

Health Options Program

Comprehensive Gold5 Prescription Drug Formulary for the Medicare Standard Rx Option *(List of Covered Drugs)*

2026

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

This Gold5 Prescription Drug Formulary for the Medicare Standard Rx Option (PDP) is effective as of August 5, 2025. For more recent information or other questions, please call the HOP Administration Unit at 1-800-773-7725, or for TTY users, 1-800-498-5428, 8:00 a.m. to 8:00 p.m. ET, Monday to Friday, or visit **HOPbenefits.com**.

Important message about what you pay for vaccines: The **Medicare Standard Rx Option** covers most Part D vaccines at no cost to you, even if you haven't paid your annual deductible. Call Optum Rx for more information.

Important message about what you pay for insulin: You won't pay more than \$35 for a one-month supply of each insulin product covered by the **Medicare Standard Rx Option**, no matter which cost-sharing tier it's on, even if you haven't paid your deductible. Call Optum Rx for more information.

MEMBER SERVICES

For help or information about prescription drugs, call **Optum Rx**.

Phone: 1-888-239-1301 (calls to this number are free)

TTY: 1-800-498-5428 (calls to this number are free)

Hours: 24 hours a day, seven days a week

For help or information about enrollment, billing, or ID cards, call the **HOP Administration Unit**, or go to our plan website at **HOPbenefits.com**.

Phone: 1-800-773-7725 (calls to this number are free)

TTY: 1-800-498-5428 (calls to this number are free)

Fax: 1-877-411-4921

Hours: Monday–Friday, 8:00 a.m. to 8:00 p.m.

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 the Health Options Program, which is sponsored by the Pennsylvania Public School Employees’ Retirement System. When it refers to “plan” or “our plan,” it means the Medicare Standard Rx Option.

This document includes the Drug List for our plan, which is effective as of August 5, 2025. For an updated formulary, please contact us. Our contact information, along with the date we last updated the 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 or coinsurance may change on January 1, 2027, and from time to time during the year.

What is the Medicare Standard Rx Option Comprehensive Formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs, selected for the Medicare Standard Rx Option 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. The Medicare Standard Rx Option will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at an Optum Rx network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

Please note that this formulary covers the Medicare Standard Rx Option only. If you are enrolled in the Medicare Plus Rx Option, please contact us for a copy of that formulary. Our contact information appears on the front and back cover pages. If you have coverage through a Medicare Advantage plan through the Health Options Program, you will have to

contact the Medicare Advantage plan directly for a copy of the formulary for your prescription drug plan.

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: **HOPbenefits.com**.

Changes that can affect you this year: In cases listed below, 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 for you and continue to cover the drug that is being changed. For more information, see the section titled “How do I request

an exception to the Medicare Standard Rx Option'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) withdraws it 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 remove a brand-name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand-name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary or add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section entitled "How do I request an exception to the Medicare Standard Rx Option Formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 coverage year except as described above. This means that 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 August 5, 2025. To get updated information about the drugs covered by the Medicare Standard Rx Option, please contact us. Our contact information appears on the front and back cover pages. In the event of midyear formulary changes, a revised Comprehensive Formulary for the Medicare Standard Rx Option will be posted to **HOPbenefits.com**.

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 Agents." 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 that begins on page 60. The Index provides an alphabetical list of all 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?

The Medicare Standard Rx Option covers both brand-name drugs and generic drugs. A generic drug is approved by the Food and Drug Administration (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 a 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 have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization (PA):** The Medicare Standard Rx Option requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from the Medicare Standard Rx Option before you fill your prescriptions. If you don't get approval, the Medicare Standard Rx Option may not cover the drug.
- **Quantity Limits (QL):** For certain drugs, the Medicare Standard Rx Option limits the amount of the drug that the Medicare Standard Rx Option will cover. For example, the Medicare Standard Rx Option covers 30 pills per 30 days for Crestor. If your prescription is for more, Optum Rx will contact your doctor to determine whether more than one per day will be covered. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy (ST):** In some cases, the Medicare Standard Rx Option requires you to first try certain drugs to treat your medical condition before it will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, the Medicare Standard Rx Option 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.

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. We have posted a document online that explains 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 the Medicare Standard Rx Option 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 Medicare Standard Rx Option Formulary?” below 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 Optum Rx and ask if your drug is covered. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you learn that the Medicare Standard Rx Option does not cover your drug, you have two options:

- You can ask Optum Rx for a list of similar drugs that are covered by the Medicare Standard Rx Option. When you receive the list, show it to your doctor, and ask them to prescribe a similar drug that is covered by the plan.
- You can ask the plan 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 Medicare Standard Rx Option Formulary?

You can ask the Medicare Standard Rx Option 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 your 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 will not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, the Medicare Standard Rx Option limits the amount of 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 (if this drug is not on the specialty tier). If approved, this would lower the amount you must pay for your drug.

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

You or your prescriber should contact us to ask for a tiering or formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision within 72 hours of getting your prescriber’s supporting statement. You can ask for an expedited (fast) decision if you or your doctor believes, 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 if it 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 of a 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.

Emergency transitions and level-of-care changes

You may have a change in your treatment setting due to the level of care you require. Such transitions may include if you are:

- Admitted to a long-term care facility following an inpatient hospital stay
- Discharged from a hospital or skilled nursing facility to a home setting
- Admitted to a hospital or skilled nursing facility from a home setting
- Transferred from one skilled nursing facility to another and the new facility is serviced by a different pharmacy
- Discharged from a skilled nursing facility Medicare Part A stay, where payments include all pharmacy charges, and you now need to use your Part D plan benefit
- Reverted back to standard Medicare Parts A and B coverage after giving up hospice status

This transition policy applies to drugs that are covered under the Medicare Standard Rx Option and filled at a network pharmacy.

For More Information

For more detailed information about the Medicare Standard Rx Option's prescription drug coverage, please review your *Evidence of Coverage for the Medicare Plus Rx Option and the Medicare Standard Rx Option* and other plan materials. If you have questions about the Medicare Standard Rx Option, 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 **medicare.gov**.

How to Read the Medicare Standard Rx Option Prescription Drug Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by the Medicare Standard Rx Option. If you have trouble finding your drug in the list, turn to the Index that begins on page 60.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., LIDODERM), and generic drugs are listed in lowercase italics (e.g., *meloxicam*).

The information in the Requirements/Limits column tells you if the Medicare Standard Rx Option has any special requirements for coverage of your drug.

WHAT THE ABBREVIATIONS MEAN

B/D: This prescription drug has a **Part B versus Part D administrative prior authorization requirement**. This drug may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

NDS: Non-Extended Day Supply. This prescription drug is **not** available for an extended day supply under the Medicare Standard Rx Option.

PA: Prior Authorization. You or your physician need to get approval from the Medicare Standard Rx Option before you fill this prescription. If you don't get approval, the Medicare Standard Rx Option may not cover the drug. See page iv for more information.

QL: Quantity Limit. The Medicare Standard Rx Option limits the amount of this drug that will be covered. See page iv for more information.

ST: Step Therapy. The Medicare Standard Rx Option requires you to first try another drug to treat your medical condition before it will cover this drug for that condition. See page iv for more information.

2026 Medicare Standard Rx Option

DEDUCTIBLE

- You must pay the annual deductible of \$615 before the Medicare Standard Rx Option pays any portion of your Tier 3, 4 or 5 prescription drug costs.
- Tier 1 and Tier 2 generics are excluded from the deductible.

PREFERRED GENERIC DRUGS (TIER 1)

- In Initial Coverage, you'll pay a maximum of \$6 for up to a 30-day supply (and a maximum of \$18 for a 31- to 90-day supply).
- In Catastrophic Coverage, you will have no cost sharing.

NON-PREFERRED GENERIC DRUGS (TIER 2)

- In Initial Coverage, you'll pay a maximum of \$15 for up to a 30-day supply (and a maximum of \$45 for a 31- to 90-day supply).
- In Catastrophic Coverage, you will have no cost sharing.

PREFERRED BRAND-NAME DRUGS (TIER 3)

- In Initial Coverage, you'll pay 25% of the cost.
- In Catastrophic Coverage, you will have no cost sharing.

NON-PREFERRED DRUGS (TIER 4)

- In Initial Coverage, you'll pay 30% of the cost.
- In Catastrophic Coverage, you will have no cost sharing.

SPECIALTY DRUGS (TIER 5)

- In Initial Coverage, you pay 25% of the cost.
 - In Catastrophic Coverage, you will have no cost sharing.
 - Specialty drugs are limited to a 30-day supply.
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Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Analgesics		
JOURNAVX TABS 50MG	4	QL (30 EA per 90 days)
Nonsteroidal Anti-inflammatory Drugs		
celecoxib caps 100mg, 200mg, 400mg, 50mg	2	QL (60 EA per 30 days)
diclofenac potassium tabs 50mg	3	
diclofenac sodium dr tbec 25mg, 50mg, 75mg	2	
diclofenac sodium er tb24 100mg	3	
diclofenac sodium gel 1%	2	QL (1000 GM per 30 days)
diclofenac sodium external soln 1.5%	4	PA
diflunisal tabs 500mg	3	
ec-naproxen tbec 500mg	4	
etodolac caps 200mg, 300mg	3	
etodolac tabs 400mg, 500mg	3	
flurbiprofen tabs 100mg, 50mg	2	
ibuprofen susp 100mg/5ml	2	
ibuprofen tabs 400mg, 600mg, 800mg	1	
ibu tabs 400mg, 600mg, 800mg	1	
indomethacin er cpcr 75mg	3	
indomethacin caps 25mg, 50mg	2	
ketorolac tromethamine inj 15mg/ml, 30mg/ml, 60mg/2ml	4	
ketorolac tromethamine tabs 10mg	4	QL (20 EA per 30 days)
meloxicam tabs 15mg, 7.5mg	1	
nabumetone tabs 500mg, 750mg	2	
naproxen dr tbec 375mg	2	
naproxen dr tbec 500mg	4	
naproxen sodium tabs 275mg, 550mg	3	
naproxen tabs 250mg, 375mg, 500mg	1	
naproxen tbec 500mg	4	
oxaprozin tabs 600mg	3	
piroxicam caps 10mg, 20mg	3	
sulindac tabs 150mg, 200mg	2	
Opioid Analgesics, Long-acting		
buprenorphine ptwk 10mcg/hr, 15mcg/hr, 20mcg/hr, 5mcg/hr, 7.5mcg/hr	4	QL (4 EA per 28 days) NDS
fentanyl pt72 100mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr	4	NDS
methadone hcl soln 10mg/5ml, 5mg/5ml	3	NDS
methadone hcl tabs 10mg, 5mg	2	NDS
methadone hydrochloride intensol conc 10mg/ml	3	NDS
methadone hydrochloride conc 10mg/ml	3	NDS
morphine sulfate er tbcr 100mg, 15mg, 200mg, 30mg, 60mg	3	NDS
XTAMPZA ER C12A 13.5MG, 18MG, 27MG, 36MG, 9MG	3	NDS
Opioid Analgesics, Short-acting		
acetaminophen/codeine phosphate tabs 300mg; 60mg	2	NDS
acetaminophen/codeine soln 120mg/5ml; 12mg/5ml	3	NDS
acetaminophen/codeine tabs 300mg; 15mg, 300mg; 30mg	2	NDS
endocet tabs 325mg; 5mg	2	NDS

Drug Name	Drug Tier	Requirements/Limits
<i>endocet tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg</i>	3	NDS
<i>fentanyl citrate oral transmucosal lpop 200mcg</i>	4	PA NDS
<i>fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	5	PA NDS
<i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml</i>	3	NDS
<i>hydrocodone bitartrate/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg</i>	2	NDS
<i>hydrocodone/acetaminophen tabs 325mg; 7.5mg</i>	2	NDS
<i>hydromorphone hcl inj 10mg/ml, 4mg/ml</i>	4	NDS
<i>hydromorphone hcl tabs 2mg, 4mg</i>	2	NDS
<i>hydromorphone hcl tabs 8mg</i>	4	NDS
<i>hydromorphone hydrochloride inj 1mg/ml, 2mg/ml, 4mg/ml, 50mg/5ml</i>	4	NDS
<i>morphine sulfate inj 10mg/ml, 4mg/ml</i>	2	NDS
<i>morphine sulfate oral soln 100mg/5ml, 10mg/5ml, 20mg/5ml</i>	3	NDS
<i>morphine sulfate tabs 15mg, 30mg</i>	3	NDS
<i>oxycodone hydrochloride soln 5mg/5ml</i>	3	NDS
<i>oxycodone hydrochloride tabs 10mg, 15mg, 5mg</i>	2	NDS
<i>oxycodone hydrochloride tabs 20mg, 30mg</i>	3	NDS
<i>oxycodone/acetaminophen tabs 325mg; 5mg</i>	2	NDS
<i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg</i>	3	NDS
<i>tramadol hydrochloride/acetaminophen tabs 325mg; 37.5mg</i>	2	NDS
<i>tramadol hydrochloride tabs 50mg</i>	1	NDS
Anesthetics		
Local Anesthetics		
<i>lidocaine/prilocaine crea 2.5%; 2.5%</i>	2	QL (30 GM per 30 days) PA
<i>lidocaine oint 5%</i>	3	QL (150 GM per 30 days) PA
<i>lidocaine ptch 5%</i>	4	PA
<i>premium lidocaine oint 5%</i>	3	QL (150 GM per 30 days) PA
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
<i>acamprosate calcium dr tbec 333mg</i>	4	
<i>disulfiram tabs 250mg, 500mg</i>	3	
<i>naltrexone hydrochloride tabs 50mg</i>	2	
<i>VIVITROL INJ 380MG</i>	5	
Opioid Dependence		
<i>buprenorphine hcl/naloxone hcl subl 2mg; 0.5mg, 8mg; 2mg</i>	2	
<i>buprenorphine hcl subl 2mg, 8mg</i>	2	
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg</i>	3	
Opioid Reversal Agents		
<i>KLOXXADO LIQD 8MG/0.1ML</i>	4	
<i>naloxone hcl inj 4mg/10ml</i>	2	
<i>naloxone hydrochloride inj 0.4mg/ml</i>	2	
<i>naloxone hydrochloride inj 2mg/2ml</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>naloxone hydrochloride liqd 4mg/0.1ml</i>	3	
OPVEE SOLN 2.7MG/0.1ML	3	
Smoking Cessation Agents		
<i>bupropion hydrochloride er (sr) tb12 150mg</i>	2	QL (60 EA per 30 days)
NICOTROL NS SOLN 10MG/ML	4	QL (360 ML per 365 days)
TYRVAYA SOLN 0.03MG/ACT	4	QL (8.4 ML per 30 days)
<i>varenicline starting month tbpk 0</i>	4	QL (504 EA per 365 days)
<i>varenicline tartrate tabs 0.5mg, 1mg</i>	4	QL (504 EA per 365 days)
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate inj 1gm/4ml, 500mg/2ml</i>	4	
ARIKAYCE SUSP 590MG/8.4ML	5	PA
<i>gentamicin sulfate pediatric inj 10mg/ml</i>	3	
<i>gentamicin sulfate crea 0.1%</i>	3	
<i>gentamicin sulfate inj 40mg/ml</i>	3	
<i>gentamicin sulfate oint 0.1%</i>	3	
HUMATIN CAPS 250MG	5	
<i>neomycin sulfate tabs 500mg</i>	2	
<i>streptomycin sulfate inj 1gm</i>	5	
<i>tobramycin sulfate inj 1.2gm/30ml, 1.2gm, 10mg/ml, 40mg/ml, 40mg/ml, 80mg/2ml</i>	4	
Antibacterials, Other		
<i>aztreonam inj 1gm, 2gm</i>	4	
<i>clindacin etz pledgets swab 1%</i>	3	
<i>clindamycin hcl caps 300mg</i>	2	
<i>clindamycin hydrochloride caps 150mg, 75mg</i>	2	
<i>clindamycin palmitate hydrochloride solr 75mg/5ml</i>	4	
<i>clindamycin phosphate crea 2%</i>	4	
<i>clindamycin phosphate inj 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	3	
<i>clindamycin phosphate swab 1%</i>	3	
<i>colistimethate sodium inj 150mg</i>	4	
DAPTOMYCIN/SODIUM CHLORIDE INJ 1000MG/100ML; 0.9%, 350MG/50ML; 0.9%, 500MG/50ML; 0.9%, 700MG/100ML; 0.9%	4	
<i>daptomycin inj 350mg, 500mg</i>	4	
<i>fosfomycin tromethamine pack 3gm</i>	4	
IMPAVIDO CAPS 50MG	5	
<i>linezolid inj 600mg/300ml</i>	4	
<i>linezolid susr 100mg/5ml</i>	5	QL (1800 ML per 28 days)
<i>linezolid tabs 600mg</i>	4	QL (56 EA per 28 days)
<i>methenamine hippurate tabs 1gm</i>	4	
<i>metronidazole vaginal gel 0.75%</i>	3	
<i>metronidazole inj 500mg/100ml</i>	2	
<i>metronidazole tabs 250mg, 500mg</i>	1	
<i>nitrofurantoin macrocrystals caps 100mg, 50mg</i>	3	
<i>nitrofurantoin monohydrate/macrocrystals caps 100mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>nitrofurantoin monohydrate caps 100mg</i>	2	
<i>tigecycline inj 50mg</i>	4	
<i>tinidazole tabs 250mg, 500mg</i>	4	
<i>trimethoprim tabs 100mg</i>	2	
<i>vancomycin hcl inj 10gm</i>	3	
<i>vancomycin hydrochloride caps 125mg</i>	4	QL (120 EA per 30 days)
<i>vancomycin hydrochloride caps 250mg</i>	4	QL (240 EA per 30 days)
VANCOMYCIN HYDROCHLORIDE INJ 1.75GM, 2GM	3	
<i>vancomycin hydrochloride inj 1gm, 500mg, 750mg</i>	3	
VOQUEZNA DUAL PAK THPK 500MG; 20MG	4	PA
VOQUEZNA TRIPLE PAK THPK 500MG; 500MG; 20MG	4	PA
Beta-lactam, Cephalosporins		
<i>cefaclor caps 250mg, 500mg</i>	2	
<i>cefaclor susr 250mg/5ml</i>	4	
<i>cefadroxil caps 500mg</i>	2	
<i>cefadroxil susr 250mg/5ml, 500mg/5ml</i>	2	
<i>cefazolin sodium inj 10gm, 1gm, 500mg</i>	4	
CEFAZOLIN INJ 2GM, 3GM	4	
<i>cefdinir caps 300mg</i>	2	
<i>cefdinir susr 125mg/5ml, 250mg/5ml</i>	2	
<i>cefepime hydrochloride inj 100gm, 2gm</i>	4	
CEFEPIME/DEXTROSE INJ 2GM/50ML; 5%	4	
<i>cefepime inj 1gm/50ml, 1gm, 2gm/100ml, 2gm</i>	4	
<i>cefixime caps 400mg</i>	4	
<i>cefotaxime sodium inj 1gm, 2gm</i>	2	
<i>cefotetan inj 1gm, 2gm</i>	4	
<i>cefoxitin sodium inj 10gm, 1gm, 2gm</i>	3	
<i>cefpodoxime proxetil susr 100mg/5ml, 50mg/5ml</i>	3	
<i>cefpodoxime proxetil tabs 100mg, 200mg</i>	4	
<i>cefprozil susr 125mg/5ml, 250mg/5ml</i>	3	
<i>cefprozil tabs 250mg, 500mg</i>	2	
<i>ceftazidime inj 1gm, 2gm, 6gm</i>	3	
<i>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i>	3	
<i>cefuroxime axetil tabs 250mg, 500mg</i>	2	
<i>cefuroxime sodium inj 1.5gm, 750mg</i>	3	
<i>cephalexin caps 250mg, 500mg</i>	2	
<i>cephalexin susr 125mg/5ml, 250mg/5ml</i>	2	
TAZICEF INJ 6GM	3	
<i>tazicef inj 1gm, 2gm</i>	3	
TEFLARO INJ 400MG, 600MG	5	
Beta-lactam, Penicillins		
<i>amoxicillin/clavulanate potassium er tb12 1000mg; 62.5mg</i>	4	
<i>amoxicillin/clavulanate potassium chew 200mg; 28.5mg, 400mg; 57mg</i>	2	
<i>amoxicillin/clavulanate potassium susr 200mg/5ml; 28.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin/clavulanate potassium susr 250mg/5ml; 62.5mg/5ml</i>	4	
<i>amoxicillin/clavulanate potassium tabs 500mg; 125mg, 875mg; 125mg</i>	2	
<i>amoxicillin/clavulanate potassium tabs 250mg; 125mg</i>	4	
<i>amoxicillin caps 250mg, 500mg</i>	1	
<i>amoxicillin chew 125mg, 250mg</i>	2	
<i>amoxicillin susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml</i>	1	
<i>amoxicillin tabs 500mg, 875mg</i>	1	
<i>ampicillin sodium inj 10gm, 125mg, 1gm</i>	3	
<i>ampicillin-sulbactam inj 10gm; 5gm, 1gm; 0.5gm, 2gm; 1gm</i>	3	
<i>ampicillin/sulbactam inj 2gm; 1gm</i>	3	
<i>ampicillin caps 500mg</i>	2	
<i>AUGMENTIN SUSR 125MG/5ML; 31.25MG/5ML</i>	4	
<i>BICILLIN L-A INJ 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML</i>	4	
<i>dicloxacillin sodium caps 250mg, 500mg</i>	2	
<i>nafcillin sodium inj 10gm, 1gm, 2gm</i>	4	
<i>oxacillin sodium inj 10gm, 1gm, 2gm</i>	4	
<i>penicillin g sodium inj 5000000unit</i>	5	
<i>penicillin v potassium solr 125mg/5ml, 250mg/5ml</i>	2	
<i>penicillin v potassium tabs 250mg, 500mg</i>	2	
<i>piperacillin sodium/tazobactam sodium inj 2gm; 0.25gm, 36gm; 4.5gm, 3gm; 0.375gm, 4gm; 0.5gm</i>	4	
Carbapenems		
<i>ertapenem sodium inj 1gm</i>	4	
<i>imipenem/cilastatin inj 250mg; 250mg, 500mg; 500mg</i>	3	
<i>meropenem inj 1gm, 2gm, 500mg</i>	3	
Macrolides		
<i>azithromycin inj 500mg</i>	3	
<i>azithromycin pack 1gm</i>	2	
<i>azithromycin susr 100mg/5ml, 200mg/5ml</i>	2	
<i>azithromycin tabs 250mg, 500mg, 600mg</i>	1	
<i>clarithromycin er tb24 500mg</i>	4	
<i>clarithromycin susr 125mg/5ml, 250mg/5ml</i>	4	
<i>clarithromycin tabs 250mg, 500mg</i>	2	
<i>DIFICID TABS 200MG</i>	5	
<i>erythromycin dr tbec 250mg, 333mg, 500mg</i>	4	
<i>fidaxomicin tabs 200mg</i>	5	
Quinolones		
<i>ciprofloxacin hcl tabs 750mg</i>	1	
<i>ciprofloxacin hydrochloride tabs 250mg, 500mg</i>	1	
<i>ciprofloxacin i.v.-in d5w inj 200mg/100ml; 5%, 400mg/200ml; 3 5%</i>		
<i>levofloxacin in d5w inj 5%; 250mg/50ml, 5%; 500mg/100ml, 5%; 750mg/150ml</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin inj 25mg/ml</i>	4	
<i>levofloxacin oral soln 25mg/ml</i>	4	
<i>levofloxacin tabs 250mg, 500mg, 750mg</i>	2	
<i>moxifloxacin hydrochloride/sodium hydrochloride inj 400mg/250ml; 0.8%</i>	4	
<i>moxifloxacin hydrochloride tabs 400mg</i>	3	
Sulfonamides		
<i>sulfadiazine tabs 500mg</i>	5	
<i>sulfamethoxazole/trimethoprim ds tabs 800mg; 160mg</i>	1	
<i>sulfamethoxazole/trimethoprim susp 200mg/5ml; 40mg/5ml</i>	3	
<i>sulfamethoxazole/trimethoprim tabs 400mg; 80mg</i>	1	
Tetracyclines		
<i>demeclocycline hcl tabs 150mg, 300mg</i>	4	
<i>demeclocycline hydrochloride tabs 300mg</i>	4	
<i>doxy 100 inj 100mg</i>	4	
<i>doxycycline hyclate caps 100mg, 50mg</i>	2	
<i>doxycycline hyclate inj 100mg</i>	4	
<i>doxycycline hyclate tabs 100mg</i>	2	
<i>doxycycline monohydrate caps 100mg, 50mg</i>	2	
<i>doxycycline monohydrate tabs 100mg, 50mg</i>	2	
<i>doxycycline monohydrate tabs 150mg, 75mg</i>	3	
<i>doxycycline susr 25mg/5ml</i>	3	
<i>minocycline hcl caps 75mg</i>	3	
<i>minocycline hydrochloride caps 100mg, 50mg</i>	3	
<i>tetracycline hydrochloride caps 250mg, 500mg</i>	3	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT SOLN 10MG/ML	5	PA
BRIVIACT TABS 100MG, 10MG, 25MG, 50MG, 75MG	5	PA
EPIDIOLEX SOLN 100MG/ML	5	PA
EPRONTIA SOLN 25MG/ML	4	
<i>felbamate susp 600mg/5ml</i>	4	
<i>felbamate tabs 400mg, 600mg</i>	4	
FINTEPLA SOLN 2.2MG/ML	5	PA
FYCOMPA SUSP 0.5MG/ML	5	
FYCOMPA TABS 2MG	4	
FYCOMPA TABS 10MG, 12MG, 4MG, 6MG, 8MG	5	
<i>lamotrigine er tb24 100mg, 200mg, 250mg, 25mg, 300mg, 50mg</i>	4	
<i>lamotrigine odt tbdp 200mg</i>	4	
<i>lamotrigine starter kit/blue kit 25mg</i>	4	
<i>lamotrigine starter kit/green kit 0</i>	4	
<i>lamotrigine starter kit/orange kit 0</i>	4	
<i>lamotrigine chew 25mg, 5mg</i>	2	
<i>lamotrigine tabs 100mg, 150mg, 200mg, 25mg</i>	1	
<i>levetiracetam er tb24 500mg, 750mg</i>	3	
<i>levetiracetam soln 100mg/ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam tabs 1000mg, 250mg, 500mg, 750mg</i>	2	
<i>levetiracetam tb3d 250mg</i>	4	
NAYZILAM SOLN 5MG/0.1ML	4	QL (10 EA per 30 days)
<i>perampanel tabs 2mg</i>	4	
<i>perampanel tabs 10mg, 12mg, 4mg, 6mg, 8mg</i>	5	
<i>roweepra tabs 500mg</i>	2	
SPRITAM TB3D 1000MG, 250MG, 500MG, 750MG	4	
<i>subvenite starter kit/blue kit 25mg</i>	4	
<i>subvenite starter kit/green kit 0</i>	4	
<i>subvenite starter kit/orange kit 0</i>	4	
<i>subvenite tabs 100mg, 150mg, 200mg, 25mg</i>	1	
<i>topiramate cpsp 15mg, 25mg, 50mg</i>	3	
<i>topiramate soln 25mg/ml</i>	4	
<i>topiramate tabs 100mg, 200mg, 25mg, 50mg</i>	1	
<i>valproic acid caps 250mg</i>	2	
<i>valproic acid soln 250mg/5ml</i>	2	
Calcium Channel Modifying Agents		
<i>ethosuximide caps 250mg</i>	3	
<i>ethosuximide soln 250mg/5ml</i>	3	
<i>methsuximide caps 300mg</i>	4	
Gamma-aminobutyric Acid (GABA) Modulating Agents		
<i>clobazam susp 2.5mg/ml</i>	4	
<i>clobazam tabs 10mg, 20mg</i>	4	
<i>clonazepam odt tbdp 2mg</i>	4	QL (300 EA per 30 days)
<i>clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg, 1mg</i>	4	QL (90 EA per 30 days)
<i>clonazepam tabs 2mg</i>	1	QL (300 EA per 30 days)
<i>clonazepam tabs 0.5mg, 1mg</i>	1	QL (90 EA per 30 days)
DIACOMIT CAPS 250MG, 500MG	5	PA
DIACOMIT PACK 250MG, 500MG	5	PA
<i>diazepam rectal gel gel 10mg, 2.5mg, 20mg</i>	4	
<i>divalproex sodium dr csdr 125mg</i>	2	
<i>divalproex sodium dr tbec 125mg, 250mg, 500mg</i>	2	
<i>divalproex sodium er tb24 250mg, 500mg</i>	2	
<i>gabapentin caps 400mg</i>	1	QL (270 EA per 30 days)
<i>gabapentin caps 100mg, 300mg</i>	1	QL (360 EA per 30 days)
<i>gabapentin soln 250mg/5ml</i>	4	QL (2160 ML per 30 days)
<i>gabapentin tabs 800mg</i>	2	QL (150 EA per 30 days)
<i>gabapentin tabs 600mg</i>	2	QL (180 EA per 30 days)
LIBERVANT FILM 10MG, 12.5MG, 15MG, 5MG, 7.5MG	4	QL (10 EA per 30 days)
<i>phenobarbital elix 20mg/5ml</i>	4	
<i>phenobarbital tabs 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	4	
<i>pregabalin caps 300mg</i>	2	QL (60 EA per 30 days)
<i>pregabalin caps 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg</i>	2	QL (90 EA per 30 days)
<i>pregabalin soln 20mg/ml</i>	4	QL (900 ML per 30 days)
<i>primidone tabs 125mg, 250mg, 50mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
SYMPAZAN FILM 10MG, 5MG	4	
SYMPAZAN FILM 20MG	5	
<i>tiagabine hydrochloride tabs 12mg, 16mg, 2mg, 4mg</i>	4	
VALTOCO 10 MG DOSE LIQD 10MG/0.1ML	5	QL (10 EA per 30 days)
VALTOCO 15 MG DOSE LQPK 7.5MG/0.1ML	5	QL (10 EA per 30 days)
VALTOCO 20 MG DOSE LQPK 10MG/0.1ML	5	QL (10 EA per 30 days)
VALTOCO 5 MG DOSE LIQD 5MG/0.1ML	5	QL (10 EA per 30 days)
<i>vigabatrin pack 500mg</i>	5	PA
<i>vigabatrin tabs 500mg</i>	5	PA
<i>vigadrone pack 500mg</i>	5	PA
<i>vigadrone tabs 500mg</i>	5	PA
VIGAFYDE SOLN 100MG/ML	5	PA
<i>vigpoder pack 500mg</i>	5	PA
ZTALMY SUSP 50MG/ML	5	PA
Sodium Channel Agents		
APTiom TABS 200MG, 400MG, 600MG, 800MG	5	
<i>carbamazepine er cp12 100mg, 200mg, 300mg</i>	4	
<i>carbamazepine er tb12 100mg, 200mg, 400mg</i>	3	
<i>carbamazepine chew 100mg, 200mg</i>	2	
<i>carbamazepine susp 100mg/5ml</i>	3	
<i>carbamazepine tabs 200mg</i>	3	
DILANTIN CAPS 30MG	4	
<i>epitol tabs 200mg</i>	3	
<i>eslicarbazepine acetate tabs 200mg, 400mg, 600mg, 800mg</i>	4	
<i>lacosamide soln 10mg/ml</i>	4	
<i>lacosamide tabs 100mg, 150mg, 200mg, 50mg</i>	4	
<i>oxcarbazepine susp 300mg/5ml</i>	4	
<i>oxcarbazepine tabs 150mg, 300mg, 600mg</i>	2	
PHENYTEK CAPS 200MG, 300MG	2	
<i>phenytoin infatabs chew 50mg</i>	2	
<i>phenytoin sodium extended caps 100mg, 200mg, 300mg</i>	2	
<i>phenytoin chew 50mg</i>	2	
<i>phenytoin susp 125mg/5ml</i>	2	
<i>rufinamide susp 40mg/ml</i>	5	
<i>rufinamide tabs 200mg</i>	4	
<i>rufinamide tabs 400mg</i>	5	
XCOPRI TABS 100MG, 150MG, 200MG, 25MG, 50MG	5	PA
XCOPRI TBPk 0	4	PA; (12.5mg-25mg)
XCOPRI TBPk 0	5	PA
XCOPRI TBPk 0	5	PA; (100mg-150mg)
ZONISADE SUSP 100MG/5ML	4	ST
<i>zonisamide caps 100mg, 25mg, 50mg</i>	2	
Antidementia Agents		
Antidementia Agents, Other		
<i>ergoloid mesylates tabs 1mg</i>	4	
<i>memantine/donepezil hydrochloride er cp24 10mg; 14mg, 10mg; 21mg, 10mg; 28mg</i>	3	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Cholinesterase Inhibitors		
donepezil hcl tabs 10mg	1	
donepezil hcl tabs 23mg	4	
donepezil hcl tbdp 10mg, 5mg	2	
donepezil hydrochloride tabs 10mg, 5mg	1	
galantamine hydrobromide er cp24 16mg, 24mg, 8mg	4	
galantamine hydrobromide soln 4mg/ml	4	
galantamine hydrobromide tabs 12mg, 4mg, 8mg	4	
rivastigmine tartrate caps 1.5mg, 3mg, 4.5mg, 6mg	2	
rivastigmine transdermal system pt24 13.3mg/24hr, 4.6mg/24hr, 9.5mg/24hr	4	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
memantine hcl titration pak tabs 0	2	
memantine hydrochloride er cp24 14mg, 21mg, 28mg, 7mg	4	QL (30 EA per 30 days)
memantine hydrochloride tabs 10mg, 5mg	2	
Antidepressants		
Antidepressants, Other		
AUVELITY TBCR 105MG; 45MG	4	QL (60 EA per 30 days) ST
bupropion hydrochloride er (sr) tb12 150mg, 200mg	2	QL (60 EA per 30 days)
bupropion hydrochloride er (sr) tb12 100mg	2	QL (90 EA per 30 days)
bupropion hydrochloride er (xl) tb24 300mg	2	QL (30 EA per 30 days)
bupropion hydrochloride er (xl) tb24 150mg	2	QL (90 EA per 30 days)
bupropion hydrochloride tabs 100mg, 75mg	2	
mirtazapine odt tbdp 15mg, 30mg, 45mg	3	
mirtazapine tabs 15mg, 30mg, 45mg, 7.5mg	2	
SPRAVATO 56MG DOSE SOPK 0	5	PA
SPRAVATO 84MG DOSE SOPK 0	5	PA
ZURZUVAE CAPS 30MG	5	QL (14 EA per 14 days) PA
ZURZUVAE CAPS 20MG, 25MG	5	QL (28 EA per 14 days) PA
Monoamine Oxidase Inhibitors		
EMSAM PT24 12MG/24HR, 6MG/24HR, 9MG/24HR	5	QL (30 EA per 30 days) ST
MARPLAN TABS 10MG	4	
phenelzine sulfate tabs 15mg	3	
tranylcypromine sulfate tabs 10mg	4	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)		
citalopram hydrobromide soln 10mg/5ml	4	
citalopram hydrobromide tabs 10mg, 20mg, 40mg	1	
desvenlafaxine er tb24 100mg	2	QL (120 EA per 30 days)
desvenlafaxine er tb24 25mg, 50mg	2	QL (30 EA per 30 days)
DRIZALMA SPRINKLE CSDR 20MG, 60MG	4	QL (60 EA per 30 days)
DRIZALMA SPRINKLE CSDR 30MG, 40MG	4	QL (90 EA per 30 days)
duloxetine hydrochloride dr cpep 20mg, 60mg	2	QL (60 EA per 30 days)
duloxetine hydrochloride dr cpep 30mg	2	QL (90 EA per 30 days)
escitalopram oxalate soln 5mg/5ml	3	
escitalopram oxalate tabs 10mg, 20mg, 5mg	1	
FETZIMA TITRATION PACK C4PK 0	4	QL (56 EA per 365 days) ST

