Comprehensive Formulary 2026

(List of Covered Drugs or “Drug List”)

Optum Rx Medicare Prescription Drug Plan, administered for Michigan Public School Employees' Retirement System by Optum Rx®

Effective January 1, 2026 – December 31, 2026

Optum Rx Member Services
For more recent information or other questions about this document, please contact Member Services.

optumrx.com

Toll-free 1-855-577-6517, TTY **711**
24 hours a day, 7 days a week

Optum Rx®

MICHIGAN OFFICE OF RETIREMENT SERVICES
Big Plans. Small Steps.

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Formulary ID 26058
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January 1, 2026 - December 31, 2026

Please Read:
This document contains information about the drugs we cover.

This comprehensive formulary (Drug List) was updated on September 22, 2025 and is a complete list of drugs covered by our plan. For more recent information or if you have questions, please contact us at the Member Services information on the front cover of this document.

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

When this Drug List refers to "we," "us," or "our," it means Optum Rx. When it refers to "plan" or "our plan," it means the Optum Rx Medicare Prescription Drug Plan.

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

What you pay for vaccines - Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

What you pay for insulin - You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what tier it's on.

What is the comprehensive 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 Michigan Public School Employees' Retirement System with the help of Optum Rx and a team of healthcare providers, which includes drugs believed to be a necessary part of a quality treatment program.

This plan will generally cover the drugs listed in our formulary as long as:

- The drug is medically necessary.
- The prescription is filled at an Optum Rx network pharmacy.
- Other plan rules are followed.

Can the formulary (Drug List) change?

Most changes in drug coverage happen on January 1, but the following changes may happen during the plan year:

- Add or remove drugs on the formulary during the year.
- Move them to different tiers.
- Add new restrictions.

We must follow the Medicare rules in making changes. Updates to our formulary are posted monthly to our website here: **optumrx.com**.

Changes that can affect you this year: In the cases below, you will be impacted 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 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 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 a replaceable 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 provide you with information about the specific change(s) we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the drug that is being changed. For more information, see the section below titled "How do I request an exception to the Optum Rx Medicare Prescription Drug Plan 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 removed from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be removed for safety or effectiveness reasons, we may immediately remove the drug from our formulary. Soon after, we'll 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 make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier.

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

If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the drug you have been taking. The notice we send 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 Optum Rx Medicare Prescription Drug Plan formulary?" section below.

Changes that will not impact you if you are currently taking the drug. Usually, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 plan year except as described above. This means these drugs will remain available at the same tier and there will be no new restrictions for those members taking them for the remainder of the plan year. You will not get direct notice this year about changes that do not impact you. However, on January 1 of the next year, these changes may impact you. It is important to look at the formulary for the new plan year for any changes to drugs you may take.

The included formulary is current as of September 22, 2025. To get updated information about the drugs covered by Optum Rx Medicare Prescription Drug Plan please contact us at 1-855-577-6517, TTY 711, or visit the website at **welcome.optumrx.com/mpser/prescription-drug-list**.

How do I use the formulary?

There are 2 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 condition(s) they are used to treat. For example, drugs used to treat a heart condition are listed under the category "Cardiovascular Agents." If you know what your drug is used for, look for the category name in the list that begins on page 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 117. The Index provides an alphabetical list of all drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index.

What are generic drugs?

Our plan 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 cost less than brand-name drugs. There are generics 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?

When we refer to drugs on the formulary, this can 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. Depending on state laws, you may or may not need a new prescription for some biosimilars.

For discussion of drug types, please see the Evidence of Coverage, Chapter 3, 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 (PA)	You or your prescriber may need to get prior authorization for certain drugs. This means you will need to get approval from Optum Rx before your prescription can be covered. If you do not get approval, the drug may not be covered.
Quantity Limits (QL)	For certain drugs, there is a limit on the amount of the drug we will cover. This may be in addition to a standard 1-month or 3-month supply.
Step Therapy (ST)	In some cases, it is required that you first try certain drugs to treat your medical condition before we will cover another drug for it. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

To find out if your drug has any requirements or limits, check the formulary that begins on page 8. You can also get more information about restrictions applied to specific covered drugs by contacting us at 1-855-577-6517, TTY 711 or visit **optumrx.com**.

You can ask Optum Rx 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 formulary?" on page 5 for additional information.

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

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. The Optum Rx Medicare Prescription Drug Plan pays for certain OTC drugs. The cost to Optum Rx Medicare Prescription Drug Plan of these OTC drugs will not count toward your total Part D drug costs.

What if my drug is not on the formulary?

If your drug is not included in this formulary you should first contact Optum Rx at 1-855-577-6517, TTY 711 or visit **optumrx.com** and ask if your drug is covered.

If your drug is not covered, you have 2 options:

- You can ask Optum Rx for a list of similar drugs that are covered. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered.
- You can ask Optum Rx to make an exception and cover your drug. See below for information about how to request an exception.

This plan does not cover drugs that are covered under Medicare Part B as prescribed and dispensed. Generally, we only cover drugs, vaccines, biological products, and medical supplies that are covered under the Medicare Prescription Drug Benefit (Part D) and that are on our Drug List.

How do I request an exception to the Optum Rx Medicare Prescription Drug Plan's formulary?

You can ask Optum Rx 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, the drug will be covered at a set tier, and you will not be able to ask us to provide the drug at a lower tier.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, we may limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask for a drug on the Drug List to be covered at a lower cost-sharing level if the drug is not in Tier 4.

Generally, we will only approve your request for an exception if the alternative drug is included on the plan's formulary, or applying the restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You or your prescriber should contact Optum Rx for an initial coverage decision for a formulary, tier, or usage restriction exception. **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 statement. You can request an expedited (fast) exception if you or your prescriber believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is approved, we must give you a decision no later than 24 hours after we get your prescriber's statement.

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

As a member in our plan, you may be taking drugs that are not on our formulary, or you may be taking a drug that is on our formulary but your ability to get your drug is limited. For example, you may need a prior authorization from us before your prescription can be covered. You should talk to your doctor (or other prescriber) to decide if you should switch to another drug that we cover or request a formulary exception. While you talk to your doctor (or other prescriber) to 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 not on our formulary, or if your ability to get your drugs is limited, we will cover up to a temporary 30-day supply when you go to a network pharmacy. We will not provide more coverage for these drugs after your first 30-day supply.

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 up to a 31-day transition supply. We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. 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 up to a 31-day emergency supply of that drug while you apply for a formulary exception.

If you are a current member with a level-of-care change we will cover up to a short-term 31-day transition supply while you seek a formulary exception. If you are in the process of applying for an exception, we will consider allowing continued coverage until a decision is made.

What if I have more questions?

For more detailed information about your prescription drug coverage, please review your Evidence of Coverage and other plan materials. If you have questions about the plan, please call Optum Rx at 1-855-577-6517, TTY 711 or visit **optumrx.com**.

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

Optum Rx Medicare Prescription Drug Plan's Formulary

The formulary below provides coverage information about the drugs covered by Optum Rx Medicare Prescription Drug Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 117.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., COZAAR), and generic drugs are listed in lower-case italics (e.g., *atenolol*). The following abbreviations listed in the "Requirements/Limits" column let you know if there are any special requirements for coverage of your drug.

Requirements/Limits	Helpful Tips
B/D	This prescription drug has a Part B versus Part D administrative prior authorization requirement. This drug may be covered under Medicare Part B (your Blue Cross Blue Shield of Michigan Medicare Plus Blue Group PPO Plan) or D (your Optum Rx Medicare Prescription Drug Plan) depending upon the conditions. Information may need to be submitted describing the use and setting of the drug to make the determination.
NDS	Non-extended Days' Supply. This prescription drug is not available for an extended days' supply.
PA	Prior Authorization. Our plan requires you or your physician to get prior authorization for certain drugs. This means you will need to get approval from Optum Rx before you fill your prescriptions. If you do not get approval, your drug may not be covered.
QL	Quantity Limit. Certain drugs have limits on the amount of the drug you can get each time you fill your prescription. This may be in addition to a standard one-month or three-month supply.
ST	Step Therapy. In some cases, our plan 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, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Analgesics		
JOURNAVX TABLET 50MG	3	QL(30 EA per 90 days)
Nonsteroidal Anti-inflammatory Drugs		
celecoxib capsule 100mg, 200mg, 400mg, 50mg	1	QL(60 EA per 30 days)
diclofenac potassium tablet 50mg	1	
diclofenac potassium tablet 25mg	4	NDS
diclofenac sodium gel 1%	1	QL(1000 GM per 30 days)
diclofenac sodium external solution 1.5%	1	PA
diclofenac sodium external solution 2%	4	PA; NDS
diflunisal tablet 500mg	1	
ec-naproxen tablet delayed release 375mg, 500mg	1	
etodolac er tablet extended release 24 hour 400mg, 500mg, 600mg	1	
etodolac capsule 200mg, 300mg	1	
etodolac tablet 400mg, 500mg	1	
fenoprofen calcium capsule 400mg	1	
fenoprofen calcium tablet 600mg	1	
flurbiprofen tablet 100mg, 50mg	1	
ibuprofen suspension 100mg/5ml	1	
ibuprofen tablet 400mg, 600mg, 800mg	1	
ibu tablet 400mg, 600mg, 800mg	1	
indomethacin er capsule extended release 75mg	1	
indomethacin capsule 25mg, 50mg	1	
indomethacin suspension 25mg/5ml	1	
ketoprofen er capsule extended release 24 hour 200mg	1	
ketoprofen capsule 50mg	1	
ketoprofen capsule 25mg	4	NDS
ketorolac tromethamine injection 15mg/ml, 30mg/ml	1	
ketorolac tromethamine tablet 10mg	1	QL(20 EA per 30 days)
meclofenamate sodium capsule 100mg, 50mg	1	
mefenamic acid capsule 250mg	1	
meloxicam tablet 15mg, 7.5mg	1	
nabumetone tablet 500mg, 750mg	1	
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, 500mg, 750mg	1	
naproxen sodium tablet extended release 24 hour 750mg	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; NDS

Drug Name	Drug Tier	Requirements/Limits
naproxen suspension 125mg/5ml	1	PA; NDS
naproxen tablet delayed release 500mg	1	
naproxen tablet 250mg, 375mg, 500mg	1	
oxaprozin tablet 600mg	1	
piroxicam capsule 10mg, 20mg	1	
sulindac tablet 150mg, 200mg	1	
tolmetin sodium capsule 400mg	1	
tolmetin sodium tablet 600mg	1	
Opioid Analgesics, Long-acting		
buprenorphine patch weekly 10mcg/hr, 15mcg/hr, 20mcg/hr, 5mcg/hr, 7.5mcg/hr	1	QL(4 EA per 28 days); NDS
fentanyl patch 72 hour 100mcg/hr, 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr	1	NDS
fentanyl patch 72 hour 87.5mcg/hr	4	NDS
hydromorphone hcl er tablet extended release 24 hour 12mg, 16mg, 8mg	1	NDS
hydromorphone hydrochloride er tablet extended release 24 hour 32mg	1	NDS
LEVORPHANOL TARTRATE TABLET 3MG	4	NDS
levorphanol tartrate tablet 2mg	4	NDS
methadone hcl injection 10mg/ml	4	NDS
methadone hcl oral solution 10mg/5ml, 5mg/5ml	1	NDS
methadone hcl tablet 10mg, 5mg	1	NDS
methadone hydrochloride intensol concentrate 10mg/ml	1	NDS
methadone hydrochloride concentrate 10mg/ml	1	NDS
methadose sugar-free concentrate 10mg/ml	1	NDS
methadose concentrate 10mg/ml	1	NDS
mitigo injection 10mg/ml, 25mg/ml	1	B/D; NDS
morphine sulfate er capsule extended release 24 hour 100mg, 10mg, 120mg, 20mg, 30mg, 45mg, 50mg, 60mg, 75mg, 80mg, 90mg	1	NDS
morphine sulfate er tablet extended release 100mg, 15mg, 200mg, 30mg, 60mg	1	NDS
OXYCODONE HYDROCHLORIDE ER TABLET ER 12 HOUR ABUSE-DETERRENT 10MG, 20MG, 40MG	2	NDS
OXYCODONE HYDROCHLORIDE ER TABLET ER 12 HOUR ABUSE-DETERRENT 80MG	4	NDS
oxymorphone hydrochloride er tablet extended release 12 hour 10mg, 15mg, 20mg, 30mg, 5mg, 7.5mg	1	NDS
oxymorphone hydrochlorideer tablet extended release 12 hour 40mg	1	NDS

Drug Name	Drug Tier	Requirements/Limits
tramadol hcl er tablet extended release 24 hour 100mg, 200mg, 300mg	1	NDS
tramadol hydrochloride er tablet extended release 24 hour 100mg, 200mg, 300mg	1	NDS
Opioid Analgesics, Short-acting		
acetaminophen/codeine phosphate tablet 300mg; 60mg	1	NDS
acetaminophen/codeine solution 120mg/5ml; 12mg/5ml	1	NDS
acetaminophen/codeine tablet 300mg; 15mg, 300mg; 30mg	1	NDS
ascomp/codeine capsule 325mg; 50mg; 40mg; 30mg	1	NDS
butalbital/acetaminophen/caffeine/codeine capsule 300mg; 50mg; 40mg; 30mg, 325mg; 50mg; 40mg; 30mg	1	NDS
butalbital/aspirin/caffeine/codeine capsule 325mg; 50mg; 40mg; 30mg	1	NDS
butorphanol tartrate injection 1mg/ml, 2mg/ml	1	NDS
butorphanol tartrate nasal solution 10mg/ml	1	NDS
codeine sulfate tablet 15mg, 30mg, 60mg	1	NDS
duramorph injection 0.5mg/ml, 1mg/ml	1	NDS
endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg	1	NDS
FENTANYL CITRATE ORAL TRANSMUCOSAL LOZENGE ON A HANDLE 200MCG	3	PA; NDS
fentanyl citrate oral transmucosal lozenge on a handle 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg	4	PA; NDS
fentanyl citrate injection 1000mcg/20ml, 100mcg/2ml, 2500mcg/50ml, 250mcg/5ml, 500mcg/10ml, 50mcg/ml	1	B/D; NDS
fentanyl citrate tablet 100mcg, 200mcg, 400mcg, 600mcg, 800mcg	5	PA; NDS
hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 10mg/15ml, 325mg/15ml; 7.5mg/15ml	1	NDS
hydrocodone bitartrate/acetaminophen tablet 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg	1	NDS
hydrocodone/acetaminophen tablet 325mg; 7.5mg	1	NDS
hydrocodone/ibuprofen tablet 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg	1	NDS
hydromorphone hcl injection 10mg/ml, 1mg/ml, 4mg/ml	1	NDS
hydromorphone hcl liquid 1mg/ml	1	NDS
hydromorphone hcl tablet 2mg, 4mg, 8mg	1	NDS
hydromorphone hydrochloride injection 1mg/ml, 2mg/ml, 4mg/ml, 50mg/5ml	1	NDS
meperidine hcl injection 100mg/ml, 25mg/ml, 50mg/ml	1	PA; NDS
morphine sulfate/sodium chloride injection 1mg/ml	1	NDS

Drug Name	Drug Tier	Requirements/Limits
morphine sulfate injection 10mg/ml, 1mg/ml, 4mg/ml, 5mg/ml, 8mg/ml	1	B/D; NDS
morphine sulfate injection 0.5mg/ml, 10mg/ml, 1mg/ml, 2mg/ml, 4mg/ml, 50mg/ml, 8mg/ml	1	NDS
morphine sulfate oral solution 100mg/5ml, 10mg/5ml, 20mg/5ml	1	NDS
morphine sulfate tablet 15mg, 30mg	1	NDS
nalbuphine hydrochloride injection 10mg/ml, 20mg/ml	1	NDS
NUCYNTA TABLET 50MG, 75MG	3	NDS
NUCYNTA TABLET 100MG	5	NDS
oxycodone hydrochloride capsule 5mg	1	NDS
oxycodone hydrochloride solution 5mg/5ml	1	NDS
oxycodone hydrochloride tablet 10mg, 15mg, 20mg, 30mg, 5mg	1	NDS
oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg	1	NDS
oxymorphone hydrochloride tablet 10mg, 5mg	1	NDS
pentazocine/naloxone hcl tablet 0.5mg; 50mg	1	NDS
tramadol hydrochloride/acetaminophen tablet 325mg; 37.5mg	1	NDS
tramadol hydrochloride tablet 100mg, 25mg, 50mg, 75mg	1	NDS
Anesthetics		
Local Anesthetics		
glydo prefilled syringe 2%	1	QL(30 ML per 30 days); PA
lidocaine hcl jelly prefilled syringe 2%	1	QL(30 ML per 30 days); PA
lidocaine hcl injection 0.5%, 1.5%, 4%	1	
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 injection 1%, 2%	1	
lidocaine hydrochloride external 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	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
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	NDS
Opioid Dependence		

Drug Name	Drug Tier	Requirements/Limits
buprenorphine hcl/naloxone hcl tablet sublingual 2mg; 0.5mg, 8mg; 2mg	1	
buprenorphine hcl injection 0.3mg/ml	1	
buprenorphine hcl tablet sublingual 2mg, 8mg	1	
buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg	1	
buprenorphine hydrochloride/naloxone hydrochloride tablet sublingual 2mg; 0.5mg, 8mg; 2mg	1	
lofexidine hydrochloride tablet 0.18mg	4	QL(224 EA per 14 days); NDS
Opioid Reversal Agents		
KLOXXADO LIQUID 8MG/0.1ML	3	
naloxone hcl injection 4mg/10ml	1	
naloxone hydrochloride injection 0.4mg/ml, 2mg/2ml	1	
naloxone hydrochloride liquid 4mg/0.1ml	1	
OPVEE SOLUTION 2.7MG/0.1ML	2	
Smoking Cessation Agents		
bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg	1	QL(60 EA per 30 days)
NICOTROL INHALER INHALER 10MG	3	QL(2688 EA per 365 days)
NICOTROL NS SOLUTION 10MG/ML	3	QL(360 ML per 365 days)
TYRVAYA SOLUTION 0.03MG/ACT	3	QL(8.4 ML per 30 days)
varenicline starting month tablet therapy pack 0	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	5	PA; NDS
gentamicin sulfate pediatric injection 10mg/ml	1	
gentamicin sulfate/0.9% sodium chloride injection 1.2mg/ml; 0.9%, 1.6mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%	1	
gentamicin sulfate cream 0.1%	1	
gentamicin sulfate injection 40mg/ml	1	
gentamicin sulfate ointment 0.1%	1	
HUMATIN CAPSULE 250MG	5	NDS
isotonic gentamicin injection 0.8mg/ml; 0.9%	1	
neomycin sulfate tablet 500mg	1	
neomycin/polymyxin b sulfates solution 40mg/ml; 200000unit/ml	1	
STREPTOMYCIN SULFATE INJECTION 1GM	5	NDS
tobramycin sulfate injection 1.2gm/30ml, 1.2gm, 10mg/ml, 40mg/ml, 80mg/2ml	1	
Antibacterials, Other		

Drug Name	Drug Tier	Requirements/Limits
ALTABAX OINTMENT 1%	3	
aztreonam injection 1gm	1	
aztreonam injection 2gm	1	NDS
chloramphenicol sodium succinate injection 1gm	1	
CLEOCIN SUPPOSITORY 100MG	3	
clindacin etz pledgets swab 1%	1	
clindamycin hcl capsule 300mg	1	
clindamycin hydrochloride capsule 150mg, 75mg	1	
clindamycin palmitate hydrochloride solution reconstituted 75mg/5ml	1	
clindamycin phosphate/dextrose injection 300mg/50ml; 5%, 600mg/50ml; 5%, 900mg/50ml; 5%	1	
clindamycin phosphate cream 2%	1	
clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 900mg/6ml, 9gm/60ml	1	
clindamycin phosphate swab 1%	1	
colistimethate sodium injection 150mg	4	NDS
DALVANCE INJECTION 500MG	5	NDS
DAPTOMYCIN/SODIUM CHLORIDE INJECTION 1000MG/100ML; 0.9%, 350MG/50ML; 0.9%, 500MG/50ML; 0.9%, 700MG/100ML; 0.9%	3	
DAPTOMYCIN INJECTION 350MG	4	NDS
daptomycin injection 500mg	4	NDS
fosfomycin tromethamine packet 3gm	1	
IMPAVIDO CAPSULE 50MG	5	NDS
KIMYRSA INJECTION 1200MG	5	NDS
lincomycin hydrochloride injection 300mg/ml	1	
linezolid injection 600mg/300ml	1	
linezolid suspension reconstituted 100mg/5ml	4	QL(1800 ML per 28 days); NDS
linezolid tablet 600mg	1	QL(56 EA per 28 days)
methenamine hippurate tablet 1gm	3	
metronidazole vaginal gel 0.75%	1	
metronidazole capsule 375mg	1	
metronidazole injection 500mg/100ml	1	
metronidazole tablet 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	NDS
ORBACTIV INJECTION 400MG	5	NDS
polymyxin b sulfate injection 500000unit	1	

Drug Name	Drug Tier	Requirements/Limits
SIVEXTRO INJECTION 200MG	5	QL(6 EA per 30 days); NDS
SIVEXTRO TABLET 200MG	5	QL(6 EA per 30 days); NDS
tigecycline injection 50mg	1	NDS
tinidazole tablet 250mg, 500mg	1	
trimethoprim tablet 100mg	1	
vancomycin hcl injection 0.9%; 1gm/200ml, 100gm, 10gm	1	
vancomycin hydrochloride/dextrose injection 5%; 1gm/200ml, 5%; 500mg/100ml, 5%; 750mg/150ml	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 1.25gm, 1.5gm, 1.75gm, 1gm, 2gm, 500mg, 5gm, 750mg	1	
vancomycin hydrochloride oral solution reconstituted 250mg/5ml, 25mg/ml	1	
vancomycin injection 0.9%; 500mg/100ml, 0.9%; 750mg/150ml	1	
VIBATIV INJECTION 750MG	4	NDS
VOQUEZNA DUAL PAK THERAPY PACK 500MG; 20MG	3	PA
VOQUEZNA TRIPLE PAK THERAPY PACK 500MG; 500MG; 20MG	3	PA
XENLETA INJECTION 150MG/15ML	5	NDS
XENLETA TABLET 600MG	5	NDS
Beta-lactam, Cephalosporins		
AVYCAZ INJECTION 0.5GM; 2GM	5	NDS
cefadroxil capsule 500mg	1	
cefadroxil suspension reconstituted 250mg/5ml, 500mg/5ml	1	
cefadroxil tablet 1gm	1	
cefazolin sodium/dextrose injection 1gm; 4%, 2gm; 3%	1	
cefazolin sodium injection 100gm, 10gm, 1gm/50ml; 4%, 1gm, 2gm, 300gm, 500mg	1	
cefazolin/dextrose injection 3gm/150ml; 4%	1	
cefazolin injection 2gm/100ml; 4%, 2gm, 3gm	1	
cefdinir capsule 300mg	1	
cefdinir suspension reconstituted 125mg/5ml, 250mg/5ml	1	
cefepime hydrochloride injection 100gm, 2gm	1	
cefepime/dextrose injection 1gm/50ml; 5%, 2gm/50ml; 5%	1	
cefepime injection 1gm/50ml, 1gm, 2gm/100ml, 2gm	1	
cefixime capsule 400mg	1	
cefixime suspension reconstituted 100mg/5ml, 200mg/5ml	1	
cefotaxime sodium injection 1gm, 2gm	1	
cefotetan injection 1gm, 2gm	1	

Drug Name	Drug Tier	Requirements/Limits
cefoxitin sodium injection 10gm, 1gm, 1gm; 4%, 2gm, 2gm; 2.2%	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	
ceftazidime injection 1gm, 2gm, 6gm	1	
ceftriaxone in iso-osmotic dextrose injection 20mg/ml; 0, 40mg/ml; 0	1	
ceftriaxone sodium injection 100gm, 10gm, 1gm, 250mg, 2gm, 500mg	1	
ceftriaxone/dextrose injection 1gm; 3.74%, 2gm; 2.22%	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	
cephalexin tablet 250mg, 500mg	1	
FETROJA INJECTION 1GM	5	NDS
TAZICEF INJECTION 1GM/50ML; 4.4%	3	
tazicef injection 1gm, 2gm, 6gm	1	
TEFLARO INJECTION 400MG, 600MG	5	NDS
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 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, 250mg, 2gm, 500mg	1	
ampicillin-sulbactam injection 10gm; 5gm, 1gm; 0.5gm, 2gm; 1gm	1	
ampicillin/sulbactam injection 2gm; 1gm	1	

Drug Name	Drug Tier	Requirements/Limits
ampicillin capsule 500mg	1	
AUGMENTIN SUSPENSION RECONSTITUTED 125MG/5ML; 31.25MG/5ML	3	
BICILLIN C-R INJECTION 300000UNIT/ML; 300000UNIT/ML, 900000UNIT/2ML; 300000UNIT/2ML	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%; 1GM/50ML, 5%; 2GM/100ML	5	NDS
OXACILLIN SODIUM INJECTION 1.5GM/50ML; 1GM/50ML, 300MG/50ML; 2GM/50ML	3	
oxacillin sodium injection 10gm, 1gm, 2gm	1	
penicillin g potassium in iso-osmotic dextrose injection 0; 20000unit/ml, 0; 40000unit/ml, 0; 60000unit/ml	1	
penicillin g potassium injection 20000000unit, 5000000unit	1	
penicillin g sodium injection 5000000unit	4	NDS
penicillin v potassium solution reconstituted 125mg/5ml, 250mg/5ml	1	
penicillin v potassium tablet 250mg, 500mg	1	
piperacillin sodium/tazobactam sodium injection 12gm; 1.5gm, 2gm; 0.25gm, 36gm; 4.5gm, 3gm; 0.375gm, 4gm; 0.5gm	1	
ZOSYN INJECTION 1GM/50ML; 2GM/50ML; 0.25GM/50ML, 2GM/100ML; 4GM/100ML; 0.5GM/100ML, 350MG/50ML; 3GM/50ML; 0.375GM/50ML	3	
Carbapenems		
ertapenem sodium injection 1gm	1	
imipenem/cilastatin injection 250mg; 250mg, 500mg; 500mg	1	
meropenem/sodium chloride injection 500mg; 0.9%	1	
meropenem/sodium chloride injection 1gm/50ml; 0.9%	4	NDS
meropenem injection 1gm, 2gm, 500mg	1	
VABOMERE INJECTION 1GM; 1GM	5	NDS
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	

Drug Name	Drug Tier	Requirements/Limits
clarithromycin tablet 250mg, 500mg	1	
DIFICID SUSPENSION RECONSTITUTED 40MG/ML	5	NDS
DIFICID TABLET 200MG	5	NDS
e.e.s. 400 tablet 400mg	1	
erythrocin stearate tablet 250mg	1	
erythromycin base tablet 250mg, 500mg	1	
erythromycin dr capsule delayed release particles 250mg	1	
erythromycin dr tablet delayed release 250mg, 333mg, 500mg	1	
erythromycin ethylsuccinate suspension reconstituted 200mg/5ml	1	
erythromycin ethylsuccinate suspension reconstituted 400mg/5ml	1	NDS
erythromycin ethylsuccinate tablet 400mg	1	
erythromycin lactobionate injection 500mg	4	NDS
fidaxomicin tablet 200mg	4	NDS
Quinolones		
BAXDELA INJECTION 300MG	5	NDS
BAXDELA TABLET 450MG	5	NDS
ciprofloxacin hcl tablet 100mg, 750mg	1	
ciprofloxacin hydrochloride tablet 250mg, 500mg	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 injection 400mg/250ml	1	
moxifloxacin hydrochloride tablet 400mg	1	
NOROXIN TABLET 400MG	3	
ofloxacin tablet 300mg, 400mg	1	
Sulfonamides		
sulfadiazine tablet 500mg	4	NDS
sulfamethoxazole/trimethoprim ds tablet 800mg; 160mg	1	
sulfamethoxazole/trimethoprim injection 400mg/5ml; 80mg/5ml	1	
sulfamethoxazole/trimethoprim suspension 200mg/5ml; 40mg/5ml	1	
sulfamethoxazole/trimethoprim tablet 400mg; 80mg	1	
sulfatrim pediatric suspension 200mg/5ml; 40mg/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
Tetracyclines		
demeclocycline hcl tablet 150mg, 300mg	1	
demeclocycline hydrochloride tablet 300mg	1	
DORYX MPC TABLET DELAYED RELEASE 120MG	3	
doxycycline hyclate dr tablet delayed release 100mg, 150mg, 200mg, 50mg, 75mg	1	
doxycycline hyclate capsule 100mg, 50mg	1	
doxycycline hyclate injection 100mg	1	
doxycycline hyclate tablet 100mg, 150mg, 50mg, 75mg	1	
doxycycline monohydrate capsule 100mg, 150mg, 50mg, 75mg	1	
doxycycline monohydrate tablet 100mg, 150mg, 50mg, 75mg	1	
doxycycline capsule delayed release 40mg	1	
doxycycline suspension reconstituted 25mg/5ml	1	
MINOCIN INJECTION 100MG	5	NDS
minocycline hcl capsule 75mg	1	
minocycline hcl tablet 100mg, 75mg	1	
minocycline hydrochloride er tablet extended release 24 hour 105mg, 115mg, 135mg, 45mg, 55mg, 65mg, 80mg, 90mg	1	
minocycline hydrochloride capsule 100mg, 50mg	1	
minocycline hydrochloride tablet 50mg	1	
NUZYRA INJECTION 100MG	5	NDS
NUZYRA TABLET 150MG	5	QL(30 EA per 14 days); NDS
TETRACYCLINE HYDROCHLORIDE CAPSULE 250MG, 500MG	2	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT INJECTION 50MG/5ML	5	PA; NDS
BRIVIACT ORAL SOLUTION 10MG/ML	5	PA; NDS
BRIVIACT TABLET 100MG, 10MG, 25MG, 50MG, 75MG	5	PA; NDS
ELEPSIA XR TABLET EXTENDED RELEASE 24 HOUR 1000MG, 1500MG	5	NDS
EPIDIOLEX SOLUTION 100MG/ML	5	PA; NDS
EPRONTIA SOLUTION 25MG/ML	3	
felbamate suspension 600mg/5ml	1	
felbamate tablet 400mg, 600mg	1	
FINTEPLA SOLUTION 2.2MG/ML	5	PA; NDS
FYCOMPA SUSPENSION 0.5MG/ML	5	NDS
FYCOMPA TABLET 2MG	3	
FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG	5	NDS
LAMICTAL XR KIT 0	3	

