Please read: This document contains information about the drugs we cover in this plan.



2026 Formulary

HMSA Akamai Advantage

Premier MAPD (PPO)

List of Covered Drugs

Formulary ID 00026095, version 18

This formulary was updated on 11/01/2026. For more recent information or other questions, please contact HMSA at (808) 948-6000 or 1 (800) 660-4672. TTY users, call 711. Telephone hours are 8 a.m. to 8 p.m., seven days a week. Or visit hmsa.com/advantage.

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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 HMSA. When it refers to "plan" or "our plan," it means HMSA Akamai Advantage® Premier.

This document includes a list of the drugs (formulary) for our plan which is current as of 11/01/2026. 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/coinsurance may change on Jan. 1, 2027, and from time to time during the year.

What is the HMSA Akamai Advantage Premier formulary?

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

Can the formulary change?

Most changes in drug coverage happen on Jan. 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: hmsa.com/advantage

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

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

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

  If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
  - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below entitled "How do I request an exception to the HMSA Akamai Advantage Premier formulary?"
  - Some of these drug types may be new to you. For more information, see the section below titled "What are original biological products and how are they related to biosimilars?"
- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. 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, 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 60-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 for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the HMSA Akamai Advantage Premier 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 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 Jan. 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 11/01/2026. To get updated information about the drugs covered by HMSA Akamai Advantage Premier, please contact us. Our contact information appears on the front and back cover pages. We will inform members of any formulary changes to this comprehensive formulary through our website.

How do I use the formulary?

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

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

Alphabetical Listing
If you are not sure what category to look under, you should look for your drug in the Index that begins on page 61. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

HMSA Akamai Advantage Premier covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

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

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

For discussion of drug types, please see the *Evidence of Coverage*, Chapter 5, Section 3.1, "The 'Drug List' tells which Part D drugs are covered."

Are there any restrictions on my coverage?

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

- **Prior Authorization:** HMSA Akamai Advantage Premier requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from HMSA Akamai Advantage Premier before you fill your prescriptions. If you don't get approval, HMSA Akamai Advantage Premier may not cover the drug.
- **Quantity Limits:** For certain drugs, HMSA Akamai Advantage Premier limits the amount of the drug that HMSA Akamai Advantage Premier will cover. For example, HMSA Akamai Advantage Premier provides 30 tablets per prescription for simvastatin 80 mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, HMSA Akamai Advantage Premier requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, HMSA Akamai Advantage Premier may not cover Drug B unless you try Drug A first. If Drug A does not work for you, HMSA Akamai Advantage Premier 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 online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask HMSA Akamai Advantage Premier 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 HMSA Akamai Advantage Premier formulary?" on this page for information about how to request an exception.

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

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan.

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 our Customer Relations department and ask if your drug is covered. If you learn that HMSA Akamai Advantage Premier does not cover your drug, you have two options:

- You can ask Customer Relations for a list of similar drugs that are covered by HMSA Akamai Advantage Premier. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by HMSA Akamai Advantage Premier.
- You can ask HMSA Akamai Advantage Pre-

mier 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 HMSA Akamai Advantage Premier formulary?

You can ask HMSA Akamai Advantage Premier to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a predetermined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, HMSA Akamai Advantage Premier limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.

Generally, HMSA Akamai Advantage Premier 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 in treating your condition and/or would cause you to have adverse medical effects.

You or your prescriber should contact us to ask for a tiering or formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.**

Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

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

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

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 30-day supply if your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. If coverage is not approved, after your first 30 day-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.

Transition policy

New members in our plan may be taking drugs that are not on our formulary or that are subject to certain restrictions, such as prior authorization. Current members may also be affected by changes in our formulary from one year to the next.

Members should talk to their doctors to decide if they should switch to a different drug that we cover or request a formulary exception in order

to get coverage for the drug. See the section above, "How do I request an exception to the HMSA Akamai Advantage Premier formulary" to learn more about how to request an exception.

Please contact Customer Relations if your drug is not on our formulary, is subject to certain restrictions such as prior authorization, and you need to switch to a different drug that we cover or request a formulary exception.

During the period of time members are talking to their doctors to determine a course of action, we may provide a temporary supply of a nonformulary drug if those members need a refill for the drug during the first 90 days of new membership in our plan.

If a new member is a resident of a long-term care facility (like a nursing home), we will also cover a temporary 31-day transition supply (unless the prescription is written for fewer days). If necessary, we will cover more than one refill of these drugs during the first 90 days a new member is enrolled in our plan. If the resident has been enrolled in our plan for more than 90 days and needs a drug that isn't on our formulary or is subject to other restrictions, such as dosage limits, we will cover a temporary 31-day emergency supply of that drug (unless the prescription is for fewer days) while the new member pursues a formulary exception.

Current members are also eligible to receive a transition fill under certain conditions. If you are a current member affected by a formulary change from one year to the next, we will provide you with the opportunity to request a formulary exception in advance for the following year. If a current member enters a long-term care (LTC) facility, or is in an LTC facility and requires an emergency supply of nonformulary drugs, we will cover a temporary 31-day transition supply (unless the prescription is written for fewer days). We will cover more than one refill of these drugs for these members for the first 90 days.

A member may experience a change in their level of care at an inpatient hospital facility or skilled nursing facility which results in noncoverage of drugs previously covered by Medicare Part D. For current members experiencing a level of care change, we will also cover a temporary 31-day transition supply as outlined above.

When a member goes to a network pharmacy and we provide a temporary supply of a drug that is not on our formulary, or that has coverage restrictions or limits (but is otherwise considered a Part D drug), we will cover a 30-day supply (unless the prescription is written for fewer days).

After we cover the temporary 30-day supply, we generally will not pay for these drugs as part of our transition policy again. We will provide you with a written notice after we cover your temporary supply. This notice will explain the steps you can take to request an exception and how to work with your doctor to decide if you should switch to an appropriate drug that we cover.

Please note that our transition policy applies only to those drugs that are Part D drugs and bought at a network pharmacy. The transition policy can't be used to buy a non-Part D drug or a drug out-of-network, unless you qualify for out-of-network access.

For more information

For more detailed information about your HMSA Akamai Advantage Premier prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about HMSA Akamai Advantage Premier, 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/seven days a week. TTY users should call 1 (877) 486-2048. Or visit http://www.medicare.gov.

HMSA Akamai Advantage Premier formulary

This formulary includes all qualified Medicare prescription drugs that are covered by HMSA Akamai Advantage Premier MAPD.

Your plan also includes enhanced drug coverage of generics and non-preferred brands in the following drug categories:

- Drugs when used for the relief of cough or cold symptoms
- Prescription vitamins

If you have questions regarding whether or not your prescription is covered, please call our Customer Relations department.

These enhanced drugs are not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for these drugs does not count toward your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any additional help to pay for these drugs.

The formulary that begins on page 1 provides coverage information about the drugs covered by HMSA Akamai Advantage Premier MAPD. If you have trouble finding your drug in the list, turn to the Index that begins on page 61.

The first column of the chart lists the drug name. Brand name drugs are capitalized and generic drugs are listed in lower-case italics.

The information in the requirements/limits column tells you if HMSA Akamai Advantage Premier MAPD has any special requirements for coverage of your drug.

Drug tier index:

Tier 1 – Preferred Generic

Tier 2 – Generic

Tier 3 – Preferred Brand

Tier 4 – Nonpreferred Drug

Tier 5 – Specialty Tier

Please refer to the *Summary of Benefits* or *Evidence of Coverage* for the specific copayment or coinsurance amount associated with each tier. Our plan covers most Part D vaccines at no cost to you. You won't pay more than $35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.