Drug Name	Drug Tier	Requirements/Limits	
FETZIMA CP24 120MG, 20MG, 40MG, 80MG	4	QL (30 EA per 30 days) ST	
fluoxetine hydrochloride caps 10mg, 20mg, 40mg	1		
fluoxetine hydrochloride soln 20mg/5ml	4		
fluvoxamine maleate tabs 100mg, 25mg, 50mg	2		
nefazodone hydrochloride tabs 100mg, 150mg, 200mg, 250mg, 50mg	4		
paroxetine hcl tabs 30mg, 40mg	2		
paroxetine hydrochloride susp 10mg/5ml	4		
paroxetine hydrochloride tabs 10mg, 20mg	2		
RALDESY SOLN 10MG/ML	5		
sertraline hcl conc 20mg/ml	3	QL (30 EA per 30 days)	
sertraline hcl tabs 50mg	1		
sertraline hydrochloride tabs 100mg, 25mg	1		
trazodone hydrochloride tabs 100mg, 150mg, 50mg	1		
TRINTELLIX TABS 10MG, 20MG, 5MG	4		
venlafaxine hydrochloride er cp24 150mg, 37.5mg, 75mg	2		
venlafaxine hydrochloride tabs 100mg, 25mg, 37.5mg, 50mg, 75mg	2		
vilazodone hydrochloride tabs 10mg, 20mg, 40mg	4		
Tricyclics			
amitriptyline hcl tabs 100mg, 150mg, 25mg, 75mg	3		
amitriptyline hydrochloride tabs 100mg, 10mg, 25mg, 50mg, 75mg	3		
amoxapine tabs 100mg, 150mg, 25mg, 50mg	4		
clomipramine hydrochloride caps 25mg, 50mg, 75mg	4		
desipramine hydrochloride tabs 100mg, 10mg, 150mg, 25mg, 50mg, 75mg	4		
doxepin hcl caps 75mg	3		
doxepin hcl conc 10mg/ml	4		
doxepin hydrochloride caps 100mg, 10mg, 150mg, 25mg, 50mg	3		
imipramine hcl tabs 25mg, 50mg	4		
imipramine hydrochloride tabs 10mg	4		
nortriptyline hcl caps 25mg, 75mg	2		
nortriptyline hcl soln 10mg/5ml	4		
nortriptyline hydrochloride caps 10mg, 50mg	2		
protriptyline hcl tabs 10mg, 5mg	4		
trimipramine maleate caps 100mg, 25mg, 50mg	4		
Antiemetics			
Antiemetics, Other			
compro supp 25mg	4		
meclizine hcl tabs 12.5mg, 25mg	4		
prochlorperazine maleate tabs 10mg, 5mg	2		
prochlorperazine supp 25mg	4		
promethazine hcl supp 12.5mg	4		
promethazine hydrochloride plain soln 6.25mg/5ml	3		
promethazine hydrochloride supp 25mg	4		

Drug Name	Drug Tier	Requirements/Limits
<i>promethazine hydrochloride syrp 6.25mg/5ml</i>	3	
<i>promethazine hydrochloride tabs 12.5mg, 25mg, 50mg</i>	2	
<i>promethegan supp 12.5mg, 25mg</i>	4	
<i>scopolamine pt72 1mg/3days</i>	4	
Emetogenic Therapy Adjuncts		
<i>aprepitant caps 40mg</i>	4	QL (1 EA per 30 days) B/D
<i>aprepitant caps 0</i>	4	QL (6 EA per 30 days) B/D
<i>aprepitant caps 80mg</i>	4	QL (8 EA per 30 days) B/D
<i>aprepitant caps 125mg</i>	5	QL (2 EA per 30 days) B/D
<i>dronabinol caps 10mg, 2.5mg, 5mg</i>	4	QL (60 EA per 30 days) PA
<i>ondansetron hcl soln 4mg/5ml</i>	4	QL (450 ML per 30 days) B/D
<i>ondansetron hydrochloride tabs 4mg, 8mg</i>	1	B/D
<i>ondansetron odt tbdp 4mg, 8mg</i>	2	B/D
Antifungals		
Antifungals		
<i>ABELCET INJ 5MG/ML</i>	4	B/D
<i>amphotericin b liposome inj 50mg</i>	5	B/D
<i>amphotericin b inj 50mg</i>	4	B/D
<i>caspofungin acetate inj 50mg, 70mg</i>	4	
<i>clotrimazole crea 1%</i>	2	QL (90 GM per 30 days)
<i>clotrimazole soln 1%</i>	3	QL (60 ML per 30 days)
<i>clotrimazole troc 10mg</i>	3	
<i>CRESEMBA CAPS 186MG, 74.5MG</i>	5	PA
<i>econazole nitrate crea 1%</i>	2	
<i>fluconazole in sodium chloride inj 200mg/100ml; 0.9%, 400mg/200ml; 0.9%</i>	3	
<i>fluconazole susr 10mg/ml, 40mg/ml</i>	3	
<i>fluconazole tabs 100mg, 150mg, 200mg, 50mg</i>	2	
<i>flucytosine caps 250mg, 500mg</i>	5	
<i>griseofulvin microsize susp 125mg/5ml</i>	4	
<i>griseofulvin microsize tabs 500mg</i>	4	
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	4	
<i>itraconazole caps 100mg</i>	4	PA
<i>JUBLIA SOLN 10%</i>	5	
<i>ketoconazole crea 2%</i>	2	QL (90 GM per 30 days)
<i>ketoconazole sham 2%</i>	2	
<i>ketoconazole tabs 200mg</i>	2	
<i>klayesta powd 100000unit/gm</i>	2	QL (120 GM per 30 days)
<i>micafungin inj 100mg, 50mg</i>	4	
<i>nyamyc powd 100000unit/gm</i>	2	QL (120 GM per 30 days)
<i>nystatin crea 100000unit/gm</i>	2	
<i>nystatin oint 100000unit/gm</i>	2	
<i>nystatin powd 100000unit/gm</i>	2	QL (120 GM per 30 days)
<i>nystatin susp 100000unit/ml</i>	2	
<i>nystatin tabs 500000unit</i>	3	
<i>nystop powd 100000unit/gm</i>	2	QL (120 GM per 30 days)
<i>posaconazole dr tbec 100mg</i>	5	PA

Drug Name	Drug Tier	Requirements/Limits
<i>posaconazole susp 40mg/ml</i>	5	PA
<i>terbinafine hcl tabs 250mg</i>	2	QL (84 EA per 180 days)
<i>terconazole crea 0.4%, 0.8%</i>	3	
<i>voriconazole inj 200mg</i>	5	PA
<i>voriconazole susr 40mg/ml</i>	5	
<i>voriconazole tabs 200mg, 50mg</i>	4	
Antigout Agents		
Antigout Agents		
<i>allopurinol tabs 100mg, 300mg</i>	1	
<i>colchicine tabs 0.6mg</i>	3	
<i>febuxostat tabs 40mg, 80mg</i>	4	
<i>probenecid/colchicine tabs 0.5mg; 500mg</i>	2	
<i>probenecid tabs 500mg</i>	2	
Antimigraine Agents		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists		
AIMOVIG INJ 140MG/ML	3	QL (1 ML per 28 days) PA
AIMOVIG INJ 70MG/ML	3	QL (2 ML per 28 days) PA
EMGALITY INJ 120MG/ML	3	QL (2 ML per 28 days) PA
EMGALITY INJ 100MG/ML	5	QL (3 ML per 28 days) PA
QULIPTA TABS 10MG, 30MG, 60MG	5	QL (30 EA per 30 days) PA
UBRELVY TABS 100MG, 50MG	5	QL (16 EA per 30 days) PA
Ergot Alkaloids		
<i>dihydroergotamine mesylate soln 4mg/ml</i>	4	QL (8 ML per 30 days) PA
<i>ergotamine tartrate/cafeine tabs 100mg; 1mg</i>	3	QL (24 EA per 28 days)
Prophylactic		
<i>timolol maleate tabs 10mg, 20mg, 5mg</i>	3	
Serotonin (5-HT) Receptor Agonist		
<i>naratriptan hcl tabs 1mg, 2.5mg</i>	3	QL (9 EA per 30 days)
<i>rizatriptan benzoate odt tbdp 10mg, 5mg</i>	3	QL (18 EA per 30 days)
<i>rizatriptan benzoate tabs 10mg, 5mg</i>	2	QL (18 EA per 30 days)
<i>sumatriptan succinate inj 6mg/0.5ml</i>	4	QL (5 ML per 30 days)
<i>sumatriptan succinate tabs 100mg, 25mg, 50mg</i>	2	QL (9 EA per 30 days)
<i>sumatriptan soln 20mg/act, 5mg/act</i>	4	QL (12 EA per 30 days)
<i>zolmitriptan tabs 2.5mg, 5mg</i>	3	QL (12 EA per 30 days)
Antimyasthenic Agents		
Parasympathomimetics		
<i>pyridostigmine bromide tabs 60mg</i>	2	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone tabs 100mg, 25mg</i>	3	
<i>rifabutin caps 150mg</i>	4	
Antituberculars		
<i>cycloserine caps 250mg</i>	5	
<i>ethambutol hydrochloride tabs 100mg, 400mg</i>	2	
ISONIAZID INJ 100MG/ML	4	
<i>isoniazid syrp 50mg/5ml</i>	4	
<i>isoniazid tabs 100mg, 300mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
PRIFTIN TABS 150MG	4	
<i>pyrazinamide tabs 500mg</i>	3	
<i>rifampin caps 150mg, 300mg</i>	3	
<i>rifampin inj 600mg</i>	4	
SIRTURO TABS 100MG, 20MG	5	
TRECTOR TABS 250MG	4	
Antineoplastics		
<i>Alkylating Agents</i>		
<i>cisplatin inj 100mg/100ml</i>	4	
<i>cyclophosphamide caps 25mg, 50mg</i>	3	B/D
GLEOSTINE CAPS 10MG, 40MG	4	
GLEOSTINE CAPS 100MG	5	
LEUKERAN TABS 2MG	5	
MATULANE CAPS 50MG	5	
VALCHLOR GEL 0.016%	5	PA
<i>Antiandrogens</i>		
<i>abiraterone acetate tabs 250mg</i>	4	PA
<i>abiraterone acetate tabs 500mg</i>	5	PA
<i>abirtega tabs 250mg</i>	4	PA
<i>bicalutamide tabs 50mg</i>	2	
ERLEADA TABS 240MG, 60MG	5	PA
EULEXIN CAPS 125MG	4	
<i>nilutamide tabs 150mg</i>	5	
NUBEQA TABS 300MG	5	PA
XTANDI CAPS 40MG	5	PA
XTANDI TABS 40MG, 80MG	5	PA
YONSA TABS 125MG	5	PA
<i>Antiangiogenic Agents</i>		
<i>lenalidomide caps 10mg, 15mg, 2.5mg, 20mg, 25mg, 5mg</i>	5	PA
POMALYST CAPS 3MG, 4MG	5	PA
POMALYST CAPS 1MG, 2MG	5	QL (30 EA per 30 days) PA
THALOMID CAPS 100MG, 150MG, 200MG, 50MG	5	PA
<i>Antiestrogens/Modifiers</i>		
EMCYT CAPS 140MG	5	
ORSERDU TABS 345MG, 86MG	5	PA
SOLTAMOX SOLN 10MG/5ML	5	
<i>tamoxifen citrate tabs 10mg, 20mg</i>	2	
<i>toremifene citrate tabs 60mg</i>	4	
<i>Antimetabolites</i>		
DROXIA CAPS 200MG, 300MG, 400MG	3	
<i>hydroxyurea caps 500mg</i>	2	
<i>mercaptopurine susp 2000mg/100ml</i>	5	
<i>mercaptopurine tabs 50mg</i>	3	
TABLOID TABS 40MG	5	
<i>Antineoplastics, Other</i>		
AKEEGA TABS 500MG; 100MG, 500MG; 50MG	5	PA
IBRANCE TABS 100MG, 125MG, 75MG	5	PA

