Comprehensive Formulary 2027

(List of Covered Drugs or “Drug List”)

State Health Plan PPO Medicare Prescription Drug Plan (PDP)
Administered by Optum Rx®
Effective January 1, 2027 – December 31, 2027

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

optumrx.com/som

Toll-free **1-866-635-5941**, TTY **711**
24 hours a day, 7 days a week

Optum Rx®

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Formulary ID 27160
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January 1, 2027 - December 31, 2027

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

This comprehensive formulary (drug list) was updated on 09/18/2026, 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 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 State Health Plan PPO 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, 2028.

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 $30 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 the State Health Plan PPO Medicare Prescription Drug Plan 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, and
- 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, or
- Add new restrictions.

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

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 State Health Plan PPO 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 might make changes to the drugs you take. These changes include:
    - **Adding new drugs:**
        - Adding a new generic drug to replace a brand-name drug.
        - Adding a new biosimilar to replace an original biological product**.**
    - **Changing drug guidelines:**
        - Adding new rules to a drug.
        - Moving a drug to a higher tier, or
        - Both adding rules and moving a drug to a higher tier after adding a new drug.
    - **Removing drugs:**
        - Removing a brand-name drug when adding a generic equivalent.
        - Removing an original biological product when adding a biosimilar.
    - **Applying new rules:**
        - Adding new rules to the brand-name drug or original biological product.
        - Moving the brand-name drug or original biological product to a different tier, or
        - Both adding new rules and moving the drug to a different 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 State Health Plan PPO 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 2027 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2027 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 18, 2026. To get updated information about the drugs covered by the State Health Plan PPO Medicare Prescription Drug Plan please contact us at **1-866-635-5941**, TTY **711**.

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 142. 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 based on specific criteria 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, look in the formulary that begins on page 8. You can also get more information about restrictions applied to specific covered drugs by contacting us at **1-866-635-5941**, TTY **711** or visit **optumrx.com/som**.

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 State Health Plan PPO Medicare Prescription Drug Plan pays for certain OTC drugs. The cost to the State Health Plan PPO 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 (list of covered drugs), you should first contact Optum Rx at **1-866-635-5941**, 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.

The State Health Plan PPO Medicare Prescription Drug Plan offers supplemental coverage (also called WRAP coverage) on **some** prescription drugs not normally covered under Medicare Part D and/or Part B. If you have any questions about your supplemental coverage, you can call Optum Rx toll free at **1-866-635-5941**, TTY **711**.

How do I request an exception to the State Health Plan PPO 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 us to cover a formulary drug at a lower tier. If approved, this would lower the amount you must pay for your drug.

Note: If we approve your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug.

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 negative 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 and you need a drug that is not on our formulary, or if your ability to get your drugs is limited, 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.

For more information

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 **1-866-635-5941**, TTY **711** or visit **optumrx.com/som**.

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.

State Health Plan PPO Medicare Prescription Drug Plan Formulary

The formulary below provides coverage information about the drugs covered by the State Health Plan PPO Medicare Prescription Drug Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 142.

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 or D 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 based on specific criteria before you fill your prescriptions. If you do not get approval, your drug may not be covered.
QL	Quantity limit. For certain drugs, our plan limits the amount of the drug we will cover.
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		
CAMBIA PACKET 50MG	3	
CELEBREX CAPSULE 100MG, 200MG, 400MG, 50MG	3	QL(60 EA per 30 days)
celecoxib capsule 100mg, 200mg, 400mg, 50mg	1	QL(60 EA per 30 days)
COMBOGESIC TABLET 325MG; 97.5MG	3	
COXANTO CAPSULE 300MG	3	PA; NDS
DICLOFENAC EPOLAMINE PATCH 1.3%	1	QL(60 EA per 30 days); PA
diclofenac potassium capsule 25mg	1	
diclofenac potassium packet 50mg	1	
diclofenac potassium tablet 50mg	1	
diclofenac potassium tablet 25mg	1	NDS
diclofenac sodium dr tablet delayed release 25mg, 50mg, 75mg	1	
diclofenac sodium er tablet extended release 24 hour 100mg	1	
diclofenac sodium gel 1%	1	QL(1000 GM per 30 days)
diclofenac sodium topical solution 2%	1	QL(224 GM per 30 days); PA
diclofenac sodium topical solution 1.5%	1	QL(300 ML per 30 days); PA
DICLONA GEL 1%; 4.5%	3	NDS
diflunisal tablet 500mg	1	
DOLOBID TABLET 375MG	3	NDS
DUEXIS TABLET 26.6MG; 800MG	3	QL(90 EA per 30 days); PA; NDS
ec-naproxen tablet delayed release 500mg	1	
ELYXYB SOLUTION 120MG/4.8ML	3	QL(144 ML per 30 days); PA
etodolac capsule 200mg, 300mg	1	
etodolac tablet 400mg, 500mg	1	
fenoprofen calcium capsule 300mg	1	NDS
fenopron capsule 300mg	1	NDS
FLECTOR PATCH 1.3%	3	QL(60 EA per 30 days); PA
flurbiprofen tablet 100mg, 50mg	1	
ibuprofen lysine injection 10mg/ml	1	NDS
ibuprofen/famotidine tablet 26.6mg; 800mg	1	QL(90 EA per 30 days); PA
ibuprofen suspension 100mg/5ml	1	
ibuprofen tablet 300mg, 400mg, 600mg, 800mg	1	
ibu tablet 400mg, 600mg, 800mg	1	
INDOCIN SUPPOSITORY 50MG	3	NDS
INDOCIN SUSPENSION 25MG/5ML	3	
indomethacin er capsule extended release 75mg	1	
indomethacin capsule 25mg, 50mg	1	
indomethacin suppository 50mg	1	NDS
ketoprofen capsule 25mg	1	

Drug Name	Drug Tier	Requirements/Limits
ketoprofen capsule 75mg	1	NDS
ketorolac tromethamine tablet 10mg	1	QL(20 EA per 30 days)
LICART PATCH 24 HOUR 1.3%	3	QL(30 EA per 30 days); PA
LODINE TABLET 400MG	3	
LOFENA TABLET 25MG	3	NDS
meloxicam tablet 15mg, 7.5mg	1	
nabumetone tablet 500mg, 750mg	1	
NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 375MG	3	
NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 500MG	3	NDS
NAPROSYN SUSPENSION 125MG/5ML	3	PA; NDS
naproxen dr tablet delayed release 375mg, 500mg	1	
naproxen sodium cr tablet extended release 24 hour 375mg	1	
naproxen sodium er tablet extended release 24 hour 375mg	1	
naproxen sodium tablet 275mg, 550mg	1	
naproxen/esomeprazole magnesium tablet delayed release 20mg; 375mg, 20mg; 500mg	1	QL(60 EA per 30 days); PA; NDS
naproxen suspension 125mg/5ml	1	PA
naproxen tablet 250mg, 375mg, 500mg	1	
NEOPROFEN INJECTION 10MG/ML	3	NDS
OXAPROZIN CAPSULE 300MG	3	PA; NDS
oxaprozin tablet 600mg	1	
PENNSAID SOLUTION 2%	3	QL(224 GM per 30 days); PA; NDS
piroxicam capsule 10mg, 20mg	1	
RELAFEN DS TABLET 1000MG	3	NDS
SPRIX SOLUTION 15.75MG/SPRAY	3	QL(5 EA per 30 days); NDS
sulindac tablet 150mg, 200mg	1	
TOLECTIN 600 TABLET 600MG	3	ST; NDS
tolmetin sodium capsule 400mg	1	
tolmetin sodium tablet 600mg	1	
tolmetin sodium tablet 200mg	1	NDS
VIMOVO TABLET DELAYED RELEASE 20MG; 375MG, 20MG; 500MG	3	QL(60 EA per 30 days); PA; NDS
VYSCOXA SUSPENSION 10MG/ML	3	QL(946 ML per 23 days); PA; NDS
ZIPSOR CAPSULE 25MG	3	NDS
Opioid Analgesics, Long-acting		
BELBUCA FILM 150MCG, 300MCG, 450MCG, 600MCG, 750MCG, 75MCG, 900MCG	3	QL(60 EA per 30 days); NDS
buprenorphine patch weekly 10mcg/hr, 15mcg/hr, 20mcg/hr, 5mcg/hr, 7.5mcg/hr	1	QL(4 EA per 28 days); NDS
BUTRANS PATCH WEEKLY 10MCG/HR, 15MCG/HR, 20MCG/HR, 5MCG/HR, 7.5MCG/HR	3	QL(4 EA per 28 days); NDS

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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
CONZIP CAPSULE EXTENDED RELEASE 24 HOUR 100MG, 200MG, 300MG	3	PA; NDS
fentanyl patch 72 hour 100mcg/hr, 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr	1	NDS
hydrocodone bitartrate er capsule extended release 12 hour 10mg, 15mg, 20mg, 30mg, 40mg, 50mg	1	NDS
hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 100mg, 120mg	1	ST; NDS
hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 20mg, 30mg, 40mg, 60mg, 80mg	3	ST; 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
HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 100MG, 120MG, 20MG, 30MG, 40MG, 60MG, 80MG	3	ST; NDS
INFUMORPH 200 INJECTION 10MG/ML	3	B/D; NDS
INFUMORPH 500 INJECTION 25MG/ML	3	B/D; NDS
levorphanol tartrate tablet 2mg, 3mg	1	NDS
methadone hcl injection 10mg/ml	1	NDS
methadone hcl oral solution 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
methadone hydrochloride solution 10mg/5ml	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
MS CONTIN TABLET EXTENDED RELEASE 100MG, 15MG, 200MG, 30MG, 60MG	3	NDS
NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 100MG, 150MG, 200MG, 250MG, 50MG	3	NDS
oxycodone hydrochloride er tablet er 12 hour abuse-deterrent 80mg	1	ST; NDS
oxycodone hydrochloride er tablet er 12 hour abuse-deterrent 10mg, 20mg, 40mg	3	ST; NDS

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Drug Name	Drug Tier	Requirements/Limits
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 10MG, 15MG, 20MG, 30MG, 40MG, 60MG, 80MG	3	ST; 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
TAPENTADOL HYDROCHLORIDE ER TABLET EXTENDED RELEASE 12 HOUR 100MG, 150MG, 200MG, 250MG, 50MG	3	NDS
TRAMADOL HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 100MG, 200MG, 300MG	3	PA; NDS
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
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5MG, 18MG, 27MG, 36MG, 9MG	2	NDS
xyvona tablet 2mg, 3mg	1	NDS
Opioid Analgesics, Short-acting		
acetaminophen/caffeine/dihydrocodeine capsule 320.5mg; 30mg; 16mg	1	QL(300 EA per 30 days); NDS
acetaminophen/codeine phosphate tablet 300mg; 60mg	1	NDS
acetaminophen/codeine solution 120mg/5ml; 12mg/5ml	1	NDS
acetaminophen/codeine tablet 300mg; 15mg, 300mg; 30mg, 300mg; 60mg	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
DEMEROL INJECTION 100MG/ML, 25MG/ML, 50MG/ML, 75MG/ML	3	PA; NDS
DILAUDID INJECTION 0.2MG/ML, 1MG/ML, 2MG/ML	3	NDS
DILAUDID LIQUID 1MG/ML	3	NDS
DILAUDID TABLET 2MG, 4MG, 8MG	3	NDS
DURAMORPH INJECTION 0.5MG/ML, 1MG/ML	1	NDS
endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg	1	NDS

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Drug Name	Drug Tier	Requirements/Limits
fentanyl citrate oral transmucosal lozenge on a handle 1200mcg, 1600mcg, 200mcg, 400mcg, 600mcg, 800mcg	1	PA; NDS
fentanyl citrate injection 1000mcg/20ml, 100mcg/2ml, 2500mcg/50ml, 250mcg/5ml, 25mcg/0.5ml, 500mcg/10ml, 50mcg/ml	1	B/D; NDS
FENTANYL CITRATE TABLET 200MCG	3	PA; NDS
FENTORA TABLET 100MCG, 200MCG, 400MCG, 600MCG, 800MCG	3	PA; NDS
FIORICET/CODEINE CAPSULE 300MG; 50MG; 40MG; 30MG	3	NDS
hydrocodone bitartrate/acetaminophen solution 300mg/15ml; 10mg/15ml, 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	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 suppository 3mg	1	NDS
hydromorphone hcl tablet 2mg, 4mg, 8mg	1	NDS
HYDROMORPHONE HYDROCHLORIDE INJECTION 0.2MG/ML	1	NDS
hydromorphone hydrochloride injection 0.2mg/ml, 1mg/ml, 2mg/ml, 4mg/ml, 50mg/5ml	1	NDS
meperidine hcl injection 100mg/ml, 25mg/ml, 50mg/ml	1	PA; NDS
meperidine hcl oral solution 50mg/5ml	1	NDS
meperidine hydrochloride tablet 50mg	1	NDS
morphine sulfate/sodium chloride injection 1mg/ml	1	NDS
MORPHINE SULFATE INJECTION 1MG/ML	1	B/D; NDS
morphine sulfate injection 10mg/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 suppository 10mg, 20mg, 30mg, 5mg	1	NDS
morphine sulfate tablet 15mg, 30mg	1	NDS
nalbuphine hydrochloride injection 10mg/ml, 20mg/ml	1	NDS
NALOCET TABLET 300MG; 2.5MG	3	NDS
NUCYNTA TABLET 100MG, 50MG, 75MG	3	NDS

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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
OXYCODONE AND ACETAMINOPHEN TABLET 300MG; 7.5MG	3	NDS
oxycodone hcl capsule 5mg	1	NDS
OXYCODONE HYDROCHLORIDE/ACETAMINOPHEN SOLUTION 325MG/5ML; 5MG/5ML	1	NDS
OXYCODONE HYDROCHLORIDE/ACETAMINOPHEN SOLUTION 300MG/5ML; 10MG/5ML	3	NDS
oxycodone hydrochloride capsule 5mg	1	NDS
oxycodone hydrochloride concentrate 100mg/5ml	1	NDS
oxycodone hydrochloride solution 5mg/5ml	1	NDS
OXYCODONE HYDROCHLORIDE TABLET ABUSE-DETERRENT 10MG, 15MG, 30MG, 5MG	3	NDS
oxycodone hydrochloride tablet 10mg, 15mg, 20mg, 30mg, 5mg	1	NDS
OXYCODONE/ACETAMINOPHEN TABLET 300MG; 10MG, 300MG; 2.5MG, 300MG; 5MG	3	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
PERCOCET TABLET 325MG; 10MG, 325MG; 2.5MG, 325MG; 5MG, 325MG; 7.5MG	3	NDS
PROLATE SOLUTION 300MG/5ML; 10MG/5ML	3	NDS
PROLATE TABLET 300MG; 10MG, 300MG; 5MG, 300MG; 7.5MG	3	NDS
QDOLO SOLUTION 5MG/ML	3	NDS
ROXICODONE TABLET 15MG, 30MG	3	NDS
TAPENTADOL HYDROCHLORIDE SOLUTION 20MG/ML	3	ST; NDS
tapentadol hydrochloride tablet 100mg, 50mg, 75mg	1	NDS
tramadol hydrochloride/acetaminophen tablet 325mg; 37.5mg	1	NDS
TRAMADOL HYDROCHLORIDE SOLUTION 5MG/ML	3	NDS
tramadol hydrochloride tablet 100mg, 25mg, 50mg, 75mg	1	NDS
TREZIX CAPSULE 320.5MG; 30MG; 16MG	3	QL(300 EA per 30 days); NDS
Anesthetics		
Local Anesthetics		
DERMACINRX LIDOCAINE GEL 5%	3	PA
glydo prefilled syringe 2%	1	QL(30 ML per 30 days); PA
LIDEXAGEL GEL 5%	3	PA
lidocaine hcl jelly prefilled syringe 2%	1	QL(30 ML per 30 days); PA
lidocaine hcl prefilled syringe 2%	1	QL(30 ML per 30 days); PA
lidocaine hydrochloride jelly gel 2%	1	QL(30 ML per 30 days); PA
lidocaine hydrochloride solution 4%	1	QL(250 ML per 30 days); PA

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Drug Name	Drug Tier	Requirements/Limits
lidocaine/prilocaine cream 2.5%; 2.5%	1	QL(30 GM per 30 days); PA
lidocaine ointment 5%	1	QL(150 GM per 30 days); PA
lidocaine patch 5%	1	QL(90 EA per 30 days); PA
LIDOCAN PATCH 5%	3	QL(90 EA per 30 days); PA
LIDODERM PATCH 5%	3	QL(90 EA per 30 days); PA
LIDOTRAL GEL 5%	3	PA
LIDOTRAL SOLUTION 5%	3	PA
LYDEXA CREAM 4.12%	3	NDS
NUMYRA GEL 2.8%	3	QL(100 GM per 30 days); PA; NDS
PLIAGLIS CREAM 7%; 7%	3	QL(30 GM per 30 days); PA
premium lidocaine ointment 5%	1	QL(150 GM per 30 days); PA
QUTENZA (2 PATCH) KIT 0; 8%; 0	3	QL(4 EA per 90 days); PA; NDS
QUTENZA (4 PATCH) KIT 0; 8%; 0	3	QL(4 EA per 90 days); PA; NDS
QUTENZA KIT 0; 8%; 0	3	QL(4 EA per 90 days); PA; NDS
TRIDACAINE III PATCH 5%	3	QL(90 EA per 30 days); PA
TRIDACAINE II PATCH 5%	3	QL(90 EA per 30 days); PA
ZTLIDO PATCH 1.8%	3	QL(90 EA per 30 days); PA
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
acamprosate calcium dr tablet delayed release 333mg	1	
disulfiram tablet 250mg, 500mg	1	
naltrexone hydrochloride tablet 50mg	1	
VIVITROL INJECTION 380MG	3	NDS
Opioid Dependence		
BRIXADI INJECTION 128MG/0.36ML, 16MG/0.32ML, 24MG/0.48ML, 32MG/0.64ML, 64MG/0.18ML, 8MG/0.16ML, 96MG/0.27ML	3	NDS
buprenorphine hcl/naloxone hcl tablet sublingual 2mg; 0.5mg, 8mg; 2mg	1	
buprenorphine hcl tablet sublingual 2mg, 8mg	1	
buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg	1	
lofexidine hydrochloride tablet 0.18mg	1	QL(224 EA per 14 days); NDS
LUCEMYRA TABLET 0.18MG	3	QL(224 EA per 14 days); NDS
SUBLOCADE INJECTION 100MG/0.5ML, 300MG/1.5ML	3	NDS
SUBOXONE FILM 12MG; 3MG, 2MG; 0.5MG, 4MG; 1MG, 8MG; 2MG	2	
ZUBSOLV TABLET SUBLINGUAL 0.7MG; 0.18MG, 1.4MG; 0.36MG, 11.4MG; 2.9MG, 2.9MG; 0.71MG, 5.7MG; 1.4MG, 8.6MG; 2.1MG	3	
Opioid Reversal Agents		
KLOXXADO LIQUID 8MG/0.1ML	3	
naloxone hcl injection 4mg/10ml	1	

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Drug Name	Drug Tier	Requirements/Limits
naloxone hydrochloride injection 0.4mg/ml, 2mg/2ml, 4mg/10ml	1	
naloxone hydrochloride liquid 4mg/0.1ml	1	
OPVEE SOLUTION 2.7MG/0.1ML	3	
REXTOVY LIQUID 4MG/0.25ML	3	
ZIMHI INJECTION 5MG/0.5ML	3	ST
ZURNAI INJECTION 1.5MG/0.5ML	3	ST
Smoking Cessation Agents		
bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg	1	QL(60 EA per 30 days)
CHANTIX CONTINUING MONTH PAK TABLET 1MG	3	QL(504 EA per 365 days)
CHANTIX STARTING MONTH PAK TABLET THERAPY PACK 0	3	QL(504 EA per 365 days)
CHANTIX TABLET 0.5MG, 1MG	3	QL(504 EA per 365 days)
NICOTROL NS SOLUTION 10MG/ML	2	QL(360 ML per 365 days)
varenicline starting month tablet therapy pack 0	1	QL(504 EA per 365 days)
varenicline tartrate continuing month tablet 1mg	1	QL(504 EA per 365 days)
varenicline tartrate tablet 0.5mg, 1mg	1	QL(504 EA per 365 days)
Antibacterials		
Aminoglycosides		
amikacin sulfate injection 1gm/4ml, 500mg/2ml	1	
ARIKAYCE SUSPENSION 590MG/8.4ML	3	QL(235.2 ML per 28 days); PA; NDS
gentamicin sulfate pediatric injection 10mg/ml	1	
gentamicin sulfate cream 0.1%	1	
gentamicin sulfate injection 40mg/ml	1	
gentamicin sulfate ointment 0.1%	1	
HUMATIN CAPSULE 250MG	3	NDS
neomycin sulfate tablet 500mg	1	
streptomycin sulfate injection 1gm	1	QL(60 EA per 30 days); NDS
tobramycin sulfate injection 1.2gm/30ml, 1.2gm, 10mg/ml, 40mg/ml, 80mg/2ml	1	
ZEMDRI INJECTION 500MG/10ML	3	NDS
Antibacterials, Other		
AEMCOLO TABLET DELAYED RELEASE 194MG	3	PA
aztreonam injection 1gm, 2gm	1	
BLUJEPA TABLET 750MG	3	PA; NDS
clindacin etz pledgets swab 1%	1	QL(69 EA per 30 days)
clindacin-p swab 1%	1	QL(69 EA per 30 days)
clindamycin hcl capsule 300mg	1	
clindamycin hydrochloride capsule 150mg, 300mg, 75mg	1	
clindamycin palmitate hydrochloride solution reconstituted 75mg/5ml	1	

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

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

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Drug Name	Drug Tier	Requirements/Limits
cefprozil tablet 250mg, 500mg	1	
ceftaroline fosamil injection 400mg, 600mg	1	NDS
ceftazidime injection 1gm, 2gm, 6gm	1	
ceftriaxone sodium injection 10gm, 1gm, 250mg, 2gm, 500mg	1	
cefuroxime axetil tablet 250mg, 500mg	1	
cefuroxime sodium injection 1.5gm, 750mg	1	
cephalexin capsule 250mg, 500mg, 750mg	1	
cephalexin suspension reconstituted 125mg/5ml, 250mg/5ml	1	
FETROJA INJECTION 1GM	3	NDS
tazicef injection 1gm, 2gm, 6gm	1	
TEFLARO INJECTION 400MG, 600MG	3	NDS
ZERBAXA INJECTION 1GM; 0.5GM	3	NDS
ZEVTERA INJECTION 667MG	3	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/potassium clavulanate tablet chewable 200mg; 28.5mg, 400mg; 57mg	1	
amoxicillin capsule 250mg, 500mg	1	
amoxicillin suspension reconstituted 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml	1	
amoxicillin tablet chewable 125mg, 250mg	1	
amoxicillin tablet 500mg, 875mg	1	
ampicillin sodium injection 10gm, 125mg, 1gm, 2gm, 500mg	1	
ampicillin-sulbactam injection 10gm; 5gm, 1gm; 0.5gm, 2gm; 1gm	1	
ampicillin/sulbactam injection 1gm; 0.5gm, 2gm; 1gm	1	
ampicillin capsule 500mg	1	
AUGMENTIN SUSPENSION RECONSTITUTED 125MG/5ML; 31.25MG/5ML	3	
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	3	
dicloxacillin sodium capsule 250mg, 500mg	1	
nafcillin sodium injection 10gm, 1gm, 2gm	1	
NAFCILLIN INJECTION 5%; 2GM/100ML	3	NDS
nafcillin injection 5%; 1gm/50ml	1	NDS

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Drug Name	Drug Tier	Requirements/Limits
OXACILLIN SODIUM INJECTION 300MG/50ML; 2GM/50ML	3	
oxacillin sodium injection 10gm, 1gm, 2gm	1	
penicillin g sodium injection 5000000unit	1	NDS
penicillin v potassium solution reconstituted 125mg/5ml, 250mg/5ml	1	
penicillin v potassium tablet 250mg, 500mg	1	
PIPERACILLIN SODIUM/TAZOBACTAM SODIUM/NACL INJECTION 2GM/50ML; 0.45%; 0.25GM/50ML, 3GM/50ML; 0.3%; 0.375GM/50ML, 4GM/100ML; 0.45%; 0.5GM/100ML	3	
piperacillin sodium/tazobactam sodium injection 12gm; 1.5gm, 2gm; 0.25gm, 36gm; 4.5gm, 3gm; 0.375gm, 4gm; 0.5gm	1	
PIVYA TABLET 185MG	3	PA
Carbapenems		
ertapenem sodium injection 1gm	1	
imipenem/cilastatin injection 250mg; 250mg, 500mg; 500mg	1	
MEROPENEM/SODIUM CHLORIDE INJECTION 1GM/50ML; 0.9%, 500MG; 0.9%	3	
meropenem injection 1gm, 2gm, 500mg	1	
RECARBRIO INJECTION 500MG; 500MG; 250MG	3	NDS
VABOMERE INJECTION 1GM; 1GM	3	
Macrolides		
azithromycin injection 500mg	1	
azithromycin packet 1gm	1	
azithromycin suspension reconstituted 100mg/5ml, 200mg/5ml	1	
azithromycin tablet 250mg, 500mg, 600mg	1	
clarithromycin er tablet extended release 24 hour 500mg	1	
clarithromycin suspension reconstituted 125mg/5ml, 250mg/5ml	1	
clarithromycin tablet 250mg, 500mg	1	
DIFICID SUSPENSION RECONSTITUTED 40MG/ML	3	QL(136 ML per 12 days); NDS
DIFICID TABLET 200MG	3	QL(20 EA per 10 days); NDS
ERYPED 400 SUSPENSION RECONSTITUTED 400MG/5ML	3	NDS
erythromycin dr tablet delayed release 250mg, 333mg, 500mg	1	
erythromycin ethylsuccinate suspension reconstituted 200mg/5ml, 400mg/5ml	1	
fidaxomicin tablet 200mg	1	QL(20 EA per 10 days); NDS
Quinolones		
BAXDELA INJECTION 300MG	3	NDS
BAXDELA TABLET 450MG	3	NDS

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Drug Name	Drug Tier	Requirements/Limits
ciprofloxacin hcl tablet 750mg	1	
ciprofloxacin hydrochloride tablet 250mg, 500mg, 750mg	1	
ciprofloxacin i.v.-in d5w injection 200mg/100ml; 5%, 400mg/200ml; 5%	1	
levofloxacin in d5w injection 5%; 250mg/50ml, 5%; 500mg/100ml, 5%; 750mg/150ml	1	
levofloxacin injection 25mg/ml	1	
levofloxacin oral solution 25mg/ml	1	
levofloxacin tablet 250mg, 500mg, 750mg	1	
moxifloxacin hydrochloride/sodium hydrochloride injection 400mg/250ml; 0.8%	1	
moxifloxacin hydrochloride tablet 400mg	1	
ofloxacin tablet 300mg, 400mg	1	
Sulfonamides		
sulfadiazine tablet 500mg	1	NDS
sulfamethoxazole/trimethoprim ds tablet 800mg; 160mg	1	
sulfamethoxazole/trimethoprim suspension 200mg/5ml; 40mg/5ml	1	
sulfamethoxazole/trimethoprim tablet 400mg; 80mg	1	
sulfatrim pediatric suspension 200mg/5ml; 40mg/5ml	1	
Tetracyclines		
demeclocycline hcl tablet 150mg, 300mg	1	
DORYX MPC TABLET DELAYED RELEASE 60MG	3	NDS
doxy 100 injection 100mg	1	
doxycycline hyclate capsule 100mg, 50mg, 75mg	1	
doxycycline hyclate injection 100mg	1	
doxycycline hyclate tablet 100mg, 150mg, 50mg, 75mg	1	
doxycycline monohydrate capsule 100mg, 150mg, 50mg, 75mg	1	
doxycycline monohydrate tablet 100mg, 150mg, 50mg, 75mg	1	
doxycycline suspension reconstituted 25mg/5ml	1	
MINOCIN INJECTION 100MG	3	NDS
minocycline hcl capsule 75mg	1	
minocycline hydrochloride capsule 100mg, 50mg	1	
NUZYRA INJECTION 100MG	3	NDS
NUZYRA TABLET 150MG	3	QL(30 EA per 14 days); NDS
SEYSARA TABLET 100MG, 150MG, 60MG	3	NDS
tetracycline hydrochloride capsule 250mg, 500mg	1	
XERAVA INJECTION 100MG, 50MG	3	NDS
Anticonvulsants		
Anticonvulsants, Other		
brivaracetam solution 10mg/ml	3	QL(600 ML per 30 days); PA
brivaracetam tablet 10mg	3	PA

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Drug Name	Drug Tier	Requirements/Limits
brivaracetam tablet 100mg, 25mg, 50mg, 75mg	3	QL(60 EA per 30 days); PA
BRIVIACT INJECTION 50MG/5ML	3	PA; NDS
BRIVIACT ORAL SOLUTION 10MG/ML	3	QL(600 ML per 30 days); PA; NDS
BRIVIACT TABLET 10MG	3	PA; NDS
BRIVIACT TABLET 100MG, 25MG, 50MG, 75MG	3	QL(60 EA per 30 days); PA; NDS
ELEPSIA XR TABLET EXTENDED RELEASE 24 HOUR 1000MG, 1500MG	3	NDS
EPIDIOLEX SOLUTION 100MG/ML	3	PA; NDS
felbamate suspension 600mg/5ml	1	
felbamate tablet 400mg, 600mg	1	
FELBATOL TABLET 400MG, 600MG	3	NDS
FINTEPLA SOLUTION 2.2MG/ML	3	QL(360 ML per 30 days); PA; NDS
FYCOMPA SUSPENSION 0.5MG/ML	3	NDS
FYCOMPA TABLET 2MG	3	QL(30 EA per 30 days)
FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG	3	QL(30 EA per 30 days); NDS
KEPPRA XR TABLET EXTENDED RELEASE 24 HOUR 500MG, 750MG	3	
KEPPRA INJECTION 500MG/5ML	3	NDS
KEPPRA ORAL SOLUTION 100MG/ML	3	
KEPPRA TABLET 500MG	3	
KEPPRA TABLET 1000MG, 750MG	3	NDS
LAMICTAL CHEWABLE DISPERSIBLE TABLET CHEWABLE 5MG	3	
LAMICTAL CHEWABLE DISPERSIBLE TABLET CHEWABLE 25MG	3	NDS
LAMICTAL ODT KIT 0	3	NDS
LAMICTAL ODT TABLET DISINTEGRATING 100MG, 200MG, 25MG, 50MG	3	
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT 0	3	
LAMICTAL XR TABLET EXTENDED RELEASE 24 HOUR 100MG, 200MG, 250MG, 300MG, 50MG	3	NDS
LAMICTAL TABLET 100MG, 150MG, 200MG	3	
LAMICTAL TABLET 25MG	3	NDS
lamotrigine er tablet extended release 24 hour 100mg, 200mg, 250mg, 25mg, 300mg, 50mg	1	
lamotrigine odt tablet disintegrating 100mg, 200mg, 25mg, 50mg	1	
lamotrigine starter kit/blue kit 25mg	1	
lamotrigine starter kit/green kit 0	1	
lamotrigine starter kit/orange kit 0	1	
lamotrigine titration kit 0	1	
lamotrigine tablet chewable 25mg, 5mg	1	

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

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

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Drug Name	Drug Tier	Requirements/Limits
NEURONTIN CAPSULE 100MG, 300MG	3	QL(360 EA per 30 days)
NEURONTIN SOLUTION 250MG/5ML	3	QL(2160 ML per 30 days)
NEURONTIN TABLET 800MG	3	QL(150 EA per 30 days); NDS
NEURONTIN TABLET 600MG	3	QL(180 EA per 30 days); NDS
ONFI SUSPENSION 2.5MG/ML	3	QL(480 ML per 30 days); NDS
ONFI TABLET 10MG, 20MG	3	QL(60 EA per 30 days); NDS
phenobarbital sodium injection 130mg/ml, 65mg/ml	1	
phenobarbital elixir 20mg/5ml	1	
phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg	1	
pregabalin capsule 300mg	1	QL(60 EA per 30 days)
pregabalin capsule 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg	1	QL(90 EA per 30 days)
pregabalin solution 20mg/ml	1	QL(900 ML per 30 days)
primidone tablet 125mg, 250mg, 50mg	1	
SABRIL PACKET 500MG	3	PA; NDS
SABRIL TABLET 500MG	3	QL(180 EA per 30 days); PA; NDS
SYMPAZAN FILM 10MG, 20MG	3	NDS
SYMPAZAN FILM 5MG	3	QL(60 EA per 30 days)
tiagabine hydrochloride tablet 12mg, 16mg, 2mg, 4mg	1	
VALTOCO 10 MG DOSE LIQUID 10MG/0.1ML	3	QL(10 EA per 30 days); NDS
VALTOCO 15 MG DOSE LIQUID THERAPY PACK 7.5MG/0.1ML	3	QL(10 EA per 30 days); NDS
VALTOCO 20 MG DOSE LIQUID THERAPY PACK 10MG/0.1ML	3	QL(10 EA per 30 days); NDS
VALTOCO 5 MG DOSE LIQUID 5MG/0.1ML	3	QL(10 EA per 30 days); NDS
vigabatrin packet 500mg	1	PA; NDS
vigabatrin tablet 500mg	1	QL(180 EA per 30 days); PA; NDS
VIGADRONE PACKET 500MG	3	PA; NDS
VIGADRONE TABLET 500MG	3	QL(180 EA per 30 days); PA; NDS
VIGAFYDE SOLUTION 100MG/ML	3	PA; NDS
vigpoder packet 500mg	1	PA; NDS
ZTALMY SUSPENSION 50MG/ML	3	PA; NDS
Sodium Channel Agents		
APTIOM TABLET 400MG	3	NDS
APTIOM TABLET 200MG	3	QL(30 EA per 30 days); NDS
APTIOM TABLET 600MG, 800MG	3	QL(60 EA per 30 days); NDS
BANZEL SUSPENSION 40MG/ML	3	NDS
BANZEL TABLET 200MG, 400MG	3	NDS
carbamazepine er capsule extended release 12 hour 100mg, 200mg, 300mg	1	
carbamazepine er tablet extended release 12 hour 100mg, 200mg, 400mg	1	

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Drug Name	Drug Tier	Requirements/Limits
carbamazepine suspension 100mg/5ml	1	
carbamazepine tablet chewable 100mg, 200mg	1	
carbamazepine tablet 200mg	1	
DILANTIN CAPSULE 30MG	3	
epitol tablet 200mg	1	
eslicarbazepine acetate tablet 400mg	1	
eslicarbazepine acetate tablet 200mg	1	QL(30 EA per 30 days)
eslicarbazepine acetate tablet 600mg, 800mg	1	QL(60 EA per 30 days)
lacosamide injection 200mg/20ml	1	
lacosamide oral solution 10mg/ml	3	
lacosamide tablet 100mg, 150mg, 200mg, 50mg	1	
oxcarbazepine er tablet extended release 24 hour 150mg, 300mg	1	
oxcarbazepine er tablet extended release 24 hour 600mg	1	NDS
oxcarbazepine suspension 300mg/5ml	1	
oxcarbazepine tablet 150mg, 300mg, 600mg	1	
OXTELLAR XR TABLET EXTENDED RELEASE 24 HOUR 600MG	3	NDS
phenytek capsule 200mg, 300mg	1	
phenytoin infatabs tablet chewable 50mg	1	
phenytoin sodium extended capsule 100mg, 200mg, 300mg	1	
phenytoin suspension 125mg/5ml	1	
phenytoin tablet chewable 50mg	1	
rufinamide suspension 40mg/ml	1	NDS
rufinamide tablet 200mg	1	
rufinamide tablet 400mg	1	NDS
TRILEPTAL SUSPENSION 300MG/5ML	3	
TRILEPTAL TABLET 300MG	3	
TRILEPTAL TABLET 600MG	3	NDS
VIMPAT INJECTION 200MG/20ML	3	
VIMPAT ORAL SOLUTION 10MG/ML	3	NDS
VIMPAT TABLET 100MG, 150MG, 200MG	3	NDS
XCOPRI TABLET THERAPY PACK 0	3	PA; NDS
XCOPRI TABLET THERAPY PACK 0	3	QL(56 EA per 28 days); PA; NDS
XCOPRI TABLET THERAPY PACK 0	3	QL(56 EA per 28 days); PA; NDS; (100mg-150mg)
XCOPRI TABLET THERAPY PACK 0	3	QL(56 EA per 365 days); PA; NDS
XCOPRI TABLET THERAPY PACK 0	3	QL(56 EA per 365 days); PA; (12.5mg-25mg)
XCOPRI TABLET 100MG, 25MG, 50MG	3	QL(30 EA per 30 days); PA; NDS
XCOPRI TABLET 150MG, 200MG	3	QL(60 EA per 30 days); PA; NDS
ZONEGRAN CAPSULE 25MG	3	
ZONEGRAN CAPSULE 100MG	3	NDS

