30 EA per 30 days)
Tricyclics		
amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg	1	
amitriptyline hydrochloride tablet 100mg, 10mg, 150mg, 25mg, 50mg, 75mg	1	
amoxapine tablet 100mg, 150mg, 25mg, 50mg	1	
ANAFRANIL CAPSULE 25MG, 50MG, 75MG	4	
clomipramine hcl capsule 25mg, 50mg, 75mg	1	
clomipramine hydrochloride capsule 25mg, 50mg, 75mg	1	

Drug Name	Drug Tier	Requirements/Limits
desipramine hydrochloride tablet 100mg, 10mg, 150mg, 25mg, 50mg, 75mg	1	
doxepin hcl capsule 75mg	1	
doxepin hcl concentrate 10mg/ml	1	
doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg	1	
imipramine hcl tablet 25mg, 50mg	1	
imipramine hydrochloride tablet 10mg	1	
imipramine pamoate capsule 100mg, 125mg, 150mg, 75mg	1	
NORPRAMIN TABLET 10MG, 25MG	3	
nortriptyline hcl capsule 25mg, 75mg	1	
nortriptyline hcl solution 10mg/5ml	1	
nortriptyline hydrochloride capsule 10mg, 50mg	1	
PAMELOR CAPSULE 10MG, 25MG, 50MG, 75MG	4	
protriptyline hcl tablet 10mg, 5mg	1	
trimipramine maleate capsule 100mg, 25mg, 50mg	1	
Antiemetics		
Antiemetics, Other		
ANTIVERT TABLET CHEWABLE 25MG	3	
ANTIVERT TABLET 50MG	3	
BARHEMSYS INJECTION 10MG/4ML, 5MG/2ML	3	
BONJESTA TABLET EXTENDED RELEASE 20MG; 20MG	3	QL (60 EA per 30 days)
COMPRO SUPPOSITORY 25MG	1	
DICLEGIS TABLET DELAYED RELEASE 10MG; 10MG	3	QL (120 EA per 30 days)
doxylamine succinate/pyridoxine hydrochloride tablet delayed release 10mg; 10mg	1	QL (120 EA per 30 days)
meclizine hcl tablet 12.5mg, 25mg	1	
meclizine hydrochloride tablet chewable 25mg	1	
meclizine hydrochloride tablet 25mg, 50mg	1	
prochlorperazine edisylate injection 10mg/2ml	1	
prochlorperazine maleate tablet 10mg, 5mg	1	
prochlorperazine suppository 25mg	1	
promethazine hcl suppository 12.5mg	1	PA
promethazine hydrochloride suppository 25mg	1	PA
promethazine hydrochloride tablet 12.5mg, 25mg, 50mg	1	PA
PROMETHEGAN SUPPOSITORY 12.5MG, 25MG, 50MG	1	PA
scopolamine patch 72 hour 1mg/3days	1	
TIGAN INJECTION 100MG/ML	3	
TRANSDERM-SCOP PATCH 72 HOUR 1MG/3DAYS	3	
trimethobenzamide hydrochloride capsule 300mg	1	B/D
trimethobenzamide hydrochloride injection 100mg/ml	1	
Emetogenic Therapy Adjuncts		
AKYNZEO CAPSULE 300MG; 0.5MG	3	QL (2 EA per 30 days) B/D
AKYNZEO INJECTION 235MG/20ML; 0.25MG/20ML, 235MG; 0.25MG	3	
ANZEMET TABLET 50MG	3	QL (5 EA per 30 days) B/D
APONVIE INJECTION 32MG/4.4ML	3	
aprepitant capsule therapy pack 0	1	QL (6 EA per 30 days) B/D
aprepitant capsule 40mg	1	QL (1 EA per 30 days) B/D
aprepitant capsule 80mg	1	QL (8 EA per 30 days) B/D

Drug Name	Drug Tier	Requirements/Limits
aprepitant capsule 125mg	4	QL (2 EA per 30 days) B/D
dronabinol capsule 10mg, 2.5mg, 5mg	1	QL (60 EA per 30 days) PA
DRONABINOL SOLUTION 5MG/ML	4	QL (120 ML per 30 days) PA
EMEND BIPACK CAPSULE 80MG	3	QL (8 EA per 30 days) B/D
EMEND TRIPACK CAPSULE THERAPY PACK 0	3	QL (6 EA per 30 days) B/D
EMEND SUSPENSION RECONSTITUTED 125MG/5ML	3	QL (6 EA per 30 days) B/D
granisetron hydrochloride tablet 1mg	1	QL (30 EA per 30 days) B/D
GRANISOL SOLUTION 2MG/10ML	3	QL (150 ML per 30 days) B/D
MARINOL CAPSULE 2.5MG	3	QL (60 EA per 30 days) PA
NAVITRUX INJECTION 150MG	3	
NEREUS CAPSULE 85MG	3	PA
ondansetron hcl solution 4mg/5ml	1	QL (450 ML per 30 days) B/D
ondansetron hcl tablet 24mg	1	QL (14 EA per 28 days) B/D
ondansetron hydrochloride injection 4mg/2ml	1	
ondansetron hydrochloride tablet 4mg, 8mg	1	B/D
ondansetron odt tablet disintegrating 16mg, 4mg, 8mg	1	B/D
palonosetron hydrochloride injection 0.25mg/5ml	1	
SANCUSO PATCH 3.1MG/24HR	4	QL (2 EA per 30 days)
SUSTOL INJECTION 10MG/0.4ML	4	QL (1.2 ML per 30 days)
SYNDROS SOLUTION 5MG/ML	4	QL (120 ML per 30 days) PA
VARUBI TABLET THERAPY PACK 90MG	3	QL (4 EA per 28 days) B/D
Antifungals		
Antifungals		
ABELCET INJECTION 5MG/ML	3	B/D
AMBISOME INJECTION 50MG	4	B/D
amphotericin b liposome injection 50mg	4	B/D
amphotericin b injection 50mg	1	B/D
ANCOBON CAPSULE 250MG, 500MG	4	
CANCIDAS INJECTION 50MG, 70MG	4	
caspofungin acetate injection 50mg, 70mg	1	
CLOTIC SOLUTION 1%	4	
clotrimazole cream 1%	1	QL (90 GM per 30 days)
clotrimazole solution 1%	1	QL (60 ML per 30 days)
clotrimazole troche 10mg	1	
CRESEMBA CAPSULE 74.5MG	4	QL (175 EA per 30 days) PA
CRESEMBA CAPSULE 186MG	4	QL (70 EA per 30 days) PA
CRESEMBA INJECTION 372MG	4	
DIFLUCAN TABLET 200MG	4	
econazole nitrate cream 1%	1	QL (85 GM per 30 days)
ERAXIS INJECTION 100MG, 50MG	3	
ERTACZO CREAM 2%	4	
fluconazole in sodium chloride injection 200mg/100ml; 0.9%, 400mg/200ml; 0.9%	1	
fluconazole suspension reconstituted 10mg/ml, 40mg/ml	1	
fluconazole tablet 100mg, 150mg, 200mg, 50mg	1	
flucytosine capsule 250mg, 500mg	4	
FULVICIN P/G 165 TABLET 165MG	4	
griseofulvin microsize suspension 125mg/5ml	1	
griseofulvin microsize tablet 500mg	1	
griseofulvin ultramicrosize tablet 125mg, 250mg	1	

Drug Name	Drug Tier	Requirements/Limits
griseofulvin ultramicrosize tablet 165mg	4	
itraconazole capsule 100mg	1	PA
itraconazole solution 10mg/ml	4	PA
JUBLIA SOLUTION 10%	4	
ketoconazole cream 2%	1	QL (90 GM per 30 days)
ketoconazole shampoo 2%	1	QL (120 ML per 30 days)
ketoconazole tablet 200mg	1	
klayesta powder 100000unit/gm	1	QL (120 GM per 30 days)
MICAFUNGIN SODIUM/SODIUM CHLORIDE INJECTION 150MG/150ML; 0.9%	3	
MICAFUNGIN/SODIUM CHLORIDE INJECTION 100MG/100ML; 0.9%, 50MG/50ML; 0.9%	3	
micafungin injection 100mg, 50mg	1	
MYCAMINE INJECTION 50MG	3	
MYCAMINE INJECTION 100MG	4	
NOXAFIL INJECTION 300MG/16.7ML	4	
NOXAFIL PACKET 300MG	4	QL (32 EA per 30 days) PA
NOXAFIL SUSPENSION 40MG/ML	4	QL (600 ML per 30 days) PA
NOXAFIL TABLET DELAYED RELEASE 100MG	4	QL (93 EA per 30 days) PA
nyamyc powder 100000unit/gm	1	QL (120 GM per 30 days)
nystatin cream 100000unit/gm	1	QL (60 GM per 30 days)
nystatin ointment 100000unit/gm	1	QL (60 GM per 30 days)
nystatin powder 100000unit/gm	1	QL (120 GM per 30 days)
nystatin suspension 100000unit/ml	1	
nystatin tablet 500000unit	1	
nystop powder 100000unit/gm	1	QL (120 GM per 30 days)
ORAVIG TABLET 50MG	4	
oxiconazole nitrate cream 1%	1	QL (90 GM per 30 days)
OXISTAT CREAM 1%	3	QL (90 GM per 30 days)
posaconazole dr tablet delayed release 100mg	4	QL (93 EA per 30 days) PA
posaconazole injection 300mg/16.7ml	4	
posaconazole suspension 40mg/ml	4	QL (600 ML per 30 days) PA
REZZAYO INJECTION 200MG	4	
SPORANOX CAPSULE 100MG	4	PA
SPORANOX SOLUTION 10MG/ML	4	PA
SULCONAZOLE NITRATE SOLUTION 1%	1	
tavaborole solution 5%	1	PA
terbinafine hcl tablet 250mg	1	QL (84 EA per 180 days)
terconazole cream 0.4%, 0.8%	1	
TOLSURA CAPSULE 65MG	4	QL (120 EA per 30 days) PA
VFEND IV INJECTION 200MG	4	PA
VFEND SUSPENSION RECONSTITUTED 40MG/ML	4	QL (600 ML per 30 days)
VFEND TABLET 50MG	3	QL (480 EA per 30 days)
VIVJOA CAPSULE THERAPY PACK 150MG	3	PA
voriconazole injection 200mg	1	PA
voriconazole injection 200mg/20ml	4	PA
voriconazole suspension reconstituted 40mg/ml	4	QL (600 ML per 30 days)
voriconazole tablet 200mg	1	QL (120 EA per 30 days)
voriconazole tablet 50mg	1	QL (480 EA per 30 days)
Antigout Agents		

Drug Name	Drug Tier	Requirements/Limits
Antigout Agents		
allopurinol tablet 100mg, 200mg, 300mg	1	
colchicine capsule 0.6mg	2	
colchicine tablet 0.6mg	1	
febuxostat tablet 40mg, 80mg	1	
GLOPERBA SOLUTION 0.6MG/5ML	3	ST
KRYSTEXXA INJECTION 8MG/50ML, 8MG/ML	4	PA
probenecid/colchicine tablet 0.5mg; 500mg	1	
probenecid tablet 500mg	1	
Antimigraine Agents		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists		
AIMOVIG INJECTION 140MG/ML	2	QL (1 ML per 28 days) PA
AIMOVIG INJECTION 70MG/ML	2	QL (2 ML per 28 days) PA
AJOVY INJECTION 225MG/1.5ML	3	QL (4.5 ML per 84 days) PA
EMGALITY INJECTION 120MG/ML	2	QL (2 ML per 28 days) PA
EMGALITY INJECTION 100MG/ML	4	QL (3 ML per 28 days) PA
NURTEC TABLET DISINTEGRATING 75MG	4	QL (18 EA per 30 days) PA
UBRELVY TABLET 100MG, 50MG	4	QL (16 EA per 30 days) PA
Ergot Alkaloids		
BREKIYA INJECTION 1MG/ML	3	QL (24 ML per 28 days) PA
CAFERGOT TABLET 100MG; 1MG	3	QL (40 EA per 28 days)
dihydroergotamine mesylate injection 1mg/ml	4	QL (24 ML per 28 days) PA
dihydroergotamine mesylate nasal solution 4mg/ml	1	QL (8 ML per 30 days) PA
ERGOMAR TABLET SUBLINGUAL 2MG	4	
ergotamine tartrate/caffeine tablet 100mg; 1mg	1	QL (40 EA per 28 days)
MIGERGOT SUPPOSITORY 100MG; 2MG	4	QL (20 EA per 28 days)
MIGRANAL SOLUTION 4MG/ML	4	QL (8 ML per 30 days) PA
TRUDHESA AEROSOL SOLUTION 0.725MG/ACT	3	QL (12 ML per 28 days) PA
Prophylactic		
timolol maleate tablet 10mg, 20mg, 5mg	1	
VYEPTI INJECTION 100MG/ML	3	QL (3 ML per 84 days) PA
Serotonin (5-HT) Receptor Agonist		
almotriptan malate tablet 12.5mg	1	QL (12 EA per 30 days)
almotriptan tablet 12.5mg, 6.25mg	1	QL (12 EA per 30 days)
eletriptan hydrobromide tablet 20mg, 40mg	1	QL (12 EA per 30 days)
FROVA TABLET 2.5MG	3	QL (12 EA per 30 days)
frovatriptan succinate tablet 2.5mg	1	QL (12 EA per 30 days)
IMITREX STATDOSE REFILL INJECTION 4MG/0.5ML, 6MG/0.5ML	4	QL (5 ML per 30 days)
IMITREX STATDOSE SYSTEM INJECTION 4MG/0.5ML	3	QL (5 ML per 30 days)
IMITREX STATDOSE SYSTEM INJECTION 6MG/0.5ML	4	QL (5 ML per 30 days)
IMITREX TABLET 100MG, 25MG, 50MG	3	QL (9 EA per 30 days)
MAXALT-MLT TABLET DISINTEGRATING 10MG	3	QL (18 EA per 30 days)
MAXALT TABLET 10MG	3	QL (18 EA per 30 days)
naratriptan hcl tablet 1mg, 2.5mg	1	QL (9 EA per 30 days)
ONZETRA XSAIL EXHALER POWDER 11MG/NOSEPC	3	QL (16 EA per 30 days)
RELPAX TABLET 20MG, 40MG	3	QL (12 EA per 30 days)
REYVOW TABLET 50MG	3	QL (4 EA per 30 days) PA
REYVOW TABLET 100MG	3	QL (8 EA per 30 days) PA

Drug Name	Drug Tier	Requirements/Limits
RIZAFILM FILM 10MG	3	QL (12 EA per 30 days)
RIZAFILM FILM 5MG	3	QL (4 EA per 30 days)
rizatriptan benzoate odt tablet disintegrating 10mg, 5mg	1	QL (18 EA per 30 days)
rizatriptan benzoate tablet 10mg, 5mg	1	QL (18 EA per 30 days)
sumatriptan succinate refill injection 4mg/0.5ml, 6mg/0.5ml	1	QL (5 ML per 30 days)
sumatriptan succinate injection 4mg/0.5ml, 6mg/0.5ml	1	QL (5 ML per 30 days)
sumatriptan succinate tablet 100mg, 25mg, 50mg	1	QL (9 EA per 30 days)
sumatriptan/naproxen sodium tablet 500mg; 85mg	1	QL (9 EA per 30 days)
sumatriptan solution 20mg/act, 5mg/act	1	QL (12 EA per 30 days)
SYMBRAVO TABLET 20MG; 10MG	3	QL (9 EA per 30 days) ST
TOSYMRA SOLUTION 10MG/ACT	3	QL (12 EA per 30 days)
TREXIMET TABLET 500MG; 85MG	4	QL (9 EA per 30 days)
ZEMBRACE SYMTOUCH INJECTION 3MG/0.5ML	4	QL (8 ML per 30 days)
zolmitriptan odt tablet disintegrating 2.5mg	1	QL (12 EA per 30 days)
zolmitriptan odt tablet disintegrating 5mg	1	QL (9 EA per 30 days)
zolmitriptan solution 5mg	1	QL (12 EA per 30 days)
zolmitriptan tablet 2.5mg, 5mg	1	QL (12 EA per 30 days)
ZOMIG SOLUTION 5MG	3	QL (12 EA per 30 days)
ZOMIG TABLET 2.5MG	3	QL (12 EA per 30 days)
ZOMIG TABLET 5MG	4	QL (12 EA per 30 days)
Antimyasthenic Agents		
Parasympathomimetics		
MESTINON TIMESPAN TABLET EXTENDED RELEASE 180MG	4	
MESTINON SOLUTION 60MG/5ML	4	
MESTINON TABLET 60MG	4	
PYRIDOSTIGMINE BROMIDE ER TABLET EXTENDED RELEASE 24 HOUR 105MG	1	
pyridostigmine bromide solution 60mg/5ml	3	
pyridostigmine bromide tablet 60mg	1	
VYVGART HYTRULO INJECTION 180MG/ML; 2000UNIT/ML	4	PA
Antimycobacterials		
Antimycobacterials, Other		
dapsone tablet 100mg, 25mg	1	
EMROSI CAPSULE EXTENDED RELEASE 24 HOUR 40MG	4	
MYCOBUTIN CAPSULE 150MG	4	
PRETOMANID TABLET 200MG	3	
rifabutin capsule 150mg	1	
Antituberculars		
cycloserine capsule 250mg	4	
ethambutol hydrochloride tablet 100mg, 400mg	1	
isoniazid injection 100mg/ml	3	
isoniazid syrup 50mg/5ml	1	
isoniazid tablet 100mg, 300mg	1	
PRIFTIN TABLET 150MG	3	
pyrazinamide tablet 500mg	1	
RIFADIN INJECTION 600MG	4	
rifampin capsule 150mg, 300mg	1	
rifampin injection 600mg	1	
rifapentine tablet 150mg	1	

Drug Name	Drug Tier	Requirements/Limits
SIRTURO TABLET 100MG, 20MG	4	
TRECATOR TABLET 250MG	3	
Antineoplastics		
Alkylating Agents		
BELRAPZO INJECTION 100MG/4ML	4	
BENDAMUSTINE HYDROCHLORIDE INJECTION 100MG/4ML	4	
bendamustine hydrochloride injection 100mg, 25mg	4	
BENDEKA INJECTION 100MG/4ML	4	
busulfan injection 6mg/ml	4	
BUSULFEX INJECTION 6MG/ML	4	
carboplatin injection 450mg/45ml, 600mg/60ml	1	
carmustine injection 100mg, 300mg, 50mg	4	
CISPLATIN INJECTION 50MG	4	
cisplatin injection 100mg/100ml	1	
CYCLOPHOSPHAMIDE MONOHYDRATE INJECTION 2GM/10ML	4	
cyclophosphamide capsule 25mg, 50mg	1	B/D
CYCLOPHOSPHAMIDE INJECTION 1000MG/10ML, 1GM/2ML, 2000MG/20ML, 2GM/10ML, 2GM/4ML, 500MG/5ML, 500MG/ML	4	
cyclophosphamide injection 1gm/5ml, 500mg/2.5ml, 500mg	1	
cyclophosphamide injection 1gm, 2gm	4	
CYCLOPHOSPHAMIDE TABLET 25MG, 50MG	1	B/D
EVDI INJECTION 1MG/20ML	4	PA
EVOMELA INJECTION 50MG	4	
FRINDOVYX INJECTION 1GM/2ML, 2GM/4ML, 500MG/ML	4	
GRAFAPEX INJECTION 1GM, 5GM	4	
ifosfamide injection 3gm	1	
IVRA INJECTION 90MG/ML	4	
KYXATA INJECTION 500MG/50ML, 80MG/8ML	4	
LEUKERAN TABLET 2MG	4	
lomustine capsule 100mg, 10mg, 40mg	1	
MATULANE CAPSULE 50MG	4	
OPDIVO QVANTIG INJECTION 10000UNIT/5ML; 600MG/5ML, 5000UNIT/2.5ML; 300MG/2.5ML	4	PA
oxaliplatin injection 50mg/10ml	1	
oxaliplatin injection 100mg/20ml, 100mg, 200mg/40ml, 50mg	4	
TEMODAR INJECTION 100MG	4	
TEPADINA INJECTION 0.9%; 200MG/200ML, 0.9%; 400MG/400ML, 100MG, 15MG	4	
TEPYLUTE INJECTION 100MG/10ML, 15MG/1.5ML	4	
thiotepa injection 100mg, 15mg	4	
TREANDA INJECTION 100MG, 25MG	4	
VALCHLOR GEL 0.016%	4	QL (60 GM per 30 days) PA
VIVIMUSTA INJECTION 100MG/4ML	4	
YONDELIS INJECTION 1MG	4	
ZANOSAR INJECTION 1GM	4	
ZEPZELCA INJECTION 4MG	4	PA
Antiandrogens		

Drug Name	Drug Tier	Requirements/Limits
abiraterone acetate tablet 250mg	1	PA
abiraterone acetate tablet 500mg	4	PA
abirtega tablet 250mg	1	PA
bicalutamide tablet 50mg	1	
CASODEX TABLET 50MG	3	
ERLEADA TABLET 240MG, 60MG	4	PA
EULEXIN CAPSULE 125MG	3	
NILANDRON TABLET 150MG	4	
nilutamide tablet 150mg	4	
NUBEQA TABLET 300MG	4	PA
XTANDI CAPSULE 40MG	4	PA
XTANDI TABLET 40MG, 80MG	4	PA
YONSA TABLET 125MG	4	PA
ZYTIGA TABLET 250MG, 500MG	4	PA
Antiangiogenic Agents		
lenalidomide capsule 10mg, 15mg, 2.5mg, 20mg, 25mg, 5mg	4	QL (30 EA per 30 days) PA
pomalidomide capsule 1mg, 2mg, 3mg, 4mg	4	QL (30 EA per 30 days) PA
POMALYST CAPSULE 1MG, 2MG, 3MG, 4MG	4	QL (30 EA per 30 days) PA
REVLIMID CAPSULE 10MG, 15MG, 2.5MG, 20MG, 25MG, 5MG	4	QL (30 EA per 30 days) PA
THALOMID CAPSULE 150MG, 200MG, 50MG	4	PA
THALOMID CAPSULE 100MG	4	QL (112 EA per 28 days) PA
Antiestrogens/Modifiers		
EMCYT CAPSULE 140MG	4	
ETCAMAH TABLET 75MG	4	PA
FARESTON TABLET 60MG	4	
FASLODEX INJECTION 250MG/5ML	4	
fulvestrant injection 250mg/5ml	4	
INLURIYO TABLET 200MG	4	PA
ORSERDU TABLET 345MG	4	QL (30 EA per 30 days) PA
ORSERDU TABLET 86MG	4	QL (90 EA per 30 days) PA
SOLTAMOX SOLUTION 10MG/5ML	4	
tamoxifen citrate tablet 10mg, 20mg	1	
toremifene citrate tablet 60mg	1	
VEPPANU TABLET 200MG	4	PA
VEPPANU TABLET 100MG	4	QL (30 EA per 30 days) PA
Antimetabolites		
ALIMTA INJECTION 100MG, 500MG	4	
ARRANON INJECTION 5MG/ML	4	
AXTLE INJECTION 100MG, 500MG	4	
cladribine injection 10mg/10ml	4	B/D
clofarabine injection 1mg/ml	4	
CLOLAR INJECTION 1MG/ML	4	
cytarabine aqueous injection 20mg/ml	1	B/D
cytarabine injection 100mg/ml, 20mg/ml	1	B/D
DROXIA CAPSULE 200MG, 300MG, 400MG	3	
FAVLYXA INJECTION 2.5GM/100ML, 250MG/10ML	4	B/D
floxuridine injection 0.5gm	4	B/D
fluorouracil injection 1gm/20ml, 2.5gm/50ml, 500mg/10ml, 5gm/100ml	1	B/D

Drug Name	Drug Tier	Requirements/Limits
FOLOTYN INJECTION 20MG/ML, 40MG/2ML	4	PA
gemcitabine hydrochloride injection 200mg/2ml, 200mg/5.26ml	1	
gemcitabine hydrochloride injection 1.5gm/15ml, 1gm/10ml, 1gm/26.3ml, 2gm/20ml, 2gm/52.6ml	4	
hydroxyurea capsule 500mg	1	
INLEXZO INJECTION 225MG	4	PA
mercaptopurine suspension 2000mg/100ml	4	
mercaptopurine tablet 50mg	1	
nelarabine injection 5mg/ml	4	
NIPENT INJECTION 10MG	4	
pemetrexed disodium injection 100mg, 500mg	4	
PEMETREXED INJECTION 1GM/40ML	3	
PEMETREXED INJECTION 100MG/4ML, 100MG, 1GM/40ML, 500MG/20ML, 500MG, 850MG/34ML	4	
pemetrexed injection 1000mg, 100mg, 500mg, 750mg	4	
PEMFEXY INJECTION 500MG/20ML	4	
PEMRYDI RTU INJECTION 100MG/10ML, 500MG/50ML	4	
pralatrexate injection 20mg/ml, 40mg/2ml	4	PA
PURIXAN SUSPENSION 2000MG/100ML	4	
SIKLOS TABLET 100MG	3	PA
SIKLOS TABLET 1000MG	4	PA
TABLOID TABLET 40MG	4	
VYXEOS INJECTION 100MG; 44MG	4	PA
XROMI SOLUTION 100MG/ML	3	PA
Antineoplastics, Other		
ABRAXANE INJECTION 900MG; 100MG	4	
adriamycin injection 50mg	1	B/D
ADSTILADRIN INJECTION 0	4	PA
AKEEGA TABLET 500MG; 100MG, 500MG; 50MG	4	PA
ANKTIVA INJECTION 400MCG/0.4ML	4	PA
arsenic trioxide injection 10mg/10ml, 12mg/6ml	4	
ASPARLAS INJECTION 3750UNIT/5ML	4	
azacitidine injection 100mg	4	
BEIZRAY INJECTION 20MG/ML, 25%; 80MG/4ML	4	
bleomycin sulfate injection 15unit, 30unit	1	B/D
bortezomib injection 1mg, 2.5mg	1	PA
bortezomib injection 3.5mg/1.4ml	3	PA
bortezomib injection 3.5mg	4	PA
BORUZU INJECTION 3.5MG/1.4ML	4	PA
COLUMVI INJECTION 10MG/10ML, 2.5MG/2.5ML	4	PA
dactinomycin injection 0.5mg	4	
daunorubicin hydrochloride injection 20mg/4ml	1	
decitabine injection 50mg	4	
docetaxel injection 160mg/16ml, 80mg/8ml	1	
docetaxel injection 160mg/8ml, 20mg/2ml	4	
DOXIL INJECTION 2MG/ML	4	
doxorubicin hcl injection 2mg/ml, 50mg	1	B/D
doxorubicin hydrochloride liposomal injection 2mg/ml	4	
doxorubicin hydrochloride injection 10mg	1	B/D

Drug Name	Drug Tier	Requirements/Limits
doxorubicin hydrochloride injection 2mg/ml	4	
ELLENCE INJECTION 50MG/25ML	3	
ELREXFIO INJECTION 44MG/1.1ML, 76MG/1.9ML	4	PA
ELZONRIS INJECTION 1000MCG/ML	4	PA
EPKINLY INJECTION 48MG/0.8ML, 4MG/0.8ML	4	PA
eribulin mesylate injection 1mg/2ml	4	PA
ETHYOL INJECTION 500MG	4	
HALAVEN INJECTION 1MG/2ML	4	PA
IBRANCE TABLET 100MG, 125MG, 75MG	4	PA
IDAMYCIN PFS INJECTION 10MG/10ML, 20MG/20ML, 5MG/5ML	4	
idarubicin hcl injection 10mg/10ml, 20mg/20ml, 5mg/5ml	1	
idarubicin hydrochloride injection 10mg/10ml, 20mg/20ml, 5mg/5ml	1	
IMDELLTRA INJECTION 10MG, 1MG	4	PA
INREBIC CAPSULE 100MG	4	PA
ISTODAX INJECTION 10MG	4	PA
ITOVEBI TABLET 9MG	4	PA
ITOVEBI TABLET 3MG	4	QL (60 EA per 30 days) PA
IWILFIN TABLET 192MG	4	PA
IXEMPRA KIT INJECTION 15MG, 45MG	4	
JEVTANA INJECTION 60MG/1.5ML	4	PA
KIMMTRAK INJECTION 100MCG/0.5ML	4	PA
KISQALI FEMARA 200 DOSE TABLET THERAPY PACK 2.5MG; 200MG	4	PA
KISQALI FEMARA 400 DOSE TABLET THERAPY PACK 2.5MG; 200MG	4	PA
KISQALI FEMARA 600 DOSE TABLET THERAPY PACK 2.5MG; 200MG	4	PA
KOMZIFTI CAPSULE 200MG	4	PA
LAZCLUZE TABLET 240MG	4	PA
LAZCLUZE TABLET 80MG	4	QL (60 EA per 30 days) PA
leucovorin calcium injection 350mg, 500mg	1	
leucovorin calcium tablet 10mg, 15mg, 25mg, 5mg	1	
levoleucovorin injection 50mg	4	
LONSURF TABLET 6.14MG; 15MG, 8.19MG; 20MG	4	PA
LYMPHIR INJECTION 300MCG	4	PA
LYNOZYFIC INJECTION 200MG/10ML, 5MG/2.5ML	4	PA
LYSODREN TABLET 500MG	4	
mitomycin injection 20mg, 40mg, 5mg	4	
MODEYSO CAPSULE 125MG	4	PA
MUTAMYCIN INJECTION 20MG, 40MG, 5MG	4	
OGSIVEO TABLET 100MG, 50MG	4	PA
OGSIVEO TABLET 150MG	4	QL (60 EA per 30 days) PA
OJEMDA SUSPENSION RECONSTITUTED 25MG/ML	4	PA
OJEMDA TABLET 100MG	4	PA
ONCASPAR INJECTION 750UNIT/ML	4	
ONUREG TABLET 200MG, 300MG	4	PA
PACLITAXEL PROTEIN-BOUND PARTICLES INJECTION 900MG; 100MG	4	

Drug Name	Drug Tier	Requirements/Limits
paclitaxel protein-bound particles injection 0; 100mg, 900mg; 100mg	4	
paclitaxel injection 300mg/50ml	1	
PEMETREXED INJECTION 100MG/4ML	4	
PHESGO INJECTION 2000UNIT/ML; 60MG/ML; 60MG/ML, 2000UNIT/ML; 80MG/ML; 40MG/ML	4	PA
PHOTOFRIN INJECTION 75MG	4	
PROLEUKIN INJECTION 22000000UNIT	4	
REVUFORJ TABLET 110MG, 160MG, 25MG	4	PA
ROMIDEPSIN INJECTION 27.5MG/5.5ML	4	PA
romidepsin injection 10mg	4	PA
RYLAZE INJECTION 10MG/0.5ML	4	
RYTELO INJECTION 188MG, 47MG	4	PA
TALVEY INJECTION 3MG/1.5ML, 40MG/ML	4	PA
TECVAYLI INJECTION 153MG/1.7ML, 30MG/3ML	4	PA
TICE BCG INJECTION 50MG	3	
TRISENOX INJECTION 12MG/6ML	4	
valrubicin injection 40mg/ml	4	
VALSTAR INJECTION 40MG/ML	4	
VELCADE INJECTION 3.5MG	4	PA
VIDAZA INJECTION 100MG	4	
vinblastine sulfate injection 1mg/ml	1	B/D
vincristine sulfate injection 1mg/ml	1	B/D
VONJO CAPSULE 100MG	4	PA
ZALTRAP INJECTION 100MG/4ML, 200MG/8ML	4	PA
ZENBEXUS CAPSULE 0.75MG, 1MG	4	PA
ZOLINZA CAPSULE 100MG	4	PA
Antineoplastics		
OPDUALAG INJECTION 240MG/20ML; 80MG/20ML	4	PA
Aromatase Inhibitors, 3rd Generation		
anastrozole tablet 1mg	1	
ARIMIDEX TABLET 1MG	3	
AROMASIN TABLET 25MG	4	
exemestane tablet 25mg	1	
letrozole tablet 2.5mg	1	
Enzyme Inhibitors		
AVMAPKI FAKZYNJA CO-PACK THERAPY PACK 0.8MG; 200MG	4	PA
AVOPEF INJECTION 100MG/5ML, 500MG/25ML	4	
CAMPTOSAR INJECTION 100MG/5ML, 300MG/15ML, 40MG/2ML	4	
ETOPOPHOS INJECTION 100MG	4	
etoposide injection 1gm/50ml, 500mg/25ml	1	
HYCAMTIN INJECTION 4MG	4	
irinotecan hydrochloride injection 100mg/5ml, 300mg/15ml, 40mg/2ml	4	
irinotecan injection 500mg/25ml	4	
KYPROLIS INJECTION 10MG, 30MG, 60MG	4	PA
ONIVYDE INJECTION 43MG/10ML	4	
topotecan hcl injection 4mg	4	

Drug Name	Drug Tier	Requirements/Limits
topotecan hydrochloride injection 4mg/4ml	4	
Molecular Target Inhibitors		
AFINITOR DISPERZ TABLET SOLUBLE 2MG, 3MG, 5MG	4	PA
AFINITOR TABLET 10MG, 2.5MG, 5MG, 7.5MG	4	QL (30 EA per 30 days) PA
ALECENSA CAPSULE 150MG	4	PA
ALIQOPA INJECTION 60MG	4	PA
ALUNBRIG TABLET THERAPY PACK 0	4	QL (60 EA per 365 days) PA
ALUNBRIG TABLET 30MG	4	QL (120 EA per 30 days) PA
ALUNBRIG TABLET 180MG, 90MG	4	QL (30 EA per 30 days) PA
AUGTYRO CAPSULE 160MG, 40MG	4	PA
AYVAKIT TABLET 100MG, 200MG, 25MG, 300MG, 50MG	4	QL (30 EA per 30 days) PA
BALVERSA TABLET 3MG, 4MG, 5MG	4	PA
BELEODAQ INJECTION 500MG	4	PA
BEQALZI STARTER PACK TABLET THERAPY PACK 0	4	QL (88 EA per 365 days) PA
BEQALZI TABLET 80MG	4	QL (120 EA per 30 days) PA
BEQALZI TABLET 20MG	4	QL (28 EA per 28 days) PA
BEQALZI TABLET 1MG, 5MG	4	QL (44 EA per 365 days) PA
BOSULIF CAPSULE 100MG, 50MG	4	PA
BOSULIF TABLET 100MG, 400MG, 500MG	4	PA
bosutinib tablet 100mg, 400mg, 500mg	4	PA
BRAFTOVI CAPSULE 75MG	4	PA
BRUKINSA CAPSULE 80MG	4	PA
BRUKINSA TABLET 160MG	4	PA
CABOMETYX TABLET 20MG, 60MG	4	QL (30 EA per 30 days) PA
CABOMETYX TABLET 40MG	4	QL (60 EA per 30 days) PA
CALQUENCE TABLET 100MG	4	PA
CAPRELSA TABLET 300MG	4	QL (30 EA per 30 days) PA
CAPRELSA TABLET 100MG	4	QL (60 EA per 30 days) PA
CAVHANZA TABLET DISINTEGRATING 60MG, 80MG	4	PA
COMETRIQ KIT 0, 20MG	4	PA
COPIKTRA CAPSULE 15MG, 25MG	4	PA
COTELLIC TABLET 20MG	4	PA
DANZITEN TABLET 71MG, 95MG	4	PA
dasatinib tablet 100mg, 140mg, 70mg	4	QL (30 EA per 30 days) PA
dasatinib tablet 80mg	4	QL (60 EA per 30 days) PA
dasatinib tablet 20mg, 50mg	4	QL (90 EA per 30 days) PA
DAURISMO TABLET 100MG, 25MG	4	PA
ENSACOVE CAPSULE 100MG, 25MG	4	PA
ERIVEDGE CAPSULE 150MG	4	PA
erlotinib hydrochloride tablet 100mg, 150mg, 25mg	1	PA
everolimus tablet soluble 2mg, 3mg, 5mg	4	PA
everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg	4	QL (30 EA per 30 days) PA
EXKIVITY CAPSULE 40MG	4	
fludarabine phosphate injection 50mg/2ml, 50mg	4	
FOTIVDA CAPSULE 0.89MG, 1.34MG	4	PA
FRUZAQLA CAPSULE 5MG	4	QL (21 EA per 28 days) PA
FRUZAQLA CAPSULE 1MG	4	QL (84 EA per 28 days) PA
FYARRO INJECTION 100MG	4	PA
GAVRETO CAPSULE 100MG	4	PA
gefitinib tablet 250mg	4	PA

Drug Name	Drug Tier	Requirements/Limits
GILOTRIF TABLET 20MG, 30MG, 40MG	4	QL (30 EA per 30 days) PA
GLEEVEC TABLET 100MG, 400MG	4	PA
GOMEKLI CAPSULE 1MG, 2MG	4	PA
GOMEKLI TABLET SOLUBLE 1MG	4	PA
HERNEXEOS TABLET 60MG	4	PA
HYRNUO TABLET 10MG	4	PA
IBRANCE CAPSULE 100MG, 125MG, 75MG	4	PA
IBTROZI CAPSULE 200MG	4	PA
ICLUSIG TABLET 10MG, 15MG, 30MG, 45MG	4	QL (30 EA per 30 days) PA
IDHIFA TABLET 100MG, 50MG	4	QL (30 EA per 30 days) PA
imatinib mesylate tablet 100mg, 400mg	1	PA
IMBRUVICA CAPSULE 140MG	4	QL (120 EA per 30 days) PA
IMBRUVICA CAPSULE 70MG	4	QL (28 EA per 28 days) PA
IMBRUVICA SUSPENSION 70MG/ML	4	QL (240 ML per 30 days) PA
IMBRUVICA TABLET 140MG, 280MG, 420MG	4	QL (28 EA per 28 days) PA
IMKELDI SOLUTION 80MG/ML	4	PA
INLYTA TABLET 5MG	4	QL (120 EA per 30 days) PA
INLYTA TABLET 1MG	4	QL (180 EA per 30 days) PA
INQOVI TABLET 100MG; 35MG	4	PA
IRESSA TABLET 250MG	4	PA
JAKAFI XR TABLET EXTENDED RELEASE 24 HOUR 11MG, 22MG, 33MG, 44MG, 55MG	4	QL (30 EA per 30 days) PA
JAKAFI TABLET 10MG, 15MG, 20MG, 25MG, 5MG	4	QL (60 EA per 30 days) PA
JAYPIRCA TABLET 50MG	4	QL (30 EA per 30 days) PA
JAYPIRCA TABLET 100MG	4	QL (90 EA per 30 days) PA
JIDEYTRO TABLET 100MG	4	QL (30 EA per 30 days) PA
JIDEYTRO TABLET 25MG	4	QL (90 EA per 30 days) PA
KISQALI TABLET THERAPY PACK 200MG	4	QL (21 EA per 21 days) PA
KISQALI TABLET THERAPY PACK 200MG	4	QL (42 EA per 21 days) PA
KISQALI TABLET THERAPY PACK 200MG	4	QL (63 EA per 21 days) PA
KOSELUGO CAPSULE SPRINKLE 5MG, 7.5MG	4	PA
KOSELUGO CAPSULE 10MG, 25MG	4	PA
KRAZATI TABLET 200MG	4	PA
lapatinib ditosylate tablet 250mg	4	PA
LENVIMA 10 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	4	PA
LENVIMA 12MG DAILY DOSE CAPSULE THERAPY PACK 4MG	4	PA
LENVIMA 14 MG DAILY DOSE CAPSULE THERAPY PACK 0	4	PA
LENVIMA 18 MG DAILY DOSE CAPSULE THERAPY PACK 0	4	PA
LENVIMA 20 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	4	PA
LENVIMA 24 MG DAILY DOSE CAPSULE THERAPY PACK 0	4	PA
LENVIMA 4 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	4	PA
LENVIMA 8 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	4	PA