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	4	NDS
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, 250mg/50ml; 410mg/50ml, 500mg/100ml; 820mg/100ml	1	
levetiracetam injection 500mg/5ml	1	
levetiracetam oral solution 100mg/ml	1	
LEVETIRACETAM TABLET DISINTEGRATING SOLUBLE 250MG	5	NDS
levetiracetam tablet 1000mg, 250mg, 500mg, 750mg	1	
NAYZILAM SOLUTION 5MG/0.1ML	3	QL(10 EA per 30 days)
perampanel tablet 2mg	1	
perampanel tablet 10mg, 12mg, 4mg, 6mg, 8mg	4	NDS
roweepra tablet 500mg	1	
SPRITAM TABLET DISINTEGRATING SOLUBLE 1000MG, 250MG, 500MG, 750MG	3	
subvenite starter kit/blue kit 25mg	1	
subvenite starter kit/green kit 0	4	NDS
subvenite starter kit/orange kit 0	1	
subvenite tablet 100mg, 150mg, 200mg, 25mg	1	
topiramate er capsule extended release 24 hour 100mg, 25mg, 50mg	1	
topiramate er capsule extended release 24 hour 200mg	4	NDS
topiramate capsule sprinkle 15mg, 25mg, 50mg	1	
topiramate solution 25mg/ml	1	
topiramate tablet 100mg, 200mg, 25mg, 50mg	1	
valproate sodium injection 100mg/ml	1	
valproic acid capsule 250mg	1	
valproic acid solution 250mg/5ml	1	
Calcium Channel Modifying Agents		
ethosuximide capsule 250mg	1	
ethosuximide solution 250mg/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
methsuximide capsule 300mg	1	
Gamma-aminobutyric Acid (GABA) Modulating Agents		
clobazam suspension 2.5mg/ml	1	
clobazam tablet 10mg, 20mg	1	
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 0.5mg, 1mg	1	QL(90 EA per 30 days)
DIACOMIT CAPSULE 250MG, 500MG	5	PA; NDS
DIACOMIT PACKET 250MG, 500MG	5	PA; NDS
diazepam rectal gel gel 10mg, 2.5mg, 20mg	1	
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 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)
LIBERVANT FILM 10MG, 12.5MG, 15MG, 5MG, 7.5MG	3	QL(10 EA per 30 days)
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	
SYMPAZAN FILM 10MG, 20MG, 5MG	5	NDS
tiagabine hydrochloride tablet 12mg, 16mg, 2mg, 4mg	1	
VALTOCO 10 MG DOSE LIQUID 10MG/0.1ML	5	QL(10 EA per 30 days); NDS
VALTOCO 15 MG DOSE LIQUID THERAPY PACK 7.5MG/0.1ML	5	QL(10 EA per 30 days); NDS
VALTOCO 20 MG DOSE LIQUID THERAPY PACK 10MG/0.1ML	5	QL(10 EA per 30 days); NDS
VALTOCO 5 MG DOSE LIQUID 5MG/0.1ML	5	QL(10 EA per 30 days); NDS
vigabatrin packet 500mg	4	PA; NDS
vigabatrin tablet 500mg	4	PA; NDS
VIGAFYDE SOLUTION 100MG/ML	5	PA; NDS

Drug Name	Drug Tier	Requirements/Limits
vigpoder packet 500mg	4	PA; NDS
ZTALMY SUSPENSION 50MG/ML	4	PA; NDS
Sodium Channel Agents		
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	2	
epitol tablet 200mg	1	
eslicarbazepine acetate tablet 200mg, 400mg, 600mg, 800mg	1	
fosphenytoin sodium injection 100mg pe/2ml, 500mg pe/10ml	1	
lacosamide injection 200mg/20ml	4	NDS
lacosamide oral solution 10mg/ml	1	
lacosamide tablet 100mg, 150mg, 200mg, 50mg	1	
oxcarbazepine suspension 300mg/5ml	1	
oxcarbazepine tablet 150mg, 300mg, 600mg	1	
phenytek capsule 200mg, 300mg	1	
phenytoin infatabs tablet chewable 50mg	1	
phenytoin sodium extended capsule 100mg, 200mg, 300mg	1	
phenytoin sodium injection 50mg/ml	1	
phenytoin suspension 125mg/5ml	1	
phenytoin tablet chewable 50mg	1	
rufinamide suspension 40mg/ml	4	NDS
rufinamide tablet 200mg	1	
rufinamide tablet 400mg	4	NDS
XCOPRI TABLET THERAPY PACK 0	3	PA
XCOPRI TABLET THERAPY PACK 0	5	PA; NDS
XCOPRI TABLET 100MG, 150MG, 200MG, 25MG, 50MG	5	PA; NDS
ZONISADE SUSPENSION 100MG/5ML	3	ST
zonisamide capsule 100mg, 25mg, 50mg	1	
Antidementia Agents		
Antidementia Agents, Other		
ERGOLOID MESYLATES TABLET 1MG	3	
memantine/donepezil hydrochloride er capsule extended release 24 hour 10mg; 14mg, 10mg; 21mg, 10mg; 28mg	1	QL(30 EA per 30 days)
Cholinesterase Inhibitors		
donepezil hcl tablet disintegrating 10mg, 5mg	1	
donepezil hcl tablet 10mg, 23mg	1	
donepezil hydrochloride odt tablet disintegrating 10mg, 5mg	1	

Drug Name	Drug Tier	Requirements/Limits
donepezil hydrochloride tablet 10mg, 5mg	1	
galantamine hydrobromide er capsule extended release 24 hour 16mg, 24mg, 8mg	1	
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	
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 solution 2mg/ml	1	
memantine hydrochloride tablet 10mg, 5mg	1	
Antidepressants		
Antidepressants, Other		
APLENZIN TABLET EXTENDED RELEASE 24 HOUR 174MG, 348MG, 522MG	5	QL(30 EA per 30 days); ST; NDS
AUVELITY TABLET EXTENDED RELEASE 105MG; 45MG	5	QL(60 EA per 30 days); ST; NDS
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 450MG	3	QL(30 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, 75mg	1	
chlordiazepoxide/amitriptyline tablet 12.5mg; 5mg, 25mg; 10mg	1	
FORFIVO XL TABLET EXTENDED RELEASE 24 HOUR 450MG	3	QL(30 EA per 30 days)
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	

Drug Name	Drug Tier	Requirements/Limits
ZURZUVAE CAPSULE 30MG	4	QL(14 EA per 14 days); PA; NDS
ZURZUVAE CAPSULE 20MG, 25MG	4	QL(28 EA per 14 days); PA; NDS
Monoamine Oxidase Inhibitors		
EMSAM PATCH 24 HOUR 12MG/24HR, 6MG/24HR, 9MG/24HR	5	QL(30 EA per 30 days); ST; NDS
MARPLAN TABLET 10MG	3	
phenelzine sulfate tablet 15mg	1	
tranylcypromine sulfate tablet 10mg	1	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor		
citalopram hydrobromide solution 10mg/5ml	1	
citalopram hydrobromide tablet 10mg, 20mg, 40mg	1	
DESVENLAFAXINE ER TABLET EXTENDED RELEASE 24 HOUR 100MG	2	QL(120 EA per 30 days); ST
DESVENLAFAXINE ER TABLET EXTENDED RELEASE 24 HOUR 50MG	2	QL(30 EA per 30 days); ST
desvenlafaxine er tablet extended release 24 hour 100mg	1	QL(120 EA per 30 days)
desvenlafaxine er tablet extended release 24 hour 25mg, 50mg	1	QL(30 EA per 30 days)
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 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 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)
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	

Drug Name	Drug Tier	Requirements/Limits
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)
RALDESY SOLUTION 10MG/ML	5	NDS
sertraline hcl concentrate 20mg/ml	1	
sertraline hcl tablet 50mg	1	
SERTRALINE HYDROCHLORIDE CAPSULE 150MG, 200MG	3	ST
sertraline hydrochloride tablet 100mg, 25mg	1	
trazodone hydrochloride tablet 100mg, 150mg, 300mg, 50mg	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 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 STARTER PACK KIT 0	3	QL(60 EA per 365 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, 25mg, 50mg, 75mg	1	
amoxapine tablet 100mg, 150mg, 25mg, 50mg	1	
clomipramine hydrochloride capsule 25mg, 50mg, 75mg	1	
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	
nortriptyline hcl capsule 25mg, 75mg	1	
nortriptyline hcl solution 10mg/5ml	1	
nortriptyline hydrochloride capsule 10mg, 50mg	1	

Drug Name	Drug Tier	Requirements/Limits
protriptyline hcl tablet 10mg, 5mg	1	
trimipramine maleate capsule 100mg, 25mg, 50mg	1	
Antiemetics		
Antiemetics, Other		
doxylamine succinate/pyridoxine hydrochloride tablet delayed release 10mg; 10mg	2	QL(120 EA per 30 days)
meclizine hcl tablet 12.5mg, 25mg	1	
prochlorperazine edisylate injection 10mg/2ml	1	
prochlorperazine maleate tablet 10mg, 5mg	1	
prochlorperazine suppository 25mg	1	
promethazine hcl injection 25mg/ml, 50mg/ml	1	
promethazine hcl suppository 12.5mg	1	
promethazine hydrochloride plain solution 6.25mg/5ml	1	
promethazine hydrochloride injection 25mg/ml	1	
promethazine hydrochloride oral solution 6.25mg/5ml	1	
promethazine hydrochloride suppository 25mg	1	
promethazine hydrochloride tablet 12.5mg, 25mg, 50mg	1	
promethegan suppository 50mg	1	
scopolamine patch 72 hour 1mg/3days	1	
trimethobenzamide hydrochloride capsule 300mg	1	B/D
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	2	QL(5 EA per 30 days); B/D
aprepitant capsule 40mg	1	QL(1 EA per 30 days); B/D
aprepitant capsule 125mg	1	QL(2 EA per 30 days); B/D
aprepitant capsule 0	1	QL(6 EA per 30 days); B/D
aprepitant capsule 80mg	1	QL(8 EA per 30 days); B/D
CINVANTI INJECTION 130MG/18ML	3	
dronabinol capsule 10mg, 2.5mg, 5mg	1	QL(60 EA per 30 days); PA
EMEND SUSPENSION RECONSTITUTED 125MG/5ML	2	QL(6 EA per 30 days); B/D
fosaprepitant dimeglumine injection 150mg	1	
granisetron hcl injection 1mg/ml, 4mg/4ml	1	
granisetron hydrochloride injection 1mg/ml	1	
granisetron hydrochloride tablet 1mg	1	QL(30 EA per 30 days); B/D
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 40mg/20ml, 4mg/2ml	1	
ondansetron hydrochloride tablet 4mg, 8mg	1	B/D
ondansetron odt tablet disintegrating 16mg, 4mg, 8mg	1	B/D

Drug Name	Drug Tier	Requirements/Limits
palonosetron hydrochloride injection 0.25mg/2ml, 0.25mg/5ml	1	
palonosetron hydrochloride injection 0.25mg/5ml	4	NDS
SANCUSO PATCH 3.1MG/24HR	5	QL(2 EA per 30 days); NDS
SUSTOL INJECTION 10MG/0.4ML	5	QL(1.2 ML per 30 days); NDS
SYNDROS SOLUTION 5MG/ML	5	QL(120 ML per 30 days); PA; NDS
Antifungals		
Antifungals		
ABELCET INJECTION 5MG/ML	3	B/D
amphotericin b liposome injection 50mg	4	B/D; NDS
amphotericin b injection 50mg	1	B/D
caspofungin acetate injection 50mg, 70mg	1	
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 186MG, 74.5MG	5	PA; NDS
CRESEMBA INJECTION 372MG	5	NDS
econazole nitrate cream 1%	1	
ERAXIS INJECTION 50MG	3	NDS
ERAXIS INJECTION 100MG	4	NDS
EXELDERM CREAM 1%	3	
EXELDERM SOLUTION 1%	3	
fluconazole in sodium chloride injection 200mg/100ml; 0.9%, 400mg/200ml; 0.9%	1	
fluconazole/sodium chloride injection 100mg/50ml; 0.9%	1	
fluconazole suspension reconstituted 10mg/ml, 40mg/ml	1	
fluconazole tablet 100mg, 150mg, 200mg, 50mg	1	
flucytosine capsule 250mg, 500mg	4	NDS
griseofulvin microsize suspension 125mg/5ml	1	
griseofulvin microsize tablet 500mg	1	
griseofulvin ultramicrosize tablet 125mg, 250mg	1	
gynazole-1 cream 2%	1	
itraconazole capsule 100mg	1	PA
itraconazole solution 10mg/ml	4	PA; NDS
ketoconazole cream 2%	1	QL(90 GM per 30 days)
ketoconazole shampoo 2%	1	
ketoconazole tablet 200mg	1	
klayesta powder 100000unit/gm	1	QL(120 GM per 30 days)
micafungin injection 100mg, 50mg	1	
miconazole 3 suppository 200mg	1	
naftifine hydrochloride cream 1%, 2%	1	
naftifine hydrochloride gel 2%	1	

Drug Name	Drug Tier	Requirements/Limits
nyamyc powder 100000unit/gm	1	QL(120 GM per 30 days)
nystatin cream 100000unit/gm	1	
nystatin ointment 100000unit/gm	1	
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)
oxiconazole nitrate cream 1%	1	QL(90 GM per 30 days)
OXISTAT LOTION 1%	3	
posaconazole dr tablet delayed release 100mg	4	PA; NDS
posaconazole suspension 40mg/ml	4	PA; NDS
SULCONAZOLE NITRATE CREAM 1%	3	
terbinafine hcl tablet 250mg	1	QL(84 EA per 180 days)
terconazole cream 0.4%, 0.8%	1	
terconazole suppository 80mg	1	
TOLSURA CAPSULE 65MG	5	PA; NDS
voriconazole injection 200mg	4	PA; NDS
voriconazole suspension reconstituted 40mg/ml	4	NDS
voriconazole tablet 200mg, 50mg	1	
Antigout Agents		
Antigout Agents		
allopurinol tablet 100mg, 300mg	1	
colchicine tablet 0.6mg	1	
febuxostat tablet 40mg, 80mg	1	
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
EMGALITY INJECTION 120MG/ML	2	QL(2 ML per 28 days); PA
EMGALITY INJECTION 100MG/ML	5	QL(3 ML per 28 days); PA; NDS
NURTEC TABLET DISINTEGRATING 75MG	5	QL(18 EA per 30 days); PA; NDS
UBRELVY TABLET 100MG, 50MG	5	QL(16 EA per 30 days); PA; NDS
Ergot Alkaloids		
dihydroergotamine mesylate injection 1mg/ml	4	QL(24 ML per 28 days); PA; NDS
dihydroergotamine mesylate nasal solution 4mg/ml	4	QL(8 ML per 30 days); PA; NDS
ERGOMAR TABLET SUBLINGUAL 2MG	5	NDS
ergotamine tartrate/caffeine tablet 100mg; 1mg	1	QL(24 EA per 28 days)
migergot suppository 100mg; 2mg	4	QL(20 EA per 28 days); NDS
Prophylactic		
timolol maleate tablet 10mg, 20mg, 5mg	1	

Drug Name	Drug Tier	Requirements/Limits
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)
frovatriptan succinate tablet 2.5mg	1	QL(12 EA per 30 days)
naratriptan hcl tablet 1mg, 2.5mg	1	QL(9 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
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)
TOSYMRA SOLUTION 10MG/ACT	3	QL(12 EA 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 2.5MG	3	QL(18 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 2.5MG	3	QL(18 EA per 30 days)
Antimyasthenic Agents		
Parasympathomimetics		
pyridostigmine bromide er tablet extended release 180mg	1	
pyridostigmine bromide solution 60mg/5ml	1	
pyridostigmine bromide tablet 30mg, 60mg	1	
REGONOL INJECTION 10MG/2ML	2	
VYVGART HYTRULO INJECTION 180MG/ML; 2000UNIT/ML	5	PA; NDS
Antimycobacterials		
Antimycobacterials, Other		
dapsone tablet 100mg, 25mg	1	
rifabutin capsule 150mg	1	
Antituberculars		
cycloserine capsule 250mg	4	NDS
ethambutol hydrochloride tablet 100mg, 400mg	1	
isoniazid injection 100mg/ml	1	
isoniazid syrup 50mg/5ml	1	
isoniazid tablet 100mg, 300mg	1	
PRIFTIN TABLET 150MG	3	

Drug Name	Drug Tier	Requirements/Limits
pyrazinamide tablet 500mg	1	
rifampin capsule 150mg, 300mg	1	
rifampin injection 600mg	1	
SIRTURO TABLET 100MG, 20MG	5	NDS
TRECATOR TABLET 250MG	3	
Antineoplastics		
Alkylating Agents		
bendamustine hydrochloride injection 100mg, 25mg	4	NDS
bendamustine hydrochloride injection 100mg/4ml	5	NDS
BENDEKA INJECTION 100MG/4ML	5	NDS
BICNU INJECTION 100MG	4	NDS
busulfan injection 6mg/ml	4	NDS
BUSULFEX INJECTION 6MG/ML	4	NDS
carboplatin injection 150mg/15ml, 450mg/45ml, 50mg/5ml, 600mg/60ml	1	
carmustine injection 100mg	4	NDS
CISPLATIN INJECTION 50MG/50ML	3	
CISPLATIN INJECTION 50MG	5	NDS
cisplatin injection 100mg/100ml, 200mg/200ml	1	
CYCLOPHOSPHAMIDE MONOHYDRATE INJECTION 2GM/10ML	5	NDS
cyclophosphamide capsule 25mg, 50mg	1	B/D
CYCLOPHOSPHAMIDE INJECTION 1GM/5ML, 500MG/2.5ML	4	NDS
cyclophosphamide injection 1gm, 2gm, 500mg/ml, 500mg	4	NDS
cyclophosphamide injection 2gm/10ml	5	NDS
dacarbazine injection 100mg, 200mg	1	
EVOMELA INJECTION 50MG	5	NDS
FRINDOVYX INJECTION 500MG/ML	4	NDS
GLEOSTINE CAPSULE 10MG, 40MG	3	
GLEOSTINE CAPSULE 100MG	5	NDS
ifosfamide injection 1gm/20ml, 1gm, 3gm/60ml, 3gm	1	
KEMOPLAT INJECTION 50MG/50ML	3	
LEUKERAN TABLET 2MG	4	NDS
MATULANE CAPSULE 50MG	4	NDS
melphalan hydrochloride injection 50mg	1	
oxaliplatin injection 50mg/10ml	1	
oxaliplatin injection 100mg/20ml, 100mg, 200mg/40ml, 50mg	4	NDS
paraplatin injection 1000mg/100ml	1	
TEMODAR INJECTION 100MG	5	NDS
thiotepa injection 100mg, 15mg	4	NDS
TREANDA INJECTION 100MG, 25MG	4	NDS

Drug Name	Drug Tier	Requirements/Limits
VALCHLOR GEL 0.016%	5	PA; NDS
VIVIMUSTA INJECTION 100MG/4ML	5	NDS
YONDELIS INJECTION 1MG	5	NDS
ZANOSAR INJECTION 1GM	5	NDS
ZEPZELCA INJECTION 4MG	4	PA; NDS
Antiandrogens		
abiraterone acetate tablet 250mg	1	PA
abiraterone acetate tablet 500mg	4	PA; NDS
abirtega tablet 250mg	1	PA
bicalutamide tablet 50mg	1	
ERLEADA TABLET 240MG, 60MG	5	PA; NDS
EULEXIN CAPSULE 125MG	3	
flutamide capsule 125mg	1	
nilutamide tablet 150mg	4	NDS
NUBEQA TABLET 300MG	5	PA; NDS
XTANDI CAPSULE 40MG	4	PA; NDS
XTANDI TABLET 40MG, 80MG	4	PA; NDS
YONSA TABLET 125MG	5	PA; NDS
Antiangiogenic Agents		
lenalidomide capsule 10mg, 15mg, 2.5mg, 20mg, 25mg, 5mg	4	PA; NDS
POMALYST CAPSULE 3MG, 4MG	5	PA; NDS
POMALYST CAPSULE 1MG, 2MG	5	QL(30 EA per 30 days); PA; NDS
THALOMID CAPSULE 100MG, 150MG, 200MG, 50MG	5	PA; NDS
Antiestrogens/Modifiers		
EMCYT CAPSULE 140MG	5	NDS
FASLODEX INJECTION 250MG/5ML	4	NDS
fulvestrant injection 250mg/5ml	4	NDS
ORSERDU TABLET 345MG, 86MG	4	PA; NDS
SOLTAMOX SOLUTION 10MG/5ML	5	NDS
tamoxifen citrate tablet 10mg, 20mg	1	
toremifene citrate tablet 60mg	4	NDS
Antimetabolites		
ALIMTA INJECTION 100MG, 500MG	4	NDS
cladribine injection 10mg/10ml	4	B/D; NDS
clofarabine injection 1mg/ml	4	NDS
CLOLAR INJECTION 1MG/ML	4	NDS
cytarabine aqueous injection 20mg/ml	1	B/D
cytarabine injection 100mg/ml, 20mg/ml	1	B/D
DROXIA CAPSULE 200MG, 300MG, 400MG	2	
FLOXURIDINE INJECTION 0.5GM	4	B/D; NDS
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	5	PA; NDS
gemcitabine hcl injection 1gm, 200mg, 2gm	1	
GEMCITABINE HYDROCHLORIDE INJECTION 200MG/2ML, 2GM/20ML	4	NDS
gemcitabine hydrochloride injection 1gm/26.3ml, 1gm, 200mg/5.26ml, 200mg, 2gm/52.6ml	1	
gemcitabine hydrochloride injection 1.5gm/15ml, 1gm/10ml	4	NDS
hydroxyurea capsule 500mg	1	
INFUGEM INJECTION 1200MG/120ML; 0.9%, 1300MG/130ML; 0.9%, 1400MG/140ML; 0.9%, 1500MG/150ML; 0.9%, 1600MG/160ML; 0.9%, 1700MG/170ML; 0.9%, 1800MG/180ML; 0.9%, 1900MG/190ML; 0.9%, 2000MG/200ML; 0.9%, 2200MG/220ML; 0.9%	5	NDS
mercaptopurine suspension 2000mg/100ml	4	NDS
mercaptopurine tablet 50mg	1	
nelarabine injection 5mg/ml	4	NDS
NIPENT INJECTION 10MG	5	NDS
pemetrexed disodium injection 100mg, 500mg	4	NDS
pemetrexed injection 1000mg, 100mg, 500mg, 750mg	4	NDS
PRALATREXATE INJECTION 20MG/ML, 40MG/2ML	5	PA; NDS
SIKLOS TABLET 100MG	3	PA
SIKLOS TABLET 1000MG	5	PA; NDS
TABLOID TABLET 40MG	4	NDS
VYXEOS INJECTION 100MG; 44MG	5	PA; NDS
Antineoplastics, Other		
adriamycin injection 50mg	1	B/D
AKEEGA TABLET 500MG; 100MG, 500MG; 50MG	5	PA; NDS
ARSENIC TRIOXIDE INJECTION 10MG/10ML	5	NDS
arsenic trioxide injection 12mg/6ml	4	NDS
azacitidine injection 100mg	4	NDS
bleomycin sulfate injection 15unit, 30unit	1	B/D
BORTEZOMIB INJECTION 3.5MG	4	PA; NDS
COLUMVI INJECTION 10MG/10ML, 2.5MG/2.5ML	4	PA; NDS
dactinomycin injection 0.5mg	4	NDS
daunorubicin hydrochloride injection 20mg/4ml, 50mg/10ml	1	
decitabine injection 50mg	4	NDS
DOCETAXEL INJECTION 160MG/16ML, 80MG/8ML	1	
DOCETAXEL INJECTION 20MG/2ML	4	NDS
docetaxel injection 160mg/8ml, 20mg/ml, 80mg/4ml	1	
doxorubicin hcl injection 2mg/ml, 50mg	1	B/D
doxorubicin hydrochloride liposomal injection 2mg/ml	4	NDS

Drug Name	Drug Tier	Requirements/Limits
doxorubicin hydrochloride injection 10mg	1	B/D
ELZONRIS INJECTION 1000MCG/ML	4	PA; NDS
EPKINLY INJECTION 48MG/0.8ML, 4MG/0.8ML	4	PA; NDS
eribulin mesylate injection 1mg/2ml	4	PA; NDS
HALAVEN INJECTION 1MG/2ML	4	PA; NDS
IBRANCE TABLET 100MG, 125MG, 75MG	4	PA; NDS
idarubicin hcl injection 10mg/10ml, 20mg/20ml, 5mg/5ml	4	NDS
idarubicin hydrochloride injection 10mg/10ml, 20mg/20ml, 5mg/5ml	4	NDS
INREBIC CAPSULE 100MG	5	PA; NDS
ISTODAX INJECTION 10MG	4	PA; NDS
ITOVEBI TABLET 9MG	4	PA; NDS
ITOVEBI TABLET 3MG	4	QL(60 EA per 30 days); PA; NDS
IWILFIN TABLET 192MG	5	PA; NDS
IXEMPRA KIT INJECTION 15MG, 45MG	4	NDS
JEVTANA INJECTION 60MG/1.5ML	4	PA; NDS
KIMMTRAK INJECTION 100MCG/0.5ML	4	PA; NDS
KISQALI FEMARA 200 DOSE TABLET THERAPY PACK 2.5MG; 200MG	5	PA; NDS
KISQALI FEMARA 400 DOSE TABLET THERAPY PACK 2.5MG; 200MG	5	PA; NDS
KISQALI FEMARA 600 DOSE TABLET THERAPY PACK 2.5MG; 200MG	5	PA; NDS
LAZCLUZE TABLET 240MG	5	PA; NDS
LAZCLUZE TABLET 80MG	5	QL(60 EA per 30 days); PA; NDS
leucovorin calcium injection 100mg/10ml, 100mg, 200mg, 350mg, 500mg/50ml, 500mg, 50mg	1	
leucovorin calcium tablet 10mg, 15mg, 25mg, 5mg	1	
LEVOLEUCOVORIN CALCIUM INJECTION 175MG/17.5ML	1	
levoleucovorin calcium injection 175mg/17.5ml, 250mg/25ml	1	
levoleucovorin injection 50mg	4	NDS
LONSURF TABLET 6.14MG; 15MG, 8.19MG; 20MG	5	PA; NDS
LYSODREN TABLET 500MG	4	NDS
mitomycin injection 20mg, 40mg, 5mg	4	NDS
MODEYSO CAPSULE 125MG	5	PA; NDS
mutamycin injection 20mg, 40mg, 5mg	4	NDS
OGSIVEO TABLET 100MG, 150MG, 50MG	4	PA; NDS
OJEMDA SUSPENSION RECONSTITUTED 25MG/ML	4	PA; NDS
OJEMDA TABLET 100MG	4	PA; NDS
ONCASPAR INJECTION 750UNIT/ML	4	NDS
ONUREG TABLET 200MG, 300MG	4	PA; NDS

Drug Name	Drug Tier	Requirements/Limits
PACLITAXEL PROTEIN-BOUND PARTICLES INJECTION 900MG; 100MG	5	NDS
paclitaxel injection 100mg/16.7ml, 150mg/25ml, 300mg/50ml, 30mg/5ml	1	
PHESGO INJECTION 2000UNIT/ML; 60MG/ML; 60MG/ML, 2000UNIT/ML; 80MG/ML; 40MG/ML	4	PA; NDS
proleukin injection 22000000unit	4	NDS
REVUFORJ TABLET 110MG, 160MG, 25MG	5	PA; NDS
romidepsin injection 10mg	4	PA; NDS
RYLAZE INJECTION 10MG/0.5ML	5	NDS
SYNRIBO INJECTION 3.5MG	4	NDS
TICE BCG INJECTION 50MG	3	
valrubicin injection 40mg/ml	4	NDS
VALSTAR INJECTION 40MG/ML	4	NDS
vinblastine sulfate injection 1mg/ml	1	B/D
vincristine sulfate injection 1mg/ml	1	B/D
vinorelbine tartrate injection 10mg/ml, 50mg/5ml	1	
VONJO CAPSULE 100MG	5	PA; NDS
ZALTRAP INJECTION 100MG/4ML, 200MG/8ML	4	PA; NDS
ZOLINZA CAPSULE 100MG	4	PA; NDS
Antineoplastics		
OPDUALAG INJECTION 240MG/20ML; 80MG/20ML	5	PA; NDS
Aromatase Inhibitors, 3rd Generation		
anastrozole tablet 1mg	1	
exemestane tablet 25mg	1	
letrozole tablet 2.5mg	1	
Enzyme Inhibitors		
AVMAPKI FAKZYNJA CO-PACK THERAPY PACK 0.8MG; 200MG	5	PA; NDS
ETOPOPHOS INJECTION 100MG	5	NDS
etoposide injection 100mg/5ml, 1gm/50ml, 500mg/25ml	1	
irinotecan hydrochloride injection 100mg/5ml, 40mg/2ml	1	
irinotecan hydrochloride injection 300mg/15ml	4	NDS
irinotecan injection 500mg/25ml	4	NDS
KYPROLIS INJECTION 10MG, 30MG, 60MG	5	PA; NDS
ONIVYDE INJECTION 43MG/10ML	5	NDS
topotecan hcl injection 4mg	4	NDS
topotecan hydrochloride injection 4mg/4ml	4	NDS
Molecular Target Inhibitors		
ALECENSA CAPSULE 150MG	5	PA; NDS
ALIQOPA INJECTION 60MG	5	PA; NDS
ALUNBRIG TABLET THERAPY PACK 0	5	QL(60 EA per 365 days); PA; NDS