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Drug Name	Drug Tier	Requirements/Limits
ZONISADE SUSPENSION 100MG/5ML	3	ST
zonisamide capsule 100mg, 25mg, 50mg	1	
Antidementia Agents		
Antidementia Agents, Other		
ergoloid mesylates tablet 1mg	3	
LEQEMBI IQLIK INJECTION 250MG/1.25ML	3	QL(10 ML per 28 days); PA; NDS
LEQEMBI IQLIK INJECTION 360MG/1.8ML	3	QL(7.2 ML per 28 days); PA; NDS
memantine/donepezil hydrochloride er capsule extended release 24 hour 10mg; 14mg, 10mg; 21mg, 10mg; 28mg	1	QL(30 EA per 30 days)
NAMZARIC CAPSULE ER 24 HOUR THERAPY PACK 10MG; 0	2	QL(56 EA per 365 days)
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 10MG; 14MG, 10MG; 21MG, 10MG; 28MG, 10MG; 7MG	2	QL(30 EA per 30 days)
Cholinesterase Inhibitors		
ADLARITY PATCH WEEKLY 10MG/DAY, 5MG/DAY	3	ST
donepezil hcl tablet disintegrating 10mg, 5mg	1	
donepezil hcl tablet 10mg, 23mg	1	
donepezil hydrochloride odt tablet disintegrating 10mg, 5mg	1	
donepezil hydrochloride tablet 5mg	1	
galantamine hydrobromide er capsule extended release 24 hour 16mg, 24mg, 8mg	1	
galantamine hydrobromide solution 4mg/ml	1	
galantamine hydrobromide tablet 12mg, 4mg, 8mg	1	
rivastigmine tartrate capsule 1.5mg, 3mg, 4.5mg, 6mg	1	
rivastigmine transdermal system patch 24 hour 13.3mg/24hr, 4.6mg/24hr, 9.5mg/24hr	1	
ZUNVEYL TABLET DELAYED RELEASE 10MG	3	QL(120 EA per 30 days); ST
ZUNVEYL TABLET DELAYED RELEASE 15MG, 5MG	3	QL(60 EA per 30 days); ST
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
memantine hcl titration pak tablet 0	1	
memantine hydrochloride er capsule extended release 24 hour 14mg, 21mg, 28mg, 7mg	1	QL(30 EA per 30 days)
memantine hydrochloride tablet 10mg, 5mg	1	
NAMENDA XR CAPSULE EXTENDED RELEASE 24 HOUR 14MG, 21MG, 28MG	3	QL(30 EA per 30 days)
Antidepressants		
Antidepressants, Other		
APLENZIN TABLET EXTENDED RELEASE 24 HOUR 174MG, 348MG, 522MG	3	QL(30 EA per 30 days); ST; NDS
AUVELITY TITRATION PACK TABLET EXTENDED RELEASE THERAPY PACK 0; 0	3	QL(102 EA per 365 days)
AUVELITY TABLET EXTENDED RELEASE 105MG; 45MG	3	QL(60 EA per 30 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg, 200mg	1	QL(60 EA per 30 days)
bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg	1	QL(90 EA per 30 days)
bupropion hydrochloride er (xl) tablet extended release 24 hour 300mg	1	QL(30 EA per 30 days)
bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg	1	QL(90 EA per 30 days)
bupropion hydrochloride tablet 100mg	1	QL(120 EA per 30 days)
bupropion hydrochloride tablet 75mg	1	QL(180 EA per 30 days)
chlordiazepoxide/amitriptyline tablet 12.5mg; 5mg, 25mg; 10mg	1	
EXXUA TITRATION PACK TABLET EXTENDED RELEASE 24 HOUR 18.2MG	3	QL(30 EA per 30 days); ST; NDS
EXXUA TABLET EXTENDED RELEASE 24 HOUR 18.2MG, 36.3MG, 54.5MG, 72.6MG	3	QL(30 EA per 30 days); ST; NDS
mirtazapine odt tablet disintegrating 15mg, 30mg, 45mg	1	
mirtazapine tablet 15mg, 30mg, 45mg, 7.5mg	1	
olanzapine/fluoxetine capsule 25mg; 12mg, 50mg; 12mg, 50mg; 6mg	1	QL(30 EA per 30 days)
olanzapine/fluoxetine capsule 25mg; 3mg, 25mg; 6mg	1	QL(90 EA per 30 days)
perphenazine/amitriptyline tablet 10mg; 2mg, 10mg; 4mg, 25mg; 2mg, 25mg; 4mg, 50mg; 4mg	1	
SPRAVATO 56MG DOSE SOLUTION THERAPY PACK 28MG/DEVICE	3	PA; NDS
SPRAVATO 84MG DOSE SOLUTION THERAPY PACK 28MG/DEVICE	3	PA; NDS
SYMBYAX CAPSULE 25MG; 3MG, 25MG; 6MG	3	QL(90 EA per 30 days)
WELLBUTRIN SR TABLET EXTENDED RELEASE 12 HOUR 150MG, 200MG	3	QL(60 EA per 30 days)
WELLBUTRIN SR TABLET EXTENDED RELEASE 12 HOUR 100MG	3	QL(90 EA per 30 days)
WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 300MG	3	QL(30 EA per 30 days); NDS
WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 150MG	3	QL(90 EA per 30 days); NDS
ZURZUVAE CAPSULE 30MG	3	QL(14 EA per 14 days); PA; NDS
ZURZUVAE CAPSULE 20MG, 25MG	3	QL(28 EA per 14 days); PA; NDS
Monoamine Oxidase Inhibitors		
EMSAM PATCH 24 HOUR 12MG/24HR, 6MG/24HR, 9MG/24HR	3	QL(30 EA per 30 days); ST; NDS
MARPLAN TABLET 10MG	3	
PARNATE TABLET 10MG	3	

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

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

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Drug Name	Drug Tier	Requirements/Limits
ANAFRANIL CAPSULE 25MG, 50MG, 75MG	3	NDS
clomipramine hcl capsule 25mg, 50mg, 75mg	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	
NORPRAMIN TABLET 10MG, 25MG	3	
nortriptyline hcl capsule 25mg, 75mg	1	
nortriptyline hcl solution 10mg/5ml	1	
nortriptyline hydrochloride capsule 10mg, 50mg	1	
PAMELOR CAPSULE 10MG, 25MG, 50MG, 75MG	3	NDS
protriptyline hcl tablet 10mg, 5mg	1	
trimipramine maleate capsule 100mg, 25mg, 50mg	1	
Antiemetics		
Antiemetics, Other		
ANTIVERT TABLET CHEWABLE 25MG	3	
ANTIVERT TABLET 50MG	3	
BARHEMSYS INJECTION 10MG/4ML, 5MG/2ML	3	
BONJESTA TABLET EXTENDED RELEASE 20MG; 20MG	3	QL(60 EA per 30 days)
COMPRO SUPPOSITORY 25MG	1	
DICLEGIS TABLET DELAYED RELEASE 10MG; 10MG	3	QL(120 EA per 30 days)
doxylamine succinate/pyridoxine hydrochloride tablet delayed release 10mg; 10mg	1	QL(120 EA per 30 days)
meclizine hcl tablet 12.5mg, 25mg	1	
meclizine hydrochloride tablet chewable 25mg	1	
meclizine hydrochloride tablet 25mg, 50mg	1	
prochlorperazine edisylate injection 10mg/2ml	1	
prochlorperazine maleate tablet 10mg, 5mg	1	
prochlorperazine suppository 25mg	1	
promethazine hcl suppository 12.5mg	1	PA
promethazine hydrochloride suppository 25mg	1	PA
promethazine hydrochloride tablet 12.5mg, 25mg, 50mg	1	PA
PROMETHEGAN SUPPOSITORY 12.5MG, 25MG, 50MG	1	PA
scopolamine patch 72 hour 1mg/3days	1	
TIGAN INJECTION 100MG/ML	3	
TRANSDERM-SCOP PATCH 72 HOUR 1MG/3DAYS	3	

Drug Name	Drug Tier	Requirements/Limits
trimethobenzamide hydrochloride capsule 300mg	1	B/D
trimethobenzamide hydrochloride injection 100mg/ml	1	
Emetogenic Therapy Adjuncts		
AKYNZEO CAPSULE 300MG; 0.5MG	3	QL(2 EA per 30 days); B/D
AKYNZEO INJECTION 235MG/20ML; 0.25MG/20ML, 235MG; 0.25MG	3	
ANZEMET TABLET 50MG	3	QL(5 EA per 30 days); B/D
APONVIE INJECTION 32MG/4.4ML	3	
aprepitant capsule therapy pack 0	1	QL(6 EA per 30 days); B/D
aprepitant capsule 40mg	1	QL(1 EA per 30 days); B/D
aprepitant capsule 125mg	1	QL(2 EA per 30 days); B/D; NDS
aprepitant capsule 80mg	1	QL(8 EA per 30 days); B/D
dronabinol capsule 10mg, 2.5mg, 5mg	1	QL(60 EA per 30 days); PA
DRONABINOL SOLUTION 5MG/ML	3	QL(120 ML per 30 days); PA; NDS
EMEND BIPACK CAPSULE 80MG	3	QL(8 EA per 30 days); B/D
EMEND TRIPACK CAPSULE THERAPY PACK 0	3	QL(6 EA per 30 days); B/D
EMEND SUSPENSION RECONSTITUTED 125MG/5ML	3	QL(6 EA per 30 days); B/D
granisetron hydrochloride tablet 1mg	1	QL(30 EA per 30 days); B/D
GRANISOL SOLUTION 2MG/10ML	3	QL(150 ML per 30 days); B/D
MARINOL CAPSULE 2.5MG	3	QL(60 EA per 30 days); PA
NAVITRUX INJECTION 150MG	3	
NEREUS CAPSULE 85MG	3	PA
ondansetron hcl solution 4mg/5ml	1	QL(450 ML per 30 days); B/D
ondansetron hcl tablet 24mg	1	QL(14 EA per 28 days); B/D
ondansetron hydrochloride injection 4mg/2ml	1	
ondansetron hydrochloride tablet 4mg, 8mg	1	B/D
ondansetron odt tablet disintegrating 16mg, 4mg, 8mg	1	B/D
palonosetron hydrochloride injection 0.25mg/5ml	1	
SANCUSO PATCH 3.1MG/24HR	3	QL(2 EA per 30 days); NDS
SUSTOL INJECTION 10MG/0.4ML	3	QL(1.2 ML per 30 days); NDS
SYNDROS SOLUTION 5MG/ML	3	QL(120 ML per 30 days); PA; NDS
VARUBI TABLET THERAPY PACK 90MG	3	QL(4 EA per 28 days); B/D
Antifungals		
Antifungals		
ABELCET INJECTION 5MG/ML	3	B/D
AMBISOME INJECTION 50MG	3	B/D; NDS
amphotericin b liposome injection 50mg	1	B/D; NDS
amphotericin b injection 50mg	1	B/D
ANCOBON CAPSULE 250MG, 500MG	3	NDS
CANCIDAS INJECTION 50MG, 70MG	3	NDS
caspofungin acetate injection 50mg, 70mg	1	
CLOTIC SOLUTION 1%	3	NDS
clotrimazole cream 1%	1	QL(90 GM per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
clotrimazole solution 1%	1	QL(60 ML per 30 days)
clotrimazole troche 10mg	1	
CRESEMBA CAPSULE 74.5MG	3	QL(175 EA per 30 days); PA; NDS
CRESEMBA CAPSULE 186MG	3	QL(70 EA per 30 days); PA; NDS
CRESEMBA INJECTION 372MG	3	NDS
DIFLUCAN TABLET 200MG	3	NDS
econazole nitrate cream 1%	1	QL(85 GM per 30 days)
ERAXIS INJECTION 100MG, 50MG	3	
ERTACZO CREAM 2%	3	NDS
fluconazole in sodium chloride injection 200mg/100ml; 0.9%, 400mg/200ml; 0.9%	1	
fluconazole suspension reconstituted 10mg/ml, 40mg/ml	1	
fluconazole tablet 100mg, 150mg, 200mg, 50mg	1	
flucytosine capsule 250mg, 500mg	1	NDS
FULVICIN P/G 165 TABLET 165MG	3	NDS
griseofulvin microsize suspension 125mg/5ml	1	
griseofulvin microsize tablet 500mg	1	
griseofulvin ultramicrosize tablet 125mg, 250mg	1	
griseofulvin ultramicrosize tablet 165mg	1	NDS
itraconazole capsule 100mg	1	PA
itraconazole solution 10mg/ml	1	PA; NDS
JUBLIA SOLUTION 10%	3	NDS
ketoconazole cream 2%	1	QL(90 GM per 30 days)
ketoconazole shampoo 2%	1	QL(120 ML per 30 days)
ketoconazole tablet 200mg	1	
klayesta powder 100000unit/gm	1	QL(120 GM per 30 days)
MICAFUNGIN SODIUM/SODIUM CHLORIDE INJECTION 150MG/150ML; 0.9%	3	
MICAFUNGIN/SODIUM CHLORIDE INJECTION 100MG/100ML; 0.9%, 50MG/50ML; 0.9%	3	
micafungin injection 100mg, 50mg	1	
MYCAMINE INJECTION 50MG	3	
MYCAMINE INJECTION 100MG	3	NDS
NOXAFIL INJECTION 300MG/16.7ML	3	NDS
NOXAFIL PACKET 300MG	3	QL(32 EA per 30 days); PA; NDS
NOXAFIL SUSPENSION 40MG/ML	3	QL(600 ML per 30 days); PA; NDS
NOXAFIL TABLET DELAYED RELEASE 100MG	3	QL(93 EA per 30 days); PA; NDS
nyamyc powder 100000unit/gm	1	QL(120 GM per 30 days)
nystatin cream 100000unit/gm	1	QL(60 GM per 30 days)
nystatin ointment 100000unit/gm	1	QL(60 GM per 30 days)
nystatin powder 100000unit/gm	1	QL(120 GM per 30 days)
nystatin suspension 100000unit/ml	1	
nystatin tablet 500000unit	1	

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Drug Name	Drug Tier	Requirements/Limits
nystop powder 100000unit/gm	1	QL(120 GM per 30 days)
ORAVIG TABLET 50MG	3	NDS
oxiconazole nitrate cream 1%	1	QL(90 GM per 30 days)
OXISTAT CREAM 1%	3	QL(90 GM per 30 days)
posaconazole dr tablet delayed release 100mg	1	QL(93 EA per 30 days); PA; NDS
posaconazole injection 300mg/16.7ml	1	NDS
posaconazole suspension 40mg/ml	1	QL(600 ML per 30 days); PA; NDS
REZZAYO INJECTION 200MG	3	NDS
SPORANOX CAPSULE 100MG	3	PA; NDS
SPORANOX SOLUTION 10MG/ML	3	PA; NDS
SULCONAZOLE NITRATE SOLUTION 1%	1	
tavaborole solution 5%	1	PA
terbinafine hcl tablet 250mg	1	QL(84 EA per 180 days)
terconazole cream 0.4%, 0.8%	1	
TOLSURA CAPSULE 65MG	3	QL(120 EA per 30 days); PA; NDS
VFEND IV INJECTION 200MG	3	PA; NDS
VFEND SUSPENSION RECONSTITUTED 40MG/ML	3	QL(600 ML per 30 days); NDS
VFEND TABLET 50MG	3	QL(480 EA per 30 days)
VIVJOA CAPSULE THERAPY PACK 150MG	3	PA
voriconazole injection 200mg	1	PA
voriconazole injection 200mg/20ml	1	PA; NDS
voriconazole suspension reconstituted 40mg/ml	1	QL(600 ML per 30 days); NDS
voriconazole tablet 200mg	1	QL(120 EA per 30 days)
voriconazole tablet 50mg	1	QL(480 EA per 30 days)
Antigout Agents		
Antigout Agents		
allopurinol tablet 100mg, 200mg, 300mg	1	
colchicine capsule 0.6mg	2	
colchicine tablet 0.6mg	1	
febuxostat tablet 40mg, 80mg	1	
GLOPERBA SOLUTION 0.6MG/5ML	3	ST
KRYSTEXXA INJECTION 8MG/50ML, 8MG/ML	3	PA; NDS
probenecid/colchicine tablet 0.5mg; 500mg	1	
probenecid tablet 500mg	1	
Antimigraine Agents		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists		
AIMOVIG INJECTION 140MG/ML	2	QL(1 ML per 28 days); PA
AIMOVIG INJECTION 70MG/ML	2	QL(2 ML per 28 days); PA
AJOVY INJECTION 225MG/1.5ML	3	QL(4.5 ML per 84 days); PA
EMGALITY INJECTION 120MG/ML	2	QL(2 ML per 28 days); PA
EMGALITY INJECTION 100MG/ML	3	QL(3 ML per 28 days); PA; NDS
NURTEC TABLET DISINTEGRATING 75MG	3	QL(18 EA per 30 days); PA; NDS
UBRELVY TABLET 100MG, 50MG	3	QL(16 EA per 30 days); PA; NDS

Drug Name	Drug Tier	Requirements/Limits
Ergot Alkaloids		
BREKIYA INJECTION 1MG/ML	3	QL(24 ML per 28 days); PA
CAFERGOT TABLET 100MG; 1MG	3	QL(40 EA per 28 days)
dihydroergotamine mesylate injection 1mg/ml	1	QL(24 ML per 28 days); PA; NDS
dihydroergotamine mesylate nasal solution 4mg/ml	1	QL(8 ML per 30 days); PA
ERGOMAR TABLET SUBLINGUAL 2MG	3	NDS
ergotamine tartrate/caffeine tablet 100mg; 1mg	1	QL(40 EA per 28 days)
MIGERGOT SUPPOSITORY 100MG; 2MG	3	QL(20 EA per 28 days); NDS
MIGRANAL SOLUTION 4MG/ML	3	QL(8 ML per 30 days); PA; NDS
TRUDHESA AEROSOL SOLUTION 0.725MG/ACT	3	QL(12 ML per 28 days); PA
Prophylactic		
timolol maleate tablet 10mg, 20mg, 5mg	1	
VYEPTI INJECTION 100MG/ML	3	QL(3 ML per 84 days); PA
Serotonin (5-HT) Receptor Agonist		
almotriptan malate tablet 12.5mg	1	QL(12 EA per 30 days)
almotriptan tablet 12.5mg, 6.25mg	1	QL(12 EA per 30 days)
eletriptan hydrobromide tablet 20mg, 40mg	1	QL(12 EA per 30 days)
FROVA TABLET 2.5MG	3	QL(12 EA per 30 days)
frovatriptan succinate tablet 2.5mg	1	QL(12 EA per 30 days)
IMITREX STATDOSE REFILL INJECTION 4MG/0.5ML, 6MG/0.5ML	3	QL(5 ML per 30 days); NDS
IMITREX STATDOSE SYSTEM INJECTION 4MG/0.5ML	3	QL(5 ML per 30 days)
IMITREX STATDOSE SYSTEM INJECTION 6MG/0.5ML	3	QL(5 ML per 30 days); NDS
IMITREX TABLET 100MG, 25MG, 50MG	3	QL(9 EA per 30 days)
MAXALT-MLT TABLET DISINTEGRATING 10MG	3	QL(18 EA per 30 days)
MAXALT TABLET 10MG	3	QL(18 EA per 30 days)
naratriptan hcl tablet 1mg, 2.5mg	1	QL(9 EA per 30 days)
ONZETRA XSAIL EXHALER POWDER 11MG/NOSEPC	3	QL(16 EA per 30 days)
RELPAX TABLET 20MG, 40MG	3	QL(12 EA per 30 days)
REYVOW TABLET 50MG	3	QL(4 EA per 30 days); PA
REYVOW TABLET 100MG	3	QL(8 EA per 30 days); PA
RIZAFILM FILM 10MG	3	QL(12 EA per 30 days)
RIZAFILM FILM 5MG	3	QL(4 EA per 30 days)
rizatriptan benzoate odt tablet disintegrating 10mg, 5mg	1	QL(18 EA per 30 days)
rizatriptan benzoate tablet 10mg, 5mg	1	QL(18 EA per 30 days)
sumatriptan succinate refill injection 4mg/0.5ml, 6mg/0.5ml	1	QL(5 ML per 30 days)
sumatriptan succinate injection 4mg/0.5ml, 6mg/0.5ml	1	QL(5 ML per 30 days)
sumatriptan succinate tablet 100mg, 25mg, 50mg	1	QL(9 EA per 30 days)
sumatriptan/naproxen sodium tablet 500mg; 85mg	1	QL(9 EA per 30 days)
sumatriptan solution 20mg/act, 5mg/act	1	QL(12 EA per 30 days)
SYMBRAVO TABLET 20MG; 10MG	3	QL(9 EA per 30 days); ST
TOSYMRA SOLUTION 10MG/ACT	3	QL(12 EA per 30 days)
TREXIMET TABLET 500MG; 85MG	3	QL(9 EA per 30 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
ZEMBRACE SYMTOUCH INJECTION 3MG/0.5ML	3	QL(8 ML per 30 days); NDS
zolmitriptan odt tablet disintegrating 2.5mg	1	QL(12 EA per 30 days)
zolmitriptan odt tablet disintegrating 5mg	1	QL(9 EA per 30 days)
zolmitriptan solution 5mg	1	QL(12 EA per 30 days)
zolmitriptan tablet 2.5mg, 5mg	1	QL(12 EA per 30 days)
ZOMIG SOLUTION 5MG	3	QL(12 EA per 30 days)
ZOMIG TABLET 2.5MG	3	QL(12 EA per 30 days)
ZOMIG TABLET 5MG	3	QL(12 EA per 30 days); NDS
Antimyasthenic Agents		
Parasympathomimetics		
MESTINON TIMESPAN TABLET EXTENDED RELEASE 180MG	3	NDS
MESTINON SOLUTION 60MG/5ML	3	NDS
MESTINON TABLET 60MG	3	NDS
PYRIDOSTIGMINE BROMIDE ER TABLET EXTENDED RELEASE 24 HOUR 105MG	1	
pyridostigmine bromide solution 60mg/5ml	3	
pyridostigmine bromide tablet 60mg	1	
VYVGART HYTRULO INJECTION 180MG/ML; 2000UNIT/ML	3	PA; NDS
Antimycobacterials		
Antimycobacterials, Other		
dapsone tablet 100mg, 25mg	1	
EMROSI CAPSULE EXTENDED RELEASE 24 HOUR 40MG	3	NDS
MYCOBUTIN CAPSULE 150MG	3	NDS
PRETOMANID TABLET 200MG	3	
rifabutin capsule 150mg	1	
Antituberculars		
cycloserine capsule 250mg	1	NDS
ethambutol hydrochloride tablet 100mg, 400mg	1	
isoniazid injection 100mg/ml	3	
isoniazid syrup 50mg/5ml	1	
isoniazid tablet 100mg, 300mg	1	
PRIFTIN TABLET 150MG	3	
pyrazinamide tablet 500mg	1	
RIFADIN INJECTION 600MG	3	NDS
rifampin capsule 150mg, 300mg	1	
rifampin injection 600mg	1	
rifapentine tablet 150mg	1	
SIRTURO TABLET 100MG, 20MG	3	NDS
TRECATOR TABLET 250MG	3	
Antineoplastics		

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

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

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Drug Name	Drug Tier	Requirements/Limits
ARRANON INJECTION 5MG/ML	3	NDS
AXTLE INJECTION 100MG, 500MG	3	NDS
cladribine injection 10mg/10ml	1	B/D; NDS
clofarabine injection 1mg/ml	1	NDS
CLOLAR INJECTION 1MG/ML	3	NDS
cytarabine aqueous injection 20mg/ml	1	B/D
cytarabine injection 100mg/ml, 20mg/ml	1	B/D
DROXIA CAPSULE 200MG, 300MG, 400MG	3	
FAVLYXA INJECTION 2.5GM/100ML, 250MG/10ML	3	B/D; NDS
floxuridine injection 0.5gm	1	B/D; NDS
fluorouracil injection 1gm/20ml, 2.5gm/50ml, 500mg/10ml, 5gm/100ml	1	B/D
FOLOTYN INJECTION 20MG/ML, 40MG/2ML	3	PA; NDS
gemcitabine hydrochloride injection 200mg/2ml, 200mg/5.26ml	1	
gemcitabine hydrochloride injection 1.5gm/15ml, 1gm/10ml, 1gm/26.3ml, 2gm/20ml, 2gm/52.6ml	1	NDS
hydroxyurea capsule 500mg	1	
INLEXZO INJECTION 225MG	3	PA; NDS
mercaptopurine suspension 2000mg/100ml	1	NDS
mercaptopurine tablet 50mg	1	
nelarabine injection 5mg/ml	1	NDS
NIPENT INJECTION 10MG	3	NDS
pemetrexed disodium injection 100mg, 500mg	1	NDS
PEMETREXED INJECTION 1GM/40ML	3	
PEMETREXED INJECTION 100MG/4ML, 100MG, 1GM/40ML, 500MG/20ML, 500MG, 850MG/34ML	3	NDS
pemetrexed injection 1000mg, 100mg, 500mg, 750mg	1	NDS
PEMFEXY INJECTION 500MG/20ML	3	NDS
PEMRYDI RTU INJECTION 100MG/10ML, 500MG/50ML	3	NDS
pralatrexate injection 20mg/ml, 40mg/2ml	1	PA; NDS
PURIXAN SUSPENSION 2000MG/100ML	3	NDS
SIKLOS TABLET 100MG	3	PA
SIKLOS TABLET 1000MG	3	PA; NDS
TABLOID TABLET 40MG	3	NDS
VYXEOS INJECTION 100MG; 44MG	3	PA; NDS
XROMI SOLUTION 100MG/ML	3	PA
Antineoplastics, Other		
ABRAXANE INJECTION 900MG; 100MG	3	NDS
adriamycin injection 50mg	1	B/D
ADSTILADRIN INJECTION 0	3	PA; NDS
AKEEGA TABLET 500MG; 100MG, 500MG; 50MG	3	PA; NDS
ANKTIVA INJECTION 400MCG/0.4ML	3	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
arsenic trioxide injection 10mg/10ml, 12mg/6ml	1	NDS
ASPARLAS INJECTION 3750UNIT/5ML	3	NDS
azacitidine injection 100mg	1	NDS
BEIZRAY INJECTION 20MG/ML, 25%; 80MG/4ML	3	NDS
bleomycin sulfate injection 15unit, 30unit	1	B/D
bortezomib injection 1mg, 2.5mg	1	PA
bortezomib injection 3.5mg	1	PA; NDS
bortezomib injection 3.5mg/1.4ml	3	PA
BORUZU INJECTION 3.5MG/1.4ML	3	PA; NDS
COLUMVI INJECTION 10MG/10ML, 2.5MG/2.5ML	3	PA; NDS
dactinomycin injection 0.5mg	1	NDS
daunorubicin hydrochloride injection 20mg/4ml	1	
decitabine injection 50mg	1	NDS
docetaxel injection 160mg/16ml, 80mg/8ml	1	
docetaxel injection 160mg/8ml, 20mg/2ml	1	NDS
DOXIL INJECTION 2MG/ML	3	NDS
doxorubicin hcl injection 2mg/ml, 50mg	1	B/D
doxorubicin hydrochloride liposomal injection 2mg/ml	1	NDS
doxorubicin hydrochloride injection 10mg	1	B/D
doxorubicin hydrochloride injection 2mg/ml	1	NDS
ELLENCE INJECTION 50MG/25ML	3	
ELREXFIO INJECTION 44MG/1.1ML, 76MG/1.9ML	3	PA; NDS
ELZONRIS INJECTION 1000MCG/ML	3	PA; NDS
EPKINLY INJECTION 48MG/0.8ML, 4MG/0.8ML	3	PA; NDS
eribulin mesylate injection 1mg/2ml	1	PA; NDS
ETHYOL INJECTION 500MG	3	NDS
HALAVEN INJECTION 1MG/2ML	3	PA; NDS
IBRANCE TABLET 100MG, 125MG, 75MG	3	PA; NDS
IDAMYCIN PFS INJECTION 10MG/10ML, 20MG/20ML, 5MG/5ML	3	NDS
idarubicin hcl injection 10mg/10ml, 20mg/20ml, 5mg/5ml	1	
idarubicin hydrochloride injection 10mg/10ml, 20mg/20ml, 5mg/5ml	1	
IMDELLTRA INJECTION 10MG, 1MG	3	PA; NDS
INREBIC CAPSULE 100MG	3	PA; NDS
ISTODAX INJECTION 10MG	3	PA; NDS
ITOVEBI TABLET 9MG	3	PA; NDS
ITOVEBI TABLET 3MG	3	QL(60 EA per 30 days); PA; NDS
IWILFIN TABLET 192MG	3	PA; NDS
IXEMPRA KIT INJECTION 15MG, 45MG	3	NDS
JEVTANA INJECTION 60MG/1.5ML	3	PA; NDS
KIMMTRAK INJECTION 100MCG/0.5ML	3	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
KISQALI FEMARA 200 DOSE TABLET THERAPY PACK 2.5MG; 200MG	3	PA; NDS
KISQALI FEMARA 400 DOSE TABLET THERAPY PACK 2.5MG; 200MG	3	PA; NDS
KISQALI FEMARA 600 DOSE TABLET THERAPY PACK 2.5MG; 200MG	3	PA; NDS
KOMZIFTI CAPSULE 200MG	3	PA; NDS
LAZCLUZE TABLET 240MG	3	PA; NDS
LAZCLUZE TABLET 80MG	3	QL(60 EA per 30 days); PA; NDS
leucovorin calcium injection 350mg, 500mg	1	
leucovorin calcium tablet 10mg, 15mg, 25mg, 5mg	1	
levoleucovorin injection 50mg	1	NDS
LONSURF TABLET 6.14MG; 15MG, 8.19MG; 20MG	3	PA; NDS
LYMPHIR INJECTION 300MCG	3	PA; NDS
LYNOZYFIC INJECTION 200MG/10ML, 5MG/2.5ML	3	PA; NDS
LYSODREN TABLET 500MG	3	NDS
mitomycin injection 20mg, 40mg, 5mg	1	NDS
MODEYSO CAPSULE 125MG	3	PA; NDS
MUTAMYCIN INJECTION 20MG, 40MG, 5MG	3	NDS
OGSIVEO TABLET 100MG, 50MG	3	PA; NDS
OGSIVEO TABLET 150MG	3	QL(60 EA per 30 days); PA; NDS
OJEMDA SUSPENSION RECONSTITUTED 25MG/ML	3	PA; NDS
OJEMDA TABLET 100MG	3	PA; NDS
ONCASPAR INJECTION 750UNIT/ML	3	NDS
ONUREG TABLET 200MG, 300MG	3	PA; NDS
PACLITAXEL PROTEIN-BOUND PARTICLES INJECTION 900MG; 100MG	3	NDS
paclitaxel protein-bound particles injection 0; 100mg, 900mg; 100mg	1	NDS
paclitaxel injection 300mg/50ml	1	
PEMETREXED INJECTION 100MG/4ML	3	NDS
PHESGO INJECTION 2000UNIT/ML; 60MG/ML; 60MG/ML, 2000UNIT/ML; 80MG/ML; 40MG/ML	3	PA; NDS
PHOTOFRIN INJECTION 75MG	3	NDS
PROLEUKIN INJECTION 22000000UNIT	3	NDS
REVUFORJ TABLET 110MG, 160MG, 25MG	3	PA; NDS
ROMIDEPSIN INJECTION 27.5MG/5.5ML	3	PA; NDS
romidepsin injection 10mg	1	PA; NDS
RYLAZE INJECTION 10MG/0.5ML	3	NDS
RYTELO INJECTION 188MG, 47MG	3	PA; NDS
TALVEY INJECTION 3MG/1.5ML, 40MG/ML	3	PA; NDS
TECVAYLI INJECTION 153MG/1.7ML, 30MG/3ML	3	PA; NDS
TICE BCG INJECTION 50MG	3	

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Drug Name	Drug Tier	Requirements/Limits
TRISENOX INJECTION 12MG/6ML	3	NDS
valrubicin injection 40mg/ml	1	NDS
VALSTAR INJECTION 40MG/ML	3	NDS
VELCADE INJECTION 3.5MG	3	PA; NDS
VIDAZA INJECTION 100MG	3	NDS
vinblastine sulfate injection 1mg/ml	1	B/D
vincristine sulfate injection 1mg/ml	1	B/D
VONJO CAPSULE 100MG	3	PA; NDS
ZALTRAP INJECTION 100MG/4ML, 200MG/8ML	3	PA; NDS
ZENBEXUS CAPSULE 0.75MG, 1MG	3	PA; NDS
ZOLINZA CAPSULE 100MG	3	PA; NDS
Antineoplastics		
OPDUALAG INJECTION 240MG/20ML; 80MG/20ML	3	PA; NDS
Aromatase Inhibitors, 3rd Generation		
anastrozole tablet 1mg	1	
ARIMIDEX TABLET 1MG	3	
AROMASIN TABLET 25MG	3	NDS
exemestane tablet 25mg	1	
letrozole tablet 2.5mg	1	
Enzyme Inhibitors		
AVMAPKI FAKZYNJA CO-PACK THERAPY PACK 0.8MG; 200MG	3	PA; NDS
AVOPEF INJECTION 100MG/5ML, 500MG/25ML	3	NDS
CAMPTOSAR INJECTION 100MG/5ML, 300MG/15ML, 40MG/2ML	3	NDS
ETOPOPHOS INJECTION 100MG	3	NDS
etoposide injection 1gm/50ml, 500mg/25ml	1	
HYCAMTIN INJECTION 4MG	3	NDS
irinotecan hydrochloride injection 100mg/5ml, 300mg/15ml, 40mg/2ml	1	NDS
irinotecan injection 500mg/25ml	1	NDS
KYPROLIS INJECTION 10MG, 30MG, 60MG	3	PA; NDS
ONIVYDE INJECTION 43MG/10ML	3	NDS
topotecan hcl injection 4mg	1	NDS
topotecan hydrochloride injection 4mg/4ml	1	NDS
Molecular Target Inhibitors		
AFINITOR DISPERZ TABLET SOLUBLE 2MG, 3MG, 5MG	3	PA; NDS
AFINITOR TABLET 10MG, 2.5MG, 5MG, 7.5MG	3	QL(30 EA per 30 days); PA; NDS
ALECENSA CAPSULE 150MG	3	PA; NDS
ALIQOPA INJECTION 60MG	3	PA; NDS
ALUNBRIG TABLET THERAPY PACK 0	3	QL(60 EA per 365 days); PA; NDS
ALUNBRIG TABLET 30MG	3	QL(120 EA per 30 days); PA; NDS