Abbreviations used in this Formulary

PA – Prior Authorization: Requires that you or your physician receive approval from HMSA Akamai Advantage Premier before we will cover your prescription.

QL – Quantity Limits: A limit on the amount of the drug that HMSA Akamai Advantage Premier will cover.

ST – Step Therapy: Requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition.

NM – Not Available at Mail Order: These drugs are not available through HMSA's mail-order pharmacy, CVS Caremark®.

B/D – B or D: This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination. For more information, please call Customer Relations.

Prescription drugs can be shipped to your home from HMSA's mail-order pharmacy, CVS Caremark. Usually a mail-order pharmacy order will get to you in no more than 14 days after the pharmacy receives the order. If your drugs do not arrive within this timeframe, please call 1 (855) 479-3659, 24 hours a day, seven days a week; TTY users, call 711. You can also choose to sign up for our optional automatic delivery program by calling these numbers.

CVS Caremark® is an independent company providing pharmacy benefit management services on behalf of HMSA.

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Drug Name	Drug Tier	Requirements/ Limits
ANALGESICS		
GOUT		
allopurinol TABS 100mg, 300mg	1	
colchicine TABS .6mg QL (120 tabs / 30 days)	3	QL
colchicine w/ probenecid tab 0.5-500 mg	3	
febuxostat TABS 40mg, 80mg	4	PA
probenecid TABS 500mg	3	
MISCELLANEOUS		
JOURNAVX TABS 50mg QL (29 tabs / 14 days)	3	QL PA
lidocaine hcl (local anesth.) SOLN .5%, 1%, 1.5%, 2%	3	B/D
NSAIDS		
celecoxib CAPS 50mg, 100mg, 200mg QL (60 caps / 30 days)	3	QL
celecoxib CAPS 400mg QL (30 caps / 30 days)	3	QL
diclofenac potassium TABS 50mg QL (120 tabs / 30 days)	2	QL
diclofenac sodium TB24 100mg	3	
diclofenac sodium TBEC 25mg, 50mg, 75mg	2	
diclofenac w/ misoprostol tab delayed release 50-0.2 mg	4	
diclofenac w/ misoprostol tab delayed release 75-0.2 mg	4	
diflunisal TABS 500mg	3	
etodolac CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	3	
flurbiprofen TABS 100mg	3	
ibu TABS 400mg, 600mg, 800mg	1	
ibuprofen SUSP 100mg/5ml	3	
ibuprofen TABS 400mg, 600mg, 800mg	1	
meloxicam TABS 7.5mg, 15mg	1	
nabumetone TABS 500mg, 750mg	2	
naproxen TABS 250mg, 375mg, 500mg	1	
naproxen TBEC 375mg QL (120 tabs / 30 days)	2	QL
naproxen sodium TABS 275mg, 550mg	3	
oxaprozin TABS 600mg	4	
piroxicam CAPS 10mg, 20mg	3	
sulindac TABS 150mg, 200mg	2	
OPIOID ANALGESICS, LONG-ACTING		
fentanyl PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr QL (10 patches / 30 days)	4	QL PA
hydrocodone bitartrate T24A 20mg, 30mg, 40mg, 60mg, 80mg QL (30 tabs / 30 days)	4	QL PA
hydrocodone bitartrate T24A 100mg, 120mg QL (30 tabs / 30 days)	5	QL PA
methadone hcl SOLN 5mg/5ml, 10mg/5ml QL (450 mL / 30 days)	3	QL PA
methadone hcl TABS 5mg, 10mg QL (90 tabs / 30 days)	3	QL PA
methadone hydrochloride i CONC 10mg/ml QL (90 mL / 30 days)	3	QL PA
morphine sulfate TBCR 15mg, 30mg, 60mg, 100mg, 200mg QL (90 tabs / 30 days)	3	QL PA
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen w/ codeine soln 120-12 mg/5ml QL (2700 mL / 30 days)	3	QL
acetaminophen w/ codeine tab 300-15 mg QL (400 tabs / 30 days)	2	QL
acetaminophen w/ codeine tab 300-30 mg QL (360 tabs / 30 days)	2	QL

Drug Name	Drug Requirements/ Tier	Limits
acetaminophen w/ codeine tab 300-60 mg QL (180 tabs / 30 days)	2	QL
butorphanol tartrate SOLN 1mg/ml, 2mg/ml	4	
butorphanol tartrate SOLN 10mg/ml QL (10 mL / 30 days)	3	QL
endocet tab 2.5-325mg QL (360 tabs / 30 days)	3	QL
endocet tab 5-325mg QL (360 tabs / 30 days)	3	QL
endocet tab 7.5-325mg QL (240 tabs / 30 days)	3	QL
endocet tab 10-325mg QL (180 tabs / 30 days)	3	QL
hydrocodone-acetaminophen soln 7.5-325 mg/15ml QL (2700 mL / 30 days)	4	QL
hydrocodone-acetaminophen tab 5-325 mg QL (240 tabs / 30 days)	3	QL
hydrocodone-acetaminophen tab 7.5-325 mg QL (180 tabs / 30 days)	3	QL
hydrocodone-acetaminophen tab 10-325 mg QL (180 tabs / 30 days)	3	QL
hydrocodone-ibuprofen tab 7.5-200 mg QL (150 tabs / 30 days)	3	QL
hydromorphone hcl LIQD 1mg/ml QL (600 mL / 30 days)	4	QL
hydromorphone hcl TABS 2mg, 4mg, 8mg QL (180 tabs / 30 days)	3	QL
morphine sulfate SOLN 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml	4	B/D
morphine sulfate SOLN 10mg/5ml, 20mg/5ml QL (900 mL / 30 days)	3	QL
morphine sulfate SOLN 100mg/5ml QL (180 mL / 30 days)	3	QL
morphine sulfate TABS 15mg, 30mg QL (180 tabs / 30 days)	3	QL
oxycodone hcl CONC 100mg/5ml QL (180 mL / 30 days)	4	QL
oxycodone hcl SOLN 5mg/5ml QL (900 mL / 30 days)	4	QL
oxycodone hcl TABS 5mg, 10mg, 15mg, 20mg, 30mg QL (180 tabs / 30 days)	3	QL
oxycodone w/ acetaminophen tab 2.5-325 mg QL (360 tabs / 30 days)	3	QL
oxycodone w/ acetaminophen tab 5-325 mg QL (360 tabs / 30 days)	3	QL
oxycodone w/ acetaminophen tab 7.5-325 mg QL (240 tabs / 30 days)	3	QL
oxycodone w/ acetaminophen tab 10-325 mg QL (180 tabs / 30 days)	3	QL
tramadol hcl TABS 50mg QL (240 tabs / 30 days)	2	QL
tramadol-acetaminophen tab 37.5-325 mg QL (240 tabs / 30 days)	2	QL
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
albendazole TABS 200mg QL (672 tabs / year)	4	QL PA
amikacin sulfate SOLN 1gm/4ml, 500mg/2ml	4	
ARIKAYCE SUSP 590mg/8.4ml	5	NM PA
atovaquone SUSP 750mg/5ml QL (300 mL / 30 days)	4	QL PA
aztreonam SOLR 1gm, 2gm	4	
BLUJEPA TABS 750mg	3	
CAYSTON SOLR 75mg	5	NM PA
clindamycin hcl CAPS 75mg, 150mg, 300mg	2	
clindamycin palmitate hydrochloride SOLR 75mg/5ml	4	
clindamycin phosphate SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml	3	