Drug Name	Drug Tier	Requirements/Limits
ALUNBRIG TABLET 30MG	5	QL(120 EA per 30 days); PA; NDS
ALUNBRIG TABLET 180MG, 90MG	5	QL(30 EA per 30 days); PA; NDS
AUGTYRO CAPSULE 160MG, 40MG	4	PA; NDS
AYVAKIT TABLET 100MG, 200MG, 25MG, 300MG, 50MG	5	QL(30 EA per 30 days); PA; NDS
BALVERSA TABLET 3MG, 4MG, 5MG	4	PA; NDS
BELEODAQ INJECTION 500MG	5	PA; NDS
BOSULIF CAPSULE 100MG, 50MG	4	PA; NDS
BOSULIF TABLET 100MG, 400MG, 500MG	5	PA; NDS
BRAFTOVI CAPSULE 75MG	5	PA; NDS
BRUKINSA CAPSULE 80MG	5	PA; NDS
BRUKINSA TABLET 160MG	5	PA; NDS
CABOMETYX TABLET 40MG, 60MG	5	PA; NDS
CABOMETYX TABLET 20MG	5	QL(30 EA per 30 days); PA; NDS
CALQUENCE CAPSULE 100MG	5	PA; NDS
CALQUENCE TABLET 100MG	5	PA; NDS
CAPRELSA TABLET 300MG	5	PA; NDS
CAPRELSA TABLET 100MG	5	QL(60 EA per 30 days); PA; NDS
COMETRIQ KIT 0, 20MG	4	PA; NDS
COPIKTRA CAPSULE 15MG, 25MG	5	PA; NDS
COTELLIC TABLET 20MG	5	PA; NDS
DANZITEN TABLET 71MG, 95MG	5	PA; NDS
dasatinib tablet 100mg, 140mg, 20mg, 50mg, 70mg, 80mg	4	PA; NDS
DAURISMO TABLET 100MG, 25MG	4	PA; NDS
ENSACOVE CAPSULE 100MG, 25MG	5	PA; NDS
ERIVEDGE CAPSULE 150MG	5	PA; NDS
erlotinib hydrochloride tablet 100mg, 150mg, 25mg	4	PA; NDS
everolimus tablet soluble 2mg, 3mg, 5mg	4	PA; NDS
everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg	4	QL(30 EA per 30 days); PA; NDS
EXKIVITY CAPSULE 40MG	4	NDS
fludarabine phosphate injection 50mg/2ml, 50mg	4	NDS
FOTIVDA CAPSULE 0.89MG, 1.34MG	4	PA; NDS
FRUZAQLA CAPSULE 1MG, 5MG	4	PA; NDS
FYARRO INJECTION 100MG	4	PA; NDS
GAVRETO CAPSULE 100MG	5	PA; NDS
gefitinib tablet 250mg	4	PA; NDS
GILOTRIF TABLET 20MG, 30MG, 40MG	4	QL(30 EA per 30 days); PA; NDS
GOMEKLI CAPSULE 1MG, 2MG	5	PA; NDS
GOMEKLI TABLET SOLUBLE 1MG	5	PA; NDS
HERNEXEOS TABLET 60MG	5	PA; NDS
IBRANCE CAPSULE 100MG, 125MG, 75MG	4	PA; NDS
IBTROZI CAPSULE 200MG	5	PA

Drug Name	Drug Tier	Requirements/Limits
ICLUSIG TABLET 30MG, 45MG	4	PA; NDS
ICLUSIG TABLET 10MG, 15MG	4	QL(30 EA per 30 days); PA; NDS
IDHIFA TABLET 100MG, 50MG	5	QL(30 EA per 30 days); PA; NDS
imatinib mesylate tablet 100mg, 400mg	1	PA
IMBRUVICA CAPSULE 140MG	4	QL(120 EA per 30 days); PA; NDS
IMBRUVICA CAPSULE 70MG	4	QL(28 EA per 28 days); PA; NDS
IMBRUVICA SUSPENSION 70MG/ML	4	PA; NDS
IMBRUVICA TABLET 420MG	4	PA; NDS
IMBRUVICA TABLET 140MG, 280MG	4	QL(28 EA per 28 days); PA; NDS
IMKELDI SOLUTION 80MG/ML	5	PA; NDS
INLYTA TABLET 1MG, 5MG	5	PA; NDS
INQOVI TABLET 100MG; 35MG	5	PA; NDS
JAKAFI TABLET 15MG, 20MG, 25MG, 5MG	4	PA; NDS
JAKAFI TABLET 10MG	4	QL(60 EA per 30 days); PA; NDS
JAYPIRCA TABLET 100MG	5	PA; NDS
JAYPIRCA TABLET 50MG	5	QL(30 EA per 30 days); PA; NDS
KISQALI TABLET THERAPY PACK 200MG	5	PA; NDS
KOSELUGO CAPSULE 10MG, 25MG	4	PA; NDS
KRAZATI TABLET 200MG	5	PA; NDS
lapatinib ditosylate tablet 250mg	4	PA; NDS
LENVIMA 10 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	5	PA; NDS
LENVIMA 12MG DAILY DOSE CAPSULE THERAPY PACK 4MG	5	PA; NDS
LENVIMA 14 MG DAILY DOSE CAPSULE THERAPY PACK 0	5	PA; NDS
LENVIMA 18 MG DAILY DOSE CAPSULE THERAPY PACK 0	5	PA; NDS
LENVIMA 20 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	5	PA; NDS
LENVIMA 24 MG DAILY DOSE CAPSULE THERAPY PACK 0	5	PA; NDS
LENVIMA 4 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	5	PA; NDS
LENVIMA 8 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	5	PA; NDS
LORBRENA TABLET 100MG, 25MG	5	PA; NDS
LUMAKRAS TABLET 120MG, 240MG, 320MG	4	PA; NDS
LYNPARZA TABLET 100MG, 150MG	5	PA; NDS
LYTGOBI TABLET THERAPY PACK 4MG	5	PA; NDS
MEKINIST SOLUTION RECONSTITUTED 0.05MG/ML	4	PA; NDS
MEKINIST TABLET 0.5MG, 2MG	4	PA; NDS

Drug Name	Drug Tier	Requirements/Limits
MEKTOVI TABLET 15MG	5	PA; NDS
NERLYNX TABLET 40MG	5	QL(180 EA per 30 days); PA; NDS
nilotinib hydrochloride capsule 150mg, 200mg, 50mg	4	PA; NDS
NILOTINIB CAPSULE 150MG, 200MG, 50MG	4	PA
NINLARO CAPSULE 2.3MG, 3MG, 4MG	5	PA; NDS
ODOMZO CAPSULE 200MG	5	PA; NDS
OJJAARA TABLET 100MG, 200MG	5	PA; NDS
OJJAARA TABLET 150MG	5	QL(30 EA per 30 days); PA; NDS
pazopanib hydrochloride tablet 200mg	4	PA; NDS
PEMAZYRE TABLET 13.5MG, 4.5MG, 9MG	4	QL(30 EA per 30 days); PA; NDS
PIQRAY 200MG DAILY DOSE TABLET THERAPY PACK 200MG	4	PA; NDS
PIQRAY 250MG DAILY DOSE TABLET THERAPY PACK 0	4	PA; NDS
PIQRAY 300MG DAILY DOSE TABLET THERAPY PACK 150MG	4	PA; NDS
QINLOCK TABLET 50MG	4	PA; NDS
RETEVMO CAPSULE 40MG, 80MG	4	PA; NDS
RETEVMO TABLET 120MG, 160MG	4	PA; NDS
RETEVMO TABLET 80MG	4	QL(60 EA per 30 days); PA; NDS
RETEVMO TABLET 40MG	4	QL(90 EA per 30 days); PA; NDS
REZLIDHIA CAPSULE 150MG	5	PA; NDS
ROMVIMZA CAPSULE 14MG, 20MG, 30MG	5	PA; NDS
ROZLYTREK CAPSULE 100MG, 200MG	4	PA; NDS
ROZLYTREK PACKET 50MG	4	PA; NDS
RUBRACA TABLET 250MG, 300MG	5	PA; NDS
RUBRACA TABLET 200MG	5	QL(120 EA per 30 days); PA; NDS
RYDAPT CAPSULE 25MG	5	PA; NDS
SCEMBLIX TABLET 100MG	5	QL(120 EA per 30 days); PA; NDS
SCEMBLIX TABLET 40MG	5	QL(240 EA per 30 days); PA; NDS
SCEMBLIX TABLET 20MG	5	QL(60 EA per 30 days); PA; NDS
sorafenib tosylate tablet 200mg	4	PA; NDS
sorafenib tablet 200mg	4	PA; NDS
STIVARGA TABLET 40MG	4	PA; NDS
sunitinib malate capsule 12.5mg, 25mg, 37.5mg, 50mg	4	PA; NDS
TABRECTA TABLET 150MG, 200MG	4	QL(120 EA per 30 days); PA; NDS
TAFINLAR CAPSULE 50MG, 75MG	5	PA; NDS
TAFINLAR TABLET SOLUBLE 10MG	5	PA; NDS
TAGRISSO TABLET 80MG	5	PA; NDS
TAGRISSO TABLET 40MG	5	QL(30 EA per 30 days); PA; NDS
TALZENNA CAPSULE 0.1MG, 0.25MG, 0.35MG, 0.5MG, 0.75MG, 1MG	5	PA; NDS

Drug Name	Drug Tier	Requirements/Limits
TAZVERIK TABLET 200MG	5	PA; NDS
temsirolimus injection 25mg/ml	4	NDS
TEPMETKO TABLET 225MG	5	PA; NDS
TIBSOVO TABLET 250MG	5	PA; NDS
TORISEL INJECTION 25MG/ML	4	NDS
torpenz tablet 10mg, 2.5mg, 5mg, 7.5mg	4	QL(30 EA per 30 days); PA; NDS
TRUQAP TABLET THERAPY PACK 160MG, 200MG	5	PA; NDS
TRUQAP TABLET 160MG, 200MG	5	PA; NDS
TUKYSA TABLET 150MG, 50MG	4	PA; NDS
TURALIO CAPSULE 125MG	4	PA; NDS
VANFLYTA TABLET 17.7MG, 26.5MG	5	PA; NDS
VENCLEXTA STARTING PACK TABLET THERAPY PACK 0	5	PA; NDS
VENCLEXTA TABLET 10MG	2	PA
VENCLEXTA TABLET 100MG, 50MG	5	PA; NDS
VERZENIO TABLET 100MG, 150MG, 200MG, 50MG	5	PA; NDS
VIJOICE PACKET 50MG	4	QL(28 EA per 28 days); PA; NDS
VIJOICE TABLET THERAPY PACK 125MG, 50MG	4	QL(28 EA per 28 days); PA; NDS
VIJOICE TABLET THERAPY PACK 0	4	QL(56 EA per 28 days); PA; NDS
VITRAKVI CAPSULE 100MG, 25MG	4	PA; NDS
VITRAKVI SOLUTION 20MG/ML	4	PA; NDS
VIZIMPRO TABLET 15MG, 30MG, 45MG	5	PA; NDS
XALKORI CAPSULE SPRINKLE 150MG, 20MG, 50MG	4	PA; NDS
XALKORI CAPSULE 200MG, 250MG	4	PA; NDS
XOSPATA TABLET 40MG	4	PA; NDS
XPOVIO 60 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	4	PA; NDS
XPOVIO 80 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	4	PA; NDS
XPOVIO TABLET THERAPY PACK 10MG, 40MG, 50MG, 60MG	4	PA; NDS
ZEJULA CAPSULE 100MG	5	PA; NDS
ZEJULA TABLET 200MG, 300MG	5	PA; NDS
ZEJULA TABLET 100MG	5	QL(30 EA per 30 days); PA; NDS
ZELBORAF TABLET 240MG	4	PA; NDS
ZYDELIG TABLET 100MG, 150MG	5	PA; NDS
ZYKADIA TABLET 150MG	5	PA; NDS
Monoclonal Antibodies/Antibody-Drug Conjugates		
ADCETRIS INJECTION 50MG	5	PA; NDS
ARZERRA INJECTION 1000MG/50ML, 100MG/5ML	5	PA; NDS
AVASTIN INJECTION 100MG/4ML, 400MG/16ML	5	PA; NDS
BAVENCIO INJECTION 200MG/10ML	5	PA; NDS

Drug Name	Drug Tier	Requirements/Limits
BESPONSA INJECTION 0.9MG	5	PA; NDS
BLINCYTO INJECTION 35MCG	5	PA; NDS
CYRAMZA INJECTION 100MG/10ML, 500MG/50ML	5	PA; NDS
DANYELZA INJECTION 40MG/10ML	5	PA; NDS
DARZALEX FASPRO INJECTION 1800MG/15ML; 30000UNIT/15ML	5	PA; NDS
DARZALEX INJECTION 100MG/5ML, 400MG/20ML	5	PA; NDS
EMPLICITI INJECTION 300MG, 400MG	5	PA; NDS
ENHERTU INJECTION 100MG	5	PA; NDS
ERBITUX INJECTION 100MG/50ML, 200MG/100ML	5	PA; NDS
GAZYVA INJECTION 1000MG/40ML	5	PA; NDS
herceptin injection 150mg	4	PA; NDS
HERZUMA INJECTION 150MG, 420MG	4	PA; NDS
IMFINZI INJECTION 120MG/2.4ML, 500MG/10ML	5	PA; NDS
JEMPERLI INJECTION 500MG/10ML	5	PA; NDS
KADCYLA INJECTION 100MG, 160MG	4	PA; NDS
KANJINTI INJECTION 150MG, 420MG	4	PA; NDS
KEYTRUDA INJECTION 100MG/4ML	5	PA; NDS
LIBTAYO INJECTION 350MG/7ML	5	PA; NDS
LOQTORZI INJECTION 240MG/6ML	4	PA; NDS
MARGENZA INJECTION 250MG/10ML	4	PA; NDS
MONJUVI INJECTION 200MG	4	PA; NDS
MVASI INJECTION 100MG/4ML, 400MG/16ML	4	PA; NDS
MYLOTARG INJECTION 4.5MG	5	PA; NDS
OGIVRI INJECTION 150MG, 420MG	4	PA; NDS
ONTRUZANT INJECTION 150MG, 420MG	4	PA; NDS
OPDIVO INJECTION 100MG/10ML, 120MG/12ML, 240MG/24ML, 40MG/4ML	5	PA; NDS
PADCEV INJECTION 20MG, 30MG	5	PA; NDS
PERJETA INJECTION 420MG/14ML	4	PA; NDS
POLIVY INJECTION 140MG, 30MG	4	PA; NDS
PORTRAZZA INJECTION 800MG/50ML	5	PA; NDS
POTELIGEO INJECTION 20MG/5ML	5	PA; NDS
RIABNI INJECTION 100MG/10ML, 500MG/50ML	4	PA; NDS
RITUXAN HYCELA INJECTION 23400UNT/11.7ML; 1400MG/11.7ML, 26800UNT/13.4ML; 1600MG/13.4ML	5	PA; NDS
RITUXAN INJECTION 100MG/10ML, 500MG/50ML	4	PA; NDS
RUXIENCE INJECTION 100MG/10ML, 500MG/50ML	4	PA; NDS
RYBREVANT INJECTION 350MG/7ML	4	PA; NDS
SARCLISA INJECTION 100MG/5ML, 500MG/25ML	5	PA; NDS
TECENTRIQ HYBREZA INJECTION 1875MG/15ML; 30000UNIT/15ML	5	PA; NDS

Drug Name	Drug Tier	Requirements/Limits
TECENTRIQ INJECTION 1200MG/20ML, 840MG/14ML	5	PA; NDS
TEVIMBRA INJECTION 100MG/10ML	4	PA; NDS
TIVDAK INJECTION 40MG	4	PA; NDS
TRAZIMERA INJECTION 150MG, 420MG	4	PA; NDS
TRODELVY INJECTION 180MG	4	PA; NDS
TRUXIMA INJECTION 100MG/10ML, 500MG/50ML	4	PA; NDS
UNITUXIN INJECTION 17.5MG/5ML	5	PA; NDS
VECTIBIX INJECTION 100MG/5ML, 400MG/20ML	5	NDS
YERVOY INJECTION 200MG/40ML, 50MG/10ML	5	PA; NDS
ZEVALIN Y-90 INJECTION 3.2MG/2ML	5	NDS
ZIRABEV INJECTION 100MG/4ML, 400MG/16ML	4	PA; NDS
ZYNLONTA INJECTION 10MG	5	PA; NDS
Retinoids		
bexarotene capsule 75mg	4	PA; NDS
bexarotene gel 1%	4	PA; NDS
PANRETIN GEL 0.1%	4	NDS
tretinoin capsule 10mg	4	NDS
Treatment Adjuncts		
DEXRAZOXANE HYDROCHLORIDE INJECTION 250MG, 500MG	4	NDS
dexrazoxane injection 250mg, 500mg	4	NDS
ELITEK INJECTION 1.5MG, 7.5MG	5	NDS
KHAPZORY INJECTION 175MG, 300MG	5	NDS
mesna injection 100mg/ml	1	
mesna tablet 400mg	4	NDS
MESNEX TABLET 400MG	4	NDS
VORANIGO TABLET 40MG	4	PA; NDS
VORANIGO TABLET 10MG	4	QL(60 EA per 30 days); PA; NDS
Antiparasitics		
Anthelmintics		
albendazole tablet 200mg	1	NDS
ivermectin tablet 3mg, 6mg	1	PA
praziquantel tablet 600mg	1	
Antiprotozoals		
ALINIA SUSPENSION RECONSTITUTED 100MG/5ML	5	NDS
atovaquone/proguanil hcl tablet 62.5mg; 25mg	1	
atovaquone/proguanil hydrochloride tablet 250mg; 100mg	1	
atovaquone suspension 750mg/5ml	1	
BENZNIDAZOLE TABLET 100MG, 12.5MG	2	
chloroquine phosphate tablet 250mg, 500mg	1	
COARTEM TABLET 20MG; 120MG	2	

Drug Name	Drug Tier	Requirements/Limits
hydroxychloroquine sulfate tablet 100mg, 200mg, 300mg, 400mg	1	
mefloquine hydrochloride tablet 250mg	1	
nitazoxanide tablet 500mg	4	NDS
pentamidine isethionate injection 300mg	1	
pentamidine isethionate inhalation solution reconstituted 300mg	1	B/D
PRIMAQUINE PHOSPHATE TABLET 26.3MG	2	
PYRIMETHAMINE TABLET 25MG	4	PA; NDS
quinine sulfate capsule 324mg	1	PA
Antiparkinson Agents		
Anticholinergics		
benztropine mesylate injection 1mg/ml	1	
benztropine mesylate tablet 0.5mg, 1mg, 2mg	1	
trihexyphenidyl hcl solution 0.4mg/ml	1	
trihexyphenidyl hydrochloride tablet 2mg, 5mg	1	
Antiparkinson Agents, Other		
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 137MG, 68.5MG	5	PA; NDS
tolcapone tablet 100mg	4	QL(180 EA per 30 days); NDS
Dopamine Agonists		
apomorphine hydrochloride injection 30mg/3ml	4	QL(90 ML per 30 days); PA; NDS
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		

Drug Name	Drug Tier	Requirements/Limits
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	
INBRIJA CAPSULE 42MG	5	PA; NDS
Monoamine Oxidase B (MAO-B) Inhibitors		
rasagiline mesylate tablet 0.5mg, 1mg	1	
selegiline hcl capsule 5mg	1	
selegiline hcl tablet 5mg	1	
selegiline hydrochloride tablet 5mg	1	
ZELAPAR TABLET DISINTEGRATING 1.25MG	5	NDS
Antipsychotics		
1st Generation/Typical		
chlorpromazine hcl injection 25mg/ml, 50mg/2ml	1	
chlorpromazine hydrochloride concentrate 100mg/ml, 30mg/ml	1	
chlorpromazine hydrochloride injection 25mg/ml	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 10mg	1	
loxapine capsule 10mg, 25mg, 50mg, 5mg	1	
molindone hydrochloride tablet 10mg, 25mg, 5mg	1	
perphenazine tablet 16mg, 2mg, 4mg, 8mg	1	
pimozide tablet 1mg, 2mg	1	
thioridazine hydrochloride tablet 100mg, 10mg, 25mg, 50mg	1	
thiothixene capsule 10mg, 1mg, 2mg, 5mg	1	
trifluoperazine hcl tablet 10mg, 2mg, 5mg	1	
trifluoperazine hydrochloride tablet 1mg	1	
2nd Generation/Atypical		
ABILIFY MAINTENA INJECTION 300MG, 400MG	4	NDS

Drug Name	Drug Tier	Requirements/Limits
ABILIFY MYCITE MAINTENANCE KIT TABLET THERAPY PACK 10MG, 15MG, 20MG, 2MG, 30MG, 5MG	5	QL(30 EA per 30 days); ST; NDS
ABILIFY MYCITE STARTER KIT TABLET THERAPY PACK 15MG, 20MG, 2MG, 30MG, 5MG	5	QL(60 EA per 365 days); ST; NDS
ABILIFY MYCITE STARTER KIT TABLET THERAPY PACK 10MG	5	ST; NDS
aripiprazole odt tablet disintegrating 15mg	1	QL(60 EA per 30 days)
aripiprazole odt tablet disintegrating 10mg	1	QL(60 EA per 30 days); NDS
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	5	NDS
ARISTADA INJECTION 1064MG/3.9ML, 441MG/1.6ML, 662MG/2.4ML, 882MG/3.2ML	5	NDS
asenapine maleate sl tablet sublingual 10mg, 2.5mg, 5mg	1	QL(60 EA per 30 days)
CAPLYTA CAPSULE 10.5MG, 21MG, 42MG	5	QL(30 EA per 30 days); PA; NDS
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 10MG, 12MG, 1MG, 2MG, 4MG, 6MG, 8MG	5	QL(60 EA per 30 days); ST; NDS
INVEGA HAFYERA INJECTION 1092MG/3.5ML, 1560MG/5ML	5	ST; NDS
INVEGA SUSTENNA INJECTION 39MG/0.25ML	2	
INVEGA SUSTENNA INJECTION 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	5	NDS
INVEGA TRINZA INJECTION 273MG/0.88ML, 410MG/1.32ML, 546MG/1.75ML, 819MG/2.63ML	5	NDS
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	5	QL(30 EA per 30 days); ST; NDS
NUPLAZID CAPSULE 34MG	5	PA; NDS
NUPLAZID TABLET 10MG	5	PA; NDS
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	5	QL(30 EA per 30 days); PA; NDS
OPIPZA FILM 10MG, 5MG	5	QL(90 EA per 30 days); PA; NDS
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 120MG, 90MG	5	NDS

Drug Name	Drug Tier	Requirements/Limits
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)
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	5	QL(30 EA per 30 days); NDS
risperidone er injection 12.5mg, 25mg	1	
risperidone er injection 37.5mg, 50mg	4	NDS
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)
SECUADO PATCH 24 HOUR 3.8MG/24HR, 5.7MG/24HR, 7.6MG/24HR	5	QL(30 EA per 30 days); ST; NDS
VRAYLAR CAPSULE THERAPY PACK 0	3	QL(14 EA per 365 days)
VRAYLAR CAPSULE 1.5MG, 3MG, 4.5MG, 6MG	5	QL(30 EA per 30 days); NDS
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	5	NDS
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)
VERSACLOZ SUSPENSION 50MG/ML	5	QL(540 ML per 30 days); NDS
Antispasticity Agents		
Antispasticity Agents		
baclofen injection 20000mcg/20ml, 500mcg/ml	1	B/D
baclofen injection 40mg/20ml, 50mcg/ml	4	B/D; NDS
baclofen tablet 10mg, 15mg, 20mg, 5mg	1	
BOTOX INJECTION 100UNIT, 200UNIT	3	PA
dantrolene sodium capsule 100mg, 25mg, 50mg	1	
GABLOFEN INJECTION 10000MCG/20ML	3	B/D
GABLOFEN INJECTION 20000MCG/20ML, 40000MCG/20ML, 50MCG/ML	5	B/D; NDS
LIORESAL INTRATHECAL INJECTION 0.05MG/ML	3	B/D

Drug Name	Drug Tier	Requirements/Limits
LIORESAL INTRATHECAL INJECTION 10MG/5ML	5	B/D; NDS
tizanidine hcl tablet 2mg	1	
tizanidine hydrochloride capsule 2mg, 4mg, 6mg	1	
tizanidine hydrochloride tablet 4mg	1	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
cidofovir injection 75mg/ml	4	NDS
ganciclovir injection 500mg/10ml, 500mg	1	B/D
LIVTENCITY TABLET 200MG	5	NDS
PREVYMIS INJECTION 240MG/12ML, 480MG/24ML	5	NDS
PREVYMIS PACKET 120MG, 20MG	5	NDS
PREVYMIS TABLET 240MG, 480MG	5	NDS
valganciclovir hydrochloride solution reconstituted 50mg/ml	4	NDS
valganciclovir tablet 450mg	1	
Anti-hepatitis B (HBV) Agents		
adefovir dipivoxil tablet 10mg	1	
BARACLUDE SOLUTION 0.05MG/ML	4	QL(600 ML per 30 days); NDS
entecavir tablet 0.5mg, 1mg	1	QL(30 EA per 30 days)
lamivudine tablet 100mg	1	
VEMLIDY TABLET 25MG	5	NDS
Anti-hepatitis C (HCV) Agents		
EPCLUSA PACKET 200MG; 50MG	4	QL(168 EA per 365 days); PA; NDS
EPCLUSA PACKET 150MG; 37.5MG	4	QL(84 EA per 365 days); PA; NDS
EPCLUSA TABLET 200MG; 50MG	4	QL(168 EA per 365 days); PA; NDS
EPCLUSA TABLET 400MG; 100MG	4	QL(84 EA per 365 days); PA; NDS
HARVONI PACKET 33.75MG; 150MG	5	QL(168 EA per 365 days); PA; NDS
HARVONI PACKET 45MG; 200MG	5	QL(336 EA per 365 days); PA; NDS
HARVONI TABLET 90MG; 400MG	4	QL(168 EA per 365 days); PA; NDS
ledipasvir/sofosbuvir tablet 90mg; 400mg	4	QL(168 EA per 365 days); PA; NDS
MAVYRET PACKET 50MG; 20MG	5	QL(560 EA per 365 days); PA; NDS
MAVYRET TABLET 100MG; 40MG	5	QL(336 EA per 365 days); PA; NDS
ribavirin capsule 200mg	1	
ribavirin tablet 200mg	1	
SOFOSBUVIR/VELPATASVIR TABLET 400MG; 100MG	4	QL(84 EA per 365 days); PA; NDS
SOVALDI PACKET 150MG	5	QL(168 EA per 365 days); PA; NDS
SOVALDI PACKET 200MG	5	QL(336 EA per 365 days); PA; NDS
SOVALDI TABLET 200MG, 400MG	5	QL(336 EA per 365 days); PA; NDS
VOSEVI TABLET 400MG; 100MG; 100MG	5	QL(84 EA per 365 days); PA; NDS
ZEPATIER TABLET 50MG; 100MG	5	QL(112 EA per 365 days); PA; NDS
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY TABLET 30MG; 120MG; 15MG, 50MG; 200MG; 25MG	5	QL(30 EA per 30 days); NDS

Drug Name	Drug Tier	Requirements/Limits
CABENUVA INJECTION 400MG/2ML; 600MG/2ML, 600MG/3ML; 900MG/3ML	5	NDS
DOVATO TABLET 50MG; 300MG	5	QL(30 EA per 30 days); NDS
GENVOYA TABLET 150MG; 150MG; 200MG; 10MG	5	QL(30 EA per 30 days); NDS
ISENTRESS HD TABLET 600MG	5	QL(60 EA per 30 days); NDS
ISENTRESS PACKET 100MG	4	QL(60 EA per 30 days); NDS
ISENTRESS TABLET CHEWABLE 25MG	2	QL(180 EA per 30 days)
ISENTRESS TABLET CHEWABLE 100MG	4	QL(180 EA per 30 days); NDS
ISENTRESS TABLET 400MG	5	QL(60 EA per 30 days); NDS
JULUCA TABLET 50MG; 25MG	5	QL(30 EA per 30 days); NDS
STRIBILD TABLET 150MG; 150MG; 200MG; 300MG	4	QL(30 EA per 30 days); NDS
TIVICAY PD TABLET SOLUBLE 5MG	4	QL(180 EA per 30 days); NDS
TIVICAY TABLET 10MG	2	QL(30 EA per 30 days)
TIVICAY TABLET 25MG	4	QL(30 EA per 30 days); NDS
TIVICAY TABLET 50MG	4	QL(60 EA per 30 days); NDS
VOCABRIA TABLET 30MG	5	NDS
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
DELSTRIGO TABLET 100MG; 300MG; 300MG	5	QL(30 EA per 30 days); NDS
edurant ped tablet soluble 2.5mg	4	QL(180 EA per 30 days); NDS
EDURANT TABLET 25MG	5	QL(30 EA per 30 days); NDS
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); NDS
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); NDS
etravirine tablet 100mg, 200mg	4	QL(60 EA per 30 days); NDS
INTELENCE TABLET 25MG	2	QL(120 EA per 30 days)
nevirapine er tablet extended release 24 hour 400mg	1	QL(30 EA per 30 days)
nevirapine er tablet extended release 24 hour 100mg	1	QL(60 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	5	QL(30 EA per 30 days); NDS
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
abacavir sulfate/lamivudine tablet 600mg; 300mg	1	QL(30 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	5	QL(30 EA per 30 days); NDS