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

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Drug Name	Drug Tier	Requirements/Limits
GILOTRIF TABLET 20MG, 30MG, 40MG	3	QL(30 EA per 30 days); PA; NDS
GLEEVEC TABLET 100MG, 400MG	3	PA; NDS
GOMEKLI CAPSULE 1MG, 2MG	3	PA; NDS
GOMEKLI TABLET SOLUBLE 1MG	3	PA; NDS
HERNEXEOS TABLET 60MG	3	PA; NDS
HYRNUO TABLET 10MG	3	PA; NDS
IBRANCE CAPSULE 100MG, 125MG, 75MG	3	PA; NDS
IBTROZI CAPSULE 200MG	3	PA; NDS
ICLUSIG TABLET 10MG, 15MG, 30MG, 45MG	3	QL(30 EA per 30 days); PA; NDS
IDHIFA TABLET 100MG, 50MG	3	QL(30 EA per 30 days); PA; NDS
imatinib mesylate tablet 100mg, 400mg	1	PA
IMBRUVICA CAPSULE 140MG	3	QL(120 EA per 30 days); PA; NDS
IMBRUVICA CAPSULE 70MG	3	QL(28 EA per 28 days); PA; NDS
IMBRUVICA SUSPENSION 70MG/ML	3	QL(240 ML per 30 days); PA; NDS
IMBRUVICA TABLET 140MG, 280MG, 420MG	3	QL(28 EA per 28 days); PA; NDS
IMKELDI SOLUTION 80MG/ML	3	PA; NDS
INLYTA TABLET 5MG	3	QL(120 EA per 30 days); PA; NDS
INLYTA TABLET 1MG	3	QL(180 EA per 30 days); PA; NDS
INQOVI TABLET 100MG; 35MG	3	PA; NDS
IRESSA TABLET 250MG	3	PA; NDS
JAKAFI XR TABLET EXTENDED RELEASE 24 HOUR 11MG, 22MG, 33MG, 44MG, 55MG	3	QL(30 EA per 30 days); PA; NDS
JAKAFI TABLET 10MG, 15MG, 20MG, 25MG, 5MG	3	QL(60 EA per 30 days); PA; NDS
JAYPIRCA TABLET 50MG	3	QL(30 EA per 30 days); PA; NDS
JAYPIRCA TABLET 100MG	3	QL(90 EA per 30 days); PA; NDS
JIDEYTRO TABLET 100MG	3	QL(30 EA per 30 days); PA; NDS
JIDEYTRO TABLET 25MG	3	QL(90 EA per 30 days); PA; NDS
KISQALI TABLET THERAPY PACK 200MG	3	QL(21 EA per 21 days); PA; NDS
KISQALI TABLET THERAPY PACK 200MG	3	QL(42 EA per 21 days); PA; NDS
KISQALI TABLET THERAPY PACK 200MG	3	QL(63 EA per 21 days); PA; NDS
KOSELUGO CAPSULE SPRINKLE 5MG, 7.5MG	3	PA; NDS
KOSELUGO CAPSULE 10MG, 25MG	3	PA; NDS
KRAZATI TABLET 200MG	3	PA; NDS
lapatinib ditosylate tablet 250mg	1	PA; NDS
LENVIMA 10 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	3	PA; NDS
LENVIMA 12MG DAILY DOSE CAPSULE THERAPY PACK 4MG	3	PA; NDS
LENVIMA 14 MG DAILY DOSE CAPSULE THERAPY PACK 0	3	PA; NDS
LENVIMA 18 MG DAILY DOSE CAPSULE THERAPY PACK 0	3	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
LENVIMA 20 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	3	PA; NDS
LENVIMA 24 MG DAILY DOSE CAPSULE THERAPY PACK 0	3	PA; NDS
LENVIMA 4 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	3	PA; NDS
LENVIMA 8 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	3	PA; NDS
LIFYORLI CAPSULE THERAPY PACK 0	3	PA; NDS
LORBRENA TABLET 100MG	3	QL(30 EA per 30 days); PA; NDS
LORBRENA TABLET 25MG	3	QL(90 EA per 30 days); PA; NDS
LUMAKRAS TABLET 120MG, 240MG, 320MG	3	PA; NDS
LYNPARZA TABLET 100MG, 150MG	3	QL(120 EA per 30 days); PA; NDS
LYTGOBI TABLET THERAPY PACK 4MG	3	PA; NDS
MEKINIST SOLUTION RECONSTITUTED 0.05MG/ML	3	PA; NDS
MEKINIST TABLET 2MG	3	QL(30 EA per 30 days); PA; NDS
MEKINIST TABLET 0.5MG	3	QL(90 EA per 30 days); PA; NDS
MEKTOVI TABLET 15MG	3	PA; NDS
NERLYNX TABLET 40MG	3	QL(180 EA per 30 days); PA; NDS
NEXAVAR TABLET 200MG	3	PA; NDS
NILOTINIB D-TARTRATE CAPSULE 150MG, 200MG, 50MG	3	PA; NDS
nilotinib hydrochloride capsule 200mg	1	QL(112 EA per 28 days); PA; NDS
nilotinib hydrochloride capsule 150mg	1	QL(140 EA per 28 days); PA; NDS
nilotinib hydrochloride capsule 50mg	1	QL(420 EA per 30 days); PA; NDS
NINLARO CAPSULE 2.3MG, 3MG, 4MG	3	PA; NDS
ODOMZO CAPSULE 200MG	3	PA; NDS
OJJAARA TABLET 100MG, 150MG, 200MG	3	QL(30 EA per 30 days); PA; NDS
pazopanib hydrochloride tablet 200mg, 400mg	1	PA; NDS
PEMAZYRE TABLET 13.5MG, 4.5MG, 9MG	3	QL(30 EA per 30 days); PA; NDS
PHYRAGO TABLET 100MG, 140MG, 70MG	3	QL(30 EA per 30 days); PA; NDS
PHYRAGO TABLET 80MG	3	QL(60 EA per 30 days); PA; NDS
PHYRAGO TABLET 20MG, 50MG	3	QL(90 EA per 30 days); PA; NDS
PIQRAY 200MG DAILY DOSE TABLET THERAPY PACK 200MG	3	PA; NDS
PIQRAY 250MG DAILY DOSE TABLET THERAPY PACK 0	3	PA; NDS
PIQRAY 300MG DAILY DOSE TABLET THERAPY PACK 150MG	3	PA; NDS
QINLOCK TABLET 50MG	3	PA; NDS
RASONQUE TABLET 100MG	3	QL(120 EA per 30 days); PA; NDS
RASONQUE TABLET 150MG	3	QL(60 EA per 30 days); PA; NDS
RETEVMO CAPSULE 40MG, 80MG	3	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
RETEVMO TABLET 120MG, 160MG, 80MG	3	QL(60 EA per 30 days); PA; NDS
RETEVMO TABLET 40MG	3	QL(90 EA per 30 days); PA; NDS
REVTORPYK INJECTION 180MG	3	PA; NDS
REZLIDHIA CAPSULE 150MG	3	PA; NDS
ROMVIMZA CAPSULE 14MG, 20MG, 30MG	3	PA; NDS
ROZLYTREK CAPSULE 100MG	3	QL(150 EA per 30 days); PA; NDS
ROZLYTREK CAPSULE 200MG	3	QL(90 EA per 30 days); PA; NDS
ROZLYTREK PACKET 50MG	3	PA; NDS
RUBRACA TABLET 250MG, 300MG	3	PA; NDS
RUBRACA TABLET 200MG	3	QL(120 EA per 30 days); PA; NDS
RYDAPT CAPSULE 25MG	3	PA; NDS
SCEMBLIX TABLET 100MG	3	QL(120 EA per 30 days); PA; NDS
SCEMBLIX TABLET 40MG	3	QL(240 EA per 30 days); PA; NDS
SCEMBLIX TABLET 20MG	3	QL(60 EA per 30 days); PA; NDS
sorafenib tosylate tablet 200mg	1	PA; NDS
sorafenib tablet 200mg	1	PA; NDS
SPRYCEL TABLET 100MG, 140MG, 70MG	3	QL(30 EA per 30 days); PA; NDS
SPRYCEL TABLET 80MG	3	QL(60 EA per 30 days); PA; NDS
SPRYCEL TABLET 20MG, 50MG	3	QL(90 EA per 30 days); PA; NDS
STIVARGA TABLET 40MG	3	PA; NDS
sunitinib malate capsule 12.5mg, 25mg, 50mg	1	QL(28 EA per 28 days); PA; NDS
sunitinib malate capsule 37.5mg	1	QL(56 EA per 28 days); PA; NDS
SUTENT CAPSULE 12.5MG, 25MG, 50MG	3	QL(28 EA per 28 days); PA; NDS
SUTENT CAPSULE 37.5MG	3	QL(56 EA per 28 days); PA; NDS
TABRECTA TABLET 150MG, 200MG	3	QL(120 EA per 30 days); PA; NDS
TAFINLAR CAPSULE 50MG, 75MG	3	PA; NDS
TAFINLAR TABLET SOLUBLE 10MG	3	PA; NDS
TAGRISSO TABLET 80MG	3	PA; NDS
TAGRISSO TABLET 40MG	3	QL(30 EA per 30 days); PA; NDS
TALZENNA CAPSULE 0.1MG, 1MG	3	PA; NDS
TALZENNA CAPSULE 0.35MG, 0.5MG, 0.75MG	3	QL(30 EA per 30 days); PA; NDS
TALZENNA CAPSULE 0.25MG	3	QL(90 EA per 30 days); PA; NDS
TARCEVA TABLET 100MG	3	PA; NDS
TASIGNA CAPSULE 200MG	3	QL(112 EA per 28 days); PA; NDS
TASIGNA CAPSULE 150MG	3	QL(140 EA per 28 days); PA; NDS
TASIGNA CAPSULE 50MG	3	QL(420 EA per 30 days); PA; NDS
TAZVERIK TABLET 200MG	3	PA; NDS
temsirolimus injection 25mg/ml	1	NDS
TEPMETKO TABLET 225MG	3	PA; NDS
TIBSOVO TABLET 250MG	3	PA; NDS
TORISEL INJECTION 25MG/ML	3	NDS
torpenz tablet 10mg, 2.5mg, 5mg, 7.5mg	1	QL(30 EA per 30 days); PA; NDS
TRUQAP TABLET THERAPY PACK 160MG, 200MG	3	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
TRUQAP TABLET 160MG, 200MG	3	PA; NDS
TUKYSA TABLET 150MG, 50MG	3	PA; NDS
TURALIO CAPSULE 125MG	3	PA; NDS
TYKERB TABLET 250MG	3	PA; NDS
VANFLYTA TABLET 17.7MG, 26.5MG	3	PA; NDS
VENCLEXTA STARTING PACK TABLET THERAPY PACK 0	3	QL(84 EA per 365 days); PA; NDS
VENCLEXTA TABLET 10MG	2	PA
VENCLEXTA TABLET 100MG, 50MG	3	PA; NDS
VERZENIO TABLET 100MG, 150MG, 200MG, 50MG	3	QL(56 EA per 28 days); PA; NDS
VIJOICE PACKET 50MG	3	QL(28 EA per 28 days); PA; NDS
VIJOICE TABLET THERAPY PACK 125MG, 50MG	3	QL(28 EA per 28 days); PA; NDS
VIJOICE TABLET THERAPY PACK 0	3	QL(56 EA per 28 days); PA; NDS
VITRAKVI CAPSULE 100MG	3	QL(120 EA per 30 days); PA; NDS
VITRAKVI CAPSULE 25MG	3	QL(180 EA per 30 days); PA; NDS
VITRAKVI SOLUTION 20MG/ML	3	QL(600 ML per 30 days); PA; NDS
VIZIMPRO TABLET 15MG, 30MG, 45MG	3	PA; NDS
VOTRIENT TABLET 200MG	3	PA; NDS
XALKORI CAPSULE SPRINKLE 150MG, 20MG, 50MG	3	PA; NDS
XALKORI CAPSULE 200MG, 250MG	3	PA; NDS
XOSPATA TABLET 40MG	3	PA; NDS
XPOVIO 60 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	3	PA; NDS
XPOVIO 80 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	3	PA; NDS
XPOVIO TABLET THERAPY PACK 10MG, 40MG, 50MG, 60MG, 80MG	3	PA; NDS
yulithira tablet 10mg, 2.5mg, 5mg, 7.5mg	1	QL(30 EA per 30 days); PA
ZEJULA TABLET 100MG, 200MG, 300MG	3	QL(30 EA per 30 days); PA; NDS
ZELBORAF TABLET 240MG	3	PA; NDS
ZYDELIG TABLET 100MG, 150MG	3	PA; NDS
ZYKADIA TABLET 150MG	3	PA; NDS
Monoclonal Antibodies/Antibody-Drug Conjugates		
ADCETRIS INJECTION 50MG	3	PA; NDS
ALYMSYS INJECTION 100MG/4ML, 400MG/16ML	3	PA; NDS
ARZERRA INJECTION 1000MG/50ML, 100MG/5ML	3	PA; NDS
AVASTIN INJECTION 100MG/4ML, 400MG/16ML	3	PA; NDS
BAVENCIO INJECTION 200MG/10ML	3	PA; NDS
BESPONSA INJECTION 0.9MG	3	PA; NDS
BIZENGRI INJECTION 375MG/18.75ML	3	PA; NDS
BLENREP INJECTION 70MG	3	PA; NDS
BLINCYTO INJECTION 35MCG	3	PA; NDS
CYRAMZA INJECTION 100MG/10ML, 500MG/50ML	3	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
DANYELZA INJECTION 40MG/10ML	3	PA; NDS
DARZALEX FASPRO INJECTION 1800MG/15ML; 30000UNIT/15ML	3	PA; NDS
DARZALEX INJECTION 100MG/5ML, 400MG/20ML	3	PA; NDS
DATROWAY INJECTION 100MG	3	PA; NDS
DECNUPAZ INJECTION 2MG	3	PA; NDS
ELAHERE INJECTION 100MG/20ML	3	PA; NDS
EMPLICITI INJECTION 300MG, 400MG	3	PA; NDS
EMRELIS INJECTION 100MG, 20MG	3	PA; NDS
ENHERTU INJECTION 100MG	3	PA; NDS
ERBITUX INJECTION 100MG/50ML, 200MG/100ML	3	PA; NDS
GAZYVA INJECTION 1000MG/40ML	3	PA; NDS
HERCEPTIN HYLECTA INJECTION 10000UNIT/5ML; 600MG/5ML	3	PA; NDS
HERCEPTIN INJECTION 150MG	3	PA; NDS
HERCESSI INJECTION 150MG, 420MG	3	PA; NDS
HERZUMA INJECTION 150MG, 420MG	3	PA; NDS
IMFINZI INJECTION 120MG/2.4ML, 500MG/10ML	3	PA; NDS
IMJUDO INJECTION 25MG/1.25ML, 300MG/15ML	3	PA; NDS
JEMPERLI INJECTION 500MG/10ML	3	PA; NDS
JOBEVNE INJECTION 100MG/4ML, 400MG/16ML	3	PA; NDS
KADCYLA INJECTION 100MG, 160MG	3	PA; NDS
KANJINTI INJECTION 150MG, 420MG	3	PA; NDS
KEYTRUDA QLEX INJECTION 4800UNIT/2.4ML; 395MG/2.4ML, 9600UNIT/4.8ML; 790MG/4.8ML	3	PA; NDS
KEYTRUDA INJECTION 100MG/4ML	3	PA; NDS
LIBTAYO INJECTION 350MG/7ML	3	PA; NDS
LOQTORZI INJECTION 240MG/6ML	3	PA; NDS
LUNSUMIO VELO INJECTION 45MG/ML, 5MG/0.5ML	3	PA; NDS
LUNSUMIO INJECTION 1MG/ML, 30MG/30ML	3	PA; NDS
MARGENZA INJECTION 250MG/10ML	3	PA; NDS
MONJUVI INJECTION 200MG	3	PA; NDS
MVASI INJECTION 100MG/4ML, 400MG/16ML	3	PA; NDS
MYLOTARG INJECTION 4.5MG	3	PA; NDS
OGIVRI INJECTION 150MG, 420MG	3	PA; NDS
ONTRUZANT INJECTION 150MG, 420MG	3	PA; NDS
OPDIVO INJECTION 100MG/10ML, 120MG/12ML, 240MG/24ML, 40MG/4ML	3	PA; NDS
PADCEV INJECTION 20MG, 30MG	3	PA; NDS
PERJETA INJECTION 420MG/14ML	3	PA; NDS
POLIVY INJECTION 140MG, 30MG	3	PA; NDS
PORTRAZZA INJECTION 800MG/50ML	3	PA; NDS
POTELIGEO INJECTION 20MG/5ML	3	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
RIABNI INJECTION 100MG/10ML, 500MG/50ML	3	PA; NDS
RITUXAN HYCELA INJECTION 23400UNT/11.7ML; 1400MG/11.7ML, 26800UNT/13.4ML; 1600MG/13.4ML	3	PA; NDS
RITUXAN INJECTION 100MG/10ML, 500MG/50ML	3	PA; NDS
RUXIENCE INJECTION 100MG/10ML, 500MG/50ML	3	PA; NDS
RYBREVANT FASPRO INJECTION 1600MG/10ML; 20000UNIT/10ML, 2240MG/14ML; 28000UNIT/14ML, 2400MG/15ML; 30000UNIT/15ML, 3520MG/22ML; 44000UNIT/22ML	3	PA; NDS
RYBREVANT INJECTION 350MG/7ML	3	PA; NDS
SARCLISA ESCENA INJECTION 1400MG/10ML	3	PA; NDS
SARCLISA INJECTION 100MG/5ML, 500MG/25ML	3	PA; NDS
TECENTRIQ HYBREZA INJECTION 1875MG/15ML; 30000UNIT/15ML	3	PA; NDS
TECENTRIQ INJECTION 1200MG/20ML, 840MG/14ML	3	PA; NDS
TEVIMBRA INJECTION 100MG/10ML, 150MG/15ML	3	PA; NDS
TIVDAK INJECTION 40MG	3	PA; NDS
TRAZIMERA INJECTION 150MG, 420MG	3	PA; NDS
TRODELVY INJECTION 180MG	3	PA; NDS
TRUXIMA INJECTION 100MG/10ML, 500MG/50ML	3	PA; NDS
UNITUXIN INJECTION 17.5MG/5ML	3	PA; NDS
UNLOXCYT INJECTION 300MG/5ML	3	PA; NDS
VECTIBIX INJECTION 100MG/5ML, 400MG/20ML	3	NDS
VEGZELMA INJECTION 100MG/4ML, 400MG/16ML	3	PA; NDS
VYLOY INJECTION 100MG, 300MG	3	PA; NDS
YERVOY INJECTION 200MG/40ML, 50MG/10ML	3	PA; NDS
ZEVALIN Y-90 INJECTION 3.2MG/2ML	3	NDS
ZIIHERA INJECTION 300MG	3	PA; NDS
ZIRABEV INJECTION 100MG/4ML, 400MG/16ML	3	PA; NDS
ZYNLONTA INJECTION 10MG	3	PA; NDS
ZYNYZ INJECTION 500MG/20ML	3	PA; NDS
Retinoids		
bexarotene capsule 75mg	1	PA; NDS
bexarotene gel 1%	1	QL(60 GM per 30 days); PA; NDS
PANRETIN GEL 0.1%	3	QL(120 GM per 30 days); NDS
TARGRETIN CAPSULE 75MG	3	PA; NDS
TARGRETIN GEL 1%	3	QL(60 GM per 30 days); PA; NDS
tretinoin capsule 10mg	1	NDS
Treatment Adjuncts		
dexrazoxane hydrochloride injection 250mg, 500mg	1	NDS
dexrazoxane injection 250mg, 500mg	1	NDS
ELITEK INJECTION 1.5MG, 7.5MG	3	NDS
KHAPZORY INJECTION 175MG	3	NDS

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

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Drug Name	Drug Tier	Requirements/Limits
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 68.5MG	3	QL(30 EA per 30 days); PA; NDS
GOCOVRI CAPSULE EXTENDED RELEASE 24 HOUR 137MG	3	QL(60 EA per 30 days); PA; NDS
NOURIANZ TABLET 20MG, 40MG	3	PA; NDS
ONGENTYS CAPSULE 25MG, 50MG	3	QL(30 EA per 30 days); ST
OSMOLEX ER TABLET EXTENDED RELEASE 24 HOUR 129MG, 193MG	3	
TASMAR TABLET 100MG	3	QL(180 EA per 30 days); NDS
tolcapone tablet 100mg	1	QL(180 EA per 30 days); NDS
Dopamine Agonists		
APOKYN INJECTION 30MG/3ML	3	QL(90 ML per 30 days); PA; NDS
apomorphine hydrochloride injection 30mg/3ml	1	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		
CARBIDOPA/LEVODOPA ER CAPSULE EXTENDED RELEASE 23.75MG; 95MG, 36.25MG; 145MG, 48.75MG; 195MG, 61.25MG; 245MG	3	ST
carbidopa/levodopa er tablet extended release 25mg; 100mg, 50mg; 200mg	1	
carbidopa/levodopa odt tablet disintegrating 10mg; 100mg, 25mg; 100mg, 25mg; 250mg	1	
carbidopa/levodopa tablet 10mg; 100mg, 25mg; 100mg, 25mg; 250mg	1	
carbidopa tablet 25mg	1	

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Drug Name	Drug Tier	Requirements/Limits
DHIVY TABLET 25MG; 100MG	3	ST
DUOPA SUSPENSION 4.63MG/ML; 20MG/ML	3	PA; NDS
INBRIJA CAPSULE 42MG	3	PA; NDS
LODOSYN TABLET 25MG	3	NDS
RYTARY CAPSULE EXTENDED RELEASE 23.75MG; 95MG, 36.25MG; 145MG, 48.75MG; 195MG, 61.25MG; 245MG	3	ST
Monoamine Oxidase B (MAO-B) Inhibitors		
AZILECT TABLET 0.5MG, 1MG	3	
rasagiline mesylate tablet 0.5mg, 1mg	1	
selegiline hcl capsule 5mg	1	
selegiline hcl tablet 5mg	1	
XADAGO TABLET 100MG, 50MG	3	QL(30 EA per 30 days); ST; NDS
ZELAPAR TABLET DISINTEGRATING 1.25MG	3	NDS
Antipsychotics		
1st Generation/Typical		
chlorpromazine hydrochloride concentrate 100mg/ml, 30mg/ml	1	
chlorpromazine hydrochloride injection 50mg/2ml	1	
chlorpromazine hydrochloride tablet 100mg, 10mg, 200mg, 25mg, 50mg	1	
fluphenazine decanoate injection 25mg/ml	1	
fluphenazine hcl concentrate 5mg/ml	1	
fluphenazine hydrochloride elixir 2.5mg/5ml	1	
fluphenazine hydrochloride injection 2.5mg/ml	1	
fluphenazine hydrochloride tablet 10mg, 1mg, 2.5mg, 5mg	1	
haloperidol decanoate injection 100mg/ml, 50mg/ml	1	
haloperidol lactate injection 5mg/ml	1	
haloperidol concentrate 2mg/ml	1	
haloperidol tablet 0.5mg, 10mg, 1mg, 20mg, 2mg, 5mg	1	
loxapine succinate capsule 25mg, 50mg, 5mg	1	
loxapine capsule 10mg, 25mg, 50mg, 5mg	1	
molindone hydrochloride tablet 10mg, 25mg, 5mg	1	
perphenazine tablet 16mg, 2mg, 4mg, 8mg	1	
thioridazine hydrochloride tablet 100mg, 10mg, 25mg, 50mg	1	
thiothixene capsule 10mg, 1mg, 2mg, 5mg	1	
trifluoperazine hcl tablet 10mg, 1mg, 2mg, 5mg	1	
trifluoperazine hydrochloride tablet 1mg	1	
2nd Generation/Atypical		
ABILIFY ASIMTUFII INJECTION 720MG/2.4ML	3	QL(2.4 ML per 56 days); NDS
ABILIFY ASIMTUFII INJECTION 960MG/3.2ML	3	QL(3.2 ML per 56 days); NDS
ABILIFY MAINTENA INJECTION 300MG, 400MG	3	QL(1 EA per 30 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
ABILIFY MYCITE MAINTENANCE KIT TABLET THERAPY PACK 10MG, 15MG, 20MG, 2MG, 30MG, 5MG	3	NDS
ABILIFY MYCITE STARTER KIT TABLET THERAPY PACK 10MG, 15MG, 20MG, 2MG, 30MG, 5MG	3	NDS
ABILIFY TABLET 15MG, 20MG, 2MG	3	QL(30 EA per 30 days)
ABILIFY TABLET 10MG, 30MG, 5MG	3	QL(30 EA per 30 days); NDS
aripiprazole odt tablet disintegrating 10mg, 15mg	1	QL(60 EA per 30 days)
aripiprazole solution 1mg/ml	1	QL(750 ML per 30 days)
aripiprazole tablet 10mg, 15mg, 20mg, 2mg, 30mg, 5mg	1	QL(30 EA per 30 days)
ARISTADA INITIO INJECTION 675MG/2.4ML	3	NDS
ARISTADA INJECTION 441MG/1.6ML	3	QL(1.6 ML per 30 days); NDS
ARISTADA INJECTION 662MG/2.4ML	3	QL(2.4 ML per 30 days); NDS
ARISTADA INJECTION 882MG/3.2ML	3	QL(3.2 ML per 30 days); NDS
ARISTADA INJECTION 1064MG/3.9ML	3	QL(3.9 ML per 60 days); NDS
asenapine maleate sl tablet sublingual 10mg, 2.5mg, 5mg	1	QL(60 EA per 30 days)
BYSANTI TITRATION PACK A TABLET THERAPY PACK 0	3	QL(16 EA per 365 days); ST
BYSANTI TITRATION PACK B TABLET THERAPY PACK 0	3	QL(24 EA per 365 days); ST
BYSANTI TITRATION PACK C TABLET THERAPY PACK 0	3	QL(16 EA per 365 days); ST
BYSANTI TABLET 1MG	3	QL(180 EA per 30 days); ST; NDS
BYSANTI TABLET 10MG, 12MG, 2MG, 4MG, 6MG, 8MG	3	QL(60 EA per 30 days); ST; NDS
CAPLYTA CAPSULE 10.5MG, 21MG, 42MG	3	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 2MG	3	QL(60 EA per 30 days); ST
FANAPT TABLET 10MG, 12MG, 1MG, 4MG, 6MG, 8MG	3	QL(60 EA per 30 days); ST; NDS
GEODON CAPSULE 20MG	3	QL(60 EA per 30 days)
GEODON CAPSULE 40MG, 60MG, 80MG	3	QL(60 EA per 30 days); NDS
GEODON INJECTION 20MG	3	QL(60 EA per 30 days)
INVEGA HAFYERA INJECTION 1560MG/5ML	3	QL(5 ML per 180 days); ST; NDS
INVEGA HAFYERA INJECTION 1092MG/3.5ML	3	ST; NDS
INVEGA SUSTENNA INJECTION 39MG/0.25ML	3	QL(0.25 ML per 30 days)
INVEGA SUSTENNA INJECTION 78MG/0.5ML	3	QL(0.5 ML per 30 days); NDS
INVEGA SUSTENNA INJECTION 117MG/0.75ML	3	QL(0.75 ML per 30 days); NDS
INVEGA SUSTENNA INJECTION 156MG/ML	3	QL(1 ML per 30 days); NDS
INVEGA SUSTENNA INJECTION 234MG/1.5ML	3	QL(1.5 ML per 30 days); NDS
INVEGA TRINZA INJECTION 273MG/0.88ML	3	QL(0.88 ML per 84 days); NDS
INVEGA TRINZA INJECTION 410MG/1.32ML	3	QL(1.32 ML per 84 days); NDS
INVEGA TRINZA INJECTION 546MG/1.75ML	3	QL(1.75 ML per 84 days); NDS
INVEGA TRINZA INJECTION 819MG/2.63ML	3	QL(2.63 ML per 84 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
INVEGA TABLET EXTENDED RELEASE 24 HOUR 3MG, 9MG	3	QL(30 EA per 30 days)
INVEGA TABLET EXTENDED RELEASE 24 HOUR 6MG	3	QL(60 EA per 30 days)
LATUDA TABLET 120MG, 20MG, 40MG, 60MG	3	QL(30 EA per 30 days); NDS
LATUDA TABLET 80MG	3	QL(60 EA per 30 days); 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	3	QL(30 EA per 30 days); ST; NDS
NUPLAZID CAPSULE 34MG	3	QL(30 EA per 30 days); PA; NDS
NUPLAZID TABLET 10MG	3	QL(30 EA per 30 days); 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	3	QL(30 EA per 30 days); PA; NDS
OPIPZA FILM 10MG, 5MG	3	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 90MG	3	NDS
PERSERIS INJECTION 120MG	3	QL(1 EA per 30 days); NDS
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	3	QL(30 EA per 30 days); NDS
RISPERDAL CONSTA INJECTION 37.5MG	3	
RISPERDAL CONSTA INJECTION 12.5MG, 25MG	3	QL(2 EA per 28 days)
RISPERDAL CONSTA INJECTION 50MG	3	QL(2 EA per 28 days); NDS
RISPERDAL SOLUTION 1MG/ML	3	QL(240 ML per 30 days)
RISPERDAL TABLET 0.5MG, 1MG, 4MG	3	QL(60 EA per 30 days)
RISPERDAL TABLET 2MG, 3MG	3	QL(60 EA per 30 days); NDS
risperidone er injection 37.5mg	1	
risperidone er injection 12.5mg, 25mg	3	QL(2 EA per 28 days)
risperidone er injection 50mg	3	QL(2 EA per 28 days); 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)
SAPHRIS TABLET SUBLINGUAL 10MG, 2.5MG, 5MG	3	QL(60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SECUADO PATCH 24 HOUR 3.8MG/24HR, 5.7MG/24HR, 7.6MG/24HR	3	QL(30 EA per 30 days); ST; NDS
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 150MG, 300MG, 400MG, 50MG	3	QL(60 EA per 30 days)
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 200MG	3	QL(90 EA per 30 days)
SEROQUEL TABLET 300MG, 400MG	3	QL(60 EA per 30 days)
SEROQUEL TABLET 100MG, 200MG, 25MG, 50MG	3	QL(90 EA per 30 days)
UZEDY INJECTION 200MG/0.56ML, 250MG/0.7ML, 75MG/0.21ML	3	NDS
UZEDY INJECTION 50MG/0.14ML	3	QL(0.14 ML per 30 days); NDS
UZEDY INJECTION 100MG/0.28ML	3	QL(0.28 ML per 30 days); NDS
UZEDY INJECTION 125MG/0.35ML	3	QL(0.35 ML per 30 days); NDS
UZEDY INJECTION 150MG/0.42ML	3	QL(0.42 ML per 60 days); NDS
VRAYLAR CAPSULE 0.5MG, 0.75MG, 1.5MG, 3MG, 4.5MG, 6MG	2	QL(30 EA per 30 days)
ziprasidone hcl capsule 20mg, 40mg, 60mg, 80mg	1	QL(60 EA per 30 days)
ziprasidone mesylate injection 20mg	1	QL(60 EA per 30 days)
ZYPREXA RELPREVV INJECTION 210MG	3	
ZYPREXA RELPREVV INJECTION 300MG, 405MG	3	NDS
ZYPREXA ZYDIS TABLET DISINTEGRATING 10MG, 5MG	3	QL(30 EA per 30 days)
ZYPREXA ZYDIS TABLET DISINTEGRATING 15MG, 20MG	3	QL(30 EA per 30 days); NDS
ZYPREXA TABLET 10MG, 15MG, 2.5MG, 5MG, 7.5MG	3	QL(30 EA per 30 days)
ZYPREXA TABLET 20MG	3	QL(30 EA per 30 days); 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)
CLOZARIL TABLET 200MG	3	QL(120 EA per 30 days)
CLOZARIL TABLET 50MG	3	QL(180 EA per 30 days)
CLOZARIL TABLET 25MG	3	QL(270 EA per 30 days)
CLOZARIL TABLET 100MG	3	QL(270 EA per 30 days); NDS
VERSACLOZ SUSPENSION 50MG/ML	3	QL(540 ML per 30 days); NDS
Antispasticity Agents		
Antispasticity Agents		
baclofen injection 20000mcg/20ml, 500mcg/ml	1	B/D
baclofen injection 40000mcg/20ml, 50mcg/ml	1	B/D; NDS

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Drug Name	Drug Tier	Requirements/Limits
baclofen oral solution 10mg/5ml, 5mg/5ml	1	ST
baclofen suspension 25mg/5ml	1	ST
baclofen tablet 10mg, 15mg, 20mg, 5mg	1	
BOTOX INJECTION 100UNIT, 200UNIT	3	PA
DANTRIUM IV INJECTION 20MG	3	
dantrolene sodium capsule 100mg, 25mg, 50mg	1	
dantrolene sodium injection 20mg	1	NDS
DYSPORT INJECTION 300UNIT, 500UNIT	3	PA
FLEQSUVY SUSPENSION 25MG/5ML	3	ST; NDS
GABLOFEN INJECTION 10000MCG/20ML, 20000MCG/20ML	3	B/D
GABLOFEN INJECTION 20000MCG/20ML, 40000MCG/20ML, 50MCG/ML	3	B/D; NDS
LIORESAL INTRATHECAL INJECTION 0.05MG/ML, 10MG/20ML	3	B/D
LIORESAL INTRATHECAL INJECTION 10MG/5ML, 40MG/20ML	3	B/D; NDS
LYVISPAH PACKET 20MG	3	QL(120 EA per 30 days); ST
LYVISPAH PACKET 5MG	3	QL(270 EA per 30 days); ST
LYVISPAH PACKET 10MG	3	QL(90 EA per 30 days); ST
MYOBLOC INJECTION 10000UNIT/2ML, 2500UNIT/0.5ML, 5000UNIT/ML	3	PA
OZOBAX DS SOLUTION 10MG/5ML	3	ST; NDS
revonto injection 20mg	1	NDS
SOHONOS CAPSULE 5MG	3	QL(112 EA per 28 days); PA; NDS
SOHONOS CAPSULE 2.5MG	3	QL(224 EA per 28 days); PA; NDS
SOHONOS CAPSULE 1.5MG	3	QL(364 EA per 28 days); PA; NDS
SOHONOS CAPSULE 10MG	3	QL(56 EA per 28 days); PA; NDS
SOHONOS CAPSULE 1MG	3	QL(560 EA per 28 days); PA; NDS
tizanidine hcl tablet 2mg	1	
tizanidine hydrochloride capsule 8mg	1	NDS
tizanidine hydrochloride tablet 4mg	1	
XEOMIN INJECTION 100UNIT, 50UNIT	3	PA
XEOMIN INJECTION 200UNIT	3	PA; NDS
ZANAFLEX CAPSULE 8MG	3	NDS
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
cidofovir injection 75mg/ml	1	NDS
foscarnet sodium injection 6000mg/250ml	1	B/D; NDS
FOSCAVIR INJECTION 6000MG/250ML	3	B/D; NDS
ganciclovir injection 500mg/10ml, 500mg	1	B/D
LIVTENCITY TABLET 200MG	3	QL(360 EA per 30 days); NDS
PREVYMIS INJECTION 240MG/12ML, 480MG/24ML	3	NDS

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

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Drug Name	Drug Tier	Requirements/Limits
ISENTRESS TABLET CHEWABLE 25MG	2	QL(180 EA per 30 days)
ISENTRESS TABLET CHEWABLE 100MG	3	QL(180 EA per 30 days); NDS
ISENTRESS TABLET 400MG	3	QL(60 EA per 30 days); NDS
JULUCA TABLET 50MG; 25MG	3	QL(30 EA per 30 days); NDS
STRIBILD TABLET 150MG; 150MG; 200MG; 300MG	3	QL(30 EA per 30 days); NDS
TIVICAY PD TABLET SOLUBLE 5MG	3	QL(180 EA per 30 days)
TIVICAY TABLET 50MG	3	QL(60 EA per 30 days); NDS
VOCABRIA TABLET 30MG	3	NDS
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA TABLET 200MG; 25MG; 300MG	3	QL(30 EA per 30 days); NDS
DELSTRIGO TABLET 100MG; 300MG; 300MG	3	QL(30 EA per 30 days); NDS
EDURANT PED TABLET SOLUBLE 2.5MG	3	QL(180 EA per 30 days); NDS
EDURANT TABLET 25MG	3	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	1	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	1	QL(30 EA per 30 days); NDS
etravirine tablet 100mg, 200mg	1	QL(60 EA per 30 days); NDS
IDVYNSO TABLET 100MG; 0.25MG	3	QL(30 EA per 30 days); NDS
INTELENCE TABLET 25MG	3	QL(120 EA per 30 days)
INTELENCE TABLET 100MG	3	QL(60 EA per 30 days)
INTELENCE TABLET 200MG	3	QL(60 EA per 30 days); NDS
nevirapine er tablet extended release 24 hour 400mg	1	QL(30 EA per 30 days)
nevirapine suspension 50mg/5ml	1	QL(1200 ML per 30 days)
nevirapine tablet 200mg	1	QL(60 EA per 30 days)
PIFELTRO TABLET 100MG	3	QL(30 EA per 30 days); NDS
rilpivirine hydrochloride tablet 25mg	1	QL(30 EA per 30 days); NDS
SYMFI LO TABLET 400MG; 300MG; 300MG	3	QL(30 EA per 30 days); NDS
SYMFI TABLET 600MG; 300MG; 300MG	3	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 sulfate tablet 300mg	1	QL(60 EA per 30 days)
abacavir solution 20mg/ml	1	QL(960 ML per 30 days)
abacavir tablet 300mg	1	QL(60 EA per 30 days)
CIMDUO TABLET 300MG; 300MG	3	QL(30 EA per 30 days); NDS
DESCOVY TABLET 120MG; 15MG, 200MG; 25MG	3	QL(30 EA per 30 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg, 200mg; 300mg	1	QL(30 EA per 30 days)
emtricitabine/tenofovir disoproxil fumarate tablet 133mg; 200mg	1	QL(30 EA per 30 days); NDS
emtricitabine/tenofovir disoproxil tablet 167mg; 250mg	1	QL(30 EA per 30 days)
emtricitabine capsule 200mg	1	QL(30 EA per 30 days)
EMTRIVA CAPSULE 200MG	3	QL(30 EA per 30 days)
EMTRIVA SOLUTION 10MG/ML	3	QL(850 ML per 30 days)
EPIVIR SOLUTION 10MG/ML	3	QL(960 ML per 30 days)
EPIVIR TABLET 300MG	3	QL(30 EA per 30 days)
EPIVIR TABLET 150MG	3	QL(60 EA per 30 days)
lamivudine/zidovudine tablet 150mg; 300mg	1	QL(60 EA per 30 days)
lamivudine solution 10mg/ml	1	QL(960 ML per 30 days)
lamivudine tablet 300mg	1	QL(30 EA per 30 days)
lamivudine tablet 150mg	1	QL(60 EA per 30 days)
ODEFSEY TABLET 200MG; 25MG; 25MG	3	QL(30 EA per 30 days); NDS
RETROVIR IV INFUSION INJECTION 10MG/ML	3	
RETROVIR CAPSULE 100MG	3	QL(180 EA per 30 days)
RETROVIR SYRUP 50MG/5ML	3	QL(1920 ML per 30 days)
tenofovir disoproxil fumarate tablet 300mg	1	QL(30 EA per 30 days)
TRIUMEQ PD TABLET SOLUBLE 60MG; 5MG; 30MG	3	QL(180 EA per 30 days); NDS
TRIUMEQ TABLET 600MG; 50MG; 300MG	3	QL(30 EA per 30 days); NDS
TRUVADA TABLET 100MG; 150MG, 133MG; 200MG, 167MG; 250MG, 200MG; 300MG	3	QL(30 EA per 30 days); NDS
VIREAD POWDER 40MG/GM	3	QL(240 GM per 30 days); NDS
VIREAD TABLET 150MG, 200MG, 250MG, 300MG	3	QL(30 EA per 30 days); NDS
ZIAGEN SOLUTION 20MG/ML	3	QL(960 ML per 30 days)
zidovudine capsule 100mg	1	QL(180 EA per 30 days)
zidovudine syrup 50mg/5ml	1	QL(1920 ML per 30 days)
zidovudine tablet 300mg	1	QL(60 EA per 30 days)
Anti-HIV Agents, Other		
FUZEON INJECTION 90MG	3	NDS
maraviroc tablet 300mg	1	QL(120 EA per 30 days); NDS
maraviroc tablet 150mg	1	QL(60 EA per 30 days); NDS
RUKOBIA TABLET EXTENDED RELEASE 12 HOUR 600MG	3	QL(60 EA per 30 days); NDS
SELZENTRY SOLUTION 20MG/ML	3	NDS
SELZENTRY TABLET 300MG	3	QL(120 EA per 30 days); NDS
SELZENTRY TABLET 150MG	3	QL(60 EA per 30 days); NDS
SUNLENCA INJECTION 463.5MG/1.5ML	3	NDS
SUNLENCA TABLET THERAPY PACK 300MG	3	QL(10 EA per 365 days); NDS; (5 X 300 MG Pack)

