# FEP Blue Basic Medicare Prescription Drug Program (MPDP)

# 2027 Formulary

# List of Covered Drugs or "Drug List"

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

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This formulary was updated on 09/29/2026. For more recent information or other questions, please contact us, FEP Medicare Prescription Drug Program Customer Care at 888-338-7737 (TTY users should call 711), or visit www.fepblue.org/medicarerx.

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

When this Drug List (formulary) refers to "we," "us," or "our," it means FEP Medicare Prescription Drug Program. When it refers to "plan" or "our plan," it means FEP Blue Basic Medicare Prescription Drug Program (MPDP).

This document includes an updated Drug List (formulary), which is current as of September 29, 2026. For an updated formulary, please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

## What is the FEP Blue Basic Medicare Prescription Drug Program (MPDP) 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 FEP Blue Basic Medicare Prescription Drug Program (MPDP) in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. FEP Blue Basic Medicare Prescription Drug Program (MPDP) will generally cover the drugs listed in our formulary as long as the drug is medically

necessary, the prescription is filled at a FEP Blue Basic Medicare Prescription Drug Program (MPDP) network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

## Can the formulary (drug list) change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: www.fepblue.org/medicarerx.

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

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

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

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

  If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled "How do I request an exception to the FEP Blue Basic Medicare Prescription Drug Program (MPDP)'s formulary?"

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

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand-name drug currently on the formulary, or add a new biosimilar to replace an original biological product currently on the formulary, or add new restrictions or move a drug we are keeping on the formulary to a higher cost-sharing tier or both after we add a corresponding drug. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the

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

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the FEP Blue Basic Medicare Prescription Drug Program (MPDP) formulary?"

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2027 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2027 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 09/29/2026. To get updated information about the drugs covered by FEP Blue Basic Medicare Prescription Drug Program (MPDP) please contact us. Our contact information appears on the front and back cover pages.

## How do I use the formulary?

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

**Medical Condition**

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

**Alphabetical Listing**

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

## What are generic drugs?

FEP Blue Basic Medicare Prescription Drug Program (MPDP) covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually

can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

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

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

For discussion of drug types, please see the Evidence of Coverage, Chapter 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:** FEP Blue Basic Medicare Prescription Drug Program (MPDP) requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from FEP Blue Basic Medicare Prescription Drug Program (MPDP) based on specific criteria before you fill your prescriptions. If you don't get approval, FEP Blue Basic Medicare Prescription Drug Program (MPDP) may not cover the drug.
- **Quantity Limits:** For certain drugs, FEP Blue Basic Medicare Prescription Drug Program (MPDP) limits the amount of the drug that FEP Blue Basic Medicare Prescription Drug Program (MPDP) will cover. For example, FEP Blue Basic Medicare Prescription Drug Program (MPDP) provides 30 tablets per 30-day prescription for atorvastatin 80 mg tablet. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, FEP Blue Basic Medicare Prescription Drug Program (MPDP) 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, FEP Blue Basic Medicare Prescription Drug Program (MPDP) may not cover Drug B unless you try Drug A first. If Drug A does not work for you, FEP Blue Basic Medicare Prescription Drug Program (MPDP) will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website, www.fepblue.org/medicarerx. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask FEP Blue Basic Medicare Prescription Drug Program (MPDP) 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 FEP Blue Basic Medicare Prescription Drug Program (MPDP)'s formulary?" on page V for information about how to request an exception.

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

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Care and ask if your drug is covered. For more information, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you learn that FEP Blue Basic Medicare Prescription Drug Program (MPDP) does not cover your drug, you have two options:

- You can ask Customer Care for a list of similar drugs that are covered by FEP Blue Basic Medicare Prescription Drug Program (MPDP). When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by FEP Blue Basic Medicare Prescription Drug Program (MPDP).
- You can ask FEP Blue Basic Medicare Prescription Drug Program (MPDP) to make an exception and cover your drug. See below for information about how to request an exception.

## How do I request an exception to the FEP Blue Basic Medicare Prescription Drug Program (MPDP)'s formulary?

You can ask FEP Blue Basic Medicare Prescription Drug Program (MPDP) to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, FEP Blue Basic Medicare Prescription Drug Program (MPDP) limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to cover a formulary drug at a lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.

Generally, FEP Blue Basic Medicare Prescription Drug Program (MPDP) will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug, or applying the restriction would not be as effective for you and/or would cause you to have adverse medical effects.

You or your prescriber should contact us to ask us for a tiering, or formulary exception, including an exception to a coverage restriction. **When you request an exception your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72

hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

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

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

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

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

## The plan has four Cost-Sharing Tiers

Every drug on the plan's drug list is in one of four cost-sharing tiers as listed in the table below.

| | |
|---|---|
| **Tier 1** | Generic Drug |
| **Tier 2** | Preferred Brand Drug |
| **Tier 3** | Non-Preferred Drug |
| **Tier 4** | Specialty Tier |

To find out which cost-sharing tier your drug is in, look it up in the plan's drug list that begins on page 1.

## For more information

For more detailed information about your FEP Blue Basic Medicare Prescription Drug Program (MPDP) prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about FEP Blue Basic Medicare Prescription Drug Program (MPDP), please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

## FEP Blue Basic Medicare Prescription Drug Program (MPDP) formulary

The formulary that begins on the next page provides coverage information about the drugs covered by FEP Blue Basic Medicare Prescription Drug Program (MPDP). If you have trouble finding your drug in the list, turn to the Index at the back of the formulary document.

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

The information in the Requirements/Limits column tells you if FEP Blue Basic Medicare Prescription Drug Program (MPDP) has any special requirements for coverage of your drug. The table below describes the symbols and abbreviations used in the Requirements/Limits column.

| | |
|---|---|
| **B/D** | The drug listed can be covered by Medicare Part B or Medicare Part D. This is determined on case-by-case basis depending on what the drug is used for and how it is administered. |
| **PA** | Prior Authorization (approval): you must have approval from the plan before you can get this drug |
| **QL** | Quantity Limit: there is a limit to how much of the medicine we will cover |
| **ST** | Step Therapy: you must try another drug before you can get this one |

# FEP_27_4T_EXP eff 01/01/2027

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **ANALGESICS** | | |
| ***GOUT*** | | |
| *allopurinol* TABS 100mg, 300mg | 1 | |
| *allopurinol* TABS 200mg | 1 | ST |
| *allopurinol sodium* SOLR 500mg | 4 | |
| ALOPRIM SOLR 500mg | 4 | |
| *colchicine* CAPS .6mg | 1 | QL (60 caps / 30 days) |
| *colchicine* TABS .6mg | 1 | QL (120 tabs / 30 days) |
| *colchicine w/ probenecid tab 0.5-500 mg* | 1 | |
| *febuxostat* TABS 40mg, 80mg | 1 | ST |
| GLOPERBA SOLN .6mg/5ml | 3 | QL (300 mL / 30 days) |
| KRYSTEXXA SOLN 8mg/50ml | 4 | PA |
| MITIGARE CAPS .6mg | 3 | QL (60 caps / 30 days) |
| *probenecid* TABS 500mg | 1 | |
| ULORIC TABS 40mg, 80mg | 3 | ST |
| ***MISCELLANEOUS*** | | |
| *acetaminophen* SOLN 10mg/ml | 1 | |
| *clonidine hcl (analgesia)* SOLN 100mcg/ml | 1 | B/D |
| DURACLON SOLN 100mcg/ml | 3 | B/D |
| JOURNAVX TABS 50mg | 2 | QL (29 tabs / 14 days), PA |
| *lidocaine hcl (local anesth.)* SOLN .5%, 1%, 1.5%, 2%, 4% | 1 | B/D |
| XYLOCAINE SOLN .5%, 1%, 2% | 3 | B/D |
| XYLOCAINE-MPF SOLN .5%, 1%, 1.5%, 2% | 3 | B/D |
| ***NSAIDS*** | | |
| ARTHROTEC 50 TAB | 3 | |
| ARTHROTEC 75 TAB | 3 | |
| CELEBREX CAPS 50mg, 100mg, 200mg | 3 | QL (60 caps / 30 days) |
| CELEBREX CAPS 400mg | 3 | QL (30 caps / 30 days) |
| *celecoxib* CAPS 50mg, 100mg, 200mg | 1 | QL (60 caps / 30 days) |
| *celecoxib* CAPS 400mg | 1 | QL (30 caps / 30 days) |
| COMBOGESIC INJ 300-1000 | 3 | |
| *diclofenac potassium* CAPS 25mg | 1 | QL (120 caps / 30 days), PA |
| *diclofenac potassium* TABS 25mg | 4 | QL (120 tabs / 30 days), PA |
| *diclofenac potassium* TABS 50mg | 1 | QL (120 tabs / 30 days) |
| *diclofenac sodium* TB24 100mg | 1 | QL (60 tabs / 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *diclofenac sodium* TBEC 25mg, 50mg, 75mg | 1 | |
| *diclofenac w/ misoprostol tab delayed release 50-0.2 mg* | 1 | |
| *diclofenac w/ misoprostol tab delayed release 75-0.2 mg* | 1 | |
| *diflunisal* TABS 500mg | 1 | |
| DOLOBID TABS 250mg | 4 | QL (180 tabs / 30 days), PA |
| DOLOBID TABS 375mg | 4 | QL (120 tabs / 30 days), PA |
| *etodolac* CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg | 1 | |
| *fenoprofen calcium* CAPS 200mg | 4 | QL (180 caps / 30 days), PA |
| *fenoprofen calcium* CAPS 300mg | 4 | QL (240 caps / 30 days), PA |
| *fenoprofen calcium* CAPS 400mg | 1 | QL (240 caps / 30 days), PA |
| *fenopron* CAPS 300mg | 4 | QL (240 caps / 30 days), PA |
| *flurbiprofen* TABS 100mg | 1 | |
| *ibu* TABS 400mg, 600mg, 800mg | 1 | |
| *ibuprofen* SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg | 1 | |
| *ibuprofen* TABS 300mg | 4 | QL (120 tabs / 30 days) |
| *ibuprofen-famotidine tab 800-26.6 mg* | 1 | QL (90 tabs / 30 days), PA |
| *ketoprofen* CAPS 25mg, 75mg | 4 | QL (120 caps / 30 days), PA |
| *ketoprofen* CAPS 50mg | 4 | QL (180 caps / 30 days), PA |
| *ketoprofen* CP24 200mg | 1 | QL (30 caps / 30 days), PA |
| *ketorolac tromethamine* TABS 10mg | 1 | QL (20 tabs / 30 days), PA; PA applies if 65 years and older |
| *lofena* TABS 25mg | 4 | QL (120 tabs / 30 days), PA |
| LURBIRO TABS 100mg | 4 | |
| *meclofenamate sodium* CAPS 50mg, 100mg | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *mefenamic acid* CAPS 250mg | 1 | |
| *meloxicam* CAPS 5mg, 10mg | 1 | QL (30 caps / 30 days), PA |
| MELOXICAM SUSP 7.5mg/5ml | 4 | QL (300 mL / 30 days), PA |
| *meloxicam* TABS 7.5mg, 15mg | 1 | |
| *nabumetone* TABS 500mg, 750mg | 1 | |
| *naproxen* SUSP 125mg/5ml | 1 | QL (1800 mL / 30 days), PA |
| *naproxen* TABS 250mg, 375mg, 500mg | 1 | |
| *naproxen* TBEC 375mg | 1 | QL (120 tabs / 30 days) |
| *naproxen dr* TBEC 500mg | 1 | QL (90 tabs / 30 days) |
| *naproxen sodium* TABS 275mg, 550mg | 1 | |
| *naproxen sodium* TB24 375mg | 1 | QL (120 tabs / 30 days), PA |
| *naproxen sodium* TB24 500mg | 1 | QL (90 tabs / 30 days), PA |
| *naproxen sodium* TB24 750mg | 1 | QL (60 tabs / 30 days), PA |
| *naproxen-esomeprazole magnesium tab dr 375-20 mg* | 1 | QL (60 tabs / 30 days), PA |
| *naproxen-esomeprazole magnesium tab dr 500-20 mg* | 1 | QL (60 tabs / 30 days), PA |
| ORUDIS CAPS 75mg | 4 | QL (120 caps / 30 days), PA |
| *oxaprozin* TABS 600mg | 1 | |
| *piroxicam* CAPS 10mg, 20mg | 1 | |
| RELAFEN DS TABS 1000mg | 4 | PA |
| SPRIX SOLN 15.75mg/spray | 4 | QL (5 bottles / 30 days), PA |
| *sulindac* TABS 150mg, 200mg | 1 | |
| *tolectin 600* TABS 600mg | 4 | QL (90 tabs / 30 days), PA |
| TOLECTIN DS CAPS 400mg | 4 | QL (120 caps / 30 days), PA |
| *tolmetin sodium* CAPS 400mg | 4 | QL (120 caps / 30 days), PA |
| *tolmetin sodium* TABS 200mg | 4 | QL (120 tabs / 30 days), PA |
| *tolmetin sodium* TABS 600mg | 4 | QL (90 tabs / 30 days), PA |
| VYSCOXA SUSP 10mg/ml | 4 | QL (946 mL / 21 days), PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| XIFYRM SOLN 30mg/ml | 3 | |
| ZIPSOR CAPS 25mg | 4 | QL (120 caps / 30 days), PA |
| ZYBIC SUSP 7.5mg/5ml | 4 | QL (300 mL / 30 days), PA |
| ***OPIOID ANALGESICS, LONG-ACTING*** | | |
| BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg, 600mcg | 3 | QL (60 buccal films / 30 days), PA |
| BELBUCA FILM 750mcg, 900mcg | 4 | QL (60 buccal films / 30 days), PA |
| *buprenorphine* PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr | 1 | QL (4 patches / 28 days), PA |
| BUTRANS PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr | 3 | QL (4 patches / 28 days), PA |
| CONZIP CP24 100mg, 200mg, 300mg | 3 | QL (30 caps / 30 days), PA |
| *fentanyl* PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr | 1 | QL (10 patches / 30 days), PA |
| *hydrocodone bitartrate* CP12 10mg, 15mg, 20mg, 30mg, 40mg, 50mg | 1 | QL (60 caps / 30 days), PA |
| *hydrocodone bitartrate* T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg | 1 | QL (30 tabs / 30 days), PA |
| *hydromorphone hcl* TB24 8mg, 12mg, 16mg, 32mg | 1 | QL (30 tabs / 30 days), PA |
| HYSINGLA ER T24A 20mg, 30mg, 40mg | 3 | QL (30 tabs / 30 days), PA |
| HYSINGLA ER T24A 60mg, 80mg, 100mg | 4 | QL (30 tabs / 30 days), PA |
| *levorphanol tartrate* TABS 2mg, 3mg | 4 | QL (120 tabs / 30 days), PA |
| *methadone hcl* SOLN 5mg/5ml, 10mg/5ml | 1 | QL (450 mL / 30 days), PA |
| *methadone hcl* TABS 5mg, 10mg | 1 | QL (90 tabs / 30 days), PA |
| METHADONE HCL INJ SOLN 10mg/ml | 3 | |
| *methadone hydrochloride i* CONC 10mg/ml | 1 | QL (90 mL / 30 days), PA |
| *morphine sulfate* CP24 10mg, 20mg, 50mg, 60mg, 80mg, 100mg | 1 | QL (60 caps / 30 days), PA |
| *morphine sulfate* TBCR 15mg, 30mg, 60mg, 100mg, 200mg | 1 | QL (90 tabs / 30 days), PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *morphine sulfate beads* CP24 30mg, 45mg, 60mg, 75mg, 90mg, 120mg | 1 | QL (30 caps / 30 days), PA |
| MS CONTIN TBCR 15mg, 30mg | 3 | QL (90 tabs / 30 days), PA |
| MS CONTIN TBCR 60mg | 4 | QL (90 tabs / 30 days), PA |
| NUCYNTA ER TB12 50mg | 3 | QL (60 tabs / 30 days), PA |
| NUCYNTA ER TB12 100mg, 150mg, 200mg, 250mg | 4 | QL (60 tabs / 30 days), PA |
| OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg | 3 | QL (60 tabs / 30 days), PA |
| OXYCONTIN T12A 40mg, 60mg, 80mg | 4 | QL (60 tabs / 30 days), PA |
| *oxymorphone hcl* TB12 5mg, 7.5mg, 10mg, 15mg, 20mg | 1 | QL (60 tabs / 30 days), PA |
| *oxymorphone hcl* TB12 30mg, 40mg | 4 | QL (60 tabs / 30 days), PA |
| TAPENTADOL HYDROCHLORIDE TB12 50mg | 3 | QL (60 tabs / 30 days), PA |
| TAPENTADOL HYDROCHLORIDE TB12 100mg, 150mg, 200mg, 250mg | 4 | QL (60 tabs / 30 days), PA |
| *tramadol hcl* CP24 100mg, 200mg, 300mg | 1 | QL (30 caps / 30 days), PA |
| *tramadol hcl* TB24 100mg, 200mg, 300mg | 1 | QL (30 tabs / 30 days), PA |
| XTAMPZA ER C12A 9mg, 13.5mg, 18mg, 27mg | 3 | QL (60 caps / 30 days), PA |
| XTAMPZA ER C12A 36mg | 4 | QL (60 caps / 30 days), PA |
| ***OPIOID ANALGESICS, SHORT-ACTING*** | | |
| *acetaminophen w/ codeine soln 120-12 mg/5ml* | 1 | QL (2700 mL / 30 days) |
| *acetaminophen w/ codeine tab 300-15 mg* | 1 | QL (400 tabs / 30 days) |
| *acetaminophen w/ codeine tab 300-30 mg* | 1 | QL (360 tabs / 30 days) |
| *acetaminophen w/ codeine tab 300-60 mg* | 1 | QL (180 tabs / 30 days) |
| *acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg* | 1 | QL (300 caps / 30 days) |
| *butorphanol tartrate* SOLN 1mg/ml, 2mg/ml | 3 | |
| *butorphanol tartrate* SOLN 10mg/ml | 1 | QL (10 mL / 30 days) |
| CODEINE SULFATE TABS 15mg, 60mg | 3 | QL (180 tabs / 30 days) |
| *codeine sulfate* TABS 30mg | 1 | QL (180 tabs / 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| DILAUDID LIQD 1mg/ml | 3 | QL (600 mL / 30 days) |
| DILAUDID SOLN .2mg/ml, 1mg/ml, 2mg/ml | 3 | B/D |
| DILAUDID TABS 2mg, 4mg | 3 | QL (180 tabs / 30 days) |
| DILAUDID TABS 8mg | 4 | QL (180 tabs / 30 days) |
| *endocet tab 2.5-325mg* | 1 | QL (360 tabs / 30 days) |
| *endocet tab 7.5-325mg* | 1 | QL (240 tabs / 30 days) |
| *endocet tab 10-325mg* | 1 | QL (180 tabs / 30 days) |
| *hydrocodone-acetaminophen soln 7.5-325 mg/15ml* | 1 | QL (2700 mL / 30 days) |
| *hydrocodone-acetaminophen soln 10-300 mg/15ml* | 1 | QL (2700 mL / 30 days) |
| *hydrocodone-acetaminophen tab 2.5-325 mg* | 1 | QL (240 tabs / 30 days) |
| *hydrocodone-acetaminophen tab 5-300 mg* | 1 | QL (240 tabs / 30 days) |
| *hydrocodone-acetaminophen tab 5-325 mg* | 1 | QL (240 tabs / 30 days) |
| *hydrocodone-acetaminophen tab 7.5-300 mg* | 1 | QL (180 tabs / 30 days) |
| *hydrocodone-acetaminophen tab 7.5-325 mg* | 1 | QL (180 tabs / 30 days) |
| *hydrocodone-acetaminophen tab 10-300 mg* | 1 | QL (180 tabs / 30 days) |
| *hydrocodone-acetaminophen tab 10-325 mg* | 1 | QL (180 tabs / 30 days) |
| *hydrocodone-ibuprofen tab 5-200 mg* | 1 | QL (150 tabs / 30 days) |
| *hydrocodone-ibuprofen tab 7.5-200 mg* | 1 | QL (150 tabs / 30 days) |
| *hydrocodone-ibuprofen tab 10-200 mg* | 1 | QL (150 tabs / 30 days) |
| *hydromorphone hcl* LIQD 1mg/ml | 1 | QL (600 mL / 30 days) |
| HYDROMORPHONE HCL SOLN 4mg/ml | 3 | B/D |
| *hydromorphone hcl* SOLN .2mg/ml, 1mg/ml, 2mg/ml, 10mg/ml, 50mg/5ml | 3 | B/D |
| *hydromorphone hcl* TABS 2mg, 4mg, 8mg | 1 | QL (180 tabs / 30 days) |
| HYDROMORPHONE HYDROCHLORI SOLN .25mg/0.5ml, 1mg/ml, 2mg/ml, 4mg/ml | 3 | B/D |
| *morphine sulfate* SOLN 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml | 3 | B/D |
| MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 10mg/ml, 50mg/ml | 3 | B/D |
| *morphine sulfate* SOLN 10mg/5ml, 20mg/5ml | 1 | QL (900 mL / 30 days) |
| *morphine sulfate* SOLN 100mg/5ml | 1 | QL (180 mL / 30 days) |
| *morphine sulfate* TABS 15mg, 30mg | 1 | QL (180 tabs / 30 days) |

You can find information on what the symbols and abbreviations on this table mean by going to the page prior to the start of the drug list



Puede encontrar información sobre el significado de los símbolos y abreviaturas que se encuentran en esta tabla si va a la página antes del comienzo de la lista de medicamentos