Drug Name	Drug Tier	Requirements/Limits
INREBIC CAPS 100MG	5	PA
ITOVEBI TABS 9MG	5	PA
ITOVEBI TABS 3MG	5	QL (60 EA per 30 days) PA
IWILFIN TABS 192MG	5	PA
KISQALI FEMARA 200 DOSE TBPk 2.5MG; 200MG	5	PA
KISQALI FEMARA 400 DOSE TBPk 2.5MG; 200MG	5	PA
KISQALI FEMARA 600 DOSE TBPk 2.5MG; 200MG	5	PA
LAZCLUZE TABS 240MG	5	PA
LAZCLUZE TABS 80MG	5	QL (60 EA per 30 days) PA
<i>leucovorin calcium tabs 10mg, 15mg, 25mg, 5mg</i>	3	
LONSURF TABS 6.14MG; 15MG, 8.19MG; 20MG	5	PA
LYSODREN TABS 500MG	5	
OGSIVEO TABS 100MG, 150MG, 50MG	5	PA
OJEMDA SUSR 25MG/ML	5	PA
OJEMDA TABS 100MG	5	PA
ONUREG TABS 200MG, 300MG	5	PA
PHEGO INJ 2000UNIT/ML; 60MG/ML; 60MG/ML	5	PA
REVUFORJ TABS 110MG, 160MG, 25MG	5	PA
VONJO CAPS 100MG	5	PA
ZOLINZA CAPS 100MG	5	PA
<i>Aromatase Inhibitors, 3rd Generation</i>		
<i>anastrozole tabs 1mg</i>	1	
<i>exemestane tabs 25mg</i>	4	
<i>letrozole tabs 2.5mg</i>	2	
<i>Enzyme Inhibitors</i>		
AVMAPKI FAKZYNJA CO-PACK THPK 0.8MG; 200MG	5	PA
<i>topotecan hcl inj 4mg</i>	5	
<i>topotecan hydrochloride inj 4mg/4ml</i>	5	
<i>Molecular Target Inhibitors</i>		
ALECENSA CAPS 150MG	5	PA
ALUNBRIG TABS 30MG	5	QL (120 EA per 30 days) PA
ALUNBRIG TABS 180MG, 90MG	5	QL (30 EA per 30 days) PA
ALUNBRIG TBPk 0	5	QL (60 EA per 365 days) PA
AUGTYRO CAPS 160MG, 40MG	5	PA
AYVAKIT TABS 100MG, 200MG, 25MG, 300MG, 50MG	5	QL (30 EA per 30 days) PA
BALVERSA TABS 3MG, 4MG, 5MG	5	PA
BOSULIF CAPS 100MG, 50MG	5	PA
BOSULIF TABS 100MG, 400MG, 500MG	5	PA
BRAFTOVI CAPS 75MG	5	PA
BRUKINSA CAPS 80MG	5	PA
CABOMETYX TABS 40MG, 60MG	5	PA
CABOMETYX TABS 20MG	5	QL (30 EA per 30 days) PA
CALQUENCE CAPS 100MG	5	PA
CALQUENCE TABS 100MG	5	PA
CAPRELSA TABS 300MG	5	PA
CAPRELSA TABS 100MG	5	QL (60 EA per 30 days) PA
COMETRIQ KIT 0, 20MG	5	PA

Drug Name	Drug Tier	Requirements/Limits
COPIKTRA CAPS 15MG, 25MG	5	PA
COTELLIC TABS 20MG	5	PA
DANZITEN TABS 71MG, 95MG	5	PA
<i>dasatinib tabs 100mg, 140mg, 20mg, 50mg, 70mg, 80mg</i>	5	PA
DAURISMO TABS 100MG, 25MG	5	PA
ENSACOVE CAPS 100MG, 25MG	5	PA
ERIVEDGE CAPS 150MG	5	PA
<i>erlotinib hydrochloride tabs 100mg, 150mg, 25mg</i>	4	PA
<i>everolimus tabs 10mg, 2.5mg, 5mg, 7.5mg</i>	5	QL (30 EA per 30 days) PA
<i>everolimus tbso 2mg, 3mg, 5mg</i>	5	PA
EXKIVITY CAPS 40MG	5	
FOTIVDA CAPS 0.89MG, 1.34MG	5	PA
FRUZAQLA CAPS 1MG, 5MG	5	PA
GAVRETO CAPS 100MG	5	PA
<i>gefitinib tabs 250mg</i>	5	PA
GILOTRIF TABS 20MG, 30MG, 40MG	5	QL (30 EA per 30 days) PA
GOMEKLI CAPS 1MG, 2MG	5	PA
GOMEKLI TBSO 1MG	5	PA
IBRANCE CAPS 100MG, 125MG, 75MG	5	PA
IBTROZI CAPS 200MG	5	PA
ICLUSIG TABS 30MG, 45MG	5	PA
ICLUSIG TABS 10MG, 15MG	5	QL (30 EA per 30 days) PA
IDHIFA TABS 100MG, 50MG	5	QL (30 EA per 30 days) PA
<i>imatinib mesylate tabs 100mg</i>	3	PA
<i>imatinib mesylate tabs 400mg</i>	4	PA
IMBRUVICA CAPS 140MG	5	QL (120 EA per 30 days) PA
IMBRUVICA CAPS 70MG	5	QL (28 EA per 28 days) PA
IMBRUVICA SUSP 70MG/ML	5	PA
IMBRUVICA TABS 420MG	5	PA
IMBRUVICA TABS 140MG, 280MG	5	QL (28 EA per 28 days) PA
IMKELDI SOLN 80MG/ML	5	PA
INLYTA TABS 1MG, 5MG	5	PA
INQOVI TABS 100MG; 35MG	5	PA
JAKAFI TABS 15MG, 20MG, 25MG, 5MG	5	PA
JAKAFI TABS 10MG	5	QL (60 EA per 30 days) PA
JAYPIRCA TABS 100MG	5	PA
JAYPIRCA TABS 50MG	5	QL (30 EA per 30 days) PA
KISQALI TBPk 200MG	5	PA
KOSELUGO CAPS 10MG, 25MG	5	PA
KRAZATI TABS 200MG	5	PA
<i>lapatinib ditosylate tabs 250mg</i>	5	PA
LENVIMA 10 MG DAILY DOSE CPPK 10MG	5	PA
LENVIMA 12MG DAILY DOSE CPPK 4MG	5	PA
LENVIMA 14 MG DAILY DOSE CPPK 0	5	PA
LENVIMA 18 MG DAILY DOSE CPPK 0	5	PA
LENVIMA 20 MG DAILY DOSE CPPK 10MG	5	PA
LENVIMA 24 MG DAILY DOSE CPPK 0	5	PA

Drug Name	Drug Tier	Requirements/Limits
LENVIMA 4 MG DAILY DOSE CPPK 4MG	5	PA
LENVIMA 8 MG DAILY DOSE CPPK 4MG	5	PA
LORBRENA TABS 100MG, 25MG	5	PA
LUMAKRAS TABS 120MG, 240MG, 320MG	5	PA
LYNPARZA TABS 100MG, 150MG	5	PA
LYTGOBI TBPK 4MG	5	PA; 12 MG DAILY DOSE
LYTGOBI TBPK 4MG	5	PA; 16 MG DAILY DOSE
LYTGOBI TBPK 4MG	5	PA; 20 MG DAILY DOSE
MEKINIST SOLR 0.05MG/ML	5	PA
MEKINIST TABS 0.5MG, 2MG	5	PA
MEKTOVI TABS 15MG	5	PA
NERLYNX TABS 40MG	5	QL (180 EA per 30 days) PA
<i>nilotinib hydrochloride caps 150mg, 200mg, 50mg</i>	5	PA
NILOTINIB CAPS 150MG, 200MG, 50MG	5	PA
NINLARO CAPS 2.3MG, 3MG, 4MG	5	PA
ODOMZO CAPS 200MG	5	PA
OJJAARA TABS 100MG, 200MG	5	PA
OJJAARA TABS 150MG	5	QL (30 EA per 30 days) PA
<i>pazopanib hydrochloride tabs 200mg</i>	5	PA
PEMAZYRE TABS 13.5MG, 4.5MG, 9MG	5	QL (30 EA per 30 days) PA
PIQRAY 200MG DAILY DOSE TBPK 200MG	5	PA
PIQRAY 250MG DAILY DOSE TBPK 0	5	PA
PIQRAY 300MG DAILY DOSE TBPK 150MG	5	PA
QINLOCK TABS 50MG	5	PA
RETEVMO CAPS 40MG, 80MG	5	PA
RETEVMO TABS 120MG, 160MG	5	PA
RETEVMO TABS 80MG	5	QL (60 EA per 30 days) PA
RETEVMO TABS 40MG	5	QL (90 EA per 30 days) PA
REZLIDHIA CAPS 150MG	5	PA
ROMVIMZA CAPS 14MG, 20MG, 30MG	5	PA
ROZLYTREK CAPS 100MG, 200MG	5	PA
ROZLYTREK PACK 50MG	5	PA
RUBRACA TABS 250MG, 300MG	5	PA
RUBRACA TABS 200MG	5	QL (120 EA per 30 days) PA
RYDAPT CAPS 25MG	5	PA
SCEMBLIX TABS 100MG	5	QL (120 EA per 30 days) PA
SCEMBLIX TABS 40MG	5	QL (240 EA per 30 days) PA
SCEMBLIX TABS 20MG	5	QL (60 EA per 30 days) PA
<i>sorafenib tosylate tabs 200mg</i>	5	PA
<i>sorafenib tabs 200mg</i>	5	PA
STIVARGA TABS 40MG	5	PA
<i>sunitinib malate caps 12.5mg, 25mg, 37.5mg, 50mg</i>	5	PA
TABRECTA TABS 150MG, 200MG	5	QL (120 EA per 30 days) PA
TAFINLAR CAPS 50MG, 75MG	5	PA
TAFINLAR TBSO 10MG	5	PA
TAGRISSO TABS 80MG	5	PA
TAGRISSO TABS 40MG	5	QL (30 EA per 30 days) PA

Drug Name	Drug Tier	Requirements/Limits
TALZENNA CAPS 0.1MG, 0.25MG, 0.35MG, 0.5MG, 0.75MG, 1MG	5	PA
TASIGNA CAPS 150MG, 200MG, 50MG	5	PA
TAZVERIK TABS 200MG	5	PA
TEPMETKO TABS 225MG	5	PA
TIBSOVO TABS 250MG	5	PA
<i>torpenz tabs 10mg, 2.5mg, 5mg, 7.5mg</i>	5	QL (30 EA per 30 days) PA
TRUQAP TABS 160MG, 200MG	5	PA
TRUQAP TBPk 160MG, 200MG	5	PA
TUKYSA TABS 150MG, 50MG	5	PA
TURALIO CAPS 125MG	5	PA
VANFLYTA TABS 17.7MG, 26.5MG	5	PA
VENCLEXTA STARTING PACK TBPk 0	5	PA
VENCLEXTA TABS 10MG	4	PA
VENCLEXTA TABS 100MG, 50MG	5	PA
VERZENIO TABS 100MG, 150MG, 200MG, 50MG	5	PA
VITRAKVI CAPS 100MG, 25MG	5	PA
VITRAKVI SOLN 20MG/ML	5	PA
VIZIMPRO TABS 15MG, 30MG, 45MG	5	PA
XALKORI CAPS 200MG, 250MG	5	PA
XALKORI CPSP 150MG, 20MG, 50MG	5	PA
XOSPATA TABS 40MG	5	PA
XPOVIO 60 MG TWICE WEEKLY TBPk 20MG	5	PA
XPOVIO 80 MG TWICE WEEKLY TBPk 20MG	5	PA
XPOVIO TBPk 10MG, 40MG, 50MG, 60MG	5	PA
ZEJULA TABS 200MG, 300MG	5	PA
ZEJULA TABS 100MG	5	QL (30 EA per 30 days) PA
ZELBORAF TABS 240MG	5	PA
ZYDELIG TABS 100MG, 150MG	5	PA
ZYKADIA TABS 150MG	5	PA
Monoclonal Antibodies/Antibody-Drug Conjugates		
TEVIMBRA INJ 100MG/10ML	5	PA
Retinoids		
<i>bexarotene caps 75mg</i>	5	PA
<i>bexarotene gel 1%</i>	5	PA
PANRETIN GEL 0.1%	5	
<i>tretinoin caps 10mg</i>	5	
Treatment Adjuncts		
MESNA TABS 400MG	5	
VORANIGO TABS 40MG	5	PA
VORANIGO TABS 10MG	5	QL (60 EA per 30 days) PA
Antiparasitics		
Anthelmintics		
<i>albendazole tabs 200mg</i>	4	
<i>ivermectin tabs 3mg, 6mg</i>	2	PA
<i>praziquantel tabs 600mg</i>	4	
Antiprotozoals		

Drug Name	Drug Tier	Requirements/Limits
ALINIA SUSR 100MG/5ML	5	
atovaquone/proguanil hcl tabs 62.5mg; 25mg	3	
atovaquone/proguanil hydrochloride tabs 250mg; 100mg	3	
atovaquone susp 750mg/5ml	4	
benznidazole tabs 100mg, 12.5mg	3	
chloroquine phosphate tabs 250mg, 500mg	3	
COARTEM TABS 20MG; 120MG	4	
hydroxychloroquine sulfate tabs 100mg, 200mg	2	
mefloquine hydrochloride tabs 250mg	2	
nitazoxanide tabs 500mg	5	
pentamidine isethionate inj 300mg	3	
pentamidine isethionate inhalation solr 300mg	3	B/D
primaquine phosphate tabs 26.3mg	3	
pyrimethamine tabs 25mg	5	PA
quinine sulfate caps 324mg	3	PA
Antiparkinson Agents		
Anticholinergics		
benztropine mesylate tabs 0.5mg, 1mg, 2mg	2	
trihexyphenidyl hydrochloride tabs 2mg, 5mg	4	
Antiparkinson Agents, Other		
entacapone tabs 200mg	3	
Dopamine Agonists		
bromocriptine mesylate caps 5mg	4	
bromocriptine mesylate tabs 2.5mg	4	
pramipexole dihydrochloride tabs 0.125mg, 0.25mg, 0.5mg, 0.75mg, 1.5mg, 1mg	2	
ropinirole er tb24 12mg, 2mg, 4mg, 6mg, 8mg	4	
ropinirole hcl tabs 0.5mg, 1mg, 2mg, 4mg, 5mg	2	
ropinirole hydrochloride tabs 0.25mg, 3mg	2	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
carbidopa/levodopa er tbcr 25mg; 100mg, 50mg; 200mg	3	
carbidopa/levodopa odt tbdp 10mg; 100mg, 25mg; 100mg, 25mg; 250mg	4	
carbidopa/levodopa tabs 10mg; 100mg, 25mg; 100mg, 25mg; 250mg	2	
carbidopa tabs 25mg	4	
INBRIJA CAPS 42MG	5	PA
RYTARY CPR 23.75MG; 95MG, 36.25MG; 145MG, 48.75MG; 195MG, 61.25MG; 245MG	4	ST
Monoamine Oxidase B (MAO-B) Inhibitors		
rasagiline mesylate tabs 0.5mg, 1mg	4	
selegiline hcl caps 5mg	3	
selegiline hcl tabs 5mg	3	
Antipsychotics		
1st Generation/Typical		
chlorpromazine hydrochloride conc 100mg/ml, 30mg/ml	4	

Drug Name	Drug Tier	Requirements/Limits
<i>chlorpromazine hydrochloride tabs 100mg, 10mg, 200mg, 25mg, 50mg</i>	4	
<i>fluphenazine decanoate inj 25mg/ml</i>	4	
<i>fluphenazine hcl conc 5mg/ml</i>	4	
<i>fluphenazine hydrochloride elix 2.5mg/5ml</i>	4	
<i>fluphenazine hydrochloride inj 2.5mg/ml</i>	4	
<i>fluphenazine hydrochloride tabs 10mg, 1mg, 2.5mg, 5mg</i>	4	
<i>haloperidol decanoate inj 100mg/ml, 50mg/ml</i>	3	
<i>haloperidol lactate inj 5mg/ml</i>	2	
<i>haloperidol conc 2mg/ml</i>	2	
<i>haloperidol tabs 0.5mg, 10mg, 1mg, 2mg, 5mg</i>	2	
<i>haloperidol tabs 20mg</i>	3	
<i>loxapine caps 10mg, 25mg, 50mg, 5mg</i>	2	
<i>molindone hydrochloride tabs 10mg, 25mg, 5mg</i>	4	
<i>perphenazine tabs 16mg, 2mg, 4mg, 8mg</i>	3	
<i>pimozide tabs 1mg, 2mg</i>	4	
<i>thioridazine hydrochloride tabs 100mg, 10mg, 25mg, 50mg</i>	3	
<i>thiothixene caps 10mg, 1mg, 2mg, 5mg</i>	4	
<i>trifluoperazine hcl tabs 10mg, 2mg, 5mg</i>	3	
<i>trifluoperazine hydrochloride tabs 1mg</i>	3	
2nd Generation/Atypical		
ABILIFY MAINTENA INJ 300MG, 400MG	5	
<i>aripiprazole odt tbdp 10mg, 15mg</i>	4	QL (60 EA per 30 days)
<i>aripiprazole soln 1mg/ml</i>	4	QL (750 ML per 30 days)
<i>aripiprazole tabs 10mg, 15mg, 20mg, 2mg, 30mg, 5mg</i>	2	QL (30 EA per 30 days)
ARISTADA INITIO INJ 675MG/2.4ML	5	
ARISTADA INJ 1064MG/3.9ML, 441MG/1.6ML, 662MG/2.4ML, 882MG/3.2ML	5	
<i>asenapine maleate sl sub 10mg, 2.5mg, 5mg</i>	4	QL (60 EA per 30 days)
CAPLYTA CAPS 10.5MG, 21MG, 42MG	5	QL (30 EA per 30 days) PA
FANAPT TITRATION PACK A TABS 0	4	QL (16 EA per 365 days) ST
FANAPT TITRATION PACK B TABS 0	4	QL (24 EA per 365 days) ST
FANAPT TITRATION PACK C TABS 0	4	QL (16 EA per 365 days) ST
FANAPT TABS 10MG, 12MG, 1MG, 2MG, 4MG, 6MG, 8MG	5	QL (60 EA per 30 days) ST
INVEGA HAFYERA INJ 1092MG/3.5ML, 1560MG/5ML	5	ST
INVEGA SUSTENNA INJ 39MG/0.25ML	4	
INVEGA SUSTENNA INJ 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	5	
INVEGA TRINZA INJ 273MG/0.88ML, 410MG/1.32ML, 546MG/1.75ML, 819MG/2.63ML	5	
<i>lurasidone hydrochloride tabs 120mg, 20mg, 40mg, 60mg</i>	4	QL (30 EA per 30 days)
<i>lurasidone hydrochloride tabs 80mg</i>	4	QL (60 EA per 30 days)
LYBALVI TABS 10MG; 10MG, 15MG; 10MG, 20MG; 10MG, 5MG; 10MG	5	QL (30 EA per 30 days) ST
NUPLAZID CAPS 34MG	5	PA
NUPLAZID TABS 10MG	5	PA

Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine odt tbdp 10mg, 15mg, 20mg, 5mg</i>	3	QL (30 EA per 30 days)
<i>olanzapine inj 10mg</i>	4	
<i>olanzapine tabs 10mg, 15mg, 2.5mg, 20mg, 5mg, 7.5mg</i>	2	QL (30 EA per 30 days)
OPIPZA FILM 2MG	5	QL (30 EA per 30 days) PA
OPIPZA FILM 10MG, 5MG	5	QL (90 EA per 30 days) PA
<i>paliperidone er tb24 1.5mg, 3mg, 9mg</i>	4	QL (30 EA per 30 days)
<i>paliperidone er tb24 6mg</i>	4	QL (60 EA per 30 days)
PERSERIS INJ 120MG, 90MG	5	
<i>quetiapine fumarate er tb24 150mg, 300mg, 400mg, 50mg</i>	2	QL (60 EA per 30 days)
<i>quetiapine fumarate er tb24 200mg</i>	2	QL (90 EA per 30 days)
<i>quetiapine fumarate tabs 300mg, 400mg</i>	2	QL (60 EA per 30 days)
<i>quetiapine fumarate tabs 100mg, 150mg, 200mg, 25mg, 50mg</i>	2	QL (90 EA per 30 days)
REXULTI TABS 0.25MG, 0.5MG, 1MG, 2MG, 3MG, 4MG	5	QL (30 EA per 30 days)
<i>risperidone er inj 12.5mg, 25mg</i>	4	
<i>risperidone er inj 37.5mg, 50mg</i>	5	
<i>risperidone odt tbdp 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg</i>	4	QL (60 EA per 30 days)
<i>risperidone soln 1mg/ml</i>	2	QL (240 ML per 30 days)
<i>risperidone tabs 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg</i>	1	QL (60 EA per 30 days)
SECUADO PT24 3.8MG/24HR, 5.7MG/24HR, 7.6MG/24HR	5	QL (30 EA per 30 days) ST
VRAYLAR CAPS 1.5MG, 3MG, 4.5MG, 6MG	5	QL (30 EA per 30 days)
<i>ziprasidone hcl caps 20mg, 40mg, 60mg, 80mg</i>	3	QL (60 EA per 30 days)
<i>ziprasidone mesylate inj 20mg</i>	4	QL (60 EA per 30 days)
ZYPREXA RELPREVV INJ 210MG	4	
ZYPREXA RELPREVV INJ 300MG, 405MG	5	
Treatment-Resistant		
<i>clozapine odt tbdp 200mg</i>	4	QL (120 EA per 30 days)
<i>clozapine odt tbdp 150mg</i>	4	QL (180 EA per 30 days)
<i>clozapine odt tbdp 100mg, 25mg</i>	4	QL (270 EA per 30 days)
<i>clozapine odt tbdp 12.5mg</i>	4	QL (90 EA per 30 days)
<i>clozapine tabs 50mg</i>	3	QL (180 EA per 30 days)
<i>clozapine tabs 25mg</i>	3	QL (270 EA per 30 days)
<i>clozapine tabs 200mg</i>	4	QL (120 EA per 30 days)
<i>clozapine tabs 100mg</i>	4	QL (270 EA per 30 days)
VERSACLOZ SUSP 50MG/ML	5	QL (540 ML per 30 days)
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen tabs 10mg, 20mg</i>	2	
<i>baclofen tabs 5mg</i>	3	
<i>dantrolene sodium caps 100mg, 25mg, 50mg</i>	4	
<i>tizanidine hcl tabs 2mg</i>	2	
<i>tizanidine hydrochloride tabs 4mg</i>	2	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
<i>ganciclovir inj 500mg/10ml, 500mg</i>	2	B/D
LIVTENCITY TABS 200MG	5	
PREVYMIS PACK 120MG, 20MG	5	
PREVYMIS TABS 240MG, 480MG	5	