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Drug Name	Drug Tier	Requirements/Limits
SUNLENCA TABLET THERAPY PACK 300MG	3	QL(8 EA per 365 days); NDS; (4 X 300 MG Pack)
SUNLENCA TABLET 300MG	3	QL(24 EA per 168 days); NDS
TROGARZO INJECTION 200MG/1.33ML	3	NDS
TYBOST TABLET 150MG	2	QL(30 EA per 30 days)
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS CAPSULE 250MG	3	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 800mg	1	QL(30 EA per 30 days)
darunavir tablet 600mg	1	QL(60 EA per 30 days)
EVOTAZ TABLET 300MG; 150MG	3	QL(30 EA per 30 days); NDS
fosamprenavir calcium tablet 700mg	1	QL(120 EA per 30 days); NDS
KALETRA SOLUTION 400MG/5ML; 100MG/5ML	3	QL(480 ML per 30 days)
KALETRA TABLET 200MG; 50MG	3	QL(120 EA per 30 days)
KALETRA TABLET 100MG; 25MG	3	QL(240 EA per 30 days)
lopinavir/ritonavir solution 400mg/5ml; 100mg/5ml	1	QL(480 ML per 30 days)
lopinavir/ritonavir tablet 200mg; 50mg	1	QL(120 EA per 30 days)
lopinavir/ritonavir tablet 100mg; 25mg	1	QL(240 EA per 30 days)
NORVIR PACKET 100MG	3	QL(360 EA per 30 days)
NORVIR TABLET 100MG	3	QL(360 EA per 30 days)
PREZCOBIX TABLET 150MG; 675MG, 150MG; 800MG	3	QL(30 EA per 30 days); NDS
PREZISTA SUSPENSION 100MG/ML	3	QL(400 ML per 30 days); NDS
PREZISTA TABLET 150MG	3	QL(180 EA per 30 days); NDS
PREZISTA TABLET 800MG	3	QL(30 EA per 30 days); NDS
PREZISTA TABLET 75MG	3	QL(300 EA per 30 days)
PREZISTA TABLET 600MG	3	QL(60 EA per 30 days); NDS
REYATAZ CAPSULE 300MG	3	QL(30 EA per 30 days); NDS
REYATAZ CAPSULE 200MG	3	QL(60 EA per 30 days); NDS
REYATAZ PACKET 50MG	3	QL(180 EA per 30 days); NDS
ritonavir tablet 100mg	1	QL(360 EA per 30 days)
SYMTUZA TABLET 150MG; 800MG; 200MG; 10MG	3	QL(30 EA per 30 days); NDS
VIRACEPT TABLET 625MG	3	QL(120 EA per 30 days); NDS
VIRACEPT TABLET 250MG	3	QL(300 EA per 30 days); NDS
Anti-influenza Agents		
amantadine hcl capsule 100mg	1	
amantadine hcl solution 50mg/5ml	1	
oseltamivir phosphate capsule 75mg	1	QL(110 EA per 365 days)
oseltamivir phosphate capsule 30mg	1	QL(168 EA per 365 days)
oseltamivir phosphate capsule 45mg	1	QL(84 EA per 365 days)
oseltamivir phosphate suspension reconstituted 6mg/ml	1	QL(1080 ML per 365 days)
RAPIVAB INJECTION 200MG/20ML	3	

Drug Name	Drug Tier	Requirements/Limits
RELENZA DISKHALER AEROSOL POWDER BREATH ACTIVATED 5MG/BLISTER	3	QL(240 EA per 365 days)
rimantadine hydrochloride tablet 100mg	1	
TAMIFLU CAPSULE 75MG	3	QL(110 EA per 365 days)
TAMIFLU CAPSULE 30MG	3	QL(168 EA per 365 days)
TAMIFLU CAPSULE 45MG	3	QL(84 EA per 365 days)
TAMIFLU SUSPENSION RECONSTITUTED 6MG/ML	3	QL(1080 ML per 365 days)
XOFLUZA TABLET THERAPY PACK 40MG, 80MG	2	QL(1 EA per 30 days)
Antiherpetic Agents		
acyclovir sodium injection 50mg/ml	1	B/D
acyclovir capsule 200mg	1	
acyclovir suspension 200mg/5ml	1	
acyclovir tablet 400mg, 800mg	1	
famciclovir tablet 125mg, 250mg	1	QL(60 EA per 30 days)
famciclovir tablet 500mg	1	QL(90 EA per 30 days)
SITAVIG TABLET 50MG	3	QL(2 EA per 30 days)
valacyclovir hydrochloride tablet 1gm, 500mg	1	QL(120 EA per 30 days)
VALTREX TABLET 1GM, 500MG	3	QL(120 EA per 30 days)
VYJUVEK GEL 0	3	PA; NDS
Antiviral, Coronavirus Agents		
LAGEVRIO CAPSULE 200MG	2	QL(40 EA per 5 days)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	2	QL(11 EA per 5 days); (300mg-100mg Day 1; 150mg-100mg Days 2-5 Pak)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	2	QL(20 EA per 5 days); (150mg-100mg Pak)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	2	QL(30 EA per 5 days); (300mg-100mg Pak)
VEKLURY INJECTION 100MG	3	QL(4 EA per 3 days); NDS
XOCOVA TABLET 125MG	2	QL(7 EA per 5 days)
Anxiolytics		
Anxiolytics, Other		
BUCAPSOL CAPSULE 10MG, 15MG, 5MG, 7.5MG	3	NDS
buspirone hcl tablet 15mg	1	
buspirone hydrochloride tablet 10mg, 30mg, 5mg, 7.5mg	1	
Benzodiazepines		
alprazolam er tablet extended release 24 hour 2mg	1	QL(150 EA per 30 days)
alprazolam er tablet extended release 24 hour 0.5mg, 1mg	1	QL(30 EA per 30 days)
alprazolam er tablet extended release 24 hour 3mg	1	QL(90 EA per 30 days)
alprazolam odt tablet disintegrating 0.25mg, 0.5mg, 1mg	1	QL(120 EA per 30 days)
alprazolam odt tablet disintegrating 2mg	1	QL(150 EA per 30 days)
alprazolam xr tablet extended release 24 hour 2mg	1	QL(150 EA per 30 days)
alprazolam xr tablet extended release 24 hour 0.5mg, 1mg	1	QL(30 EA per 30 days)

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

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Drug Name	Drug Tier	Requirements/Limits
Mood Stabilizers		
lithium carbonate er tablet extended release 300mg, 450mg	1	
lithium carbonate capsule 150mg, 300mg, 600mg	1	
lithium carbonate tablet 300mg	1	
lithium solution 8meq/5ml	1	
LITHOBID TABLET EXTENDED RELEASE 300MG	3	
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose tablet 100mg, 25mg, 50mg	1	
ALOGLIPTIN/METFORMIN HCL TABLET 12.5MG; 500MG	3	ST
ALOGLIPTIN/METFORMIN HYDROCHLORIDE TABLET 12.5MG; 1000MG	3	ST
ALOGLIPTIN/PIOGLITAZONE TABLET 12.5MG; 30MG, 25MG; 15MG, 25MG; 30MG, 25MG; 45MG	3	ST
ALOGLIPTIN TABLET 12.5MG, 25MG, 6.25MG	3	QL(30 EA per 30 days); ST
BEXAGLIFLOZIN TABLET 20MG	3	QL(30 EA per 30 days); ST
BRENZAVVY TABLET 20MG	3	QL(30 EA per 30 days); ST
CYCLOSET TABLET 0.8MG	3	
dapagliflozin/metformin hydrochloride er tablet extended release 24 hour 10mg; 1000mg, 10mg; 500mg, 5mg; 500mg	2	QL(30 EA per 30 days)
dapagliflozin/metformin hydrochloride er tablet extended release 24 hour 5mg; 1000mg	2	QL(60 EA per 30 days)
EXENATIDE INJECTION 5MCG/0.02ML	3	QL(1.2 ML per 30 days); PA
EXENATIDE INJECTION 10MCG/0.04ML	3	QL(2.4 ML per 28 days); PA
glimepiride tablet 1mg, 2mg, 4mg	1	
glipizide er tablet extended release 24 hour 10mg, 2.5mg, 5mg	1	
glipizide xl tablet extended release 24 hour 10mg, 2.5mg, 5mg	1	
glipizide/metformin hydrochloride tablet 2.5mg; 250mg, 2.5mg; 500mg, 5mg; 500mg	1	
glipizide tablet 10mg, 15mg, 2.5mg, 5mg	1	
GLUMETZA TABLET EXTENDED RELEASE 24 HOUR 500MG	3	PA
GLUMETZA TABLET EXTENDED RELEASE 24 HOUR 1000MG	3	PA; NDS
glyburide/metformin hydrochloride tablet 1.25mg; 250mg, 2.5mg; 500mg, 5mg; 500mg	1	
glyburide tablet 1.25mg, 2.5mg, 5mg	1	
GLYXAMBI TABLET 10MG; 5MG, 25MG; 5MG	2	QL(30 EA per 30 days)
INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 150MG; 1000MG, 150MG; 500MG, 50MG; 1000MG, 50MG; 500MG	3	QL(60 EA per 30 days); PA

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Drug Name	Drug Tier	Requirements/Limits
INVOKAMET TABLET 150MG; 1000MG, 150MG; 500MG, 50MG; 1000MG, 50MG; 500MG	3	QL(60 EA per 30 days); PA
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG, 1000MG; 50MG, 500MG; 50MG	2	
JANUMET TABLET 1000MG; 50MG, 500MG; 50MG	2	
JANUVIA TABLET 100MG, 25MG, 50MG	2	QL(30 EA per 30 days)
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG	2	
JENTADUETO TABLET 2.5MG; 1000MG, 2.5MG; 500MG, 2.5MG; 850MG	2	
metformin hydrochloride er tablet extended release 24 hour 1000mg, 500mg, 750mg	1	
metformin hydrochloride er tablet extended release 24 hour 1000mg, 500mg	1	PA
metformin hydrochloride tablet 1000mg, 500mg, 850mg	1	
metformin hydrochloride tablet 625mg, 750mg	1	PA; NDS
miglitol tablet 100mg, 25mg, 50mg	1	
MOUNJARO INJECTION 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML	2	QL(2 ML per 28 days); PA
nateglinide tablet 120mg, 60mg	1	
OZEMPIC INJECTION 2MG/3ML, 4MG/3ML, 8MG/3ML	2	QL(3 ML per 28 days); PA
OZEMPIC TABLET 4MG, 9MG	2	QL(30 EA per 30 days); PA
OZEMPIC TABLET 1.5MG	2	QL(60 EA per 365 days); PA
pioglitazone hcl/metformin hcl tablet 500mg; 15mg, 850mg; 15mg	1	
pioglitazone hcl tablet 45mg	1	
pioglitazone hydrochloride tablet 15mg, 30mg	1	
QTERN TABLET 10MG; 5MG, 5MG; 5MG	3	
repaglinide tablet 0.5mg, 1mg, 2mg	1	
RYBELSUS TABLET 14MG, 7MG	2	QL(30 EA per 30 days); PA
RYBELSUS TABLET 3MG	2	QL(60 EA per 365 days); PA
saxagliptin hydrochloride/metformin hydrochloride er tablet extended release 24 hour 1000mg; 2.5mg, 1000mg; 5mg, 500mg; 5mg	3	ST
saxagliptin hydrochloride tablet 2.5mg, 5mg	3	QL(30 EA per 30 days); ST
SEGLUROMET TABLET 7.5MG; 1000MG	3	QL(60 EA per 30 days); ST
SEGLUROMET TABLET 2.5MG; 1000MG, 2.5MG; 500MG, 7.5MG; 500MG	3	ST
SITAGLIPTIN TABLET 100MG, 25MG, 50MG	3	QL(30 EA per 30 days); ST
SOLIQUA 100/33 INJECTION 100UNIT/ML; 33MCG/ML	2	QL(15 ML per 24 days)
STEGLUJAN TABLET 5MG; 100MG	3	QL(30 EA per 30 days); ST
STEGLUJAN TABLET 15MG; 100MG	3	ST
SYMLINPEN 120 INJECTION 2700MCG/2.7ML	3	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
SYMLINPEN 60 INJECTION 1500MCG/1.5ML	3	PA; NDS
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25MG; 1000MG	2	QL(30 EA per 30 days)
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	2	QL(60 EA per 30 days)
SYNJARDY TABLET 12.5MG; 1000MG, 5MG; 500MG	2	
SYNJARDY TABLET 12.5MG; 500MG, 5MG; 1000MG	2	QL(60 EA per 30 days)
TRADJENTA TABLET 5MG	2	QL(30 EA per 30 days)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	2	QL(30 EA per 30 days)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	2	QL(60 EA per 30 days)
TRULICITY INJECTION 0.75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	2	QL(2 ML per 28 days); PA
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 10MG; 500MG, 5MG; 500MG	2	QL(30 EA per 30 days)
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG	2	QL(60 EA per 30 days)
XULTOPHY 100/3.6 INJECTION 100UNIT/ML; 3.6MG/ML	3	QL(15 ML per 30 days)
ZITUVIMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG, 1000MG; 50MG, 500MG; 50MG	3	ST
ZITUVIMET TABLET 1000MG; 50MG, 500MG; 50MG	3	ST
Glycemic Agents		
BAQSIMI ONE PACK POWDER 3MG/DOSE	2	
BAQSIMI TWO PACK POWDER 3MG/DOSE	2	
diazoxide suspension 50mg/ml	1	NDS
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJECTION 1MG/ML	2	
glucagon emergency kit for low blood sugar injection 1mg	2	
GVOKE HYPOPEN 1-PACK INJECTION 0.5MG/0.1ML, 1MG/0.2ML	2	
GVOKE HYPOPEN 2-PACK INJECTION 0.5MG/0.1ML, 1MG/0.2ML	2	
GVOKE KIT INJECTION 1MG/0.2ML	2	
GVOKE PFS INJECTION 1MG/0.2ML	2	
ZEGALOGUE INJECTION 0.6MG/0.6ML	3	ST
Insulins		
ADMELOG SOLOSTAR INJECTION 100UNIT/ML	3	ST
ADMELOG INJECTION 100UNIT/ML	3	ST
AFREZZA POWDER 0, 12UNIT, 4UNIT, 8UNIT	3	PA
AFREZZA POWDER 0	3	PA; NDS
BASAGLAR KWIKPEN INJECTION 100UNIT/ML	3	ST
BASAGLAR TEMPO PEN INJECTION 100UNIT/ML	3	ST

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Drug Name	Drug Tier	Requirements/Limits
FIASP FLEXTOUCH INJECTION 100UNIT/ML	3	ST
FIASP PENFILL INJECTION 100UNIT/ML	3	ST
FIASP INJECTION 100UNIT/ML	3	ST
HUMALOG JUNIOR KWIKPEN INJECTION 100UNIT/ML	2	
HUMALOG KWIKPEN INJECTION 100UNIT/ML, 200UNIT/ML	2	
HUMALOG MIX 50/50 KWIKPEN INJECTION 50UNIT/ML; 50UNIT/ML	2	
HUMALOG MIX 50/50 INJECTION 50UNIT/ML; 50UNIT/ML	2	
HUMALOG MIX 75/25 KWIKPEN INJECTION 25UNIT/ML; 75UNIT/ML	2	
HUMALOG MIX 75/25 INJECTION 25UNIT/ML; 75UNIT/ML	2	
HUMALOG INJECTION 100UNIT/ML	2	
HUMULIN 70/30 KWIKPEN INJECTION 30UNIT/ML; 70UNIT/ML	2	
HUMULIN 70/30 INJECTION 30UNIT/ML; 70UNIT/ML	2	
HUMULIN N KWIKPEN INJECTION 100UNIT/ML	2	
HUMULIN N INJECTION 100UNIT/ML	2	
HUMULIN R U-500 (CONCENTRATED) INJECTION 500UNIT/ML	2	
HUMULIN R U-500 KWIKPEN INJECTION 500UNIT/ML	2	
HUMULIN R INJECTION 100UNIT/ML	2	
INSULIN LISPRO INJECTION 100UNIT/ML	2	
KIRSTY INJECTION 100UNIT/ML	3	ST
LANTUS SOLOSTAR INJECTION 100UNIT/ML	2	
LANTUS INJECTION 100UNIT/ML	2	
LYUMJEV KWIKPEN INJECTION 100UNIT/ML, 200UNIT/ML	2	
LYUMJEV INJECTION 100UNIT/ML	2	
NOVOLIN 70/30 FLEXPEN RELION INJECTION 30UNIT/ML; 70UNIT/ML	2	
NOVOLIN 70/30 FLEXPEN INJECTION 30UNIT/ML; 70UNIT/ML	2	
NOVOLIN 70/30 RELION INJECTION 30UNIT/ML; 70UNIT/ML	2	
NOVOLIN 70/30 INJECTION 30UNIT/ML; 70UNIT/ML	2	
NOVOLIN N FLEXPEN RELION INJECTION 100UNIT/ML	2	
NOVOLIN N FLEXPEN INJECTION 100UNIT/ML	2	
NOVOLIN N RELION INJECTION 100UNIT/ML	2	
NOVOLIN N INJECTION 100UNIT/ML	2	

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Drug Name	Drug Tier	Requirements/Limits
NOVOLIN R FLEXPEN RELION INJECTION 100UNIT/ML	2	
NOVOLIN R FLEXPEN INJECTION 100UNIT/ML	2	
NOVOLIN R RELION INJECTION 100UNIT/ML	2	
NOVOLIN R INJECTION 100UNIT/ML	2	
NOVOLOG FLEXPEN RELION INJECTION 100UNIT/ML	2	
NOVOLOG FLEXPEN INJECTION 100UNIT/ML	2	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION INJECTION 30UNIT/ML; 70UNIT/ML	2	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN INJECTION 30UNIT/ML; 70UNIT/ML	2	
NOVOLOG MIX 70/30 RELION INJECTION 30UNIT/ML; 70UNIT/ML	2	
NOVOLOG MIX 70/30 INJECTION 30UNIT/ML; 70UNIT/ML	2	
NOVOLOG PENFILL INJECTION 100UNIT/ML	2	
NOVOLOG RELION INJECTION 100UNIT/ML	2	
NOVOLOG INJECTION 100UNIT/ML	2	
TOUJEO MAX SOLOSTAR INJECTION 300UNIT/ML	2	
TOUJEO SOLOSTAR INJECTION 300UNIT/ML	2	
TRESIBA FLEXTOUCH INJECTION 100UNIT/ML, 200UNIT/ML	2	
TRESIBA INJECTION 100UNIT/ML	2	
Blood Products and Modifiers		
Anticoagulants		
argatroban/sodium chloride injection 50mg/50ml; 0.9%	1	NDS
argatroban injection 250mg/2.5ml, 50mg/50ml	1	NDS
ARIXTRA INJECTION 5MG/0.4ML	3	NDS
ARIXTRA INJECTION 2.5MG/0.5ML	3	QL(15 ML per 30 days)
ARIXTRA INJECTION 7.5MG/0.6ML	3	QL(18 ML per 30 days); NDS
ARIXTRA INJECTION 10MG/0.8ML	3	QL(24 ML per 30 days); NDS
CEPROTIN INJECTION 1000UNIT, 500UNIT	3	NDS
dabigatran etexilate capsule 110mg, 150mg, 75mg	1	QL(60 EA per 30 days)
ELIQUIS STARTER PACK TABLET THERAPY PACK 5MG	2	QL(148 EA per 365 days)
ELIQUIS CAPSULE SPRINKLE 0.15MG	2	QL(84 EA per 28 days)
ELIQUIS TABLET SOLUBLE 0.5MG	2	QL(140 EA per 28 days)
ELIQUIS TABLET SOLUBLE 0.5MG	2	QL(420 EA per 28 days); PACK 3 X 0.5 MG (1.5 MG)
ELIQUIS TABLET SOLUBLE 0.5MG	2	QL(560 EA per 28 days); PACK 4 X 0.5 MG (2 MG)
ELIQUIS TABLET 5MG	2	
ELIQUIS TABLET 2.5MG	2	QL(60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
enoxaparin sodium injection 300mg/3ml	1	
enoxaparin sodium injection 30mg/0.3ml	1	QL(18 ML per 30 days)
enoxaparin sodium injection 40mg/0.4ml	1	QL(24 ML per 30 days)
enoxaparin sodium injection 60mg/0.6ml	1	QL(36 ML per 30 days)
enoxaparin sodium injection 120mg/0.8ml, 80mg/0.8ml	1	QL(48 ML per 30 days)
enoxaparin sodium injection 100mg/ml, 150mg/ml	1	QL(60 ML per 30 days)
fondaparinux sodium injection 10mg/0.8ml	1	QL(24 ML per 30 days); NDS
fondaparinux sodium injection 5mg/0.4ml	3	
fondaparinux sodium injection 2.5mg/0.5ml	3	QL(15 ML per 30 days)
fondaparinux sodium injection 7.5mg/0.6ml	3	QL(18 ML per 30 days)
FRAGMIN INJECTION 10000UNIT/4ML, 2500UNIT/0.2ML	3	
FRAGMIN INJECTION 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	3	NDS
heparin sodium/dextrose injection 5%; 25000unit/250ml, 5%; 25000unit/500ml	1	
heparin sodium injection 10000unit/ml, 1000unit/ml, 5000unit/ml	1	
jantoven tablet 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg	1	
LOVENOX INJECTION 300MG/3ML	3	
LOVENOX INJECTION 30MG/0.3ML	3	QL(18 ML per 30 days)
LOVENOX INJECTION 40MG/0.4ML	3	QL(24 ML per 30 days)
LOVENOX INJECTION 60MG/0.6ML	3	QL(36 ML per 30 days)
LOVENOX INJECTION 120MG/0.8ML, 80MG/0.8ML	3	QL(48 ML per 30 days)
LOVENOX INJECTION 100MG/ML	3	QL(60 ML per 30 days)
LOVENOX INJECTION 150MG/ML	3	QL(60 ML per 30 days); NDS
rivaroxaban suspension reconstituted 1mg/ml	1	QL(600 ML per 30 days)
rivaroxaban tablet 2.5mg	1	QL(360 EA per 30 days)
TISSEEL KIT 0; 0; 0; 0	3	NDS
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	3	PA; NDS
ALVAIZ TABLET 18MG, 9MG	3	QL(30 EA per 30 days); PA; NDS
ALVAIZ TABLET 36MG, 54MG	3	QL(60 EA per 30 days); PA; NDS

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

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Drug Name	Drug Tier	Requirements/Limits
RETACRIT INJECTION 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
RETACRIT INJECTION 40000UNIT/ML	3	PA; NDS
ROLVEDON INJECTION 13.2MG/0.6ML	3	PA; NDS
RYZNEUTA INJECTION 20MG/ML	3	PA; NDS
STIMUFEND INJECTION 6MG/0.6ML	3	PA; NDS
UDENYCA ONBODY INJECTION 6MG/0.6ML	3	PA; NDS
UDENYCA INJECTION 6MG/0.6ML	3	QL(1.2 ML per 28 days); PA; NDS
VAFSEO TABLET 300MG	3	QL(60 EA per 30 days); PA; NDS
VAFSEO TABLET 150MG	3	QL(90 EA per 30 days); PA
XOLREMDI CAPSULE 100MG	3	QL(120 EA per 30 days); PA; NDS
ZARXIO INJECTION 300MCG/0.5ML, 480MCG/0.8ML	3	NDS
ZIEXTENZO INJECTION 6MG/0.6ML	3	PA; NDS
Hemostasis Agents		
aminocaproic acid solution 0.25gm/ml	1	NDS
aminocaproic acid tablet 1000mg, 500mg	1	NDS
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	3	QL(30 EA per 30 days); PA; NDS
cilostazol tablet 100mg, 50mg	1	
clopidogrel tablet 300mg, 75mg	1	
DOPTELET SPRINKLE CAPSULE SPRINKLE 10MG	3	QL(60 EA per 30 days); PA; NDS
DOPTELET TABLET 20MG	3	QL(90 EA per 30 days); PA; NDS
eptifibatide injection 200mg/100ml, 20mg/10ml, 75mg/100ml	1	NDS
KENGREAL INJECTION 50MG	3	NDS
prasugrel hydrochloride tablet 10mg, 5mg	1	
TAVALISSE TABLET 100MG, 150MG	3	PA; NDS
ticagrelor tablet 60mg, 90mg	2	
WAYRILZ TABLET 400MG	3	QL(60 EA per 30 days); PA; NDS
YOSPRALA TABLET DELAYED RELEASE 325MG; 40MG, 81MG; 40MG	3	QL(30 EA per 30 days)
Cardiovascular Agents		
Alpha-adrenergic Agonists		
CLONIDINE HYDROCHLORIDE ER TABLET EXTENDED RELEASE 24 HOUR 0.17MG	3	ST
clonidine hydrochloride tablet 0.05mg, 0.1mg, 0.2mg, 0.3mg	1	
clonidine patch weekly 0.1mg/24hr, 0.2mg/24hr, 0.3mg/24hr	1	
droxidopa capsule 200mg, 300mg	1	QL(180 EA per 30 days); PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
droxidopa capsule 100mg	3	QL(90 EA per 30 days); PA
guanfacine hydrochloride tablet 1mg, 2mg	1	
JAVADIN SOLUTION 0.02MG/ML	3	PA
methyldopa tablet 250mg, 500mg	1	
midodrine hydrochloride tablet 10mg, 2.5mg, 5mg	1	
NEXICLON XR TABLET EXTENDED RELEASE 24 HOUR 0.17MG	3	ST
NORTHERA CAPSULE 200MG, 300MG	3	QL(180 EA per 30 days); PA; NDS
NORTHERA CAPSULE 100MG	3	QL(90 EA per 30 days); PA; NDS
phenylephrine hydrochloride injection 0.5mg/5ml	1	
Alpha-adrenergic Blocking Agents		
DIBENZYLINE CAPSULE 10MG	3	PA; NDS
phenoxybenzamine hydrochloride capsule 10mg	1	PA; NDS
prazosin hydrochloride capsule 1mg, 2mg, 5mg	1	
Angiotensin II Receptor Antagonists		
ARBLI SUSPENSION 10MG/ML	3	PA
azilsartan medoxomil tablet 40mg, 80mg	1	
candesartan cilexetil tablet 16mg, 32mg, 4mg, 8mg	1	
EDARBI TABLET 40MG, 80MG	3	
irbesartan tablet 150mg, 300mg, 75mg	1	
losartan potassium tablet 100mg, 25mg, 50mg	1	
olmesartan medoxomil tablet 20mg, 40mg, 5mg	1	
telmisartan tablet 20mg, 40mg, 80mg	1	
valsartan solution 4mg/ml	1	ST; NDS
valsartan tablet 160mg, 320mg, 40mg, 80mg	1	
Angiotensin-converting Enzyme (ACE) Inhibitors		
benazepril hydrochloride tablet 10mg, 20mg, 40mg, 5mg	1	
captopril tablet 100mg, 12.5mg, 25mg, 50mg	1	
enalapril maleate solution 1mg/ml	1	
enalapril maleate tablet 10mg, 2.5mg, 20mg, 5mg	1	
EPANED SOLUTION 1MG/ML	3	
fosinopril sodium tablet 10mg, 20mg, 40mg	1	
lisinopril tablet 10mg, 2.5mg, 20mg, 30mg, 40mg, 5mg	1	
moexipril hydrochloride tablet 15mg, 7.5mg	1	
perindopril erbumine tablet 2mg, 4mg, 8mg	1	
QBRELIS SOLUTION 1MG/ML	3	
quinapril hydrochloride tablet 10mg, 20mg, 40mg, 5mg	1	
ramipril capsule 1.25mg, 10mg, 2.5mg, 5mg	1	
trandolapril tablet 1mg, 2mg, 4mg	1	
VASOTEC TABLET 20MG	3	NDS
Antiarrhythmics		
amiodarone hydrochloride tablet 100mg, 200mg, 400mg	1	
BETAPACE AF TABLET 120MG, 160MG	3	

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Drug Name	Drug Tier	Requirements/Limits
BETAPACE TABLET 120MG, 160MG, 80MG	3	NDS
digoxin solution 0.05mg/ml	1	
digoxin tablet 125mcg, 250mcg, 62.5mcg	1	
disopyramide phosphate capsule 100mg, 150mg	1	
dofetilide capsule 125mcg, 250mcg, 500mcg	1	
flecainide acetate tablet 100mg, 150mg, 50mg	1	
lidocaine hcl injection 100mg/5ml	1	
mexiletine hydrochloride capsule 150mg, 200mg, 250mg	1	
MULTAQ TABLET 400MG	2	
NEXTERONE INJECTION 360MG/200ML; 41.4MG/ML	3	
NORPACE CR CAPSULE EXTENDED RELEASE 12 HOUR 100MG, 150MG	3	
PACERONE TABLET 100MG, 200MG, 400MG	1	
propafenone hcl tablet 150mg, 225mg, 300mg	1	
propafenone hydrochloride er capsule extended release 12 hour 225mg, 325mg, 425mg	1	
propafenone hydrochloride tablet 150mg, 225mg, 300mg	1	
quinidine sulfate tablet 200mg, 300mg	1	
sotalol hcl (af) tablet 80mg	1	
sotalol hcl tablet 120mg, 160mg, 240mg	1	
sotalol hydrochloride (af) tablet 120mg, 160mg, 80mg	1	
sotalol hydrochloride af tablet 160mg	1	
SOTALOL HYDROCHLORIDE INJECTION 150MG/10ML	3	NDS
sotalol hydrochloride tablet 160mg, 80mg	1	
Beta-adrenergic Blocking Agents		
acebutolol hydrochloride capsule 200mg, 400mg	1	
atenolol tablet 100mg, 25mg, 50mg	1	
betaxolol hcl tablet 10mg, 20mg	1	
bisoprolol fumarate tablet 10mg, 2.5mg, 5mg	1	
carvedilol phosphate er capsule extended release 24 hour 10mg, 20mg, 40mg, 80mg	1	
carvedilol tablet 12.5mg, 25mg, 3.125mg, 6.25mg	1	
HEMANGEOL SOLUTION 4.28MG/ML	3	NDS
INDERAL LA CAPSULE EXTENDED RELEASE 24 HOUR 60MG, 80MG	3	
INDERAL LA CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 160MG	3	NDS
INDERAL XL CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 80MG	3	
INNOPRAN XL CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 80MG	3	
labetalol hydrochloride tablet 100mg, 200mg, 300mg, 400mg	1	
LOPRESSOR SOLUTION 10MG/ML	3	PA

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Drug Name	Drug Tier	Requirements/Limits
metoprolol succinate er tablet extended release 24 hour 100mg, 200mg, 25mg, 50mg	1	
METOPROLOL TARTRATE TABLET 12.5MG	1	
metoprolol tartrate tablet 100mg, 25mg, 37.5mg, 50mg, 75mg	1	
nadolol tablet 20mg, 40mg, 80mg	1	
nebivolol hydrochloride tablet 10mg, 2.5mg, 20mg, 5mg	1	
pindolol tablet 10mg, 5mg	1	
propranolol hcl tablet 40mg	1	
propranolol hydrochloride er capsule extended release 24 hour 120mg, 160mg, 60mg, 80mg	1	
propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg	1	
Calcium Channel Blocking Agents, Dihydropyridines		
amlodipine besylate tablet 10mg, 2.5mg, 5mg	1	
CLEVIPREX INJECTION 25MG/50ML, 50MG/100ML	3	NDS
CONJUPRI TABLET 2.5MG, 5MG	3	ST
felodipine er tablet extended release 24 hour 10mg, 2.5mg, 5mg	1	
isradipine capsule 2.5mg, 5mg	3	
LEVAMLODIPINE TABLET 2.5MG, 5MG	3	ST
nicardipine hcl capsule 20mg, 30mg	3	
nicardipine hydrochloride/sodium chloride injection 20mg/200ml; 0.86%, 20mg/200ml; 0.9%, 40mg/200ml; 0.83%, 40mg/200ml; 0.9%	1	
nifedipine er tablet extended release 24 hour 30mg, 60mg, 90mg	1	
nimodipine capsule 30mg	1	
NIMODIPINE SOLUTION 60MG/20ML	3	NDS
NORLIQVA SOLUTION 1MG/ML	3	ST
NYMALIZE SOLUTION 6MG/ML	3	NDS
SDAMLO SOLUTION RECONSTITUTED 10MG, 2.5MG, 5MG	3	ST; NDS
Calcium Channel Blocking Agents, Nondihydropyridines		
CARDAMYST SOLUTION 70MG/DOSE	3	PA; NDS
CARDIZEM CD CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 180MG	3	
CARDIZEM CD CAPSULE EXTENDED RELEASE 24 HOUR 240MG, 300MG, 360MG	3	NDS
CARDIZEM TABLET 120MG, 60MG	3	
cartia xt capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg	1	
dilt-xr capsule extended release 24 hour 120mg, 180mg, 240mg	1	
diltiazem hcl cd capsule extended release 24 hour 360mg	1	

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Drug Name	Drug Tier	Requirements/Limits
diltiazem hcl er capsule extended release 12 hour 120mg, 60mg, 90mg	1	
diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 420mg	1	
diltiazem hcl er tablet extended release 24 hour 240mg, 300mg, 360mg, 420mg	1	
diltiazem hcl tablet 30mg, 60mg	1	
diltiazem hydrochloride er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg	1	
diltiazem hydrochloride er tablet extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg	1	
diltiazem hydrochloride tablet 120mg, 90mg	1	
matzim la tablet extended release 24 hour 180mg, 240mg, 300mg, 360mg, 420mg	1	
TAZTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 180MG, 240MG, 300MG, 360MG	1	
tiadylt er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
verapamil hcl er capsule extended release 24 hour 100mg, 120mg, 180mg	1	
verapamil hcl er tablet extended release 120mg, 180mg	1	
verapamil hcl sr capsule extended release 24 hour 120mg, 180mg, 240mg, 360mg	1	
verapamil hydrochloride er capsule extended release 24 hour 100mg, 200mg	1	
verapamil hydrochloride er tablet extended release 180mg, 240mg	1	
verapamil hydrochloride sr capsule extended release 24 hour 240mg, 360mg	1	
verapamil hydrochloride tablet 120mg, 40mg, 80mg	1	
Cardiovascular Agents, Other		
acetazolamide sodium injection 500mg	1	NDS
ADRENALIN INJECTION 1MG/ML	3	
aliskiren tablet 150mg, 300mg	1	
amiloride/hydrochlorothiazide tablet 5mg; 50mg	1	
amlodipine besylate/benazepril hydrochloride capsule 10mg; 20mg, 10mg; 40mg, 2.5mg; 10mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg	1	
amlodipine besylate/valsartan tablet 10mg; 160mg, 10mg; 320mg, 5mg; 160mg, 5mg; 320mg	1	
amlodipine/olmesartan medoxomil tablet 10mg; 20mg, 10mg; 40mg, 5mg; 20mg, 5mg; 40mg	1	
ASPRUZYO SPRINKLE PACKET 1000MG, 500MG	3	QL(60 EA per 30 days); ST

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Drug Name	Drug Tier	Requirements/Limits
atenolol/chlorthalidone tablet 100mg; 25mg, 50mg; 25mg	1	
BAXFENDY TABLET 1MG, 2MG	3	QL(30 EA per 30 days); PA
benazepril hydrochloride/hydrochlorothiazide tablet 10mg; 12.5mg, 20mg; 12.5mg, 20mg; 25mg, 5mg; 6.25mg	1	
bisoprolol fumarate/hydrochlorothiazide tablet 10mg; 6.25mg, 2.5mg; 6.25mg, 5mg; 6.25mg	1	
CAMZYOS CAPSULE 10MG, 15MG, 2.5MG, 5MG	3	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	
CORLANOR SOLUTION 5MG/5ML	3	QL(450 ML per 30 days)
CORLANOR TABLET 5MG, 7.5MG	3	QL(60 EA per 30 days)
DEFITELIO INJECTION 200MG/2.5ML	3	NDS
DEMSER CAPSULE 250MG	3	PA; NDS
dobutamine hcl/d5w injection 5%; 1mg/ml	1	B/D
dobutamine hcl injection 12.5mg/ml	1	B/D
dobutamine hydrochloride/dextrose 5% injection 5%; 1mg/ml, 5%; 2mg/ml, 5%; 4mg/ml	1	B/D
dopamine hydrochloride/dextrose injection 5%; 0.8mg/ml, 5%; 1.6mg/ml, 5%; 3.2mg/ml	1	B/D
dopamine hydrochloride injection 40mg/ml	1	B/D
dopamine/d5w injection 5%; 3.2mg/ml	1	B/D
EDARBYCLOR TABLET 40MG; 12.5MG, 40MG; 25MG	3	
enalapril maleate/hydrochlorothiazide tablet 10mg; 25mg, 5mg; 12.5mg	1	
ENTRESTO CAPSULE SPRINKLE 15MG; 16MG, 6MG; 6MG	2	QL(240 EA per 30 days)
ENTRESTO TABLET 24MG; 26MG	2	QL(180 EA per 30 days)
ENTRESTO TABLET 49MG; 51MG, 97MG; 103MG	2	QL(60 EA per 30 days)
epinephrine injection 1mg/ml	1	
EVKEEZA INJECTION 1200MG/8ML, 345MG/2.3ML	3	PA; NDS
FILSPARI TABLET 200MG	3	QL(30 EA per 30 days); PA; NDS
FILSPARI TABLET 400MG	3	QL(60 EA per 30 days); 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	

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Drug Name	Drug Tier	Requirements/Limits
LODOCO TABLET 0.5MG	3	PA
losartan potassium/hydrochlorothiazide tablet 12.5mg; 100mg, 12.5mg; 50mg, 25mg; 100mg	1	
metyrosine capsule 250mg	1	PA; NDS
milrinone lactate in dextrose injection 5%; 20mg/100ml, 5%; 40mg/200ml	1	B/D
milrinone lactate injection 10mg/10ml, 20mg/20ml, 50mg/50ml	1	B/D
MYQORZO TABLET 10MG, 15MG, 20MG, 5MG	3	QL(30 EA per 30 days); PA; NDS
NEFFY SOLUTION 1MG/0.1ML	3	
olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 20mg, 12.5mg; 40mg, 25mg; 40mg	1	
pentoxifylline er tablet extended release 400mg	1	
quinapril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg, 25mg; 20mg	1	
ranolazine er tablet extended release 12 hour 1000mg, 500mg	1	
sacubitril/valsartan tablet 24mg; 26mg	2	QL(180 EA per 30 days)
sacubitril/valsartan tablet 49mg; 51mg, 97mg; 103mg	2	QL(60 EA per 30 days)
spironolactone/hydrochlorothiazide tablet 25mg; 25mg	1	
telmisartan/amlodipine tablet 10mg; 40mg, 10mg; 80mg, 5mg; 40mg, 5mg; 80mg	1	
telmisartan/hydrochlorothiazide tablet 12.5mg; 40mg, 12.5mg; 80mg, 25mg; 80mg	1	
trandolapril/verapamil hcl er tablet extended release 1mg; 240mg, 2mg; 180mg, 2mg; 240mg, 4mg; 240mg	1	
triamterene/hydrochlorothiazide capsule 25mg; 37.5mg	1	
triamterene/hydrochlorothiazide tablet 25mg; 37.5mg, 50mg; 75mg	1	
valsartan/hydrochlorothiazide tablet 12.5mg; 160mg, 12.5mg; 320mg, 12.5mg; 80mg, 25mg; 160mg, 25mg; 320mg	1	
VECAMYL TABLET 2.5MG	3	NDS
VYNDAMAX CAPSULE 61MG	3	QL(30 EA per 30 days); PA; NDS
WIDAPLIK TABLET 1.25MG; 0.625MG; 10MG, 2.5MG; 1.25MG; 20MG, 5MG; 2.5MG; 40MG	3	PA
Diuretics, Loop		
bumetanide injection 0.25mg/ml	1	
bumetanide tablet 0.5mg, 1mg, 2mg	1	
EDECRIN TABLET 25MG	3	NDS
ENBUMYST SOLUTION 0.5MG/0.1ML	3	PA
ethacrynate sodium injection 50mg	1	NDS
ethacrynic acid tablet 25mg	1	
FUROSCIX READYFLOW INJECTION 80MG/ML	3	PA; NDS
FUROSCIX INJECTION 80MG/10ML	3	PA