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| MORPHINE SULFATE/SODIUM C SOLN 1mg/ml | 3 | B/D |
| *nalbuphine hcl* SOLN 10mg/ml, 20mg/ml | 3 | |
| NALOCET TAB 2.5-300 | 4 | QL (360 tabs / 30 days), PA |
| NUCYNTA TABS 50mg | 3 | QL (180 tabs / 30 days) |
| NUCYNTA TABS 75mg, 100mg | 4 | QL (180 tabs / 30 days) |
| OXY-ACETAMIN TAB 7.5-300 | 4 | QL (240 tabs / 30 days), PA |
| OXYCOD-APAP TAB 2.5-300 | 4 | QL (360 tabs / 30 days), PA |
| OXYCOD/ACETA SOL 10/300MG | 4 | QL (900 mL / 30 days), PA |
| OXYCOD/APAP TAB 5-300MG | 4 | QL (360 tabs / 30 days), PA |
| OXYCOD/APAP TAB 10-300MG | 4 | QL (180 tabs / 30 days), PA |
| *oxycodone hcl* CAPS 5mg | 1 | QL (180 caps / 30 days) |
| *oxycodone hcl* CONC 100mg/5ml | 1 | QL (180 mL / 30 days) |
| *oxycodone hcl* SOLN 5mg/5ml | 1 | QL (900 mL / 30 days) |
| *oxycodone hcl* TABS 5mg, 10mg, 15mg, 20mg, 30mg | 1 | QL (180 tabs / 30 days) |
| OXYCODONE HYDROCHLORIDE TABA 5mg, 10mg, 15mg, 30mg | 4 | QL (180 tabs / 30 days) |
| *oxycodone w/ acetaminophen soln 5-325 mg/5ml* | 1 | QL (1800 mL / 30 days) |
| *oxycodone w/ acetaminophen tab 2.5-325 mg* | 1 | QL (360 tabs / 30 days) |
| *oxycodone w/ acetaminophen tab 5-325 mg* | 1 | QL (360 tabs / 30 days) |
| *oxycodone w/ acetaminophen tab 7.5-325 mg* | 1 | QL (240 tabs / 30 days) |
| *oxycodone w/ acetaminophen tab 10-325 mg* | 1 | QL (180 tabs / 30 days) |
| *oxymorphone hcl* TABS 5mg, 10mg | 1 | QL (180 tabs / 30 days) |
| PERCOCET TAB 5-325MG | 4 | QL (360 tabs / 30 days), PA |
| PERCOCET TAB 7.5-325 | 4 | QL (240 tabs / 30 days), PA |
| PERCOCET TAB 10-325MG | 4 | QL (180 tabs / 30 days), PA |
| PROLATE SOL 10/300MG | 4 | QL (900 mL / 30 days), PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| PROLATE TAB 5-300MG | 4 | QL (360 tabs / 30 days), PA |
| PROLATE TAB 7.5-300 | 4 | QL (240 tabs / 30 days), PA |
| PROLATE TAB 10-300MG | 4 | QL (180 tabs / 30 days), PA |
| ROXICODONE TABS 15mg | 3 | QL (180 tabs / 30 days) |
| ROXICODONE TABS 30mg | 4 | QL (180 tabs / 30 days) |
| ROXYBOND TABA 5mg, 10mg, 15mg, 30mg | 4 | QL (180 tabs / 30 days) |
| *tapentadol hcl* TABS 50mg, 75mg | 1 | QL (180 tabs / 30 days) |
| *tapentadol hcl* TABS 100mg | 4 | QL (180 tabs / 30 days) |
| TAPENTADOL HYDROCHLORIDE SOLN 20mg/ml | 4 | QL (900 mL / 30 days) |
| *tramadol hcl* SOLN 5mg/ml | 1 | QL (2400 mL / 30 days), PA |
| *tramadol hcl* TABS 25mg | 1 | QL (120 tabs / 30 days) |
| *tramadol hcl* TABS 50mg | 1 | QL (240 tabs / 30 days) |
| *tramadol hcl* TABS 75mg | 1 | QL (150 tabs / 30 days), PA |
| *tramadol hcl* TABS 100mg | 1 | QL (120 tabs / 30 days), PA |
| TRAMADOL HYDROCHLORIDE SOLN 5mg/ml | 3 | QL (2400 mL / 30 days), PA |
| *tramadol-acetaminophen tab 37.5-325 mg* | 1 | QL (240 tabs / 30 days) |
| *trezix* | 1 | QL (300 caps / 30 days) |
| **ANTI-INFECTIVES** | | |
| ***ANTI-INFECTIVES - MISCELLANEOUS*** | | |
| *albendazole* TABS 200mg | 1 | QL (672 tabs / year), PA |
| *amikacin sulfate* SOLN 1gm/4ml, 500mg/2ml | 1 | |
| ARIKAYCE SUSP 590mg/8.4ml | 4 | PA |
| *atovaquone* SUSP 750mg/5ml | 1 | QL (300 mL / 30 days), PA |
| AZACTAM SOLR 2gm | 3 | |
| *aztreonam* SOLR 1gm, 2gm | 1 | |
| BACTRIM DS TAB 800-160 | 3 | |
| BACTRIM TAB 400-80MG | 3 | |
| BETHKIS NEBU 300mg/4ml | 4 | PA |
| BLUJEPA TABS 750mg | 2 | |
| CAYSTON SOLR 75mg | 4 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| CLEOCIN PEDIATRIC GRANULE SOLR 75mg/5ml | 3 | |
| CLEOCIN PHOSPHATE SOLN 300mg/2ml, 600mg/4ml | 3 | |
| *clindamycin hcl* CAPS 75mg, 150mg, 300mg | 1 | |
| *clindamycin palmitate hydrochloride* SOLR 75mg/5ml | 1 | |
| *clindamycin phosphate* SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml | 1 | |
| *clindamycin phosphate in d5w iv soln 300 mg/50ml* | 1 | |
| *clindamycin phosphate in d5w iv soln 600 mg/50ml* | 1 | |
| *clindamycin phosphate in d5w iv soln 900 mg/50ml* | 1 | |
| CLINDMYC/NAC INJ 300/50ML | 3 | |
| CLINDMYC/NAC INJ 600/50ML | 3 | |
| CLINDMYC/NAC INJ 900/50ML | 3 | |
| *colistimethate sodium* SOLR 150mg | 1 | |
| COLY-MYCIN M SOLR 150mg | 3 | |
| CONTEPO SOLR 6gm | 4 | |
| *dalbavancin hcl* SOLR 500mg | 4 | |
| DALVANCE SOLR 500mg | 4 | |
| *dapsone* TABS 25mg, 100mg | 1 | |
| DAPTOMY/NACL INJ 350/50ML | 3 | |
| DAPTOMY/NACL INJ 500/50ML | 3 | |
| DAPTOMYCIN SOLR 350mg | 3 | |
| *daptomycin* SOLR 350mg, 500mg | 1 | |
| DAPTOMYCIN SOLR 500mg | 4 | |
| DARAPRIM TABS 25mg | 4 | QL (90 tabs / 30 days), PA |
| EMBLAVEO INJ 2GM | 4 | |
| EMVERM CHEW 100mg | 4 | QL (12 tabs / year) |
| *ertapenem sodium* SOLR 1gm | 1 | |
| FIRVANQ SOLR 25mg/ml, 50mg/ml | 3 | QL (1800 mL / 180 days) |
| *fosfomycin tromethamine* PACK 3gm | 1 | |
| *gentamicin in saline inj 0.8 mg/ml* | 1 | |
| *gentamicin in saline inj 1 mg/ml* | 1 | |
| *gentamicin in saline inj 1.2 mg/ml* | 1 | |
| *gentamicin in saline inj 1.6 mg/ml* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *gentamicin in saline inj 2 mg/ml* | 1 | |
| *gentamicin sulfate* SOLN 10mg/ml, 40mg/ml | 1 | |
| HUMATIN CAPS 250mg | 4 | |
| *imipenem-cilastatin intravenous for soln 250 mg* | 1 | |
| *imipenem-cilastatin intravenous for soln 500 mg* | 1 | |
| *ivermectin* TABS 3mg | 1 | QL (20 tabs / 90 days), PA |
| *ivermectin* TABS 6mg | 1 | QL (10 tabs / 90 days), PA |
| KIMYRSA SOLR 1200mg | 4 | |
| KITABIS PAK NEBU 300mg/5ml | 4 | PA |
| LIKMEZ SUSP 500mg/5ml | 3 | |
| *linezolid* SOLN 600mg/300ml | 1 | |
| *linezolid* SUSR 100mg/5ml | 1 | QL (1800 mL / 30 days) |
| *linezolid* TABS 600mg | 1 | QL (60 tabs / 30 days) |
| LINEZOLID INJ 2MG/ML | 3 | |
| MACROBID CAPS 100mg | 3 | |
| MEPRON SUSP 750mg/5ml | 4 | QL (300 mL / 30 days), PA |
| MEROP/NACL INJ 1GM/50ML | 3 | |
| MEROP/NACL INJ 500/50ML | 3 | |
| *meropenem* SOLR 1gm, 2gm, 500mg | 1 | |
| *methenamine hippurate* TABS 1gm | 1 | |
| *metronidazole* CAPS 375mg; SOLN 500mg/100ml; TABS 125mg, 250mg, 500mg | 1 | |
| METRONIDAZOLE SOLN 500mg/100ml | 3 | |
| NEBUPENT SOLR 300mg | 3 | B/D |
| *neomycin sulfate* TABS 500mg | 1 | |
| *nitazoxanide* TABS 500mg | 1 | QL (6 tabs / 30 days) |
| *nitrofurantoin* SUSP 25mg/5ml | 4 | PA |
| NITROFURANTOIN SUSP 50mg/5ml | 4 | PA |
| *nitrofurantoin macrocrystal* CAPS 25mg, 50mg, 100mg | 2 | |
| *nitrofurantoin monohyd macro* CAPS 100mg | 2 | |
| ORBACTIV SOLR 400mg | 4 | |
| ORLYNVAH TAB 500-500 | 4 | PA |
| PENTAM 300 SOLR 300mg | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *pentamidine isethionate inh* SOLR 300mg | 1 | B/D |
| *pentamidine isethionate inj* SOLR 300mg | 1 | |
| *polymyxin b sulfate* SOLR 500000unit | 1 | |
| *praziquantel* TABS 600mg | 1 | |
| *pyrimethamine* TABS 25mg | 4 | QL (90 tabs / 30 days), PA |
| RECARBRIO INJ 1.25GM | 4 | |
| SIVEXTRO SOLR 200mg; TABS 200mg | 4 | |
| SOLOSEC PACK 2gm | 3 | |
| *streptomycin sulfate* SOLR 1gm | 4 | |
| STROMECTOL TABS 3mg | 3 | QL (20 tabs / 90 days), PA |
| *sulfadiazine* TABS 500mg | 4 | |
| *sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml* | 1 | |
| *sulfamethoxazole-trimethoprim susp 200-40 mg/5ml* | 1 | |
| *sulfamethoxazole-trimethoprim tab 400-80 mg* | 1 | |
| *sulfamethoxazole-trimethoprim tab 800-160 mg* | 1 | |
| *tinidazole* TABS 250mg, 500mg | 1 | |
| TOBI NEBU 300mg/5ml | 4 | PA |
| TOBI PODHALER CAPS 28mg | 4 | PA |
| *tobramycin* NEBU 300mg/4ml, 300mg/5ml | 4 | PA |
| *tobramycin sulfate* SOLN 1.2gm/30ml, 10mg/ml, 80mg/2ml | 1 | |
| *tobramycin sulfate* SOLR 1.2gm | 3 | PA |
| *trimethoprim* TABS 100mg | 1 | |
| TYZAVAN SOLN 500mg/100ml, 750mg/150ml, 1000mg/200ml, 1250mg/250ml, 1500mg/300ml, 1750mg/350ml, 2000mg/400ml | 3 | |
| VABOMERE INJ 2GM(1-1) | 4 | |
| VANCOCIN CAPS 125mg | 4 | QL (80 caps / 180 days) |
| VANCOCIN CAPS 250mg | 4 | QL (160 caps / 180 days) |
| VANCOMYC/D5W INJ 1.5/300 | 3 | |
| VANCOMYC/D5W INJ 1.25/250 | 3 | |
| *vancomycin hcl* CAPS 125mg | 1 | QL (80 caps / 180 days) |
| *vancomycin hcl* CAPS 250mg | 1 | QL (160 caps / 180 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *vancomycin hcl* SOLN 750mg/150ml, 1000mg/200ml, 1250mg/250ml, 1500mg/300ml, 1750mg/350ml, 2000mg/400ml; SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg | 1 | |
| *vancomycin hcl* SOLR 25mg/ml, 250mg/5ml | 1 | QL (1800 mL / 180 days) |
| VANCOMYCIN HYDROCHLORIDE SOLN 500mg/100ml; SOLR 1gm, 1.25gm, 1.5gm, 1.75gm, 2gm, 5gm, 10gm, 500mg, 750mg | 3 | |
| VANCOMYCIN INJ 1 GM | 3 | |
| VANCOMYCIN INJ 500MG | 3 | |
| VANCOMYCIN INJ 750MG | 3 | |
| VIBATIV SOLR 750mg | 4 | |
| XACDURO INJ 1-1GM | 4 | |
| XIFAXAN TABS 200mg | 2 | QL (9 tabs / 30 days) |
| ZYVOX SOLN 600mg/300ml | 4 | |
| ***ANTIFUNGALS*** | | |
| AMBISOME SUSR 50mg | 4 | B/D |
| *amphotericin b* SOLR 50mg | 1 | B/D |
| *amphotericin b liposome* SUSR 50mg | 4 | B/D |
| ANCOBON CAPS 250mg, 500mg | 4 | PA |
| *caspofungin acetate* SOLR 50mg, 70mg | 1 | |
| CASPOFUNGIN ACETATE SOLR 50mg, 70mg | 4 | |
| CRESEMBA CAPS 74.5mg, 186mg; SOLR 372mg | 4 | PA |
| DIFLUCAN SUSR 40mg/ml | 3 | |
| ERAXIS SOLR 50mg | 3 | |
| ERAXIS SOLR 100mg | 4 | |
| *fluconazole* SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg | 1 | |
| *fluconazole in nacl 0.9% inj 200 mg/100ml* | 1 | |
| *fluconazole in nacl 0.9% inj 400 mg/200ml* | 1 | |
| *flucytosine* CAPS 250mg, 500mg | 4 | PA |
| *griseofulvin microsize* SUSP 125mg/5ml; TABS 500mg | 1 | |
| *griseofulvin ultramicrosize* TABS 125mg, 250mg | 1 | |
| *griseofulvin ultramicrosize* TABS 165mg | 4 | |
| *itraconazole* CAPS 100mg | 1 | QL (120 caps / 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *itraconazole* SOLN 10mg/ml | 1 | |
| *ketoconazole* TABS 200mg | 1 | PA |
| *micafungin sodium* SOLR 50mg, 100mg | 1 | |
| MICAFUNGIN/NACL INJ 50MG/50ML | 4 | |
| MICAFUNGIN/NACL INJ 100MG/100ML | 4 | |
| MICAFUNGIN/NACL INJ 150MG/150ML | 4 | |
| NOXAFIL PACK 300mg | 4 | QL (32 packets / 30 days), PA |
| NOXAFIL SOLN 300mg/16.7ml | 4 | |
| *nystatin* TABS 500000unit | 1 | |
| *posaconazole* SOLN 300mg/16.7ml | 4 | |
| *posaconazole* SUSP 40mg/ml | 4 | QL (630 mL / 30 days), PA |
| *posaconazole* TBEC 100mg | 1 | QL (93 tabs / 30 days), PA |
| REZZAYO SOLR 200mg | 4 | |
| *terbinafine hcl* TABS 250mg | 1 | QL (30 tabs / 30 days), PA; PA applies after a 90 day supply in a calendar year |
| TOLSURA CAPS 65mg | 4 | QL (120 caps / 30 days), PA |
| VFEND SUSR 40mg/ml | 4 | QL (600 mL / 28 days), PA |
| VFEND IV SOLR 200mg | 3 | PA |
| VIVJOA CPPK 150mg | 4 | QL (18 caps / 84 days), PA |
| VORICONAZOLE SOLN 200mg/20ml | 4 | PA |
| *voriconazole* SOLR 200mg | 1 | PA |
| VORICONAZOLE SOLR 200mg | 3 | PA |
| *voriconazole* SUSR 40mg/ml | 4 | QL (600 mL / 28 days), PA |
| *voriconazole* TABS 50mg | 1 | QL (480 tabs / 30 days) |
| *voriconazole* TABS 200mg | 1 | QL (120 tabs / 30 days) |
| ***ANTIMALARIALS*** | | |
| *atovaquone-proguanil hcl tab 62.5-25 mg* | 1 | |
| *atovaquone-proguanil hcl tab 250-100 mg* | 1 | |
| *chloroquine phosphate* TABS 250mg, 500mg | 1 | |
| COARTEM TAB 20-120MG | 3 | |
| KRINTAFEL TABS 150mg | 3 | |
| MALARONE TAB 62.5-25 | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| MALARONE TAB 250-100 | 3 | |
| *mefloquine hcl* TABS 250mg | 1 | |
| *primaquine phosphate* TABS 26.3mg | 1 | |
| PRIMAQUINE PHOSPHATE TABS 26.3mg | 2 | |
| *quinine sulfate* CAPS 324mg | 1 | PA |
| ***ANTIRETROVIRAL AGENTS*** | | |
| *abacavir sulfate* SOLN 20mg/ml; TABS 300mg | 1 | |
| APTIVUS CAPS 250mg | 4 | |
| *atazanavir sulfate* CAPS 150mg, 200mg, 300mg | 1 | |
| *darunavir* TABS 600mg | 1 | QL (60 tabs / 30 days) |
| *darunavir* TABS 800mg | 1 | QL (30 tabs / 30 days) |
| EDURANT TABS 25mg | 4 | |
| EDURANT PED TBSO 2.5mg | 4 | |
| *efavirenz* TABS 600mg | 1 | |
| *emtricitabine* CAPS 200mg | 1 | |
| EMTRIVA SOLN 10mg/ml | 3 | |
| EPIVIR SOLN 10mg/ml; TABS 150mg, 300mg | 3 | |
| *etravirine* TABS 100mg, 200mg | 1 | |
| *fosamprenavir calcium* TABS 700mg | 1 | |
| INTELENCE TABS 25mg | 3 | |
| INTELENCE TABS 200mg | 4 | |
| ISENTRESS CHEW 25mg | 3 | |
| ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg | 4 | |
| ISENTRESS HD TABS 600mg | 4 | |
| *lamivudine* SOLN 10mg/ml; TABS 150mg, 300mg | 1 | |
| *maraviroc* TABS 150mg, 300mg | 1 | |
| *nevirapine* SUSP 50mg/5ml; TABS 200mg; TB24 400mg | 1 | |
| NORVIR PACK 100mg; TABS 100mg | 3 | |
| PIFELTRO TABS 100mg | 4 | |
| PREZISTA SUSP 100mg/ml | 4 | QL (400 mL / 30 days) |
| PREZISTA TABS 75mg | 3 | QL (480 tabs / 30 days) |
| PREZISTA TABS 150mg | 3 | QL (240 tabs / 30 days) |
| PREZISTA TABS 600mg | 4 | QL (60 tabs / 30 days) |
| PREZISTA TABS 800mg | 4 | QL (30 tabs / 30 days) |
| RETROVIR CAPS 100mg; SYRP 50mg/5ml | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| REYATAZ CAPS 200mg, 300mg; PACK 50mg | 4 | |
| *rilpivirine hcl* TABS 25mg | 1 | |
| *ritonavir* TABS 100mg | 1 | |
| RUKOBIA TB12 600mg | 4 | |
| SELZENTRY SOLN 20mg/ml; TABS 150mg, 300mg | 4 | |
| SUNLENCA TABS 300mg; TBPK 300mg | 4 | |
| *tenofovir disoproxil fumarate* TABS 300mg | 1 | |
| TIVICAY TABS 50mg | 4 | |
| TIVICAY PD TBSO 5mg | 4 | |
| TROGARZO SOLN 200mg/1.33ml | 4 | |
| VIRACEPT TABS 250mg, 625mg | 3 | |
| VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg, 300mg | 4 | |
| ZIAGEN SOLN 20mg/ml | 3 | |
| *zidovudine* CAPS 100mg; SYRP 50mg/5ml; TABS 300mg | 1 | |
| ***ANTIRETROVIRAL COMBINATION AGENTS*** | | |
| *abacavir sulfate-lamivudine tab 600-300 mg* | 1 | |
| BIKTARVY TAB 30-120-15 MG | 4 | |
| BIKTARVY TAB 50-200-25 MG | 4 | |
| CIMDUO TAB 300-300 | 4 | |
| COMPLERA TAB | 4 | |
| DELSTRIGO TAB | 4 | |
| DESCOVY TAB 120-15MG | 4 | |
| DESCOVY TAB 200/25MG | 4 | |
| DOVATO TAB 50-300MG | 4 | |
| *efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg* | 1 | |
| *efavirenz-lamivudine-tenofovir df tab 400-300-300 mg* | 1 | |
| *efavirenz-lamivudine-tenofovir df tab 600-300-300 mg* | 1 | |
| *emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg* | 4 | |
| *emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg* | 1 | |
| *emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg* | 1 | |
| *emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg* | 1 | |
| EVOTAZ TAB 300-150 | 4 | |
| GENVOYA TAB | 4 | |
| IDVYNSO TAB 100-0.25 | 4 | |
| JULUCA TAB 50-25MG | 4 | |
| KALETRA SOL | 3 | |
| KALETRA TAB 100-25MG | 3 | |
| KALETRA TAB 200-50MG | 3 | |
| *lamivudine-zidovudine tab 150-300 mg* | 1 | |
| *lopinavir-ritonavir tab 100-25 mg* | 1 | |
| *lopinavir-ritonavir tab 200-50 mg* | 1 | |
| ODEFSEY TAB | 4 | |
| PREZCOBIX TAB 675/150 | 4 | |
| PREZCOBIX TAB 800-150 | 4 | |
| STRIBILD TAB | 4 | |
| SYMFI TAB | 4 | |
| SYMTUZA TAB | 4 | |
| TRIUMEQ PD TAB | 3 | |
| TRIUMEQ TAB | 4 | |
| TRUVADA TAB 100-150 | 4 | |
| TRUVADA TAB 133-200 | 4 | |
| TRUVADA TAB 167-250 | 4 | |
| TRUVADA TAB 200-300 | 4 | |
| ***ANTITUBERCULAR AGENTS*** | | |
| *cycloserine* CAPS 250mg | 4 | |
| *ethambutol hcl* TABS 100mg, 400mg | 1 | |
| *isoniazid* SYRP 50mg/5ml; TABS 100mg, 300mg | 1 | |
| PRETOMANID TABS 200mg | 3 | |
| PRIFTIN TABS 150mg | 3 | |
| *pyrazinamide* TABS 500mg | 1 | |
| *rifabutin* CAPS 150mg | 1 | |
| *rifampin* CAPS 150mg, 300mg; SOLR 600mg | 1 | |
| *rifapentine* TABS 150mg | 1 | |
| SIRTURO TABS 20mg, 100mg | 4 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***ANTIVIRALS*** | | |
| *acyclovir* CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg | 1 | |
| *acyclovir sodium* SOLN 50mg/ml | 1 | B/D |
| *adefovir dipivoxil* TABS 10mg | 1 | |
| BARACLUDE SOLN .05mg/ml | 4 | ST |
| BARACLUDE TABS .5mg, 1mg | 4 | |
| *cidofovir* SOLN 75mg/ml | 1 | |
| *entecavir* TABS .5mg, 1mg | 1 | |
| *famciclovir* TABS 125mg, 250mg, 500mg | 1 | |
| *foscarnet sodium* SOLN 6000mg/250ml | 4 | B/D |
| GANCICLOVIR SOLN 500mg/10ml | 3 | B/D |
| *ganciclovir sodium* SOLR 500mg | 1 | B/D |
| HARVONI PAK 33.75-150MG | 4 | PA |
| HARVONI PAK 45-200MG | 4 | PA |
| HARVONI TAB 45-200MG | 4 | PA |
| HARVONI TAB 90-400MG | 4 | PA |
| HEPCLUDEX SOLR 8.5mg | 4 | QL (30 vials / 30 days), PA |
| *lamivudine (hbv)* TABS 100mg | 1 | |
| LIVTENCITY TABS 200mg | 4 | QL (336 tabs / 28 days), PA |
| MAVYRET PAK 50-20MG | 4 | PA |
| MAVYRET TAB 100-40MG | 4 | PA |
| *oseltamivir phosphate* CAPS 30mg | 1 | QL (168 caps / year) |
| *oseltamivir phosphate* CAPS 45mg, 75mg | 1 | QL (84 caps / year) |
| *oseltamivir phosphate* SUSR 6mg/ml | 1 | QL (1080 mL / year) |
| PAXLOVID PAK | 1 | QL (22 tabs / 90 days) |
| PAXLOVID TAB 150-100 | 1 | QL (40 tabs / 90 days) |
| PAXLOVID TAB 300-100 | 1 | QL (60 tabs / 90 days) |
| PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml | 4 | PA |
| PREVYMIS PACK 20mg, 120mg | 4 | QL (120 packets / 30 days), PA |
| PREVYMIS SOLN 240mg/12ml, 480mg/24ml | 4 | |
| PREVYMIS TABS 240mg, 480mg | 4 | QL (28 tabs / 28 days), PA |
| RAPIVAB SOLN 200mg/20ml | 4 | |
| RELENZA DISKHALER AEPB 5mg/blister | 2 | QL (6 inhalers / year) |
| *ribavirin (hepatitis c)* CAPS 200mg; TABS 200mg | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *rimantadine hydrochloride* TABS 100mg | 1 | |
| TAMIFLU CAPS 75mg | 3 | QL (84 caps / year) |
| TAMIFLU SUSR 6mg/ml | 3 | QL (1080 mL / year) |
| *valacyclovir hcl* TABS 1gm, 500mg | 1 | |
| VALCYTE SOLR 50mg/ml | 4 | |
| *valganciclovir hcl* SOLR 50mg/ml | 4 | |
| *valganciclovir hcl* TABS 450mg | 1 | |
| VALTREX TABS 1gm, 500mg | 3 | |
| VEMLIDY TABS 25mg | 4 | PA |
| VOSEVI TAB | 4 | PA |
| XOCOVA TABS 125mg | 4 | QL (7 tabs / 30 days) |
| XOFLUZA TBPK 40mg, 80mg | 3 | QL (1 tab / 180 days) |
| ***CEPHALOSPORINS*** | | |
| AVYCAZ INJ 2-0.5GM | 4 | |
| *cefaclor* CAPS 250mg, 500mg; SUSR 250mg/5ml | 1 | |
| CEFACLOR ER TB12 500mg | 3 | |
| *cefadroxil* CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml; TABS 1gm | 1 | |
| CEFAZOLIN SOLR 2gm, 3gm | 3 | |
| CEFAZOLIN INJ 1GM/50ML | 3 | |
| *cefazolin sodium* SOLR 1gm, 2gm, 3gm, 10gm, 500mg | 1 | |
| CEFAZOLIN SOLN 2GM/100ML-4% | 3 | |
| CEFAZOLIN/DEX SOL 1GM/50ML-4% | 3 | |
| CEFAZOLIN/DEX SOL 2GM/50ML-3% | 3 | |
| CEFAZOLIN/DEX SOL 3GM/50ML-2% | 3 | |
| CEFAZOLIN/DEX SOL 3GM/150ML-4% | 3 | |
| *cefdinir* CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml | 1 | |
| CEFEPIME SOLN 1gm/50ml, 2gm/100ml | 3 | |
| *cefepime hcl* SOLR 1gm, 2gm | 1 | |
| CEFEPIME/DEX INJ 1GM | 3 | |
| CEFEPIME/DEX INJ 2GM | 3 | |
| *cefixime* CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml; TABS 400mg | 1 | |
| *cefotetan disodium* SOLR 1gm, 2gm | 1 | |
| CEFOXITIN INJ 1GM | 3 | |
| CEFOXITIN INJ 2GM | 3 | |
| *cefoxitin sodium* SOLR 1gm, 2gm, 10gm | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *cefpodoxime proxetil* SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg | 1 | |
| *cefprozil* SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg | 1 | |
| *ceftaroline fosamil* SOLR 400mg, 600mg | 4 | |
| *ceftazidime* SOLR 1gm, 2gm, 6gm | 1 | |
| *ceftriaxone sodium* SOLR 1gm, 2gm, 10gm, 250mg, 500mg | 1 | |
| *cefuroxime axetil* TABS 250mg, 500mg | 1 | |
| *cefuroxime sodium* SOLR 1.5gm, 750mg | 1 | |
| *cephalexin* CAPS 250mg, 500mg, 750mg; SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg | 1 | |
| FETROJA SOLR 1gm | 4 | |
| *tazicef* SOLR 1gm, 2gm, 6gm | 1 | |
| TEFLARO SOLR 400mg, 600mg | 4 | |
| ZERBAXA INJ 1.5GM | 4 | |
| ZEVTERA SOLR 667mg | 4 | |
| ***ERYTHROMYCINS/MACROLIDES*** | | |
| *azithromycin* SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg | 1 | |
| *clarithromycin* SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg | 1 | |
| DIFICID SUSR 40mg/ml; TABS 200mg | 4 | |
| *e.e.s. 400* TABS 400mg | 1 | |
| ERYTHROCIN LACTOBIONATE SOLR 500mg | 3 | |
| *erythromycin base* TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg | 1 | |
| *erythromycin ethylsuccinate* SUSR 200mg/5ml, 400mg/5ml | 1 | |
| *erythromycin lactobionate* SOLR 500mg | 1 | |
| *fidaxomicin* TABS 200mg | 4 | |
| ZITHROMAX SUSR 200mg/5ml | 3 | |
| ZITHROMAX TRI-PAK TABS 500mg | 3 | |
| ZITHROMAX Z-PAK TABS 250mg | 3 | |
| ***FLUOROQUINOLONES*** | | |
| BAXDELA SOLR 300mg; TABS 450mg | 4 | |
| CIPRO SUSR 5gm/100ml, 500mg/5ml; TABS 250mg, 500mg | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *ciprofloxacin 200 mg/100ml in d5w* | 1 | |
| *ciprofloxacin 400 mg/200ml in d5w* | 1 | |
| *ciprofloxacin hcl* TABS 250mg, 500mg, 750mg | 1 | |
| *levofloxacin* SOLN 25mg/ml; TABS 250mg, 500mg, 750mg | 1 | |
| *levofloxacin in d5w iv soln 250 mg/50ml* | 1 | |
| *levofloxacin in d5w iv soln 500 mg/100ml* | 1 | |
| *levofloxacin in d5w iv soln 750 mg/150ml* | 1 | |
| *moxifloxacin hcl* TABS 400mg | 1 | |
| *moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj* | 1 | |
| MOXIFLOXACIN HYDROCHLORID SOLN 400mg/250ml | 3 | |
| ***PENICILLINS*** | | |
| AMOX/K CLAV CHW 200/28.5 | 3 | |
| AMOX/K CLAV CHW 400/57 | 3 | |
| *amoxicillin* CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg | 1 | |
| *amoxicillin & k clavulanate for susp 200-28.5 mg/5ml* | 1 | |
| *amoxicillin & k clavulanate for susp 250-62.5 mg/5ml* | 1 | |
| *amoxicillin & k clavulanate for susp 400-57 mg/5ml* | 1 | |
| *amoxicillin & k clavulanate for susp 600-42.9 mg/5ml* | 1 | |
| *amoxicillin & k clavulanate tab 250-125 mg* | 1 | |
| *amoxicillin & k clavulanate tab 500-125 mg* | 1 | |
| *amoxicillin & k clavulanate tab 875-125 mg* | 1 | |
| *amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg* | 1 | |
| *ampicillin* CAPS 500mg | 1 | |
| *ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm* | 1 | |
| *ampicillin & sulbactam sodium for inj 3 (2-1) gm* | 1 | |
| *ampicillin & sulbactam sodium for iv soln 15 (10-5) gm* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *ampicillin sodium* SOLR 1gm, 2gm, 10gm, 250mg, 500mg | 1 | |
| AUGMENTIN SUS 125/5ML | 4 | |
| AUGMENTIN SUS ES-600 | 3 | |
| BICILLIN C-R INJ 900/300 | 3 | |
| BICILLIN C-R INJ 1200000 | 3 | |
| BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml | 3 | |
| *dicloxacillin sodium* CAPS 250mg, 500mg | 1 | |
| NAFCILLIN INJ 2GM/100 | 4 | |
| *nafcillin sodium* SOLR 1gm, 2gm | 1 | |
| *nafcillin sodium* SOLR 10gm | 4 | |
| OXACILLIN INJ 2GM | 3 | |
| *oxacillin sodium* SOLR 1gm, 2gm, 10gm | 1 | |
| PEN GK/DEXTR INJ 40000/ML | 3 | |
| PEN GK/DEXTR INJ 60000/ML | 3 | |
| *penicillin g potassium* SOLR 5000000unit, 20000000unit | 1 | |
| *penicillin g sodium* SOLR 5000000unit | 1 | |
| *penicillin v potassium* SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg | 1 | |
| *pfizerpen* SOLR 5000000unit, 20000000unit | 1 | |
| PIP/TAZ/NACL INJ 2-0.25GM | 3 | |
| PIP/TAZ/NACL INJ 3-0.375G | 3 | |
| PIP/TAZ/NACL INJ 4-0.5GM | 3 | |
| *piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)* | 1 | |
| *piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)* | 1 | |
| *piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)* | 1 | |
| *piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)* | 1 | |
| *piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)* | 1 | |
| UNASYN INJ 1.5GM | 3 | |
| UNASYN INJ 3GM | 3 | |
| UNASYN INJ 15GM | 3 | |
| ZOSYN SOL 2-0.25GM | 3 | |
| ZOSYN SOL 3-0.375G | 3 | |
| ZOSYN SOL 4-0.5GM | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***TETRACYCLINES*** | | |
| *demeclocycline hcl* TABS 150mg, 300mg | 1 | |
| DORYX MPC TBEC 60mg | 4 | PA |
| *doxy 100* SOLR 100mg | 1 | |
| *doxycycline (monohydrate)* CAPS 50mg, 75mg, 100mg, 150mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg, 150mg | 1 | |
| *doxycycline hyclate* CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 50mg, 75mg, 100mg, 150mg | 1 | |
| *doxycycline hyclate* TBEC 50mg, 75mg, 100mg, 150mg, 200mg | 1 | PA |
| *minocycline hcl* CAPS 50mg, 75mg, 100mg; TABS 50mg, 75mg, 100mg; TB24 45mg, 55mg, 65mg, 80mg, 90mg, 105mg, 115mg, 135mg | 1 | |
| NUZYRA SOLR 100mg | 4 | |
| NUZYRA TABS 150mg | 4 | QL (30 tabs / 14 days) |
| SEYSARA TABS 60mg, 100mg, 150mg | 3 | PA |
| *targadox* TABS 50mg | 1 | |
| *tetracycline hcl* CAPS 250mg, 500mg | 1 | |
| TETRACYCLINE HYDROCHLORID TABS 250mg, 500mg | 4 | |
| *tigecycline* SOLR 50mg | 1 | |
| TIGECYCLINE SOLR 50mg | 4 | |
| TYGACIL SOLR 50mg | 4 | |
| XERAVA SOLR 50mg, 100mg | 3 | |
| **ANTINEOPLASTIC AGENTS** | | |
| ***ALKYLATING AGENTS*** | | |
| *bendamustine hcl* SOLR 25mg | 1 | B/D |
| *bendamustine hcl* SOLR 100mg | 4 | B/D |
| BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml | 4 | B/D |
| BENDEKA SOLN 100mg/4ml | 4 | B/D |
| *carboplatin* SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml | 1 | B/D |
| *cisplatin* SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml | 1 | B/D |
| *cyclophosphamide* CAPS 25mg, 50mg; SOLN 500mg/2.5ml; SOLR 1gm, 2gm, 500mg | 1 | B/D |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 1gm/5ml, 2gm/4ml, 500mg/2.5ml, 500mg/5ml, 500mg/ml, 1000mg/10ml, 2000mg/20ml | 4 | B/D |
| *cyclophosphamide* SOLN 1gm/5ml | 4 | B/D |
| CYCLOPHOSPHAMIDE TABS 50mg | 3 | B/D |
| CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml | 4 | B/D |
| FRINDOVYX SOLN 1gm/2ml, 2gm/4ml, 500mg/ml | 4 | B/D |
| GLEOSTINE CAPS 10mg, 40mg | 3 | |
| GLEOSTINE CAPS 100mg | 4 | |
| GRAFAPEX SOLR 1gm, 5gm | 4 | B/D |
| IFEX SOLR 3gm | 3 | B/D |
| *ifosfamide* SOLN 1gm/20ml, 3gm/60ml | 1 | B/D |
| IFOSFAMIDE SOLR 3gm | 3 | B/D |
| KYXATA SOLN 80mg/8ml, 500mg/50ml | 4 | B/D |
| LEUKERAN TABS 2mg | 4 | PA |
| *lomustine* CAPS 10mg, 40mg | 1 | |
| *lomustine* CAPS 100mg | 4 | |
| *oxaliplatin* SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml | 1 | B/D |
| *oxaliplatin* SOLR 50mg, 100mg | 4 | B/D |
| TREANDA SOLR 25mg, 100mg | 4 | B/D |
| VIVIMUSTA SOLN 100mg/4ml | 4 | B/D |
| ZEPZELCA SOLR 4mg | 4 | PA |
| ***ANTIMETABOLITES*** | | |
| ALIMTA SOLR 100mg, 500mg | 4 | B/D |
| AVGEMSI SOLN 1gm/26.3ml, 2gm/52.6ml | 4 | B/D |
| AXTLE SOLR 100mg, 500mg | 4 | B/D |
| *azacitidine* SUSR 100mg | 4 | B/D |
| *cytarabine* SOLN 20mg/ml, 100mg/ml | 1 | B/D |
| *decitabine* SOLR 50mg | 4 | B/D |
| FAVLYXA SOLN 2.5gm/100ml, 250mg/10ml | 4 | B/D |
| *fludarabine phosphate* SOLN 50mg/2ml; SOLR 50mg | 1 | B/D |
| *fluorouracil* SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml | 1 | B/D |
| FOLOTYN SOLN 20mg/ml, 40mg/2ml | 4 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *gemcitabine hcl* SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg | 1 | B/D |
| GEMCITABINE HYDROCHLORIDE SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml | 3 | B/D |
| INQOVI TAB 35-100MG | 4 | QL (5 tabs / 28 days), PA |
| LONSURF TAB 15-6.14 | 4 | QL (100 tabs / 28 days), PA |
| LONSURF TAB 20-8.19 | 4 | QL (80 tabs / 28 days), PA |
| *mercaptopurine* SUSP 2000mg/100ml | 4 | |
| *mercaptopurine* TABS 50mg | 1 | |
| *methotrexate sodium* SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm | 1 | B/D |
| ONUREG TABS 200mg, 300mg | 4 | QL (14 tabs / 28 days), PA |
| PEMETREXED SOLN 1gm/40ml, 100mg/4ml, 500mg/20ml | 4 | B/D |
| *pemetrexed disodium* SOLR 100mg, 500mg, 750mg, 1000mg | 4 | B/D |
| PEMRYDI RTU SOLN 100mg/10ml, 500mg/50ml | 4 | B/D |
| *pralatrexate* SOLN 20mg/ml, 40mg/2ml | 4 | PA |
| PURIXAN SUSP 2000mg/100ml | 4 | |
| TABLOID TABS 40mg | 4 | PA |
| VIDAZA SUSR 100mg | 4 | B/D |
| ***HORMONAL ANTINEOPLASTIC AGENTS*** | | |
| *abiraterone acetate* TABS 250mg | 4 | QL (120 tabs / 30 days), PA |
| *abiraterone acetate* TABS 500mg | 4 | QL (60 tabs / 30 days), PA |
| *abirtega* TABS 250mg | 1 | QL (120 tabs / 30 days), PA |
| AKEEGA TAB 50/500MG | 4 | QL (60 tabs / 30 days), PA |
| AKEEGA TAB 100/500 | 4 | QL (60 tabs / 30 days), PA |
| *anastrozole* TABS 1mg | 1 | |
| ARIMIDEX TABS 1mg | 4 | |
| AROMASIN TABS 25mg | 4 | |
| *bicalutamide* TABS 50mg | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| CAMCEVI PRSY 42mg | 3 | PA |
| CASODEX TABS 50mg | 4 | |
| CLIGAVYX SOSY 250mg/5ml | 4 | B/D |
| ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg | 2 | PA |
| ERLEADA TABS 60mg | 4 | QL (120 tabs / 30 days), PA |
| ERLEADA TABS 240mg | 4 | QL (30 tabs / 30 days), PA |
| EULEXIN CAPS 125mg | 4 | |
| *exemestane* TABS 25mg | 1 | |
| FARESTON TABS 60mg | 4 | PA |
| FASLODEX SOSY 250mg/5ml | 4 | B/D |
| FEMARA TABS 2.5mg | 3 | |
| FIRMAGON SOLR 80mg | 3 | PA |
| FIRMAGON SOLR 120mg/vial | 4 | PA |
| *fulvestrant* SOSY 250mg/5ml | 1 | B/D |
| INLURIYO TABS 200mg | 4 | QL (56 tabs / 28 days), PA |
| *letrozole* TABS 2.5mg | 1 | |
| *leuprolide acetate* KIT 1mg/0.2ml | 1 | PA |
| LIFYORLI CAP 125MG DS | 4 | QL (18 caps / 28 days), PA |
| LIFYORLI CAP 150MG DS | 4 | QL (27 caps / 28 days), PA |
| LUPRON DEPOT (1-MONTH) KIT 3.75mg, 7.5mg | 4 | PA |
| LUPRON DEPOT (3-MONTH) KIT 11.25mg, 22.5mg | 4 | PA |
| LUPRON DEPOT (4-MONTH) KIT 30mg | 4 | PA |
| LUPRON DEPOT (6-MONTH) KIT 45mg | 4 | PA |
| LUTRATE DEPOT INJ 22.5mg | 3 | PA |
| LYSODREN TABS 500mg | 4 | |
| *megestrol acetate* TABS 20mg, 40mg | 2 | |
| *nilutamide* TABS 150mg | 4 | |
| NUBEQA TABS 300mg | 4 | QL (120 tabs / 30 days), PA |
| ORGOVYX TABS 120mg | 4 | PA |
| ORSERDU TABS 86mg | 4 | QL (90 tabs / 30 days), PA |
| ORSERDU TABS 345mg | 4 | QL (30 tabs / 30 days), PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| SOLTAMOX SOLN 10mg/5ml | 4 | |
| *tamoxifen citrate* TABS 10mg, 20mg | 1 | |
| *toremifene citrate* TABS 60mg | 1 | PA |
| TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg, 22.5mg | 2 | PA |
| VABRINTY KIT 7.5mg, 22.5mg, 30mg, 45mg | 4 | PA |
| VEPPANU TABS 100mg | 4 | QL (90 tabs / 30 days), PA |
| VEPPANU TABS 200mg | 4 | QL (30 tabs / 30 days), PA |
| XTANDI CAPS 40mg | 4 | QL (120 caps / 30 days), PA |
| XTANDI TABS 40mg | 4 | QL (120 tabs / 30 days), PA |
| XTANDI TABS 80mg | 4 | QL (60 tabs / 30 days), PA |
| YONSA TABS 125mg | 4 | QL (120 tabs / 30 days), PA |
| ZOLADEX IMPL 3.6mg, 10.8mg | 3 | PA |
| ZYTIGA TABS 250mg | 4 | QL (120 tabs / 30 days), PA |
| ZYTIGA TABS 500mg | 4 | QL (60 tabs / 30 days), PA |
| ***IMMUNOMODULATORS*** | | |
| *lenalidomide* CAPS 2.5mg, 5mg, 10mg, 15mg | 4 | QL (28 caps / 28 days), PA |
| *lenalidomide* CAPS 20mg, 25mg | 4 | QL (21 caps / 28 days), PA |
| *pomalidomide* CAPS 1mg, 2mg, 3mg, 4mg | 4 | QL (21 caps / 28 days), PA |
| POMALYST CAPS 1mg, 2mg, 3mg, 4mg | 4 | QL (21 caps / 28 days), PA |
| REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg | 4 | QL (28 caps / 28 days), PA |
| REVLIMID CAPS 20mg, 25mg | 4 | QL (21 caps / 28 days), PA |
| THALOMID CAPS 50mg | 4 | QL (84 caps / 28 days), PA |
| THALOMID CAPS 100mg | 4 | QL (112 caps / 28 days), PA |
| ZENBEXUS CAPS .75mg, 1mg | 4 | QL (21 caps / 28 days), PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***MISCELLANEOUS*** | | |
| ASPARLAS SOLN 3750unit/5ml | 4 | PA |
| BESREMI SOSY 500mcg/ml | 4 | QL (2 syringes / 28 days), PA |
| BESREMI PEN SOPN 500mcg/0.5ml | 4 | QL (2 pens / 28 days), PA |
| *bexarotene* CAPS 75mg | 4 | QL (300 caps / 30 days), PA |
| *bleomycin sulfate* SOLR 15unit, 30unit | 1 | B/D |
| CAMPTOSAR SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml | 3 | B/D |
| *dacarbazine* SOLR 100mg | 1 | B/D |
| *dexrazoxane hcl* SOLR 250mg, 500mg | 1 | B/D |
| DOXIL SUSP 2mg/ml | 4 | B/D |
| *doxorubicin hcl* SOLN 2mg/ml | 1 | B/D |
| *doxorubicin hcl liposomal* SUSP 2mg/ml | 4 | B/D |
| DOXORUBICIN HYDROCHLORIDE SOLN 2mg/ml | 3 | B/D |
| ELITEK SOLR 1.5mg, 7.5mg | 4 | B/D |
| ELLENCE SOLN 50mg/25ml, 200mg/100ml | 3 | B/D |
| ETHYOL SOLR 500mg | 4 | B/D |
| HYDREA CAPS 500mg | 3 | |
| *hydroxyurea* CAPS 500mg | 1 | |
| *irinotecan hcl* SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml | 1 | B/D |
| IWILFIN TABS 192mg | 4 | QL (240 tabs / 30 days), PA |
| KHAPZORY SOLR 175mg | 4 | B/D |
| *leucovorin calcium* SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg | 1 | B/D |
| *leucovorin calcium* TABS 5mg, 10mg, 15mg, 25mg | 1 | |
| *levoleucovorin calcium* SOLN 175mg/17.5ml, 250mg/25ml; SOLR 50mg | 1 | B/D |
| MATULANE CAPS 50mg | 4 | |
| *mesna* TABS 400mg | 1 | |
| MESNEX TABS 400mg | 4 | |
| *mitomycin* SOLR 5mg, 20mg | 1 | B/D |
| *mitomycin* SOLR 40mg | 4 | B/D |
| *mitoxantrone hcl* CONC 20mg/10ml, 25mg/12.5ml, 30mg/15ml | 1 | B/D |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| MODEYSO CAPS 125mg | 4 | QL (20 caps / 28 days), PA |
| NIPENT SOLR 10mg | 4 | B/D |
| ONCASPAR SOLN 750unit/ml | 4 | PA |
| ONIVYDE SUSP 43mg/10ml | 4 | B/D |
| RYLAZE SOLN 10mg/0.5ml | 4 | PA |
| SYLVANT SOLR 100mg, 400mg | 4 | PA |
| TARGRETIN CAPS 75mg | 4 | QL (300 caps / 30 days), PA |
| TOPOTECAN HCL SOLN 4mg/4ml | 3 | B/D |
| *topotecan hcl* SOLN 4mg/4ml; SOLR 4mg | 1 | B/D |
| *tretinoin (chemotherapy)* CAPS 10mg | 4 | |
| *valrubicin* SOLN 40mg/ml | 4 | B/D |
| VALSTAR SOLN 40mg/ml | 4 | B/D |
| VYKOURA SOLN 50mg/5ml | 3 | B/D |
| VYKOURA SOLN 350mg/35ml, 500mg/50ml | 4 | B/D |
| WELIREG TABS 40mg | 4 | QL (90 tabs / 30 days), PA |
| ***MITOTIC INHIBITORS*** | | |
| ABRAXANE INJ 100MG | 4 | B/D |
| AVOPEF SOLN 100mg/5ml, 500mg/25ml | 4 | B/D |
| BEIZRAY CONC 20mg/ml | 3 | B/D |
| BEIZRAY INJ 80MG/4ML | 4 | B/D |
| BEIZRAY INJ 160/8ML | 4 | B/D |
| *docetaxel* CONC 20mg/ml, 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml | 3 | B/D |
| DOCETAXEL CONC 20mg/ml, 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml | 3 | B/D |
| DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml | 3 | B/D |
| *eribulin mesylate* SOLN 1mg/2ml | 4 | B/D |
| ETOPOPHOS SOLR 100mg | 3 | B/D |
| *etoposide* SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml | 1 | B/D |
| HALAVEN SOLN 1mg/2ml | 4 | B/D |
| IXEMPRA KIT SOLR 15mg, 45mg | 4 | B/D |
| JEVTANA SOLN 60mg/1.5ml | 4 | PA |
| *paclitaxel* CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml | 1 | B/D |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| PACLITAXEL INJ 100MG | 4 | B/D |
| *paclitaxel protein-bound particles for iv susp 100 mg* | 4 | B/D |
| *vinblastine sulfate* SOLN 1mg/ml | 1 | B/D |
| *vincristine sulfate* SOLN 1mg/ml | 1 | B/D |
| *vinorelbine tartrate* SOLN 10mg/ml, 50mg/5ml | 1 | B/D |
| ***MOLECULAR TARGET AGENTS*** | | |
| AFINITOR TABS 2.5mg, 5mg, 7.5mg, 10mg | 4 | QL (30 tabs / 30 days), PA |
| AFINITOR DISPERZ TBSO 2mg, 5mg | 4 | QL (60 tabs / 30 days), PA |
| AFINITOR DISPERZ TBSO 3mg | 4 | QL (90 tabs / 30 days), PA |
| ALECENSA CAPS 150mg | 4 | QL (240 caps / 30 days), PA |
| ALUNBRIG TABS 30mg | 4 | QL (120 tabs / 30 days), PA |
| ALUNBRIG TABS 90mg, 180mg | 4 | QL (30 tabs / 30 days), PA |
| ALUNBRIG PAK | 4 | QL (30 tabs / 30 days), PA |
| ALYMSYS SOLN 100mg/4ml, 400mg/16ml | 4 | PA |
| AUGTYRO CAPS 40mg | 4 | QL (240 caps / 30 days), PA |
| AUGTYRO CAPS 160mg | 4 | QL (60 caps / 30 days), PA |
| AVASTIN SOLN 100mg/4ml, 400mg/16ml | 4 | PA |
| AVMAPKI PAK FAKZYNJA | 4 | QL (1 pack / 28 days), PA |
| AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg | 4 | QL (30 tabs / 30 days), PA |
| BALVERSA TABS 3mg | 4 | QL (84 tabs / 28 days), PA |
| BALVERSA TABS 4mg | 4 | QL (56 tabs / 28 days), PA |
| BALVERSA TABS 5mg | 4 | QL (28 tabs / 28 days), PA |
| BAVENCIO SOLN 200mg/10ml | 4 | PA |
| BELEODAQ SOLR 500mg | 4 | PA |
| BESPONSA SOLR .9mg | 4 | PA |
| BLENREP SOLR 70mg | 4 | PA |
| BORTEZOMIB SOLR 1mg, 2.5mg | 3 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *bortezomib* SOLR 3.5mg | 1 | PA |
| BORUZU SOLN 3.5mg/1.4ml | 4 | PA |
| BOSULIF CAPS 50mg | 4 | QL (30 caps / 30 days), PA |
| BOSULIF CAPS 100mg | 4 | QL (300 caps / 30 days), PA |
| BOSULIF TABS 100mg | 4 | QL (180 tabs / 30 days), PA |
| BOSULIF TABS 400mg, 500mg | 4 | QL (30 tabs / 30 days), PA |
| *bosutinib* TABS 100mg | 4 | QL (180 tabs / 30 days), PA |
| *bosutinib* TABS 400mg, 500mg | 4 | QL (30 tabs / 30 days), PA |
| BRAFTOVI CAPS 75mg | 4 | QL (180 caps / 30 days), PA |
| BRUKINSA CAPS 80mg | 4 | QL (120 caps / 30 days), PA |
| BRUKINSA TABS 160mg | 4 | QL (60 tabs / 30 days), PA |
| CABOMETYX TABS 20mg, 40mg, 60mg | 4 | QL (30 tabs / 30 days), PA |
| CALQUENCE TABS 100mg | 4 | QL (60 tabs / 30 days), PA |
| CAPRELSA TABS 100mg | 4 | QL (60 tabs / 30 days), PA |
| CAPRELSA TABS 300mg | 4 | QL (30 tabs / 30 days), PA |
| CAVHANZA TBDP 60mg, 80mg | 4 | QL (112 tabs / 28 days), PA |
| COLUMVI SOLN 2.5mg/2.5ml, 10mg/10ml | 4 | PA |
| COMETRIQ (60MG DOSE) KIT 20mg | 4 | QL (84 caps / 28 days), PA |
| COMETRIQ KIT 100MG | 4 | QL (56 caps / 28 days), PA |
| COMETRIQ KIT 140MG | 4 | QL (112 caps / 28 days), PA |
| COPIKTRA CAPS 15mg, 25mg | 4 | QL (56 caps / 28 days), PA |
| COTELLIC TABS 20mg | 4 | QL (63 tabs / 28 days), PA |
| CYRAMZA SOLN 100mg/10ml, 500mg/50ml | 4 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| DANZITEN TABS 71mg, 95mg | 4 | QL (112 tabs / 28 days), PA |
| DARZALEX SOLN 100mg/5ml, 400mg/20ml | 4 | PA |
| DARZALEX INJ FASPRO | 4 | PA |
| *dasatinib* TABS 20mg | 4 | QL (90 tabs / 30 days), PA |
| *dasatinib* TABS 50mg, 70mg, 80mg, 100mg, 140mg | 4 | QL (30 tabs / 30 days), PA |
| DATROWAY SOLR 100mg | 4 | PA |
| DAURISMO TABS 25mg | 4 | QL (60 tabs / 30 days), PA |
| DAURISMO TABS 100mg | 4 | QL (30 tabs / 30 days), PA |
| ELAHERE SOLN 100mg/20ml | 4 | PA |
| EMPLICITI SOLR 300mg, 400mg | 4 | PA |
| EMRELIS SOLR 20mg, 100mg | 4 | PA |
| ENHERTU SOLR 100mg | 4 | PA |
| ENSACOVE CAPS 25mg | 4 | QL (270 caps / 30 days), PA |
| ENSACOVE CAPS 100mg | 4 | QL (60 caps / 30 days), PA |
| EPKINLY SOLN 4mg/0.8ml, 48mg/0.8ml | 4 | PA |
| ERBITUX SOLN 100mg/50ml, 200mg/100ml | 4 | B/D |
| ERIVEDGE CAPS 150mg | 4 | QL (30 caps / 30 days), PA |
| *erlotinib hcl* TABS 25mg | 4 | QL (90 tabs / 30 days), PA |
| *erlotinib hcl* TABS 100mg, 150mg | 4 | QL (30 tabs / 30 days), PA |
| *everolimus* TABS 2.5mg, 5mg, 7.5mg, 10mg | 4 | QL (30 tabs / 30 days), PA |
| *everolimus* TBSO 2mg, 5mg | 4 | QL (60 tabs / 30 days), PA |
| *everolimus* TBSO 3mg | 4 | QL (90 tabs / 30 days), PA |
| FOTIVDA CAPS .89mg, 1.34mg | 4 | QL (21 caps / 28 days), PA |
| FRUZAQLA CAPS 1mg | 4 | QL (84 caps / 28 days), PA |
| FRUZAQLA CAPS 5mg | 4 | QL (21 caps / 28 days), PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| FYARRO SUSR 100mg | 4 | PA |
| GAVRETO CAPS 100mg | 4 | QL (120 caps / 30 days), PA |
| GAZYVA SOLN 1000mg/40ml | 4 | PA |
| *gefitinib* TABS 250mg | 4 | QL (60 tabs / 30 days), PA |
| GILOTRIF TABS 20mg, 30mg, 40mg | 4 | QL (30 tabs / 30 days), PA |
| GLEEVEC TABS 100mg | 4 | QL (90 tabs / 30 days), PA |
| GLEEVEC TABS 400mg | 4 | QL (60 tabs / 30 days), PA |
| GOMEKLI CAPS 1mg | 4 | QL (168 caps / 28 days), PA |
| GOMEKLI CAPS 2mg | 4 | QL (84 caps / 28 days), PA |
| GOMEKLI TBSO 1mg | 4 | QL (168 tabs / 28 days), PA |
| HERCEP HYLEC SOL 60-10000 | 4 | PA |
| HERCEPTIN SOLR 150mg | 4 | PA |
| HERCESSI SOLR 150mg, 420mg | 4 | PA |
| HERNEXEOS TABS 60mg | 4 | QL (120 tabs / 30 days), PA |
| HERZUMA SOLR 150mg, 420mg | 4 | PA |
| HYRNUO TABS 10mg | 4 | QL (120 tabs / 30 days), PA |
| IBRANCE CAPS 125mg | 4 | QL (21 caps / 28 days), PA |
| IBRANCE TABS 75mg, 100mg, 125mg | 4 | QL (21 tabs / 28 days), PA |
| IBTROZI CAPS 200mg | 4 | QL (90 caps / 30 days), PA |
| ICLUSIG TABS 10mg, 15mg, 30mg, 45mg | 4 | QL (30 tabs / 30 days), PA |
| IDHIFA TABS 50mg, 100mg | 4 | QL (30 tabs / 30 days), PA |
| *imatinib mesylate* TABS 100mg | 1 | QL (90 tabs / 30 days), PA |
| *imatinib mesylate* TABS 400mg | 4 | QL (60 tabs / 30 days), PA |
| IMBRUVICA CAPS 70mg | 4 | QL (30 caps / 30 days), PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| IMBRUVICA CAPS 140mg | 4 | QL (90 caps / 30 days), PA |
| IMBRUVICA SUSP 70mg/ml | 4 | QL (216 mL / 30 days), PA |
| IMBRUVICA TABS 140mg, 280mg, 420mg | 4 | QL (30 tabs / 30 days), PA |
| IMDELLTRA SOLR 1mg, 10mg | 4 | PA |
| IMFINZI SOLN 120mg/2.4ml, 500mg/10ml | 4 | PA |
| IMJUDO SOLN 25mg/1.25ml, 300mg/15ml | 4 | PA |
| IMKELDI SOLN 80mg/ml | 4 | QL (280 mL / 28 days), PA |
| INLYTA TABS 1mg | 4 | QL (180 tabs / 30 days), PA |
| INLYTA TABS 5mg | 4 | QL (120 tabs / 30 days), PA |
| INREBIC CAPS 100mg | 4 | QL (120 caps / 30 days), PA |
| IRESSA TABS 250mg | 4 | QL (60 tabs / 30 days), PA |
| ITOVEBI TABS 3mg | 4 | QL (56 tabs / 28 days), PA |
| ITOVEBI TABS 9mg | 4 | QL (28 tabs / 28 days), PA |
| JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg | 4 | QL (60 tabs / 30 days), PA |
| JAKAFI XR TB24 11mg, 22mg, 33mg, 44mg, 55mg | 4 | QL (30 tabs / 30 days), PA |
| JAYPIRCA TABS 50mg | 4 | QL (30 tabs / 30 days), PA |
| JAYPIRCA TABS 100mg | 4 | QL (60 tabs / 30 days), PA |
| JEMPERLI SOLN 500mg/10ml | 4 | PA |
| JIDEYTRO TABS 25mg | 4 | QL (90 tabs / 30 days), PA |
| JIDEYTRO TABS 100mg | 4 | QL (30 tabs / 30 days), PA |
| JOBEVNE SOLN 100mg/4ml, 400mg/16ml | 4 | PA |
| KADCYLA SOLR 100mg, 160mg | 4 | B/D |
| KANJINTI SOLR 150mg, 420mg | 4 | PA |
| KEYTRUDA SOLN 100mg/4ml | 4 | PA |
| KEYTRUDA INJ QLEX 395-4800 MG-UNIT/2.4ML | 4 | QL (1 vial / 21 days), PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| KEYTRUDA INJ QLEX 790-9600 MG-UNIT/4.8ML | 4 | QL (1 vial / 42 days), PA |
| KIMMTRAK SOLN 100mcg/0.5ml | 4 | PA |
| KISQALI 200 DOSE TBPK 200mg | 4 | QL (21 tabs / 28 days), PA |
| KISQALI 400 DOSE TBPK 200mg | 4 | QL (42 tabs / 28 days), PA |
| KISQALI 600 DOSE TBPK 200mg | 4 | QL (63 tabs / 28 days), PA |
| KOMZIFTI CAPS 200mg | 4 | QL (90 caps / 30 days), PA |
| KOSELUGO CAPS 10mg | 4 | QL (240 caps / 30 days), PA |
| KOSELUGO CAPS 25mg | 4 | QL (120 caps / 30 days), PA |
| KOSELUGO CPSP 5mg | 4 | QL (600 caps / 30 days), PA |
| KOSELUGO CPSP 7.5mg | 4 | QL (360 caps / 30 days), PA |
| KRAZATI TABS 200mg | 4 | QL (180 tabs / 30 days), PA |
| KYPROLIS SOLR 10mg, 30mg, 60mg | 4 | PA |
| *lapatinib ditosylate* TABS 250mg | 4 | QL (180 tabs / 30 days), PA |
| LAZCLUZE TABS 80mg | 4 | QL (60 tabs / 30 days), PA |
| LAZCLUZE TABS 240mg | 4 | QL (30 tabs / 30 days), PA |
| LENVIMA 4 MG DAILY DOSE CPPK 4mg | 4 | QL (30 caps / 30 days), PA |
| LENVIMA 8 MG DAILY DOSE CPPK 4mg | 4 | QL (60 caps / 30 days), PA |
| LENVIMA 10 MG DAILY DOSE CPPK 10mg | 4 | QL (30 caps / 30 days), PA |
| LENVIMA 12MG DAILY DOSE CPPK 4mg | 4 | QL (90 caps / 30 days), PA |
| LENVIMA 20 MG DAILY DOSE CPPK 10mg | 4 | QL (60 caps / 30 days), PA |
| LENVIMA CAP 14 MG | 4 | QL (60 caps / 30 days), PA |
| LENVIMA CAP 18 MG | 4 | QL (90 caps / 30 days), PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| LENVIMA CAP 24 MG | 4 | QL (90 caps / 30 days), PA |
| LIBTAYO SOLN 350mg/7ml | 4 | PA |
| LOQTORZI SOLN 240mg/6ml | 4 | PA |
| LORBRENA TABS 25mg | 4 | QL (90 tabs / 30 days), PA |
| LORBRENA TABS 100mg | 4 | QL (30 tabs / 30 days), PA |
| LUMAKRAS TABS 120mg | 4 | QL (240 tabs / 30 days), PA |
| LUMAKRAS TABS 240mg | 4 | QL (120 tabs / 30 days), PA |
| LUMAKRAS TABS 320mg | 4 | QL (90 tabs / 30 days), PA |
| LUNSUMIO SOLN 1mg/ml, 30mg/30ml | 4 | PA |
| LUNSUMIO VELO SOLN 5mg/0.5ml, 45mg/ml | 4 | PA |
| LYNOZYFIC SOLN 5mg/2.5ml, 200mg/10ml | 4 | PA |
| LYNPARZA TABS 100mg, 150mg | 4 | QL (120 tabs / 30 days), PA |
| LYTGOBI (12 MG DAILY DOSE) TBPK 4mg | 4 | QL (84 tabs / 28 days), PA |
| LYTGOBI (16 MG DAILY DOSE) TBPK 4mg | 4 | QL (112 tabs / 28 days), PA |
| LYTGOBI (20 MG DAILY DOSE) TBPK 4mg | 4 | QL (140 tabs / 28 days), PA |
| MARGENZA SOLN 250mg/10ml | 4 | PA |
| MEKINIST SOLR .05mg/ml | 4 | QL (1260 mL / 30 days), PA |
| MEKINIST TABS 2mg | 4 | QL (30 tabs / 30 days), PA |
| MEKINIST TABS .5mg | 4 | QL (90 tabs / 30 days), PA |
| MEKTOVI TABS 15mg | 4 | QL (180 tabs / 30 days), PA |
| MONJUVI SOLR 200mg | 4 | PA |
| MVASI SOLN 100mg/4ml, 400mg/16ml | 4 | PA |
| MYLOTARG SOLR 4.5mg | 4 | PA |
| NERLYNX TABS 40mg | 4 | QL (180 tabs / 30 days), PA |
| NEXAVAR TABS 200mg | 4 | QL (120 tabs / 30 days), PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| NILOTINIB D-TARTRATE CAPS 50mg | 4 | QL (120 caps / 30 days), PA |
| NILOTINIB D-TARTRATE CAPS 150mg, 200mg | 4 | QL (112 caps / 28 days), PA |
| *nilotinib hcl* CAPS 50mg | 4 | QL (120 caps / 30 days), PA |
| *nilotinib hcl* CAPS 150mg, 200mg | 4 | QL (112 caps / 28 days), PA |
| NINLARO CAPS 2.3mg, 3mg, 4mg | 4 | QL (3 caps / 28 days), PA |
| ODOMZO CAPS 200mg | 4 | QL (30 caps / 30 days), PA |
| OGIVRI SOLR 150mg, 420mg | 4 | PA |
| OGSIVEO TABS 100mg, 150mg | 4 | QL (56 tabs / 28 days), PA |
| OJEMDA SUSR 25mg/ml | 4 | QL (96 mL / 28 days), PA |
| OJEMDA TABS 100mg | 4 | QL (24 tabs / 28 days), PA |
| OJJAARA TABS 100mg, 150mg, 200mg | 4 | QL (30 tabs / 30 days), PA |
| ONTRUZANT SOLR 150mg, 420mg | 4 | PA |
| OPDIVO SOLN 40mg/4ml, 100mg/10ml, 120mg/12ml, 240mg/24ml | 4 | PA |
| OPDIVO INJ QVANTIG | 4 | PA |
| OPDUALAG INJ | 4 | PA |
| PADCEV SOLR 20mg, 30mg | 4 | PA |
| *pazopanib hcl* TABS 200mg | 4 | QL (120 tabs / 30 days), PA |
| *pazopanib hcl* TABS 400mg | 4 | QL (60 tabs / 30 days), PA |
| PEMAZYRE TABS 4.5mg, 9mg, 13.5mg | 4 | QL (28 tabs / 28 days), PA |
| PERJETA SOLN 420mg/14ml | 4 | PA |
| PHESGO SOL | 4 | PA |
| PHYRAGO TABS 20mg | 4 | QL (90 tabs / 30 days), PA |
| PHYRAGO TABS 50mg, 70mg, 80mg, 100mg, 140mg | 4 | QL (30 tabs / 30 days), PA |
| PIQRAY 200MG DAILY DOSE TBPK 200mg | 4 | QL (28 tabs / 28 days), PA |
| PIQRAY 250MG TAB DOSE | 4 | QL (56 tabs / 28 days), PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| PIQRAY 300MG DAILY DOSE TBPK 150mg | 4 | QL (56 tabs / 28 days), PA |
| POLIVY SOLR 30mg, 140mg | 4 | PA |
| POTELIGEO SOLN 20mg/5ml | 4 | PA |
| QINLOCK TABS 50mg | 4 | QL (90 tabs / 30 days), PA |
| RETEVMO TABS 40mg | 4 | QL (90 tabs / 30 days), PA |
| RETEVMO TABS 80mg | 4 | QL (120 tabs / 30 days), PA |
| RETEVMO TABS 120mg, 160mg | 4 | QL (60 tabs / 30 days), PA |
| REVUFORJ TABS 25mg | 4 | QL (240 tabs / 30 days), PA |
| REVUFORJ TABS 110mg | 4 | QL (120 tabs / 30 days), PA |
| REVUFORJ TABS 160mg | 4 | QL (60 tabs / 30 days), PA |
| REZLIDHIA CAPS 150mg | 4 | QL (60 caps / 30 days), PA |
| RIABNI SOLN 100mg/10ml, 500mg/50ml | 4 | PA |
| RITUXAN SOLN 500mg/50ml | 4 | PA |
| RITUXAN INJ HYCELA | 4 | PA |
| ROMVIMZA CAPS 14mg, 20mg, 30mg | 4 | QL (8 caps / 28 days), PA |
| ROZLYTREK CAPS 100mg | 4 | QL (180 caps / 30 days), PA |
| ROZLYTREK CAPS 200mg | 4 | QL (90 caps / 30 days), PA |
| ROZLYTREK PACK 50mg | 4 | QL (336 packets / 28 days), PA |
| RUBRACA TABS 200mg, 250mg, 300mg | 4 | QL (120 tabs / 30 days), PA |
| RUXIENCE SOLN 100mg/10ml, 500mg/50ml | 4 | PA |
| RYBREVANT SOLN 350mg/7ml | 4 | PA |
| RYBREVANT INJ FASPRO | 4 | PA |
| RYDAPT CAPS 25mg | 4 | QL (224 caps / 28 days), PA |
| SARCLISA SOLN 100mg/5ml, 500mg/25ml | 4 | PA |
| SARCLISA ESCENA SOLN 1400mg/10ml | 4 | PA |
| SCEMBLIX TABS 20mg | 4 | QL (60 tabs / 30 days), PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| SCEMBLIX TABS 40mg | 4 | QL (300 tabs / 30 days), PA |
| SCEMBLIX TABS 100mg | 4 | QL (120 tabs / 30 days), PA |
| *sorafenib tosylate* TABS 200mg | 4 | QL (120 tabs / 30 days), PA |
| SPRYCEL TABS 20mg | 4 | QL (90 tabs / 30 days), PA |
| SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg | 4 | QL (30 tabs / 30 days), PA |
| STIVARGA TABS 40mg | 4 | QL (84 tabs / 28 days), PA |
| *sunitinib malate* CAPS 12.5mg, 25mg, 37.5mg, 50mg | 4 | QL (30 caps / 30 days), PA |
| SUTENT CAPS 12.5mg, 25mg, 37.5mg, 50mg | 4 | QL (30 caps / 30 days), PA |
| TABRECTA TABS 150mg, 200mg | 4 | QL (112 tabs / 28 days), PA |
| TAFINLAR CAPS 50mg, 75mg | 4 | QL (120 caps / 30 days), PA |