Drug Name	Drug Tier	Requirements/Limits
LIFYORLI CAPSULE THERAPY PACK 0	4	PA
LORBRENA TABLET 100MG	4	QL (30 EA per 30 days) PA
LORBRENA TABLET 25MG	4	QL (90 EA per 30 days) PA
LUMAKRAS TABLET 120MG, 240MG, 320MG	4	PA
LYNPARZA TABLET 100MG, 150MG	4	QL (120 EA per 30 days) PA
LYTGOBI TABLET THERAPY PACK 4MG	4	PA
MEKINIST SOLUTION RECONSTITUTED 0.05MG/ML	4	PA
MEKINIST TABLET 2MG	4	QL (30 EA per 30 days) PA
MEKINIST TABLET 0.5MG	4	QL (90 EA per 30 days) PA
MEKTOVI TABLET 15MG	4	PA
NERLYNX TABLET 40MG	4	QL (180 EA per 30 days) PA
NEXAVAR TABLET 200MG	4	PA
NILOTINIB D-TARTRATE CAPSULE 150MG, 200MG, 50MG	4	PA
nilotinib hydrochloride capsule 200mg	4	QL (112 EA per 28 days) PA
nilotinib hydrochloride capsule 150mg	4	QL (140 EA per 28 days) PA
nilotinib hydrochloride capsule 50mg	4	QL (420 EA per 30 days) PA
NINLARO CAPSULE 2.3MG, 3MG, 4MG	4	PA
ODOMZO CAPSULE 200MG	4	PA
OJJAARA TABLET 100MG, 150MG, 200MG	4	QL (30 EA per 30 days) PA
pazopanib hydrochloride tablet 200mg, 400mg	4	PA
PEMAZYRE TABLET 13.5MG, 4.5MG, 9MG	4	QL (30 EA per 30 days) PA
PHYRAGO TABLET 100MG, 140MG, 70MG	4	QL (30 EA per 30 days) PA
PHYRAGO TABLET 80MG	4	QL (60 EA per 30 days) PA
PHYRAGO TABLET 20MG, 50MG	4	QL (90 EA per 30 days) PA
PIQRAY 200MG DAILY DOSE TABLET THERAPY PACK 200MG	4	PA
PIQRAY 250MG DAILY DOSE TABLET THERAPY PACK 0	4	PA
PIQRAY 300MG DAILY DOSE TABLET THERAPY PACK 150MG	4	PA
QINLOCK TABLET 50MG	4	PA
RASONQUE TABLET 100MG	4	QL (120 EA per 30 days) PA
RASONQUE TABLET 150MG	4	QL (60 EA per 30 days) PA
RETEVMO CAPSULE 40MG, 80MG	4	PA
RETEVMO TABLET 120MG, 160MG, 80MG	4	QL (60 EA per 30 days) PA
RETEVMO TABLET 40MG	4	QL (90 EA per 30 days) PA
REVTORPYK INJECTION 180MG	4	PA
REZLIDHIA CAPSULE 150MG	4	PA
ROMVIMZA CAPSULE 14MG, 20MG, 30MG	4	PA
ROZLYTREK CAPSULE 100MG	4	QL (150 EA per 30 days) PA
ROZLYTREK CAPSULE 200MG	4	QL (90 EA per 30 days) PA
ROZLYTREK PACKET 50MG	4	PA
RUBRACA TABLET 250MG, 300MG	4	PA
RUBRACA TABLET 200MG	4	QL (120 EA per 30 days) PA
RYDAPT CAPSULE 25MG	4	PA
SCEMBLIX TABLET 100MG	4	QL (120 EA per 30 days) PA
SCEMBLIX TABLET 40MG	4	QL (240 EA per 30 days) PA
SCEMBLIX TABLET 20MG	4	QL (60 EA per 30 days) PA
sorafenib tosylate tablet 200mg	4	PA
sorafenib tablet 200mg	4	PA
SPRYCEL TABLET 100MG, 140MG, 70MG	4	QL (30 EA per 30 days) PA

Drug Name	Drug Tier	Requirements/Limits
SPRYCEL TABLET 80MG	4	QL (60 EA per 30 days) PA
SPRYCEL TABLET 20MG, 50MG	4	QL (90 EA per 30 days) PA
STIVARGA TABLET 40MG	4	PA
sunitinib malate capsule 12.5mg, 25mg, 50mg	4	QL (28 EA per 28 days) PA
sunitinib malate capsule 37.5mg	4	QL (56 EA per 28 days) PA
SUTENT CAPSULE 12.5MG, 25MG, 50MG	4	QL (28 EA per 28 days) PA
SUTENT CAPSULE 37.5MG	4	QL (56 EA per 28 days) PA
TABRECTA TABLET 150MG, 200MG	4	QL (120 EA per 30 days) PA
TAFINLAR CAPSULE 50MG, 75MG	4	PA
TAFINLAR TABLET SOLUBLE 10MG	4	PA
TAGRISSO TABLET 80MG	4	PA
TAGRISSO TABLET 40MG	4	QL (30 EA per 30 days) PA
TALZENNA CAPSULE 0.1MG, 1MG	4	PA
TALZENNA CAPSULE 0.35MG, 0.5MG, 0.75MG	4	QL (30 EA per 30 days) PA
TALZENNA CAPSULE 0.25MG	4	QL (90 EA per 30 days) PA
TARCEVA TABLET 100MG	4	PA
TASIGNA CAPSULE 200MG	4	QL (112 EA per 28 days) PA
TASIGNA CAPSULE 150MG	4	QL (140 EA per 28 days) PA
TASIGNA CAPSULE 50MG	4	QL (420 EA per 30 days) PA
TAZVERIK TABLET 200MG	4	PA
temsirolimus injection 25mg/ml	4	
TEPMETKO TABLET 225MG	4	PA
TIBSOVO TABLET 250MG	4	PA
TORISEL INJECTION 25MG/ML	4	
torpenz tablet 10mg, 2.5mg, 5mg, 7.5mg	4	QL (30 EA per 30 days) PA
TRUQAP TABLET THERAPY PACK 160MG, 200MG	4	PA
TRUQAP TABLET 160MG, 200MG	4	PA
TUKYSA TABLET 150MG, 50MG	4	PA
TURALIO CAPSULE 125MG	4	PA
TYKERB TABLET 250MG	4	PA
VANFLYTA TABLET 17.7MG, 26.5MG	4	PA
VENCLEXTA STARTING PACK TABLET THERAPY PACK 0	4	QL (84 EA per 365 days) PA
VENCLEXTA TABLET 10MG	2	PA
VENCLEXTA TABLET 100MG, 50MG	4	PA
VERZENIO TABLET 100MG, 150MG, 200MG, 50MG	4	QL (56 EA per 28 days) PA
VIJOICE PACKET 50MG	4	QL (28 EA per 28 days) PA
VIJOICE TABLET THERAPY PACK 125MG, 50MG	4	QL (28 EA per 28 days) PA
VIJOICE TABLET THERAPY PACK 0	4	QL (56 EA per 28 days) PA
VITRAKVI CAPSULE 100MG	4	QL (120 EA per 30 days) PA
VITRAKVI CAPSULE 25MG	4	QL (180 EA per 30 days) PA
VITRAKVI SOLUTION 20MG/ML	4	QL (600 ML per 30 days) PA
VIZIMPRO TABLET 15MG, 30MG, 45MG	4	PA
VOTRIENT TABLET 200MG	4	PA
XALKORI CAPSULE SPRINKLE 150MG, 20MG, 50MG	4	PA
XALKORI CAPSULE 200MG, 250MG	4	PA
XOSPATA TABLET 40MG	4	PA
XPOVIO 60 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	4	PA
XPOVIO 80 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	4	PA

Drug Name	Drug Tier	Requirements/Limits
XPOVIO TABLET THERAPY PACK 10MG, 40MG, 50MG, 60MG, 80MG	4	PA
yulithira tablet 10mg, 2.5mg, 5mg, 7.5mg	1	QL (30 EA per 30 days) PA
ZEJULA TABLET 100MG, 200MG, 300MG	4	QL (30 EA per 30 days) PA
ZELBORAF TABLET 240MG	4	PA
ZYDELIG TABLET 100MG, 150MG	4	PA
ZYKADIA TABLET 150MG	4	PA
Monoclonal Antibodies/Antibody-Drug Conjugates		
ADCETRIS INJECTION 50MG	4	PA
ALYMSYS INJECTION 100MG/4ML, 400MG/16ML	4	PA
ARZERRA INJECTION 1000MG/50ML, 100MG/5ML	4	PA
AVASTIN INJECTION 100MG/4ML, 400MG/16ML	4	PA
BAVENCIO INJECTION 200MG/10ML	4	PA
BESPONSA INJECTION 0.9MG	4	PA
BIZENGRI INJECTION 375MG/18.75ML	4	PA
BLENREP INJECTION 70MG	4	PA
BLINCYTO INJECTION 35MCG	4	PA
CYRAMZA INJECTION 100MG/10ML, 500MG/50ML	4	PA
DANYELZA INJECTION 40MG/10ML	4	PA
DARZALEX FASPRO INJECTION 1800MG/15ML; 30000UNIT/15ML	4	PA
DARZALEX INJECTION 100MG/5ML, 400MG/20ML	4	PA
DATROWAY INJECTION 100MG	4	PA
DECNUPAZ INJECTION 2MG	4	PA
ELAHERE INJECTION 100MG/20ML	4	PA
EMPLICITI INJECTION 300MG, 400MG	4	PA
EMRELIS INJECTION 100MG, 20MG	4	PA
ENHERTU INJECTION 100MG	4	PA
ERBITUX INJECTION 100MG/50ML, 200MG/100ML	4	PA
GAZYVA INJECTION 1000MG/40ML	4	PA
HERCEPTIN HYLECTA INJECTION 10000UNIT/5ML; 600MG/5ML	4	PA
HERCEPTIN INJECTION 150MG	4	PA
HERCESSI INJECTION 150MG, 420MG	4	PA
HERZUMA INJECTION 150MG, 420MG	4	PA
IMFINZI INJECTION 120MG/2.4ML, 500MG/10ML	4	PA
IMJUDO INJECTION 25MG/1.25ML, 300MG/15ML	4	PA
JEMPERLI INJECTION 500MG/10ML	4	PA
JOBEVNE INJECTION 100MG/4ML, 400MG/16ML	4	PA
KADCYLA INJECTION 100MG, 160MG	4	PA
KANJINTI INJECTION 150MG, 420MG	4	PA
KEYTRUDA QLEX INJECTION 4800UNIT/2.4ML; 395MG/2.4ML, 9600UNIT/4.8ML; 790MG/4.8ML	4	PA
KEYTRUDA INJECTION 100MG/4ML	4	PA
LIBTAYO INJECTION 350MG/7ML	4	PA
LOQTORZI INJECTION 240MG/6ML	4	PA
LUNSUMIO VELO INJECTION 45MG/ML, 5MG/0.5ML	4	PA
LUNSUMIO INJECTION 1MG/ML, 30MG/30ML	4	PA
MARGENZA INJECTION 250MG/10ML	4	PA
MONJUVI INJECTION 200MG	4	PA

Drug Name	Drug Tier	Requirements/Limits
MVASI INJECTION 100MG/4ML, 400MG/16ML	4	PA
MYLOTARG INJECTION 4.5MG	4	PA
OGIVRI INJECTION 150MG, 420MG	4	PA
ONTRUZANT INJECTION 150MG, 420MG	4	PA
OPDIVO INJECTION 100MG/10ML, 120MG/12ML, 240MG/24ML, 40MG/4ML	4	PA
PADCEV INJECTION 20MG, 30MG	4	PA
PERJETA INJECTION 420MG/14ML	4	PA
POLIVY INJECTION 140MG, 30MG	4	PA
PORTRAZZA INJECTION 800MG/50ML	4	PA
POTELIGEO INJECTION 20MG/5ML	4	PA
RIABNI INJECTION 100MG/10ML, 500MG/50ML	4	PA
RITUXAN HYCELA INJECTION 23400UNT/11.7ML; 1400MG/11.7ML, 26800UNT/13.4ML; 1600MG/13.4ML	4	PA
RITUXAN INJECTION 100MG/10ML, 500MG/50ML	4	PA
RUXIENCE INJECTION 100MG/10ML, 500MG/50ML	4	PA
RYBREVANT FASPRO INJECTION 1600MG/10ML; 20000UNIT/10ML, 2240MG/14ML; 28000UNIT/14ML, 2400MG/15ML; 30000UNIT/15ML, 3520MG/22ML; 44000UNIT/22ML	4	PA
RYBREVANT INJECTION 350MG/7ML	4	PA
SARCLISA ESCENA INJECTION 1400MG/10ML	4	PA
SARCLISA INJECTION 100MG/5ML, 500MG/25ML	4	PA
TECENTRIQ HYBREZA INJECTION 1875MG/15ML; 30000UNIT/15ML	4	PA
TECENTRIQ INJECTION 1200MG/20ML, 840MG/14ML	4	PA
TEVIMBRA INJECTION 100MG/10ML, 150MG/15ML	4	PA
TIVDAK INJECTION 40MG	4	PA
TRAZIMERA INJECTION 150MG, 420MG	4	PA
TRODELVY INJECTION 180MG	4	PA
TRUXIMA INJECTION 100MG/10ML, 500MG/50ML	4	PA
UNITUXIN INJECTION 17.5MG/5ML	4	PA
UNLOXCYT INJECTION 300MG/5ML	4	PA
VECTIBIX INJECTION 100MG/5ML, 400MG/20ML	4	
VEGZELMA INJECTION 100MG/4ML, 400MG/16ML	4	PA
VYLOY INJECTION 100MG, 300MG	4	PA
YERVOY INJECTION 200MG/40ML, 50MG/10ML	4	PA
ZEVALIN Y-90 INJECTION 3.2MG/2ML	4	
ZIIHERA INJECTION 300MG	4	PA
ZIRABEV INJECTION 100MG/4ML, 400MG/16ML	4	PA
ZYNLONTA INJECTION 10MG	4	PA
ZYNYZ INJECTION 500MG/20ML	4	PA
Retinoids		
bexarotene capsule 75mg	4	PA
bexarotene gel 1%	4	QL (60 GM per 30 days) PA
PANRETIN GEL 0.1%	4	QL (120 GM per 30 days)
TARGRETIN CAPSULE 75MG	4	PA
TARGRETIN GEL 1%	4	QL (60 GM per 30 days) PA
tretinoin capsule 10mg	4	
Treatment Adjuncts		

Drug Name	Drug Tier	Requirements/Limits
dexrazoxane hydrochloride injection 250mg, 500mg	4	
dexrazoxane injection 250mg, 500mg	4	
ELITEK INJECTION 1.5MG, 7.5MG	4	
KHAPZORY INJECTION 175MG	4	
mesna tablet 400mg	1	
MESNEX TABLET 400MG	3	
VORANIGO TABLET 40MG	4	QL (30 EA per 30 days) PA
VORANIGO TABLET 10MG	4	QL (60 EA per 30 days) PA
VORAXAZE INJECTION 1000UNIT	4	
Antiparasitics		
Anthelmintics		
albendazole tablet 200mg	1	
EMVERM TABLET CHEWABLE 100MG	3	
ivermectin tablet 3mg, 6mg	1	PA
praziquantel tablet 600mg	1	
STROMECTOL TABLET 3MG	3	PA
Antiprotozoals		
ALINIA SUSPENSION RECONSTITUTED 100MG/5ML	4	
ALINIA TABLET 500MG	4	QL (60 EA per 30 days)
ARTESUNATE INJECTION 110MG	4	
atovaquone/proguanil hcl tablet 62.5mg; 25mg	1	
atovaquone/proguanil hydrochloride tablet 250mg; 100mg	1	
atovaquone suspension 750mg/5ml	1	QL (300 ML per 30 days)
BENZNIDAZOLE TABLET 100MG, 12.5MG	2	
chloroquine phosphate tablet 250mg, 500mg	1	
COARTEM TABLET 20MG; 120MG	3	
DARAPRIM TABLET 25MG	4	PA
hydroxychloroquine sulfate tablet 100mg, 200mg, 300mg, 400mg	1	
mefloquine hydrochloride tablet 250mg	1	
MEPRON SUSPENSION 750MG/5ML	4	QL (300 ML per 30 days)
NEBUPENT SOLUTION RECONSTITUTED 300MG	3	B/D
nitazoxanide tablet 500mg	4	QL (60 EA per 30 days)
pentamidine isethionate injection 300mg	1	
pentamidine isethionate inhalation solution reconstituted 300mg	1	B/D
PLAQUENIL TABLET 200MG	3	
primaquine phosphate tablet 26.3mg	1	
pyrimethamine tablet 25mg	4	PA
QUALAQUIN CAPSULE 324MG	3	PA
quinine sulfate capsule 324mg	1	PA
SOVUNA TABLET 200MG, 300MG	3	ST
Antiparkinson Agents		
Anticholinergics		
benztropine mesylate tablet 0.5mg, 1mg, 2mg	1	
trihexyphenidyl hydrochloride solution 0.4mg/ml	1	
trihexyphenidyl hydrochloride tablet 2mg, 5mg	1	
Antiparkinson Agents, Other		

Drug Name	Drug Tier	Requirements/Limits
carbidopa/levodopa/entacapone tablet 12.5mg; 200mg; 50mg, 18.75mg; 200mg; 75mg, 25mg; 200mg; 100mg, 31.25mg; 200mg; 125mg, 37.5mg; 200mg; 150mg, 50mg; 200mg; 200mg	1	
entacapone tablet 200mg	1	
GOCOVRI CAPSULE EXTENDED RELEASE 24 HOUR 68.5MG	4	QL (30 EA per 30 days) PA
GOCOVRI CAPSULE EXTENDED RELEASE 24 HOUR 137MG	4	QL (60 EA per 30 days) PA
NOURIANZ TABLET 20MG, 40MG	4	PA
ONGENTYS CAPSULE 25MG, 50MG	3	QL (30 EA per 30 days) ST
OSMOLEX ER TABLET EXTENDED RELEASE 24 HOUR 129MG, 193MG	3	
TASMAR TABLET 100MG	4	QL (180 EA per 30 days)
tolcapone tablet 100mg	4	QL (180 EA per 30 days)
Dopamine Agonists		
APOKYN INJECTION 30MG/3ML	4	QL (90 ML per 30 days) PA
apomorphine hydrochloride injection 30mg/3ml	4	QL (90 ML per 30 days) PA
bromocriptine mesylate capsule 5mg	3	
bromocriptine mesylate tablet 2.5mg	3	
NEUPRO PATCH 24 HOUR 1MG/24HR, 2MG/24HR, 3MG/24HR, 4MG/24HR, 6MG/24HR, 8MG/24HR	3	
pramipexole dihydrochloride er tablet extended release 24 hour 0.375mg, 0.75mg, 1.5mg, 2.25mg, 3.75mg, 3mg, 4.5mg	1	
pramipexole dihydrochloride tablet 0.125mg, 0.25mg, 0.5mg, 0.75mg, 1.5mg, 1mg	1	
ropinirole er tablet extended release 24 hour 12mg, 2mg, 4mg, 6mg, 8mg	1	
ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg	1	
ropinirole hydrochloride tablet 0.25mg, 3mg	1	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
CARBIDOPA/LEVODOPA ER CAPSULE EXTENDED RELEASE 23.75MG; 95MG, 36.25MG; 145MG, 48.75MG; 195MG, 61.25MG; 245MG	3	ST
carbidopa/levodopa er tablet extended release 25mg; 100mg, 50mg; 200mg	1	
carbidopa/levodopa odt tablet disintegrating 10mg; 100mg, 25mg; 100mg, 25mg; 250mg	1	
carbidopa/levodopa tablet 10mg; 100mg, 25mg; 100mg, 25mg; 250mg	1	
carbidopa tablet 25mg	1	
DHIVY TABLET 25MG; 100MG	3	ST
DUOPA SUSPENSION 4.63MG/ML; 20MG/ML	4	PA
INBRIJA CAPSULE 42MG	4	PA
LODOSYN TABLET 25MG	4	
RYTARY CAPSULE EXTENDED RELEASE 23.75MG; 95MG, 36.25MG; 145MG, 48.75MG; 195MG, 61.25MG; 245MG	3	ST
Monoamine Oxidase B (MAO-B) Inhibitors		
AZILECT TABLET 0.5MG, 1MG	3	

Drug Name	Drug Tier	Requirements/Limits
rasagiline mesylate tablet 0.5mg, 1mg	1	
selegiline hcl capsule 5mg	1	
selegiline hcl tablet 5mg	1	
XADAGO TABLET 100MG, 50MG	4	QL (30 EA per 30 days) ST
ZELAPAR TABLET DISINTEGRATING 1.25MG	4	
Antipsychotics		
1st Generation/Typical		
chlorpromazine hydrochloride concentrate 100mg/ml, 30mg/ml	1	
chlorpromazine hydrochloride injection 50mg/2ml	1	
chlorpromazine hydrochloride tablet 100mg, 10mg, 200mg, 25mg, 50mg	1	
fluphenazine decanoate injection 25mg/ml	1	
fluphenazine hcl concentrate 5mg/ml	1	
fluphenazine hydrochloride elixir 2.5mg/5ml	1	
fluphenazine hydrochloride injection 2.5mg/ml	1	
fluphenazine hydrochloride tablet 10mg, 1mg, 2.5mg, 5mg	1	
haloperidol decanoate injection 100mg/ml, 50mg/ml	1	
haloperidol lactate injection 5mg/ml	1	
haloperidol concentrate 2mg/ml	1	
haloperidol tablet 0.5mg, 10mg, 1mg, 20mg, 2mg, 5mg	1	
loxapine succinate capsule 25mg, 50mg, 5mg	1	
loxapine capsule 10mg, 25mg, 50mg, 5mg	1	
molindone hydrochloride tablet 10mg, 25mg, 5mg	1	
perphenazine tablet 16mg, 2mg, 4mg, 8mg	1	
thioridazine hydrochloride tablet 100mg, 10mg, 25mg, 50mg	1	
thiothixene capsule 10mg, 1mg, 2mg, 5mg	1	
trifluoperazine hcl tablet 10mg, 1mg, 2mg, 5mg	1	
trifluoperazine hydrochloride tablet 1mg	1	
2nd Generation/Atypical		
ABILIFY ASIMTUFII INJECTION 720MG/2.4ML	4	QL (2.4 ML per 56 days)
ABILIFY ASIMTUFII INJECTION 960MG/3.2ML	4	QL (3.2 ML per 56 days)
ABILIFY MAINTENA INJECTION 300MG, 400MG	4	QL (1 EA per 30 days)
ABILIFY MYCITE MAINTENANCE KIT TABLET THERAPY PACK 10MG, 15MG, 20MG, 2MG, 30MG, 5MG	4	
ABILIFY MYCITE STARTER KIT TABLET THERAPY PACK 10MG, 15MG, 20MG, 2MG, 30MG, 5MG	4	
ABILIFY TABLET 15MG, 20MG, 2MG	3	QL (30 EA per 30 days)
ABILIFY TABLET 10MG, 30MG, 5MG	4	QL (30 EA per 30 days)
aripiprazole odt tablet disintegrating 10mg, 15mg	1	QL (60 EA per 30 days)
aripiprazole solution 1mg/ml	1	QL (750 ML per 30 days)
aripiprazole tablet 10mg, 15mg, 20mg, 2mg, 30mg, 5mg	1	QL (30 EA per 30 days)
ARISTADA INITIO INJECTION 675MG/2.4ML	4	
ARISTADA INJECTION 441MG/1.6ML	4	QL (1.6 ML per 30 days)
ARISTADA INJECTION 662MG/2.4ML	4	QL (2.4 ML per 30 days)
ARISTADA INJECTION 882MG/3.2ML	4	QL (3.2 ML per 30 days)
ARISTADA INJECTION 1064MG/3.9ML	4	QL (3.9 ML per 60 days)
asenapine maleate sl tablet sublingual 10mg, 2.5mg, 5mg	1	QL (60 EA per 30 days)
BYSANTI TITRATION PACK A TABLET THERAPY PACK 0	3	QL (16 EA per 365 days) ST
BYSANTI TITRATION PACK B TABLET THERAPY PACK 0	3	QL (24 EA per 365 days) ST

Drug Name	Drug Tier	Requirements/Limits
BYSANTI TITRATION PACK C TABLET THERAPY PACK 0	3	QL (16 EA per 365 days) ST
BYSANTI TABLET 1MG	4	QL (180 EA per 30 days) ST
BYSANTI TABLET 10MG, 12MG, 2MG, 4MG, 6MG, 8MG	4	QL (60 EA per 30 days) ST
CAPLYTA CAPSULE 10.5MG, 21MG, 42MG	4	QL (30 EA per 30 days) PA
FANAPT TITRATION PACK A TABLET 0	3	QL (16 EA per 365 days) ST
FANAPT TITRATION PACK B TABLET 0	3	QL (24 EA per 365 days) ST
FANAPT TITRATION PACK C TABLET 0	3	QL (16 EA per 365 days) ST
FANAPT TABLET 2MG	3	QL (60 EA per 30 days) ST
FANAPT TABLET 10MG, 12MG, 1MG, 4MG, 6MG, 8MG	4	QL (60 EA per 30 days) ST
GEODON CAPSULE 20MG	3	QL (60 EA per 30 days)
GEODON CAPSULE 40MG, 60MG, 80MG	4	QL (60 EA per 30 days)
GEODON INJECTION 20MG	3	QL (60 EA per 30 days)
INVEGA HAFYERA INJECTION 1560MG/5ML	4	QL (5 ML per 180 days) ST
INVEGA HAFYERA INJECTION 1092MG/3.5ML	4	ST
INVEGA SUSTENNA INJECTION 39MG/0.25ML	3	QL (0.25 ML per 30 days)
INVEGA SUSTENNA INJECTION 78MG/0.5ML	4	QL (0.5 ML per 30 days)
INVEGA SUSTENNA INJECTION 117MG/0.75ML	4	QL (0.75 ML per 30 days)
INVEGA SUSTENNA INJECTION 156MG/ML	4	QL (1 ML per 30 days)
INVEGA SUSTENNA INJECTION 234MG/1.5ML	4	QL (1.5 ML per 30 days)
INVEGA TRINZA INJECTION 273MG/0.88ML	4	QL (0.88 ML per 84 days)
INVEGA TRINZA INJECTION 410MG/1.32ML	4	QL (1.32 ML per 84 days)
INVEGA TRINZA INJECTION 546MG/1.75ML	4	QL (1.75 ML per 84 days)
INVEGA TRINZA INJECTION 819MG/2.63ML	4	QL (2.63 ML per 84 days)
INVEGA TABLET EXTENDED RELEASE 24 HOUR 3MG, 9MG	3	QL (30 EA per 30 days)
INVEGA TABLET EXTENDED RELEASE 24 HOUR 6MG	3	QL (60 EA per 30 days)
LATUDA TABLET 120MG, 20MG, 40MG, 60MG	4	QL (30 EA per 30 days)
LATUDA TABLET 80MG	4	QL (60 EA per 30 days)
lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg	1	QL (30 EA per 30 days)
lurasidone hydrochloride tablet 80mg	1	QL (60 EA per 30 days)
LYBALVI TABLET 10MG; 10MG, 15MG; 10MG, 20MG; 10MG, 5MG; 10MG	4	QL (30 EA per 30 days) ST
NUPLAZID CAPSULE 34MG	4	QL (30 EA per 30 days) PA
NUPLAZID TABLET 10MG	4	QL (30 EA per 30 days) PA
olanzapine odt tablet disintegrating 10mg, 15mg, 20mg, 5mg	1	QL (30 EA per 30 days)
olanzapine injection 10mg	1	
olanzapine tablet 10mg, 15mg, 2.5mg, 20mg, 5mg, 7.5mg	1	QL (30 EA per 30 days)
OPIPZA FILM 2MG	4	QL (30 EA per 30 days) PA
OPIPZA FILM 10MG, 5MG	4	QL (90 EA per 30 days) PA
paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg	1	QL (30 EA per 30 days)
paliperidone er tablet extended release 24 hour 6mg	1	QL (60 EA per 30 days)
PERSERIS INJECTION 90MG	4	
PERSERIS INJECTION 120MG	4	QL (1 EA per 30 days)
quetiapine fumarate er tablet extended release 24 hour 150mg, 300mg, 400mg, 50mg	1	QL (60 EA per 30 days)
quetiapine fumarate er tablet extended release 24 hour 200mg	1	QL (90 EA per 30 days)
quetiapine fumarate tablet 300mg, 400mg	1	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
quetiapine fumarate tablet 100mg, 150mg, 200mg, 25mg, 50mg	1	QL (90 EA per 30 days)
REXULTI TABLET 0.25MG, 0.5MG, 1MG, 2MG, 3MG, 4MG	4	QL (30 EA per 30 days)
RISPERDAL CONSTA INJECTION 37.5MG	3	
RISPERDAL CONSTA INJECTION 12.5MG, 25MG	3	QL (2 EA per 28 days)
RISPERDAL CONSTA INJECTION 50MG	4	QL (2 EA per 28 days)
RISPERDAL SOLUTION 1MG/ML	3	QL (240 ML per 30 days)
RISPERDAL TABLET 0.5MG, 1MG, 4MG	3	QL (60 EA per 30 days)
RISPERDAL TABLET 2MG, 3MG	4	QL (60 EA per 30 days)
risperidone er injection 37.5mg	1	
risperidone er injection 12.5mg, 25mg	3	QL (2 EA per 28 days)
risperidone er injection 50mg	4	QL (2 EA per 28 days)
risperidone odt tablet disintegrating 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg	1	QL (60 EA per 30 days)
risperidone solution 1mg/ml	1	QL (240 ML per 30 days)
risperidone tablet 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg	1	QL (60 EA per 30 days)
SAPHRIS TABLET SUBLINGUAL 10MG, 2.5MG, 5MG	3	QL (60 EA per 30 days)
SECUADO PATCH 24 HOUR 3.8MG/24HR, 5.7MG/24HR, 7.6MG/24HR	4	QL (30 EA per 30 days) ST
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 150MG, 300MG, 400MG, 50MG	3	QL (60 EA per 30 days)
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 200MG	3	QL (90 EA per 30 days)
SEROQUEL TABLET 300MG, 400MG	3	QL (60 EA per 30 days)
SEROQUEL TABLET 100MG, 200MG, 25MG, 50MG	3	QL (90 EA per 30 days)
UZEDY INJECTION 200MG/0.56ML, 250MG/0.7ML, 75MG/0.21ML	4	
UZEDY INJECTION 50MG/0.14ML	4	QL (0.14 ML per 30 days)
UZEDY INJECTION 100MG/0.28ML	4	QL (0.28 ML per 30 days)
UZEDY INJECTION 125MG/0.35ML	4	QL (0.35 ML per 30 days)
UZEDY INJECTION 150MG/0.42ML	4	QL (0.42 ML per 60 days)
VRAYLAR CAPSULE 0.5MG, 0.75MG, 1.5MG, 3MG, 4.5MG, 6MG	2	QL (30 EA per 30 days)
ziprasidone hcl capsule 20mg, 40mg, 60mg, 80mg	1	QL (60 EA per 30 days)
ziprasidone mesylate injection 20mg	1	QL (60 EA per 30 days)
ZYPREXA RELPREVV INJECTION 210MG	3	
ZYPREXA RELPREVV INJECTION 300MG, 405MG	4	
ZYPREXA ZYDIS TABLET DISINTEGRATING 10MG, 5MG	3	QL (30 EA per 30 days)
ZYPREXA ZYDIS TABLET DISINTEGRATING 15MG, 20MG	4	QL (30 EA per 30 days)
ZYPREXA TABLET 10MG, 15MG, 2.5MG, 5MG, 7.5MG	3	QL (30 EA per 30 days)
ZYPREXA TABLET 20MG	4	QL (30 EA per 30 days)
Treatment-Resistant		
clozapine odt tablet disintegrating 200mg	1	QL (120 EA per 30 days)
clozapine odt tablet disintegrating 150mg	1	QL (180 EA per 30 days)
clozapine odt tablet disintegrating 100mg, 25mg	1	QL (270 EA per 30 days)
clozapine odt tablet disintegrating 12.5mg	1	QL (90 EA per 30 days)
clozapine tablet 200mg	1	QL (120 EA per 30 days)
clozapine tablet 50mg	1	QL (180 EA per 30 days)
clozapine tablet 100mg, 25mg	1	QL (270 EA per 30 days)
CLOZARIL TABLET 200MG	3	QL (120 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
CLOZARIL TABLET 50MG	3	QL (180 EA per 30 days)
CLOZARIL TABLET 25MG	3	QL (270 EA per 30 days)
CLOZARIL TABLET 100MG	4	QL (270 EA per 30 days)
VERSACLOZ SUSPENSION 50MG/ML	4	QL (540 ML per 30 days)
Antispasticity Agents		
Antispasticity Agents		
baclofen injection 20000mcg/20ml, 500mcg/ml	1	B/D
baclofen injection 40000mcg/20ml, 50mcg/ml	4	B/D
baclofen oral solution 10mg/5ml, 5mg/5ml	1	ST
baclofen suspension 25mg/5ml	1	ST
baclofen tablet 10mg, 15mg, 20mg, 5mg	1	
BOTOX INJECTION 100UNIT, 200UNIT	3	PA
DANTRIUM IV INJECTION 20MG	3	
dantrolene sodium capsule 100mg, 25mg, 50mg	1	
dantrolene sodium injection 20mg	4	
DYSPORT INJECTION 300UNIT, 500UNIT	3	PA
FLEQSUVY SUSPENSION 25MG/5ML	4	ST
GABLOFEN INJECTION 10000MCG/20ML, 20000MCG/20ML	3	B/D
GABLOFEN INJECTION 20000MCG/20ML, 40000MCG/20ML, 50MCG/ML	4	B/D
LIORESAL INTRATHECAL INJECTION 0.05MG/ML, 10MG/20ML	3	B/D
LIORESAL INTRATHECAL INJECTION 10MG/5ML, 40MG/20ML	4	B/D
LYVISPAH PACKET 20MG	3	QL (120 EA per 30 days) ST
LYVISPAH PACKET 5MG	3	QL (270 EA per 30 days) ST
LYVISPAH PACKET 10MG	3	QL (90 EA per 30 days) ST
MYOBLOC INJECTION 10000UNIT/2ML, 2500UNIT/0.5ML, 5000UNIT/ML	3	PA
OZOBAX DS SOLUTION 10MG/5ML	4	ST
revonto injection 20mg	4	
SOHONOS CAPSULE 5MG	4	QL (112 EA per 28 days) PA
SOHONOS CAPSULE 2.5MG	4	QL (224 EA per 28 days) PA
SOHONOS CAPSULE 1.5MG	4	QL (364 EA per 28 days) PA
SOHONOS CAPSULE 10MG	4	QL (56 EA per 28 days) PA
SOHONOS CAPSULE 1MG	4	QL (560 EA per 28 days) PA
tizanidine hcl tablet 2mg	1	
tizanidine hydrochloride capsule 8mg	4	
tizanidine hydrochloride tablet 4mg	1	
XEOMIN INJECTION 100UNIT, 50UNIT	3	PA
XEOMIN INJECTION 200UNIT	4	PA
ZANAFLEX CAPSULE 8MG	4	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
cidofovir injection 75mg/ml	4	
foscarnet sodium injection 6000mg/250ml	4	B/D
FOSCAVIR INJECTION 6000MG/250ML	4	B/D
ganciclovir injection 500mg/10ml, 500mg	1	B/D
LIVTENCITY TABLET 200MG	4	QL (360 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
PREVYMIS INJECTION 240MG/12ML, 480MG/24ML	4	
PREVYMIS PACKET 120MG, 20MG	4	QL (120 EA per 30 days)
PREVYMIS TABLET 240MG, 480MG	4	QL (28 EA per 28 days)
VALCYTE SOLUTION RECONSTITUTED 50MG/ML	4	QL (1080 ML per 30 days)
VALCYTE TABLET 450MG	4	QL (120 EA per 30 days)
valganciclovir hydrochloride solution reconstituted 50mg/ml	4	QL (1080 ML per 30 days)
valganciclovir tablet 450mg	1	QL (120 EA per 30 days)
Anti-hepatitis B (HBV) Agents		
adefovir dipivoxil tablet 10mg	1	QL (30 EA per 30 days)
BARACLUDE SOLUTION 0.05MG/ML	4	QL (600 ML per 30 days)
BARACLUDE TABLET 0.5MG, 1MG	4	QL (30 EA per 30 days)
entecavir tablet 0.5mg, 1mg	1	QL (30 EA per 30 days)
HEPCLUDEX INJECTION 8.5MG	4	QL (30 EA per 30 days) PA
lamivudine tablet 100mg	1	QL (30 EA per 30 days)
VEMLIDY TABLET 25MG	4	QL (30 EA per 30 days)
Anti-hepatitis C (HCV) Agents		
EPCLUSA PACKET 200MG; 50MG	4	QL (168 EA per 365 days) PA
EPCLUSA PACKET 150MG; 37.5MG	4	QL (84 EA per 365 days) PA
EPCLUSA TABLET 200MG; 50MG	4	QL (168 EA per 365 days) PA
EPCLUSA TABLET 400MG; 100MG	4	QL (84 EA per 365 days) PA
HARVONI PACKET 33.75MG; 150MG	4	QL (168 EA per 365 days) PA
HARVONI PACKET 45MG; 200MG	4	QL (336 EA per 365 days) PA
HARVONI TABLET 90MG; 400MG	4	QL (168 EA per 365 days) PA
HARVONI TABLET 45MG; 200MG	4	QL (336 EA per 365 days) PA
LEDIPASVIR/SOFOSBUVIR TABLET 90MG; 400MG	4	QL (168 EA per 365 days) PA
MAVYRET PACKET 50MG; 20MG	4	QL (560 EA per 365 days) PA
MAVYRET TABLET 100MG; 40MG	4	QL (336 EA per 365 days) PA
ribavirin tablet 200mg	1	
SOFOSBUVIR/VELPATASVIR TABLET 400MG; 100MG	4	QL (84 EA per 365 days) PA
SOVALDI PACKET 150MG	4	QL (168 EA per 365 days) PA
SOVALDI PACKET 200MG	4	QL (336 EA per 365 days) PA
SOVALDI TABLET 200MG, 400MG	4	QL (336 EA per 365 days) PA
VOSEVI TABLET 400MG; 100MG; 100MG	4	QL (84 EA per 365 days) PA
ZEPATIER TABLET 50MG; 100MG	4	QL (112 EA per 365 days) PA
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY TABLET 30MG; 120MG; 15MG, 50MG; 200MG; 25MG	4	QL (30 EA per 30 days)
BIXLENVO TABLET 75MG; 50MG	4	QL (30 EA per 30 days)
CABENUVA INJECTION 400MG/2ML; 600MG/2ML, 600MG/3ML; 900MG/3ML	4	
DOVATO TABLET 50MG; 300MG	4	QL (30 EA per 30 days)
GENVOYA TABLET 150MG; 150MG; 200MG; 10MG	4	QL (30 EA per 30 days)
ISENTRESS HD TABLET 600MG	4	QL (60 EA per 30 days)
ISENTRESS PACKET 100MG	4	QL (60 EA per 30 days)
ISENTRESS TABLET CHEWABLE 25MG	2	QL (180 EA per 30 days)
ISENTRESS TABLET CHEWABLE 100MG	4	QL (180 EA per 30 days)
ISENTRESS TABLET 400MG	4	QL (60 EA per 30 days)
JULUCA TABLET 50MG; 25MG	4	QL (30 EA per 30 days)
STRIBILD TABLET 150MG; 150MG; 200MG; 300MG	4	QL (30 EA per 30 days)
TIVICAY PD TABLET SOLUBLE 5MG	3	QL (180 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
TIVICAY TABLET 50MG	4	QL (60 EA per 30 days)
VOCABRIA TABLET 30MG	4	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA TABLET 200MG; 25MG; 300MG	4	QL (30 EA per 30 days)
DELSTRIGO TABLET 100MG; 300MG; 300MG	4	QL (30 EA per 30 days)
EDURANT PED TABLET SOLUBLE 2.5MG	4	QL (180 EA per 30 days)
EDURANT TABLET 25MG	4	QL (30 EA per 30 days)
efavirenz/emtricitabine/tenofovir disoproxil fumarate tablet 600mg; 200mg; 300mg	1	QL (30 EA per 30 days)
efavirenz/lamivudine/tenofovir disoproxil fumarate tablet 400mg; 300mg; 300mg, 600mg; 300mg; 300mg	4	QL (30 EA per 30 days)
efavirenz capsule 200mg, 50mg	1	QL (90 EA per 30 days)
efavirenz tablet 600mg	1	QL (30 EA per 30 days)
emtricitabine/rilpivirine/tenofovir disoproxil fumarate tablet 200mg; 25mg; 300mg	4	QL (30 EA per 30 days)
etravirine tablet 100mg, 200mg	4	QL (60 EA per 30 days)
IDVYNSO TABLET 100MG; 0.25MG	4	QL (30 EA per 30 days)
INTELENCE TABLET 25MG	3	QL (120 EA per 30 days)
INTELENCE TABLET 100MG	3	QL (60 EA per 30 days)
INTELENCE TABLET 200MG	4	QL (60 EA per 30 days)
nevirapine er tablet extended release 24 hour 400mg	1	QL (30 EA per 30 days)
nevirapine suspension 50mg/5ml	1	QL (1200 ML per 30 days)
nevirapine tablet 200mg	1	QL (60 EA per 30 days)
PIFELTRO TABLET 100MG	4	QL (30 EA per 30 days)
rilpivirine hydrochloride tablet 25mg	4	QL (30 EA per 30 days)
SYMFI LO TABLET 400MG; 300MG; 300MG	4	QL (30 EA per 30 days)
SYMFI TABLET 600MG; 300MG; 300MG	4	QL (30 EA per 30 days)
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
abacavir sulfate/lamivudine tablet 600mg; 300mg	1	QL (30 EA per 30 days)
abacavir sulfate tablet 300mg	1	QL (60 EA per 30 days)
abacavir solution 20mg/ml	1	QL (960 ML per 30 days)
abacavir tablet 300mg	1	QL (60 EA per 30 days)
CIMDUO TABLET 300MG; 300MG	4	QL (30 EA per 30 days)
DESCOVY TABLET 120MG; 15MG, 200MG; 25MG	4	QL (30 EA per 30 days)
emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg, 200mg; 300mg	1	QL (30 EA per 30 days)
emtricitabine/tenofovir disoproxil fumarate tablet 133mg; 200mg	4	QL (30 EA per 30 days)
emtricitabine/tenofovir disoproxil tablet 167mg; 250mg	1	QL (30 EA per 30 days)
emtricitabine capsule 200mg	1	QL (30 EA per 30 days)
EMTRIVA CAPSULE 200MG	3	QL (30 EA per 30 days)
EMTRIVA SOLUTION 10MG/ML	3	QL (850 ML per 30 days)
EPIVIR SOLUTION 10MG/ML	3	QL (960 ML per 30 days)
EPIVIR TABLET 300MG	3	QL (30 EA per 30 days)
EPIVIR TABLET 150MG	3	QL (60 EA per 30 days)
lamivudine/zidovudine tablet 150mg; 300mg	1	QL (60 EA per 30 days)
lamivudine solution 10mg/ml	1	QL (960 ML per 30 days)
lamivudine tablet 300mg	1	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
lamivudine tablet 150mg	1	QL (60 EA per 30 days)
ODEFSEY TABLET 200MG; 25MG; 25MG	4	QL (30 EA per 30 days)
RETROVIR IV INFUSION INJECTION 10MG/ML	3	
RETROVIR CAPSULE 100MG	3	QL (180 EA per 30 days)
RETROVIR SYRUP 50MG/5ML	3	QL (1920 ML per 30 days)
tenofovir disoproxil fumarate tablet 300mg	1	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	4	QL (30 EA per 30 days)
TRUVADA TABLET 100MG; 150MG, 133MG; 200MG, 167MG; 250MG, 200MG; 300MG	4	QL (30 EA per 30 days)
VIREAD POWDER 40MG/GM	4	QL (240 GM per 30 days)
VIREAD TABLET 150MG, 200MG, 250MG, 300MG	4	QL (30 EA per 30 days)
ZIAGEN SOLUTION 20MG/ML	3	QL (960 ML per 30 days)
zidovudine capsule 100mg	1	QL (180 EA per 30 days)
zidovudine syrup 50mg/5ml	1	QL (1920 ML per 30 days)
zidovudine tablet 300mg	1	QL (60 EA per 30 days)
Anti-HIV Agents, Other		
FUZEON INJECTION 90MG	4	
maraviroc tablet 300mg	4	QL (120 EA per 30 days)
maraviroc tablet 150mg	4	QL (60 EA per 30 days)
RUKOBIA TABLET EXTENDED RELEASE 12 HOUR 600MG	4	QL (60 EA per 30 days)
SELZENTRY SOLUTION 20MG/ML	4	
SELZENTRY TABLET 300MG	4	QL (120 EA per 30 days)
SELZENTRY TABLET 150MG	4	QL (60 EA per 30 days)
SUNLENCA INJECTION 463.5MG/1.5ML	4	
SUNLENCA TABLET THERAPY PACK 300MG	4	QL (10 EA per 365 days) ; (5 X 300 MG Pack)
SUNLENCA TABLET THERAPY PACK 300MG	4	QL (8 EA per 365 days) ; (4 X 300 MG Pack)
SUNLENCA TABLET 300MG	4	QL (24 EA per 168 days)
TROGARZO INJECTION 200MG/1.33ML	4	
TYBOST TABLET 150MG	2	QL (30 EA per 30 days)
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS CAPSULE 250MG	4	QL (120 EA per 30 days)
atazanavir sulfate capsule 300mg	1	QL (30 EA per 30 days)
atazanavir capsule 150mg	1	
atazanavir capsule 200mg	1	QL (60 EA per 30 days)
darunavir tablet 800mg	1	QL (30 EA per 30 days)
darunavir tablet 600mg	1	QL (60 EA per 30 days)
EVOTAZ TABLET 300MG; 150MG	4	QL (30 EA per 30 days)
fosamprenavir calcium tablet 700mg	4	QL (120 EA per 30 days)
KALETRA SOLUTION 400MG/5ML; 100MG/5ML	3	QL (480 ML per 30 days)
KALETRA TABLET 200MG; 50MG	3	QL (120 EA per 30 days)
KALETRA TABLET 100MG; 25MG	3	QL (240 EA per 30 days)
lopinavir/ritonavir solution 400mg/5ml; 100mg/5ml	1	QL (480 ML per 30 days)
lopinavir/ritonavir tablet 200mg; 50mg	1	QL (120 EA per 30 days)
lopinavir/ritonavir tablet 100mg; 25mg	1	QL (240 EA per 30 days)
NORVIR PACKET 100MG	3	QL (360 EA per 30 days)
NORVIR TABLET 100MG	3	QL (360 EA per 30 days)
PREZCOBIX TABLET 150MG; 675MG, 150MG; 800MG	4	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
PREZISTA SUSPENSION 100MG/ML	4	QL (400 ML per 30 days)
PREZISTA TABLET 75MG	3	QL (300 EA per 30 days)
PREZISTA TABLET 150MG	4	QL (180 EA per 30 days)
PREZISTA TABLET 800MG	4	QL (30 EA per 30 days)
PREZISTA TABLET 600MG	4	QL (60 EA per 30 days)
REYATAZ CAPSULE 300MG	4	QL (30 EA per 30 days)
REYATAZ CAPSULE 200MG	4	QL (60 EA per 30 days)
REYATAZ PACKET 50MG	4	QL (180 EA per 30 days)
ritonavir tablet 100mg	1	QL (360 EA per 30 days)
SYMTUZA TABLET 150MG; 800MG; 200MG; 10MG	4	QL (30 EA per 30 days)
VIRACEPT TABLET 625MG	4	QL (120 EA per 30 days)
VIRACEPT TABLET 250MG	4	QL (300 EA per 30 days)
Anti-influenza Agents		
amantadine hcl capsule 100mg	1	
amantadine hcl solution 50mg/5ml	1	
oseltamivir phosphate capsule 75mg	1	QL (110 EA per 365 days)
oseltamivir phosphate capsule 30mg	1	QL (168 EA per 365 days)
oseltamivir phosphate capsule 45mg	1	QL (84 EA per 365 days)
oseltamivir phosphate suspension reconstituted 6mg/ml	1	QL (1080 ML per 365 days)
RAPIVAB INJECTION 200MG/20ML	3	
RELENZA DISKHALER AEROSOL POWDER BREATH ACTIVATED 5MG/BLISTER	3	QL (240 EA per 365 days)
rimantadine hydrochloride tablet 100mg	1	
TAMIFLU CAPSULE 75MG	3	QL (110 EA per 365 days)
TAMIFLU CAPSULE 30MG	3	QL (168 EA per 365 days)
TAMIFLU CAPSULE 45MG	3	QL (84 EA per 365 days)
TAMIFLU SUSPENSION RECONSTITUTED 6MG/ML	3	QL (1080 ML per 365 days)
XOFLUZA TABLET THERAPY PACK 40MG, 80MG	2	QL (1 EA per 30 days)
Antiherpetic Agents		
acyclovir sodium injection 50mg/ml	1	B/D
acyclovir capsule 200mg	1	
acyclovir suspension 200mg/5ml	1	
acyclovir tablet 400mg, 800mg	1	
famciclovir tablet 125mg, 250mg	1	QL (60 EA per 30 days)
famciclovir tablet 500mg	1	QL (90 EA per 30 days)
SITAVIG TABLET 50MG	3	QL (2 EA per 30 days)
valacyclovir hydrochloride tablet 1gm, 500mg	1	QL (120 EA per 30 days)
VALTREX TABLET 1GM, 500MG	3	QL (120 EA per 30 days)
VYJUVEK GEL 0	4	PA
Antiviral, Coronavirus Agents		
LAGEVRIO CAPSULE 200MG	2	QL (40 EA per 5 days)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	2	QL (11 EA per 5 days); (300mg-100mg Day 1; 150mg-100mg Days 2-5 Pak)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	2	QL (20 EA per 5 days); (150mg-100mg Pak)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	2	QL (30 EA per 5 days); (300mg-100mg Pak)
VEKLURY INJECTION 100MG	4	QL (4 EA per 3 days)
XOCOVA TABLET 125MG	2	QL (7 EA per 5 days)