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Drug Name	Drug Tier	Requirements/Limits
furosemide injection 10mg/ml	1	
furosemide oral solution 10mg/ml, 40mg/5ml	1	
furosemide tablet 20mg, 40mg, 80mg	1	
LASIX ONYU INJECTION 80MG/2.67ML	3	PA
SOAANZ TABLET 20MG, 40MG, 60MG	3	ST
SODIUM EDECRIN INJECTION 50MG	3	NDS
torsemide tablet 100mg, 10mg, 20mg, 5mg	1	
Diuretics, Potassium-sparing		
amiloride hcl tablet 5mg	1	
triamterene capsule 100mg, 50mg	3	
Diuretics, Thiazide		
chlorthalidone tablet 25mg, 50mg	1	
HEMICLOR TABLET 12.5MG	3	
hydrochlorothiazide capsule 12.5mg	1	
hydrochlorothiazide tablet 12.5mg, 25mg, 50mg	1	
indapamide tablet 1.25mg, 2.5mg	1	
INZIRQO SUSPENSION RECONSTITUTED 10MG/ML	3	PA
metolazone tablet 10mg, 2.5mg, 5mg	1	
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate micronized capsule 134mg, 200mg, 67mg	1	
fenofibrate capsule 130mg, 43mg	1	
fenofibrate tablet 120mg, 145mg, 160mg, 40mg, 48mg, 54mg	1	
fenofibric acid dr capsule delayed release 135mg, 45mg	1	
FENOGLIDE TABLET 120MG	3	
gemfibrozil tablet 600mg	1	
Dyslipidemics, HMG CoA Reductase Inhibitors		
ALTOPREV TABLET EXTENDED RELEASE 24 HOUR 20MG, 40MG, 60MG	3	ST
ATORVALIQ SUSPENSION 20MG/5ML	3	ST
atorvastatin calcium tablet 10mg, 20mg, 40mg, 80mg	1	
EZALLOR SPRINKLE CAPSULE SPRINKLE 10MG, 20MG, 40MG, 5MG	3	ST
FLOLIPID SUSPENSION 20MG/5ML, 40MG/5ML	3	ST
fluvastatin sodium er tablet extended release 24 hour 80mg	1	
fluvastatin capsule 20mg, 40mg	1	
LIVALO TABLET 1MG, 2MG, 4MG	2	ST
lovastatin tablet 10mg, 20mg, 40mg	1	
pitavastatin calcium tablet 1mg, 2mg, 4mg	1	
pravastatin sodium tablet 10mg, 20mg, 40mg, 80mg	1	
rosuvastatin calcium tablet 10mg, 20mg, 40mg, 5mg	1	
simvastatin tablet 10mg, 20mg, 40mg, 5mg, 80mg	1	
ZYPITAMAG TABLET 2MG, 4MG	3	ST
Dyslipidemics, Other		

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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
cholestyramine light packet 4gm	1	
cholestyramine light powder 4gm/dose	1	
colesevelam hydrochloride tablet 625mg	1	
colestipol hydrochloride packet 5gm	1	
colestipol hydrochloride tablet 1gm	1	
ezetimibe/simvastatin tablet 10mg; 10mg, 10mg; 20mg, 10mg; 40mg, 10mg; 80mg	1	
ezetimibe tablet 10mg	1	
icosapent ethyl capsule 0.5gm, 1gm	1	
JUXTAPID CAPSULE 2MG	3	QL(112 EA per 365 days); PA; NDS
JUXTAPID CAPSULE 10MG, 5MG	3	QL(30 EA per 30 days); PA; NDS
JUXTAPID CAPSULE 20MG, 30MG	3	QL(60 EA per 30 days); PA; NDS
LEQVIO INJECTION 284MG/1.5ML	3	QL(3 ML per 180 days); PA
LOVAZA CAPSULE 375MG; 465MG; 1GM	3	
NEXLETOL TABLET 180MG	2	QL(30 EA per 30 days); PA
NEXLIZET TABLET 180MG; 10MG	2	QL(30 EA per 30 days); PA
niacin er tablet extended release 1000mg, 500mg, 750mg	1	
omega-3-acid ethyl esters capsule 375mg; 465mg; 1gm	1	
PRALUENT INJECTION 150MG/ML, 75MG/ML	2	QL(2 ML per 28 days); PA
prevalite packet 4gm	1	
prevalite powder 4gm/dose	1	
REDEMPLO INJECTION 25MG/0.5ML	3	QL(0.5 ML per 84 days); PA; NDS
REPATHA PUSHTRONEX SYSTEM INJECTION 420MG/3.5ML	2	QL(7 ML per 28 days); PA
REPATHA SURECLICK INJECTION 140MG/ML	2	QL(3 ML per 28 days); PA
REPATHA INJECTION 140MG/ML	2	QL(3 ML per 28 days); PA
rosuvastatin/ezetimibe tablet 10mg; 10mg, 10mg; 20mg, 10mg; 40mg, 10mg; 5mg	3	
TRYNGOLZA INJECTION 50MG/0.8ML, 80MG/0.8ML	3	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 tablet 10mg, 5mg	2	QL(30 EA per 30 days)
FARXIGA TABLET 10MG, 5MG	2	QL(30 EA per 30 days); ST
INPEFA TABLET 200MG	3	QL(30 EA per 30 days); ST
INPEFA TABLET 400MG	3	ST
INVOKANA TABLET 100MG, 300MG	3	QL(30 EA per 30 days); PA
JARDIANCE TABLET 10MG, 25MG	2	QL(30 EA per 30 days)
STEGLATRO TABLET 15MG	3	QL(30 EA per 30 days); ST
STEGLATRO TABLET 5MG	3	QL(60 EA per 30 days); ST
Vasodilators, Direct-acting Arterial/Venous		

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Drug Name	Drug Tier	Requirements/Limits
ISORDIL TITRADOSE TABLET 5MG	3	
ISORDIL TITRADOSE TABLET 40MG	3	NDS
isosorbide dinitrate tablet 10mg, 20mg, 30mg, 40mg, 5mg	1	
isosorbide mononitrate er tablet extended release 24 hour 120mg, 30mg, 60mg	1	
isosorbide mononitrate tablet 10mg, 20mg	1	
nitro-bid ointment 2%	1	
NITRO-DUR PATCH 24 HOUR 0.3MG/HR, 0.8MG/HR	3	NDS
nitroglycerin transdermal patch 24 hour 0.1mg/hr, 0.2mg/hr, 0.4mg/hr, 0.6mg/hr	1	
nitroglycerin transdermal ointment 2%	1	
nitroglycerin solution 0.4mg/spray	1	
nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg	1	
VERQUVO TABLET 10MG, 2.5MG, 5MG	2	QL(30 EA per 30 days); PA
Vasodilators, Direct-acting Arterial		
hydralazine hydrochloride injection 20mg/ml	1	
hydralazine hydrochloride tablet 100mg, 10mg, 25mg, 50mg	1	
minoxidil tablet 10mg, 2.5mg	1	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 1.25MG; 1.25MG; 1.25MG; 1.25MG, 2.5MG; 2.5MG; 2.5MG; 2.5MG, 3.75MG; 3.75MG; 3.75MG; 3.75MG, 5MG; 5MG; 5MG; 5MG, 6.25MG; 6.25MG; 6.25MG; 6.25MG, 7.5MG; 7.5MG; 7.5MG; 7.5MG	3	QL(60 EA per 30 days)
ADDERALL TABLET 1.25MG; 1.25MG; 1.25MG; 1.25MG, 1.875MG; 1.875MG; 1.875MG; 1.875MG, 2.5MG; 2.5MG; 2.5MG; 2.5MG, 3.125MG; 3.125MG; 3.125MG; 3.125MG, 3.75MG; 3.75MG; 3.75MG; 3.75MG, 5MG; 5MG; 5MG; 5MG, 7.5MG; 7.5MG; 7.5MG; 7.5MG	3	QL(90 EA per 30 days)
amphetamine/dextroamphetamine capsule extended release 24 hour 1.25mg; 1.25mg; 1.25mg; 1.25mg, 2.5mg; 2.5mg; 2.5mg; 2.5mg, 3.75mg; 3.75mg; 3.75mg; 3.75mg, 5mg; 5mg; 5mg; 5mg, 6.25mg; 6.25mg; 6.25mg; 6.25mg, 7.5mg; 7.5mg; 7.5mg; 7.5mg	1	QL(60 EA per 30 days)
amphetamine/dextroamphetamine tablet 1.25mg; 1.25mg; 1.25mg; 1.25mg, 1.875mg; 1.875mg; 1.875mg; 1.875mg, 2.5mg; 2.5mg; 2.5mg; 2.5mg, 3.125mg; 3.125mg; 3.125mg; 3.125mg, 3.75mg; 3.75mg; 3.75mg; 3.75mg, 5mg; 5mg; 5mg; 5mg, 7.5mg; 7.5mg; 7.5mg; 7.5mg	1	QL(90 EA per 30 days)
ARYNTA SOLUTION 10MG/ML	3	QL(240 ML per 34 days); PA
DESOXYN TABLET 5MG	3	QL(150 EA per 30 days); PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
DEXEDRINE CAPSULE EXTENDED RELEASE 24 HOUR 15MG	3	QL(120 EA per 30 days); NDS
DEXEDRINE CAPSULE EXTENDED RELEASE 24 HOUR 10MG	3	QL(180 EA per 30 days); NDS
dextroamphetamine sulfate er capsule extended release 24 hour 15mg	1	QL(120 EA per 30 days)
dextroamphetamine sulfate er capsule extended release 24 hour 10mg	1	QL(180 EA per 30 days)
dextroamphetamine sulfate er capsule extended release 24 hour 5mg	1	QL(60 EA per 30 days)
dextroamphetamine sulfate tablet 10mg	1	QL(180 EA per 30 days)
dextroamphetamine sulfate tablet 2.5mg, 7.5mg	1	QL(240 EA per 30 days)
dextroamphetamine sulfate tablet 30mg	1	QL(60 EA per 30 days)
dextroamphetamine sulfate tablet 15mg, 20mg, 5mg	1	QL(90 EA per 30 days)
DYANAVEL XR TABLET EXTENDED RELEASE 10MG, 15MG, 20MG, 5MG	3	QL(30 EA per 30 days)
methamphetamine hydrochloride tablet 5mg	1	QL(150 EA per 30 days); PA
XELSTRYM PATCH 13.5MG/9HR, 18MG/9HR, 4.5MG/9HR, 9MG/9HR	3	QL(30 EA per 30 days)
ZENZEDI TABLET 10MG	3	QL(180 EA per 30 days)
ZENZEDI TABLET 2.5MG, 7.5MG	3	QL(240 EA per 30 days)
ZENZEDI TABLET 30MG	3	QL(60 EA per 30 days)
ZENZEDI TABLET 15MG, 20MG, 5MG	3	QL(90 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 10MG, 15MG, 20MG, 30MG, 40MG, 50MG, 60MG	3	QL(30 EA per 30 days)
atomoxetine hydrochloride capsule 100mg, 18mg, 25mg	1	QL(30 EA per 30 days)
atomoxetine hydrochloride capsule 10mg	1	QL(60 EA per 30 days)
ATOMOXETINE HYDROCHLORIDE SOLUTION 4MG/ML	3	QL(750 ML per 30 days); ST
atomoxetine capsule 100mg, 18mg, 25mg, 40mg, 60mg, 80mg	1	QL(30 EA per 30 days)
atomoxetine capsule 10mg	1	QL(60 EA per 30 days)
ATONCY SOLUTION 4MG/ML	3	QL(750 ML per 30 days); ST
CONCERTA TABLET EXTENDED RELEASE 18MG, 27MG, 54MG	3	QL(30 EA per 30 days)
CONCERTA TABLET EXTENDED RELEASE 36MG	3	QL(60 EA per 30 days)
COTEMPLA XR-ODT TABLET EXTENDED RELEASE DISINTEGRATING 8.6MG	3	QL(180 EA per 30 days)
COTEMPLA XR-ODT TABLET EXTENDED RELEASE DISINTEGRATING 25.9MG	3	QL(60 EA per 30 days)
COTEMPLA XR-ODT TABLET EXTENDED RELEASE DISINTEGRATING 17.3MG	3	QL(90 EA per 30 days)

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

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Drug Name	Drug Tier	Requirements/Limits
methylphenidate hydrochloride solution 10mg/5ml, 5mg/5ml	1	
methylphenidate hydrochloride tablet chewable 10mg	1	QL(180 EA per 30 days)
methylphenidate hydrochloride tablet chewable 2.5mg, 5mg	1	QL(90 EA per 30 days)
methylphenidate hydrochloride tablet 10mg, 20mg, 5mg	1	QL(90 EA per 30 days)
ONYDA XR SUSPENSION EXTENDED RELEASE 0.1MG/ML	3	QL(120 ML per 30 days); PA
RELEXXII TABLET EXTENDED RELEASE 18MG, 27MG, 45MG, 54MG, 63MG, 72MG	3	QL(30 EA per 30 days)
RELEXXII TABLET EXTENDED RELEASE 36MG	3	QL(60 EA per 30 days)
RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 10MG, 20MG, 30MG, 40MG	3	QL(30 EA per 30 days)
RITALIN TABLET 10MG, 20MG, 5MG	3	QL(90 EA per 30 days)
STRATTERA CAPSULE 100MG, 18MG, 25MG, 40MG, 60MG, 80MG	3	QL(30 EA per 30 days)
STRATTERA CAPSULE 10MG	3	QL(60 EA per 30 days)
Central Nervous System, Other		
ALLZITAL TABLET 325MG; 25MG	3	
AQNEURSA PACKET 1GM	3	QL(120 EA per 30 days); PA; NDS
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 0	3	QL(56 EA per 365 days); PA; NDS; (12mg & 18mg & 24mg & 30mg Pack)
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12MG, 18MG, 24MG, 30MG, 36MG, 42MG, 48MG, 6MG	3	QL(30 EA per 30 days); PA; NDS
AUSTEDO TABLET 12MG, 6MG, 9MG	3	QL(120 EA per 30 days); PA; NDS
BUPAP TABLET 300MG; 50MG	3	
butalbital/acetaminophen/caffeine capsule 300mg; 50mg; 40mg, 325mg; 50mg; 40mg	1	
BUTALBITAL/ACETAMINOPHEN/CAFFEINE SOLUTION 325MG/15ML; 50MG/15ML; 40MG/15ML	3	ST; NDS
butalbital/acetaminophen/caffeine tablet 325mg; 50mg; 40mg	1	
butalbital/acetaminophen capsule 300mg; 50mg	1	NDS
butalbital/acetaminophen tablet 300mg; 50mg	1	
butalbital/acetaminophen tablet 325mg; 50mg	1	QL(180 EA per 30 days)
butalbital/aspirin/caffeine capsule 325mg; 50mg; 40mg	1	QL(180 EA per 30 days)
caffeine citrate solution 60mg/3ml	1	NDS
clonidine hydrochloride injection 100mcg/ml, 500mcg/ml	1	B/D
COBENFY STARTER PACK CAPSULE THERAPY PACK 20MG; 0	3	QL(112 EA per 365 days); PA; NDS
COBENFY CAPSULE 20MG; 100MG, 20MG; 50MG, 30MG; 125MG	3	QL(60 EA per 30 days); PA; NDS
DAYBUE STIX PACKET 5000MG, 6000MG	3	QL(120 EA per 30 days); PA; NDS
DAYBUE STIX PACKET 8000MG	3	QL(60 EA per 30 days); PA; NDS

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

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Drug Name	Drug Tier	Requirements/Limits
BAFIERTAM CAPSULE DELAYED RELEASE 95MG	3	QL(120 EA per 30 days); PA; NDS
BETASERON INJECTION 0.3MG	3	QL(15 EA per 30 days); PA; NDS
BRIUMVI INJECTION 150MG/6ML	3	PA; NDS
cladribine tablet therapy pack 10mg	1	PA; NDS
cladribine tablet therapy pack 10mg	1	QL(16 EA per 999 days); PA; NDS
cladribine tablet therapy pack 10mg	1	QL(20 EA per 999 days); PA; NDS
cladribine tablet therapy pack 10mg	1	QL(24 EA per 999 days); PA; NDS
cladribine tablet therapy pack 10mg	1	QL(28 EA per 999 days); PA; NDS
cladribine tablet therapy pack 10mg	1	QL(32 EA per 999 days); PA; NDS
cladribine tablet therapy pack 10mg	1	QL(40 EA per 999 days); PA; NDS
COPAXONE INJECTION 40MG/ML	3	QL(12 ML per 28 days); PA; NDS
COPAXONE INJECTION 20MG/ML	3	QL(30 ML 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
dimethyl fumarate capsule delayed release 120mg, 240mg	1	QL(60 EA per 30 days); PA
EXTAVIA INJECTION 0.3MG	3	QL(15 EA per 30 days); PA; NDS
fingolimod hydrochloride capsule 0.5mg	1	QL(30 EA per 30 days); PA; NDS
GILENYA CAPSULE 0.5MG	3	QL(30 EA per 30 days); PA; NDS
GILENYA CAPSULE 0.25MG	3	QL(60 EA per 30 days); PA; NDS
glatiramer acetate injection 40mg/ml	1	QL(12 ML per 28 days); PA; NDS
glatiramer acetate injection 20mg/ml	1	QL(30 ML per 30 days); PA; NDS
glatopa injection 40mg/ml	1	QL(12 ML per 28 days); PA; NDS
glatopa injection 20mg/ml	1	QL(30 ML per 30 days); PA; NDS
KESIMPTA INJECTION 20MG/0.4ML	3	QL(0.4 ML per 28 days); PA; NDS
MAVENCLAD TABLET THERAPY PACK 10MG	3	PA; NDS
MAVENCLAD TABLET THERAPY PACK 10MG	3	QL(16 EA per 999 days); PA; NDS
MAVENCLAD TABLET THERAPY PACK 10MG	3	QL(20 EA per 999 days); PA; NDS
MAVENCLAD TABLET THERAPY PACK 10MG	3	QL(24 EA per 999 days); PA; NDS
MAVENCLAD TABLET THERAPY PACK 10MG	3	QL(28 EA per 999 days); PA; NDS
MAVENCLAD TABLET THERAPY PACK 10MG	3	QL(32 EA per 999 days); PA; NDS
MAVENCLAD TABLET THERAPY PACK 10MG	3	QL(40 EA per 999 days); PA; NDS
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	3	QL(14 EA per 365 days); PA; (7 tablet Starter Pack)
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	3	QL(24 EA per 365 days); PA; (12 tablet Starter Pack)
MAYZENT TABLET 0.25MG	3	QL(120 EA per 30 days); PA; NDS
MAYZENT TABLET 1MG, 2MG	3	QL(30 EA per 30 days); PA; NDS
mitoxantrone hydrochloride injection 25mg/12.5ml, 2mg/ml, 30mg/15ml	1	PA
OCREVUS ZUNOVO INJECTION 23000UNIT/23ML; 920MG/23ML	3	QL(23 ML per 168 days); PA; NDS
OCREVUS INJECTION 300MG/10ML	3	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
PLEGRIDY STARTER PACK INJECTION 0	3	QL(2 ML per 365 days); PA; NDS; Auto-Injector
PLEGRIDY STARTER PACK INJECTION 0	3	QL(4 ML per 365 days); PA; NDS; Pre-Filled Syringe
PLEGRIDY INJECTION 125MCG/0.5ML	3	QL(1 ML per 28 days); PA; NDS
PONVORY 14-DAY STARTER PACK TABLET THERAPY PACK 0	3	QL(28 EA per 365 days); PA; NDS
PONVORY TABLET 20MG	3	QL(30 EA per 30 days); PA; NDS
REBIF REBIDOSE TITRATION PACK INJECTION 0	3	QL(8.4 ML per 365 days); PA; NDS
REBIF REBIDOSE INJECTION 22MCG/0.5ML, 44MCG/0.5ML	3	QL(6 ML per 28 days); PA; NDS
REBIF TITRATION PACK INJECTION 0	3	QL(8.4 ML per 365 days); PA; NDS
REBIF INJECTION 22MCG/0.5ML, 44MCG/0.5ML	3	QL(6 ML per 28 days); PA; NDS
TASCENSO ODT TABLET DISINTEGRATING 0.25MG, 0.5MG	3	QL(30 EA per 30 days); PA; NDS
TECFIDERA STARTER PACK CAPSULE DELAYED RELEASE THERAPY PACK 0	3	QL(120 EA per 365 days); PA; NDS
TECFIDERA CAPSULE DELAYED RELEASE 120MG, 240MG	3	QL(60 EA per 30 days); PA; NDS
teriflunomide tablet 14mg, 7mg	1	QL(30 EA per 30 days); PA; NDS
TYRUKO INJECTION 300MG/15ML	3	PA; NDS
TYSABRI INJECTION 300MG/15ML	3	PA; NDS
VUMERITY CAPSULE DELAYED RELEASE 231MG	3	QL(120 EA per 30 days); PA; NDS
ZEPOSIA 7-DAY STARTER PACK CAPSULE THERAPY PACK 0	3	QL(14 EA per 365 days); PA; NDS
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0	3	QL(56 EA per 365 days); PA; NDS; (28 Capsules Pack)
ZEPOSIA CAPSULE 0.92MG	3	QL(30 EA per 30 days); PA; NDS
Dental and Oral Agents		
Dental and Oral Agents		
ARESTIN MISCELLANEOUS 1MG	3	NDS
chlorhexidine gluconate solution 0.12%	1	
doxycycline hyclate tablet 20mg	1	
KEPIVANCE INJECTION 5.16MG	3	NDS
lidocaine hcl solution 4%	1	
lidocaine hydrochloride viscous solution 2%	1	
lidocaine viscous solution 2%	1	
periogard solution 0.12%	1	
pilocarpine hydrochloride tablet 5mg, 7.5mg	1	
triamcinolone acetonide dental paste paste 0.1%	1	
Dermatological Agents		
Acne and Rosacea Agents		
ABSORICA LD CAPSULE 16MG, 24MG, 32MG, 8MG	3	NDS

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Drug Name	Drug Tier	Requirements/Limits
ABSORICA CAPSULE 20MG, 30MG, 40MG	3	NDS
accutane capsule 10mg, 20mg, 30mg, 40mg	1	
acitretin capsule 10mg, 17.5mg, 25mg	1	
adapalene/benzoyl peroxide gel 0.3%; 2.5%	1	
ADAPALENE/BENZOYL PEROXIDE PAD 0.1%; 2.5%	3	NDS
ADAPALENE PAD 0.1%	3	
ADAPALENE SOLUTION 0.1%	3	
amnesteem capsule 10mg, 20mg, 30mg, 40mg	1	
ARAZLO LOTION 0.045%	3	QL(90 GM per 30 days)
ATRALIN GEL 0.05%	3	PA
azelaic acid gel 15%	1	QL(100 GM per 30 days)
AZELEX CREAM 20%	3	QL(100 GM per 30 days)
BENZOLYL PEROXIDE FORTE- HC LOTION 7.5%; 1%	3	NDS
BENZOYL PEROXIDE- HC LOTION 5%; 0.5%	3	
brimonidine tartrate gel 0.33%	1	PA
claravis capsule 10mg, 20mg, 30mg, 40mg	1	
clindamycin phosphate/benzoyl peroxide gel 5%; 1.2%	1	
erythromycin/benzoyl peroxide gel 5%; 3%	1	
FABIOR FOAM 0.1%	3	QL(100 GM per 30 days)
FINACEA FOAM 15%	2	QL(50 GM per 30 days)
isotretinoin capsule 10mg, 20mg, 25mg, 30mg, 35mg, 40mg	1	
metronidazole cream 0.75%	1	
metronidazole gel 0.75%, 1%	1	
MIRVASO GEL 0.33%	3	PA
NORITATE CREAM 1%	3	NDS
oxymetazoline hydrochloride cream 1%	1	PA
RETIN-A MICRO PUMP GEL 0.04%, 0.08%, 0.1%	3	PA
RETIN-A MICRO GEL 0.04%, 0.06%, 0.1%	3	PA
RETIN-A CREAM 0.025%, 0.05%, 0.1%	3	PA
RETIN-A GEL 0.01%, 0.025%	3	PA
RHOFADE CREAM 1%	3	PA
tazarotene cream 0.05%, 0.1%	1	QL(60 GM per 30 days)
TAZAROTENE FOAM 0.1%	3	QL(100 GM per 30 days)
tazarotene gel 0.05%, 0.1%	1	QL(100 GM per 30 days)
TAZORAC CREAM 0.05%, 0.1%	3	QL(60 GM per 30 days)
TAZORAC GEL 0.05%, 0.1%	3	QL(100 GM per 30 days)
tretinoin microsphere pump gel 0.08%	1	PA
tretinoin microsphere pump gel 0.04%, 0.06%, 0.1%	1	PA
tretinoin microsphere gel 0.04%, 0.1%	1	PA
tretinoin cream 0.025%, 0.05%, 0.1%	1	PA
tretinoin gel 0.01%, 0.025%, 0.05%	1	PA
trilitas gel 0.1%	1	QL(100 GM per 30 days)
WINLEVI CREAM 1%	3	PA

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Drug Name	Drug Tier	Requirements/Limits
zenatane capsule 10mg, 20mg, 30mg, 40mg	1	
Dermatitis and Pruritus Agents		
ADBRY INJECTION 150MG/ML	3	QL(6 ML per 28 days); PA; NDS
ADBRY INJECTION 300MG/2ML	3	QL(8 ML per 28 days); PA; NDS
ADQUEY OINTMENT 1%	3	QL(85 GM per 30 days); PA; NDS
alclometasone dipropionate cream 0.05%	1	
alclometasone dipropionate ointment 0.05%	1	
ammonium lactate cream 12%	1	
ammonium lactate lotion 12%	1	
APEXICON E CREAM 0.05%	3	
betamethasone dipropionate augmented cream 0.05%	1	
betamethasone dipropionate augmented gel 0.05%	1	
betamethasone dipropionate augmented ointment 0.05%	1	
betamethasone dipropionate cream 0.05%	1	
betamethasone dipropionate lotion 0.05%	1	
betamethasone dipropionate ointment 0.05%	1	
betamethasone valerate cream 0.1%	1	
betamethasone valerate foam 0.12%	1	QL(100 GM per 30 days)
betamethasone valerate lotion 0.1%	1	
betamethasone valerate ointment 0.1%	1	
clobetasol propionate emollient base cream 0.05%	1	QL(120 GM per 30 days)
clobetasol propionate cream 0.05%	1	
clobetasol propionate gel 0.05%	1	
clobetasol propionate ointment 0.05%	1	QL(120 GM per 30 days)
clobetasol propionate shampoo 0.05%	1	
clobetasol propionate solution 0.05%	1	
CLOBEX LOTION 0.05%	3	
CLOBEX SHAMPOO 0.05%	3	
CORDRAN TAPE 4MCG/SQCM	3	
DERMA-SMOOTHE/FS BODY OIL 0.01%	3	QL(120 ML per 30 days)
desonide cream 0.05%	1	
desonide ointment 0.05%	1	QL(120 GM per 30 days)
desoximetasone cream 0.05%, 0.25%	1	QL(100 GM per 30 days)
desoximetasone ointment 0.05%, 0.25%	1	
diflorasone diacetate ointment 0.05%	1	QL(60 GM per 30 days)
doxepin hydrochloride cream 5%	1	QL(90 GM per 30 days); PA
EBGLYSS INJECTION 250MG/2ML	3	PA; NDS
EUCRISA OINTMENT 2%	3	PA
evesse lotion 0.1%	1	
fluocinolone acetonide body oil 0.01%	1	QL(120 ML per 30 days)
fluocinolone acetonide scalp oil 0.01%	1	
fluocinolone acetonide topical oil 0.01%	1	QL(120 ML per 30 days)
fluocinolone acetonide cream 0.01%, 0.025%	1	QL(120 GM per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
fluocinolone acetonide ointment 0.025%	1	QL(120 GM per 30 days)
fluocinolone acetonide solution 0.01%	1	QL(60 ML per 30 days)
fluocinonide emulsified base cream 0.05%	1	QL(60 GM per 30 days)
fluocinonide cream 0.1%	1	QL(120 GM per 30 days)
fluocinonide cream 0.05%	1	QL(60 GM per 30 days)
fluocinonide gel 0.05%	1	QL(60 GM per 30 days)
fluocinonide ointment 0.05%	1	QL(60 GM per 30 days)
fluocinonide solution 0.05%	1	QL(60 ML per 30 days)
fluticasone propionate cream 0.05%	1	
fluticasone propionate ointment 0.005%	1	
halcinonide solution 0.1%	1	
halobetasol propionate cream 0.05%	1	
halobetasol propionate foam 0.05%	1	
HALOBETASOL PROPIONATE LOTION 0.05%	3	NDS
halobetasol propionate ointment 0.05%	1	
hydrocortisone butyrate lotion 0.1%	1	
hydrocortisone valerate cream 0.2%	1	QL(60 GM per 30 days)
hydrocortisone cream 1%, 2.5%	1	
hydrocortisone lotion 2.5%	1	
hydrocortisone ointment 2.5%	1	
hydrocortisone ointment 1%	1	QL(100 GM per 30 days)
HYFTOR GEL 0.2%	3	PA; NDS
KENALOG AEROSOL SOLUTION 0.147MG/GM	3	
KORSUVA INJECTION 65MCG/1.3ML	3	PA; NDS
LEXETTE FOAM 0.05%	3	NDS
LOCOID LIPOCREAM CREAM 0.1%	3	QL(60 GM per 30 days)
LOCOID LOTION 0.1%	3	
mometasone furoate cream 0.1%	1	
mometasone furoate ointment 0.1%	1	
mometasone furoate solution 0.1%	1	
OPZELURA CREAM 1.5%	3	QL(240 GM per 30 days); PA; NDS
PANDEL CREAM 0.1%	3	NDS
pimecrolimus cream 1%	1	QL(100 GM per 30 days)
PRUDOXIN CREAM 5%	3	QL(90 GM per 30 days); PA
selenium sulfide lotion 2.5%	1	
SPEVIGO INJECTION 450MG/7.5ML	3	QL(300 ML per 84 days); PA; NDS
SPEVIGO INJECTION 150MG/ML, 300MG/2ML	3	QL(4 ML per 28 days); PA; NDS
SYNALAR CREAM 0.025%	3	QL(120 GM per 30 days)
SYNALAR OINTMENT 0.025%	3	QL(120 GM per 30 days)
tacrolimus ointment 0.03%, 0.1%	1	QL(100 GM per 30 days)
TOPICORT CREAM 0.05%, 0.25%	3	QL(100 GM per 30 days)
triamcinolone acetonide cream 0.025%, 0.1%, 0.5%	1	
triamcinolone acetonide lotion 0.025%, 0.1%	1	

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

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Drug Name	Drug Tier	Requirements/Limits
OTEZLA XR TABLET EXTENDED RELEASE 24 HOUR 75MG	3	QL(30 EA per 30 days); PA; NDS
OTEZLA TABLET 20MG, 30MG	3	QL(60 EA per 30 days); PA; NDS
PELLIX SOLUTION 0.005%	1	QL(60 ML per 30 days)
podofilox solution 0.5%	1	
PRAMOSONE LOTION 1%; 1%, 2.5%; 1%	3	
RADIAURA CREAM 0.5%; 3%	3	NDS
REGRANEX GEL 0.01%	3	PA; NDS
SANTYL OINTMENT 250UNIT/GM	3	QL(180 GM per 30 days)
silver sulfadiazine cream 1%	1	
SOFDRA GEL 12.45%	3	QL(40.2 ML per 30 days); PA
SORILUX FOAM 0.005%	3	
ssd cream 1%	1	
TACLONEX SUSPENSION 0.064%; 0.005%	3	QL(400 GM per 30 days); NDS
urea lotion 40%	1	
UVADEX SOLUTION 20MCG/ML	3	NDS
VECTICAL OINTMENT 3MCG/GM	3	
VEREGEN OINTMENT 15%	3	NDS
VTAMA CREAM 1%	3	PA; NDS
WYNZORA CREAM 0.064%; 0.005%	3	QL(420 GM per 28 days); NDS
XERESE CREAM 5%; 1%	3	QL(10 GM per 30 days); NDS
ZYCLARA PUMP CREAM 2.5%	3	QL(15 GM per 30 days); NDS
ZYCLARA PUMP CREAM 3.75%	3	QL(56 GM per 30 days); NDS
ZYCLARA CREAM 3.75%	3	QL(56 EA per 30 days); NDS
Pediculicides/Scabicides		
CROTAN LOTION 10%	3	QL(454 GM per 30 days)
ELIMITE CREAM 5%	3	QL(60 GM per 30 days)
EURAX CREAM 10%	3	QL(120 GM per 30 days)
ivermectin cream 1%	1	QL(45 GM per 30 days)
malathion lotion 0.5%	1	QL(59 ML per 30 days)
OVIDE LOTION 0.5%	3	QL(59 ML per 30 days)
permethrin cream 5%	1	QL(60 GM per 30 days)
PRURADIK LOTION 10%	3	QL(454 GM per 30 days)
SOOLANTRA CREAM 1%	3	QL(45 GM per 30 days)
Topical Anti-infectives		
acyclovir cream 5%	1	QL(5 GM per 30 days)
acyclovir ointment 5%	1	QL(60 GM per 30 days)
ACZONE GEL 5%	3	
BENZOYL PEROXIDE GEL 6.5%	3	NDS
ciclodan solution 8%	1	QL(13.2 ML per 30 days); PA
ciclopirox nail lacquer solution 8%	1	QL(13.2 ML per 30 days); PA
ciclopirox olamine cream 0.77%	1	QL(90 GM per 30 days)
ciclopirox gel 0.77%	1	QL(100 GM per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ciclopirox shampoo 1%	1	QL(120 ML per 30 days)
ciclopirox suspension 0.77%	1	QL(120 ML per 30 days)
CLEOCIN-T LOTION 1%	3	QL(75 ML per 30 days)
CLINDAGEL GEL 1%	3	
clindamycin phosphate (once-daily) gel 1%	1	
clindamycin phosphate lotion 1%	1	QL(75 ML per 30 days)
clindamycin phosphate topical solution 1%	1	QL(60 ML per 30 days)
dapsone gel 7.5%	1	
DENAVIR CREAM 1%	3	
EPSOLAY CREAM 5%	3	PA
ERY PAD 2%	1	QL(60 EA per 30 days)
erythromycin gel 2%	1	QL(60 GM per 30 days)
erythromycin solution 2%	1	QL(60 ML per 30 days)
mafenide acetate packet 5%	1	
mupirocin cream 2%	1	
mupirocin ointment 2%	1	QL(110 GM per 30 days)
penciclovir cream 1%	1	
ZELSUVMI GEL 10.3%	3	PA; NDS
ZOVIRAX CREAM 5%	3	QL(5 GM per 30 days)
ZOVIRAX OINTMENT 5%	3	QL(60 GM per 30 days)
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
AMINOSYN II INJECTION 107.6MEQ/L; 1490MG/100ML; 1527MG/100ML; 1050MG/100ML; 1107MG/100ML; 750MG/100ML; 450MG/100ML; 990MG/100ML; 1500MG/100ML; 1575MG/100ML; 258MG/100ML; 405MG/100ML; 447MG/100ML; 1083MG/100ML; 795MG/100ML; 50MEQ/L; 600MG/100ML; 300MG/100ML; 750MG/100ML, 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 270MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 400MG/100ML; 200MG/100ML; 500MG/100ML	3	B/D
AMINOSYN-PF 7% INJECTION 32.5MEQ/L; 490MG/100ML; 861MG/100ML; 370MG/100ML; 576MG/100ML; 270MG/100ML; 220MG/100ML; 534MG/100ML; 831MG/100ML; 475MG/100ML; 125MG/100ML; 300MG/100ML; 570MG/100ML; 347MG/100ML; 50MG/100ML; 360MG/100ML; 125MG/100ML; 44MG/100ML; 452MG/100ML	3	B/D

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Drug Name	Drug Tier	Requirements/Limits
AMINOSYN-PF INJECTION 46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	3	B/D
calcium gluconate injection 10%	1	
CARBAGLU TABLET SOLUBLE 200MG	3	NDS
carglumic acid tablet soluble 200mg	1	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	3	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	3	B/D
CLINIMIX 5%/DEXTROSE 15% INJECTION 42MEQ/1000ML; 1035MG/100ML; 575MG/100ML; 20MEQ/1000ML; 15GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 200MG/100ML; 280MG/100ML; 340MG/100ML; 250MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	3	B/D
CLINIMIX 5%/DEXTROSE 20% INJECTION 42MEQ/L; 1035MG/100ML; 575MG/100ML; 20MEQ/L; 20GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 200MG/100ML; 280MG/100ML; 340MG/100ML; 250MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	3	B/D
CLINIMIX 6/5 INJECTION 1242MG/100ML; 690MG/100ML; 5GM/100ML; 618MG/100ML; 288MG/100ML; 360MG/100ML; 438MG/100ML; 348MG/100ML; 240MG/100ML; 336MG/100ML; 408MG/100ML; 300MG/100ML; 252MG/100ML; 108MG/100ML; 24MG/100ML; 348MG/100ML	3	B/D