| TAFINLAR TBSO 10mg | 4 | QL (840 tabs / 28 days), PA |
| TAGRISSO TABS 40mg, 80mg | 4 | QL (30 tabs / 30 days), PA |
| TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg | 4 | QL (30 caps / 30 days), PA |
| TALZENNA CAPS .25mg | 4 | QL (90 caps / 30 days), PA |
| TASIGNA CAPS 50mg | 4 | QL (120 caps / 30 days), PA |
| TASIGNA CAPS 150mg, 200mg | 4 | QL (112 caps / 28 days), PA |
| TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml | 4 | PA |
| TECENTRIQ INJ HYBREZA | 4 | QL (1 vial / 21 days), PA |
| TECVAYLI SOLN 30mg/3ml, 153mg/1.7ml | 4 | PA |
| *temsirolimus* SOLN 25mg/ml | 4 | B/D |
| TEPMETKO TABS 225mg | 4 | QL (60 tabs / 30 days), PA |
| TEVIMBRA SOLN 100mg/10ml, 150mg/15ml | 4 | PA |
| TIBSOVO TABS 250mg | 4 | QL (60 tabs / 30 days), PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| TIVDAK SOLR 40mg | 4 | PA |
| TORISEL SOLN 25mg/ml | 4 | B/D |
| *torpenz* TABS 2.5mg, 5mg, 7.5mg, 10mg | 4 | QL (30 tabs / 30 days), PA |
| TRAZIMERA SOLR 150mg, 420mg | 4 | PA |
| TRODELVY SOLR 180mg | 4 | PA |
| TRUQAP TABS 200mg; TBPK 160mg, 200mg | 4 | QL (64 tabs / 28 days), PA |
| TRUXIMA SOLN 100mg/10ml, 500mg/50ml | 4 | PA |
| TUKYSA TABS 50mg, 150mg | 4 | QL (120 tabs / 30 days), PA |
| TURALIO CAPS 125mg | 4 | QL (120 caps / 30 days), PA |
| TYKERB TABS 250mg | 4 | QL (180 tabs / 30 days), PA |
| UNLOXCYT SOLN 300mg/5ml | 4 | PA |
| VANFLYTA TABS 17.7mg, 26.5mg | 4 | QL (56 tabs / 28 days), PA |
| VECTIBIX SOLN 100mg/5ml, 400mg/20ml | 4 | B/D |
| VEGZELMA SOLN 100mg/4ml, 400mg/16ml | 4 | PA |
| VELCADE SOLR 3.5mg | 4 | PA |
| VENCLEXTA TABS 10mg | 2 | QL (112 tabs / 28 days), PA |
| VENCLEXTA TABS 50mg | 4 | QL (112 tabs / 28 days), PA |
| VENCLEXTA TABS 100mg | 4 | QL (180 tabs / 30 days), PA |
| VENCLEXTA TAB START PK | 4 | QL (42 tabs / 28 days), PA |
| VERZENIO TABS 50mg, 100mg, 150mg, 200mg | 4 | QL (56 tabs / 28 days), PA |
| VITRAKVI CAPS 25mg | 4 | QL (180 caps / 30 days), PA |
| VITRAKVI CAPS 100mg | 4 | QL (60 caps / 30 days), PA |
| VITRAKVI SOLN 20mg/ml | 4 | QL (300 mL / 30 days), PA |
| VONJO CAPS 100mg | 4 | QL (120 caps / 30 days), PA |
| VORANIGO TABS 10mg | 4 | QL (60 tabs / 30 days), PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| VORANIGO TABS 40mg | 4 | QL (30 tabs / 30 days), PA |
| VOTRIENT TABS 200mg | 4 | QL (120 tabs / 30 days), PA |
| VYLOY SOLR 100mg, 300mg | 4 | PA |
| XALKORI CAPS 200mg, 250mg; CPSP 20mg, 50mg | 4 | QL (120 caps / 30 days), PA |
| XALKORI CPSP 150mg | 4 | QL (180 caps / 30 days), PA |
| XOSPATA TABS 40mg | 4 | QL (90 tabs / 30 days), PA |
| XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 10mg | 4 | QL (16 tabs / 28 days), PA |
| XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg | 4 | QL (8 tabs / 28 days), PA |
| XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg | 4 | QL (4 tabs / 28 days), PA |
| XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg | 4 | QL (24 tabs / 28 days), PA |
| XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg | 4 | QL (8 tabs / 28 days), PA |
| XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 80mg | 4 | QL (4 tabs / 28 days), PA |
| XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg | 4 | QL (32 tabs / 28 days), PA |
| XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg | 4 | QL (8 tabs / 28 days), PA |
| YERVOY SOLN 50mg/10ml, 200mg/40ml | 4 | PA |
| *yulithira* TABS 2.5mg, 5mg, 7.5mg, 10mg | 1 | QL (30 tabs / 30 days), PA |
| ZALTRAP SOLN 100mg/4ml, 200mg/8ml | 4 | PA |
| ZEJULA TABS 100mg, 200mg, 300mg | 4 | QL (30 tabs / 30 days), PA |
| ZELBORAF TABS 240mg | 4 | QL (240 tabs / 30 days), PA |
| ZIIHERA SOLR 300mg | 4 | PA |
| ZIRABEV SOLN 100mg/4ml, 400mg/16ml | 4 | PA |
| ZOLINZA CAPS 100mg | 4 | QL (120 caps / 30 days), PA |
| ZYKADIA TABS 150mg | 4 | QL (84 tabs / 28 days), PA |
| ZYNLONTA SOLR 10mg | 4 | PA |
| ZYNYZ SOLN 500mg/20ml | 4 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **CARDIOVASCULAR** | | |
| ***ACE INHIBITOR COMBINATIONS*** | | |
| *amlodipine besylate-benazepril hcl cap 2.5-10 mg* | 1 | QL (30 caps / 30 days) |
| *amlodipine besylate-benazepril hcl cap 5-10 mg* | 1 | QL (30 caps / 30 days) |
| *amlodipine besylate-benazepril hcl cap 5-20 mg* | 1 | QL (30 caps / 30 days) |
| *amlodipine besylate-benazepril hcl cap 5-40 mg* | 1 | QL (30 caps / 30 days) |
| *amlodipine besylate-benazepril hcl cap 10-20 mg* | 1 | QL (30 caps / 30 days) |
| *amlodipine besylate-benazepril hcl cap 10-40 mg* | 1 | QL (30 caps / 30 days) |
| *benazepril & hydrochlorothiazide tab 5-6.25mg* | 1 | |
| *benazepril & hydrochlorothiazide tab 10-12.5 mg* | 1 | |
| *benazepril & hydrochlorothiazide tab 20-12.5 mg* | 1 | |
| *benazepril & hydrochlorothiazide tab 20-25 mg* | 1 | |
| *captopril & hydrochlorothiazide tab 25-15 mg* | 1 | |
| *captopril & hydrochlorothiazide tab 25-25 mg* | 1 | |
| *captopril & hydrochlorothiazide tab 50-15 mg* | 1 | |
| *captopril & hydrochlorothiazide tab 50-25 mg* | 1 | |
| *enalapril maleate & hydrochlorothiazide tab 5-12.5 mg* | 1 | |
| *enalapril maleate & hydrochlorothiazide tab 10-25 mg* | 1 | |
| *fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg* | 1 | |
| *fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg* | 1 | |
| *lisinopril & hydrochlorothiazide tab 10-12.5 mg* | 1 | |
| *lisinopril & hydrochlorothiazide tab 20-12.5 mg* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *lisinopril & hydrochlorothiazide tab 20-25 mg* | 1 | |
| *quinapril-hydrochlorothiazide tab 10-12.5 mg* | 1 | |
| *quinapril-hydrochlorothiazide tab 20-12.5 mg* | 1 | |
| *quinapril-hydrochlorothiazide tab 20-25 mg* | 1 | |
| *trandolapril-verapamil hcl tab er 1-240 mg* | 1 | |
| *trandolapril-verapamil hcl tab er 2-180 mg* | 1 | |
| *trandolapril-verapamil hcl tab er 2-240 mg* | 1 | |
| *trandolapril-verapamil hcl tab er 4-240 mg* | 1 | |
| VASERETIC TAB 10-25MG | 3 | |
| ZESTORETIC TAB 10-12.5 | 3 | |
| ZESTORETIC TAB 20-12.5 | 3 | |
| ZESTORETIC TAB 20-25MG | 3 | |
| ***ACE INHIBITORS*** | | |
| *benazepril hcl* TABS 5mg, 10mg, 20mg, 40mg | 1 | |
| *captopril* TABS 12.5mg, 25mg, 50mg, 100mg | 1 | |
| *enalapril maleate* SOLN 1mg/ml; TABS 2.5mg, 5mg, 10mg, 20mg | 1 | |
| EPANED SOLN 1mg/ml | 4 | |
| *fosinopril sodium* TABS 10mg, 20mg, 40mg | 1 | |
| *lisinopril* TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg | 1 | |
| LOTENSIN TABS 10mg, 20mg, 40mg | 3 | |
| *moexipril hcl* TABS 7.5mg, 15mg | 1 | |
| *perindopril erbumine* TABS 2mg, 4mg, 8mg | 1 | |
| QBRELIS SOLN 1mg/ml | 4 | |
| *quinapril hcl* TABS 5mg, 10mg, 20mg, 40mg | 1 | |
| *ramipril* CAPS 1.25mg, 2.5mg, 5mg, 10mg | 1 | |
| *trandolapril* TABS 1mg, 2mg, 4mg | 1 | |
| VASOTEC TABS 2.5mg, 5mg, 10mg, 20mg | 3 | |
| ZESTRIL TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg | 3 | |
| ***ALDOSTERONE RECEPTOR ANTAGONISTS*** | | |
| ALDACTONE TABS 25mg, 50mg, 100mg | 3 | |
| CAROSPIR SUSP 25mg/5ml | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *eplerenone* TABS 25mg, 50mg | 1 | |
| KERENDIA TABS 10mg, 20mg, 40mg | 2 | QL (30 tabs / 30 days) |
| *spironolactone* SUSP 25mg/5ml; TABS 25mg, 50mg, 100mg | 1 | |
| ***ALPHA BLOCKERS*** | | |
| CARDURA TABS 1mg, 2mg, 4mg, 8mg | 3 | |
| *doxazosin mesylate* TABS 1mg, 2mg, 4mg, 8mg | 1 | |
| *prazosin hcl* CAPS 1mg, 2mg, 5mg | 1 | |
| *terazosin hcl* CAPS 1mg, 2mg, 5mg, 10mg | 1 | |
| TEZRULY SOLN 1mg/ml | 3 | QL (600 mL / 30 days), ST |
| ***ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS*** | | |
| *amlodipine besylate-olmesartan medoxomil tab 5-20 mg* | 1 | QL (30 tabs / 30 days) |
| *amlodipine besylate-olmesartan medoxomil tab 5-40 mg* | 1 | QL (30 tabs / 30 days) |
| *amlodipine besylate-olmesartan medoxomil tab 10-20 mg* | 1 | QL (30 tabs / 30 days) |
| *amlodipine besylate-olmesartan medoxomil tab 10-40 mg* | 1 | QL (30 tabs / 30 days) |
| *amlodipine besylate-valsartan tab 5-160 mg* | 1 | QL (30 tabs / 30 days) |
| *amlodipine besylate-valsartan tab 5-320 mg* | 1 | QL (30 tabs / 30 days) |
| *amlodipine besylate-valsartan tab 10-160 mg* | 1 | QL (30 tabs / 30 days) |
| *amlodipine besylate-valsartan tab 10-320 mg* | 1 | QL (30 tabs / 30 days) |
| *amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg* | 1 | QL (30 tabs / 30 days) |
| *amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg* | 1 | QL (30 tabs / 30 days) |
| *amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg* | 1 | QL (30 tabs / 30 days) |
| *amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg* | 1 | QL (30 tabs / 30 days) |
| *amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg* | 1 | QL (30 tabs / 30 days) |
| ATACAND HCT TAB 16-12.5 | 3 | QL (60 tabs / 30 days) |
| ATACAND HCT TAB 32-12.5 | 3 | QL (30 tabs / 30 days) |
| ATACAND HCT TAB 32-25MG | 3 | QL (30 tabs / 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| AVALIDE TAB 150-12.5 | 3 | QL (60 tabs / 30 days) |
| AVALIDE TAB 300-12.5 | 3 | QL (30 tabs / 30 days) |
| AZOR TAB 5-20MG | 3 | QL (30 tabs / 30 days) |
| AZOR TAB 5-40MG | 3 | QL (30 tabs / 30 days) |
| AZOR TAB 10-20MG | 3 | QL (30 tabs / 30 days) |
| AZOR TAB 10-40MG | 3 | QL (30 tabs / 30 days) |
| BENICAR HCT TAB 20-12.5 | 3 | QL (30 tabs / 30 days) |
| BENICAR HCT TAB 40-12.5 | 3 | QL (30 tabs / 30 days) |
| BENICAR HCT TAB 40-25MG | 3 | QL (30 tabs / 30 days) |
| *candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg* | 1 | QL (60 tabs / 30 days) |
| *candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg* | 1 | QL (30 tabs / 30 days) |
| *candesartan cilexetil-hydrochlorothiazide tab 32-25 mg* | 1 | QL (30 tabs / 30 days) |
| DIOVAN HCT TAB 80-12.5 | 3 | QL (30 tabs / 30 days) |
| DIOVAN HCT TAB 160-12.5 | 3 | QL (30 tabs / 30 days) |
| DIOVAN HCT TAB 160-25MG | 3 | QL (30 tabs / 30 days) |
| DIOVAN HCT TAB 320-12.5 | 3 | QL (30 tabs / 30 days) |
| DIOVAN HCT TAB 320-25MG | 3 | QL (30 tabs / 30 days) |
| EDARBYCLOR TAB 40-12.5 | 3 | QL (30 tabs / 30 days), ST |
| EDARBYCLOR TAB 40-25MG | 3 | QL (30 tabs / 30 days), ST |
| ENTRESTO CAP 6-6MG | 2 | QL (240 caps / 30 days) |
| ENTRESTO CAP 15-16MG | 2 | QL (240 caps / 30 days) |
| ENTRESTO TAB 24-26MG | 3 | QL (180 tabs / 30 days) |
| ENTRESTO TAB 49-51MG | 3 | QL (60 tabs / 30 days) |
| ENTRESTO TAB 97-103MG | 3 | QL (60 tabs / 30 days) |
| EXFORGE HCT TAB 5-160-12.5MG | 3 | QL (30 tabs / 30 days) |
| EXFORGE HCT TAB 5-160-25MG | 3 | QL (30 tabs / 30 days) |
| EXFORGE HCT TAB 10-160-12.5MG | 3 | QL (30 tabs / 30 days) |
| EXFORGE HCT TAB 10-160-25MG | 3 | QL (30 tabs / 30 days) |
| EXFORGE HCT TAB 10-320-25MG | 3 | QL (30 tabs / 30 days) |
| EXFORGE TAB 5-160MG | 3 | QL (30 tabs / 30 days) |
| EXFORGE TAB 5-320MG | 3 | QL (30 tabs / 30 days) |
| EXFORGE TAB 10-160MG | 3 | QL (30 tabs / 30 days) |
| EXFORGE TAB 10-320MG | 3 | QL (30 tabs / 30 days) |
| HYZAAR TAB 50-12.5 | 3 | QL (30 tabs / 30 days) |
| HYZAAR TAB 100-12.5 | 3 | QL (30 tabs / 30 days) |
| HYZAAR TAB 100-25 | 3 | QL (30 tabs / 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *irbesartan-hydrochlorothiazide tab 150-12.5 mg* | 1 | QL (60 tabs / 30 days) |
| *irbesartan-hydrochlorothiazide tab 300-12.5 mg* | 1 | QL (30 tabs / 30 days) |
| *losartan potassium & hydrochlorothiazide tab 50-12.5 mg* | 1 | QL (30 tabs / 30 days) |
| *losartan potassium & hydrochlorothiazide tab 100-12.5 mg* | 1 | QL (30 tabs / 30 days) |
| *losartan potassium & hydrochlorothiazide tab 100-25 mg* | 1 | QL (30 tabs / 30 days) |
| MICARDIS HCT TAB 40/12.5 | 3 | QL (30 tabs / 30 days) |
| MICARDIS HCT TAB 80-25MG | 3 | QL (30 tabs / 30 days) |
| MICARDIS HCT TAB 80/12.5 | 3 | QL (60 tabs / 30 days) |
| *olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg* | 1 | QL (30 tabs / 30 days) |
| *olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg* | 1 | QL (30 tabs / 30 days) |
| *olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg* | 1 | QL (30 tabs / 30 days) |
| *olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg* | 1 | QL (30 tabs / 30 days) |
| *olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg* | 1 | QL (30 tabs / 30 days) |
| *olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg* | 1 | QL (30 tabs / 30 days) |
| *olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg* | 1 | QL (30 tabs / 30 days) |
| *olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg* | 1 | QL (30 tabs / 30 days) |
| *sacubitril-valsartan tab 24-26 mg* | 1 | QL (180 tabs / 30 days) |
| *sacubitril-valsartan tab 49-51 mg* | 1 | QL (60 tabs / 30 days) |
| *sacubitril-valsartan tab 97-103 mg* | 1 | QL (60 tabs / 30 days) |
| *telmisartan-amlodipine tab 40-5 mg* | 1 | QL (30 tabs / 30 days) |
| *telmisartan-amlodipine tab 40-10 mg* | 1 | QL (30 tabs / 30 days) |
| *telmisartan-amlodipine tab 80-5 mg* | 1 | QL (30 tabs / 30 days) |
| *telmisartan-amlodipine tab 80-10 mg* | 1 | QL (30 tabs / 30 days) |
| *telmisartan-hydrochlorothiazide tab 40-12.5 mg* | 1 | QL (30 tabs / 30 days) |
| *telmisartan-hydrochlorothiazide tab 80-12.5 mg* | 1 | QL (60 tabs / 30 days) |
| *telmisartan-hydrochlorothiazide tab 80-25 mg* | 1 | QL (30 tabs / 30 days) |
| TRIBENZOR TAB 20-5-12.5MG | 3 | QL (30 tabs / 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| TRIBENZOR TAB 40-5-12.5MG | 3 | QL (30 tabs / 30 days) |
| TRIBENZOR TAB 40-5-25MG | 3 | QL (30 tabs / 30 days) |
| TRIBENZOR TAB 40-10-12.5MG | 3 | QL (30 tabs / 30 days) |
| TRIBENZOR TAB 40-10-25MG | 3 | QL (30 tabs / 30 days) |
| *valsartan-hydrochlorothiazide tab 80-12.5 mg* | 1 | QL (30 tabs / 30 days) |
| *valsartan-hydrochlorothiazide tab 160-12.5 mg* | 1 | QL (30 tabs / 30 days) |
| *valsartan-hydrochlorothiazide tab 160-25 mg* | 1 | QL (30 tabs / 30 days) |
| *valsartan-hydrochlorothiazide tab 320-12.5 mg* | 1 | QL (30 tabs / 30 days) |
| *valsartan-hydrochlorothiazide tab 320-25 mg* | 1 | QL (30 tabs / 30 days) |
| WIDAPLIK TAB 1.25-10-0.625 MG | 3 | QL (30 tabs / 30 days) |
| WIDAPLIK TAB 2.5-20-1.25 MG | 3 | QL (30 tabs / 30 days) |
| WIDAPLIK TAB 40-5-2.5 | 3 | QL (30 tabs / 30 days) |
| ***ANGIOTENSIN II RECEPTOR ANTAGONISTS*** | | |
| ARBLI SUSP 10mg/ml | 3 | QL (330 mL / 30 days) |
| ATACAND TABS 4mg, 8mg, 16mg | 3 | QL (60 tabs / 30 days) |
| ATACAND TABS 32mg | 3 | QL (30 tabs / 30 days) |
| AVAPRO TABS 150mg, 300mg | 3 | QL (30 tabs / 30 days) |
| *azilsartan medoxomil* TABS 40mg, 80mg | 3 | QL (30 tabs / 30 days), ST |
| BENICAR TABS 5mg | 3 | QL (60 tabs / 30 days) |
| BENICAR TABS 20mg, 40mg | 3 | QL (30 tabs / 30 days) |
| *candesartan cilexetil* TABS 4mg, 8mg, 16mg | 1 | QL (60 tabs / 30 days) |
| *candesartan cilexetil* TABS 32mg | 1 | QL (30 tabs / 30 days) |
| COZAAR TABS 25mg, 50mg | 3 | QL (60 tabs / 30 days) |
| COZAAR TABS 100mg | 3 | QL (30 tabs / 30 days) |
| DIOVAN TABS 40mg, 80mg, 160mg | 3 | QL (60 tabs / 30 days) |
| DIOVAN TABS 320mg | 3 | QL (30 tabs / 30 days) |
| EDARBI TABS 40mg, 80mg | 3 | QL (30 tabs / 30 days), ST |
| *irbesartan* TABS 75mg, 150mg, 300mg | 1 | QL (30 tabs / 30 days) |
| *losartan potassium* TABS 25mg, 50mg | 1 | QL (60 tabs / 30 days) |
| *losartan potassium* TABS 100mg | 1 | QL (30 tabs / 30 days) |
| *olmesartan medoxomil* TABS 5mg | 1 | QL (60 tabs / 30 days) |
| *olmesartan medoxomil* TABS 20mg, 40mg | 1 | QL (30 tabs / 30 days) |
| *telmisartan* TABS 20mg, 40mg, 80mg | 1 | QL (30 tabs / 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *valsartan* SOLN 4mg/ml | 4 | QL (2400 mL / 30 days), PA |
| *valsartan* TABS 40mg, 80mg, 160mg | 1 | QL (60 tabs / 30 days) |
| *valsartan* TABS 320mg | 1 | QL (30 tabs / 30 days) |
| ***ANTIARRHYTHMICS*** | | |
| *amiodarone hcl* SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 200mg, 400mg | 1 | |
| BETAPACE TABS 80mg, 120mg, 160mg | 4 | |
| BETAPACE AF TABS 80mg | 3 | |
| BETAPACE AF TABS 120mg, 160mg | 4 | |
| *disopyramide phosphate* CAPS 100mg, 150mg | 3 | |
| *dofetilide* CAPS 125mcg, 250mcg, 500mcg | 1 | |
| *flecainide acetate* TABS 50mg, 100mg, 150mg | 1 | |
| MULTAQ TABS 400mg | 3 | QL (60 tabs / 30 days) |
| NORPACE CAPS 100mg, 150mg | 3 | |
| *pacerone* TABS 100mg, 200mg | 1 | |
| *propafenone hcl* CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg | 1 | |
| *quinidine sulfate* TABS 200mg, 300mg | 1 | |
| *sotalol hcl* TABS 80mg, 120mg, 160mg, 240mg | 1 | |
| *sotalol hcl (afib/afl)* TABS 80mg, 120mg, 160mg | 1 | |
| SOTYLIZE SOLN 5mg/ml | 4 | |
| TIKOSYN CAPS 125mcg, 250mcg, 500mcg | 3 | |
| ***ANTILIPEMICS, FIBRATES*** | | |
| *choline fenofibrate* CPDR 45mg, 135mg | 1 | |
| *fenofibrate* CAPS 50mg, 150mg | 1 | QL (30 caps / 30 days), ST |
| *fenofibrate* TABS 40mg | 1 | QL (60 tabs / 30 days), ST |
| *fenofibrate* TABS 48mg, 54mg, 145mg, 160mg | 1 | |
| *fenofibrate* TABS 120mg | 1 | QL (30 tabs / 30 days), ST |
| *fenofibrate micronized* CAPS 43mg, 67mg, 134mg, 200mg | 1 | |
| *fenofibrate micronized* CAPS 130mg | 1 | QL (30 caps / 30 days), ST |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *fenofibric acid* TABS 35mg | 1 | QL (60 tabs / 30 days), ST |
| *fenofibric acid* TABS 105mg | 1 | QL (30 tabs / 30 days), ST |
| *gemfibrozil* TABS 600mg | 1 | |
| LIPOFEN CAPS 50mg, 150mg | 3 | QL (30 caps / 30 days), ST |
| LOPID TABS 600mg | 3 | |
| ***ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS*** | | |
| ATORVALIQ SUSP 20mg/5ml | 3 | QL (600 mL / 30 days), ST |
| *atorvastatin calcium* TABS 10mg, 20mg, 40mg, 80mg | 1 | QL (30 tabs / 30 days) |
| CRESTOR TABS 5mg, 10mg, 20mg, 40mg | 3 | QL (30 tabs / 30 days) |
| FLOLIPID SUSP 20mg/5ml, 40mg/5ml | 3 | QL (300 mL / 30 days), ST |
| *fluvastatin sodium* CAPS 20mg, 40mg | 1 | QL (60 caps / 30 days), ST |
| *fluvastatin sodium* TB24 80mg | 1 | QL (30 tabs / 30 days), ST |
| LESCOL XL TB24 80mg | 3 | QL (30 tabs / 30 days), ST |
| LIPITOR TABS 10mg, 20mg, 40mg, 80mg | 3 | QL (30 tabs / 30 days) |
| LIVALO TABS 1mg, 2mg, 4mg | 3 | QL (30 tabs / 30 days), ST |
| *lovastatin* TABS 10mg, 20mg, 40mg | 1 | QL (60 tabs / 30 days) |
| *pitavastatin calcium* TABS 1mg, 2mg, 4mg | 1 | QL (30 tabs / 30 days), ST |
| *pravastatin sodium* TABS 10mg, 20mg, 40mg, 80mg | 1 | QL (30 tabs / 30 days) |
| *rosuvastatin calcium* TABS 5mg, 10mg, 20mg, 40mg | 1 | QL (30 tabs / 30 days) |
| *simvastatin* TABS 5mg, 10mg, 20mg, 40mg, 80mg | 1 | QL (30 tabs / 30 days) |
| ZOCOR TABS 10mg, 20mg, 40mg | 3 | QL (30 tabs / 30 days) |
| ZYPITAMAG TABS 2mg, 4mg | 3 | QL (30 tabs / 30 days), ST |
| ***ANTILIPEMICS, MISCELLANEOUS*** | | |
| *cholestyramine* PACK 4gm; POWD 4gm/dose | 1 | |
| *cholestyramine light* PACK 4gm; POWD 4gm/dose | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *colesevelam hcl* PACK 3.75gm; TABS 625mg | 1 | |
| COLESTID GRAN 5gm; TABS 1gm | 3 | |
| *colestipol hcl* GRAN 5gm; PACK 5gm; TABS 1gm | 1 | |
| EVKEEZA SOLN 345mg/2.3ml, 1200mg/8ml | 4 | PA |
| *ezetimibe* TABS 10mg | 1 | QL (30 tabs / 30 days) |
| *ezetimibe-simvastatin tab 10-10 mg* | 1 | QL (30 tabs / 30 days) |
| *ezetimibe-simvastatin tab 10-20 mg* | 1 | QL (30 tabs / 30 days) |
| *ezetimibe-simvastatin tab 10-40 mg* | 1 | QL (30 tabs / 30 days) |
| *ezetimibe-simvastatin tab 10-80 mg* | 1 | QL (30 tabs / 30 days) |
| *icosapent ethyl* CAPS .5gm, 1gm | 1 | |
| JUXTAPID CAPS 2mg, 5mg, 10mg, 20mg, 30mg | 4 | PA |
| LOVAZA CAP 1GM | 3 | PA |
| NEXLETOL TABS 180mg | 2 | QL (30 tabs / 30 days) |
| NEXLIZET TAB 180/10MG | 2 | QL (30 tabs / 30 days) |
| *niacin (antihyperlipidemic)* TABS 500mg | 1 | |
| *niacin (antihyperlipidemic)* TBCR 500mg, 750mg, 1000mg | 1 | QL (60 tabs / 30 days) |
| *niacor* TABS 500mg | 1 | |
| *omega-3-acid ethyl esters cap 1 gm* | 1 | |
| QUESTRAN PACK 4gm; POWD 4gm/dose | 3 | |
| QUESTRAN LIGHT POWD 4gm/dose | 3 | |
| REDEMPLO SOSY 25mg/0.5ml | 4 | QL (1 syringe / 90 days), PA |
| REPATHA SOSY 140mg/ml | 2 | QL (6 syringes / 28 days), PA |
| REPATHA SURECLICK SOAJ 140mg/ml | 2 | QL (6 pens / 28 days), PA |
| TRYNGOLZA SOAJ 50mg/0.8ml, 80mg/0.8ml | 4 | QL (1 pen / 30 days), PA |
| VASCEPA CAPS .5gm, 1gm | 2 | |
| VYTORIN TAB 10-10MG | 3 | QL (30 tabs / 30 days) |
| VYTORIN TAB 10-20MG | 3 | QL (30 tabs / 30 days) |
| VYTORIN TAB 10-40MG | 3 | QL (30 tabs / 30 days) |
| VYTORIN TAB 10-80MG | 3 | QL (30 tabs / 30 days) |
| WELCHOL PACK 3.75gm; TABS 625mg | 3 | |
| ZETIA TABS 10mg | 3 | QL (30 tabs / 30 days) |
| ***BETA-BLOCKER/DIURETIC COMBINATIONS*** | | |
| *atenolol & chlorthalidone tab 50-25 mg* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *atenolol & chlorthalidone tab 100-25 mg* | 1 | |
| *bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg* | 1 | |
| *bisoprolol & hydrochlorothiazide tab 5-6.25 mg* | 1 | |
| *bisoprolol & hydrochlorothiazide tab 10-6.25 mg* | 1 | |
| *metoprolol & hydrochlorothiazide tab 50-25 mg* | 1 | |
| *metoprolol & hydrochlorothiazide tab 100-25 mg* | 1 | |
| *metoprolol & hydrochlorothiazide tab 100-50 mg* | 1 | |
| ***BETA-BLOCKERS*** | | |
| *acebutolol hcl* CAPS 200mg, 400mg | 1 | |
| *atenolol* TABS 25mg, 50mg, 100mg | 1 | |
| *betaxolol hcl* TABS 10mg, 20mg | 1 | |
| *bisoprolol fumarate* TABS 2.5mg, 5mg, 10mg | 1 | |
| BYSTOLIC TABS 2.5mg, 5mg, 10mg | 3 | QL (30 tabs / 30 days) |
| BYSTOLIC TABS 20mg | 3 | QL (60 tabs / 30 days) |
| *carvedilol* TABS 3.125mg, 6.25mg, 12.5mg, 25mg | 1 | |
| *carvedilol phosphate* CP24 10mg, 20mg, 40mg, 80mg | 1 | QL (30 caps / 30 days) |
| COREG TABS 3.125mg, 6.25mg, 12.5mg, 25mg | 3 | |
| COREG CR CP24 10mg, 20mg, 40mg, 80mg | 4 | QL (30 caps / 30 days) |
| INDERAL LA CP24 60mg, 80mg, 120mg, 160mg | 4 | |
| KAPSPARGO SPRINKLE CS24 25mg, 50mg, 100mg, 200mg | 3 | |
| *labetalol hcl* SOLN 5mg/ml; TABS 100mg, 200mg, 300mg, 400mg | 1 | |
| LOPRESSOR SOLN 10mg/ml; TABS 12.5mg, 50mg, 100mg | 3 | |
| *metoprolol succinate* TB24 25mg, 50mg, 100mg, 200mg | 1 | |
| *metoprolol tartrate* SOLN 5mg/5ml; TABS 12.5mg, 25mg, 37.5mg, 50mg, 75mg, 100mg | 1 | |
| *nadolol* TABS 20mg, 40mg, 80mg | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *nebivolol hcl* TABS 2.5mg, 5mg, 10mg | 1 | QL (30 tabs / 30 days) |
| *nebivolol hcl* TABS 20mg | 1 | QL (60 tabs / 30 days) |
| *pindolol* TABS 5mg, 10mg | 1 | |
| *propranolol hcl* CP24 60mg, 80mg, 120mg, 160mg; SOLN 1mg/ml, 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg | 1 | |
| TENORMIN TABS 25mg, 50mg, 100mg | 3 | |
| *timolol maleate* TABS 5mg, 10mg, 20mg | 1 | |
| TOPROL XL TB24 25mg, 50mg, 100mg, 200mg | 3 | |
| ***CALCIUM CHANNEL BLOCKERS*** | | |
| *amlodipine besylate* TABS 2.5mg, 5mg, 10mg | 1 | |
| CARDAMYST SOLN 70mg/dose | 4 | |
| CARDIZEM TABS 30mg, 60mg, 120mg | 3 | |
| CARDIZEM CD CP24 120mg, 180mg | 3 | |
| CARDIZEM CD CP24 240mg, 300mg, 360mg | 4 | |
| CARDIZEM LA TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg | 3 | |
| *cartia xt* CP24 120mg, 180mg, 240mg, 300mg | 1 | |
| *dilt-xr* CP24 120mg, 180mg, 240mg | 1 | |
| *diltiazem hcl* CP12 60mg, 90mg, 120mg; CP24 120mg, 180mg, 240mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg; TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg | 1 | |
| *diltiazem hcl coated beads* CP24 120mg, 180mg, 240mg, 300mg, 360mg | 1 | |
| *diltiazem hcl extended release beads* CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg | 1 | |
| *felodipine* TB24 2.5mg, 5mg, 10mg | 1 | |
| *isradipine* CAPS 2.5mg, 5mg | 1 | |
| KATERZIA SUSP 1mg/ml | 3 | |
| *matzim la* TB24 180mg, 240mg, 300mg, 360mg, 420mg | 1 | |
| *nicardipine hcl* CAPS 20mg, 30mg | 1 | |
| *nifedipine* TB24 30mg, 60mg, 90mg | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *nimodipine* CAPS 30mg | 1 | |
| *nimodipine* SOLN 60mg/20ml | 4 | |
| *nisoldipine* TB24 8.5mg, 17mg | 1 | |
| NORLIQVA SOLN 1mg/ml | 3 | |
| NORVASC TABS 2.5mg, 5mg, 10mg | 3 | |
| NYMALIZE SOLN 6mg/ml | 4 | |
| PROCARDIA XL TB24 30mg, 60mg | 3 | |
| SDAMLO SOLR 2.5mg, 5mg, 10mg | 4 | QL (30 bottles / 30 days), PA |
| SULAR TB24 8.5mg, 17mg, 34mg | 3 | |
| *tiadylt er* CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg | 1 | |
| TIAZAC CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg | 3 | |
| *verapamil hcl* CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg | 1 | |
| ***DIURETICS*** | | |
| *acetazolamide* CP12 500mg; TABS 125mg, 250mg | 1 | |
| *amiloride & hydrochlorothiazide tab 5-50 mg* | 1 | |
| *amiloride hcl* TABS 5mg | 1 | |
| *bumetanide* SOLN .25mg/ml; TABS .5mg, 1mg, 2mg | 1 | |
| *chlorthalidone* TABS 25mg, 50mg | 1 | |
| *dichlorphenamide* TABS 50mg | 4 | PA |
| DIURIL SUSP 250mg/5ml | 3 | |
| DYRENIUM CAPS 50mg, 100mg | 3 | |
| EDECRIN TABS 25mg | 4 | |
| ENBUMYST SOLN .5mg/0.1ml | 4 | |
| *ethacrynic acid* TABS 25mg | 1 | |
| FUROSCIX CTKT 80mg/10ml | 4 | |
| FUROSCIX READYFLOW SOAJ 80mg/ml | 4 | |
| *furosemide* SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg | 1 | |
| *furosemide inj* SOLN 10mg/ml | 1 | |
| HEMICLOR TABS 12.5mg | 3 | |
| *hydrochlorothiazide* CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg | 1 | |
| *indapamide* TABS 1.25mg, 2.5mg | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| INZIRQO SUSR 10mg/ml | 3 | QL (320 mL / 30 days) |
| KEVEYIS TABS 50mg | 4 | PA |
| LASIX TABS 20mg, 40mg, 80mg | 3 | |
| LASIX ONYU CTKT 80mg/2.67ml | 4 | |
| *methazolamide* TABS 25mg, 50mg | 1 | |
| *metolazone* TABS 2.5mg, 5mg, 10mg | 1 | |
| *ormalvi* TABS 50mg | 4 | PA |
| SOAANZ TABS 40mg | 3 | |
| *spironolactone & hydrochlorothiazide tab 25-25 mg* | 1 | |
| THALITONE TABS 15mg | 3 | |
| *torsemide* TABS 5mg, 10mg, 20mg, 100mg | 1 | |
| *triamterene* CAPS 50mg, 100mg | 1 | |
| *triamterene & hydrochlorothiazide cap 37.5-25 mg* | 1 | |
| *triamterene & hydrochlorothiazide tab 37.5-25 mg* | 1 | |
| *triamterene & hydrochlorothiazide tab 75-50 mg* | 1 | |
| ***MISCELLANEOUS*** | | |
| ADRENALIN SOLN 1mg/ml | 3 | |
| *aliskiren fumarate* TABS 150mg, 300mg | 1 | QL (30 tabs / 30 days) |
| *amlodipine besylate-atorvastatin calcium tab 2.5-10 mg* | 1 | |
| *amlodipine besylate-atorvastatin calcium tab 2.5-20 mg* | 1 | |
| *amlodipine besylate-atorvastatin calcium tab 2.5-40 mg* | 1 | |
| *amlodipine besylate-atorvastatin calcium tab 5-10 mg* | 1 | |
| *amlodipine besylate-atorvastatin calcium tab 5-20 mg* | 1 | |
| *amlodipine besylate-atorvastatin calcium tab 5-40 mg* | 1 | |
| *amlodipine besylate-atorvastatin calcium tab 5-80 mg* | 1 | |
| *amlodipine besylate-atorvastatin calcium tab 10-10 mg* | 1 | |
| *amlodipine besylate-atorvastatin calcium tab 10-20 mg* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *amlodipine besylate-atorvastatin calcium tab 10-40 mg* | 1 | |
| *amlodipine besylate-atorvastatin calcium tab 10-80 mg* | 1 | |
| ATTRUBY TBPK 356mg | 4 | QL (112 tabs / 28 days), PA |
| BAXFENDY TABS 1mg, 2mg | 3 | QL (30 tabs / 30 days), PA |
| BIDIL TAB | 3 | |
| CADUET TAB 5-10MG | 3 | |
| CADUET TAB 5-20MG | 3 | |
| CADUET TAB 5-40MG | 3 | |
| CADUET TAB 5-80MG | 3 | |
| CADUET TAB 10-10MG | 3 | |
| CADUET TAB 10-20MG | 3 | |
| CADUET TAB 10-40MG | 3 | |
| CADUET TAB 10-80MG | 3 | |
| CAMZYOS CAPS 2.5mg, 5mg, 10mg, 15mg | 4 | QL (30 caps / 30 days), PA |
| *clonidine* PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr; TB24 .17mg | 1 | |
| *clonidine hcl* TABS .05mg, .1mg, .2mg, .3mg | 1 | |
| *digoxin* SOLN .05mg/ml, .25mg/ml; TABS 62.5mcg | 1 | |
| *digoxin* TABS 125mcg, 250mcg | 1 | QL (30 tabs / 30 days) |
| *droxidopa* CAPS 100mg | 1 | QL (90 caps / 30 days), PA |
| *droxidopa* CAPS 200mg, 300mg | 4 | QL (180 caps / 30 days), PA |
| *epinephrine* SOLN 1mg/ml | 1 | |
| EPINEPHRINE SOLN 1mg/ml | 3 | |
| *guanfacine hcl* TABS 1mg, 2mg | 2 | PA; PA applies if 65 years and older |
| *hydralazine hcl* SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg | 1 | |
| INPEFA TABS 200mg, 400mg | 3 | QL (30 tabs / 30 days) |
| *isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg* | 1 | |
| *ivabradine hcl* TABS 5mg, 7.5mg | 1 | QL (60 tabs / 30 days) |
| JAVADIN SOLN .02mg/ml | 3 | |
| LANOXIN SOLN .25mg/ml; TABS 62.5mcg | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| LANOXIN TABS 125mcg, 250mcg | 3 | QL (30 tabs / 30 days) |
| LANOXIN PEDIATRIC SOLN .1mg/ml | 3 | |
| LODOCO TABS .5mg | 3 | QL (30 tabs / 30 days), PA |
| *methyldopa* TABS 250mg, 500mg | 3 | PA; PA applies if 65 years and older |
| *metyrosine* CAPS 250mg | 4 | PA |
| *midodrine hcl* TABS 2.5mg, 5mg, 10mg | 1 | |
| *minoxidil* TABS 2.5mg, 10mg | 1 | |
| MYQORZO TABS 5mg, 10mg, 15mg, 20mg | 4 | QL (30 tabs / 30 days), PA |
| NEXICLON XR TB24 .17mg | 3 | |
| NORTHERA CAPS 100mg | 4 | QL (90 caps / 30 days), PA |
| NORTHERA CAPS 200mg, 300mg | 4 | QL (180 caps / 30 days), PA |
| *phenoxybenzamine hcl* CAPS 10mg | 4 | PA |
| *ranolazine* TB12 500mg, 1000mg | 1 | |
| TEKTURNA TABS 150mg, 300mg | 3 | QL (30 tabs / 30 days) |
| TRYVIO TABS 12.5mg | 3 | QL (30 tabs / 30 days), PA |
| VERQUVO TABS 2.5mg, 5mg, 10mg | 2 | QL (30 tabs / 30 days), PA |
| VYNDAMAX CAPS 61mg | 4 | QL (30 caps / 30 days), PA |
| ***NITRATES*** | | |
| *isosorbide dinitrate* TABS 5mg, 10mg, 20mg, 30mg | 1 | |
| *isosorbide dinitrate* TABS 40mg | 1 | ST |
| *isosorbide mononitrate* TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg | 1 | |
| *nitro-bid* OINT 2% | 1 | |
| NITRO-DUR PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr | 3 | |
| NITRO-DUR PT24 .3mg/hr, .8mg/hr | 4 | |
| *nitroglycerin* OINT 2%; PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg | 1 | |
| NITROLINGUAL SOLN .4mg/spray | 3 | |
| NITROSTAT SUBL .3mg, .4mg, .6mg | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***PULMONARY ARTERIAL HYPERTENSION*** | | |
| ADCIRCA TABS 20mg | 4 | QL (60 tabs / 30 days), PA |
| ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg | 4 | QL (90 tabs / 30 days), PA |
| *alyq* TABS 20mg | 1 | QL (60 tabs / 30 days), PA |
| *ambrisentan* TABS 5mg, 10mg | 4 | QL (30 tabs / 30 days), PA |
| *bosentan* TABS 62.5mg, 125mg | 4 | QL (60 tabs / 30 days), PA |
| *bosentan* TBSO 32mg | 4 | QL (120 tabs / 30 days), PA |
| *epoprostenol sodium* SOLR .5mg, 1.5mg | 4 | B/D |
| LETAIRIS TABS 5mg, 10mg | 4 | QL (30 tabs / 30 days), PA |
| *macitentan* TABS 10mg | 4 | QL (30 tabs / 30 days), PA |
| OPSUMIT TABS 10mg | 4 | QL (30 tabs / 30 days), PA |
| OPSYNVI TAB 10-20MG | 4 | QL (30 tabs / 30 days), PA |
| OPSYNVI TAB 10-40MG | 4 | QL (30 tabs / 30 days), PA |
| ORENITRAM TBCR .25mg, 1mg, 2.5mg, 5mg | 4 | PA |
| ORENITRAM TBCR .125mg | 3 | PA |
| ORENITRAM TAB MONTH 1 | 4 | PA |
| ORENITRAM TAB MONTH 2 | 4 | PA |
| ORENITRAM TAB MONTH 3 | 4 | PA |
| REMODULIN SOLN 8mg/20ml, 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml | 4 | PA |
| REVATIO SOLN 10mg/12.5ml | 4 | PA |
| REVATIO TABS 20mg | 4 | QL (360 tabs / 30 days), PA |
| *sildenafil citrate (pulmonary hypertension)* SOLN 10mg/12.5ml | 4 | PA |
| *sildenafil citrate (pulmonary hypertension)* SUSR 10mg/ml | 4 | QL (784 mL / 30 days), PA |
| *sildenafil citrate (pulmonary hypertension)* TABS 20mg | 1 | QL (360 tabs / 30 days), PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *tadalafil (pulmonary hypertension)* TABS 20mg | 1 | QL (60 tabs / 30 days), PA |
| TADLIQ SUSP 20mg/5ml | 4 | QL (300 mL / 30 days), PA |
| TRACLEER TABS 62.5mg, 125mg | 4 | QL (60 tabs / 30 days), PA |
| TRACLEER TBSO 32mg | 4 | QL (120 tabs / 30 days), PA |
| *treprostinil* SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml | 4 | PA |
| TYVASO SOLN .6mg/ml | 4 | PA |
| TYVASO DPI INSTITUTIONAL POWD 80mcg | 4 | QL (112 cartridges / 28 days), PA |
| TYVASO DPI MAINTENANCE KI POWD 16mcg, 32mcg, 48mcg, 64mcg, 80mcg | 4 | QL (112 cartridges / 28 days), PA |
| TYVASO DPI POW 16-32-48 | 4 | QL (252 cartridges / 28 days), PA |
| TYVASO DPI POW 48-80MCG | 4 | QL (224 cartridges / 28 days), PA |
| TYVASO DPI POW MAIN KIT 32-64MCG | 4 | QL (224 cartridges / 28 days), PA |
| TYVASO DPI POW MAIN KIT 48-64MCG | 4 | QL (224 cartridges / 28 days), PA |
| TYVASO REFILL KIT SOLN .6mg/ml | 4 | PA |
| TYVASO STARTER KIT SOLN .6mg/ml | 4 | PA |
| UPTRAVI SOLR 1800mcg | 4 | PA |
| UPTRAVI TABS 100mcg, 150mcg | 4 | QL (280 tabs / 28 days), PA |
| UPTRAVI TABS 200mcg | 4 | QL (140 tabs / 28 days), PA |
| UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg | 4 | QL (60 tabs / 30 days), PA |
| UPTRAVI PACK TAB 200/800 | 4 | QL (200 tabs / 28 days), PA |
| VELETRI SOLR .5mg, 1.5mg | 4 | B/D |
| WINREVAIR KIT 45mg, 60mg | 4 | QL (2 vials / 21 days), PA |
| WINREVAIR INJ 45MG | 4 | QL (2 vials / 21 days), PA |
| WINREVAIR INJ 60MG | 4 | QL (2 vials / 21 days), PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| YUTREPIA CAPS 26.5mcg, 53mcg, 79.5mcg | 4 | QL (140 caps / 28 days), PA |
| YUTREPIA CAPS 106mcg | 4 | QL (224 caps / 28 days), PA |
| **CENTRAL NERVOUS SYSTEM** | | |
| ***ANTIANXIETY*** | | |
| *alprazolam* TABS .25mg, .5mg, 1mg, 2mg; TBDP .5mg, 1mg, 2mg | 1 | QL (150 tabs / 30 days) |
| *alprazolam* TB24 2mg, 3mg | 1 | QL (90 tabs / 30 days), PA; PA applies if 65 years and older |
| *alprazolam* TB24 .5mg, 1mg | 1 | QL (150 tabs / 30 days), PA; PA applies if 65 years and older |
| *alprazolam* TBDP .25mg | 1 | QL (120 tabs / 30 days) |
| ALPRAZOLAM INTENSOL CONC 1mg/ml | 3 | QL (300 mL / 30 days) |
| ATIVAN SOLN 2mg/ml, 4mg/ml | 3 | |
| ATIVAN TABS .5mg, 1mg, 2mg | 4 | QL (150 tabs / 30 days) |
| BUCAPSOL CAPS 5mg, 7.5mg, 10mg | 4 | QL (60 caps / 30 days) |
| BUCAPSOL CAPS 15mg | 4 | QL (120 caps / 30 days) |
| *buspirone hcl* TABS 2.5mg, 12.5mg | 4 | QL (60 tabs / 30 days) |
| *buspirone hcl* TABS 5mg, 7.5mg, 10mg, 15mg, 30mg | 1 | |
| *chlordiazepoxide hcl* CAPS 5mg, 10mg, 25mg | 1 | QL (120 caps / 30 days), PA; PA applies if 65 years and older |
| *fluvoxamine maleate* CP24 100mg, 150mg | 1 | QL (60 caps / 30 days) |
| *fluvoxamine maleate* TABS 25mg, 50mg, 100mg | 1 | |
| *lorazepam* CONC 2mg/ml | 1 | QL (150 mL / 30 days) |
| *lorazepam* SOLN 4mg/ml, 20mg/10ml | 1 | |
| *lorazepam* TABS .5mg, 1mg, 2mg | 1 | QL (150 tabs / 30 days) |
| *lorazepam intensol* CONC 2mg/ml | 1 | QL (150 mL / 30 days) |
| LOREEV XR CS24 1mg, 1.5mg, 2mg | 3 | QL (150 caps / 30 days), PA; PA applies if 65 years and older |
| LOREEV XR CS24 3mg | 3 | QL (90 caps / 30 days), PA; PA applies if 65 years and older |
| *oxazepam* CAPS 10mg, 15mg, 30mg | 1 | QL (120 caps / 30 days), PA; PA applies if 65 years and older |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| XANAX TABS .25mg, .5mg, 1mg, 2mg | 3 | QL (150 tabs / 30 days) |
| ***ANTIDEMENTIA*** | | |
| ARICEPT TABS 5mg | 3 | QL (30 tabs / 30 days) |
| ARICEPT TABS 10mg, 23mg | 3 | |
| *donepezil hydrochloride* TABS 5mg; TBDP 5mg | 1 | QL (30 tabs / 30 days) |
| *donepezil hydrochloride* TABS 10mg, 23mg; TBDP 10mg | 1 | |
| EXELON PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr | 3 | QL (30 patches / 30 days) |
| *galantamine hydrobromide* CP24 8mg, 16mg, 24mg | 1 | QL (30 caps / 30 days) |
| *galantamine hydrobromide* SOLN 4mg/ml | 1 | QL (200 mL / 30 days) |
| *galantamine hydrobromide* TABS 4mg, 8mg, 12mg | 1 | QL (60 tabs / 30 days) |
| LEQEMBI IQLIK SOAJ 250mg/1.25ml | 4 | QL (8 pens / 28 days), PA |
| LEQEMBI IQLIK SOAJ 360mg/1.8ml | 4 | QL (4 pens / 28 days), PA |
| *memantine hcl* CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg | 1 | PA; PA applies if 29 years and younger |
| *memantine hcl-donepezil hcl cap er 24hr 14-10 mg* | 1 | |
| *memantine hcl-donepezil hcl cap er 24hr 21-10 mg* | 1 | |
| *memantine hcl-donepezil hcl cap er 24hr 28-10 mg* | 1 | |
| NAMZARIC CAP 7-10MG | 3 | |
| NAMZARIC CAP 14-10MG | 3 | |
| NAMZARIC CAP 21-10MG | 3 | |
| NAMZARIC CAP 28-10MG | 3 | |
| *rivastigmine* PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr | 1 | QL (30 patches / 30 days) |
| *rivastigmine tartrate* CAPS 1.5mg, 3mg, 4.5mg, 6mg | 1 | QL (60 caps / 30 days) |
| ZUNVEYL TBEC 5mg, 10mg, 15mg | 3 | QL (60 tabs / 30 days), PA |
| ***ANTIDEPRESSANTS*** | | |
| *amitriptyline hcl* TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg | 2 | PA; PA applies if 65 years and older |
| *amoxapine* TABS 25mg, 50mg, 100mg, 150mg | 2 | PA; PA applies if 65 years and older |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ANAFRANIL CAPS 25mg, 50mg, 75mg | 4 | PA |
| APLENZIN TB24 174mg | 4 | QL (60 tabs / 30 days), ST |
| APLENZIN TB24 348mg, 522mg | 4 | QL (30 tabs / 30 days), ST |
| AUVELITY TAB 45-105MG | 3 | QL (60 tabs / 30 days) |
| AUVELITY TAB TITRATIO | 4 | QL (2 packs / year) |
| *bupropion hcl* TABS 75mg, 100mg | 1 | |
| *bupropion hcl* TB12 100mg, 150mg, 200mg; TB24 150mg | 1 | QL (60 tabs / 30 days) |
| *bupropion hcl* TB24 300mg | 1 | QL (30 tabs / 30 days) |
| *bupropion hcl* TB24 450mg | 1 | QL (30 tabs / 30 days), ST |
| CELEXA TABS 10mg, 20mg, 40mg | 3 | |
| *citalopram hydrobromide* CAPS 30mg | 1 | QL (30 caps / 30 days), ST |
| CITALOPRAM HYDROBROMIDE CAPS 30mg | 3 | QL (30 caps / 30 days), ST |
| *citalopram hydrobromide* SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg | 1 | |
| *clomipramine hcl* CAPS 25mg, 50mg, 75mg | 3 | PA |
| *desipramine hcl* TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg | 3 | PA; PA applies if 65 years and older |
| DESVENLAFAXINE ER TB24 50mg, 100mg | 3 | QL (30 tabs / 30 days) |
| *desvenlafaxine succinate* TB24 25mg, 50mg, 100mg | 1 | QL (30 tabs / 30 days) |
| *doxepin hcl* CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml | 2 | PA; PA applies if 65 years and older |
| DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg | 3 | QL (60 caps / 30 days), PA |
| *duloxetine hcl* CPEP 20mg | 1 | QL (120 caps / 30 days) |
| *duloxetine hcl* CPEP 30mg | 1 | QL (90 caps / 30 days) |
| *duloxetine hcl* CPEP 40mg, 60mg | 1 | QL (60 caps / 30 days) |
| DULOXETINE HYDROCHLORIDE CPEP 80mg, 90mg, 120mg | 3 | QL (30 caps / 30 days) |
| EFFEXOR XR CP24 37.5mg, 75mg, 150mg | 3 | |
| EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr | 4 | QL (30 patches / 30 days), PA |
| ESCITALOPRAM OXALATE CAPS 15mg | 3 | QL (30 caps / 30 days) |
| *escitalopram oxalate* SOLN 5mg/5ml; TABS 5mg, 10mg, 20mg | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| EXXUA TB24 18.2mg, 36.3mg, 54.5mg, 72.6mg | 4 | QL (30 tabs / 30 days), PA |
| EXXUA TITRATION PACK TB24 18.2mg | 4 | QL (2 packs / year), PA |
| FETZIMA CP24 20mg, 40mg | 3 | QL (60 caps / 30 days), PA |
| FETZIMA CP24 80mg, 120mg | 3 | QL (30 caps / 30 days), PA |
| FETZIMA CAP TITRATIO | 3 | QL (2 packs / year), PA |
| *fluoxetine hcl* CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml | 1 | |
| *fluoxetine hcl* CPDR 90mg | 1 | QL (4 caps / 28 days) |
| *fluoxetine hcl* TABS 10mg, 60mg | 1 | QL (30 tabs / 30 days) |
| *fluoxetine hcl* TABS 20mg | 1 | QL (120 tabs / 30 days) |
| *fluoxetine hcl (pmdd)* TABS 10mg | 1 | QL (30 tabs / 30 days); (generic of SARAFEM) |
| *fluoxetine hcl (pmdd)* TABS 20mg | 1 | QL (120 tabs / 30 days); (generic of SARAFEM) |
| *imipramine hcl* TABS 10mg, 25mg, 50mg | 1 | PA; PA applies if 65 years and older |
| *imipramine pamoate* CAPS 75mg, 100mg, 125mg, 150mg | 3 | PA; PA applies if 65 years and older |
| LEXAPRO TABS 5mg, 10mg, 20mg | 3 | |
| MARPLAN TABS 10mg | 3 | QL (180 tabs / 30 days) |
| *mirtazapine* TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg | 1 | |
| NARDIL TABS 15mg | 3 | |
| *nefazodone hcl* TABS 50mg, 100mg, 150mg, 200mg, 250mg | 1 | |
| NORPRAMIN TABS 10mg, 25mg | 3 | PA; PA applies if 65 years and older |
| *nortriptyline hcl* CAPS 10mg, 25mg, 50mg, 75mg | 1 | |
| *nortriptyline hcl* SOLN 10mg/5ml | 3 | |
| PARNATE TABS 10mg | 3 | |
| *paroxetine hcl* SUSP 10mg/5ml | 3 | QL (900 mL / 30 days), PA; PA applies if 65 years and older |
| *paroxetine hcl* TABS 10mg, 20mg, 30mg, 40mg | 1 | PA; PA applies if 65 years and older |
| *paroxetine hcl* TB24 12.5mg, 25mg, 37.5mg | 3 | QL (60 tabs / 30 days), PA; PA applies if 65 years and older |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| PAXIL TABS 10mg, 20mg, 30mg, 40mg | 3 | PA; PA applies if 65 years and older |
| PAXIL CR TB24 12.5mg, 25mg, 37.5mg | 3 | QL (60 tabs / 30 days), PA; PA applies if 65 years and older |
| *perphenazine-amitriptyline tab 2-10 mg* | 2 | PA; PA applies if 65 years and older |
| *perphenazine-amitriptyline tab 2-25 mg* | 2 | PA; PA applies if 65 years and older |
| *perphenazine-amitriptyline tab 4-10 mg* | 2 | PA; PA applies if 65 years and older |
| *perphenazine-amitriptyline tab 4-25 mg* | 2 | PA; PA applies if 65 years and older |
| *perphenazine-amitriptyline tab 4-50 mg* | 2 | PA; PA applies if 65 years and older |
| *phenelzine sulfate* TABS 15mg | 1 | |
| PRISTIQ TB24 25mg, 50mg, 100mg | 3 | QL (30 tabs / 30 days) |
| *protriptyline hcl* TABS 5mg, 10mg | 3 | |
| RALDESY SOLN 10mg/ml | 3 | QL (1800 mL / 30 days), PA |
| REMERON TABS 15mg, 30mg | 3 | |
| REMERON SOLTAB TBDP 15mg, 30mg, 45mg | 3 | |
| *sertraline hcl* CAPS 150mg, 200mg | 1 | QL (30 caps / 30 days), ST |
| *sertraline hcl* CONC 20mg/ml; TABS 25mg, 50mg, 100mg | 1 | |
| SERTRALINE HYDROCHLORIDE CAPS 150mg, 200mg | 3 | QL (30 caps / 30 days), ST |
| SPRAVATO 56MG DOSE SOPK 28mg/device | 4 | PA |
| SPRAVATO 84MG DOSE SOPK 28mg/device | 4 | PA |
| *tranylcypromine sulfate* TABS 10mg | 1 | |
| *trazodone hcl* TABS 50mg, 100mg, 150mg, 300mg | 1 | |
| *trimipramine maleate* CAPS 25mg, 50mg | 3 | QL (120 caps / 30 days), PA; PA applies if 65 years and older |
| *trimipramine maleate* CAPS 100mg | 3 | QL (60 caps / 30 days), PA; PA applies if 65 years and older |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| TRINTELLIX TABS 5mg, 10mg, 20mg | 3 | QL (30 tabs / 30 days), PA |
| VENLAFAXINE BESYLATE ER TB24 112.5mg | 3 | QL (30 tabs / 30 days), ST |
| *venlafaxine hcl* CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg; TB24 37.5mg, 75mg, 150mg | 1 | |
| *venlafaxine hcl* TB24 225mg | 1 | QL (30 tabs / 30 days), ST |
| VIIBRYD TABS 10mg, 20mg, 40mg | 3 | QL (30 tabs / 30 days) |
| *vilazodone hcl* TABS 10mg, 20mg, 40mg | 1 | QL (30 tabs / 30 days) |
| WELLBUTRIN SR TB12 100mg, 150mg, 200mg | 3 | QL (60 tabs / 30 days), ST |
| WELLBUTRIN XL TB24 150mg | 4 | QL (60 tabs / 30 days), ST |
| WELLBUTRIN XL TB24 300mg | 4 | QL (30 tabs / 30 days), ST |
| ZOLOFT CONC 20mg/ml; TABS 25mg, 50mg, 100mg | 3 | |
| ZURZUVAE CAPS 20mg, 25mg | 4 | QL (28 caps / 14 days), PA |
| ZURZUVAE CAPS 30mg | 4 | QL (14 caps / 14 days), PA |
| ***ANTIPARKINSONIAN AGENTS*** | | |
| *amantadine hcl* CAPS 100mg | 1 | QL (120 caps / 30 days) |
| *amantadine hcl* SOLN 50mg/5ml; TABS 100mg | 1 | |
| APOKYN SOCT 30mg/3ml | 4 | QL (20 cartridges / 30 days), PA |
| *apomorphine hydrochloride* SOCT 30mg/3ml | 4 | QL (20 cartridges / 30 days), PA |
| AZILECT TABS .5mg, 1mg | 4 | QL (30 tabs / 30 days) |
| *benztropine mesylate* SOLN 1mg/ml | 1 | |
| *benztropine mesylate* TABS .5mg, 1mg, 2mg | 1 | PA; PA applies if 65 years and older |
| *bromocriptine mesylate* CAPS 5mg; TABS 2.5mg | 1 | |
| *carb/levo orally disintegrating tab 10-100mg* | 1 | |
| *carb/levo orally disintegrating tab 25-100mg* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *carb/levo orally disintegrating tab 25-250mg* | 1 | |
| *carbidopa* TABS 25mg | 1 | |
| *carbidopa & levodopa cap er 23.75-95 mg* | 1 | |
| *carbidopa & levodopa cap er 36.25-145 mg* | 1 | |
| *carbidopa & levodopa cap er 48.75-195 mg* | 1 | |
| *carbidopa & levodopa cap er 61.25-245 mg* | 1 | |
| *carbidopa & levodopa tab 10-100 mg* | 1 | |
| *carbidopa & levodopa tab 25-100 mg* | 1 | |
| *carbidopa & levodopa tab 25-250 mg* | 1 | |
| *carbidopa & levodopa tab er 25-100 mg* | 1 | |
| *carbidopa & levodopa tab er 50-200 mg* | 1 | |
| *carbidopa-levodopa-entacapone tabs 12.5-50-200 mg* | 1 | |
| *carbidopa-levodopa-entacapone tabs 18.75-75-200 mg* | 1 | |
| *carbidopa-levodopa-entacapone tabs 25-100-200 mg* | 1 | |
| *carbidopa-levodopa-entacapone tabs 31.25-125-200 mg* | 1 | |
| *carbidopa-levodopa-entacapone tabs 37.5-150-200 mg* | 1 | |
| *carbidopa-levodopa-entacapone tabs 50-200-200 mg* | 1 | |
| CREXONT CAP 35-140MG | 3 | ST |
| CREXONT CAP 52.5-210 | 3 | ST |
| CREXONT CAP 70-280MG | 3 | ST |
| CREXONT CAP 87.5-350 | 3 | ST |
| DHIVY TAB 25-100MG | 3 | |
| DUOPA SUS 4.63-20 | 4 | B/D |
| *entacapone* TABS 200mg | 1 | |
| GOCOVRI CP24 68.5mg | 4 | QL (30 caps / 30 days), PA |
| GOCOVRI CP24 137mg | 4 | QL (60 caps / 30 days), PA |
| INBRIJA CAPS 42mg | 4 | QL (300 caps / 30 days), PA |
| LODOSYN TABS 25mg | 4 | |
| NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr | 3 | PA |
| NOURIANZ TABS 20mg, 40mg | 4 | QL (30 tabs / 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ONAPGO SOCT 98mg/20ml | 4 | QL (30 cartridges / 30 days), PA |
| ONGENTYS CAPS 25mg, 50mg | 3 | QL (30 caps / 30 days), PA |
| PARLODEL CAPS 5mg; TABS 2.5mg | 3 | |
| *pramipexole dihydrochloride* TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg; TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg | 1 | |
| *rasagiline mesylate* TABS .5mg, 1mg | 1 | QL (30 tabs / 30 days) |
| *ropinirole hydrochloride* TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg; TB24 2mg, 4mg, 6mg, 8mg, 12mg | 1 | |
| RYTARY CAP 95MG | 3 | ST |
| RYTARY CAP 145MG | 3 | ST |
| RYTARY CAP 195MG | 3 | ST |
| RYTARY CAP 245MG | 3 | ST |
| *selegiline hcl* CAPS 5mg; TABS 5mg | 1 | |
| SINEMET TAB 10-100MG | 3 | |
| SINEMET TAB 25-100MG | 3 | |
| *trihexyphenidyl hcl* SOLN .4mg/ml | 2 | |
| *trihexyphenidyl hcl* TABS 2mg, 5mg | 1 | |
| VYALEV INJ 12-240MG | 4 | PA |
| XADAGO TABS 50mg, 100mg | 4 | |
| ZELAPAR TBDP 1.25mg | 4 | |
| ***ANTIPSYCHOTICS*** | | |
| ABILIFY TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg | 3 | QL (30 tabs / 30 days) |
| ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml | 4 | QL (1 syringe / 56 days) |
| ABILIFY MAINTENA PRSY 300mg, 400mg | 4 | QL (1 syringe / 28 days) |
| ABILIFY MAINTENA SRER 300mg, 400mg | 4 | QL (1 vial / 28 days) |
| *aripiprazole* SOLN 1mg/ml | 1 | QL (900 mL / 30 days) |
| *aripiprazole* TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg | 1 | QL (30 tabs / 30 days) |
| *aripiprazole* TBDP 10mg, 15mg | 1 | QL (60 tabs / 30 days), ST |
| ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml | 4 | QL (1 syringe / 28 days) |
| ARISTADA PRSY 1064mg/3.9ml | 4 | QL (1 syringe / 56 days) |
| ARISTADA INITIO PRSY 675mg/2.4ml | 4 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *asenapine maleate* SUBL 2.5mg, 5mg, 10mg | 1 | QL (60 tabs / 30 days) |
| BYSANTI TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg | 4 | QL (60 tabs / 30 days), PA |
| BYSANTI TAB PACK A | 3 | QL (2 packs / year), PA |
| BYSANTI TAB PACK B | 3 | QL (2 packs / year), PA |
| BYSANTI TAB PACK C | 3 | QL (2 packs / year), PA |
| CAPLYTA CAPS 10.5mg, 21mg, 42mg | 4 | QL (30 caps / 30 days) |
| *chlorpromazine hcl* CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg | 1 | |
| *clozapine* TABS 25mg, 50mg | 1 | |
| *clozapine* TABS 100mg | 1 | QL (270 tabs / 30 days) |
| *clozapine* TABS 200mg | 1 | QL (120 tabs / 30 days) |
| *clozapine* TBDP 12.5mg, 25mg | 1 | PA |