Drug Name	Drug Tier	Requirements/Limits
<i>valganciclovir hydrochloride solr 50mg/ml</i>	5	
<i>valganciclovir tabs 450mg</i>	3	
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil tabs 10mg</i>	4	
BARACLUDE SOLN 0.05MG/ML	5	QL (600 ML per 30 days)
<i>entecavir tabs 0.5mg, 1mg</i>	4	QL (30 EA per 30 days)
<i>lamivudine tabs 100mg</i>	3	
Anti-hepatitis C (HCV) Agents		
MAVYRET PACK 50MG; 20MG	5	QL (560 EA per 365 days) PA
MAVYRET TABS 100MG; 40MG	5	QL (336 EA per 365 days) PA
<i>ribavirin tabs 200mg</i>	3	
<i>sofosbuvir/velpatasvir tabs 400mg; 100mg</i>	5	QL (84 EA per 365 days) PA
VOSEVI TABS 400MG; 100MG; 100MG	5	QL (84 EA per 365 days) PA
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY TABS 30MG; 120MG; 15MG, 50MG; 200MG; 25MG	5	QL (30 EA per 30 days)
CABENUVA INJ 400MG/2ML; 600MG/2ML, 600MG/3ML; 900MG/3ML	5	
DOVATO TABS 50MG; 300MG	5	QL (30 EA per 30 days)
GENVOYA TABS 150MG; 150MG; 200MG; 10MG	5	QL (30 EA per 30 days)
ISENTRESS HD TABS 600MG	5	QL (60 EA per 30 days)
ISENTRESS CHEW 25MG	3	QL (180 EA per 30 days)
ISENTRESS CHEW 100MG	5	QL (180 EA per 30 days)
ISENTRESS PACK 100MG	5	QL (60 EA per 30 days)
ISENTRESS TABS 400MG	5	QL (60 EA per 30 days)
JULUCA TABS 50MG; 25MG	5	QL (30 EA per 30 days)
STRIBILD TABS 150MG; 150MG; 200MG; 300MG	5	QL (30 EA per 30 days)
TIVICAY PD TBSO 5MG	4	QL (180 EA per 30 days)
TIVICAY TABS 10MG	4	QL (30 EA per 30 days)
TIVICAY TABS 25MG	5	QL (30 EA per 30 days)
TIVICAY TABS 50MG	5	QL (60 EA per 30 days)
VOCABRIA TABS 30MG	5	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA TABS 200MG; 25MG; 300MG	5	QL (30 EA per 30 days)
DELSTRIGO TABS 100MG; 300MG; 300MG	5	QL (30 EA per 30 days)
EDURANT PED TBSO 2.5MG	5	QL (180 EA per 30 days)
EDURANT TABS 25MG	5	QL (30 EA per 30 days)
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate tabs 600mg; 200mg; 300mg</i>	3	QL (30 EA per 30 days)
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate tabs 400mg; 300mg; 300mg, 600mg; 300mg; 300mg</i>	5	QL (30 EA per 30 days)
<i>efavirenz caps 200mg, 50mg</i>	4	QL (90 EA per 30 days)
<i>efavirenz tabs 600mg</i>	4	QL (30 EA per 30 days)
<i>emtricitabine/rilpivirine/tenofovir disoproxil fumarate tabs 200mg; 25mg; 300mg</i>	5	QL (30 EA per 30 days)
<i>etravirine tabs 100mg</i>	4	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>etravirine tabs 200mg</i>	5	QL (60 EA per 30 days)
INTELENCE TABS 25MG	4	QL (120 EA per 30 days)
<i>nevirapine er tb24 400mg</i>	4	QL (30 EA per 30 days)
<i>nevirapine susp 50mg/5ml</i>	3	QL (1200 ML per 30 days)
<i>nevirapine tabs 200mg</i>	2	QL (60 EA per 30 days)
PIFELTRO TABS 100MG	5	QL (30 EA per 30 days)
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir sulfate/lamivudine tabs 600mg; 300mg</i>	4	QL (30 EA per 30 days)
<i>abacavir soln 20mg/ml</i>	4	QL (960 ML per 30 days)
<i>abacavir tabs 300mg</i>	3	QL (60 EA per 30 days)
CIMDUO TABS 300MG; 300MG	5	QL (30 EA per 30 days)
DESCOVY TABS 120MG; 15MG, 200MG; 25MG	5	QL (30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tabs 200mg; 300mg</i>	2	QL (30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tabs 100mg; 150mg</i>	4	QL (30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tabs 133mg; 200mg</i>	5	QL (30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil tabs 167mg; 250mg</i>	4	QL (30 EA per 30 days)
<i>emtricitabine caps 200mg</i>	4	QL (30 EA per 30 days)
EMTRIVA SOLN 10MG/ML	4	QL (850 ML per 30 days)
<i>lamivudine/zidovudine tabs 150mg; 300mg</i>	3	QL (60 EA per 30 days)
<i>lamivudine soln 10mg/ml</i>	3	QL (960 ML per 30 days)
<i>lamivudine tabs 150mg</i>	2	QL (60 EA per 30 days)
<i>lamivudine tabs 300mg</i>	3	QL (30 EA per 30 days)
ODEFSEY TABS 200MG; 25MG; 25MG	5	QL (30 EA per 30 days)
<i>tenofovir disoproxil fumarate tabs 300mg</i>	4	QL (30 EA per 30 days)
TRIUMEQ PD TBSO 60MG; 5MG; 30MG	4	QL (180 EA per 30 days)
TRIUMEQ TABS 600MG; 50MG; 300MG	5	QL (30 EA per 30 days)
VIREAD POWD 40MG/GM	5	QL (240 GM per 30 days)
VIREAD TABS 150MG, 200MG, 250MG	5	QL (30 EA per 30 days)
<i>zidovudine caps 100mg</i>	3	QL (180 EA per 30 days)
<i>zidovudine syrp 50mg/5ml</i>	3	QL (1920 ML per 30 days)
<i>zidovudine tabs 300mg</i>	3	QL (60 EA per 30 days)
Anti-HIV Agents, Other		
FUZEON INJ 90MG	5	
<i>maraviroc tabs 300mg</i>	5	QL (120 EA per 30 days)
<i>maraviroc tabs 150mg</i>	5	QL (60 EA per 30 days)
RUKOBIA TB12 600MG	5	QL (60 EA per 30 days)
SELZENTRY SOLN 20MG/ML	5	
SELZENTRY TABS 25MG	4	QL (480 EA per 30 days)
SELZENTRY TABS 75MG	5	QL (60 EA per 30 days)
SUNLENCA INJ 463.5MG/1.5ML	5	
SUNLENCA TABS 300MG	5	QL (24 EA per 168 days)
SUNLENCA TBPK 300MG	5	QL (10 EA per 365 days)
SUNLENCA TBPK 300MG	5	QL (8 EA per 365 days)

Drug Name	Drug Tier	Requirements/Limits
TYBOST TABS 150MG	3	QL (30 EA per 30 days)
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS CAPS 250MG	5	QL (120 EA per 30 days)
atazanavir sulfate caps 300mg	4	QL (30 EA per 30 days)
atazanavir caps 150mg	4	
atazanavir caps 200mg	4	QL (60 EA per 30 days)
darunavir tabs 800mg	4	QL (30 EA per 30 days)
darunavir tabs 600mg	4	QL (60 EA per 30 days)
EVOTAZ TABS 300MG; 150MG	5	QL (30 EA per 30 days)
fosamprenavir calcium tabs 700mg	5	QL (120 EA per 30 days)
LEXIVA SUSP 50MG/ML	4	QL (1800 ML per 30 days)
lopinavir/ritonavir soln 400mg/5ml; 100mg/5ml	4	
lopinavir/ritonavir tabs 100mg; 25mg, 200mg; 50mg	4	
NORVIR PACK 100MG	4	QL (360 EA per 30 days)
PREZCOBIX TABS 150MG; 800MG	5	QL (30 EA per 30 days)
PREZISTA SUSP 100MG/ML	5	QL (400 ML per 30 days)
PREZISTA TABS 75MG	4	QL (300 EA per 30 days)
PREZISTA TABS 150MG	5	QL (180 EA per 30 days)
REYATAZ PACK 50MG	5	QL (180 EA per 30 days)
ritonavir tabs 100mg	3	QL (360 EA per 30 days)
SYMTUZA TABS 150MG; 800MG; 200MG; 10MG	5	QL (30 EA per 30 days)
VIRACEPT TABS 625MG	5	QL (120 EA per 30 days)
VIRACEPT TABS 250MG	5	QL (300 EA per 30 days)
Anti-influenza Agents		
amantadine hcl caps 100mg	2	
amantadine hcl soln 50mg/5ml	2	
oseltamivir phosphate caps 75mg	2	QL (110 EA per 365 days)
oseltamivir phosphate caps 30mg	2	QL (168 EA per 365 days)
oseltamivir phosphate caps 45mg	2	QL (84 EA per 365 days)
oseltamivir phosphate susr 6mg/ml	3	QL (1080 ML per 365 days)
RELENZA DISKHALER AEPB 5MG/BLISTER	4	QL (240 EA per 365 days)
XOFLUZA TBPB 40MG, 80MG	3	
Antitherpetic Agents		
acyclovir sodium inj 50mg/ml	4	B/D
acyclovir caps 200mg	2	
acyclovir susp 200mg/5ml	4	
acyclovir tabs 400mg, 800mg	2	
famciclovir tabs 125mg, 250mg, 500mg	3	
valacyclovir hydrochloride tabs 1gm, 500mg	3	QL (120 EA per 30 days)
VYJUVEK GEL 0	5	PA
Antiviral, Coronavirus Agents		
PAXLOVID TBPB 150MG; 100MG	3	QL (11 EA per 5 days)
PAXLOVID TBPB 150MG; 100MG	3	QL (20 EA per 5 days)
PAXLOVID TBPB 150MG; 100MG	3	QL (30 EA per 5 days); (300mg-100mg Pak)
Anxiolytics		
Anxiolytics, Other		

Drug Name	Drug Tier	Requirements/Limits
<i>buspirone hcl tabs 15mg</i>	1	
<i>buspirone hydrochloride tabs 10mg, 30mg, 5mg, 7.5mg</i>	1	
Benzodiazepines		
<i>alprazolam tabs 0.25mg, 0.5mg, 1mg</i>	2	QL (120 EA per 30 days)
<i>alprazolam tabs 2mg</i>	2	QL (150 EA per 30 days)
<i>clorazepate dipotassium tabs 15mg</i>	4	QL (180 EA per 30 days)
<i>clorazepate dipotassium tabs 7.5mg</i>	4	QL (360 EA per 30 days)
<i>clorazepate dipotassium tabs 3.75mg</i>	4	QL (720 EA per 30 days)
<i>diazepam intensol conc 5mg/ml</i>	2	
<i>diazepam conc 5mg/ml</i>	2	
<i>diazepam soln 5mg/5ml</i>	2	
<i>diazepam tabs 10mg</i>	2	QL (120 EA per 30 days)
<i>diazepam tabs 5mg</i>	2	QL (240 EA per 30 days)
<i>diazepam tabs 2mg</i>	2	QL (300 EA per 30 days)
<i>lorazepam intensol conc 2mg/ml</i>	3	
<i>lorazepam tabs 2mg</i>	2	QL (150 EA per 30 days)
<i>lorazepam tabs 0.5mg, 1mg</i>	2	QL (90 EA per 30 days)
Bipolar Agents		
Bipolar Agents, Other		
<i>IGALMI FILM 120MCG, 180MCG</i>	4	PA
Mood Stabilizers		
<i>lithium carbonate er tbcr 300mg, 450mg</i>	2	
<i>lithium carbonate caps 150mg, 300mg, 600mg</i>	1	
<i>lithium carbonate tabs 300mg</i>	1	
<i>lithium soln 8meq/5ml</i>	2	
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose tabs 100mg, 25mg, 50mg</i>	2	
<i>glimepiride tabs 1mg, 2mg, 4mg</i>	1	
<i>glipizide er tb24 10mg, 2.5mg, 5mg</i>	1	
<i>glipizide xl tb24 10mg, 2.5mg, 5mg</i>	1	
<i>glipizide/metformin hydrochloride tabs 2.5mg; 250mg, 2.5mg; 500mg, 5mg; 500mg</i>	1	
<i>glipizide tabs 10mg, 2.5mg, 5mg</i>	1	
<i>glyburide micronized tabs 1.5mg, 3mg, 6mg</i>	1	
<i>glyburide/metformin hydrochloride tabs 1.25mg; 250mg, 2.5mg; 500mg, 5mg; 500mg</i>	1	
<i>glyburide tabs 1.25mg, 2.5mg, 5mg</i>	1	
<i>GLYXAMBI TABS 10MG; 5MG, 25MG; 5MG</i>	3	
<i>JANUMET XR TB24 1000MG; 100MG, 1000MG; 50MG, 500MG; 50MG</i>	3	
<i>JANUMET TABS 1000MG; 50MG, 500MG; 50MG</i>	3	
<i>JANUVIA TABS 100MG, 25MG, 50MG</i>	3	QL (30 EA per 30 days)
<i>JENTADUETO XR TB24 2.5MG; 1000MG, 5MG; 1000MG</i>	3	
<i>JENTADUETO TABS 2.5MG; 1000MG, 2.5MG; 500MG, 2.5MG; 850MG</i>	3	
<i>metformin hydrochloride er tb24 500mg, 750mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>metformin hydrochloride er tb24 1000mg, 500mg</i>	2	
<i>metformin hydrochloride soln 500mg/5ml</i>	1	
<i>metformin hydrochloride tabs 1000mg, 500mg, 850mg</i>	1	
MOUNJARO INJ 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML	3	QL (2 ML per 28 days) PA
<i>nateglinide tabs 120mg, 60mg</i>	1	
OZEMPIC INJ 2MG/3ML, 4MG/3ML, 8MG/3ML	3	QL (3 ML per 28 days) PA
<i>pioglitazone hcl/metformin hcl tabs 500mg; 15mg, 850mg; 15mg</i>	2	
<i>pioglitazone hcl tabs 45mg</i>	1	
<i>pioglitazone hydrochloride tabs 15mg, 30mg</i>	1	
<i>repaglinide tabs 0.5mg, 1mg, 2mg</i>	1	
RYBELSUS TABS 14MG, 7MG	3	QL (30 EA per 30 days) PA
RYBELSUS TABS 3MG	3	QL (60 EA per 365 days) PA
SOLIQUA 100/33 INJ 100UNIT/ML; 33MCG/ML	3	
SYNJARDY XR TB24 10MG; 1000MG, 12.5MG; 1000MG, 25MG; 1000MG, 5MG; 1000MG	3	
SYNJARDY TABS 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG, 5MG; 500MG	3	
TRADJENTA TABS 5MG	3	QL (30 EA per 30 days)
TRIJARDY XR TB24 10MG; 5MG; 1000MG, 12.5MG; 2.5MG; 1000MG, 25MG; 5MG; 1000MG, 5MG; 2.5MG; 1000MG	3	
TRULICITY INJ 0.75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	3	QL (2 ML per 28 days) PA
XIGDUO XR TB24 10MG; 1000MG, 10MG; 500MG, 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	3	
Glycemic Agents		
BAQSIMI ONE PACK POWD 3MG/DOSE	3	
BAQSIMI TWO PACK POWD 3MG/DOSE	3	
<i>diazoxide susp 50mg/ml</i>	5	
<i>glucagon emergency kit for low blood sugar inj 1mg</i>	3	
<i>glucagon emergency kit inj 1mg</i>	3	
GVOKE HYPOPEN 1-PACK INJ 0.5MG/0.1ML, 1MG/0.2ML	3	
GVOKE HYPOPEN 2-PACK INJ 0.5MG/0.1ML, 1MG/0.2ML	3	
GVOKE KIT INJ 1MG/0.2ML	3	
GVOKE PFS INJ 0.5MG/0.1ML, 1MG/0.2ML	3	
Insulins		
FIASP FLEXTOUCH INJ 100UNIT/ML	3	
FIASP PENFILL INJ 100UNIT/ML	3	
FIASP INJ 100UNIT/ML	3	
HUMALOG JUNIOR KWIKPEN INJ 100UNIT/ML	3	
HUMALOG KWIKPEN INJ 100UNIT/ML, 200UNIT/ML	3	
HUMALOG MIX 50/50 KWIKPEN INJ 50UNIT/ML; 50UNIT/ML	3	

Drug Name	Drug Tier	Requirements/Limits
HUMALOG MIX 50/50 INJ 50UNIT/ML; 50UNIT/ML	3	
HUMALOG MIX 75/25 KWIKPEN INJ 25UNIT/ML; 75UNIT/ML	3	
HUMALOG MIX 75/25 INJ 25UNIT/ML; 75UNIT/ML	3	
HUMALOG INJ 100UNIT/ML	3	
HUMULIN 70/30 KWIKPEN INJ 30UNIT/ML; 70UNIT/ML	3	
HUMULIN 70/30 INJ 30UNIT/ML; 70UNIT/ML	3	
HUMULIN N KWIKPEN INJ 100UNIT/ML	3	
HUMULIN N INJ 100UNIT/ML	3	
HUMULIN R U-500 (CONCENTRATED) INJ 500UNIT/ML	3	
HUMULIN R U-500 KWIKPEN INJ 500UNIT/ML	3	
HUMULIN R INJ 100UNIT/ML	3	
INSULIN ASPART FLEXPEN INJ 100UNIT/ML	3	
INSULIN ASPART PENFILL INJ 100UNIT/ML	3	
INSULIN ASPART INJ 100UNIT/ML	3	
<i>insulin lispro inj 100unit/ml</i>	3	
LANTUS SOLOSTAR INJ 100UNIT/ML	3	
LANTUS INJ 100UNIT/ML	3	
LYUMJEV KWIKPEN INJ 100UNIT/ML, 200UNIT/ML	3	
LYUMJEV INJ 100UNIT/ML	3	
NOVOLIN 70/30 FLEXPEN RELION INJ 30UNIT/ML; 70UNIT/ML	3	
NOVOLIN 70/30 FLEXPEN INJ 30UNIT/ML; 70UNIT/ML	3	
NOVOLIN 70/30 RELION INJ 30UNIT/ML; 70UNIT/ML	3	
NOVOLIN 70/30 INJ 30UNIT/ML; 70UNIT/ML	3	
NOVOLIN N FLEXPEN RELION INJ 100UNIT/ML	3	
NOVOLIN N FLEXPEN INJ 100UNIT/ML	3	
NOVOLIN N RELION INJ 100UNIT/ML	3	
NOVOLIN N INJ 100UNIT/ML	3	
NOVOLIN R FLEXPEN RELION INJ 100UNIT/ML	3	
NOVOLIN R FLEXPEN INJ 100UNIT/ML	3	
NOVOLIN R RELION INJ 100UNIT/ML	3	
NOVOLIN R INJ 100UNIT/ML	3	
NOVOLOG FLEXPEN RELION INJ 100UNIT/ML	3	
NOVOLOG FLEXPEN INJ 100UNIT/ML	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION INJ 30UNIT/ML; 70UNIT/ML	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN INJ 30UNIT/ML; 70UNIT/ML	3	
NOVOLOG MIX 70/30 RELION INJ 30UNIT/ML; 70UNIT/ML	3	
NOVOLOG MIX 70/30 INJ 30UNIT/ML; 70UNIT/ML	3	
NOVOLOG PENFILL INJ 100UNIT/ML	3	
NOVOLOG RELION INJ 100UNIT/ML	3	
NOVOLOG INJ 100UNIT/ML	3	
TOUJEO MAX SOLOSTAR INJ 300UNIT/ML	3	
TOUJEO SOLOSTAR INJ 300UNIT/ML	3	

Drug Name	Drug Tier	Requirements/Limits
TRESIBA FLEXTOUCH INJ 100UNIT/ML, 200UNIT/ML	3	
TRESIBA INJ 100UNIT/ML	3	
Blood Products and Modifiers		
<i>Anticoagulants</i>		
<i>dabigatran etexilate caps 110mg, 150mg, 75mg</i>	4	QL (60 EA per 30 days)
ELIQUIS STARTER PACK TBPB 5MG	3	QL (148 EA per 365 days)
ELIQUIS TABS 2.5MG	3	QL (60 EA per 30 days)
ELIQUIS TABS 5MG	3	QL (90 EA per 30 days)
<i>enoxaparin sodium inj 100mg/ml, 120mg/0.8ml, 150mg/ml, 300mg/3ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml</i>	4	
<i>fondaparinux sodium inj 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	4	
<i>fondaparinux sodium inj 10mg/0.8ml</i>	5	
FRAGMIN INJ 2500UNIT/0.2ML	4	
FRAGMIN INJ 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	5	
<i>heparin sodium inj 5000unit/ml</i>	3	
<i>jantoven tabs 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg</i>	1	
<i>warfarin sodium tabs 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg</i>	1	
XARELTO STARTER PACK TBPB 0	3	QL (102 EA per 365 days)
XARELTO SUSR 1MG/ML	3	QL (600 ML per 30 days)
XARELTO TABS 10MG, 20MG	3	QL (30 EA per 30 days)
XARELTO TABS 2.5MG	3	QL (360 EA per 30 days)
XARELTO TABS 15MG	3	QL (60 EA per 30 days)
<i>Blood Products and Modifiers, Other</i>		
<i>anagrelide hydrochloride caps 0.5mg, 1mg</i>	3	
<i>eltrombopag olamine pack 12.5mg, 25mg</i>	5	PA
<i>eltrombopag olamine tabs 12.5mg, 25mg, 50mg, 75mg</i>	5	PA
NEULASTA ONPRO KIT INJ 6MG/0.6ML	5	PA
NEULASTA INJ 6MG/0.6ML	5	PA
PROCRT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
PROCRT INJ 20000UNIT/ML, 40000UNIT/ML	5	PA
PROMACTA PACK 12.5MG, 25MG	5	PA
PROMACTA TABS 12.5MG, 25MG, 50MG, 75MG	5	PA
RETACRIT INJ 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
RETACRIT INJ 40000UNIT/ML	5	PA
UDENYCA ONBODY INJ 6MG/0.6ML	5	PA
UDENYCA INJ 6MG/0.6ML	5	PA
XOLREMDI CAPS 100MG	5	QL (120 EA per 30 days) PA
ZARXIO INJ 300MCG/0.5ML, 480MCG/0.8ML	5	

Drug Name	Drug Tier	Requirements/Limits
Hemostasis Agents		
tranexamic acid tabs 650mg	3	
Platelet Modifying Agents		
aspirin/dipyridamole er cp12 25mg; 200mg	4	
aspirin/dipyridamole cp12 25mg; 200mg	4	
CABLIVI INJ 11MG	5	QL (30 EA per 30 days) PA
cilostazol tabs 100mg, 50mg	2	
clopidogrel tabs 75mg	1	
clopidogrel tabs 300mg	2	
DOPTELET TABS 20MG	5	PA
prasugrel hydrochloride tabs 10mg, 5mg	2	
ticagrelor tabs 60mg, 90mg	3	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
clonidine hydrochloride tabs 0.1mg, 0.2mg, 0.3mg	1	
clonidine ptwk 0.1mg/24hr, 0.2mg/24hr, 0.3mg/24hr	4	
droxidopa caps 100mg	4	PA
droxidopa caps 200mg, 300mg	5	PA
guanfacine hydrochloride tabs 1mg, 2mg	4	
METHYLDOPA TABS 250MG, 500MG	4	
midodrine hydrochloride tabs 10mg, 2.5mg, 5mg	2	
Alpha-adrenergic Blocking Agents		
prazosin hydrochloride caps 1mg, 2mg, 5mg	2	
Angiotensin II Receptor Antagonists		
candesartan cilexetil tabs 16mg, 32mg, 4mg, 8mg	1	
EDARBI TABS 40MG, 80MG	4	
irbesartan tabs 150mg, 300mg, 75mg	1	
losartan potassium tabs 100mg, 25mg, 50mg	1	
olmesartan medoxomil tabs 20mg, 40mg, 5mg	1	
telmisartan tabs 20mg, 40mg, 80mg	1	
valsartan tabs 160mg, 320mg, 40mg, 80mg	1	
Angiotensin-converting Enzyme (ACE) Inhibitors		
benazepril hydrochloride tabs 10mg, 20mg, 40mg, 5mg	1	
captopril tabs 100mg, 12.5mg, 25mg, 50mg	2	
enalapril maleate tabs 10mg, 2.5mg, 20mg, 5mg	1	
fosinopril sodium tabs 10mg, 20mg, 40mg	1	
lisinopril tabs 10mg, 2.5mg, 20mg, 30mg, 40mg, 5mg	1	
moexipril hydrochloride tabs 15mg, 7.5mg	2	
perindopril erbumine tabs 2mg, 4mg, 8mg	2	
quinapril hydrochloride tabs 10mg, 20mg, 40mg, 5mg	1	
ramipril caps 1.25mg, 10mg, 2.5mg, 5mg	1	
trandolapril tabs 1mg, 2mg, 4mg	1	
Antiarrhythmics		
amiodarone hydrochloride tabs 200mg	1	
amiodarone hydrochloride tabs 100mg, 400mg	3	
digoxin soln 0.05mg/ml	4	
digoxin tabs 125mcg, 250mcg	2	