Drug Name	Drug Tier	Requirements/Limits
DESCOVY TABLET 120MG; 15MG, 200MG; 25MG	5	QL(30 EA per 30 days); NDS
emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg	1	QL(30 EA per 30 days)
emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg	1	QL(30 EA per 30 days); NDS
emtricitabine/tenofovir disoproxil fumarate tablet 133mg; 200mg	4	QL(30 EA per 30 days); NDS
emtricitabine/tenofovir disoproxil tablet 167mg; 250mg	1	QL(30 EA per 30 days); NDS
emtricitabine capsule 200mg	1	QL(30 EA per 30 days)
EMTRIVA SOLUTION 10MG/ML	2	QL(850 ML 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)
lamivudine tablet 150mg	1	QL(60 EA per 30 days)
ODEFSEY TABLET 200MG; 25MG; 25MG	4	QL(30 EA per 30 days); NDS
RETROVIR IV INFUSION INJECTION 10MG/ML	3	
stavudine capsule 15mg, 20mg, 30mg, 40mg	1	
tenofovir disoproxil fumarate tablet 300mg	1	QL(30 EA per 30 days)
TRIUMEQ PD TABLET SOLUBLE 60MG; 5MG; 30MG	2	QL(180 EA per 30 days)
TRIUMEQ TABLET 600MG; 50MG; 300MG	4	QL(30 EA per 30 days); NDS
TRIZIVIR TABLET 300MG; 150MG; 300MG	4	QL(60 EA per 30 days); NDS
VIREAD POWDER 40MG/GM	4	QL(240 GM per 30 days); NDS
VIREAD TABLET 150MG, 200MG, 250MG	5	QL(30 EA per 30 days); NDS
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	NDS
maraviroc tablet 300mg	4	QL(120 EA per 30 days); NDS
maraviroc tablet 150mg	4	QL(60 EA per 30 days); NDS
RUKOBIA TABLET EXTENDED RELEASE 12 HOUR 600MG	5	QL(60 EA per 30 days); NDS
SELZENTRY SOLUTION 20MG/ML	4	NDS
SELZENTRY TABLET 25MG	2	QL(480 EA per 30 days)
SELZENTRY TABLET 75MG	4	QL(60 EA per 30 days); NDS
SUNLENCA INJECTION 463.5MG/1.5ML	5	NDS
SUNLENCA TABLET THERAPY PACK 300MG	5	QL(10 EA per 365 days); NDS; (5 X 300 MG Pack)
SUNLENCA TABLET THERAPY PACK 300MG	5	QL(8 EA per 365 days); NDS; (4 X 300 MG Pack)
SUNLENCA TABLET 300MG	5	QL(24 EA per 168 days); NDS
TROGARZO INJECTION 200MG/1.33ML	5	NDS

Drug Name	Drug Tier	Requirements/Limits
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); NDS
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 600mg	1	QL(60 EA per 30 days); NDS
darunavir tablet 800mg	4	QL(30 EA per 30 days); NDS
EVOTAZ TABLET 300MG; 150MG	5	QL(30 EA per 30 days); NDS
fosamprenavir calcium tablet 700mg	4	QL(120 EA per 30 days); NDS
KALETRA SOLUTION 400MG/5ML; 100MG/5ML	3	
LEXIVA SUSPENSION 50MG/ML	3	QL(1800 ML per 30 days)
lopinavir/ritonavir solution 400mg/5ml; 100mg/5ml	1	
lopinavir/ritonavir tablet 100mg; 25mg, 200mg; 50mg	1	
NORVIR PACKET 100MG	3	QL(360 EA per 30 days)
PREZCOBIX TABLET 150MG; 675MG, 150MG; 800MG	5	QL(30 EA per 30 days); NDS
PREZISTA SUSPENSION 100MG/ML	4	QL(400 ML per 30 days); NDS
PREZISTA TABLET 75MG	3	QL(300 EA per 30 days)
PREZISTA TABLET 150MG	5	QL(180 EA per 30 days); NDS
REYATAZ PACKET 50MG	4	QL(180 EA per 30 days); NDS
ritonavir tablet 100mg	1	QL(360 EA per 30 days)
SYMTUZA TABLET 150MG; 800MG; 200MG; 10MG	5	QL(30 EA per 30 days); NDS
VIRACEPT TABLET 625MG	4	QL(120 EA per 30 days); NDS
VIRACEPT TABLET 250MG	4	QL(300 EA per 30 days); NDS
Anti-influenza Agents		
amantadine hcl capsule 100mg	1	
amantadine hcl solution 50mg/5ml	1	
amantadine hcl tablet 100mg	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)
RELENZA DISKHALER AEROSOL POWDER BREATH ACTIVATED 5MG/BLISTER	2	QL(240 EA per 365 days)
rimantadine hydrochloride tablet 100mg	1	
XOFLUZA TABLET THERAPY PACK 40MG, 80MG	3	
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, 500mg	1	

Drug Name	Drug Tier	Requirements/Limits
valacyclovir hydrochloride tablet 1gm, 500mg	1	QL(120 EA per 30 days)
Antiviral, Coronavirus Agents		
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	2	QL(11 EA per 5 days); (300mg-100mg Day 1; 150mg-100mg Days 2-5)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	2	QL(20 EA per 5 days); (150mg-100mg)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	2	QL(30 EA per 5 days); (300mg-100mg)
Anxiolytics		
Anxiolytics, Other		
buspirone hcl tablet 15mg	1	
buspirone hydrochloride tablet 10mg, 30mg, 5mg, 7.5mg	1	
meprobamate tablet 200mg, 400mg	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)
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	
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	
lorazepam tablet 2mg	1	QL(150 EA per 30 days)
lorazepam tablet 0.5mg, 1mg	1	QL(90 EA per 30 days)
oxazepam capsule 10mg, 15mg, 30mg	1	QL(120 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Bipolar Agents		
Bipolar Agents, Other		
IGALMI FILM 120MCG, 180MCG	3	PA
Mood Stabilizers		
EQUETRO CAPSULE EXTENDED RELEASE 12 HOUR 100MG, 200MG, 300MG	3	
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	
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
CYCLOSET TABLET 0.8MG	3	
EXENATIDE INJECTION 10MCG/0.04ML	3	QL(2.4 ML per 28 days); PA
EXENATIDE INJECTION 5MCG/0.02ML	3	QL(4.8 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, 2.5mg, 5mg	1	
glyburide micronized tablet 1.5mg, 3mg, 6mg	1	
glyburide/metformin hydrochloride tablet 1.25mg; 250mg, 2.5mg; 500mg, 5mg; 500mg	1	
glyburide tablet 1.25mg, 2.5mg, 5mg	1	
INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 150MG; 1000MG, 150MG; 500MG, 50MG; 1000MG, 50MG; 500MG	2	
INVOKAMET TABLET 150MG; 1000MG, 150MG; 500MG, 50MG; 1000MG, 50MG; 500MG	2	
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)

Drug Name	Drug Tier	Requirements/Limits
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG	3	
JENTADUETO TABLET 2.5MG; 1000MG, 2.5MG; 500MG, 2.5MG; 850MG	3	
KAZANO TABLET 12.5MG; 1000MG, 12.5MG; 500MG	3	ST
LIRAGLUTIDE INJECTION 6MG/ML	3	QL(9 ML per 30 days); PA
metformin hydrochloride er tablet extended release 24 hour 1000mg, 500mg, 750mg	1	
metformin hydrochloride solution 500mg/5ml	1	
metformin hydrochloride tablet 1000mg, 500mg, 850mg	1	
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	4	QL(2 ML per 28 days); PA; NDS
nateglinide tablet 120mg, 60mg	1	
NESINA TABLET 12.5MG, 25MG, 6.25MG	3	QL(30 EA per 30 days); ST
OSENI TABLET 12.5MG; 30MG, 25MG; 15MG, 25MG; 30MG, 25MG; 45MG	3	ST
OZEMPIC INJECTION 2MG/3ML, 4MG/3ML, 8MG/3ML	2	QL(3 ML per 28 days); PA
pioglitazone hcl-glimepiride tablet 2mg; 30mg, 4mg; 30mg	1	
pioglitazone hcl/metformin hcl tablet 500mg; 15mg, 850mg; 15mg	1	
pioglitazone hcl tablet 45mg	1	
pioglitazone hydrochloride tablet 15mg, 30mg	1	
repaglinide tablet 0.5mg, 1mg, 2mg	1	
RYBELSUS TABLET 14MG, 4MG, 7MG, 9MG	2	QL(30 EA per 30 days); PA
RYBELSUS TABLET 1.5MG, 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	1	
saxagliptin hydrochloride tablet 2.5mg, 5mg	1	QL(30 EA per 30 days)
SOLIQUA 100/33 INJECTION 100UNIT/ML; 33MCG/ML	3	
SYMLINPEN 120 INJECTION 2700MCG/2.7ML	5	PA; NDS
SYMLINPEN 60 INJECTION 1500MCG/1.5ML	5	PA; NDS
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 12.5MG; 1000MG, 25MG; 1000MG, 5MG; 1000MG	2	
SYNJARDY TABLET 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG, 5MG; 500MG	2	
TRADJENTA TABLET 5MG	2	QL(30 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
Glycemic Agents		

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

Drug Name	Drug Tier	Requirements/Limits
BAQSIMI ONE PACK POWDER 3MG/DOSE	2	
BAQSIMI TWO PACK POWDER 3MG/DOSE	2	
diazoxide suspension 50mg/ml	4	NDS
GLUCAGEN HYPOKIT INJECTION 1MG	3	ST
glucagon emergency kit for low blood sugar injection 1mg/ml, 1mg	1	
glucagon emergency kit injection 1mg	1	
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	
ZEGALOGUE INJECTION 0.6MG/0.6ML	3	ST
Insulins		
ADMELOG SOLOSTAR INJECTION 100UNIT/ML	3	ST
ADMELOG INJECTION 100UNIT/ML	3	ST
APIDRA SOLOSTAR INJECTION 100UNIT/ML	3	
APIDRA INJECTION 100UNIT/ML	3	
BASAGLAR KWIKPEN INJECTION 100UNIT/ML	3	ST
BASAGLAR TEMPO PEN INJECTION 100UNIT/ML	3	ST
FIASP FLEXTOUCH INJECTION 100UNIT/ML	2	
FIASP PENFILL INJECTION 100UNIT/ML	2	
FIASP INJECTION 100UNIT/ML	2	
HUMALOG JUNIOR KWIKPEN INJECTION 100UNIT/ML	3	
HUMALOG KWIKPEN INJECTION 100UNIT/ML, 200UNIT/ML	3	
HUMALOG MIX 50/50 KWIKPEN INJECTION 50UNIT/ML; 50UNIT/ML	3	
HUMALOG MIX 50/50 INJECTION 50UNIT/ML; 50UNIT/ML	3	
HUMALOG MIX 75/25 KWIKPEN INJECTION 25UNIT/ML; 75UNIT/ML	3	
HUMALOG MIX 75/25 INJECTION 25UNIT/ML; 75UNIT/ML	3	
HUMALOG TEMPO PEN INJECTION 100UNIT/ML	3	
HUMALOG INJECTION 100UNIT/ML	3	
HUMULIN 70/30 KWIKPEN INJECTION 30UNIT/ML; 70UNIT/ML	3	
HUMULIN 70/30 INJECTION 30UNIT/ML; 70UNIT/ML	3	
HUMULIN N KWIKPEN INJECTION 100UNIT/ML	3	
HUMULIN N INJECTION 100UNIT/ML	3	

Drug Name	Drug Tier	Requirements/Limits
HUMULIN R U-500 (CONCENTRATED) INJECTION 500UNIT/ML	4	NDS
HUMULIN R U-500 KWIKPEN INJECTION 500UNIT/ML	4	NDS
HUMULIN R INJECTION 100UNIT/ML	3	
INSULIN ASPART FLEXPEN INJECTION 100UNIT/ML	2	
INSULIN ASPART PENFILL INJECTION 100UNIT/ML	2	
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN INJECTION 30UNIT/ML; 70UNIT/ML	2	
INSULIN ASPART PROTAMINE/INSULIN ASPART INJECTION 30%; 70%	2	
INSULIN ASPART INJECTION 100UNIT/ML	2	
INSULIN GLARGINE MAX SOLOSTAR INJECTION 300UNIT/ML	3	PA
INSULIN GLARGINE SOLOSTAR INJECTION 100UNIT/ML, 300UNIT/ML	3	PA
INSULIN GLARGINE-YFGN INJECTION 100UNIT/ML	3	ST
INSULIN GLARGINE INJECTION 100UNIT/ML	3	PA
INSULIN LISPRO JUNIOR KWIKPEN INJECTION 100UNIT/ML	3	
INSULIN LISPRO KWIKPEN INJECTION 100UNIT/ML	3	
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN INJECTION 25UNIT/ML; 75UNIT/ML	3	
INSULIN LISPRO INJECTION 100UNIT/ML	2	
LANTUS SOLOSTAR INJECTION 100UNIT/ML	2	
LANTUS INJECTION 100UNIT/ML	2	
LEVEMIR FLEXPEN INJECTION 100UNIT/ML	2	
LEVEMIR 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	

Drug Name	Drug Tier	Requirements/Limits
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	
SEMGLEE INJECTION 100UNIT/ML	3	ST
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		
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)
ELIQUIS TABLET SOLUBLE 0.5MG	2	QL(560 EA per 28 days)
ELIQUIS TABLET 2.5MG	2	QL(60 EA per 30 days)
ELIQUIS TABLET 5MG	2	QL(90 EA per 30 days)
enoxaparin sodium injection 100mg/ml, 120mg/0.8ml, 150mg/ml, 300mg/3ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml	1	
fondaparinux sodium injection 2.5mg/0.5ml	1	
fondaparinux sodium injection 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml	4	NDS
FRAGMIN INJECTION 10000UNIT/4ML, 2500UNIT/0.2ML	2	

Drug Name	Drug Tier	Requirements/Limits
FRAGMIN INJECTION 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	4	NDS
heparin sodium/d5w injection 5%; 100unit/ml, 5%; 25000unit/500ml, 5%; 40unit/ml	1	
heparin sodium/dextrose injection 5%; 25000unit/250ml, 5%; 25000unit/500ml	1	
heparin sodium/nacl 0.45% injection 12500unit/250ml; 0.45%, 25000unit/250ml; 0.45%	1	
heparin sodium/sodium chloride 0.9% premix injection 1000unit/500ml; 0.9%, 2000unit/l; 0.9%	1	
heparin sodium/sodium chloride 0.9% injection 1000unit/500ml; 0.9%, 2000unit/l; 0.9%	1	
heparin sodium/sodium chloride injection 25000unit/250ml; 0.45%, 25000unit/500ml; 0.45%	1	
heparin sodium injection 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml	1	
jantoven tablet 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg	1	
rivaroxaban suspension reconstituted 1mg/ml	1	QL(600 ML per 30 days)
rivaroxaban tablet 2.5mg	1	QL(360 EA per 30 days)
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)
XARELTO TABLET 15MG	2	QL(60 EA per 30 days)
Blood Products and Modifiers, Other		
ADAKVEO INJECTION 100MG/10ML	4	PA; NDS
anagrelide hydrochloride capsule 0.5mg, 1mg	1	
ARANESP ALBUMIN FREE INJECTION 10MCG/0.4ML, 25MCG/0.42ML, 25MCG/ML, 40MCG/0.4ML, 40MCG/ML, 60MCG/ML	2	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; NDS
eltrombopag olamine packet 12.5mg, 25mg	4	PA; NDS
eltrombopag olamine tablet 12.5mg, 25mg, 50mg, 75mg	4	PA; NDS
FULPHILA INJECTION 6MG/0.6ML	5	PA; NDS

Drug Name	Drug Tier	Requirements/Limits
FYLNETRA INJECTION 6MG/0.6ML	5	PA; NDS
GRANIX INJECTION 300MCG/ML, 480MCG/1.6ML	5	ST; NDS
LEUKINE INJECTION 250MCG	4	PA; NDS
MIRCERA INJECTION 100MCG/0.3ML, 120MCG/0.3ML, 150MCG/0.3ML, 200MCG/0.3ML, 30MCG/0.3ML, 50MCG/0.3ML, 75MCG/0.3ML	3	PA
MOZOBIL INJECTION 24MG/1.2ML	5	NDS
MULPLETA TABLET 3MG	5	PA; NDS
NEULASTA ONPRO KIT INJECTION 6MG/0.6ML	4	PA; NDS
NEULASTA INJECTION 6MG/0.6ML	4	PA; NDS
NEUPOGEN INJECTION 300MCG/0.5ML, 300MCG/ML, 480MCG/0.8ML, 480MCG/1.6ML	5	ST; NDS
NIVESTYM INJECTION 300MCG/0.5ML, 300MCG/ML, 480MCG/0.8ML, 480MCG/1.6ML	5	ST; NDS
NPLATE INJECTION 125MCG, 250MCG, 500MCG	5	PA; NDS
NYVEPRIA INJECTION 6MG/0.6ML	4	PA; NDS
PLERIXAFOR INJECTION 24MG/1.2ML	4	NDS
PROCRIT INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
PROCRIT INJECTION 20000UNIT/ML, 40000UNIT/ML	5	PA; NDS
REBLOZYL INJECTION 25MG, 75MG	4	PA; NDS
RELEUKO INJECTION 300MCG/0.5ML, 480MCG/0.8ML	3	ST
RELEUKO INJECTION 300MCG/ML, 480MCG/1.6ML	5	ST; NDS
RETACRIT INJECTION 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	2	PA
RETACRIT INJECTION 40000UNIT/ML	4	PA; NDS
UDENYCA ONBODY INJECTION 6MG/0.6ML	4	PA; NDS
UDENYCA INJECTION 6MG/0.6ML	4	PA; NDS
XOLREMDI CAPSULE 100MG	4	QL(120 EA per 30 days); PA; NDS
ZARXIO INJECTION 300MCG/0.5ML, 480MCG/0.8ML	4	NDS
ZIEXTENZO INJECTION 6MG/0.6ML	4	PA; NDS
Hemostasis Agents		
tranexamic acid injection 1000mg/10ml	1	
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; NDS
cilostazol tablet 100mg, 50mg	1	

Drug Name	Drug Tier	Requirements/Limits
clopidogrel tablet 300mg, 75mg	1	
dipyridamole tablet 25mg, 50mg, 75mg	1	
prasugrel hydrochloride tablet 10mg, 5mg	1	
ticagrelor tablet 60mg, 90mg	1	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
clonidine hydrochloride tablet 0.1mg, 0.2mg, 0.3mg	1	
clonidine patch weekly 0.1mg/24hr, 0.2mg/24hr, 0.3mg/24hr	1	
droxidopa capsule 100mg	1	PA; NDS
droxidopa capsule 200mg, 300mg	4	PA; NDS
guanfacine hydrochloride tablet 1mg, 2mg	1	
methyldopa tablet 250mg, 500mg	1	
midodrine hydrochloride tablet 10mg, 2.5mg, 5mg	1	
Alpha-adrenergic Blocking Agents		
CARDURA XL TABLET EXTENDED RELEASE 24 HOUR 4MG, 8MG	3	
phenoxybenzamine hydrochloride capsule 10mg	4	PA; NDS
prazosin hydrochloride capsule 1mg, 2mg, 5mg	1	
Angiotensin II Receptor Antagonists		
candesartan cilexetil tablet 16mg, 32mg, 4mg, 8mg	1	
irbesartan tablet 150mg, 300mg, 75mg	1	
losartan potassium tablet 100mg, 25mg, 50mg	1	
olmesartan medoxomil tablet 20mg, 40mg, 5mg	1	
telmisartan tablet 20mg, 40mg, 80mg	1	
valsartan tablet 160mg, 320mg, 40mg, 80mg	1	
Angiotensin-converting Enzyme (ACE) Inhibitors		
benazepril hydrochloride tablet 10mg, 20mg, 40mg, 5mg	1	
captopril tablet 100mg, 12.5mg, 25mg, 50mg	1	
enalapril maleate solution 1mg/ml	1	
enalapril maleate tablet 10mg, 2.5mg, 20mg, 5mg	1	
fosinopril sodium tablet 10mg, 20mg, 40mg	1	
lisinopril tablet 10mg, 2.5mg, 20mg, 30mg, 40mg, 5mg	1	
moexipril hydrochloride tablet 15mg, 7.5mg	1	
perindopril erbumine tablet 2mg, 4mg, 8mg	1	
quinapril hydrochloride tablet 10mg, 20mg, 40mg, 5mg	1	
ramipril capsule 1.25mg, 10mg, 2.5mg, 5mg	1	
trandolapril tablet 1mg, 2mg, 4mg	1	
Antiarrhythmics		
adenosine injection 12mg/4ml, 6mg/2ml	1	
amiodarone hydrochloride injection 150mg/3ml, 50mg/ml, 900mg/18ml	1	
amiodarone hydrochloride tablet 100mg, 200mg, 400mg	1	

Drug Name	Drug Tier	Requirements/Limits
digoxin injection 0.25mg/ml	1	
digoxin oral 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	
ibutilide fumarate injection 1mg/10ml	1	
mexiletine hydrochloride capsule 150mg, 200mg, 250mg	1	
MULTAQ TABLET 400MG	2	
NORPACE CR CAPSULE EXTENDED RELEASE 12 HOUR 100MG, 150MG	2	
procainamide hydrochloride injection 100mg/ml, 500mg/ml	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 gluconate cr tablet extended release 324mg	1	
quinidine gluconate er tablet extended release 324mg	1	
quinidine sulfate tablet 200mg, 300mg	1	
sotalol hcl (af) tablet 80mg	1	
sotalol hcl af tablet 160mg	1	
sotalol hcl tablet 120mg, 160mg, 240mg	1	
sotalol hydrochloride (af) tablet 120mg, 160mg, 80mg	1	
sotalol hydrochloride tablet 120mg, 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	
esmolol hydrochloride in sodium chloride double strength injection 2000mg/100ml; 4.1mg/ml	1	
esmolol hydrochloride in sodium chloride injection 2500mg/250ml; 5.9mg/ml	1	
esmolol hydrochloride/sodium chloride injection 2000mg/100ml; 4.1mg/ml, 2500mg/250ml; 5.9mg/ml	1	
INDERAL XL CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 80MG	5	NDS
INNOPRAN XL CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 80MG	5	NDS

Drug Name	Drug Tier	Requirements/Limits
labetalol hydrochloride injection 5mg/ml	1	
labetalol hydrochloride tablet 100mg, 200mg, 300mg, 400mg	1	
metoprolol succinate er tablet extended release 24 hour 100mg, 200mg, 25mg, 50mg	1	
metoprolol tartrate injection 5mg/5ml	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 injection 1mg/ml	1	
propranolol hcl oral solution 40mg/5ml	1	
propranolol hcl tablet 40mg	1	
propranolol hydrochloride er capsule extended release 24 hour 120mg, 160mg, 60mg, 80mg	1	
propranolol hydrochloride solution 20mg/5ml	1	
propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg	1	
Calcium Channel Blocking Agents, Dihydropyridines		
amlodipine besylate tablet 10mg, 2.5mg, 5mg	1	
felodipine er tablet extended release 24 hour 10mg, 2.5mg, 5mg	1	
nifediac cc tablet extended release 24 hour 30mg	1	
nifedipine er tablet extended release 24 hour 30mg, 60mg, 90mg	1	
nimodipine capsule 30mg	1	
nisoldipine er tablet extended release 24 hour 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg, 8.5mg	1	
NYMALIZE SOLUTION 6MG/ML	5	NDS
Calcium Channel Blocking Agents, Nondihydropyridines		
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 er capsule extended release 12 hour 120mg, 60mg, 90mg	1	
diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 420mg	1	
diltiazem hcl er tablet extended release 24 hour 420mg	1	
diltiazem hcl injection 100mg, 50mg/10ml	1	
diltiazem hcl tablet 30mg, 60mg	1	
diltiazem hydrochloride er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg	1	

Drug Name	Drug Tier	Requirements/Limits
diltiazem hydrochloride er tablet extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg	1	
diltiazem hydrochloride injection 125mg/25ml, 25mg/5ml	1	
diltiazem hydrochloride tablet 120mg, 90mg	1	
diltzac capsule extended release 24 hour 300mg	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, 240mg, 300mg	1	
verapamil hcl er tablet extended release 120mg	1	
verapamil hcl sr capsule extended release 24 hour 120mg, 180mg, 240mg, 360mg	1	
verapamil hcl tablet 40mg, 80mg	1	
verapamil hydrochloride er capsule extended release 24 hour 100mg, 200mg, 300mg	1	
verapamil hydrochloride er tablet extended release 180mg, 240mg	1	
verapamil hydrochloride sr capsule extended release 24 hour 360mg	1	
verapamil hydrochloride injection 2.5mg/ml	1	
verapamil hydrochloride tablet 120mg	1	
Cardiovascular Agents, Other		
acetazolamide sodium injection 500mg	4	NDS
ADRENALIN INJECTION 30MG/30ML	3	
adrenalin injection 1mg/ml	1	
aliskiren tablet 150mg, 300mg	1	
amiloride/hydrochlorothiazide tablet 5mg; 50mg	1	
amlodipine besylate/atorvastatin calcium tablet 10mg; 10mg, 10mg; 20mg, 10mg; 40mg, 10mg; 80mg, 2.5mg; 10mg, 2.5mg; 20mg, 2.5mg; 40mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg, 5mg; 80mg	1	
amlodipine besylate/benazepril hcl capsule 10mg; 40mg	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	

Drug Name	Drug Tier	Requirements/Limits
amlodipine/olmesartan medoxomil tablet 10mg; 20mg, 10mg; 40mg, 5mg; 20mg, 5mg; 40mg	1	
amlodipine/valsartan/hydrochlorothiazide tablet 10mg; 12.5mg; 160mg, 10mg; 25mg; 160mg, 10mg; 25mg; 320mg, 5mg; 12.5mg; 160mg, 5mg; 25mg; 160mg	1	
atenolol/chlorthalidone tablet 100mg; 25mg, 50mg; 25mg	1	
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; NDS
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	
EDARBYCLOR TABLET 40MG; 12.5MG, 40MG; 25MG	2	
enalapril maleate/hydrochlorothiazide tablet 10mg; 25mg, 5mg; 12.5mg	1	
ENTRESTO CAPSULE SPRINKLE 15MG; 16MG, 6MG; 6MG	2	QL(240 EA per 30 days)
epinephrine injection 1mg/10ml, 1mg/ml, 30mg/30ml	1	
EVKEEZA INJECTION 1200MG/8ML, 345MG/2.3ML	5	PA; NDS
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)
lisinopril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg, 25mg; 20mg	1	
losartan potassium/hydrochlorothiazide tablet 12.5mg; 100mg, 12.5mg; 50mg, 25mg; 100mg	1	
metoprolol/hydrochlorothiazide tablet 25mg; 100mg, 25mg; 50mg, 50mg; 100mg	1	
metyrosine capsule 250mg	4	PA; NDS
olmesartan medoxomil/amlodipine/hydrochlorothiazide tablet 10mg; 12.5mg; 40mg, 10mg; 25mg; 40mg, 5mg; 12.5mg; 20mg, 5mg; 12.5mg; 40mg, 5mg; 25mg; 40mg	1	
olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 20mg, 12.5mg; 40mg, 25mg; 40mg	1	
pentoxifylline er tablet extended release 400mg	3	

Drug Name	Drug Tier	Requirements/Limits
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, 49mg; 51mg, 97mg; 103mg	1	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	NDS
VYNDAMAX CAPSULE 61MG	4	QL(30 EA per 30 days); PA; NDS
Diuretics, Loop		
bumetanide injection 0.25mg/ml	1	
bumetanide tablet 0.5mg, 1mg, 2mg	1	
ethacrynate sodium injection 50mg	4	NDS
ethacrynic acid tablet 25mg	1	
furosemide injection 10mg/ml	1	
furosemide oral solution 10mg/ml, 40mg/5ml	1	
furosemide tablet 20mg, 40mg, 80mg	1	
torsemide tablet 100mg, 10mg, 20mg, 5mg	1	
Diuretics, Potassium-sparing		
amiloride hcl tablet 5mg	1	
triamterene capsule 100mg, 50mg	1	
Diuretics, Thiazide		
chlorothiazide sodium injection 500mg	1	
chlorthalidone tablet 25mg, 50mg	1	
DIURIL SUSPENSION 250MG/5ML	3	
hydrochlorothiazide capsule 12.5mg	1	
hydrochlorothiazide tablet 12.5mg, 25mg, 50mg	1	
indapamide tablet 1.25mg, 2.5mg	1	
metolazone tablet 10mg, 2.5mg, 5mg	1	
THALITONE TABLET 15MG	3	
Dyslipidemics, Fibric Acid Derivatives		
FENOFIBRATE MICRONIZED CAPSULE 90MG	3	

Drug Name	Drug Tier	Requirements/Limits
fenofibrate micronized capsule 134mg, 200mg, 67mg	1	
fenofibrate capsule 130mg, 150mg, 200mg, 43mg, 50mg, 67mg	1	
fenofibrate tablet 120mg, 145mg, 160mg, 40mg, 48mg, 54mg	1	
fenofibric acid dr capsule delayed release 135mg, 45mg	1	
fenofibric acid tablet 105mg, 35mg	1	
FIBRICOR TABLET 105MG, 35MG	3	
gemfibrozil tablet 600mg	1	
Dyslipidemics, HMG CoA Reductase Inhibitors		
ALTOPREV TABLET EXTENDED RELEASE 24 HOUR 20MG, 40MG, 60MG	5	ST; NDS
atorvastatin calcium tablet 10mg, 20mg, 40mg, 80mg	1	
FLOLIPID SUSPENSION 20MG/5ML, 40MG/5ML	3	ST
fluvastatin sodium er tablet extended release 24 hour 80mg	1	
fluvastatin capsule 20mg, 40mg	1	
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	
Dyslipidemics, Other		
cholestyramine light packet 4gm	1	
cholestyramine light powder 4gm/dose	1	
cholestyramine packet 4gm	1	
cholestyramine powder 4gm/dose	1	
colesevelam hydrochloride packet 3.75gm	1	
colesevelam hydrochloride tablet 625mg	1	
colestipol hydrochloride granules 5gm	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 10MG, 5MG	5	QL(30 EA per 30 days); PA; NDS
JUXTAPID CAPSULE 20MG, 30MG	5	QL(60 EA per 30 days); PA; NDS
NEXLETOL TABLET 180MG	3	QL(30 EA per 30 days); PA
NEXLIZET TABLET 180MG; 10MG	3	QL(30 EA per 30 days); PA
niacin er tablet extended release 1000mg, 500mg, 750mg	1	
niacin tablet 500mg	1	
niacor tablet 500mg	1	
omega-3-acid ethyl esters capsule 375mg; 465mg; 1gm	1	