Drug Name	Tier	Requirements/ Limits
clindamycin phosphate in d5w iv soln 300 mg/50ml	4	
clindamycin phosphate in d5w iv soln 600 mg/50ml	4	
clindamycin phosphate in d5w iv soln 900 mg/50ml	4	
CLINDMYC/NAC INJ 300/50ML	4	
CLINDMYC/NAC INJ 600/50ML	4	
CLINDMYC/NAC INJ 900/50ML	4	
colistimethate sodium SOLR 150mg	4	
dapsone TABS 25mg, 100mg	3	
DAPTOMYCIN SOLR 350mg	5	
daptomycin SOLR 350mg, 500mg	5	
EMVERM CHEW 100mg QL (12 tabs / year)	5	QL
ertapenem sodium SOLR 1gm	3	
fosfomycin tromethamine PACK 3gm	4	
gentamicin in saline inj 0.8 mg/ml	3	
gentamicin in saline inj 1 mg/ml	3	
gentamicin in saline inj 1.2 mg/ml	3	
gentamicin in saline inj 1.6 mg/ml	3	
gentamicin in saline inj 2 mg/ml	3	
gentamicin sulfate SOLN 10mg/ml, 40mg/ml	3	
imipenem-cilastatin intravenous for soln 250 mg	4	
imipenem-cilastatin intravenous for soln 500 mg	4	
ivermectin TABS 3mg QL (20 tabs / 90 days)	3	QL PA
ivermectin TABS 6mg QL (10 tabs / 90 days)	3	QL PA
linezolid SOLN 600mg/300ml	4	
linezolid SUSR 100mg/5ml QL (1800 mL / 30 days)	5	QL
linezolid TABS 600mg QL (60 tabs / 30 days)	4	QL
LINEZOLID INJ 2MG/ML	4	
meropenem SOLR 1gm, 2gm, 500mg	4	
methenamine hippurate TABS 1gm	3	
metronidazole SOLN 500mg/100ml	3	
metronidazole TABS 250mg, 500mg	1	
neomycin sulfate TABS 500mg	2	
nitazoxanide TABS 500mg QL (6 tabs / 30 days)	5	QL
nitrofurantoin macrocrystal CAPS 50mg, 100mg	3	
nitrofurantoin monohyd macro CAPS 100mg	3	
pentamidine isethionate inh SOLR 300mg	4	B/D
pentamidine isethionate inj SOLR 300mg	4	
polymyxin b sulfate SOLR 500000unit	4	
praziquantel TABS 600mg	4	
pyrimethamine TABS 25mg QL (90 tabs / 30 days)	5	QL PA
streptomycin sulfate SOLR 1gm	5	
sulfadiazine TABS 500mg	5	
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	4	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	3	
sulfamethoxazole-trimethoprim tab 400-80 mg	1	
sulfamethoxazole-trimethoprim tab 800-160 mg	1	
tinidazole TABS 250mg, 500mg	3	
TOBI PODHALER CAPS 28mg	5	NM PA
tobramycin NEBU 300mg/5ml	5	NM PA

Drug Name	Tier	Requirements/ Limits
tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 80mg/2ml	3	
trimethoprim TABS 100mg	3	
vancomycin hcl CAPS 125mg QL (80 caps / 180 days)	4	QL
vancomycin hcl CAPS 250mg QL (160 caps / 180 days)	4	QL
vancomycin hcl SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	4	
VANCOMYCIN INJ 1 GM	4	
VANCOMYCIN INJ 500MG	4	
VANCOMYCIN INJ 750MG	4	
ANTIFUNGALS		
amphotericin b SOLR 50mg	4	B/D
amphotericin b liposome SUSR 50mg	5	B/D
caspofungin acetate SOLR 50mg, 70mg	4	
CRESEMBA CAPS 74.5mg, 186mg	5	PA
fluconazole SUSR 10mg/ml, 40mg/ml; TABS 50mg	3	
fluconazole TABS 100mg, 150mg, 200mg	2	
fluconazole in nacl 0.9% inj 200 mg/100ml	3	
fluconazole in nacl 0.9% inj 400 mg/200ml	3	
flucytosine CAPS 250mg, 500mg	5	PA
griseofulvin microsize SUSP 125mg/5ml; TABS 500mg	4	
griseofulvin ultramicrosize TABS 125mg, 250mg	4	
itraconazole CAPS 100mg QL (120 caps / 30 days)	4	QL
ketoconazole TABS 200mg	3	PA
micafungin sodium SOLR 50mg, 100mg	4	
nystatin TABS 500000unit	3	
posaconazole SUSP 40mg/ml QL (630 mL / 30 days)	5	QL PA
posaconazole TBEC 100mg QL (93 tabs / 30 days)	5	QL PA
terbinafine hcl TABS 250mg QL (30 tabs / 30 days) PA applies after a 90 day supply in a calendar year	2	QL PA
voriconazole SOLR 200mg	4	PA
voriconazole SUSR 40mg/ml QL (600 mL / 28 days)	5	QL PA
voriconazole TABS 50mg QL (480 tabs / 30 days)	4	QL
voriconazole TABS 200mg QL (120 tabs / 30 days)	4	QL
ANTIMALARIALS		
atovaquone-proguanil hcl tab 62.5-25 mg	4	
atovaquone-proguanil hcl tab 250-100 mg	4	
chloroquine phosphate TABS 250mg, 500mg	4	
COARTEM TAB 20-120MG	4	
mefloquine hcl TABS 250mg	3	
primaquine phosphate TABS 26.3mg	3	
PRIMAQUINE PHOSPHATE TABS 26.3mg	3	
quinine sulfate CAPS 324mg	4	PA
ANTIRETROVIRAL AGENTS		
abacavir sulfate SOLN 20mg/ml; TABS 300mg	4	
APTIVUS CAPS 250mg	5	
atazanavir sulfate CAPS 150mg, 200mg, 300mg	4	
darunavir TABS 600mg QL (60 tabs / 30 days)	4	QL
darunavir TABS 800mg QL (30 tabs / 30 days)	4	QL
EDURANT TABS 25mg	5	
EDURANT PED TBSO 2.5mg	5	
efavirenz TABS 600mg	4	
emtricitabine CAPS 200mg	4	
EMTRIVA SOLN 10mg/ml	4	
etravirine TABS 100mg, 200mg	5	
fosamprenavir calcium TABS 700mg	5	
INTELENCE TABS 25mg	4	
ISENTRESS CHEW 25mg	4	

Drug Name	Drug Tier	Requirements/ Limits
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	5	
ISENTRESS HD TABS 600mg	5	
lamivudine SOLN 10mg/ml; TABS 150mg, 300mg	3	
maraviroc TABS 150mg, 300mg	5	
nevirapine SUSP 50mg/5ml; TB24 400mg	4	
nevirapine TABS 200mg	2	
NORVIR PACK 100mg	4	
PIFELTRO TABS 100mg	5	
PREZISTA SUSP 100mg/ml QL (400 mL / 30 days)	5	QL
PREZISTA TABS 75mg QL (480 tabs / 30 days)	4	QL
PREZISTA TABS 150mg QL (240 tabs / 30 days)	5	QL
REYATAZ PACK 50mg	5	
rilpivirine hcl TABS 25mg	5	
ritonavir TABS 100mg	3	
RUKOBIA TB12 600mg	5	
SELZENTRY SOLN 20mg/ml	5	
SUNLENCA TABS 300mg; TBPK 300mg	5	
tenofovir disoproxil fumarate TABS 300mg	4	
TIVICAY TABS 50mg	5	
TIVICAY PD TBSO 5mg	5	
TROGARZO SOLN 200mg/1.33ml	5	
TYBOST TABS 150mg	3	
VIRACEPT TABS 250mg, 625mg	5	
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	5	
zidovudine CAPS 100mg	4	
zidovudine SYRP 50mg/5ml; TABS 300mg	3	
ANTIRETROVIRAL COMBINATION AGENTS		
abacavir sulfate-lamivudine tab 600-300 mg	4	
BIKTARVY TAB 30-120-15 MG	5	
BIKTARVY TAB 50-200-25 MG	5	
CIMDUO TAB 300-300	5	
DELSTRIGO TAB	5	
DESCOVY TAB 120-15MG	5	
DESCOVY TAB 200/25MG	5	
DOVATO TAB 50-300MG	5	
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	4	
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	5	
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	5	
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	5	
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	4	
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	5	
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	4	
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	4	
EVOTAZ TAB 300-150	5	
GENVOYA TAB	5	
IDVYNSO TAB 100-0.25	5	
JULUCA TAB 50-25MG	5	
KALETRA SOL	4	
lamivudine-zidovudine tab 150-300 mg	4	
lopinavir-ritonavir tab 100-25 mg	4	
lopinavir-ritonavir tab 200-50 mg	4	
ODEFSEY TAB	5	
PREZCOBIX TAB 675/150	5	
PREZCOBIX TAB 800-150	5	
STRIBILD TAB	5	
SYMTUZA TAB	5	
TRIUMEQ PD TAB	4	
TRIUMEQ TAB	5	