Drug Name	Drug Tier	Requirements/Limits
Anxiolytics		
Anxiolytics, Other		
BUCAPSOL CAPSULE 10MG, 15MG, 5MG, 7.5MG	4	
buspirone hcl tablet 15mg	1	
buspirone hydrochloride tablet 10mg, 30mg, 5mg, 7.5mg	1	
Benzodiazepines		
alprazolam er tablet extended release 24 hour 2mg	1	QL (150 EA per 30 days)
alprazolam er tablet extended release 24 hour 0.5mg, 1mg	1	QL (30 EA per 30 days)
alprazolam er tablet extended release 24 hour 3mg	1	QL (90 EA per 30 days)
alprazolam odt tablet disintegrating 0.25mg, 0.5mg, 1mg	1	QL (120 EA per 30 days)
alprazolam odt tablet disintegrating 2mg	1	QL (150 EA per 30 days)
alprazolam xr tablet extended release 24 hour 2mg	1	QL (150 EA per 30 days)
alprazolam xr tablet extended release 24 hour 0.5mg, 1mg	1	QL (30 EA per 30 days)
alprazolam xr tablet extended release 24 hour 3mg	1	QL (90 EA per 30 days)
alprazolam tablet 0.25mg, 0.5mg, 1mg	1	QL (120 EA per 30 days)
alprazolam tablet 2mg	1	QL (150 EA per 30 days)
ATIVAN INJECTION 2MG/ML, 4MG/ML	4	
ATIVAN TABLET 2MG	4	QL (150 EA per 30 days)
ATIVAN TABLET 0.5MG, 1MG	4	QL (90 EA per 30 days)
chlordiazepoxide hcl capsule 5mg	1	QL (120 EA per 30 days)
chlordiazepoxide hcl capsule 10mg	1	QL (900 EA per 30 days)
chlordiazepoxide hydrochloride capsule 25mg	1	QL (360 EA per 30 days)
clorazepate dipotassium tablet 15mg	1	QL (180 EA per 30 days)
clorazepate dipotassium tablet 7.5mg	1	QL (360 EA per 30 days)
clorazepate dipotassium tablet 3.75mg	1	QL (720 EA per 30 days)
diazepam intensol concentrate 5mg/ml	1	
diazepam concentrate 5mg/ml	1	
diazepam injection 5mg/ml	1	
diazepam oral solution 5mg/5ml	1	QL (1200 ML per 30 days)
diazepam tablet 10mg	1	QL (120 EA per 30 days)
diazepam tablet 5mg	1	QL (240 EA per 30 days)
diazepam tablet 2mg	1	QL (300 EA per 30 days)
lorazepam intensol concentrate 2mg/ml	1	QL (150 ML per 30 days)
lorazepam injection 2mg/ml	1	
lorazepam tablet 2mg	1	QL (150 EA per 30 days)
lorazepam tablet 0.5mg, 1mg	1	QL (90 EA per 30 days)
LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 1.5MG, 2MG	3	QL (150 EA per 30 days)
LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 1MG	3	QL (30 EA per 30 days)
LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 3MG	3	QL (90 EA per 30 days)
midazolam hcl injection 5mg/ml	1	
oxazepam capsule 10mg, 15mg, 30mg	1	QL (120 EA per 30 days)
VALIUM TABLET 10MG	3	QL (120 EA per 30 days)
VALIUM TABLET 5MG	3	QL (240 EA per 30 days)
VALIUM TABLET 2MG	3	QL (300 EA per 30 days)
XANAX XR TABLET EXTENDED RELEASE 24 HOUR 2MG	3	QL (150 EA per 30 days)
XANAX XR TABLET EXTENDED RELEASE 24 HOUR 0.5MG, 1MG	3	QL (30 EA per 30 days)
XANAX XR TABLET EXTENDED RELEASE 24 HOUR 3MG	3	QL (90 EA per 30 days)
XANAX TABLET 0.25MG, 0.5MG, 1MG	3	QL (120 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
XANAX TABLET 2MG	3	QL (150 EA per 30 days)
Bipolar Agents		
Bipolar Agents, Other		
IGALMI FILM 120MCG, 180MCG	3	PA
Mood Stabilizers		
lithium carbonate er tablet extended release 300mg, 450mg	1	
lithium carbonate capsule 150mg, 300mg, 600mg	1	
lithium carbonate tablet 300mg	1	
lithium solution 8meq/5ml	1	
LITHOBID TABLET EXTENDED RELEASE 300MG	3	
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose tablet 100mg, 25mg, 50mg	1	
ALOGLIPTIN/METFORMIN HCL TABLET 12.5MG; 500MG	3	ST
ALOGLIPTIN/METFORMIN HYDROCHLORIDE TABLET 12.5MG; 1000MG	3	ST
ALOGLIPTIN/PIOGLITAZONE TABLET 12.5MG; 30MG, 25MG; 15MG, 25MG; 30MG, 25MG; 45MG	3	ST
ALOGLIPTIN TABLET 12.5MG, 25MG, 6.25MG	3	QL (30 EA per 30 days) ST
BEXAGLIFLOZIN TABLET 20MG	3	QL (30 EA per 30 days) ST
BRENZAVVY TABLET 20MG	3	QL (30 EA per 30 days) ST
CYCLOSET TABLET 0.8MG	3	
dapagliflozin/metformin hydrochloride er tablet extended release 24 hour 10mg; 1000mg, 10mg; 500mg, 5mg; 500mg	2	QL (30 EA per 30 days)
dapagliflozin/metformin hydrochloride er tablet extended release 24 hour 5mg; 1000mg	2	QL (60 EA per 30 days)
EXENATIDE INJECTION 5MCG/0.02ML	3	QL (1.2 ML per 30 days) PA
EXENATIDE INJECTION 10MCG/0.04ML	3	QL (2.4 ML per 28 days) PA
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, 15mg, 2.5mg, 5mg	1	
GLUMETZA TABLET EXTENDED RELEASE 24 HOUR 500MG	3	PA
GLUMETZA TABLET EXTENDED RELEASE 24 HOUR 1000MG	4	PA
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	2	QL (30 EA per 30 days)
INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 150MG; 1000MG, 150MG; 500MG, 50MG; 1000MG, 50MG; 500MG	3	QL (60 EA per 30 days) PA
INVOKAMET TABLET 150MG; 1000MG, 150MG; 500MG, 50MG; 1000MG, 50MG; 500MG	3	QL (60 EA per 30 days) PA

Drug Name	Drug Tier	Requirements/Limits
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG, 1000MG; 50MG, 500MG; 50MG	2	
JANUMET TABLET 1000MG; 50MG, 500MG; 50MG	2	
JANUVIA TABLET 100MG, 25MG, 50MG	2	QL (30 EA per 30 days)
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG	2	
JENTADUETO TABLET 2.5MG; 1000MG, 2.5MG; 500MG, 2.5MG; 850MG	2	
metformin hydrochloride er tablet extended release 24 hour 1000mg, 500mg, 750mg	1	
metformin hydrochloride er tablet extended release 24 hour 1000mg, 500mg	1	PA
metformin hydrochloride tablet 1000mg, 500mg, 850mg	1	
metformin hydrochloride tablet 625mg, 750mg	4	PA
miglitol tablet 100mg, 25mg, 50mg	1	
MOUNJARO INJECTION 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML	2	QL (2 ML per 28 days) PA
nateglinide tablet 120mg, 60mg	1	
OZEMPIC INJECTION 2MG/3ML, 4MG/3ML, 8MG/3ML	2	QL (3 ML per 28 days) PA
OZEMPIC TABLET 4MG, 9MG	2	QL (30 EA per 30 days) PA
OZEMPIC TABLET 1.5MG	2	QL (60 EA per 365 days) PA
pioglitazone hcl/metformin hcl tablet 500mg; 15mg, 850mg; 15mg	1	
pioglitazone hcl tablet 45mg	1	
pioglitazone hydrochloride tablet 15mg, 30mg	1	
QTERN TABLET 10MG; 5MG, 5MG; 5MG	3	
repaglinide tablet 0.5mg, 1mg, 2mg	1	
RYBELSUS TABLET 14MG, 7MG	2	QL (30 EA per 30 days) PA
RYBELSUS TABLET 3MG	2	QL (60 EA per 365 days) PA
saxagliptin hydrochloride/metformin hydrochloride er tablet extended release 24 hour 1000mg; 2.5mg, 1000mg; 5mg, 500mg; 5mg	3	ST
saxagliptin hydrochloride tablet 2.5mg, 5mg	3	QL (30 EA per 30 days) ST
SEGLUROMET TABLET 7.5MG; 1000MG	3	QL (60 EA per 30 days) ST
SEGLUROMET TABLET 2.5MG; 1000MG, 2.5MG; 500MG, 7.5MG; 500MG	3	ST
SITAGLIPTIN TABLET 100MG, 25MG, 50MG	3	QL (30 EA per 30 days) ST
SOLIQUA 100/33 INJECTION 100UNIT/ML; 33MCG/ML	2	QL (15 ML per 24 days)
STEGLUJAN TABLET 5MG; 100MG	3	QL (30 EA per 30 days) ST
STEGLUJAN TABLET 15MG; 100MG	3	ST
SYMLINPEN 120 INJECTION 2700MCG/2.7ML	4	PA
SYMLINPEN 60 INJECTION 1500MCG/1.5ML	4	PA
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25MG; 1000MG	2	QL (30 EA per 30 days)
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	2	QL (60 EA per 30 days)
SYNJARDY TABLET 12.5MG; 1000MG, 5MG; 500MG	2	
SYNJARDY TABLET 12.5MG; 500MG, 5MG; 1000MG	2	QL (60 EA per 30 days)
TRADJENTA TABLET 5MG	2	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	2	QL (30 EA per 30 days)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	2	QL (60 EA per 30 days)
TRULICITY INJECTION 0.75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	2	QL (2 ML per 28 days) PA
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 10MG; 500MG, 5MG; 500MG	2	QL (30 EA per 30 days)
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG	2	QL (60 EA per 30 days)
XULTOPHY 100/3.6 INJECTION 100UNIT/ML; 3.6MG/ML	3	QL (15 ML per 30 days)
ZITUVIMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG, 1000MG; 50MG, 500MG; 50MG	3	ST
ZITUVIMET TABLET 1000MG; 50MG, 500MG; 50MG	3	ST
Glycemic Agents		
BAQSIMI ONE PACK POWDER 3MG/DOSE	2	
BAQSIMI TWO PACK POWDER 3MG/DOSE	2	
diazoxide suspension 50mg/ml	4	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJECTION 1MG/ML	2	
glucagon emergency kit for low blood sugar injection 1mg	2	
GVOKE HYPOPEN 1-PACK INJECTION 0.5MG/0.1ML, 1MG/0.2ML	2	
GVOKE HYPOPEN 2-PACK INJECTION 0.5MG/0.1ML, 1MG/0.2ML	2	
GVOKE KIT INJECTION 1MG/0.2ML	2	
GVOKE PFS INJECTION 1MG/0.2ML	2	
ZEGALOGUE INJECTION 0.6MG/0.6ML	3	ST
Insulins		
ADMELOG SOLOSTAR INJECTION 100UNIT/ML	3	ST
ADMELOG INJECTION 100UNIT/ML	3	ST
AFREZZA POWDER 0, 12UNIT, 4UNIT, 8UNIT	3	PA
AFREZZA POWDER 0	4	PA
BASAGLAR KWIKPEN INJECTION 100UNIT/ML	3	ST
BASAGLAR TEMPO PEN INJECTION 100UNIT/ML	3	ST
FIASP FLEXTOUCH INJECTION 100UNIT/ML	3	ST
FIASP PENFILL INJECTION 100UNIT/ML	3	ST
FIASP INJECTION 100UNIT/ML	3	ST
HUMALOG JUNIOR KWIKPEN INJECTION 100UNIT/ML	2	
HUMALOG KWIKPEN INJECTION 100UNIT/ML, 200UNIT/ML	2	
HUMALOG MIX 50/50 KWIKPEN INJECTION 50UNIT/ML; 50UNIT/ML	2	
HUMALOG MIX 50/50 INJECTION 50UNIT/ML; 50UNIT/ML	2	
HUMALOG MIX 75/25 KWIKPEN INJECTION 25UNIT/ML; 75UNIT/ML	2	
HUMALOG MIX 75/25 INJECTION 25UNIT/ML; 75UNIT/ML	2	
HUMALOG INJECTION 100UNIT/ML	2	
HUMULIN 70/30 KWIKPEN INJECTION 30UNIT/ML; 70UNIT/ML	2	

Drug Name	Drug Tier	Requirements/Limits
HUMULIN 70/30 INJECTION 30UNIT/ML; 70UNIT/ML	2	
HUMULIN N KWIKPEN INJECTION 100UNIT/ML	2	
HUMULIN N INJECTION 100UNIT/ML	2	
HUMULIN R U-500 (CONCENTRATED) INJECTION 500UNIT/ML	2	
HUMULIN R U-500 KWIKPEN INJECTION 500UNIT/ML	2	
HUMULIN R INJECTION 100UNIT/ML	2	
INSULIN LISPRO INJECTION 100UNIT/ML	2	
KIRSTY INJECTION 100UNIT/ML	3	ST
LANTUS SOLOSTAR INJECTION 100UNIT/ML	2	
LANTUS INJECTION 100UNIT/ML	2	
LYUMJEV KWIKPEN INJECTION 100UNIT/ML, 200UNIT/ML	2	
LYUMJEV INJECTION 100UNIT/ML	2	
NOVOLIN 70/30 FLEXPEN RELION INJECTION 30UNIT/ML; 70UNIT/ML	2	
NOVOLIN 70/30 FLEXPEN INJECTION 30UNIT/ML; 70UNIT/ML	2	
NOVOLIN 70/30 RELION INJECTION 30UNIT/ML; 70UNIT/ML	2	
NOVOLIN 70/30 INJECTION 30UNIT/ML; 70UNIT/ML	2	
NOVOLIN N FLEXPEN RELION INJECTION 100UNIT/ML	2	
NOVOLIN N FLEXPEN INJECTION 100UNIT/ML	2	
NOVOLIN N RELION INJECTION 100UNIT/ML	2	
NOVOLIN N INJECTION 100UNIT/ML	2	
NOVOLIN R FLEXPEN RELION INJECTION 100UNIT/ML	2	
NOVOLIN R FLEXPEN INJECTION 100UNIT/ML	2	
NOVOLIN R RELION INJECTION 100UNIT/ML	2	
NOVOLIN R INJECTION 100UNIT/ML	2	
NOVOLOG FLEXPEN RELION INJECTION 100UNIT/ML	2	
NOVOLOG FLEXPEN INJECTION 100UNIT/ML	2	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION INJECTION 30UNIT/ML; 70UNIT/ML	2	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN INJECTION 30UNIT/ML; 70UNIT/ML	2	
NOVOLOG MIX 70/30 RELION INJECTION 30UNIT/ML; 70UNIT/ML	2	
NOVOLOG MIX 70/30 INJECTION 30UNIT/ML; 70UNIT/ML	2	
NOVOLOG PENFILL INJECTION 100UNIT/ML	2	
NOVOLOG RELION INJECTION 100UNIT/ML	2	
NOVOLOG INJECTION 100UNIT/ML	2	
TOUJEO MAX SOLOSTAR INJECTION 300UNIT/ML	2	
TOUJEO SOLOSTAR INJECTION 300UNIT/ML	2	
TRESIBA FLEXTOUCH INJECTION 100UNIT/ML, 200UNIT/ML	2	
TRESIBA INJECTION 100UNIT/ML	2	
Blood Products and Modifiers		
Anticoagulants		
argatroban/sodium chloride injection 50mg/50ml; 0.9%	4	
argatroban injection 250mg/2.5ml, 50mg/50ml	4	
ARIXTRA INJECTION 2.5MG/0.5ML	3	QL (15 ML per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ARIXTRA INJECTION 5MG/0.4ML	4	
ARIXTRA INJECTION 7.5MG/0.6ML	4	QL (18 ML per 30 days)
ARIXTRA INJECTION 10MG/0.8ML	4	QL (24 ML per 30 days)
CEPROTIN INJECTION 1000UNIT, 500UNIT	4	
dabigatran etexilate capsule 110mg, 150mg, 75mg	1	QL (60 EA per 30 days)
ELIQUIS STARTER PACK TABLET THERAPY PACK 5MG	2	QL (148 EA per 365 days)
ELIQUIS CAPSULE SPRINKLE 0.15MG	2	QL (84 EA per 28 days)
ELIQUIS TABLET SOLUBLE 0.5MG	2	QL (140 EA per 28 days)
ELIQUIS TABLET SOLUBLE 0.5MG	2	QL (420 EA per 28 days); PACK 3 X 0.5 MG (1.5 MG)
ELIQUIS TABLET SOLUBLE 0.5MG	2	QL (560 EA per 28 days); PACK 4 X 0.5 MG (2 MG)
ELIQUIS TABLET 5MG	2	
ELIQUIS TABLET 2.5MG	2	QL (60 EA per 30 days)
enoxaparin sodium injection 300mg/3ml	1	
enoxaparin sodium injection 30mg/0.3ml	1	QL (18 ML per 30 days)
enoxaparin sodium injection 40mg/0.4ml	1	QL (24 ML per 30 days)
enoxaparin sodium injection 60mg/0.6ml	1	QL (36 ML per 30 days)
enoxaparin sodium injection 120mg/0.8ml, 80mg/0.8ml	1	QL (48 ML per 30 days)
enoxaparin sodium injection 100mg/ml, 150mg/ml	1	QL (60 ML per 30 days)
fondaparinux sodium injection 5mg/0.4ml	3	
fondaparinux sodium injection 2.5mg/0.5ml	3	QL (15 ML per 30 days)
fondaparinux sodium injection 7.5mg/0.6ml	3	QL (18 ML per 30 days)
fondaparinux sodium injection 10mg/0.8ml	4	QL (24 ML per 30 days)
FRAGMIN INJECTION 10000UNIT/4ML, 2500UNIT/0.2ML	3	
FRAGMIN INJECTION 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	4	
heparin sodium/dextrose injection 5%; 25000unit/250ml, 5%; 25000unit/500ml	1	
heparin sodium injection 10000unit/ml, 1000unit/ml, 5000unit/ml	1	
jantoven tablet 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg	1	
LOVENOX INJECTION 300MG/3ML	3	
LOVENOX INJECTION 30MG/0.3ML	3	QL (18 ML per 30 days)
LOVENOX INJECTION 40MG/0.4ML	3	QL (24 ML per 30 days)
LOVENOX INJECTION 60MG/0.6ML	3	QL (36 ML per 30 days)
LOVENOX INJECTION 120MG/0.8ML, 80MG/0.8ML	3	QL (48 ML per 30 days)
LOVENOX INJECTION 100MG/ML	3	QL (60 ML per 30 days)
LOVENOX INJECTION 150MG/ML	4	QL (60 ML per 30 days)
rivaroxaban suspension reconstituted 1mg/ml	1	QL (600 ML per 30 days)
rivaroxaban tablet 2.5mg	1	QL (360 EA per 30 days)
TISSEEL KIT 0; 0; 0; 0	4	
warfarin sodium tablet 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg	1	
XARELTO STARTER PACK TABLET THERAPY PACK 0	2	QL (102 EA per 365 days)
XARELTO SUSPENSION RECONSTITUTED 1MG/ML	2	QL (600 ML per 30 days)
XARELTO TABLET 10MG, 20MG	2	QL (30 EA per 30 days)
XARELTO TABLET 2.5MG	2	QL (360 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
XARELTO TABLET 15MG	2	QL (60 EA per 30 days)
Blood Products and Modifiers, Other		
ADAKVEO INJECTION 100MG/10ML	4	PA
ALVAIZ TABLET 18MG, 9MG	4	QL (30 EA per 30 days) PA
ALVAIZ TABLET 36MG, 54MG	4	QL (60 EA per 30 days) PA
anagrelide hydrochloride capsule 0.5mg, 1mg	1	
APHEXDA INJECTION 62MG	4	
ARANESP ALBUMIN FREE INJECTION 10MCG/0.4ML, 25MCG/0.42ML, 25MCG/ML, 40MCG/0.4ML, 40MCG/ML, 60MCG/ML	3	PA
ARANESP ALBUMIN FREE INJECTION 100MCG/0.5ML, 100MCG/ML, 150MCG/0.3ML, 200MCG/0.4ML, 200MCG/ML, 300MCG/0.6ML, 500MCG/ML, 60MCG/0.3ML	4	PA
eltrombopag olamine packet 12.5mg, 25mg	4	QL (180 EA per 30 days) PA
eltrombopag olamine tablet 12.5mg, 25mg	4	QL (30 EA per 30 days) PA
eltrombopag olamine tablet 50mg, 75mg	4	QL (60 EA per 30 days) PA
EPOGEN INJECTION 10000UNIT/ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
FABHALTA CAPSULE 200MG	4	QL (60 EA per 30 days) PA
FULPHILA INJECTION 6MG/0.6ML	4	QL (1.2 ML per 28 days) PA
FYLNETRA INJECTION 6MG/0.6ML	4	PA
GRANIX INJECTION 300MCG/0.5ML, 480MCG/0.8ML	3	ST
LEUKINE INJECTION 250MCG	4	PA
MIMRYLO INJECTION 19MG, 28MG, 9.5MG	4	QL (4 EA per 28 days) PA
MIMRYLO INJECTION 41MG, 54MG	4	QL (8 EA per 28 days) PA
MOZOBIL INJECTION 24MG/1.2ML	4	
MULPLETA TABLET 3MG	4	PA
NEULASTA ONPRO KIT INJECTION 6MG/0.6ML	4	PA
NEULASTA INJECTION 4MG/0.4ML	4	PA
NEULASTA INJECTION 6MG/0.6ML	4	QL (1.2 ML per 28 days) PA
NEUPOGEN INJECTION 300MCG/0.5ML, 300MCG/ML, 480MCG/0.8ML, 480MCG/1.6ML	4	ST
NIVESTYM INJECTION 300MCG/0.5ML, 300MCG/ML, 480MCG/0.8ML, 480MCG/1.6ML	4	ST
NPLATE INJECTION 125MCG, 250MCG, 500MCG	4	PA
NYPOZI INJECTION 300MCG/0.5ML, 480MCG/0.8ML	4	ST
NYVEPRIA INJECTION 6MG/0.6ML	4	PA
plerixafor injection 24mg/1.2ml	4	
PROCRIT INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
PROCRIT INJECTION 20000UNIT/ML, 40000UNIT/ML	4	PA
PROMACTA PACKET 12.5MG, 25MG	4	QL (180 EA per 30 days) PA
PROMACTA TABLET 12.5MG, 25MG	4	QL (30 EA per 30 days) PA
PROMACTA TABLET 50MG, 75MG	4	QL (60 EA per 30 days) PA
REBLOZYL INJECTION 25MG, 75MG	4	PA
RELEUKO INJECTION 300MCG/0.5ML	3	ST
RELEUKO INJECTION 480MCG/0.8ML	4	ST
RETACRIT INJECTION 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
RETACRIT INJECTION 40000UNIT/ML	4	PA

Drug Name	Drug Tier	Requirements/Limits
ROLVEDON INJECTION 13.2MG/0.6ML	4	PA
RYZNEUTA INJECTION 20MG/ML	4	PA
STIMUFEND INJECTION 6MG/0.6ML	4	PA
UDENYCA ONBODY INJECTION 6MG/0.6ML	4	PA
UDENYCA INJECTION 6MG/0.6ML	4	QL (1.2 ML per 28 days) PA
VAFSEO TABLET 150MG	3	QL (90 EA per 30 days) PA
VAFSEO TABLET 300MG	4	QL (60 EA per 30 days) PA
XOLREMDI CAPSULE 100MG	4	QL (120 EA per 30 days) PA
ZARXIO INJECTION 300MCG/0.5ML, 480MCG/0.8ML	4	
ZIEXTENZO INJECTION 6MG/0.6ML	4	PA
Hemostasis Agents		
aminocaproic acid solution 0.25gm/ml	4	
aminocaproic acid tablet 1000mg, 500mg	4	
tranexamic acid tablet 650mg	1	
Platelet Modifying Agents		
aspirin/dipyridamole er capsule extended release 12 hour 25mg; 200mg	1	
aspirin/dipyridamole capsule extended release 12 hour 25mg; 200mg	1	
CABLIVI INJECTION 11MG	4	QL (30 EA per 30 days) PA
cilostazol tablet 100mg, 50mg	1	
clopidogrel tablet 300mg, 75mg	1	
DOPTELET SPRINKLE CAPSULE SPRINKLE 10MG	4	QL (60 EA per 30 days) PA
DOPTELET TABLET 20MG	4	QL (90 EA per 30 days) PA
eptifibatide injection 200mg/100ml, 20mg/10ml, 75mg/100ml	4	
KENGREAL INJECTION 50MG	4	
prasugrel hydrochloride tablet 10mg, 5mg	1	
TAVALISSE TABLET 100MG, 150MG	4	PA
ticagrelor tablet 60mg, 90mg	2	
WAYRILZ TABLET 400MG	4	QL (60 EA per 30 days) PA
YOSPRALA TABLET DELAYED RELEASE 325MG; 40MG, 81MG; 40MG	3	QL (30 EA per 30 days)
Cardiovascular Agents		
Alpha-adrenergic Agonists		
CLONIDINE HYDROCHLORIDE ER TABLET EXTENDED RELEASE 24 HOUR 0.17MG	3	ST
clonidine hydrochloride tablet 0.05mg, 0.1mg, 0.2mg, 0.3mg	1	
clonidine patch weekly 0.1mg/24hr, 0.2mg/24hr, 0.3mg/24hr	1	
droxidopa capsule 100mg	3	QL (90 EA per 30 days) PA
droxidopa capsule 200mg, 300mg	4	QL (180 EA per 30 days) PA
guanfacine hydrochloride tablet 1mg, 2mg	1	
JAVADIN SOLUTION 0.02MG/ML	3	PA
methyldopa tablet 250mg, 500mg	1	
midodrine hydrochloride tablet 10mg, 2.5mg, 5mg	1	
NEXICLON XR TABLET EXTENDED RELEASE 24 HOUR 0.17MG	3	ST
NORTHERA CAPSULE 200MG, 300MG	4	QL (180 EA per 30 days) PA
NORTHERA CAPSULE 100MG	4	QL (90 EA per 30 days) PA
phenylephrine hydrochloride injection 0.5mg/5ml	1	
Alpha-adrenergic Blocking Agents		