Drug Name	Drug Tier	Requirements/Limits
PRALUENT INJECTION 150MG/ML, 75MG/ML	2	QL(2 ML per 28 days); PA
prevalite packet 4gm	1	
prevalite powder 4gm/dose	1	
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
TRYNGOLZA INJECTION 80MG/0.8ML	5	QL(0.8 ML per 28 days); PA; NDS
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 PROPANEDIOL TABLET 10MG, 5MG	2	QL(30 EA per 30 days)
FARXIGA TABLET 10MG, 5MG	2	QL(30 EA per 30 days)
INVOKANA TABLET 100MG, 300MG	2	QL(30 EA per 30 days)
JARDIANCE TABLET 10MG, 25MG	2	QL(30 EA per 30 days)
Vasodilators, Direct-acting Arterial/Venous		
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%	2	
NITRO-DUR PATCH 24 HOUR 0.3MG/HR, 0.8MG/HR	4	NDS
nitroglycerin transdermal patch 24 hour 0.1mg/hr, 0.2mg/hr, 0.4mg/hr, 0.6mg/hr	1	
nitroglycerin injection 5mg/ml	1	
nitroglycerin translingual 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 hcl injection 20mg/ml	1	
hydralazine hydrochloride tablet 100mg, 10mg, 25mg, 50mg	1	
MINOXIDIL TABLET 10MG, 2.5MG	3	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
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)

Drug Name	Drug Tier	Requirements/Limits
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)
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 solution 5mg/5ml	1	QL(1800 ML 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)
lisdexamfetamine dimesylate capsule 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg	1	QL(30 EA per 30 days); PA
methamphetamine hydrochloride tablet 5mg	1	QL(150 EA per 30 days); PA
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
atomoxetine hydrochloride capsule 25mg, 40mg, 60mg, 80mg	1	QL(30 EA per 30 days)
atomoxetine hydrochloride capsule 10mg	1	QL(60 EA per 30 days)
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)
clonidine hydrochloride er tablet extended release 12 hour 0.1mg	1	
clonidine hydrochloride tablet extended release 12 hour 0.1mg	1	
dexmethylphenidate hcl er capsule extended release 24 hour 15mg, 20mg, 30mg, 35mg	1	QL(30 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, 30mg, 40mg, 5mg	1	QL(30 EA per 30 days)
dexmethylphenidate hydrochloride capsule extended release 24 hour 25mg	1	QL(30 EA per 30 days)
dexmethylphenidate hydrochloride tablet 10mg, 2.5mg, 5mg	1	QL(60 EA per 30 days)
guanfacine hydrochloride er tablet extended release 24 hour 1mg, 2mg, 3mg, 4mg	1	
methylphenidate hydrochloride er (cd) capsule extended release 10mg, 20mg, 30mg, 40mg, 50mg, 60mg	1	QL(30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
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 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)
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)
methylphenidate patch 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr	1	QL(30 EA per 30 days)
QUILLIVANT XR SUSPENSION RECONSTITUTED ER 25MG/5ML	3	QL(360 ML per 30 days)
Central Nervous System, Other		
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 0	5	QL(56 EA per 365 days); PA; NDS; (12mg & 18mg & 24mg & 30mg Pack)
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 0	5	QL(84 EA per 365 days); PA; NDS; (6mg & 12mg & 24mg Pack)
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12MG, 18MG, 24MG, 30MG, 36MG, 42MG, 48MG, 6MG	5	QL(30 EA per 30 days); PA; NDS
AUSTEDO TABLET 12MG, 6MG, 9MG	5	QL(120 EA per 30 days); PA; NDS
butalbital/acetaminophen/caffeine capsule 300mg; 50mg; 40mg, 325mg; 50mg; 40mg	1	
butalbital/acetaminophen capsule 300mg; 50mg	1	NDS
COBENFY STARTER PACK CAPSULE THERAPY PACK 20MG; 0	5	QL(112 EA per 365 days); PA; NDS
COBENFY CAPSULE 20MG; 100MG, 20MG; 50MG, 30MG; 125MG	5	QL(60 EA per 30 days); PA; NDS
EDARAVONE INJECTION 60MG/100ML	4	PA; NDS
edaravone injection 30mg/100ml	4	PA; NDS

Drug Name	Drug Tier	Requirements/Limits
EXSERVAN FILM 50MG	5	PA; NDS
FIRDAPSE TABLET 10MG	4	QL(300 EA per 30 days); PA; NDS
INGREZZA CAPSULE SPRINKLE 60MG, 80MG	5	QL(30 EA per 30 days); PA; NDS
INGREZZA CAPSULE SPRINKLE 40MG	5	QL(60 EA per 30 days); PA; NDS
INGREZZA CAPSULE THERAPY PACK 0	5	QL(56 EA per 365 days); PA; NDS
INGREZZA CAPSULE 60MG, 80MG	5	QL(30 EA per 30 days); PA; NDS
INGREZZA CAPSULE 40MG	5	QL(60 EA per 30 days); PA; NDS
NUEDEXTA CAPSULE 20MG; 10MG	4	PA; NDS
RADICAVA ORS STARTER KIT SUSPENSION 105MG/5ML	5	PA; NDS
RADICAVA ORS SUSPENSION 105MG/5ML	5	PA; NDS
RADICAVA INJECTION 30MG/100ML	5	PA; NDS
RELYVRIO PACKET 3GM; 1GM	5	QL(60 EA per 30 days); PA; NDS
riluzole tablet 50mg	1	
tetrabenazine tablet 12.5mg	1	PA
tetrabenazine tablet 25mg	4	PA; NDS
TIGLUTIK SUSPENSION 50MG/10ML	5	PA; NDS
VEOZAH TABLET 45MG	3	QL(30 EA per 30 days); PA
Fibromyalgia Agents		
SAVELLA TITRATION PACK MISCELLANEOUS 0	3	QL(110 EA per 365 days)
SAVELLA TABLET 100MG, 12.5MG, 25MG, 50MG	3	QL(60 EA per 30 days)
Multiple Sclerosis Agents		
AVONEX PEN INJECTION 30MCG/0.5ML	4	QL(4 EA per 28 days); PA; NDS
AVONEX INJECTION 30MCG/0.5ML	4	QL(4 EA per 28 days); PA; NDS
BAFIERTAM CAPSULE DELAYED RELEASE 95MG	4	QL(120 EA per 30 days); PA; NDS
BETASERON INJECTION 0.3MG	4	QL(15 EA per 30 days); PA; NDS
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; NDS
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; NDS
fingolimod hydrochloride capsule 0.5mg	4	QL(30 EA per 30 days); PA; NDS
GILENYA CAPSULE 0.25MG	5	QL(60 EA per 30 days); PA; NDS
glatiramer acetate injection 40mg/ml	4	QL(12 ML per 28 days); PA; NDS
glatiramer acetate injection 20mg/ml	4	QL(30 ML per 30 days); PA; NDS
glatopa injection 40mg/ml	4	QL(12 ML per 28 days); PA; NDS
glatopa injection 20mg/ml	4	QL(30 ML per 30 days); PA; NDS
KESIMPTA INJECTION 20MG/0.4ML	4	QL(0.4 ML per 28 days); PA; NDS
MAVENCLAD TABLET THERAPY PACK 10MG	5	PA; NDS
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	3	QL(14 EA per 365 days); PA; 0.25mg x 7 tablets

Drug Name	Drug Tier	Requirements/Limits
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	5	QL(24 EA per 365 days); PA; NDS; 0.25mg x 12 tablets
MAYZENT TABLET 0.25MG	5	QL(120 EA per 30 days); PA; NDS
MAYZENT TABLET 1MG, 2MG	5	QL(30 EA per 30 days); PA; NDS
mitoxantrone hcl injection 2mg/ml	1	PA
OCREVUS ZUNOVO INJECTION 23000UNIT/23ML; 920MG/23ML	5	QL(23 ML per 168 days); PA; NDS
OCREVUS INJECTION 300MG/10ML	5	PA; NDS
PLEGRIDY STARTER PACK INJECTION 0	4	QL(2 ML per 365 days); PA; NDS
PLEGRIDY STARTER PACK INJECTION 0	4	QL(4 ML per 365 days); PA; NDS
PLEGRIDY INJECTION 125MCG/0.5ML	4	QL(1 ML per 28 days); PA; NDS
REBIF REBIDOSE TITRATION PACK INJECTION 0	4	QL(8.4 ML per 365 days); PA; NDS
REBIF REBIDOSE INJECTION 22MCG/0.5ML, 44MCG/0.5ML	4	QL(6 ML per 28 days); PA; NDS
REBIF TITRATION PACK INJECTION 0	4	QL(8.4 ML per 365 days); PA; NDS
REBIF INJECTION 22MCG/0.5ML, 44MCG/0.5ML	4	QL(6 ML per 28 days); PA; NDS
teriflunomide tablet 14mg, 7mg	4	QL(30 EA per 30 days); PA; NDS
TYSABRI INJECTION 300MG/15ML	5	PA; NDS
VUMERITY CAPSULE DELAYED RELEASE 231MG	5	QL(120 EA per 30 days); PA; NDS
ZEPOSIA 7-DAY STARTER PACK CAPSULE THERAPY PACK 0	5	QL(14 EA per 365 days); PA; NDS
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0	5	QL(56 EA per 365 days); PA; NDS; (28 Capsules Pack)
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0	5	QL(74 EA per 365 days); PA; NDS; (37 Capsules Pack)
ZEPOSIA CAPSULE 0.92MG	5	QL(30 EA per 30 days); PA; NDS
Dental and Oral Agents		
Dental and Oral Agents		
cevimeline hydrochloride capsule 30mg	1	
chlorhexidine gluconate solution 0.12%	1	
doxycycline hyclate tablet 20mg	1	
KEPIVANCE INJECTION 5.16MG, 6.25MG	5	NDS
lidocaine hcl mouth/throat 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		
accutane capsule 10mg, 20mg, 30mg, 40mg	1	
acitretin capsule 10mg, 17.5mg, 25mg	1	

Drug Name	Drug Tier	Requirements/Limits
adapalene pump gel 0.3%	1	
adapalene/benzoyl peroxide gel 0.1%; 2.5%, 0.3%; 2.5%	1	
adapalene cream 0.1%	1	
adapalene gel 0.1%, 0.3%	1	
amnesteem capsule 10mg, 20mg, 30mg, 40mg	1	
azelaic acid gel 15%	1	QL(100 GM per 30 days)
AZELEX CREAM 20%	2	QL(100 GM per 30 days)
claravis capsule 10mg, 20mg, 30mg, 40mg	1	
clindamycin phosphate/benzoyl peroxide gel 2.5%; 1.2%, 3.75%; 1.2%, 5%; 1.2%	1	
clindamycin phosphate/tretinoin gel 1.2%; 0.025%	1	
clindamycin/benzoyl peroxide gel 5%; 1%	1	
DIFFERIN LOTION 0.1%	3	
erythromycin/benzoyl peroxide gel 5%; 3%	1	
FINACEA FOAM 15%	2	QL(50 GM per 30 days)
isotretinoin capsule 10mg, 20mg, 30mg, 40mg	1	
isotretinoin capsule 25mg, 35mg	4	NDS
metronidazole cream 0.75%	1	
metronidazole gel 0.75%, 1%	1	
metronidazole lotion 0.75%	1	
neuac gel 5%; 1.2%	1	
sodium sulfacetamide shampoo 9.8%	1	
tazarotene cream 0.05%, 0.1%	1	QL(60 GM per 30 days)
tazarotene gel 0.05%, 0.1%	1	QL(100 GM per 30 days)
tretinoin microsphere gel 0.04%, 0.08%, 0.1%	1	PA
tretinoin cream 0.025%, 0.05%, 0.1%	1	PA
tretinoin gel 0.01%, 0.025%, 0.05%	1	PA
zenatane capsule 10mg, 20mg, 30mg, 40mg	1	
Dermatitis and Pruritus Agents		
ADBRY INJECTION 150MG/ML	4	QL(6 ML per 28 days); PA; NDS
ADBRY INJECTION 300MG/2ML	4	QL(8 ML per 28 days); PA; NDS
ala-cort cream 1%	1	
alclometasone dipropionate cream 0.05%	1	
alclometasone dipropionate ointment 0.05%	1	
amcinonide lotion 0.1%	1	
amcinonide ointment 0.1%	1	
ammonium lactate cream 12%	1	
ammonium lactate lotion 12%	1	
apexicon e cream 0.05%	4	NDS
betamethasone dipropionate augmented cream 0.05%	1	
betamethasone dipropionate augmented gel 0.05%	1	
betamethasone dipropionate augmented lotion 0.05%	1	

Drug Name	Drug Tier	Requirements/Limits
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	
CAPEX SHAMPOO 0.01%	2	
clobetasol propionate e cream 0.05%	1	
clobetasol propionate emollient foam 0.05%	1	
clobetasol propionate cream 0.05%	1	
clobetasol propionate foam 0.05%	1	
clobetasol propionate gel 0.05%	1	
clobetasol propionate liquid 0.05%	1	
clobetasol propionate lotion 0.05%	1	
clobetasol propionate ointment 0.05%	1	
clobetasol propionate shampoo 0.05%	1	
clobetasol propionate solution 0.05%	1	
clocortolone pivalate cream 0.1%	1	
clodan shampoo 0.05%	1	
CORDRAN TAPE 4MCG/SQCM	3	
desonide cream 0.05%	1	
desonide gel 0.05%	1	
desonide lotion 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 gel 0.05%	1	
desoximetasone liquid 0.25%	1	
desoximetasone ointment 0.05%, 0.25%	1	
diflorasone diacetate cream 0.05%	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
fluocinolone acetonide body oil 0.01%	1	
fluocinolone acetonide scalp oil 0.01%	1	
fluocinolone acetonide topical oil 0.01%	1	
fluocinolone acetonide cream 0.01%, 0.025%	1	
fluocinolone acetonide ointment 0.025%	1	
fluocinolone acetonide solution 0.01%	1	
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)

Drug Name	Drug Tier	Requirements/Limits
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)
flurandrenolide cream 0.05%	1	
fluticasone propionate cream 0.05%	1	
fluticasone propionate lotion 0.05%	1	
fluticasone propionate ointment 0.005%	1	
halcinonide cream 0.1%	1	
halcinonide solution 0.1%	1	
halobetasol propionate cream 0.05%	1	
HALOBETASOL PROPIONATE FOAM 0.05%	3	
halobetasol propionate ointment 0.05%	1	
HALOG OINTMENT 0.1%	3	
HALOG SOLUTION 0.1%	3	
hydrocortisone butyrate (lipid) cream 0.1%	1	QL(60 GM per 30 days)
hydrocortisone butyrate (lipophilic) cream 0.1%	1	QL(60 GM per 30 days)
hydrocortisone butyrate cream 0.1%	1	
hydrocortisone butyrate lotion 0.1%	1	
hydrocortisone butyrate ointment 0.1%	1	
hydrocortisone butyrate solution 0.1%	1	
hydrocortisone valerate cream 0.2%	1	QL(60 GM per 30 days)
hydrocortisone valerate ointment 0.2%	1	
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)
KORSUVA INJECTION 65MCG/1.3ML	4	PA; NDS
mometasone furoate cream 0.1%	1	
mometasone furoate ointment 0.1%	1	
OPZELURA CREAM 1.5%	5	QL(240 GM per 30 days); PA; NDS
PANDEL CREAM 0.1%	5	NDS
pimecrolimus cream 1%	1	
selenium sulfide lotion 2.5%	1	
SPEVIGO INJECTION 450MG/7.5ML	4	QL(300 ML per 84 days); PA; NDS
SPEVIGO INJECTION 150MG/ML, 300MG/2ML	4	QL(4 ML per 28 days); PA; NDS
tacrolimus ointment 0.03%, 0.1%	1	
tovet foam 0.05%	1	
triamcinolone acetonide aerosol solution 0.147mg/gm	1	
triamcinolone acetonide cream 0.025%, 0.1%, 0.5%	1	
triamcinolone acetonide lotion 0.025%, 0.1%	1	
triamcinolone acetonide ointment 0.025%, 0.05%, 0.1%, 0.5%	1	
triderm cream 0.5%	1	

Drug Name	Drug Tier	Requirements/Limits
Dermatological Agents, Other		
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)
calcitriol ointment 3mcg/gm	1	
CARAC CREAM 0.5%	4	NDS
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%	5	PA; NDS
FLUOROURACIL CREAM 0.5%	4	NDS
fluorouracil cream 5%	1	QL(40 GM per 30 days)
fluorouracil external solution 2%, 5%	1	
imiquimod pump cream 3.75%	1	QL(56 GM per 30 days)
imiquimod cream 5%	1	QL(48 EA per 30 days)
KLISYRI OINTMENT 1%	5	ST; NDS
methoxsalen capsule 10mg	4	NDS
nystatin/triamcinolone acetonide ointment 100000unit/gm; 0.1%	1	
nystatin/triamcinolone cream 100000unit/gm; 1mg/gm	1	
nystatin/triamcinolone ointment 100000unit/gm; 0.1%	1	
OTEZLA TABLET 20MG, 30MG	4	QL(60 EA per 30 days); PA; NDS
PODOCON-25 SOLUTION 25%	3	
podofilox gel 0.5%	1	
podofilox solution 0.5%	1	
SANTYL OINTMENT 250UNIT/GM	3	
silver sulfadiazine cream 1%	1	
SORILUX FOAM 0.005%	5	NDS
SOTYKTU TABLET 6MG	4	QL(30 EA per 30 days); PA; NDS
ssd cream 1%	1	
VEREGEN OINTMENT 15%	5	NDS
ZYCLARA PUMP CREAM 2.5%	5	QL(15 GM per 30 days); NDS
Pediculicides/Scabicides		
crotan lotion 10%	1	
ivermectin cream 1%	1	QL(45 GM per 30 days)
malathion lotion 0.5%	1	
permethrin cream 5%	1	

Drug Name	Drug Tier	Requirements/Limits
pruradik lotion 10%	1	
spinosad suspension 0.9%	1	
Topical Anti-infectives		
acyclovir cream 5%	1	QL(5 GM per 30 days)
acyclovir ointment 5%	1	QL(60 GM per 30 days)
ciclodan solution 8%	1	PA
ciclopirox nail lacquer solution 8%	1	PA
ciclopirox olamine cream 0.77%	1	
ciclopirox gel 0.77%	1	
ciclopirox shampoo 1%	1	
ciclopirox suspension 0.77%	1	
clindacin foam 1%	1	
clindamycin phosphate foam 1%	1	
clindamycin phosphate gel 1%	1	
clindamycin phosphate lotion 1%	1	QL(75 ML per 30 days)
clindamycin phosphate external solution 1%	1	QL(60 ML per 30 days)
dapsone gel 5%, 7.5%	1	
ery pad 2%	1	
erythromycin gel 2%	1	
erythromycin solution 2%	1	
mafenide acetate packet 5%	1	
mupirocin cream 2%	1	
mupirocin ointment 2%	1	QL(110 GM per 30 days)
penciclovir cream 1%	1	
SULFAMYLON CREAM 85MG/GM	3	
XEPI CREAM 1%	3	
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
AMINOSYN II INJECTION 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 270MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 400MG/100ML; 200MG/100ML; 500MG/100ML	2	B/D
aminosyn ii injection 107.6meq/l; 1490mg/100ml; 1527mg/100ml; 1050mg/100ml; 1107mg/100ml; 750mg/100ml; 450mg/100ml; 990mg/100ml; 1500mg/100ml; 1575mg/100ml; 258mg/100ml; 405mg/100ml; 447mg/100ml; 1083mg/100ml; 795mg/100ml; 50meq/l; 600mg/100ml; 300mg/100ml; 750mg/100ml	1	B/D

Drug Name	Drug Tier	Requirements/Limits
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	2	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	2	B/D
carglumic acid tablet soluble 200mg	4	NDS
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	2	B/D
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	2	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	2	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	2	B/D

Drug Name	Drug Tier	Requirements/Limits
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	2	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	2	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	2	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	2	B/D
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	2	B/D

Drug Name	Drug Tier	Requirements/Limits
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	2	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	2	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	2	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	2	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	2	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%/sodium chloride 0.2% injection 10%; 0.2%	1	
dextrose 10%/sodium chloride 0.45% injection 10%; 0.45%	1	
dextrose 10% injection 10%	1	
dextrose 2.5%/sodium chloride 0.45% injection 2.5%; 0.45%	1	
dextrose 25% injection 250mg/ml	1	
dextrose 5%/lactated ringers injection 2.7meq/l; 109meq/l; 5%; 28meq/l; 4meq/l; 130meq/l	1	
dextrose 5%/sodium chloride 0.2% injection 5%; 0.2%	1	
dextrose 5%/sodium chloride 0.3% injection 5%; 0.3%	1	
dextrose 5%/sodium chloride 0.33% injection 5%; 0.33%	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	
dextrose 50% injection 50%	1	
dextrose 70% injection 70%	1	
dextrose/sodium chloride injection 5%; 0.225%	1	
dextrose injection 20%	1	
fluoride tablet chewable 0.25mg, 0.5mg, 1mg	1	
FREAMINE III INJECTION 89MEQ/L; 710MG/100ML; 950MG/100ML; 3MEQ/L; 24MG/100ML; 1400MG/100ML; 280MG/100ML; 690MG/100ML; 910MG/100ML; 730MG/100ML; 530MG/100ML; 560MG/100ML; 10MMOLE/L; 120MG/100ML; 1120MG/100ML; 590MG/100ML; 10MEQ/L; 400MG/100ML; 150MG/100ML; 660MG/100ML	2	B/D
freamine iii injection 72meq/l; 600mg/100ml; 810mg/100ml; 3meq/l; 14mg/100ml; 1190mg/100ml; 240mg/100ml; 590mg/100ml; 770mg/100ml; 620mg/100ml; 450mg/100ml; 480mg/100ml; 10mmole/l; 115mg/100ml; 950mg/100ml; 500mg/100ml; 10meq/l; 340mg/100ml; 130mg/100ml; 560mg/100ml	1	B/D
glucose (dextrose) 50% injection 50%	1	
glucose (dextrose) 70% injection 70%	1	
IONOSOL-MB/DEXTROSE 5% INJECTION 22MEQ/L; 5%; 23MEQ/L; 3MEQ/L; 3MMOLE/L; 20MEQ/L; 25MEQ/L	3	
ISOLYTE-P/DEXTROSE 5% INJECTION 23MEQ/L; 23MEQ/L; 5%; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	3	

Drug Name	Drug Tier	Requirements/Limits
ISOLYTE-S PH 7.4 INJECTION 27MEQ/1000ML; 98MEQ/1000ML; 23MEQ/1000ML; 3MEQ/1000ML; 1MEQ/1000ML; 5MEQ/1000ML; 141MEQ/1000ML	3	
ISOLYTE-S INJECTION 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	3	
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; NDS
kcl 0.075%/d5w/nacl 0.45% injection 5%; 10meq/l; 0.45%	1	
kcl 0.15%/d5w/nacl 0.2% injection 5%; 20meq/l; 0.2%	1	
kcl 0.15%/d5w/nacl 0.225% injection 5%; 20meq/l; 0.225%	1	
kcl 0.15%/d5w/nacl 0.45% injection 5%; 20meq/l; 0.45%	1	
kcl 0.15%/d5w/nacl 0.9% injection 5%; 20meq/l; 0.9%	1	
kcl 0.3%/d5w/nacl 0.45% injection 5%; 40meq/l; 0.45%	1	
kcl 0.3%/d5w/nacl 0.9% injection 5%; 40meq/l; 0.9%	1	
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	
klor-con packet 20meq	1	
lactated ringers injection 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l, 3meq/l; 109meq/l; 4meq/l; 130meq/l; 28meq/l	1	
magnesium sulfate in d5w injection 5%; 1gm/100ml	1	
magnesium sulfate/dextrose injection 5%; 1gm/100ml	1	
magnesium sulfate injection 20gm/500ml, 2gm/50ml, 40gm/1000ml, 4gm/100ml, 4gm/50ml, 50%	1	
multiple electrolytes injection type 1 injection 27meq/l; 98meq/l; 23meq/l; 3meq/l; 5meq/l; 140meq/l	1	
normosol -r injection 27meq/l; 98meq/l; 23meq/l; 3meq/l; 5meq/l; 140meq/l	1	
normosol-m/d5w injection 16meq/l; 40meq/l; 5%; 3meq/l; 13meq/l; 40meq/l	3	
normosol-r/5% dextrose injection 27meq/l; 98meq/l; 5%; 23meq/l; 3meq/l; 5meq/l; 140meq/l	1	
normosol-r injection 27meq/l; 98meq/l; 23meq/l; 3meq/l; 5meq/l; 140meq/l	1	

Drug Name	Drug Tier	Requirements/Limits
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; NDS
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
potassium chloride 0.3%/d5w/viaflex injection 5%; 40meq/l	1	
potassium chloride er capsule extended release 10meq, 8meq	1	
potassium chloride er tablet extended release 10meq, 15meq, 20meq, 8meq	1	
potassium chloride/dextrose/lactated ringers injection 3meq/l; 149meq/l; 5%; 28meq/l; 24meq/l; 130meq/l	1	
potassium chloride/dextrose/sodium chloride injection 5%; 0.15%; 0.225%, 5%; 10meq/l; 0.45%, 5%; 20meq/l; 0.45%, 5%; 20meq/l; 0.9%, 5%; 30meq/l; 0.45%, 5%; 40meq/l; 0.45%, 5%; 40meq/l; 0.9%	1	
potassium chloride/dextrose injection 5%; 10meq/l, 5%; 20meq/l	1	
potassium chloride/sodium chloride injection 20meq/l; 0.45%, 20meq/l; 0.9%, 40meq/l; 0.9%	1	
potassium chloride injection 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 2meq/ml, 40meq/100ml	1	
potassium chloride packet 20meq	1	
potassium chloride oral solution 10%, 20%	1	
potassium citrate er tablet extended release 1080mg, 15meq, 540mg	1	
potassium phosphates injection 45mmole/15ml; 71meq/15ml; 0; 0	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	2	B/D

Drug Name	Drug Tier	Requirements/Limits
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	2	B/D
ringers injection injection 4.5meq/l; 156meq/l; 4meq/l; 147meq/l	1	
sodium chloride 0.45% injection 0.45%	1	
sodium chloride injection 0.45%, 0.9%, 2.5meq/ml, 3%, 4meq/ml, 5%	1	
sodium fluoride solution 0.5mg/ml	1	
sodium fluoride tablet chewable 0.25mg, 0.5mg, 1mg	1	
tpn electrolytes injection 29.5meq/20ml; 4.5meq/20ml; 35meq/20ml; 5meq/20ml; 20meq/20ml; 35meq/20ml	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	2	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	2	B/D
Electrolyte/Mineral/Metal Modifiers		
CHEMET CAPSULE 100MG	5	NDS
deferasirox packet 180mg, 360mg, 90mg	4	PA; NDS
deferasirox tablet soluble 125mg	1	PA
deferasirox tablet soluble 250mg, 500mg	4	PA; NDS
deferasirox tablet 180mg, 360mg, 90mg	1	PA
deferiprone tablet 1000mg, 500mg	4	PA; NDS
FERRIPROX TWICE-A-DAY TABLET 1000MG	5	PA; NDS
FERRIPROX SOLUTION 100MG/ML	5	PA; NDS
penicillamine tablet 250mg	4	NDS
tolvaptan tablet therapy pack 0, 15mg	4	QL(56 EA per 28 days); PA; NDS
tolvaptan tablet 15mg, 30mg	4	QL(120 EA per 30 days); PA; NDS
TRIENTINE HYDROCHLORIDE CAPSULE 500MG	4	PA; NDS

Drug Name	Drug Tier	Requirements/Limits
trientine hydrochloride capsule 250mg	4	PA; NDS
Phosphate Binders		
calcium acetate capsule 667mg	1	
calcium acetate tablet 667mg	1	
FOSRENOL PACKET 1000MG, 750MG	5	NDS
lanthanum carbonate tablet chewable 1000mg, 500mg, 750mg	4	NDS
sevelamer carbonate packet 0.8gm, 2.4gm	1	
sevelamer carbonate tablet 800mg	1	
sevelamer hydrochloride tablet 400mg, 800mg	1	
Potassium Binders		
KIONEX SUSPENSION 15GM/60ML	3	
LOKELMA PACKET 10GM, 5GM	3	QL(90 EA per 30 days)
sodium polystyrene sulfonate powder 0	1	
SPS SUSPENSION 15GM/60ML	3	
VELTASSA PACKET 16.8GM, 1GM, 25.2GM, 8.4GM	3	
Vitamins		
prenatal tablet 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg	1	
Gastrointestinal Agents		
Anti-Constipation Agents		
constulose solution 10gm/15ml	1	
enulose solution 10gm/15ml	1	
generlac solution 10gm/15ml	1	
KRISTALOSE PACKET 20GM	3	
LACTULOSE PACKET 20GM	3	
lactulose packet 10gm	1	
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)
prucalopride tablet 1mg, 2mg	1	QL(30 EA per 30 days)
RELISTOR INJECTION 8MG/0.4ML	5	QL(12 ML per 30 days); ST; NDS
RELISTOR INJECTION 12MG/0.6ML	5	QL(18 ML per 30 days); ST; NDS
RELISTOR TABLET 150MG	5	QL(90 EA per 30 days); ST; NDS
Anti-Diarrheal Agents		
alosetron hydrochloride tablet 0.5mg	1	PA
alosetron hydrochloride tablet 1mg	4	PA; NDS
loperamide hydrochloride capsule 2mg	1	
MOTOFEN TABLET 0.025MG; 1MG	3	
VIBERZI TABLET 100MG, 75MG	5	QL(60 EA per 30 days); PA; NDS
XERMELO TABLET 250MG	5	QL(90 EA per 30 days); PA; NDS
Antispasmodics, Gastrointestinal		