Drug Name	Tier	Requirements/ Limits
ANTITUBERCULAR AGENTS		
cycloserine CAPS 250mg	5	
ethambutol hcl TABS 100mg, 400mg	3	
isoniazid SYRP 50mg/5ml	4	
isoniazid TABS 100mg, 300mg	1	
PRIFTIN TABS 150mg	4	
pyrazinamide TABS 500mg	4	
rifabutin CAPS 150mg	4	
rifampin CAPS 150mg, 300mg	3	
rifampin SOLR 600mg	4	
rifapentine TABS 150mg	4	
SIRTURO TABS 20mg, 100mg	5	NM PA
ANTIVIRALS		
acyclovir CAPS 200mg; TABS 400mg, 800mg	2	
acyclovir SUSP 200mg/5ml	4	
acyclovir sodium SOLN 50mg/ml	4	B/D
adefovir dipivoxil TABS 10mg	4	
BARACLUDE SOLN .05mg/ml	5	ST
entecavir TABS .5mg, 1mg	4	
EPCLUSA PAK 150-37.5	5	NM PA
EPCLUSA PAK 200-50MG	5	NM PA
EPCLUSA TAB 200-50MG	5	NM PA
EPCLUSA TAB 400-100	5	NM PA
famciclovir TABS 125mg, 250mg, 500mg	3	
ganciclovir sodium SOLR 500mg	4	B/D
lamivudine (hbv) TABS 100mg	3	
LIVTENCITY TABS 200mg QL (336 tabs / 28 days)	5	QL NM PA
MAVYRET PAK 50-20MG	5	NM PA
MAVYRET TAB 100-40MG	5	NM PA
oseltamivir phosphate CAPS 30mg QL (168 caps / year)	3	QL
oseltamivir phosphate CAPS 45mg, 75mg QL (84 caps / year)	3	QL
oseltamivir phosphate SUSR 6mg/ml QL (1080 mL / year)	3	QL
PAXLOVID PAK QL (22 tabs / 90 days)	2	QL
PAXLOVID TAB 150-100 QL (40 tabs / 90 days)	2	QL
PAXLOVID TAB 300-100 QL (60 tabs / 90 days)	2	QL
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	5	NM PA
PREVYMIS TABS 240mg, 480mg QL (28 tabs / 28 days)	5	QL PA
RELENZA DISKHALER AEPB 5mg/blister QL (6 inhalers / year)	3	QL
ribavirin (hepatitis c) CAPS 200mg; TABS 200mg	3	NM
rimantadine hydrochloride TABS 100mg	4	
valacyclovir hcl TABS 1gm, 500mg	3	
valganciclovir hcl SOLR 50mg/ml	5	
valganciclovir hcl TABS 450mg	3	
VOSEVI TAB	5	NM PA
CEPHALOSPORINS		
cefaclor CAPS 250mg, 500mg	3	
cefadroxil CAPS 500mg	2	
cefadroxil SUSR 250mg/5ml, 500mg/5ml	3	
CEFAZOLIN SOLR 2gm, 3gm	4	
CEFAZOLIN INJ 1GM/50ML	4	
cefazolin sodium SOLR 1gm, 2gm, 3gm, 10gm, 500mg	3	
CEFAZOLIN SOLN 2GM/100ML-4%	4	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	4	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	4	
CEFAZOLIN/DEX SOL 3GM/50ML-2%	4	

Drug Name	Drug Tier	Requirements/ Limits
CEFAZOLIN/DEX SOL 3GM/150ML-4%	4	
cefdinir CAPS 300mg	2	
cefdinir SUSR 125mg/5ml, 250mg/5ml	3	
cefepime hcl SOLR 1gm, 2gm	4	
cefixime CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	4	
cefotetan disodium SOLR 1gm, 2gm	4	
cefoxitin sodium SOLR 1gm, 2gm, 10gm	4	
cefpodoxime proxetil SUSR 50mg/5ml, 100mg/5ml	4	
cefpodoxime proxetil TABS 100mg, 200mg	3	
cefprozil SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	3	
ceftaroline fosamil SOLR 400mg, 600mg	5	
ceftazidime SOLR 1gm, 2gm, 6gm	4	
ceftriaxone sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	4	
cefuroxime axetil TABS 250mg, 500mg	2	
cefuroxime sodium SOLR 1.5gm, 750mg	3	
cephalexin CAPS 250mg, 500mg	1	
cephalexin SUSR 125mg/5ml, 250mg/5ml	3	
tazicef SOLR 1gm, 2gm, 6gm	4	
TEFLARO SOLR 400mg, 600mg	5	
ERYTHROMYCINS/MACROLIDES		
azithromycin SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml	3	
azithromycin TABS 250mg, 500mg, 600mg	1	
clarithromycin SUSR 125mg/5ml, 250mg/5ml; TB24 500mg	4	
clarithromycin TABS 250mg, 500mg	3	
DIFICID SUSR 40mg/ml	5	
e.e.s. 400 TABS 400mg	4	
ERYTHROCIN LACTOBIONATE SOLR 500mg	4	
erythromycin base CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	4	
erythromycin ethylsuccinate TABS 400mg	4	
erythromycin lactobionate SOLR 500mg	4	
fidaxomicin TABS 200mg	5	
FLUOROQUINOLONES		
CIPRO SUSR 500mg/5ml	4	
ciprofloxacin 200 mg/100ml in d5w	3	
ciprofloxacin 400 mg/200ml in d5w	3	
ciprofloxacin hcl TABS 250mg, 500mg, 750mg	1	
levofloxacin SOLN 25mg/ml	4	
levofloxacin TABS 250mg, 500mg, 750mg	1	
levofloxacin in d5w iv soln 250 mg/50ml	3	
levofloxacin in d5w iv soln 500 mg/100ml	3	
levofloxacin in d5w iv soln 750 mg/150ml	3	
moxifloxacin hcl TABS 400mg	3	
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj	4	
PENICILLINS		
amoxicillin CAPS 250mg, 500mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	
amoxicillin CHEW 125mg, 250mg	2	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	3	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	4	