| *clozapine* TBDP 100mg | 1 | QL (270 tabs / 30 days), PA |
| *clozapine* TBDP 150mg | 1 | QL (180 tabs / 30 days), PA |
| *clozapine* TBDP 200mg | 1 | QL (120 tabs / 30 days), PA |
| CLOZARIL TABS 25mg | 3 | |
| CLOZARIL TABS 100mg | 4 | QL (270 tabs / 30 days) |
| COBENFY CAP 50-20MG | 4 | QL (60 caps / 30 days) |
| COBENFY CAP 100-20MG | 4 | QL (60 caps / 30 days) |
| COBENFY CAP 125-30MG | 4 | QL (60 caps / 30 days) |
| COBENFY STRT CAP PACK | 4 | QL (2 packs / year) |
| ERZOFRI SUSY 39mg/0.25ml | 3 | QL (1 syringe / 28 days) |
| ERZOFRI SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml | 4 | QL (1 syringe / 28 days) |
| ERZOFRI SUSY 351mg/2.25ml | 4 | QL (2 syringes / year) |
| FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg | 4 | QL (60 tabs / 30 days), PA |
| FANAPT PAK PACK A | 3 | QL (2 packs / year), PA |
| FANAPT PAK PACK B | 3 | QL (2 packs / year), PA |
| FANAPT PAK PACK C | 3 | QL (2 packs / year), PA |
| *fluphenazine decanoate* SOLN 25mg/ml | 1 | |
| *fluphenazine hcl* CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg | 1 | |
| GEODON CAPS 20mg, 40mg, 60mg, 80mg | 4 | QL (60 caps / 30 days) |
| GEODON SOLR 20mg | 3 | QL (6 vials / 3 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *haloperidol* TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg | 1 | |
| *haloperidol decanoate* SOLN 50mg/ml, 100mg/ml | 1 | |
| *haloperidol lactate* CONC 2mg/ml; SOLN 5mg/ml | 1 | |
| INVEGA TB24 3mg, 9mg | 3 | QL (30 tabs / 30 days) |
| INVEGA TB24 6mg | 3 | QL (60 tabs / 30 days) |
| INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml | 4 | QL (1 syringe / 180 days) |
| INVEGA SUSTENNA SUSY 39mg/0.25ml | 3 | QL (1 syringe / 28 days) |
| INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml | 4 | QL (1 syringe / 28 days) |
| INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml | 4 | QL (1 syringe / 90 days) |
| LATUDA TABS 20mg, 40mg, 60mg, 120mg | 4 | QL (30 tabs / 30 days) |
| LATUDA TABS 80mg | 4 | QL (60 tabs / 30 days) |
| *loxapine succinate* CAPS 5mg, 10mg, 25mg, 50mg | 1 | |
| *lurasidone hcl* TABS 20mg, 40mg, 60mg, 120mg | 1 | QL (30 tabs / 30 days) |
| *lurasidone hcl* TABS 80mg | 1 | QL (60 tabs / 30 days) |
| LYBALVI TAB 5-10MG | 4 | QL (30 tabs / 30 days) |
| LYBALVI TAB 10-10MG | 4 | QL (30 tabs / 30 days) |
| LYBALVI TAB 15-10MG | 4 | QL (30 tabs / 30 days) |
| LYBALVI TAB 20-10MG | 4 | QL (30 tabs / 30 days) |
| *molindone hcl* TABS 5mg, 10mg, 25mg | 1 | |
| NUPLAZID CAPS 34mg | 4 | QL (30 caps / 30 days), PA |
| NUPLAZID TABS 10mg | 4 | QL (30 tabs / 30 days), PA |
| *olanzapine* SOLR 10mg | 1 | QL (3 vials / 1 day) |
| *olanzapine* TABS 2.5mg, 5mg, 10mg | 1 | QL (60 tabs / 30 days) |
| *olanzapine* TABS 7.5mg, 15mg, 20mg | 1 | QL (30 tabs / 30 days) |
| *olanzapine* TBDP 5mg, 15mg, 20mg | 1 | QL (30 tabs / 30 days), ST |
| *olanzapine* TBDP 10mg | 1 | QL (60 tabs / 30 days), ST |
| OPIPZA FILM 2mg, 5mg | 4 | QL (30 films / 30 days), PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| OPIPZA FILM 10mg | 4 | QL (90 films / 30 days), PA |
| *paliperidone* TB24 1.5mg, 3mg, 9mg | 1 | QL (30 tabs / 30 days) |
| *paliperidone* TB24 6mg | 1 | QL (60 tabs / 30 days) |
| *perphenazine* TABS 2mg, 4mg, 8mg, 16mg | 1 | |
| PERSERIS PRSY 90mg, 120mg | 4 | QL (1 syringe / 30 days) |
| *pimozide* TABS 1mg, 2mg | 1 | |
| *quetiapine fumarate* TABS 25mg | 1 | QL (180 tabs / 30 days) |
| *quetiapine fumarate* TABS 50mg, 100mg, 150mg, 200mg | 1 | QL (90 tabs / 30 days) |
| *quetiapine fumarate* TABS 300mg, 400mg | 1 | QL (60 tabs / 30 days) |
| *quetiapine fumarate* TB24 50mg, 300mg, 400mg | 1 | QL (60 tabs / 30 days), PA |
| *quetiapine fumarate* TB24 150mg, 200mg | 1 | QL (30 tabs / 30 days), PA |
| REXULTI TABS 3mg, 4mg | 4 | QL (30 tabs / 30 days) |
| REXULTI TABS .25mg, .5mg, 1mg, 2mg | 4 | QL (60 tabs / 30 days) |
| RISPERDAL SOLN 1mg/ml | 3 | QL (240 mL / 30 days) |
| RISPERDAL TABS .5mg, 1mg, 2mg, 3mg, 4mg | 3 | |
| RISPERDAL CONSTA SRER 12.5mg | 3 | QL (2 vials / 28 days) |
| RISPERDAL CONSTA SRER 25mg, 37.5mg, 50mg | 4 | QL (2 vials / 28 days) |
| *risperidone* SOLN 1mg/ml | 1 | QL (240 mL / 30 days) |
| *risperidone* TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg | 1 | |
| *risperidone* TBDP 1mg, 2mg, 3mg | 1 | QL (60 tabs / 30 days), ST |
| *risperidone* TBDP 4mg | 1 | QL (120 tabs / 30 days), ST |
| *risperidone* TBDP .25mg, .5mg | 1 | QL (90 tabs / 30 days), ST |
| *risperidone microspheres* SRER 12.5mg, 25mg | 1 | QL (2 vials / 28 days) |
| *risperidone microspheres* SRER 37.5mg, 50mg | 4 | QL (2 vials / 28 days) |
| RYKINDO SRER 25mg | 4 | QL (2 vials / 28 days), PA |
| SAPHRIS SUBL 2.5mg, 5mg, 10mg | 3 | QL (60 tabs / 30 days) |
| SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr | 4 | QL (30 patches / 30 days) |
| SEROQUEL TABS 25mg | 3 | QL (180 tabs / 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| SEROQUEL TABS 50mg, 100mg, 200mg | 3 | QL (90 tabs / 30 days) |
| SEROQUEL TABS 300mg | 3 | QL (60 tabs / 30 days) |
| SEROQUEL XR TB24 50mg, 300mg, 400mg | 3 | QL (60 tabs / 30 days), PA |
| SEROQUEL XR TB24 150mg, 200mg | 3 | QL (30 tabs / 30 days), PA |
| *thioridazine hcl* TABS 10mg, 25mg, 50mg, 100mg | 1 | |
| *thiothixene* CAPS 1mg, 2mg, 5mg, 10mg | 1 | |
| *trifluoperazine hcl* TABS 1mg, 2mg, 5mg, 10mg | 1 | |
| UZEDY SUSY 50mg/0.14ml, 75mg/0.21ml, 100mg/0.28ml, 125mg/0.35ml | 4 | QL (1 syringe / 30 days) |
| UZEDY SUSY 150mg/0.42ml, 200mg/0.56ml, 250mg/0.7ml | 4 | QL (1 syringe / 60 days) |
| VERSACLOZ SUSP 50mg/ml | 4 | QL (600 mL / 30 days), PA |
| VRAYLAR CAPS 1.5mg | 2 | QL (60 caps / 30 days) |
| VRAYLAR CAPS .5mg, .75mg, 3mg, 4.5mg, 6mg | 2 | QL (30 caps / 30 days) |
| *ziprasidone hcl* CAPS 20mg, 40mg, 60mg, 80mg | 1 | QL (60 caps / 30 days) |
| *ziprasidone mesylate* SOLR 20mg | 1 | QL (6 vials / 3 days) |
| ZYPREXA SOLR 10mg | 3 | QL (3 vials / 1 day) |
| ZYPREXA TABS 2.5mg, 5mg, 10mg | 3 | QL (60 tabs / 30 days) |
| ZYPREXA TABS 7.5mg | 3 | QL (30 tabs / 30 days) |
| ZYPREXA TABS 15mg, 20mg | 4 | QL (30 tabs / 30 days) |
| ZYPREXA RELPREVV SUSR 210mg, 300mg | 4 | QL (2 vials / 28 days), PA |
| ZYPREXA RELPREVV SUSR 405mg | 4 | QL (1 vial / 28 days), PA |
| ZYPREXA ZYDIS TBDP 5mg | 3 | QL (30 tabs / 30 days), ST |
| ZYPREXA ZYDIS TBDP 10mg | 3 | QL (60 tabs / 30 days), ST |
| ZYPREXA ZYDIS TBDP 15mg, 20mg | 4 | QL (30 tabs / 30 days), ST |
| ***ANTISEIZURE AGENTS*** | | |
| APTIOM TABS 200mg, 400mg | 4 | QL (30 tabs / 30 days) |
| APTIOM TABS 600mg, 800mg | 4 | QL (60 tabs / 30 days) |
| BANZEL SUSP 40mg/ml | 4 | QL (2400 mL / 30 days), PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| BANZEL TABS 200mg | 4 | QL (480 tabs / 30 days), PA |
| BANZEL TABS 400mg | 4 | QL (240 tabs / 30 days), PA |
| *brivaracetam* SOLN 10mg/ml | 1 | QL (600 mL / 30 days), PA |
| *brivaracetam* SOLN 50mg/5ml | 1 | PA |
| *brivaracetam* TABS 10mg, 25mg, 50mg, 75mg, 100mg | 1 | QL (60 tabs / 30 days), PA |
| BRIVIACT SOLN 10mg/ml | 4 | QL (600 mL / 30 days), PA |
| BRIVIACT SOLN 50mg/5ml | 3 | PA |
| BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg | 4 | QL (60 tabs / 30 days), PA |
| *carbamazepine* CHEW 100mg, 200mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg | 1 | |
| CARBATROL CP12 100mg, 200mg, 300mg | 3 | |
| CELONTIN CAPS 300mg | 3 | |
| *clobazam* SUSP 2.5mg/ml | 1 | QL (480 mL / 30 days), PA |
| *clobazam* TABS 10mg, 20mg | 1 | QL (60 tabs / 30 days), PA |
| *clonazepam* TABS 2mg; TBDP 2mg | 1 | QL (300 tabs / 30 days) |
| *clonazepam* TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg | 1 | QL (90 tabs / 30 days) |
| *clorazepate dipotassium* TABS 3.75mg, 7.5mg, 15mg | 1 | QL (180 tabs / 30 days), PA; PA applies if 65 years and older |
| DEPAKOTE TBEC 125mg, 250mg, 500mg | 3 | |
| DEPAKOTE ER TB24 250mg, 500mg | 3 | |
| DEPAKOTE SPRINKLES CSDR 125mg | 3 | |
| DIACOMIT CAPS 250mg | 4 | QL (360 caps / 30 days), PA |
| DIACOMIT CAPS 500mg | 4 | QL (180 caps / 30 days), PA |
| DIACOMIT PACK 250mg | 4 | QL (360 packets / 30 days), PA |
| DIACOMIT PACK 500mg | 4 | QL (180 packets / 30 days), PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *diazepam* SOLN 5mg/5ml | 1 | QL (1200 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply |
| *diazepam* TABS 2mg, 5mg, 10mg | 1 | QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply |
| *diazepam (anticonvulsant)* GEL 2.5mg, 10mg, 20mg | 1 | |
| *diazepam inj* SOLN 5mg/ml | 1 | |
| *diazepam intensol* CONC 5mg/ml | 1 | QL (240 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply |
| DILANTIN CAPS 30mg, 100mg | 3 | |
| DILANTIN INFATABS CHEW 50mg | 3 | |
| DILANTIN-125 SUSP 125mg/5ml | 3 | |
| *divalproex sodium* CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg | 1 | |
| ELEPSIA XR TB24 1000mg | 3 | |
| ELEPSIA XR TB24 1500mg | 4 | |
| EPIDIOLEX SOLN 100mg/ml | 4 | QL (600 mL / 30 days), PA |
| EPRONTIA SOLN 25mg/ml | 3 | QL (480 mL / 30 days), PA |
| *eslicarbazepine acetate* TABS 200mg, 400mg | 1 | QL (30 tabs / 30 days) |
| *eslicarbazepine acetate* TABS 600mg, 800mg | 1 | QL (60 tabs / 30 days) |
| *ethosuximide* CAPS 250mg; SOLN 250mg/5ml | 1 | |
| *felbamate* SUSP 600mg/5ml; TABS 400mg, 600mg | 1 | |
| FELBATOL TABS 400mg, 600mg | 4 | |
| FINTEPLA SOLN 2.2mg/ml | 4 | QL (360 mL / 30 days), PA |
| FYCOMPA SUSP .5mg/ml | 4 | QL (680 mL / 28 days), PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| FYCOMPA TABS 2mg | 3 | QL (60 tabs / 30 days), PA |
| FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg | 4 | QL (30 tabs / 30 days), PA |
| *gabapentin* CAPS 100mg, 300mg | 1 | QL (360 caps / 30 days) |
| *gabapentin* CAPS 200mg | 1 | QL (60 caps / 30 days) |
| *gabapentin* CAPS 400mg | 1 | QL (270 caps / 30 days) |
| *gabapentin* SOLN 250mg/5ml, 300mg/6ml | 1 | QL (2160 mL / 30 days) |
| *gabapentin* TABS 600mg | 1 | QL (180 tabs / 30 days) |
| *gabapentin* TABS 800mg | 1 | QL (120 tabs / 30 days) |
| GABARONE TABS 100mg | 4 | QL (360 tabs / 30 days), PA |
| GABARONE TABS 400mg | 4 | QL (270 tabs / 30 days), PA |
| KEPPRA SOLN 100mg/ml, 500mg/5ml; TABS 500mg, 750mg, 1000mg | 4 | |
| KEPPRA TABS 250mg | 3 | |
| KEPPRA XR TB24 500mg, 750mg | 4 | |
| KLONOPIN TABS 2mg | 3 | QL (300 tabs / 30 days) |
| KLONOPIN TABS .5mg, 1mg | 3 | QL (90 tabs / 30 days) |
| *lacosamide* SOLN 200mg/20ml | 1 | |
| *lacosamide* TABS 50mg | 1 | QL (120 tabs / 30 days) |
| *lacosamide* TABS 100mg, 150mg, 200mg | 1 | QL (60 tabs / 30 days) |
| *lacosamide oral* SOLN 10mg/ml | 1 | QL (1200 mL / 30 days) |
| LAMICTAL TABS 25mg, 100mg, 150mg, 200mg | 3 | |
| LAMICTAL CHEWABLE DISPERS CHEW 5mg, 25mg | 4 | |
| LAMICTAL ODT TBDP 25mg, 50mg, 100mg, 200mg | 3 | ST |
| LAMICTAL ODT KIT BLUE | 3 | |
| LAMICTAL ODT KIT GREEN | 3 | |
| LAMICTAL ODT KIT ORANGE | 3 | |
| LAMICTAL STARTER KIT (35 X 25MG TABS) KIT 25mg | 3 | |
| LAMICTAL STARTER KIT (42 X 25MG TABS & 7 X 100MG TAB) | 3 | |
| LAMICTAL STARTER KIT (84 X 25MG TABS & 14 X 100MG TABS) | 3 | |
| LAMICTAL XR TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg | 4 | ST |
| LAMICTAL XR KIT | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *lamotrigine* CHEW 5mg, 25mg; TABS 25mg, 100mg, 150mg, 200mg | 1 | |
| *lamotrigine* TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; TBDP 25mg, 50mg, 100mg, 200mg | 1 | ST |
| *lamotrigine tab 25 mg (42) & 100 mg (7) starter kit* | 1 | |
| *lamotrigine tab 35 x 25 mg starter kit* KIT 25mg | 1 | |
| *lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit* | 4 | |
| *lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit* | 1 | |
| *lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit* | 1 | |
| *lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit* | 1 | |
| LEVETIR/NACL INJ 5MG/ML | 3 | |
| LEVETIR/NACL INJ 10MG/ML | 3 | |
| LEVETIR/NACL INJ 15MG/ML | 3 | |
| *levetiracetam* SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg | 1 | |
| *levetiracetam* TB3D 250mg | 1 | QL (360 tabs / 30 days) |
| *levetiracetam* TB3D 500mg | 1 | QL (180 tabs / 30 days) |
| *levetiracetam in sodium chloride iv soln 500 mg/100ml* | 1 | |
| *levetiracetam in sodium chloride iv soln 1000 mg/100ml* | 1 | |
| *levetiracetam in sodium chloride iv soln 1500 mg/100ml* | 1 | |
| LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg | 3 | QL (120 caps / 30 days) |
| LYRICA CAPS 200mg | 3 | QL (90 caps / 30 days) |
| LYRICA CAPS 225mg, 300mg | 3 | QL (60 caps / 30 days) |
| LYRICA SOLN 20mg/ml | 3 | QL (900 mL / 30 days), PA; PA applies if 65 years and older |
| *methsuximide* CAPS 300mg | 1 | |
| MOTPOLY XR CP24 100mg | 3 | QL (60 caps / 30 days), PA |
| MOTPOLY XR CP24 150mg, 200mg | 4 | QL (60 caps / 30 days), PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| MYSOLINE TABS 50mg, 250mg | 4 | |
| NAYZILAM SOLN 5mg/0.1ml | 3 | QL (10 nasal units / 30 days) |
| NEURONTIN CAPS 100mg, 300mg | 3 | QL (360 caps / 30 days) |
| NEURONTIN CAPS 400mg | 3 | QL (270 caps / 30 days) |
| NEURONTIN SOLN 250mg/5ml | 4 | QL (2160 mL / 30 days) |
| NEURONTIN TABS 600mg | 4 | QL (180 tabs / 30 days) |
| NEURONTIN TABS 800mg | 4 | QL (120 tabs / 30 days) |
| ONFI SUSP 2.5mg/ml | 4 | QL (480 mL / 30 days), PA |
| ONFI TABS 10mg, 20mg | 4 | QL (60 tabs / 30 days), PA |
| *oxcarbazepine* SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg | 1 | |
| *oxcarbazepine* TB24 150mg, 300mg, 600mg | 1 | PA |
| OXTELLAR XR TB24 150mg, 300mg | 3 | PA |
| OXTELLAR XR TB24 600mg | 4 | PA |
| *perampanel* SUSP .5mg/ml | 4 | QL (680 mL / 28 days), PA |
| *perampanel* TABS 2mg | 1 | QL (60 tabs / 30 days), PA |
| *perampanel* TABS 4mg, 6mg, 8mg, 10mg, 12mg | 1 | QL (30 tabs / 30 days), PA |
| *phenobarbital* ELIX 20mg/5ml | 3 | QL (1500 mL / 30 days), PA; PA applies if 65 years and older |
| *phenobarbital* TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg | 2 | QL (120 tabs / 30 days), PA; PA applies if 65 years and older |
| *phenobarbital sodium* SOLN 65mg/ml, 130mg/ml | 3 | PA; PA applies if 65 years and older |
| *phenytek* CAPS 200mg, 300mg | 1 | |
| *phenytoin* CHEW 50mg; SUSP 125mg/5ml | 1 | |
| *phenytoin sodium* SOLN 50mg/ml | 1 | |
| *phenytoin sodium extended* CAPS 100mg, 200mg, 300mg | 1 | |
| *pregabalin* CAPS 25mg, 50mg, 75mg, 100mg, 150mg | 1 | QL (120 caps / 30 days) |
| *pregabalin* CAPS 200mg | 1 | QL (90 caps / 30 days) |
| *pregabalin* CAPS 225mg, 300mg | 1 | QL (60 caps / 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *pregabalin* SOLN 20mg/ml | 1 | QL (900 mL / 30 days), PA; PA applies if 65 years and older |
| *primidone* TABS 50mg, 125mg, 250mg | 1 | |
| *relgaabi* CAPS 200mg | 1 | QL (60 caps / 30 days) |
| *relgaabi* CAPS 300mg | 1 | QL (360 caps / 30 days) |
| *relgaabi* CAPS 400mg | 1 | QL (270 caps / 30 days) |
| *roweepra* TABS 500mg | 1 | |
| *rufinamide* SUSP 40mg/ml | 4 | QL (2400 mL / 30 days), PA |
| *rufinamide* TABS 200mg | 1 | QL (480 tabs / 30 days), PA |
| *rufinamide* TABS 400mg | 1 | QL (240 tabs / 30 days), PA |
| SABRIL PACK 500mg | 4 | QL (180 packets / 30 days), PA |
| SABRIL TABS 500mg | 4 | QL (180 tabs / 30 days), PA |
| SPRITAM TB3D 250mg | 3 | QL (360 tabs / 30 days) |
| SPRITAM TB3D 500mg | 3 | QL (180 tabs / 30 days) |
| SUBVENITE SUSP 10mg/ml | 4 | ST |
| *subvenite* TABS 25mg, 100mg, 150mg, 200mg | 1 | |
| *subvenite starter kit/blu* KIT 25mg | 1 | |
| *subvenite starter kit/gre* | 4 | |
| *subvenite starter kit/ora* | 1 | |
| SYMPAZAN FILM 5mg | 3 | QL (60 films / 30 days), PA |
| SYMPAZAN FILM 10mg, 20mg | 4 | QL (60 films / 30 days), PA |
| TEGRETOL SUSP 100mg/5ml; TABS 200mg | 3 | |
| TEGRETOL-XR TB12 100mg, 200mg, 400mg | 3 | |
| *tiagabine hcl* TABS 2mg, 4mg, 12mg, 16mg | 1 | |
| TOPAMAX TABS 25mg, 50mg | 3 | |
| TOPAMAX TABS 100mg, 200mg | 4 | |
| TOPAMAX SPRINKLE CPSP 15mg | 3 | |
| TOPAMAX SPRINKLE CPSP 25mg | 4 | |
| *topiramate* CP24 25mg; CS24 25mg | 1 | QL (480 caps / 30 days), PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *topiramate* CP24 50mg; CS24 50mg | 1 | QL (240 caps / 30 days), PA |
| *topiramate* CP24 100mg; CS24 100mg | 1 | QL (120 caps / 30 days), PA |
| *topiramate* CP24 200mg; CS24 150mg, 200mg | 1 | QL (60 caps / 30 days), PA |
| *topiramate* CPSP 15mg, 25mg, 50mg; TABS 25mg, 50mg, 100mg, 200mg | 1 | |
| *topiramate* SOLN 25mg/ml | 1 | QL (480 mL / 30 days), PA |
| TRILEPTAL SUSP 300mg/5ml; TABS 300mg, 600mg | 4 | |
| TRILEPTAL TABS 150mg | 3 | |
| TROKENDI XR CP24 25mg | 3 | QL (480 caps / 30 days), PA |
| TROKENDI XR CP24 50mg | 3 | QL (240 caps / 30 days), PA |
| TROKENDI XR CP24 100mg | 4 | QL (120 caps / 30 days), PA |
| TROKENDI XR CP24 200mg | 4 | QL (60 caps / 30 days), PA |
| VALIUM TABS 2mg, 5mg, 10mg | 3 | QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply |
| *valproate sodium* SOLN 100mg/ml, 250mg/5ml | 1 | |
| *valproic acid* CAPS 250mg | 1 | |
| VALTOCO 5 MG DOSE LIQD 5mg/0.1ml | 3 | QL (10 blister packs / 30 days) |
| VALTOCO 10 MG DOSE LIQD 10mg/0.1ml | 3 | QL (10 blister packs / 30 days) |
| VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml | 3 | QL (10 blister packs / 30 days) |
| VALTOCO 20 MG DOSE LQPK 10mg/0.1ml | 3 | QL (10 blister packs / 30 days) |
| *vigabatrin* PACK 500mg | 4 | QL (180 packets / 30 days), PA |
| *vigabatrin* TABS 500mg | 4 | QL (180 tabs / 30 days), PA |
| *vigadrone* PACK 500mg | 4 | QL (180 packets / 30 days), PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *vigadrone* TABS 500mg | 4 | QL (180 tabs / 30 days), PA |
| VIGAFYDE SOLN 100mg/ml | 4 | QL (900 mL / 30 days), PA |
| VIMPAT SOLN 10mg/ml | 4 | QL (1200 mL / 30 days) |
| VIMPAT SOLN 200mg/20ml | 4 | |
| VIMPAT TABS 50mg | 3 | QL (120 tabs / 30 days) |
| VIMPAT TABS 100mg, 150mg, 200mg | 4 | QL (60 tabs / 30 days) |
| XCOPRI TABS 25mg, 50mg, 100mg | 4 | QL (30 tabs / 30 days) |
| XCOPRI TABS 150mg, 200mg | 4 | QL (60 tabs / 30 days) |
| XCOPRI PAK 12.5-25 | 3 | QL (28 tabs / 28 days) |
| XCOPRI PAK 50-100MG | 4 | QL (28 tabs / 28 days) |
| XCOPRI PAK 100-150 | 4 | QL (56 tabs / 28 days) |
| XCOPRI PAK 150-200MG (MAINTENANCE) | 4 | QL (56 tabs / 28 days) |
| XCOPRI PAK 150-200MG (TITRATION) | 4 | QL (28 tabs / 28 days) |
| ZARONTIN CAPS 250mg; SOLN 250mg/5ml | 3 | |
| ZONEGRAN CAPS 25mg, 100mg | 4 | |
| ZONISADE SUSP 100mg/5ml | 4 | QL (900 mL / 30 days), PA |
| *zonisamide* CAPS 25mg, 50mg, 100mg | 1 | |
| ZTALMY SUSP 50mg/ml | 4 | QL (1100 mL / 30 days), PA |
| ***ATTENTION DEFICIT HYPERACTIVITY DISORDER*** | | |
| ADDERALL TAB 5MG | 3 | QL (60 tabs / 30 days), PA |
| ADDERALL TAB 7.5MG | 3 | QL (60 tabs / 30 days), PA |
| ADDERALL TAB 10MG | 3 | QL (60 tabs / 30 days), PA |
| ADDERALL TAB 12.5MG | 3 | QL (60 tabs / 30 days), PA |
| ADDERALL TAB 15MG | 3 | QL (60 tabs / 30 days), PA |
| ADDERALL TAB 20MG | 3 | QL (90 tabs / 30 days), PA |
| ADDERALL TAB 30MG | 3 | QL (60 tabs / 30 days), PA |
| ADDERALL XR CAP 5MG | 3 | QL (30 caps / 30 days), PA |
| ADDERALL XR CAP 10MG | 3 | QL (30 caps / 30 days), PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ADDERALL XR CAP 15MG | 3 | QL (30 caps / 30 days), PA |
| ADDERALL XR CAP 20MG | 3 | QL (30 caps / 30 days), PA |
| ADDERALL XR CAP 25MG | 3 | QL (30 caps / 30 days), PA |
| ADDERALL XR CAP 30MG | 3 | QL (30 caps / 30 days), PA |
| ADZENYS XR-ODT TBED 3.1mg, 6.3mg, 9.4mg | 3 | QL (60 tabs / 30 days), PA |
| ADZENYS XR-ODT TBED 12.5mg, 15.7mg, 18.8mg | 3 | QL (30 tabs / 30 days), PA |
| *amphetamine* TBED 3.1mg, 6.3mg, 9.4mg | 1 | QL (60 tabs / 30 days), PA |
| *amphetamine* TBED 12.5mg, 15.7mg, 18.8mg | 1 | QL (30 tabs / 30 days), PA |
| *amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg* | 1 | QL (30 caps / 30 days), PA |
| *amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg* | 1 | QL (30 caps / 30 days), PA |
| *amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg* | 1 | QL (30 caps / 30 days), PA |
| *amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg* | 1 | QL (30 caps / 30 days), PA |
| *amphetamine-dextroamphetamine cap er 24hr 5 mg* | 1 | QL (30 caps / 30 days), PA |
| *amphetamine-dextroamphetamine cap er 24hr 10 mg* | 1 | QL (30 caps / 30 days), PA |
| *amphetamine-dextroamphetamine cap er 24hr 15 mg* | 1 | QL (30 caps / 30 days), PA |
| *amphetamine-dextroamphetamine cap er 24hr 20 mg* | 1 | QL (30 caps / 30 days), PA |
| *amphetamine-dextroamphetamine cap er 24hr 25 mg* | 1 | QL (30 caps / 30 days), PA |
| *amphetamine-dextroamphetamine cap er 24hr 30 mg* | 1 | QL (30 caps / 30 days), PA |
| *amphetamine-dextroamphetamine tab 5 mg* | 1 | QL (60 tabs / 30 days), PA |
| *amphetamine-dextroamphetamine tab 7.5 mg* | 1 | QL (60 tabs / 30 days), PA |
| *amphetamine-dextroamphetamine tab 10 mg* | 1 | QL (60 tabs / 30 days), PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *amphetamine-dextroamphetamine tab 12.5 mg* | 1 | QL (60 tabs / 30 days), PA |
| *amphetamine-dextroamphetamine tab 15 mg* | 1 | QL (60 tabs / 30 days), PA |
| *amphetamine-dextroamphetamine tab 20 mg* | 1 | QL (90 tabs / 30 days), PA |
| *amphetamine-dextroamphetamine tab 30 mg* | 1 | QL (60 tabs / 30 days), PA |
| ARYNTA SOLN 10mg/ml | 3 | QL (240 mL / 30 days), PA |
| *atomoxetine hcl* CAPS 10mg, 18mg, 25mg | 1 | QL (120 caps / 30 days) |
| *atomoxetine hcl* CAPS 40mg | 1 | QL (60 caps / 30 days) |
| *atomoxetine hcl* CAPS 60mg, 80mg, 100mg | 1 | QL (30 caps / 30 days) |
| *atomoxetine hcl* SOLN 4mg/ml | 1 | QL (700 mL / 28 days) |
| ATONCY SOLN 4mg/ml | 3 | QL (700 mL / 28 days) |
| AZSTARYS CAP 26.1-5.2 | 3 | QL (30 caps / 30 days), PA |
| AZSTARYS CAP 39.2-7.8 | 3 | QL (30 caps / 30 days), PA |
| AZSTARYS CAP 52.3-10. | 3 | QL (30 caps / 30 days), PA |
| CONCERTA TBCR 18mg, 27mg, 36mg | 3 | QL (60 tabs / 30 days), PA |
| CONCERTA TBCR 54mg | 3 | QL (30 tabs / 30 days), PA |
| COTEMPLA XR-ODT TBED 8.6mg, 17.3mg, 25.9mg | 3 | QL (60 tabs / 30 days), PA |
| DAYTRANA PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr | 3 | QL (30 patches / 30 days), PA |
| DEXEDRINE CP24 10mg | 4 | QL (150 caps / 30 days), PA |
| DEXEDRINE CP24 15mg | 4 | QL (120 caps / 30 days), PA |
| *dexmethylphenidate hcl* CP24 5mg, 10mg, 15mg, 20mg | 1 | QL (60 caps / 30 days), PA |
| *dexmethylphenidate hcl* CP24 25mg, 30mg, 35mg, 40mg | 1 | QL (30 caps / 30 days), PA |
| *dexmethylphenidate hcl* TABS 2.5mg, 5mg | 1 | QL (120 tabs / 30 days), PA |
| *dexmethylphenidate hcl* TABS 10mg | 1 | QL (60 tabs / 30 days), PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *dextroamphetamine sulfate* CP24 5mg, 10mg | 1 | QL (150 caps / 30 days), PA |
| *dextroamphetamine sulfate* CP24 15mg | 1 | QL (120 caps / 30 days), PA |
| *dextroamphetamine sulfate* TABS 2.5mg, 5mg, 7.5mg, 10mg | 1 | QL (180 tabs / 30 days), PA |
| *dextroamphetamine sulfate* TABS 15mg | 1 | QL (120 tabs / 30 days), PA |
| *dextroamphetamine sulfate* TABS 20mg | 1 | QL (90 tabs / 30 days), PA |
| *dextroamphetamine sulfate* TABS 30mg | 1 | QL (60 tabs / 30 days), PA |
| DYANAVEL XR SUER 2.5mg/ml | 3 | QL (240 mL / 30 days), PA |
| DYANAVEL XR TBCR 5mg | 3 | QL (60 tabs / 30 days), PA |
| DYANAVEL XR TBCR 10mg, 15mg, 20mg | 3 | QL (30 tabs / 30 days), PA |
| FOCALIN XR CP24 5mg, 10mg, 15mg, 20mg | 3 | QL (60 caps / 30 days), PA |
| FOCALIN XR CP24 25mg, 30mg, 35mg, 40mg | 3 | QL (30 caps / 30 days), PA |
| *guanfacine hcl (adhd)* TB24 1mg, 2mg, 4mg | 2 | QL (30 tabs / 30 days), PA; PA applies if 65 years and older |
| *guanfacine hcl (adhd)* TB24 3mg | 2 | QL (60 tabs / 30 days), PA; PA applies if 65 years and older |
| INTUNIV TB24 1mg, 2mg, 4mg | 3 | QL (30 tabs / 30 days), PA; PA applies if 65 years and older |
| INTUNIV TB24 3mg | 3 | QL (60 tabs / 30 days), PA; PA applies if 65 years and older |
| JORNAY PM CP24 20mg, 40mg | 3 | QL (60 caps / 30 days), PA |
| JORNAY PM CP24 60mg, 80mg, 100mg | 3 | QL (30 caps / 30 days), PA |
| *lisdexamfetamine dimesylate* CAPS 10mg, 20mg, 30mg | 1 | QL (60 caps / 30 days), PA |
| *lisdexamfetamine dimesylate* CAPS 40mg, 50mg, 60mg, 70mg | 1 | QL (30 caps / 30 days), PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *lisdexamfetamine dimesylate* CHEW 10mg, 20mg, 30mg | 1 | QL (60 tabs / 30 days), PA |
| *lisdexamfetamine dimesylate* CHEW 40mg, 50mg, 60mg | 1 | QL (30 tabs / 30 days), PA |
| METADATE CD CPCR 10mg, 20mg, 30mg | 3 | QL (60 caps / 30 days), PA |
| METADATE CD CPCR 40mg, 50mg, 60mg | 3 | QL (30 caps / 30 days), PA |
| METHYLIN SOLN 5mg/5ml | 3 | QL (1800 mL / 30 days), PA |
| METHYLIN SOLN 10mg/5ml | 3 | QL (900 mL / 30 days), PA |
| *methylphenidate* PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr | 1 | QL (30 patches / 30 days), PA |
| METHYLPHENIDATE ER ODT TBED 8.6mg, 17.3mg, 25.9mg | 3 | QL (60 tabs / 30 days), PA |
| *methylphenidate hcl* CHEW 2.5mg, 5mg, 10mg; TABS 5mg, 10mg | 1 | QL (180 tabs / 30 days), PA |
| *methylphenidate hcl* CP24 10mg, 15mg, 20mg, 30mg; CPCR 10mg, 20mg, 30mg | 1 | QL (60 caps / 30 days), PA |
| *methylphenidate hcl* CP24 40mg, 50mg, 60mg; CPCR 40mg, 50mg, 60mg | 1 | QL (30 caps / 30 days), PA |
| *methylphenidate hcl* SOLN 5mg/5ml | 1 | QL (1800 mL / 30 days), PA |
| *methylphenidate hcl* SOLN 10mg/5ml | 1 | QL (900 mL / 30 days), PA |
| *methylphenidate hcl* TABS 20mg; TBCR 10mg, 20mg | 1 | QL (90 tabs / 30 days), PA |
| *methylphenidate hcl* TB24 18mg, 27mg, 36mg; TBCR 18mg, 27mg, 36mg | 1 | QL (60 tabs / 30 days), PA |
| *methylphenidate hcl* TB24 54mg; TBCR 45mg, 54mg, 63mg, 72mg | 1 | QL (30 tabs / 30 days), PA |
| MYDAYIS CAP 12.5MG | 3 | QL (30 caps / 30 days), PA |
| MYDAYIS CAP 25MG | 3 | QL (30 caps / 30 days), PA |
| MYDAYIS CAP 37.5MG | 3 | QL (30 caps / 30 days), PA |
| MYDAYIS CAP 50MG | 3 | QL (30 caps / 30 days), PA |
| QELBREE CP24 100mg | 3 | QL (180 caps / 30 days), PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| QELBREE CP24 150mg | 3 | QL (60 caps / 30 days), PA |
| QELBREE CP24 200mg | 3 | QL (90 caps / 30 days), PA |
| QUILLICHEW ER CHER 20mg, 30mg | 3 | QL (60 tabs / 30 days), PA |
| QUILLICHEW ER CHER 40mg | 3 | QL (30 tabs / 30 days), PA |
| QUILLIVANT XR SRER 25mg/5ml | 3 | QL (360 mL / 30 days), PA |
| RELEXXII TBCR 18mg, 27mg, 36mg | 3 | QL (60 tabs / 30 days), PA |
| RELEXXII TBCR 45mg, 54mg, 63mg, 72mg | 3 | QL (30 tabs / 30 days), PA |
| RITALIN TABS 5mg, 10mg | 3 | QL (180 tabs / 30 days), PA |
| RITALIN TABS 20mg | 3 | QL (90 tabs / 30 days), PA |
| VYVANSE CAPS 10mg, 20mg, 30mg | 3 | QL (60 caps / 30 days), PA |
| VYVANSE CAPS 40mg, 50mg, 60mg, 70mg | 3 | QL (30 caps / 30 days), PA |
| VYVANSE CHEW 10mg, 20mg, 30mg | 3 | QL (60 tabs / 30 days), PA |
| VYVANSE CHEW 40mg, 50mg, 60mg | 3 | QL (30 tabs / 30 days), PA |
| XELSTRYM PTCH 4.5mg/9hr, 9mg/9hr, 13.5mg/9hr, 18mg/9hr | 3 | QL (30 patches / 30 days), PA |
| *zenzedi* TABS 2.5mg, 5mg, 7.5mg, 10mg | 1 | QL (180 tabs / 30 days), PA |
| *zenzedi* TABS 15mg | 1 | QL (120 tabs / 30 days), PA |
| *zenzedi* TABS 20mg | 1 | QL (90 tabs / 30 days), PA |
| *zenzedi* TABS 30mg | 1 | QL (60 tabs / 30 days), PA |
| ***HYPNOTICS*** | | |
| AMBIEN TABS 5mg, 10mg | 3 | QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| AMBIEN CR TBCR 6.25mg, 12.5mg | 3 | QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year |
| BELSOMRA TABS 5mg, 10mg, 15mg, 20mg | 2 | QL (30 tabs / 30 days) |
| DAYVIGO TABS 5mg, 10mg | 2 | QL (30 tabs / 30 days) |
| *doxepin hcl (sleep)* TABS 3mg, 6mg | 1 | QL (30 tabs / 30 days) |
| EDLUAR SUBL 5mg, 10mg | 3 | QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year |
| *estazolam* TABS 1mg, 2mg | 1 | QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year |
| *eszopiclone* TABS 1mg, 2mg, 3mg | 3 | QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year |
| HETLIOZ CAPS 20mg | 4 | QL (30 caps / 30 days), PA |
| HETLIOZ LQ SUSP 4mg/ml | 4 | QL (158 mL / 30 days), PA |
| LUNESTA TABS 1mg, 2mg, 3mg | 4 | QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year |
| QUVIVIQ TABS 25mg, 50mg | 3 | QL (30 tabs / 30 days) |
| *ramelteon* TABS 8mg | 1 | QL (30 tabs / 30 days) |
| RESTORIL CAPS 7.5mg, 22.5mg, 30mg | 4 | QL (30 caps / 30 days), PA; PA applies if 65 years and older |
| RESTORIL CAPS 15mg | 4 | QL (60 caps / 30 days), PA; PA applies if 65 years and older |
| ROZEREM TABS 8mg | 3 | QL (30 tabs / 30 days) |
| SILENOR TABS 3mg, 6mg | 3 | QL (30 tabs / 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *tasimelteon* CAPS 20mg | 4 | QL (30 caps / 30 days), PA |
| *temazepam* CAPS 7.5mg, 22.5mg, 30mg | 1 | QL (30 caps / 30 days), PA; PA applies if 65 years and older |
| *temazepam* CAPS 15mg | 1 | QL (60 caps / 30 days), PA; PA applies if 65 years and older |
| *triazolam* TABS .25mg | 2 | QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year |
| *triazolam* TABS .125mg | 2 | QL (60 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year |
| *zaleplon* CAPS 5mg | 2 | QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year |
| *zaleplon* CAPS 10mg | 2 | QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year |
| ZOLPIDEM TARTRATE CAPS 7.5mg | 3 | QL (30 caps / 30 days), PA |
| *zolpidem tartrate* SUBL 1.75mg, 3.5mg | 3 | QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year |
| *zolpidem tartrate* TABS 5mg, 10mg | 1 | QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *zolpidem tartrate* TBCR 6.25mg, 12.5mg | 2 | QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year |
| ***MIGRAINE*** | | |
| AIMOVIG SOAJ 70mg/ml, 140mg/ml | 2 | QL (1 pen / 30 days), PA |
| AJOVY SOAJ 225mg/1.5ml | 3 | QL (3 pens / 90 days), PA |
| AJOVY SOSY 225mg/1.5ml | 3 | QL (3 syringes / 90 days), PA |
| *almotriptan malate* TABS 6.25mg, 12.5mg | 1 | QL (12 tabs / 30 days), ST |
| BREKIYA SOAJ 1mg/ml | 4 | QL (24 pens / 28 days), PA |
| CAFERGOT TAB 1-100MG | 4 | QL (40 tabs / 28 days), PA |
| CAMBIA PACK 50mg | 4 | QL (9 packets / 30 days), PA |
| *diclofenac potassium (migraine)* PACK 50mg | 1 | QL (9 packets / 30 days), PA |
| *dihydroergotamine mesylate* SOLN 1mg/ml | 1 | |
| *dihydroergotamine mesylate* SOLN 4mg/ml | 1 | QL (8 mL / 30 days), PA |
| *eletriptan hydrobromide* TABS 20mg, 40mg | 1 | QL (12 tabs / 30 days), ST |
| ELYXYB SOLN 120mg/4.8ml | 4 | QL (28.8 mL / 21 days), PA |
| EMGALITY SOAJ 120mg/ml | 2 | QL (2 pens / 30 days), PA |
| EMGALITY SOSY 100mg/ml | 2 | QL (3 syringes / 30 days), PA |
| EMGALITY SOSY 120mg/ml | 2 | QL (2 syringes / 30 days), PA |
| ERGOMAR SUBL 2mg | 4 | QL (20 tabs / 28 days), PA |
| *ergotamine w/ caffeine tab 1-100 mg* | 1 | QL (40 tabs / 28 days), PA |
| *frovatriptan succinate* TABS 2.5mg | 1 | QL (18 tabs / 30 days), ST |
| IMITREX TABS 25mg, 50mg, 100mg | 3 | QL (12 tabs / 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| IMITREX STATDOSE REFILL SOCT 4mg/0.5ml | 4 | QL (18 cartridges / 30 days) |
| IMITREX STATDOSE REFILL SOCT 6mg/0.5ml | 4 | QL (12 cartridges / 30 days) |
| IMITREX STATDOSE SYSTEM SOAJ 4mg/0.5ml | 4 | QL (18 cartridges / 30 days) |
| IMITREX STATDOSE SYSTEM SOAJ 6mg/0.5ml | 4 | QL (12 cartridges / 30 days) |
| MAXALT TABS 10mg | 3 | QL (18 tabs / 30 days) |
| MAXALT-MLT TBDP 10mg | 3 | QL (18 tabs / 30 days) |
| MIGERGOT | 4 | QL (20 suppositories / 28 days), PA |
| *naratriptan hcl* TABS 1mg, 2.5mg | 1 | QL (12 tabs / 30 days) |
| NURTEC TBDP 75mg | 2 | QL (16 tabs / 30 days), PA |
| ONZETRA XSAIL EXHP 11mg/nosepc | 3 | QL (16 nosepieces / 30 days), ST |
| QULIPTA TABS 10mg, 30mg, 60mg | 2 | QL (30 tabs / 30 days), PA |
| RELPAX TABS 20mg | 3 | QL (12 tabs / 30 days), ST |
| RELPAX TABS 40mg | 4 | QL (12 tabs / 30 days), ST |
| REYVOW TABS 50mg | 3 | QL (4 tabs / 30 days), PA |
| RIZAFILM FILM 5mg, 10mg | 3 | QL (18 films / 30 days) |
| *rizatriptan benzoate* TABS 5mg, 10mg; TBDP 5mg, 10mg | 1 | QL (18 tabs / 30 days) |
| *sumatriptan* SOLN 5mg/act | 1 | QL (24 units / 30 days) |
| *sumatriptan* SOLN 20mg/act | 1 | QL (12 units / 30 days) |
| *sumatriptan succinate* SOAJ 6mg/0.5ml | 1 | QL (12 syringes / 30 days) |
| *sumatriptan succinate* SOLN 6mg/0.5ml | 1 | QL (12 vials / 30 days) |
| *sumatriptan succinate* TABS 25mg, 50mg, 100mg | 1 | QL (12 tabs / 30 days) |
| *sumatriptan-naproxen sodium tab 85-500 mg* | 1 | QL (9 tabs / 30 days), ST |
| SYMBRAVO TAB 20-10MG | 4 | QL (9 tabs / 30 days), ST |
| TOSYMRA SOLN 10mg/act | 3 | QL (18 units / 30 days), ST |
| TREXIMET TAB 85-500MG | 4 | QL (9 tabs / 30 days), ST |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| TRUDHESA AERS .725mg/act | 4 | QL (12 mL / 28 days), PA |
| UBRELVY TABS 50mg, 100mg | 2 | QL (16 tabs / 30 days), PA |
| VYEPTI SOLN 100mg/ml | 4 | PA |
| ZAVZPRET SOLN 10mg/act | 4 | QL (6 nasal units / 21 days), PA |
| ZEMBRACE SYMTOUCH SOAJ 3mg/0.5ml | 4 | QL (24 pens / 30 days), ST |
| *zolmitriptan* SOLN 2.5mg, 5mg | 1 | QL (12 units / 30 days), ST |
| *zolmitriptan* TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg | 1 | QL (12 tabs / 30 days), ST |
| ZOMIG SOLN 2.5mg, 5mg | 3 | QL (12 units / 30 days), ST |
| *zomig* TABS 2.5mg, 5mg | 1 | QL (12 tabs / 30 days), ST |
| ***MISCELLANEOUS*** | | |
| AMVUTTRA SOSY 25mg/0.5ml | 4 | QL (1 syringe / 90 days), PA |
| AUSTEDO TABS 6mg | 4 | QL (60 tabs / 30 days), PA |
| AUSTEDO TABS 9mg, 12mg | 4 | QL (120 tabs / 30 days), PA |
| AUSTEDO XR TB24 6mg | 4 | QL (90 tabs / 30 days), PA |
| AUSTEDO XR TB24 12mg | 4 | QL (120 tabs / 30 days), PA |
| AUSTEDO XR TB24 18mg, 30mg, 36mg, 42mg, 48mg | 4 | QL (30 tabs / 30 days), PA |
| AUSTEDO XR TB24 24mg | 4 | QL (60 tabs / 30 days), PA |
| AUSTEDO XR TAB TITR KIT | 4 | QL (2 packs / year), PA |
| DAYBUE SOLN 200mg/ml | 4 | QL (3600 mL / 30 days), PA |
| DAYBUE STIX PACK 5000mg, 6000mg | 4 | QL (120 packets / 30 days), PA |
| DAYBUE STIX PACK 8000mg | 4 | QL (60 packets / 30 days), PA |
| *dextromethorphan hbr-quinidine sulfate cap 20-10 mg* | 1 | QL (60 caps / 30 days), PA |
| DUVYZAT SUSP 8.86mg/ml | 4 | QL (420 mL / 30 days), PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *edaravone* SOLN 30mg/100ml | 4 | PA |
| ENSPRYNG SOSY 120mg/ml | 4 | PA |
| EQUETRO CP12 100mg, 200mg, 300mg | 3 | |
| EVRYSDI SOLR .75mg/ml; TABS 5mg | 4 | PA |
| FIRDAPSE TABS 10mg | 4 | QL (300 tabs / 30 days), PA |
| *gabapentin (once-daily)* TABS 300mg | 1 | QL (180 tabs / 30 days), PA |
| *gabapentin (once-daily)* TABS 450mg, 600mg | 1 | QL (90 tabs / 30 days), PA |
| *gabapentin (once-daily)* TABS 750mg, 900mg | 1 | QL (60 tabs / 30 days), PA |
| GRALISE TABS 300mg | 3 | QL (180 tabs / 30 days), PA |
| GRALISE TABS 450mg, 600mg | 3 | QL (90 tabs / 30 days), PA |
| GRALISE TABS 750mg, 900mg | 3 | QL (60 tabs / 30 days), PA |
| HORIZANT TBCR 300mg, 600mg | 3 | QL (60 tabs / 30 days), PA |
| INGREZZA CAPS 40mg, 60mg, 80mg; CPSP 40mg, 60mg, 80mg | 4 | QL (30 caps / 30 days), PA |
| INGREZZA CAP 40-80MG | 4 | QL (28 caps / 28 days), PA |
| *lithium* SOLN 8meq/5ml | 1 | |
| *lithium carbonate* CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg | 1 | |
| LITHOBID TBCR 300mg | 4 | |
| LYRICA CR TB24 82.5mg, 165mg | 3 | QL (90 tabs / 30 days), PA |
| LYRICA CR TB24 330mg | 3 | QL (60 tabs / 30 days), PA |
| MESTINON SOLN 60mg/5ml; TABS 60mg | 4 | |
| MESTINON TIMESPAN TBCR 180mg | 4 | |
| *milnacipran hcl* TABS 12.5mg, 25mg, 50mg, 100mg | 1 | QL (60 tabs / 30 days), PA |
| *milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak* | 1 | QL (2 packs / year), PA |
| NUEDEXTA CAP 20-10MG | 4 | QL (60 caps / 30 days), PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *paroxetine mesylate (vasomotor)* CAPS 7.5mg | 3 | QL (30 caps / 30 days), PA; PA applies if 65 years and older |
| *pregabalin (once-daily)* TB24 82.5mg, 165mg | 1 | QL (90 tabs / 30 days), PA |
| *pregabalin (once-daily)* TB24 330mg | 1 | QL (60 tabs / 30 days), PA |
| *pyridostigmine bromide* SOLN 60mg/5ml; TABS 30mg, 60mg; TBCR 180mg | 1 | |
| RADICAVA ORS SUSP 105mg/5ml | 4 | QL (70 mL / 28 days), PA |
| RADICAVA ORS STARTER KIT SUSP 105mg/5ml | 4 | QL (70 mL / 28 days), PA |
| *riluzole* TABS 50mg | 1 | |
| SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg | 3 | QL (60 tabs / 30 days), PA |
| SKYCLARYS CAPS 50mg | 4 | QL (90 caps / 30 days), PA |
| *tetrabenazine* TABS 12.5mg | 1 | QL (90 tabs / 30 days), PA |
| *tetrabenazine* TABS 25mg | 4 | QL (120 tabs / 30 days), PA |
| TIGLUTIK SUSP 50mg/10ml | 4 | QL (600 mL / 30 days), PA |
| TONMYA SUBL 2.8mg | 4 | QL (60 tabs / 30 days), PA |
| UPLIZNA SOLN 100mg/10ml | 4 | PA |
| WAINUA SOAJ 45mg/0.8ml | 4 | QL (1 pen / 30 days), PA |
| WAINUA SOSY 45mg/0.8ml | 4 | QL (1 syringe / 30 days), PA |
| XENAZINE TABS 12.5mg | 4 | QL (90 tabs / 30 days), PA |
| XENAZINE TABS 25mg | 4 | QL (120 tabs / 30 days), PA |
| ***MULTIPLE SCLEROSIS AGENTS*** | | |
| AMPYRA TB12 10mg | 4 | QL (60 tabs / 30 days), PA |
| AUBAGIO TABS 7mg, 14mg | 4 | QL (30 tabs / 30 days), PA |
| AVONEX PSKT 30mcg/0.5ml | 4 | QL (4 syringes / 28 days), PA |
| AVONEX PEN AJKT 30mcg/0.5ml | 4 | QL (4 pens / 28 days), PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| BAFIERTAM CPDR 95mg | 4 | QL (120 caps / 30 days), PA |
| BETASERON KIT .3mg | 4 | QL (14 kits / 28 days), PA |
| BRIUMVI SOLN 150mg/6ml | 4 | PA |
| *cladribine (4 tabs)* TBPK 10mg | 4 | QL (16 tabs per lifetime), PA |
| *cladribine (5 tabs)* TBPK 10mg | 4 | QL (20 tabs per lifetime), PA |
| *cladribine (6 tabs)* TBPK 10mg | 4 | QL (24 tabs per lifetime), PA |
| *cladribine (7 tabs)* TBPK 10mg | 4 | QL (28 tabs per lifetime), PA |
| *cladribine (8 tabs)* TBPK 10mg | 4 | QL (32 tabs per lifetime), PA |
| *cladribine (9 tabs)* TBPK 10mg | 4 | QL (36 tabs per lifetime), PA |
| *cladribine (10 tabs)* TBPK 10mg | 4 | QL (40 tabs per lifetime), PA |
| COPAXONE SOSY 20mg/ml | 4 | QL (30 syringes / 30 days), PA |
| COPAXONE SOSY 40mg/ml | 4 | QL (12 syringes / 28 days), PA |
| *dalfampridine* TB12 10mg | 1 | QL (60 tabs / 30 days), PA |
| *dimethyl fumarate* CPDR 120mg | 4 | QL (14 caps / 7 days), PA |
| *dimethyl fumarate* CPDR 240mg | 4 | QL (60 caps / 30 days), PA |
| *dimethyl fumarate capsule dr starter pack 120 mg & 240 mg* | 4 | QL (2 packs / year), PA |
| *fingolimod hcl* CAPS .5mg | 4 | QL (30 caps / 30 days), PA |
| GILENYA CAPS .25mg, .5mg | 4 | QL (30 caps / 30 days), PA |
| *glatiramer acetate* SOSY 20mg/ml | 4 | QL (30 syringes / 30 days), PA |
| *glatiramer acetate* SOSY 40mg/ml | 4 | QL (12 syringes / 28 days), PA |
| *glatopa* SOSY 20mg/ml | 4 | QL (30 syringes / 30 days), PA |
| *glatopa* SOSY 40mg/ml | 4 | QL (12 syringes / 28 days), PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| KESIMPTA SOAJ 20mg/0.4ml | 4 | QL (16 pens / 365 days), PA |
| LEMTRADA SOLN 12mg/1.2ml | 4 | PA |
| MAVENCLAD (4 TABS) TBPK 10mg | 4 | QL (16 tabs per lifetime), PA |
| MAVENCLAD (5 TABS) TBPK 10mg | 4 | QL (20 tabs per lifetime), PA |
| MAVENCLAD (6 TABS) TBPK 10mg | 4 | QL (24 tabs per lifetime), PA |
| MAVENCLAD (7 TABS) TBPK 10mg | 4 | QL (28 tabs per lifetime), PA |
| MAVENCLAD (8 TABS) TBPK 10mg | 4 | QL (32 tabs per lifetime), PA |
| MAVENCLAD (9 TABS) TBPK 10mg | 4 | QL (36 tabs per lifetime), PA |
| MAVENCLAD (10 TABS) TBPK 10mg | 4 | QL (40 tabs per lifetime), PA |
| MAYZENT TABS 1mg, 2mg | 4 | QL (30 tabs / 30 days), PA |
| MAYZENT TABS .25mg | 4 | QL (112 tabs / 28 days), PA |
| MAYZENT STARTER PACK (7) TBPK .25mg | 4 | QL (2 packs / year), PA |
| MAYZENT STARTER PACK (12) TBPK .25mg | 4 | QL (2 packs / year), PA |
| OCREVUS SOLN 300mg/10ml | 4 | PA |
| OCREVUS INJ ZUNOVO | 4 | QL (23 mL / 180 days), PA |
| PLEGRIDY SOAJ 125mcg/0.5ml | 4 | QL (2 pens / 28 days), PA |
| PLEGRIDY SOSY 125mcg/0.5ml | 4 | QL (2 syringes / 28 days), PA |
| PLEGRIDY INJ STARTER | 4 | QL (2 packs / year), PA |
| PLEGRIDY PEN INJ STARTER | 4 | QL (2 packs / year), PA |
| PONVORY TABS 20mg | 4 | QL (30 tabs / 30 days), PA |
| PONVORY TAB STARTER | 4 | QL (2 packs / year), PA |
| REBIF SOSY 22mcg/0.5ml, 44mcg/0.5ml | 4 | QL (12 syringes / 28 days), PA |
| REBIF REBIDO INJ TITRATN | 4 | QL (12 syringes / 28 days), PA |
| REBIF REBIDOSE SOAJ 22mcg/0.5ml, 44mcg/0.5ml | 4 | QL (12 syringes / 28 days), PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| REBIF TITRTN INJ PACK | 4 | QL (12 syringes / 28 days), PA |
| TASCENSO ODT TBDP .25mg, .5mg | 4 | QL (30 tabs / 30 days), PA |
| TECFIDERA CPDR 120mg | 4 | QL (14 caps / 7 days), PA |
| TECFIDERA CPDR 240mg | 4 | QL (60 caps / 30 days), PA |
| TECFIDERA CAP STARTER | 4 | QL (2 packs / year), PA |
| *teriflunomide* TABS 7mg, 14mg | 4 | QL (30 tabs / 30 days), PA |
| TYRUKO CONC 300mg/15ml | 4 | PA |
| TYSABRI CONC 300mg/15ml | 4 | PA |
| VUMERITY CPDR 231mg | 4 | QL (120 caps / 30 days), PA |
| ZEPOSIA CAPS .92mg | 4 | QL (30 caps / 30 days), PA |
| ZEPOSIA 7DAY CAP STR PACK | 4 | QL (2 packs / year), PA |
| ZEPOSIA CAP STR KIT | 4 | QL (2 packs / year), PA |
| ***MUSCULOSKELETAL THERAPY AGENTS*** | | |
| ATMEKSI SUSP 750mg/5ml | 3 | QL (900 mL / 30 days), PA; PA applies if 65 years and older after a 30 day supply in a calendar year |
| *baclofen* SOLN 5mg/5ml, 10mg/5ml | 1 | PA |
| *baclofen* SUSP 25mg/5ml | 4 | PA |
| *baclofen* TABS 5mg | 1 | QL (90 tabs / 30 days) |
| *baclofen* TABS 10mg, 15mg, 20mg | 1 | |
| BOTOX SOLR 100unit, 200unit | 4 | PA |
| *carisoprodol* TABS 250mg | 3 | QL (120 tabs / 30 days), PA; PA applies if 65 years and older after a 30 day supply in a calendar year |
| *carisoprodol* TABS 350mg | 2 | QL (120 tabs / 30 days), PA; PA applies if 65 years and older after a 30 day supply in a calendar year |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *cyclobenzaprine hcl* TABS 5mg, 7.5mg, 10mg | 2 | QL (90 tabs / 30 days), PA; PA applies if 65 years and older after a 30 day supply in a calendar year |
| DANTRIUM CAPS 25mg | 3 | |
| *dantrolene sodium* CAPS 25mg, 50mg, 100mg | 1 | |
| DAXXIFY SOLR 100unit | 3 | PA |
| DYSPORT SOLR 300unit | 3 | PA |
| DYSPORT SOLR 500unit | 4 | PA |
| *fexmid* TABS 7.5mg | 2 | QL (90 tabs / 30 days), PA; PA applies if 65 years and older after a 30 day supply in a calendar year |
| FLEQSUVY SUSP 25mg/5ml | 4 | PA |
| *metaxalone* TABS 400mg | 3 | QL (240 tabs / 30 days), PA; PA applies if 65 years and older after a 30 day supply in a calendar year |
| METAXALONE TABS 640mg | 4 | QL (120 tabs / 30 days), PA; PA applies if 65 years and older after a 30 day supply in a calendar year |
| *metaxalone* TABS 800mg | 3 | QL (120 tabs / 30 days), PA; PA applies if 65 years and older after a 30 day supply in a calendar year |
| *methocarbamol* TABS 500mg | 2 | QL (360 tabs / 30 days), PA; PA applies if 65 years and older after a 30 day supply in a calendar year |
| *methocarbamol* TABS 750mg | 2 | QL (240 tabs / 30 days), PA; PA applies if 65 years and older after a 30 day supply in a calendar year |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *methocarbamol* TABS 1000mg | 4 | QL (120 tabs / 30 days), PA; PA applies if 65 years and older after a 30 day supply in a calendar year |
| MYOBLOC SOLN 2500unit/0.5ml, 5000unit/ml | 3 | PA |
| MYOBLOC SOLN 10000unit/2ml | 4 | PA |
| ONTRALFY SOLN 2mg/5ml | 3 | |
| OZOBAX DS SOLN 10mg/5ml | 4 | PA |
| SOMA TABS 250mg, 350mg | 3 | QL (120 tabs / 30 days), PA; PA applies if 65 years and older after a 30 day supply in a calendar year |
| *tanlor* TABS 1000mg | 4 | QL (120 tabs / 30 days), PA; PA applies if 65 years and older after a 30 day supply in a calendar year |
| *tizanidine hcl* CAPS 2mg, 4mg, 6mg; TABS 2mg, 4mg | 1 | |
| *tizanidine hcl* CAPS 8mg | 4 | |
| XEOMIN SOLR 50unit | 3 | PA |
| XEOMIN SOLR 100unit, 200unit | 4 | PA |
| ZANAFLEX CAPS 2mg, 4mg, 6mg; TABS 4mg | 3 | |
| ZANAFLEX CAPS 8mg | 4 | |
| ***NARCOLEPSY/CATAPLEXY*** | | |
| *armodafinil* TABS 50mg | 1 | QL (60 tabs / 30 days), PA |
| *armodafinil* TABS 150mg, 200mg, 250mg | 1 | QL (30 tabs / 30 days), PA |
| LUMRYZ PACK 4.5gm, 6gm, 7.5gm, 9gm | 4 | QL (30 packets / 30 days), PA |
| LUMRYZ PAK STARTER | 4 | QL (2 packs / year), PA |
| *modafinil* TABS 100mg | 1 | QL (30 tabs / 30 days), PA |
| *modafinil* TABS 200mg | 1 | QL (60 tabs / 30 days), PA |
| NUVIGIL TABS 50mg | 3 | QL (60 tabs / 30 days), PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| NUVIGIL TABS 150mg, 200mg, 250mg | 4 | QL (30 tabs / 30 days), PA |
| PROVIGIL TABS 100mg | 4 | QL (30 tabs / 30 days), PA |
| PROVIGIL TABS 200mg | 4 | QL (60 tabs / 30 days), PA |
| *sodium oxybate* SOLN 500mg/ml | 4 | QL (540 mL / 30 days), PA |
| SUNOSI TABS 75mg, 150mg | 3 | QL (30 tabs / 30 days), PA |
| WAKIX TABS 4.45mg, 17.8mg | 4 | QL (60 tabs / 30 days), PA |
| XYREM SOLN 500mg/ml | 4 | QL (540 mL / 30 days), PA |
| XYWAV SOL 0.5GM/ML | 4 | QL (540 mL / 30 days), PA |
| ***PSYCHOTHERAPEUTIC-MISC*** | | |
| *acamprosate calcium* TBEC 333mg | 1 | |
| BRIXADI SOSY 8mg/0.16ml, 16mg/0.32ml, 24mg/0.48ml, 32mg/0.64ml, 64mg/0.18ml, 96mg/0.27ml, 128mg/0.36ml | 4 | |
| *buprenorphine hcl* SUBL 2mg | 1 | QL (180 tabs / 30 days) |
| *buprenorphine hcl* SUBL 8mg | 1 | QL (120 tabs / 30 days) |
| *buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)* | 1 | QL (180 films / 30 days) |
| *buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)* | 1 | QL (90 films / 30 days) |
| *buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)* | 1 | QL (120 films / 30 days) |
| *buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)* | 1 | QL (90 films / 30 days) |
| *buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)* | 1 | QL (180 tabs / 30 days) |
| *buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)* | 1 | QL (120 tabs / 30 days) |
| *bupropion hcl (smoking deterrent)* TB12 150mg | 1 | QL (60 tabs / 30 days) |
| CHANTIX TABS .5mg, 1mg | 3 | QL (56 tabs / 28 days) |
| CHANTIX CONTINUING MONTH TABS 1mg | 3 | QL (56 tabs / 28 days) |
| CHANTIX TAB 0.5& 1MG | 3 | QL (2 packs / year) |
| *disulfiram* TABS 250mg, 500mg | 1 | |
| KLOXXADO LIQD 8mg/0.1ml | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *lofexidine hcl* TABS .18mg | 4 | QL (228 tabs / 14 days), PA |
| *naloxone hcl* SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml | 1 | |
| *naltrexone hcl* TABS 50mg | 1 | |
| NICOTROL NS SOLN 10mg/ml | 3 | |
| OPVEE SOLN 2.7mg/0.1ml | 3 | |
| REZENOPY LIQD 10mg/0.11ml | 3 | |
| SUBLOCADE SOSY 100mg/0.5ml, 300mg/1.5ml | 4 | |
| SUBOXONE MIS 2-0.5MG | 3 | QL (180 films / 30 days) |
| SUBOXONE MIS 4-1MG | 3 | QL (90 films / 30 days) |
| SUBOXONE MIS 8-2MG | 3 | QL (120 films / 30 days) |
| SUBOXONE MIS 12-3MG | 3 | QL (90 films / 30 days) |
| *varenicline tartrate* TABS .5mg, 1mg | 1 | QL (56 tabs / 28 days) |
| *varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack* | 1 | QL (2 packs / year) |
| VIVITROL SUSR 380mg | 4 | |
| ZUBSOLV SUB 0.7-0.18 | 3 | QL (90 tabs / 30 days) |
| ZUBSOLV SUB 1.4-0.36 | 3 | QL (90 tabs / 30 days) |
| ZUBSOLV SUB 2.9-0.71 | 3 | QL (90 tabs / 30 days) |
| ZUBSOLV SUB 5.7-1.4 | 3 | QL (90 tabs / 30 days) |
| ZUBSOLV SUB 8.6-2.1 | 3 | QL (60 tabs / 30 days) |
| ZUBSOLV SUB 11.4-2.9 | 3 | QL (30 tabs / 30 days) |
| ZURNAI SOAJ 1.5mg/0.5ml | 3 | |