Drug Name	Drug Tier	Requirements/Limits
DIBENZYLINE CAPSULE 10MG	4	PA
phenoxybenzamine hydrochloride capsule 10mg	4	PA
prazosin hydrochloride capsule 1mg, 2mg, 5mg	1	
Angiotensin II Receptor Antagonists		
ARBLI SUSPENSION 10MG/ML	3	PA
azilsartan medoxomil tablet 40mg, 80mg	1	
candesartan cilexetil tablet 16mg, 32mg, 4mg, 8mg	1	
EDARBI TABLET 40MG, 80MG	3	
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 solution 4mg/ml	4	ST
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	1	
enalapril maleate solution 1mg/ml	1	
enalapril maleate tablet 10mg, 2.5mg, 20mg, 5mg	1	
EPANED SOLUTION 1MG/ML	3	
fosinopril sodium tablet 10mg, 20mg, 40mg	1	
lisinopril tablet 10mg, 2.5mg, 20mg, 30mg, 40mg, 5mg	1	
moexipril hydrochloride tablet 15mg, 7.5mg	1	
perindopril erbumine tablet 2mg, 4mg, 8mg	1	
QBRELIS SOLUTION 1MG/ML	3	
quinapril hydrochloride tablet 10mg, 20mg, 40mg, 5mg	1	
ramipril capsule 1.25mg, 10mg, 2.5mg, 5mg	1	
trandolapril tablet 1mg, 2mg, 4mg	1	
VASOTEC TABLET 20MG	4	
Antiarrhythmics		
amiodarone hydrochloride tablet 100mg, 200mg, 400mg	1	
BETAPACE AF TABLET 120MG, 160MG	3	
BETAPACE TABLET 120MG, 160MG, 80MG	4	
digoxin solution 0.05mg/ml	1	
digoxin tablet 125mcg, 250mcg, 62.5mcg	1	
disopyramide phosphate capsule 100mg, 150mg	1	
dofetilide capsule 125mcg, 250mcg, 500mcg	1	
flecainide acetate tablet 100mg, 150mg, 50mg	1	
lidocaine hcl injection 100mg/5ml	1	
mexiletine hydrochloride capsule 150mg, 200mg, 250mg	1	
MULTAQ TABLET 400MG	2	
NEXTERONE INJECTION 360MG/200ML; 41.4MG/ML	3	
NORPACE CR CAPSULE EXTENDED RELEASE 12 HOUR 100MG, 150MG	3	
PACERONE TABLET 100MG, 200MG, 400MG	1	
propafenone hcl tablet 150mg, 225mg, 300mg	1	
propafenone hydrochloride er capsule extended release 12 hour 225mg, 325mg, 425mg	1	
propafenone hydrochloride tablet 150mg, 225mg, 300mg	1	
quinidine sulfate tablet 200mg, 300mg	1	

Drug Name	Drug Tier	Requirements/Limits
sotalol hcl (af) tablet 80mg	1	
sotalol hcl tablet 120mg, 160mg, 240mg	1	
sotalol hydrochloride (af) tablet 120mg, 160mg, 80mg	1	
sotalol hydrochloride af tablet 160mg	1	
SOTALOL HYDROCHLORIDE INJECTION 150MG/10ML	4	
sotalol hydrochloride tablet 160mg, 80mg	1	
Beta-adrenergic Blocking Agents		
acebutolol hydrochloride capsule 200mg, 400mg	1	
atenolol tablet 100mg, 25mg, 50mg	1	
betaxolol hcl tablet 10mg, 20mg	1	
bisoprolol fumarate tablet 10mg, 2.5mg, 5mg	1	
carvedilol phosphate er capsule extended release 24 hour 10mg, 20mg, 40mg, 80mg	1	
carvedilol tablet 12.5mg, 25mg, 3.125mg, 6.25mg	1	
HEMANGEOL SOLUTION 4.28MG/ML	4	
INDERAL LA CAPSULE EXTENDED RELEASE 24 HOUR 60MG, 80MG	3	
INDERAL LA CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 160MG	4	
INDERAL XL CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 80MG	3	
INNOPRAN XL CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 80MG	3	
labetalol hydrochloride tablet 100mg, 200mg, 300mg, 400mg	1	
LOPRESSOR SOLUTION 10MG/ML	3	PA
metoprolol succinate er tablet extended release 24 hour 100mg, 200mg, 25mg, 50mg	1	
METOPROLOL TARTRATE TABLET 12.5MG	1	
metoprolol tartrate tablet 100mg, 25mg, 37.5mg, 50mg, 75mg	1	
nadolol tablet 20mg, 40mg, 80mg	1	
nebivolol hydrochloride tablet 10mg, 2.5mg, 20mg, 5mg	1	
pindolol tablet 10mg, 5mg	1	
propranolol hcl tablet 40mg	1	
propranolol hydrochloride er capsule extended release 24 hour 120mg, 160mg, 60mg, 80mg	1	
propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg	1	
Calcium Channel Blocking Agents, Dihydropyridines		
amlodipine besylate tablet 10mg, 2.5mg, 5mg	1	
CLEVIPREX INJECTION 25MG/50ML, 50MG/100ML	4	
CONJUPRI TABLET 2.5MG, 5MG	3	ST
felodipine er tablet extended release 24 hour 10mg, 2.5mg, 5mg	1	
isradipine capsule 2.5mg, 5mg	3	
LEVAMLODIPINE TABLET 2.5MG, 5MG	3	ST
nicardipine hcl capsule 20mg, 30mg	3	
nicardipine hydrochloride/sodium chloride injection 20mg/200ml; 0.86%, 20mg/200ml; 0.9%, 40mg/200ml; 0.83%, 40mg/200ml; 0.9%	1	
nifedipine er tablet extended release 24 hour 30mg, 60mg, 90mg	1	

Drug Name	Drug Tier	Requirements/Limits
nimodipine capsule 30mg	1	
NIMODIPINE SOLUTION 60MG/20ML	4	
NORLIQVA SOLUTION 1MG/ML	3	ST
NYMALIZE SOLUTION 6MG/ML	4	
SDAMLO SOLUTION RECONSTITUTED 10MG, 2.5MG, 5MG	4	ST
Calcium Channel Blocking Agents, Nondihydropyridines		
CARDAMYST SOLUTION 70MG/DOSE	4	PA
CARDIZEM CD CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 180MG	3	
CARDIZEM CD CAPSULE EXTENDED RELEASE 24 HOUR 240MG, 300MG, 360MG	4	
CARDIZEM TABLET 120MG, 60MG	3	
cartia xt capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg	1	
dilt-xr capsule extended release 24 hour 120mg, 180mg, 240mg	1	
diltiazem hcl cd capsule extended release 24 hour 360mg	1	
diltiazem hcl er capsule extended release 12 hour 120mg, 60mg, 90mg	1	
diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 420mg	1	
diltiazem hcl er tablet extended release 24 hour 240mg, 300mg, 360mg, 420mg	1	
diltiazem hcl tablet 30mg, 60mg	1	
diltiazem hydrochloride er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg	1	
diltiazem hydrochloride er tablet extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg	1	
diltiazem hydrochloride tablet 120mg, 90mg	1	
matzim la tablet extended release 24 hour 180mg, 240mg, 300mg, 360mg, 420mg	1	
TAZTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 180MG, 240MG, 300MG, 360MG	1	
tiadylt er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
verapamil hcl er capsule extended release 24 hour 100mg, 120mg, 180mg	1	
verapamil hcl er tablet extended release 120mg, 180mg	1	
verapamil hcl sr capsule extended release 24 hour 120mg, 180mg, 240mg, 360mg	1	
verapamil hydrochloride er capsule extended release 24 hour 100mg, 200mg	1	
verapamil hydrochloride er tablet extended release 180mg, 240mg	1	
verapamil hydrochloride sr capsule extended release 24 hour 240mg, 360mg	1	
verapamil hydrochloride tablet 120mg, 40mg, 80mg	1	
Cardiovascular Agents, Other		
acetazolamide sodium injection 500mg	4	
ADRENALIN INJECTION 1MG/ML	3	

Drug Name	Drug Tier	Requirements/Limits
aliskiren tablet 150mg, 300mg	1	
amiloride/hydrochlorothiazide tablet 5mg; 50mg	1	
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	
ASPRUZYO SPRINKLE PACKET 1000MG, 500MG	3	QL (60 EA per 30 days) ST
atenolol/chlorthalidone tablet 100mg; 25mg, 50mg; 25mg	1	
BAXFENDY TABLET 1MG, 2MG	3	QL (30 EA per 30 days) PA
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	1	
CAMZYOS CAPSULE 10MG, 15MG, 2.5MG, 5MG	4	QL (30 EA per 30 days) PA
candesartan cilexetil/hydrochlorothiazide tablet 16mg; 12.5mg, 32mg; 12.5mg, 32mg; 25mg	1	
captopril/hydrochlorothiazide tablet 25mg; 15mg, 25mg; 25mg, 50mg; 15mg, 50mg; 25mg	1	
CORLANOR SOLUTION 5MG/5ML	3	QL (450 ML per 30 days)
CORLANOR TABLET 5MG, 7.5MG	3	QL (60 EA per 30 days)
DEFITELIO INJECTION 200MG/2.5ML	4	
DEMSER CAPSULE 250MG	4	PA
dobutamine hcl/d5w injection 5%; 1mg/ml	1	B/D
dobutamine hcl injection 12.5mg/ml	1	B/D
dobutamine hydrochloride/dextrose 5% injection 5%; 1mg/ml, 5%; 2mg/ml, 5%; 4mg/ml	1	B/D
dopamine hydrochloride/dextrose injection 5%; 0.8mg/ml, 5%; 1.6mg/ml, 5%; 3.2mg/ml	1	B/D
dopamine hydrochloride injection 40mg/ml	1	B/D
dopamine/d5w injection 5%; 3.2mg/ml	1	B/D
EDARBYCLOR TABLET 40MG; 12.5MG, 40MG; 25MG	3	
enalapril maleate/hydrochlorothiazide tablet 10mg; 25mg, 5mg; 12.5mg	1	
ENTRESTO CAPSULE SPRINKLE 15MG; 16MG, 6MG; 6MG	2	QL (240 EA per 30 days)
ENTRESTO TABLET 24MG; 26MG	2	QL (180 EA per 30 days)
ENTRESTO TABLET 49MG; 51MG, 97MG; 103MG	2	QL (60 EA per 30 days)
epinephrine injection 1mg/ml	1	
EVKEEZA INJECTION 1200MG/8ML, 345MG/2.3ML	4	PA
FILSPARI TABLET 200MG	4	QL (30 EA per 30 days) PA
FILSPARI TABLET 400MG	4	QL (60 EA per 30 days) PA
fosinopril sodium/hydrochlorothiazide tablet 10mg; 12.5mg, 20mg; 12.5mg	1	
irbesartan/hydrochlorothiazide tablet 12.5mg; 150mg, 12.5mg; 300mg	1	
isosorbide dinitrate/hydralazine hydrochloride tablet 37.5mg; 20mg	1	
ivabradine hydrochloride tablet 5mg, 7.5mg	1	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
lisinopril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg, 25mg; 20mg	1	
LODOCO TABLET 0.5MG	3	PA
losartan potassium/hydrochlorothiazide tablet 12.5mg; 100mg, 12.5mg; 50mg, 25mg; 100mg	1	
metyrosine capsule 250mg	4	PA
milrinone lactate in dextrose injection 5%; 20mg/100ml, 5%; 40mg/200ml	1	B/D
milrinone lactate injection 10mg/10ml, 20mg/20ml, 50mg/50ml	1	B/D
MYQORZO TABLET 10MG, 15MG, 20MG, 5MG	4	QL (30 EA per 30 days) PA
NEFFY SOLUTION 1MG/0.1ML	3	
olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 20mg, 12.5mg; 40mg, 25mg; 40mg	1	
pentoxifylline er tablet extended release 400mg	1	
quinapril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg, 25mg; 20mg	1	
ranolazine er tablet extended release 12 hour 1000mg, 500mg	1	
sacubitril/valsartan tablet 24mg; 26mg	2	QL (180 EA per 30 days)
sacubitril/valsartan tablet 49mg; 51mg, 97mg; 103mg	2	QL (60 EA per 30 days)
spironolactone/hydrochlorothiazide tablet 25mg; 25mg	1	
telmisartan/amlodipine tablet 10mg; 40mg, 10mg; 80mg, 5mg; 40mg, 5mg; 80mg	1	
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	1	
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	
VECAMYL TABLET 2.5MG	4	
VYNDAMAX CAPSULE 61MG	4	QL (30 EA per 30 days) PA
WIDAPLIK TABLET 1.25MG; 0.625MG; 10MG, 2.5MG; 1.25MG; 20MG, 5MG; 2.5MG; 40MG	3	PA
Diuretics, Loop		
bumetanide injection 0.25mg/ml	1	
bumetanide tablet 0.5mg, 1mg, 2mg	1	
EDECRIN TABLET 25MG	4	
ENBUMYST SOLUTION 0.5MG/0.1ML	3	PA
ethacrynate sodium injection 50mg	4	
ethacrynic acid tablet 25mg	1	
FUROSCIX READYFLOW INJECTION 80MG/ML	4	PA
FUROSCIX INJECTION 80MG/10ML	3	PA
furosemide injection 10mg/ml	1	
furosemide oral solution 10mg/ml, 40mg/5ml	1	
furosemide tablet 20mg, 40mg, 80mg	1	
LASIX ONYU INJECTION 80MG/2.67ML	3	PA

Drug Name	Drug Tier	Requirements/Limits
SOAANZ TABLET 20MG, 40MG, 60MG	3	ST
SODIUM EDECRIN INJECTION 50MG	4	
torsemide tablet 100mg, 10mg, 20mg, 5mg	1	
Diuretics, Potassium-sparing		
amiloride hcl tablet 5mg	1	
triamterene capsule 100mg, 50mg	3	
Diuretics, Thiazide		
chlorthalidone tablet 25mg, 50mg	1	
HEMICLOR TABLET 12.5MG	3	
hydrochlorothiazide capsule 12.5mg	1	
hydrochlorothiazide tablet 12.5mg, 25mg, 50mg	1	
indapamide tablet 1.25mg, 2.5mg	1	
INZIRQO SUSPENSION RECONSTITUTED 10MG/ML	3	PA
metolazone tablet 10mg, 2.5mg, 5mg	1	
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate micronized capsule 134mg, 200mg, 67mg	1	
fenofibrate capsule 130mg, 43mg	1	
fenofibrate tablet 120mg, 145mg, 160mg, 40mg, 48mg, 54mg	1	
fenofibric acid dr capsule delayed release 135mg, 45mg	1	
FENOGLIDE TABLET 120MG	3	
gemfibrozil tablet 600mg	1	
Dyslipidemics, HMG CoA Reductase Inhibitors		
ALTOPREV TABLET EXTENDED RELEASE 24 HOUR 20MG, 40MG, 60MG	3	ST
ATORVALIQ SUSPENSION 20MG/5ML	3	ST
atorvastatin calcium tablet 10mg, 20mg, 40mg, 80mg	1	
EZALLOR SPRINKLE CAPSULE SPRINKLE 10MG, 20MG, 40MG, 5MG	3	ST
FLOLIPID SUSPENSION 20MG/5ML, 40MG/5ML	3	ST
fluvastatin sodium er tablet extended release 24 hour 80mg	1	
fluvastatin capsule 20mg, 40mg	1	
LIVALO TABLET 1MG, 2MG, 4MG	2	ST
lovastatin tablet 10mg, 20mg, 40mg	1	
pitavastatin calcium tablet 1mg, 2mg, 4mg	1	
pravastatin sodium tablet 10mg, 20mg, 40mg, 80mg	1	
rosuvastatin calcium tablet 10mg, 20mg, 40mg, 5mg	1	
simvastatin tablet 10mg, 20mg, 40mg, 5mg, 80mg	1	
ZYPITAMAG TABLET 2MG, 4MG	3	ST
Dyslipidemics, Other		
cholestyramine light packet 4gm	1	
cholestyramine light powder 4gm/dose	1	
colesevelam hydrochloride tablet 625mg	1	
colestipol hydrochloride packet 5gm	1	
colestipol hydrochloride tablet 1gm	1	
ezetimibe/simvastatin tablet 10mg; 10mg, 10mg; 20mg, 10mg; 40mg, 10mg; 80mg	1	
ezetimibe tablet 10mg	1	
icosapent ethyl capsule 0.5gm, 1gm	1	
JUXTAPID CAPSULE 2MG	4	QL (112 EA per 365 days) PA
JUXTAPID CAPSULE 10MG, 5MG	4	QL (30 EA per 30 days) PA

Drug Name	Drug Tier	Requirements/Limits
JUXTAPID CAPSULE 20MG, 30MG	4	QL (60 EA per 30 days) PA
LEQVIO INJECTION 284MG/1.5ML	3	QL (3 ML per 180 days) PA
LOVAZA CAPSULE 375MG; 465MG; 1GM	3	
NEXLETOL TABLET 180MG	2	QL (30 EA per 30 days) PA
NEXLIZET TABLET 180MG; 10MG	2	QL (30 EA per 30 days) PA
niacin er tablet extended release 1000mg, 500mg, 750mg	1	
omega-3-acid ethyl esters capsule 375mg; 465mg; 1gm	1	
PRALUENT INJECTION 150MG/ML, 75MG/ML	2	QL (2 ML per 28 days) PA
prevalite packet 4gm	1	
prevalite powder 4gm/dose	1	
REDEMPLO INJECTION 25MG/0.5ML	4	QL (0.5 ML per 84 days) PA
REPATHA PUSHTRONEX SYSTEM INJECTION 420MG/3.5ML	2	QL (7 ML per 28 days) PA
REPATHA SURECLICK INJECTION 140MG/ML	2	QL (3 ML per 28 days) PA
REPATHA INJECTION 140MG/ML	2	QL (3 ML per 28 days) PA
rosuvastatin/ezetimibe tablet 10mg; 10mg, 10mg; 20mg, 10mg; 40mg, 10mg; 5mg	3	
TRYNGOLZA INJECTION 50MG/0.8ML, 80MG/0.8ML	4	QL (0.8 ML per 28 days) PA
Mineralocorticoid Receptor Antagonists		
eplerenone tablet 25mg, 50mg	1	
KERENDIA TABLET 10MG, 20MG, 40MG	3	QL (30 EA per 30 days) PA
spironolactone tablet 100mg, 25mg, 50mg	1	
Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)		
dapagliflozin tablet 10mg, 5mg	2	QL (30 EA per 30 days)
FARXIGA TABLET 10MG, 5MG	2	QL (30 EA per 30 days) ST
INPEFA TABLET 200MG	3	QL (30 EA per 30 days) ST
INPEFA TABLET 400MG	3	ST
INVOKANA TABLET 100MG, 300MG	3	QL (30 EA per 30 days) PA
JARDIANCE TABLET 10MG, 25MG	2	QL (30 EA per 30 days)
STEGLATRO TABLET 15MG	3	QL (30 EA per 30 days) ST
STEGLATRO TABLET 5MG	3	QL (60 EA per 30 days) ST
Vasodilators, Direct-acting Arterial/Venous		
ISORDIL TITRADOSE TABLET 5MG	3	
ISORDIL TITRADOSE TABLET 40MG	4	
isosorbide dinitrate tablet 10mg, 20mg, 30mg, 40mg, 5mg	1	
isosorbide mononitrate er tablet extended release 24 hour 120mg, 30mg, 60mg	1	
isosorbide mononitrate tablet 10mg, 20mg	1	
nitro-bid ointment 2%	1	
NITRO-DUR PATCH 24 HOUR 0.3MG/HR, 0.8MG/HR	4	
nitroglycerin transdermal patch 24 hour 0.1mg/hr, 0.2mg/hr, 0.4mg/hr, 0.6mg/hr	1	
nitroglycerin transdermal ointment 2%	1	
nitroglycerin solution 0.4mg/spray	1	
nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg	1	
VERQUVO TABLET 10MG, 2.5MG, 5MG	2	QL (30 EA per 30 days) PA
Vasodilators, Direct-acting Arterial		
hydralazine hydrochloride injection 20mg/ml	1	
hydralazine hydrochloride tablet 100mg, 10mg, 25mg, 50mg	1	
minoxidil tablet 10mg, 2.5mg	1	

Drug Name	Drug Tier	Requirements/Limits
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 1.25MG; 1.25MG; 1.25MG; 1.25MG, 2.5MG; 2.5MG; 2.5MG; 2.5MG, 3.75MG; 3.75MG; 3.75MG; 3.75MG, 5MG; 5MG; 5MG; 5MG, 6.25MG; 6.25MG; 6.25MG; 6.25MG, 7.5MG; 7.5MG; 7.5MG; 7.5MG	3	QL (60 EA per 30 days)
ADDERALL 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)
amphetamine/dextroamphetamine capsule extended release 24 hour 1.25mg; 1.25mg; 1.25mg; 1.25mg, 2.5mg; 2.5mg; 2.5mg; 2.5mg, 3.75mg; 3.75mg; 3.75mg; 3.75mg, 5mg; 5mg; 5mg; 5mg, 6.25mg; 6.25mg; 6.25mg; 6.25mg, 7.5mg; 7.5mg; 7.5mg; 7.5mg	1	QL (60 EA per 30 days)
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	1	QL (90 EA per 30 days)
ARYNTA SOLUTION 10MG/ML	3	QL (240 ML per 34 days) PA
DESOXYN TABLET 5MG	4	QL (150 EA per 30 days) PA
DEXEDRINE CAPSULE EXTENDED RELEASE 24 HOUR 15MG	4	QL (120 EA per 30 days)
DEXEDRINE CAPSULE EXTENDED RELEASE 24 HOUR 10MG	4	QL (180 EA per 30 days)
dextroamphetamine sulfate er capsule extended release 24 hour 15mg	1	QL (120 EA per 30 days)
dextroamphetamine sulfate er capsule extended release 24 hour 10mg	1	QL (180 EA per 30 days)
dextroamphetamine sulfate er capsule extended release 24 hour 5mg	1	QL (60 EA per 30 days)
dextroamphetamine sulfate tablet 10mg	1	QL (180 EA per 30 days)
dextroamphetamine sulfate tablet 2.5mg, 7.5mg	1	QL (240 EA per 30 days)
dextroamphetamine sulfate tablet 30mg	1	QL (60 EA per 30 days)
dextroamphetamine sulfate tablet 15mg, 20mg, 5mg	1	QL (90 EA per 30 days)
DYANAVEL XR TABLET EXTENDED RELEASE 10MG, 15MG, 20MG, 5MG	3	QL (30 EA per 30 days)
methamphetamine hydrochloride tablet 5mg	1	QL (150 EA per 30 days) PA
XELSTRYM PATCH 13.5MG/9HR, 18MG/9HR, 4.5MG/9HR, 9MG/9HR	3	QL (30 EA per 30 days)
ZENZEDI TABLET 10MG	3	QL (180 EA per 30 days)
ZENZEDI TABLET 2.5MG, 7.5MG	3	QL (240 EA per 30 days)
ZENZEDI TABLET 30MG	3	QL (60 EA per 30 days)
ZENZEDI TABLET 15MG, 20MG, 5MG	3	QL (90 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		

Drug Name	Drug Tier	Requirements/Limits
APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 10MG, 15MG, 20MG, 30MG, 40MG, 50MG, 60MG	3	QL (30 EA per 30 days)
atomoxetine hydrochloride capsule 100mg, 18mg, 25mg	1	QL (30 EA per 30 days)
atomoxetine hydrochloride capsule 10mg	1	QL (60 EA per 30 days)
ATOMOXETINE HYDROCHLORIDE SOLUTION 4MG/ML	3	QL (750 ML per 30 days) ST
atomoxetine capsule 100mg, 18mg, 25mg, 40mg, 60mg, 80mg	1	QL (30 EA per 30 days)
atomoxetine capsule 10mg	1	QL (60 EA per 30 days)
ATONCY SOLUTION 4MG/ML	3	QL (750 ML per 30 days) ST
CONCERTA TABLET EXTENDED RELEASE 18MG, 27MG, 54MG	3	QL (30 EA per 30 days)
CONCERTA TABLET EXTENDED RELEASE 36MG	3	QL (60 EA per 30 days)
COTEMPLA XR-ODT TABLET EXTENDED RELEASE DISINTEGRATING 8.6MG	3	QL (180 EA per 30 days)
COTEMPLA XR-ODT TABLET EXTENDED RELEASE DISINTEGRATING 25.9MG	3	QL (60 EA per 30 days)
COTEMPLA XR-ODT TABLET EXTENDED RELEASE DISINTEGRATING 17.3MG	3	QL (90 EA per 30 days)
dexmethylphenidate hcl tablet 10mg, 5mg	1	QL (60 EA per 30 days)
dexmethylphenidate hydrochloride er capsule extended release 24 hour 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg, 5mg	1	QL (30 EA per 30 days)
dexmethylphenidate hydrochloride tablet 2.5mg	1	QL (60 EA per 30 days)
FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 10MG, 15MG, 20MG, 25MG, 30MG, 35MG, 40MG, 5MG	3	QL (30 EA per 30 days)
FOCALIN TABLET 10MG, 2.5MG, 5MG	3	QL (60 EA per 30 days)
guanfacine hydrochloride er tablet extended release 24 hour 1mg, 2mg, 3mg, 4mg	1	
METADATE CD CAPSULE EXTENDED RELEASE 10MG, 20MG, 30MG, 40MG, 50MG, 60MG	3	QL (30 EA per 30 days)
METHYLPHENIDATE ER ODT TABLET EXTENDED RELEASE DISINTEGRATING 8.6MG	3	QL (180 EA per 30 days)
METHYLPHENIDATE ER ODT TABLET EXTENDED RELEASE DISINTEGRATING 25.9MG	3	QL (60 EA per 30 days)
METHYLPHENIDATE ER ODT TABLET EXTENDED RELEASE DISINTEGRATING 17.3MG	3	QL (90 EA per 30 days)
methylphenidate hydrochloride er (cd) capsule extended release 10mg, 20mg, 30mg, 40mg, 50mg, 60mg	1	QL (30 EA per 30 days)
methylphenidate hydrochloride er (dif) tablet extended release 27mg, 54mg	1	QL (30 EA per 30 days)
methylphenidate hydrochloride er (dif) tablet extended release 36mg	1	QL (60 EA per 30 days)
methylphenidate hydrochloride er (la) capsule extended release 24 hour 10mg, 20mg, 30mg, 40mg, 60mg	1	QL (30 EA per 30 days)
METHYLPHENIDATE HYDROCHLORIDE ER (OSM) TABLET EXTENDED RELEASE 45MG, 63MG	1	QL (30 EA per 30 days)
methylphenidate hydrochloride er (osm) tablet extended release 18mg, 27mg, 54mg, 72mg	1	QL (30 EA per 30 days)
methylphenidate hydrochloride er (osm) tablet extended release 36mg	1	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
methylphenidate hydrochloride er (xr) capsule extended release 24 hour 10mg, 15mg, 20mg, 30mg, 40mg, 50mg, 60mg	1	QL (30 EA per 30 days)
methylphenidate hydrochloride er tablet extended release 24 hour 18mg, 27mg, 54mg	1	QL (30 EA per 30 days)
methylphenidate hydrochloride er tablet extended release 24 hour 36mg	1	QL (60 EA per 30 days)
methylphenidate hydrochloride er tablet extended release 10mg	1	QL (180 EA per 30 days)
methylphenidate hydrochloride er tablet extended release 20mg	1	QL (90 EA per 30 days)
methylphenidate hydrochloride solution 10mg/5ml, 5mg/5ml	1	
methylphenidate hydrochloride tablet chewable 10mg	1	QL (180 EA per 30 days)
methylphenidate hydrochloride tablet chewable 2.5mg, 5mg	1	QL (90 EA per 30 days)
methylphenidate hydrochloride tablet 10mg, 20mg, 5mg	1	QL (90 EA per 30 days)
ONYDA XR SUSPENSION EXTENDED RELEASE 0.1MG/ML	3	QL (120 ML per 30 days) PA
RELEXXII TABLET EXTENDED RELEASE 18MG, 27MG, 45MG, 54MG, 63MG, 72MG	3	QL (30 EA per 30 days)
RELEXXII TABLET EXTENDED RELEASE 36MG	3	QL (60 EA per 30 days)
RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 10MG, 20MG, 30MG, 40MG	3	QL (30 EA per 30 days)
RITALIN TABLET 10MG, 20MG, 5MG	3	QL (90 EA per 30 days)
STRATTERA CAPSULE 100MG, 18MG, 25MG, 40MG, 60MG, 80MG	3	QL (30 EA per 30 days)
STRATTERA CAPSULE 10MG	3	QL (60 EA per 30 days)
Central Nervous System, Other		
ALLZITAL TABLET 325MG; 25MG	3	
AQNEURSA PACKET 1GM	4	QL (120 EA per 30 days) PA
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 0	4	QL (56 EA per 365 days) PA ; (12mg & 18mg & 24mg & 30mg Pack)
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12MG, 18MG, 24MG, 30MG, 36MG, 42MG, 48MG, 6MG	4	QL (30 EA per 30 days) PA
AUSTEDO TABLET 12MG, 6MG, 9MG	4	QL (120 EA per 30 days) PA
BUPAP TABLET 300MG; 50MG	3	
butalbital/acetaminophen/caffeine capsule 300mg; 50mg; 40mg, 325mg; 50mg; 40mg	1	
BUTALBITAL/ACETAMINOPHEN/CAFFEINE SOLUTION 325MG/15ML; 50MG/15ML; 40MG/15ML	4	ST
butalbital/acetaminophen/caffeine tablet 325mg; 50mg; 40mg	1	
butalbital/acetaminophen capsule 300mg; 50mg	4	
butalbital/acetaminophen tablet 300mg; 50mg	1	
butalbital/acetaminophen tablet 325mg; 50mg	1	QL (180 EA per 30 days)
butalbital/aspirin/caffeine capsule 325mg; 50mg; 40mg	1	QL (180 EA per 30 days)
caffeine citrate solution 60mg/3ml	4	
clonidine hydrochloride injection 100mcg/ml, 500mcg/ml	1	B/D
COBENFY STARTER PACK CAPSULE THERAPY PACK 20MG; 0	4	QL (112 EA per 365 days) PA
COBENFY CAPSULE 20MG; 100MG, 20MG; 50MG, 30MG; 125MG	4	QL (60 EA per 30 days) PA

Drug Name	Drug Tier	Requirements/Limits
DAYBUE STIX PACKET 5000MG, 6000MG	4	QL (120 EA per 30 days) PA
DAYBUE STIX PACKET 8000MG	4	QL (60 EA per 30 days) PA
DEXTROMETHORPHAN HYDROBROMIDE/QUINIDINE SULFATE CAPSULE 20MG; 10MG	4	QL (60 EA per 30 days) PA
DURACLON INJECTION 100MCG/ML	3	B/D
edaravone injection 30mg/100ml, 60mg/100ml	4	PA
EXSERVAN FILM 50MG	4	PA
FIRDAPSE TABLET 10MG	4	QL (300 EA per 30 days) PA
INGREZZA CAPSULE SPRINKLE 60MG, 80MG	4	QL (30 EA per 30 days) PA
INGREZZA CAPSULE SPRINKLE 40MG	4	QL (60 EA per 30 days) PA
INGREZZA CAPSULE THERAPY PACK 0	4	QL (56 EA per 365 days) PA
INGREZZA CAPSULE 60MG, 80MG	4	QL (30 EA per 30 days) PA
INGREZZA CAPSULE 40MG	4	QL (60 EA per 30 days) PA
LYNKUET CAPSULE 60MG	3	QL (60 EA per 30 days) PA
NUEDEXTA CAPSULE 20MG; 10MG	4	QL (60 EA per 30 days) PA
PRIALT INJECTION 100MCG/ML, 500MCG/20ML, 500MCG/5ML	4	B/D
QALSODY INJECTION 100MG/15ML	4	PA
RADICAVA ORS STARTER KIT SUSPENSION 105MG/5ML	4	QL (70 ML per 28 days) PA
RADICAVA ORS SUSPENSION 105MG/5ML	4	QL (70 ML per 28 days) PA
RADICAVA INJECTION 30MG/100ML	4	PA
RELYVRIO PACKET 3GM; 1GM	4	QL (60 EA per 30 days) PA
RILUTEK TABLET 50MG	4	
riluzole tablet 50mg	1	
TENCON TABLET 325MG; 50MG	1	QL (180 EA per 30 days)
tetrabenazine tablet 12.5mg	1	QL (90 EA per 30 days) PA
tetrabenazine tablet 25mg	4	QL (120 EA per 30 days) PA
TIGLUTIK SUSPENSION 50MG/10ML	4	PA
VEOZAH TABLET 45MG	3	QL (30 EA per 30 days) PA
XENAZINE TABLET 25MG	4	QL (120 EA per 30 days) PA
XENAZINE TABLET 12.5MG	4	QL (90 EA per 30 days) PA
Fibromyalgia Agents		
milnacipran hydrochloride titration pack miscellaneous 0	2	QL (110 EA per 365 days)
milnacipran hydrochloride tablet 100mg, 12.5mg, 25mg, 50mg	2	QL (60 EA per 30 days)
SAVELLA TITRATION PACK MISCELLANEOUS 0	2	QL (110 EA per 365 days)
SAVELLA TABLET 100MG, 12.5MG, 25MG, 50MG	2	QL (60 EA per 30 days)
TONMYA TABLET SUBLINGUAL 2.8MG	4	QL (60 EA per 30 days) PA
Multiple Sclerosis Agents		
AMPYRA TABLET EXTENDED RELEASE 12 HOUR 10MG	4	QL (60 EA per 30 days) PA
AUBAGIO TABLET 14MG, 7MG	4	QL (30 EA per 30 days) PA
AVONEX PEN INJECTION 30MCG/0.5ML	4	QL (4 EA per 28 days) PA
AVONEX INJECTION 30MCG/0.5ML	4	QL (4 EA per 28 days) PA
BAFIERTAM CAPSULE DELAYED RELEASE 95MG	4	QL (120 EA per 30 days) PA
BETASERON INJECTION 0.3MG	4	QL (15 EA per 30 days) PA
BRIUMVI INJECTION 150MG/6ML	4	PA
cladribine tablet therapy pack 10mg	4	PA
cladribine tablet therapy pack 10mg	4	QL (16 EA per 999 days) PA
cladribine tablet therapy pack 10mg	4	QL (20 EA per 999 days) PA
cladribine tablet therapy pack 10mg	4	QL (24 EA per 999 days) PA

Drug Name	Drug Tier	Requirements/Limits
cladribine tablet therapy pack 10mg	4	QL (28 EA per 999 days) PA
cladribine tablet therapy pack 10mg	4	QL (32 EA per 999 days) PA
cladribine tablet therapy pack 10mg	4	QL (40 EA per 999 days) PA
COPAXONE INJECTION 40MG/ML	4	QL (12 ML per 28 days) PA
COPAXONE INJECTION 20MG/ML	4	QL (30 ML per 30 days) PA
dalfampridine er tablet extended release 12 hour 10mg	1	QL (60 EA per 30 days) PA
dimethyl fumarate starterpack capsule delayed release therapy pack 0	1	QL (120 EA per 365 days) PA
dimethyl fumarate capsule delayed release 120mg, 240mg	1	QL (60 EA per 30 days) PA
EXTAVIA INJECTION 0.3MG	4	QL (15 EA per 30 days) PA
fingolimod hydrochloride capsule 0.5mg	4	QL (30 EA per 30 days) PA
GILENYA CAPSULE 0.5MG	4	QL (30 EA per 30 days) PA
GILENYA CAPSULE 0.25MG	4	QL (60 EA per 30 days) PA
glatiramer acetate injection 40mg/ml	4	QL (12 ML per 28 days) PA
glatiramer acetate injection 20mg/ml	4	QL (30 ML per 30 days) PA
glatopa injection 40mg/ml	4	QL (12 ML per 28 days) PA
glatopa injection 20mg/ml	4	QL (30 ML per 30 days) PA
KESIMPTA INJECTION 20MG/0.4ML	4	QL (0.4 ML per 28 days) PA
MAVENCLAD TABLET THERAPY PACK 10MG	4	PA
MAVENCLAD TABLET THERAPY PACK 10MG	4	QL (16 EA per 999 days) PA
MAVENCLAD TABLET THERAPY PACK 10MG	4	QL (20 EA per 999 days) PA
MAVENCLAD TABLET THERAPY PACK 10MG	4	QL (24 EA per 999 days) PA
MAVENCLAD TABLET THERAPY PACK 10MG	4	QL (28 EA per 999 days) PA
MAVENCLAD TABLET THERAPY PACK 10MG	4	QL (32 EA per 999 days) PA
MAVENCLAD TABLET THERAPY PACK 10MG	4	QL (40 EA per 999 days) PA
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	3	QL (14 EA per 365 days) PA; (7 tablet Starter Pack)
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	3	QL (24 EA per 365 days) PA; (12 tablet Starter Pack)
MAYZENT TABLET 0.25MG	4	QL (120 EA per 30 days) PA
MAYZENT TABLET 1MG, 2MG	4	QL (30 EA per 30 days) PA
mitoxantrone hydrochloride injection 25mg/12.5ml, 2mg/ml, 30mg/15ml	1	PA
OCREVUS ZUNOVO INJECTION 23000UNIT/23ML; 920MG/23ML	4	QL (23 ML per 168 days) PA
OCREVUS INJECTION 300MG/10ML	4	PA
PLEGRIDY STARTER PACK INJECTION 0	4	QL (2 ML per 365 days) PA ; Auto-Injector
PLEGRIDY STARTER PACK INJECTION 0	4	QL (4 ML per 365 days) PA ; Pre-Filled Syringe
PLEGRIDY INJECTION 125MCG/0.5ML	4	QL (1 ML per 28 days) PA
PONVORY 14-DAY STARTER PACK TABLET THERAPY PACK 0	4	QL (28 EA per 365 days) PA
PONVORY TABLET 20MG	4	QL (30 EA per 30 days) PA
REBIF REBIDOSE TITRATION PACK INJECTION 0	4	QL (8.4 ML per 365 days) PA
REBIF REBIDOSE INJECTION 22MCG/0.5ML, 44MCG/0.5ML	4	QL (6 ML per 28 days) PA
REBIF TITRATION PACK INJECTION 0	4	QL (8.4 ML per 365 days) PA
REBIF INJECTION 22MCG/0.5ML, 44MCG/0.5ML	4	QL (6 ML per 28 days) PA