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Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 8/10 INJECTION 1656MG/100ML; 920MG/100ML; 10GM/100ML; 824MG/100ML; 384MG/100ML; 480MG/100ML; 584MG/100ML; 464MG/100ML; 320MG/100ML; 448MG/100ML; 544MG/100ML; 400MG/100ML; 336MG/100ML; 144MG/100ML; 32MG/100ML; 464MG/100ML	3	B/D
CLINIMIX 8/14 INJECTION 1656MG/100ML; 920MG/100ML; 14GM/100ML; 824MG/100ML; 384MG/100ML; 480MG/100ML; 584MG/100ML; 464MG/100ML; 320MG/100ML; 448MG/100ML; 544MG/100ML; 400MG/100ML; 336MG/100ML; 144MG/100ML; 32MG/100ML; 464MG/100ML	3	B/D
CLINIMIX E 2.75%/DEXTROSE 5% INJECTION 570MG/100ML; 316MG/100ML; 33MG/100ML; 5GM/100ML; 515MG/100ML; 132MG/100ML; 165MG/100ML; 201MG/100ML; 159MG/100ML; 51MG/100ML; 110MG/100ML; 454MG/100ML; 154MG/100ML; 261MG/100ML; 187MG/100ML; 138MG/100ML; 217MG/100ML; 112MG/100ML; 116MG/100ML; 50MG/100ML; 11MG/100ML; 160MG/100ML	3	B/D
CLINIMIX E 4.25%/DEXTROSE 10% INJECTION 880MG/100ML; 489MG/100ML; 33MG/100ML; 10GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 51MG/100ML; 170MG/100ML; 702MG/100ML; 238MG/100ML; 261MG/100ML; 289MG/100ML; 213MG/100ML; 297MG/100ML; 77MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	3	B/D
CLINIMIX E 4.25%/DEXTROSE 5% INJECTION 880MG/100ML; 489MG/100ML; 33MG/100ML; 5GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 51MG/100ML; 170MG/100ML; 702MG/100ML; 238MG/100ML; 261MG/100ML; 289MG/100ML; 213MG/100ML; 297MG/100ML; 77MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	3	B/D

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX E 5%/DEXTROSE 15% INJECTION 1035MG/100ML; 575MG/100ML; 33MG/100ML; 15GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 51MG/100ML; 200MG/100ML; 826MG/100ML; 280MG/100ML; 261MG/100ML; 340MG/100ML; 250MG/100ML; 340MG/100ML; 59MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	3	B/D
CLINIMIX E 5%/DEXTROSE 20% INJECTION 1035MG/100ML; 575MG/100ML; 33MG/100ML; 20GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 51MG/100ML; 200MG/100ML; 826MG/100ML; 280MG/100ML; 261MG/100ML; 340MG/100ML; 250MG/100ML; 340MG/100ML; 59MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	3	B/D
CLINIMIX E 8/10 INJECTION 83MEQ/L; 1656MG/100ML; 920MG/100ML; 33MG/100ML; 10GM/100ML; 824MG/100ML; 384MG/100ML; 480MG/100ML; 584MG/100ML; 464MG/100ML; 51MG/100ML; 320MG/100ML; 448MG/100ML; 261MG/100ML; 544MG/100ML; 400MG/100ML; 205MG/100ML; 336MG/100ML; 144MG/100ML; 32MG/100ML; 464MG/100ML	3	B/D
CLINIMIX E 8/14 INJECTION 83MEQ/L; 1656MG/100ML; 920MG/100ML; 33MG/100ML; 14GM/100ML; 824MG/100ML; 384MG/100ML; 480MG/100ML; 584MG/100ML; 464MG/100ML; 51MG/100ML; 320MG/100ML; 448MG/100ML; 261MG/100ML; 544MG/100ML; 400MG/100ML; 205MG/100ML; 336MG/100ML; 144MG/100ML; 32MG/100ML; 464MG/100ML	3	B/D
CLINISOL SF 15% INJECTION 151MEQ/L; 2170MG/100ML; 1470MG/100ML; 434MG/100ML; 749MG/100ML; 1040MG/100ML; 894MG/100ML; 749MG/100ML; 1040MG/100ML; 1180MG/100ML; 749MG/100ML; 1040MG/100ML; 894MG/100ML; 592MG/100ML; 749MG/100ML; 250MG/100ML; 39MG/100ML; 960MG/100ML	1	B/D
dextrose 10% injection 10%	1	
dextrose 5%/sodium chloride 0.45% injection 5%; 0.45%	1	
dextrose 5%/sodium chloride 0.9% injection 5%; 0.9%	1	

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Drug Name	Drug Tier	Requirements/Limits
dextrose 5% injection 5%	1	
effer-k tablet effervescent 25meq	1	
KABIVEN INJECTION 38MEQ/L; 467MG/100ML; 330MG/100ML; 99MG/100ML; 3.8MEQ/L; 45MEQ/L; 10.8GM/100ML; 164MG/100ML; 231MG/100ML; 199MG/100ML; 164MG/100ML; 231MG/100ML; 263MG/100ML; 7.8MEQ/L; 164MG/100ML; 231MG/100ML; 9.7MMOL/L; 23MEQ/L; 199MG/100ML; 131MG/100ML; 31MEQ/L; 7.8MEQ/L; 164MG/100ML; 55MG/100ML; 6.7MG/100ML; 213MG/100ML	3	B/D; NDS
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/ef tablet effervescent 25meq	1	
lactated ringers/dextrose 5% injection 20mg/100ml; 5%; 30mg/100ml; 600mg/100ml; 310mg/100ml	1	
magnesium sulfate in d5w injection 5%; 1gm/100ml	1	
magnesium sulfate injection 3gm/100ml, 50%	1	
PERIKABIVEN INJECTION 333MG/100ML; 235MG/100ML; 71MG/100ML; 20MG/100ML; 6.8GM/100ML; 116MG/100ML; 164MG/100ML; 141MG/100ML; 116MG/100ML; 164MG/100ML; 187MG/100ML; 68MG/100ML; 116MG/100ML; 164MG/100ML; 124MG/100ML; 141MG/100ML; 94MG/100ML; 170MG/100ML; 105MG/100ML; 3.5GM/100ML; 116MG/100ML; 40MG/100ML; 4.8MG/100ML; 152MG/100ML	3	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
POKONZA PACKET 10MEQ, 15MEQ	3	NDS
potassium chloride er capsule extended release 10meq, 8meq	1	
potassium chloride er tablet extended release 10meq, 15meq, 20meq, 8meq	1	
potassium chloride injection 10meq/100ml, 20meq/100ml, 40meq/100ml	1	
potassium chloride packet 40meq	1	NDS

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

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Drug Name	Drug Tier	Requirements/Limits
FERRIPROX TWICE-A-DAY TABLET 1000MG	3	PA; NDS
FERRIPROX SOLUTION 100MG/ML	3	PA; NDS
FERRIPROX TABLET 1000MG, 500MG	3	PA; NDS
JADENU SPRINKLE PACKET 180MG, 360MG, 90MG	3	PA; NDS
JADENU TABLET 180MG, 360MG, 90MG	3	PA; NDS
JYNARQUE TABLET THERAPY PACK 0, 15MG	3	QL(56 EA per 28 days); PA; NDS
JYNARQUE TABLET 15MG, 30MG	3	QL(120 EA per 30 days); PA; NDS
penicillamine capsule 250mg	1	PA; NDS
penicillamine tablet 250mg	1	NDS
SAMSCA TABLET 15MG	3	QL(30 EA per 30 days); PA; NDS
SAMSCA TABLET 30MG	3	QL(60 EA per 30 days); PA; NDS
SYPRINE CAPSULE 250MG	3	PA; NDS
tolvaptan tablet therapy pack 0, 15mg	1	QL(56 EA per 28 days); PA; NDS
tolvaptan tablet 15mg, 30mg	1	QL(120 EA per 30 days); PA; NDS
tolvaptan tablet 15mg	1	QL(30 EA per 30 days); PA; NDS
tolvaptan tablet 30mg	1	QL(60 EA per 30 days); PA; NDS
trientine hydrochloride capsule 250mg, 500mg	1	PA; NDS
XPHOZAH TABLET 20MG, 30MG	3	QL(60 EA per 30 days); PA; NDS
Phosphate Binders		
AURYXIA TABLET 210MG	3	PA; NDS
calcium acetate capsule 667mg	1	
calcium acetate tablet 667mg	1	
FERRIC CITRATE TABLET 210MG	3	PA; NDS
FOSRENOL PACKET 1000MG, 750MG	3	NDS
FOSRENOL TABLET CHEWABLE 1000MG, 500MG, 750MG	3	NDS
lanthanum carbonate tablet chewable 1000mg, 500mg, 750mg	1	
RENVELA PACKET 0.8GM, 2.4GM	3	NDS
RENVELA TABLET 800MG	3	NDS
sevelamer carbonate packet 0.8gm, 2.4gm	1	
sevelamer hydrochloride tablet 400mg, 800mg	1	
VELPHORO TABLET CHEWABLE 500MG	3	NDS
Potassium Binders		
KIONEX SUSPENSION 15GM/60ML	3	
LOKELMA PACKET 10GM, 5GM	3	QL(90 EA per 30 days)
sodium polystyrene sulfonate powder 0	1	
sodium polystyrene sulfonate suspension 15gm/60ml	1	
SPS SUSPENSION 15GM/60ML	1	
VELTASSA PACKET 1GM	3	QL(120 EA per 30 days)
VELTASSA PACKET 16.8GM, 25.2GM, 8.4GM	3	QL(30 EA per 30 days)
Vitamins		

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Drug Name	Drug Tier	Requirements/Limits
prenatal tablet 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg	3	
Gastrointestinal Agents		
Anti-Constipation Agents		
AMITIZA CAPSULE 24MCG, 8MCG	2	QL(60 EA per 30 days)
constulose solution 10gm/15ml	1	
enulose solution 10gm/15ml	1	
generlac solution 10gm/15ml	1	
IBSRELA TABLET 50MG	3	QL(60 EA per 30 days); PA; NDS
lactulose solution 10gm/15ml	1	
LINZESS CAPSULE 145MCG, 290MCG, 72MCG	2	QL(30 EA per 30 days)
lubiprostone capsule 24mcg, 8mcg	2	QL(60 EA per 30 days)
MOTEGRITY TABLET 1MG, 2MG	2	QL(30 EA per 30 days)
MOVANTIK TABLET 12.5MG, 25MG	2	QL(30 EA per 30 days)
prucalopride tablet 1mg, 2mg	1	QL(30 EA per 30 days)
RELISTOR INJECTION 8MG/0.4ML	3	QL(12 ML per 30 days); ST; NDS
RELISTOR INJECTION 12MG/0.6ML	3	QL(18 ML per 30 days); ST; NDS
RELISTOR TABLET 150MG	3	QL(90 EA per 30 days); ST; NDS
SYMPROIC TABLET 0.2MG	3	QL(30 EA per 30 days); ST
TRULANCE TABLET 3MG	3	QL(30 EA per 30 days)
Anti-Diarrheal Agents		
alosetron hydrochloride tablet 0.5mg	1	QL(120 EA per 30 days); PA
alosetron hydrochloride tablet 1mg	1	QL(60 EA per 30 days); PA; NDS
diphenoxylate hydrochloride/atropine sulfate tablet 0.025mg; 2.5mg	1	
diphenoxylate/atropine liquid 0.025mg/5ml; 2.5mg/5ml	1	
LOMOTIL TABLET 0.025MG; 2.5MG	3	
loperamide hydrochloride capsule 2mg	1	
LOTRONEX TABLET 0.5MG	3	QL(120 EA per 30 days); PA; NDS
LOTRONEX TABLET 1MG	3	QL(60 EA per 30 days); PA; NDS
MOTOFEN TABLET 0.025MG; 1MG	3	
MYTESI TABLET DELAYED RELEASE 125MG	3	QL(60 EA per 30 days)
VIBERZI TABLET 100MG, 75MG	3	QL(60 EA per 30 days); PA; NDS
XERMELO TABLET 250MG	3	QL(90 EA per 30 days); PA; NDS
Antispasmodics, Gastrointestinal		
ANASPAZ TABLET DISINTEGRATING 0.125MG	3	
belladonna/opium suppository 16.2mg; 30mg, 16.2mg; 60mg	1	NDS
chlordiazepoxide hydrochloride/clidinium bromide capsule 5mg; 2.5mg	1	
CUVPOSA SOLUTION 1MG/5ML	3	PA
dicyclomine hcl solution 10mg/5ml	1	
dicyclomine hydrochloride capsule 10mg	1	

Drug Name	Drug Tier	Requirements/Limits
dicyclomine hydrochloride tablet 20mg, 40mg	1	
GLYCATE TABLET 1.5MG	3	PA
glycopyrrolate injection 0.2mg/ml, 0.4mg/2ml, 1mg/5ml, 4mg/20ml	1	
glycopyrrolate oral solution 1mg/5ml	1	PA
GLYCOPYRROLATE TABLET 1.5MG	1	PA
glycopyrrolate tablet 1mg, 2mg	1	PA
hyoscyamine sulfate er tablet extended release 12 hour 0.375mg	1	
hyoscyamine sulfate odt tablet disintegrating 0.125mg	1	
hyoscyamine sulfate sr tablet extended release 12 hour 0.375mg	1	
hyoscyamine sulfate elixir 0.125mg/5ml	1	
hyoscyamine sulfate tablet 0.125mg	1	
LEVBID TABLET EXTENDED RELEASE 12 HOUR 0.375MG	3	
LEVSIN TABLET 0.125MG	3	
LIBRAX CAPSULE 5MG; 2.5MG	3	
methscopolamine bromide tablet 2.5mg, 5mg	1	
NULEV TABLET DISINTEGRATING 0.125MG	3	
OSCIMIN TABLET 0.125MG	3	
ROBINUL FORTE TABLET 2MG	3	PA
ROBINUL TABLET 1MG	3	PA
Gastrointestinal Agents, Other		
bismuth subcitrate pot/metronidazole/tetracycline hydrochlo capsule 140mg; 125mg; 125mg	1	
BYLVAY (PELLETS) CAPSULE SPRINKLE 200MCG, 600MCG	3	PA; NDS
BYLVAY CAPSULE 1200MCG, 400MCG	3	PA; NDS
CHENODAL TABLET 250MG	3	PA; NDS
CLENPIQ SOLUTION 12GM/175ML; 3.5GM/175ML; 10MG/175ML	2	
CTEXLI TABLET 250MG	3	PA; NDS
EDETATE CALCIUM DISODIUM INJECTION 1GM/5ML	3	NDS
GATTEX INJECTION 5MG	3	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	3	ST; NDS

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

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Drug Name	Drug Tier	Requirements/Limits
nizatidine capsule 150mg, 300mg	1	
PEPCID TABLET 40MG	3	
Protectants		
misoprostol tablet 100mcg, 200mcg	1	
sucralfate suspension 1gm/10ml	1	
sucralfate tablet 1gm	1	
Proton Pump Inhibitors		
ACIPHEX TABLET DELAYED RELEASE 20MG	3	QL(60 EA per 30 days)
DEXILANT CAPSULE DELAYED RELEASE 30MG, 60MG	2	QL(30 EA per 30 days)
dexlansoprazole capsule delayed release 30mg, 60mg	1	QL(30 EA per 30 days)
esomeprazole magnesium capsule delayed release 20mg, 40mg	3	QL(60 EA per 30 days)
esomeprazole magnesium packet 10mg, 2.5mg, 20mg, 40mg, 5mg	3	QL(60 EA per 30 days)
KONVOMEP SUSPENSION RECONSTITUTED 2MG/ML; 84MG/ML	3	QL(600 ML per 30 days)
lansoprazole capsule delayed release 15mg, 30mg	1	QL(60 EA per 30 days)
NEXIUM CAPSULE DELAYED RELEASE 20MG, 40MG	3	QL(60 EA per 30 days)
NEXIUM PACKET 10MG, 2.5MG, 20MG, 40MG, 5MG	3	QL(60 EA per 30 days)
omeprazole dr capsule delayed release 10mg, 40mg	1	QL(60 EA per 30 days)
omeprazole/sodium bicarbonate capsule 20mg; 1100mg	1	QL(30 EA per 30 days)
omeprazole/sodium bicarbonate capsule 40mg; 1100mg	3	QL(30 EA per 30 days)
omeprazole/sodium bicarbonate packet 20mg; 1680mg, 40mg; 1680mg	1	QL(30 EA per 30 days); NDS
omeprazole capsule delayed release 20mg, 40mg	1	QL(60 EA per 30 days)
pantoprazole sodium packet 40mg	1	QL(60 EA per 30 days)
pantoprazole sodium tablet delayed release 20mg, 40mg	1	QL(60 EA per 30 days)
PREVACID CAPSULE DELAYED RELEASE 30MG	3	QL(60 EA per 30 days)
PROTONIX PACKET 40MG	3	QL(60 EA per 30 days)
PROTONIX TABLET DELAYED RELEASE 20MG, 40MG	3	QL(60 EA per 30 days)
RABEPRAZOLE SODIUM DR SPRINKLE CAPSULE SPRINKLE 10MG	3	QL(60 EA per 30 days)
rabeprazole sodium tablet delayed release 20mg	1	QL(60 EA per 30 days)
ZEGERID CAPSULE 20MG; 1100MG, 40MG; 1100MG	3	QL(30 EA per 30 days); NDS
ZEGERID PACKET 20MG; 1680MG, 40MG; 1680MG	3	QL(30 EA per 30 days); NDS
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
ADZYNMA INJECTION 1500UNIT, 500UNIT	3	PA; NDS
ALDURAZYME INJECTION 2.9MG/5ML	3	PA; NDS
AMONDYS 45 INJECTION 100MG/2ML	3	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
AMVUTTRA INJECTION 25MG/0.5ML	3	QL(0.5 ML per 90 days); PA; NDS
AQVESME TABLET 100MG	3	QL(56 EA per 28 days); PA; NDS
ARALAST NP INJECTION 1000MG, 500MG	3	PA; NDS
AVLAYAH INJECTION 150MG	3	PA; NDS
betaine anhydrous powder 0	1	NDS
BUPHENYL POWDER 3GM/TSP	3	NDS
BUPHENYL TABLET 500MG	3	NDS
CERDELGA CAPSULE 84MG	3	QL(56 EA per 28 days); PA; NDS
CEREZYME INJECTION 400UNIT	3	PA; NDS
CHOLBAM CAPSULE 250MG, 50MG	3	PA; NDS
CRENESSITY CAPSULE 100MG	3	QL(120 EA per 30 days); PA; NDS
CRENESSITY CAPSULE 25MG, 50MG	3	QL(90 EA per 30 days); PA; NDS
CRENESSITY SOLUTION 50MG/ML	3	QL(240 ML per 30 days); PA; NDS
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	2	
cromolyn sodium concentrate 100mg/5ml	1	
CRYSVITA INJECTION 10MG/ML, 20MG/ML, 30MG/ML	3	PA; NDS
CYSTADANE POWDER 0	3	NDS
CYSTAGON CAPSULE 150MG, 50MG	3	
DAYBUE SOLUTION 200MG/ML	3	QL(3600 ML per 30 days); PA; NDS
dichlorphenamide tablet 50mg	1	QL(120 EA per 30 days); PA; NDS
DOJOLVI LIQUID 100%	3	PA; NDS
ELAPRASE INJECTION 6MG/3ML	3	PA; NDS
ELELYSO INJECTION 200UNIT	3	PA; NDS
ELFABRIO INJECTION 20MG/10ML, 5MG/2.5ML	3	PA; NDS
ENDARI PACKET 5GM	3	PA; NDS
EVRYSDI SOLUTION RECONSTITUTED 0.75MG/ML	3	QL(240 ML per 30 days); PA; NDS
EVRYSDI TABLET 5MG	3	QL(30 EA per 30 days); PA; NDS
EXONDYS 51 INJECTION 100MG/2ML, 500MG/10ML	3	PA; NDS
FABRAZYME INJECTION 35MG, 5MG	3	PA; NDS
FORZINITY INJECTION 280MG/3.5ML	3	QL(14 ML per 28 days); PA; NDS
GALAFOLD CAPSULE 123MG	3	QL(14 EA per 28 days); PA; NDS
GASTROCROM CONCENTRATE 100MG/5ML	3	NDS
GLASSIA INJECTION 1000MG/50ML, 4GM/200ML, 5GM/250ML	3	PA; NDS
glycerol phenylbutyrate liquid 1.1gm/ml	1	QL(525 ML per 30 days); PA; NDS
HARLIKU TABLET 2MG	3	QL(30 EA per 30 days); PA; NDS
ISEMBYLD INJECTION 150MG/3ML	3	PA; NDS
JAVYGTOR PACKET 100MG, 500MG	3	PA; NDS
JAVYGTOR TABLET 100MG	3	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
JOENJA TABLET 40MG, 50MG, 70MG	3	QL(60 EA per 30 days); PA; NDS
KANUMA INJECTION 20MG/10ML	3	PA; NDS
KEVEYIS TABLET 50MG	3	QL(120 EA per 30 days); PA; NDS
KUVAN PACKET 100MG, 500MG	3	PA; NDS
KUVAN TABLET 100MG	3	PA; NDS
l-glutamine packet 5gm	1	PA; NDS
LAMZEDE INJECTION 10MG	3	PA; NDS
LOARGYS INJECTION 2MG/0.4ML	3	PA; NDS
LUMIZYME INJECTION 50MG	3	PA; NDS
MEPSEVII INJECTION 10MG/5ML	3	PA; NDS
miglustat capsule 100mg	1	QL(90 EA per 30 days); PA; NDS
MIPLYFFA CAPSULE 124MG, 47MG, 62MG, 93MG	3	QL(90 EA per 30 days); PA; NDS
NAGLAZYME INJECTION 1MG/ML	3	PA; NDS
NEXVIAZYME INJECTION 100MG	3	PA; NDS
nitisinone capsule 10mg, 20mg, 2mg, 5mg	1	NDS
NITYR TABLET 10MG, 2MG, 5MG	3	NDS
NULIBRY INJECTION 9.5MG	3	PA; NDS
OLPRUVA THERAPY PACK 2GM, 3GM, 4GM, 5GM, 6.67GM, 6GM	3	PA; NDS
ONPATTRO INJECTION 10MG/5ML	3	PA; NDS
OPFOLDA CAPSULE 65MG	3	QL(8 EA per 28 days); PA
ORFADIN CAPSULE 10MG, 20MG, 2MG, 5MG	3	NDS
ORFADIN SUSPENSION 4MG/ML	3	NDS
ORMALVI TABLET 50MG	3	QL(120 EA per 30 days); PA; NDS
PALYNZIQ INJECTION 10MG/0.5ML	3	QL(28 ML per 28 days); PA; NDS
PALYNZIQ INJECTION 20MG/ML	3	QL(56 ML per 28 days); PA; NDS
PALYNZIQ INJECTION 2.5MG/0.5ML	3	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	3	ST; NDS
PASATRU INJECTION 300MG/5ML	3	PA; NDS
PERTZYE CAPSULE DELAYED RELEASE PARTICLES 15125UNIT; 4000UNIT; 14375UNIT, 30250UNIT; 8000UNIT; 28750UNIT, 90750UNIT; 24000UNIT; 86250UNIT	3	ST
PERTZYE CAPSULE DELAYED RELEASE PARTICLES 60500UNIT; 16000UNIT; 57500UNIT	3	ST; NDS
PHEBURANE PELLET 483MG/GM	3	NDS

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Drug Name	Drug Tier	Requirements/Limits
POMBILITI INJECTION 105MG	3	PA; NDS
PROCYSBI CAPSULE DELAYED RELEASE 25MG, 75MG	3	PA; NDS
PROCYSBI PACKET 300MG, 75MG	3	PA; NDS
PROLASTIN-C INJECTION 1000MG/20ML	3	PA; NDS
PYRUKYND TAPER PACK TABLET THERAPY PACK 0, 5MG	3	QL(30 EA per 30 days); PA; NDS
PYRUKYND TABLET 50MG	3	QL(120 EA per 30 days); PA; NDS
PYRUKYND TABLET 20MG, 5MG	3	QL(60 EA per 30 days); PA; NDS
RAVICTI LIQUID 1.1GM/ML	3	QL(525 ML per 30 days); PA; NDS
REVCOVI INJECTION 2.4MG/1.5ML	3	PA; NDS
sapropterin dihydrochloride packet 100mg, 500mg	1	PA; NDS
sapropterin dihydrochloride tablet 100mg	1	PA; NDS
SEPHIENCE PACKET 1000MG, 250MG	3	PA; NDS
sodium phenylbutyrate powder 3gm/tsp	1	NDS
sodium phenylbutyrate tablet 500mg	1	NDS
SPINRAZA INJECTION 12MG/5ML, 28MG/5ML, 50MG/5ML	3	PA; NDS
STRENSIQ INJECTION 18MG/0.45ML, 28MG/0.7ML, 40MG/ML, 80MG/0.8ML	3	PA; NDS
SUCRAID SOLUTION 8500UNIT/ML	3	PA; NDS
TEGSEDI INJECTION 284MG/1.5ML	3	PA; NDS
VILTEPSO INJECTION 250MG/5ML	3	PA; NDS
VIMIZIM INJECTION 5MG/5ML	3	PA; NDS
VIOKACE TABLET 39150UNIT; 10440UNIT; 39150UNIT	3	ST
VIOKACE TABLET 78300UNIT; 20880UNIT; 78300UNIT	3	ST; NDS
VOXZOGO INJECTION 0.4MG, 0.56MG, 1.2MG	3	QL(30 EA per 30 days); PA; NDS
VPRIV INJECTION 400UNIT	3	PA; NDS
VYNDAQEL CAPSULE 20MG	3	QL(120 EA per 30 days); PA; NDS
VYONDYS 53 INJECTION 100MG/2ML	3	PA; NDS
WAINUA INJECTION 45MG/0.8ML	3	QL(0.8 ML per 28 days); PA; NDS
WELIREG TABLET 40MG	3	PA; NDS
XIAFLEX INJECTION 0.9MG	3	PA; NDS
XURIDEN PACKET 2GM	3	QL(120 EA per 30 days); PA; NDS
yargesa capsule 100mg	1	QL(90 EA per 30 days); PA; NDS
YUVIWEL INJECTION 1.3MG, 2.8MG	3	QL(4 EA per 28 days); PA; NDS
YUVIWEL INJECTION 5.5MG	3	QL(8 EA per 28 days); PA; NDS
ZAVESCA CAPSULE 100MG	3	QL(90 EA per 30 days); PA; NDS
zelvysia packet 100mg, 500mg	1	PA; NDS
ZEMAIRA INJECTION 1000MG, 4000MG, 5000MG	3	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	2	
Genitourinary Agents		
Antispasmodics, Urinary		
darifenacin hydrobromide er tablet extended release 24 hour 15mg, 7.5mg	1	
DETROL LA CAPSULE EXTENDED RELEASE 24 HOUR 2MG, 4MG	3	
DETROL TABLET 1MG, 2MG	3	
fesoterodine fumarate er tablet extended release 24 hour 4mg, 8mg	1	
flavoxate hcl tablet 100mg	1	
GELNIQUE GEL 10%	3	
GEMTESA TABLET 75MG	3	QL(30 EA per 30 days)
MB CAPS CAPSULE 0.12MG; 120MG; 10.8MG; 36.2MG; 40.8MG	3	NDS
me/naphos/mb/hyo 1 tablet 0.12mg; 81.6mg; 10.8mg; 40.8mg	1	
MYRBETRIQ SUSPENSION RECONSTITUTED ER 8MG/ML	2	QL(300 ML per 30 days)
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 25MG, 50MG	2	QL(30 EA per 30 days)
oxybutynin chloride er tablet extended release 24 hour 10mg, 15mg, 5mg	1	
oxybutynin chloride solution 5mg/5ml	1	
oxybutynin chloride tablet 2.5mg, 5mg	1	
OXYTROL PATCH TWICE WEEKLY 3.9MG/24HR	3	QL(8 EA per 28 days)
solifenacin succinate tablet 10mg, 5mg	1	
tolterodine tartrate er capsule extended release 24 hour 2mg, 4mg	1	
tolterodine tartrate tablet 1mg, 2mg	1	
TOVIAZ TABLET EXTENDED RELEASE 24 HOUR 4MG, 8MG	3	
trospium chloride er capsule extended release 24 hour 60mg	1	
trospium chloride tablet 20mg	1	
uretron d/s tablet 0.12mg; 81.6mg; 10.8mg; 36.2mg; 40.8mg	1	
URIBEL CAPSULE 0.12MG; 118MG; 10MG; 36MG; 40.8MG	3	

Drug Name	Drug Tier	Requirements/Limits
URIBEL TABLET 9MG; 0.12MG; 81.6MG; 10.8MG; 36.2MG	3	
URIMAR-T CAPSULE 0.12MG; 120MG; 10.8MG; 36.2MG; 40.8MG	3	NDS
URNEVA CAPSULE 0.12MG; 120MG; 10.8MG; 36.2MG; 40.8MG	3	NDS
URO-MP CAPSULE 0.12MG; 118MG; 10MG; 36MG; 40.8MG	3	
UROGESIC-BLUE TABLET 0.12MG; 81.6MG; 10.8MG; 40.8MG	3	
VESICARE LS SUSPENSION 5MG/5ML	3	
VESICARE TABLET 10MG, 5MG	3	
VILAMIT MB CAPSULE 0.12MG; 118MG; 10MG; 36MG; 40.8MG	3	
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er tablet extended release 24 hour 10mg	1	QL(30 EA per 30 days)
CIALIS TABLET 5MG	3	QL(30 EA per 30 days); PA
doxazosin mesylate tablet 1mg, 2mg, 4mg, 8mg	1	
dutasteride/tamsulosin hydrochloride capsule 0.5mg; 0.4mg	1	QL(30 EA per 30 days)
dutasteride capsule 0.5mg	1	
finasteride tablet 5mg	1	
FLOMAX CAPSULE 0.4MG	3	QL(60 EA per 30 days)
JALYN CAPSULE 0.5MG; 0.4MG	3	QL(30 EA per 30 days)
RAPAFLO CAPSULE 4MG, 8MG	3	QL(30 EA per 30 days)
silodosin capsule 4mg, 8mg	1	QL(30 EA per 30 days)
tadalafil tablet 2.5mg, 5mg	1	QL(30 EA per 30 days); PA
tamsulosin hydrochloride capsule 0.4mg	1	QL(60 EA per 30 days)
terazosin hcl capsule 10mg, 1mg, 5mg	1	
terazosin hydrochloride capsule 2mg	1	
TEZRULY SOLUTION 1MG/ML	3	ST
UROXATRAL TABLET EXTENDED RELEASE 24 HOUR 10MG	3	QL(30 EA per 30 days)
Genitourinary Agents, Other		
acetic acid 0.25% solution 0.25%	1	
bethanechol chloride tablet 10mg, 25mg, 50mg, 5mg	1	
dimethyl sulfoxide injection 50%	1	NDS
ELMIRON CAPSULE 100MG	3	QL(90 EA per 30 days)
LITHOSTAT TABLET 250MG	3	
THIOLA EC TABLET DELAYED RELEASE 100MG, 300MG	3	NDS
THIOLA TABLET 100MG	3	NDS
tiopronin dr tablet delayed release 100mg, 300mg	1	NDS
tiopronin tablet 100mg	1	NDS

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Drug Name	Drug Tier	Requirements/Limits
VANRAFIA TABLET 0.75MG	3	QL(30 EA per 30 days); PA
VENXXIVA TABLET DELAYED RELEASE 100MG, 300MG	3	NDS
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
ACTHAR GEL INJECTION 40UNIT/0.5ML, 80UNIT/ML	3	PA; NDS
ACTHAR INJECTION 80UNIT/ML	3	PA; NDS
AGAMREE SUSPENSION 40MG/ML	3	PA; NDS
ALKINDI SPRINKLE CAPSULE SPRINKLE 1MG, 2MG, 5MG	3	NDS
CORTISONE ACETATE TABLET 25MG	3	NDS
CORTROPHIN INJECTION 80UNIT/ML	3	PA; NDS
deflazacort suspension 22.75mg/ml	1	PA; NDS
deflazacort tablet 18mg, 30mg, 36mg, 6mg	1	PA; NDS
dexamethasone elixir 0.5mg/5ml	1	
dexamethasone solution 0.5mg/5ml	1	
dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg	1	
DEXLYT TABLET 0.25MG	3	PA; NDS
EMFLAZA SUSPENSION 22.75MG/ML	3	PA; NDS
EMFLAZA TABLET 18MG, 30MG, 36MG, 6MG	3	PA; NDS
fludrocortisone acetate tablet 0.1mg	1	
hydrocortisone tablet 10mg, 20mg, 5mg	1	
INTRAROSA INSERT 6.5MG	3	QL(28 EA per 28 days); PA
jaythari suspension 22.75mg/ml	1	PA; NDS
jaythari tablet 18mg, 30mg, 36mg, 6mg	1	PA; NDS
KHINDIVI SOLUTION 1MG/ML	3	PA; NDS
kymbee suspension 22.75mg/ml	1	PA; NDS
kymbee tablet 18mg, 30mg, 36mg, 6mg	1	PA; NDS
methylprednisolone dose pack tablet therapy pack 4mg	1	
methylprednisolone sodium succinate injection 500mg	1	
methylprednisolone tablet 16mg, 32mg, 4mg, 8mg	1	
prednisolone sodium phosphate solution 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml	1	
prednisolone solution 15mg/5ml	1	
PREDNISONE DR TABLET DELAYED RELEASE 1MG, 2MG, 5MG	3	PA; NDS
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	1	PA; NDS
RAYOS TABLET DELAYED RELEASE 1MG, 2MG, 5MG	3	PA; NDS
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		

Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
CHORIONIC GONADOTROPIN INJECTION 10000UNIT	3	PA
DDAVP INJECTION 4MCG/ML	3	NDS
DDAVP TABLET 0.2MG	3	
DESMODA SOLUTION 0.05MG/ML	3	PA; NDS
desmopressin acetate injection 4mcg/ml	1	
desmopressin acetate injection 4mcg/ml	1	NDS
DESMOPRESSIN ACETATE NASAL SOLUTION 1.5MG/ML	3	
desmopressin acetate nasal solution 0.01%	1	
desmopressin acetate tablet 0.1mg, 0.2mg	1	
EGRIFTA SV INJECTION 2MG	3	QL(30 EA per 30 days); PA; NDS
EGRIFTA WR INJECTION 11.6MG	3	QL(4 EA per 28 days); PA; NDS
FENSOLVI INJECTION 45MG	3	QL(1 EA per 168 days); PA; NDS
GENOTROPIN MINIQUICK INJECTION 0.2MG	3	PA
GENOTROPIN MINIQUICK INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	3	PA; NDS
GENOTROPIN INJECTION 12MG, 5MG	3	PA; NDS
HUMATROPE INJECTION 12MG, 24MG, 6MG	3	PA; NDS
INCRELEX INJECTION 40MG/4ML	3	PA; NDS
ISTURISA TABLET 1MG	3	QL(240 EA per 30 days); PA; NDS
ISTURISA TABLET 5MG	3	QL(360 EA per 30 days); PA; NDS
LUPRON DEPOT-PED (6-MONTH) INJECTION 45MG	3	QL(1 EA per 168 days); PA; NDS
NGENLA INJECTION 24MG/1.2ML, 60MG/1.2ML	3	PA; NDS
NORDITROPIN FLEXPRO INJECTION 10MG/1.5ML, 15MG/1.5ML, 30MG/3ML, 5MG/1.5ML	3	PA; NDS
NOVAREL INJECTION 5000UNIT	3	PA
NUTROPIN AQ NUSPIN 10 INJECTION 10MG/2ML	3	PA; NDS
NUTROPIN AQ NUSPIN 20 INJECTION 20MG/2ML	3	PA; NDS
NUTROPIN AQ NUSPIN 5 INJECTION 5MG/2ML	3	PA; NDS
OMNITROPE INJECTION 10MG/1.5ML, 5.8MG, 5MG/1.5ML	3	PA; NDS
PREGNYL W/DILUENT BENZYL ALCOHOL/NACL INJECTION 10000UNIT	3	PA
PREGNYL INJECTION 10000UNIT	3	PA
SAIZEN INJECTION 5MG, 8.8MG	3	PA; NDS
SEROSTIM INJECTION 4MG, 5MG, 6MG	3	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	3	PA; NDS
SOGROYA INJECTION 10MG/1.5ML, 15MG/1.5ML, 5MG/1.5ML	3	PA; NDS
ZOMACTON INJECTION 10MG, 5MG	3	PA