Drug Name	Drug Tier	Requirements/Limits
<i>digoxin tabs 62.5mcg</i>	4	
<i>digox tabs 125mcg, 250mcg</i>	2	
<i>dofetilide caps 125mcg, 250mcg, 500mcg</i>	4	
<i>flecainide acetate tabs 100mg, 150mg, 50mg</i>	2	
<i>mexiletine hydrochloride caps 150mg</i>	3	
<i>mexiletine hydrochloride caps 200mg, 250mg</i>	4	
MULTAQ TABS 400MG	3	
PACERONE TABS 200MG	2	
PACERONE TABS 100MG	3	
<i>propafenone hcl tabs 150mg, 225mg, 300mg</i>	2	
<i>propafenone hydrochloride er cp12 225mg, 325mg, 425mg</i>	4	
<i>propafenone hydrochloride tabs 225mg, 300mg</i>	2	
<i>quinidine sulfate tabs 200mg, 300mg</i>	4	
<i>sotalol hcl tabs 120mg, 160mg, 240mg</i>	2	
<i>sotalol hydrochloride (af) tabs 120mg, 160mg, 80mg</i>	2	
<i>sotalol hydrochloride tabs 120mg, 160mg, 80mg</i>	2	
Beta-adrenergic Blocking Agents		
<i>acebutolol hydrochloride caps 200mg, 400mg</i>	2	
<i>atenolol tabs 100mg, 25mg, 50mg</i>	1	
<i>betaxolol hcl tabs 10mg, 20mg</i>	3	
<i>bisoprolol fumarate tabs 10mg, 5mg</i>	2	
<i>carvedilol tabs 12.5mg, 25mg, 3.125mg, 6.25mg</i>	1	
<i>labetalol hydrochloride tabs 100mg, 200mg, 300mg</i>	2	
<i>metoprolol succinate er tb24 100mg, 200mg, 25mg, 50mg</i>	1	
<i>metoprolol tartrate tabs 100mg, 25mg, 37.5mg, 50mg, 75mg</i>	1	
<i>nadolol tabs 20mg, 40mg, 80mg</i>	2	
<i>nebivolol hydrochloride tabs 10mg, 2.5mg, 20mg, 5mg</i>	3	
<i>pindolol tabs 10mg, 5mg</i>	3	
<i>propranolol hcl tabs 40mg</i>	2	
<i>propranolol hydrochloride er cp24 120mg, 160mg, 60mg, 80mg</i>	2	
<i>propranolol hydrochloride tabs 10mg, 20mg, 60mg, 80mg</i>	2	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate tabs 10mg, 2.5mg, 5mg</i>	1	
<i>felodipine er tb24 10mg, 2.5mg, 5mg</i>	2	
<i>isradipine caps 2.5mg, 5mg</i>	4	
<i>nifedipine er tb24 30mg, 60mg, 90mg</i>	2	
<i>nimodipine caps 30mg</i>	4	
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>cartia xt cp24 120mg, 180mg, 240mg, 300mg</i>	2	
<i>dilt-xr cp24 120mg, 180mg, 240mg</i>	2	
<i>diltiazem hcl cd cp24 360mg</i>	2	
<i>diltiazem hcl er cp12 120mg, 60mg, 90mg</i>	4	
<i>diltiazem hcl er cp24 120mg, 180mg, 240mg, 420mg</i>	2	
<i>diltiazem hcl er tb24 420mg</i>	4	
<i>diltiazem hcl tabs 30mg, 60mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
diltiazem hydrochloride er cp24 120mg, 180mg, 240mg, 300mg, 360mg	2	
diltiazem hydrochloride er tb24 120mg, 180mg, 240mg, 300mg, 360mg	4	
diltiazem hydrochloride tabs 120mg, 90mg	2	
matzim la tb24 180mg, 240mg, 300mg, 360mg, 420mg	4	
taztia xt cp24 120mg, 180mg, 240mg, 300mg, 360mg	2	
tiadylt er cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
verapamil hcl er tbc 120mg	2	
verapamil hcl sr cp24 120mg, 180mg, 240mg, 360mg	3	
verapamil hcl tabs 40mg, 80mg	1	
verapamil hydrochloride er tbc 180mg, 240mg	2	
verapamil hydrochloride tabs 120mg	1	
Cardiovascular Agents, Other		
aliskiren tabs 150mg, 300mg	2	
amiloride/hydrochlorothiazide tabs 5mg; 50mg	2	
amlodipine besylate/benazepril hydrochloride caps 10mg; 20mg, 10mg; 40mg, 2.5mg; 10mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg	1	
amlodipine besylate/valsartan tabs 10mg; 160mg, 10mg; 320mg, 5mg; 160mg, 5mg; 320mg	1	
amlodipine/olmesartan medoxomil tabs 10mg; 20mg, 10mg; 40mg, 5mg; 20mg, 5mg; 40mg	1	
atenolol/chlorthalidone tabs 100mg; 25mg, 50mg; 25mg	2	
benazepril hydrochloride/hydrochlorothiazide tabs 10mg; 12.5mg, 20mg; 12.5mg, 20mg; 25mg, 5mg; 6.25mg	1	
bisoprolol fumarate/hydrochlorothiazide tabs 10mg; 6.25mg, 2.5mg; 6.25mg, 5mg; 6.25mg	2	
candesartan cilexetil/hydrochlorothiazide tabs 16mg; 12.5mg, 32mg; 12.5mg, 32mg; 25mg	1	
captopril/hydrochlorothiazide tabs 25mg; 15mg, 25mg; 25mg, 50mg; 15mg, 50mg; 25mg	2	
EDARBYCLOR TABS 40MG; 12.5MG, 40MG; 25MG	4	
enalapril maleate/hydrochlorothiazide tabs 10mg; 25mg, 5mg; 12.5mg	1	
ENTRESTO CPSP 15MG; 16MG, 6MG; 6MG	3	QL (240 EA per 30 days)
ENTRESTO TABS 24MG; 26MG, 49MG; 51MG, 97MG; 103MG	3	QL (60 EA per 30 days)
fosinopril sodium/hydrochlorothiazide tabs 10mg; 12.5mg, 20mg; 12.5mg	2	
irbesartan/hydrochlorothiazide tabs 12.5mg; 150mg, 12.5mg; 300mg	1	
isosorbide dinitrate/hydralazine hydrochloride tabs 37.5mg; 20mg	4	
ivabradine hydrochloride tabs 5mg, 7.5mg	4	QL (60 EA per 30 days)
lisinopril/hydrochlorothiazide tabs 12.5mg; 10mg, 12.5mg; 20mg, 25mg; 20mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>losartan potassium/hydrochlorothiazide tabs 12.5mg; 100mg, 12.5mg; 50mg, 25mg; 100mg</i>	1	PA
<i>metirosine caps 250mg</i>	5	
<i>olmesartan medoxomil/hydrochlorothiazide tabs 12.5mg; 20mg, 12.5mg; 40mg, 25mg; 40mg</i>	1	
<i>pentoxifylline er tbc 400mg</i>	2	
<i>quinapril/hydrochlorothiazide tabs 12.5mg; 10mg, 12.5mg; 20mg, 25mg; 20mg</i>	1	
<i>ranolazine er tb 12 1000mg, 500mg</i>	3	
<i>spironolactone/hydrochlorothiazide tabs 25mg; 25mg</i>	2	
<i>telmisartan/hydrochlorothiazide tabs 12.5mg; 40mg, 12.5mg; 80mg, 25mg; 80mg</i>	1	
<i>trandolapril/verapamil hcl er tbc 1mg; 240mg, 2mg; 180mg, 2mg; 240mg, 4mg; 240mg</i>	2	
<i>triamterene/hydrochlorothiazide caps 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tabs 25mg; 37.5mg, 50mg; 75mg</i>	1	
<i>valsartan/hydrochlorothiazide tabs 12.5mg; 160mg, 12.5mg; 320mg, 12.5mg; 80mg, 25mg; 160mg, 25mg; 320mg</i>	1	
<i>VYNDAMAX CAPS 61MG</i>	5	
Diuretics, Loop		
<i>bumetanide inj 0.25mg/ml</i>	2	QL (30 EA per 30 days) PA
<i>bumetanide tabs 0.5mg, 1mg, 2mg</i>	2	
<i>furosemide inj 10mg/ml</i>	2	
<i>furosemide oral soln 10mg/ml, 40mg/5ml</i>	1	
<i>furosemide tabs 20mg, 40mg, 80mg</i>	1	
<i>torsemide tabs 100mg, 10mg, 20mg, 5mg</i>	1	
Diuretics, Potassium-sparing		
<i>amiloride hcl tabs 5mg</i>	1	
<i>triamterene caps 100mg, 50mg</i>	4	
Diuretics, Thiazide		
<i>chlorthalidone tabs 25mg, 50mg</i>	2	
<i>hydrochlorothiazide caps 12.5mg</i>	1	
<i>hydrochlorothiazide tabs 12.5mg, 25mg, 50mg</i>	1	
<i>indapamide tabs 1.25mg, 2.5mg</i>	1	
<i>metolazone tabs 10mg, 2.5mg, 5mg</i>	2	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized caps 134mg, 200mg, 67mg</i>	2	
<i>fenofibrate tabs 145mg, 160mg, 48mg, 54mg</i>	2	
<i>fenofibric acid dr cpdr 135mg, 45mg</i>	3	
<i>gemfibrozil tabs 600mg</i>	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium tabs 10mg, 20mg, 40mg, 80mg</i>	1	
<i>fluvastatin sodium er tb 24 80mg</i>	4	
<i>fluvastatin caps 20mg, 40mg</i>	4	
<i>lovastatin tabs 10mg, 20mg, 40mg</i>	1	
<i>pitavastatin calcium tabs 1mg, 2mg, 4mg</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>pravastatin sodium tabs 10mg, 20mg, 40mg, 80mg</i>	1	
<i>rosuvastatin calcium tabs 10mg, 20mg, 40mg, 5mg</i>	1	
<i>simvastatin tabs 10mg, 20mg, 40mg, 5mg, 80mg</i>	1	
Dyslipidemics, Other		
<i>cholestyramine light pack 4gm</i>	4	
<i>cholestyramine light powd 4gm/dose</i>	4	
<i>cholestyramine pack 4gm</i>	3	
<i>cholestyramine powd 4gm/dose</i>	3	
<i>colesevelam hydrochloride tabs 625mg</i>	4	
<i>colestipol hydrochloride gran 5gm</i>	4	
<i>colestipol hydrochloride pack 5gm</i>	4	
<i>colestipol hydrochloride tabs 1gm</i>	3	
<i>ezetimibe/simvastatin tabs 10mg; 10mg, 10mg; 20mg, 10mg; 40mg, 10mg; 80mg</i>	2	
<i>ezetimibe tabs 10mg</i>	2	
<i>icosapent ethyl caps 0.5gm, 1gm</i>	4	
NEXLETOL TABS 180MG	4	QL (30 EA per 30 days) PA
NEXLIZET TABS 180MG; 10MG	4	QL (30 EA per 30 days) PA
<i>niacin er tbc 1000mg, 500mg, 750mg</i>	3	
<i>omega-3-acid ethyl esters caps 375mg; 465mg; 1gm</i>	3	
PRALUENT INJ 150MG/ML, 75MG/ML	3	QL (2 ML per 28 days) PA
<i>prevalite pack 4gm</i>	4	
<i>prevalite powd 4gm/dose</i>	4	
REPATHA PUSHTRONEX SYSTEM INJ 420MG/3.5ML	3	QL (7 ML per 28 days) PA
REPATHA SURECLICK INJ 140MG/ML	3	QL (3 ML per 28 days) PA
REPATHA INJ 140MG/ML	3	QL (3 ML per 28 days) PA
TRYNGOLZA INJ 80MG/0.8ML	5	QL (0.8 ML per 28 days) PA
Mineralocorticoid Receptor Antagonists		
<i>eplerenone tabs 25mg, 50mg</i>	3	
KERENDIA TABS 10MG, 20MG, 40MG	4	QL (30 EA per 30 days) PA
<i>spironolactone tabs 100mg, 25mg, 50mg</i>	1	
Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)		
<i>dapagliflozin propanediol tabs 10mg, 5mg</i>	3	QL (30 EA per 30 days)
FARXIGA TABS 10MG, 5MG	3	QL (30 EA per 30 days)
JARDIANCE TABS 10MG, 25MG	3	QL (30 EA per 30 days)
Vasodilators, Direct-acting Arterial/Venous		
<i>isosorbide dinitrate tabs 10mg, 20mg, 30mg, 5mg</i>	2	
<i>isosorbide mononitrate er tb24 120mg, 30mg, 60mg</i>	1	
<i>isosorbide mononitrate tabs 10mg, 20mg</i>	2	
NITRO-BID OINT 2%	4	
<i>nitroglycerin transdermal pt24 0.1mg/hr, 0.2mg/hr, 0.4mg/hr, 0.6mg/hr</i>	2	
<i>nitroglycerin soln 0.4mg/spray</i>	4	
<i>nitroglycerin subl 0.3mg, 0.4mg, 0.6mg</i>	2	
VERQUVO TABS 10MG, 2.5MG, 5MG	3	QL (30 EA per 30 days) PA
Vasodilators, Direct-acting Arterial		
<i>hydralazine hydrochloride tabs 10mg, 25mg, 50mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>hydralazine hydrochloride tabs 100mg</i>	2	
<i>minoxidil tabs 10mg, 2.5mg</i>	2	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine/dextroamphetamine cp24 2.5mg; 2.5mg; 2.5mg; 3 2.5mg</i>	3	QL (60 EA per 30 days); Extended-release capsule 10mg
<i>amphetamine/dextroamphetamine cp24 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	3	QL (60 EA per 30 days); Extended-release capsule 15mg
<i>amphetamine/dextroamphetamine cp24 5mg; 5mg; 5mg; 5mg</i>	3	QL (60 EA per 30 days); Extended-release capsule 20mg
<i>amphetamine/dextroamphetamine cp24 6.25mg; 6.25mg; 6.25mg; 6.25mg</i>	3	QL (60 EA per 30 days); Extended-release capsule 25mg
<i>amphetamine/dextroamphetamine cp24 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	3	QL (60 EA per 30 days); Extended-release capsule 30mg
<i>amphetamine/dextroamphetamine cp24 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	3	QL (60 EA per 30 days); Extended-release capsule 5mg
<i>amphetamine/dextroamphetamine tabs 1.25mg; 1.25mg; 1.25mg; 1.25mg, 1.875mg; 1.875mg; 1.875mg; 1.875mg, 2.5mg; 2.5mg; 2.5mg; 2.5mg, 3.125mg; 3.125mg; 3.125mg; 3.125mg, 3.75mg; 3.75mg; 3.75mg; 3.75mg, 5mg; 5mg; 5mg; 5mg, 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	3	QL (90 EA per 30 days)
<i>dextroamphetamine sulfate er cp24 15mg</i>	4	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate er cp24 10mg</i>	4	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate er cp24 5mg</i>	4	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate tabs 10mg</i>	3	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate tabs 5mg</i>	3	QL (90 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine hydrochloride caps 25mg</i>	4	QL (30 EA per 30 days)
<i>atomoxetine hydrochloride caps 10mg</i>	4	QL (60 EA per 30 days)
<i>atomoxetine caps 100mg, 18mg, 25mg, 40mg, 60mg, 80mg</i>	4	QL (30 EA per 30 days)
<i>atomoxetine caps 10mg</i>	4	QL (60 EA per 30 days)
<i>guanfacine hydrochloride er tb24 1mg, 2mg, 3mg, 4mg</i>	3	
<i>methylphenidate hydrochloride er (osm) tbc 18mg, 27mg, 54mg</i>	4	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er (osm) tbc 36mg</i>	4	QL (60 EA per 30 days)
<i>methylphenidate hydrochloride er tb24 27mg, 54mg</i>	4	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er tb24 36mg</i>	4	QL (60 EA per 30 days)
<i>methylphenidate hydrochloride soln 5mg/5ml</i>	4	
<i>methylphenidate hydrochloride tabs 10mg, 20mg, 5mg</i>	2	QL (90 EA per 30 days)
Central Nervous System, Other		
AUSTEDO XR PATIENT TITRATION KIT TEPK 0	5	QL (56 EA per 365 days) PA
AUSTEDO XR PATIENT TITRATION KIT TEPK 0	5	QL (84 EA per 365 days) PA
AUSTEDO XR TB24 12MG, 18MG, 24MG, 30MG, 36MG, 42MG, 48MG, 6MG	5	QL (30 EA per 30 days) PA
AUSTEDO TABS 12MG, 6MG, 9MG	5	QL (120 EA per 30 days) PA
<i>butalbital/acetaminophen/caffeine tabs 325mg; 50mg; 40mg</i>	3	

Drug Name	Drug Tier	Requirements/Limits
COBENFY STARTER PACK CPPK 20MG; 0	5	QL (112 EA per 365 days) PA
COBENFY CAPS 20MG; 100MG, 20MG; 50MG, 30MG; 125MG	5	QL (60 EA per 30 days) PA
INGREZZA CAPS 60MG, 80MG	5	QL (30 EA per 30 days) PA
INGREZZA CAPS 40MG	5	QL (60 EA per 30 days) PA
INGREZZA CPPK 0	5	QL (56 EA per 365 days) PA
INGREZZA CPSP 60MG, 80MG	5	QL (30 EA per 30 days) PA
INGREZZA CPSP 40MG	5	QL (60 EA per 30 days) PA
NUEDEXTA CAPS 20MG; 10MG	5	PA
<i>riluzole tabs 50mg</i>	4	
<i>tetrabenazine tabs 12.5mg</i>	4	PA
<i>tetrabenazine tabs 25mg</i>	5	PA
VEOZAH TABS 45MG	4	QL (30 EA per 30 days) PA
Fibromyalgia Agents		
SAVELLA TITRATION PACK MISC 0	3	QL (110 EA per 365 days)
SAVELLA TABS 100MG, 12.5MG, 25MG, 50MG	3	QL (60 EA per 30 days)
Multiple Sclerosis Agents		
AVONEX PEN INJ 30MCG/0.5ML	5	QL (4 EA per 28 days) PA
AVONEX INJ 30MCG/0.5ML	5	QL (4 EA per 28 days) PA
BETASERON INJ 0.3MG	5	QL (15 EA per 30 days) PA
<i>dalfampridine er tb12 10mg</i>	3	QL (60 EA per 30 days) PA
<i>dimethyl fumarate starterpack cdpk 0</i>	4	QL (120 EA per 365 days) PA
<i>dimethyl fumarate cpdr 120mg, 240mg</i>	4	QL (60 EA per 30 days) PA
<i>fingolimod hydrochloride caps 0.5mg</i>	5	QL (30 EA per 30 days) PA
<i>glatiramer acetate inj 40mg/ml</i>	5	QL (12 ML per 28 days) PA
<i>glatiramer acetate inj 20mg/ml</i>	5	QL (30 ML per 30 days) PA
KESIMPTA INJ 20MG/0.4ML	5	QL (0.4 ML per 28 days) PA
MAYZENT STARTER PACK TBPK 0.25MG	4	QL (14 EA per 365 days) PA
MAYZENT STARTER PACK TBPK 0.25MG	5	QL (24 EA per 365 days) PA
MAYZENT TABS 0.25MG	5	QL (120 EA per 30 days) PA
MAYZENT TABS 1MG, 2MG	5	QL (30 EA per 30 days) PA
REBIF REBIDOSE TITRATION PACK INJ 0	5	QL (8.4 ML per 365 days) PA
REBIF REBIDOSE INJ 22MCG/0.5ML, 44MCG/0.5ML	5	QL (6 ML per 28 days) PA
REBIF TITRATION PACK INJ 0	5	QL (8.4 ML per 365 days) PA
REBIF INJ 22MCG/0.5ML, 44MCG/0.5ML	5	QL (6 ML per 28 days) PA
VUMERITY CPDR 231MG	5	QL (120 EA per 30 days) PA
Dental and Oral Agents		
Dental and Oral Agents		
<i>chlorhexidine gluconate soln 0.12%</i>	1	
<i>doxycycline hyclate tabs 20mg</i>	3	
<i>kourzeq pste 0.1%</i>	3	
<i>lidocaine hydrochloride viscous soln 2%</i>	2	
<i>lidocaine viscous soln 2%</i>	2	
<i>oralone dental paste pste 0.1%</i>	3	
<i>periogard soln 0.12%</i>	1	
<i>pilocarpine hydrochloride tabs 5mg, 7.5mg</i>	4	
<i>triamcinolone acetonide dental paste pste 0.1%</i>	3	

Drug Name	Drug Tier	Requirements/Limits
Dermatological Agents		
Acne and Rosacea Agents		
ACCUTANE CAPS 10MG, 20MG, 30MG, 40MG	4	
acitretin caps 10mg, 17.5mg, 25mg	4	
amnestem caps 10mg, 20mg, 30mg, 40mg	4	
azelaic acid gel 15%	4	QL (100 GM per 30 days)
claravis caps 10mg, 20mg, 30mg, 40mg	4	
erythromycin/benzoyl peroxide gel 5%; 3%	4	
FINACEA FOAM 15%	3	QL (50 GM per 30 days)
isotretinoin caps 10mg, 20mg, 30mg, 40mg	4	
metronidazole crea 0.75%	2	
metronidazole gel 0.75%	3	
metronidazole gel 1%	4	
tazarotene crea 0.1%	4	QL (60 GM per 30 days)
tretinoin crea 0.025%	3	PA
tretinoin crea 0.05%	4	PA
zenatane caps 10mg, 20mg, 30mg, 40mg	4	
Dermatitis and Pruritus Agents		
ADBRY INJ 150MG/ML	5	QL (6 ML per 28 days) PA
ADBRY INJ 300MG/2ML	5	QL (8 ML per 28 days) PA
alclometasone dipropionate crea 0.05%	2	
alclometasone dipropionate oint 0.05%	2	
ammonium lactate crea 12%	2	
ammonium lactate lotn 12%	2	
betamethasone dipropionate augmented crea 0.05%	2	
betamethasone dipropionate augmented gel 0.05%	4	
betamethasone dipropionate augmented oint 0.05%	3	
betamethasone dipropionate crea 0.05%	3	
betamethasone dipropionate lotn 0.05%	3	
betamethasone dipropionate oint 0.05%	4	
betamethasone valerate crea 0.1%	3	
betamethasone valerate lotn 0.1%	3	
betamethasone valerate oint 0.1%	2	
clobetasol propionate e crea 0.05%	4	
clobetasol propionate crea 0.05%	2	
clobetasol propionate gel 0.05%	3	
clobetasol propionate oint 0.05%	2	
clobetasol propionate sham 0.05%	4	
clobetasol propionate soln 0.05%	3	
desonide crea 0.05%	3	
desonide oint 0.05%	2	QL (120 GM per 30 days)
desoximetasone crea 0.25%	3	QL (100 GM per 30 days)
desoximetasone oint 0.25%	3	
EUCRISA OINT 2%	4	PA
fluocinolone acetonide body oil 0.01%	3	
fluocinolone acetonide scalp oil 0.01%	3	
fluocinolone acetonide topical oil 0.01%	3	