Drug Name	Drug Tier	Requirements/Limits
TASCENSO ODT TABLET DISINTEGRATING 0.25MG, 0.5MG	4	QL (30 EA per 30 days) PA
TECFIDERA STARTER PACK CAPSULE DELAYED RELEASE THERAPY PACK 0	4	QL (120 EA per 365 days) PA
TECFIDERA CAPSULE DELAYED RELEASE 120MG, 240MG	4	QL (60 EA per 30 days) PA
teriflunomide tablet 14mg, 7mg	4	QL (30 EA per 30 days) PA
TYRUKO INJECTION 300MG/15ML	4	PA
TYSABRI INJECTION 300MG/15ML	4	PA
VUMERITY CAPSULE DELAYED RELEASE 231MG	4	QL (120 EA per 30 days) PA
ZEPOSIA 7-DAY STARTER PACK CAPSULE THERAPY PACK 0	4	QL (14 EA per 365 days) PA
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0	4	QL (56 EA per 365 days) PA ; (28 Capsules Pack)
ZEPOSIA CAPSULE 0.92MG	4	QL (30 EA per 30 days) PA
Dental and Oral Agents		
Dental and Oral Agents		
ARESTIN MISCELLANEOUS 1MG	4	
chlorhexidine gluconate solution 0.12%	1	
doxycycline hyclate tablet 20mg	1	
KEPIVANCE INJECTION 5.16MG	4	
lidocaine hcl solution 4%	1	
lidocaine hydrochloride viscous solution 2%	1	
lidocaine viscous solution 2%	1	
periogard solution 0.12%	1	
pilocarpine hydrochloride tablet 5mg, 7.5mg	1	
triamcinolone acetonide dental paste paste 0.1%	1	
Dermatological Agents		
Acne and Rosacea Agents		
ABSORICA LD CAPSULE 16MG, 24MG, 32MG, 8MG	4	
ABSORICA CAPSULE 20MG, 30MG, 40MG	4	
accutane capsule 10mg, 20mg, 30mg, 40mg	1	
acitretin capsule 10mg, 17.5mg, 25mg	1	
adapalene/benzoyl peroxide gel 0.3%; 2.5%	1	
ADAPALENE/BENZOYL PEROXIDE PAD 0.1%; 2.5%	4	
ADAPALENE PAD 0.1%	3	
ADAPALENE SOLUTION 0.1%	3	
amnesteem capsule 10mg, 20mg, 30mg, 40mg	1	
ARAZLO LOTION 0.045%	3	QL (90 GM per 30 days)
ATRALIN GEL 0.05%	3	PA
azelaic acid gel 15%	1	QL (100 GM per 30 days)
AZELEX CREAM 20%	3	QL (100 GM per 30 days)
BENZOLYL PEROXIDE FORTE- HC LOTION 7.5%; 1%	4	
BENZOYL PEROXIDE- HC LOTION 5%; 0.5%	3	
brimonidine tartrate gel 0.33%	1	PA
claravis capsule 10mg, 20mg, 30mg, 40mg	1	
clindamycin phosphate/benzoyl peroxide gel 5%; 1.2%	1	
erythromycin/benzoyl peroxide gel 5%; 3%	1	
FABIOR FOAM 0.1%	3	QL (100 GM per 30 days)
FINACEA FOAM 15%	2	QL (50 GM per 30 days)

Drug Name	Drug Tier	Requirements/Limits
isotretinoin capsule 10mg, 20mg, 25mg, 30mg, 35mg, 40mg	1	
metronidazole cream 0.75%	1	
metronidazole gel 0.75%, 1%	1	
MIRVASO GEL 0.33%	3	PA
NORITATE CREAM 1%	4	
oxymetazoline hydrochloride cream 1%	1	PA
RETIN-A MICRO PUMP GEL 0.04%, 0.08%, 0.1%	3	PA
RETIN-A MICRO GEL 0.04%, 0.06%, 0.1%	3	PA
RETIN-A CREAM 0.025%, 0.05%, 0.1%	3	PA
RETIN-A GEL 0.01%, 0.025%	3	PA
RHOFADE CREAM 1%	3	PA
tazarotene cream 0.05%, 0.1%	1	QL (60 GM per 30 days)
TAZAROTENE FOAM 0.1%	3	QL (100 GM per 30 days)
tazarotene gel 0.05%, 0.1%	1	QL (100 GM per 30 days)
TAZORAC CREAM 0.05%, 0.1%	3	QL (60 GM per 30 days)
TAZORAC GEL 0.05%, 0.1%	3	QL (100 GM per 30 days)
tretinoin microsphere pump gel 0.08%	1	PA
tretinoin microsphere pump gel 0.04%, 0.1%	1	PA
tretinoin microsphere gel 0.04%, 0.06%, 0.1%	1	PA
tretinoin cream 0.025%, 0.05%, 0.1%	1	PA
tretinoin gel 0.01%, 0.025%, 0.05%	1	PA
trilitas gel 0.1%	1	QL (100 GM per 30 days)
WINLEVI CREAM 1%	3	PA
zenatane capsule 10mg, 20mg, 30mg, 40mg	1	
Dermatitis and Pruritus Agents		
ADBRY INJECTION 150MG/ML	4	QL (6 ML per 28 days) PA
ADBRY INJECTION 300MG/2ML	4	QL (8 ML per 28 days) PA
ADQUEY OINTMENT 1%	4	QL (85 GM per 30 days) PA
alclometasone dipropionate cream 0.05%	1	
alclometasone dipropionate ointment 0.05%	1	
ammonium lactate cream 12%	1	
ammonium lactate lotion 12%	1	
APEXICON E CREAM 0.05%	3	
betamethasone dipropionate augmented cream 0.05%	1	
betamethasone dipropionate augmented gel 0.05%	1	
betamethasone dipropionate augmented ointment 0.05%	1	
betamethasone dipropionate cream 0.05%	1	
betamethasone dipropionate lotion 0.05%	1	
betamethasone dipropionate ointment 0.05%	1	
betamethasone valerate cream 0.1%	1	
betamethasone valerate foam 0.12%	1	QL (100 GM per 30 days)
betamethasone valerate lotion 0.1%	1	
betamethasone valerate ointment 0.1%	1	
clobetasol propionate e cream 0.05%	1	QL (120 GM per 30 days)
clobetasol propionate cream 0.05%	1	
clobetasol propionate gel 0.05%	1	
clobetasol propionate ointment 0.05%	1	QL (120 GM per 30 days)
clobetasol propionate shampoo 0.05%	1	
clobetasol propionate solution 0.05%	1	
CLOBEX LOTION 0.05%	3	

Drug Name	Drug Tier	Requirements/Limits
CLOBEX SHAMPOO 0.05%	3	
CORDRAN TAPE 4MCG/SQCM	3	
DERMA-SMOOTHE/FS BODY OIL 0.01%	3	QL (120 ML per 30 days)
desonide cream 0.05%	1	
desonide ointment 0.05%	1	QL (120 GM per 30 days)
desoximetasone cream 0.05%, 0.25%	1	QL (100 GM per 30 days)
desoximetasone ointment 0.05%, 0.25%	1	
diflorasone diacetate ointment 0.05%	1	QL (60 GM per 30 days)
doxepin hydrochloride cream 5%	1	QL (90 GM per 30 days) PA
EBGLYSS INJECTION 250MG/2ML	4	PA
EUCRISA OINTMENT 2%	3	PA
evesse lotion 0.1%	1	
fluocinolone acetonide body oil 0.01%	1	QL (120 ML per 30 days)
fluocinolone acetonide scalp oil 0.01%	1	
fluocinolone acetonide topical oil 0.01%	1	QL (120 ML per 30 days)
fluocinolone acetonide cream 0.01%, 0.025%	1	QL (120 GM per 30 days)
fluocinolone acetonide ointment 0.025%	1	QL (120 GM per 30 days)
fluocinolone acetonide solution 0.01%	1	QL (60 ML per 30 days)
fluocinonide emulsified base cream 0.05%	1	QL (60 GM per 30 days)
fluocinonide cream 0.1%	1	QL (120 GM per 30 days)
fluocinonide cream 0.05%	1	QL (60 GM per 30 days)
fluocinonide gel 0.05%	1	QL (60 GM per 30 days)
fluocinonide ointment 0.05%	1	QL (60 GM per 30 days)
fluocinonide solution 0.05%	1	QL (60 ML per 30 days)
fluticasone propionate cream 0.05%	1	
fluticasone propionate ointment 0.005%	1	
halcinonide solution 0.1%	1	
halobetasol propionate cream 0.05%	1	
halobetasol propionate foam 0.05%	1	
HALOBETASOL PROPIONATE LOTION 0.05%	4	
halobetasol propionate ointment 0.05%	1	
hydrocortisone butyrate lotion 0.1%	1	
hydrocortisone valerate cream 0.2%	1	QL (60 GM per 30 days)
hydrocortisone cream 1%, 2.5%	1	
hydrocortisone lotion 2.5%	1	
hydrocortisone ointment 2.5%	1	
hydrocortisone ointment 1%	1	QL (100 GM per 30 days)
HYFTOR GEL 0.2%	4	PA
KENALOG AEROSOL SOLUTION 0.147MG/GM	3	
KORSUVA INJECTION 65MCG/1.3ML	4	PA
LEXETTE FOAM 0.05%	4	
LOCOID LIPOCREAM CREAM 0.1%	3	QL (60 GM per 30 days)
LOCOID LOTION 0.1%	3	
mometasone furoate cream 0.1%	1	
mometasone furoate ointment 0.1%	1	
mometasone furoate solution 0.1%	1	
OPZELURA CREAM 1.5%	4	QL (240 GM per 30 days) PA
PANDEL CREAM 0.1%	4	
pimecrolimus cream 1%	1	QL (100 GM per 30 days)
PRUDOXIN CREAM 5%	3	QL (90 GM per 30 days) PA

Drug Name	Drug Tier	Requirements/Limits
selenium sulfide lotion 2.5%	1	
SPEVIGO INJECTION 450MG/7.5ML	4	QL (300 ML per 84 days) PA
SPEVIGO INJECTION 150MG/ML, 300MG/2ML	4	QL (4 ML per 28 days) PA
SYNALAR CREAM 0.025%	3	QL (120 GM per 30 days)
SYNALAR OINTMENT 0.025%	3	QL (120 GM per 30 days)
tacrolimus ointment 0.03%, 0.1%	1	QL (100 GM per 30 days)
TOPICORT CREAM 0.05%, 0.25%	3	QL (100 GM per 30 days)
triamcinolone acetonide cream 0.025%, 0.1%, 0.5%	1	
triamcinolone acetonide lotion 0.025%, 0.1%	1	
triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%	1	
ULTRAVATE LOTION 0.05%	3	
VANOS CREAM 0.1%	4	QL (120 GM per 30 days)
ZONALON CREAM 5%	3	QL (90 GM per 30 days) PA
ZORYVE CREAM 0.05%, 0.15%, 0.3%	3	PA
Dermatological Agents, Other		
ANALPRAM HC LOTION 2.5%; 1%	3	
attero suspension 0.064%; 0.005%	1	QL (400 GM per 30 days)
calcipotriene/betamethasone dipropionate ointment 0.064%; 0.005%	1	QL (400 GM per 30 days)
calcipotriene/betamethasone dipropionate suspension 0.064%; 0.005%	1	QL (400 GM per 30 days)
calcipotriene cream 0.005%	1	QL (120 GM per 30 days)
CALCIPOTRIENE FOAM 0.005%	3	
calcipotriene ointment 0.005%	1	QL (120 GM per 30 days)
calcipotriene solution 0.005%	1	QL (60 ML per 30 days)
CALCITRENE OINTMENT 0.005%	3	QL (120 GM per 30 days)
CARAC CREAM 0.5%	4	
clotrimazole/betamethasone dipropionate cream 0.05%; 1%	1	QL (90 GM per 30 days)
clotrimazole/betamethasone dipropionate lotion 0.05%; 1%	1	QL (60 ML per 30 days)
diclofenac sodium gel 3%	1	QL (300 GM per 30 days) ST
DUOBRII LOTION 0.01%; 0.045%	3	PA
EFUDEX CREAM 5%	3	QL (40 GM per 30 days)
ENSTILAR FOAM 0.064%; 0.005%	4	QL (420 GM per 28 days)
EVARA CREAM 40.5%	4	
FILSUVEZ GEL 10%	4	PA
FLUOROURACIL CREAM 0.5%	4	
fluorouracil cream 5%	1	QL (40 GM per 30 days)
fluorouracil topical solution 2%, 5%	1	
HYDROCORTISONE ACETATE/PRAMOXINE HYDROCHLORIDE SUPPOSITORY 25MG; 18MG	3	
imiquimod pump cream 3.75%	3	QL (56 GM per 30 days)
imiquimod cream 5%	1	QL (48 EA per 30 days)
imiquimod cream 3.75%	3	QL (56 EA per 30 days)
KLISYRI OINTMENT 1%	4	QL (5 EA per 30 days) ST
methoxsalen capsule 10mg	4	
NEO-SYNALAR CREAM 0.025%; 0.5%	3	
nystatin/triamcinolone acetonide cream 100000unit/gm; 1mg/gm	1	
nystatin/triamcinolone acetonide ointment 100000unit/gm; 0.1%	1	

Drug Name	Drug Tier	Requirements/Limits
nystatin/triamcinolone cream 100000unit/gm; 1mg/gm	1	
nystatin/triamcinolone ointment 100000unit/gm; 0.1%	1	
OTEZLA XR TABLET EXTENDED RELEASE 24 HOUR 75MG	4	QL (30 EA per 30 days) PA
OTEZLA TABLET 20MG, 30MG	4	QL (60 EA per 30 days) PA
PELLIX SOLUTION 0.005%	1	QL (60 ML per 30 days)
podofilox solution 0.5%	1	
PRAMOSONE LOTION 1%; 1%, 2.5%; 1%	3	
RADIAURA CREAM 0.5%; 3%	4	
REGRANEX GEL 0.01%	4	PA
SANTYL OINTMENT 250UNIT/GM	3	QL (180 GM per 30 days)
silver sulfadiazine cream 1%	1	
SOFDRA GEL 12.45%	3	QL (40.2 ML per 30 days) PA
SORILUX FOAM 0.005%	3	
ssd cream 1%	1	
TACLONEX SUSPENSION 0.064%; 0.005%	4	QL (400 GM per 30 days)
UVADEX SOLUTION 20MCG/ML	4	
VECTICAL OINTMENT 3MCG/GM	3	
VEREGEN OINTMENT 15%	4	
VTAMA CREAM 1%	4	PA
WYNZORA CREAM 0.064%; 0.005%	4	QL (420 GM per 28 days)
XERESE CREAM 5%; 1%	4	QL (10 GM per 30 days)
ZYCLARA PUMP CREAM 2.5%	4	QL (15 GM per 30 days)
ZYCLARA PUMP CREAM 3.75%	4	QL (56 GM per 30 days)
ZYCLARA CREAM 3.75%	4	QL (56 EA per 30 days)
Pediculicides/Scabicides		
CROTAN LOTION 10%	3	QL (454 GM per 30 days)
ELIMITE CREAM 5%	3	QL (60 GM per 30 days)
EURAX CREAM 10%	3	QL (120 GM per 30 days)
ivermectin cream 1%	1	QL (45 GM per 30 days)
malathion lotion 0.5%	1	QL (59 ML per 30 days)
OVIDE LOTION 0.5%	3	QL (59 ML per 30 days)
permethrin cream 5%	1	QL (60 GM per 30 days)
PRURADIK LOTION 10%	3	QL (454 GM per 30 days)
SOOLANTRA CREAM 1%	3	QL (45 GM per 30 days)
Topical Anti-infectives		
acyclovir cream 5%	1	QL (5 GM per 30 days)
acyclovir ointment 5%	1	QL (60 GM per 30 days)
ACZONE GEL 5%	3	
BENZOYL PEROXIDE GEL 6.5%	4	
ciclodan solution 8%	1	QL (13.2 ML per 30 days) PA
ciclopirox nail lacquer solution 8%	1	QL (13.2 ML per 30 days) PA
ciclopirox olamine cream 0.77%	1	QL (90 GM per 30 days)
ciclopirox gel 0.77%	1	QL (100 GM per 30 days)
ciclopirox shampoo 1%	1	QL (120 ML per 30 days)
ciclopirox suspension 0.77%	1	QL (120 ML per 30 days)
CLEOCIN-T LOTION 1%	3	QL (75 ML per 30 days)
CLINDAGEL GEL 1%	3	
clindamycin phosphate (once-daily) gel 1%	1	
clindamycin phosphate lotion 1%	1	QL (75 ML per 30 days)

Drug Name	Drug Tier	Requirements/Limits
clindamycin phosphate topical solution 1%	1	QL (60 ML per 30 days)
dapsone gel 7.5%	1	
DENAVIR CREAM 1%	3	
EPSOLAY CREAM 5%	3	PA
ERY PAD 2%	1	QL (60 EA per 30 days)
erythromycin gel 2%	1	QL (60 GM per 30 days)
erythromycin solution 2%	1	QL (60 ML per 30 days)
mafenide acetate packet 5%	1	
mupirocin cream 2%	1	
mupirocin ointment 2%	1	QL (110 GM per 30 days)
penciclovir cream 1%	1	
ZELSUVMI GEL 10.3%	4	PA
ZOVIRAX CREAM 5%	3	QL (5 GM per 30 days)
ZOVIRAX OINTMENT 5%	3	QL (60 GM per 30 days)
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
AMINOSYN II INJECTION 107.6MEQ/L; 1490MG/100ML; 1527MG/100ML; 1050MG/100ML; 1107MG/100ML; 750MG/100ML; 450MG/100ML; 990MG/100ML; 1500MG/100ML; 1575MG/100ML; 258MG/100ML; 405MG/100ML; 447MG/100ML; 1083MG/100ML; 795MG/100ML; 50MEQ/L; 600MG/100ML; 300MG/100ML; 750MG/100ML, 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 270MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 400MG/100ML; 200MG/100ML; 500MG/100ML	3	B/D
AMINOSYN-PF 7% INJECTION 32.5MEQ/L; 490MG/100ML; 861MG/100ML; 370MG/100ML; 576MG/100ML; 270MG/100ML; 220MG/100ML; 534MG/100ML; 831MG/100ML; 475MG/100ML; 125MG/100ML; 300MG/100ML; 570MG/100ML; 347MG/100ML; 50MG/100ML; 360MG/100ML; 125MG/100ML; 44MG/100ML; 452MG/100ML	3	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	3	B/D
calcium gluconate injection 10%	1	
CARBAGLU TABLET SOLUBLE 200MG	4	
carglumic acid tablet soluble 200mg	4	
CLINIMIX 4.25%/DEXTROSE 10% INJECTION 37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 10GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	3	B/D

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 4.25%/DEXTROSE 5% INJECTION 37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 5GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	3	B/D
CLINIMIX 5%/DEXTROSE 15% INJECTION 42MEQ/1000ML; 1035MG/100ML; 575MG/100ML; 20MEQ/1000ML; 15GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 200MG/100ML; 280MG/100ML; 340MG/100ML; 250MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	3	B/D
CLINIMIX 5%/DEXTROSE 20% INJECTION 42MEQ/L; 1035MG/100ML; 575MG/100ML; 20MEQ/L; 20GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 200MG/100ML; 280MG/100ML; 340MG/100ML; 250MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	3	B/D
CLINIMIX 6/5 INJECTION 1242MG/100ML; 690MG/100ML; 5GM/100ML; 618MG/100ML; 288MG/100ML; 360MG/100ML; 438MG/100ML; 348MG/100ML; 240MG/100ML; 336MG/100ML; 408MG/100ML; 300MG/100ML; 252MG/100ML; 108MG/100ML; 24MG/100ML; 348MG/100ML	3	B/D
CLINIMIX 8/10 INJECTION 1656MG/100ML; 920MG/100ML; 10GM/100ML; 824MG/100ML; 384MG/100ML; 480MG/100ML; 584MG/100ML; 464MG/100ML; 320MG/100ML; 448MG/100ML; 544MG/100ML; 400MG/100ML; 336MG/100ML; 144MG/100ML; 32MG/100ML; 464MG/100ML	3	B/D
CLINIMIX 8/14 INJECTION 1656MG/100ML; 920MG/100ML; 14GM/100ML; 824MG/100ML; 384MG/100ML; 480MG/100ML; 584MG/100ML; 464MG/100ML; 320MG/100ML; 448MG/100ML; 544MG/100ML; 400MG/100ML; 336MG/100ML; 144MG/100ML; 32MG/100ML; 464MG/100ML	3	B/D
CLINIMIX E 2.75%/DEXTROSE 5% INJECTION 570MG/100ML; 316MG/100ML; 33MG/100ML; 5GM/100ML; 515MG/100ML; 132MG/100ML; 165MG/100ML; 201MG/100ML; 159MG/100ML; 51MG/100ML; 110MG/100ML; 454MG/100ML; 154MG/100ML; 261MG/100ML; 187MG/100ML; 138MG/100ML; 217MG/100ML; 112MG/100ML; 116MG/100ML; 50MG/100ML; 11MG/100ML; 160MG/100ML	3	B/D

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX E 4.25%/DEXTROSE 10% INJECTION 880MG/100ML; 489MG/100ML; 33MG/100ML; 10GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 51MG/100ML; 170MG/100ML; 702MG/100ML; 238MG/100ML; 261MG/100ML; 289MG/100ML; 213MG/100ML; 297MG/100ML; 77MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	3	B/D
CLINIMIX E 4.25%/DEXTROSE 5% INJECTION 880MG/100ML; 489MG/100ML; 33MG/100ML; 5GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 51MG/100ML; 170MG/100ML; 702MG/100ML; 238MG/100ML; 261MG/100ML; 289MG/100ML; 213MG/100ML; 297MG/100ML; 77MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	3	B/D
CLINIMIX E 5%/DEXTROSE 15% INJECTION 1035MG/100ML; 575MG/100ML; 33MG/100ML; 15GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 51MG/100ML; 200MG/100ML; 826MG/100ML; 280MG/100ML; 261MG/100ML; 340MG/100ML; 250MG/100ML; 340MG/100ML; 59MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	3	B/D
CLINIMIX E 5%/DEXTROSE 20% INJECTION 1035MG/100ML; 575MG/100ML; 33MG/100ML; 20GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 51MG/100ML; 200MG/100ML; 826MG/100ML; 280MG/100ML; 261MG/100ML; 340MG/100ML; 250MG/100ML; 340MG/100ML; 59MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	3	B/D
CLINIMIX E 8/10 INJECTION 83MEQ/L; 1656MG/100ML; 920MG/100ML; 33MG/100ML; 10GM/100ML; 824MG/100ML; 384MG/100ML; 480MG/100ML; 584MG/100ML; 464MG/100ML; 51MG/100ML; 320MG/100ML; 448MG/100ML; 261MG/100ML; 544MG/100ML; 400MG/100ML; 205MG/100ML; 336MG/100ML; 144MG/100ML; 32MG/100ML; 464MG/100ML	3	B/D
CLINIMIX E 8/14 INJECTION 83MEQ/L; 1656MG/100ML; 920MG/100ML; 33MG/100ML; 14GM/100ML; 824MG/100ML; 384MG/100ML; 480MG/100ML; 584MG/100ML; 464MG/100ML; 51MG/100ML; 320MG/100ML; 448MG/100ML; 261MG/100ML; 544MG/100ML; 400MG/100ML; 205MG/100ML; 336MG/100ML; 144MG/100ML; 32MG/100ML; 464MG/100ML	3	B/D

Drug Name	Drug Tier	Requirements/Limits
CLINISOL SF 15% INJECTION 151MEQ/L; 2170MG/100ML; 1470MG/100ML; 434MG/100ML; 749MG/100ML; 1040MG/100ML; 894MG/100ML; 749MG/100ML; 1040MG/100ML; 1180MG/100ML; 749MG/100ML; 1040MG/100ML; 894MG/100ML; 592MG/100ML; 749MG/100ML; 250MG/100ML; 39MG/100ML; 960MG/100ML	1	B/D
dextrose 10% injection 10%	1	
dextrose 5%/sodium chloride 0.45% injection 5%; 0.45%	1	
dextrose 5%/sodium chloride 0.9% injection 5%; 0.9%	1	
dextrose 5% injection 5%	1	
KABIVEN INJECTION 38MEQ/L; 467MG/100ML; 330MG/100ML; 99MG/100ML; 3.8MEQ/L; 45MEQ/L; 10.8GM/100ML; 164MG/100ML; 231MG/100ML; 199MG/100ML; 164MG/100ML; 231MG/100ML; 263MG/100ML; 7.8MEQ/L; 164MG/100ML; 231MG/100ML; 9.7MMOL/L; 23MEQ/L; 199MG/100ML; 131MG/100ML; 31MEQ/L; 7.8MEQ/L; 164MG/100ML; 55MG/100ML; 6.7MG/100ML; 213MG/100ML	4	B/D
klor-con 10 tablet extended release 10meq	1	
klor-con 8 tablet extended release 8meq	1	
klor-con m10 tablet extended release 10meq	1	
klor-con m15 tablet extended release 15meq	1	
klor-con m20 tablet extended release 20meq	1	
lactated ringers/dextrose 5% injection 20mg/100ml; 5%; 30mg/100ml; 600mg/100ml; 310mg/100ml	1	
magnesium sulfate in d5w injection 5%; 1gm/100ml	1	
magnesium sulfate injection 3gm/100ml, 50%	1	
PERIKABIVEN INJECTION 333MG/100ML; 235MG/100ML; 71MG/100ML; 20MG/100ML; 6.8GM/100ML; 116MG/100ML; 164MG/100ML; 141MG/100ML; 116MG/100ML; 164MG/100ML; 187MG/100ML; 68MG/100ML; 116MG/100ML; 164MG/100ML; 124MG/100ML; 141MG/100ML; 94MG/100ML; 170MG/100ML; 105MG/100ML; 3.5GM/100ML; 116MG/100ML; 40MG/100ML; 4.8MG/100ML; 152MG/100ML	4	B/D
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	1	B/D
POKONZA PACKET 10MEQ, 15MEQ	4	
potassium chloride er capsule extended release 10meq, 8meq	1	
potassium chloride er tablet extended release 10meq, 15meq, 20meq, 8meq	1	
potassium chloride injection 10meq/100ml, 20meq/100ml, 40meq/100ml	1	
potassium chloride packet 40meq	4	

Drug Name	Drug Tier	Requirements/Limits
potassium citrate er tablet extended release 1080mg, 15meq, 540mg	1	
PREMASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	3	B/D
PROSOL INJECTION 140MEQ/100ML; 2.76GM/100ML; 1.96GM/100ML; 600MG/100ML; 1.02GM/100ML; 2.06GM/100ML; 1.18GM/100ML; 1.08GM/100ML; 1.08GM/100ML; 1.35GM/100ML; 760MG/100ML; 1GM/100ML; 1.34GM/100ML; 1.02GM/100ML; 980MG/100ML; 320MG/100ML; 50MG/100ML; 1.44GM/100ML	3	B/D
sodium bicarbonate injection 4.2%, 8.4%	1	
sodium chloride 0.45% injection 0.45%	1	
sodium chloride injection 0.45%, 0.9%	1	
TRAVASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	3	B/D
TROPHAMINE INJECTION 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	3	B/D
XENPOZYME INJECTION 20MG, 4MG	4	PA
Electrolyte/Mineral/Metal Modifiers		
CHEMET CAPSULE 100MG	4	
CUPRIMINE CAPSULE 250MG	4	PA
CUVRIOR TABLET 300MG	4	PA
deferasirox packet 180mg, 360mg, 90mg	4	PA
deferasirox tablet soluble 125mg	1	PA
deferasirox tablet soluble 250mg, 500mg	4	PA
deferasirox tablet 180mg, 360mg, 90mg	1	PA
deferiprone tablet 1000mg, 500mg	4	PA
DEPEN TITRATABS TABLET 250MG	4	
EXJADE TABLET SOLUBLE 125MG, 250MG, 500MG	4	PA
FERRIPROX TWICE-A-DAY TABLET 1000MG	4	PA
FERRIPROX SOLUTION 100MG/ML	4	PA
FERRIPROX TABLET 1000MG, 500MG	4	PA
JADENU SPRINKLE PACKET 180MG, 360MG, 90MG	4	PA
JADENU TABLET 180MG, 360MG, 90MG	4	PA
JYNARQUE TABLET THERAPY PACK 0, 15MG	4	QL (56 EA per 28 days) PA
JYNARQUE TABLET 15MG, 30MG	4	QL (120 EA per 30 days) PA
penicillamine capsule 250mg	4	PA

Drug Name	Drug Tier	Requirements/Limits
penicillamine tablet 250mg	4	
SAMSCA TABLET 15MG	4	QL (30 EA per 30 days) PA
SAMSCA TABLET 30MG	4	QL (60 EA per 30 days) PA
SYPRINE CAPSULE 250MG	4	PA
tolvaptan tablet therapy pack 0, 15mg	4	QL (56 EA per 28 days) PA
tolvaptan tablet 15mg, 30mg	4	QL (120 EA per 30 days) PA
tolvaptan tablet 15mg	4	QL (30 EA per 30 days) PA
tolvaptan tablet 30mg	4	QL (60 EA per 30 days) PA
trientine hydrochloride capsule 250mg, 500mg	4	PA
XPHOZAH TABLET 20MG, 30MG	4	QL (60 EA per 30 days) PA
Phosphate Binders		
AURYXIA TABLET 210MG	4	PA
calcium acetate capsule 667mg	1	
calcium acetate tablet 667mg	1	
FERRIC CITRATE TABLET 210MG	4	PA
FOSRENOL PACKET 1000MG, 750MG	4	
FOSRENOL TABLET CHEWABLE 1000MG, 500MG, 750MG	4	
lanthanum carbonate tablet chewable 1000mg, 500mg, 750mg	1	
RENVELA PACKET 0.8GM, 2.4GM	4	
RENVELA TABLET 800MG	4	
sevelamer carbonate packet 0.8gm, 2.4gm	1	
sevelamer hydrochloride tablet 400mg, 800mg	1	
VELPHORO TABLET CHEWABLE 500MG	4	
Potassium Binders		
KIONEX SUSPENSION 15GM/60ML	3	
LOKELMA PACKET 10GM, 5GM	3	QL (90 EA per 30 days)
sodium polystyrene sulfonate powder 0	1	
sodium polystyrene sulfonate suspension 15gm/60ml	1	
SPS SUSPENSION 15GM/60ML	1	
VELTASSA PACKET 1GM	3	QL (120 EA per 30 days)
VELTASSA PACKET 16.8GM, 25.2GM, 8.4GM	3	QL (30 EA per 30 days)
Vitamins		
prenatal tablet 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg	3	
Gastrointestinal Agents		
Anti-Constipation Agents		
AMITIZA CAPSULE 24MCG, 8MCG	2	QL (60 EA per 30 days)
constulose solution 10gm/15ml	1	
enulose solution 10gm/15ml	1	
generlac solution 10gm/15ml	1	
IBSRELA TABLET 50MG	4	QL (60 EA per 30 days) PA
lactulose solution 10gm/15ml	1	
LINZESS CAPSULE 145MCG, 290MCG, 72MCG	2	QL (30 EA per 30 days)
lubiprostone capsule 24mcg, 8mcg	2	QL (60 EA per 30 days)
MOTEGRITY TABLET 1MG, 2MG	2	QL (30 EA per 30 days)
MOVANTIK TABLET 12.5MG, 25MG	2	QL (30 EA per 30 days)
prucalopride tablet 1mg, 2mg	1	QL (30 EA per 30 days)
RELISTOR INJECTION 8MG/0.4ML	4	QL (12 ML per 30 days) ST
RELISTOR INJECTION 12MG/0.6ML	4	QL (18 ML per 30 days) ST

Drug Name	Drug Tier	Requirements/Limits
RELISTOR TABLET 150MG	4	QL (90 EA per 30 days) ST
SYMPROIC TABLET 0.2MG	3	QL (30 EA per 30 days) ST
TRULANCE TABLET 3MG	3	QL (30 EA per 30 days)
Anti-Diarrheal Agents		
alosetron hydrochloride tablet 0.5mg	1	QL (120 EA per 30 days) PA
alosetron hydrochloride tablet 1mg	4	QL (60 EA per 30 days) PA
diphenoxylate hydrochloride/atropine sulfate tablet 0.025mg; 2.5mg	1	
diphenoxylate/atropine liquid 0.025mg/5ml; 2.5mg/5ml	1	
LOMOTIL TABLET 0.025MG; 2.5MG	3	
loperamide hydrochloride capsule 2mg	1	
LOTRONEX TABLET 0.5MG	4	QL (120 EA per 30 days) PA
LOTRONEX TABLET 1MG	4	QL (60 EA per 30 days) PA
MOTOFEN TABLET 0.025MG; 1MG	3	
MYTESI TABLET DELAYED RELEASE 125MG	3	QL (60 EA per 30 days)
VIBERZI TABLET 100MG, 75MG	4	QL (60 EA per 30 days) PA
XERMELO TABLET 250MG	4	QL (90 EA per 30 days) PA
Antispasmodics, Gastrointestinal		
chlordiazepoxide hydrochloride/clidinium bromide capsule 5mg; 2.5mg	1	
CUVPOSA SOLUTION 1MG/5ML	3	PA
dicyclomine hcl solution 10mg/5ml	1	
dicyclomine hydrochloride capsule 10mg	1	
dicyclomine hydrochloride tablet 20mg, 40mg	1	
GLYCATE TABLET 1.5MG	3	PA
glycopyrrolate injection 0.2mg/ml, 0.4mg/2ml, 1mg/5ml, 4mg/20ml	1	
glycopyrrolate oral solution 1mg/5ml	1	PA
GLYCOPYRROLATE TABLET 1.5MG	1	PA
glycopyrrolate tablet 1mg, 2mg	1	PA
LIBRAX CAPSULE 5MG; 2.5MG	3	
methscopolamine bromide tablet 2.5mg, 5mg	1	
ROBINUL FORTE TABLET 2MG	3	PA
ROBINUL TABLET 1MG	3	PA
Gastrointestinal Agents, Other		
bismuth subcitrate pot/metronidazole/tetracycline hydrochlo capsule 140mg; 125mg; 125mg	1	
BYLVAY (PELLETS) CAPSULE SPRINKLE 200MCG, 600MCG	4	PA
BYLVAY CAPSULE 1200MCG, 400MCG	4	PA
CHENODAL TABLET 250MG	4	PA
CLENPIQ SOLUTION 12GM/175ML; 3.5GM/175ML; 10MG/175ML	2	
CTEXLI TABLET 250MG	4	PA
EDETATE CALCIUM DISODIUM INJECTION 1GM/5ML	4	
GATTEX INJECTION 5MG	4	PA
gavilyte-c solution reconstituted 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm	1	
gavilyte-g solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm	1	

Drug Name	Drug Tier	Requirements/Limits
gavilyte-n/flavor pack solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm	1	
GIMOTI SOLUTION 15MG/ACT	4	ST
HELIDAC THERAPY MISCELLANEOUS 262.4MG; 250MG; 500MG	3	
IQIRVO TABLET 80MG	4	QL (30 EA per 30 days) PA
LIVDELZI CAPSULE 10MG	4	QL (30 EA per 30 days) PA
LIVMARLI SOLUTION 19MG/ML	4	QL (60 ML per 30 days) PA
LIVMARLI SOLUTION 9.5MG/ML	4	QL (90 ML per 30 days) PA
LIVMARLI TABLET 30MG	4	QL (30 EA per 30 days) PA
LIVMARLI TABLET 10MG, 15MG, 20MG	4	QL (60 EA per 30 days) PA
LYNAVOY TABLET 40MG	4	QL (60 EA per 30 days) PA
metoclopramide hcl solution 5mg/5ml	1	
metoclopramide hydrochloride injection 5mg/ml	1	
metoclopramide hydrochloride tablet 10mg, 5mg	1	
metoclopramide odt tablet disintegrating 5mg	1	
MYALEPT INJECTION 11.3MG	4	PA
nitroglycerin rectal ointment 0.4%	1	QL (30 GM per 30 days)
OCALIVA TABLET 10MG, 5MG	4	QL (30 EA per 30 days) PA
peg-3350/electrolytes solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm	1	
peg-3350/nacl/na bicarbonate/kcl solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm	1	
PYLERA CAPSULE 140MG; 125MG; 125MG	3	
RECTIV OINTMENT 0.4%	3	QL (30 GM per 30 days)
RELTONE CAPSULE 200MG, 400MG	4	
sodium sulfate/potassium sulfate/magnesium sulfate solution 1.6gm/177ml; 3.13gm/177ml; 17.5gm/177ml	1	
SUPREP BOWEL PREP KIT SOLUTION 1.6GM/177ML; 3.13GM/177ML; 17.5GM/177ML	2	
SUTAB TABLET 225MG; 188MG; 1479MG	2	
TALICIA CAPSULE DELAYED RELEASE 250MG; 10MG; 12.5MG	3	
URSODIOL CAPSULE 200MG, 400MG	4	
ursodiol tablet 250mg, 500mg	1	
URSOLIGN CAPSULE 150MG	4	
VOQUEZNA TABLET 10MG	3	QL (30 EA per 30 days) PA
VOQUEZNA TABLET 20MG	3	QL (60 EA per 30 days) PA
VOWST CAPSULE 0	4	QL (12 EA per 3 days) PA
XIFAXAN TABLET 200MG, 550MG	2	QL (90 EA per 30 days) PA
ZINPLAVA INJECTION 1000MG/40ML	4	
Histamine2 (H2) Receptor Antagonists		
famotidine injection 200mg/20ml, 200mg/50ml, 20mg/2ml, 20mg/5ml, 40mg/10ml, 40mg/4ml	1	
famotidine suspension reconstituted 40mg/5ml	1	
famotidine tablet 20mg, 40mg	1	
nizatidine capsule 150mg, 300mg	1	
PEPCID TABLET 40MG	3	
Protectants		
misoprostol tablet 100mcg, 200mcg	1	