## ENDOCRINE AND METABOLIC

### *ANDROGENS*

| | | |
|---|---|---|
| AVEED SOLN 750mg/3ml | 4 | PA |
| AZMIRO SOSY 200mg/ml | 3 | PA |
| *danazol* CAPS 50mg, 100mg, 200mg | 1 | |
| *depo-testosterone* SOLN 100mg/ml, 200mg/ml | 1 | PA |
| JATENZO CAPS 158mg, 198mg | 3 | QL (120 caps / 30 days), PA |
| JATENZO CAPS 237mg | 3 | QL (60 caps / 30 days), PA |
| KYZATREX CAPS 150mg, 200mg | 3 | QL (120 caps / 30 days), PA |
| TESTIM GEL 50mg/5gm | 3 | QL (300 gm / 30 days), PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *testosterone* GEL 12.5mg/act, 25mg/2.5gm, 50mg/5gm | 1 | QL (300 gm / 30 days), PA |
| *testosterone* GEL 20.25mg/1.25gm, 40.5mg/2.5gm | 1 | QL (150 gm / 30 days), PA |
| *testosterone* SOLN 30mg/act | 1 | QL (180 mL / 30 days), PA |
| *testosterone cypionate* SOLN 100mg/ml, 200mg/ml | 1 | PA |
| *testosterone enanthate* SOLN 200mg/ml | 1 | PA |
| *testosterone pump* GEL 1.62% | 1 | QL (150 gm / 30 days), PA |
| TLANDO CAPS 112.5mg | 3 | QL (120 caps / 30 days), PA |
| VOGELXO GEL 50mg/5gm | 3 | QL (300 gm / 30 days), PA |
| VOGELXO PUMP GEL 12.5mg/act | 3 | QL (300 gm / 30 days), PA |
| XYOSTED SOAJ 50mg/0.5ml, 75mg/0.5ml, 100mg/0.5ml | 3 | PA |
| ***ANTIDIABETICS*** | | |
| *acarbose* TABS 25mg, 50mg, 100mg | 1 | |
| ACTOPLUS MET TAB 15-850MG | 3 | QL (90 tabs / 30 days) |
| ACTOS TABS 15mg, 30mg, 45mg | 3 | QL (30 tabs / 30 days) |
| *alogliptin benzoate* TABS 6.25mg, 12.5mg, 25mg | 3 | QL (30 tabs / 30 days), ST |
| *alogliptin-metformin hcl tab 12.5-500 mg* | 3 | QL (60 tabs / 30 days), ST |
| *alogliptin-metformin hcl tab 12.5-1000 mg* | 3 | QL (60 tabs / 30 days), ST |
| *alogliptin-pioglitazone tab 12.5-30 mg* | 3 | QL (30 tabs / 30 days), ST |
| *alogliptin-pioglitazone tab 25-15 mg* | 3 | QL (30 tabs / 30 days), ST |
| *alogliptin-pioglitazone tab 25-30 mg* | 3 | QL (30 tabs / 30 days), ST |
| *alogliptin-pioglitazone tab 25-45 mg* | 3 | QL (30 tabs / 30 days), ST |
| BRYNOVIN SOLN 25mg/ml | 3 | QL (120 mL / 30 days), ST |
| *dapagliflozin* TABS 5mg, 10mg | 1 | QL (30 tabs / 30 days) |
| *dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg* | 1 | QL (60 tabs / 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg* | 1 | QL (60 tabs / 30 days) |
| *dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg* | 1 | QL (30 tabs / 30 days) |
| *dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg* | 1 | QL (30 tabs / 30 days) |
| *dapagliflozin-saxagliptin tab 10-5 mg* | 3 | QL (30 tabs / 30 days) |
| DUETACT TAB 30-2MG | 3 | QL (30 tabs / 30 days) |
| DUETACT TAB 30-4MG | 3 | QL (30 tabs / 30 days) |
| FARXIGA TABS 5mg, 10mg | 2 | QL (30 tabs / 30 days) |
| *glimepiride* TABS 1mg, 2mg | 1 | QL (90 tabs / 30 days) |
| *glimepiride* TABS 3mg, 4mg | 1 | QL (60 tabs / 30 days) |
| *glipizide* TABS 2.5mg, 5mg | 1 | QL (240 tabs / 30 days) |
| *glipizide* TABS 10mg | 1 | QL (120 tabs / 30 days) |
| *glipizide* TABS 15mg | 1 | QL (30 tabs / 30 days) |
| *glipizide* TB24 2.5mg, 5mg | 1 | QL (90 tabs / 30 days) |
| *glipizide* TB24 10mg | 1 | QL (60 tabs / 30 days) |
| *glipizide-metformin hcl tab 2.5-250 mg* | 1 | QL (240 tabs / 30 days) |
| *glipizide-metformin hcl tab 2.5-500 mg* | 1 | QL (120 tabs / 30 days) |
| *glipizide-metformin hcl tab 5-500 mg* | 1 | QL (120 tabs / 30 days) |
| GLYXAMBI TAB 10-5 MG | 2 | QL (30 tabs / 30 days) |
| GLYXAMBI TAB 25-5 MG | 2 | QL (30 tabs / 30 days) |
| INVOKAMET TAB 50-500MG | 3 | QL (120 tabs / 30 days) |
| INVOKAMET TAB 50-1000 | 3 | QL (60 tabs / 30 days) |
| INVOKAMET TAB 150-500 | 3 | QL (60 tabs / 30 days) |
| INVOKAMET TAB 150-1000 | 3 | QL (60 tabs / 30 days) |
| INVOKAMET XR TAB 50-500MG | 3 | QL (120 tabs / 30 days) |
| INVOKAMET XR TAB 50-1000 | 3 | QL (60 tabs / 30 days) |
| INVOKAMET XR TAB 150-500 | 3 | QL (60 tabs / 30 days) |
| INVOKAMET XR TAB 150-1000 | 3 | QL (60 tabs / 30 days) |
| INVOKANA TABS 100mg | 3 | QL (60 tabs / 30 days) |
| INVOKANA TABS 300mg | 3 | QL (30 tabs / 30 days) |
| JANUMET TAB 50-500MG | 3 | QL (60 tabs / 30 days) |
| JANUMET TAB 50-1000 | 3 | QL (60 tabs / 30 days) |
| JANUMET XR TAB 50-500MG | 3 | QL (60 tabs / 30 days) |
| JANUMET XR TAB 50-1000 | 3 | QL (60 tabs / 30 days) |
| JANUMET XR TAB 100-1000 | 3 | QL (30 tabs / 30 days) |
| JANUVIA TABS 25mg, 50mg, 100mg | 3 | QL (30 tabs / 30 days) |
| JARDIANCE TABS 10mg, 25mg | 2 | QL (30 tabs / 30 days) |
| JENTADUETO TAB 2.5-500 | 2 | QL (60 tabs / 30 days) |
| JENTADUETO TAB 2.5-850 | 2 | QL (60 tabs / 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| JENTADUETO TAB 2.5-1000 | 2 | QL (60 tabs / 30 days) |
| JENTADUETO TAB XR 2.5-1000MG | 2 | QL (60 tabs / 30 days) |
| JENTADUETO TAB XR 5-1000MG | 2 | QL (30 tabs / 30 days) |
| *liraglutide* SOPN 6mg/ml | 1 | QL (3 pens / 30 days), PA |
| *metformin hcl* SOLN 500mg/5ml | 1 | QL (765 mL / 30 days), ST |
| *metformin hcl* TABS 500mg | 1 | QL (150 tabs / 30 days) |
| *metformin hcl* TABS 625mg | 1 | QL (120 tabs / 30 days), ST |
| *metformin hcl* TABS 750mg | 1 | QL (90 tabs / 30 days), ST |
| *metformin hcl* TABS 850mg | 1 | QL (90 tabs / 30 days) |
| *metformin hcl* TABS 1000mg | 1 | QL (75 tabs / 30 days) |
| *metformin hcl* TB24 500mg | 1 | QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR) |
| *metformin hcl* TB24 500mg | 1 | QL (120 tabs / 30 days), PA; (generic of FORTAMET) |
| *metformin hcl* TB24 500mg | 1 | QL (120 tabs / 30 days), PA; (generic of GLUMETZA) |
| *metformin hcl* TB24 750mg | 1 | QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR) |
| *metformin hcl* TB24 1000mg | 1 | QL (60 tabs / 30 days), PA; (generic of FORTAMET) |
| *metformin hcl* TB24 1000mg | 1 | QL (60 tabs / 30 days), PA; (generic of GLUMETZA) |
| *miglitol* TABS 25mg, 50mg, 100mg | 1 | |
| MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml | 2 | QL (4 pens / 28 days), PA |
| *nateglinide* TABS 60mg, 120mg | 1 | QL (90 tabs / 30 days) |
| OZEMPIC TABS 1.5mg, 4mg, 9mg | 2 | QL (30 tabs / 30 days), PA |
| OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml | 2 | QL (1 pen / 28 days), PA |
| OZEMPIC (1MG/DOSE) SOPN 4mg/3ml | 2 | QL (1 pen / 28 days), PA |
| OZEMPIC (2MG/DOSE) SOPN 8mg/3ml | 2 | QL (1 pen / 28 days), PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *pioglitazone hcl* TABS 15mg, 30mg, 45mg | 1 | QL (30 tabs / 30 days) |
| *pioglitazone hcl-glimepiride tab 30-2 mg* | 1 | QL (30 tabs / 30 days) |
| *pioglitazone hcl-glimepiride tab 30-4 mg* | 1 | QL (30 tabs / 30 days) |
| *pioglitazone hcl-metformin hcl tab 15-500 mg* | 1 | QL (90 tabs / 30 days) |
| *pioglitazone hcl-metformin hcl tab 15-850 mg* | 1 | QL (90 tabs / 30 days) |
| *repaglinide* TABS 2mg | 1 | QL (240 tabs / 30 days) |
| *repaglinide* TABS .5mg, 1mg | 1 | QL (120 tabs / 30 days) |
| *saxagliptin hcl* TABS 2.5mg, 5mg | 1 | QL (30 tabs / 30 days) |
| *saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg* | 1 | QL (60 tabs / 30 days) |
| *saxagliptin-metformin hcl tab er 24hr 5-500 mg* | 1 | QL (30 tabs / 30 days) |
| *saxagliptin-metformin hcl tab er 24hr 5-1000 mg* | 1 | QL (30 tabs / 30 days) |
| SEGLUROMET TAB 2.5-500 | 3 | QL (120 tabs / 30 days) |
| SEGLUROMET TAB 2.5-1000 | 3 | QL (60 tabs / 30 days) |
| SEGLUROMET TAB 7.5-500 | 3 | QL (60 tabs / 30 days) |
| SEGLUROMET TAB 7.5-1000 | 3 | QL (60 tabs / 30 days) |
| *sitagliptin* TABS 25mg, 50mg, 100mg | 1 | QL (30 tabs / 30 days) |
| *sitagliptin free base-metformin hcl tab 50-500 mg* | 1 | QL (60 tabs / 30 days) |
| *sitagliptin free base-metformin hcl tab 50-1000 mg* | 1 | QL (60 tabs / 30 days) |
| *sitagliptin free base-metformin hcl tab er 24hr 50-500 mg* | 1 | QL (60 tabs / 30 days) |
| *sitagliptin free base-metformin hcl tab er 24hr 50-1000 mg* | 1 | QL (60 tabs / 30 days) |
| *sitagliptin free base-metformin hcl tab er 24hr 100-1000 mg* | 1 | QL (30 tabs / 30 days) |
| *sitagliptin phosphate* TABS 25mg, 50mg, 100mg | 1 | QL (30 tabs / 30 days) |
| *sitagliptin phosphate-metformin hcl tab 50-500 mg* | 1 | QL (60 tabs / 30 days) |
| *sitagliptin phosphate-metformin hcl tab 50-1000 mg* | 1 | QL (60 tabs / 30 days) |
| *sitagliptin phosphate-metformin hcl tab er 24hr 50-500 mg* | 1 | QL (60 tabs / 30 days) |
| *sitagliptin phosphate-metformin hcl tab er 24hr 50-1000 mg* | 1 | QL (60 tabs / 30 days) |
| *sitagliptin phosphate-metformin hcl tab er 24hr 100-1000 mg* | 1 | QL (30 tabs / 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| STEGLATRO TABS 5mg | 3 | QL (90 tabs / 30 days) |
| STEGLATRO TABS 15mg | 3 | QL (30 tabs / 30 days) |
| STEGLUJAN TAB 5-100MG | 3 | QL (30 tabs / 30 days) |
| STEGLUJAN TAB 15-100MG | 3 | QL (30 tabs / 30 days) |
| SYNJARDY TAB 5-500MG | 2 | QL (120 tabs / 30 days) |
| SYNJARDY TAB 5-1000MG | 2 | QL (60 tabs / 30 days) |
| SYNJARDY TAB 12.5-500 | 2 | QL (60 tabs / 30 days) |
| SYNJARDY TAB 12.5-1000MG | 2 | QL (60 tabs / 30 days) |
| SYNJARDY XR TAB 5-1000MG | 2 | QL (60 tabs / 30 days) |
| SYNJARDY XR TAB 10-1000 | 2 | QL (60 tabs / 30 days) |
| SYNJARDY XR TAB 12.5-1000 | 2 | QL (60 tabs / 30 days) |
| SYNJARDY XR TAB 25-1000 | 2 | QL (30 tabs / 30 days) |
| TRADJENTA TABS 5mg | 2 | QL (30 tabs / 30 days) |
| TRIJARDY XR TAB ER 24HR 5-2.5-1000MG | 2 | QL (60 tabs / 30 days) |
| TRIJARDY XR TAB ER 24HR 10-5-1000MG | 2 | QL (30 tabs / 30 days) |
| TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG | 2 | QL (60 tabs / 30 days) |
| TRIJARDY XR TAB ER 24HR 25-5-1000MG | 2 | QL (30 tabs / 30 days) |
| TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml | 2 | QL (4 pens / 28 days), PA |
| TZIELD SOLN 2mg/2ml | 4 | PA |
| VICTOZA SOPN 18mg/3ml | 3 | QL (3 pens / 30 days), PA |
| XIGDUO XR TAB 2.5-1000 | 3 | QL (60 tabs / 30 days) |
| XIGDUO XR TAB 5-500MG | 3 | QL (60 tabs / 30 days) |
| XIGDUO XR TAB 5-1000MG | 3 | QL (60 tabs / 30 days) |
| XIGDUO XR TAB 10-500MG | 3 | QL (30 tabs / 30 days) |
| XIGDUO XR TAB 10-1000 | 3 | QL (30 tabs / 30 days) |
| ZITUVIMET TAB 50-500MG | 3 | QL (60 tabs / 30 days), ST |
| ZITUVIMET TAB 50-1000 | 3 | QL (60 tabs / 30 days), ST |
| ZITUVIMET XR TAB 50-500MG | 3 | QL (60 tabs / 30 days), ST |
| ZITUVIMET XR TAB 50-1000 | 3 | QL (60 tabs / 30 days), ST |
| ZITUVIMET XR TAB 100-1000 | 3 | QL (30 tabs / 30 days), ST |
| ZITUVIO TABS 25mg, 50mg, 100mg | 3 | QL (30 tabs / 30 days), ST |
| ***ANTIDIABETICS, INSULINS*** | | |
| ADMELOG SOLN 100unit/ml | 2 | B/D |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ADMELOG SOLOSTAR SOPN 100unit/ml | 2 | |
| AFREZZA POWD 4unit, 8unit | 3 | |
| AFREZZA POWD 12unit | 4 | |
| AFREZZA POW 4-8 UNIT | 4 | |
| AFREZZA POW 4-8-12 | 4 | |
| AFREZZA POW 8-12UNIT | 4 | |
| ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY | 2 | PA |
| APIDRA SOLN 100unit/ml | 3 | B/D |
| APIDRA SOLOSTAR SOPN 100unit/ml | 3 | |
| AWIQLI FLEXTOUCH SOPN 700unit/ml | 3 | |
| BASAGLAR KWIKPEN SOPN 100unit/ml | 2 | |
| CEQUR EXT WR MIS INSERTER | 3 | QL (2 inserters / year), PA |
| CEQUR SIMPL KIT 1U EXTND | 3 | QL (8 patches / 24 days), PA |
| CEQUR SIMPL KIT 2U EXTND | 3 | QL (10 patches / 30 days), PA |
| CEQUR SIMPL KIT PATCH 2U (4-DAY) | 3 | QL (8 patches / 24 days), PA |
| CEQUR SIMPL MIS INSERTER | 3 | QL (2 inserters / year), PA |
| FIASP SOLN 100unit/ml | 2 | B/D |
| FIASP FLEXTOUCH SOPN 100unit/ml | 2 | |
| FIASP PENFILL SOCT 100unit/ml | 2 | |
| FIASP PUMPCART SOCT 100unit/ml | 2 | B/D |
| GAUZE PADS 2X2 | 2 | PA |
| HUMALOG SOCT 100unit/ml | 3 | |
| HUMALOG SOLN 100unit/ml | 3 | B/D |
| HUMALOG JUNIOR KWIKPEN SOPN 100unit/ml | 3 | |
| HUMALOG KWIKPEN SOPN 100unit/ml, 200unit/ml | 3 | |
| HUMALOG MIX INJ 50/50KWP | 3 | |
| HUMALOG MIX INJ 75/25KWP | 3 | |
| HUMALOG MIX SUS 75/25 | 3 | |
| HUMULIN INJ 70/30 | 3 | |
| HUMULIN INJ 70/30KWP | 3 | |
| HUMULIN N SUSP 100unit/ml | 3 | |
| HUMULIN N KWIKPEN SUPN 100unit/ml | 3 | |
| HUMULIN R SOLN 100unit/ml | 3 | B/D |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| HUMULIN R U-500 KWIKPEN SOPN 500unit/ml | 4 | |
| INSULIN GLARGINE MAX SOLO SOPN 300unit/ml | 3 | |
| INSULIN GLARGINE SOLOSTAR SOPN 300unit/ml | 3 | |
| INSULIN GLARGINE-YFGN SOLN 100unit/ml; SOPN 100unit/ml | 3 | |
| INSULIN LISP INJ PROT KWP | 3 | |
| INSULIN LISPRO SOLN 100unit/ml | 3 | B/D |
| INSULIN LISPRO JUNIOR KWI SOPN 100unit/ml | 3 | |
| INSULIN LISPRO KWIKPEN SOPN 100unit/ml | 3 | |
| INSULIN PEN NEEDLES: EMBECTA-BD | 2 | PA |
| INSULIN SAFETY NEEDLES: EMBECTA-BD | 2 | PA |
| INSULIN SYRINGES: EMBECTA-BD | 2 | PA |
| KIRSTY SOLN 100unit/ml | 3 | B/D |
| KIRSTY SOPN 100unit/ml | 3 | |
| LANTUS SOLN 100unit/ml | 2 | |
| LANTUS SOLOSTAR SOPN 100unit/ml | 2 | |
| LYUMJEV SOLN 100unit/ml | 3 | B/D |
| LYUMJEV KWIKPEN SOPN 100unit/ml, 200unit/ml | 3 | |
| MERILOG SOLN 100unit/ml | 3 | B/D |
| MERILOG SOLOSTAR SOPN 100unit/ml | 3 | |
| NOVOLIN70/30 INJ RELION | 3 | |
| NOVOLIN INJ 70/30 | 2 | |
| NOVOLIN INJ 70/30 FP | 2 | |
| NOVOLIN INJ 70/30 FP RELION | 3 | |
| NOVOLIN N SUSP 100unit/ml | 2 | |
| NOVOLIN N FLEXPEN SUPN 100unit/ml | 2 | |
| NOVOLIN N FLEXPEN RELION SUPN 100unit/ml | 3 | |
| NOVOLIN N RELION SUSP 100unit/ml | 3 | |
| NOVOLIN R SOLN 100unit/ml | 2 | B/D |
| NOVOLIN R FLEXPEN SOPN 100unit/ml | 2 | |
| NOVOLIN R FLEXPEN RELION SOPN 100unit/ml | 3 | |
| NOVOLIN R RELION SOLN 100unit/ml | 3 | B/D |
| NOVOLOG SOLN 100unit/ml | 2 | B/D |
| NOVOLOG FLEXPEN SOPN 100unit/ml | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| NOVOLOG FLEXPEN RELION SOPN 100unit/ml | 3 | |
| NOVOLOG MIX INJ 70/30 | 2 | |
| NOVOLOG MIX INJ FLEX REL | 3 | |
| NOVOLOG MIX INJ FLEXPEN | 2 | |
| NOVOLOG PENFILL SOCT 100unit/ml | 2 | |
| NOVOLOG RELI INJ 70/30 | 3 | |
| NOVOLOG RELION SOLN 100unit/ml | 3 | B/D |
| OMNIPOD5 LIB KIT INTRO | 3 | QL (1 kit / year), PA |
| OMNIPOD5 LIB MIS PODS | 3 | QL (15 pods / 30 days), PA |
| OMNIPOD 5 DX KIT INT G7G6 | 3 | QL (1 kit / year), PA |
| OMNIPOD 5 DX MIS POD G7G6 | 3 | QL (15 pods / 30 days), PA |
| OMNIPOD DASH KIT INTRO | 3 | QL (1 kit / year), PA |
| OMNIPOD DASH MIS PODS | 3 | QL (15 pods / 30 days), PA |
| REZVOGLAR KWIKPEN SOPN 100unit/ml | 3 | |
| SOLIQUA INJ 100/33 | 2 | QL (5 pens / 25 days) |
| TOUJEO MAX SOLOSTAR SOPN 300unit/ml | 2 | |
| TOUJEO SOLOSTAR SOPN 300unit/ml | 2 | |
| TRESIBA SOLN 100unit/ml | 3 | |
| TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml | 3 | |
| V-GO 20 KIT | 3 | QL (30 devices / 30 days), PA |
| V-GO 30 KIT | 3 | QL (30 devices / 30 days), PA |
| V-GO 40 KIT | 3 | QL (30 devices / 30 days), PA |
| XULTOPHY INJ 100/3.6 | 2 | QL (5 pens / 30 days) |
| ***CALCIUM REGULATORS*** | | |
| ACTONEL TABS 35mg, 150mg | 3 | |
| *alendronate sodium* SOLN 70mg/75ml | 1 | ST |
| *alendronate sodium* TABS 10mg, 35mg, 70mg | 1 | |
| ATELVIA TBEC 35mg | 3 | ST |
| BILDYOS SOSY 60mg/ml | 3 | QL (1 syringe / 180 days) |
| BINOSTO TBEF 70mg | 3 | ST |
| BONSITY SOPN 560mcg/2.24ml | 4 | QL (1 pen / 28 days), PA |
| *calcitonin (salmon) inj* SOLN 200unit/ml | 4 | B/D |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *calcitonin (salmon) spray* SOLN 200unit/act | 1 | B/D |
| EVENITY SOSY 105mg/1.17ml | 4 | PA |
| FORTEO SOPN 560mcg/2.24ml | 4 | QL (1 pen / 28 days), PA |
| FOSAMAX TABS 70mg | 3 | |
| FOSAMAX + D TAB 70-2800 | 3 | ST |
| FOSAMAX + D TAB 70-5600 | 3 | ST |
| *ibandronate sodium* SOLN 3mg/3ml | 1 | B/D, QL (1 syringe / 90 days) |
| *ibandronate sodium* TABS 150mg | 1 | B/D |
| MIACALCIN SOLN 200unit/ml | 4 | B/D |
| OSPOMYV SOSY 60mg/ml | 3 | QL (1 syringe / 180 days) |
| PAMIDRONATE DISODIUM SOLN 6mg/ml | 3 | B/D |
| *pamidronate disodium* SOLN 30mg/10ml, 90mg/10ml | 1 | B/D |
| PROLIA SOSY 60mg/ml | 3 | QL (1 syringe / 180 days) |
| RECLAST SOLN 5mg/100ml | 3 | B/D |
| *risedronate sodium* TABS 5mg, 30mg, 35mg, 150mg | 1 | |
| *risedronate sodium* TBEC 35mg | 1 | ST |
| *teriparatide* SOPN 560mcg/2.24ml | 4 | QL (1 pen / 28 days), PA |
| TERIPARATIDE SOPN 560mcg/2.24ml | 4 | QL (1 pen / 28 days), PA; (ALVOGEN product) |
| TYMLOS SOPN 3120mcg/1.56ml | 4 | QL (1 pen / 30 days), PA |
| WYOST SOLN 120mg/1.7ml | 4 | PA |
| XGEVA SOLN 120mg/1.7ml | 4 | PA |
| XTRENBO SOLN 120mg/1.7ml | 3 | PA |
| YORVIPATH SOPN 168mcg/0.56ml, 294mcg/0.98ml, 420mcg/1.4ml | 4 | PA |
| *zoledronic acid* CONC 4mg/5ml; SOLN 5mg/100ml | 1 | B/D |
| ZOLEDRONIC ACID SOLN 4mg/100ml | 3 | B/D |
| ***CHELATING AGENTS*** | | |
| CHEMET CAPS 100mg | 4 | |
| CUVRIOR TABS 300mg | 4 | PA |
| *deferasirox* PACK 90mg, 180mg, 360mg; TBSO 250mg, 500mg | 4 | PA |
| *deferasirox* TABS 90mg; TBSO 125mg | 1 | PA |
| *deferasirox* TABS 180mg, 360mg | 3 | PA |
| *deferiprone* TABS 500mg, 1000mg | 4 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *deferoxamine mesylate* SOLR 2gm, 500mg | 1 | PA |
| DEPEN TITRATABS TABS 250mg | 4 | |
| DESFERAL SOLR 500mg | 3 | PA |
| EXJADE TBSO 125mg, 250mg, 500mg | 4 | PA |
| FERRIPROX SOLN 100mg/ml; TABS 1000mg | 4 | PA |
| FERRIPROX TWICE-A-DAY TABS 1000mg | 4 | PA |
| JADENU TABS 90mg, 180mg, 360mg | 4 | PA |
| JADENU SPRINKLE PACK 90mg, 180mg, 360mg | 4 | PA |
| *kionex* SUSP 15gm/60ml | 1 | |
| LOKELMA PACK 5gm, 10gm | 2 | |
| *penicillamine* TABS 250mg | 4 | |
| *sodium polystyrene sulfonate* SUSP 15gm/60ml | 1 | |
| *sodium polystyrene sulfonate powder* | 1 | |
| *sps* SUSP 15gm/60ml | 1 | |
| *sps rectal* SUSP 15gm/60ml | 1 | |
| SYPRINE CAPS 250mg | 4 | PA |
| *trientine hcl* CAPS 250mg, 500mg | 4 | PA |
| VELTASSA PACK 1gm, 8.4gm, 16.8gm, 25.2gm | 2 | |
| ***CONTRACEPTIVES*** | | |
| *afirmelle* | 1 | |
| *altavera* | 1 | |
| *alyacen 1/35* | 1 | |
| *alyacen 7/7/7* | 1 | |
| *amethyst* | 1 | |
| ANNOVERA MIS | 3 | |
| *apri* | 1 | |
| *aranelle* | 1 | |
| *ashlyna* | 1 | |
| *aubra eq* | 1 | |
| *aurovela 1/20* | 1 | |
| *aurovela 24 fe* | 1 | |
| *aurovela fe 1.5/30* | 1 | |
| *aurovela fe 1/20* | 1 | |
| *aviane* | 1 | |
| *ayuna* | 1 | |
| *azurette* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| BALCOLTRA TAB 0.1-20 | 3 | |
| *balziva* | 1 | |
| BEYAZ TAB | 3 | |
| *blisovi 24 fe* | 1 | |
| *blisovi fe 1.5/30* | 1 | |
| *blisovi fe 1/20* | 1 | |
| *briellyn* | 1 | |
| *camila* TABS .35mg | 1 | |
| *camrese* | 1 | |
| *camrese lo* | 1 | |
| *chateal eq* | 1 | |
| *cryselle* | 1 | |
| *cyred eq* | 1 | |
| *dasetta 1/35* | 1 | |
| *dasetta 7/7/7* | 1 | |
| *daysee* | 1 | |
| *deblitane* TABS .35mg | 1 | |
| DEPO-PROVERA CONTRACEPTIV SUSP 150mg/ml; SUSY 150mg/ml | 3 | |
| DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml | 2 | |
| *desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)* | 1 | |
| *dolishale* | 1 | |
| *drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg* | 1 | |
| *drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg* | 1 | |
| *drospirenone-ethinyl estradiol tab 3-0.02 mg* | 1 | |
| *drospirenone-ethinyl estradiol tab 3-0.03 mg* | 1 | |
| *elinest* | 1 | |
| *eluryng* | 1 | |
| *emzahh* TABS .35mg | 1 | |
| *enilloring* | 1 | |
| *enskyce* | 1 | |
| *errin* TABS .35mg | 1 | |
| *estarylla* | 1 | |
| *ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr* | 1 | |
| *falmina* | 1 | |
| *feirza 1.5/30* | 1 | |
| *feirza 1/20* | 1 | |
| FEMLYV TAB 1/0.02MG | 3 | |
| *finzala* | 1 | |
| *galbriela* | 1 | |
| *gemmily* | 1 | |
| *hailey 1.5/30* | 1 | |
| *hailey 24 fe* | 1 | |
| *hailey fe 1/20* | 1 | |
| *heather* TABS .35mg | 1 | |
| *iclevia* | 1 | |
| *incassia* TABS .35mg | 1 | |
| *introvale* | 1 | |
| *isibloom* | 1 | |
| *jaimiess* | 1 | |
| *jasmiel* | 1 | |
| *jencycla* TABS .35mg | 1 | |
| *jolessa* | 1 | |
| *joyeaux* | 1 | |
| *juleber* | 1 | |
| *junel 1.5/30* | 1 | |
| *junel 1/20* | 1 | |
| *junel fe 1.5/30* | 1 | |
| *junel fe 1/20* | 1 | |
| *junel fe 24* | 1 | |
| *kaitlib fe* | 1 | |
| *kariva* | 1 | |
| *kelnor 1/35* | 1 | |
| *kurvelo* | 1 | |
| *larin 1.5/30* | 1 | |
| *larin 1/20* | 1 | |
| *larin 24 fe* | 1 | |
| *larin fe 1.5/30* | 1 | |
| *larin fe 1/20* | 1 | |
| *lessina* | 1 | |
| *levonest* | 1 | |
| *levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)* | 1 | |
| *levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg* | 1 | |
| *levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg* | 1 | |
| *levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg* | 1 | |
| *levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg* | 1 | |
| *levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)* | 1 | |
| LILETTA IUD 20.1mcg/day | 2 | |
| LO LOESTRIN TAB 1-10-10 | 3 | |
| *loestrin 1.5/30-21* | 1 | |
| *loestrin 1/20-21* | 1 | |
| *loestrin fe 1.5/30* | 1 | |
| *loestrin fe 1/20* | 1 | |
| *lojaimiess* | 1 | |
| *loryna* | 1 | |
| *luizza 1.5/30* | 1 | |
| *luizza 1/20* | 1 | |
| *lutera* | 1 | |
| *lyleq* TABS .35mg | 1 | |
| *lyza* TABS .35mg | 1 | |
| *marlissa* | 1 | |
| *medroxyprogesterone acetate (contraceptive)* SUSP 150mg/ml; SUSY 150mg/ml | 1 | |
| *meleya* TABS .35mg | 1 | |
| *mibelas 24 fe* | 1 | |
| *microgestin 1.5/30* | 1 | |
| *microgestin 1/20* | 1 | |
| *microgestin fe 1.5/30* | 1 | |
| *microgestin fe 1/20* | 1 | |
| *mili* | 1 | |
| *minzoya* | 1 | |
| *mono-linyah* | 1 | |
| NATAZIA TAB | 3 | |
| *necon 0.5/35-28* | 1 | |
| NEXPLANON IMPL 68mg | 2 | |
| NEXTSTELLIS TAB 3-14.2MG | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *nikki* | 1 | |
| *nora-be* TABS .35mg | 1 | |
| *norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr* | 1 | |
| *norethindrone (contraceptive)* TABS .35mg | 1 | |
| *norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg* | 1 | |
| *norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg* | 1 | |
| *norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)* | 1 | |
| *norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)* | 1 | |
| *norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg* | 1 | |
| *norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg* | 1 | |
| *norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg* | 1 | |
| *norlyroc* TABS .35mg | 1 | |
| *nortrel 0.5/35 (28)* | 1 | |
| *nortrel 1/35 (21)* | 1 | |
| *nortrel 1/35 (28)* | 1 | |
| *nortrel 7/7/7* | 1 | |
| NUVARING MIS | 3 | |
| *nylia 1/35* | 1 | |
| *nylia 7/7/7* | 1 | |
| *orquidea* TABS .35mg | 1 | |
| PHEXX GEL | 3 | |
| *philith* | 1 | |
| *pimtrea* | 1 | |
| *portia-28* | 1 | |
| *reclipsen* | 1 | |
| *rivelsa* | 1 | |
| *rosyrah* | 1 | |
| SAFYRAL TAB | 3 | |
| *setlakin* | 1 | |
| *sharobel* TABS .35mg | 1 | |
| *simliya* | 1 | |
| *simpesse* | 1 | |
| SLYND TABS 4mg | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *sprintec 28* | 1 | |
| *syeda* | 1 | |
| *tarina 24 fe* | 1 | |
| *tarina fe 1/20 eq* | 1 | |
| TAYTULLA CAP 1MG/20MC | 3 | |
| *tilia fe* | 1 | |
| *tri-estarylla* | 1 | |
| *tri-legest fe* | 1 | |
| *tri-linyah* | 1 | |
| *tri-lo-estarylla* | 1 | |
| *tri-lo-marzia* | 1 | |
| *tri-lo-mili* | 1 | |
| *tri-lo-sprintec* | 1 | |
| *tri-mili* | 1 | |
| *tri-sprintec* | 1 | |
| *tri-vylibra* | 1 | |
| *tri-vylibra lo* | 1 | |
| *turqoz* | 1 | |
| TWIRLA DIS 120-30 | 3 | |
| TYBLUME CHW 0.1-0.02 | 3 | |
| *tydemy* | 1 | |
| *valtya 1/35* | 1 | |
| *valtya 1/50* | 1 | |
| *velivet* | 1 | |
| *vestura* | 1 | |
| *vienva* | 1 | |
| *viorele* | 1 | |
| *vyfemla* | 1 | |
| *vylibra* | 1 | |
| *wera* | 1 | |
| *wymzya fe* | 1 | |
| *xarah fe* | 1 | |
| *xelria fe* | 1 | |
| *xulane* | 1 | |
| YASMIN 28 TAB 3-0.03MG | 3 | |
| YAZ TAB 3-0.02MG | 3 | |
| *zafemy* | 1 | |
| *zovia 1/35* | 1 | |
| *zumandimine* | 1 | |
| ***ESTROGENS*** | | |
| *abigale* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *abigale lo* | 1 | |
| ACTIVELLA TAB 1-0.5MG | 3 | |
| BIJUVA CAP 0.5-100 | 3 | |
| BIJUVA CAP 1-100MG | 3 | |
| CLIMARA PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr | 3 | |
| CLIMARA PRO DIS WEEKLY | 3 | |
| COMBIPATCH DIS | 3 | |
| DELESTROGEN OIL 10mg/ml, 20mg/ml | 3 | |
| DEPO-ESTRADIOL OIL 5mg/ml | 3 | |
| DIVIGEL GEL .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm | 3 | |
| *dotti* PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr | 1 | |
| ELESTRIN GEL .06% | 3 | |
| ESTRACE CREA .1mg/gm | 3 | |
| *estradiol* GEL .06%, .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm | 3 | |
| *estradiol* PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; TABS .5mg, 1mg, 2mg | 1 | |
| *estradiol & norethindrone acetate tab 0.5-0.1 mg* | 1 | |
| *estradiol & norethindrone acetate tab 1-0.5 mg* | 1 | |
| *estradiol vaginal* CREA .1mg/gm; TABS 10mcg | 1 | |
| *estradiol valerate* OIL 10mg/ml, 20mg/ml, 40mg/ml | 1 | |
| ESTRING RING 7.5mcg/24hr | 3 | |
| *estrogens, conjugated* TABS .3mg, .45mg, .625mg, .9mg, 1.25mg | 3 | |
| EVAMIST SOLN 1.53mg/spray | 3 | |
| FEMRING RING .05mg/24hr, .1mg/24hr | 3 | |
| *fyavolv tab 0.5mg-2.5mcg* | 1 | |
| *fyavolv tab 1mg-5mcg* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| IMVEXXY MAINTENANCE PACK INST 4mcg, 10mcg | 3 | PA |
| IMVEXXY STARTER PACK INST 4mcg, 10mcg | 3 | PA |
| *jinteli* | 1 | |
| *lyllana* PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr | 1 | |
| MENOSTAR PTWK 14mcg/24hr | 3 | |
| *mimvey* | 1 | |
| MINIVELLE PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr | 3 | |
| *norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg* | 1 | |
| *norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg* | 1 | |
| PREMARIN CREA .625mg/gm; SOLR 25mg; TABS .3mg, .45mg, .625mg, .9mg, 1.25mg | 3 | |
| PREMPHASE TAB | 2 | |
| PREMPRO TAB 0.3-1.5 | 2 | |
| PREMPRO TAB 0.45-1.5 | 2 | |
| PREMPRO TAB 0.625-2.5 | 2 | |
| PREMPRO TAB 0.625-5 | 2 | |
| VAGIFEM TABS 10mcg | 3 | |
| VIVELLE-DOT PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr | 3 | |
| *yuvafem* TABS 10mcg | 1 | |
| ***GLUCOCORTICOIDS*** | | |
| ALKINDI SPRINKLE CPSP 1mg, 2mg, 5mg | 4 | PA |
| ALKINDI SPRINKLE CPSP .5mg | 3 | PA |
| *betamethasone sod phosphate & acetate inj susp 6 (3-3) mg/ml* | 1 | |
| CELESTONE INJ SOLUSPAN | 3 | |
| CORTEF TABS 5mg, 10mg, 20mg | 3 | |
| CORTISONE ACETATE TABS 25mg | 3 | |
| DEPO-MEDROL SUSP 20mg/ml, 40mg/ml, 80mg/ml | 3 | B/D |
| *dexamethasone* ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg; TBPK 1.5mg | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| DEXAMETHASONE INTENSOL CONC 1mg/ml | 3 | |
| *dexamethasone sodium phosphate* SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 10mg/ml | 1 | |
| DEXLYT TABS .25mg | 4 | |
| *fludrocortisone acetate* TABS .1mg | 1 | |
| HEMADY TABS 20mg | 3 | PA |
| *hydrocortisone* TABS 5mg, 10mg, 20mg | 1 | |
| *hydrocortisone sod succinate* SOLR 100mg | 1 | |
| KENALOG-10 SUSP 10mg/ml | 3 | B/D |
| KENALOG-40 SUSP 40mg/ml | 3 | B/D |
| KENALOG-80 SUSP 80mg/ml | 3 | B/D |
| KHINDIVI SOLN 1mg/ml | 4 | PA |
| MEDROL TABS 2mg, 4mg, 8mg, 16mg | 3 | B/D |
| MEDROL DOSEPAK TBPK 4mg | 3 | |
| *methylprednisolone* TABS 4mg, 8mg, 16mg, 32mg | 1 | B/D |
| *methylprednisolone* TBPK 4mg | 1 | |
| *methylprednisolone acetate* SUSP 40mg/ml, 80mg/ml | 1 | B/D |
| *methylprednisolone sod succ* SOLR 40mg, 125mg, 500mg, 1000mg | 1 | B/D |
| ORAPRED ODT TBDP 10mg, 15mg, 30mg | 3 | B/D |
| *prednisolone* SOLN 15mg/5ml; TABS 5mg | 1 | B/D |
| *prednisolone sodium phosphate* SOLN 5mg/5ml, 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml; TBDP 10mg, 15mg, 30mg | 1 | B/D |
| *prednisone* SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg | 1 | B/D |
| *prednisone* TBEC 1mg, 2mg, 5mg | 4 | B/D |
| *prednisone* TBPK 5mg, 10mg | 1 | |
| PREDNISONE INTENSOL CONC 5mg/ml | 3 | B/D |
| SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg | 3 | |
| SOLU-MEDROL SOLR 2gm, 40mg, 125mg, 500mg, 1000mg | 3 | B/D |
| *taperdex 6-day* TBPK 1.5mg | 1 | |
| *taperdex 7-day* TBPK 1.5mg | 1 | |
| *taperdex 12-day* TBPK 1.5mg | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *triamcinolone acetonide* SUSP 10mg/ml, 40mg/ml | 1 | B/D |
| ZILRETTA SRER 32mg | 3 | B/D |
| ***GLUCOSE ELEVATING AGENTS*** | | |
| BAQSIMI ONE PACK POWD 3mg/dose | 3 | |
| BAQSIMI TWO PACK POWD 3mg/dose | 3 | |
| *diazoxide* SUSP 50mg/ml | 1 | |
| *glucagon* SOLR 1mg | 1 | |
| GVOKE HYPOPEN 1-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml | 2 | |
| GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml | 2 | |
| GVOKE KIT SOLN 1mg/0.2ml | 2 | |
| GVOKE PFS SOSY 1mg/0.2ml | 2 | |
| PROGLYCEM SUSP 50mg/ml | 4 | |
| ***MISCELLANEOUS*** | | |
| ACTHAR GEL 80unit/ml | 4 | QL (1.5 mL / 1 day), PA |
| ACTHAR GEL PEN 40unit/0.5ml | 4 | QL (28 pens / 28 days), PA |
| ACTHAR GEL PEN 80unit/ml | 4 | QL (30 pens / 30 days), PA |
| ALDURAZYME SOLN 2.9mg/5ml | 4 | PA |
| AQNEURSA PACK 1gm | 4 | QL (112 packets / 28 days), PA |
| AVLAYAH SOLR 150mg | 4 | PA |
| *betaine powder for oral solution* | 4 | |
| *cabergoline* TABS .5mg | 1 | |
| CARBAGLU TBSO 200mg | 4 | PA |
| *carglumic acid* TBSO 200mg | 4 | PA |
| CARNITOR SOLN 1gm/10ml, 200mg/ml; TABS 330mg | 3 | B/D |
| CERDELGA CAPS 84mg | 4 | PA |
| CEREZYME SOLR 400unit | 4 | PA |
| CHORIONIC GONADOTROPIN SOLR 10000unit | 3 | PA |
| *cinacalcet hcl* TABS 30mg, 60mg | 1 | B/D, QL (60 tabs / 30 days) |
| *cinacalcet hcl* TABS 90mg | 1 | B/D, QL (120 tabs / 30 days) |
| CORTROPHIN GEL 80unit/ml | 4 | QL (1.5 mL / 1 day), PA |
| CORTROPHIN PRSY 40unit/0.5ml, 80unit/ml | 4 | QL (28 syringes / 28 days), PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| CRENESSITY CAPS 50mg, 100mg | 4 | QL (60 caps / 30 days), PA |
| CRENESSITY SOLN 50mg/ml | 4 | QL (120 mL / 30 days), PA |
| CRYSVITA SOLN 10mg/ml, 20mg/ml, 30mg/ml | 4 | PA |
| CYSTADANE POW | 4 | |
| CYSTAGON CAPS 50mg, 150mg | 3 | PA |
| DDAVP SOLN 4mcg/ml; TABS .2mg | 4 | |
| DDAVP TABS .1mg | 3 | |
| DESMODA SOLN .05mg/ml | 4 | PA |
| *desmopressin acetate* SOLN 4mcg/ml; TABS .1mg, .2mg | 1 | |
| *desmopressin acetate spray* SOLN .01% | 1 | |
| *desmopressin acetate spray refrigerated* SOLN .01% | 1 | |
| DOJOLVI LIQD 100% | 4 | PA |
| EGRIFTA SV SOLR 2mg | 4 | PA |
| EGRIFTA WR KIT 11.6mg | 4 | PA |
| ELAPRASE SOLN 6mg/3ml | 4 | PA |
| ELELYSO SOLR 200unit | 4 | PA |
| ELFABRIO SOLN 5mg/2.5ml, 20mg/10ml | 4 | PA |
| EVISTA TABS 60mg | 3 | |
| FABRAZYME SOLR 5mg, 35mg | 4 | PA |
| FENSOLVI KIT 45mg | 4 | PA |
| GALAFOLD CAPS 123mg | 4 | PA |
| GENOTROPIN CART 5mg, 12mg | 4 | PA |
| GENOTROPIN MINIQUICK PRSY .2mg | 2 | PA |
| GENOTROPIN MINIQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg | 4 | PA |
| *glycerol phenylbutyrate* LIQD 1.1gm/ml | 4 | PA |
| INCRELEX SOLN 40mg/4ml | 4 | PA |
| ISTURISA TABS 1mg | 4 | QL (240 tabs / 30 days), PA |
| ISTURISA TABS 5mg | 4 | QL (360 tabs / 30 days), PA |
| *javygtor* PACK 100mg, 500mg; TABS 100mg | 4 | PA |
| JYNARQUE TABS 15mg, 30mg; TBPK 15mg | 4 | PA |
| JYNARQUE PAK 30-15MG | 4 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| JYNARQUE PAK 45-15MG | 4 | PA |
| JYNARQUE PAK 60-30MG | 4 | PA |
| JYNARQUE PAK 90-30MG | 4 | PA |
| KANUMA SOLN 20mg/10ml | 4 | PA |
| KORLYM TABS 300mg | 4 | PA |
| KUVAN PACK 100mg, 500mg; TABS 100mg | 4 | PA |
| LAMZEDE SOLR 10mg | 4 | PA |
| *lanreotide acetate* SOLN 120mg/0.5ml | 4 | PA |
| LANREOTIDE ACETATE SOLN 120mg/0.5ml | 4 | PA |
| *levocarnitine (metabolic modifiers)* SOLN 1gm/10ml, 200mg/ml; TABS 330mg | 1 | B/D |
| LOARGYS SOLN 2mg/0.4ml | 4 | PA |
| LUMIZYME SOLR 50mg | 4 | PA |
| LUMVOA SOLN 500mg/10ml | 4 | PA |
| LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg | 4 | PA |
| LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg | 4 | PA |
| LUPRON DEPOT-PED (6-MONTH KIT 45mg | 4 | PA |
| LYNKUET CAPS 60mg | 3 | QL (60 caps / 30 days), PA |
| *methergine* TABS .2mg | 4 | PA |
| *methylergonovine maleate* TABS .2mg | 4 | PA |
| *mifepristone (hyperglycemia)* TABS 300mg | 4 | PA |
| *miglustat* CAPS 100mg | 4 | QL (90 caps / 30 days), PA |
| MIPLYFFA CAPS 47mg, 62mg, 93mg, 124mg | 4 | QL (90 caps / 30 days), PA |
| MYALEPT SOLR 11.3mg | 4 | PA |
| MYCAPSSA CPDR 20mg | 4 | QL (112 caps / 28 days), PA |
| MYFEMBREE TAB | 4 | PA |
| NAGLAZYME SOLN 1mg/ml | 4 | PA |
| NEXVIAZYME SOLR 100mg | 4 | PA |
| NGENLA SOPN 24mg/1.2ml, 60mg/1.2ml | 4 | PA |
| *nitisinone* CAPS 2mg, 5mg, 10mg, 20mg | 4 | PA |
| NITYR TABS 2mg, 5mg, 10mg | 4 | PA |
| NORDITROPIN FLEXPRO SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml | 4 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| NOVAREL SOLR 5000unit | 3 | PA |
| *octreotide acetate* KIT 10mg, 20mg, 30mg; SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml | 4 | PA |
| *octreotide acetate* SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml | 1 | PA |
| OLPRUVA THPK 2gm, 3gm, 4gm, 5gm, 6gm, 6.67gm | 4 | PA |
| OMNITROPE SOCT 5mg/1.5ml, 10mg/1.5ml; SOLR 5.8mg | 4 | PA |
| OPFOLDA CAPS 65mg | 3 | QL (8 caps / 28 days), PA |
| ORFADIN CAPS 2mg, 5mg, 10mg, 20mg; SUSP 4mg/ml | 4 | PA |
| ORIAHNN CAP | 4 | PA |
| ORILISSA TABS 150mg, 200mg | 4 | PA |
| OSPHENA TABS 60mg | 3 | PA |
| PALSONIFY TABS 20mg | 4 | QL (90 tabs / 30 days), PA |
| PALSONIFY TABS 30mg | 4 | QL (120 tabs / 30 days), PA |
| PALYNZIQ SOSY 2.5mg/0.5ml, 10mg/0.5ml, 20mg/ml | 4 | PA |
| PHEBURANE PLLT 483mg/gm | 4 | PA |
| POMBILITI SOLR 105mg | 4 | PA |
| PREGNYL SOLR 10000unit | 3 | PA |
| PROCYSBI CPDR 25mg, 75mg; PACK 75mg, 300mg | 4 | PA |
| *raloxifene hcl* TABS 60mg | 1 | |
| RAVICTI LIQD 1.1gm/ml | 4 | PA |
| RECORLEV TABS 150mg | 4 | QL (240 tabs / 30 days), PA |
| REVCOVI SOLN 2.4mg/1.5ml | 4 | PA |
| REZDIFFRA TABS 60mg, 80mg, 100mg | 4 | QL (30 tabs / 30 days), PA |
| SAMSCA TABS 15mg, 30mg | 4 | PA |
| SANDOSTATIN SOLN 50mcg/ml, 100mcg/ml, 500mcg/ml | 4 | PA |
| SANDOSTATIN LAR DEPOT KIT 10mg, 20mg, 30mg | 4 | PA |
| *sapropterin dihydrochloride* PACK 100mg, 500mg; TABS 100mg | 4 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| SEPHIENCE PACK 250mg, 1000mg | 4 | PA |
| SEROSTIM SOLR 4mg, 5mg, 6mg | 4 | PA |
| SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml | 4 | PA |
| SIGNIFOR LAR SRER 10mg, 20mg, 30mg, 40mg, 60mg | 4 | PA |
| SKYTROFA CART .7mg, 1.4mg, 1.8mg, 2.1mg, 2.5mg, 3mg, 3.6mg, 4.3mg, 5.2mg, 6.3mg, 7.6mg, 9.1mg, 11mg, 13.3mg | 4 | PA |
| *sodium phenylbutyrate* POWD 3gm/tsp; TABS 500mg | 4 | PA |
| SOGROYA SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml | 4 | PA |
| SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml | 4 | PA |
| SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg | 4 | PA |
| STRENSIQ SOLN 18mg/0.45ml, 28mg/0.7ml, 40mg/ml, 80mg/0.8ml | 4 | PA |
| SYNAREL SOLN 2mg/ml | 4 | PA |
| TEPEZZA SOLR 500mg | 4 | PA |
| *tolvaptan* TABS 15mg, 30mg | 4 | PA; (generic of JYNARQUE) |
| *tolvaptan* TBPK 15mg | 4 | PA |
| *tolvaptan (hyponatremia)* TABS 15mg, 30mg | 4 | PA; (generic of SAMSCA) |
| *tolvaptan tab therapy pack 30 & 15 mg* | 4 | PA |
| *tolvaptan tab therapy pack 45 & 15 mg* | 4 | PA |
| *tolvaptan tab therapy pack 60 & 30 mg* | 4 | PA |
| *tolvaptan tab therapy pack 90 & 30 mg* | 4 | PA |
| VEOZAH TABS 45mg | 3 | QL (30 tabs / 30 days), PA |
| VIJOICE PACK 50mg | 4 | QL (28 packets / 28 days), PA |
| VIJOICE TBPK 50mg, 125mg | 4 | QL (28 tabs / 28 days), PA |
| VIJOICE TAB 250MG | 4 | QL (56 tabs / 28 days), PA |
| VIMIZIM SOLN 5mg/5ml | 4 | PA |
| VOXZOGO SOLR .4mg, .56mg, 1.2mg | 4 | PA |
| VPRIV SOLR 400unit | 4 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| VYKAT XR TB24 25mg | 4 | QL (120 tabs / 30 days), PA |
| VYKAT XR TB24 75mg | 4 | QL (30 tabs / 30 days), PA |
| VYKAT XR TB24 150mg | 4 | QL (90 tabs / 30 days), PA |
| WEGOVY SOAJ .25mg/0.5ml, .5mg/0.5ml, 1mg/0.5ml, 1.7mg/0.75ml, 2.4mg/0.75ml | 2 | QL (4 pens / 28 days), PA |
| WEGOVY TABS 1.5mg, 4mg, 9mg, 25mg | 2 | QL (30 tabs / 30 days), PA |
| XENPOZYME SOLR 4mg, 20mg | 4 | PA |
| *yargesa* CAPS 100mg | 4 | QL (90 caps / 30 days), PA |
| YUVIWEL SOLR 1.3mg, 2.8mg, 5.5mg | 4 | PA |
| ZAVESCA CAPS 100mg | 4 | QL (90 caps / 30 days), PA |
| *zelvysia* PACK 100mg, 500mg | 4 | PA |
| ZOMACTON SOLR 5mg | 3 | PA |
| ***PHOSPHATE BINDER AGENTS*** | | |
| *calcium acetate (phosphate binder)* CAPS 667mg | 1 | B/D, QL (360 caps / 30 days) |
| *sevelamer carbonate* TABS 800mg | 1 | B/D, QL (540 tabs / 30 days) |
| ***PROGESTINS*** | | |
| CRINONE GEL 8% | 3 | PA |
| *gallifrey* TABS 5mg | 1 | |
| *medroxyprogesterone acetate* TABS 2.5mg, 5mg, 10mg | 1 | |
| *megestrol acetate* SUSP 40mg/ml | 2 | |
| *megestrol acetate (appetite)* SUSP 625mg/5ml | 3 | PA |
| *norethindrone acetate* TABS 5mg | 1 | |
| *progesterone* CAPS 100mg, 200mg | 1 | |
| PROMETRIUM CAPS 100mg, 200mg | 3 | |
| PROVERA TABS 2.5mg, 5mg, 10mg | 3 | |
| ***THYROID AGENTS*** | | |
| CYTOMEL TABS 5mcg, 25mcg, 50mcg | 3 | |
| *levothyroxine sodium* CAPS 13mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg | 1 | ST |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *levothyroxine sodium* TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | 1 | |
| *levoxyl* TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg | 1 | |
| *liomny* TABS 5mcg, 25mcg, 50mcg | 1 | |
| *liothyronine sodium* TABS 5mcg, 25mcg, 50mcg | 1 | |
| *methimazole* TABS 5mg, 10mg | 1 | |
| *propylthiouracil* TABS 50mg | 1 | |
| SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | 3 | |
| THYQUIDITY SOLN 100mcg/5ml | 3 | |
| TIROSINT CAPS 13mcg, 25mcg, 37.5mcg, 44mcg, 50mcg, 62.5mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg | 3 | ST |
| TIROSINT-SOL SOLN 13mcg/ml, 25mcg/ml, 37.5mcg/ml, 44mcg/ml, 50mcg/ml, 62.5mcg/ml, 75mcg/ml, 88mcg/ml, 100mcg/ml, 112mcg/ml, 125mcg/ml, 137mcg/ml, 150mcg/ml, 175mcg/ml, 200mcg/ml | 3 | |
| *unithroid* TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | 1 | |
| ***VITAMIN D ANALOGS*** | | |
| *calcitriol* CAPS .25mcg, .5mcg | 1 | B/D |
| *calcitriol (oral)* SOLN 1mcg/ml | 1 | B/D |
| *doxercalciferol* CAPS .5mcg, 1mcg, 2.5mcg | 1 | B/D |
| *paricalcitol* CAPS 1mcg, 2mcg, 4mcg | 1 | B/D |
| RAYALDEE CPCR 30mcg | 4 | |
| ROCALTROL CAPS .25mcg, .5mcg; SOLN 1mcg/ml | 3 | B/D |
| **GASTROINTESTINAL** | | |
| ***ANTIEMETICS*** | | |
| AKYNZEO CAP 300-0.5 | 3 | B/D |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| AKYNZEO INJ 235-0.25MG/20ML | 3 | |
| APONVIE EMUL 32mg/4.4ml | 3 | |
| *aprepitant* CAPS 40mg, 80mg | 1 | B/D |
| *aprepitant* CAPS 125mg | 4 | B/D |
| *aprepitant capsule therapy pack 80 & 125 mg* | 1 | B/D |
| BONJESTA TAB 20-20MG | 3 | |
| CINVANTI EMUL 130mg/18ml | 3 | |
| *compro* SUPP 25mg | 1 | |
| DICLEGIS TAB 10-10MG | 3 | |
| DIMENHYDRINATE SOLN 50mg/ml | 3 | |
| *doxylamine-pyridoxine tab delayed release 10-10 mg* | 3 | |
| *dronabinol* CAPS 2.5mg, 5mg, 10mg | 1 | B/D, QL (60 caps / 30 days) |
| EMEND SOLR 150mg | 3 | |
| EMEND SUSR 125mg/5ml | 4 | B/D |
| EMEND BIPACK CAPS 80mg | 3 | B/D |
| EMEND TRIPAC CAP 125 & 80 | 3 | B/D |
| FOCINVEZ SOLN 150mg/50ml | 3 | |
| *fosaprepitant dimeglumine* SOLR 150mg | 1 | |
| GIMOTI SOLN 15mg/act | 4 | PA |
| *granisetron hcl* SOLN 1mg/ml, 4mg/4ml | 1 | |
| *granisetron hcl* TABS 1mg | 1 | B/D |
| GRANISOL SOLN 2mg/10ml | 4 | B/D |
| MARINOL CAPS 2.5mg | 3 | B/D, QL (60 caps / 30 days) |
| *meclizine hcl* CHEW 25mg | 1 | QL (120 tabs / 30 days), PA; PA applies if 65 years and older after a 30 day supply in a calendar year |
| *meclizine hcl* TABS 12.5mg, 25mg | 1 | PA; PA applies if 65 years and older after a 30 day supply in a calendar year |
| *meclizine hcl* TABS 50mg | 1 | QL (60 tabs / 30 days), PA; PA applies if 65 years and older after a 30 day supply in a calendar year |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *metoclopramide hcl* SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg | 1 | |
| NAVITRUX SOLR 150mg | 3 | |
| NEREUS CAPS 85mg | 4 | QL (16 caps / 30 days) |
| *ondansetron* TBDP 4mg, 8mg | 1 | B/D |
| *ondansetron* TBDP 16mg | 4 | B/D |
| *ondansetron hcl* SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml | 1 | |
| *ondansetron hcl* SOLN 4mg/5ml; TABS 4mg, 8mg | 1 | B/D |
| *palonosetron hcl* SOLN .25mg/5ml; SOSY .25mg/5ml | 1 | |
| PHENERGAN SOLN 25mg/ml, 50mg/ml | 3 | PA; PA applies if 65 years and older after a 30 day supply in a calendar year |
| POSFREA SOLN .25mg/5ml | 3 | |
| *prochlorperazine* SUPP 25mg | 1 | |
| *prochlorperazine edisylate* SOLN 10mg/2ml | 1 | |
| *prochlorperazine maleate* TABS 5mg, 10mg | 1 | |
| *promethazine hcl* SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml; SUPP 12.5mg, 25mg | 3 | PA; PA applies if 65 years and older after a 30 day supply in a calendar year |
| *promethazine hcl* TABS 12.5mg, 25mg, 50mg | 1 | PA; PA applies if 65 years and older after a 30 day supply in a calendar year |
| *promethegan* SUPP 12.5mg, 25mg, 50mg | 3 | PA; PA applies if 65 years and older after a 30 day supply in a calendar year |
| REGLAN TABS 5mg, 10mg | 3 | |
| SANCUSO PTCH 3.1mg/24hr | 4 | QL (4 patches / 28 days) |
| *scopolamine* PT72 1mg/3days | 3 | QL (10 patches / 30 days) |
| TRANSDERM SCOP PT72 1mg/3days | 3 | QL (10 patches / 30 days) |
| *trimethobenzamide hcl* CAPS 300mg | 1 | |
| VARUBI TBPK 90mg | 3 | B/D |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***ANTISPASMODICS*** | | |
| *atropine sulfate* SOSY 1mg/10ml | 3 | |
| ATROPINE SULFATE SOSY .25mg/5ml, 1mg/10ml | 3 | |
| CUVPOSA SOLN 1mg/5ml | 3 | |
| *dicyclomine hcl* CAPS 10mg; TABS 20mg | 2 | PA; PA applies if 65 years and older |
| *dicyclomine hcl* SOLN 10mg/5ml, 10mg/ml; TABS 40mg | 3 | PA; PA applies if 65 years and older |
| GLYCATE TABS 1.5mg | 4 | QL (90 tabs / 30 days), ST |
| *glycopyrrolate* SOLN .2mg/ml, .4mg/2ml, 1mg/5ml, 4mg/20ml; SOSY .2mg/ml, .4mg/2ml | 1 | |
| GLYCOPYRROLATE TABS 1.5mg | 4 | QL (90 tabs / 30 days), ST |
| *glycopyrrolate* TABS 1mg | 1 | QL (90 tabs / 30 days) |
| *glycopyrrolate* TABS 2mg | 1 | QL (120 tabs / 30 days) |
| *glycopyrrolate (oral)* SOLN 1mg/5ml | 1 | |
| *methscopolamine bromide* TABS 2.5mg, 5mg | 3 | PA; PA applies if 65 years and older |
| ***H2-RECEPTOR ANTAGONISTS*** | | |
| *cimetidine* TABS 200mg, 300mg, 400mg, 800mg | 1 | |
| *cimetidine hcl* SOLN 300mg/5ml | 1 | QL (1200 mL / 30 days) |
| *famotidine* SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml; TABS 20mg, 40mg | 1 | |
| *famotidine in nacl 0.9% iv soln 20 mg/50ml* | 1 | |
| *nizatidine* CAPS 150mg, 300mg | 1 | |
| PEPCID TABS 20mg, 40mg | 3 | |
| *ranitidine hcl* TABS 150mg, 300mg | 1 | |
| ***INFLAMMATORY BOWEL DISEASE*** | | |
| APRISO CP24 .375gm | 3 | QL (120 caps / 30 days) |
| AZULFIDINE TABS 500mg | 3 | |
| AZULFIDINE EN-TABS TBEC 500mg | 3 | |
| *balsalazide disodium* CAPS 750mg | 1 | |
| *budesonide* CPEP 3mg | 1 | QL (90 caps / 30 days) |
| *budesonide* TB24 9mg | 1 | QL (30 tabs / 30 days), PA |
| *budesonide (intrarectal)* FOAM 2mg | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| CANASA SUPP 1000mg | 4 | QL (30 suppositories / 30 days) |
| CORTENEMA ENEM 100mg/60ml | 3 | |
| DIPENTUM CAPS 250mg | 4 | |
| *hydrocortisone (intrarectal)* ENEM 100mg/60ml | 1 | |
| LIALDA TBEC 1.2gm | 3 | QL (120 tabs / 30 days) |
| *mesalamine* CP24 .375gm | 1 | QL (120 caps / 30 days) |
| *mesalamine* CPCR 250mg | 1 | QL (480 caps / 30 days) |
| *mesalamine* CPCR 500mg | 1 | QL (240 caps / 30 days) |
| *mesalamine* CPDR 400mg | 1 | QL (180 caps / 30 days) |
| *mesalamine* ENEM 4gm | 1 | QL (1680 mL / 28 days) |
| *mesalamine* SUPP 1000mg | 1 | QL (30 suppositories / 30 days) |
| *mesalamine* TBEC 1.2gm | 1 | QL (120 tabs / 30 days) |
| *mesalamine* TBEC 800mg | 1 | QL (180 tabs / 30 days) |
| *mesalamine w/ cleanser* KIT 4gm | 1 | QL (28 bottles / 28 days) |
| PENTASA CPCR 250mg | 3 | QL (480 caps / 30 days) |
| PENTASA CPCR 500mg | 3 | QL (240 caps / 30 days) |
| ROWASA KIT 4gm | 4 | QL (28 bottles / 28 days) |
| *sulfasalazine* TABS 500mg; TBEC 500mg | 1 | |
| UCERIS FOAM 2mg/act | 3 | |
| UCERIS TB24 9mg | 4 | QL (30 tabs / 30 days), PA |
| ***LAXATIVES*** | | |
| CLENPIQ SOL 10 MG-3.5 GM-12 GM/175ML | 3 | |
| *constulose* SOLN 10gm/15ml | 1 | |
| *enulose* SOLN 10gm/15ml | 1 | |
| *gavilyte-c* | 1 | |
| *gavilyte-g* | 1 | |
| *gavilyte-n/flavor pack* | 1 | |
| *generlac* SOLN 10gm/15ml | 1 | |
| GOLYTELY SOL | 3 | |
| *kristalose* PACK 10gm | 1 | QL (30 packets / 30 days), PA |
| *kristalose* PACK 20gm | 1 | QL (60 packets / 30 days), PA |
| *lactulose* PACK 10gm | 4 | QL (30 packets / 30 days), PA |