Drug Name	Drug Tier	Requirements/Limits
dicyclomine hcl solution 10mg/5ml	1	
dicyclomine hydrochloride capsule 10mg	1	
dicyclomine hydrochloride injection 10mg/ml	1	
dicyclomine hydrochloride tablet 20mg	1	
glycopyrrolate injection 0.2mg/ml, 0.4mg/2ml, 1mg/5ml, 4mg/20ml	1	
glycopyrrolate oral solution 1mg/5ml	1	PA
glycopyrrolate tablet 1mg, 2mg	1	PA
Gastrointestinal Agents, Other		
bismuth subcitrate pot/metronidazole/tetracycline hydrochlo capsule 140mg; 125mg; 125mg	1	
CHENODAL TABLET 250MG	5	PA; NDS
CLENPIQ SOLUTION 12GM/175ML; 3.5GM/175ML; 10MG/175ML	3	
CTEXLI TABLET 250MG	5	PA; NDS
GATTEX INJECTION 5MG	5	PA; NDS
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	
gavilyte-n/flavor pack solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm	1	
GIMOTI SOLUTION 15MG/ACT	5	ST; NDS
lansoprazole/amoxicillin/clarithromycin therapy pack 500mg; 500mg; 30mg	1	
LIVMARLI SOLUTION 19MG/ML	4	QL(60 ML per 30 days); PA; NDS
LIVMARLI SOLUTION 9.5MG/ML	4	QL(90 ML per 30 days); PA; NDS
LIVMARLI TABLET 30MG	4	QL(30 EA per 30 days); PA; NDS
LIVMARLI TABLET 10MG, 15MG, 20MG	4	QL(60 EA per 30 days); PA; NDS
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	5	PA; NDS
nitroglycerin ointment 0.4%	1	
OCALIVA TABLET 10MG, 5MG	5	QL(30 EA per 30 days); PA; NDS
peg-3350/electrolytes/ascorbate solution reconstituted 4.7gm; 100gm; 1.015gm; 5.9gm; 2.691gm; 7.5gm	1	
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	

Drug Name	Drug Tier	Requirements/Limits
peg-prep kit 5mg; 210gm; 0.74gm; 2.86gm; 5.6gm	1	
sodium sulfate/potassium sulfate/magnesium sulfate solution 1.6gm/177ml; 3.13gm/177ml; 17.5gm/177ml	1	
ursodiol capsule 300mg	1	
ursodiol tablet 250mg, 500mg	1	
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	PA; NDS
XIFAXAN TABLET 200MG	3	PA
XIFAXAN TABLET 550MG	5	PA; NDS
ZORBTIVE INJECTION 8.8MG	4	PA; NDS
Histamine2 (H2) Receptor Antagonists		
cimetidine hydrochloride solution 300mg/5ml	1	
cimetidine tablet 200mg, 300mg, 400mg, 800mg	1	
famotidine premixed injection 0.4mg/ml; 0.9%	1	
famotidine injection 200mg/20ml, 20mg/2ml, 40mg/4ml	1	
famotidine suspension reconstituted 40mg/5ml	1	
famotidine tablet 20mg, 40mg	1	
nizatidine capsule 150mg, 300mg	1	
Protectants		
misoprostol tablet 100mcg, 200mcg	1	
sucralfate suspension 1gm/10ml	1	
sucralfate tablet 1gm	1	
Proton Pump Inhibitors		
esomeprazole magnesium capsule delayed release 20mg, 40mg	1	QL(60 EA per 30 days)
esomeprazole magnesium packet 10mg, 2.5mg, 20mg, 40mg, 5mg	1	QL(60 EA per 30 days)
esomeprazole sodium injection 40mg	1	
lansoprazole capsule delayed release 15mg, 30mg	1	QL(60 EA per 30 days)
omeprazole dr capsule delayed release 10mg, 40mg	1	QL(60 EA per 30 days)
OMEPRAZOLE/SODIUM BICARBONATE CAPSULE 40MG; 1100MG	3	QL(30 EA per 30 days)
omeprazole/sodium bicarbonate capsule 20mg; 1100mg	4	QL(30 EA per 30 days); NDS
omeprazole/sodium bicarbonate packet 20mg; 1680mg, 40mg; 1680mg	4	QL(30 EA per 30 days); NDS
omeprazole capsule delayed release 10mg, 20mg, 40mg	1	QL(60 EA per 30 days)
pantoprazole sodium injection 40mg	1	
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)
rabeprazole sodium tablet delayed release 20mg	1	QL(60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
ALDURAZYME INJECTION 2.9MG/5ML	4	PA; NDS
AMONDYS 45 INJECTION 100MG/2ML	5	PA; NDS
ARALAST NP INJECTION 1000MG, 500MG	5	PA; NDS
betaine anhydrous powder 0	4	NDS
CERDELGA CAPSULE 84MG	4	PA; NDS
CEREZYME INJECTION 400UNIT	4	PA; NDS
CHOLBAM CAPSULE 250MG, 50MG	5	PA; NDS
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	2	
CREON CAPSULE DELAYED RELEASE PARTICLES 180000UNIT; 36000UNIT; 114000UNIT	4	NDS
cromolyn sodium concentrate 100mg/5ml	1	
CYSTAGON CAPSULE 150MG, 50MG	2	
dichlorphenamide tablet 50mg	4	QL(120 EA per 30 days); PA; NDS
DOJOLVI LIQUID 100%	5	PA; NDS
ELAPRASE INJECTION 6MG/3ML	4	PA; NDS
EVRYSDI SOLUTION RECONSTITUTED 0.75MG/ML	5	QL(240 ML per 30 days); PA; NDS
EVRYSDI TABLET 5MG	5	QL(30 EA per 30 days); PA; NDS
EXONDYS 51 INJECTION 100MG/2ML, 500MG/10ML	5	PA; NDS
FABRAZYME INJECTION 35MG, 5MG	4	PA; NDS
GALAFOLD CAPSULE 123MG	5	QL(14 EA per 28 days); PA; NDS
GLASSIA INJECTION 1000MG/50ML	5	PA; NDS
KANUMA INJECTION 20MG/10ML	5	PA; NDS
L-GLUTAMINE PACKET 5GM	4	PA; NDS
LUMIZYME INJECTION 50MG	4	PA; NDS
miglustat capsule 100mg	4	PA; NDS
NAGLAZYME INJECTION 1MG/ML	4	PA; NDS
nitisinone capsule 10mg, 20mg, 2mg, 5mg	4	NDS
NITYR TABLET 10MG, 2MG, 5MG	5	NDS
NULIBRY INJECTION 9.5MG	4	PA; NDS
ONPATTRO INJECTION 10MG/5ML	5	PA; NDS
ORFADIN SUSPENSION 4MG/ML	4	NDS
OXBRYTA TABLET SOLUBLE 300MG	5	QL(240 EA per 30 days); PA; NDS
OXBRYTA TABLET 500MG	5	QL(150 EA per 30 days); PA; NDS
OXBRYTA TABLET 300MG	5	QL(240 EA per 30 days); PA; NDS
PALYNZIQ INJECTION 10MG/0.5ML	5	QL(28 ML per 28 days); PA; NDS

Drug Name	Drug Tier	Requirements/Limits
PALYNZIQ INJECTION 20MG/ML	5	QL(56 ML per 28 days); PA; NDS
PALYNZIQ INJECTION 2.5MG/0.5ML	5	QL(8 ML per 28 days); PA; NDS
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	5	ST; NDS
PERTZYE CAPSULE DELAYED RELEASE PARTICLES 15125UNIT; 4000UNIT; 14375UNIT, 30250UNIT; 8000UNIT; 28750UNIT	3	ST
PERTZYE CAPSULE DELAYED RELEASE PARTICLES 60500UNIT; 16000UNIT; 57500UNIT, 90750UNIT; 24000UNIT; 86250UNIT	5	ST; NDS
PROCYSBI CAPSULE DELAYED RELEASE 25MG, 75MG	5	PA; NDS
PROCYSBI PACKET 300MG, 75MG	5	PA; NDS
PROLASTIN-C INJECTION 1000MG/20ML	4	PA; NDS
PYRUKYND TAPER PACK TABLET THERAPY PACK 0, 5MG	4	QL(30 EA per 30 days); PA; NDS
PYRUKYND TABLET 50MG	4	QL(120 EA per 30 days); PA; NDS
PYRUKYND TABLET 20MG, 5MG	4	QL(60 EA per 30 days); PA; NDS
RAVICTI LIQUID 1.1GM/ML	5	PA; NDS
REVCOVI INJECTION 2.4MG/1.5ML	5	PA; NDS
sapropterin dihydrochloride packet 100mg, 500mg	4	PA; NDS
sapropterin dihydrochloride tablet 100mg	4	PA; NDS
sodium phenylbutyrate powder 3gm/tsp	4	NDS
sodium phenylbutyrate tablet 500mg	4	NDS
SPINRAZA INJECTION 12MG/5ML	5	PA; NDS
STRENSIQ INJECTION 18MG/0.45ML, 28MG/0.7ML, 40MG/ML, 80MG/0.8ML	5	PA; NDS
SUCRAID SOLUTION 8500UNIT/ML	5	PA; NDS
TEGSEDI INJECTION 284MG/1.5ML	5	PA; NDS
VILTEPSO INJECTION 250MG/5ML	5	PA; NDS
VIMIZIM INJECTION 5MG/5ML	4	PA; NDS
VIOKACE TABLET 39150UNIT; 10440UNIT; 39150UNIT	3	ST
VIOKACE TABLET 78300UNIT; 20880UNIT; 78300UNIT	5	ST; NDS
VOXZOGO INJECTION 0.4MG, 0.56MG, 1.2MG	4	QL(30 EA per 30 days); PA; NDS
VPRIV INJECTION 400UNIT	4	PA; NDS
VYNDAQEL CAPSULE 20MG	4	QL(120 EA per 30 days); PA; NDS

Drug Name	Drug Tier	Requirements/Limits
VYONDYS 53 INJECTION 100MG/2ML	5	PA; NDS
WELIREG TABLET 40MG	4	PA; NDS
XIAFLEX INJECTION 0.9MG	5	PA; NDS
XURIDEN PACKET 2GM	5	QL(120 EA per 30 days); PA; NDS
yargesa capsule 100mg	4	PA; NDS
zelvysia packet 100mg, 500mg	4	PA; NDS
ZEMAIRA INJECTION 1000MG, 4000MG, 5000MG	5	PA; NDS
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	
fesoterodine fumarate er tablet extended release 24 hour 4mg, 8mg	1	
flavoxate hcl tablet 100mg	1	
GELNIQUE GEL 10%	3	
GEMTESA TABLET 75MG	3	
mirabegron er tablet extended release 24 hour 25mg, 50mg	1	
MYRBETRIQ SUSPENSION RECONSTITUTED ER 8MG/ML	2	
oxybutynin chloride er tablet extended release 24 hour 10mg, 15mg, 5mg	1	
oxybutynin chloride solution 5mg/5ml	1	
oxybutynin chloride tablet 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	
trospium chloride er capsule extended release 24 hour 60mg	1	
trospium chloride tablet 20mg	1	
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er tablet extended release 24 hour 10mg	1	
doxazosin mesylate tablet 1mg, 2mg, 4mg, 8mg	1	
doxazosin tablet 2mg	1	
dutasteride/tamsulosin hydrochloride capsule 0.5mg; 0.4mg	1	

Drug Name	Drug Tier	Requirements/Limits
dutasteride capsule 0.5mg	1	
finasteride tablet 5mg	1	
silodosin capsule 4mg, 8mg	1	
tadalafil tablet 2.5mg, 5mg	1	QL(30 EA per 30 days); PA
tamsulosin hydrochloride capsule 0.4mg	1	
terazosin hcl capsule 10mg, 1mg, 5mg	1	
terazosin hydrochloride capsule 2mg	1	
Genitourinary Agents, Other		
bethanechol chloride tablet 10mg, 25mg, 50mg, 5mg	1	
ELMIRON CAPSULE 100MG	5	NDS
tiopronin dr tablet delayed release 100mg, 300mg	4	NDS
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
ACTHAR GEL INJECTION 40UNIT/0.5ML, 80UNIT/ML	5	PA; NDS
ACTHAR INJECTION 80UNIT/ML	5	PA; NDS
CORTROPHIN INJECTION 80UNIT/ML	5	PA; NDS
deflazacort suspension 22.75mg/ml	4	PA; NDS
deflazacort tablet 18mg, 30mg, 36mg, 6mg	4	PA; NDS
DEPO-MEDROL INJECTION 20MG/ML	3	
dexamethasone 10-day dose pack tablet therapy pack 1.5mg	1	
dexamethasone 13-day dose pack tablet therapy pack 1.5mg	1	
dexamethasone 6-day dose pack tablet therapy pack 1.5mg	1	
dexamethasone intensol concentrate 1mg/ml	1	
dexamethasone sodium phosphate +rfid injection 4mg/ml	1	
dexamethasone sodium phosphate injection 100mg/10ml, 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml	1	
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	
fludrocortisone acetate tablet 0.1mg	1	
hydrocortisone sodium succinate injection 100mg	1	
hydrocortisone tablet 10mg, 20mg, 5mg	1	
jaythari tablet 18mg, 30mg, 36mg, 6mg	4	PA; NDS
KENALOG-10 INJECTION 10MG/ML	3	
methylprednisolone acetate injection 40mg/ml, 80mg/ml	1	
methylprednisolone dose pack tablet therapy pack 4mg	1	
methylprednisolone sodium succinate injection 1000mg, 125mg, 500mg	1	
methylprednisolone sodiumsuccinate injection 40mg	1	
methylprednisolone tablet 16mg, 32mg, 4mg, 8mg	1	

Drug Name	Drug Tier	Requirements/Limits
prednisolone sodium phosphate odt tablet disintegrating 10mg, 15mg, 30mg	1	
prednisolone sodium phosphate oral solution 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml	1	
prednisolone solution 15mg/5ml	1	
prednisolone tablet 5mg	1	
prednisone intensol concentrate 5mg/ml	1	
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; NDS
RAYOS TABLET DELAYED RELEASE 1MG, 2MG, 5MG	4	PA; NDS
SOLU-CORTEF INJECTION 1000MG, 100MG, 250MG, 500MG	3	
SOLU-MEDROL INJECTION 2GM	3	
triamcinolone acetonide injection 10mg/ml, 40mg/ml	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
CHORIONIC GONADOTROPIN INJECTION 10000UNIT	3	PA
desmopressin acetate injection 4mcg/ml	4	NDS
desmopressin acetate nasal solution 0.01%	1	
desmopressin acetate nasal solution 1.5mg/ml	4	NDS
desmopressin acetate tablet 0.1mg, 0.2mg	1	
EGRIFTA SV INJECTION 2MG	5	QL(30 EA per 30 days); PA; NDS
GENOTROPIN MINIQUICK INJECTION 0.2MG	2	PA
GENOTROPIN MINIQUICK INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	4	PA; NDS
GENOTROPIN INJECTION 12MG, 5MG	4	PA; NDS
HUMATROPE INJECTION 12MG, 24MG, 6MG	5	PA; NDS
INCRELEX INJECTION 40MG/4ML	4	PA; NDS
ISTURISA TABLET 1MG	5	QL(240 EA per 30 days); PA; NDS
ISTURISA TABLET 5MG	5	QL(360 EA per 30 days); PA; NDS
LUPRON DEPOT-PED (6-MONTH) INJECTION 45MG	4	QL(1 EA per 168 days); PA; NDS
NORDITROPIN FLEXPRO INJECTION 10MG/1.5ML, 15MG/1.5ML, 30MG/3ML, 5MG/1.5ML	5	PA; NDS
NOVAREL INJECTION 5000UNIT	3	PA
NUTROPIN AQ NUSPIN 10 INJECTION 10MG/2ML	4	PA; NDS
NUTROPIN AQ NUSPIN 20 INJECTION 20MG/2ML	4	PA; NDS
NUTROPIN AQ NUSPIN 5 INJECTION 5MG/2ML	4	PA; NDS
OMNITROPE INJECTION 10MG/1.5ML, 5.8MG, 5MG/1.5ML	5	PA; NDS

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	5	PA; NDS
SEROSTIM INJECTION 4MG, 5MG, 6MG	5	PA; NDS
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	5	PA; NDS
ZOMACTON INJECTION 10MG, 5MG	3	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
danazol capsule 100mg, 200mg, 50mg	1	
JATENZO CAPSULE 158MG, 198MG	3	PA
JATENZO CAPSULE 237MG	5	PA; NDS
METHITEST TABLET 10MG	5	PA; NDS
methyltestosterone capsule 10mg	4	PA; NDS
testosterone cypionate injection 100mg/ml, 200mg/ml	1	PA
testosterone enanthate injection 200mg/ml	1	PA
testosterone pump gel 1%, 1.62%	1	PA
testosterone gel 10mg/act, 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm	1	PA
testosterone solution 30mg/act	1	PA
XYOSTED INJECTION 100MG/0.5ML, 50MG/0.5ML, 75MG/0.5ML	3	PA
Estrogens		
abigale lo tablet 0.5mg; 0.1mg	1	
abigale tablet 1mg; 0.5mg	1	
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, 1mg; 0.5mg	1	
amethia tablet 0; 0	1	QL(91 EA per 91 days)
amethyst tablet 20mcg; 90mcg	1	
ANGELIQ TABLET 0.25MG; 0.5MG, 0.5MG; 1MG	3	
apri tablet 0.15mg; 30mcg	1	
aranelle tablet 0; 0	1	
ashlyna tablet 0; 0	1	QL(91 EA per 91 days)
aubra eq tablet 20mcg; 0.1mg	1	
aviane tablet 20mcg; 0.1mg	1	
azurette tablet 0; 0	1	
balziva tablet 35mcg; 0.4mg	1	

Drug Name	Drug Tier	Requirements/Limits
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)
CLIMARA PRO PATCH WEEKLY 0.045MG/DAY; 0.015MG/DAY	3	
COMBIPATCH PATCH TWICE WEEKLY 0.05MG/DAY; 0.14MG/DAY, 0.05MG/DAY; 0.25MG/DAY	3	
cryselle-28 tablet 30mcg; 0.3mg	1	
cyred eq tablet 0.15mg; 30mcg	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	
DEPO-ESTRADIOL INJECTION 5MG/ML	3	
desogestrel/ethinyl estradiol tablet 0; 0	1	
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	
drospirenone/ethinyl estradiol/levomefolate calcium tablet 3mg; 0.02mg; 0.451mg	1	
drospirenone/ethinyl estradiol tablet 3mg; 0.02mg, 3mg; 0.03mg	1	
ELESTRIN GEL 0.06%	3	
elinest tablet 30mcg; 0.3mg	1	
eluryng ring 0.015mg/24hr; 0.12mg/24hr	1	
enilloring ring 0.015mg/24hr; 0.12mg/24hr	1	
enpresse-28 tablet 0; 0	1	
enskyce tablet 0.15mg; 0.03mg	1	
estarylla tablet 35mcg; 0.25mg	1	
estradiol valerate injection 10mg/ml, 20mg/ml, 40mg/ml	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	
estradiol patch weekly 0.025mg/24hr, 0.05mg/24hr, 0.06mg/24hr, 0.075mg/24hr, 0.1mg/24hr, 37.5mcg/24hr	1	

Drug Name	Drug Tier	Requirements/Limits
estradiol oral tablet 0.5mg, 1mg, 2mg, 10mcg	1	
ESTRING RING 7.5MCG/24HR	2	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	
EVAMIST SOLUTION 1.53MG/SPRAY	3	
falmina tablet 20mcg; 0.1mg	1	
feirza 1.5/30 tablet 30mcg; 75mg; 1.5mg	1	
feirza 1/20 tablet 20mcg; 75mg; 1mg	1	
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 24 fe tablet 20mcg; 75mg; 1mg	1	
haloette ring 0.015mg/24hr; 0.12mg/24hr	1	
iclevia tablet 0.03mg; 0.15mg	1	QL(91 EA per 91 days)
IMVEXXY MAINTENANCE PACK INSERT 10MCG, 4MCG	3	PA
IMVEXXY STARTER PACK INSERT 10MCG, 4MCG	3	PA
introvale tablet 0.03mg; 0.15mg	1	QL(91 EA per 91 days)
isibloom tablet 0.15mg; 30mcg	1	
jaimiess tablet 0; 0	1	QL(91 EA per 91 days)
jasmiel tablet 3mg; 0.02mg	1	
jinteli tablet 5mcg; 1mg	1	
jolessa tablet 0.03mg; 0.15mg	1	QL(91 EA per 91 days)
juleber tablet 0.15mg; 30mcg	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	
kaitlib fe tablet chewable 25mcg; 75mg; 0.8mg	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	
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	
layolis fe tablet chewable 25mcg; 75mg; 0.8mg	1	

Drug Name	Drug Tier	Requirements/Limits
leena tablet 0; 0	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 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	
lojaimiess tablet 0; 0	1	QL(91 EA per 91 days)
loryna tablet 3mg; 0.02mg	1	
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	
marlissa tablet 0.03mg; 0.15mg	1	
MENEST TABLET 0.3MG, 0.625MG, 1.25MG, 2.5MG	3	
MENOSTAR PATCH WEEKLY 14MCG/24HR	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	
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	
nikki tablet 3mg; 0.02mg	1	
norelgestromin/ethinyl estradiol patch weekly 35mcg/24hr; 150mcg/24hr	1	
norethindrone & ethinyl estradiol ferrous fumarate tablet chewable 25mcg; 75mg; 0.8mg	1	
norethindrone acetate/ethinyl estradiol/ferrous fumarate capsule 20mcg; 75mg; 1mg	1	
norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet chewable 20mcg; 75mg; 1mg	1	
norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 20mcg; 75mg; 1mg	1	

Drug Name	Drug Tier	Requirements/Limits
norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg, 20mcg; 1mg, 5mcg; 1mg	1	
norethindrone/ethinyl estradiol/ferrous fumarate tablet chewable 35mcg; 0; 0.4mg	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	
nylia 1/35 tablet 35mcg; 1mg	1	
nylia 7/7/7 tablet 35mcg; 0	1	
nymyo tablet 35mcg; 0.25mg	1	
ocella tablet 3mg; 0.03mg	1	
philith tablet 35mcg; 0.4mg	1	
pimtrea tablet 0; 0	1	
portia-28 tablet 0.03mg; 0.15mg	1	
PREFEST TABLET 0; 0	3	
PREMARIN CREAM 0.625MG/GM	2	
PREMARIN INJECTION 25MG	2	
PREMARIN TABLET 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	2	
PREMPHASE TABLET 0.625MG; 5MG	2	
PREMPRO TABLET 0.3MG; 1.5MG, 0.45MG; 1.5MG, 0.625MG; 2.5MG, 0.625MG; 5MG	2	
reclipsen tablet 0.15mg; 0.03mg	1	
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)
simpesse tablet 0; 0	1	QL(91 EA per 91 days)
sprintec 28 tablet 35mcg; 0.25mg	1	
sronyx tablet 20mcg; 0.1mg	1	
syeda tablet 3mg; 0.03mg	1	
tarina 24 fe tablet 20mcg; 75mg; 1mg	1	
tarina fe 1/20 eq tablet 20mcg; 75mg; 1mg	1	
tilia fe tablet 0; 75mg; 1mg	1	
tri-estarylla tablet 0; 0	1	
tri-legest fe tablet 0; 75mg; 1mg	1	
tri-linyah tablet 0; 0	1	
tri-lo-estarylla tablet 0; 0	1	
tri-lo-sprintec tablet 0; 0	1	
tri-mili tablet 0; 0	1	
tri-nymyo tablet 0; 0	1	
tri-sprintec tablet 0; 0	1	

Drug Name	Drug Tier	Requirements/Limits
tri-vylibra lo tablet 0; 0	1	
tri-vylibra tablet 0; 0	1	
trivora-28 tablet 0; 0	1	
turqoz tablet 30mcg; 0.3mg	1	
tydemy tablet 3mg; 0.03mg; 0.451mg	1	
valtya 1/50 tablet 50mcg; 1mg	1	
velivet tablet 0; 0	1	
vestura tablet 3mg; 0.02mg	1	
vienva tablet 20mcg; 0.1mg	1	
viorele tablet 0; 0	1	
vyfemla tablet 35mcg; 0.4mg	1	
vylibra tablet 35mcg; 0.25mg	1	
wera tablet 35mcg; 0.5mg	1	
wymzya fe tablet chewable 35mcg; 0; 0.4mg	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	
zeosa tablet chewable 35mcg; 0; 0.4mg	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	
DEPO-SUBQ PROVERA 104 INJECTION 104MG/0.65ML	2	QL(0.65 ML per 90 days)
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	

Drug Name	Drug Tier	Requirements/Limits
norlyroc tablet 0.35mg	1	
orquidea tablet 0.35mg	1	
progesterone capsule 100mg, 200mg	1	
sharobel tablet 0.35mg	1	
Selective Estrogen Receptor Modifying Agents		
OSPHENA TABLET 60MG	3	QL(30 EA per 30 days); PA
raloxifene hydrochloride tablet 60mg	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
ADTHYZA TABLET 120MG, 130MG, 15MG, 16.25MG, 30MG, 32.5MG, 60MG, 65MG, 90MG, 97.5MG	2	
ARMOUR THYROID TABLET 120MG, 15MG, 180MG, 240MG, 300MG, 30MG, 60MG, 90MG	2	
euthyrox tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg	1	
levo-t tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg	1	
LEVOTHYROXINE SODIUM CAPSULE 100MCG, 112MCG, 125MCG, 137MCG, 13MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	3	
levothyroxine sodium injection 100mcg/5ml, 100mcg/ml, 100mcg, 200mcg/5ml, 200mcg, 500mcg/5ml, 500mcg	4	NDS
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	
liothyronine sodium injection 10mcg/ml	4	NDS
liothyronine sodium tablet 25mcg, 50mcg, 5mcg	1	
NIVA THYROID TABLET 120MG, 15MG, 30MG, 60MG, 90MG	2	
np thyroid 120 tablet 120mg	1	
np thyroid 15 tablet 15mg	1	
np thyroid 30 tablet 30mg	1	
np thyroid 60 tablet 60mg	1	
np thyroid 90 tablet 90mg	1	
RENTHYROID TABLET 120MG, 15MG, 30MG, 60MG, 90MG	3	
REZDIFFRA TABLET 100MG, 60MG, 80MG	5	QL(30 EA per 30 days); PA; NDS
thyroid tablet 120mg, 15mg, 30mg, 60mg, 90mg	1	

Drug Name	Drug Tier	Requirements/Limits
TIROSINT-SOL SOLUTION 100MCG/ML, 112MCG/ML, 125MCG/ML, 137MCG/ML, 13MCG/ML, 150MCG/ML, 175MCG/ML, 200MCG/ML, 25MCG/ML, 37.5MCG/ML, 44MCG/ML, 50MCG/ML, 62.5MCG/ML, 75MCG/ML, 88MCG/ML	3	
TIROSINT CAPSULE 100MCG, 112MCG, 125MCG, 137MCG, 13MCG, 150MCG, 175MCG, 200MCG, 25MCG, 37.5MCG, 44MCG, 50MCG, 62.5MCG, 75MCG, 88MCG	3	
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	2	QL(1 EA per 112 days); PA
ELIGARD INJECTION 45MG	2	QL(1 EA per 168 days); PA
ELIGARD INJECTION 7.5MG	2	QL(1 EA per 28 days); PA
ELIGARD INJECTION 22.5MG	2	QL(1 EA per 84 days); PA
FIRMAGON INJECTION 80MG	2	QL(1 EA per 28 days); PA
FIRMAGON INJECTION 120MG/VIAL	4	QL(4 EA per 365 days); PA; NDS
lanreotide acetate injection 120mg/0.5ml	4	PA; NDS
LEUPROLIDE ACETATE INJECTION 22.5MG	2	QL(1 EA per 84 days); PA
leuprolide acetate injection 1mg/0.2ml	2	PA
LUPRON DEPOT (1-MONTH) INJECTION 3.75MG, 7.5MG	4	QL(1 EA per 28 days); PA; NDS
LUPRON DEPOT (3-MONTH) INJECTION 11.25MG, 22.5MG	4	QL(1 EA per 84 days); PA; NDS
LUPRON DEPOT (4-MONTH) INJECTION 30MG	4	QL(1 EA per 112 days); PA; NDS
lupron depot (6-month) injection 45mg	4	QL(1 EA per 168 days); PA; NDS
LUPRON DEPOT-PED (1-MONTH) INJECTION 11.25MG, 15MG, 7.5MG	4	QL(1 EA per 28 days); PA; NDS
LUPRON DEPOT-PED (3-MONTH) INJECTION 11.25MG, 30MG	4	QL(1 EA per 84 days); PA; NDS
LUTRATE DEPOT INJECTION 22.5MG	2	QL(1 EA per 84 days); PA
mifepristone tablet 200mg	1	
mifepristone tablet 300mg	4	QL(120 EA per 30 days); PA; NDS
MYCAPSSA CAPSULE DELAYED RELEASE 20MG	5	PA; NDS
MYFEMBREE TABLET 1MG; 0.5MG; 40MG	5	QL(30 EA per 30 days); PA; NDS
octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml	1	PA
octreotide acetate injection 1000mcg/ml, 10mg, 20mg, 30mg, 500mcg/ml	4	PA; NDS
ORGOVYX TABLET 120MG	5	PA; NDS