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide crea 0.01%, 0.025%</i>	3	
<i>fluocinolone acetonide oint 0.025%</i>	3	
<i>fluocinolone acetonide soln 0.01%</i>	3	
<i>fluocinonide crea 0.1%</i>	2	QL (120 GM per 30 days)
<i>fluocinonide crea 0.05%</i>	2	QL (60 GM per 30 days)
<i>fluocinonide gel 0.05%</i>	2	QL (60 GM per 30 days)
<i>fluocinonide oint 0.05%</i>	2	QL (60 GM per 30 days)
<i>fluocinonide soln 0.05%</i>	2	QL (60 ML per 30 days)
<i>fluticasone propionate crea 0.05%</i>	2	
<i>fluticasone propionate oint 0.005%</i>	2	
<i>halobetasol propionate crea 0.05%</i>	3	
<i>halobetasol propionate oint 0.05%</i>	4	
<i>hydrocortisone valerate crea 0.2%</i>	3	QL (60 GM per 30 days)
<i>hydrocortisone crea 1%, 2.5%</i>	2	
<i>hydrocortisone lotn 2.5%</i>	2	
<i>hydrocortisone oint 2.5%</i>	2	
<i>hydrocortisone oint 1%</i>	2	QL (100 GM per 30 days)
<i>mometasone furoate crea 0.1%</i>	2	
<i>mometasone furoate oint 0.1%</i>	2	
<i>mometasone furoate soln 0.1%</i>	2	
<i>pimecrolimus crea 1%</i>	4	
<i>selenium sulfide lotn 2.5%</i>	2	
SPEVIGO INJ 150MG/ML	5	QL (4 ML per 28 days) PA
<i>tacrolimus oint 0.03%, 0.1%</i>	4	
<i>triamcinolone acetonide crea 0.025%, 0.1%, 0.5%</i>	1	
<i>triamcinolone acetonide lotn 0.1%</i>	2	
<i>triamcinolone acetonide lotn 0.025%</i>	3	
<i>triamcinolone acetonide oint 0.025%, 0.1%</i>	1	
<i>triamcinolone acetonide oint 0.5%</i>	2	
<i>triderm crea 0.5%</i>	2	
Dermatological Agents, Other		
<i>calcipotriene crea 0.005%</i>	4	QL (120 GM per 30 days)
<i>calcipotriene oint 0.005%</i>	4	QL (120 GM per 30 days)
<i>calcipotriene soln 0.005%</i>	3	QL (60 ML per 30 days)
<i>clotrimazole/betamethasone dipropionate crea 0.05%; 1%</i>	2	QL (90 GM per 30 days)
<i>diclofenac sodium gel 3%</i>	4	QL (300 GM per 30 days) ST
<i>fluorouracil crea 5%</i>	2	QL (40 GM per 30 days)
<i>fluorouracil soln 2%, 5%</i>	3	
<i>imiquimod crea 5%</i>	3	QL (48 EA per 30 days)
<i>nystatin/triamcinolone acetonide oint 100000unit/gm; 0.1%</i>	2	
<i>nystatin/triamcinolone crea 100000unit/gm; 1mg/gm</i>	2	
<i>nystatin/triamcinolone oint 100000unit/gm; 0.1%</i>	2	
OTEZLA TABS 20MG, 30MG	5	QL (60 EA per 30 days) PA
<i>podofilox soln 0.5%</i>	3	
SANTYL OINT 250UNIT/GM	4	
<i>silver sulfadiazine crea 1%</i>	2	
<i>ssd crea 1%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>urea lotn 40%</i>	4	
<i>Pediculicides/Scabicides</i>		
<i>malathion lotn 0.5%</i>	4	
<i>permethrin crea 5%</i>	3	
<i>Topical Anti-infectives</i>		
<i>acyclovir oint 5%</i>	4	QL (60 GM per 30 days)
<i>ciclodan soln 8%</i>	2	PA
<i>ciclopirox nail lacquer soln 8%</i>	2	PA
<i>ciclopirox olamine crea 0.77%</i>	2	
<i>ciclopirox gel 0.77%</i>	2	
<i>ciclopirox sham 1%</i>	3	
<i>ciclopirox susp 0.77%</i>	3	
<i>clindamycin phosphate lotn 1%</i>	4	QL (75 ML per 30 days)
<i>clindamycin phosphate external soln 1%</i>	2	QL (60 ML per 30 days)
<i>ery pads 2%</i>	3	
<i>erythromycin gel 2%</i>	3	
<i>erythromycin soln 2%</i>	2	
<i>mupirocin crea 2%</i>	3	
<i>mupirocin oint 2%</i>	2	QL (110 GM per 30 days)
Electrolytes/Minerals/Metals/Vitamins		
<i>Electrolyte/Mineral Replacement</i>		
AMINOSYN II INJ 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 270MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 400MG/100ML; 200MG/100ML; 500MG/100ML	4	B/D
<i>aminosyn ii inj 107.6meq/l; 1490mg/100ml; 1527mg/100ml; 1050mg/100ml; 1107mg/100ml; 750mg/100ml; 450mg/100ml; 990mg/100ml; 1500mg/100ml; 1575mg/100ml; 258mg/100ml; 405mg/100ml; 447mg/100ml; 1083mg/100ml; 795mg/100ml; 50meq/l; 600mg/100ml; 300mg/100ml; 750mg/100ml</i>	4	B/D
AMINOSYN-PF INJ 46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	4	B/D
<i>carglumic acid tbso 200mg</i>	5	
<i>dextrose 5%/sodium chloride 0.45% inj 5%; 0.45%</i>	4	
<i>dextrose 5%/sodium chloride 0.9% inj 5%; 0.9%</i>	4	
<i>dextrose 5% inj 5%</i>	2	
<i>effe-k tbef 25meq</i>	2	
<i>klor-con 10 tbc 10meq</i>	2	
<i>klor-con 8 tbc 8meq</i>	2	
<i>klor-con m10 tbc 10meq</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>klor-con m15 tbc 15meq</i>	2	
<i>klor-con m20 tbc 20meq</i>	2	
<i>klor-con/ef tbc 25meq</i>	2	
<i>klor-con pack 20meq</i>	4	
<i>magnesium sulfate inj 50%</i>	3	
PLENAMINE INJ 147.4MEQ/L; 2.17GM/100ML; 1.47GM/100ML; 434MG/100ML; 749MG/100ML; 1.04GM/100ML; 894MG/100ML; 749MG/100ML; 1.04GM/100ML; 1.18GM/100ML; 749MG/100ML; 1.04GM/100ML; 894MG/100ML; 592MG/100ML; 749MG/100ML; 250MG/100ML; 39MG/100ML; 960MG/100ML	4	B/D
<i>potassium chloride er cpcr 10meq, 8meq</i>	2	
<i>potassium chloride er tbc 10meq, 15meq, 20meq, 8meq</i>	2	
<i>potassium chloride inj 10meq/100ml, 20meq/100ml, 40meq/100ml</i>	2	
<i>potassium chloride pack 20meq</i>	4	
<i>potassium chloride oral soln 10%, 20%</i>	4	
<i>potassium citrate er tbc 1080mg, 15meq, 540mg</i>	4	
<i>sodium chloride 0.45% inj 0.45%</i>	3	
<i>sodium chloride inj 0.45%, 0.9%</i>	3	
Electrolyte/Mineral/Metal Modifiers		
CHEMET CAPS 100MG	5	
<i>deferasirox pack 180mg, 360mg, 90mg</i>	5	PA
<i>deferasirox tabs 90mg</i>	3	PA
<i>deferasirox tabs 180mg, 360mg</i>	4	PA
<i>deferasirox tbso 125mg, 250mg</i>	4	PA
<i>deferasirox tbso 500mg</i>	5	PA
JYNARQUE TABS 15MG, 30MG	5	QL (120 EA per 30 days) PA
<i>penicillamine tabs 250mg</i>	5	
<i>trientine hydrochloride caps 250mg</i>	5	PA
Phosphate Binders		
<i>calcium acetate caps 667mg</i>	4	
<i>calcium acetate tabs 667mg</i>	3	
VELPHORO CHEW 500MG	5	
Potassium Binders		
<i>kionex susp 15gm/60ml</i>	3	
LOKELMA PACK 10GM, 5GM	4	QL (90 EA per 30 days)
<i>sodium polystyrene sulfonate powd 0</i>	3	
SPS SUSP 15GM/60ML	3	
VELTASSA PACK 16.8GM, 1GM, 25.2GM, 8.4GM	4	
Vitamins		
<i>prenatal tabs 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 2 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	2	
Gastrointestinal Agents		
Anti-Constipation Agents		
<i>constulose soln 10gm/15ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>enulose soln 10gm/15ml</i>	2	
<i>generlac soln 10gm/15ml</i>	2	
<i>lactulose soln 10gm/15ml</i>	2	
LINZESS CAPS 145MCG, 290MCG, 72MCG	3	QL (30 EA per 30 days)
<i>lubiprostone caps 24mcg, 8mcg</i>	4	QL (60 EA per 30 days)
<i>prucalopride tabs 1mg, 2mg</i>	3	QL (30 EA per 30 days)
RELISTOR INJ 8MG/0.4ML	5	QL (12 ML per 30 days) ST
RELISTOR INJ 12MG/0.6ML	5	QL (18 ML per 30 days) ST
RELISTOR TABS 150MG	5	QL (90 EA per 30 days) ST
Anti-Diarrheal Agents		
<i>alosetron hydrochloride tabs 0.5mg</i>	4	PA
<i>alosetron hydrochloride tabs 1mg</i>	5	PA
<i>diphenoxylate hydrochloride/atropine sulfate tabs 0.025mg; 2.5mg</i>	3	
<i>loperamide hydrochloride caps 2mg</i>	2	
XERMELO TABS 250MG	5	QL (90 EA per 30 days) PA
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl soln 10mg/5ml</i>	4	
<i>dicyclomine hydrochloride caps 10mg</i>	2	
<i>dicyclomine hydrochloride tabs 20mg</i>	2	
<i>glycopyrrolate inj 0.4mg/2ml</i>	4	
<i>glycopyrrolate tabs 1mg, 2mg</i>	3	PA
Gastrointestinal Agents, Other		
CLENPIQ SOLN 12GM/175ML; 3.5GM/175ML; 10MG/175ML	3	
CTEXLI TABS 250MG	5	PA
<i>gavilyte-c solr 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm</i>	2	
<i>gavilyte-g solr 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	2	
<i>gavilyte-n/flavor pack solr 420gm; 1.48gm; 5.72gm; 11.2gm</i>	2	
LIVMARLI SOLN 19MG/ML	5	QL (60 ML per 30 days) PA
LIVMARLI SOLN 9.5MG/ML	5	QL (90 ML per 30 days) PA
LIVMARLI TABS 30MG	5	QL (30 EA per 30 days) PA
LIVMARLI TABS 10MG, 15MG, 20MG	5	QL (60 EA per 30 days) PA
<i>metoclopramide hcl soln 5mg/5ml</i>	2	
<i>metoclopramide hydrochloride tabs 10mg, 5mg</i>	1	
<i>nitroglycerin oint 0.4%</i>	4	
<i>peg-3350/electrolytes solr 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	2	
<i>peg-3350/nacl/na bicarbonate/kcl solr 420gm; 1.48gm; 5.72gm; 11.2gm</i>	2	
<i>sodium sulfate/potassium sulfate/magnesium sulfate soln 1.6gm/177ml; 3.13gm/177ml; 17.5gm/177ml</i>	3	
SUTAB TABS 225MG; 188MG; 1479MG	3	
<i>ursodiol caps 300mg</i>	4	
<i>ursodiol tabs 250mg, 500mg</i>	3	
VOQUEZNA TABS 10MG	4	QL (30 EA per 30 days) PA
VOQUEZNA TABS 20MG	4	QL (60 EA per 30 days) PA

Drug Name	Drug Tier	Requirements/Limits
VOWST CAPS 0	5	PA
XIFAXAN TABS 200MG	4	PA
XIFAXAN TABS 550MG	5	PA
Histamine2 (H2) Receptor Antagonists		
<i>famotidine susr 40mg/5ml</i>	4	
<i>famotidine tabs 20mg, 40mg</i>	2	
<i>nizatidine caps 150mg, 300mg</i>	4	
Protectants		
<i>misoprostol tabs 100mcg, 200mcg</i>	3	
<i>sucralfate susp 1gm/10ml</i>	4	
<i>sucralfate tabs 1gm</i>	2	
Proton Pump Inhibitors		
<i>esomeprazole magnesium cpdr 20mg, 40mg</i>	2	QL (60 EA per 30 days)
<i>lansoprazole cpdr 15mg, 30mg</i>	2	QL (60 EA per 30 days)
<i>omeprazole dr cpdr 10mg</i>	1	QL (60 EA per 30 days)
<i>omeprazole cpdr 10mg, 20mg, 40mg</i>	1	QL (60 EA per 30 days)
<i>pantoprazole sodium tbec 20mg, 40mg</i>	1	QL (60 EA per 30 days)
<i>rabeprazole sodium tbec 20mg</i>	3	QL (60 EA per 30 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
<i>betaine anhydrous powd 0</i>	5	
CERDELGA CAPS 84MG	5	PA
CHOLBAM CAPS 250MG, 50MG	5	PA
CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
<i>cromolyn sodium conc 100mg/5ml</i>	4	
CYSTAGON CAPS 150MG, 50MG	4	
EVRYSDI SOLR 0.75MG/ML	5	QL (240 ML per 30 days) PA
FABRAZYME INJ 35MG, 5MG	5	PA
<i>l-glutamine pack 5gm</i>	5	PA
<i>miglustat caps 100mg</i>	5	PA
<i>nitisinone caps 10mg, 20mg, 2mg, 5mg</i>	5	
ONPATTRO INJ 10MG/5ML	5	PA
PROLASTIN-C INJ 1000MG/20ML	5	PA
PYRUKYND TAPER PACK TBPK 0, 5MG	5	QL (30 EA per 30 days) PA
PYRUKYND TABS 50MG	5	QL (120 EA per 30 days) PA
PYRUKYND TABS 20MG, 5MG	5	QL (60 EA per 30 days) PA
REVCovi INJ 2.4MG/1.5ML	5	PA
<i>sapropterin dihydrochloride pack 100mg, 500mg</i>	5	PA
<i>sapropterin dihydrochloride tabs 100mg</i>	5	PA
<i>sodium phenylbutyrate powd 3gm/tsp</i>	5	
<i>sodium phenylbutyrate tabs 500mg</i>	5	
SUCRAID SOLN 8500UNIT/ML	5	PA

Drug Name	Drug Tier	Requirements/Limits
WELIREG TABS 40MG	5	PA
yargesa caps 100mg	5	PA
ZENPEP CPEP 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	3	
Genitourinary Agents		
<i>Antispasmodics, Urinary</i>		
GELNIQUE GEL 10%	4	
GEMTESA TABS 75MG	4	
MYRBETRIQ SRER 8MG/ML	3	
MYRBETRIQ TB24 25MG, 50MG	3	
oxybutynin chloride er tb24 10mg, 15mg, 5mg	2	
oxybutynin chloride soln 5mg/5ml	2	
oxybutynin chloride tabs 5mg	2	
solifenacin succinate tabs 10mg, 5mg	2	
tolterodine tartrate er cp24 2mg, 4mg	3	
tolterodine tartrate tabs 1mg, 2mg	3	
tropium chloride er cp24 60mg	4	
tropium chloride tabs 20mg	3	
<i>Benign Prostatic Hypertrophy Agents</i>		
alfuzosin hcl er tb24 10mg	2	
doxazosin mesylate tabs 1mg, 2mg, 4mg, 8mg	2	
dutasteride caps 0.5mg	2	
finasteride tabs 5mg	1	
silodosin caps 4mg, 8mg	4	
tadalafil tabs 2.5mg, 5mg	3	QL (30 EA per 30 days) PA
tamsulosin hydrochloride caps 0.4mg	1	
terazosin hcl caps 10mg, 1mg, 5mg	1	
terazosin hydrochloride caps 2mg	1	
<i>Genitourinary Agents, Other</i>		
acetic acid 0.25% soln 0.25%	1	
bethanechol chloride tabs 10mg, 25mg, 50mg, 5mg	2	
ELMIRON CAPS 100MG	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</i>		
cortisone acetate tabs 25mg	5	
dexamethasone elix 0.5mg/5ml	3	
dexamethasone soln 0.5mg/5ml	2	
dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg	2	
fludrocortisone acetate tabs 0.1mg	2	
hydrocortisone tabs 10mg, 20mg, 5mg	2	
methylprednisolone dose pack tbpk 4mg	2	

Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone tabs 16mg, 32mg, 4mg, 8mg</i>	2	
<i>prednisolone sodium phosphate soln 15mg/5ml</i>	2	
<i>prednisolone sodium phosphate soln 25mg/5ml, 5mg/5ml</i>	4	
<i>prednisolone soln 15mg/5ml</i>	2	
<i>prednisone tabs 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	
<i>prednisone tbpk 10mg, 5mg</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
<i>desmopressin acetate soln 0.01%</i>	4	
<i>desmopressin acetate tabs 0.1mg, 0.2mg</i>	3	
GENOTROPIN MINIQUEL INJ 0.2MG	4	PA
GENOTROPIN MINIQUEL INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	5	PA
GENOTROPIN INJ 12MG, 5MG	5	PA
INCRELEX INJ 40MG/4ML	5	PA
ISTURISA TABS 1MG	5	QL (240 EA per 30 days) PA
ISTURISA TABS 5MG	5	QL (360 EA per 30 days) PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>Androgens</i>		
<i>danazol caps 100mg, 200mg, 50mg</i>	4	
<i>testosterone cypionate inj 100mg/ml, 200mg/ml</i>	2	PA
<i>testosterone enanthate inj 200mg/ml</i>	3	PA
<i>testosterone pump gel 1.62%</i>	3	PA
<i>testosterone pump gel 1%</i>	4	PA
<i>testosterone gel 20.25mg/1.25gm, 40.5mg/2.5gm</i>	3	PA
<i>testosterone gel 25mg/2.5gm, 50mg/5gm</i>	4	PA
<i>Estrogens</i>		
<i>abigale lo tabs 0.5mg; 0.1mg</i>	4	
<i>abigale tabs 1mg; 0.5mg</i>	4	
<i>afirmelle tabs 20mcg; 0.1mg</i>	3	
<i>altavera tabs 30mcg; 0.15mg</i>	3	
<i>alyacen 1/35 tabs 35mcg; 1mg</i>	3	
<i>alyacen 7/7/7 tabs 35mcg; 0</i>	3	
<i>amabelz tabs 0.5mg; 0.1mg, 1mg; 0.5mg</i>	4	
<i>amethia tabs 0; 0</i>	4	QL (91 EA per 91 days)
<i>amethyst tabs 20mcg; 90mcg</i>	3	
<i>ashlyna tabs 0; 0</i>	4	QL (91 EA per 91 days)
<i>aubra eq tabs 20mcg; 0.1mg</i>	3	
<i>aurovela 1.5/30 tabs 30mcg; 1.5mg</i>	3	
<i>aurovela 1/20 tabs 20mcg; 1mg</i>	3	
<i>aurovela fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	3	
<i>aurovela fe 1/20 tabs 20mcg; 75mg; 1mg</i>	3	
<i>aviane tabs 20mcg; 0.1mg</i>	3	
<i>ayuna tabs 0.03mg; 0.15mg</i>	3	
<i>azurette tabs 0; 0</i>	3	
<i>balziva tabs 35mcg; 0.4mg</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>blisovi fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	3	
<i>blisovi fe 1/20 tabs 20mcg; 75mg; 1mg</i>	3	
<i>briellyn tabs 35mcg; 0.4mg</i>	3	
<i>camrese lo tabs 0; 0</i>	4	QL (91 EA per 91 days)
<i>camrese tabs 0; 0</i>	4	QL (91 EA per 91 days)
<i>chateal eq tabs 30mcg; 0.15mg</i>	3	
CLIMARA PRO PTWK 0.045MG/DAY; 0.015MG/DAY	4	
<i>cryselle-28 tabs 30mcg; 0.3mg</i>	3	
<i>dasetta 1/35 tabs 35mcg; 1mg</i>	3	
<i>dasetta 7/7/7 tabs 35mcg; 0</i>	3	
<i>daysee tabs 0; 0</i>	4	QL (91 EA per 91 days)
<i>delyla tabs 20mcg; 0.1mg</i>	3	
<i>desogestrel/ethinyl estradiol tabs 0; 0</i>	3	
<i>dolishale tabs 20mcg; 90mcg</i>	3	
DOTTI PTTW 0.025MG/24HR, 0.0375MG/24HR, 0.05MG/24HR, 0.075MG/24HR, 0.1MG/24HR	4	
<i>elinest tabs 30mcg; 0.3mg</i>	3	
<i>eluryng ring 0.015mg/24hr; 0.12mg/24hr</i>	4	
<i>enilloring ring 0.015mg/24hr; 0.12mg/24hr</i>	4	
<i>enpresse-28 tabs 0; 0</i>	3	
<i>estarylla tabs 35mcg; 0.25mg</i>	3	
<i>estradiol/norethindrone acetate tabs 0.5mg; 0.1mg, 1mg; 0.5mg</i>	4	
<i>estradiol crea 0.1mg/gm</i>	2	
<i>estradiol gel 0.06%, 0.25mg/0.25gm, 0.5mg/0.5gm, 0.75mg/0.75gm, 1.25mg/1.25gm, 1mg/gm</i>	4	
<i>estradiol pttw 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>	4	
<i>estradiol ptwk 0.025mg/24hr, 0.05mg/24hr, 0.06mg/24hr, 0.075mg/24hr, 0.1mg/24hr, 37.5mcg/24hr</i>	3	
<i>estradiol oral tabs 0.5mg, 1mg, 2mg</i>	2	
<i>estradiol vaginal tabs 10mcg</i>	4	
ESTRING RING 7.5MCG/24HR	4	QL (1 EA per 90 days)
<i>ethynodiol diacetate/ethinyl estradiol tabs 35mcg; 1mg, 50mcg; 1mg</i>	3	
<i>etonogestrel/ethinyl estradiol ring 0.015mg/24hr; 0.12mg/24hr</i>	3	
<i>falmina tabs 20mcg; 0.1mg</i>	3	
<i>feirza 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	3	
<i>feirza 1/20 tabs 20mcg; 75mg; 1mg</i>	3	
FYAVOLV TABS 2.5MCG; 0.5MG, 5MCG; 1MG	4	
<i>hailey 1.5/30 tabs 30mcg; 1.5mg</i>	3	
<i>hailey fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	3	
<i>hailey fe 1/20 tabs 20mcg; 75mg; 1mg</i>	3	
<i>haloette ring 0.015mg/24hr; 0.12mg/24hr</i>	4	
<i>iclevia tabs 0.03mg; 0.15mg</i>	4	QL (91 EA per 91 days)
<i>introvale tabs 0.03mg; 0.15mg</i>	4	QL (91 EA per 91 days)