You can find information on what the symbols and abbreviations on this table mean by going to the page prior to the start of the drug list



Puede encontrar información sobre el significado de los símbolos y abreviaturas que se encuentran en esta tabla si va a la página antes del comienzo de la lista de medicamentos

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *lactulose* PACK 20gm | 4 | QL (60 packets / 30 days), PA |
| *lactulose* SOLN 10gm/15ml | 1 | |
| *lactulose (encephalopathy)* SOLN 10gm/15ml | 1 | |
| MOVIPREP SOL | 3 | |
| *peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm* | 1 | |
| *peg 3350-kcl-sod bicarb-nacl for soln 420 gm* | 1 | |
| *peg-3350/electrolytes/asc* | 1 | |
| *sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml* | 1 | |
| SUFLAVE SOL | 3 | |
| SUPREP BOWEL SOL PREP KIT | 3 | |
| SUTAB TAB | 3 | |
| ***MISCELLANEOUS*** | | |
| *alosetron hcl* TABS .5mg, 1mg | 1 | QL (60 tabs / 30 days), PA |
| AMITIZA CAPS 8mcg, 24mcg | 3 | QL (60 caps / 30 days) |
| *amoxicil cap &clarithro tab &lansopraz cap dr 500 &500 &30mg* | 1 | |
| *bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg* | 1 | |
| BYLVAY CAPS 400mcg, 1200mcg | 4 | PA |
| BYLVAY (PELLETS) CPSP 200mcg, 600mcg | 4 | PA |
| CARAFATE TABS 1gm | 3 | |
| CHOLBAM CAPS 50mg, 250mg | 4 | PA |
| CREON CAP 3000UNIT | 2 | |
| CREON CAP 6000UNIT | 2 | |
| CREON CAP 12000UNT | 2 | |
| CREON CAP 24000UNT | 2 | |
| CREON CAP 36000UNT | 2 | |
| *cromolyn sodium (mastocytosis)* CONC 100mg/5ml | 1 | |
| CYTOTEC TABS 100mcg, 200mcg | 3 | |
| *diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml* | 3 | |
| *diphenoxylate w/ atropine tab 2.5-0.025 mg* | 3 | |
| EOHILIA SUSP 2mg/10ml | 4 | QL (600 mL / 30 days), PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| GASTROCROM CONC 100mg/5ml | 4 | |
| GATTEX KIT 5mg | 4 | PA |
| IBSRELA TABS 50mg | 4 | QL (60 tabs / 30 days), PA |
| IQIRVO TABS 80mg | 4 | QL (30 tabs / 30 days), PA |
| LINZESS CAPS 72mcg, 145mcg, 290mcg | 2 | QL (30 caps / 30 days) |
| LIVDELZI CAPS 10mg | 4 | QL (30 caps / 30 days), PA |
| LIVMARLI SOLN 9.5mg/ml, 19mg/ml; TABS 10mg, 15mg, 20mg, 30mg | 4 | PA |
| LOMOTIL TAB 2.5MG | 3 | |
| *loperamide hcl* CAPS 2mg | 1 | |
| LOTRONEX TABS .5mg, 1mg | 4 | QL (60 tabs / 30 days), PA |
| *lubiprostone* CAPS 8mcg, 24mcg | 1 | QL (60 caps / 30 days) |
| LYNAVOY TABS 40mg | 4 | QL (60 tabs / 30 days), PA |
| *misoprostol* TABS 100mcg, 200mcg | 1 | |
| MOTEGRITY TABS 1mg, 2mg | 3 | |
| MOVANTIK TABS 12.5mg, 25mg | 2 | QL (30 tabs / 30 days) |
| PANCREAZE CAP 2600UNIT | 3 | |
| PANCREAZE CAP 4200UNIT | 3 | |
| PANCREAZE CAP 10500UNT | 3 | |
| PANCREAZE CAP 16800UNT | 3 | |
| PANCREAZE CAP 21000UNT | 3 | |
| PANCREAZE CAP 37000 | 3 | |
| PERTZYE CAP 4000UNIT | 3 | |
| PERTZYE CAP 8000UNIT | 3 | |
| PERTZYE CAP 16000U | 3 | |
| PERTZYE CAP 24000U | 3 | |
| *prucalopride succinate* TABS 1mg, 2mg | 1 | |
| PYLERA CAP | 3 | |
| REBYOTA SUSP 150ml | 4 | QL (150 mL / 30 days), PA |
| RELISTOR SOLN 12mg/0.6ml | 4 | QL (28 vials / 28 days), PA |
| RELISTOR SOSY 8mg/0.4ml, 12mg/0.6ml | 4 | QL (28 syringes / 28 days), PA |
| RELISTOR TABS 150mg | 4 | QL (90 tabs / 30 days), PA |
| RELTONE CAPS 200mg, 400mg | 4 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| SUCRAID SOLN 8500unit/ml | 4 | PA |
| *sucralfate* SUSP 1gm/10ml | 1 | ST |
| *sucralfate* TABS 1gm | 1 | |
| SYMPROIC TABS .2mg | 3 | QL (30 tabs / 30 days) |
| TALICIA CAP | 2 | |
| TRULANCE TABS 3mg | 3 | QL (30 tabs / 30 days) |
| URSODIOL CAPS 200mg, 400mg | 4 | PA |
| *ursodiol* CAPS 300mg; TABS 250mg, 500mg | 1 | |
| URSOLIGN CAPS 150mg | 4 | PA |
| VIBERZI TABS 75mg, 100mg | 4 | PA |
| VIOKACE TAB 10440 | 3 | |
| VIOKACE TAB 20880 | 3 | |
| VOQUEZNA PAK DUAL PAK | 2 | QL (2 kits / year), PA |
| VOQUEZNA PAK TRIP PK | 2 | QL (2 kits / year), PA |
| VOWST CAP | 4 | QL (12 caps / 30 days), PA |
| XERMELO TABS 250mg | 4 | QL (84 tabs / 28 days), PA |
| XIFAXAN TABS 550mg | 2 | PA |
| ZENPEP CAP 3000UNIT | 2 | |
| ZENPEP CAP 5000UNIT | 2 | |
| ZENPEP CAP 10000UNT | 2 | |
| ZENPEP CAP 15000UNT | 2 | |
| ZENPEP CAP 20000UNT | 2 | |
| ZENPEP CAP 25000UNT | 2 | |
| ZENPEP CAP 40000UNT | 2 | |
| ZENPEP CAP 60000UNT | 2 | |
| ***PROTON PUMP INHIBITORS*** | | |
| ACIPHEX TBEC 20mg | 4 | QL (30 tabs / 30 days), ST |
| DEXILANT CPDR 30mg, 60mg | 3 | QL (30 caps / 30 days) |
| *dexlansoprazole* CPDR 30mg, 60mg | 1 | QL (30 caps / 30 days) |
| *esomeprazole magnesium* CPDR 20mg, 40mg | 1 | QL (30 caps / 30 days), ST |
| *esomeprazole magnesium* PACK 2.5mg, 5mg | 1 | |
| *esomeprazole magnesium* PACK 10mg, 20mg, 40mg | 1 | QL (30 packets / 30 days) |
| *esomeprazole sodium* SOLR 40mg | 1 | |
| KONVOMEP SUS 2-84/ML | 3 | QL (600 mL / 30 days), PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *lansoprazole* CPDR 15mg, 30mg | 1 | QL (60 caps / 30 days) |
| *lansoprazole* TBDD 15mg, 30mg | 1 | QL (60 tabs / 30 days), ST |
| NEXIUM CPDR 20mg, 40mg | 3 | QL (30 caps / 30 days), ST |
| NEXIUM PACK 2.5mg, 5mg | 3 | |
| NEXIUM PACK 10mg, 20mg, 40mg | 3 | QL (30 packets / 30 days) |
| *omeprazole* CPDR 10mg, 20mg, 40mg | 1 | |
| *omeprazole-sodium bicarbonate cap 20-1100 mg* | 1 | QL (30 caps / 30 days), PA |
| *omeprazole-sodium bicarbonate cap 40-1100 mg* | 1 | QL (30 caps / 30 days), PA |
| *omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg* | 4 | QL (30 packets / 30 days), PA |
| *omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg* | 4 | QL (30 packets / 30 days), PA |
| PANTOPR/NACL SOL 40MG/100 | 3 | |
| PANTOPR/NACL SOL 80MG/100 | 3 | |
| *pantoprazole sodium* PACK 40mg | 1 | QL (30 packets / 30 days), ST |
| PANTOPRAZOLE SODIUM SOLR 40mg | 3 | |
| *pantoprazole sodium* SOLR 40mg; TBEC 20mg, 40mg | 1 | |
| PANTOPRAZOLE SOL 40/50ML | 3 | |
| PREVACID CPDR 30mg | 3 | QL (60 caps / 30 days) |
| PREVACID SOLUTAB TBDD 15mg, 30mg | 3 | QL (60 tabs / 30 days), ST |
| PRILOSEC PACK 2.5mg, 10mg | 3 | PA |
| PROTONIX PACK 40mg | 3 | QL (30 packets / 30 days), ST |
| PROTONIX SOLR 40mg; TBEC 20mg, 40mg | 3 | |
| *rabeprazole sodium* TBEC 20mg | 1 | QL (30 tabs / 30 days) |
| VOQUEZNA TABS 10mg | 3 | QL (30 tabs / 30 days), PA |
| VOQUEZNA TABS 20mg | 3 | QL (60 tabs / 30 days), PA |

## GENITOURINARY

### *BENIGN PROSTATIC HYPERPLASIA*

| | | |
|---|---|---|
| *alfuzosin hcl* TB24 10mg | 1 | QL (30 tabs / 30 days) |
| AVODART CAPS .5mg | 4 | QL (30 caps / 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| CARDURA XL TB24 4mg, 8mg | 3 | QL (30 tabs / 30 days), ST |
| CIALIS TABS 5mg | 3 | QL (30 tabs / 30 days), PA |
| *dutasteride* CAPS .5mg | 1 | QL (30 caps / 30 days) |
| *dutasteride-tamsulosin hcl cap 0.5-0.4 mg* | 1 | QL (30 caps / 30 days) |
| *finasteride* TABS 5mg | 1 | QL (30 tabs / 30 days) |
| JALYN CAP 0.5-0.4 | 3 | QL (30 caps / 30 days) |
| PROSCAR TABS 5mg | 3 | QL (30 tabs / 30 days) |
| *silodosin* CAPS 4mg, 8mg | 1 | QL (30 caps / 30 days) |
| *tadalafil* TABS 5mg | 1 | QL (30 tabs / 30 days), PA |
| *tamsulosin hcl* CAPS .4mg | 1 | QL (60 caps / 30 days) |
| UROXATRAL TB24 10mg | 3 | QL (30 tabs / 30 days) |
| ***MISCELLANEOUS*** | | |
| *acetic acid* SOLN .25% | 1 | |
| *bethanechol chloride* TABS 5mg, 10mg, 25mg, 50mg | 1 | |
| *dimethyl sulfoxide* SOLN 50% | 1 | |
| ELMIRON CAPS 100mg | 3 | QL (90 caps / 30 days) |
| FILSPARI TABS 200mg | 4 | QL (30 tabs / 30 days), PA |
| FILSPARI TABS 400mg | 4 | QL (60 tabs / 30 days), PA |
| INTRAROSA INST 6.5mg | 3 | PA |
| LITHOSTAT TABS 250mg | 3 | |
| *neomycin-polymyxin b gu irrigation soln* | 1 | |
| OXLUMO SOLN 94.5mg/0.5ml | 4 | PA |
| *potassium citrate (alkalinizer)* TBCR 15meq, 540mg, 1080mg | 1 | |
| RIMSO-50 SOLN 50% | 3 | |
| RIVFLOZA SOLN 80mg/0.5ml; SOSY 128mg/0.8ml, 160mg/ml | 4 | PA |
| TARPEYO CPDR 4mg | 4 | QL (120 caps / 30 days), PA |
| THIOLA TABS 100mg | 4 | |
| THIOLA EC TBEC 100mg, 300mg | 4 | |
| *tiopronin* TABS 100mg; TBEC 100mg, 300mg | 4 | |
| TRUTAKNA SOAJ 150mg/ml | 4 | QL (4 pens / 28 days), PA |
| UROCIT-K 10 TBCR 1080mg | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| UROCIT-K 15 TBCR 15meq | 3 | |
| VANRAFIA TABS .75mg | 4 | QL (30 tabs / 30 days), PA |
| *venxxiva* TBEC 100mg, 300mg | 4 | |
| VOYXACT SOSY 400mg/2ml | 4 | QL (1 syringe / 28 days), PA |
| ***URINARY ANTISPASMODICS*** | | |
| *darifenacin hydrobromide* TB24 7.5mg, 15mg | 1 | QL (30 tabs / 30 days), ST |
| *fesoterodine fumarate* TB24 4mg, 8mg | 1 | QL (30 tabs / 30 days) |
| GEMTESA TABS 75mg | 2 | QL (30 tabs / 30 days) |
| *mirabegron* SRER 8mg/ml | 1 | QL (300 mL / 28 days) |
| *mirabegron* TB24 25mg, 50mg | 1 | QL (30 tabs / 30 days) |
| MYRBETRIQ SRER 8mg/ml | 3 | QL (300 mL / 28 days) |
| MYRBETRIQ TB24 25mg, 50mg | 3 | QL (30 tabs / 30 days) |
| *oxybutynin chloride* SOLN 5mg/5ml | 1 | QL (600 mL / 30 days) |
| *oxybutynin chloride* TABS 2.5mg | 1 | QL (90 tabs / 30 days) |
| *oxybutynin chloride* TABS 5mg | 1 | QL (120 tabs / 30 days) |
| *oxybutynin chloride* TB24 5mg | 1 | QL (30 tabs / 30 days) |
| *oxybutynin chloride* TB24 10mg, 15mg | 1 | QL (60 tabs / 30 days) |
| OXYTROL PTTW 3.9mg/24hr | 3 | QL (8 patches / 28 days), ST |
| *solifenacin succinate* TABS 5mg, 10mg | 1 | QL (30 tabs / 30 days) |
| *tolterodine tartrate* CP24 2mg, 4mg | 1 | QL (30 caps / 30 days) |
| *tolterodine tartrate* TABS 1mg, 2mg | 1 | QL (60 tabs / 30 days) |
| TOVIAZ TB24 4mg, 8mg | 3 | QL (30 tabs / 30 days) |
| *trospium chloride* CP24 60mg | 1 | QL (30 caps / 30 days) |
| *trospium chloride* TABS 20mg | 1 | QL (60 tabs / 30 days) |
| ***VAGINAL ANTI-INFECTIVES*** | | |
| CLEOCIN CREA 2%; SUPP 100mg | 3 | |
| *clindamycin phosphate vaginal* CREA 2% | 1 | |
| CLINDESSE CREA 2% | 3 | |
| GYNAZOLE-1 CREA 2% | 3 | |
| *metronidazole vaginal* GEL .75% | 1 | |
| *miconazole 3* SUPP 200mg | 1 | |
| NUVESSA GEL 1.3% | 3 | |
| *terconazole vaginal* CREA .4%, .8%; SUPP 80mg | 1 | |
| XACIATO GEL 2% | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **HEMATOLOGIC** | | |
| ***ANTICOAGULANTS*** | | |
| ARIXTRA SOLN 2.5mg/0.5ml | 3 | |
| ARIXTRA SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml | 4 | |
| *dabigatran etexilate mesylate* CAPS 75mg, 150mg | 1 | QL (60 caps / 30 days) |
| *dabigatran etexilate mesylate* CAPS 110mg | 1 | QL (120 caps / 30 days) |
| ELIQUIS CPSP .15mg | 2 | QL (56 caps / 21 days) |
| ELIQUIS TABS 2.5mg | 2 | QL (60 tabs / 30 days) |
| ELIQUIS TABS 5mg | 2 | QL (74 tabs / 30 days) |
| ELIQUIS TBSO .5mg | 2 | QL (588 tabs / 29 days) |
| ELIQUIS (1.5MG PACK) 3 X TBSO .5mg | 2 | QL (591 tabs / 29 days) |
| ELIQUIS (2MG PACK) 4 X TBSO .5mg | 2 | QL (592 tabs / 30 days) |
| ELIQUIS STARTER PACK TBPK 5mg | 2 | QL (74 tabs / 30 days) |
| *enoxaparin sodium* SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml | 1 | |
| *fondaparinux sodium* SOLN 2.5mg/0.5ml | 1 | |
| *fondaparinux sodium* SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml | 4 | |
| FRAGMIN SOLN 10000unit/4ml; SOSY 2500unit/0.2ml | 3 | |
| FRAGMIN SOLN 95000unit/3.8ml; SOSY 5000unit/0.2ml, 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml | 4 | |
| HEP SOD/D5W INJ 20000UNT | 3 | |
| HEP SOD/D5W INJ 25000UNT | 3 | |
| HEP SOD/NACL INJ 12500UNT | 3 | |
| HEP SOD/NACL INJ 25000UNT | 3 | |
| HEPARIN SODIUM SOLN 5000unit/ml; SOSY 5000unit/0.5ml | 3 | B/D |
| *heparin sodium (porcine)* SOLN 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml | 1 | B/D |
| HEPARIN/NACL INJ 25000UNT | 3 | |
| *jantoven* TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| LOVENOX SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml | 3 | |
| LOVENOX SOSY 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml | 4 | |
| PRADAXA CAPS 75mg, 150mg | 3 | QL (60 caps / 30 days) |
| PRADAXA CAPS 110mg | 3 | QL (120 caps / 30 days) |
| PRADAXA PACK 20mg, 150mg | 4 | QL (60 packets / 30 days), PA |
| PRADAXA PACK 30mg, 40mg, 50mg, 110mg | 4 | QL (120 packets / 30 days), PA |
| *rivaroxaban* SUSR 1mg/ml | 1 | QL (620 mL / 30 days) |
| *rivaroxaban* TABS 2.5mg | 1 | QL (60 tabs / 30 days) |
| *warfarin sodium* TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg | 1 | |
| XARELTO SUSR 1mg/ml | 4 | QL (620 mL / 30 days) |
| XARELTO TABS 2.5mg | 3 | QL (60 tabs / 30 days) |
| XARELTO TABS 10mg, 15mg, 20mg | 2 | QL (30 tabs / 30 days) |
| XARELTO STAR TAB 15/20MG | 2 | QL (51 tabs / 30 days) |
| ***HEMATOPOIETIC GROWTH FACTORS*** | | |
| ARANESP ALBUMIN FREE SOLN 25mcg/ml, 40mcg/ml, 60mcg/ml; SOSY 10mcg/0.4ml, 25mcg/0.42ml, 40mcg/0.4ml | 2 | PA |
| ARANESP ALBUMIN FREE SOLN 100mcg/ml, 200mcg/ml; SOSY 60mcg/0.3ml, 100mcg/0.5ml, 150mcg/0.3ml, 200mcg/0.4ml, 300mcg/0.6ml, 500mcg/ml | 4 | PA |
| ARMLUPEG SOSY 6mg/0.6ml | 4 | QL (2 syringes / 28 days), PA |
| EPOGEN SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml | 3 | PA |
| EPOGEN SOLN 20000unit/ml | 4 | PA |
| FILKRI SOSY 300mcg/0.5ml, 480mcg/0.8ml | 4 | PA |
| FULPHILA SOSY 6mg/0.6ml | 4 | QL (2 syringes / 28 days), PA |
| FYLNETRA SOSY 6mg/0.6ml | 4 | QL (2 syringes / 28 days), PA |
| GRANIX SOLN 300mcg/ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml | 4 | PA |
| LEUKINE SOLR 250mcg | 4 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| MIRCERA SOSY 30mcg/0.3ml, 50mcg/0.3ml, 75mcg/0.3ml, 100mcg/0.3ml, 120mcg/0.3ml, 150mcg/0.3ml, 200mcg/0.3ml | 3 | PA |
| MOZOBIL SOLN 24mg/1.2ml | 4 | PA |
| NEULASTA SOLN 4mg/0.4ml | 4 | PA |
| NEULASTA SOSY 6mg/0.6ml | 4 | QL (2 syringes / 28 days), PA |
| NEULASTA ONPRO KIT SOSY 6mg/0.6ml | 4 | QL (2 syringes / 28 days), PA |
| NEUPOGEN SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml | 4 | PA |
| NIVESTYM SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml | 4 | PA |
| NPLATE SOLR 125mcg, 250mcg, 500mcg | 4 | PA |
| NYPOZI SOSY 300mcg/0.5ml, 480mcg/0.8ml | 4 | PA |
| NYVEPRIA SOSY 6mg/0.6ml | 4 | QL (2 syringes / 28 days), PA |
| *plerixafor* SOLN 24mg/1.2ml | 4 | PA |
| PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml | 2 | PA |
| PROCRIT SOLN 20000unit/ml, 40000unit/ml | 4 | PA |
| RELEUKO SOSY 300mcg/0.5ml, 480mcg/0.8ml | 4 | PA |
| RETACRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/2ml, 20000unit/ml | 3 | PA |
| RETACRIT SOLN 40000unit/ml | 4 | PA |
| ROLVEDON SOSY 13.2mg/0.6ml | 4 | QL (2 syringes / 28 days), PA |
| RYZNEUTA SOSY 20mg/ml | 4 | QL (2 syringes / 28 days), PA |
| STIMUFEND SOSY 6mg/0.6ml | 4 | QL (2 syringes / 28 days), PA |
| UDENYCA SOAJ 6mg/0.6ml | 4 | QL (2 pens / 28 days), PA |
| UDENYCA SOSY 6mg/0.6ml | 4 | QL (2 syringes / 28 days), PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| UDENYCA ONBODY SOSY 6mg/0.6ml | 4 | QL (2 syringes / 28 days), PA |
| XOLREMDI CAPS 100mg | 4 | QL (120 caps / 30 days), PA |
| ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml | 4 | PA |
| ZIEXTENZO SOSY 6mg/0.6ml | 4 | QL (2 syringes / 28 days), PA |
| ***MISCELLANEOUS*** | | |
| ADAKVEO SOLN 100mg/10ml | 4 | PA |
| ADZYNMA KIT 500unit, 1500unit | 4 | PA |
| AGRYLIN CAPS .5mg | 3 | |
| ALVAIZ TABS 9mg, 54mg | 4 | QL (60 tabs / 30 days), PA |
| ALVAIZ TABS 18mg, 36mg | 4 | QL (90 tabs / 30 days), PA |
| *aminocaproic acid* SOLN .25gm/ml; TABS 500mg, 1000mg | 1 | |
| *anagrelide hcl* CAPS .5mg, 1mg | 1 | |
| ANDEMBRY SOAJ 200mg/1.2ml | 4 | QL (13 pens / 365 days), PA |
| AQVESME TABS 100mg | 4 | QL (56 tabs / 28 days), PA |
| BERINERT KIT 500unit | 4 | QL (24 kits / 30 days), PA |
| BKEMV SOLN 300mg/30ml | 4 | PA |
| CABLIVI KIT 11mg | 4 | PA |
| *cilostazol* TABS 50mg, 100mg | 1 | |
| CINRYZE SOLR 500unit | 4 | QL (20 vials / 30 days), PA |
| DAWNZERA SOAJ 80mg/0.8ml | 4 | QL (1 pen / 28 days), PA |
| DOPTELET TABS 20mg | 4 | PA |
| DOPTELET SPRINKLE CPSP 10mg | 4 | PA |
| DROXIA CAPS 200mg, 300mg, 400mg | 3 | |
| EKTERLY TABS 300mg | 4 | QL (12 tabs / 30 days), PA |
| *eltrombopag olamine* PACK 12.5mg | 4 | QL (120 packets / 30 days), PA |
| *eltrombopag olamine* PACK 25mg | 4 | QL (180 packets / 30 days), PA |
| *eltrombopag olamine* TABS 12.5mg, 25mg | 4 | QL (30 tabs / 30 days), PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *eltrombopag olamine* TABS 50mg, 75mg | 4 | QL (60 tabs / 30 days), PA |
| EMPAVELI SOLN 1080mg/20ml | 4 | QL (200 mL / 30 days), PA |
| ENDARI PACK 5gm | 4 | PA |
| ENJAYMO SOLN 1100mg/22ml | 4 | PA |
| EPYSQLI SOLN 300mg/30ml | 4 | PA |
| FABHALTA CAPS 200mg | 4 | QL (60 caps / 30 days), PA |
| FIRAZYR SOSY 30mg/3ml | 4 | QL (9 syringes / 30 days), PA |
| GIVLAARI SOLN 189mg/ml | 4 | PA |
| HAEGARDA SOLR 2000unit | 4 | QL (30 vials / 30 days), PA |
| HAEGARDA SOLR 3000unit | 4 | QL (20 vials / 30 days), PA |
| *icatibant acetate* SOSY 30mg/3ml | 4 | QL (9 syringes / 30 days), PA |
| KALBITOR SOLN 10mg/ml | 4 | QL (18 mL / 30 days), PA |
| *l-glutamine (sickle cell)* PACK 5gm | 4 | PA |
| MULPLETA TABS 3mg | 4 | PA |
| ORLADEYO CAPS 110mg, 150mg | 4 | QL (28 caps / 28 days), PA |
| ORLADEYO PACK 72mg, 96mg, 108mg, 132mg | 4 | QL (28 packets / 28 days), PA |
| *pentoxifylline* TBCR 400mg | 1 | |
| PIASKY SOLN 340mg/2ml | 4 | PA |
| PROMACTA PACK 12.5mg | 4 | QL (120 packets / 30 days), PA |
| PROMACTA PACK 25mg | 4 | QL (180 packets / 30 days), PA |
| PROMACTA TABS 12.5mg, 25mg | 4 | QL (30 tabs / 30 days), PA |
| PROMACTA TABS 50mg, 75mg | 4 | QL (60 tabs / 30 days), PA |
| PYRUKYND TABS 5mg, 20mg, 50mg | 4 | QL (56 tabs / 28 days), PA |
| PYRUKYND TAB 20MGX5MG | 4 | QL (14 tabs / 14 days), PA |
| PYRUKYND TAB 50MGX20M | 4 | QL (14 tabs / 14 days), PA |
| PYRUKYND TAPER PACK TBPK 5mg | 4 | QL (7 tabs / 7 days), PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| REBLOZYL SOLR 25mg, 75mg | 4 | PA |
| RUCONEST SOLR 2100unit | 4 | QL (12 vials / 30 days), PA |
| RYTELO SOLR 47mg, 188mg | 4 | PA |
| *sajazir* SOSY 30mg/3ml | 4 | QL (9 syringes / 30 days), PA |
| SIKLOS TABS 100mg | 3 | |
| SIKLOS TABS 1000mg | 4 | |
| SOLIRIS SOLN 300mg/30ml | 4 | PA |
| TAKHZYRO SOSY 150mg/ml, 300mg/2ml | 4 | QL (2 syringes / 28 days), PA |
| TAVALISSE TABS 100mg, 150mg | 4 | QL (60 tabs / 30 days), PA |
| TAVNEOS CAPS 10mg | 4 | QL (180 caps / 30 days), PA |
| *tranexamic acid* SOLN 1000mg/10ml; TABS 650mg | 1 | |
| *tranexamic acid-sodium chloride iv soln 1000 mg/100ml-0.7%* | 1 | |
| ULTOMIRIS SOLN 300mg/3ml, 1100mg/11ml | 4 | PA |
| VOYDEYA TABS 100mg | 4 | QL (180 tabs / 30 days), PA |
| VOYDEYA TAB 50-100MG | 4 | QL (180 tabs / 30 days), PA |
| WAYRILZ TABS 400mg | 4 | QL (60 tabs / 30 days), PA |
| XROMI SOLN 100mg/ml | 3 | |
| ***PLATELET AGGREGATION INHIBITORS*** | | |
| *aspirin-dipyridamole cap er 12hr 25-200 mg* | 1 | |
| BRILINTA TABS 60mg, 90mg | 3 | |
| *clopidogrel bisulfate* TABS 75mg, 300mg | 1 | |
| *dipyridamole* TABS 25mg, 50mg, 75mg | 3 | PA; PA applies if 65 years and older |
| EFFIENT TABS 5mg, 10mg | 3 | |
| PLAVIX TABS 75mg | 3 | |
| *prasugrel hcl* TABS 5mg, 10mg | 1 | |
| *ticagrelor* TABS 60mg, 90mg | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **IMMUNOLOGIC AGENTS** | | |
| ***AUTOIMMUNE AGENTS*** | | |
| ACTEMRA SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml | 4 | PA |
| ACTEMRA SOSY 162mg/0.9ml | 4 | QL (4 syringes / 28 days), PA |
| ACTEMRA ACTPEN SOAJ 162mg/0.9ml | 4 | QL (4 pens / 28 days), PA |
| ADALIMUMAB-BWWD SOAJ 40mg/0.4ml | 4 | QL (6 pens / 28 days), PA |
| ADALIMUMAB-BWWD SOSY 40mg/0.4ml | 4 | QL (6 syringes / 28 days), PA |
| ADBRY SOAJ 300mg/2ml | 4 | QL (28 pens / 365 days), PA |
| ADBRY SOSY 150mg/ml | 4 | QL (56 syringes / 365 days), PA |
| AVSOLA SOLR 100mg | 4 | PA |
| AVTOZMA SOAJ 162mg/0.9ml | 4 | QL (4 pens / 28 days), PA |
| AVTOZMA SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml | 4 | PA |
| AVTOZMA SOSY 162mg/0.9ml | 4 | QL (4 syringes / 28 days), PA |
| BIMZELX SOAJ 160mg/ml, 320mg/2ml | 4 | QL (2 pens / 28 days), PA |
| BIMZELX SOSY 160mg/ml, 320mg/2ml | 4 | QL (2 syringes / 28 days), PA |
| CIBINQO TABS 50mg, 100mg, 200mg | 4 | QL (30 tabs / 30 days), PA |
| CIMZIA KIT 200mg | 4 | QL (2 kits / 28 days), PA |
| CIMZIA (1 SYRINGE) PSKT 200mg/ml | 4 | QL (4 syringes / 28 days), PA |
| CIMZIA (2 SYRINGE) PSKT 200mg/ml | 4 | QL (4 syringes / 28 days), PA |
| CIMZIA STARTER KIT PSKT 200mg/ml | 4 | QL (2 kits / year), PA |
| COSENTYX SOLN 125mg/5ml | 4 | PA |
| COSENTYX SOSY 75mg/0.5ml | 4 | QL (16 syringes / 365 days), PA |
| COSENTYX SOSY 150mg/ml | 4 | QL (56 syringes / 365 days), PA |
| COSENTYX SENSOREADY PEN SOAJ 150mg/ml | 4 | QL (56 pens / 365 days), PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| COSENTYX UNOREADY SOAJ 300mg/2ml | 4 | QL (28 pens / 365 days), PA |
| DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml | 4 | QL (4 pens / 28 days), PA |
| DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml | 4 | QL (4 syringes / 28 days), PA |
| EBGLYSS SOAJ 250mg/2ml | 4 | QL (20 pens / 365 days), PA |
| EBGLYSS SOSY 250mg/2ml | 4 | QL (20 syringes / 365 days), PA |
| ENBREL SOLN 25mg/0.5ml | 4 | QL (16 vials / 28 days), PA |
| ENBREL SOSY 25mg/0.5ml | 4 | QL (16 syringes / 28 days), PA |
| ENBREL SOSY 50mg/ml | 4 | QL (8 syringes / 28 days), PA |
| ENBREL MINI SOCT 50mg/ml | 4 | QL (8 cartridges / 28 days), PA |
| ENBREL SURECLICK SOAJ 50mg/ml | 4 | QL (8 pens / 28 days), PA |
| ENTYVIO SOLR 300mg | 4 | PA |
| ENTYVIO PEN SOAJ 108mg/0.68ml | 4 | QL (2 pens / 28 days), PA |
| HADLIMA SOSY 40mg/0.4ml, 40mg/0.8ml | 4 | QL (6 syringes / 28 days), PA |
| HADLIMA PUSHTOUCH SOAJ 40mg/0.4ml, 40mg/0.8ml | 4 | QL (6 pens / 28 days), PA |
| HUMIRA PSKT 10mg/0.1ml | 4 | QL (2 syringes / 28 days), PA |
| HUMIRA PSKT 20mg/0.2ml | 4 | QL (4 syringes / 28 days), PA |
| HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml | 4 | QL (6 syringes / 28 days), PA |
| HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml | 4 | QL (6 pens / 28 days), PA |
| HUMIRA PEN AJKT 80mg/0.8ml | 4 | QL (4 pens / 28 days), PA |
| HUMIRA PEN KIT PS/UV | 4 | QL (3 pens / 28 days), PA |
| HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml | 4 | QL (3 pens / 28 days), PA |
| ILUMYA SOSY 100mg/ml | 4 | QL (6 syringes / 365 days), PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| INFLECTRA SOLR 100mg | 4 | PA |
| INFLIXIMAB SOLR 100mg | 4 | PA |
| KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml | 4 | QL (2 pens / 28 days), PA |
| KEVZARA SOSY 200mg/1.14ml | 4 | QL (2 syringes / 28 days), PA |
| KINERET SOSY 100mg/0.67ml | 4 | QL (28 syringes / 28 days), PA |
| LEQSELVI TABS 8mg | 4 | QL (60 tabs / 30 days), PA |
| LITFULO CAPS 50mg | 4 | QL (28 caps / 28 days), PA |
| NEMLUVIO AUIJ 30mg | 4 | QL (2 pens / 28 days), PA |
| OLUMIANT TABS 1mg, 2mg, 4mg | 4 | QL (30 tabs / 30 days), PA |
| OMVOH SOAJ 200mg/2ml | 4 | QL (1 pen / 28 days), PA |
| OMVOH SOLN 300mg/15ml | 4 | PA |
| OMVOH SOSY 200mg/2ml | 4 | QL (1 syringe / 28 days), PA |
| OMVOH SOAJ 100/200 | 4 | QL (2 pens / 28 days), PA |
| OMVOH SOSY 100/200 | 4 | QL (2 syringes / 28 days), PA |
| ORENCIA SOLR 250mg | 4 | PA |
| ORENCIA SOSY 50mg/0.4ml, 87.5mg/0.7ml, 125mg/ml | 4 | QL (4 syringes / 28 days), PA |
| ORENCIA CLICKJECT SOAJ 125mg/ml | 4 | QL (4 pens / 28 days), PA |
| OTEZLA TABS 20mg, 30mg | 4 | QL (60 tabs / 30 days), PA |
| OTEZLA TAB 10/20 | 4 | QL (2 packs / year), PA |
| OTEZLA TAB 10/20/30 | 4 | QL (2 packs / year), PA |
| OTEZLA XR TB24 75mg | 4 | QL (30 tabs / 30 days), PA |
| OTEZLA/XR TAB 28 DAY | 4 | QL (2 packs / year), PA |
| PYZCHIVA SOAJ 45mg/0.5ml | 2 | QL (1 pen / 28 days), PA |
| PYZCHIVA SOAJ 90mg/ml | 4 | QL (1 pen / 28 days), PA |
| PYZCHIVA SOLN 45mg/0.5ml | 2 | QL (1 vial / 28 days), PA |
| PYZCHIVA SOLN 130mg/26ml | 4 | PA |
| PYZCHIVA SOSY 45mg/0.5ml | 2 | QL (1 syringe / 28 days), PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| PYZCHIVA SOSY 90mg/ml | 4 | QL (1 syringe / 28 days), PA |
| REMICADE SOLR 100mg | 4 | PA |
| RENFLEXIS SOLR 100mg | 4 | PA |
| RHAPSIDO TABS 25mg | 4 | QL (60 tabs / 30 days), PA |
| RINVOQ TB24 15mg, 30mg | 4 | QL (30 tabs / 30 days), PA |
| RINVOQ TB24 45mg | 4 | QL (168 tabs / year), PA |
| RINVOQ LQ SOLN 1mg/ml | 4 | QL (360 mL / 30 days), PA |
| SILIQ SOSY 210mg/1.5ml | 4 | QL (3 syringes / 28 days), PA |
| SIMPONI SOAJ 50mg/0.5ml | 4 | QL (6 pens / 28 days), PA |
| SIMPONI SOAJ 100mg/ml | 4 | QL (3 pens / 28 days), PA |
| SIMPONI SOSY 50mg/0.5ml | 4 | QL (6 syringes / 28 days), PA |
| SIMPONI SOSY 100mg/ml | 4 | QL (3 syringes / 28 days), PA |
| SIMPONI ARIA SOLN 50mg/4ml | 4 | PA |
| SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml | 4 | QL (1 cartridge / 56 days), PA |
| SKYRIZI SOLN 600mg/10ml | 4 | PA |
| SKYRIZI SOSY 55mg/0.37ml, 150mg/ml | 4 | QL (6 syringes / 365 days), PA |
| SKYRIZI PEN SOAJ 150mg/ml | 4 | QL (6 pens / 365 days), PA |
| SOTYKTU TABS 6mg | 4 | QL (30 tabs / 30 days), PA |
| STELARA SOLN 45mg/0.5ml | 4 | QL (1 vial / 28 days), PA |
| STELARA SOLN 130mg/26ml | 4 | PA |
| STELARA SOSY 45mg/0.5ml, 90mg/ml | 4 | QL (1 syringe / 28 days), PA |
| TALTZ SOAJ 80mg/ml | 4 | QL (3 pens / 28 days), PA |
| TALTZ SOSY 20mg/0.25ml, 40mg/0.5ml | 4 | QL (1 syringe / 28 days), PA |
| TALTZ SOSY 80mg/ml | 4 | QL (3 syringes / 28 days), PA |
| *tofacitinib citrate* SOLN 1mg/ml | 4 | QL (480 mL / 24 days), PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *tofacitinib citrate* TABS 5mg, 10mg | 4 | QL (60 tabs / 30 days), PA |
| *tofacitinib citrate* TB24 11mg, 22mg | 4 | QL (30 tabs / 30 days), PA |
| TOFIDENCE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml | 4 | PA |
| TREMFYA SOAJ 200mg/2ml | 4 | QL (2 pens / 28 days), PA |
| TREMFYA SOLN 200mg/20ml | 4 | PA |
| TREMFYA SOPN 100mg/ml | 4 | QL (1 pen / 28 days), PA |
| TREMFYA SOSY 100mg/ml | 4 | QL (1 syringe / 28 days), PA |
| TREMFYA SOSY 200mg/2ml | 4 | QL (2 syringes / 28 days), PA |
| TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml | 4 | QL (2 pens / 28 days), PA |
| TREMFYA PEN SOAJ 100mg/ml | 4 | QL (1 pen / 28 days), PA |
| TYENNE SOAJ 162mg/0.9ml | 4 | QL (4 pens / 28 days), PA |
| TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml | 4 | PA |
| TYENNE SOSY 162mg/0.9ml | 4 | QL (4 syringes / 28 days), PA |
| USTEKINUMAB SOLN 45mg/0.5ml | 4 | QL (1 vial / 28 days), PA |
| USTEKINUMAB SOLN 130mg/26ml | 4 | PA |
| USTEKINUMAB SOSY 45mg/0.5ml, 90mg/ml | 4 | QL (1 syringe / 28 days), PA |
| VELSIPITY TABS 2mg | 4 | QL (30 tabs / 30 days), PA |
| XELJANZ SOLN 1mg/ml | 4 | QL (480 mL / 24 days), PA |
| XELJANZ TABS 5mg, 10mg | 4 | QL (60 tabs / 30 days), PA |
| XELJANZ XR TB24 11mg, 22mg | 4 | QL (30 tabs / 30 days), PA |
| YESINTEK SOLN 45mg/0.5ml | 2 | QL (1 vial / 28 days), PA |
| YESINTEK SOLN 130mg/26ml | 2 | PA |
| YESINTEK SOSY 45mg/0.5ml | 2 | QL (1 syringe / 28 days), PA |
| YESINTEK SOSY 90mg/ml | 4 | QL (1 syringe / 28 days), PA |
| ZYMFENTRA 2-PEN AJKT 120mg/ml | 4 | QL (2 pens / 28 days), PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ZYMFENTRA 2-SYRINGE PSKT 120mg/ml | 4 | QL (2 syringes / 28 days), PA |
| ***DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)*** | | |
| *hydroxychloroquine sulfate* TABS 100mg, 200mg, 300mg, 400mg | 1 | |
| JYLAMVO SOLN 2mg/ml | 3 | B/D |
| *leflunomide* TABS 10mg, 20mg | 1 | QL (30 tabs / 30 days) |
| *methotrexate sodium* TABS 2.5mg | 1 | |
| PLAQUENIL TABS 200mg | 3 | |
| RASUVO SOAJ 7.5mg/0.15ml, 10mg/0.2ml, 12.5mg/0.25ml, 15mg/0.3ml, 17.5mg/0.35ml, 20mg/0.4ml, 22.5mg/0.45ml, 25mg/0.5ml, 30mg/0.6ml | 3 | PA |
| SOVUNA TABS 200mg, 300mg | 3 | |
| TREXALL TABS 5mg, 7.5mg, 10mg, 15mg | 3 | B/D |
| XATMEP SOLN 2.5mg/ml | 3 | B/D |
| ***IMMUNOGLOBULINS*** | | |
| ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml | 4 | PA |
| BIVIGAM SOLN 5gm/50ml, 10% | 4 | PA |
| CUTAQUIG SOLN 1gm/6ml, 1.65gm/10ml, 2gm/12ml, 3.3gm/20ml, 4gm/24ml, 8gm/48ml | 4 | PA |
| CUVITRU SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 8gm/40ml, 10gm/50ml | 4 | PA |
| CYTOGAM SOLN 50mg/ml | 4 | B/D |
| FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml | 4 | PA |
| GAMASTAN INJ | 3 | B/D |
| GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml | 4 | PA |
| GAMMAGARD LIQUID ERC SOLN 5gm/50ml, 10gm/100ml | 4 | PA |
| GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm | 4 | PA |
| GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml | 4 | PA |
| GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml | 4 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml | 4 | PA |
| HEPAGAM B SOLN 312unit/ml | 4 | B/D |
| HIZENTRA SOSY 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml | 4 | PA |
| HYQVIA INJ 2.5-200 | 4 | PA |
| HYQVIA INJ 5-400 | 4 | PA |
| HYQVIA INJ 10-800 | 4 | PA |
| HYQVIA INJ 20-1600 | 4 | PA |
| HYQVIA INJ 30-2400 | 4 | PA |
| OCTAGAM SOLN 1gm/20ml | 3 | PA |
| OCTAGAM SOLN 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml | 4 | PA |
| PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml | 4 | PA |
| PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml | 4 | PA |
| QIVIGY SOLN 5gm/50ml, 10gm/100ml | 4 | PA |
| XEMBIFY SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml | 4 | PA |
| YIMMUGO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml | 4 | PA |
| ***IMMUNOMODULATORS*** | | |
| ACTIMMUNE SOLN 100mcg/0.5ml | 4 | PA |
| ARCALYST SOLR 220mg | 4 | PA |
| GRASTEK SUBL 2800bau | 3 | PA |
| ILARIS SOLN 150mg/ml | 4 | PA |
| IMAAVY SOLN 300mg/1.62ml, 1200mg/6.5ml | 4 | PA |
| JOENJA TABS 70mg | 4 | QL (60 tabs / 30 days), PA |
| ODACTRA SUB | 3 | PA |
| RAGWITEK SUBL 12amba1-u | 3 | PA |
| RYSTIGGO SOLN 280mg/2ml, 420mg/3ml, 560mg/4ml, 840mg/6ml | 4 | PA |
| VYVGART SOLN 400mg/20ml | 4 | PA |
| VYVGART INJ HYTRULO | 4 | PA |
| ZILBRYSQ SOSY 16.6mg/0.416ml, 23mg/0.574ml, 32.4mg/0.81ml | 4 | QL (28 syringes / 28 days), PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***IMMUNOSUPPRESSANTS*** | | |
| ASTAGRAF XL CP24 5mg | 4 | B/D |
| ASTAGRAF XL CP24 .5mg, 1mg | 3 | B/D |
| ATGAM SOLN 50mg/ml | 4 | B/D |
| *azasan* TABS 75mg, 100mg | 1 | B/D |
| *azathioprine* TABS 50mg, 75mg, 100mg | 1 | B/D |
| BENLYSTA SOAJ 200mg/ml | 4 | QL (8 pens / 28 days), PA |
| BENLYSTA SOLR 120mg, 400mg | 4 | PA |
| BENLYSTA SOSY 200mg/ml | 4 | QL (8 syringes / 28 days), PA |
| CELLCEPT CAPS 250mg | 3 | B/D |
| CELLCEPT SUSR 200mg/ml; TABS 500mg | 4 | B/D |
| *cyclosporine* CAPS 25mg, 100mg | 1 | B/D |
| *cyclosporine modified (for microemulsion)* CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml | 1 | B/D |
| ENVARSUS XR TB24 .75mg, 1mg, 4mg | 3 | B/D |
| *everolimus (immunosuppressant)* TABS 1mg | 4 | B/D |
| *everolimus (immunosuppressant)* TABS .25mg, .5mg, .75mg | 1 | B/D |
| *gengraf* CAPS 25mg, 100mg | 1 | B/D |
| IMURAN TABS 50mg | 3 | B/D |
| LUPKYNIS CAPS 7.9mg | 4 | PA |
| *mycophenolate mofetil* CAPS 250mg; SUSR 200mg/ml; TABS 500mg | 1 | B/D |
| *mycophenolate sodium* TBEC 180mg, 360mg | 1 | B/D |
| MYFORTIC TBEC 180mg | 3 | B/D |
| MYFORTIC TBEC 360mg | 4 | B/D |
| MYHIBBIN SUSP 200mg/ml | 3 | B/D |
| NEORAL CAPS 25mg, 100mg; SOLN 100mg/ml | 3 | B/D |
| NIKTIMVO SOLN 9mg/0.18ml, 9mg/0.9ml, 22mg/0.44ml, 22mg/2.2ml | 4 | PA |
| NULOJIX SOLR 250mg | 4 | B/D |
| PROGRAF CAPS .5mg, 1mg, 5mg; PACK .2mg, 1mg | 3 | B/D |
| REZUROCK TABS 200mg | 4 | QL (30 tabs / 30 days), PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| SANDIMMUNE CAPS 25mg, 100mg; SOLN 50mg/ml | 3 | B/D |
| SAPHNELO SOLN 300mg/2ml | 4 | PA |
| SAPHNELO SOSY 120mg/0.8ml | 4 | QL (4 syringes / 28 days), PA |
| SAPHNELO PEN SOAJ 120mg/0.8ml | 4 | QL (4 pens / 28 days), PA |
| *sirolimus* SOLN 1mg/ml; TABS .5mg, 1mg, 2mg | 1 | B/D |
| *tacrolimus* CAPS .5mg, 1mg, 5mg; CP24 .5mg, 1mg, 5mg | 1 | B/D |
| ZORTRESS TABS .25mg, .5mg, .75mg, 1mg | 4 | B/D |
| ***VACCINES*** | | |
| ABRYSVO SOLR 120mcg/0.5ml | 1 | PA |
| ACTHIB INJ | 1 | |
| ADACEL INJ | 1 | |
| AREXVY SUSR 120mcg/0.5ml | 1 | PA |
| BCG VACCINE SOLR 50mg | 1 | |
| BEXSERO SUSY .5ml | 1 | |
| BOOSTRIX INJ | 1 | |
| DAPTACEL INJ | 1 | |
| ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml | 1 | B/D |
| GARDASIL 9 SUSP .5ml; SUSY .5ml | 1 | |
| HAVRIX SUSY 720elu/0.5ml, 1440unit/ml | 1 | |
| HEPLISAV-B SOSY 20mcg/0.5ml | 1 | B/D |
| HIBERIX SOLR 10mcg | 1 | |
| IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml | 1 | B/D |
| INFANRIX INJ | 1 | |
| IPOL INJ INACTIVE | 1 | |
| IXIARO INJ | 1 | |
| JYNNEOS SUSP .5ml | 1 | B/D |
| KINRIX INJ | 1 | |
| M-M-R II INJ | 1 | |
| MENQUADFI SOLN .5ml | 1 | |
| MENVEO INJ | 1 | |
| MENVEO SOL | 1 | |
| MRESVIA SUSY 50mcg/0.5ml | 1 | PA |
| PEDIARIX INJ 0.5ML | 1 | |
| PEDVAXHIB SUSP 7.5mcg/0.5ml | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| PENBRAYA INJ | 1 | |
| PENMENVY INJ | 1 | |
| PENTACEL INJ | 1 | |
| PRIORIX INJ | 1 | |
| PROQUAD INJ | 1 | |
| QUADRACEL INJ 0.5ML | 1 | |
| RABAVERT INJ | 1 | B/D |
| RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml | 1 | B/D |
| ROTARIX SUS | 1 | |
| ROTATEQ SOL | 1 | |
| SHINGRIX SUSR 50mcg/0.5ml | 1 | QL (2 vials per lifetime) |
| SHINGRIX SUSY 50mcg/0.5ml | 1 | QL (2 syringes per lifetime) |
| TENIVAC INJ 5-2LF | 1 | B/D |
| TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml | 1 | |
| TRUMENBA SUSY .5ml | 1 | |
| TWINRIX INJ | 1 | |
| TYPHIM VI SOSY 25mcg/0.5ml | 1 | |
| VAQTA SUSP 25unit/0.5ml, 50unit/ml; SUSY 25unit/0.5ml, 50unit/ml | 1 | |
| VARIVAX SUSR 1350pfu/0.5ml | 1 | |
| VAXCHORA SUS | 1 | |
| VIMKUNYA SUSY 40mcg/0.8ml | 1 | |
| VIVOTIF CAP EC | 1 | |
| YF-VAX INJ | 1 | |