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Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
carboprost tromethamine injection 250mcg/ml	1	NDS
HEMABATE INJECTION 250MCG/ML	3	NDS
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
ANDROGEL PUMP GEL 20.25MG/ACT	3	QL(150 GM per 30 days); PA
AVEED INJECTION 750MG/3ML	3	PA
AZMIRO INJECTION 200MG/ML	3	PA
danazol capsule 100mg, 200mg, 50mg	1	
DEPO-TESTOSTERONE INJECTION 100MG/ML, 200MG/ML	3	QL(10 ML per 28 days); PA
FORTESTA GEL 10MG/ACT	3	PA
JATENZO CAPSULE 158MG, 198MG	3	PA
JATENZO CAPSULE 237MG	3	PA; NDS
KYZATREX CAPSULE 100MG, 150MG, 200MG	3	PA
METHITEST TABLET 10MG	3	PA; NDS
methyltestosterone capsule 10mg	1	QL(600 EA per 30 days); PA; NDS
NATESTO GEL 5.5MG/ACT	3	PA
TESTIM GEL 50MG/5GM	3	QL(300 GM per 30 days); PA
testosterone cypionate injection 100mg/ml, 200mg/ml	1	QL(10 ML per 28 days); PA
testosterone enanthate injection 200mg/ml	1	QL(5 ML per 28 days); PA
testosterone pump gel 20.25mg/act	1	QL(150 GM per 30 days); PA
testosterone pump gel 12.5mg/act	2	QL(300 GM per 30 days); PA
testosterone topical solution solution 30mg/act	1	QL(180 ML per 30 days); PA
testosterone gel 10mg/act	1	PA
testosterone gel 20.25mg/1.25gm, 40.5mg/2.5gm	1	QL(150 GM per 30 days); PA
testosterone gel 25mg/2.5gm, 50mg/5gm	2	QL(300 GM per 30 days); PA
testosterone solution 30mg/act	1	QL(180 ML per 30 days); PA
TLANDO CAPSULE 112.5MG	3	PA
UNDECATREX CAPSULE 200MG	3	PA
VOGELXO PUMP GEL 12.5MG/ACT	3	QL(300 GM per 30 days); PA
VOGELXO GEL 50MG/5GM	3	QL(300 GM per 30 days); PA
XYOSTED INJECTION 100MG/0.5ML, 50MG/0.5ML, 75MG/0.5ML	3	QL(2 ML per 28 days); PA
Estrogens		
abigale lo tablet 0.5mg; 0.1mg	1	
abigale tablet 1mg; 0.5mg	1	
afirmelle tablet 20mcg; 0.1mg	1	

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

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

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Drug Name	Drug Tier	Requirements/Limits
jinteli tablet 5mcg; 1mg	1	
jolessa tablet 0.03mg; 0.15mg	1	QL(91 EA per 91 days)
joyeaux tablet 20mcg; 75mg; 0.1mg	1	
junel 1.5/30 tablet 30mcg; 1.5mg	1	
junel 1/20 tablet 20mcg; 1mg	1	
junel fe 1.5/30 tablet 30mcg; 75mg; 1.5mg	1	
junel fe 1/20 tablet 20mcg; 75mg; 1mg	1	
junel fe 24 tablet 20mcg; 75mg; 1mg	1	
kalliga tablet 0.15mg; 30mcg	1	
kariva tablet 0; 0	1	
kelnor 1/35 tablet 35mcg; 1mg	1	
kelnor 1/50 tablet 50mcg; 1mg	1	
kurvelo tablet 0.03mg; 0.15mg	1	
larin 1.5/30 tablet 30mcg; 1.5mg	1	
larin 1/20 tablet 20mcg; 1mg	1	
larin 24 fe tablet 20mcg; 75mg; 1mg	1	
larin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg	1	
larin fe 1/20 tablet 20mcg; 75mg; 1mg	1	
lessina tablet 20mcg; 0.1mg	1	
levonest tablet 0; 0	1	
levonorgestrel and ethinyl estradiol tablet 20mcg; 90mcg	1	
levonorgestrel and ethinyl estradiol tablet 0; 0	1	QL(91 EA per 91 days)
levonorgestrel/ethinyl estradiol/ferrous bisglycinate tablet 0.02mg; 36.5mg; 0.1mg	1	
levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg	1	
levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0	1	QL(91 EA per 91 days)
levora 0.15/30-28 tablet 0.03mg; 0.15mg	1	
lo-zumandimine tablet 3mg; 0.02mg	1	
lojaimiess tablet 0; 0	1	QL(91 EA per 91 days)
low-ogestrel tablet 30mcg; 0.3mg	1	
luizza 1.5/30 tablet 30mcg; 1.5mg	1	
luizza 1/20 tablet 20mcg; 1mg	1	
lutera tablet 20mcg; 0.1mg	1	
lyllana patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr	1	QL(8 EA per 28 days)
marlissa tablet 0.03mg; 0.15mg	1	
MENEST TABLET 0.3MG, 0.625MG, 1.25MG	3	
mibelas 24 fe tablet chewable 20mcg; 75mg; 1mg	1	
microgestin 1.5/30 tablet 30mcg; 1.5mg	1	
microgestin 1/20 tablet 20mcg; 1mg	1	
microgestin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg	1	
microgestin fe 1/20 tablet 20mcg; 75mg; 1mg	1	

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Drug Name	Drug Tier	Requirements/Limits
mili tablet 35mcg; 0.25mg	1	
mimvey tablet 1mg; 0.5mg	1	
MINIVELLE PATCH TWICE WEEKLY 0.025MG/24HR, 0.0375MG/24HR, 0.05MG/24HR, 0.075MG/24HR, 0.1MG/24HR	3	QL(8 EA per 28 days)
minzoya tablet 0.02mg; 36.5mg; 0.1mg	1	
mono-linyah tablet 35mcg; 0.25mg	1	
necon 0.5/35-28 tablet 35mcg; 0.5mg	1	
norelgestromin/ethinyl estradiol patch weekly 35mcg/24hr; 150mcg/24hr	1	
norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 20mcg; 75mg; 1mg, 30mcg; 75mg; 1.5mg	1	
norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg, 20mcg; 1mg, 30mcg; 1.5mg, 5mcg; 1mg	1	
norgestimate/ethinyl estradiol tablet 0; 0, 35mcg; 0.25mg	1	
nortrel 0.5/35 (28) tablet 35mcg; 0.5mg	1	
nortrel 1/35 tablet 35mcg; 1mg	1	
nortrel 7/7/7 tablet 35mcg; 0	1	
NUVARING RING 0.015MG/24HR; 0.12MG/24HR	3	QL(1 EA per 28 days)
nylia 1/35 tablet 35mcg; 1mg	1	
nylia 7/7/7 tablet 35mcg; 0	1	
philith tablet 35mcg; 0.4mg	1	
pimtrea tablet 0; 0	1	
portia-28 tablet 0.03mg; 0.15mg	1	
PREMARIN CREAM 0.625MG/GM	2	
PREMARIN TABLET 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	3	QL(30 EA per 30 days)
PREMPHASE TABLET 0.625MG; 5MG	3	QL(28 EA per 28 days)
PREMPRO TABLET 0.3MG; 1.5MG, 0.45MG; 1.5MG, 0.625MG; 2.5MG, 0.625MG; 5MG	3	QL(28 EA per 28 days)
rivelsa tablet 0; 0	1	QL(91 EA per 91 days)
rosyrah tablet 0; 0	1	QL(91 EA per 91 days)
setlakin tablet 0.03mg; 0.15mg	1	QL(91 EA per 91 days)
simliya tablet 0; 0	1	
simpesse tablet 0; 0	1	QL(91 EA per 91 days)
sprintec 28 tablet 35mcg; 0.25mg	1	
sronyx tablet 20mcg; 0.1mg	1	
tarina 24 fe tablet 20mcg; 75mg; 1mg	1	
tarina fe 1/20 eq tablet 20mcg; 75mg; 1mg	1	
taysofy capsule 20mcg; 75mg; 1mg	1	
tri-estarylla tablet 0; 0	1	
tri-linyah tablet 0; 0	1	
tri-lo-mili tablet 0; 0	1	

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Drug Name	Drug Tier	Requirements/Limits
tri-mili tablet 0; 0	1	
tri-sprintec tablet 0; 0	1	
tri-vylibra tablet 0; 0	1	
trivora-28 tablet 0; 0	1	
turqoz tablet 30mcg; 0.3mg	1	
TYBLUME TABLET CHEWABLE 20MCG; 0.1MG	1	
tydemy tablet 3mg; 0.03mg; 0.451mg	1	
valtya 1/35 tablet 35mcg; 1mg	1	
valtya 1/50 tablet 50mcg; 1mg	1	
vestura tablet 3mg; 0.02mg	1	
vienva tablet 20mcg; 0.1mg	1	
viorele tablet 0; 0	1	
VIVELLE-DOT PATCH TWICE WEEKLY 0.025MG/24HR, 0.0375MG/24HR, 0.05MG/24HR, 0.075MG/24HR, 0.1MG/24HR	3	QL(8 EA per 28 days)
vyfemla tablet 35mcg; 0.4mg	1	
vylibra tablet 35mcg; 0.25mg	1	
wera tablet 35mcg; 0.5mg	1	
xarah fe tablet 0; 75mg; 1mg	1	
xelria fe tablet chewable 35mcg; 75mg; 0.4mg	1	
xulane patch weekly 35mcg/24hr; 150mcg/24hr	1	
yuvafem tablet 10mcg	1	
zafemy patch weekly 35mcg/24hr; 150mcg/24hr	1	
zovia 1/35 tablet 35mcg; 1mg	1	
Progestins		
camila tablet 0.35mg	1	
CRINONE GEL 4%, 8%	3	PA
deblitane tablet 0.35mg	1	
DEPO-PROVERA CONTRACEPTIVE INJECTION 150MG/ML	3	QL(1 ML per 90 days)
DEPO-SUBQ PROVERA 104 INJECTION 104MG/0.65ML	2	QL(0.65 ML per 90 days)
emzahh tablet 0.35mg	1	
ENDOMETRIN INSERT 100MG	3	PA
errin tablet 0.35mg	1	
gallifrey tablet 5mg	1	
heather tablet 0.35mg	1	
incassia tablet 0.35mg	1	
jencycla tablet 0.35mg	1	
LILETTA INTRAUTERINE DEVICE 20.1MCG/DAY	2	
lyleq tablet 0.35mg	1	
lyza tablet 0.35mg	1	
medroxyprogesterone acetate injection 150mg/ml	1	QL(1 ML per 90 days)
medroxyprogesterone acetate tablet 10mg, 2.5mg, 5mg	1	

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Drug Name	Drug Tier	Requirements/Limits
megestrol acetate suspension 40mg/ml, 625mg/5ml	1	
megestrol acetate tablet 20mg, 40mg	1	
meleya tablet 0.35mg	1	
NEXPLANON INJECTION 68MG	2	
nora-be tablet 0.35mg	1	
norethindrone acetate tablet 5mg	1	
norethindrone tablet 0.35mg	1	
norlyroc tablet 0.35mg	1	
orquidea tablet 0.35mg	1	
progesterone capsule 100mg, 200mg	1	
PROGESTERONE INJECTION 50MG/ML	3	
progesterone insert 100mg	1	PA
sharobel tablet 0.35mg	1	
SKYLA INTRAUTERINE DEVICE 13.5MG	3	
SLYND TABLET 4MG	3	
Selective Estrogen Receptor Modifying Agents		
CLOMID TABLET 50MG	1	PA
clomiphene citrate tablet 50mg	1	PA
milophene tablet 50mg	1	PA
OSPHENA TABLET 60MG	2	QL(30 EA per 30 days); PA
raloxifene hydrochloride tablet 60mg	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
euthyrox tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg	3	
levo-t tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg	3	
levothyroxine sodium injection 100mcg/5ml, 100mcg/ml, 100mcg, 200mcg/5ml, 200mcg, 500mcg/5ml, 500mcg	1	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	1	NDS
liothyronine sodium tablet 25mcg, 50mcg, 5mcg	1	
REZDIFFRA TABLET 100MG, 60MG, 80MG	3	QL(30 EA per 30 days); PA; NDS
SYNTHROID TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	3	
THYROGEN INJECTION 0.9MG	3	PA; NDS

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

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Drug Name	Drug Tier	Requirements/Limits
SIGNIFOR LAR INJECTION 10MG, 20MG, 30MG, 40MG, 60MG	3	QL(1 EA per 28 days); PA; NDS
SIGNIFOR INJECTION 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	3	QL(60 ML per 30 days); PA; NDS
SOMATULINE DEPOT INJECTION 120MG/0.5ML, 60MG/0.2ML, 90MG/0.3ML	3	PA; NDS
SOMAVERT INJECTION 10MG, 15MG, 20MG, 25MG, 30MG	3	QL(30 EA per 30 days); PA; NDS
SUPPRELIN LA INJECTION 50MG	3	QL(1 EA per 365 days); PA; NDS
SYNAREL SOLUTION 2MG/ML	3	NDS
TRELSTAR MIXJECT INJECTION 22.5MG	3	QL(1 EA per 168 days); PA; NDS
TRELSTAR MIXJECT INJECTION 3.75MG	3	QL(1 EA per 28 days); PA
TRELSTAR MIXJECT INJECTION 11.25MG	3	QL(1 EA per 84 days); PA
TRIPTODUR INJECTION 22.5MG	3	QL(1 EA per 168 days); PA; NDS
VABRINTY INJECTION 30MG	3	QL(1 EA per 112 days); PA; NDS
VABRINTY INJECTION 45MG	3	QL(1 EA per 168 days); PA; NDS
VABRINTY INJECTION 7.5MG	3	QL(1 EA per 28 days); PA; NDS
VABRINTY INJECTION 22.5MG	3	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		
ANDEMBRY INJECTION 200MG/1.2ML	3	QL(2.4 ML per 28 days); PA; NDS
BERINERT INJECTION 500UNIT	3	PA; NDS
CINRYZE INJECTION 500UNIT	3	PA; NDS
DAWNZERA INJECTION 80MG/0.8ML	3	QL(0.8 ML per 28 days); PA; NDS
EKTERLY TABLET 300MG	3	QL(120 EA per 30 days); PA; NDS
FIRAZYR INJECTION 30MG/3ML	3	QL(36 ML per 30 days); PA; NDS
HAEGARDA INJECTION 2000UNIT, 3000UNIT	3	PA; NDS
icatibant acetate injection 30mg/3ml	1	QL(36 ML per 30 days); PA; NDS
KALBITOR INJECTION 10MG/ML	3	PA; NDS
ORLADEYO CAPSULE 110MG, 150MG	3	QL(30 EA per 30 days); PA; NDS
ORLADEYO PACKET 108MG, 132MG, 72MG, 96MG	3	QL(28 EA per 28 days); PA; NDS
RUCONEST INJECTION 2100UNIT	3	PA; NDS
SAJAZIR INJECTION 30MG/3ML	3	QL(36 ML per 30 days); PA; NDS
TAKHZYRO INJECTION 150MG/ML, 300MG/2ML	3	PA; NDS
TAKHZYRO INJECTION 300MG/2ML	3	QL(4 ML per 28 days); PA; NDS
Immunoglobulins		
ALYGLO INJECTION 10GM/100ML, 20GM/200ML, 5GM/50ML	3	PA; NDS

Drug Name	Drug Tier	Requirements/Limits
ASCENIV INJECTION 5GM/50ML	3	PA; NDS
ATGAM INJECTION 50MG/ML	3	NDS
BEYFORTUS INJECTION 100MG/ML, 50MG/0.5ML	3	
BIVIGAM INJECTION 10%, 5GM/50ML	3	PA; NDS
CUTAQUIG INJECTION 1.65GM/10ML, 1GM/6ML, 2GM/12ML, 3.3GM/20ML, 4GM/24ML, 8GM/48ML	3	PA; NDS
CUVITRU INJECTION 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML, 8GM/40ML	3	PA; NDS
CYTOGAM INJECTION 50MG/ML	3	PA; NDS
FLEBOGAMMA DIF INJECTION 10GM/200ML, 20GM/400ML, 5GM/100ML	3	PA; NDS
GAMASTAN INJECTION 0	2	PA
GAMMAGARD LIQUID ERC INJECTION 10GM/100ML, 5GM/50ML	3	PA; NDS
GAMMAGARD LIQUID INJECTION 10GM/100ML, 1GM/10ML, 2.5GM/25ML, 20GM/200ML, 30GM/300ML, 5GM/50ML	3	PA; NDS
GAMMAGARD S/D IGA LESS THAN 1MCG/ML INJECTION 10GM, 5GM	3	PA; NDS
GAMMAKED INJECTION 10GM/100ML, 1GM/10ML, 20GM/200ML, 5GM/50ML	3	PA; NDS
GAMMAPLEX INJECTION 10GM/100ML, 10GM/200ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	3	PA; NDS
GAMUNEX-C INJECTION 10GM/100ML, 1GM/10ML, 2.5GM/25ML, 20GM/200ML, 40GM/400ML, 5GM/50ML	3	PA; NDS
HEPAGAM B INJECTION 312UNIT/ML	3	B/D; NDS
HIZENTRA INJECTION 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML	3	PA; NDS
HYPERHEP B INJECTION 110UNIT/0.5ML	3	B/D
HYPERHEP B INJECTION 220UNIT/ML	3	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	3	PA; NDS
NABI-HB INJECTION 312UNIT/ML	3	B/D; NDS
OCTAGAM INJECTION 1GM/20ML	3	PA
OCTAGAM INJECTION 10GM/100ML, 10GM/200ML, 2.5GM/50ML, 20GM/200ML, 2GM/20ML, 30GM/300ML, 5GM/100ML, 5GM/50ML	3	PA; NDS
PANZYGA INJECTION 10GM/100ML, 1GM/10ML, 2.5GM/25ML, 20GM/200ML, 30GM/300ML, 5GM/50ML	3	PA; NDS
PRIVIGEN INJECTION 10GM/100ML, 20GM/200ML, 40GM/400ML, 5GM/50ML	3	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
QIVIGY INJECTION 10GM/100ML, 5GM/50ML	3	PA; NDS
SYNAGIS INJECTION 100MG/ML, 50MG/0.5ML	3	NDS
THYMOGLOBULIN INJECTION 25MG	3	NDS
VARIZIG INJECTION 125UNIT/1.2ML	3	PA; NDS
WINRHO SDF INJECTION 15000UNIT/13ML, 1500UNIT/1.3ML, 2500UNIT/2.2ML, 5000UNIT/4.4ML	3	NDS
XEMBIFY INJECTION 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML	3	PA; NDS
YIMMUGO INJECTION 10GM/100ML, 20GM/200ML, 5GM/50ML	3	PA; NDS
Immunological Agents, Other		
ARCALYST INJECTION 220MG	3	PA; NDS
AURANOFIN CAPSULE 3MG	3	NDS
AVTOZMA INJECTION 200MG/10ML, 400MG/20ML, 80MG/4ML	3	PA; NDS
AVTOZMA INJECTION 162MG/0.9ML	3	QL(3.6 ML per 28 days); PA; NDS
BENLYSTA INJECTION 200MG/ML	3	PA; NDS
BIMZELX INJECTION 160MG/ML	3	QL(1 ML per 28 days); PA; NDS
BIMZELX INJECTION 320MG/2ML	3	QL(6 ML per 28 days); PA; NDS
CIBINQO TABLET 100MG, 200MG, 50MG	3	QL(30 EA per 30 days); PA; NDS
COSENTYX SENSOREADY PEN INJECTION 150MG/ML	3	QL(10 ML per 28 days); PA; NDS
COSENTYX UNOREADY INJECTION 300MG/2ML	3	QL(10 ML per 28 days); PA; NDS
COSENTYX INJECTION 125MG/5ML	3	PA; NDS
COSENTYX INJECTION 150MG/ML, 75MG/0.5ML	3	QL(10 ML per 28 days); PA; NDS
DUPIXENT INJECTION 200MG/1.14ML	3	QL(4.56 ML per 28 days); PA; NDS
DUPIXENT INJECTION 300MG/2ML	3	QL(8 ML per 28 days); PA; NDS
EBGLYSS INJECTION 250MG/2ML	3	PA; NDS
EMPAVELI INJECTION 1080MG/20ML	3	PA; NDS
ENFLONSIA INJECTION 105MG/0.7ML	3	
ENJAYMO INJECTION 1100MG/22ML	3	PA; NDS
ENTYVIO PEN INJECTION 108MG/0.68ML	3	QL(1.36 ML per 28 days); PA; NDS
ENTYVIO INJECTION 300MG	3	PA; NDS
GAMIFANT INJECTION 100MG/20ML, 10MG/2ML, 50MG/10ML	3	PA; NDS
ILARIS INJECTION 150MG/ML	3	QL(2 ML per 28 days); PA; NDS
ILUMYA INJECTION 100MG/ML	3	QL(1 ML per 28 days); PA; NDS
KEVZARA INJECTION 150MG/1.14ML, 200MG/1.14ML	3	QL(2.28 ML per 28 days); PA; NDS
KINERET INJECTION 100MG/0.67ML	3	PA; NDS
LEMTRADA INJECTION 12MG/1.2ML	3	PA; NDS
LITFULO CAPSULE 50MG	3	QL(30 EA per 30 days); PA; NDS
LUMVOA INJECTION 500MG/10ML	3	PA; NDS
NEMLUVIO INJECTION 30MG	3	QL(2 EA per 28 days); PA; NDS
ODACTRA TABLET SUBLINGUAL 0; 0	2	QL(30 EA per 30 days); PA

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Drug Name	Drug Tier	Requirements/Limits
OMVOH INJECTION 300MG/15ML	3	QL(135 ML per 365 days); PA; NDS
OMVOH INJECTION 100MG/ML, 200MG/2ML	3	QL(2 ML per 28 days); PA; NDS
OMVOH INJECTION 0	3	QL(3 ML per 28 days); PA; NDS
ORENCIA CLICKJECT INJECTION 125MG/ML	3	QL(4 ML per 28 days); PA; NDS
ORENCIA INJECTION 50MG/0.4ML	3	QL(1.6 ML per 28 days); PA; NDS
ORENCIA INJECTION 87.5MG/0.7ML	3	QL(2.8 ML per 28 days); PA; NDS
ORENCIA INJECTION 125MG/ML	3	QL(4 ML per 28 days); PA; NDS
OTEZLA/OTEZLA XR 28 DAY TREATMENT INITIATION PACK TABLET THERAPY PACK 0	3	QL(82 EA per 365 days); PA; NDS
OTEZLA TABLET THERAPY PACK 0	3	QL(110 EA per 365 days); PA; NDS
PALFORZIA INITIAL DOSE ESCALATION 1-3 YEARS CAPSULE SPRINKLE THERAPY PACK 0	3	PA
PALFORZIA INITIAL DOSE ESCALATION 4-17 YEARS CAPSULE SPRINKLE THERAPY PACK 0	3	PA; NDS
PALFORZIA INITIAL DOSE ESCALATION CAPSULE SPRINKLE THERAPY PACK 0	3	PA; NDS
PALFORZIA LEVEL 0 CAPSULE SPRINKLE THERAPY PACK 1MG	3	PA
PALFORZIA LEVEL 10 CAPSULE SPRINKLE THERAPY PACK 0	3	PA; NDS
PALFORZIA LEVEL 11 (MAINTENANCE) PACKET 300MG	3	PA; NDS
PALFORZIA LEVEL 11 (TITRATION) PACKET 300MG	3	PA; NDS
PALFORZIA LEVEL 1 CAPSULE SPRINKLE THERAPY PACK 1MG	3	PA; NDS
PALFORZIA LEVEL 2 CAPSULE SPRINKLE THERAPY PACK 1MG	3	PA; NDS
PALFORZIA LEVEL 3 CAPSULE SPRINKLE THERAPY PACK 0	3	PA; NDS
PALFORZIA LEVEL 4 CAPSULE SPRINKLE THERAPY PACK 20MG	3	PA; NDS
PALFORZIA LEVEL 5 CAPSULE SPRINKLE THERAPY PACK 20MG	3	PA; NDS
PALFORZIA LEVEL 6 CAPSULE SPRINKLE THERAPY PACK 20MG	3	PA; NDS
PALFORZIA LEVEL 7 CAPSULE SPRINKLE THERAPY PACK 0	3	PA; NDS
PALFORZIA LEVEL 8 CAPSULE SPRINKLE THERAPY PACK 0	3	PA; NDS
PALFORZIA LEVEL 9 CAPSULE SPRINKLE THERAPY PACK 100MG	3	PA; NDS
PIASKY INJECTION 340MG/2ML	3	PA; NDS
PROVENGE INJECTION 50000000CELLS	3	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
RHAPSIDO TABLET 25MG	3	QL(60 EA per 30 days); PA; NDS
RIDAURA CAPSULE 3MG	3	NDS
RINVOQ LQ SOLUTION 1MG/ML	3	QL(360 ML per 30 days); PA; NDS
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15MG, 30MG, 45MG	3	QL(30 EA per 30 days); PA; NDS
RYSTIGGO INJECTION 280MG/2ML, 420MG/3ML	3	QL(12 ML per 28 days); PA; NDS
RYSTIGGO INJECTION 560MG/4ML	3	QL(16 ML per 28 days); PA; NDS
RYSTIGGO INJECTION 840MG/6ML	3	QL(24 ML per 28 days); PA; NDS
SAPHNELO PEN INJECTION 120MG/0.8ML	3	QL(3.2 ML per 28 days); PA; NDS
SAPHNELO INJECTION 300MG/2ML	3	PA; NDS
SAPHNELO INJECTION 120MG/0.8ML	3	QL(3.2 ML per 28 days); PA; NDS
SILIQ INJECTION 210MG/1.5ML	3	QL(7.5 ML per 28 days); PA; NDS
SIMULECT INJECTION 10MG, 20MG	3	NDS
SKYRIZI PEN INJECTION 150MG/ML	3	QL(1 ML per 28 days); PA; NDS
SKYRIZI INJECTION 55MG/0.37ML	3	QL(0.37 ML per 28 days); PA; NDS
SKYRIZI INJECTION 150MG/ML	3	QL(1 ML per 28 days); PA; NDS
SKYRIZI INJECTION 180MG/1.2ML	3	QL(1.2 ML per 56 days); PA; NDS
SKYRIZI INJECTION 360MG/2.4ML	3	QL(2.4 ML per 56 days); PA; NDS
SKYRIZI INJECTION 600MG/10ML	3	QL(60 ML per 365 days); PA; NDS
SOLIRIS INJECTION 300MG/30ML	3	PA; NDS
STARJEMZA INJECTION 45MG/0.5ML, 90MG/ML	2	QL(3 ML per 84 days); PA
STARJEMZA INJECTION 130MG/26ML	3	QL(104 ML per 365 days); PA
STEQEYMA INJECTION 45MG/0.5ML, 90MG/ML	2	QL(3 ML per 84 days); PA
STEQEYMA INJECTION 130MG/26ML	3	QL(104 ML per 365 days); PA
SYLVANT INJECTION 100MG, 400MG	3	PA; NDS
TAVNEOS CAPSULE 10MG	3	QL(180 EA per 30 days); PA; NDS
TEPEZZA INJECTION 500MG	3	PA; NDS
tofacitinib citrate er tablet extended release 24 hour 11mg, 22mg	1	QL(30 EA per 30 days); PA; NDS
tofacitinib citrate solution 1mg/ml	1	QL(300 ML per 30 days); PA; NDS
tofacitinib citrate tablet 10mg, 5mg	1	QL(60 EA per 30 days); PA; NDS
TREMFYA INDUCTION PACK FOR CROHNS DISEASE/ULCERATIVE COLITIS INJECTION 200MG/2ML	3	QL(4 ML per 28 days); PA; NDS
TREMFYA PEN INJECTION 100MG/ML	3	QL(2 ML per 56 days); PA; NDS
TREMFYA INJECTION 200MG/20ML	3	PA; NDS
TREMFYA INJECTION 100MG/ML	3	QL(2 ML per 56 days); PA; NDS
TREMFYA INJECTION 200MG/2ML	3	QL(4 ML per 28 days); PA; NDS
TYENNE INJECTION 200MG/10ML, 400MG/20ML, 80MG/4ML	3	PA; NDS
TYENNE INJECTION 162MG/0.9ML	3	QL(3.6 ML per 28 days); PA; NDS
ULTOMIRIS INJECTION 1100MG/11ML, 300MG/3ML	3	PA; NDS
VELSIPITY TABLET 2MG	3	QL(30 EA per 30 days); PA; NDS

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

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Drug Name	Drug Tier	Requirements/Limits
ADALIMUMAB-ADBM INJECTION 10MG/0.2ML, 20MG/0.4ML	3	QL(2 EA per 28 days); PA; NDS; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBM INJECTION 40MG/0.4ML, 40MG/0.8ML	3	QL(6 EA per 28 days); PA; NDS; Boehringer Ingelheim labeled products only
ADALIMUMAB-FKJP INJECTION 20MG/0.4ML	3	QL(2 EA per 28 days); PA; NDS
ADALIMUMAB-FKJP INJECTION 40MG/0.8ML	3	QL(6 EA per 28 days); PA; NDS
ARAVA TABLET 10MG, 20MG	3	NDS
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 0.5MG, 1MG, 5MG	3	B/D
AZASAN TABLET 100MG, 75MG	3	B/D
azathioprine injection 100mg	1	B/D; NDS
azathioprine tablet 100mg, 50mg, 75mg	1	B/D
BENLYSTA INJECTION 120MG, 400MG	3	PA; NDS
CELLCEPT INTRAVENOUS INJECTION 500MG	3	B/D; NDS
CELLCEPT CAPSULE 250MG	3	B/D; NDS
CELLCEPT SUSPENSION RECONSTITUTED 200MG/ML	3	B/D; NDS
CELLCEPT TABLET 500MG	3	B/D; NDS
CIMZIA (1 SYRINGE) INJECTION 200MG/ML	3	QL(6 EA per 28 days); PA; NDS
CIMZIA (2 SYRINGE) INJECTION 200MG/ML	3	QL(6 EA per 28 days); PA; NDS
CIMZIA STARTER KIT INJECTION 200MG/ML	3	QL(6 EA per 365 days); PA; NDS
CIMZIA INJECTION 200MG	3	QL(3 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	1	NDS
ENBREL MINI INJECTION 50MG/ML	3	QL(8 ML per 28 days); PA; NDS
ENBREL SURECLICK INJECTION 50MG/ML	3	QL(8 ML per 28 days); PA; NDS
ENBREL INJECTION 25MG/0.5ML	3	QL(4 ML per 28 days); PA; NDS
ENBREL INJECTION 50MG/ML	3	QL(8 ML per 28 days); PA; NDS
ENVARSUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75MG, 1MG	3	B/D
ENVARSUS XR TABLET EXTENDED RELEASE 24 HOUR 4MG	3	B/D; NDS
everolimus tablet 0.25mg	1	B/D
everolimus tablet 0.5mg, 0.75mg	3	B/D
everolimus tablet 1mg	3	B/D; NDS
gengraf capsule 100mg, 25mg	1	B/D
gengraf solution 100mg/ml	1	B/D
IMURAN TABLET 50MG	3	B/D
INFLECTRA INJECTION 100MG	3	PA; NDS
INFLIXIMAB INJECTION 100MG	3	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
JYLAMVO SOLUTION 2MG/ML	3	PA
leflunomide tablet 10mg, 20mg	1	
LISRAYA TABLET 30MG	3	QL(30 EA per 30 days); PA; NDS
LUPKYNIS CAPSULE 7.9MG	3	QL(180 EA per 30 days); PA; NDS
methotrexate sodium injection 1gm/40ml, 250mg/10ml, 50mg/2ml	1	
methotrexate sodium tablet 2.5mg	1	
methotrexate injection 50mg/2ml	1	
mycophenolate mofetil capsule 250mg	1	B/D
mycophenolate mofetil injection 500mg	1	B/D; NDS
mycophenolate mofetil suspension reconstituted 200mg/ml	1	B/D; NDS
mycophenolate mofetil tablet 500mg	1	B/D
mycophenolic acid dr tablet delayed release 180mg, 360mg	1	B/D
MYFORTIC TABLET DELAYED RELEASE 180MG	3	B/D
MYFORTIC TABLET DELAYED RELEASE 360MG	3	B/D; NDS
MYHIBBIN SUSPENSION 200MG/ML	3	B/D; NDS
NEORAL CAPSULE 100MG, 25MG	3	B/D
NEORAL SOLUTION 100MG/ML	3	B/D
NIKTIMVO INJECTION 22MG/0.44ML, 22MG/2.2ML, 9MG/0.18ML, 9MG/0.9ML	3	PA; NDS
NULOJIX INJECTION 250MG	3	NDS
ORENCIA INJECTION 250MG	3	PA; NDS
OTREXUP INJECTION 10MG/0.4ML, 12.5MG/0.4ML, 15MG/0.4ML, 17.5MG/0.4ML, 20MG/0.4ML, 22.5MG/0.4ML, 25MG/0.4ML	3	QL(1.6 ML per 28 days); PA
PEGASYS INJECTION 180MCG/0.5ML	3	QL(2 ML per 28 days); PA; NDS
PROGRAF CAPSULE 0.5MG, 1MG	3	B/D
PROGRAF CAPSULE 5MG	3	B/D; NDS
PROGRAF PACKET 0.2MG, 1MG	3	B/D
RAPAMUNE TABLET 0.5MG	3	B/D
RASUVO INJECTION 7.5MG/0.15ML	3	QL(0.6 ML per 28 days); PA
RASUVO INJECTION 10MG/0.2ML	3	QL(0.8 ML per 28 days); PA
RASUVO INJECTION 12.5MG/0.25ML	3	QL(1 ML per 28 days); PA
RASUVO INJECTION 15MG/0.3ML	3	QL(1.2 ML per 28 days); PA
RASUVO INJECTION 17.5MG/0.35ML	3	QL(1.4 ML per 28 days); PA
RASUVO INJECTION 20MG/0.4ML	3	QL(1.6 ML per 28 days); PA
RASUVO INJECTION 22.5MG/0.45ML	3	QL(1.8 ML per 28 days); PA
RASUVO INJECTION 25MG/0.5ML	3	QL(2 ML per 28 days); PA
RASUVO INJECTION 30MG/0.6ML	3	QL(2.4 ML per 28 days); PA
RENFLEXIS INJECTION 100MG	3	PA; NDS
REZUROCK TABLET 200MG	3	QL(60 EA per 30 days); PA; NDS
SANDIMMUNE CAPSULE 100MG, 25MG	3	B/D
SANDIMMUNE INJECTION 50MG/ML	3	NDS

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Drug Name	Drug Tier	Requirements/Limits
SIMPONI ARIA INJECTION 50MG/4ML	3	PA; NDS
SIMPONI INJECTION 50MG/0.5ML	3	QL(0.5 ML per 28 days); PA; NDS
SIMPONI INJECTION 100MG/ML	3	QL(3 ML per 28 days); PA; NDS
sirolimus solution 1mg/ml	1	B/D
sirolimus tablet 0.5mg, 1mg, 2mg	1	B/D
tacrolimus er capsule extended release 24 hour 0.5mg, 1mg, 5mg	1	B/D
tacrolimus capsule 0.5mg, 1mg, 5mg	1	B/D
tacrolimus injection 5mg/ml	1	
TRUTAKNA INJECTION 150MG/ML	3	QL(4 ML per 28 days); PA; NDS
VOYXACT INJECTION 400MG/2ML	3	QL(2 ML per 28 days); PA; NDS
XATMEP SOLUTION 2.5MG/ML	3	PA
ZORTRESS TABLET 0.25MG, 0.5MG, 0.75MG, 1MG	3	B/D; NDS
ZYMFENTRA 1-PEN INJECTION 120MG/ML	3	QL(2 EA per 28 days); PA; NDS
ZYMFENTRA 2-PEN INJECTION 120MG/ML	3	QL(2 EA per 28 days); PA; NDS
ZYMFENTRA 2-SYRINGE INJECTION 120MG/ML	3	QL(2 EA per 28 days); PA; NDS
Vaccines		
ABRYSVO INJECTION 120MCG/0.5ML	1	QL(1 EA per 252 days)
ACTHIB INJECTION 0	1	
ADACEL INJECTION 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	1	
AREXVY INJECTION 120MCG/0.5ML	1	QL(1 EA per 999 days)
BCG VACCINE INJECTION 50MG	1	
BEXSERO INJECTION 0.5ML	1	
BOOSTRIX INJECTION 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	1	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	2	
DENGVAXIA INJECTION 0	2	
ENGERIX-B INJECTION 10MCG/0.5ML, 20MCG/ML	1	B/D
GARDASIL 9 INJECTION 0.5ML	1	
HAVRIX INJECTION 1440UNIT/ML, 720ELU/0.5ML	1	
HEPLISAV-B INJECTION 20MCG/0.5ML	1	B/D
HIBERIX INJECTION 10MCG	1	
IMOVAX RABIES (H.D.C.V.) INJECTION 2.5UNIT/ML	1	B/D
INFANRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	2	
IPOL INACTIVATED IPV INJECTION 0	1	
IXIARO INJECTION 0	1	
JYNNEOS INJECTION 0.5ML	1	
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	2	
M-M-R II INJECTION 0; 0; 0	1	