Drug Name	Drug Tier	Requirements/Limits
ORIAHNN CAPSULE THERAPY PACK 300MG; 1MG; 0.5MG	5	QL(56 EA per 28 days); PA; NDS
ORILISSA TABLET 150MG	5	QL(30 EA per 30 days); PA; NDS
ORILISSA TABLET 200MG	5	QL(60 EA per 30 days); PA; NDS
SANDOSTATIN LAR DEPOT INJECTION 10MG, 20MG, 30MG	4	PA; NDS
SIGNIFOR LAR INJECTION 10MG, 20MG, 30MG, 40MG, 60MG	5	QL(1 EA per 28 days); PA; NDS
SIGNIFOR INJECTION 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	4	QL(60 ML per 30 days); PA; NDS
SOMATULINE DEPOT INJECTION 120MG/0.5ML, 60MG/0.2ML, 90MG/0.3ML	5	PA; NDS
SOMAVERT INJECTION 10MG, 15MG, 20MG, 25MG, 30MG	4	PA; NDS
SUPPRELIN LA INJECTION 50MG	5	QL(1 EA per 365 days); PA; NDS
SYNAREL SOLUTION 2MG/ML	4	NDS
TRELSTAR MIXJECT INJECTION 22.5MG	2	QL(1 EA per 168 days); PA
TRELSTAR MIXJECT INJECTION 3.75MG	2	QL(1 EA per 28 days); PA
TRELSTAR MIXJECT INJECTION 11.25MG	2	QL(1 EA per 84 days); PA
TRIPTODUR INJECTION 22.5MG	5	QL(1 EA per 168 days); PA; NDS
VABRINTY INJECTION 45MG	5	QL(1 EA per 168 days); PA; NDS
VABRINTY INJECTION 22.5MG	5	QL(1 EA per 84 days); PA; NDS
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		
BERINERT INJECTION 500UNIT	5	PA; NDS
CINRYZE INJECTION 500UNIT	5	PA; NDS
HAEGARDA INJECTION 2000UNIT, 3000UNIT	5	PA; NDS
icatibant acetate injection 30mg/3ml	4	PA; NDS
ORLADEYO CAPSULE 110MG, 150MG	5	QL(30 EA per 30 days); PA; NDS
TAKHZYRO INJECTION 150MG/ML, 300MG/2ML	5	PA; NDS
Immunoglobulins		
ASCENIV INJECTION 5GM/50ML	5	PA; NDS
ATGAM INJECTION 50MG/ML	5	NDS
BIVIGAM INJECTION 10%, 5GM/50ML	4	PA; NDS
CUTAQUIG INJECTION 1.65GM/10ML, 1GM/6ML, 2GM/12ML, 3.3GM/20ML, 4GM/24ML, 8GM/48ML	5	PA; NDS

Drug Name	Drug Tier	Requirements/Limits
CUVITRU INJECTION 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML, 8GM/40ML	5	PA; NDS
FLEBOGAMMA DIF INJECTION 10GM/100ML, 10GM/200ML, 2.5GM/50ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	4	PA; NDS
GAMASTAN INJECTION 0	2	PA
GAMMAGARD LIQUID INJECTION 10GM/100ML, 1GM/10ML, 2.5GM/25ML, 20GM/200ML, 30GM/300ML, 5GM/50ML	4	PA; NDS
GAMMAGARD S/D IGA LESS THAN 1MCG/ML INJECTION 10GM, 5GM	4	PA; NDS
GAMMAKED INJECTION 10GM/100ML, 1GM/10ML, 20GM/200ML, 5GM/50ML	4	PA; NDS
GAMMAPLEX INJECTION 10GM/100ML, 10GM/200ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	4	PA; NDS
GAMUNEX-C INJECTION 10GM/100ML, 1GM/10ML, 2.5GM/25ML, 20GM/200ML, 40GM/400ML, 5GM/50ML	4	PA; NDS
HIZENTRA INJECTION 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML	5	PA; NDS
HYPERHEP B INJECTION 110UNIT/0.5ML, 220UNIT/ML	5	B/D; NDS
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	5	PA; NDS
NABI-HB INJECTION 312UNIT/ML	5	B/D; NDS
OCTAGAM INJECTION 10GM/100ML, 10GM/200ML, 1GM/20ML, 2.5GM/50ML, 20GM/200ML, 2GM/20ML, 30GM/300ML, 5GM/100ML, 5GM/50ML	4	PA; NDS
PANZYGA INJECTION 10GM/100ML, 1GM/10ML, 2.5GM/25ML, 20GM/200ML, 30GM/300ML, 5GM/50ML	5	PA; NDS
PRIVIGEN INJECTION 10GM/100ML, 20GM/200ML, 40GM/400ML, 5GM/50ML	4	PA; NDS
SYNAGIS INJECTION 100MG/ML, 50MG/0.5ML	4	NDS
THYMOGLOBULIN INJECTION 25MG	5	NDS
VARIZIG INJECTION 125UNIT/1.2ML	4	PA; NDS
Immunological Agents, Other		
ACTEMRA ACTPEN INJECTION 162MG/0.9ML	5	PA; NDS
ACTEMRA INJECTION 200MG/10ML, 400MG/20ML, 80MG/4ML	5	PA; NDS
ACTEMRA INJECTION 162MG/0.9ML	5	QL(3.6 ML per 28 days); PA; NDS
ARCALYST INJECTION 220MG	4	PA; NDS
BENLYSTA INJECTION 200MG/ML	5	PA; NDS

Drug Name	Drug Tier	Requirements/Limits
CIBINQO TABLET 100MG, 200MG, 50MG	5	QL(30 EA per 30 days); PA; NDS
COSENTYX SENSOREADY PEN INJECTION 150MG/ML	4	QL(10 ML per 28 days); PA; NDS
COSENTYX UNOREADY INJECTION 300MG/2ML	4	QL(10 ML per 28 days); PA; NDS
COSENTYX INJECTION 125MG/5ML	4	PA; NDS
COSENTYX INJECTION 150MG/ML, 75MG/0.5ML	4	QL(10 ML per 28 days); PA; NDS
DUPIXENT INJECTION 100MG/0.67ML	4	QL(1.34 ML per 28 days); PA; NDS
DUPIXENT INJECTION 200MG/1.14ML	4	QL(4.56 ML per 28 days); PA; NDS
DUPIXENT INJECTION 300MG/2ML	4	QL(8 ML per 28 days); PA; NDS
EMPAVELI INJECTION 1080MG/20ML	5	PA; NDS
ENJAYMO INJECTION 1100MG/22ML	4	PA; NDS
ENTYVIO INJECTION 300MG	5	PA; NDS
GAMIFANT INJECTION 100MG/20ML, 10MG/2ML, 50MG/10ML	4	PA; NDS
ILARIS INJECTION 150MG/ML	5	QL(2 ML per 28 days); PA; NDS
ILUMYA INJECTION 100MG/ML	5	QL(1 ML per 28 days); PA; NDS
KEVZARA INJECTION 150MG/1.14ML, 200MG/1.14ML	5	QL(2.28 ML per 28 days); PA; NDS
KINERET INJECTION 100MG/0.67ML	5	PA; NDS
LEMTRADA INJECTION 12MG/1.2ML	5	PA; NDS
ODACTRA TABLET SUBLINGUAL 0; 0	2	QL(30 EA per 30 days); PA
OLUMIANT TABLET 1MG, 2MG, 4MG	5	QL(30 EA per 30 days); PA; NDS
ORENCIA CLICKJECT INJECTION 125MG/ML	4	QL(4 ML per 28 days); PA; NDS
ORENCIA INJECTION 50MG/0.4ML	4	QL(1.6 ML per 28 days); PA; NDS
ORENCIA INJECTION 87.5MG/0.7ML	4	QL(2.8 ML per 28 days); PA; NDS
ORENCIA INJECTION 125MG/ML	4	QL(4 ML per 28 days); PA; NDS
OTEZLA TABLET THERAPY PACK 0	4	QL(110 EA per 365 days); PA; NDS
RINVOQ LQ SOLUTION 1MG/ML	4	QL(360 ML per 30 days); PA; NDS
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15MG, 30MG, 45MG	4	QL(30 EA per 30 days); PA; NDS
RYSTIGGO INJECTION 280MG/2ML, 420MG/3ML	5	QL(12 ML per 28 days); PA; NDS
RYSTIGGO INJECTION 560MG/4ML	5	QL(16 ML per 28 days); PA; NDS
RYSTIGGO INJECTION 840MG/6ML	5	QL(24 ML per 28 days); PA; NDS
SAPHNELO INJECTION 300MG/2ML	5	PA; NDS
SILIQ INJECTION 210MG/1.5ML	5	QL(7.5 ML per 28 days); PA; NDS
SIMULECT INJECTION 10MG, 20MG	5	NDS
SKYRIZI PEN INJECTION 150MG/ML	4	QL(1 ML per 28 days); PA; NDS
SKYRIZI INJECTION 150MG/ML	4	QL(1 ML per 28 days); PA; NDS
SKYRIZI INJECTION 180MG/1.2ML	4	QL(1.2 ML per 56 days); PA; NDS
SKYRIZI INJECTION 360MG/2.4ML	4	QL(2.4 ML per 56 days); PA; NDS
SKYRIZI INJECTION 600MG/10ML	4	QL(60 ML per 365 days); PA; NDS
SOLIRIS INJECTION 300MG/30ML	5	PA; NDS
STELARA INJECTION 130MG/26ML	4	QL(104 ML per 365 days); PA; NDS
STELARA INJECTION 45MG/0.5ML, 90MG/ML	4	QL(3 ML per 84 days); PA; NDS

Drug Name	Drug Tier	Requirements/Limits
STEQEYMA INJECTION 45MG/0.5ML	2	QL(3 ML per 84 days); PA; NDS
STEQEYMA INJECTION 130MG/26ML	4	QL(104 ML per 365 days); PA; NDS
STEQEYMA INJECTION 90MG/ML	4	QL(3 ML per 84 days); PA; NDS
SYLVANT INJECTION 100MG, 400MG	4	PA; NDS
TALTZ INJECTION 20MG/0.25ML	5	QL(0.5 ML per 28 days); PA; NDS
TALTZ INJECTION 40MG/0.5ML	5	QL(1 ML per 28 days); PA; NDS
TALTZ INJECTION 80MG/ML	5	QL(4 ML per 28 days); PA; NDS
TAVNEOS CAPSULE 10MG	4	QL(180 EA per 30 days); PA; NDS
TEPEZZA INJECTION 500MG	4	PA; NDS
TREMFYA INDUCTION PACK FOR CROHNS DISEASE/ULCERATIVE COLITIS INJECTION 200MG/2ML	5	QL(4 ML per 28 days); PA; NDS
TREMFYA INJECTION 200MG/20ML	5	PA; NDS
TREMFYA INJECTION 100MG/ML	5	QL(2 ML per 56 days); PA; NDS
TREMFYA INJECTION 200MG/2ML	5	QL(4 ML per 28 days); PA; NDS
ULTOMIRIS INJECTION 1100MG/11ML, 300MG/3ML	5	PA; NDS
USTEKINUMAB INJECTION 45MG/0.5ML, 90MG/ML	4	QL(3 ML per 84 days); PA; NDS
ustekinumab injection 130mg/26ml	4	QL(104 ML per 365 days); PA; NDS
VYVGART HYTRULO INJECTION 1000MG/5ML; 10000UNIT/5ML	5	QL(20 ML per 28 days); PA; NDS
VYVGART INJECTION 400MG/20ML	5	PA; NDS
WEZLANA INJECTION 130MG/26ML	4	QL(104 ML per 365 days); PA; NDS
WEZLANA INJECTION 45MG/0.5ML, 90MG/ML	4	QL(3 ML per 84 days); PA; NDS
XELJANZ XR TABLET EXTENDED RELEASE 24 HOUR 11MG, 22MG	4	QL(30 EA per 30 days); PA; NDS
XELJANZ SOLUTION 1MG/ML	4	QL(300 ML per 30 days); PA; NDS
XELJANZ TABLET 10MG, 5MG	4	QL(60 EA per 30 days); PA; NDS
XOLAIR INJECTION 75MG/0.5ML	4	QL(1 ML per 28 days); PA; NDS
XOLAIR INJECTION 150MG	4	QL(8 EA per 28 days); PA; NDS
XOLAIR INJECTION 150MG/ML, 300MG/2ML	4	QL(8 ML per 28 days); PA; NDS
Immunostimulants		
ACTIMMUNE INJECTION 100MCG/0.5ML	4	PA; NDS
BESREMI INJECTION 500MCG/ML	4	PA; NDS
PEGASYS INJECTION 180MCG/ML	4	PA; NDS
Immunosuppressants		
ADALIMUMAB-AATY 1-PEN KIT INJECTION 80MG/0.8ML	4	QL(3 EA per 28 days); PA; NDS
ADALIMUMAB-AATY 1-PEN KIT INJECTION 40MG/0.4ML	4	QL(6 EA per 28 days); PA; NDS
ADALIMUMAB-AATY 2-PEN KIT INJECTION 40MG/0.4ML	4	QL(6 EA per 28 days); PA; NDS

Drug Name	Drug Tier	Requirements/Limits
ADALIMUMAB-AATY 2-SYRINGE KIT INJECTION 20MG/0.2ML	4	QL(2 EA per 28 days); PA; NDS
ADALIMUMAB-AATY 2-SYRINGE KIT INJECTION 40MG/0.4ML	4	QL(6 EA per 28 days); PA; NDS
ADALIMUMAB-AATY CD/UC/HS STARTER INJECTION 80MG/0.8ML	4	QL(3 EA per 28 days); PA; NDS
adalimumab-adbm crohns/uc/hs starter injection 40mg/0.8ml	4	QL(6 EA per 28 days); PA; NDS; Boehringer Ingelheim labeled products only
adalimumab-adbm psoriasis/uveitis starter injection 40mg/0.8ml	4	QL(6 EA per 28 days); PA; NDS; 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; NDS; Boehringer Ingelheim labeled products only
adalimumab-adbm starter package for psoriasis/uveitis injection 40mg/0.4ml	4	QL(6 EA per 28 days); PA; NDS; Boehringer Ingelheim labeled products only
adalimumab-adbm injection 10mg/0.2ml, 20mg/0.4ml	4	QL(2 EA per 28 days); PA; NDS; Boehringer Ingelheim labeled products only
adalimumab-adbm injection 40mg/0.4ml, 40mg/0.8ml	4	QL(6 EA per 28 days); PA; NDS; Boehringer Ingelheim labeled products only
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 0.5MG, 1MG, 5MG	3	B/D
AVSOLA INJECTION 100MG	4	PA; NDS
azathioprine injection 100mg	4	B/D; NDS
azathioprine tablet 100mg, 50mg, 75mg	1	B/D
BENLYSTA INJECTION 120MG, 400MG	5	PA; NDS
CIMZIA STARTER KIT INJECTION 200MG/ML	5	QL(6 EA per 365 days); PA; NDS
CIMZIA INJECTION 200MG	5	QL(1 EA per 28 days); PA; NDS
CIMZIA INJECTION 200MG/ML	5	QL(2 EA per 28 days); PA; NDS
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	NDS
ENBREL MINI INJECTION 50MG/ML	4	QL(8 ML per 28 days); PA; NDS
ENBREL SURECLICK INJECTION 50MG/ML	4	QL(8 ML per 28 days); PA; NDS
ENBREL INJECTION 25MG/0.5ML	4	QL(4 ML per 28 days); PA; NDS
ENBREL INJECTION 50MG/ML	4	QL(8 ML per 28 days); PA; NDS

Drug Name	Drug Tier	Requirements/Limits
ENVARSUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75MG, 1MG	3	B/D
ENVARSUS XR TABLET EXTENDED RELEASE 24 HOUR 4MG	5	B/D; NDS
everolimus tablet 0.25mg	1	B/D; NDS
everolimus tablet 0.5mg, 0.75mg, 1mg	4	B/D; NDS
gengraf capsule 100mg, 25mg	1	B/D
gengraf solution 100mg/ml	1	B/D
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 0	4	QL(4 EA per 365 days); PA; NDS
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 80MG/0.8ML	4	QL(6 EA per 365 days); PA; NDS
HUMIRA PEN-CD/UC/HS STARTER INJECTION 80MG/0.8ML	4	QL(4 EA per 28 days); PA; NDS; Abbvie labeled products only
HUMIRA PEN-CD/UC/HS STARTER INJECTION 40MG/0.8ML	4	QL(6 EA per 28 days); PA; NDS
HUMIRA PEN-PEDIATRIC UC STARTER PACK INJECTION 80MG/0.8ML	4	QL(4 EA per 28 days); PA; NDS; Abbvie labeled products only
HUMIRA PEN-PS/UV STARTER INJECTION 0	4	QL(6 EA per 365 days); PA; NDS
HUMIRA PEN INJECTION 80MG/0.8ML	4	QL(4 EA per 28 days); PA; NDS; Abbvie labeled products only
HUMIRA PEN INJECTION 40MG/0.8ML	4	QL(6 EA per 28 days); PA; NDS
HUMIRA PEN INJECTION 40MG/0.4ML	4	QL(6 EA per 28 days); PA; NDS; Abbvie labeled products only
HUMIRA INJECTION 10MG/0.1ML, 20MG/0.2ML	4	QL(2 EA per 28 days); PA; NDS; Abbvie labeled products only
HUMIRA INJECTION 40MG/0.8ML	4	QL(6 EA per 28 days); PA; NDS
HUMIRA INJECTION 40MG/0.4ML	4	QL(6 EA per 28 days); PA; NDS; Abbvie labeled products only
INFLECTRA INJECTION 100MG	4	PA; NDS
INFLIXIMAB INJECTION 100MG	5	PA; NDS
JYLAMVO SOLUTION 2MG/ML	3	PA; NDS
leflunomide tablet 10mg, 20mg	1	
LUPKYNIS CAPSULE 7.9MG	5	QL(180 EA per 30 days); PA; NDS
methotrexate sodium injection 1gm/40ml, 1gm, 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; NDS
mycophenolate mofetil suspension reconstituted 200mg/ml	4	B/D; NDS
mycophenolate mofetil tablet 500mg	1	B/D

Drug Name	Drug Tier	Requirements/Limits
mycophenolic acid dr tablet delayed release 180mg, 360mg	1	B/D
NULOJIX INJECTION 250MG	4	NDS
ORENCIA INJECTION 250MG	4	PA; NDS
PEGASYS INJECTION 180MCG/0.5ML	4	PA; NDS
PROGRAF PACKET 0.2MG, 1MG	3	B/D
REMICADE INJECTION 100MG	5	PA; NDS
RENFLEXIS INJECTION 100MG	4	PA; NDS
REZUROCK TABLET 200MG	5	QL(60 EA per 30 days); PA; NDS
SANDIMMUNE SOLUTION 100MG/ML	2	B/D
SIMPONI ARIA INJECTION 50MG/4ML	5	PA; NDS
SIMPONI INJECTION 50MG/0.5ML	5	QL(0.5 ML per 28 days); PA; NDS
SIMPONI INJECTION 100MG/ML	5	QL(3 ML per 28 days); PA; NDS
sirolimus solution 1mg/ml	1	B/D; NDS
sirolimus tablet 0.5mg, 1mg, 2mg	1	B/D
tacrolimus capsule 0.5mg, 1mg, 5mg	1	B/D
TREXALL TABLET 10MG, 15MG, 5MG, 7.5MG	2	
XATMEP SOLUTION 2.5MG/ML	3	PA
Vaccines		
ABRYSVO INJECTION 120MCG/0.5ML	2	QL(1 EA per 252 days)
ACTHIB INJECTION 0	2	
ADACEL INJECTION 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	2	
AREXVY INJECTION 120MCG/0.5ML	2	QL(1 EA per 999 days)
BCG VACCINE INJECTION 50MG	2	
BEXSERO INJECTION 0.5ML	2	
BOOSTRIX INJECTION 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	2	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	2	
DENGVAXIA INJECTION 0	2	
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC INJECTION 25LFU/0.5ML; 5LFU/0.5ML	3	
ENGERIX-B INJECTION 10MCG/0.5ML, 20MCG/ML	2	B/D
GARDASIL 9 INJECTION 0.5ML	2	
HAVRIX INJECTION 1440UNIT/ML, 720ELU/0.5ML	2	
HEPLISAV-B INJECTION 20MCG/0.5ML	2	B/D
HIBERIX INJECTION 10MCG	2	
IMOVAX RABIES (H.D.C.V.) INJECTION 2.5UNIT/ML	2	B/D
INFANRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	2	
IPOL INACTIVATED IPV INJECTION 0	2	
IXCHIQ INJECTION 0	2	

Drug Name	Drug Tier	Requirements/Limits
IXIARO INJECTION 0	3	
JYNNEOS INJECTION 0.5ML	3	
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	2	
M-M-R II INJECTION 0; 0; 0	2	
MENACTRA INJECTION 0	2	
MENQUADFI INJECTION 0.5ML	2	
MENVEO INJECTION 0	2	
MRESVIA INJECTION 50MCG/0.5ML	2	QL(0.5 ML per 999 days)
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
PEDVAX HIB INJECTION 7.5MCG/0.5ML	2	
PENBRAYA INJECTION 0; 0	2	
PENMENVY INJECTION 0; 0	2	
PENTACEL INJECTION 15LFU/0.5ML; 0; 48MCG/0.5ML; 0; 5LFU/0.5ML	2	
PREHEVBRIO INJECTION 10MCG/ML	2	B/D
PRIORIX INJECTION 0; 0; 0	2	
PROQUAD INJECTION 0; 0; 0; 0	2	
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	2	
RABAVERT INJECTION 0	2	B/D
RECOMBIVAX HB INJECTION 10MCG/ML, 40MCG/ML, 5MCG/0.5ML	2	B/D
ROTARIX SUSPENSION RECONSTITUTED 0	2	
ROTARIX SUSPENSION 0	2	
ROTATEQ SOLUTION 0	2	
SHINGRIX INJECTION 50MCG/0.5ML	2	
STAMARIL INJECTION 0	2	
TDVAX INJECTION 2LF/0.5ML; 2LF/0.5ML	2	
TENIVAC INJECTION 2LFU; 5LFU	2	
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT INJECTION 2LF/0.5ML; 2LF/0.5ML	2	
TICOVAC INJECTION 1.2MCG/0.25ML, 2.4MCG/0.5ML	2	
TRUMENBA INJECTION 0.5ML	2	
TWINRIX INJECTION 720ELU/ML; 20MCG/ML	2	
TYPHIM VI INJECTION 25MCG/0.5ML	2	
VAQTA INJECTION 25UNIT/0.5ML, 50UNIT/ML	2	
VARIVAX INJECTION 1350PFU/0.5ML	2	
VAXCHORA SUSPENSION RECONSTITUTED 0	2	
VAXELIS INJECTION 0; 0; 0; 0; 0; 0	2	
VIMKUNYA INJECTION 40MCG/0.8ML	2	

Drug Name	Drug Tier	Requirements/Limits
VIVOTIF CAPSULE DELAYED RELEASE 0	2	
YF-VAX INJECTION 0	2	
Inflammatory Bowel Disease Agents		
Aminosalicylates		
balsalazide disodium capsule 750mg	1	
DIPENTUM CAPSULE 250MG	5	NDS
mesalamine dr tablet delayed release 1.2gm, 800mg	1	
mesalamine er capsule extended release 24 hour 0.375gm	1	
mesalamine er capsule extended release 500mg	1	
mesalamine enema 4gm	1	
mesalamine kit 4gm	1	
mesalamine suppository 1000mg	1	
PENTASA CAPSULE EXTENDED RELEASE 250MG, 500MG	2	
sulfasalazine tablet delayed release 500mg	1	
sulfasalazine tablet 500mg	1	
Glucocorticoids		
budesonide er tablet extended release 24 hour 9mg	4	NDS
budesonide capsule delayed release particles 3mg	1	
budesonide foam 2mg	1	
CORTIFOAM FOAM 10%	3	
hydrocortisone cream 1%, 2.5%	1	
hydrocortisone enema 100mg/60ml	1	
ORTIKOS CAPSULE EXTENDED RELEASE 24 HOUR 6MG, 9MG	5	NDS
procto-med hc cream 2.5%	1	
TARPEYO CAPSULE DELAYED RELEASE 4MG	5	QL(120 EA per 30 days); PA; NDS
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
alendronate sodium solution 70mg/75ml	1	
alendronate sodium tablet 10mg, 35mg, 5mg	1	
alendronate sodium tablet 70mg	1	QL(4 EA per 28 days)
BINOSTO TABLET EFFERVESCENT 70MG	3	QL(4 EA per 28 days)
calcitonin salmon injection 200unit/ml	4	NDS
calcitonin salmon nasal solution 200unit/act	1	QL(3.7 ML per 30 days)
calcitonin-salmon solution 200unit/act	1	QL(3.7 ML per 30 days)
calcitriol capsule 0.25mcg, 0.5mcg	1	
calcitriol injection 1mcg/ml	1	
calcitriol oral solution 1mcg/ml	1	
cinacalcet hydrochloride tablet 30mg, 60mg, 90mg	1	
doxercalciferol capsule 0.5mcg, 1mcg, 2.5mcg	1	
doxercalciferol injection 4mcg/2ml	1	

Drug Name	Drug Tier	Requirements/Limits
EVENITY INJECTION 105MG/1.17ML	5	QL(2.34 ML per 28 days); PA; NDS
FOSAMAX PLUS D TABLET 70MG; 2800UNIT, 70MG; 5600UNIT	3	QL(4 EA per 28 days); ST
ibandronate sodium injection 3mg/3ml	1	
ibandronate sodium tablet 150mg	1	QL(1 EA per 28 days)
MIACALCIN INJECTION 200UNIT/ML	5	NDS
pamidronate disodium injection 30mg/10ml, 6mg/ml, 90mg/10ml	1	
paricalcitol capsule 1mcg, 2mcg, 4mcg	1	
paricalcitol injection 2mcg/ml, 5mcg/ml	1	
PROLIA INJECTION 60MG/ML	3	QL(2 ML per 365 days)
RAYALDEE CAPSULE EXTENDED RELEASE 30MCG	5	NDS
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)
TERIPARATIDE INJECTION 560MCG/2.24ML	4	PA; NDS
TYMLOS INJECTION 3120MCG/1.56ML	5	PA; NDS
XGEVA INJECTION 120MG/1.7ML	5	PA; NDS
zoledronic acid injection 4mg/5ml, 5mg/100ml	1	
zoledronic acid injection 4mg/100ml	4	NDS
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ALCOHOL PREP PADS PAD 70%	2	
argyle sterile water 100ml solution 0	1	
atropine sulfate injection 0.25mg/5ml, 0.5mg/5ml, 1mg/10ml, 8mg/20ml	1	
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16" MISCELLANEOUS	2	QL(200 EA per 30 days)
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2" MISCELLANEOUS	2	QL(200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM MISCELLANEOUS	2	QL(200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM MISCELLANEOUS	2	QL(200 EA per 30 days)
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM MISCELLANEOUS	2	QL(200 EA per 30 days)
CEQUR SIMPLICITY 2U DEVICE	2	
COSELA INJECTION 300MG	4	PA; NDS
CURITY GAUZE PADS 2"X2" 12 PLY PAD	2	
deferoxamine mesylate injection 2gm	1	B/D
deferoxamine mesylate injection 500mg	4	B/D; NDS

Drug Name	Drug Tier	Requirements/Limits
DROPLET MICRON 34G X 9/64" MISCELLANEOUS	2	QL(200 EA per 30 days)
EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 1/2" MISCELLANEOUS	2	QL(200 EA per 30 days)
EASY TOUCH SAFETY PEN NEEDLES/30G X 1/4" MISCELLANEOUS	2	QL(200 EA per 30 days)
ELLA TABLET 30MG	3	
fomepizole injection 1.5gm/1.5ml	4	NDS
GIVLAARI INJECTION 189MG/ML	5	PA; NDS
INSUPEN 33GX4MM MISCELLANEOUS	2	QL(200 EA per 30 days)
intralipid injection 20gm/100ml, 30gm/100ml	1	B/D
lactated ringers irrigation solution 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l	1	
levocarnitine solution 1gm/10ml	1	
levocarnitine tablet 330mg	1	
methergine tablet 0.2mg	4	QL(56 EA per 365 days); NDS
methylergonovine maleate tablet 0.2mg	4	QL(56 EA per 365 days); NDS
nutrilipid injection 20gm/100ml	1	B/D
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5) KIT	2	QL(1 EA per 365 days); PA
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5) MISCELLANEOUS	2	QL(30 EA per 30 days); PA
OMNIPOD 5 G7 INTRO KIT (GEN 5) KIT	2	QL(1 EA per 365 days); PA
OMNIPOD 5 G7 PODS (GEN 5) MISCELLANEOUS	2	QL(30 EA per 30 days); PA
OMNIPOD 5 LIBRE2 PLUS G6 INTRO GEN 5 KIT	2	QL(1 EA per 365 days); PA
OMNIPOD 5 LIBRE2 PLUS G6 PODS MISCELLANEOUS	2	QL(30 EA per 30 days); PA
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3) KIT	2	QL(1 EA per 365 days); PA
OMNIPOD CLASSIC PODS (GEN 3) MISCELLANEOUS	2	QL(30 EA per 30 days); PA
OMNIPOD DASH INTRO KIT (GEN 4) KIT	2	QL(1 EA per 365 days); PA
OMNIPOD DASH PDM KIT (GEN 4) KIT	2	QL(1 EA per 365 days); PA
OMNIPOD DASH PODS (GEN 4) MISCELLANEOUS	2	QL(30 EA per 30 days); PA
OMNIPOD GO 10 UNITS/DAY KIT	2	QL(10 EA per 30 days); PA
OMNIPOD GO 15 UNITS/DAY KIT	2	QL(10 EA per 30 days); PA
OMNIPOD GO 20 UNITS/DAY KIT	2	QL(10 EA per 30 days); PA
OMNIPOD GO 25 UNITS/DAY KIT	2	QL(10 EA per 30 days); PA
OMNIPOD GO 30 UNITS/DAY KIT	2	QL(10 EA per 30 days); PA
OMNIPOD GO 35 UNITS/DAY KIT	2	QL(10 EA per 30 days); PA
OMNIPOD GO 40 UNITS/DAY KIT	2	QL(10 EA per 30 days); PA
OXLUMO INJECTION 94.5MG/0.5ML	4	PA; NDS
ringers irrigation solution 4.5meq/l; 156meq/l; 4meq/l; 147meq/l	1	
RIVFLOZA INJECTION 128MG/0.8ML	4	QL(0.8 ML per 28 days); PA; NDS
RIVFLOZA INJECTION 160MG/ML, 80MG/0.5ML	4	QL(1 ML per 28 days); PA; NDS
SKYCLARYS CAPSULE 50MG	4	QL(90 EA per 30 days); PA; NDS