## NUTRITIONAL/SUPPLEMENTS

### *ELECTROLYTES/MINERALS, INJECTABLE*

| | | |
|---|---|---|
| D2.5W/NACL INJ 0.45% | 3 | |
| D5W/LYTES INJ #48 | 3 | |
| D5W/NACL INJ 0.2% | 3 | |
| D5W/NACL INJ 0.3% | 3 | |
| D5W/NACL INJ 0.9% | 3 | |
| D5W/NACL INJ 0.45% | 3 | |
| D10W/NACL INJ 0.2% | 3 | |
| D10W/NACL INJ 0.45% | 3 | |
| *dextrose 2.5% w/ sodium chloride 0.45%* | 3 | |
| *dextrose 5% in lactated ringers* | 3 | |
| *dextrose 5% w/ sodium chloride 0.3%* | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *dextrose 5% w/ sodium chloride 0.9%* | 3 | |
| *dextrose 5% w/ sodium chloride 0.45%* | 3 | |
| *dextrose 5% w/ sodium chloride 0.225%* | 3 | |
| DW5-NACL INJ 0.225% | 3 | |
| ISOLYTE-P INJ /D5W | 3 | |
| ISOLYTE-S INJ | 3 | |
| ISOLYTE-S INJ PH 7.4 | 3 | |
| *kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj* | 3 | |
| *kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj* | 3 | |
| *kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj* | 3 | |
| *kcl 20 meq/l (0.15%) in nacl 0.9% inj* | 3 | |
| *kcl 20 meq/l (0.15%) in nacl 0.45% inj* | 3 | |
| *kcl 20 meq/l (0.149%) in nacl 0.9% inj* | 3 | |
| *kcl 20 meq/l (0.149%) in nacl 0.45% inj* | 3 | |
| *kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj* | 3 | |
| *kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj* | 3 | |
| *kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj* | 3 | |
| *kcl 40 meq/l (0.3%) in nacl 0.9% inj* | 3 | |
| *kcl 40 meq/l (0.298%) in nacl 0.9% inj* | 3 | |
| KCL/D5W/LACT INJ 20MEQ/L | 3 | |
| KCL/D5W/NACL INJ 0.3/0.9% | 3 | |
| KCL/D5W/NACL INJ 0.15/0.2 | 3 | |
| KCL/D5W/NACL INJ 0.15/0.9 | 3 | |
| KCL/D5W/NACL INJ 0.15/0.45 | 3 | |
| LACTATED RIN INJ | 3 | |
| *lactated ringer's solution* | 3 | |
| *magnesium sulfate* SOLN 2gm/50ml, 3gm/100ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50% | 3 | |
| MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 20gm/500ml, 40gm/1000ml | 3 | |
| *magnesium sulfate in dextrose 5% iv soln 1 gm/100ml* | 3 | |
| MG SO4/D5W INJ 1GM/100 | 3 | |
| *multiple electrolytes ph 5.5* | 3 | |
| PLASMA-LYTE INJ -A | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| POT CHL 20MEQ/L IN NACL 0.9% INJ | 3 | |
| POT CHL 20MEQ/L IN NACL 0.45% INJ | 3 | |
| POT CHL 40MEQ/L IN NACL 0.9% INJ | 3 | |
| POT CHL/D5W INJ 20MEQ/L | 3 | |
| *potassium chloride* SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml | 3 | |
| POTASSIUM CHLORIDE SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml | 3 | |
| *potassium chloride 20 meq/l (0.15%) in dextrose 5% inj* | 3 | |
| *sodium chloride* SOLN .45%, .9%, 2.5meq/ml, 3%, 5% | 3 | |
| TPN ELECTROL INJ | 3 | B/D |
| ***ELECTROLYTES/MINERALS/VITAMINS, ORAL*** | | |
| *klor-con* PACK 20meq | 1 | |
| *klor-con 8* TBCR 8meq | 1 | |
| KLOR-CON 8 TBCR 8meq | 3 | |
| *klor-con 10* TBCR 10meq | 1 | |
| KLOR-CON 10 TBCR 10meq | 3 | |
| *klor-con m10* TBCR 10meq | 1 | |
| *klor-con m15* TBCR 15meq | 1 | |
| *klor-con m20* TBCR 20meq | 1 | |
| M-NATAL PLUS TAB | 2 | |
| POKONZA PACK 10meq | 3 | PA |
| POKONZA PACK 15meq; SOLN 5% | 4 | PA |
| *potassium chloride* CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 15meq, 20meq | 1 | |
| *potassium chloride microencapsulated crystals er* TBCR 10meq, 15meq, 20meq | 1 | |
| PRENATAL TAB 27-1MG | 2 | |
| PRENATAL TAB PLUS | 2 | |
| *sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln* | 1 | |
| WESTAB PLUS TAB 27-1MG | 2 | |
| ***IV NUTRITION*** | | |
| *aminosyn ii soln 15%* | 3 | B/D |
| AMINOSYN INJ 10% | 3 | B/D |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| AMINOSYN-PF INJ 7% | 3 | B/D |
| AMINOSYN-PF INJ 10% | 3 | B/D |
| CLINIMIX E INJ 2.75/D5W | 3 | B/D |
| CLINIMIX E INJ 4.25/D5W | 3 | B/D |
| CLINIMIX E INJ 4.25/D10 | 3 | B/D |
| CLINIMIX E INJ 5%/D15W | 3 | B/D |
| CLINIMIX E INJ 5%/D20W | 3 | B/D |
| CLINIMIX E INJ 8/10 | 3 | B/D |
| CLINIMIX E INJ 8/14 | 3 | B/D |
| CLINIMIX INJ 4.25/D5W | 3 | B/D |
| CLINIMIX INJ 4.25/D10 | 3 | B/D |
| CLINIMIX INJ 5%/D15W | 3 | B/D |
| CLINIMIX INJ 5%/D20W | 3 | B/D |
| CLINIMIX INJ 6/5 | 3 | B/D |
| CLINIMIX INJ 8/10 | 3 | B/D |
| CLINIMIX INJ 8/14 | 3 | B/D |
| *clinisol sf 15%* | 3 | B/D |
| CLINOLIPID EMU 20% | 3 | B/D |
| *dextrose* SOLN 5%, 10% | 3 | |
| *dextrose* SOLN 50% | 3 | B/D |
| DEXTROSE 10% SOLN 10% | 3 | |
| DEXTROSE 70% SOLN 70% | 3 | B/D |
| INTRALIPID EMUL 20gm/100ml, 30gm/100ml | 3 | B/D |
| KABIVEN EMU | 3 | B/D |
| NUTRILIPID EMUL 20gm/100ml | 3 | B/D |
| *plenamine* | 3 | B/D |
| PREMASOL SOL 10% | 4 | B/D |
| PROSOL INJ 20% | 3 | B/D |
| SMOFLIPID EMU | 3 | B/D |
| TRAVASOL INJ 10% | 3 | B/D |
| TROPHAMINE INJ 10% | 3 | B/D |
| **OPHTHALMIC** | | |
| ***ANTI-INFECTIVE/ANTI-INFLAMMATORY*** | | |
| *bacitracin-polymyxin-neomycin-hc ophth oint 1%* | 1 | |
| *loteprednol etabonate-tobramycin ophth susp 0.5-0.3%* | 1 | |
| MAXITROL SUS 0.1% OP | 3 | |
| *neomycin-polymyxin-dexamethasone ophth oint 0.1%* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *neomycin-polymyxin-dexamethasone ophth susp 0.1%* | 1 | |
| *neomycin-polymyxin-hc ophth susp* | 1 | |
| *sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%* | 1 | |
| TOBRADEX OIN 0.3-0.1% | 2 | |
| TOBRADEX ST SUS 0.3-0.05 | 3 | |
| *tobramycin-dexamethasone ophth susp 0.3-0.1%* | 1 | |
| ZYLET SUS 0.5-0.3% | 3 | |
| ***ANTI-INFECTIVES*** | | |
| AZASITE SOLN 1% | 3 | |
| *bacitracin-polymyxin b ophth oint* | 1 | |
| *besifloxacin hcl* SUSP .6% | 1 | |
| BESIVANCE SUSP .6% | 3 | |
| CILOXAN OINT .3% | 2 | |
| *ciprofloxacin hcl (ophth)* SOLN .3% | 1 | |
| *erythromycin (ophth)* OINT 5mg/gm | 1 | |
| *gatifloxacin (ophth)* SOLN .5% | 1 | |
| *gentamicin sulfate (ophth)* SOLN .3% | 1 | |
| *levofloxacin (ophth)* SOLN .5% | 1 | |
| *moxifloxacin hcl (ophth)* SOLN .5% | 1 | QL (12 mL / 30 days) |
| NATACYN SUSP 5% | 3 | |
| *neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin* | 1 | |
| *neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml* | 1 | |
| OCUFLOX SOLN .3% | 3 | |
| *ofloxacin (ophth)* SOLN .3% | 1 | |
| *polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%* | 1 | |
| *sulfacetamide sodium (ophth)* SOLN 10% | 1 | |
| *tobramycin (ophth)* SOLN .3% | 1 | |
| TOBREX OINT .3% | 3 | |
| *trifluridine* SOLN 1% | 1 | |
| VIGAMOX SOLN .5% | 3 | QL (12 mL / 30 days) |
| XDEMVY SOLN .25% | 4 | PA |
| ZIRGAN GEL .15% | 3 | |
| ***ANTI-INFLAMMATORIES*** | | |
| ACULAR SOLN .5% | 3 | |
| ACULAR LS SOLN .4% | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ACUVAIL SOLN .45% | 3 | |
| ALREX SUSP .2% | 3 | |
| *bromfenac sodium (ophth)* SOLN .07%, .075%, .09% | 1 | |
| BROMSITE SOLN .075% | 3 | |
| BYQLOVI SUSP .05% | 3 | |
| *dexamethasone sodium phosphate (ophth)* SOLN .1% | 1 | |
| DEXYCU SUSP 9% | 3 | |
| *diclofenac sodium (ophth)* SOLN .1% | 1 | |
| *difluprednate* EMUL .05% | 1 | |
| DUREZOL EMUL .05% | 3 | |
| FLAREX SUSP .1% | 3 | |
| *fluorometholone (ophth)* SUSP .1% | 1 | |
| *flurbiprofen sodium* SOLN .03% | 1 | |
| FML FORTE SUSP .25% | 3 | |
| FML LIQUIFILM SUSP .1% | 3 | |
| ILEVRO SUSP .3% | 3 | |
| *ketorolac tromethamine (ophth)* SOLN .4%, .5% | 1 | |
| LOTEMAX GEL .5%; SUSP .5% | 3 | |
| LOTEMAX OINT .5% | 2 | |
| LOTEMAX SM GEL .38% | 2 | |
| *loteprednol etabonate* GEL .5%; SUSP .2%, .5% | 1 | |
| MAXIDEX SUSP .1% | 3 | |
| NEVANAC SUSP .1% | 3 | |
| PRED MILD SUSP .12% | 3 | |
| *prednisolone acetate (ophth)* SUSP 1% | 1 | |
| PREDNISOLONE SODIUM PHOSP SOLN 1% | 2 | |
| PROLENSA SOLN .07% | 3 | |
| TRIESENCE SUSP 40mg/ml | 3 | PA |
| XIPERE SUSP 40mg/ml | 3 | PA |
| YUTIQ IMPL .18mg | 3 | |
| ***ANTIALLERGICS*** | | |
| *azelastine hcl (ophth)* SOLN .05% | 1 | |
| *bepotastine besilate* SOLN 1.5% | 1 | |
| BEPREVE SOLN 1.5% | 3 | |
| *cromolyn sodium (ophth)* SOLN 4% | 1 | |
| *epinastine hcl (ophth)* SOLN .05% | 1 | |
| ZERVIATE SOLN .24% | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***ANTIGLAUCOMA*** | | |
| ALPHAGAN P SOLN .1%, .15% | 3 | |
| AZOPT SUSP 1% | 3 | ST |
| *betaxolol hcl (ophth)* SOLN .5% | 1 | |
| BETIMOL SOLN .5% | 3 | |
| *bimatoprost* SOLN .03% | 1 | |
| *brimonidine tartrate* SOLN .1%, .15%, .2% | 1 | |
| *brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%* | 1 | |
| *brinzolamide* SUSP 1% | 1 | ST |
| *carteolol hcl (ophth)* SOLN 1% | 1 | |
| COMBIGAN SOL 0.2/0.5% | 2 | |
| COSOPT PF SOL 2%-0.5% | 3 | |
| COSOPT SOL 2-0.5%OP | 3 | |
| *dorzolamide hcl* SOLN 2% | 1 | |
| *dorzolamide hcl-timolol maleate ophth soln 2-0.5%* | 1 | |
| *dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%* | 1 | |
| ISTALOL SOLN .5% | 3 | |
| IYUZEH SOLN .005% | 3 | ST |
| *latanoprost* SOLN .005% | 1 | |
| *levobunolol hcl* SOLN .5% | 1 | |
| LUMIGAN SOLN .01% | 2 | |
| PHOSPHOLINE IODIDE SOLR .125% | 4 | |
| *pilocarpine hcl* SOLN 1%, 2%, 4% | 1 | |
| RHOPRESSA SOLN .02% | 2 | |
| ROCKLATAN DRO | 2 | |
| SIMBRINZA SUS 1-0.2% | 3 | |
| *tafluprost* SOLN .015mg/ml | 1 | |
| *timolol hemihydrate (ophth)* SOLN .5% | 1 | |
| *timolol maleate (ophth)* SOLG .25%, .5%; SOLN .25%, .5% | 1 | |
| *timolol maleate (ophth) once-daily* SOLN .5% | 1 | |
| *timolol maleate (ophth) pf* SOLN .25%, .5% | 1 | |
| TIMOPTIC OCUDOSE SOLN .25%, .5% | 3 | |
| TRAVATAN Z SOLN .004% | 3 | |
| *travoprost* SOLN .004% | 1 | |
| VYZULTA SOLN .024% | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| XALATAN SOLN .005% | 3 | |
| XELPROS EMUL .005% | 3 | ST |
| ZIOPTAN SOLN .015mg/ml | 3 | ST |
| ZOLYMBUS GEL .01% | 3 | ST |
| ***MISCELLANEOUS*** | | |
| ATROPINE SULFATE SOLN 1% | 2 | |
| *atropine sulfate (ophthalmic)* SOLN 1% | 1 | |
| BEOVU SOSY 6mg/0.05ml | 4 | PA |
| BYOOVIZ SOLN .5mg/0.05ml | 4 | PA |
| CEQUA SOLN .09% | 3 | QL (60 single use vials / 30 days), PA |
| *cyclosporine (ophth)* EMUL .05% | 1 | |
| CYSTADROPS SOLN .37% | 4 | PA |
| CYSTARAN SOLN .44% | 4 | PA |
| EYLEA SOLN 2mg/0.05ml; SOSY 2mg/0.05ml | 4 | PA |
| EYLEA HD SOLN 8mg/0.07ml | 4 | PA |
| EYSUVIS SUSP .25% | 3 | |
| IZERVAY SOLN 2mg/0.1ml | 4 | PA |
| LUCENTIS SOSY .3mg/0.05ml, .5mg/0.05ml | 4 | PA |
| MIEBO SOLN 1.338gm/ml | 2 | |
| OXERVATE SOLN .002% | 4 | QL (112 mL / year), PA |
| PAVBLU SOSY 2mg/0.05ml | 4 | PA |
| *proparacaine hcl* SOLN .5% | 1 | |
| RESTASIS EMUL .05% | 2 | |
| RESTASIS MULTIDOSE EMUL .05% | 2 | |
| SUSVIMO SOLN 10mg/0.1ml | 4 | PA |
| SYFOVRE SOLN 15mg/0.1ml | 4 | PA |
| TRYPTYR SOLN .003% | 3 | QL (60 single use vials / 30 days), PA |
| TYRVAYA SOLN .03mg/act | 3 | PA |
| VABYSMO SOLN 6mg/0.05ml; SOSY 6mg/0.05ml | 4 | PA |
| VERKAZIA EMUL .1% | 4 | QL (120 single use vials / 30 days), PA |
| VEVYE SOLN .1% | 3 | PA |
| XIIDRA SOLN 5% | 2 | |
| YESAFILI SOSY 2mg/0.05ml | 4 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **OTIC** | | |
| ***OTIC AGENTS*** | | |
| *acetic acid (otic)* SOLN 2% | 1 | |
| CIPRO HC SUS 0.2-1%OT | 3 | |
| *ciprofloxacin hcl (otic)* SOLN .2% | 1 | |
| *ciprofloxacin-dexamethasone otic susp 0.3-0.1%* | 1 | |
| *ciprofloxacin-hydrocortisone otic susp 0.2-1%* | 1 | |
| CORTISPORIN SUS -TC OTIC | 3 | |
| DERMOTIC OIL .01% | 3 | |
| *fluocinolone acetonide (otic)* OIL .01% | 1 | |
| *hydrocortisone w/ acetic acid otic soln 1-2%* | 1 | |
| *neomycin-polymyxin-hc otic soln 1%* | 1 | |
| *neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%* | 1 | |
| *ofloxacin (otic)* SOLN .3% | 1 | |
| XTORO SUSP .3% | 3 | |
| **RESPIRATORY** | | |
| ***ANTICHOLINERGIC/BETA AGONIST COMBINATIONS*** | | |
| ANORO ELLIPT AER 62.5-25 | 2 | QL (60 blisters / 30 days) |
| BEVESPI AER 9-4.8MCG | 2 | QL (1 inhaler / 30 days) |
| BREZTRI AERO AER 9MCG | 2 | QL (1 inhaler / 30 days) |
| BREZTRI AERO AER 18MCG | 2 | QL (1 inhaler / 30 days) |
| BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) | 2 | QL (4 inhalers / 28 days) |
| COMBIVENT AER 20-100 | 3 | QL (2 inhalers / 30 days) |
| DUAKLIR AER 400/12 | 3 | QL (1 inhaler / 30 days) |
| *ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml* | 1 | B/D |
| STIOLTO AER 2.5-2.5 | 3 | QL (1 inhaler / 30 days) |
| TRELEGY AER ELLIPTA 100-62.5-25 MCG | 2 | QL (60 blisters / 30 days) |
| TRELEGY AER ELLIPTA 200-62.5-25 MCG | 2 | QL (60 blisters / 30 days) |
| ***ANTICHOLINERGICS*** | | |
| ATROVENT HFA AERS 17mcg/act | 3 | QL (2 inhalers / 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| INCRUSE ELLIPTA AEPB 62.5mcg/inh | 2 | QL (30 blisters / 30 days) |
| *ipratropium bromide* SOLN .02% | 1 | B/D |
| *ipratropium bromide (nasal)* SOLN .03%, .06% | 1 | |
| *ipratropium bromide hfa* AERS 17mcg/act | 1 | QL (2 inhalers / 30 days) |
| SPIRIVA HANDIHALER CAPS 18mcg | 3 | QL (30 caps / 30 days) |
| SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act | 3 | QL (1 inhaler / 30 days) |
| *tiotropium bromide* CAPS 18mcg | 1 | QL (30 caps / 30 days) |
| TUDORZA PRESSAIR AEPB 400mcg/act | 3 | QL (1 inhaler / 30 days) |
| TUDORZA PRESSAIR (INSTITUTIONAL PACK) AEPB 400mcg/act | 3 | QL (2 inhalers / 30 days) |
| YUPELRI NEBU 175mcg/3ml | 4 | PA |
| ***ANTIHISTAMINE COMBINATIONS*** | | |
| *azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act* | 1 | QL (1 bottle / 30 days) |
| CLARINEX-D TAB 2.5-120 | 3 | |
| DYMISTA SPR 137-50 | 3 | QL (1 bottle / 30 days) |
| *promethazine & phenylephrine syrup 6.25-5 mg/5ml* | 2 | PA; PA applies if 65 years and older |
| RYALTRIS SPR 665-25 | 3 | QL (1 bottle / 30 days) |
| ***ANTIHISTAMINES*** | | |
| *azelastine hcl* SOLN .1% | 1 | |
| *carbinoxamine maleate* SOLN 4mg/5ml; SUER 4mg/5ml; TABS 6mg | 3 | PA; PA applies if 65 years and older |
| *carbinoxamine maleate* TABS 4mg | 2 | PA; PA applies if 65 years and older |
| *carbzah* SOLN 4mg/5ml | 3 | PA; PA applies if 65 years and older |
| *cetirizine hcl* SOLN 5mg/5ml | 1 | QL (300 mL / 30 days) |
| CLARINEX TABS 5mg | 3 | QL (30 tabs / 30 days) |
| *clemastine fumarate* SYRP .67mg/5ml | 4 | QL (1800 mL / 30 days), PA |
| *clemastine fumarate* TABS 2.68mg | 3 | PA; PA applies if 65 years and older |
| CLEMSZA TABS 2.68mg | 4 | PA; PA applies if 65 years and older |
| *corphena* SOLN 2mg/5ml | 1 | PA; PA applies if 65 years and older |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *cyproheptadine hcl* SYRP 2mg/5ml; TABS 4mg | 2 | PA; PA applies if 65 years and older after a 30 day supply in a calendar year |
| *desloratadine* TABS 5mg; TBDP 2.5mg, 5mg | 1 | QL (30 tabs / 30 days) |
| *diphenhydramine hcl* SOLN 50mg/ml | 1 | |
| *hydroxyzine hcl* SOLN 25mg/ml, 50mg/ml | 3 | PA; PA applies if 65 years and older |
| *hydroxyzine hcl* SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg | 2 | PA; PA applies if 65 years and older after a 30 day supply in a calendar year |
| *hydroxyzine pamoate* CAPS 25mg, 50mg, 100mg | 2 | PA; PA applies if 65 years and older after a 30 day supply in a calendar year |
| KARBINAL ER SUER 4mg/5ml | 3 | PA; PA applies if 65 years and older |
| *levocetirizine dihydrochloride* SOLN 2.5mg/5ml | 1 | QL (300 mL / 30 days) |
| *levocetirizine dihydrochloride* TABS 5mg | 1 | QL (30 tabs / 30 days) |
| *olopatadine hcl (nasal)* SOLN .6% | 1 | |
| QUZYTTIR SOLN 10mg/ml | 4 | QL (30 mL / 30 days), PA |
| *ryclora* SOLN 2mg/5ml | 1 | PA; PA applies if 65 years and older |
| *ryvent* TABS 6mg | 3 | PA; PA applies if 65 years and older |
| ***BETA AGONISTS*** | | |
| *albuterol sulfate* AERS 108mcg/act | 1 | QL (2 inhalers / 30 days); (generic of Proair HFA) |
| *albuterol sulfate* AERS 108mcg/act | 1 | QL (2 inhalers / 30 days); (generic of Proventil HFA) |
| *albuterol sulfate* AERS 108mcg/act | 1 | QL (2 inhalers / 30 days); (generic of Ventolin HFA) |
| *albuterol sulfate* NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml | 1 | B/D |
| *albuterol sulfate* SYRP 2mg/5ml; TABS 2mg, 4mg | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *arformoterol tartrate* NEBU 15mcg/2ml | 1 | B/D |
| *formoterol fumarate* NEBU 20mcg/2ml | 1 | B/D |
| *levalbuterol hcl* NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml | 1 | B/D |
| *levalbuterol tartrate* AERO 45mcg/act | 1 | QL (2 inhalers / 30 days), ST |
| PERFOROMIST NEBU 20mcg/2ml | 4 | B/D |
| PROAIR RESPICLICK AEPB 108mcg/act | 3 | QL (2 inhalers / 30 days) |
| SEREVENT DISKUS AEPB 50mcg/dose | 2 | QL (60 inhalations / 30 days) |
| STRIVERDI RESPIMAT AERS 2.5mcg/act | 3 | QL (1 inhaler / 30 days) |
| *terbutaline sulfate* SOLN 1mg/ml; TABS 2.5mg, 5mg | 1 | |
| VENTOLIN HFA AERS 108mcg/act | 2 | QL (2 inhalers / 30 days) |
| VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act | 2 | QL (6 inhalers / 30 days) |
| XOPENEX HFA AERO 45mcg/act | 3 | QL (2 inhalers / 30 days), ST |
| ***LEUKOTRIENE MODULATORS*** | | |
| *montelukast sodium* CHEW 4mg, 5mg; PACK 4mg; TABS 10mg | 1 | |
| SINGULAIR CHEW 4mg, 5mg; PACK 4mg; TABS 10mg | 3 | |
| *zafirlukast* TABS 10mg, 20mg | 1 | |
| *zileuton* TB12 600mg | 4 | QL (120 tabs / 30 days), ST |
| ***MISCELLANEOUS*** | | |
| *acetylcysteine* SOLN 10%, 20% | 1 | B/D |
| ALYFTREK TAB 4-20-50 | 4 | QL (84 tabs / 28 days), PA |
| ALYFTREK TAB 10-50-125 | 4 | QL (56 tabs / 28 days), PA |
| ARALAST NP SOLR 500mg, 1000mg | 4 | PA |
| BRINSUPRI TABS 10mg, 25mg | 4 | QL (30 tabs / 30 days), PA |
| CINQAIR SOLN 100mg/10ml | 4 | PA |
| *cromolyn sodium* NEBU 20mg/2ml | 1 | B/D |
| DALIRESP TABS 250mcg | 3 | QL (56 tabs / year) |
| DALIRESP TABS 500mcg | 3 | QL (30 tabs / 30 days) |
| *elixophyllin* ELIX 80mg/15ml | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *epinephrine (anaphylaxis)* SOAJ .15mg/0.3ml, .3mg/0.3ml | 1 | (generic of EpiPen) |
| *epinephrine (anaphylaxis)* SOAJ .15mg/0.15ml, .3mg/0.3ml | 1 | (generic of Adrenaclick) |
| EPIPEN 2-PAK SOAJ .3mg/0.3ml | 3 | |
| EPIPEN-JR 2-PAK SOAJ .15mg/0.3ml | 3 | |
| ESBRIET TABS 267mg | 4 | QL (270 tabs / 30 days), PA |
| ESBRIET TABS 801mg | 4 | QL (90 tabs / 30 days), PA |
| EXDENSUR SOSY 100mg/ml | 4 | QL (1 syringe / 180 days), PA |
| FASENRA SOSY 10mg/0.5ml, 30mg/ml | 4 | QL (1 syringe / 28 days), PA |
| FASENRA PEN SOAJ 30mg/ml | 4 | QL (1 pen / 28 days), PA |
| GLASSIA SOLN 4gm/200ml, 5gm/250ml, 1000mg/50ml | 4 | PA |
| JASCAYD TABS 9mg, 18mg | 4 | QL (60 tabs / 30 days), PA |
| KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg | 4 | QL (56 packets / 28 days), PA |
| KALYDECO TABS 150mg | 4 | QL (56 tabs / 28 days), PA |
| *nintedanib esylate* CAPS 100mg, 150mg | 4 | QL (60 caps / 30 days), PA |
| NUCALA SOAJ 100mg/ml | 4 | QL (3 pens / 28 days), PA |
| NUCALA SOLR 100mg | 4 | QL (3 vials / 28 days), PA |
| NUCALA SOSY 40mg/0.4ml | 4 | QL (1 syringe / 28 days), PA |
| NUCALA SOSY 100mg/ml | 4 | QL (3 syringes / 28 days), PA |
| OFEV CAPS 100mg, 150mg | 4 | QL (60 caps / 30 days), PA |
| OHTUVAYRE SUSP 3mg/2.5ml | 4 | PA |
| ORKAMBI GRA 75-94MG | 4 | QL (56 packets / 28 days), PA |
| ORKAMBI GRA 100-125 | 4 | QL (56 packets / 28 days), PA |
| ORKAMBI GRA 150-188 | 4 | QL (56 packets / 28 days), PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ORKAMBI TAB 100-125 | 4 | QL (112 tabs / 28 days), PA |
| ORKAMBI TAB 200-125 | 4 | QL (112 tabs / 28 days), PA |
| *pirfenidone* CAPS 267mg | 4 | QL (270 caps / 30 days), PA |
| *pirfenidone* TABS 267mg | 4 | QL (270 tabs / 30 days), PA |
| *pirfenidone* TABS 534mg, 801mg | 4 | QL (90 tabs / 30 days), PA |
| PROLASTIN-C SOLN 1000mg/20ml | 4 | PA |
| PULMOZYME SOLN 2.5mg/2.5ml | 4 | PA |
| *roflumilast* TABS 250mcg | 1 | QL (56 tabs / year) |
| *roflumilast* TABS 500mcg | 1 | QL (30 tabs / 30 days) |
| SYMDEKO TAB 50-75MG | 4 | QL (56 tabs / 28 days), PA |
| SYMDEKO TAB 100-150 | 4 | QL (56 tabs / 28 days), PA |
| TEZSPIRE SOAJ 210mg/1.91ml | 4 | QL (1 pen / 28 days), PA |
| TEZSPIRE SOSY 210mg/1.91ml | 4 | QL (1 syringe / 28 days), PA |
| THEO-24 CP24 100mg, 200mg, 300mg, 400mg | 3 | |
| *theophylline* ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg | 1 | |
| TRIKAFTA PAK 59.5MG | 4 | QL (56 packs / 28 days), PA |
| TRIKAFTA PAK 75MG | 4 | QL (56 packs / 28 days), PA |
| TRIKAFTA TAB 50-25-37.5MG & 75MG | 4 | QL (84 tabs / 28 days), PA |
| TRIKAFTA TAB 100-50-75MG & 150MG | 4 | QL (84 tabs / 28 days), PA |
| XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml | 4 | QL (4 pens / 28 days), PA |
| XOLAIR SOAJ 150mg/ml | 4 | QL (8 pens / 28 days), PA |
| XOLAIR SOLR 150mg | 4 | QL (8 vials / 28 days), PA |
| XOLAIR SOSY 75mg/0.5ml, 300mg/2ml | 4 | QL (4 syringes / 28 days), PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| XOLAIR SOSY 150mg/ml | 4 | QL (8 syringes / 28 days), PA |
| ZEMAIRA SOLR 1000mg, 4000mg, 5000mg | 4 | PA |
| ***NASAL STEROIDS*** | | |
| *flunisolide (nasal)* SOLN .025% | 1 | QL (3 bottles / 30 days) |
| *fluticasone propionate (nasal)* SUSP 50mcg/act | 1 | QL (1 bottle / 30 days) |
| *mometasone furoate (nasal)* SUSP 50mcg/act | 1 | QL (2 bottles / 30 days) |
| OMNARIS SUSP 50mcg/act | 3 | QL (1 inhaler / 30 days), ST |
| QNASL AERS 80mcg/act | 3 | QL (1 inhaler / 30 days), ST |
| QNASL CHILDRENS AERS 40mcg/act | 3 | QL (1 inhaler / 30 days), ST |
| XHANCE EXHU 93mcg/act | 3 | QL (32 mL / 30 days), PA |
| ***STEROID INHALANTS*** | | |
| ALVESCO AERS 80mcg/act, 160mcg/act | 3 | QL (2 inhalers / 30 days) |
| ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act | 2 | QL (30 inhalations / 30 days) |
| ASMANEX HFA AERO 50mcg/act, 100mcg/act, 200mcg/act | 3 | QL (1 inhaler / 30 days) |
| ASMANEX TWISTHALER 14 MET AEPB 220mcg/inh | 3 | QL (8 inhalers / 28 days) |
| ASMANEX TWISTHALER 30 MET AEPB 110mcg/inh | 3 | QL (2 inhalers / 30 days) |
| ASMANEX TWISTHALER 30 MET AEPB 220mcg/inh | 3 | QL (4 inhalers / 30 days) |
| ASMANEX TWISTHALER 60 MET AEPB 220mcg/inh | 3 | QL (2 inhalers / 30 days) |
| ASMANEX TWISTHALER 120 ME AEPB 220mcg/inh | 3 | QL (1 inhaler / 30 days) |
| *beclomethasone dipropionate* AERS 40mcg/act, 80mcg/act | 1 | QL (2 inhalers / 30 days) |
| *budesonide (inhalation)* SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml | 1 | B/D |
| *fluticasone propionate (inhalation)* AEPB 50mcg/act | 1 | QL (180 inhalations / 30 days) |
| *fluticasone propionate (inhalation)* AEPB 100mcg/act, 250mcg/act | 1 | QL (240 inhalations / 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *fluticasone propionate hfa* AERO 44mcg/act, 110mcg/act, 220mcg/act | 1 | QL (2 inhalers / 30 days) |
| PULMICORT SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml | 3 | B/D |
| PULMICORT FLEXHALER AEPB 90mcg/act | 3 | QL (3 inhalers / 30 days) |
| PULMICORT FLEXHALER AEPB 180mcg/act | 3 | QL (2 inhalers / 30 days) |
| QVAR REDIHALER AERB 40mcg/act, 80mcg/act | 3 | QL (2 inhalers / 30 days) |
| ***STEROID/BETA-AGONIST COMBINATIONS*** | | |
| ADVAIR DISKU AER 100/50 | 3 | QL (60 inhalations / 30 days), PA |
| ADVAIR DISKU AER 250/50 | 3 | QL (60 inhalations / 30 days), PA |
| ADVAIR DISKU AER 500/50 | 3 | QL (60 inhalations / 30 days), PA |
| ADVAIR HFA AER 45/21 | 2 | QL (1 inhaler / 30 days) |
| ADVAIR HFA AER 115/21 | 2 | QL (1 inhaler / 30 days) |
| ADVAIR HFA AER 230/21 | 2 | QL (1 inhaler / 30 days) |
| AIRSUPRA AER 90-80MCG | 2 | QL (3 inhalers / 30 days) |
| BREO ELLIPTA INH 50-25MCG | 2 | QL (60 blisters / 30 days) |
| BREO ELLIPTA INH 100-25 | 2 | QL (60 blisters / 30 days) |
| BREO ELLIPTA INH 200-25 | 2 | QL (60 blisters / 30 days) |
| *breyna* | 1 | QL (3 inhalers / 30 days) |
| *budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act* | 1 | QL (3 inhalers / 30 days) |
| *budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act* | 1 | QL (3 inhalers / 30 days) |
| DULERA AER 50-5MCG | 3 | QL (3 inhalers / 30 days) |
| DULERA AER 100-5MCG | 3 | QL (3 inhalers / 30 days) |
| DULERA AER 200-5MCG | 3 | QL (3 inhalers / 30 days) |
| *fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act* | 1 | QL (60 blisters / 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *fluticasone furoate-vilanterol aero powd ba 200-25 mcg/act* | 1 | QL (60 blisters / 30 days) |
| *fluticasone-salmeterol aer powder ba 100-50 mcg/act* | 1 | QL (60 inhalations / 30 days) |
| *fluticasone-salmeterol aer powder ba 250-50 mcg/act* | 1 | QL (60 inhalations / 30 days) |
| *fluticasone-salmeterol aer powder ba 500-50 mcg/act* | 1 | QL (60 inhalations / 30 days) |
| *fluticasone-salmeterol inhal aerosol 45-21 mcg/act* | 1 | QL (1 inhaler / 30 days) |
| *fluticasone-salmeterol inhal aerosol 115-21 mcg/act* | 1 | QL (1 inhaler / 30 days) |
| *fluticasone-salmeterol inhal aerosol 230-21 mcg/act* | 1 | QL (1 inhaler / 30 days) |
| SYMBICORT AER 80-4.5 | 3 | QL (3 inhalers / 30 days), PA |
| SYMBICORT AER 160-4.5 | 3 | QL (3 inhalers / 30 days), PA |
| *wixela inhub* | 1 | QL (60 inhalations / 30 days) |
| **TOPICAL** | | |
| ***DERMATOLOGY, ACNE*** | | |
| ABSORICA CAPS 10mg, 20mg, 25mg, 30mg, 35mg, 40mg | 4 | PA |
| ABSORICA LD CAPS 8mg, 16mg, 24mg, 32mg | 4 | PA |
| ACANYA GEL 1.2-2.5% | 3 | QL (50 gm / 30 days) |
| *accutane* CAPS 10mg, 20mg, 30mg, 40mg | 1 | PA |
| ACZONE GEL 7.5% | 3 | QL (90 gm / 30 days) |
| *adapalene* CREA .1%; GEL .3% | 1 | QL (45 gm / 30 days), PA |
| *adapalene* PADS .1% | 4 | QL (28 swabs / 28 days), PA |
| ADAPALENE SOLN .1% | 3 | QL (120 mL / 30 days), PA |
| *adapalene-benzoyl peroxide gel 0.1-2.5%* | 1 | QL (45 gm / 30 days), PA |
| *adapalene-benzoyl peroxide gel 0.3-2.5%* | 1 | QL (60 gm / 30 days), PA |
| AKLIEF CREA .005% | 3 | QL (45 gm / 30 days), PA |
| ALTRENO LOTN .05% | 3 | QL (45 gm / 30 days), PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *amnesteem* CAPS 10mg, 20mg, 30mg, 40mg | 1 | PA |
| AMZEEQ FOAM 4% | 3 | QL (30 gm / 30 days), PA |
| ARAZLO LOTN .045% | 3 | QL (45 gm / 30 days), PA |
| ATRALIN GEL .05% | 3 | QL (45 gm / 30 days), PA |
| AZELEX CREA 20% | 3 | QL (50 gm / 30 days), PA |
| BENZAMYCIN GEL 5-3% | 3 | QL (46.6 gm / 30 days) |
| *benzoyl peroxide-erythromycin gel 5-3%* | 1 | QL (46.6 gm / 30 days) |
| CABTREO GEL | 3 | QL (50 gm / 30 days), PA |
| *claravis* CAPS 10mg, 20mg, 30mg, 40mg | 1 | PA |
| CLEOCIN-T LOTN 1% | 3 | QL (60 mL / 30 days) |
| *clindacin* FOAM 1% | 1 | QL (100 gm / 30 days) |
| *clindacin etz pledgets* SWAB 1% | 1 | QL (69 pledgets / 30 days) |
| *clindacin-p* SWAB 1% | 1 | QL (69 pledgets / 30 days) |
| CLINDAGEL GEL 1% | 4 | QL (75 mL / 30 days), PA |
| *clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%* | 1 | QL (45 gm / 30 days) |
| *clindamycin phosphate (topical)* FOAM 1% | 1 | QL (100 gm / 30 days) |
| *clindamycin phosphate (topical)* GEL 1% | 1 | QL (75 mL / 30 days), PA |
| *clindamycin phosphate (topical)* LOTN 1%; SOLN 1% | 1 | QL (60 mL / 30 days) |
| *clindamycin phosphate (topical)* SWAB 1% | 1 | QL (69 pledgets / 30 days) |
| *clindamycin phosphate-benzoyl peroxide gel 1-5%* | 1 | QL (50 gm / 30 days) |
| *clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%* | 1 | QL (50 gm / 30 days) |
| *clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%* | 1 | QL (50 gm / 30 days) |
| *clindamycin phosphate-tretinoin gel 1.2-0.025%* | 1 | QL (60 gm / 30 days), PA |
| *dapsone (topical)* GEL 5%, 7.5% | 1 | QL (90 gm / 30 days) |
| EPIDUO FORTE GEL 0.3-2.5% | 3 | QL (60 gm / 30 days), PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *ery* PADS 2% | 1 | QL (60 pledgets / 30 days) |
| *erythromycin (acne aid)* GEL 2% | 1 | QL (60 gm / 30 days) |
| *erythromycin (acne aid)* SOLN 2% | 1 | QL (60 mL / 30 days) |
| FABIOR FOAM .1% | 3 | QL (100 gm / 30 days), PA |
| *isotretinoin* CAPS 10mg, 20mg, 25mg, 30mg, 35mg, 40mg | 1 | PA |
| KLARON LOTN 10% | 3 | QL (118 mL / 30 days) |
| *neuac gel 1.2-5%* | 1 | QL (45 gm / 30 days) |
| ONEXTON GEL 1.2-3.75 | 3 | QL (50 gm / 30 days) |
| RETIN-A CREA .025%, .05%, .1%; GEL .01%, .025% | 3 | QL (45 gm / 30 days), PA |
| RETIN-A MICRO GEL .06% | 3 | QL (50 gm / 30 days), PA |
| RETIN-A MICRO PUMP GEL .08% | 3 | QL (50 gm / 30 days), PA |
| *sulfacetamide sodium (acne)* LOTN 10% | 1 | QL (118 mL / 30 days) |
| TAZAROTENE FOAM .1% | 3 | QL (100 gm / 30 days), PA |
| *tretinoin* CREA .025%, .05%, .1%; GEL .01%, .025%, .05% | 1 | QL (45 gm / 30 days), PA |
| *tretinoin microsphere* GEL .04%, .06%, .08%, .1% | 1 | QL (50 gm / 30 days), PA |
| *twice-daily clindamycin phosphate (topical)* GEL 1% | 1 | QL (60 gm / 30 days) |
| TWYNEO CRE 0.1-3% | 3 | QL (30 gm / 30 days), PA |
| WINLEVI CREA 1% | 3 | QL (60 gm / 30 days), PA |
| *zenatane* CAPS 10mg, 20mg, 30mg, 40mg | 1 | PA |
| ZIANA GEL | 3 | QL (60 gm / 30 days), PA |
| ***DERMATOLOGY, ANTIBIOTICS*** | | |
| *gentamicin sulfate (topical)* CREA .1%; OINT .1% | 1 | QL (30 gm / 30 days) |
| *mupirocin* OINT 2% | 1 | QL (30 gm / 30 days) |
| *mupirocin calcium (topical)* CREA 2% | 1 | QL (30 gm / 30 days), PA |
| SILVADENE CREA 1% | 3 | |
| *silver sulfadiazine* CREA 1% | 1 | |
| *ssd* CREA 1% | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| SULFAMYLON CREA 85mg/gm | 3 | QL (453.6 gm / 30 days) |
| ***DERMATOLOGY, ANTIFUNGALS*** | | |
| *ciclodan* SOLN 8% | 1 | QL (6.6 mL / 30 days) |
| *ciclopirox* GEL .77% | 1 | QL (100 gm / 30 days) |
| *ciclopirox* SHAM 1% | 1 | QL (120 mL / 30 days) |
| *ciclopirox* SOLN 8% | 1 | QL (6.6 mL / 30 days) |
| *ciclopirox olamine* CREA .77% | 1 | QL (90 gm / 30 days) |
| *ciclopirox olamine* SUSP .77% | 1 | QL (60 mL / 30 days) |
| *clotrimazole (topical)* CREA 1% | 1 | QL (45 gm / 30 days) |
| *clotrimazole (topical)* SOLN 1% | 1 | QL (60 mL / 30 days) |
| *clotrimazole w/ betamethasone cream 1-0.05%* | 1 | QL (45 gm / 30 days) |
| *econazole nitrate* CREA 1% | 1 | QL (85 gm / 30 days) |
| ECONAZOLE NITRATE FOAM 1% | 4 | QL (70 gm / 28 days), ST |
| ERTACZO CREA 2% | 4 | QL (60 gm / 30 days), ST |
| EXELDERM CREA 1% | 3 | QL (60 gm / 30 days), PA |
| JUBLIA SOLN 10% | 4 | QL (8 mL / 30 days), PA |
| *ketoconazole (topical)* CREA 2% | 1 | QL (60 gm / 30 days) |
| *ketoconazole (topical)* FOAM 2% | 1 | QL (100 gm / 30 days), PA |
| *ketoconazole (topical)* SHAM 2% | 1 | QL (120 mL / 30 days) |
| *ketodan* FOAM 2% | 1 | QL (100 gm / 30 days), PA |
| *klayesta* POWD 100000unit/gm | 1 | QL (60 gm / 30 days) |
| *luliconazole* CREA 1% | 1 | QL (60 gm / 30 days), ST |
| LUZU CREA 1% | 3 | QL (60 gm / 30 days), ST |
| *naftifine hcl* CREA 1% | 1 | QL (90 gm / 30 days) |
| *naftifine hcl* CREA 2%; GEL 2% | 1 | QL (60 gm / 30 days) |
| NAFTIN GEL 2% | 3 | QL (60 gm / 30 days) |
| *nyamyc* POWD 100000unit/gm | 1 | QL (60 gm / 30 days) |
| *nystatin (topical)* CREA 100000unit/gm; OINT 100000unit/gm | 1 | QL (30 gm / 30 days) |
| *nystatin (topical)* POWD 100000unit/gm | 1 | QL (60 gm / 30 days) |
| *nystop* POWD 100000unit/gm | 1 | QL (60 gm / 30 days) |
| *oxiconazole nitrate* CREA 1% | 1 | QL (90 gm / 30 days), PA |
| *selenium sulfide* LOTN 2.5% | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ZORYVE FOAM .3% | 3 | QL (60 gm / 30 days), PA |
| ***DERMATOLOGY, ANTIPSORIATICS*** | | |
| *acitretin* CAPS 10mg, 17.5mg, 25mg | 1 | |
| *calcipotriene* CREA .005%; OINT .005% | 1 | QL (120 gm / 30 days), PA |
| CALCIPOTRIENE FOAM .005% | 3 | QL (120 gm / 30 days), PA |
| *calcipotriene* SOLN .005% | 1 | QL (120 mL / 30 days), PA |
| *calcipotriene-betamethasone dipropionate oint 0.005-0.064%* | 1 | QL (400 gm / 28 days), PA |
| *calcipotriene-betamethasone dipropionate susp 0.005-0.064%* | 1 | QL (420 gm / 28 days), PA |
| *calcitrene* OINT .005% | 1 | QL (120 gm / 30 days), PA |
| *calcitriol (topical)* OINT 3mcg/gm | 1 | QL (800 gm / 28 days), PA |
| ENSTILAR AER | 4 | QL (120 gm / 30 days), PA |
| *methoxsalen rapid* CAPS 10mg | 4 | |
| PELLIX SOLN .005% | 1 | QL (120 mL / 30 days), PA |
| SORILUX FOAM .005% | 3 | QL (120 gm / 30 days), PA |
| TACLONEX SUS | 4 | QL (420 gm / 28 days), PA |
| *tazarotene* CREA .05%, .1% | 1 | QL (60 gm / 30 days), PA |
| *tazarotene* GEL .05%, .1% | 1 | QL (100 gm / 30 days), PA |
| TAZORAC CREA .05%, .1% | 3 | QL (60 gm / 30 days), PA |
| TAZORAC GEL .05%, .1% | 3 | QL (100 gm / 30 days), PA |
| *trilitas* GEL .1% | 1 | QL (100 gm / 30 days), PA |
| VECTICAL OINT 3mcg/gm | 4 | QL (800 gm / 28 days), PA |
| VTAMA CREA 1% | 4 | QL (60 gm / 30 days), PA |
| ZORYVE CREA .3% | 3 | QL (60 gm / 30 days), PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***DERMATOLOGY, CORTICOSTEROIDS*** | | |
| *ala-cort* CREA 1% | 1 | |
| *ala-scalp* LOTN 2% | 1 | QL (60 mL / 30 days), PA |
| *alclometasone dipropionate* CREA .05%; OINT .05% | 1 | QL (60 gm / 30 days) |
| *amcinonide* CREA .1%; OINT .1% | 4 | QL (60 gm / 30 days), PA |
| *betamethasone dipropionate (topical)* CREA .05%; OINT .05% | 1 | QL (120 gm / 30 days) |
| *betamethasone dipropionate (topical)* LOTN .05% | 1 | QL (120 mL / 30 days) |
| *betamethasone dipropionate augmented* CREA .05%; GEL .05%; OINT .05% | 1 | QL (120 gm / 30 days) |
| *betamethasone dipropionate augmented* LOTN .05% | 1 | QL (120 mL / 30 days) |
| *betamethasone valerate* CREA .1%; FOAM .12%; OINT .1% | 1 | QL (120 gm / 30 days) |
| *betamethasone valerate* LOTN .1% | 1 | QL (120 mL / 30 days) |
| BRYHALI LOTN .01% | 3 | QL (100 gm / 30 days), PA |
| *clobetasol propionate* CREA .05%; GEL .05%; OINT .05% | 1 | QL (120 gm / 30 days) |
| CLOBETASOL PROPIONATE CREA .025% | 4 | QL (100 gm / 30 days) |
| *clobetasol propionate* FOAM .05% | 1 | QL (100 gm / 30 days) |
| *clobetasol propionate* LIQD .05% | 1 | QL (125 mL / 30 days) |
| *clobetasol propionate* LOTN .05% | 1 | QL (118 mL / 30 days) |
| *clobetasol propionate* SHAM .05% | 1 | QL (236 mL / 30 days) |
| *clobetasol propionate* SOLN .05% | 1 | QL (100 mL / 30 days) |
| *clobetasol propionate e* CREA .05% | 1 | QL (120 gm / 30 days) |
| *clobetasol propionate emulsion* FOAM .05% | 1 | QL (100 gm / 30 days) |
| *clocortolone pivalate* CREA .1% | 1 | QL (90 gm / 30 days), PA |
| *clodan* SHAM .05% | 1 | QL (236 mL / 30 days) |
| CORDRAN TAPE 4mcg/sqcm | 3 | QL (1 roll / 30 days), PA |
| DERMA-SMOOTHE/FS BODY OIL .01% | 3 | QL (118.28 mL / 30 days) |
| DERMA-SMOOTHE/FS SCALP OIL .01% | 3 | QL (118.28 mL / 30 days) |
| *desonide* CREA .05%; OINT .05% | 1 | QL (60 gm / 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *desonide* GEL .05% | 1 | QL (60 gm / 30 days), PA |
| *desonide* LOTN .05% | 1 | QL (118 mL / 30 days) |
| *desoximetasone* CREA .05%; OINT .05% | 1 | QL (100 gm / 30 days), PA |
| *desoximetasone* CREA .25%; OINT .25% | 1 | QL (100 gm / 30 days) |
| *desoximetasone* GEL .05% | 1 | QL (60 gm / 30 days), PA |
| *desoximetasone* LIQD .25% | 1 | QL (100 mL / 30 days) |
| *diflorasone diacetate* CREA .05%; OINT .05% | 1 | QL (60 gm / 30 days), PA |
| DIPROLENE OINT .05% | 3 | QL (120 gm / 30 days) |
| DUOBRII LOT | 3 | QL (200 gm / 28 days), PA |
| EPIFOAM AER 1% | 3 | |
| *evesse* LOTN .1% | 1 | QL (118 mL / 30 days), PA |
| *fluocinolone acetonide* CREA .01% | 1 | QL (60 gm / 30 days) |
| *fluocinolone acetonide* CREA .025%; OINT .025% | 1 | QL (120 gm / 30 days) |
| *fluocinolone acetonide* OIL .01% | 1 | QL (118.28 mL / 30 days) |
| *fluocinolone acetonide* SOLN .01% | 1 | QL (60 mL / 30 days) |
| *fluocinonide* CREA .05%, .1% | 1 | QL (120 gm / 30 days) |
| *fluocinonide* GEL .05%; OINT .05% | 1 | QL (60 gm / 30 days) |
| *fluocinonide* SOLN .05% | 1 | QL (60 mL / 30 days) |
| *fluocinonide emulsified base* CREA .05% | 1 | QL (120 gm / 30 days) |
| *flurandrenolide* LOTN .05% | 1 | QL (120 mL / 30 days), PA |
| *fluticasone propionate* CREA .05%; OINT .005% | 1 | |
| *fluticasone propionate* LOTN .05% | 1 | QL (60 mL / 30 days) |
| *halcinonide* CREA .1% | 1 | QL (240 gm / 30 days), PA |
| *halcinonide* SOLN .1% | 4 | QL (120 mL / 30 days), PA |
| *halobetasol propionate* CREA .05%; OINT .05% | 1 | QL (50 gm / 30 days) |
| *halobetasol propionate* FOAM .05% | 1 | QL (200 gm / 28 days), PA |
| HALOG CREA .1% | 3 | QL (240 gm / 30 days), PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| HALOG SOLN .1% | 4 | QL (120 mL / 30 days), PA |
| *hydrocortisone (topical)* CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5% | 1 | |
| *hydrocortisone (topical)* LOTN 2% | 4 | QL (60 mL / 30 days), PA |
| *hydrocortisone (topical)* OINT 1% | 1 | QL (30 gm / 30 days) |
| *hydrocortisone (topical)* SOLN 2.5% | 4 | QL (30 mL / 30 days), PA |
| *hydrocortisone butyrate* CREA .1%; OINT .1% | 1 | QL (45 gm / 30 days) |
| *hydrocortisone butyrate* LOTN .1% | 1 | QL (118 mL / 30 days), PA |
| *hydrocortisone butyrate* SOLN .1% | 1 | QL (60 mL / 30 days) |
| *hydrocortisone valerate* CREA .2%; OINT .2% | 1 | QL (60 gm / 30 days) |
| LEXETTE FOAM .05% | 3 | QL (200 gm / 28 days), PA |
| *mometasone furoate* CREA .1%; OINT .1%; SOLN .1% | 1 | |
| PRAMOSONE CRE 1-1% | 3 | |
| PRAMOSONE LOT 1-1% | 3 | |
| PRAMOSONE LOT 2.5% | 3 | |
| SYNALAR CREA .025%; OINT .025% | 3 | QL (120 gm / 30 days) |
| *texacort* SOLN 2.5% | 1 | QL (30 mL / 30 days), PA |
| TOPICORT LIQD .25% | 3 | QL (100 mL / 30 days), PA |
| TOPICORT OINT .05% | 3 | QL (100 gm / 30 days), PA |
| *tovet* FOAM .05% | 1 | QL (100 gm / 30 days) |
| *triamcinolone acetonide (topical)* AERS .147mg/gm | 1 | QL (100 gm / 30 days), PA |
| *triamcinolone acetonide (topical)* CREA .025%, .1%, .5% | 1 | QL (454 gm / 30 days) |
| *triamcinolone acetonide (topical)* LOTN .025%, .1%; OINT .025%, .1%, .5% | 1 | |
| *triamcinolone acetonide (topical)* OINT .05% | 1 | QL (430 gm / 30 days), PA |
| *triderm* CREA .5% | 1 | QL (454 gm / 30 days) |
| ULTRAVATE LOTN .05% | 4 | QL (120 mL / 30 days), PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***DERMATOLOGY, LOCAL ANESTHETICS*** | | |
| DYCLOPRO SOLN .5% | 3 | |
| *glydo* PRSY 2% | 1 | QL (60 mL / 30 days), PA |
| *lidocaine* OINT 5% | 1 | QL (50 gm / 30 days), PA |
| *lidocaine* PTCH 5% | 1 | QL (3 patches / 1 day), PA |
| *lidocaine hcl* GEL 2% | 1 | QL (30 mL / 30 days), PA |
| *lidocaine hcl* PRSY 2% | 1 | QL (60 mL / 30 days), PA |
| *lidocaine hcl* SOLN 4% | 1 | QL (50 mL / 30 days), PA |
| *lidocaine-prilocaine cream 2.5-2.5%* | 1 | B/D, QL (30 gm / 30 days) |
| *lidocan* PTCH 5% | 1 | QL (3 patches / 1 day), PA |
| QUTENZA KIT 8% 1-PCH | 4 | QL (4 patches / 90 days), PA |
| QUTENZA KIT 8% 2-PCH | 4 | QL (4 patches / 90 days), PA |
| QUTENZA KIT 8% 4-PCH | 4 | QL (4 patches / 90 days), PA |
| *tridacaine iii* PTCH 5% | 1 | QL (3 patches / 1 day), PA |
| ZTLIDO PTCH 1.8% | 3 | QL (3 patches / 1 day), PA |
| ***DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE*** | | |
| *acyclovir topical* CREA 5% | 1 | QL (5 gm / 30 days) |
| *acyclovir topical* OINT 5% | 1 | QL (30 gm / 30 days) |
| ANALPRAM HC LOT 2.5% | 3 | |
| ANUSOL-HC CREA 2.5% | 3 | |
| ANZUPGO CREA 20mg/gm | 4 | QL (60 gm / 30 days), PA |
| *azelaic acid* GEL 15% | 1 | QL (50 gm / 30 days) |
| *bexarotene (topical)* GEL 1% | 4 | QL (60 gm / 30 days), PA |
| *brimonidine tartrate (topical)* GEL .33% | 1 | QL (30 gm / 30 days), PA |
| CORTIFOAM FOAM 10% | 3 | |
| DENAVIR CREA 1% | 3 | QL (5 gm / 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *diclofenac sodium (actinic keratoses)* GEL 3% | 1 | QL (100 gm / 30 days), PA |
| *diclofenac sodium (topical)* SOLN 1.5% | 1 | QL (300 mL / 28 days) |
| *diclofenac sodium (topical)* SOLN 2% | 1 | QL (224 gm / 28 days), PA |
| *doxepin hcl (antipruritic)* CREA 5% | 1 | QL (45 gm / 30 days), PA |
| *doxycycline (rosacea)* CPDR 40mg | 1 | |
| EMROSI CP24 40mg | 4 | QL (30 caps / 30 days), PA |
| EPSOLAY CREA 5% | 3 | QL (30 gm / 30 days), PA |
| EUCRISA OINT 2% | 3 | QL (120 gm / 30 days), PA |
| FINACEA FOAM 15% | 3 | QL (50 gm / 30 days), PA |
| *fluorouracil (topical)* CREA 5% | 1 | QL (40 gm / 30 days) |
| *fluorouracil (topical)* CREA .5% | 4 | QL (30 gm / 30 days) |
| *fluorouracil (topical)* SOLN 2%, 5% | 1 | QL (10 mL / 30 days) |
| *hydrocortisone (rectal)* CREA 1%, 2.5% | 1 | |
| HYFTOR GEL .2% | 4 | QL (20 gm / 25 days), PA |
| *imiquimod* CREA 3.75% | 1 | QL (28 packets / 28 days) |
| *imiquimod* CREA 5% | 1 | QL (24 packets / 30 days) |
| *imiquimod pump* CREA 3.75% | 1 | QL (7.5 gm / 28 days) |
| *ivermectin (rosacea)* CREA 1% | 1 | QL (45 gm / 30 days), PA |
| KLISYRI OINT 1% | 4 | QL (5 packets / 30 days), PA |
| *lactic acid (ammonium lactate)* CREA 12%; LOTN 12% | 1 | |
| *metronidazole (topical)* CREA .75%; GEL .75% | 1 | QL (45 gm / 30 days) |
| *metronidazole (topical)* GEL 1% | 1 | QL (60 gm / 30 days) |
| *metronidazole (topical)* LOTN .75% | 1 | QL (59 mL / 30 days) |
| MIRVASO GEL .33% | 3 | QL (30 gm / 30 days), PA |
| *nitroglycerin (intra-anal)* OINT .4% | 1 | QL (30 gm / 30 days) |
| NORITATE CREA 1% | 4 | QL (60 gm / 30 days), PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| OPZELURA CREA 1.5% | 4 | QL (240 gm / 28 days), PA |
| ORACEA CPDR 40mg | 3 | |
| *oxymetazoline hcl (topical)* CREA 1% | 1 | QL (30 gm / 30 days) |
| PANRETIN GEL .1% | 4 | QL (60 gm / 30 days), PA |
| *penciclovir* CREA 1% | 1 | QL (5 gm / 30 days) |
| *pimecrolimus* CREA 1% | 1 | QL (100 gm / 30 days), PA |
| *podofilox* GEL .5% | 1 | QL (7 gm / 28 days) |
| *podofilox* SOLN .5% | 1 | QL (7 mL / 28 days) |
| *procto-med hc* CREA 2.5% | 1 | |
| *proctocort* CREA 1% | 1 | |
| PROCTOFOAM AER HC 1% | 3 | |
| *proctosol hc* CREA 2.5% | 1 | |
| *proctozone-hc* CREA 2.5% | 1 | |
| PRUDOXIN CREA 5% | 3 | QL (45 gm / 30 days), PA |
| QBREXZA PADS 2.4% | 3 | QL (30 cloths / 30 days), PA |
| RHOFADE CREA 1% | 3 | QL (30 gm / 30 days) |
| SOFDRA GEL 12.45% | 3 | QL (50 mL / 30 days), PA |
| SOOLANTRA CREA 1% | 3 | QL (45 gm / 30 days), PA |
| *tacrolimus (topical)* OINT .03%, .1% | 1 | QL (100 gm / 30 days) |
| TARGRETIN GEL 1% | 4 | QL (60 gm / 30 days), PA |
| VALCHLOR GEL .016% | 4 | QL (60 gm / 30 days), PA |
| XERESE CRE 5-1% | 4 | QL (5 gm / 30 days) |
| YCANTH SOLN .7% | 3 | PA |
| ZELSUVMI GEL 10.3% | 4 | PA |
| ZILXI FOAM 1.5% | 3 | QL (30 gm / 30 days), PA |
| ZONALON CREA 5% | 3 | QL (45 gm / 30 days), PA |
| ZORYVE CREA .05%, .15% | 3 | QL (60 gm / 30 days), PA |
| ZOVIRAX CREA 5% | 3 | QL (5 gm / 30 days) |
| ZOVIRAX OINT 5% | 3 | QL (30 gm / 30 days) |
| ZYCLARA PUMP CREA 3.75% | 4 | QL (7.5 gm / 28 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***DERMATOLOGY, SCABICIDES AND PEDICULIDES*** | | |
| *crotan* LOTN 10% | 4 | QL (454 gm / 30 days), PA |
| EURAX CREA 10% | 3 | QL (60 gm / 30 days), PA |
| *malathion* LOTN .5% | 1 | QL (59 mL / 30 days) |
| NATROBA SUSP .9% | 3 | |
| OVIDE LOTN .5% | 3 | QL (59 mL / 30 days) |
| *permethrin* CREA 5% | 1 | QL (60 gm / 30 days) |
| *pruradik* LOTN 10% | 4 | QL (454 gm / 30 days), PA |
| *spinosad* SUSP .9% | 1 | |
| ***DERMATOLOGY, WOUND CARE AGENTS*** | | |
| FILSUVEZ GEL 10% | 4 | QL (702 gm / 30 days), PA |
| SANTYL OINT 250unit/gm | 3 | QL (180 gm / 30 days), PA |
| *sodium chloride (gu irrigant)* SOLN .9% | 1 | |
| *water for irrigation, sterile irrigation soln* | 1 | |
| ***MOUTH/THROAT/DENTAL AGENTS*** | | |
| *cevimeline hcl* CAPS 30mg | 1 | |
| *chlorhexidine gluconate (mouth-throat)* SOLN .12% | 1 | |
| *clotrimazole* TROC 10mg | 1 | QL (150 lozenges / 30 days) |
| EVOXAC CAPS 30mg | 3 | |
| *kourzeq* PSTE .1% | 1 | |
| *lidocaine hcl (mouth-throat)* SOLN 2% | 1 | |
| *nystatin (mouth-throat)* SUSP 100000unit/ml | 1 | |
| *periogard* SOLN .12% | 1 | |
| *pilocarpine hcl (oral)* TABS 5mg, 7.5mg | 1 | |
| SALAGEN TABS 5mg, 7.5mg | 3 | |
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XPOVIO PAK (60 MG TWICE WEEKLY) .....40
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*ziprasidone mesylate* .....69
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This formulary was updated on 09/29/2026. For more recent information or other questions, please contact us, FEP Medicare Prescription Drug Program Customer Care at 888-338-7737 (TTY users should call 711) 7 days per week, 24 hours per day, or visit www.fepblue.org/medicarerx.