Drug Name	Drug Tier	Requirements/Limits
sucralfate suspension 1gm/10ml	1	
sucralfate tablet 1gm	1	
Proton Pump Inhibitors		
ACIPHEX TABLET DELAYED RELEASE 20MG	3	QL (60 EA per 30 days)
DEXILANT CAPSULE DELAYED RELEASE 30MG, 60MG	2	QL (30 EA per 30 days)
dexlansoprazole capsule delayed release 30mg, 60mg	1	QL (30 EA per 30 days)
esomeprazole magnesium capsule delayed release 20mg, 40mg	3	QL (60 EA per 30 days)
esomeprazole magnesium packet 10mg, 2.5mg, 20mg, 40mg, 5mg	3	QL (60 EA per 30 days)
KONVOMEP SUSPENSION RECONSTITUTED 2MG/ML; 84MG/ML	3	QL (600 ML per 30 days)
lansoprazole capsule delayed release 15mg, 30mg	1	QL (60 EA per 30 days)
NEXIUM CAPSULE DELAYED RELEASE 20MG, 40MG	3	QL (60 EA per 30 days)
NEXIUM PACKET 10MG, 2.5MG, 20MG, 40MG, 5MG	3	QL (60 EA per 30 days)
omeprazole dr capsule delayed release 10mg, 40mg	1	QL (60 EA per 30 days)
omeprazole/sodium bicarbonate capsule 20mg; 1100mg	1	QL (30 EA per 30 days)
omeprazole/sodium bicarbonate capsule 40mg; 1100mg	3	QL (30 EA per 30 days)
omeprazole/sodium bicarbonate packet 20mg; 1680mg, 40mg; 1680mg	4	QL (30 EA per 30 days)
omeprazole capsule delayed release 20mg, 40mg	1	QL (60 EA per 30 days)
pantoprazole sodium packet 40mg	1	QL (60 EA per 30 days)
pantoprazole sodium tablet delayed release 20mg, 40mg	1	QL (60 EA per 30 days)
PREVACID CAPSULE DELAYED RELEASE 30MG	3	QL (60 EA per 30 days)
PROTONIX PACKET 40MG	3	QL (60 EA per 30 days)
PROTONIX TABLET DELAYED RELEASE 20MG, 40MG	3	QL (60 EA per 30 days)
RABEPRAZOLE SODIUM DR SPRINKLE CAPSULE SPRINKLE 10MG	3	QL (60 EA per 30 days)
rabeprazole sodium tablet delayed release 20mg	1	QL (60 EA per 30 days)
ZEGERID CAPSULE 20MG; 1100MG, 40MG; 1100MG	4	QL (30 EA per 30 days)
ZEGERID PACKET 20MG; 1680MG, 40MG; 1680MG	4	QL (30 EA per 30 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
ADZYNMA INJECTION 1500UNIT, 500UNIT	4	PA
ALDURAZYME INJECTION 2.9MG/5ML	4	PA
AMONDYS 45 INJECTION 100MG/2ML	4	PA
AMVUTTRA INJECTION 25MG/0.5ML	4	QL (0.5 ML per 90 days) PA
AQVESME TABLET 100MG	4	QL (56 EA per 28 days) PA
ARALAST NP INJECTION 1000MG, 500MG	4	PA
AVLAYAH INJECTION 150MG	4	PA
betaine anhydrous powder 0	4	
BUPHENYL POWDER 3GM/TSP	4	
BUPHENYL TABLET 500MG	4	
CERDELGA CAPSULE 84MG	4	QL (56 EA per 28 days) PA
CEREZYME INJECTION 400UNIT	4	PA
CHOLBAM CAPSULE 250MG, 50MG	4	PA
CRENESSITY CAPSULE 100MG	4	QL (120 EA per 30 days) PA
CRENESSITY CAPSULE 25MG, 50MG	4	QL (90 EA per 30 days) PA

Drug Name	Drug Tier	Requirements/Limits
CRENESSITY SOLUTION 50MG/ML	4	QL (240 ML per 30 days) PA
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	2	
cromolyn sodium concentrate 100mg/5ml	1	
CRYSVITA INJECTION 10MG/ML, 20MG/ML, 30MG/ML	4	PA
CYSTADANE POWDER 0	4	
CYSTAGON CAPSULE 150MG, 50MG	3	
DAYBUE SOLUTION 200MG/ML	4	QL (3600 ML per 30 days) PA
dichlorphenamide tablet 50mg	4	QL (120 EA per 30 days) PA
DOJOLVI LIQUID 100%	4	PA
ELAPRASE INJECTION 6MG/3ML	4	PA
ELELYSO INJECTION 200UNIT	4	PA
ELFABRIO INJECTION 20MG/10ML, 5MG/2.5ML	4	PA
ENDARI PACKET 5GM	4	PA
EVRYSDI SOLUTION RECONSTITUTED 0.75MG/ML	4	QL (240 ML per 30 days) PA
EVRYSDI TABLET 5MG	4	QL (30 EA per 30 days) PA
EXONDYS 51 INJECTION 100MG/2ML, 500MG/10ML	4	PA
FABRAZYME INJECTION 35MG, 5MG	4	PA
FORZINITY INJECTION 280MG/3.5ML	4	QL (14 ML per 28 days) PA
GALAFOLD CAPSULE 123MG	4	QL (14 EA per 28 days) PA
GASTROCROM CONCENTRATE 100MG/5ML	4	
GLASSIA INJECTION 1000MG/50ML, 4GM/200ML, 5GM/250ML	4	PA
glycerol phenylbutyrate liquid 1.1gm/ml	4	QL (525 ML per 30 days) PA
HARLIKU TABLET 2MG	4	QL (30 EA per 30 days) PA
ISEMBYLD INJECTION 150MG/3ML	4	PA
JAVYGTOR PACKET 100MG, 500MG	4	PA
JAVYGTOR TABLET 100MG	4	PA
JOENJA TABLET 40MG, 50MG, 70MG	4	QL (60 EA per 30 days) PA
KANUMA INJECTION 20MG/10ML	4	PA
KEVEYIS TABLET 50MG	4	QL (120 EA per 30 days) PA
KUVAN PACKET 100MG, 500MG	4	PA
KUVAN TABLET 100MG	4	PA
l-glutamine packet 5gm	4	PA
LAMZEDE INJECTION 10MG	4	PA
LOARGYS INJECTION 2MG/0.4ML	4	PA
LUMIZYME INJECTION 50MG	4	PA
MEPSEVII INJECTION 10MG/5ML	4	PA
miglustat capsule 100mg	4	QL (90 EA per 30 days) PA
MIPLYFFA CAPSULE 124MG, 47MG, 62MG, 93MG	4	QL (90 EA per 30 days) PA
NAGLAZYME INJECTION 1MG/ML	4	PA
NEXVIAZYME INJECTION 100MG	4	PA
nitisinone capsule 10mg, 20mg, 2mg, 5mg	4	
NITYR TABLET 10MG, 2MG, 5MG	4	
NULIBRY INJECTION 9.5MG	4	PA
OLPRUVA THERAPY PACK 2GM, 3GM, 4GM, 5GM, 6.67GM, 6GM	4	PA

Drug Name	Drug Tier	Requirements/Limits
ONPATTRO INJECTION 10MG/5ML	4	PA
OPFOLDA CAPSULE 65MG	3	QL (8 EA per 28 days) PA
ORFADIN CAPSULE 10MG, 20MG, 2MG, 5MG	4	
ORFADIN SUSPENSION 4MG/ML	4	
ORMALVI TABLET 50MG	4	QL (120 EA per 30 days) PA
PALYNZIQ INJECTION 10MG/0.5ML	4	QL (28 ML per 28 days) PA
PALYNZIQ INJECTION 20MG/ML	4	QL (56 ML per 28 days) PA
PALYNZIQ INJECTION 2.5MG/0.5ML	4	QL (8 ML per 28 days) PA
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 15200UNIT; 2600UNIT; 8800UNIT, 24600UNIT; 4200UNIT; 14200UNIT, 61500UNIT; 10500UNIT; 35500UNIT, 98400UNIT; 16800UNIT; 56800UNIT	3	ST
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 149900UNIT; 37000UNIT; 97300UNIT, 83900UNIT; 21000UNIT; 54700UNIT	4	ST
PASATRU INJECTION 300MG/5ML	4	PA
PERTZYE CAPSULE DELAYED RELEASE PARTICLES 15125UNIT; 4000UNIT; 14375UNIT, 30250UNIT; 8000UNIT; 28750UNIT, 90750UNIT; 24000UNIT; 86250UNIT	3	ST
PERTZYE CAPSULE DELAYED RELEASE PARTICLES 60500UNIT; 16000UNIT; 57500UNIT	4	ST
PHEBURANE PELLET 483MG/GM	4	
POMBILITI INJECTION 105MG	4	PA
PROCYSBI CAPSULE DELAYED RELEASE 25MG, 75MG	4	PA
PROCYSBI PACKET 300MG, 75MG	4	PA
PROLASTIN-C INJECTION 1000MG/20ML	4	PA
PYRUKYND TAPER PACK TABLET THERAPY PACK 0, 5MG	4	QL (30 EA per 30 days) PA
PYRUKYND TABLET 50MG	4	QL (120 EA per 30 days) PA
PYRUKYND TABLET 20MG, 5MG	4	QL (60 EA per 30 days) PA
RAVICTI LIQUID 1.1GM/ML	4	QL (525 ML per 30 days) PA
REVCOVI INJECTION 2.4MG/1.5ML	4	PA
sapropterin dihydrochloride packet 100mg, 500mg	4	PA
sapropterin dihydrochloride tablet 100mg	4	PA
SEPHIENCE PACKET 1000MG, 250MG	4	PA
sodium phenylbutyrate powder 3gm/tsp	4	
sodium phenylbutyrate tablet 500mg	4	
SPINRAZA INJECTION 12MG/5ML, 28MG/5ML, 50MG/5ML	4	PA
STRENSIQ INJECTION 18MG/0.45ML, 28MG/0.7ML, 40MG/ML, 80MG/0.8ML	4	PA
SUCRAID SOLUTION 8500UNIT/ML	4	PA
TEGSEDI INJECTION 284MG/1.5ML	4	PA
VILTEPSO INJECTION 250MG/5ML	4	PA
VIMIZIM INJECTION 5MG/5ML	4	PA
VIOKACE TABLET 39150UNIT; 10440UNIT; 39150UNIT	3	ST
VIOKACE TABLET 78300UNIT; 20880UNIT; 78300UNIT	4	ST
VOXZOGO INJECTION 0.4MG, 0.56MG, 1.2MG	4	QL (30 EA per 30 days) PA
VPRIV INJECTION 400UNIT	4	PA
VYNDAQEL CAPSULE 20MG	4	QL (120 EA per 30 days) PA
VYONDYS 53 INJECTION 100MG/2ML	4	PA

Drug Name	Drug Tier	Requirements/Limits
WAINUA INJECTION 45MG/0.8ML	4	QL (0.8 ML per 28 days) PA
WELIREG TABLET 40MG	4	PA
XIAFLEX INJECTION 0.9MG	4	PA
XURIDEN PACKET 2GM	4	QL (120 EA per 30 days) PA
yargesa capsule 100mg	4	QL (90 EA per 30 days) PA
YUVIWEL INJECTION 1.3MG, 2.8MG	4	QL (4 EA per 28 days) PA
YUVIWEL INJECTION 5.5MG	4	QL (8 EA per 28 days) PA
ZAVESCA CAPSULE 100MG	4	QL (90 EA per 30 days) PA
zelvysia packet 100mg, 500mg	4	PA
ZEMAIRA INJECTION 1000MG, 4000MG, 5000MG	4	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	2	
Genitourinary Agents		
Antispasmodics, Urinary		
darifenacin hydrobromide er tablet extended release 24 hour 15mg, 7.5mg	1	
DETROL LA CAPSULE EXTENDED RELEASE 24 HOUR 2MG, 4MG	3	
DETROL TABLET 1MG, 2MG	3	
fesoterodine fumarate er tablet extended release 24 hour 4mg, 8mg	1	
flavoxate hcl tablet 100mg	1	
GELNIQUE GEL 10%	3	
GEMTESA TABLET 75MG	3	QL (30 EA per 30 days)
MYRBETRIQ SUSPENSION RECONSTITUTED ER 8MG/ML	2	QL (300 ML per 30 days)
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 25MG, 50MG	2	QL (30 EA per 30 days)
oxybutynin chloride er tablet extended release 24 hour 10mg, 15mg, 5mg	1	
oxybutynin chloride solution 5mg/5ml	1	
oxybutynin chloride tablet 2.5mg, 5mg	1	
OXYTROL PATCH TWICE WEEKLY 3.9MG/24HR	3	QL (8 EA per 28 days)
solifenacin succinate tablet 10mg, 5mg	1	
tolterodine tartrate er capsule extended release 24 hour 2mg, 4mg	1	
tolterodine tartrate tablet 1mg, 2mg	1	
TOVIAZ TABLET EXTENDED RELEASE 24 HOUR 4MG, 8MG	3	
trospium chloride er capsule extended release 24 hour 60mg	1	
trospium chloride tablet 20mg	1	
VESICARE LS SUSPENSION 5MG/5ML	3	
VESICARE TABLET 10MG, 5MG	3	
VILAMIT MB CAPSULE 0.12MG; 118MG; 10MG; 36MG; 40.8MG	3	
Benign Prostatic Hypertrophy Agents		

Drug Name	Drug Tier	Requirements/Limits
alfuzosin hcl er tablet extended release 24 hour 10mg	1	QL (30 EA per 30 days)
CIALIS TABLET 5MG	3	QL (30 EA per 30 days) PA
doxazosin mesylate tablet 1mg, 2mg, 4mg, 8mg	1	
dutasteride/tamsulosin hydrochloride capsule 0.5mg; 0.4mg	1	QL (30 EA per 30 days)
dutasteride capsule 0.5mg	1	
finasteride tablet 5mg	1	
FLOMAX CAPSULE 0.4MG	3	QL (60 EA per 30 days)
JALYN CAPSULE 0.5MG; 0.4MG	3	QL (30 EA per 30 days)
RAPAFLO CAPSULE 4MG, 8MG	3	QL (30 EA per 30 days)
silodosin capsule 4mg, 8mg	1	QL (30 EA per 30 days)
tadalafil tablet 2.5mg, 5mg	1	QL (30 EA per 30 days) PA
tamsulosin hydrochloride capsule 0.4mg	1	QL (60 EA per 30 days)
terazosin hcl capsule 10mg, 1mg, 5mg	1	
terazosin hydrochloride capsule 2mg	1	
TEZRULY SOLUTION 1MG/ML	3	ST
UROXATRAL TABLET EXTENDED RELEASE 24 HOUR 10MG	3	QL (30 EA per 30 days)
Genitourinary Agents, Other		
acetic acid 0.25% solution 0.25%	1	
bethanechol chloride tablet 10mg, 25mg, 50mg, 5mg	1	
dimethyl sulfoxide injection 50%	4	
ELMIRON CAPSULE 100MG	3	QL (90 EA per 30 days)
LITHOSTAT TABLET 250MG	3	
THIOLA EC TABLET DELAYED RELEASE 100MG, 300MG	4	
THIOLA TABLET 100MG	4	
tiopronin dr tablet delayed release 100mg, 300mg	4	
tiopronin tablet 100mg	4	
VANRAFIA TABLET 0.75MG	3	QL (30 EA per 30 days) PA
VENXXIVA TABLET DELAYED RELEASE 100MG, 300MG	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
ACTHAR GEL INJECTION 40UNIT/0.5ML, 80UNIT/ML	4	PA
ACTHAR INJECTION 80UNIT/ML	4	PA
AGAMREE SUSPENSION 40MG/ML	4	PA
ALKINDI SPRINKLE CAPSULE SPRINKLE 1MG, 2MG, 5MG	4	
CORTISONE ACETATE TABLET 25MG	4	
CORTROPHIN INJECTION 80UNIT/ML	4	PA
deflazacort suspension 22.75mg/ml	4	PA
deflazacort tablet 18mg, 30mg, 36mg, 6mg	4	PA
dexamethasone elixir 0.5mg/5ml	1	
dexamethasone solution 0.5mg/5ml	1	
dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg	1	
DEXLYT TABLET 0.25MG	4	PA
EMFLAZA SUSPENSION 22.75MG/ML	4	PA
EMFLAZA TABLET 18MG, 30MG, 36MG, 6MG	4	PA
fludrocortisone acetate tablet 0.1mg	1	
hydrocortisone tablet 10mg, 20mg, 5mg	1	
INTRAROSA INSERT 6.5MG	3	QL (28 EA per 28 days) PA
jaythari suspension 22.75mg/ml	4	PA

Drug Name	Drug Tier	Requirements/Limits
jaythari tablet 18mg, 30mg, 36mg, 6mg	4	PA
KHINDIVI SOLUTION 1MG/ML	4	PA
kymbee suspension 22.75mg/ml	4	PA
kymbee tablet 18mg, 30mg, 36mg, 6mg	4	PA
methylprednisolone dose pack tablet therapy pack 4mg	1	
methylprednisolone sodium succinate injection 500mg	1	
methylprednisolone tablet 16mg, 32mg, 4mg, 8mg	1	
prednisolone sodium phosphate solution 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml	1	
prednisolone solution 15mg/5ml	1	
PREDNISONE DR TABLET DELAYED RELEASE 1MG, 2MG, 5MG	4	PA
prednisone solution 5mg/5ml	1	
prednisone tablet therapy pack 10mg, 5mg	1	
prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg	1	
pyquvi suspension 22.75mg/ml	4	PA
RAYOS TABLET DELAYED RELEASE 1MG, 2MG, 5MG	4	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
CHORIONIC GONADOTROPIN INJECTION 10000UNIT	3	PA
DDAVP INJECTION 4MCG/ML	4	
DDAVP TABLET 0.2MG	3	
DESMODA SOLUTION 0.05MG/ML	4	PA
desmopressin acetate injection 4mcg/ml	1	
desmopressin acetate injection 4mcg/ml	4	
DESMOPRESSIN ACETATE NASAL SOLUTION 1.5MG/ML	3	
desmopressin acetate nasal solution 0.01%	1	
desmopressin acetate tablet 0.1mg, 0.2mg	1	
EGRIFTA SV INJECTION 2MG	4	QL (30 EA per 30 days) PA
EGRIFTA WR INJECTION 11.6MG	4	QL (4 EA per 28 days) PA
FENSOLVI INJECTION 45MG	4	QL (1 EA per 168 days) PA
GENOTROPIN MINIQUICK INJECTION 0.2MG	3	PA
GENOTROPIN MINIQUICK INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	4	PA
GENOTROPIN INJECTION 12MG, 5MG	4	PA
HUMATROPE INJECTION 12MG, 24MG, 6MG	4	PA
INCRELEX INJECTION 40MG/4ML	4	PA
ISTURISA TABLET 1MG	4	QL (240 EA per 30 days) PA
ISTURISA TABLET 5MG	4	QL (360 EA per 30 days) PA
LUPRON DEPOT-PED (6-MONTH) INJECTION 45MG	4	QL (1 EA per 168 days) PA
NGENLA INJECTION 24MG/1.2ML, 60MG/1.2ML	4	PA
NORDITROPIN FLEXPRO INJECTION 10MG/1.5ML, 15MG/1.5ML, 30MG/3ML, 5MG/1.5ML	4	PA
NOVAREL INJECTION 5000UNIT	3	PA
NUTROPIN AQ NUSPIN 10 INJECTION 10MG/2ML	4	PA
NUTROPIN AQ NUSPIN 20 INJECTION 20MG/2ML	4	PA
NUTROPIN AQ NUSPIN 5 INJECTION 5MG/2ML	4	PA
OMNITROPE INJECTION 10MG/1.5ML, 5.8MG, 5MG/1.5ML	4	PA

Drug Name	Drug Tier	Requirements/Limits
PREGNYL W/DILUENT BENZYL ALCOHOL/NACL INJECTION 10000UNIT	3	PA
PREGNYL INJECTION 10000UNIT	3	PA
SAIZEN INJECTION 5MG, 8.8MG	4	PA
SEROSTIM INJECTION 4MG, 5MG, 6MG	4	PA
SKYTROFA INJECTION 0.7MG, 1.4MG, 1.8MG, 11MG, 13.3MG, 2.1MG, 2.5MG, 3.6MG, 3MG, 4.3MG, 5.2MG, 6.3MG, 7.6MG, 9.1MG	4	PA
SOGROYA INJECTION 10MG/1.5ML, 15MG/1.5ML, 5MG/1.5ML	4	PA
ZOMACTON INJECTION 10MG, 5MG	3	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
carboprost tromethamine injection 250mcg/ml	4	
HEMABATE INJECTION 250MCG/ML	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
ANDROGEL PUMP GEL 20.25MG/ACT	3	QL (150 GM per 30 days) PA
AVEED INJECTION 750MG/3ML	3	PA
AZMIRO INJECTION 200MG/ML	3	PA
danazol capsule 100mg, 200mg, 50mg	1	
DEPO-TESTOSTERONE INJECTION 100MG/ML, 200MG/ML	3	QL (10 ML per 28 days) PA
FORTESTA GEL 10MG/ACT	3	PA
JATENZO CAPSULE 158MG, 198MG	3	PA
JATENZO CAPSULE 237MG	4	PA
KYZATREX CAPSULE 100MG, 150MG, 200MG	3	PA
METHITEST TABLET 10MG	4	PA
methyltestosterone capsule 10mg	4	QL (600 EA per 30 days) PA
NATESTO GEL 5.5MG/ACT	3	PA
TESTIM GEL 50MG/5GM	3	QL (300 GM per 30 days) PA
testosterone cypionate injection 100mg/ml, 200mg/ml	1	QL (10 ML per 28 days) PA
testosterone enanthate injection 200mg/ml	1	QL (5 ML per 28 days) PA
testosterone pump gel 20.25mg/act	1	QL (150 GM per 30 days) PA
testosterone pump gel 12.5mg/act	2	QL (300 GM per 30 days) PA
testosterone topical solution solution 30mg/act	1	QL (180 ML per 30 days) PA
testosterone gel 10mg/act	1	PA
testosterone gel 20.25mg/1.25gm, 40.5mg/2.5gm	1	QL (150 GM per 30 days) PA
testosterone gel 25mg/2.5gm, 50mg/5gm	2	QL (300 GM per 30 days) PA
testosterone solution 30mg/act	1	QL (180 ML per 30 days) PA
TLANDO CAPSULE 112.5MG	3	PA
UNDECATREX CAPSULE 200MG	3	PA
VOGELXO PUMP GEL 12.5MG/ACT	3	QL (300 GM per 30 days) PA
VOGELXO GEL 50MG/5GM	3	QL (300 GM per 30 days) PA
XYOSTED INJECTION 100MG/0.5ML, 50MG/0.5ML, 75MG/0.5ML	3	QL (2 ML per 28 days) PA
Estrogens		

Drug Name	Drug Tier	Requirements/Limits
abigale lo tablet 0.5mg; 0.1mg	1	
abigale tablet 1mg; 0.5mg	1	
afirmelle tablet 20mcg; 0.1mg	1	
ALORA PATCH TWICE WEEKLY 0.025MG/24HR, 0.075MG/24HR, 0.1MG/24HR	3	QL (8 EA per 28 days)
altavera tablet 30mcg; 0.15mg	1	
alyacen 1/35 tablet 35mcg; 1mg	1	
alyacen 7/7/7 tablet 35mcg; 0	1	
AMABELZ TABLET 0.5MG; 0.1MG	1	
AMETHIA TABLET 0; 0	1	QL (91 EA per 91 days)
amethyst tablet 20mcg; 90mcg	1	
ANNOVERA RING 0.013MG/24HR; 0.15MG/24HR	3	QL (1 EA per 360 days)
ashlyna tablet 0; 0	1	QL (91 EA per 91 days)
aubra eq tablet 20mcg; 0.1mg	1	
aurovela 1.5/30 tablet 30mcg; 1.5mg	1	
aurovela 1/20 tablet 20mcg; 1mg	1	
aurovela 24 fe tablet 20mcg; 75mg; 1mg	1	
aurovela fe 1.5/30 tablet 30mcg; 75mg; 1.5mg	1	
aurovela fe 1/20 tablet 20mcg; 75mg; 1mg	1	
AVERI TABLET 0.15MG; 0.03MG; 36.5MG	3	
aviane tablet 20mcg; 0.1mg	1	
ayuna tablet 0.03mg; 0.15mg	1	
azurette tablet 0; 0	1	
balziva tablet 35mcg; 0.4mg	1	
blisovi 24 fe tablet 20mcg; 75mg; 1mg	1	
blisovi fe 1.5/30 tablet 30mcg; 75mg; 1.5mg	1	
blisovi fe 1/20 tablet 20mcg; 75mg; 1mg	1	
briellyn tablet 35mcg; 0.4mg	1	
camrese lo tablet 0; 0	1	QL (91 EA per 91 days)
camrese tablet 0; 0	1	QL (91 EA per 91 days)
chateal eq tablet 30mcg; 0.15mg	1	
CLIMARA PRO PATCH WEEKLY 0.045MG/DAY; 0.015MG/DAY	3	QL (4 EA per 28 days)
CLIMARA PATCH WEEKLY 0.025MG/24HR, 0.05MG/24HR, 0.06MG/24HR, 0.075MG/24HR, 0.1MG/24HR, 37.5MCG/24HR	3	QL (4 EA per 28 days)
conjugated estrogens tablet 0.3mg, 0.45mg, 0.625mg, 0.9mg, 1.25mg	3	QL (30 EA per 30 days)
cryselle-28 tablet 30mcg; 0.3mg	1	
cryselle tablet 30mcg; 0.3mg	1	
dasetta 1/35 tablet 35mcg; 1mg	1	
dasetta 7/7/7 tablet 35mcg; 0	1	
daysee tablet 0; 0	1	QL (91 EA per 91 days)
delyla tablet 20mcg; 0.1mg	1	
desogestrel/ethinyl estradiol tablet 0; 0	1	
DIVIGEL GEL 0.5MG/0.5GM, 0.75MG/0.75GM, 1.25MG/1.25GM, 1MG/GM	3	
dolishale tablet 20mcg; 90mcg	1	
dotti patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr	1	QL (8 EA per 28 days)

Drug Name	Drug Tier	Requirements/Limits
elinest tablet 30mcg; 0.3mg	1	
eluryng ring 0.015mg/24hr; 0.12mg/24hr	1	QL (1 EA per 28 days)
enilloring ring 0.015mg/24hr; 0.12mg/24hr	1	QL (1 EA per 28 days)
enpresse-28 tablet 0; 0	1	
estarylla tablet 35mcg; 0.25mg	1	
estradiol/norethindrone acetate tablet 0.5mg; 0.1mg, 1mg; 0.5mg	1	
estradiol cream 0.1mg/gm	1	
estradiol gel 0.06%, 0.25mg/0.25gm, 0.5mg/0.5gm, 0.75mg/0.75gm, 1.25mg/1.25gm, 1mg/gm	1	
estradiol patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr	1	QL (8 EA per 28 days)
estradiol patch weekly 0.025mg/24hr, 0.05mg/24hr, 0.06mg/24hr, 0.075mg/24hr, 0.1mg/24hr, 37.5mcg/24hr	1	QL (4 EA per 28 days)
estradiol oral tablet 0.5mg, 1mg, 2mg	1	
estradiol vaginal tablet 10mcg	1	Generic Vagifem
ESTRING RING 7.5MCG/24HR	3	QL (1 EA per 90 days)
ethynodiol diacetate/ethinyl estradiol tablet 35mcg; 1mg, 50mcg; 1mg	1	
etonogestrel/ethinyl estradiol ring 0.015mg/24hr; 0.12mg/24hr	1	QL (1 EA per 28 days)
falmina tablet 20mcg; 0.1mg	1	
feirza 1.5/30 tablet 30mcg; 75mg; 1.5mg	1	
feirza 1/20 tablet 20mcg; 75mg; 1mg	1	
FEMLYV TABLET DISINTEGRATING 0.02MG; 1MG	3	
FEMRING RING 0.05MG/24HR, 0.1MG/24HR	3	QL (1 EA per 90 days)
fyavolv tablet 2.5mcg; 0.5mg, 5mcg; 1mg	1	
galbriela tablet chewable 25mcg; 75mg; 0.8mg	1	
hailey 1.5/30 tablet 30mcg; 1.5mg	1	
hailey 24 fe tablet 20mcg; 75mg; 1mg	1	
hailey fe 1/20 tablet 20mcg; 75mg; 1mg	1	
haloette ring 0.015mg/24hr; 0.12mg/24hr	1	QL (1 EA per 28 days)
iclevia tablet 0.03mg; 0.15mg	1	QL (91 EA per 91 days)
IMVEXXY MAINTENANCE PACK INSERT 10MCG, 4MCG	2	QL (8 EA per 28 days) PA
IMVEXXY STARTER PACK INSERT 10MCG, 4MCG	2	QL (36 EA per 365 days) PA
introvale tablet 0.03mg; 0.15mg	1	QL (91 EA per 91 days)
jaimiess tablet 0; 0	1	QL (91 EA per 91 days)
jinteli tablet 5mcg; 1mg	1	
jolessa tablet 0.03mg; 0.15mg	1	QL (91 EA per 91 days)
joyeaux tablet 20mcg; 75mg; 0.1mg	1	
junel 1.5/30 tablet 30mcg; 1.5mg	1	
junel 1/20 tablet 20mcg; 1mg	1	
junel fe 1.5/30 tablet 30mcg; 75mg; 1.5mg	1	
junel fe 1/20 tablet 20mcg; 75mg; 1mg	1	
junel fe 24 tablet 20mcg; 75mg; 1mg	1	
kalliga tablet 0.15mg; 30mcg	1	
kariva tablet 0; 0	1	
kelnor 1/35 tablet 35mcg; 1mg	1	
kelnor 1/50 tablet 50mcg; 1mg	1	
kurvelo tablet 0.03mg; 0.15mg	1	
larin 1.5/30 tablet 30mcg; 1.5mg	1	

Drug Name	Drug Tier	Requirements/Limits
larin 1/20 tablet 20mcg; 1mg	1	
larin 24 fe tablet 20mcg; 75mg; 1mg	1	
larin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg	1	
larin fe 1/20 tablet 20mcg; 75mg; 1mg	1	
lessina tablet 20mcg; 0.1mg	1	
levonest tablet 0; 0	1	
levonorgestrel and ethinyl estradiol tablet 20mcg; 90mcg	1	
levonorgestrel and ethinyl estradiol tablet 0; 0	1	QL (91 EA per 91 days)
levonorgestrel/ethinyl estradiol/ferrous bisglycinate tablet 0.02mg; 36.5mg; 0.1mg	1	
levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg	1	
levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0	1	QL (91 EA per 91 days)
levora 0.15/30-28 tablet 0.03mg; 0.15mg	1	
lo-zumandimine tablet 3mg; 0.02mg	1	
lojaimiess tablet 0; 0	1	QL (91 EA per 91 days)
low-ogestrel tablet 30mcg; 0.3mg	1	
luizza 1.5/30 tablet 30mcg; 1.5mg	1	
luizza 1/20 tablet 20mcg; 1mg	1	
lutera tablet 20mcg; 0.1mg	1	
lyllana patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr	1	QL (8 EA per 28 days)
marlissa tablet 0.03mg; 0.15mg	1	
MENEST TABLET 0.3MG, 0.625MG, 1.25MG	3	
mibelas 24 fe tablet chewable 20mcg; 75mg; 1mg	1	
microgestin 1.5/30 tablet 30mcg; 1.5mg	1	
microgestin 1/20 tablet 20mcg; 1mg	1	
microgestin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg	1	
microgestin fe 1/20 tablet 20mcg; 75mg; 1mg	1	
mili tablet 35mcg; 0.25mg	1	
mimvey tablet 1mg; 0.5mg	1	
MINIVELLE PATCH TWICE WEEKLY 0.025MG/24HR, 0.0375MG/24HR, 0.05MG/24HR, 0.075MG/24HR, 0.1MG/24HR	3	QL (8 EA per 28 days)
minzoya tablet 0.02mg; 36.5mg; 0.1mg	1	
mono-linyah tablet 35mcg; 0.25mg	1	
necon 0.5/35-28 tablet 35mcg; 0.5mg	1	
norelgestromin/ethinyl estradiol patch weekly 35mcg/24hr; 150mcg/24hr	1	
norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 20mcg; 75mg; 1mg, 30mcg; 75mg; 1.5mg	1	
norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg, 20mcg; 1mg, 30mcg; 1.5mg, 5mcg; 1mg	1	
norgestimate/ethinyl estradiol tablet 0; 0, 35mcg; 0.25mg	1	
nortrel 0.5/35 (28) tablet 35mcg; 0.5mg	1	
nortrel 1/35 tablet 35mcg; 1mg	1	
nortrel 7/7/7 tablet 35mcg; 0	1	
NUVARING RING 0.015MG/24HR; 0.12MG/24HR	3	QL (1 EA per 28 days)
nylia 1/35 tablet 35mcg; 1mg	1	
nylia 7/7/7 tablet 35mcg; 0	1	

Drug Name	Drug Tier	Requirements/Limits
philith tablet 35mcg; 0.4mg	1	
pimtrea tablet 0; 0	1	
portia-28 tablet 0.03mg; 0.15mg	1	
PREMARIN CREAM 0.625MG/GM	2	
PREMARIN TABLET 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	3	QL (30 EA per 30 days)
PREMPHASE TABLET 0.625MG; 5MG	3	QL (28 EA per 28 days)
PREMPRO TABLET 0.3MG; 1.5MG, 0.45MG; 1.5MG, 0.625MG; 2.5MG, 0.625MG; 5MG	3	QL (28 EA per 28 days)
rivelsa tablet 0; 0	1	QL (91 EA per 91 days)
rosyrah tablet 0; 0	1	QL (91 EA per 91 days)
setlakin tablet 0.03mg; 0.15mg	1	QL (91 EA per 91 days)
simliya tablet 0; 0	1	
simpesse tablet 0; 0	1	QL (91 EA per 91 days)
sprintec 28 tablet 35mcg; 0.25mg	1	
sronyx tablet 20mcg; 0.1mg	1	
tarina 24 fe tablet 20mcg; 75mg; 1mg	1	
tarina fe 1/20 eq tablet 20mcg; 75mg; 1mg	1	
taysofy capsule 20mcg; 75mg; 1mg	1	
tri-estarylla tablet 0; 0	1	
tri-linyah tablet 0; 0	1	
tri-lo-mili tablet 0; 0	1	
tri-mili tablet 0; 0	1	
tri-sprintec tablet 0; 0	1	
tri-vylibra tablet 0; 0	1	
trivora-28 tablet 0; 0	1	
turqoz tablet 30mcg; 0.3mg	1	
TYBLUME TABLET CHEWABLE 20MCG; 0.1MG	1	
tydemy tablet 3mg; 0.03mg; 0.451mg	1	
valtya 1/35 tablet 35mcg; 1mg	1	
valtya 1/50 tablet 50mcg; 1mg	1	
vestura tablet 3mg; 0.02mg	1	
vienva tablet 20mcg; 0.1mg	1	
viorele tablet 0; 0	1	
VIVELLE-DOT PATCH TWICE WEEKLY 0.025MG/24HR, 0.0375MG/24HR, 0.05MG/24HR, 0.075MG/24HR, 0.1MG/24HR	3	QL (8 EA per 28 days)
vyfemla tablet 35mcg; 0.4mg	1	
vylibra tablet 35mcg; 0.25mg	1	
wera tablet 35mcg; 0.5mg	1	
xarah fe tablet 0; 75mg; 1mg	1	
xelria fe tablet chewable 35mcg; 75mg; 0.4mg	1	
xulane patch weekly 35mcg/24hr; 150mcg/24hr	1	
yuvafem tablet 10mcg	1	
zafemy patch weekly 35mcg/24hr; 150mcg/24hr	1	
zovia 1/35 tablet 35mcg; 1mg	1	
Progestins		
camila tablet 0.35mg	1	
CRINONE GEL 4%, 8%	3	PA
deblitane tablet 0.35mg	1	

Drug Name	Drug Tier	Requirements/Limits
DEPO-PROVERA CONTRACEPTIVE INJECTION 150MG/ML	3	QL (1 ML per 90 days)
DEPO-SUBQ PROVERA 104 INJECTION 104MG/0.65ML	2	QL (0.65 ML per 90 days)
emzahh tablet 0.35mg	1	
ENDOMETRIN INSERT 100MG	3	PA
errin tablet 0.35mg	1	
gallifrey tablet 5mg	1	
heather tablet 0.35mg	1	
incassia tablet 0.35mg	1	
jencycla tablet 0.35mg	1	
LILETTA INTRAUTERINE DEVICE 20.1MCG/DAY	2	
lyleq tablet 0.35mg	1	
lyza tablet 0.35mg	1	
medroxyprogesterone acetate injection 150mg/ml	1	QL (1 ML per 90 days)
medroxyprogesterone acetate tablet 10mg, 2.5mg, 5mg	1	
megestrol acetate suspension 40mg/ml, 625mg/5ml	1	
megestrol acetate tablet 20mg, 40mg	1	
meleya tablet 0.35mg	1	
NEXPLANON INJECTION 68MG	2	
nora-be tablet 0.35mg	1	
norethindrone acetate tablet 5mg	1	
norethindrone tablet 0.35mg	1	
norlyroc tablet 0.35mg	1	
orquidea tablet 0.35mg	1	
progesterone capsule 100mg, 200mg	1	
PROGESTERONE INJECTION 50MG/ML	3	
progesterone insert 100mg	1	PA
sharobel tablet 0.35mg	1	
SKYLA INTRAUTERINE DEVICE 13.5MG	3	
SLYND TABLET 4MG	3	
Selective Estrogen Receptor Modifying Agents		
CLOMID TABLET 50MG	1	PA
clomiphene citrate tablet 50mg	1	PA
milophene tablet 50mg	1	PA
OSPHENA TABLET 60MG	2	QL (30 EA per 30 days) PA
raloxifene hydrochloride tablet 60mg	1	
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	3	
levo-t tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg	3	
levothyroxine sodium injection 100mcg/5ml, 100mcg/ml, 100mcg, 200mcg/5ml, 200mcg, 500mcg/5ml, 500mcg	4	
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	1	
liomny tablet 25mcg, 50mcg, 5mcg	1	

Drug Name	Drug Tier	Requirements/Limits
liothyronine sodium injection 10mcg/ml	4	
liothyronine sodium tablet 25mcg, 50mcg, 5mcg	1	
REZDIFFRA TABLET 100MG, 60MG, 80MG	4	QL (30 EA per 30 days) PA
SYNTHROID TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	3	
THYROGEN INJECTION 0.9MG	4	PA
unithroid tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg	1	
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
cabergoline tablet 0.5mg	1	
ELIGARD INJECTION 30MG	3	QL (1 EA per 112 days) PA
ELIGARD INJECTION 45MG	3	QL (1 EA per 168 days) PA
ELIGARD INJECTION 7.5MG	3	QL (1 EA per 28 days) PA
ELIGARD INJECTION 22.5MG	3	QL (1 EA per 84 days) PA
FIRMAGON INJECTION 80MG	3	QL (1 EA per 28 days) PA
FIRMAGON INJECTION 120MG/VIAL	4	QL (4 EA per 365 days) PA
KORLYM TABLET 300MG	4	QL (120 EA per 30 days) PA
lanreotide acetate injection 120mg/0.5ml	4	PA
leuprolide acetate injection 1mg/0.2ml	3	PA
LUPRON DEPOT (1-MONTH) INJECTION 3.75MG, 7.5MG	4	QL (1 EA per 28 days) PA
LUPRON DEPOT (3-MONTH) INJECTION 11.25MG, 22.5MG	4	QL (1 EA per 84 days) PA
LUPRON DEPOT (4-MONTH) INJECTION 30MG	4	QL (1 EA per 112 days) PA
LUPRON DEPOT (6-MONTH) INJECTION 45MG	4	QL (1 EA per 168 days) PA
LUPRON DEPOT-PED (1-MONTH) INJECTION 11.25MG, 15MG, 7.5MG	4	QL (1 EA per 28 days) PA
LUPRON DEPOT-PED (3-MONTH) INJECTION 11.25MG, 30MG	4	QL (1 EA per 84 days) PA
mifepristone tablet 200mg	1	
mifepristone tablet 300mg	4	QL (120 EA per 30 days) PA
MYCAPSSA CAPSULE DELAYED RELEASE 20MG	4	QL (112 EA per 28 days) PA
MYFEMBREE TABLET 1MG; 0.5MG; 40MG	4	QL (30 EA per 30 days) PA
octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml	1	PA
octreotide acetate injection 1000mcg/ml, 10mg, 20mg, 30mg, 500mcg/ml	4	PA
ORGOVYX TABLET 120MG	4	PA
ORIAHNN CAPSULE THERAPY PACK 300MG; 1MG; 0.5MG	4	QL (56 EA per 28 days) PA
ORILISSA TABLET 150MG	4	QL (30 EA per 30 days) PA
ORILISSA TABLET 200MG	4	QL (60 EA per 30 days) PA
PALSONIFY TABLET 30MG	4	QL (120 EA per 30 days) PA
PALSONIFY TABLET 20MG	4	QL (60 EA per 30 days) PA
RECORLEV TABLET 150MG	4	QL (240 EA per 30 days) PA
SANDOSTATIN LAR DEPOT INJECTION 10MG, 20MG, 30MG	4	PA
SANDOSTATIN INJECTION 50MCG/ML	3	PA
SANDOSTATIN INJECTION 100MCG/ML, 500MCG/ML	4	PA
SIGNIFOR LAR INJECTION 10MG, 20MG, 30MG, 40MG, 60MG	4	QL (1 EA per 28 days) PA
SIGNIFOR INJECTION 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	4	QL (60 ML per 30 days) PA