Drug Name	Drug Tier	Requirements/ Limits
amoxicillin & k clavulanate for susp 400-57 mg/5ml	3	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	3	
amoxicillin & k clavulanate tab 250-125 mg	3	
amoxicillin & k clavulanate tab 500-125 mg	2	
amoxicillin & k clavulanate tab 875-125 mg	2	
ampicillin CAPS 500mg	2	
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm	4	
ampicillin & sulbactam sodium for inj 3 (2-1) gm	4	
ampicillin & sulbactam sodium for iv soln 3 (2-1) gm	4	
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm	4	
ampicillin sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	4	
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	4	
dicloxacillin sodium CAPS 250mg, 500mg	3	
nafcillin sodium SOLR 1gm, 2gm	4	
nafcillin sodium SOLR 10gm	5	
oxacillin sodium SOLR 1gm, 2gm, 10gm	4	
penicillin g potassium SOLR 5000000unit, 20000000unit	4	
penicillin g sodium SOLR 5000000unit	4	
penicillin v potassium SOLR 125mg/5ml, 250mg/5ml	2	
penicillin v potassium TABS 250mg, 500mg	1	
pfizerpen SOLR 5000000unit, 20000000unit	4	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	4	
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	4	
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	4	
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)	4	
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	4	
TETRACYCLINES		
doxy 100 SOLR 100mg	4	
doxycycline (monohydrate) CAPS 50mg, 100mg	2	
doxycycline (monohydrate) SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg	3	
doxycycline hyclate CAPS 50mg, 100mg; TABS 20mg, 100mg	3	
doxycycline hyclate SOLR 100mg	4	
minocycline hcl CAPS 50mg, 75mg, 100mg	3	
NUZYRA SOLR 100mg	5	NM
NUZYRA TABS 150mg QL (30 tabs / 14 days)	5	QL NM
tetracycline hcl CAPS 250mg, 500mg	4	
tigecycline SOLR 50mg	4	
ANTINEOPLASTIC AGENTS ***ALKYLATING AGENTS***		
BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	5	B/D NM
BENDEKA SOLN 100mg/4ml	5	B/D NM
carboplatin SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	3	B/D
cisplatin SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	3	B/D
cyclophosphamide CAPS 25mg, 50mg	3	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	5	B/D NM
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml	5	B/D
cyclophosphamide SOLN 1gm/5ml; SOLR 2gm	5	B/D

Drug Name	Tier	Drug Requirements/ Limits
cyclophosphamide SOLN 500mg/2.5ml; SOLR 1gm, 500mg	4	B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	4	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	5	B/D
FRINDOVYX SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	5	B/D NM
GLEOSTINE CAPS 10mg, 40mg	4	NM
GLEOSTINE CAPS 100mg	5	NM
LEUKERAN TABS 2mg	5	PA
lomustine CAPS 10mg, 40mg	4	NM
lomustine CAPS 100mg	5	NM
oxaliplatin SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml	4	B/D
oxaliplatin SOLR 50mg, 100mg	5	B/D
VIVIMUSTA SOLN 100mg/4ml	5	B/D NM
ANTIMETABOLITES		
azacitidine SUSR 100mg	5	B/D NM
cytarabine SOLN 20mg/ml	3	B/D
fluorouracil SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	3	B/D
gemcitabine hcl SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	4	B/D
INQOVI TAB 35-100MG QL (5 tabs / 28 days)	5	QL NM PA
LONSURF TAB 15-6.14 QL (100 tabs / 28 days)	5	QL NM PA
LONSURF TAB 20-8.19 QL (80 tabs / 28 days)	5	QL NM PA
mercaptopurine SUSP 2000mg/100ml	5	NM
mercaptopurine TABS 50mg	3	
methotrexate sodium SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	2	B/D
ONUREG TABS 200mg, 300mg QL (14 tabs / 28 days)	5	QL NM PA
pemetrexed disodium SOLR 100mg, 500mg, 750mg, 1000mg	5	B/D
TABLOID TABS 40mg	5	PA
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate TABS 250mg QL (120 tabs / 30 days)	5	QL NM PA
abiraterone acetate TABS 500mg QL (60 tabs / 30 days)	5	QL NM PA
abirtega TABS 250mg QL (120 tabs / 30 days)	4	QL NM PA
AKEEGA TAB 50/500MG QL (60 tabs / 30 days)	5	QL NM PA
AKEEGA TAB 100/500 QL (60 tabs / 30 days)	5	QL NM PA
anastrozole TABS 1mg	2	
bicalutamide TABS 50mg	2	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	4	NM PA
ERLEADA TABS 60mg QL (120 tabs / 30 days)	5	QL NM PA
ERLEADA TABS 240mg QL (30 tabs / 30 days)	5	QL NM PA
EULEXIN CAPS 125mg	5	
exemestane TABS 25mg	4	
FIRMAGON SOLR 80mg	4	NM PA
FIRMAGON SOLR 120mg/vial	5	NM PA
fulvestrant SOSY 250mg/5ml	5	B/D
INLURIYO TABS 200mg QL (56 tabs / 28 days)	5	QL NM PA
letrozole TABS 2.5mg	2	
leuprolide acetate KIT 1mg/0.2ml	4	NM PA
LIFYORLI CAP 125MG DS QL (18 caps / 28 days)	5	QL NM PA
LIFYORLI CAP 150MG DS QL (27 caps / 28 days)	5	QL NM PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	5	NM PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	5	NM PA
LYSODREN TABS 500mg	5	NM
megestrol acetate TABS 20mg, 40mg	3	
nilutamide TABS 150mg	5	

Drug Name	Tier	Drug Requirements/ Limits
NUBEQA TABS 300mg QL (120 tabs / 30 days)	5	QL NM PA
ORGOVYX TABS 120mg	5	NM PA
ORSERDU TABS 86mg QL (90 tabs / 30 days)	5	QL NM PA
ORSERDU TABS 345mg QL (30 tabs / 30 days)	5	QL NM PA
SOLTAMOX SOLN 10mg/5ml	5	
tamoxifen citrate TABS 10mg, 20mg	2	
toremifene citrate TABS 60mg	4	PA
VEPPANU TABS 100mg QL (90 tabs / 30 days)	5	QL NM PA
VEPPANU TABS 200mg QL (30 tabs / 30 days)	5	QL NM PA
XTANDI CAPS 40mg QL (120 caps / 30 days)	5	QL NM PA
XTANDI TABS 40mg QL (120 tabs / 30 days)	5	QL NM PA
XTANDI TABS 80mg QL (60 tabs / 30 days)	5	QL NM PA
YONSA TABS 125mg QL (120 tabs / 30 days)	5	QL NM PA
IMMUNOMODULATORS		
lenalidomide CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	5	QL NM PA
lenalidomide CAPS 20mg, 25mg QL (21 caps / 28 days)	5	QL NM PA
pomalidomide CAPS 1mg, 2mg, 3mg, 4mg QL (21 caps / 28 days)	5	QL NM PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg QL (21 caps / 28 days)	5	QL NM PA
THALOMID CAPS 50mg QL (84 caps / 28 days)	5	QL NM PA
THALOMID CAPS 100mg QL (112 caps / 28 days)	5	QL NM PA
ZENBEXUS CAPS .75mg, 1mg QL (21 caps / 28 days)	5	QL PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml QL (2 syringes / 28 days)	5	QL NM PA
BESREMI PEN SOPN 500mcg/0.5ml QL (2 pens / 28 days)	5	QL NM PA
bexarotene CAPS 75mg QL (300 caps / 30 days)	5	QL NM PA
doxorubicin hcl SOLN 2mg/ml	4	B/D
doxorubicin hcl liposomal SUSP 2mg/ml	5	B/D
hydroxyurea CAPS 500mg	2	
irinotecan hcl SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	4	B/D
IWILFIN TABS 192mg QL (240 tabs / 30 days)	5	QL NM PA
leucovorin calcium SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	4	B/D
leucovorin calcium TABS 5mg, 10mg, 15mg, 25mg	3	
MATULANE CAPS 50mg	5	NM
mesna TABS 400mg	5	
MODEYSO CAPS 125mg QL (20 caps / 28 days)	5	QL NM PA
tretinoin (chemotherapy) CAPS 10mg	5	
WELIREG TABS 40mg QL (90 tabs / 30 days)	5	QL NM PA
MITOTIC INHIBITORS		
docetaxel CONC 20mg/ml	4	B/D
docetaxel CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D NM
etoposide SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	3	B/D
paclitaxel CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	4	B/D
paclitaxel inj 100mg	5	B/D NM
vincristine sulfate SOLN 1mg/ml	2	B/D