Drug Name	Drug Tier	Requirements/Limits
<i>jaimiess tabs 0; 0</i>	4	QL (91 EA per 91 days)
<i>jinteli tabs 5mcg; 1mg</i>	4	
<i>jolessa tabs 0.03mg; 0.15mg</i>	4	QL (91 EA per 91 days)
<i>junel 1.5/30 tabs 30mcg; 1.5mg</i>	3	
<i>junel 1/20 tabs 20mcg; 1mg</i>	3	
<i>junel fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	3	
<i>junel fe 1/20 tabs 20mcg; 75mg; 1mg</i>	3	
<i>kariva tabs 0; 0</i>	3	
<i>kelnor 1/35 tabs 35mcg; 1mg</i>	3	
<i>kelnor 1/50 tabs 50mcg; 1mg</i>	3	
<i>kurvelo tabs 0.03mg; 0.15mg</i>	3	
<i>larin 1.5/30 tabs 30mcg; 1.5mg</i>	3	
<i>larin 1/20 tabs 20mcg; 1mg</i>	3	
<i>larin fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	3	
<i>larin fe 1/20 tabs 20mcg; 75mg; 1mg</i>	3	
<i>lessina tabs 20mcg; 0.1mg</i>	3	
<i>levonest tabs 0; 0</i>	3	
<i>levonorgestrel and ethinyl estradiol tabs 20mcg; 90mcg</i>	3	
<i>levonorgestrel and ethinyl estradiol tabs 0; 0</i>	4	QL (91 EA per 91 days)
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg</i>	3	
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg, 0; 0</i>	4	QL (91 EA per 91 days)
<i>levora 0.15/30-28 tabs 0.03mg; 0.15mg</i>	3	
<i>lojaimiess tabs 0; 0</i>	4	QL (91 EA per 91 days)
<i>low-ogestrel tabs 30mcg; 0.3mg</i>	3	
<i>lutra tabs 20mcg; 0.1mg</i>	3	
<i>lyllana pttw 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>	4	
<i>marlissa tabs 0.03mg; 0.15mg</i>	3	
MENEST TABS 2.5MG	4	
<i>microgestin 1.5/30 tabs 30mcg; 1.5mg</i>	3	
<i>microgestin 1/20 tabs 20mcg; 1mg</i>	3	
<i>microgestin fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	3	
<i>microgestin fe 1/20 tabs 20mcg; 75mg; 1mg</i>	3	
<i>mili tabs 35mcg; 0.25mg</i>	3	
<i>mimvey tabs 1mg; 0.5mg</i>	4	
<i>mono-linyah tabs 35mcg; 0.25mg</i>	3	
<i>necon 0.5/35-28 tabs 35mcg; 0.5mg</i>	3	
<i>norelgestromin/ethinyl estradiol ptwk 35mcg/24hr; 150mcg/24hr</i>	4	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs 20mcg; 75mg; 1mg, 30mcg; 75mg; 1.5mg</i>	3	
<i>norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg, 30mcg; 1.5mg</i>	3	
<i>norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg, 5mcg; 1mg</i>	4	
<i>norgestimate/ethinyl estradiol tabs 0; 0, 35mcg; 0.25mg</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>nortrel 0.5/35 (28) tabs 35mcg; 0.5mg</i>	3	
<i>nortrel 1/35 tabs 35mcg; 1mg</i>	3	
<i>nortrel 7/7/7 tabs 35mcg; 0</i>	3	
<i>nylia 1/35 tabs 35mcg; 1mg</i>	3	
<i>nylia 7/7/7 tabs 35mcg; 0</i>	3	
<i>philith tabs 35mcg; 0.4mg</i>	3	
<i>pimtrea tabs 0; 0</i>	3	
<i>portia-28 tabs 0.03mg; 0.15mg</i>	3	
PREMARIN CREA 0.625MG/GM	4	
PREMARIN TABS 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	4	
PREMPHASE TABS 0.625MG; 5MG	4	
PREMPRO TABS 0.3MG; 1.5MG, 0.45MG; 1.5MG, 0.625MG; 2.5MG, 0.625MG; 5MG	4	
<i>rivelsa tabs 0; 0</i>	4	QL (91 EA per 91 days)
<i>rosyrah tabs 0; 0</i>	4	QL (91 EA per 91 days)
<i>setlakin tabs 0.03mg; 0.15mg</i>	4	QL (91 EA per 91 days)
<i>simliya tabs 0; 0</i>	3	
<i>simpesse tabs 0; 0</i>	4	QL (91 EA per 91 days)
<i>sprintec 28 tabs 35mcg; 0.25mg</i>	3	
<i>sronyx tabs 20mcg; 0.1mg</i>	3	
<i>tarina fe 1/20 eq tabs 20mcg; 75mg; 1mg</i>	3	
<i>tri-estarylla tabs 0; 0</i>	3	
<i>tri-lynyah tabs 0; 0</i>	3	
<i>tri-mili tabs 0; 0</i>	3	
<i>tri-nymyo tabs 0; 0</i>	3	
<i>tri-sprintec tabs 0; 0</i>	3	
<i>tri-vylibra tabs 0; 0</i>	3	
<i>trivora-28 tabs 0; 0</i>	3	
<i>turqoz tabs 30mcg; 0.3mg</i>	3	
<i>valtya 1/50 tabs 50mcg; 1mg</i>	3	
<i>vienva tabs 20mcg; 0.1mg</i>	3	
<i>vioarele tabs 0; 0</i>	3	
<i>volnea tabs 0; 0</i>	3	
<i>vyfemla tabs 35mcg; 0.4mg</i>	3	
<i>vylibra tabs 35mcg; 0.25mg</i>	3	
<i>wera tabs 35mcg; 0.5mg</i>	3	
<i>xulane ptwk 35mcg/24hr; 150mcg/24hr</i>	3	
<i>yuvafem tabs 10mcg</i>	4	
<i>zafemy ptwk 35mcg/24hr; 150mcg/24hr</i>	4	
<i>zovia 1/35 tabs 35mcg; 1mg</i>	3	
Progestins		
<i>camila tabs 0.35mg</i>	2	
<i>deblitane tabs 0.35mg</i>	2	
DEPO-SUBQ PROVERA 104 INJ 104MG/0.65ML	3	QL (0.65 ML per 90 days)
<i>emzahh tabs 0.35mg</i>	2	
<i>errin tabs 0.35mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>gallifrey tabs 5mg</i>	2	
<i>heather tabs 0.35mg</i>	2	
<i>incassia tabs 0.35mg</i>	2	
<i>jencycla tabs 0.35mg</i>	2	
LILETTA IUD 20.1MCG/DAY	3	
<i>lyleq tabs 0.35mg</i>	2	
<i>lyza tabs 0.35mg</i>	2	
<i>medroxyprogesterone acetate inj 150mg/ml</i>	2	QL (1 ML per 90 days)
<i>medroxyprogesterone acetate tabs 10mg, 2.5mg, 5mg</i>	1	
<i>megestrol acetate susp 40mg/ml</i>	3	
<i>megestrol acetate susp 625mg/5ml</i>	4	
<i>megestrol acetate tabs 20mg, 40mg</i>	2	
<i>meleya tabs 0.35mg</i>	2	
NEXPLANON INJ 68MG	3	
<i>nora-be tabs 0.35mg</i>	2	
<i>norethindrone acetate tabs 5mg</i>	2	
<i>norethindrone tabs 0.35mg</i>	2	
<i>norlyroc tabs 0.35mg</i>	2	
<i>orquidea tabs 0.35mg</i>	2	
<i>progesterone caps 100mg, 200mg</i>	2	
<i>sharobel tabs 0.35mg</i>	2	
Selective Estrogen Receptor Modifying Agents		
OSPHENA TABS 60MG	3	QL (30 EA per 30 days) PA
<i>raloxifene hydrochloride tabs 60mg</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
ADTHYZA TABS 120MG, 15MG, 30MG, 60MG, 90MG	4	
ARMOUR THYROID TABS 120MG, 15MG, 180MG, 240MG, 300MG, 30MG, 60MG, 90MG	4	
EUTHYROX TABS 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	2	
LEVO-T TABS 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	3	
<i>levothyroxine sodium tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	1	
LEVOXYL TABS 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	2	
<i>liothyronine sodium tabs 25mcg, 50mcg, 5mcg</i>	2	
NIVA THYROID TABS 120MG, 15MG, 30MG, 60MG, 90MG	4	
<i>np thyroid 120 tabs 120mg</i>	4	
<i>np thyroid 15 tabs 15mg</i>	4	
<i>np thyroid 30 tabs 30mg</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>np thyroid 60 tabs 60mg</i>	4	
<i>np thyroid 90 tabs 90mg</i>	4	
RENTHYROID TABS 120MG, 15MG, 30MG, 60MG, 90MG	4	
REZDIFFRA TABS 100MG, 60MG, 80MG	5	QL (30 EA per 30 days) PA
SYNTHROID TABS 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	3	
THYROID TABS 120MG, 15MG, 30MG, 60MG, 90MG	4	
UNITHROID TABS 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	2	
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
<i>Hormonal Agents, Suppressant (Adrenal or Pituitary)</i>		
<i>cabergoline tabs 0.5mg</i>	3	
FIRMAGON INJ 80MG	4	QL (1 EA per 28 days) PA
FIRMAGON INJ 120MG/VIAL	5	QL (4 EA per 365 days) PA
<i>leuprolide acetate inj 1mg/0.2ml</i>	4	PA
LUPRON DEPOT (1-MONTH) INJ 3.75MG, 7.5MG	5	QL (1 EA per 28 days) PA
LUPRON DEPOT (3-MONTH) INJ 11.25MG, 22.5MG	5	QL (1 EA per 84 days) PA
LUPRON DEPOT (4-MONTH) INJ 30MG	5	QL (1 EA per 112 days) PA
LUPRON DEPOT (6-MONTH) INJ 45MG	5	QL (1 EA per 168 days) PA
LUPRON DEPOT-PED (1-MONTH) INJ 11.25MG, 15MG, 7.5MG	5	QL (1 EA per 28 days) PA
LUPRON DEPOT-PED (3-MONTH) INJ 11.25MG, 30MG	5	QL (1 EA per 84 days) PA
<i>mifepristone tabs 200mg</i>	4	
<i>mifepristone tabs 300mg</i>	5	QL (120 EA per 30 days) PA
<i>octreotide acetate inj 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	4	PA
<i>octreotide acetate inj 1000mcg/ml, 500mcg/ml</i>	5	PA
ORGOVYX TABS 120MG	5	PA
SIGNIFOR INJ 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	5	QL (60 ML per 30 days) PA
SOMAVERT INJ 10MG, 15MG, 20MG, 25MG, 30MG	5	PA
TRELSTAR MIXJECT INJ 22.5MG	4	QL (1 EA per 168 days) PA
TRELSTAR MIXJECT INJ 11.25MG	4	QL (1 EA per 84 days) PA
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
<i>methimazole tabs 10mg, 5mg</i>	2	
<i>propylthiouracil tabs 50mg</i>	2	
Immunological Agents		
<i>Angioedema Agents</i>		
CINRYZE INJ 500UNIT	5	PA
<i>icatibant acetate inj 30mg/3ml</i>	5	PA
<i>Immunoglobulins</i>		
BIVIGAM INJ 10%, 5GM/50ML	5	PA
GAMASTAN INJ 0	3	PA
HIZENTRA INJ 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML	5	PA
HYPERHEP B INJ 110UNIT/0.5ML	4	B/D

Drug Name	Drug Tier	Requirements/Limits
PRIVIGEN INJ 10GM/100ML, 20GM/200ML, 40GM/400ML, 5GM/50ML	5	PA
<i>Immunological Agents, Other</i>		
BENLYSTA INJ 200MG/ML	5	PA
COSENTYX SENSOREADY PEN INJ 150MG/ML	5	QL (10 ML per 28 days) PA
COSENTYX UNOREADY INJ 300MG/2ML	5	QL (10 ML per 28 days) PA
COSENTYX INJ 125MG/5ML	5	PA
COSENTYX INJ 150MG/ML, 75MG/0.5ML	5	QL (10 ML per 28 days) PA
DUPIXENT INJ 200MG/1.14ML	5	QL (4.56 ML per 28 days) PA
DUPIXENT INJ 300MG/2ML	5	QL (8 ML per 28 days) PA
EMPAVELI INJ 1080MG/20ML	5	PA
KINERET INJ 100MG/0.67ML	5	PA
ODACTRA SUBL 0; 0	3	QL (30 EA per 30 days) PA
ORENCIA CLICKJECT INJ 125MG/ML	5	QL (4 ML per 28 days) PA
ORENCIA INJ 50MG/0.4ML	5	QL (1.6 ML per 28 days) PA
ORENCIA INJ 87.5MG/0.7ML	5	QL (2.8 ML per 28 days) PA
ORENCIA INJ 125MG/ML	5	QL (4 ML per 28 days) PA
OTEZLA TBPK 0	5	QL (110 EA per 365 days) PA
RINVOQ LQ SOLN 1MG/ML	5	QL (360 ML per 30 days) PA
RINVOQ TB24 15MG, 30MG, 45MG	5	QL (30 EA per 30 days) PA
SKYRIZI PEN INJ 150MG/ML	5	QL (1 ML per 28 days) PA
SKYRIZI INJ 150MG/ML	5	QL (1 ML per 28 days) PA
SKYRIZI INJ 180MG/1.2ML	5	QL (1.2 ML per 56 days) PA
SKYRIZI INJ 360MG/2.4ML	5	QL (2.4 ML per 56 days) PA
SKYRIZI INJ 600MG/10ML	5	QL (60 ML per 365 days) PA
STELARA INJ 130MG/26ML	5	QL (104 ML per 365 days) PA
STELARA INJ 45MG/0.5ML, 90MG/ML	5	QL (3 ML per 84 days) PA
STEQEYMA INJ 45MG/0.5ML	3	QL (3 ML per 84 days) PA
STEQEYMA INJ 130MG/26ML	5	QL (104 ML per 365 days) PA
STEQEYMA INJ 90MG/ML	5	QL (3 ML per 84 days) PA
TAVNEOS CAPS 10MG	5	QL (180 EA per 30 days) PA
TYENNE INJ 162MG/0.9ML	5	QL (3.6 ML per 28 days) PA
<i>ustekinumab inj 130mg/26ml</i>	5	QL (104 ML per 365 days) PA
<i>ustekinumab inj 45mg/0.5ml, 90mg/ml</i>	5	QL (3 ML per 84 days) PA
VEOPOZ INJ 400MG/2ML	5	PA
WEZLANA INJ 130MG/26ML	5	QL (104 ML per 365 days) PA
WEZLANA INJ 45MG/0.5ML, 90MG/ML	5	QL (3 ML per 84 days) PA
XELJANZ XR TB24 11MG, 22MG	5	QL (30 EA per 30 days) PA
XELJANZ SOLN 1MG/ML	5	QL (300 ML per 30 days) PA
XELJANZ TABS 10MG, 5MG	5	QL (60 EA per 30 days) PA
XOLAIR INJ 75MG/0.5ML	5	QL (1 ML per 28 days) PA
XOLAIR INJ 150MG	5	QL (8 EA per 28 days) PA
XOLAIR INJ 150MG/ML, 300MG/2ML	5	QL (8 ML per 28 days) PA
<i>Immunostimulants</i>		
ACTIMMUNE INJ 100MCG/0.5ML	5	PA
BESREMI INJ 500MCG/ML	5	PA
PEGASYS INJ 180MCG/ML	5	PA

Drug Name	Drug Tier	Requirements/Limits
Immunosuppressants		
ADALIMUMAB-AATY 1-PEN KIT INJ 80MG/0.8ML	5	QL (3 EA per 28 days) PA
ADALIMUMAB-AATY 1-PEN KIT INJ 40MG/0.4ML	5	QL (6 EA per 28 days) PA
ADALIMUMAB-AATY 2-PEN KIT INJ 40MG/0.4ML	5	QL (6 EA per 28 days) PA
ADALIMUMAB-AATY 2-SYRINGE KIT INJ 20MG/0.2ML	5	QL (2 EA per 28 days) PA
ADALIMUMAB-AATY 2-SYRINGE KIT INJ 40MG/0.4ML	5	QL (6 EA per 28 days) PA
<i>adalimumab-aaty cd/uc/hs starter inj 80mg/0.8ml</i>	5	QL (3 EA per 28 days) PA
ADALIMUMAB-ADBIM CROHNS/UC/HS STARTER INJ 40MG/0.8ML	5	QL (6 EA per 28 days) PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBIM PSORIASIS/UEVITIS STARTER INJ 40MG/0.8ML	5	QL (6 EA per 28 days) PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBIM STARTER PACKAGE FOR CROHNS DISEASE/UC/HS INJ 40MG/0.4ML	5	QL (6 EA per 28 days) PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBIM STARTER PACKAGE FOR PSORIASIS/UEVITIS INJ 40MG/0.4ML	5	QL (6 EA per 28 days) PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBIM INJ 10MG/0.2ML, 20MG/0.4ML	5	QL (2 EA per 28 days) PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBIM INJ 40MG/0.4ML, 40MG/0.8ML	5	QL (6 EA per 28 days) PA; Boehringer Ingelheim labeled products only
ASTAGRAF XL CP24 0.5MG, 1MG, 5MG	4	B/D
<i>azathioprine tabs 50mg</i>	2	B/D
<i>cyclosporine modified caps 100mg, 25mg, 50mg</i>	4	B/D
<i>cyclosporine modified soln 100mg/ml</i>	4	B/D
<i>cyclosporine caps 100mg, 25mg</i>	4	B/D
ENBREL MINI INJ 50MG/ML	5	QL (8 ML per 28 days) PA
ENBREL SURECLICK INJ 50MG/ML	5	QL (8 ML per 28 days) PA
ENBREL INJ 25MG/0.5ML	5	QL (4 ML per 28 days) PA
ENBREL INJ 50MG/ML	5	QL (8 ML per 28 days) PA
ENVARUSUS XR TB24 0.75MG, 1MG	4	B/D
ENVARUSUS XR TB24 4MG	5	B/D
<i>everolimus tabs 0.25mg</i>	4	B/D
<i>everolimus tabs 0.5mg, 0.75mg, 1mg</i>	5	B/D
<i>gengraf caps 100mg, 25mg</i>	4	B/D
<i>gengraf soln 100mg/ml</i>	4	B/D
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 0	5	QL (4 EA per 365 days) PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 80MG/0.8ML	5	QL (6 EA per 365 days) PA
HUMIRA PEN-CD/UC/HS STARTER INJ 80MG/0.8ML	5	QL (4 EA per 28 days) PA
HUMIRA PEN-CD/UC/HS STARTER INJ 40MG/0.8ML	5	QL (6 EA per 28 days) PA

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN-PEDIATRIC UC STARTER PACK INJ 80MG/0.8ML	5	QL (4 EA per 28 days) PA
HUMIRA PEN-PS/UV STARTER INJ 0	5	QL (6 EA per 365 days) PA
HUMIRA PEN INJ 80MG/0.8ML	5	QL (4 EA per 28 days) PA; Abbvie labeled products only
HUMIRA PEN INJ 40MG/0.8ML	5	QL (6 EA per 28 days) PA
HUMIRA PEN INJ 40MG/0.4ML	5	QL (6 EA per 28 days) PA; Abbvie labeled products only
HUMIRA INJ 10MG/0.1ML, 20MG/0.2ML	5	QL (2 EA per 28 days) PA; Abbvie labeled products only
HUMIRA INJ 40MG/0.8ML	5	QL (6 EA per 28 days) PA
HUMIRA INJ 40MG/0.4ML	5	QL (6 EA per 28 days) PA; Abbvie labeled products only
INFLECTRA INJ 100MG	5	PA
INFLIXIMAB INJ 100MG	5	PA
JYLAMVO SOLN 2MG/ML	4	PA
<i>leflunomide tabs 10mg, 20mg</i>	2	
<i>methotrexate sodium inj 1gm/40ml, 1gm, 250mg/10ml, 50mg/2ml</i>	2	
<i>methotrexate sodium tabs 2.5mg</i>	2	
<i>methotrexate inj 50mg/2ml</i>	2	
<i>mycophenolate mofetil caps 250mg</i>	4	B/D
<i>mycophenolate mofetil susr 200mg/ml</i>	5	B/D
<i>mycophenolate mofetil tabs 500mg</i>	4	B/D
<i>mycophenolic acid dr tbec 180mg, 360mg</i>	4	B/D
ORENCIA INJ 250MG	5	PA
PEGASYS INJ 180MCG/0.5ML	5	PA
PROGRAF PACK 0.2MG, 1MG	4	B/D
RENFLEXIS INJ 100MG	5	PA
REZUROCK TABS 200MG	5	QL (60 EA per 30 days) PA
SANDIMMUNE SOLN 100MG/ML	4	B/D
<i>sirolimus soln 1mg/ml</i>	4	B/D
<i>sirolimus tabs 0.5mg, 1mg, 2mg</i>	4	B/D
<i>tacrolimus caps 0.5mg, 1mg, 5mg</i>	4	B/D
XATMEP SOLN 2.5MG/ML	4	PA
Vaccines		
ABRYSVO INJ 120MCG/0.5ML	1	QL (1 EA per 252 days)
ACTHIB INJ 0	1	
ADACEL INJ 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	1	
AREXVY INJ 120MCG/0.5ML	1	QL (1 EA per 999 days)
<i>bcg vaccine inj 50mg</i>	1	
BEXSERO INJ 0.5ML	1	
BOOSTRIX INJ 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	1	
DAPTACEL INJ 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	3	
DENG VAXIA INJ 0	3	
ENGRIX-B INJ 10MCG/0.5ML, 20MCG/ML	1	B/D

Drug Name	Drug Tier	Requirements/Limits
GARDASIL 9 INJ 0.5ML	1	
HAVRIX INJ 1440ELU/ML	1	
HAVRIX INJ 720ELU/0.5ML	3	
HEPLISAV-B INJ 20MCG/0.5ML	1	B/D
HIBERIX INJ 10MCG	1	
IMOVAX RABIES (H.D.C.V.) INJ 2.5UNIT/ML	1	B/D
INFANRIX INJ 25LFU/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	3	
IPOL INACTIVATED IPV INJ 0	1	
IXCHIQ INJ 0	1	
IXIARO INJ 0	1	
JYNNEOS INJ 0.5ML	1	
KINRIX INJ 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
M-M-R II INJ 0; 0; 0	1	
MENACTRA INJ 0	1	
MENQUADFI INJ 0.5ML	1	
MENVEO INJ 0	1	
MRESVIA INJ 50MCG/0.5ML	1	QL (0.5 ML per 999 days)
PEDIARIX INJ 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
PEDVAX HIB INJ 7.5MCG/0.5ML	3	
PENBRAYA INJ 0; 0	1	
PENMENVY INJ 0; 0	1	
PENTACEL INJ 15LFU/0.5ML; 0; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	
PREHEVBRIO INJ 10MCG/ML	1	B/D
PRIORIX INJ 0; 0; 0	1	
PROQUAD INJ 0; 0; 0; 0	3	
QUADRACEL INJ 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	Pre-Filled Syringe
QUADRACEL INJ 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	Single-dose vial
RABAVERT INJ 0	1	B/D
RECOMBIVAX HB INJ 10MCG/ML, 40MCG/ML, 5MCG/0.5ML	1	B/D
ROTARIX SUSP 0	3	
ROTATEQ SOLN 0	3	
SHINGRIX INJ 50MCG/0.5ML	1	
STAMARIL INJ 0	1	
TDVAX INJ 2LF/0.5ML; 2LF/0.5ML	1	
TENIVAC INJ 2LFU; 5LFU	1	
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT INJ 2LF/0.5ML; 2LF/0.5ML	1	
TICOVAC INJ 2.4MCG/0.5ML	1	
TICOVAC INJ 1.2MCG/0.25ML	3	
TRUMENBA INJ 0.5ML	1	