Drug Name	Drug Tier	Requirements/Limits
SOMATULINE DEPOT INJECTION 120MG/0.5ML, 60MG/0.2ML, 90MG/0.3ML	4	PA
SOMAVERT INJECTION 10MG, 15MG, 20MG, 25MG, 30MG	4	QL (30 EA per 30 days) PA
SUPPRELIN LA INJECTION 50MG	4	QL (1 EA per 365 days) PA
SYNAREL SOLUTION 2MG/ML	4	
TRELSTAR MIXJECT INJECTION 3.75MG	3	QL (1 EA per 28 days) PA
TRELSTAR MIXJECT INJECTION 11.25MG	3	QL (1 EA per 84 days) PA
TRELSTAR MIXJECT INJECTION 22.5MG	4	QL (1 EA per 168 days) PA
TRIPTODUR INJECTION 22.5MG	4	QL (1 EA per 168 days) PA
VABRINTY INJECTION 30MG	4	QL (1 EA per 112 days) PA
VABRINTY INJECTION 45MG	4	QL (1 EA per 168 days) PA
VABRINTY INJECTION 7.5MG	4	QL (1 EA per 28 days) PA
VABRINTY INJECTION 22.5MG	4	QL (1 EA per 84 days) PA
ZOLADEX INJECTION 3.6MG	3	QL (1 EA per 28 days) PA
ZOLADEX INJECTION 10.8MG	3	QL (1 EA per 84 days) PA
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
methimazole tablet 10mg, 5mg	1	
propylthiouracil tablet 50mg	1	
Immunological Agents		
Angioedema Agents		
ANDEMBRY INJECTION 200MG/1.2ML	4	QL (2.4 ML per 28 days) PA
BERINERT INJECTION 500UNIT	4	PA
CINRYZE INJECTION 500UNIT	4	PA
DAWNZERA INJECTION 80MG/0.8ML	4	QL (0.8 ML per 28 days) PA
EKTERLY TABLET 300MG	4	QL (120 EA per 30 days) PA
FIRAZYR INJECTION 30MG/3ML	4	QL (36 ML per 30 days) PA
HAEGARDA INJECTION 2000UNIT, 3000UNIT	4	PA
icatibant acetate injection 30mg/3ml	4	QL (36 ML per 30 days) PA
KALBITOR INJECTION 10MG/ML	4	PA
ORLADEYO CAPSULE 110MG, 150MG	4	QL (30 EA per 30 days) PA
ORLADEYO PACKET 108MG, 132MG, 72MG, 96MG	4	QL (28 EA per 28 days) PA
RUCONEST INJECTION 2100UNIT	4	PA
SAJAZIR INJECTION 30MG/3ML	4	QL (36 ML per 30 days) PA
TAKHZYRO INJECTION 150MG/ML, 300MG/2ML	4	PA
TAKHZYRO INJECTION 300MG/2ML	4	QL (4 ML per 28 days) PA
Immunoglobulins		
ALYGLO INJECTION 10GM/100ML, 20GM/200ML, 5GM/50ML	4	PA
ASCENIV INJECTION 5GM/50ML	4	PA
ATGAM INJECTION 50MG/ML	4	
BEYFORTUS INJECTION 100MG/ML, 50MG/0.5ML	3	
BIVIGAM INJECTION 10%, 5GM/50ML	4	PA
CUTAQUIG INJECTION 1.65GM/10ML, 1GM/6ML, 2GM/12ML, 3.3GM/20ML, 4GM/24ML, 8GM/48ML	4	PA
CUVITRU INJECTION 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML, 8GM/40ML	4	PA
CYTOGAM INJECTION 50MG/ML	4	PA
FLEBOGAMMA DIF INJECTION 10GM/200ML, 20GM/400ML, 5GM/100ML	4	PA

Drug Name	Drug Tier	Requirements/Limits
GAMASTAN INJECTION 0	2	PA
GAMMAGARD LIQUID ERC INJECTION 10GM/100ML, 5GM/50ML	4	PA
GAMMAGARD LIQUID INJECTION 10GM/100ML, 1GM/10ML, 2.5GM/25ML, 20GM/200ML, 30GM/300ML, 5GM/50ML	4	PA
GAMMAGARD S/D IGA LESS THAN 1MCG/ML INJECTION 10GM, 5GM	4	PA
GAMMAKED INJECTION 10GM/100ML, 1GM/10ML, 20GM/200ML, 5GM/50ML	4	PA
GAMMAPLEX INJECTION 10GM/100ML, 10GM/200ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	4	PA
GAMUNEX-C INJECTION 10GM/100ML, 1GM/10ML, 2.5GM/25ML, 20GM/200ML, 40GM/400ML, 5GM/50ML	4	PA
HEPAGAM B INJECTION 312UNIT/ML	4	B/D
HIZENTRA INJECTION 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML	4	PA
HYPERHEP B INJECTION 110UNIT/0.5ML	3	B/D
HYPERHEP B INJECTION 220UNIT/ML	4	B/D
HYQVIA INJECTION 10GM/100ML; 800UNIT/5ML, 2.5GM/25ML; 200UNT/1.25ML, 20GM/200ML; 1600UNIT/10ML, 30GM/300ML; 2400UNIT/15ML, 5GM/50ML; 400UNIT/2.5ML	4	PA
NABI-HB INJECTION 312UNIT/ML	4	B/D
OCTAGAM INJECTION 1GM/20ML	3	PA
OCTAGAM INJECTION 10GM/100ML, 10GM/200ML, 2.5GM/50ML, 20GM/200ML, 2GM/20ML, 30GM/300ML, 5GM/100ML, 5GM/50ML	4	PA
PANZYGA INJECTION 10GM/100ML, 1GM/10ML, 2.5GM/25ML, 20GM/200ML, 30GM/300ML, 5GM/50ML	4	PA
PRIVIGEN INJECTION 10GM/100ML, 20GM/200ML, 40GM/400ML, 5GM/50ML	4	PA
QIVIGY INJECTION 10GM/100ML, 5GM/50ML	4	PA
SYNAGIS INJECTION 100MG/ML, 50MG/0.5ML	4	
THYMOGLOBULIN INJECTION 25MG	4	
VARIZIG INJECTION 125UNIT/1.2ML	4	PA
WINRHO SDF INJECTION 15000UNIT/13ML, 1500UNIT/1.3ML, 2500UNIT/2.2ML, 5000UNIT/4.4ML	4	
XEMBIFY INJECTION 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML	4	PA
YIMMUGO INJECTION 10GM/100ML, 20GM/200ML, 5GM/50ML	4	PA
Immunological Agents, Other		
ARCALYST INJECTION 220MG	4	PA
AURANOFIN CAPSULE 3MG	4	
AVTOZMA INJECTION 200MG/10ML, 400MG/20ML, 80MG/4ML	4	PA
AVTOZMA INJECTION 162MG/0.9ML	4	QL (3.6 ML per 28 days) PA
BENLYSTA INJECTION 200MG/ML	4	PA
BIMZELX INJECTION 160MG/ML	4	QL (1 ML per 28 days) PA
BIMZELX INJECTION 320MG/2ML	4	QL (6 ML per 28 days) PA

Drug Name	Drug Tier	Requirements/Limits
CIBINQO TABLET 100MG, 200MG, 50MG	4	QL (30 EA per 30 days) PA
COSENTYX SENSOREADY PEN INJECTION 150MG/ML	4	QL (10 ML per 28 days) PA
COSENTYX UNOREADY INJECTION 300MG/2ML	4	QL (10 ML per 28 days) PA
COSENTYX INJECTION 125MG/5ML	4	PA
COSENTYX INJECTION 150MG/ML, 75MG/0.5ML	4	QL (10 ML per 28 days) PA
DUPIXENT INJECTION 200MG/1.14ML	4	QL (4.56 ML per 28 days) PA
DUPIXENT INJECTION 300MG/2ML	4	QL (8 ML per 28 days) PA
EBGLYSS INJECTION 250MG/2ML	4	PA
EMPAVELI INJECTION 1080MG/20ML	4	PA
ENFLONSIA INJECTION 105MG/0.7ML	3	
ENJAYMO INJECTION 1100MG/22ML	4	PA
ENTYVIO PEN INJECTION 108MG/0.68ML	4	QL (1.36 ML per 28 days) PA
ENTYVIO INJECTION 300MG	4	PA
GAMIFANT INJECTION 100MG/20ML, 10MG/2ML, 50MG/10ML	4	PA
ILARIS INJECTION 150MG/ML	4	QL (2 ML per 28 days) PA
ILUMYA INJECTION 100MG/ML	4	QL (1 ML per 28 days) PA
KEVZARA INJECTION 150MG/1.14ML, 200MG/1.14ML	4	QL (2.28 ML per 28 days) PA
KINERET INJECTION 100MG/0.67ML	4	PA
LEMTRADA INJECTION 12MG/1.2ML	4	PA
LITFULO CAPSULE 50MG	4	QL (30 EA per 30 days) PA
LUMVOA INJECTION 500MG/10ML	4	PA
NEMLUVIO INJECTION 30MG	4	QL (2 EA per 28 days) PA
ODACTRA TABLET SUBLINGUAL 0; 0	2	QL (30 EA per 30 days) PA
OMVOH INJECTION 300MG/15ML	4	QL (135 ML per 365 days) PA
OMVOH INJECTION 100MG/ML, 200MG/2ML	4	QL (2 ML per 28 days) PA
OMVOH INJECTION 0	4	QL (3 ML per 28 days) PA
ORENCIA CLICKJECT INJECTION 125MG/ML	4	QL (4 ML per 28 days) PA
ORENCIA INJECTION 50MG/0.4ML	4	QL (1.6 ML per 28 days) PA
ORENCIA INJECTION 87.5MG/0.7ML	4	QL (2.8 ML per 28 days) PA
ORENCIA INJECTION 125MG/ML	4	QL (4 ML per 28 days) PA
OTEZLA/OTEZLA XR 28 DAY TREATMENT INITIATION PACK TABLET THERAPY PACK 0	4	QL (82 EA per 365 days) PA
OTEZLA TABLET THERAPY PACK 0	4	QL (110 EA per 365 days) PA
PALFORZIA INITIAL DOSE ESCALATION 1-3 YEARS CAPSULE SPRINKLE THERAPY PACK 0	3	PA
PALFORZIA INITIAL DOSE ESCALATION 4-17 YEARS CAPSULE SPRINKLE THERAPY PACK 0	4	PA
PALFORZIA INITIAL DOSE ESCALATION CAPSULE SPRINKLE THERAPY PACK 0	4	PA
PALFORZIA LEVEL 0 CAPSULE SPRINKLE THERAPY PACK 1MG	3	PA
PALFORZIA LEVEL 10 CAPSULE SPRINKLE THERAPY PACK 0	4	PA
PALFORZIA LEVEL 11 (MAINTENANCE) PACKET 300MG	4	PA
PALFORZIA LEVEL 11 (TITRATION) PACKET 300MG	4	PA
PALFORZIA LEVEL 1 CAPSULE SPRINKLE THERAPY PACK 1MG	4	PA
PALFORZIA LEVEL 2 CAPSULE SPRINKLE THERAPY PACK 1MG	4	PA

Drug Name	Drug Tier	Requirements/Limits
PALFORZIA LEVEL 3 CAPSULE SPRINKLE THERAPY PACK 0	4	PA
PALFORZIA LEVEL 4 CAPSULE SPRINKLE THERAPY PACK 20MG	4	PA
PALFORZIA LEVEL 5 CAPSULE SPRINKLE THERAPY PACK 20MG	4	PA
PALFORZIA LEVEL 6 CAPSULE SPRINKLE THERAPY PACK 20MG	4	PA
PALFORZIA LEVEL 7 CAPSULE SPRINKLE THERAPY PACK 0	4	PA
PALFORZIA LEVEL 8 CAPSULE SPRINKLE THERAPY PACK 0	4	PA
PALFORZIA LEVEL 9 CAPSULE SPRINKLE THERAPY PACK 100MG	4	PA
PIASKY INJECTION 340MG/2ML	4	PA
PROVENGE INJECTION 50000000CELLS	4	PA
RHAPSIDO TABLET 25MG	4	QL (60 EA per 30 days) PA
RIDAURA CAPSULE 3MG	4	
RINVOQ LQ SOLUTION 1MG/ML	4	QL (360 ML per 30 days) PA
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15MG, 30MG, 45MG	4	QL (30 EA per 30 days) PA
RYSTIGGO INJECTION 280MG/2ML, 420MG/3ML	4	QL (12 ML per 28 days) PA
RYSTIGGO INJECTION 560MG/4ML	4	QL (16 ML per 28 days) PA
RYSTIGGO INJECTION 840MG/6ML	4	QL (24 ML per 28 days) PA
SAPHNELO PEN INJECTION 120MG/0.8ML	4	QL (3.2 ML per 28 days) PA
SAPHNELO INJECTION 300MG/2ML	4	PA
SAPHNELO INJECTION 120MG/0.8ML	4	QL (3.2 ML per 28 days) PA
SILIQ INJECTION 210MG/1.5ML	4	QL (7.5 ML per 28 days) PA
SIMULECT INJECTION 10MG, 20MG	4	
SKYRIZI PEN INJECTION 150MG/ML	4	QL (1 ML per 28 days) PA
SKYRIZI INJECTION 55MG/0.37ML	4	QL (0.37 ML per 28 days) PA
SKYRIZI INJECTION 150MG/ML	4	QL (1 ML per 28 days) PA
SKYRIZI INJECTION 180MG/1.2ML	4	QL (1.2 ML per 56 days) PA
SKYRIZI INJECTION 360MG/2.4ML	4	QL (2.4 ML per 56 days) PA
SKYRIZI INJECTION 600MG/10ML	4	QL (60 ML per 365 days) PA
SOLIRIS INJECTION 300MG/30ML	4	PA
STARJEMZA INJECTION 45MG/0.5ML, 90MG/ML	2	QL (3 ML per 84 days) PA
STARJEMZA INJECTION 130MG/26ML	3	QL (104 ML per 365 days) PA
STEQEYMA INJECTION 45MG/0.5ML, 90MG/ML	2	QL (3 ML per 84 days) PA
STEQEYMA INJECTION 130MG/26ML	3	QL (104 ML per 365 days) PA
SYLVANT INJECTION 100MG, 400MG	4	PA
TAVNEOS CAPSULE 10MG	4	QL (180 EA per 30 days) PA
TEPEZZA INJECTION 500MG	4	PA
tofacitinib citrate er tablet extended release 24 hour 11mg, 22mg	4	QL (30 EA per 30 days) PA
tofacitinib citrate solution 1mg/ml	4	QL (300 ML per 30 days) PA
tofacitinib citrate tablet 10mg, 5mg	4	QL (60 EA per 30 days) PA
TREMFYA INDUCTION PACK FOR CROHNS DISEASE/ULCERATIVE COLITIS INJECTION 200MG/2ML	4	QL (4 ML per 28 days) PA
TREMFYA PEN INJECTION 100MG/ML	4	QL (2 ML per 56 days) PA

Drug Name	Drug Tier	Requirements/Limits
TREMFYA INJECTION 200MG/20ML	4	PA
TREMFYA INJECTION 100MG/ML	4	QL (2 ML per 56 days) PA
TREMFYA INJECTION 200MG/2ML	4	QL (4 ML per 28 days) PA
TYENNE INJECTION 200MG/10ML, 400MG/20ML, 80MG/4ML	4	PA
TYENNE INJECTION 162MG/0.9ML	4	QL (3.6 ML per 28 days) PA
ULTOMIRIS INJECTION 1100MG/11ML, 300MG/3ML	4	PA
VELSIPITY TABLET 2MG	4	QL (30 EA per 30 days) PA
VEOPOZ INJECTION 400MG/2ML	4	PA
VYVGART HYTRULO INJECTION 1000MG/5ML; 10000UNIT/5ML	4	QL (20 ML per 28 days) PA
VYVGART INJECTION 400MG/20ML	4	PA
XOLAIR INJECTION 75MG/0.5ML	4	QL (1 ML per 28 days) PA
XOLAIR INJECTION 150MG	4	QL (8 EA per 28 days) PA
XOLAIR INJECTION 150MG/ML, 300MG/2ML	4	QL (8 ML per 28 days) PA
YESINTEK INJECTION 45MG/0.5ML, 90MG/ML	2	QL (3 ML per 84 days) PA
YESINTEK INJECTION 130MG/26ML	3	QL (104 ML per 365 days) PA
ZILBRYSQ INJECTION 16.6MG/0.416ML, 23MG/0.574ML, 32.4MG/0.81ML	4	PA
Immunostimulants		
ACTIMMUNE INJECTION 100MCG/0.5ML	4	PA
ALFERON N INJECTION 5000000UNIT/ML	4	
BESREMI PEN INJECTION 500MCG/0.5ML	4	PA
BESREMI INJECTION 500MCG/ML	4	PA
PEGASYS INJECTION 180MCG/ML	4	QL (4 ML per 28 days) PA
Immunosuppressants		
ADALIMUMAB-AATY 1-PEN KIT INJECTION 80MG/0.8ML	4	QL (3 EA per 28 days) PA
ADALIMUMAB-AATY 1-PEN KIT INJECTION 40MG/0.4ML	4	QL (6 EA per 28 days) PA
ADALIMUMAB-AATY 2-PEN KIT INJECTION 40MG/0.4ML	4	QL (6 EA per 28 days) PA
ADALIMUMAB-AATY 2-SYRINGE INJECTION 20MG/0.2ML	4	QL (2 EA per 28 days) PA
ADALIMUMAB-AATY 2-SYRINGE INJECTION 40MG/0.4ML	4	QL (6 EA per 28 days) PA
ADALIMUMAB-AATY CD/UC/HS STARTER INJECTION 80MG/0.8ML	4	QL (3 EA per 28 days) PA
ADALIMUMAB-ADBM CROHNS/UC/HS STARTER INJECTION 40MG/0.8ML	4	QL (6 EA per 28 days) PA ; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBM PSORIASIS/UVEITIS STARTER INJECTION 40MG/0.8ML	4	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	4	QL (6 EA per 28 days) PA ; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBM STARTER PACKAGE FOR PSORIASIS/UVEITIS INJECTION 40MG/0.4ML	4	QL (6 EA per 28 days) PA ; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBM INJECTION 10MG/0.2ML, 20MG/0.4ML	4	QL (2 EA per 28 days) PA ; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBM INJECTION 40MG/0.4ML, 40MG/0.8ML	4	QL (6 EA per 28 days) PA ; Boehringer Ingelheim labeled products only

Drug Name	Drug Tier	Requirements/Limits
ADALIMUMAB-FKJP INJECTION 20MG/0.4ML	4	QL (2 EA per 28 days) PA
ADALIMUMAB-FKJP INJECTION 40MG/0.8ML	4	QL (6 EA per 28 days) PA
ARAVA TABLET 10MG, 20MG	4	
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 0.5MG, 1MG, 5MG	3	B/D
AZASAN TABLET 100MG, 75MG	3	B/D
azathioprine injection 100mg	4	B/D
azathioprine tablet 100mg, 50mg, 75mg	1	B/D
BENLYSTA INJECTION 120MG, 400MG	4	PA
CELLCEPT INTRAVENOUS INJECTION 500MG	4	B/D
CELLCEPT CAPSULE 250MG	4	B/D
CELLCEPT SUSPENSION RECONSTITUTED 200MG/ML	4	B/D
CELLCEPT TABLET 500MG	4	B/D
CIMZIA (1 SYRINGE) INJECTION 200MG/ML	4	QL (6 EA per 28 days) PA
CIMZIA (2 SYRINGE) INJECTION 200MG/ML	4	QL (6 EA per 28 days) PA
CIMZIA STARTER KIT INJECTION 200MG/ML	4	QL (6 EA per 365 days) PA
CIMZIA INJECTION 200MG	4	QL (3 EA per 28 days) PA
cyclosporine modified capsule 100mg, 25mg, 50mg	1	B/D
cyclosporine modified solution 100mg/ml	1	B/D
cyclosporine capsule 100mg, 25mg	1	B/D
cyclosporine injection 50mg/ml	4	
ENBREL MINI INJECTION 50MG/ML	4	QL (8 ML per 28 days) PA
ENBREL SURECLICK INJECTION 50MG/ML	4	QL (8 ML per 28 days) PA
ENBREL INJECTION 25MG/0.5ML	4	QL (4 ML per 28 days) PA
ENBREL INJECTION 50MG/ML	4	QL (8 ML per 28 days) PA
ENVARSUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75MG, 1MG	3	B/D
ENVARSUS XR TABLET EXTENDED RELEASE 24 HOUR 4MG	4	B/D
everolimus tablet 0.25mg	1	B/D
everolimus tablet 0.5mg, 0.75mg	3	B/D
everolimus tablet 1mg	4	B/D
gengraf capsule 100mg, 25mg	1	B/D
gengraf solution 100mg/ml	1	B/D
IMURAN TABLET 50MG	3	B/D
INFLECTRA INJECTION 100MG	4	PA
INFLIXIMAB INJECTION 100MG	4	PA
JYLAMVO SOLUTION 2MG/ML	3	PA
leflunomide tablet 10mg, 20mg	1	
LISRAYA TABLET 30MG	4	QL (30 EA per 30 days) PA
LUPKYNIS CAPSULE 7.9MG	4	QL (180 EA per 30 days) PA
methotrexate sodium injection 1gm/40ml, 250mg/10ml, 50mg/2ml	1	
methotrexate sodium tablet 2.5mg	1	
methotrexate injection 50mg/2ml	1	
mycophenolate mofetil capsule 250mg	1	B/D
mycophenolate mofetil injection 500mg	4	B/D
mycophenolate mofetil suspension reconstituted 200mg/ml	4	B/D
mycophenolate mofetil tablet 500mg	1	B/D
mycophenolic acid dr tablet delayed release 180mg, 360mg	1	B/D

Drug Name	Drug Tier	Requirements/Limits
MYFORTIC TABLET DELAYED RELEASE 180MG	3	B/D
MYFORTIC TABLET DELAYED RELEASE 360MG	4	B/D
MYHIBBIN SUSPENSION 200MG/ML	4	B/D
NEORAL CAPSULE 100MG, 25MG	3	B/D
NEORAL SOLUTION 100MG/ML	3	B/D
NIKTIMVO INJECTION 22MG/0.44ML, 22MG/2.2ML, 9MG/0.18ML, 9MG/0.9ML	4	PA
NULOJIX INJECTION 250MG	4	
ORENCIA INJECTION 250MG	4	PA
OTREXUP INJECTION 10MG/0.4ML, 12.5MG/0.4ML, 15MG/0.4ML, 17.5MG/0.4ML, 20MG/0.4ML, 22.5MG/0.4ML, 25MG/0.4ML	3	QL (1.6 ML per 28 days) PA
PEGASYS INJECTION 180MCG/0.5ML	4	QL (2 ML per 28 days) PA
PROGRAF CAPSULE 0.5MG, 1MG	3	B/D
PROGRAF CAPSULE 5MG	4	B/D
PROGRAF PACKET 0.2MG, 1MG	3	B/D
RAPAMUNE TABLET 0.5MG	3	B/D
RASUVO INJECTION 7.5MG/0.15ML	3	QL (0.6 ML per 28 days) PA
RASUVO INJECTION 10MG/0.2ML	3	QL (0.8 ML per 28 days) PA
RASUVO INJECTION 12.5MG/0.25ML	3	QL (1 ML per 28 days) PA
RASUVO INJECTION 15MG/0.3ML	3	QL (1.2 ML per 28 days) PA
RASUVO INJECTION 17.5MG/0.35ML	3	QL (1.4 ML per 28 days) PA
RASUVO INJECTION 20MG/0.4ML	3	QL (1.6 ML per 28 days) PA
RASUVO INJECTION 22.5MG/0.45ML	3	QL (1.8 ML per 28 days) PA
RASUVO INJECTION 25MG/0.5ML	3	QL (2 ML per 28 days) PA
RASUVO INJECTION 30MG/0.6ML	3	QL (2.4 ML per 28 days) PA
RENFLEXIS INJECTION 100MG	4	PA
REZUROCK TABLET 200MG	4	QL (60 EA per 30 days) PA
SANDIMMUNE CAPSULE 100MG, 25MG	3	B/D
SANDIMMUNE INJECTION 50MG/ML	4	
SIMPONI ARIA INJECTION 50MG/4ML	4	PA
SIMPONI INJECTION 50MG/0.5ML	4	QL (0.5 ML per 28 days) PA
SIMPONI INJECTION 100MG/ML	4	QL (3 ML per 28 days) PA
sirolimus solution 1mg/ml	1	B/D
sirolimus tablet 0.5mg, 1mg, 2mg	1	B/D
tacrolimus er capsule extended release 24 hour 0.5mg, 1mg, 5mg	1	B/D
tacrolimus capsule 0.5mg, 1mg, 5mg	1	B/D
tacrolimus injection 5mg/ml	1	
TRUTAKNA INJECTION 150MG/ML	4	QL (4 ML per 28 days) PA
VOYXACT INJECTION 400MG/2ML	4	QL (2 ML per 28 days) PA
XATMEP SOLUTION 2.5MG/ML	3	PA
ZORTRESS TABLET 0.25MG, 0.5MG, 0.75MG, 1MG	4	B/D
ZYMFENTRA 1-PEN INJECTION 120MG/ML	4	QL (2 EA per 28 days) PA
ZYMFENTRA 2-PEN INJECTION 120MG/ML	4	QL (2 EA per 28 days) PA
ZYMFENTRA 2-SYRINGE INJECTION 120MG/ML	4	QL (2 EA per 28 days) PA
Vaccines		
ABRYSVO INJECTION 120MCG/0.5ML	1	QL (1 EA per 252 days)
ACTHIB INJECTION 0	1	

Drug Name	Drug Tier	Requirements/Limits
ADACEL INJECTION 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	1	
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	2	
DENGVAXIA INJECTION 0	2	
ENGERIX-B INJECTION 10MCG/0.5ML, 20MCG/ML	1	B/D
GARDASIL 9 INJECTION 0.5ML	1	
HAVRIX INJECTION 1440UNIT/ML, 720ELU/0.5ML	1	
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	2	
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	2	
M-M-R II INJECTION 0; 0; 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	1	
PEDVAXHIB INJECTION 7.5MCG/0.5ML	2	
PENBRAYA INJECTION 0; 0	1	
PENMENVY INJECTION 0; 0	1	
PENTACEL INJECTION 15LFU/0.5ML; 0; 48MCG/0.5ML; 0; 5LFU/0.5ML	2	
PREHEVBRIO INJECTION 10MCG/ML	1	B/D
PRIORIX INJECTION 0; 0; 0	1	
PROQUAD INJECTION 0; 0; 0; 0	2	
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	2	
RABAVERT INJECTION 0	1	B/D
RECOMBIVAX HB INJECTION 10MCG/ML, 40MCG/ML, 5MCG/0.5ML	1	B/D
ROTARIX SUSPENSION 0	2	
ROTATEQ SOLUTION 0	1	
SHINGRIX INJECTION 50MCG/0.5ML	1	
SHINGRIX INJECTION 50MCG/0.5ML	1	QL (2 EA per 999 days)
STAMARIL INJECTION 0	1	
TDVAX INJECTION 2LF/0.5ML; 2LF/0.5ML	1	
TENIVAC INJECTION 2LFU; 5LFU	1	

Drug Name	Drug Tier	Requirements/Limits
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	2	
TRUMENBA INJECTION 0.5ML	1	
TWINRIX INJECTION 720ELU/ML; 20MCG/ML	1	
TYPHIM VI INJECTION 25MCG/0.5ML	1	
VAQTA INJECTION 25UNIT/0.5ML, 50UNIT/ML	1	
VARIVAX INJECTION 1350PFU/0.5ML	1	
VAXCHORA SUSPENSION RECONSTITUTED 0	1	
VAXELIS INJECTION 0; 0; 0; 0; 0; 0	2	
VIMKUNYA INJECTION 40MCG/0.8ML	1	
VIVOTIF CAPSULE DELAYED RELEASE 0	1	QL (4 EA per 999 days)
YF-VAX INJECTION 0	1	
Inflammatory Bowel Disease Agents		
Aminosalicylates		
APRISO CAPSULE EXTENDED RELEASE 24 HOUR 0.375GM	3	QL (120 EA per 30 days)
balsalazide disodium capsule 750mg	1	
CANASA SUPPOSITORY 1000MG	4	QL (30 EA per 30 days)
COLAZAL CAPSULE 750MG	4	
DIPENTUM CAPSULE 250MG	4	
LIALDA TABLET DELAYED RELEASE 1.2GM	3	QL (120 EA per 30 days)
mesalamine dr tablet delayed release 1.2gm	1	QL (120 EA per 30 days)
mesalamine dr tablet delayed release 800mg	1	QL (180 EA per 30 days)
mesalamine er capsule extended release 24 hour 0.375gm	1	QL (120 EA per 30 days)
mesalamine er capsule extended release 500mg	1	QL (240 EA per 30 days)
mesalamine er capsule extended release 250mg	1	QL (480 EA per 30 days)
mesalamine enema 4gm	1	QL (1800 ML per 30 days)
mesalamine kit 4gm	4	
mesalamine suppository 1000mg	1	QL (30 EA per 30 days)
PENTASA CAPSULE EXTENDED RELEASE 500MG	3	QL (240 EA per 30 days)
ROWASA KIT 4GM	4	
SFROWASA ENEMA 4GM/60ML	4	
sulfasalazine tablet delayed release 500mg	1	
sulfasalazine tablet 500mg	1	
Glucocorticoids		
ANUSOL-HC CREAM 2.5%	3	QL (300 GM per 30 days)
budesonide er tablet extended release 24 hour 9mg	4	
budesonide capsule delayed release particles 3mg	1	
CORTIFOAM FOAM 10%	3	
EOHILIA SUSPENSION 2MG/10ML	4	QL (600 ML per 30 days) PA
hydrocortisone cream 1%	1	
hydrocortisone cream 2.5%	1	QL (300 GM per 30 days)
hydrocortisone enema 100mg/60ml	1	
procto-med hc cream 2.5%	1	QL (300 GM per 30 days)
PROCTOSOL HC CREAM 2.5%	3	QL (300 GM per 30 days)
PROCTOZONE-HC CREAM 2.5%	3	QL (300 GM per 30 days)
TARPEYO CAPSULE DELAYED RELEASE 4MG	4	QL (120 EA per 30 days) PA
UCERIS TABLET EXTENDED RELEASE 24 HOUR 9MG	4	

Drug Name	Drug Tier	Requirements/Limits
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
ACTONEL TABLET 150MG	3	QL (1 EA per 28 days)
ACTONEL TABLET 35MG	3	QL (4 EA per 28 days)
alendronate sodium solution 70mg/75ml	1	
alendronate sodium tablet 10mg, 35mg	1	
alendronate sodium tablet 70mg	1	QL (4 EA per 28 days)
ATELVIA TABLET DELAYED RELEASE 35MG	3	QL (4 EA per 28 days)
BINOSTO TABLET EFFERVESCENT 70MG	3	QL (4 EA per 28 days)
BONSITY INJECTION 560MCG/2.24ML	4	QL (2.24 ML per 28 days) PA
calcitonin salmon injection 200unit/ml	4	
calcitonin-salmon solution 200unit/act	1	QL (3.7 ML per 30 days)
calcitriol capsule 0.25mcg, 0.5mcg	1	
cinacalcet hydrochloride tablet 30mg, 60mg, 90mg	1	
doxercalciferol capsule 0.5mcg, 1mcg, 2.5mcg	1	
EVENITY INJECTION 105MG/1.17ML	4	QL (2.34 ML per 28 days) PA
FORTEO INJECTION 560MCG/2.24ML	4	QL (2.24 ML per 28 days) PA
FOSAMAX PLUS D TABLET 70MG; 2800UNIT, 70MG; 5600UNIT	3	QL (4 EA per 28 days)
FOSAMAX TABLET 70MG	3	QL (4 EA per 28 days)
ibandronate sodium tablet 150mg	1	QL (1 EA per 28 days)
JUBBONTI INJECTION 60MG/ML	3	QL (2 ML per 365 days)
MIACALCIN INJECTION 200UNIT/ML	4	
OSENVELT INJECTION 120MG/1.7ML	4	PA
paricalcitol capsule 1mcg, 2mcg, 4mcg	1	
PROLIA INJECTION 60MG/ML	3	QL (2 ML per 365 days)
RAYALDEE CAPSULE EXTENDED RELEASE 30MCG	4	QL (60 EA per 30 days)
risedronate sodium dr tablet delayed release 35mg	1	QL (4 EA per 28 days)
risedronate sodium tablet 30mg, 5mg	1	
risedronate sodium tablet 150mg	1	QL (1 EA per 28 days)
risedronate sodium tablet 35mg	1	QL (4 EA per 28 days)
SENSIPAR TABLET 30MG	3	
SENSIPAR TABLET 60MG, 90MG	4	
STOBOCLO INJECTION 60MG/ML	3	QL (2 ML per 365 days)
teriparatide injection 560mcg/2.24ml	4	QL (2.24 ML per 28 days) PA
TYMLOS INJECTION 3120MCG/1.56ML	4	QL (1.56 ML per 30 days) PA
WYOST INJECTION 120MG/1.7ML	4	PA
XGEVA INJECTION 120MG/1.7ML	4	PA
ZEMPLAR INJECTION 5MCG/ML	4	
zoledronic acid injection 4mg/100ml, 4mg/5ml	1	
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ALCOHOL PREP PADS PAD 70%	2	
AMMONUL INJECTION 10%; 10%	4	
ATROPINE SULFATE INJECTION 2MG/0.7ML	3	
CLINOLIPID INJECTION 1.2GM/100ML; 2.25GM/100ML; 16GM/100ML; 4GM/100ML	3	B/D
COSELA INJECTION 300MG	4	PA
CURITY GAUZE PADS 2"X2" 12 PLY PAD	2	
deferoxamine mesylate injection 2gm	1	B/D

Drug Name	Drug Tier	Requirements/Limits
deferoxamine mesylate injection 500mg	4	B/D
DESFERAL INJECTION 500MG	4	B/D
DUVYZAT SUSPENSION 8.86MG/ML	4	QL (360 ML per 30 days) PA
fomepizole injection 1.5gm/1.5ml	4	
GIVLAARI INJECTION 189MG/ML	4	PA
INSULIN SYRINGES, NEEDLES MISCELLANEOUS	2	QL (200 EA per 30 days)
INTRALIPID INJECTION 20GM/100ML, 30GM/100ML	3	B/D
KYGEVVI PACKET 2GM; 2GM	4	PA
levocarnitine solution 1gm/10ml	1	
levocarnitine tablet 330mg	1	
METHERGINE TABLET 0.2MG	4	QL (56 EA per 365 days)
methylergonovine maleate tablet 0.2mg	4	QL (56 EA per 365 days)
METOPIRONE CAPSULE 250MG	4	
MINT REFILL KIT MISCELLANEOUS	3	QL (30 EA per 30 days) ST
MINT STARTER KIT KIT	3	QL (1 EA per 365 days) ST
NUTRILIPID INJECTION 20GM/100ML	3	B/D
OMEGAVEN INJECTION 10GM/100ML, 5GM/50ML	4	B/D
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5) KIT	2	QL (1 EA per 365 days)
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5) MISCELLANEOUS	2	QL (30 EA per 30 days)
OMNIPOD 5 G7 INTRO KIT (GEN 5) KIT	2	QL (1 EA per 365 days)
OMNIPOD 5 G7 PODS (GEN 5) MISCELLANEOUS	2	QL (30 EA per 30 days)
OMNIPOD 5 LIBRE INTRO KIT KIT	2	QL (1 EA per 365 days)
OMNIPOD 5 LIBRE PODS MISCELLANEOUS	2	QL (30 EA per 30 days)
OMNIPOD CLASSIC PODS (GEN 3) MISCELLANEOUS	2	QL (30 EA per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4) KIT	2	QL (1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4) KIT	2	QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4) MISCELLANEOUS	2	QL (30 EA per 30 days)
OMNIPOD GO 10 UNITS/DAY KIT	2	QL (10 EA per 30 days)
OMNIPOD GO 15 UNITS/DAY KIT	2	QL (10 EA per 30 days)
OMNIPOD GO 20 UNITS/DAY KIT	2	QL (10 EA per 30 days)
OMNIPOD GO 25 UNITS/DAY KIT	2	QL (10 EA per 30 days)
OMNIPOD GO 30 UNITS/DAY KIT	2	QL (10 EA per 30 days)
OMNIPOD GO 35 UNITS/DAY KIT	2	QL (10 EA per 30 days)
OMNIPOD GO 40 UNITS/DAY KIT	2	QL (10 EA per 30 days)
OXLUMO INJECTION 94.5MG/0.5ML	4	PA
PEDMARK INJECTION 12.5%	4	
PIVOT INSULIN PUMP STARTER KIT KIT	3	QL (1 EA per 365 days) ST
PIVOT SUPPLY KIT KIT	3	ST
RIVFLOZA INJECTION 128MG/0.8ML	4	QL (0.8 ML per 28 days) PA
RIVFLOZA INJECTION 160MG/ML, 80MG/0.5ML	4	QL (1 ML per 28 days) PA
SKYCLARYS CAPSULE 50MG	4	QL (90 EA per 30 days) PA
SMOFLIPID INJECTION 3%; 6%; 5%; 6%	3	B/D
sodium chloride 0.9% solution 0.9%	1	
sodium phenylacetate/sodium benzoate injection 10%; 10%	4	
TACHOSIL PATCH 0; 0	4	
V-GO 20 KIT	2	
V-GO 30 KIT	2	
V-GO 40 KIT	2	
VISTOGARD PACKET 10GM	4	