Drug Name	Tier	Requirements/ Limits
vinorelbine tartrate SOLN 10mg/ml, 50mg/5ml	4	B/D
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg QL (240 caps / 30 days)	5	QL NM PA
ALUNBRIG TABS 30mg QL (120 tabs / 30 days)	5	QL NM PA
ALUNBRIG TABS 90mg, 180mg QL (30 tabs / 30 days)	5	QL NM PA
ALUNBRIG PAK QL (30 tabs / 30 days)	5	QL NM PA
AUGTYRO CAPS 40mg QL (240 caps / 30 days)	5	QL NM PA
AUGTYRO CAPS 160mg QL (60 caps / 30 days)	5	QL NM PA
AVMAPKI PAK FAKZYNJA QL (1 pack / 28 days)	5	QL NM PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg QL (30 tabs / 30 days)	5	QL NM PA
BALVERSA TABS 3mg QL (84 tabs / 28 days)	5	QL NM PA
BALVERSA TABS 4mg QL (56 tabs / 28 days)	5	QL NM PA
BALVERSA TABS 5mg QL (28 tabs / 28 days)	5	QL NM PA
BORTEZOMIB SOLR 1mg, 2.5mg	4	NM PA
bortezomib SOLR 3.5mg	5	NM PA
BOSULIF CAPS 50mg QL (30 caps / 30 days)	5	QL NM PA
BOSULIF CAPS 100mg QL (300 caps / 30 days)	5	QL NM PA
BOSULIF TABS 100mg QL (180 tabs / 30 days)	5	QL NM PA
BOSULIF TABS 400mg, 500mg QL (30 tabs / 30 days)	5	QL NM PA
bosutinib TABS 100mg QL (180 tabs / 30 days)	5	QL NM PA
bosutinib TABS 400mg, 500mg QL (30 tabs / 30 days)	5	QL NM PA
BRAFTOVI CAPS 75mg QL (180 caps / 30 days)	5	QL NM PA
BRUKINSA CAPS 80mg QL (120 caps / 30 days)	5	QL NM PA
BRUKINSA TABS 160mg QL (60 tabs / 30 days)	5	QL NM PA
CABOMETYX TABS 20mg, 40mg, 60mg QL (30 tabs / 30 days)	5	QL NM PA
CALQUENCE TABS 100mg QL (60 tabs / 30 days)	5	QL NM PA
CAPRELSA TABS 100mg QL (60 tabs / 30 days)	5	QL NM PA
CAPRELSA TABS 300mg QL (30 tabs / 30 days)	5	QL NM PA
CAVHANZA TBDP 60mg, 80mg QL (112 tabs / 28 days)	5	QL NM PA
COMETRIQ (60MG DOSE) KIT 20mg QL (84 caps / 28 days)	5	QL NM PA
COMETRIQ KIT 100MG QL (56 caps / 28 days)	5	QL NM PA
COMETRIQ KIT 140MG QL (112 caps / 28 days)	5	QL NM PA
COPIKTRA CAPS 15mg, 25mg QL (56 caps / 28 days)	5	QL NM PA
COTELLIC TABS 20mg QL (63 tabs / 28 days)	5	QL NM PA
DANZITEN TABS 71mg, 95mg QL (112 tabs / 28 days)	5	QL NM PA
dasatinib TABS 20mg QL (90 tabs / 30 days)	5	QL NM PA
dasatinib TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days)	5	QL NM PA
DAURISMO TABS 25mg QL (60 tabs / 30 days)	5	QL NM PA
DAURISMO TABS 100mg QL (30 tabs / 30 days)	5	QL NM PA
ENSACOVE CAPS 25mg QL (270 caps / 30 days)	5	QL NM PA
ENSACOVE CAPS 100mg QL (60 caps / 30 days)	5	QL NM PA
ERIVEDGE CAPS 150mg QL (30 caps / 30 days)	5	QL NM PA
erlotinib hcl TABS 25mg QL (90 tabs / 30 days)	5	QL NM PA
erlotinib hcl TABS 100mg, 150mg QL (30 tabs / 30 days)	5	QL NM PA

Drug Name	Tier	Requirements/ Limits
everolimus TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	5	QL NM PA
everolimus TBSO 2mg, 5mg QL (60 tabs / 30 days)	5	QL NM PA
everolimus TBSO 3mg QL (90 tabs / 30 days)	5	QL NM PA
FOTIVDA CAPS .89mg, 1.34mg QL (21 caps / 28 days)	5	QL NM PA
FRUZAQLA CAPS 1mg QL (84 caps / 28 days)	5	QL NM PA
FRUZAQLA CAPS 5mg QL (21 caps / 28 days)	5	QL NM PA
GAVRETO CAPS 100mg QL (120 caps / 30 days)	5	QL NM PA
gefitinib TABS 250mg QL (60 tabs / 30 days)	5	QL NM PA
GILOTRIF TABS 20mg, 30mg, 40mg QL (30 tabs / 30 days)	5	QL NM PA
GOMEKLI CAPS 1mg QL (168 caps / 28 days)	5	QL NM PA
GOMEKLI CAPS 2mg QL (84 caps / 28 days)	5	QL NM PA
GOMEKLI TBSO 1mg QL (168 tabs / 28 days)	5	QL NM PA
HERCEP HYLEC SOL 60-10000	5	NM PA
HERCEPTIN SOLR 150mg	5	NM PA
HERCESSI SOLR 150mg, 420mg	5	NM PA
HERNEXEOS TABS 60mg QL (120 tabs / 30 days)	5	QL NM PA
HERZUMA SOLR 150mg, 420mg	5	NM PA
HYRNUO TABS 10mg QL (120 tabs / 30 days)	5	QL NM PA
IBRANCE CAPS 75mg, 100mg, 125mg QL (21 caps / 28 days)	5	QL NM PA
IBRANCE TABS 75mg, 100mg, 125mg QL (21 tabs / 28 days)	5	QL NM PA
IBTROZI CAPS 200mg QL (90 caps / 30 days)	5	QL NM PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg QL (30 tabs / 30 days)	5	QL NM PA
IDHIFA TABS 50mg, 100mg QL (30 tabs / 30 days)	5	QL NM PA
imatinib mesylate TABS 100mg QL (90 tabs / 30 days)	4	QL NM PA
imatinib mesylate TABS 400mg QL (60 tabs / 30 days)	5	QL NM PA
IMBRUVICA CAPS 70mg QL (30 caps / 30 days)	5	QL NM PA
IMBRUVICA CAPS 140mg QL (120 caps / 30 days)	5	QL NM PA
IMBRUVICA SUSP 70mg/ml QL (216 mL / 27 days)	5	QL NM PA
IMBRUVICA TABS 140mg, 280mg, 420mg QL (30 tabs / 30 days)	5	QL NM PA
IMKELDI SOLN 80mg/ml QL (280 mL / 28 days)	5	QL NM PA
INLYTA TABS 1mg QL (180 tabs / 30 days)	5	QL NM PA
INLYTA TABS 5mg QL (120 tabs / 30 days)	5	QL NM PA
INREBIC CAPS 100mg QL (120 caps / 30 days)	5	QL NM PA
ITOVEBI TABS 3mg QL (56 tabs / 28 days)	5	QL NM PA
ITOVEBI TABS 9mg QL (28 tabs / 28 days)	5	QL NM PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg QL (60 tabs / 30 days)	5	QL NM PA
JAYPIRCA TABS 50mg QL (30 tabs / 30 days)	5	QL NM PA
JAYPIRCA TABS 100mg QL (60 tabs / 30 days)	5	QL NM PA
JIDEYTRO TABS 25mg QL (90 tabs / 30 days)	5	QL NM PA
JIDEYTRO TABS 100mg QL (30 tabs / 30 days)	5	QL NM PA
KADCYLA SOLR 100mg, 160mg	5	B/D NM
KANJINTI SOLR 150mg, 420mg	5	NM PA
KEYTRUDA SOLN 100mg/4ml	5	NM PA
KEYTRUDA INJ QLEX 395-4800 MG-UNIT/2.4ML QL (1 vial / 21 days)	5	QL NM PA