Drug Name	Drug Tier	Requirements/Limits
sodium chloride 0.9% solution 0.9%	1	
SODIUM PHENYLACETATE/SODIUM BENZOATE INJECTION 10%; 10%	4	NDS
sterile water for irrigation solution 0	1	
tis-u-sol solution 4.5meq/l; 156meq/l; 4meq/l; 147meq/l	1	
V-GO 20 KIT	2	QL(30 EA per 30 days); PA
V-GO 30 KIT	2	QL(30 EA per 30 days); PA
V-GO 40 KIT	2	QL(30 EA per 30 days); PA
VISTOGARD PACKET 10GM	5	NDS
ZOKINVY CAPSULE 50MG, 75MG	4	QL(120 EA per 30 days); PA; NDS
Ophthalmic Agents		
Ophthalmic Agents, Other		
atropine sulfate ophthalmic solution 1%	1	
bacitracin/polymyxin b ointment 500unit/gm; 10000unit/gm	1	
BRIMONIDINE TARTRATE/TIMOLOL MALEATE SOLUTION 0.2%; 0.5%	2	
BYOOVIZ SOLUTION 0.5MG/0.05ML	4	PA; NDS
cyclosporine emulsion 0.05%	1	
CYSTADROPS SOLUTION 0.37%	4	QL(20 ML per 28 days); NDS
CYSTARAN SOLUTION 0.44%	4	QL(60 ML per 28 days); NDS
dorzolamide hcl/timolol maleate solution 22.3mg/ml; 6.8mg/ml	1	
dorzolamide hydrochloride/timolol maleate pf solution 2%; 0.5%	1	
ENSPRYNG INJECTION 120MG/ML	4	PA; NDS
EYLEA SOLUTION PREFILLED SYRINGE 2MG/0.05ML	5	PA; NDS
EYLEA SOLUTION 2MG/0.05ML	5	PA; NDS
isopto atropine solution 1%	1	
LACRISERT INSERT 5MG	3	
neo-polycin hc ointment 400unit/gm; 1%; 3.5mg/gm; 10000unit/gm	1	
neomycin/bacitracin/polymyxin ointment 400unit/gm; 5mg/gm; 10000unit/gm	1	
neomycin/polymyxin/bacitracin/hydrocortisone ointment 400unit/gm; 1%; 0.5%; 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	

Drug Name	Drug Tier	Requirements/Limits
neomycin/polymyxin/hydrocortisone ophthalmic suspension 1%; 3.5mg/ml; 10000unit/ml	1	
OXERVATE SOLUTION 0.002%	4	QL(56 ML per 28 days); PA; NDS
polymyxin b sulfate/trimethoprim sulfate solution 10000unit/ml; 0.1%	1	
proparacaine hcl solution 0.5%	1	
SIMBRINZA SUSPENSION 0.2%; 1%	2	
sulfacetamide sodium/prednisolone sodium phosphate solution 0.23%; 10%	1	
TOBRADEX ST SUSPENSION 0.05%; 0.3%	3	
TOBRADEX OINTMENT 0.1%; 0.3%	2	
tobramycin/dexamethasone suspension 0.1%; 0.3%	1	
VABYSMO SOLUTION PREFILLED SYRINGE 6MG/0.05ML	5	PA; NDS
VABYSMO SOLUTION 6MG/0.05ML	5	PA; NDS
ZYLET SUSPENSION 0.5%; 0.3%	3	
Ophthalmic Anti-allergy Agents		
ALOCRIL SOLUTION 2%	2	
ALOMIDE SOLUTION 0.1%	2	
azelastine hcl ophthalmic solution 0.05%	1	
bepotastine besilate solution 1.5%	1	
cromolyn sodium solution 4%	1	
epinastine hcl solution 0.05%	1	
olopatadine hydrochloride ophthalmic solution 0.1%, 0.2%	1	
Ophthalmic Anti-Infectives		
bacitracin ointment 500unit/gm	1	
BESIVANCE SUSPENSION 0.6%	3	
CILOXAN OINTMENT 0.3%	2	
ciprofloxacin hydrochloride 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%, 1.5%	1	
moxifloxacin hydrochloride ophthalmic solution 0.5%	1	
NATACYN SUSPENSION 5%	2	
ofloxacin ophthalmic solution 0.3%	1	
sulfacetamide sodium ointment 10%	1	
sulfacetamide sodium solution 10%	1	
tobramycin solution 0.3%	1	
TOBREX OINTMENT 0.3%	3	
trifluridine solution 1%	1	
XDEMVY SOLUTION 0.25%	5	QL(10 ML per 42 days); NDS

Drug Name	Drug Tier	Requirements/Limits
ZIRGAN GEL 0.15%	3	
Ophthalmic Anti-inflammatories		
ACUVAIL SOLUTION 0.45%	3	ST
bromfenac sodium solution 0.075%	1	
bromfenac sodium solution 0.07%	1	QL(12 ML per 365 days)
bromfenac solution 0.09%	1	
dexamethasone sodium phosphate ophthalmic solution 0.1%	1	
diclofenac sodium ophthalmic solution 0.1%	1	
difluprednate emulsion 0.05%	1	
FLAREX SUSPENSION 0.1%	3	
fluorometholone suspension 0.1%	1	
flurbiprofen sodium solution 0.03%	1	
FML FORTE SUSPENSION 0.25%	2	
ILEVRO SUSPENSION 0.3%	2	QL(4 ML per 30 days)
INVELTYS SUSPENSION 1%	3	
ketorolac tromethamine ophthalmic solution 0.4%, 0.5%	1	
LOTEMAX SM GEL 0.38%	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)
loteprednol etabonate suspension 0.2%, 0.5%	1	
MAXIDEX SUSPENSION 0.1%	3	
NEVANAC SUSPENSION 0.1%	2	QL(4 ML per 30 days)
PRED MILD SUSPENSION 0.12%	2	
prednisolone acetate suspension 1%	1	
prednisolone sodium phosphate ophthalmic solution 1%	1	
PROLENSA SOLUTION 0.07%	2	QL(12 ML per 365 days)
TRIESENCE INJECTION 40MG/ML	3	
Ophthalmic Beta-Adrenergic Blocking Agents		
betaxolol hcl solution 0.5%	1	
BETIMOL SOLUTION 0.25%	2	
BETOPTIC-S SUSPENSION 0.25%	2	
carteolol hcl solution 1%	1	
levobunolol hcl solution 0.5%	1	
timolol hemihydrate solution 0.5%	1	
timolol maleate in ocudose solution 0.5%	1	
timolol maleate ophthalmic gel forming gel forming solution 0.25%, 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	

Drug Name	Drug Tier	Requirements/Limits
brimonidine tartrate solution 0.1%, 0.15%, 0.2%	1	
brinzolamide suspension 1%	1	
dorzolamide hydrochloride solution 2%	1	
IOPIDINE SOLUTION 1%	3	
methazolamide tablet 25mg, 50mg	1	
PHOSPHOLINE IODIDE SOLUTION RECONSTITUTED 0.125%	2	
pilocarpine hydrochloride solution 1%, 2%, 4%	1	
RHOPRESSA SOLUTION 0.02%	2	QL(2.5 ML per 25 days)
Ophthalmic Prostaglandin and Prostamide Analogs		
bimatoprost solution 0.03%	1	QL(5 ML per 30 days)
DURYSTA INJECTION 10MCG	5	NDS
latanoprost solution 0.005%	1	
LUMIGAN SOLUTION 0.01%	2	QL(2.5 ML per 25 days)
tafluprost solution 0.015mg/ml	1	QL(30 EA per 30 days)
XELPROS EMULSION 0.005%	3	QL(2.5 ML per 25 days); ST
Otic Agents		
Otic Agents		
acetic acid solution 2%	1	
CIPRO HC SUSPENSION 0.2%; 1%	2	
ciprofloxacin/dexamethasone suspension 0.3%; 0.1%	1	
ciprofloxacin solution 0.2%	1	
CORTISPORIN-TC SUSPENSION 3MG/ML; 10MG/ML; 3.3MG/ML; 0.5MG/ML	3	
flac oil 0.01%	1	
fluocinolone acetonide ear drops oil 0.01%	1	
fluocinolone acetonide oil 0.01%	1	
hydrocortisone/acetic acid solution 2%; 1%	1	
neomycin/polymyxin/hc solution 1%; 3.5mg/ml; 10000unit/ml	1	
neomycin/polymyxin/hydrocortisone otic suspension 1%; 3.5mg/ml; 10000unit/ml	1	
ofloxacin otic solution 0.3%	1	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ALVESCO AEROSOL SOLUTION 160MCG/ACT, 80MCG/ACT	3	QL(12.2 GM per 30 days)
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT, 200MCG/ACT, 50MCG/ACT	3	QL(30 EA per 30 days)
ASMANEX HFA AEROSOL 100MCG/ACT, 200MCG/ACT, 50MCG/ACT	3	QL(13 GM per 30 days)

Drug Name	Drug Tier	Requirements/Limits
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)
BECONASE AQ SUSPENSION 42MCG/SPRAY	3	QL(50 GM per 25 days)
budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml	1	QL(120 ML per 30 days); B/D
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 250MCG/BLIST	2	QL(240 EA per 30 days)
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 100MCG/BLIST, 50MCG/BLIST	2	QL(60 EA per 30 days)
FLOVENT HFA AEROSOL 44MCG/ACT	3	QL(21.2 GM per 30 days)
FLOVENT HFA AEROSOL 110MCG/ACT, 220MCG/ACT	3	QL(24 GM per 30 days)
flunisolide solution 0.025%	1	QL(50 ML per 30 days)
fluticasone propionate suspension 50mcg/act	1	
mometasone furoate suspension 50mcg/act	1	QL(34 GM per 30 days)
PULMICORT FLEXHALER AEROSOL POWDER BREATH ACTIVATED 180MCG/ACT, 90MCG/ACT	2	QL(2 EA per 30 days)
QNASL CHILDRENS AEROSOL SOLUTION 40MCG/ACT	3	QL(6.8 GM per 30 days)
QNASL AEROSOL SOLUTION 80MCG/ACT	3	QL(10.6 GM per 30 days)
ZETONNA AEROSOL SOLUTION 37MCG/ACT	3	QL(6.1 GM per 30 days)
Antihistamines		
azelastine hcl nasal solution 0.15%	1	QL(60 ML per 30 days)
azelastine hydrochloride/fluticasone propionate suspension 137mcg/act; 50mcg/act	1	QL(23 GM per 30 days)
azelastine hydrochloride solution 0.1%	1	QL(60 ML per 30 days)
carbinoxamine maleate solution 4mg/5ml	1	
carbinoxamine maleate tablet 4mg	1	
cetirizine hydrochloride solution 5mg/5ml	1	
clemastine fumarate tablet 2.68mg	1	
cyproheptadine hcl syrup 2mg/5ml	1	
cyproheptadine hydrochloride tablet 4mg	1	
desloratadine odt tablet disintegrating 2.5mg, 5mg	1	
diphenhydramine hydrochloride injection 50mg/ml	1	
hydroxyzine hcl injection 25mg/ml	1	

Drug Name	Drug Tier	Requirements/Limits
hydroxyzine hcl tablet 50mg	1	
hydroxyzine hydrochloride injection 50mg/ml	1	
hydroxyzine hydrochloride syrup 10mg/5ml	1	
hydroxyzine hydrochloride tablet 10mg, 25mg, 50mg	1	
hydroxyzine pamoate capsule 100mg, 25mg, 50mg	1	
levocetirizine dihydrochloride solution 2.5mg/5ml	1	
levocetirizine dihydrochloride tablet 5mg	1	
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)
Antileukotrienes		
montelukast sodium packet 4mg	1	
montelukast sodium tablet chewable 4mg, 5mg	1	
montelukast sodium tablet 10mg	1	
zafirlukast tablet 10mg, 20mg	1	
Bronchodilators, Anticholinergic		
ATROVENT HFA AEROSOL SOLUTION 17MCG/ACT	2	QL(25.8 GM per 30 days)
INCRUSE ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5MCG/INH	2	QL(30 EA per 30 days)
ipratropium bromide nasal solution 0.03%, 0.06%	1	
ipratropium bromide inhalation solution 0.02%	1	QL(312.5 ML per 30 days); B/D
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT	2	
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT	2	QL(8 GM per 30 days)
tiotropium bromide capsule 18mcg	1	QL(30 EA per 30 days)
TUDORZA PRESSAIR AEROSOL POWDER BREATH ACTIVATED 400MCG/ACT	3	QL(1 EA per 30 days); ST
YUPELRI SOLUTION 175MCG/3ML	5	QL(90 ML per 30 days); B/D; NDS
Bronchodilators, Sympathomimetic		
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108MCG/ACT	3	QL(48 GM per 30 days)
albuterol sulfate hfa aerosol solution 108mcg/act	1	QL(13.4 GM per 30 days); (6.7 GM Package Size)
albuterol sulfate hfa aerosol solution 108mcg/act	1	QL(17 GM per 30 days); (8.5 GM 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
arformoterol tartrate nebulization solution 15mcg/2ml	1	QL(120 ML per 30 days); PA
epinephrine injection 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml	1	

Drug Name	Drug Tier	Requirements/Limits
formoterol fumarate nebulization solution 20mcg/2ml	1	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 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
PROAIR RESPICLICK AEROSOL POWDER BREATH ACTIVATED 108MCG/ACT	2	QL(2 EA per 30 days)
SEREVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 50MCG/DOSE	2	QL(60 EA per 30 days)
Cystic Fibrosis Agents		
CAYSTON SOLUTION RECONSTITUTED 75MG	4	PA; NDS
KALYDECO PACKET 13.4MG, 25MG, 5.8MG, 50MG, 75MG	4	QL(56 EA per 28 days); PA; NDS
KALYDECO TABLET 150MG	4	QL(60 EA per 30 days); PA; NDS
KITABIS PAK NEBULIZATION SOLUTION 300MG/5ML	4	B/D; NDS
ORKAMBI PACKET 125MG; 100MG, 188MG; 150MG, 94MG; 75MG	5	QL(56 EA per 28 days); PA; NDS
ORKAMBI TABLET 125MG; 100MG, 125MG; 200MG	5	QL(112 EA per 28 days); PA; NDS
PULMOZYME SOLUTION 2.5MG/2.5ML	4	PA; NDS
SYMDEKO TABLET THERAPY PACK 150MG; 100MG	5	QL(56 EA per 28 days); PA; NDS
SYMDEKO TABLET THERAPY PACK 75MG; 50MG	5	QL(60 EA per 30 days); PA; NDS
TOBI PODHALER CAPSULE 28MG	4	QL(224 EA per 56 days); NDS
tobramycin nebulization solution 300mg/4ml, 300mg/5ml	4	B/D; NDS
TRIKAFTA TABLET THERAPY PACK 100MG; 0; 50MG, 50MG; 0; 25MG	4	QL(84 EA per 28 days); PA; NDS
TRIKAFTA THERAPY PACK 100MG; 0; 50MG, 80MG; 0; 40MG	4	QL(56 EA per 28 days); PA; NDS
Mast Cell Stabilizers		
cromolyn sodium nebulization solution 20mg/2ml	1	B/D
Phosphodiesterase Inhibitors, Airways Disease		
aminophylline injection 25mg/ml	1	
elixophyllin elixir 80mg/15ml	1	
roflumilast tablet 250mcg, 500mcg	1	PA
theophylline er tablet extended release 12 hour 100mg, 200mg, 300mg, 450mg	1	
theophylline er tablet extended release 24 hour 400mg, 600mg	1	
theophylline elixir 80mg/15ml	1	
theophylline solution 80mg/15ml	1	
Pulmonary Antihypertensives		
ADEMPAS TABLET 0.5MG, 1.5MG, 1MG, 2.5MG, 2MG	4	QL(90 EA per 30 days); PA; NDS
alyq tablet 20mg	1	QL(60 EA per 30 days); PA

Drug Name	Drug Tier	Requirements/Limits
ambrisentan tablet 10mg, 5mg	4	QL(30 EA per 30 days); PA; NDS
bosentan tablet soluble 32mg	4	QL(112 EA per 28 days); PA; NDS
bosentan tablet 125mg, 62.5mg	4	QL(60 EA per 30 days); PA; NDS
OPSUMIT TABLET 10MG	5	QL(30 EA per 30 days); PA; NDS
ORENITRAM TITRATION KIT MONTH 1 TABLET EXTENDED RELEASE THERAPY PACK 0	4	QL(336 EA per 365 days); PA; NDS
ORENITRAM TITRATION KIT MONTH 2 TABLET EXTENDED RELEASE THERAPY PACK 0	4	QL(672 EA per 365 days); PA; NDS
ORENITRAM TITRATION KIT MONTH 3 TABLET EXTENDED RELEASE THERAPY PACK 0	4	QL(504 EA per 365 days); PA; NDS
ORENITRAM TABLET EXTENDED RELEASE 0.125MG	2	PA
ORENITRAM TABLET EXTENDED RELEASE 0.25MG, 1MG, 2.5MG, 5MG	4	PA; NDS
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; NDS
tadalafil tablet 20mg	1	QL(60 EA per 30 days); PA
TRACLEER TABLET SOLUBLE 32MG	5	QL(112 EA per 28 days); PA; NDS
treprostinil injection 100mg/20ml, 200mg/20ml, 20mg/20ml, 50mg/20ml	4	PA; NDS
TYVASO REFILL KIT SOLUTION 0.6MG/ML	4	QL(87 ML per 30 days); PA; NDS
TYVASO STARTER KIT SOLUTION 0.6MG/ML	4	QL(87 ML per 30 days); PA; NDS
TYVASO SOLUTION 0.6MG/ML	4	QL(87 ML per 30 days); PA; NDS
UPTRAVI TITRATION PACK TABLET THERAPY PACK 0	5	QL(400 EA per 365 days); PA; NDS
UPTRAVI INJECTION 1800MCG	5	PA; NDS
UPTRAVI TABLET 1000MCG, 1200MCG, 1400MCG, 1600MCG, 200MCG, 400MCG, 600MCG, 800MCG	5	QL(60 EA per 30 days); PA; NDS
VENTAVIS SOLUTION 10MCG/ML, 20MCG/ML	4	QL(270 ML per 30 days); PA; NDS
WINREVAIR INJECTION 0, 45MG, 60MG	5	QL(1 EA per 21 days); PA; NDS
Pulmonary Fibrosis Agents		
OFEV CAPSULE 100MG, 150MG	4	PA; NDS
pirfenidone capsule 267mg	4	PA; NDS
pirfenidone tablet 267mg, 534mg, 801mg	4	PA; NDS
Respiratory Tract Agents, Other		
acetylcysteine solution 10%, 20%	1	B/D
ADVAIR HFA AEROSOL 115MCG/ACT; 21MCG/ACT, 230MCG/ACT; 21MCG/ACT, 45MCG/ACT; 21MCG/ACT	2	QL(24 GM per 30 days)
AIRSUPRA AEROSOL 90MCG/ACT; 80MCG/ACT	3	QL(32.1 GM per 30 days)
ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5MCG/ACT; 25MCG/ACT	2	QL(60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
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	1	QL(10.3 GM per 30 days)
BREZTRI AEROSPHERE AEROSOL 160MCG/ACT; 4.8MCG/ACT; 9MCG/ACT	2	QL(23.6 GM per 28 days)
BRONCHITOL CAPSULE 40MG	5	QL(560 EA per 28 days); PA; NDS
CINQAIR INJECTION 100MG/10ML	5	PA; NDS
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; NDS
FASENRA INJECTION 10MG/0.5ML	2	QL(0.5 ML per 28 days); PA
FASENRA INJECTION 30MG/ML	4	QL(1 ML per 28 days); PA; NDS
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 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	5	QL(0.4 ML per 28 days); PA; NDS
NUCALA INJECTION 100MG	5	QL(3 EA per 28 days); PA; NDS
NUCALA INJECTION 100MG/ML	5	QL(3 ML per 28 days); PA; NDS
STIOLTO RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT; 2.5MCG/ACT	2	QL(24 GM per 30 days)
TEZSPIRE INJECTION 210MG/1.91ML	5	QL(1.91 ML per 28 days); PA; NDS
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)
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		
carisoprodol tablet 250mg, 350mg	1	PA
chlorzoxazone tablet 375mg, 500mg, 750mg	1	
chlorzoxazone tablet 250mg	4	NDS
cyclobenzaprine hydrochloride tablet 10mg, 5mg, 7.5mg	1	PA
metaxalone tablet 400mg, 800mg	1	

Drug Name	Drug Tier	Requirements/Limits
methocarbamol tablet 500mg, 750mg	1	
orphenadrine citrate er tablet extended release 12 hour 100mg	1	
orphenadrine citrate injection 30mg/ml	1	
Sleep Disorder Agents		
Sleep Promoting Agents		
BELSOMRA TABLET 10MG, 15MG, 20MG, 5MG	2	QL(30 EA per 30 days)
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)
HETLIOZ LQ SUSPENSION 4MG/ML	5	QL(158 ML per 30 days); PA; NDS
ramelteon tablet 8mg	1	QL(30 EA per 30 days)
tasimelteon capsule 20mg	4	QL(30 EA per 30 days); PA; NDS
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 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	1	QL(30 EA per 30 days); PA
armodafinil tablet 50mg	1	QL(60 EA per 30 days); PA
modafinil tablet 100mg, 200mg	1	QL(30 EA per 30 days); PA
SODIUM OXYBATE SOLUTION 500MG/ML	4	QL(540 ML per 30 days); PA; NDS
WAKIX TABLET 17.8MG, 4.45MG	5	QL(60 EA per 30 days); PA; NDS
XYREM SOLUTION 500MG/ML	4	QL(540 ML per 30 days); PA; NDS
XYWAV SOLUTION 234MG/ML; 96MG/ML; 130MG/ML; 40MG/ML	5	QL(540 ML per 30 days); PA; NDS

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We provide free aids and services to help you communicate with us. You can ask for interpreters and/or for communications in other languages or formats such as large print. We also provide reasonable modifications for persons with disabilities.

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If you believe that we failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can send a complaint to the Civil Rights Coordinator:

Optum Civil Rights Coordinator
1 Optum Circle
Eden Prairie, MN 55344
Optum_Civil_Rights@optum.com

If you need help filing a complaint, call the toll-free number **1-888-445-8745.** (TTY **711**).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

Online: ocrportal.hhs.gov/ocr/smartscreen/main.jsf

Phone: **1-800-368-1019, 1-800-537-7697** (TDD)

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

Complaint forms are available at hhs.gov/ocr/complaints/index.html.

This notice is available at optum.com/en/language-assistance-nondiscrimination.html.

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ATTENTION: Free language assistance services and free communications in other formats, such as large print, are available to you. Call the toll-free number on your member identification card. TTY:**711**

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas y comunicaciones en otros formatos como letra grande, sin cargo, a su disposición. Llame al número gratuito que figura en su tarjeta de identificación de miembro. TTY: **711**

ملاحظة: إذا كنت تتحدث **اللغة العربية (Arabic)**، ستتوفر لك خدمات المساعدة اللغوية المجانية والمراسلات المجانية بتنسيقات أخرى، مثل الطباعة بأحرف كبيرة. اتصل بالرقم المجاني المدون على بطاقة تعريف العضو خاصتك.

ចំណាំ៖ ប្រសិនបើអ្នកនិយាយ**ភាសាខ្មែរ (Khmer)** សេវាជំនួយភាសាតតគិតថ្លៃ
និងការទំនាក់ទំនងតតគិតថ្លៃក្នុងទម្រង់ផ្សេងទៀត ដូចជាពុម្ពអក្សរធំ មានសម្រាប់អ្នក។
ទូរសព្ទមកលេខតតគិតថ្លៃនៅលើបណ្ណសម្គាល់សមាជិករបស់អ្នក។

请注意：如果您说**中文 (Chinese)**，我们可以为您提供免费语言协助服务以及大字印刷本等其他格式的免费通信。请致电您的会员身份卡上的免付费电话号码。

請注意：如果您說**中文 (Chinese)**，您可以獲得免費語言協助服務和大字體等其他格式的免費通訊。請致電您的會員身份卡上的免付費電話號碼。

ATTENTION: Si vous parlez **français (French)**, des services d'assistance linguistique et des communications dans d'autres formats, notamment en gros caractères, sont mis à votre disposition gratuitement. Appelez le numéro gratuit figurant sur votre carte de membre.

ATANSYON: Si w pale **Kreyòl Ayisyen (Haitian Creole)**, gen sèvis lang gratis ak kominikasyon nan lòt fòma lo disponib, tankou sa ki enprime ak gwo lèt. Rele nimewo gratis ki sou kat idantifikasyon manm ou an.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlose Sprachassistenzdienste und kostenlose Kommunikation in anderen Formaten, wie zum Beispiel große Schrift, zur Verfügung. Rufen Sie die gebührenfreie Nummer auf Ihrer Mitgliedskarte an.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, तो आपके लिए मुफ्त भाषा सहायता सेवाएँ और अन्य प्रारूपों में मुफ्त संचार, जैसे कि बड़े प्रिंट, उपलब्ध हैं। अपने सदस्य पहचान पत्र पर दिए गए टोल-फ्री नंबर पर कॉल करें।

LUS TSEEM CEEB: Yog tias koj hais **lus Hmoob (Hmong)**, muaj cov kev pab cuam txhais lus thiab muaj kev sib txuas lus pab dawb ua lwm hom ntawv, xws li luam ua ntawv loj rau koj. Thov hu rau tus xov tooj hu dawb ntawm koj daim npav ID.

ATENSION: No agsasaoka iti **Ilocano (Ilocano)**, magun-odmo dagiti libre a serbisio ti tulong iti pagsasao ken libre a komunikasion iti dadduma a pormat, kas iti dadakkel a letra. Tawagan ti awan-bayadna a numero a masarakan iti kard a pakabigbigam kas miembro.

ATTENZIONE: se parla **italiano (Italian)**, può usufruire di servizi di assistenza linguistica gratuiti e comunicazioni gratuite in altri formati, come ad esempio la stampa a caratteri grandi. Chiami il numero verde riportato sul Suo tesserino identificativo.

注意事項：**日本語 (Japanese)** を話される場合、無料の言語支援サービスや、拡大文字など他の形式での無料のコミュニケーションをご利用いただけます。会員証に記載されているフリーダイアルにお電話ください。

알림 사항: **한국어(Korean)**를 사용하시는 경우 무료 언어 지원 서비스와 대형 활자체 등 다른 형식으로 된 의사 소통 매체를 이용하실 수 있습니다. 회원 ID 카드에 나와 있는 무료 전화번호로 전화해 주십시오.

BAA'ÁKONÍNÍZIN: **Diné (Navajo)** saad bee yáníłti'go, t'áá jíík'eh saad bee áka'e'eyeed bee áka'anída'wo'í dóó náánáł łahgo át'éego bee hadadilyaa bee ahxił hane'í, díí nitsaago bee ak'eda'ashchínígíí, náhóló. Bee atah nil'íní ninaaltsoos nitł'izí bee nééhoziní bąąh t'áá hiik'eh bee hane'í námboo bee hodíilnih.

توجه: اگر به زبان **فارسی (Farsi)** صحبت می‌کنید، خدمات رایگان کمک زبانی و ارتباطات رایگان در قالب‌های دیگر، مانند چاپ بزرگ، در دسترس شما هستند. با شماره رایگان مندرج روی کارت شناسایی عضویت‌تان تماس بگیرید.

UWAGA: Dla osób mówiących po **polsku (Polish)** dostępne są bezpłatne usługi pomocy językowej i bezpłatne komunikaty w innych formatach, takich jak duży druk. Prosimy zadzwonić pod bezpłatny numer podany na karcie identyfikacyjnej.

ATENÇÃO: se você fala **português (Portuguese)**, tem à sua disposição serviços gratuitos de assistência linguística e comunicações gratuitas em outros formatos, como caracteres grandes. Ligue para o número gratuito que se encontra no seu cartão de identificação de membro.

ВНИМАНИЕ! Если вы говорите на **русском** языке **(Russian)**, вам доступны бесплатные услуги языковой поддержки и бесплатные материалы в других форматах, например напечатанные крупным шрифтом. Звоните по бесплатному номеру телефона, указанному на вашей идентификационной карте участника.

FIIRO GAAR AH: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda bilaashka ah iyo isgaarsiino bilaash ah oo qaabab kale ah, sida far waaweyn, ayaa diyaar kuu ah. Ka wac lambarka wicitaanka bilaashka ah kaarkaaga aqoonsiga xubinta.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika at libreng komunikasyon sa ibang mga format, tulad ng malalaking print. Tawagan ang walang bayad na numero na nasa iyong ID card ng miyembro.

LƯU Ý: Nếu quý vị nói **Tiếng Việt (Vietnamese)**, quý vị sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí và các phương tiện trao đổi liên lạc miễn phí ở các định dạng khác, chẳng hạn như bản in chữ lớn. Gọi đến số điện thoại miễn phí có trên thẻ định danh thành viên của quý vị.

This formulary was updated on September 22, 2025, and is a complete list of drugs covered by our plan.

For a complete listing or other questions, please contact:

Optum Rx Member Services

Phone (toll-free)**:**	**1-855-577-6517**
TTY users:	**711**
Hours of operation:	24 hours a day, 7 days a week
Website:	**optumrx.com**

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