Drug Name	Drug Tier	Requirements/Limits
VYKAT XR TABLET EXTENDED RELEASE 24 HOUR 75MG	4	QL (210 EA per 30 days) PA
VYKAT XR TABLET EXTENDED RELEASE 24 HOUR 25MG	4	QL (390 EA per 30 days) PA
VYKAT XR TABLET EXTENDED RELEASE 24 HOUR 150MG	4	QL (90 EA per 30 days) PA
WEGOVY INJECTION 0.25MG/0.5ML, 0.5MG/0.5ML, 1MG/0.5ML	2	QL (2 ML per 28 days) PA
WEGOVY INJECTION 1.7MG/0.75ML, 2.4MG/0.75ML	2	QL (3 ML per 28 days) PA
WEGOVY TABLET 25MG, 4MG, 9MG	2	QL (30 EA per 30 days) PA
WEGOVY TABLET 1.5MG	2	QL (60 EA per 365 days) PA
ZOKINVY CAPSULE 50MG, 75MG	4	QL (120 EA per 30 days) PA
Ophthalmic Agents		
Ophthalmic Agents, Other		
atropine sulfate solution 1%	1	
bacitracin/polymyxin b ointment 500unit/gm; 10000unit/gm	1	
BEOVU SOLUTION PREFILLED SYRINGE 6MG/0.05ML	4	PA
brimonidine tartrate/timolol maleate solution 0.2%; 0.5%	2	
BYOOVIZ SOLUTION 0.5MG/0.05ML	4	PA
CEQUA SOLUTION 0.09%	3	
CIMERLI SOLUTION 0.3MG/0.05ML	3	PA
CIMERLI SOLUTION 0.5MG/0.05ML	4	PA
COMBIGAN SOLUTION 0.2%; 0.5%	2	
cyclosporine emulsion 0.05%	2	QL (60 EA per 30 days)
CYSTADROPS SOLUTION 0.37%	4	QL (20 ML per 28 days)
CYSTARAN SOLUTION 0.44%	4	QL (60 ML per 28 days)
dorzolamide hcl/timolol maleate solution 20mg/ml; 5mg/ml	1	
dorzolamide hydrochloride/timolol maleate pf solution 2%; 0.5%	1	
ENSPRYNG INJECTION 120MG/ML	4	PA
EYLEA SOLUTION PREFILLED SYRINGE 2MG/0.05ML	4	PA
EYLEA SOLUTION 2MG/0.05ML	4	PA
IZERVAY SOLUTION 2MG/0.1ML	4	PA
loteprednol etabonate/tobramycin suspension 0.5%; 0.3%	1	
LUCENTIS SOLUTION PREFILLED SYRINGE 0.3MG/0.05ML, 0.5MG/0.05ML	4	PA
MIEBO SOLUTION 1.338GM/ML	3	QL (12 ML per 30 days)
NEO-POLYCIN HC OINTMENT 400UNIT/GM; 1%; 3.5MG/GM; 10000UNIT/GM	1	
NEO-POLYCIN OINTMENT 400UNIT/GM; 3.5MG/GM; 10000UNIT/GM	1	
neomycin/polymyxin/bacitracin/hydrocortisone ointment 400unit/gm; 1%; 0.5%; 10000unit/gm	1	
neomycin/polymyxin/bacitracin ointment 400unit/gm; 5mg/gm; 10000unit/gm	1	
neomycin/polymyxin/dexamethasone ointment 0.1%; 3.5mg/gm; 10000unit/gm	1	
neomycin/polymyxin/dexamethasone suspension 0.1%; 3.5mg/ml; 10000unit/ml	1	
neomycin/polymyxin/gramicidin solution 0.025mg/ml; 1.75mg/ml; 10000unit/ml	1	
NUFYMCO SOLUTION 0.3MG/0.05ML	3	PA

Drug Name	Drug Tier	Requirements/Limits
NUFYMCO SOLUTION 0.5MG/0.05ML	4	PA
OXERVATE SOLUTION 0.002%	4	QL (56 ML per 28 days) PA
POLYCIN OINTMENT 500UNIT/GM; 10000UNIT/GM	1	
polymyxin b sulfate/trimethoprim sulfate solution 10000unit/ml; 0.1%	1	
RESTASIS MULTIDOSE EMULSION 0.05%	2	QL (5.5 ML per 25 days)
RESTASIS EMULSION 0.05%	2	QL (60 EA per 30 days)
ROCKLATAN SOLUTION 0.005%; 0.02%	2	QL (2.5 ML per 25 days)
SIMBRINZA SUSPENSION 0.2%; 1%	2	
sulfacetamide sodium/prednisolone sodium phosphate solution 0.23%; 10%	1	
SUSVIMO SOLUTION 10MG/0.1ML	4	PA
SYFOVRE SOLUTION 15MG/0.1ML	4	PA
TOBRADEX OINTMENT 0.1%; 0.3%	3	
tobramycin/dexamethasone suspension 0.1%; 0.3%	1	
TYRVAYA SOLUTION 0.03MG/ACT	3	QL (8.4 ML per 30 days)
VABYSMO SOLUTION PREFILLED SYRINGE 6MG/0.05ML	4	PA
VABYSMO SOLUTION 6MG/0.05ML	4	PA
VERKAZIA EMULSION 0.1%	4	QL (120 EA per 30 days) PA
VEVYE SOLUTION 0.1%	3	PA
VISUDYNE INJECTION 15MG	4	
XIIDRA SOLUTION 5%	3	QL (60 EA per 30 days)
YESAFILI SOLUTION PREFILLED SYRINGE 2MG/0.05ML	4	PA
YUVEZZI SOLUTION 0.1%; 2.75%	3	QL (30 EA per 30 days) PA
Ophthalmic Anti-allergy Agents		
azelastine hcl ophthalmic solution 0.05%	1	
bepotastine besilate solution 1.5%	1	
BEPREVE SOLUTION 1.5%	3	
cromolyn sodium solution 4%	1	
epinastine hcl solution 0.05%	1	
olopatadine hydrochloride ophthalmic solution 0.2%	1	
Ophthalmic Anti-Infectives		
bacitracin ointment 500unit/gm	1	QL (7 GM per 28 days)
BESIVANCE SUSPENSION 0.6%	3	
ciprofloxacin hydrochloride ophthalmic solution 0.3%	1	
erythromycin ointment 5mg/gm	1	
gatifloxacin solution 0.5%	1	
gentamicin sulfate ophthalmic solution 0.3%	1	
levofloxacin ophthalmic solution 0.5%	1	
moxifloxacin hydrochloride solution 0.5%	1	
NATACYN SUSPENSION 5%	3	
ofloxacin ophthalmic solution 0.3%	1	
sulfacetamide sodium ointment 10%	1	
sulfacetamide sodium solution 10%	1	
tobramycin solution 0.3%	1	
trifluridine solution 1%	1	
XDEMVY SOLUTION 0.25%	4	QL (10 ML per 42 days)
ZIRGAN GEL 0.15%	3	
Ophthalmic Anti-inflammatories		
ACUVAIL SOLUTION 0.45%	3	ST

Drug Name	Drug Tier	Requirements/Limits
bromfenac sodium solution 0.07%	3	QL (12 ML per 365 days)
bromfenac sodium solution 0.075%	3	ST
BROMSITE SOLUTION 0.075%	3	ST
dexamethasone sodium phosphate solution 0.1%	1	
DEXYCU INJECTION 9%	4	
diclofenac sodium ophthalmic solution 0.1%	1	
difluprednate emulsion 0.05%	1	
FLAREX SUSPENSION 0.1%	2	
fluorometholone suspension 0.1%	1	
flurbiprofen sodium solution 0.03%	1	
FML FORTE SUSPENSION 0.25%	2	
ILEVRO SUSPENSION 0.3%	3	QL (4 ML per 30 days)
ILUVIEN IMPLANT 0.19MG	4	
ketorolac tromethamine solution 0.4%, 0.5%	1	
LOTEMAX SM GEL 0.38%	3	QL (20 GM per 365 days)
LOTEMAX GEL 0.5%	3	QL (20 GM per 365 days)
LOTEMAX OINTMENT 0.5%	3	QL (14 GM per 365 days)
loteprednol etabonate gel 0.5%	1	QL (20 GM per 365 days)
NEVANAC SUSPENSION 0.1%	3	QL (4 ML per 30 days)
PRED MILD SUSPENSION 0.12%	2	
prednisolone acetate suspension 1%	1	
PROLENSA SOLUTION 0.07%	3	QL (12 ML per 365 days)
RETISERT IMPLANT 0.59MG	4	
XIPERE INJECTION 40MG/ML	4	PA
YUTIQ IMPLANT 0.18MG	4	
Ophthalmic Beta-Adrenergic Blocking Agents		
betaxolol hcl solution 0.5%	1	
carteolol hcl solution 1%	1	
levobunolol hcl solution 0.5%	1	
timolol maleate solution 0.25%, 0.5%	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
acetazolamide er capsule extended release 12 hour 500mg	1	
acetazolamide tablet 125mg, 250mg	1	
apraclonidine solution 0.5%	1	
brimonidine tartrate solution 0.1%, 0.15%, 0.2%	1	
brinzolamide suspension 1%	1	
dorzolamide hydrochloride solution 2%	1	
methazolamide tablet 25mg, 50mg	1	
OMLONTI SOLUTION 0.002%	3	QL (2.5 ML per 25 days) ST
pilocarpine hydrochloride solution 1%, 2%, 4%	1	
pilocarpine hydrochloride solution 1.25%	1	QL (7.5 ML per 28 days) PA
QLOSI SOLUTION 0.4%	3	QL (60 EA per 30 days) PA
RHOPRESSA SOLUTION 0.02%	2	QL (2.5 ML per 25 days)
VUITY SOLUTION 1.25%	3	QL (7.5 ML per 28 days) PA
Ophthalmic Prostaglandin and Prostamide Analogs		
bimatoprost solution 0.03%	1	QL (5 ML per 30 days)
DURYSTA INJECTION 10MCG	4	
IDOSE TR INJECTION 75MCG	4	ST
IYUZEH SOLUTION 0.005%	3	ST
latanoprost solution 0.005%	1	

Drug Name	Drug Tier	Requirements/Limits
LUMIGAN SOLUTION 0.01%	2	QL (2.5 ML per 25 days)
TRAVATAN Z SOLUTION 0.004%	3	QL (2.5 ML per 25 days)
travoprost solution 0.004%	1	QL (2.5 ML per 25 days)
VYZULTA SOLUTION 0.024%	3	QL (5 ML per 25 days)
XELPROS EMULSION 0.005%	3	QL (2.5 ML per 25 days) ST
ZOLYMBUS GEL 0.01%	3	QL (30 EA per 30 days) ST
Otic Agents		
Otic Agents		
acetic acid solution 2%	1	
ciprofloxacin hydrochloride/hydrocortisone suspension 0.2%; 1%	1	
ciprofloxacin hydrochloride otic solution 0.2%	1	
ciprofloxacin/dexamethasone suspension 0.3%; 0.1%	1	
flac oil 0.01%	1	
fluocinolone acetonide ear drops oil 0.01%	1	
fluocinolone acetonide oil 0.01%	1	
neomycin/polymyxin/hc solution 1%; 3.5mg/ml; 10000unit/ml	1	
neomycin/polymyxin/hydrocortisone suspension 1%; 3.5mg/ml; 10000unit/ml	1	
ofloxacin otic solution 0.3%	1	
XTORO SUSPENSION 0.3%	3	ST
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ARMONAIR DIGIHALER AEROSOL POWDER BREATH ACTIVATED 113MCG/ACT, 232MCG/ACT, 55MCG/ACT	3	QL (1 EA per 30 days) ST
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT, 200MCG/ACT, 50MCG/ACT	2	QL (30 EA per 30 days)
ASMANEX HFA AEROSOL 100MCG/ACT, 200MCG/ACT, 50MCG/ACT	3	QL (13 GM per 30 days)
ASMANEX TWISTHALER 120 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	3	QL (1 EA per 30 days)
ASMANEX TWISTHALER 14 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	3	QL (1 EA per 30 days)
ASMANEX TWISTHALER 30 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 110MCG/INH, 220MCG/INH	3	QL (1 EA per 30 days)
ASMANEX TWISTHALER 60 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	3	QL (1 EA per 30 days)
budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml	1	QL (120 ML per 30 days) B/D
flunisolide solution 0.025%	1	QL (50 ML per 30 days)
fluticasone propionate suspension 50mcg/act	1	QL (16 GM per 30 days)
mometasone furoate suspension 50mcg/act	1	QL (34 GM per 30 days)
PULMICORT FLEXHALER AEROSOL POWDER BREATH ACTIVATED 180MCG/ACT, 90MCG/ACT	3	QL (2 EA per 30 days) ST
PULMICORT SUSPENSION 0.25MG/2ML, 0.5MG/2ML, 1MG/2ML	3	QL (120 ML per 30 days) B/D
QVAR REDIHALER AEROSOL BREATH ACTIVATED 40MCG/ACT, 80MCG/ACT	2	QL (21.2 GM per 30 days)
Antihistamines		
azelastine hcl nasal solution 0.15%	1	QL (60 ML per 30 days)

Drug Name	Drug Tier	Requirements/Limits
azelastine hydrochloride/fluticasone propionate suspension 137mcg/act; 50mcg/act	3	QL (23 GM per 30 days)
azelastine hydrochloride solution 0.1%, 0.15%	1	QL (60 ML per 30 days)
carbinoxamine maleate solution 4mg/5ml	1	
carbinoxamine maleate tablet 4mg, 6mg	1	
cetirizine hydrochloride solution 5mg/5ml	1	
clemastine fumarate syrup 0.67mg/5ml	1	
clemastine fumarate tablet 2.68mg	1	
cyproheptadine hcl syrup 2mg/5ml	1	
cyproheptadine hydrochloride tablet 4mg	1	
diphenhydramine hcl elixir 12.5mg/5ml	1	
diphenhydramine hydrochloride injection 50mg/ml	1	
DYMISTA SUSPENSION 137MCG/ACT; 50MCG/ACT	3	QL (23 GM per 30 days)
hydroxyzine hcl tablet 50mg	1	PA
hydroxyzine hydrochloride syrup 10mg/5ml	1	PA
hydroxyzine hydrochloride tablet 10mg, 25mg	1	PA
hydroxyzine pamoate capsule 100mg, 25mg, 50mg	1	PA
levocetirizine dihydrochloride tablet 5mg	1	QL (30 EA per 30 days)
olopatadine hcl solution 0.6%	1	QL (30.5 GM per 30 days)
olopatadine hydrochloride nasal solution 0.6%	1	QL (30.5 GM per 30 days)
RYCLORA SOLUTION 2MG/5ML	3	
Antileukotrienes		
ACCOLATE TABLET 10MG, 20MG	3	QL (60 EA per 30 days)
montelukast sodium packet 4mg	1	
montelukast sodium tablet chewable 4mg, 5mg	1	QL (30 EA per 30 days)
montelukast sodium tablet 10mg	1	QL (30 EA per 30 days)
SINGULAIR TABLET CHEWABLE 4MG, 5MG	3	QL (30 EA per 30 days)
SINGULAIR TABLET 10MG	3	QL (30 EA per 30 days)
zafirlukast tablet 10mg, 20mg	1	QL (60 EA per 30 days)
zileuton er tablet extended release 12 hour 600mg	4	QL (120 EA per 30 days)
ZYFLO TABLET 600MG	4	QL (120 EA per 30 days)
Bronchodilators, Anticholinergic		
ATROVENT HFA AEROSOL SOLUTION 17MCG/ACT	3	QL (25.8 GM per 30 days)
DUAKLIR PRESSAIR AEROSOL POWDER BREATH ACTIVATED 400MCG/ACT; 12MCG/ACT	3	QL (2 EA per 30 days) ST
INCRUSE ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5MCG/INH	2	QL (30 EA per 30 days)
ipratropium bromide hfa aerosol solution 17mcg/act	1	QL (25.8 GM per 30 days)
ipratropium bromide nasal solution 0.03%	1	QL (30 ML per 28 days)
ipratropium bromide inhalation solution 0.02%	1	QL (312.5 ML per 30 days) B/D
ipratropium bromide nasal solution 0.06%	1	QL (45 ML per 30 days)
SPIRIVA HANDIHALER CAPSULE 18MCG	2	QL (30 EA per 30 days)
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT, 2.5MCG/ACT	2	QL (4 GM per 30 days)
tiotropium bromide capsule 18mcg	2	QL (30 EA per 30 days)
TUDORZA PRESSAIR AEROSOL POWDER BREATH ACTIVATED 400MCG/ACT	3	QL (1 EA per 30 days) ST
YUPELRI NEBULIZATION SOLUTION 175MCG/3ML	4	QL (90 ML per 30 days) B/D
Bronchodilators, Sympathomimetic		

Drug Name	Drug Tier	Requirements/Limits
albuterol sulfate hfa aerosol solution 108mcg/act	1	QL (13.4 GM per 30 days); (6.7GM Package Size)
albuterol sulfate hfa aerosol solution 108mcg/act	1	QL (17 GM per 30 days); (8.5GM Package Size)
albuterol sulfate hfa aerosol solution 108mcg/act	1	QL (48 GM per 30 days); (18GM Package Size)
albuterol sulfate nebulization solution 2.5mg/0.5ml	1	QL (100 EA per 30 days) B/D
albuterol sulfate nebulization solution 0.63mg/3ml, 1.25mg/3ml	1	QL (375 ML per 30 days) B/D
albuterol sulfate nebulization solution 0.083%	1	QL (525 ML per 30 days) B/D
albuterol sulfate syrup 2mg/5ml	3	
arformoterol tartrate nebulization solution 15mcg/2ml	1	QL (120 ML per 30 days) PA
AUVI-Q INJECTION 0.1MG/0.1ML	3	QL (2 EA per 30 days) ST
AUVI-Q INJECTION 0.15MG/0.15ML, 0.3MG/0.3ML	3	QL (4 EA per 30 days) ST
BROVANA 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	1	QL (4 EA per 30 days)
EPIPEN 2-PAK INJECTION 0.3MG/0.3ML	3	QL (4 EA per 30 days)
EPIPEN-JR 2-PAK INJECTION 0.15MG/0.3ML	3	QL (4 EA per 30 days)
formoterol fumarate nebulization solution 20mcg/2ml	3	QL (120 ML per 30 days) B/D
levalbuterol hcl nebulization solution 1.25mg/3ml	1	QL (270 ML per 30 days) B/D
levalbuterol hcl nebulization solution 0.31mg/3ml	1	QL (540 ML per 30 days) B/D
levalbuterol hydrochloride nebulization solution 1.25mg/3ml	1	QL (270 ML per 30 days) B/D
levalbuterol hydrochloride nebulization solution 0.31mg/3ml, 0.63mg/3ml	1	QL (540 ML per 30 days) B/D
LEVALBUTEROL TARTRATE HFA AEROSOL 45MCG/ACT	1	QL (30 GM per 30 days)
levalbuterol nebulization solution 1.25mg/0.5ml	1	QL (90 EA per 30 days) B/D
PERFOROMIST NEBULIZATION SOLUTION 20MCG/2ML	3	QL (120 ML per 30 days) B/D
PROAIR DIGIHALER AEROSOL POWDER BREATH ACTIVATED 108MCG/ACT	3	QL (2 EA per 30 days)
SEREVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 50MCG/DOSE	2	QL (60 EA per 30 days)
STRIVERDI RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT	3	QL (4 GM per 30 days)
terbutaline sulfate injection 1mg/ml	1	
terbutaline sulfate tablet 2.5mg, 5mg	3	
VENTOLIN HFA AEROSOL SOLUTION 108MCG/ACT	3	QL (48 GM per 30 days) ST
XOPENEX HFA AEROSOL 45MCG/ACT	3	QL (30 GM per 30 days)
Cystic Fibrosis Agents		
ALYFTREK TABLET 125MG; 50MG; 10MG	4	QL (56 EA per 28 days) PA
ALYFTREK TABLET 50MG; 20MG; 4MG	4	QL (84 EA per 28 days) PA
BETHKIS NEBULIZATION SOLUTION 300MG/4ML	4	B/D
CAYSTON SOLUTION RECONSTITUTED 75MG	4	QL (84 ML per 28 days) PA
KALYDECO PACKET 13.4MG, 25MG, 5.8MG, 50MG, 75MG	4	QL (56 EA per 28 days) PA
KALYDECO TABLET 150MG	4	QL (60 EA per 30 days) PA
KITABIS PAK NEBULIZATION SOLUTION 300MG/5ML	4	QL (280 ML per 28 days) B/D
ORKAMBI PACKET 125MG; 100MG, 188MG; 150MG, 94MG; 75MG	4	QL (56 EA per 28 days) PA
ORKAMBI TABLET 125MG; 100MG, 125MG; 200MG	4	QL (112 EA per 28 days) PA
PULMOZYME SOLUTION 2.5MG/2.5ML	4	PA

Drug Name	Drug Tier	Requirements/Limits
SYMDEKO TABLET THERAPY PACK 150MG; 100MG	4	QL (56 EA per 28 days) PA
SYMDEKO TABLET THERAPY PACK 75MG; 50MG	4	QL (60 EA per 30 days) PA
TOBI PODHALER CAPSULE 28MG	4	QL (224 EA per 56 days)
TOBI NEBULIZATION SOLUTION 300MG/5ML	4	QL (280 ML per 28 days) B/D
tobramycin nebulization solution 300mg/4ml	4	B/D
tobramycin nebulization solution 300mg/5ml	4	QL (280 ML per 28 days) B/D
TRIKAFTA TABLET THERAPY PACK 100MG; 0; 50MG, 50MG; 0; 25MG	4	QL (84 EA per 28 days) PA
TRIKAFTA THERAPY PACK 100MG; 0; 50MG, 80MG; 0; 40MG	4	QL (56 EA per 28 days) PA
Mast Cell Stabilizers		
cromolyn sodium nebulization solution 20mg/2ml	1	B/D
Phosphodiesterase Inhibitors, Airways Disease		
DALIRESP TABLET 500MCG	3	QL (30 EA per 30 days) PA
DALIRESP TABLET 250MCG	3	QL (56 EA per 365 days) PA
OHTUVAYRE SUSPENSION 3MG/2.5ML	4	QL (150 ML per 30 days) PA
roflumilast tablet 500mcg	1	QL (30 EA per 30 days) PA
roflumilast tablet 250mcg	1	QL (56 EA per 365 days) PA
theophylline er tablet extended release 12 hour 100mg, 200mg, 300mg, 450mg	1	
theophylline er tablet extended release 24 hour 400mg, 600mg	1	
Pulmonary Antihypertensives		
ADCIRCA TABLET 20MG	4	QL (60 EA per 30 days) PA
ADEMPAS TABLET 0.5MG, 1.5MG, 1MG, 2.5MG, 2MG	4	QL (90 EA per 30 days) PA
alyq tablet 20mg	1	QL (60 EA per 30 days) PA
ambrisentan tablet 10mg, 5mg	4	QL (30 EA per 30 days) PA
bosentan tablet soluble 32mg	4	QL (112 EA per 28 days) PA
bosentan tablet 125mg, 62.5mg	4	QL (60 EA per 30 days) PA
epoprostenol sodium injection 0.5mg, 1.5mg	4	PA
FLOLAN INJECTION 0.5MG, 1.5MG	4	PA
LETAIRIS TABLET 10MG, 5MG	4	QL (30 EA per 30 days) PA
LIQREV SUSPENSION 10MG/ML	4	PA
macitentan tablet 10mg	4	QL (30 EA per 30 days) PA
OPSUMIT TABLET 10MG	4	QL (30 EA per 30 days) PA
ORENITRAM TITRATION KIT MONTH 1 TABLET EXTENDED RELEASE THERAPY PACK 0	4	QL (336 EA per 365 days) PA
ORENITRAM TITRATION KIT MONTH 2 TABLET EXTENDED RELEASE THERAPY PACK 0	4	QL (672 EA per 365 days) PA
ORENITRAM TITRATION KIT MONTH 3 TABLET EXTENDED RELEASE THERAPY PACK 0	4	QL (504 EA per 365 days) PA
ORENITRAM TABLET EXTENDED RELEASE 0.125MG	3	PA
ORENITRAM TABLET EXTENDED RELEASE 0.25MG, 1MG, 2.5MG, 5MG	4	PA
REMODULIN INJECTION 8MG/20ML	3	PA
REMODULIN INJECTION 100MG/20ML, 200MG/20ML, 20MG/20ML, 50MG/20ML	4	PA
REVATIO INJECTION 10MG/12.5ML	4	PA
REVATIO SUSPENSION RECONSTITUTED 10MG/ML	4	PA
REVATIO TABLET 20MG	4	QL (90 EA per 30 days) PA

Drug Name	Drug Tier	Requirements/Limits
sildenafil citrate suspension reconstituted 10mg/ml	1	PA
sildenafil citrate tablet 20mg	1	QL (90 EA per 30 days) PA
sildenafil injection 10mg/12.5ml	4	PA
tadalafil tablet 20mg	1	QL (60 EA per 30 days) PA
TADLIQ SUSPENSION 20MG/5ML	4	QL (300 ML per 30 days) PA
TRACLEER TABLET SOLUBLE 32MG	4	QL (112 EA per 28 days) PA
TRACLEER TABLET 125MG, 62.5MG	4	QL (60 EA per 30 days) PA
treprostinil injection 100mg/20ml, 200mg/20ml, 20mg/20ml, 50mg/20ml	4	PA
TYVASO DPI INSTITUTIONAL KIT POWDER 32MCG, 48MCG, 64MCG, 80MCG	4	QL (112 EA per 28 days) PA
TYVASO DPI MAINTENANCE KIT POWDER 16MCG, 32MCG, 48MCG, 64MCG, 80MCG	4	QL (112 EA per 28 days) PA
TYVASO DPI MAINTENANCE KIT POWDER 0	4	QL (224 EA per 28 days) PA
TYVASO DPI TITRATION KIT POWDER 0	4	QL (392 EA per 365 days) PA ; (112 X 16mcg & 84 X 32mcg)
TYVASO DPI TITRATION KIT POWDER 0	4	QL (504 EA per 365 days) PA ; (112 X 16mcg & 112 X 32mcg & 28 X 48mcg)
TYVASO REFILL KIT SOLUTION 0.6MG/ML	4	QL (87 ML per 30 days) PA
TYVASO STARTER KIT SOLUTION 0.6MG/ML	4	QL (87 ML per 30 days) PA
TYVASO SOLUTION 0.6MG/ML	4	QL (87 ML per 30 days) PA
UPTRAVI TITRATION PACK TABLET THERAPY PACK 0	4	QL (400 EA per 365 days) PA
UPTRAVI INJECTION 1800MCG	4	PA
UPTRAVI TABLET 1000MCG, 100MCG, 1200MCG, 1400MCG, 150MCG, 1600MCG, 200MCG, 400MCG, 600MCG, 800MCG	4	QL (60 EA per 30 days) PA
VELETRI INJECTION 0.5MG, 1.5MG	4	PA
VENTAVIS SOLUTION 10MCG/ML, 20MCG/ML	4	QL (270 ML per 30 days) PA
WINREVAIR INJECTION 0, 45MG, 60MG	4	QL (1 EA per 21 days) PA
YUTREPIA CAPSULE 26.5MCG, 53MCG	4	QL (140 EA per 28 days) PA
YUTREPIA CAPSULE 106MCG	4	QL (224 EA per 28 days) PA
YUTREPIA CAPSULE 79.5MCG	4	QL (280 EA per 28 days) PA
Pulmonary Fibrosis Agents		
ESBRIET CAPSULE 267MG	4	QL (270 EA per 30 days) PA
ESBRIET TABLET 267MG	4	QL (270 EA per 30 days) PA
ESBRIET TABLET 801MG	4	QL (90 EA per 30 days) PA
JASCAYD TABLET 18MG, 9MG	4	QL (60 EA per 30 days) PA
nintedanib esylate capsule 100mg, 150mg	4	QL (60 EA per 30 days) PA
OFEV CAPSULE 100MG, 150MG	4	QL (60 EA per 30 days) PA
pirfenidone capsule 267mg	4	QL (270 EA per 30 days) PA
pirfenidone tablet 534mg	4	PA
pirfenidone tablet 267mg	4	QL (270 EA per 30 days) PA
pirfenidone tablet 801mg	4	QL (90 EA per 30 days) PA
Respiratory Tract Agents, Other		
ACETADOTE INJECTION 200MG/ML	4	
acetylcysteine solution 10%, 20%	1	B/D
ADVAIR DISKUS AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT; 50MCG/ACT, 250MCG/ACT; 50MCG/ACT, 500MCG/ACT; 50MCG/ACT	3	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ADVAIR HFA AEROSOL 115MCG/ACT; 21MCG/ACT, 230MCG/ACT; 21MCG/ACT, 45MCG/ACT; 21MCG/ACT	2	QL (24 GM per 30 days)
AIRDUO DIGIHALER 113/14 AEROSOL POWDER BREATH ACTIVATED 113MCG/ACT; 14MCG/ACT	3	QL (1 EA per 30 days)
AIRDUO DIGIHALER 232/14 AEROSOL POWDER BREATH ACTIVATED 232MCG/ACT; 14MCG/ACT	3	QL (1 EA per 30 days)
AIRDUO DIGIHALER 55/14 AEROSOL POWDER BREATH ACTIVATED 55MCG/ACT; 14MCG/ACT	3	QL (1 EA per 30 days)
AIRDUO RESPICLICK 113/14 AEROSOL POWDER BREATH ACTIVATED 113MCG/ACT; 14MCG/ACT	3	QL (1 EA per 30 days)
AIRDUO RESPICLICK 232/14 AEROSOL POWDER BREATH ACTIVATED 232MCG/ACT; 14MCG/ACT	3	QL (1 EA per 30 days)
AIRDUO RESPICLICK 55/14 AEROSOL POWDER BREATH ACTIVATED 55MCG/ACT; 14MCG/ACT	3	QL (1 EA per 30 days)
AIRSUPRA AEROSOL 90MCG/ACT; 80MCG/ACT	2	QL (32.1 GM per 30 days)
ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5MCG/ACT; 25MCG/ACT	2	QL (60 EA per 30 days)
BEVESPI AEROSPHERE AEROSOL 4.8MCG/ACT; 9MCG/ACT	2	QL (10.7 GM per 30 days)
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT; 25MCG/ACT, 200MCG/INH; 25MCG/INH, 50MCG/INH; 25MCG/INH	2	QL (60 EA per 30 days)
breyna aerosol 160mcg/act; 4.5mcg/act, 80mcg/act; 4.5mcg/act	3	QL (10.3 GM per 30 days)
BREZTRI AEROSPHERE AEROSOL 160MCG/ACT; 4.8MCG/ACT; 18MCG/ACT	2	QL (10.7 GM per 30 days)
BREZTRI AEROSPHERE AEROSOL 160MCG/ACT; 4.8MCG/ACT; 9MCG/ACT	2	QL (23.6 GM per 28 days)
BRINSUPRI TABLET 10MG, 25MG	4	QL (30 EA per 30 days) PA
BRONCHITOL CAPSULE 40MG	4	QL (560 EA per 28 days) PA
budesonide/formoterol fumarate dihydrate aerosol 160mcg/act; 4.5mcg/act, 80mcg/act; 4.5mcg/act	3	QL (10.3 GM per 30 days)
CINQAIR INJECTION 100MG/10ML	4	PA
COMBIVENT RESPIMAT AEROSOL SOLUTION 100MCG/ACT; 20MCG/ACT	2	QL (8 GM per 30 days)
DULERA AEROSOL 5MCG/ACT; 50MCG/ACT	3	QL (13 GM per 30 days) PA
DULERA AEROSOL 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT	3	QL (17.6 GM per 30 days) PA
FASENRA PEN INJECTION 30MG/ML	4	QL (1 ML per 28 days) PA
FASENRA INJECTION 10MG/0.5ML	3	QL (0.5 ML per 28 days) PA
FASENRA INJECTION 30MG/ML	4	QL (1 ML per 28 days) PA
FLUTICASONE FUROATE/VILANTEROL ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/INH; 25MCG/INH, 200MCG/INH; 25MCG/INH	2	QL (60 EA per 30 days)
fluticasone propionate/salmeterol diskus aerosol powder breath activated 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act	1	QL (60 EA per 30 days)
FLUTICASONE PROPIONATE/SALMETEROL AEROSOL POWDER BREATH ACTIVATED 113MCG/ACT; 14MCG/ACT, 232MCG/ACT; 14MCG/ACT, 55MCG/ACT; 14MCG/ACT	3	QL (1 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act	1	QL (60 EA per 30 days)
ipratropium bromide/albuterol sulfate solution 2.5mg/3ml; 0.5mg/3ml	1	QL (540 ML per 30 days) B/D
NUCALA INJECTION 40MG/0.4ML	4	QL (0.4 ML per 28 days) PA
NUCALA INJECTION 100MG	4	QL (3 EA per 28 days) PA
NUCALA INJECTION 100MG/ML	4	QL (3 ML per 28 days) PA
promethazine hydrochloride/phenylephrine hydrochloride syrup 5mg/5ml; 6.25mg/5ml	1	
promethazine vc syrup 5mg/5ml; 6.25mg/5ml	1	
ribavirin solution reconstituted 6gm	4	
STIOLTO RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT; 2.5MCG/ACT	3	QL (24 GM per 30 days) ST
TEZSPIRE INJECTION 210MG/1.91ML	4	QL (1.91 ML per 28 days) PA
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT; 62.5MCG/ACT; 25MCG/ACT, 200MCG/INH; 62.5MCG/INH; 25MCG/INH	2	QL (60 EA per 30 days)
VIRAZOLE SOLUTION RECONSTITUTED 6GM	4	
wixela inhub aerosol powder breath activated 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act	1	QL (60 EA per 30 days)
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
AMRIX CAPSULE EXTENDED RELEASE 24 HOUR 30MG	4	QL (30 EA per 30 days) PA
AMRIX CAPSULE EXTENDED RELEASE 24 HOUR 15MG	4	QL (60 EA per 30 days) PA
carisoprodol tablet 250mg, 350mg	1	PA
chlorzoxazone tablet 375mg, 500mg, 750mg	1	
chlorzoxazone tablet 250mg	4	
cyclobenzaprine hydrochloride er capsule extended release 24 hour 30mg	1	QL (30 EA per 30 days) PA
cyclobenzaprine hydrochloride er capsule extended release 24 hour 15mg	1	QL (60 EA per 30 days) PA
cyclobenzaprine hydrochloride tablet 10mg, 5mg, 7.5mg	1	QL (90 EA per 30 days) PA
FEXMID TABLET 7.5MG	3	QL (90 EA per 30 days) PA
metaxalone tablet 640mg	4	
methocarbamol injection 1000mg/10ml	1	
methocarbamol tablet 500mg, 750mg	1	
methocarbamol tablet 1000mg	4	
NORGESIC FORTE TABLET 770MG; 60MG; 50MG	4	
NORGESIC TABLET 385MG; 30MG; 25MG	3	
orphenadrine citrate er tablet extended release 12 hour 100mg	1	
orphenadrine/aspirin/caffeine tablet 385mg; 30mg; 25mg	1	
ORPHENGESIC FORTE TABLET 770MG; 60MG; 50MG	4	
ROBAXIN INJECTION 1000MG/10ML	4	
SOMA TABLET 250MG, 350MG	3	PA
Sleep Disorder Agents		
Sleep Promoting Agents		
AMBIEN CR TABLET EXTENDED RELEASE 12.5MG, 6.25MG	3	QL (30 EA per 30 days)
AMBIEN TABLET 10MG, 5MG	3	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
BELSOMRA TABLET 10MG, 15MG, 20MG, 5MG	2	QL (30 EA per 30 days)
DAYVIGO TABLET 10MG, 5MG	3	QL (30 EA per 30 days) PA
doxepin hydrochloride tablet 3mg, 6mg	1	QL (30 EA per 30 days)
EDLUAR TABLET SUBLINGUAL 10MG, 5MG	3	QL (30 EA per 30 days)
estazolam tablet 1mg, 2mg	1	QL (30 EA per 30 days)
eszopiclone tablet 1mg, 2mg, 3mg	1	QL (30 EA per 30 days)
HALCION TABLET 0.25MG	3	QL (60 EA per 30 days)
HETLIOZ LQ SUSPENSION 4MG/ML	4	QL (158 ML per 30 days) PA
HETLIOZ CAPSULE 20MG	4	QL (30 EA per 30 days) PA
LUNESTA TABLET 1MG, 2MG, 3MG	3	QL (30 EA per 30 days)
QUVIVIQ TABLET 25MG, 50MG	3	QL (30 EA per 30 days) PA
ramelteon tablet 8mg	1	QL (30 EA per 30 days)
RESTORIL CAPSULE 15MG, 22.5MG, 30MG, 7.5MG	3	QL (30 EA per 30 days)
ROZEREM TABLET 8MG	3	QL (30 EA per 30 days)
SILENOR TABLET 3MG, 6MG	3	QL (30 EA per 30 days)
tasimelteon capsule 20mg	4	QL (30 EA per 30 days) PA
temazepam capsule 15mg, 22.5mg, 30mg, 7.5mg	1	QL (30 EA per 30 days)
triazolam tablet 0.125mg, 0.25mg	1	QL (60 EA per 30 days)
zaleplon capsule 5mg	1	QL (30 EA per 30 days)
zaleplon capsule 10mg	1	QL (60 EA per 30 days)
zolpidem tartrate er tablet extended release 12.5mg, 6.25mg	1	QL (30 EA per 30 days)
ZOLPIDEM TARTRATE CAPSULE 7.5MG	1	QL (30 EA per 30 days)
zolpidem tartrate tablet sublingual 1.75mg, 3.5mg	1	QL (30 EA per 30 days)
zolpidem tartrate tablet 10mg, 5mg	1	QL (30 EA per 30 days)
Wakefulness Promoting Agents		
armodafinil tablet 150mg, 200mg, 250mg	3	QL (30 EA per 30 days) PA
armodafinil tablet 50mg	3	QL (60 EA per 30 days) PA
LUMRYZ STARTER PACK THERAPY PACK 0	4	QL (56 EA per 365 days) PA
LUMRYZ PACKET 4.5GM, 6GM, 7.5GM, 9GM	4	QL (30 EA per 30 days) PA
modafinil tablet 100mg, 200mg	1	QL (30 EA per 30 days) PA
NUVIGIL TABLET 150MG, 200MG, 250MG	3	QL (30 EA per 30 days) PA
NUVIGIL TABLET 50MG	3	QL (60 EA per 30 days) PA
PROVIGIL TABLET 100MG, 200MG	4	QL (30 EA per 30 days) PA
sodium oxybate solution 500mg/ml	4	QL (540 ML per 30 days) PA
SUNOSI TABLET 150MG, 75MG	3	QL (30 EA per 30 days) PA
WAKIX TABLET 17.8MG, 4.45MG	4	QL (60 EA per 30 days) PA
XYREM SOLUTION 500MG/ML	4	QL (540 ML per 30 days) PA
XYWAV SOLUTION 234MG/ML; 96MG/ML; 130MG/ML; 40MG/ML	4	QL (540 ML per 30 days) PA

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