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# FEP Blue Basic Medicare Prescription Drug Program (MPDP)

# 2027 Enhanced Formulary

This formulary was updated on September 30, 2026. For more recent information or other questions, please contact us, The FEP Medicare Prescription Drug Program (MPDP) Customer Care at 888-338-7737 (TTY users should call 711) or visit www.fepblue.org/medicarerx.

When this Drug List (Formulary) refers to “we,” “us,” or “our,” it means FEP Medicare Prescription Drug Program. When it refers to “plan” or “our plan,” it means FEP Blue Basic Medicare Prescription Drug Program (MPDP).

**Introduction:** FEP Blue Basic Medicare Prescription Drug Program (MPDP) Enhanced Formulary is a useful reference for drug product selection. FEP Blue Basic Medicare Prescription Drug Program (MPDP) Enhanced Formulary has been reviewed by the FEP Pharmacy and Medical Policy Committee and FEP physicians and pharmacists and found appropriate for preferred status.

FEP Blue Basic Medicare Prescription Drug Program (MPDP) Enhanced Formulary is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber.

**Preface:** The formulary is organized by sections, which refer to either a drug class or disease state. Unless exceptions are noted, all dosage forms and strengths of the drug cited are included in the formulary.

FEP Medicare Prescription Drug Program may impose restrictions or not reimburse for specific drug products or types of products. For example, certain drugs and supplies for hair removal and hair growth are excluded from the pharmacy benefit. In addition, over-the-counter (OTC) products, with the exception of diabetes monitoring products, are generally not included in the pharmacy benefit. Some OTC products are listed in the formulary for informational purposes only.

The formulary is separated by Tiers in the following manner:

| | |
|---|---|
| **Tier 1** | Generic Drug |
| **Tier 2** | Preferred Brand Drug |
| **Tier 3** | Non-Preferred Drug |
| **Tier 4** | Specialty Tier |

All drugs that are preferred are noted in their respective tiers of the drug lists throughout this formulary. Drugs may be reviewed by the FEP Pharmacy and Medical Policy Committee and designated non-preferred. FEP Medicare Prescription Drug Program may designate certain drugs as non-preferred, typically if the cost-effectiveness is less than other similar drugs.

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

- **Prior Authorization:** FEP Blue Basic Medicare Prescription Drug Program (MPDP) requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from FEP Blue Basic Medicare Prescription Drug Program (MPDP) before you fill your prescriptions. If you don't get approval, the plan may not cover the drug.

- **Quantity Limits:** For certain drugs, FEP Blue Basic Medicare Prescription Drug Program (MPDP) limits the amount of the drug that the plan will cover.

- **Step Therapy:** In some cases, FEP Blue Basic Medicare Prescription Drug Program (MPDP) 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, FEP Blue Basic Medicare Prescription Drug Program (MPDP) may not cover Drug B unless you try Drug A first. If Drug A does not work for you, the plan will then cover Drug B.

**Pharmacy And Medical Policy Committee:** The role of the FEP Pharmacy and Medical Policy Committee includes evaluating new medications and making recommendations for the designation of preferred or non-preferred status on FEP Blue Basic Medicare Prescription Drug Program (MPDP) Enhanced Formulary. The FEP Pharmacy and Medical Policy Committee is made up of physicians and pharmacists who are not employees or agents of, nor have financial interest in FEP.

**Product Selection Criteria:** The FEP Pharmacy and Medical Policy Committee will consider U.S. Food and Drug Administration (FDA) approved drugs for preferred status designation. The evaluation includes a literature review; expert opinion may also be sought. Formal reviews are prepared that typically address the following information:

- Safety

- Efficacy
- Comparison studies
- Drug interactions
- Approved indications
- Formulation and administration
- Adverse effects
- Contraindications
- Pharmacokinetics
- Patient compliance considerations
- Medical outcome and pharmacoeconomic studies

When a new drug is considered for preferred status, an attempt will be made to examine the drug relative to similar drugs currently preferred. In addition, entire therapeutic classes are periodically reviewed. The class review process may result in a designation of non-preferred status to drug(s) in a particular therapeutic class, in an effort to continually promote the most clinically useful and cost-effective agents.

Drugs evaluated by the Pharmacy and Medical Policy Committee and not classified as preferred receive a non-preferred designation on FEP Blue Basic Medicare Prescription Drug Program (MPDP) Enhanced Formulary. This designation indicates the Pharmacy and Medical Policy Committee's belief that the drug offers no important clinical or cost advantage over comparable preferred drugs, or that there is currently insufficient information to determine its appropriate clinical role, or that questions remain regarding safety and effectiveness. Non-preferred drugs may be covered under FEP Blue Basic Medicare Prescription Drug Program (MPDP) Enhanced Formulary. However, there may be additional costs incurred by the patient to receive a non-preferred medication. Physicians are encouraged to prescribe preferred drugs.

All the information in FEP Blue Basic Medicare Prescription Drug Program (MPDP) Enhanced Formulary is provided as a reference for drug therapy selection. The final choice of a specific drug selection for an individual patient rests solely with the prescriber.

**Generic Substitution:** One way to reduce out-of-pocket cost is by requesting a generic drug. Generic drugs are usually priced lower than their brand-name equivalents. Prescription generic drugs are:

- Approved by the FDA for safety and effectiveness and are manufactured under the same strict standards that apply to brand-name drugs.
- Tested in humans to assure the generic is absorbed into the bloodstream in a similar rate and to the same extent as the brand-name drug. Generics may be different from the brand in size, color, and inactive ingredients, but this does not alter their effectiveness or ability to be absorbed just like the brand-name drug.
- Manufactured in the same strength and dosage form as the brand-name drugs.

When a generic drug is substituted for a brand-name drug, you can expect the generic to produce the same clinical effect and safety profile as the brand-name drug.

**Editor:** Your comments and suggestions regarding this FEP Blue Basic Medicare Prescription Drug Program (MPDP) Enhanced Formulary are encouraged. Your input is vital to this formulary's continued success. All responses will be reviewed and considered. Please send your comments to:

Service Benefit Plan
P.O. Box 52080 Phoenix, AZ 85072-2080

**Notice:** The information contained in this FEP Blue Basic Medicare Prescription Drug Program (MPDP) Enhanced Formulary, and any associated appendices is provided by The FEP Medicare Prescription Drug Program, solely for the convenience of medical providers. We do not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. FEP Blue Basic Medicare Prescription Drug Program (MPDP) Enhanced Formulary is not a complete list of all covered medications. This Formulary is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in his or her choice of prescription drugs. FEP assumes no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

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If viewing this formulary via Internet, please be advised that the formulary is updated periodically, and changes may appear prior to their effective date.

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**Legend:** The information in the Requirements/Limits column tells you if FEP Blue Basic Medicare Prescription Drug Program (MPDP) Enhanced Formulary has any special requirements for coverage of your drug. The table below describes the symbols and abbreviations used in the Requirements/Limits column.

| | |
|---|---|
| **OTC** | Over-The-Counter |
| **PA** | Prior Authorization (approval): you must have approval from the plan before you can get this drug |
| **QL** | Quantity Limit: there is a limit to how much of the medicine we will cover |
| **ST** | Step Therapy: you must try another drug before you can get this one |

# FEP MPDP BBSC ENH PSHB Effective 01/01/2027

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS** | | |
| ***ANALEPTICS*** | | |
| *caffeine citrate soln 20mg/ml, 60mg/3ml* | 1 | |
| ***ANOREXIANTS NON-AMPHETAMINE*** | | |
| *benzphetamine hcl tabs 50mg* | 1 | PA |
| *diethylpropion hcl tabs 25mg; tb24 75mg* | 1 | PA |
| *lomaira tabs 8mg* | 1 | PA |
| PHENDIMETRAZINE TARTRATE CP24 105MG | 3 | PA |
| *phendimetrazine tartrate tabs 35mg* | 1 | PA |
| *phentermine hcl caps 15mg, 30mg, 37.5mg; tabs 8mg, 37.5mg* | 1 | PA |
| *phentermine hcl-topiramate cap er 24hr 3.75-23 mg* | 1 | PA |
| *phentermine hcl-topiramate cap er 24hr 7.5-46 mg* | 1 | PA |
| *phentermine hcl-topiramate cap er 24hr 11.25-69 mg* | 1 | PA |
| *phentermine hcl-topiramate cap er 24hr 15-92 mg* | 1 | PA |
| QSYMIA CAP 3.75-23 | 3 | PA |
| QSYMIA CAP 7.5-46MG | 3 | PA |
| QSYMIA CAP 11.25-69 | 3 | PA |
| QSYMIA CAP 15-92MG | 3 | PA |
| ***ANTI-OBESITY AGENTS*** | | |
| CONTRAVE TAB 8-90MG | 3 | PA |
| *liraglutide (weight management) sopn 18mg/3ml* | 1 | PA |
| *orlistat caps 120mg* | 1 | PA |
| SAXENDA SOPN 18MG/3ML | 3 | PA |
| WEGOVY SOAJ .25MG/0.5ML, .5MG/0.5ML, 1MG/0.5ML, 1.7MG/0.75ML, 2.4MG/0.75ML; TABS 1.5MG, 4MG, 9MG, 25MG | 2 | PA |
| WEGOVY HD SOAJ 7.2MG/0.75ML | 2 | PA |
| XENICAL CAPS 120MG | 3 | PA |
| **ANORECTAL AND RELATED PRODUCTS** | | |
| ***RECTAL COMBINATIONS*** | | |
| *hydrocortisone acetate w/ pramoxine perianal cream 2.5-1%* | 1 | |
| LIDOCAINE/HC GEL 2.8-0.55 | 3 | |
| PROCORT CRE | 3 | |
| ***RECTAL STEROIDS*** | | |
| ANUCORT-HC SUPP 25MG | 3 | |
| ANUSOL-HC SUPP 25MG | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| HEMMOREX-HC SUPP 25MG | 3 | |
| *hydrocortisone acetate (rectal) supp 25mg, 30mg* | 1 | |
| **ANTI-INFECTIVE AGENTS - MISC.** | | |
| ***ANTI-INFECTIVE MISC. - COMBINATIONS*** | | |
| URELLE TAB | 3 | |
| URETRON D/S TAB | 3 | |
| VILAMIT MB CAP 118MG | 3 | |
| VILEVEV MB TAB 81MG | 3 | |
| **ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES** | | |
| ***ALKYLATING AGENTS*** | | |
| MYLERAN TABS 2MG | 2 | |
| *temozolomide caps 5mg, 20mg, 100mg, 140mg, 180mg, 250mg* | 4 | |
| ***ANTIMETABOLITES*** | | |
| *capecitabine tabs 150mg, 500mg* | 4 | |
| ***MITOTIC INHIBITORS*** | | |
| *etoposide caps 50mg* | 4 | |
| ***TOPOISOMERASE I INHIBITORS*** | | |
| HYCAMTIN CAPS .25MG, 1MG | 4 | |
| **ANTISEPTICS & DISINFECTANTS** | | |
| ***IODINE ANTISEPTICS*** | | |
| IODOSORB GEL .9% | 3 | OTC |
| **ANTIVIRALS** | | |
| ***ANTIRETROVIRALS*** | | |
| APRETUDE SUER 600MG/3ML | 2 | |
| YEZTUGO SOLN 463.5MG/1.5ML; TABS 300MG | 3 | PA |
| **CONTRACEPTIVES** | | |
| ***EMERGENCY CONTRACEPTIVES*** | | |
| ELLA TABS 30MG | 2 | |
| **COUGH/COLD/ALLERGY** | | |
| ***ANTITUSSIVES*** | | |
| *benzonatate caps 100mg, 150mg, 200mg* | 1 | |
| *hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml* | 1 | QL |
| *hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg* | 1 | QL |
| ***COUGH/COLD/ALLERGY COMBINATIONS*** | | |
| *hydrocod polst-chlorphen polst er susp 10-8 mg/5ml* | 1 | QL |
| *promethazine w/ codeine syrup 6.25-10 mg/5ml* | 1 | QL |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *promethazine-dm syrup 6.25-15 mg/5ml* | 1 | |
| *pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml* | 1 | |
| TUXARIN ER TAB 54.3-8MG | 3 | QL |
| ***MISC. RESPIRATORY INHALANTS*** | | |
| HYPERSAL NEBU 3.5%, 7% | 3 | |
| *sodium chloride (inhalant) nebu .9%, 3%, 7%, 10%* | 1 | |
| **DERMATOLOGICALS** | | |
| ***ACNE PRODUCTS*** | | |
| AVAR CLEANSE LIQ 10-5% | 3 | |
| AVAR LS LIQ 10-2% | 3 | |
| AVAR-E EMOLL CRE 10-5% | 3 | |
| PLEXION CRE 9.8-4.8% | 3 | |
| PLEXION LIQ 9.8-4.8% | 3 | |
| PLEXION LOT 9.8-4.8% | 3 | |
| SOD SUL/SULF EMU 10-5% | 3 | |
| SSS CRE 10%-5% | 3 | |
| *sulfacetamide sodium w/ sulfur cleanser 9-4%* | 1 | |
| *sulfacetamide sodium w/ sulfur cleanser 9-4.5%* | 1 | |
| *sulfacetamide sodium w/ sulfur cleanser 9.8-4.8%* | 1 | |
| *sulfacetamide sodium w/ sulfur cleanser 10-2%* | 1 | |
| *sulfacetamide sodium w/ sulfur cleanser 10-5%* | 1 | |
| *sulfacetamide sodium w/ sulfur cream 9.8-4.8%* | 1 | |
| *sulfacetamide sodium w/ sulfur cream 10-2%* | 1 | |
| *sulfacetamide sodium w/ sulfur cream 10-5%* | 1 | |
| *sulfacetamide sodium w/ sulfur lotion 9.8-4.8%* | 1 | |
| *sulfacetamide sodium w/ sulfur lotion 10-5%* | 1 | |
| *sulfacetamide sodium w/ sulfur susp 8-4%* | 1 | |
| *sulfacetamide sodium w/ sulfur susp 10-5%* | 1 | |
| SULFACLEANSE SUS 8-4% | 3 | |
| ***ANTIFUNGALS - TOPICAL*** | | |
| *iodoquinol-hc cream 1-1%* | 1 | |
| *iodoquinol-hydrocortisone in aloe vehicle cream 1-1.9%* | 1 | |
| ***ANTISEBORRHEIC PRODUCTS*** | | |
| *selenium sulfide sham 2.3%* | 1 | |
| *selenium sulfide shampoo 2.3%* | 1 | |
| *sulfacetamide sodium gel 10%; liqd 10%; sham 9.8%, 10%* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***EMOLLIENT/KERATOLYTIC AGENTS*** | | |
| URAMAXIN GEL 45% | 3 | |
| *urea crea 39%, 40%; lotn 40%* | 1 | |
| XUREA CREA 39% | 3 | |
| ***KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS*** | | |
| KERALYT SHAM 6% | 3 | |
| ***LOCAL ANESTHETICS - TOPICAL*** | | |
| LIDOPIN CREA 3% | 3 | |
| **DIAGNOSTIC PRODUCTS** | | |
| ***DIAGNOSTIC TESTS*** | | |
| BLOOD GLUCOSE TEST STRIPS: ACCU-CHEK | 2 | QL, OTC |
| BLOOD GLUCOSE TEST STRIPS: FREESTYLE | 2 | QL, OTC |
| URINE KETONE TEST STRIPS: CHEMSTRIP | 2 | OTC |
| **ENDOCRINE AND METABOLIC AGENTS - MISC.** | | |
| ***FERTILITY REGULATORS*** | | |
| *clomid tabs 50mg* | 1 | |
| *clomiphene citrate tabs 50mg* | 1 | |
| FOLLISTIM AQ SOLN 300UNT/0.36ML, 600UNT/0.72ML, 900UNT/1.08ML | 4 | |
| MENOPUR SOLR 75UNIT | 4 | |
| *milophene tabs 50mg* | 1 | |
| OVIDREL SOSY 250MCG/0.5ML | 4 | |
| ***GNRH/LHRH ANTAGONISTS*** | | |
| *cetrorelix acetate kit .25mg* | 4 | |
| CETROTIDE KIT .25MG | 4 | |
| *fyremadel sosy 250mcg/0.5ml* | 4 | |
| *ganirelix acetate sosy 250mcg/0.5ml* | 4 | |
| GANIRELIX ACETATE SOSY 250MCG/0.5ML | 4 | |
| ***LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS*** | | |
| SUPPRELIN LA KIT 50MG | 4 | |
| **ESTROGENS** | | |
| ***ESTROGEN COMBINATIONS*** | | |
| COVARYX HS TAB | 3 | |
| COVARYX TAB 1.25-2.5 | 3 | |
| EEMT HS TAB | 3 | |
| EEMT TAB 1.25-2.5 | 3 | |
| *esterified estrogens & methyltestosterone tab 0.625-1.25 mg* | 1 | |
| *esterified estrogens & methyltestosterone tab 1.25-2.5 mg* | 1 | |
| ESTRATEST HS TAB | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **GENITOURINARY AGENTS - MISCELLANEOUS** | | |
| ***ACIDIFIERS*** | | |
| K-PHOS TAB NO 2 | 3 | |
| ***ALKALINIZERS*** | | |
| *pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml* | 1 | |
| *potassium citrate & citric acid soln 1100-334 mg/5ml* | 1 | |
| *sodium citrate & citric acid soln 500-334 mg/5ml* | 1 | |
| TRICITRATES SOL | 3 | |
| **HEMATOLOGICAL AGENTS - MISC.** | | |
| ***ANTIHEMOPHILIC PRODUCTS*** | | |
| ADVATE SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT, 4000UNIT | 4 | |
| ADYNOVATE SOLR 250UNIT, 500UNIT, 750UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT | 4 | |
| AFSTYLA KIT 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 3000UNIT | 4 | |
| ALHEMO SOPN 60MG/1.5ML, 150MG/1.5ML, 300MG/3ML | 4 | PA |
| ALPHANATE SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT | 4 | |
| ALPHANINE SD SOLR 500UNIT, 1000UNIT, 1500UNIT | 4 | |
| ALPROLIX SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT, 4000UNIT | 4 | |
| ALTUVIIIO SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT, 4000UNIT | 4 | |
| BENEFIX KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT | 4 | |
| COAGADEX SOLR 250UNIT, 500UNIT | 4 | |
| CORIFACT KIT 1000-1600UNIT | 4 | |
| ELOCTATE SOLR 250UNIT, 500UNIT, 750UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT, 4000UNIT, 5000UNIT, 6000UNIT | 4 | |
| ESPEROCT SOLR 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT, 4000UNIT | 4 | |
| FEIBA SOLR 500UNIT, 1000UNIT, 2500UNIT | 4 | |
| HEMLIBRA SOLN 12MG/0.4ML, 30MG/ML, 60MG/0.4ML, 105MG/0.7ML, 150MG/ML, 300MG/2ML | 4 | |
| HEMOFIL M SOLR 250UNIT, 500UNIT, 1000UNIT, 1700UNIT | 4 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| HUMATE-P SOL 250-600 | 4 | |
| HUMATE-P SOL 500-1200 | 4 | |
| HUMATE-P SOL 2400UNIT | 4 | |
| HYMPAVZI SOAJ 150MG/ML | 4 | PA |
| IDELVION SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3500UNIT | 4 | |
| IXINITY SOLR 500UNIT, 1000UNIT, 1500UNIT, 3000UNIT | 4 | |
| JIVI SOLR 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT, 4000UNIT | 4 | |
| KOATE SOLR 250UNIT, 500UNIT, 1000UNIT | 4 | |
| KOATE-DVI SOLR 1000UNIT | 4 | |
| KOVALTRY SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT | 4 | |
| NOVOEIGHT SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT | 4 | |
| NOVOSEVEN RT SOLR 1MG, 2MG, 5MG, 8MG | 4 | |
| NUWIQ KIT 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 3000UNIT, 4000UNIT; SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 3000UNIT, 4000UNIT | 4 | |
| OBIZUR SOLR 500UNIT | 4 | |
| PROFILNINE SOLR 500UNIT, 1000UNIT, 1500UNIT | 4 | |
| QFITLIA SOAJ 50MG/0.5ML; SOLN 20MG/0.2ML | 4 | PA |
| REBINYN SOLR 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT | 4 | |
| RECOMBINATE SOLR 220-400UNIT, 401-800UNIT, 801-1240UNIT, 1241-1800UNIT, 1801-2400UNIT | 4 | |
| RIASTAP SOL 1GM | 4 | |
| RIXUBIS SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT | 4 | |
| SEVENFACT SOLR 1MG, 2MG, 5MG | 4 | |
| TRETTEN SOLR 2500UNIT | 4 | |
| VONVENDI SOLR 650UNIT, 1300UNIT | 4 | |
| WILATE INJ | 4 | |
| XYNTHA KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT | 4 | |
| XYNTHA SOLOFUSE KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT | 4 | |
| ***PLATELET AGGREGATION INHIBITORS*** | | |
| ZONTIVITY TABS 2.08MG | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **HEMATOPOIETIC AGENTS** | | |
| ***COBALAMINS*** | | |
| *cyanocobalamin soln 1000mcg/ml* | 1 | |
| ***FOLIC ACID/FOLATES*** | | |
| *folic acid tabs 1mg* | 1 | |
| ***IRON*** | | |
| ACCRUFER CAPS 30MG | 3 | |
| FERAHEME SOLN 510MG/17ML | 3 | |
| *ferric carboxymaltose soln 750mg/15ml* | 1 | |
| FERRLECIT SOLN 12.5MG/ML | 3 | |
| *ferumoxytol soln 510mg/17ml* | 1 | |
| INFED SOLN 50MG/ML | 3 | |
| INJECTAFER SOLN 100MG/2ML, 750MG/15ML, 1000MG/20ML | 3 | |
| *iron sucrose soln 20mg/ml* | 1 | |
| *sod ferric gluc cmplx in sucrose iv soln 12.5 mg/ml (fe eq)* | 1 | |
| *sodium ferric gluconate complex in sucrose soln 12.5mg/ml* | 1 | |
| **MEDICAL DEVICES AND SUPPLIES** | | |
| ***DIABETIC SUPPLIES*** | | |
| BLOOD GLUCOSE METERS: ACCU-CHEK | 2 | OTC |
| BLOOD GLUCOSE METERS: FREESTYLE | 2 | OTC |
| DEXCOM G6 MIS RECEIVER | 3 | PA |
| DEXCOM G6 MIS SENSOR | 3 | PA |
| DEXCOM G6 MIS TRANSMIT | 3 | PA |
| DEXCOM G7 MIS RECEIVER | 3 | PA |
| DEXCOM G7 MIS SENSOR | 3 | PA |
| DEXCOM G7 MIS SNSR 15D | 3 | PA |
| FREESTYLE LB KIT 2/SENSOR | 2 | PA |
| FREESTYLE LB KIT 2PLS/SEN | 2 | PA |
| FREESTYLE LB KIT 3/SENSOR | 2 | PA |
| FREESTYLE LB KIT 3PLS/SEN | 2 | PA |
| FREESTYLE LB KIT 14D/SEN | 2 | PA |
| FREESTYLE LB MIS 2/READER | 2 | PA |
| FREESTYLE LB MIS 3/READER | 2 | PA |
| FREESTYLE LB MIS 14D/RDR | 2 | PA |
| LANCETS/LANCING DEVICES: ACCU-CHEK | 2 | OTC |
| LANCETS/LANCING DEVICES: FREESTYLE | 2 | OTC |
| **MINERALS & ELECTROLYTES** | | |
| ***PHOSPHATE*** | | |
| K-PHOS TABS 500MG | 3 | |
| K-PHOS TAB NEUTRAL | 3 | |
| PHOSPHA 250 TAB NEUTRAL | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *phospho-trin k500 tabs 500mg* | 1 | |
| *phospho-trin tab 250 neut* | 1 | |
| *pot phos monobasic w/sod phos di & monobas tab 155-852-130mg* | 1 | |
| ***ZINC*** | | |
| GALZIN CAPS 50MG | 2 | |
| **MOUTH/THROAT/DENTAL AGENTS** | | |
| ***THROAT PRODUCTS - MISC.*** | | |
| AQUORAL SPR | 3 | |
| BOCASAL POW | 3 | |
| MUCOSITISRX POW | 3 | |
| MUGARD LIQ | 3 | |
| NUMOISYN LIQ | 3 | |
| SALIVAMAX POW | 3 | |
| **OPHTHALMIC AGENTS** | | |
| ***CYCLOPLEGIC MYDRIATICS*** | | |
| CYCLOMYDRIL SOL OP | 3 | |
| *tropicamide soln .5%, 1%* | 1 | |
| **THYROID AGENTS** | | |
| ***THYROID HORMONES*** | | |
| ARMOUR THYROID TABS 15MG, 30MG, 60MG, 90MG, 120MG, 180MG, 240MG, 300MG | 3 | |
| THYROID TABS 15MG, 30MG, 60MG, 90MG, 120MG | 3 | |
| **ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS** | | |
| ***ANTISPASMODICS*** | | |
| DERMACINRX DIGENYX TABS .125MG | 3 | |
| *hyoscyamine sulfate subl .125mg* | 3 | |
| *hyoscyamine sulfate subl .125mg; tabs .125mg; tb12 .375mg; tbdp .125mg* | 1 | |
| *hyosyne elix .125mg/5ml; soln .125mg/ml* | 1 | |
| LEVBID TB12 .375MG | 3 | |
| *pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-0.0065 mg/5ml* | 1 | |
| *pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg* | 1 | |
| **VAGINAL AND RELATED PRODUCTS** | | |
| ***VAGINAL PROGESTINS*** | | |
| ENDOMETRIN INST 100MG | 3 | |
| *progesterone (vaginal) inst 100mg* | 1 | |
| **VITAMINS** | | |
| ***OIL SOLUBLE VITAMINS*** | | |
| *ergocalciferol caps 1.25mg, 50000unit* | 1 | |
| *phytonadione soln 10mg/ml; tabs 5mg* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***WATER SOLUBLE VITAMINS*** | | |
| *pyridoxine hcl soln 100mg/ml* | 1 | |
| *thiamine hcl soln 100mg/ml, 200mg/2ml* | 1 | |

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