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Drug Name	Drug Tier	Requirements/Limits
MENQUADFI INJECTION 0.5ML	1	
MENVEO INJECTION 0	1	
MRESVIA INJECTION 50MCG/0.5ML	1	QL(0.5 ML per 999 days)
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	1	
PEDVAXHIB INJECTION 7.5MCG/0.5ML	2	
PENBRAYA INJECTION 0; 0	1	
PENMENVY INJECTION 0; 0	1	
PENTACEL INJECTION 15LFU/0.5ML; 0; 48MCG/0.5ML; 0; 5LFU/0.5ML	2	
PREHEVBRIO INJECTION 10MCG/ML	1	B/D
PRIORIX INJECTION 0; 0; 0	1	
PROQUAD INJECTION 0; 0; 0; 0	2	
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	2	
RABAVERT INJECTION 0	1	B/D
RECOMBIVAX HB INJECTION 10MCG/ML, 40MCG/ML, 5MCG/0.5ML	1	B/D
ROTARIX SUSPENSION 0	2	
ROTATEQ SOLUTION 0	1	
SHINGRIX INJECTION 50MCG/0.5ML	1	
SHINGRIX INJECTION 50MCG/0.5ML	1	QL(2 EA per 999 days)
STAMARIL INJECTION 0	1	
TDVAX INJECTION 2LF/0.5ML; 2LF/0.5ML	1	
TENIVAC INJECTION 2LFU; 5LFU	1	
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT INJECTION 2LF/0.5ML; 2LF/0.5ML	1	
TICOVAC INJECTION 2.4MCG/0.5ML	1	
TICOVAC INJECTION 1.2MCG/0.25ML	2	
TRUMENBA INJECTION 0.5ML	1	
TWINRIX INJECTION 720ELU/ML; 20MCG/ML	1	
TYPHIM VI INJECTION 25MCG/0.5ML	1	
VAQTA INJECTION 25UNIT/0.5ML, 50UNIT/ML	1	
VARIVAX INJECTION 1350PFU/0.5ML	1	
VAXCHORA SUSPENSION RECONSTITUTED 0	1	
VAXELIS INJECTION 0; 0; 0; 0; 0; 0	2	
VIMKUNYA INJECTION 40MCG/0.8ML	1	
VIVOTIF CAPSULE DELAYED RELEASE 0	1	QL(4 EA per 999 days)
YF-VAX INJECTION 0	1	
Inflammatory Bowel Disease Agents		
Aminosalicylates		
APRISO CAPSULE EXTENDED RELEASE 24 HOUR 0.375GM	3	QL(120 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
balsalazide disodium capsule 750mg	1	
CANASA SUPPOSITORY 1000MG	3	QL(30 EA per 30 days); NDS
COLAZAL CAPSULE 750MG	3	NDS
DIPENTUM CAPSULE 250MG	3	NDS
LIALDA TABLET DELAYED RELEASE 1.2GM	3	QL(120 EA per 30 days)
mesalamine dr tablet delayed release 1.2gm	1	QL(120 EA per 30 days)
mesalamine dr tablet delayed release 800mg	1	QL(180 EA per 30 days)
mesalamine er capsule extended release 24 hour 0.375gm	1	QL(120 EA per 30 days)
mesalamine er capsule extended release 500mg	1	QL(240 EA per 30 days)
mesalamine er capsule extended release 250mg	1	QL(480 EA per 30 days)
mesalamine enema 4gm	1	QL(1800 ML per 30 days)
mesalamine kit 4gm	1	NDS
mesalamine suppository 1000mg	1	QL(30 EA per 30 days)
PENTASA CAPSULE EXTENDED RELEASE 500MG	3	QL(240 EA per 30 days)
ROWASA KIT 4GM	3	NDS
SFROWASA ENEMA 4GM/60ML	3	NDS
sulfasalazine tablet delayed release 500mg	1	
sulfasalazine tablet 500mg	1	
Glucocorticoids		
ANUSOL-HC CREAM 2.5%	3	QL(300 GM per 30 days)
budesonide er tablet extended release 24 hour 9mg	1	NDS
budesonide capsule delayed release particles 3mg	1	
CORTIFOAM FOAM 10%	3	
EOHILIA SUSPENSION 2MG/10ML	3	QL(600 ML per 30 days); PA; NDS
hydrocortisone cream 1%	1	
hydrocortisone cream 2.5%	1	QL(300 GM per 30 days)
hydrocortisone enema 100mg/60ml	1	
procto-med hc cream 2.5%	1	QL(300 GM per 30 days)
PROCTOSOL HC CREAM 2.5%	3	QL(300 GM per 30 days)
PROCTOZONE-HC CREAM 2.5%	3	QL(300 GM per 30 days)
TARPEYO CAPSULE DELAYED RELEASE 4MG	3	QL(120 EA per 30 days); PA; NDS
UCERIS TABLET EXTENDED RELEASE 24 HOUR 9MG	3	NDS
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
ACTONEL TABLET 150MG	3	QL(1 EA per 28 days)
ACTONEL TABLET 35MG	3	QL(4 EA per 28 days)
alendronate sodium solution 70mg/75ml	1	
alendronate sodium tablet 10mg, 35mg	1	
alendronate sodium tablet 70mg	1	QL(4 EA per 28 days)
ATELVIA TABLET DELAYED RELEASE 35MG	3	QL(4 EA per 28 days)
BINOSTO TABLET EFFERVESCENT 70MG	3	QL(4 EA per 28 days)
BONSITY INJECTION 560MCG/2.24ML	3	QL(2.24 ML per 28 days); PA; NDS
calcitonin salmon injection 200unit/ml	1	NDS

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Drug Name	Drug Tier	Requirements/Limits
calcitonin-salmon solution 200unit/act	1	QL(3.7 ML per 30 days)
calcitriol capsule 0.25mcg, 0.5mcg	1	
cinacalcet hydrochloride tablet 30mg, 60mg, 90mg	1	
doxercalciferol capsule 0.5mcg, 1mcg, 2.5mcg	1	
EVENITY INJECTION 105MG/1.17ML	3	QL(2.34 ML per 28 days); PA; NDS
FORTEO INJECTION 560MCG/2.24ML	3	QL(2.24 ML per 28 days); PA; NDS
FOSAMAX PLUS D TABLET 70MG; 2800UNIT, 70MG; 5600UNIT	3	QL(4 EA per 28 days)
FOSAMAX TABLET 70MG	3	QL(4 EA per 28 days)
ibandronate sodium tablet 150mg	1	QL(1 EA per 28 days)
JUBBONTI INJECTION 60MG/ML	3	QL(2 ML per 365 days)
MIACALCIN INJECTION 200UNIT/ML	3	NDS
OSENVELT INJECTION 120MG/1.7ML	3	PA; NDS
paricalcitol capsule 1mcg, 2mcg, 4mcg	1	
PROLIA INJECTION 60MG/ML	3	QL(2 ML per 365 days)
RAYALDEE CAPSULE EXTENDED RELEASE 30MCG	3	QL(60 EA per 30 days); 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)
SENSIPAR TABLET 30MG	3	
SENSIPAR TABLET 60MG, 90MG	3	NDS
STOBOCLO INJECTION 60MG/ML	3	QL(2 ML per 365 days)
teriparatide injection 560mcg/2.24ml	1	QL(2.24 ML per 28 days); PA; NDS
TYMLOS INJECTION 3120MCG/1.56ML	3	QL(1.56 ML per 30 days); PA; NDS
WYOST INJECTION 120MG/1.7ML	3	PA; NDS
XGEVA INJECTION 120MG/1.7ML	3	PA; NDS
ZEMPLAR INJECTION 5MCG/ML	3	NDS
zoledronic acid injection 4mg/100ml, 4mg/5ml	1	
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ALCOHOL PREP PADS PAD 70%	2	
AMMONUL INJECTION 10%; 10%	3	NDS
ATROPINE SULFATE INJECTION 2MG/0.7ML	3	
CLINOLIPID INJECTION 1.2GM/100ML; 2.25GM/100ML; 16GM/100ML; 4GM/100ML	3	B/D
COSELA INJECTION 300MG	3	PA; NDS
CURITY GAUZE PADS 2"X2" 12 PLY PAD	2	
deferoxamine mesylate injection 2gm	1	B/D
deferoxamine mesylate injection 500mg	1	B/D; NDS
DESFERAL INJECTION 500MG	3	B/D; NDS
DUVYZAT SUSPENSION 8.86MG/ML	3	QL(360 ML per 30 days); PA; NDS
fomepizole injection 1.5gm/1.5ml	1	NDS

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

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Drug Name	Drug Tier	Requirements/Limits
V-GO 30 KIT	2	
V-GO 40 KIT	2	
VISTOGARD PACKET 10GM	3	NDS
VYKAT XR TABLET EXTENDED RELEASE 24 HOUR 75MG	3	QL(210 EA per 30 days); PA; NDS
VYKAT XR TABLET EXTENDED RELEASE 24 HOUR 25MG	3	QL(390 EA per 30 days); PA; NDS
VYKAT XR TABLET EXTENDED RELEASE 24 HOUR 150MG	3	QL(90 EA per 30 days); PA; NDS
WEGOVY INJECTION 0.25MG/0.5ML, 0.5MG/0.5ML, 1MG/0.5ML	2	QL(2 ML per 28 days); PA
WEGOVY INJECTION 1.7MG/0.75ML, 2.4MG/0.75ML	2	QL(3 ML per 28 days); PA
WEGOVY TABLET 25MG, 4MG, 9MG	2	QL(30 EA per 30 days); PA
WEGOVY TABLET 1.5MG	2	QL(60 EA per 365 days); PA
ZOKINVY CAPSULE 50MG, 75MG	3	QL(120 EA per 30 days); PA; NDS
Ophthalmic Agents		
Ophthalmic Agents, Other		
atropine sulfate solution 1%	1	
bacitracin/polymyxin b ointment 500unit/gm; 10000unit/gm	1	
BEOVU SOLUTION PREFILLED SYRINGE 6MG/0.05ML	3	PA; NDS
brimonidine tartrate/timolol maleate solution 0.2%; 0.5%	2	
BYOOVIZ SOLUTION 0.5MG/0.05ML	3	PA; NDS
CEQUA SOLUTION 0.09%	3	
CIMERLI SOLUTION 0.3MG/0.05ML	3	PA
CIMERLI SOLUTION 0.5MG/0.05ML	3	PA; NDS
COMBIGAN SOLUTION 0.2%; 0.5%	2	
cyclosporine emulsion 0.05%	2	QL(60 EA per 30 days)
CYSTADROPS SOLUTION 0.37%	3	QL(20 ML per 28 days); NDS
CYSTARAN SOLUTION 0.44%	3	QL(60 ML per 28 days); NDS
dorzolamide hcl/timolol maleate solution 20mg/ml; 5mg/ml	1	
dorzolamide hydrochloride/timolol maleate pf solution 2%; 0.5%	1	
ENSPRYNG INJECTION 120MG/ML	3	PA; NDS
EYLEA SOLUTION PREFILLED SYRINGE 2MG/0.05ML	3	PA; NDS
EYLEA SOLUTION 2MG/0.05ML	3	PA; NDS
IZERVAY SOLUTION 2MG/0.1ML	3	PA; NDS
loteprednol etabonate/tobramycin suspension 0.5%; 0.3%	1	
LUCENTIS SOLUTION PREFILLED SYRINGE 0.3MG/0.05ML, 0.5MG/0.05ML	3	PA; NDS
MIEBO SOLUTION 1.338GM/ML	3	QL(12 ML per 30 days)
NEO-POLYCIN HC OINTMENT 400UNIT/GM; 1%; 3.5MG/GM; 10000UNIT/GM	1	

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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
NEO-POLYCIN OINTMENT 400UNIT/GM; 3.5MG/GM; 10000UNIT/GM	1	
neomycin/polymyxin/bacitracin/hydrocortisone ointment 400unit/gm; 1%; 0.5%; 10000unit/gm	1	
neomycin/polymyxin/bacitracin ointment 400unit/gm; 5mg/gm; 10000unit/gm	1	
neomycin/polymyxin/dexamethasone ointment 0.1%; 3.5mg/gm; 10000unit/gm	1	
neomycin/polymyxin/dexamethasone suspension 0.1%; 3.5mg/ml; 10000unit/ml	1	
neomycin/polymyxin/gramicidin solution 0.025mg/ml; 1.75mg/ml; 10000unit/ml	1	
NUFYMCO SOLUTION 0.3MG/0.05ML	3	PA
NUFYMCO SOLUTION 0.5MG/0.05ML	3	PA; NDS
OXERVATE SOLUTION 0.002%	3	QL(56 ML per 28 days); PA; NDS
POLYCIN OINTMENT 500UNIT/GM; 10000UNIT/GM	1	
polymyxin b sulfate/trimethoprim sulfate solution 10000unit/ml; 0.1%	1	
RESTASIS MULTIDOSE EMULSION 0.05%	2	QL(5.5 ML per 25 days)
RESTASIS EMULSION 0.05%	2	QL(60 EA per 30 days)
ROCKLATAN SOLUTION 0.005%; 0.02%	2	QL(2.5 ML per 25 days)
SIMBRINZA SUSPENSION 0.2%; 1%	2	
sulfacetamide sodium/prednisolone sodium phosphate solution 0.23%; 10%	1	
SUSVIMO SOLUTION 10MG/0.1ML	3	PA; NDS
SYFOVRE SOLUTION 15MG/0.1ML	3	PA; NDS
TOBRADEX OINTMENT 0.1%; 0.3%	3	
tobramycin/dexamethasone suspension 0.1%; 0.3%	1	
TYRVAYA SOLUTION 0.03MG/ACT	3	QL(8.4 ML per 30 days)
VABYSMO SOLUTION PREFILLED SYRINGE 6MG/0.05ML	3	PA; NDS
VABYSMO SOLUTION 6MG/0.05ML	3	PA; NDS
VERKAZIA EMULSION 0.1%	3	QL(120 EA per 30 days); PA; NDS
VEVYE SOLUTION 0.1%	3	PA
VISUDYNE INJECTION 15MG	3	NDS
XIIDRA SOLUTION 5%	3	QL(60 EA per 30 days)
YESAFILI SOLUTION PREFILLED SYRINGE 2MG/0.05ML	3	PA; NDS
YUVEZZI SOLUTION 0.1%; 2.75%	3	QL(30 EA per 30 days); PA
Ophthalmic Anti-allergy Agents		
azelastine hcl ophthalmic solution 0.05%	1	
bepotastine besilate solution 1.5%	1	
BEPREVE SOLUTION 1.5%	3	

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Drug Name	Drug Tier	Requirements/Limits
cromolyn sodium solution 4%	1	
epinastine hcl solution 0.05%	1	
olopatadine hydrochloride ophthalmic solution 0.2%	1	
Ophthalmic Anti-Infectives		
bacitracin ointment 500unit/gm	1	QL(7 GM per 28 days)
BESIVANCE SUSPENSION 0.6%	3	
ciprofloxacin hydrochloride ophthalmic solution 0.3%	1	
erythromycin ointment 5mg/gm	1	
gatifloxacin solution 0.5%	1	
gentamicin sulfate ophthalmic solution 0.3%	1	
levofloxacin ophthalmic solution 0.5%	1	
moxifloxacin hydrochloride solution 0.5%	1	
NATACYN SUSPENSION 5%	3	
ofloxacin ophthalmic solution 0.3%	1	
sulfacetamide sodium ointment 10%	1	
sulfacetamide sodium solution 10%	1	
tobramycin solution 0.3%	1	
trifluridine solution 1%	1	
XDEMVY SOLUTION 0.25%	3	QL(10 ML per 42 days); NDS
ZIRGAN GEL 0.15%	3	
Ophthalmic Anti-inflammatories		
ACUVAIL SOLUTION 0.45%	3	ST
bromfenac sodium solution 0.07%	3	QL(12 ML per 365 days)
bromfenac sodium solution 0.075%	3	ST
BROMSITE SOLUTION 0.075%	3	ST
dexamethasone sodium phosphate solution 0.1%	1	
DEXYCU INJECTION 9%	3	NDS
diclofenac sodium ophthalmic solution 0.1%	1	
difluprednate emulsion 0.05%	1	
FLAREX SUSPENSION 0.1%	2	
fluorometholone suspension 0.1%	1	
flurbiprofen sodium solution 0.03%	1	
FML FORTE SUSPENSION 0.25%	2	
ILEVRO SUSPENSION 0.3%	3	QL(4 ML per 30 days)
ILUVIEN IMPLANT 0.19MG	3	NDS
ketorolac tromethamine solution 0.4%, 0.5%	1	
LOTEMAX SM GEL 0.38%	3	QL(20 GM per 365 days)
LOTEMAX GEL 0.5%	3	QL(20 GM per 365 days)
LOTEMAX OINTMENT 0.5%	3	QL(14 GM per 365 days)
loteprednol etabonate gel 0.5%	1	QL(20 GM per 365 days)
NEVANAC SUSPENSION 0.1%	3	QL(4 ML per 30 days)
PRED MILD SUSPENSION 0.12%	2	
prednisolone acetate suspension 1%	1	

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Drug Name	Drug Tier	Requirements/Limits
PROLENSA SOLUTION 0.07%	3	QL(12 ML per 365 days)
RETISERT IMPLANT 0.59MG	3	NDS
XIPERE INJECTION 40MG/ML	3	PA; NDS
YUTIQ IMPLANT 0.18MG	3	NDS
Ophthalmic Beta-Adrenergic Blocking Agents		
betaxolol hcl solution 0.5%	1	
carteolol hcl solution 1%	1	
levobunolol hcl solution 0.5%	1	
timolol maleate solution 0.25%, 0.5%	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
acetazolamide er capsule extended release 12 hour 500mg	1	
acetazolamide tablet 125mg, 250mg	1	
apraclonidine solution 0.5%	1	
brimonidine tartrate solution 0.1%, 0.15%, 0.2%	1	
brinzolamide suspension 1%	1	
dorzolamide hydrochloride solution 2%	1	
methazolamide tablet 25mg, 50mg	1	
OMLONTI SOLUTION 0.002%	3	QL(2.5 ML per 25 days); ST
pilocarpine hydrochloride solution 1%, 2%, 4%	1	
pilocarpine hydrochloride solution 1.25%	1	QL(7.5 ML per 28 days); PA
QLOSI SOLUTION 0.4%	3	QL(60 EA per 30 days); PA
RHOPRESSA SOLUTION 0.02%	2	QL(2.5 ML per 25 days)
VUITY SOLUTION 1.25%	3	QL(7.5 ML per 28 days); PA
Ophthalmic Prostaglandin and Prostamide Analogs		
bimatoprost solution 0.03%	1	QL(5 ML per 30 days)
DURYSTA INJECTION 10MCG	3	NDS
IDOSE TR INJECTION 75MCG	3	ST; NDS
IYUZEH SOLUTION 0.005%	3	ST
latanoprost solution 0.005%	1	
LUMIGAN SOLUTION 0.01%	2	QL(2.5 ML per 25 days)
TRAVATAN Z SOLUTION 0.004%	3	QL(2.5 ML per 25 days)
travoprost solution 0.004%	1	QL(2.5 ML per 25 days)
VYZULTA SOLUTION 0.024%	3	QL(5 ML per 25 days)
XELPROS EMULSION 0.005%	3	QL(2.5 ML per 25 days); ST
ZOLYMBUS GEL 0.01%	3	QL(30 EA per 30 days); ST
Otic Agents		
Otic Agents		
acetic acid solution 2%	1	
ciprofloxacin hydrochloride/hydrocortisone suspension 0.2%; 1%	1	
ciprofloxacin hydrochloride otic solution 0.2%	1	
ciprofloxacin/dexamethasone suspension 0.3%; 0.1%	1	
flac oil 0.01%	1	

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Drug Name	Drug Tier	Requirements/Limits
fluocinolone acetonide ear drops oil 0.01%	1	
fluocinolone acetonide oil 0.01%	1	
neomycin/polymyxin/hc solution 1%; 3.5mg/ml; 10000unit/ml	1	
neomycin/polymyxin/hydrocortisone suspension 1%; 3.5mg/ml; 10000unit/ml	1	
ofloxacin otic solution 0.3%	1	
XTORO SUSPENSION 0.3%	3	ST
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ARMONAIR DIGIHALER AEROSOL POWDER BREATH ACTIVATED 113MCG/ACT, 232MCG/ACT, 55MCG/ACT	3	QL(1 EA per 30 days); ST
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT, 200MCG/ACT, 50MCG/ACT	2	QL(30 EA per 30 days)
ASMANEX HFA AEROSOL 100MCG/ACT, 200MCG/ACT, 50MCG/ACT	3	QL(13 GM per 30 days)
ASMANEX TWISTHALER 120 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	3	QL(1 EA per 30 days)
ASMANEX TWISTHALER 14 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	3	QL(1 EA per 30 days)
ASMANEX TWISTHALER 30 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 110MCG/INH, 220MCG/INH	3	QL(1 EA per 30 days)
ASMANEX TWISTHALER 60 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	3	QL(1 EA per 30 days)
budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml	1	QL(120 ML per 30 days); B/D
flunisolide solution 0.025%	1	QL(50 ML per 30 days)
fluticasone propionate suspension 50mcg/act	1	QL(16 GM per 30 days)
mometasone furoate suspension 50mcg/act	1	QL(34 GM per 30 days)
PULMICORT FLEXHALER AEROSOL POWDER BREATH ACTIVATED 180MCG/ACT, 90MCG/ACT	3	QL(2 EA per 30 days); ST
PULMICORT SUSPENSION 0.25MG/2ML, 0.5MG/2ML, 1MG/2ML	3	QL(120 ML per 30 days); B/D
QVAR REDIHALER AEROSOL BREATH ACTIVATED 40MCG/ACT, 80MCG/ACT	2	QL(21.2 GM per 30 days)
Antihistamines		
azelastine hcl nasal solution 0.15%	1	QL(60 ML per 30 days)
azelastine hydrochloride/fluticasone propionate suspension 137mcg/act; 50mcg/act	3	QL(23 GM per 30 days)
azelastine hydrochloride solution 0.1%, 0.15%	1	QL(60 ML per 30 days)
carbinoxamine maleate solution 4mg/5ml	1	

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

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Drug Name	Drug Tier	Requirements/Limits
YUPELRI NEBULIZATION SOLUTION 175MCG/3ML	3	QL(90 ML per 30 days); B/D; NDS
Bronchodilators, Sympathomimetic		
albuterol sulfate hfa aerosol solution 108mcg/act	1	QL(13.4 GM per 30 days); (6.7GM Package Size)
albuterol sulfate hfa aerosol solution 108mcg/act	1	QL(17 GM per 30 days); (8.5GM Package Size)
albuterol sulfate hfa aerosol solution 108mcg/act	1	QL(48 GM per 30 days); (18GM Package Size)
albuterol sulfate nebulization solution 2.5mg/0.5ml	1	QL(100 EA per 30 days); B/D
albuterol sulfate nebulization solution 0.63mg/3ml, 1.25mg/3ml	1	QL(375 ML per 30 days); B/D
albuterol sulfate nebulization solution 0.083%	1	QL(525 ML per 30 days); B/D
albuterol sulfate syrup 2mg/5ml	3	
arformoterol tartrate nebulization solution 15mcg/2ml	1	QL(120 ML per 30 days); PA
AUVI-Q INJECTION 0.1MG/0.1ML	3	QL(2 EA per 30 days); ST
AUVI-Q INJECTION 0.15MG/0.15ML, 0.3MG/0.3ML	3	QL(4 EA per 30 days); ST
BROVANA NEBULIZATION SOLUTION 15MCG/2ML	3	QL(120 ML per 30 days); PA; NDS
epinephrine injection 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml	1	QL(4 EA per 30 days)
EPIPEN 2-PAK INJECTION 0.3MG/0.3ML	3	QL(4 EA per 30 days)
EPIPEN-JR 2-PAK INJECTION 0.15MG/0.3ML	3	QL(4 EA per 30 days)
formoterol fumarate nebulization solution 20mcg/2ml	3	QL(120 ML per 30 days); B/D
levalbuterol hcl nebulization solution 1.25mg/3ml	1	QL(270 ML per 30 days); B/D
levalbuterol hcl nebulization solution 0.31mg/3ml	1	QL(540 ML per 30 days); B/D
levalbuterol hydrochloride nebulization solution 1.25mg/3ml	1	QL(270 ML per 30 days); B/D
levalbuterol hydrochloride nebulization solution 0.31mg/3ml, 0.63mg/3ml	1	QL(540 ML per 30 days); B/D
LEVALBUTEROL TARTRATE HFA AEROSOL 45MCG/ACT	1	QL(30 GM per 30 days)
levalbuterol nebulization solution 1.25mg/0.5ml	1	QL(90 EA per 30 days); B/D
PERFOROMIST NEBULIZATION SOLUTION 20MCG/2ML	3	QL(120 ML per 30 days); B/D
PROAIR DIGIHALER AEROSOL POWDER BREATH ACTIVATED 108MCG/ACT	3	QL(2 EA per 30 days)
SEREVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 50MCG/DOSE	2	QL(60 EA per 30 days)
STRIVERDI RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT	3	QL(4 GM per 30 days)
terbutaline sulfate injection 1mg/ml	1	
terbutaline sulfate tablet 2.5mg, 5mg	3	
VENTOLIN HFA AEROSOL SOLUTION 108MCG/ACT	3	QL(48 GM per 30 days); ST
XOPENEX HFA AEROSOL 45MCG/ACT	3	QL(30 GM per 30 days)
Cystic Fibrosis Agents		

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Drug Name	Drug Tier	Requirements/Limits
ALYFTREK TABLET 125MG; 50MG; 10MG	3	QL(56 EA per 28 days); PA; NDS
ALYFTREK TABLET 50MG; 20MG; 4MG	3	QL(84 EA per 28 days); PA; NDS
BETHKIS NEBULIZATION SOLUTION 300MG/4ML	3	B/D; NDS
CAYSTON SOLUTION RECONSTITUTED 75MG	3	QL(84 ML per 28 days); PA; NDS
KALYDECO PACKET 13.4MG, 25MG, 5.8MG, 50MG, 75MG	3	QL(56 EA per 28 days); PA; NDS
KALYDECO TABLET 150MG	3	QL(60 EA per 30 days); PA; NDS
KITABIS PAK NEBULIZATION SOLUTION 300MG/5ML	3	QL(280 ML per 28 days); B/D; NDS
ORKAMBI PACKET 125MG; 100MG, 188MG; 150MG, 94MG; 75MG	3	QL(56 EA per 28 days); PA; NDS
ORKAMBI TABLET 125MG; 100MG, 125MG; 200MG	3	QL(112 EA per 28 days); PA; NDS
PULMOZYME SOLUTION 2.5MG/2.5ML	3	PA; NDS
SYMDEKO TABLET THERAPY PACK 150MG; 100MG	3	QL(56 EA per 28 days); PA; NDS
SYMDEKO TABLET THERAPY PACK 75MG; 50MG	3	QL(60 EA per 30 days); PA; NDS
TOBI PODHALER CAPSULE 28MG	3	QL(224 EA per 56 days); NDS
TOBI NEBULIZATION SOLUTION 300MG/5ML	3	QL(280 ML per 28 days); B/D; NDS
tobramycin nebulization solution 300mg/4ml	1	B/D; NDS
tobramycin nebulization solution 300mg/5ml	1	QL(280 ML per 28 days); B/D; NDS
TRIKAFTA TABLET THERAPY PACK 100MG; 0; 50MG, 50MG; 0; 25MG	3	QL(84 EA per 28 days); PA; NDS
TRIKAFTA THERAPY PACK 100MG; 0; 50MG, 80MG; 0; 40MG	3	QL(56 EA per 28 days); PA; NDS
Mast Cell Stabilizers		
cromolyn sodium nebulization solution 20mg/2ml	1	B/D
Phosphodiesterase Inhibitors, Airways Disease		
DALIRESP TABLET 500MCG	3	QL(30 EA per 30 days); PA
DALIRESP TABLET 250MCG	3	QL(56 EA per 365 days); PA
OHTUVAYRE SUSPENSION 3MG/2.5ML	3	QL(150 ML per 30 days); PA; NDS
roflumilast tablet 500mcg	1	QL(30 EA per 30 days); PA
roflumilast tablet 250mcg	1	QL(56 EA per 365 days); PA
theophylline er tablet extended release 12 hour 100mg, 200mg, 300mg, 450mg	1	
theophylline er tablet extended release 24 hour 400mg, 600mg	1	
Pulmonary Antihypertensives		
ADCIRCA TABLET 20MG	3	QL(60 EA per 30 days); PA; NDS
ADEMPAS TABLET 0.5MG, 1.5MG, 1MG, 2.5MG, 2MG	3	QL(90 EA per 30 days); PA; NDS
alyq tablet 20mg	1	QL(60 EA per 30 days); PA
ambrisentan tablet 10mg, 5mg	1	QL(30 EA per 30 days); PA; NDS
bosentan tablet soluble 32mg	1	QL(112 EA per 28 days); PA; NDS
bosentan tablet 125mg, 62.5mg	1	QL(60 EA per 30 days); PA; NDS
epoprostenol sodium injection 0.5mg, 1.5mg	1	PA; NDS
FLOLAN INJECTION 0.5MG, 1.5MG	3	PA; NDS
LETAIRIS TABLET 10MG, 5MG	3	QL(30 EA per 30 days); PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
LIQREV SUSPENSION 10MG/ML	3	PA; NDS
macitentan tablet 10mg	1	QL(30 EA per 30 days); PA; NDS
OPSUMIT TABLET 10MG	3	QL(30 EA per 30 days); PA; NDS
ORENITRAM TITRATION KIT MONTH 1 TABLET EXTENDED RELEASE THERAPY PACK 0	3	QL(336 EA per 365 days); PA; NDS
ORENITRAM TITRATION KIT MONTH 2 TABLET EXTENDED RELEASE THERAPY PACK 0	3	QL(672 EA per 365 days); PA; NDS
ORENITRAM TITRATION KIT MONTH 3 TABLET EXTENDED RELEASE THERAPY PACK 0	3	QL(504 EA per 365 days); PA; NDS
ORENITRAM TABLET EXTENDED RELEASE 0.125MG	3	PA
ORENITRAM TABLET EXTENDED RELEASE 0.25MG, 1MG, 2.5MG, 5MG	3	PA; NDS
REMODULIN INJECTION 8MG/20ML	3	PA
REMODULIN INJECTION 100MG/20ML, 200MG/20ML, 20MG/20ML, 50MG/20ML	3	PA; NDS
REVATIO INJECTION 10MG/12.5ML	3	PA; NDS
REVATIO SUSPENSION RECONSTITUTED 10MG/ML	3	PA; NDS
REVATIO TABLET 20MG	3	QL(90 EA per 30 days); 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	1	PA; NDS
tadalafil tablet 20mg	1	QL(60 EA per 30 days); PA
TADLIQ SUSPENSION 20MG/5ML	3	QL(300 ML per 30 days); PA; NDS
TRACLEER TABLET SOLUBLE 32MG	3	QL(112 EA per 28 days); PA; NDS
TRACLEER TABLET 125MG, 62.5MG	3	QL(60 EA per 30 days); PA; NDS
treprostinil injection 100mg/20ml, 200mg/20ml, 20mg/20ml, 50mg/20ml	1	PA; NDS
TYVASO DPI INSTITUTIONAL KIT POWDER 32MCG, 48MCG, 64MCG, 80MCG	3	QL(112 EA per 28 days); PA; NDS
TYVASO DPI MAINTENANCE KIT POWDER 16MCG, 32MCG, 48MCG, 64MCG, 80MCG	3	QL(112 EA per 28 days); PA; NDS
TYVASO DPI MAINTENANCE KIT POWDER 0	3	QL(224 EA per 28 days); PA; NDS
TYVASO DPI TITRATION KIT POWDER 0	3	QL(392 EA per 365 days); PA; NDS; (112 X 16mcg & 84 X 32mcg)
TYVASO DPI TITRATION KIT POWDER 0	3	QL(504 EA per 365 days); PA; NDS; (112 X 16mcg & 112 X 32mcg & 28 X 48mcg)
TYVASO REFILL KIT SOLUTION 0.6MG/ML	3	QL(87 ML per 30 days); PA; NDS
TYVASO STARTER KIT SOLUTION 0.6MG/ML	3	QL(87 ML per 30 days); PA; NDS
TYVASO SOLUTION 0.6MG/ML	3	QL(87 ML per 30 days); PA; NDS
UPTRAVI TITRATION PACK TABLET THERAPY PACK 0	3	QL(400 EA per 365 days); PA; NDS
UPTRAVI INJECTION 1800MCG	3	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
UPTRAVI TABLET 1000MCG, 100MCG, 1200MCG, 1400MCG, 150MCG, 1600MCG, 200MCG, 400MCG, 600MCG, 800MCG	3	QL(60 EA per 30 days); PA; NDS
VELETRI INJECTION 0.5MG, 1.5MG	3	PA; NDS
VENTAVIS SOLUTION 10MCG/ML, 20MCG/ML	3	QL(270 ML per 30 days); PA; NDS
WINREVAIR INJECTION 0, 45MG, 60MG	3	QL(1 EA per 21 days); PA; NDS
YUTREPIA CAPSULE 26.5MCG, 53MCG	3	QL(140 EA per 28 days); PA; NDS
YUTREPIA CAPSULE 106MCG	3	QL(224 EA per 28 days); PA; NDS
YUTREPIA CAPSULE 79.5MCG	3	QL(280 EA per 28 days); PA; NDS
Pulmonary Fibrosis Agents		
ESBRIET CAPSULE 267MG	3	QL(270 EA per 30 days); PA; NDS
ESBRIET TABLET 267MG	3	QL(270 EA per 30 days); PA; NDS
ESBRIET TABLET 801MG	3	QL(90 EA per 30 days); PA; NDS
JASCAYD TABLET 18MG, 9MG	3	QL(60 EA per 30 days); PA; NDS
nintedanib esylate capsule 100mg, 150mg	3	QL(60 EA per 30 days); PA; NDS
OFEV CAPSULE 100MG, 150MG	3	QL(60 EA per 30 days); PA; NDS
pirfenidone capsule 267mg	1	QL(270 EA per 30 days); PA; NDS
pirfenidone tablet 534mg	1	PA; NDS
pirfenidone tablet 267mg	1	QL(270 EA per 30 days); PA; NDS
pirfenidone tablet 801mg	1	QL(90 EA per 30 days); PA; NDS
Respiratory Tract Agents, Other		
ACETADOTE INJECTION 200MG/ML	3	NDS
acetylcysteine solution 10%, 20%	1	B/D
ADVAIR DISKUS AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT; 50MCG/ACT, 250MCG/ACT; 50MCG/ACT, 500MCG/ACT; 50MCG/ACT	3	QL(60 EA per 30 days)
ADVAIR HFA AEROSOL 115MCG/ACT; 21MCG/ACT, 230MCG/ACT; 21MCG/ACT, 45MCG/ACT; 21MCG/ACT	2	QL(24 GM per 30 days)
AIRDUO DIGIHALER 113/14 AEROSOL POWDER BREATH ACTIVATED 113MCG/ACT; 14MCG/ACT	3	QL(1 EA per 30 days)
AIRDUO DIGIHALER 232/14 AEROSOL POWDER BREATH ACTIVATED 232MCG/ACT; 14MCG/ACT	3	QL(1 EA per 30 days)
AIRDUO DIGIHALER 55/14 AEROSOL POWDER BREATH ACTIVATED 55MCG/ACT; 14MCG/ACT	3	QL(1 EA per 30 days)
AIRDUO RESPICLICK 113/14 AEROSOL POWDER BREATH ACTIVATED 113MCG/ACT; 14MCG/ACT	3	QL(1 EA per 30 days)
AIRDUO RESPICLICK 232/14 AEROSOL POWDER BREATH ACTIVATED 232MCG/ACT; 14MCG/ACT	3	QL(1 EA per 30 days)
AIRDUO RESPICLICK 55/14 AEROSOL POWDER BREATH ACTIVATED 55MCG/ACT; 14MCG/ACT	3	QL(1 EA per 30 days)
AIRSUPRA AEROSOL 90MCG/ACT; 80MCG/ACT	2	QL(32.1 GM per 30 days)
ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5MCG/ACT; 25MCG/ACT	2	QL(60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
BEVESPI AEROSPHERE AEROSOL 4.8MCG/ACT; 9MCG/ACT	2	QL(10.7 GM per 30 days)
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT; 25MCG/ACT, 200MCG/INH; 25MCG/INH, 50MCG/INH; 25MCG/INH	2	QL(60 EA per 30 days)
breyna aerosol 160mcg/act; 4.5mcg/act, 80mcg/act; 4.5mcg/act	3	QL(10.3 GM per 30 days)
BREZTRI AEROSPHERE AEROSOL 160MCG/ACT; 4.8MCG/ACT; 18MCG/ACT	2	QL(10.7 GM per 30 days)
BREZTRI AEROSPHERE AEROSOL 160MCG/ACT; 4.8MCG/ACT; 9MCG/ACT	2	QL(23.6 GM per 28 days)
BRINSUPRI TABLET 10MG, 25MG	3	QL(30 EA per 30 days); PA; NDS
BRONCHITOL CAPSULE 40MG	3	QL(560 EA per 28 days); PA; NDS
budesonide/formoterol fumarate dihydrate aerosol 160mcg/act; 4.5mcg/act, 80mcg/act; 4.5mcg/act	3	QL(10.3 GM per 30 days)
CINQAIR INJECTION 100MG/10ML	3	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	3	QL(1 ML per 28 days); PA; NDS
FASENRA INJECTION 10MG/0.5ML	3	QL(0.5 ML per 28 days); PA
FASENRA INJECTION 30MG/ML	3	QL(1 ML per 28 days); PA; NDS
FLUTICASONE FUROATE/VILANTEROL ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/INH; 25MCG/INH, 200MCG/INH; 25MCG/INH	2	QL(60 EA per 30 days)
fluticasone propionate/salmeterol diskus aerosol powder breath activated 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act	1	QL(60 EA per 30 days)
FLUTICASONE PROPIONATE/SALMETEROL AEROSOL POWDER BREATH ACTIVATED 113MCG/ACT; 14MCG/ACT, 232MCG/ACT; 14MCG/ACT, 55MCG/ACT; 14MCG/ACT	3	QL(1 EA per 30 days)
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	3	QL(0.4 ML per 28 days); PA; NDS
NUCALA INJECTION 100MG	3	QL(3 EA per 28 days); PA; NDS
NUCALA INJECTION 100MG/ML	3	QL(3 ML per 28 days); PA; NDS
promethazine hydrochloride/phenylephrine hydrochloride syrup 5mg/5ml; 6.25mg/5ml	1	

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

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

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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.

This information is available in other formats like large print. To ask for another format, please call the telephone number listed on your member plan ID card.

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Notice of Availability of Language Assistance Services and Alternate Formats

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)** សេវាជំនួយភាសាឥតគិតថ្លៃ
និងការទំនាក់ទំនងឥតគិតថ្លៃក្នុងទម្រង់ផ្សេងទៀត ដូចជាពុម្ពអក្សរធំ មានសម្រាប់អ្នក។
ទូរស័ព្ទមកលេខឥតគិតថ្លៃនៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។

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 nééhozíní 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 09/18/2026, and is a complete list of drugs covered by our plan.

For more recent information or if you have questions, please contact:

Optum Rx Member Services

Phone (toll-free)**:**	**1-866-635-5941**
TTY users:	**711**
Hours of operation:	24 hours a day, 7 days a week
Website:	**optumrx.com/som**

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Comprehensive Formulary