Drug Name	Drug Tier	Requirements/Limits
TWINRIX INJ 720ELU/ML; 20MCG/ML	1	
TYPHIM VI INJ 25MCG/0.5ML	1	
VAQTA INJ 50UNIT/ML	1	
VAQTA INJ 25UNIT/0.5ML	3	
VARIVAX INJ 1350PFU/0.5ML	1	
VAXCHORA SUSR 0	1	
VAXELIS INJ 0; 0; 0; 0; 0; 0	3	
VIMKUNYA INJ 40MCG/0.8ML	1	
VIVOTIF CPDR 0	1	
YF-VAX INJ 0	1	
Inflammatory Bowel Disease Agents		
<i>Aminosalicylates</i>		
balsalazide disodium caps 750mg	4	
mesalamine dr tbec 1.2gm	4	
mesalamine er cp24 0.375gm	4	
mesalamine er cpcr 500mg	4	
mesalamine enem 4gm	4	
mesalamine kit 4gm	5	
mesalamine supp 1000mg	4	
SFROWASA ENEM 4GM/60ML	5	
sulfasalazine tabs 500mg	2	
sulfasalazine tbec 500mg	2	
<i>Glucocorticoids</i>		
budesonide er tb24 9mg	5	
budesonide cpep 3mg	4	
hydrocortisone crea 2.5%	2	
hydrocortisone enem 100mg/60ml	4	
procto-med hc crea 2.5%	2	
proctosol hc crea 2.5%	2	
proctozone-hc crea 2.5%	2	
Metabolic Bone Disease Agents		
<i>Metabolic Bone Disease Agents</i>		
alendronate sodium tabs 10mg, 35mg, 5mg	1	
alendronate sodium tabs 70mg	1	QL (4 EA per 28 days)
BONSITY INJ 560MCG/2.24ML	5	PA
calcitonin-salmon soln 200unit/act	3	QL (3.7 ML per 30 days)
calcitriol caps 0.25mcg, 0.5mcg	2	
cinacalcet hydrochloride tabs 30mg, 60mg, 90mg	4	
FORTEO INJ 560MCG/2.24ML	5	PA
ibandronate sodium tabs 150mg	2	QL (1 EA per 28 days)
JUBBONTI INJ 60MG/ML	4	QL (2 ML per 365 days)
paricalcitol caps 1mcg, 2mcg, 4mcg	3	
RAYALDEE CPCR 30MCG	5	
risedronate sodium tabs 30mg, 5mg	4	
risedronate sodium tabs 150mg	4	QL (1 EA per 28 days)
risedronate sodium tabs 35mg	4	QL (4 EA per 28 days)
teriparatide inj 560mcg/2.24ml	5	PA

Drug Name	Drug Tier	Requirements/Limits
TYMLOS INJ 3120MCG/1.56ML	5	PA
WYOST INJ 120MG/1.7ML	5	PA
Miscellaneous Therapeutic Agents		
<i>Miscellaneous Therapeutic Agents</i>		
ALCOHOL PREP PADS PADS 70%	3	
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16" MISC	2	QL (200 EA per 30 days)
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2" MISC	2	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM MISC	2	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM MISC	2	QL (200 EA per 30 days)
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM MISC	2	QL (200 EA per 30 days)
<i>bd veo insulin syringe ultra-fine/0.3ml/31g x 6mm misc</i>	2	QL (200 EA per 30 days)
CURITY GAUZE PADS 2"X2" 12 PLY PADS	3	
EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 1/2" MISC	2	QL (200 EA per 30 days)
EASY COMFORT PEN NEEDLES 29GX4MM MISC	2	QL (200 EA per 30 days)
ELLA TABS 30MG	3	
NUTRILIPID INJ 20GM/100ML	4	B/D
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5) KIT	3	QL (1 EA per 365 days)
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5) MISC	3	QL (30 EA per 30 days)
OMNIPOD 5 G7 INTRO KIT (GEN 5) KIT	3	QL (1 EA per 365 days)
OMNIPOD 5 G7 PODS (GEN 5) MISC	3	QL (30 EA per 30 days)
OMNIPOD 5 LIBRE2 PLUS G6 INTRO GEN 5 KIT	3	QL (1 EA per 365 days)
OMNIPOD 5 LIBRE2 PLUS G6 PODS MISC	3	QL (30 EA per 30 days)
OMNIPOD CLASSIC PODS (GEN 3) MISC	3	QL (30 EA per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4) KIT	3	QL (1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4) KIT	3	QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4) MISC	3	QL (30 EA per 30 days)
OMNIPOD GO 10 UNITS/DAY KIT	3	QL (10 EA per 30 days)
OMNIPOD GO 15 UNITS/DAY KIT	3	QL (10 EA per 30 days)
OMNIPOD GO 20 UNITS/DAY KIT	3	QL (10 EA per 30 days)
OMNIPOD GO 25 UNITS/DAY KIT	3	QL (10 EA per 30 days)
OMNIPOD GO 30 UNITS/DAY KIT	3	QL (10 EA per 30 days)
OMNIPOD GO 35 UNITS/DAY KIT	3	QL (10 EA per 30 days)
OMNIPOD GO 40 UNITS/DAY KIT	3	QL (10 EA per 30 days)
RIVFLOZA INJ 128MG/0.8ML	5	QL (0.8 ML per 28 days) PA
RIVFLOZA INJ 160MG/ML, 80MG/0.5ML	5	QL (1 ML per 28 days) PA
SKYCLARYS CAPS 50MG	5	QL (90 EA per 30 days) PA
<i>sodium chloride 0.9% soln 0.9%</i>	2	
<i>ulticare micro pen needles/32g x 5/32" misc</i>	2	QL (200 EA per 30 days)
<i>unifine pentips 32gx6mm misc</i>	2	QL (200 EA per 30 days)
V-GO 20 KIT	3	
V-GO 30 KIT	3	

Drug Name	Drug Tier	Requirements/Limits
V-GO 40 KIT	3	
VISTOGARD PACK 10GM	5	
ZOKINVY CAPS 50MG, 75MG	5	QL (120 EA per 30 days) PA
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
<i>atropine sulfate soln 1%</i>	2	
<i>bacitracin/polymyxin b oint 500unit/gm; 10000unit/gm</i>	2	
<i>brimonidine tartrate/timolol maleate soln 0.2%; 0.5%</i>	3	
COMBIGAN SOLN 0.2%; 0.5%	3	
<i>cyclosporine emul 0.05%</i>	3	
CYSTARAN SOLN 0.44%	5	QL (60 ML per 28 days)
<i>dorzolamide hcl/timolol maleate soln 22.3mg/ml; 6.8mg/ml</i>	2	
<i>neo-polycin hc oint 400unit/gm; 1%; 3.5mg/gm; 10000unit/gm</i>	3	
<i>neo-polycin oint 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	3	
<i>neomycin/bacitracin/polymyxin oint 400unit/gm; 5mg/gm; 10000unit/gm</i>	3	
<i>neomycin/polymyxin/bacitracin zinc oint 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	3	
<i>neomycin/polymyxin/bacitracin/hydrocortisone oint 400unit/gm; 1%; 0.5%; 10000unit/gm</i>	3	
<i>neomycin/polymyxin/dexamethasone oint 0.1%; 3.5mg/gm; 10000unit/gm</i>	2	
<i>neomycin/polymyxin/dexamethasone susp 0.1%; 3.5mg/ml; 10000unit/ml</i>	2	
<i>neomycin/polymyxin/gramicidin soln 0.025mg/ml; 1.75mg/ml; 10000unit/ml</i>	3	
<i>polycin oint 500unit/gm; 10000unit/gm</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate soln 10000unit/ml; 0.1%</i>	1	
RESTASIS MULTIDOSE EMUL 0.05%	3	
RESTASIS EMUL 0.05%	3	
ROCKLATAN SOLN 0.005%; 0.02%	3	QL (2.5 ML per 25 days)
SIMBRINZA SUSP 0.2%; 1%	3	
<i>sulfacetamide sodium/prednisolone sodium phosphate soln 0.23%; 10%</i>	2	
TOBRADEX ST SUSP 0.05%; 0.3%	4	
TOBRADEX OINT 0.1%; 0.3%	4	
<i>tobramycin/dexamethasone susp 0.1%; 0.3%</i>	4	
XIIDRA SOLN 5%	4	QL (60 EA per 30 days)
ZYLET SUSP 0.5%; 0.3%	4	
<i>Ophthalmic Anti-allergy Agents</i>		
<i>azelastine hcl ophthalmic soln 0.05%</i>	2	
<i>cromolyn sodium soln 4%</i>	2	
<i>olopatadine hydrochloride soln 0.2%</i>	3	
<i>Ophthalmic Anti-Infectives</i>		
<i>bacitracin oint 500unit/gm</i>	4	
BESIVANCE SUSP 0.6%	4	

Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin hydrochloride soln 0.3%</i>	2	
<i>erythromycin oint 5mg/gm</i>	2	
<i>gatifloxacin soln 0.5%</i>	4	
<i>gentamicin sulfate ophthalmic soln 0.3%</i>	2	
<i>moxifloxacin hydrochloride soln 0.5%</i>	2	
NATACYN SUSP 5%	4	
<i>ofloxacin ophthalmic soln 0.3%</i>	2	
<i>sulfacetamide sodium oint 10%</i>	3	
<i>sulfacetamide sodium soln 10%</i>	2	
<i>tobramycin soln 0.3%</i>	1	
<i>trifluridine soln 1%</i>	4	
XDEMVI SOLN 0.25%	5	QL (10 ML per 42 days)
ZIRGAN GEL 0.15%	4	
Ophthalmic Anti-inflammatories		
<i>bromfenac sodium soln 0.07%</i>	4	QL (12 ML per 365 days)
<i>dexamethasone sodium phosphate soln 0.1%</i>	3	
<i>diclofenac sodium ophthalmic soln 0.1%</i>	2	
FLAREX SUSP 0.1%	3	
<i>fluorometholone susp 0.1%</i>	3	
<i>flurbiprofen sodium soln 0.03%</i>	2	
ILEVRO SUSP 0.3%	3	QL (4 ML per 30 days)
<i>ketorolac tromethamine ophthalmic soln 0.5%</i>	2	
<i>ketorolac tromethamine ophthalmic soln 0.4%</i>	3	
LOTEMAX SM GEL 0.38%	4	QL (20 GM per 365 days)
<i>prednisolone acetate susp 1%</i>	3	
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol hcl soln 0.5%</i>	3	
<i>carteolol hcl soln 1%</i>	2	
<i>levobunolol hcl soln 0.5%</i>	2	
<i>timolol maleate soln 0.25%, 0.5%</i>	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide er cp12 500mg</i>	3	
<i>acetazolamide tabs 125mg, 250mg</i>	3	
BRIMONIDINE TARTRATE SOLN 0.1%	3	
<i>brimonidine tartrate soln 0.2%</i>	2	
<i>brinzolamide susp 1%</i>	4	
<i>dorzolamide hydrochloride soln 2%</i>	2	
<i>methazolamide tabs 25mg, 50mg</i>	4	
<i>pilocarpine hydrochloride soln 1%, 2%, 4%</i>	3	
RHOPRESSA SOLN 0.02%	3	QL (2.5 ML per 25 days)
Ophthalmic Prostaglandin and Prostamide Analogs		
<i>latanoprost soln 0.005%</i>	1	
LUMIGAN SOLN 0.01%	3	QL (2.5 ML per 25 days)
VYZULTA SOLN 0.024%	4	QL (5 ML per 25 days)
Otic Agents		
Otic Agents		
<i>acetic acid soln 2%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin/dexamethasone susp 0.3%; 0.1%</i>	4	
<i>hydrocortisone/acetic acid soln 2%; 1%</i>	4	
<i>neomycin/polymyxin/hc soln 1%; 3.5mg/ml; 10000unit/ml</i>	3	
<i>neomycin/polymyxin/hydrocortisone susp 1%; 3.5mg/ml; 10000unit/ml</i>	3	
<i>ofloxacin otic soln 0.3%</i>	2	
Respiratory Tract/Pulmonary Agents		
<i>Anti-inflammatories, Inhaled Corticosteroids</i>		
ARNUITY ELLIPTA AEPB 100MCG/ACT, 200MCG/ACT, 50MCG/ACT	3	QL (30 EA per 30 days)
ASMANEX HFA AERO 100MCG/ACT, 200MCG/ACT, 50MCG/ACT	4	QL (13 GM per 30 days)
ASMANEX TWISTHALER 120 METERED DOSES AEPB 220MCG/INH	4	QL (1 EA per 30 days)
ASMANEX TWISTHALER 14 METERED DOSES AEPB 220MCG/INH	4	QL (1 EA per 30 days)
ASMANEX TWISTHALER 30 METERED DOSES AEPB 110MCG/INH, 220MCG/INH	4	QL (1 EA per 30 days)
ASMANEX TWISTHALER 60 METERED DOSES AEPB 220MCG/INH	4	QL (1 EA per 30 days)
<i>budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	4	QL (120 ML per 30 days) B/D
<i>flunisolide soln 0.025%</i>	4	QL (50 ML per 30 days)
<i>fluticasone propionate susp 50mcg/act</i>	1	
<i>mometasone furoate susp 50mcg/act</i>	4	QL (34 GM per 30 days)
QVAR REDHALER AERB 40MCG/ACT, 80MCG/ACT	3	QL (21.2 GM per 30 days)
<i>Antihistamines</i>		
<i>azelastine hcl nasal soln 0.15%</i>	2	QL (60 ML per 30 days)
<i>azelastine hydrochloride soln 0.1%</i>	2	QL (60 ML per 30 days)
<i>cetirizine hydrochloride soln 5mg/5ml</i>	2	
<i>cyproheptadine hydrochloride tabs 4mg</i>	4	
<i>diphenhydramine hydrochloride inj 50mg/ml</i>	4	
<i>hydroxyzine hcl tabs 50mg</i>	3	
<i>hydroxyzine hydrochloride syrp 10mg/5ml</i>	4	
<i>hydroxyzine hydrochloride tabs 10mg, 25mg</i>	3	
<i>hydroxyzine pamoate caps 100mg, 25mg, 50mg</i>	4	
<i>levocetirizine dihydrochloride tabs 5mg</i>	2	
<i>Antileukotrienes</i>		
<i>montelukast sodium chew 4mg, 5mg</i>	2	
<i>montelukast sodium pack 4mg</i>	2	
<i>montelukast sodium tabs 10mg</i>	1	
<i>zafirlukast tabs 10mg, 20mg</i>	4	
<i>Bronchodilators, Anticholinergic</i>		
ATROVENT HFA AERS 17MCG/ACT	4	QL (25.8 GM per 30 days)
INCRUSE ELLIPTA AEPB 62.5MCG/INH	3	QL (30 EA per 30 days)
<i>ipratropium bromide nasal soln 0.03%, 0.06%</i>	2	
<i>ipratropium bromide inhalation soln 0.02%</i>	2	QL (312.5 ML per 30 days) B/D
SPIRIVA RESPIMAT AERS 2.5MCG/ACT	3	

Drug Name	Drug Tier	Requirements/Limits
SPIRIVA RESPIMAT AERS 1.25MCG/ACT	3	QL (8 GM per 30 days)
tiotropium bromide caps 18mcg	4	QL (30 EA per 30 days)
YUPELRI SOLN 175MCG/3ML	5	QL (90 ML per 30 days) B/D
Bronchodilators, Sympathomimetic		
albuterol sulfate hfa aers 108mcg/act	2	QL (13.4 GM per 30 days)
albuterol sulfate hfa aers 108mcg/act	2	QL (17 GM per 30 days)
albuterol sulfate hfa aers 108mcg/act	2	QL (48 GM per 30 days)
albuterol sulfate nebu 2.5mg/0.5ml	2	QL (100 EA per 30 days) B/D
albuterol sulfate nebu 0.083%	2	QL (525 ML per 30 days) B/D
albuterol sulfate nebu 0.63mg/3ml, 1.25mg/3ml	4	QL (375 ML per 30 days) B/D
arformoterol tartrate nebu 15mcg/2ml	4	QL (120 ML per 30 days) PA
epinephrine inj 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml	3	
formoterol fumarate nebu 20mcg/2ml	4	QL (120 ML per 30 days) B/D
levalbuterol hcl nebu 1.25mg/3ml	4	QL (270 ML per 30 days) B/D
levalbuterol hcl nebu 0.31mg/3ml, 0.63mg/3ml	4	QL (540 ML per 30 days) B/D
levalbuterol hydrochloride nebu 0.63mg/3ml	4	QL (540 ML per 30 days) B/D
levalbuterol tartrate hfa aero 45mcg/act	3	QL (30 GM per 30 days)
levalbuterol nebu 1.25mg/0.5ml	4	QL (90 EA per 30 days) B/D
PROAIR RESPICLICK AEPB 108MCG/ACT	3	QL (2 EA per 30 days)
SEREVENT DISKUS AEPB 50MCG/DOSE	3	QL (60 EA per 30 days)
Cystic Fibrosis Agents		
CAYSTON SOLR 75MG	5	PA
KALYDECO PACK 13.4MG, 25MG, 5.8MG, 50MG, 75MG	5	QL (56 EA per 28 days) PA
KALYDECO TABS 150MG	5	QL (60 EA per 30 days) PA
ORKAMBI TABS 125MG; 100MG, 125MG; 200MG	5	QL (112 EA per 28 days) PA
PULMOZYME SOLN 2.5MG/2.5ML	5	PA
tobramycin nebu 300mg/5ml	5	B/D
TRIKAFTA TBPK 100MG; 0; 50MG	5	QL (84 EA per 28 days) PA
Mast Cell Stabilizers		
cromolyn sodium nebu 20mg/2ml	3	B/D
Phosphodiesterase Inhibitors, Airways Disease		
roflumilast tabs 250mcg, 500mcg	4	PA
theophylline er tb12 300mg, 450mg	4	
theophylline er tb24 400mg, 600mg	2	
Pulmonary Antihypertensives		
ADEMPAS TABS 0.5MG, 1.5MG, 1MG, 2.5MG, 2MG	5	QL (90 EA per 30 days) PA
alyq tabs 20mg	4	QL (60 EA per 30 days) PA
ambrisentan tabs 10mg, 5mg	5	QL (30 EA per 30 days) PA
OPSUMIT TABS 10MG	5	QL (30 EA per 30 days) PA
ORENITRAM TITRATION KIT MONTH 1 TEPK 0	5	QL (336 EA per 365 days) PA
ORENITRAM TITRATION KIT MONTH 2 TEPK 0	5	QL (672 EA per 365 days) PA
ORENITRAM TITRATION KIT MONTH 3 TEPK 0	5	QL (504 EA per 365 days) PA
ORENITRAM TBCR 0.125MG	4	PA
ORENITRAM TBCR 0.25MG, 1MG, 2.5MG, 5MG	5	PA
sildenafil citrate tabs 20mg	3	QL (90 EA per 30 days) PA; (20mg)
tadalafil tabs 20mg	4	QL (60 EA per 30 days) PA
VENTAVIS SOLN 10MCG/ML, 20MCG/ML	5	QL (270 ML per 30 days) PA

Drug Name	Drug Tier	Requirements/Limits
WINREVAIR INJ 0, 45MG, 60MG	5	QL (1 EA per 21 days) PA
Pulmonary Fibrosis Agents		
OFEV CAPS 100MG, 150MG	5	PA
pirfenidone caps 267mg	5	PA
pirfenidone tabs 267mg, 534mg, 801mg	5	PA
Respiratory Tract Agents, Other		
ADVAIR HFA AERO 115MCG/ACT; 21MCG/ACT, 230MCG/ACT; 21MCG/ACT, 45MCG/ACT; 21MCG/ACT	3	QL (24 GM per 30 days)
AIRSUPRA AERO 90MCG/ACT; 80MCG/ACT	3	QL (32.1 GM per 30 days)
ANORO ELLIPTA AEPB 62.5MCG/ACT; 25MCG/ACT	3	QL (60 EA per 30 days)
BREO ELLIPTA AEPB 100MCG/ACT; 25MCG/ACT, 200MCG/INH; 25MCG/INH, 50MCG/INH; 25MCG/INH	3	QL (60 EA per 30 days)
breyna aero 160mcg/act; 4.5mcg/act, 80mcg/act; 4.5mcg/act	4	QL (10.3 GM per 30 days)
BREZTRI AEROSPHERE AERO 160MCG/ACT; 4.8MCG/ACT; 9MCG/ACT	3	QL (23.6 GM per 28 days)
BRONCHITOL CAPS 40MG	5	QL (560 EA per 28 days) PA
COMBIVENT RESPIMAT AERS 100MCG/ACT; 20MCG/ACT	3	QL (8 GM per 30 days)
DULERA AERO 5MCG/ACT; 50MCG/ACT	4	QL (13 GM per 30 days) PA
DULERA AERO 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT	4	QL (17.6 GM per 30 days) PA
FASENRA PEN INJ 30MG/ML	5	QL (1 ML per 28 days) PA
FASENRA INJ 10MG/0.5ML	4	QL (0.5 ML per 28 days) PA
FASENRA INJ 30MG/ML	5	QL (1 ML per 28 days) PA
fluticasone propionate/salmeterol diskus aepb 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act	2	QL (60 EA per 30 days)
fluticasone propionate/salmeterol aepb 500mcg/act; 50mcg/act	2	QL (60 EA per 30 days)
ipratropium bromide/albuterol sulfate soln 2.5mg/3ml; 0.5mg/3ml	2	QL (540 ML per 30 days) B/D
NUCALA INJ 40MG/0.4ML	5	QL (0.4 ML per 28 days) PA
NUCALA INJ 100MG	5	QL (3 EA per 28 days) PA
NUCALA INJ 100MG/ML	5	QL (3 ML per 28 days) PA
STIOLTO RESPIMAT AERS 2.5MCG/ACT; 2.5MCG/ACT	3	QL (24 GM per 30 days)
TRELEGY ELLIPTA AEPB 100MCG/ACT; 62.5MCG/ACT; 25MCG/ACT, 200MCG/INH; 62.5MCG/INH; 25MCG/INH	3	QL (60 EA per 30 days)
wixela inhub aepb 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act	2	QL (60 EA per 30 days)
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
cyclobenzaprine hydrochloride tabs 10mg, 5mg	3	PA
methocarbamol tabs 500mg, 750mg	2	
orphenadrine citrate er tb12 100mg	3	
Sleep Disorder Agents		
Sleep Promoting Agents		
BELSOMRA TABS 10MG, 15MG, 20MG, 5MG	3	QL (30 EA per 30 days)
eszopiclone tabs 1mg, 2mg, 3mg	4	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>ramelteon tabs 8mg</i>	4	QL (30 EA per 30 days)
<i>temazepam caps 15mg, 30mg</i>	3	QL (30 EA per 30 days)
<i>zaleplon caps 5mg</i>	4	QL (30 EA per 30 days)
<i>zaleplon caps 10mg</i>	4	QL (60 EA per 30 days)
<i>zolpidem tartrate er tbc 12.5mg, 6.25mg</i>	4	QL (30 EA per 30 days)
<i>zolpidem tartrate tabs 10mg, 5mg</i>	2	QL (30 EA per 30 days)
Wakefulness Promoting Agents		
<i>armodafinil tabs 150mg, 200mg, 250mg</i>	4	QL (30 EA per 30 days) PA
<i>armodafinil tabs 50mg</i>	4	QL (60 EA per 30 days) PA
<i>modafinil tabs 100mg, 200mg</i>	3	QL (30 EA per 30 days) PA
<i>sodium oxybate soln 500mg/ml</i>	5	QL (540 ML per 30 days) PA

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This formulary is effective as of August 5, 2025.
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Hindi – हिंदी: ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-800-773-7725 पर कॉल करें या अपने प्रदाता से बात करें।

Italian – Italiano: ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'1-800-773-7725 o parla con il tuo fornitore.

Portuguese – Português do Brasil: ATENÇÃO: Se você fala Português do Brasil, serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-800-773-7725 ou fale com seu provedor.

French Creole – Kreyòl Fransè: ATANSYON: Si w pale Kreyòl Fransè, sèvis asistans lengwistik gratis yo disponib pou ou. Gen èd ak sèvis oksilyè apwopriye pou bay enfòmasyon nan fòma aksesib ki disponib tou gratis. Rele 1-800-773-7725 oswa pale ak founisè w la.

Polish – POLSKI: UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-800-773-7725 lub porozmawiaj ze swoim dostawcą.

Japanese – 日本語: 注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-800-773-7725 までお電話ください。または、ご利用の事業者にご相談ください。

Pennsylvania Dutch – Pennsilfaanisch Deutsch: UFFGEPASS! Wann du Pennsylvanisch-Deutsch schwetzscht, gebbt's fer dich gratis Hilf mit die Schprooch. Aagmessiche Hilfsmittel un Dienscht, die Information in zugängliche Formate gebbe kenne, sin aa gratis verfügbar. Ruf aa bei 1-800-773-7725 oder schwetz mit dei Versorger.