Drug Name	Tier	Drug Requirements/ Limits
KEYTRUDA INJ QLEX 790-9600 MG-UNIT/4.8ML QL (1 vial / 42 days)	5	QL NM PA
KISQALI 200 DOSE TBPK 200mg QL (21 tabs / 28 days)	5	QL NM PA
KISQALI 400 DOSE TBPK 200mg QL (42 tabs / 28 days)	5	QL NM PA
KISQALI 600 DOSE TBPK 200mg QL (63 tabs / 28 days)	5	QL NM PA
KOMZIFTI CAPS 200mg QL (90 caps / 30 days)	5	QL NM PA
KOSELUGO CAPS 10mg QL (240 caps / 30 days)	5	QL NM PA
KOSELUGO CAPS 25mg QL (120 caps / 30 days)	5	QL NM PA
KOSELUGO CPSP 5mg QL (600 caps / 30 days)	5	QL NM PA
KOSELUGO CPSP 7.5mg QL (360 caps / 30 days)	5	QL NM PA
KRAZATI TABS 200mg QL (180 tabs / 30 days)	5	QL NM PA
lapatinib ditosylate TABS 250mg QL (180 tabs / 30 days)	5	QL NM PA
LAZCLUZE TABS 80mg QL (60 tabs / 30 days)	5	QL NM PA
LAZCLUZE TABS 240mg QL (30 tabs / 30 days)	5	QL NM PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg QL (30 caps / 30 days)	5	QL NM PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg QL (60 caps / 30 days)	5	QL NM PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg QL (30 caps / 30 days)	5	QL NM PA
LENVIMA 12MG DAILY DOSE CPPK 4mg QL (90 caps / 30 days)	5	QL NM PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg QL (60 caps / 30 days)	5	QL NM PA
LENVIMA CAP 14 MG QL (60 caps / 30 days)	5	QL NM PA
LENVIMA CAP 18 MG QL (90 caps / 30 days)	5	QL NM PA
LENVIMA CAP 24 MG QL (90 caps / 30 days)	5	QL NM PA
LORBRENA TABS 25mg QL (90 tabs / 30 days)	5	QL NM PA
LORBRENA TABS 100mg QL (30 tabs / 30 days)	5	QL NM PA
LUMAKRAS TABS 120mg QL (240 tabs / 30 days)	5	QL NM PA
LUMAKRAS TABS 240mg QL (120 tabs / 30 days)	5	QL NM PA
LUMAKRAS TABS 320mg QL (90 tabs / 30 days)	5	QL NM PA
LYNPARZA TABS 100mg, 150mg QL (120 tabs / 30 days)	5	QL NM PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg QL (84 tabs / 28 days)	5	QL NM PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg QL (112 tabs / 28 days)	5	QL NM PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg QL (140 tabs / 28 days)	5	QL NM PA
MEKINIST SOLR .05mg/ml QL (1260 mL / 30 days)	5	QL NM PA
MEKINIST TABS 2mg QL (30 tabs / 30 days)	5	QL NM PA
MEKINIST TABS .5mg QL (90 tabs / 30 days)	5	QL NM PA
MEKTOVI TABS 15mg QL (180 tabs / 30 days)	5	QL NM PA
MONJUVI SOLR 200mg	5	NM PA
NERLYNX TABS 40mg QL (180 tabs / 30 days)	5	QL NM PA
nilotinib hcl CAPS 50mg QL (120 caps / 30 days)	5	QL NM PA
nilotinib hcl CAPS 150mg, 200mg QL (112 caps / 28 days)	5	QL NM PA
NINLARO CAPS 2.3mg, 3mg, 4mg QL (3 caps / 28 days)	5	QL NM PA
ODOMZO CAPS 200mg QL (30 caps / 30 days)	5	QL NM PA
OGIVRI SOLR 150mg, 420mg	5	NM PA

Drug Name	Tier	Drug Requirements/ Limits
OGSIVEO TABS 100mg, 150mg QL (56 tabs / 28 days)	5	QL NM PA
OJEMDA SUSR 25mg/ml QL (96 mL / 28 days)	5	QL NM PA
OJEMDA TABS 100mg QL (24 tabs / 28 days)	5	QL NM PA
OJJAARA TABS 100mg, 150mg, 200mg QL (30 tabs / 30 days)	5	QL NM PA
ONTRUZANT SOLR 150mg, 420mg	5	NM PA
pazopanib hcl TABS 200mg QL (120 tabs / 30 days)	5	QL NM PA
pazopanib hcl TABS 400mg QL (60 tabs / 30 days)	5	QL NM PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg QL (28 tabs / 28 days)	5	QL NM PA
PHESGO SOL	5	NM PA
PIQRAY 200MG DAILY DOSE TBPK 200mg QL (28 tabs / 28 days)	5	QL NM PA
PIQRAY 250MG TAB DOSE QL (56 tabs / 28 days)	5	QL NM PA
PIQRAY 300MG DAILY DOSE TBPK 150mg QL (56 tabs / 28 days)	5	QL NM PA
QINLOCK TABS 50mg QL (90 tabs / 30 days)	5	QL NM PA
RETEVMO TABS 40mg QL (90 tabs / 30 days)	5	QL NM PA
RETEVMO TABS 80mg QL (120 tabs / 30 days)	5	QL NM PA
RETEVMO TABS 120mg, 160mg QL (60 tabs / 30 days)	5	QL NM PA
REVUFORJ TABS 25mg QL (240 tabs / 30 days)	5	QL NM PA
REVUFORJ TABS 110mg QL (120 tabs / 30 days)	5	QL NM PA
REVUFORJ TABS 160mg QL (60 tabs / 30 days)	5	QL NM PA
REZLIDHIA CAPS 150mg QL (60 caps / 30 days)	5	QL NM PA
ROMVIMZA CAPS 14mg, 20mg, 30mg QL (8 caps / 28 days)	5	QL NM PA
ROZLYTREK CAPS 100mg QL (180 caps / 30 days)	5	QL NM PA
ROZLYTREK CAPS 200mg QL (90 caps / 30 days)	5	QL NM PA
ROZLYTREK PACK 50mg QL (336 packets / 28 days)	5	QL NM PA
RUBRACA TABS 200mg, 250mg, 300mg QL (120 tabs / 30 days)	5	QL NM PA
RYDAPT CAPS 25mg QL (224 caps / 28 days)	5	QL NM PA
SCEMBLIX TABS 20mg QL (60 tabs / 30 days)	5	QL NM PA
SCEMBLIX TABS 40mg QL (300 tabs / 30 days)	5	QL NM PA
SCEMBLIX TABS 100mg QL (120 tabs / 30 days)	5	QL NM PA
sorafenib tosylate TABS 200mg QL (120 tabs / 30 days)	5	QL NM PA
STIVARGA TABS 40mg QL (84 tabs / 28 days)	5	QL NM PA
sunitinib malate CAPS 12.5mg, 25mg, 37.5mg, 50mg QL (30 caps / 30 days)	5	QL NM PA
TABRECTA TABS 150mg, 200mg QL (112 tabs / 28 days)	5	QL NM PA
TAFINLAR CAPS 50mg, 75mg QL (120 caps / 30 days)	5	QL NM PA
TAFINLAR TBSO 10mg QL (840 tabs / 28 days)	5	QL NM PA
TAGRISSO TABS 40mg, 80mg QL (30 tabs / 30 days)	5	QL NM PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg QL (30 caps / 30 days)	5	QL NM PA
TALZENNA CAPS .25mg QL (90 caps / 30 days)	5	QL NM PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	5	NM PA
TECENTRIQ INJ HYBREZA QL (1 vial / 21 days)	5	QL NM PA
TEPMETKO TABS 225mg QL (60 tabs / 30 days)	5	QL NM PA

Drug Name	Tier	Drug Requirements/ Limits
TIBSOVO TABS 250mg QL (60 tabs / 30 days)	5	QL NM PA
torpenz TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	5	QL NM PA
TRAZIMERA SOLR 150mg, 420mg	5	NM PA
TRUQAP TABS 160mg, 200mg QL (64 tabs / 28 days)	5	QL NM PA
TRUQAP TBPK 160mg, 200mg QL (4 packs / 28 days)	5	QL NM PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	5	NM PA
TUKYSA TABS 50mg, 150mg QL (120 tabs / 30 days)	5	QL NM PA
TURALIO CAPS 125mg QL (120 caps / 30 days)	5	QL NM PA
VANFLYTA TABS 17.7mg, 26.5mg QL (56 tabs / 28 days)	5	QL NM PA
VENCLEXTA TABS 10mg QL (112 tabs / 28 days)	3	QL NM PA
VENCLEXTA TABS 50mg QL (112 tabs / 28 days)	5	QL NM PA
VENCLEXTA TABS 100mg QL (180 tabs / 30 days)	5	QL NM PA
VENCLEXTA TAB START PK QL (42 tabs / 28 days)	5	QL NM PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg QL (56 tabs / 28 days)	5	QL NM PA
VITRAKVI CAPS 25mg QL (180 caps / 30 days)	5	QL NM PA
VITRAKVI CAPS 100mg QL (60 caps / 30 days)	5	QL NM PA
VITRAKVI SOLN 20mg/ml QL (300 mL / 30 days)	5	QL NM PA
VIZIMPRO TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	5	QL NM PA
VONJO CAPS 100mg QL (120 caps / 30 days)	5	QL NM PA
VORANIGO TABS 10mg QL (60 tabs / 30 days)	5	QL NM PA
VORANIGO TABS 40mg QL (30 tabs / 30 days)	5	QL NM PA
XALKORI CAPS 200mg, 250mg; CPSP 20mg, 50mg QL (120 caps / 30 days)	5	QL NM PA
XALKORI CPSP 150mg QL (180 caps / 30 days)	5	QL NM PA
XOSPATA TABS 40mg QL (90 tabs / 30 days)	5	QL NM PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 10mg QL (16 tabs / 28 days)	5	QL NM PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 40mg QL (4 tabs / 28 days)	5	QL NM PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg QL (8 tabs / 28 days)	5	QL NM PA
XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg QL (4 tabs / 28 days)	5	QL NM PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg QL (24 tabs / 28 days)	5	QL NM PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg QL (8 tabs / 28 days)	5	QL NM PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 80mg QL (4 tabs / 28 days)	5	QL NM PA
XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg QL (32 tabs / 28 days)	5	QL NM PA
XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg QL (8 tabs / 28 days)	5	QL NM PA
yulithira TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	4	QL NM PA
ZEJULA TABS 100mg, 200mg, 300mg QL (30 tabs / 30 days)	5	QL NM PA
ZELBORAF TABS 240mg QL (240 tabs / 30 days)	5	QL NM PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	5	NM PA
ZOLINZA CAPS 100mg QL (120 caps / 30 days)	5	QL NM PA
ZYDELIG TABS 100mg, 150mg QL (60 tabs / 30 days)	5	QL NM PA

Drug Name	Tier	Requirements/ Limits
ZYKADIA TABS 150mg QL (84 tabs / 28 days)	5	QL NM PA
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
amlodipine besylate-benazepril hcl cap 2.5-10 mg QL (30 caps / 30 days)	1	QL
amlodipine besylate-benazepril hcl cap 5-10 mg QL (30 caps / 30 days)	1	QL
amlodipine besylate-benazepril hcl cap 5-20 mg QL (30 caps / 30 days)	1	QL
amlodipine besylate-benazepril hcl cap 5-40 mg QL (30 caps / 30 days)	1	QL
amlodipine besylate-benazepril hcl cap 10-20 mg QL (30 caps / 30 days)	1	QL
amlodipine besylate-benazepril hcl cap 10-40 mg QL (30 caps / 30 days)	1	QL
benazepril & hydrochlorothiazide tab 5-6.25mg	1	
benazepril & hydrochlorothiazide tab 10-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-25 mg	1	
captopril & hydrochlorothiazide tab 25-15 mg	1	
captopril & hydrochlorothiazide tab 25-25 mg	1	
captopril & hydrochlorothiazide tab 50-15 mg	1	
captopril & hydrochlorothiazide tab 50-25 mg	1	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1	
enalapril maleate & hydrochlorothiazide tab 10-25 mg	1	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	1	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 10-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-25 mg	1	
ACE INHIBITORS		
benazepril hcl TABS 5mg, 10mg, 20mg, 40mg	1	
captopril TABS 12.5mg, 25mg, 50mg, 100mg	1	
enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg	1	
fosinopril sodium TABS 10mg, 20mg, 40mg	1	
lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1	
moexipril hcl TABS 7.5mg, 15mg	1	
perindopril erbumine TABS 2mg, 4mg, 8mg	1	
quinapril hcl TABS 5mg, 10mg, 20mg, 40mg	1	
ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg	1	
trandolapril TABS 1mg, 2mg, 4mg	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
eplerenone TABS 25mg, 50mg	3	
KERENDIA TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	3	QL
spironolactone TABS 25mg, 50mg, 100mg	1	
ALPHA BLOCKERS		
doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg	2	

Drug Name	Drug Requirements/ Tier	Limits
prazosin hcl CAPS 1mg, 2mg, 5mg	3	
terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
amlodipine besylate-olmesartan medoxomil tab 5-20 mg QL (30 tabs / 30 days)	1	QL
amlodipine besylate-olmesartan medoxomil tab 5-40 mg QL (30 tabs / 30 days)	1	QL
amlodipine besylate-olmesartan medoxomil tab 10-20 mg QL (30 tabs / 30 days)	1	QL
amlodipine besylate-olmesartan medoxomil tab 10-40 mg QL (30 tabs / 30 days)	1	QL
amlodipine besylate-valsartan tab 5-160 mg QL (30 tabs / 30 days)	1	QL
amlodipine besylate-valsartan tab 5-320 mg QL (30 tabs / 30 days)	1	QL
amlodipine besylate-valsartan tab 10-160 mg QL (30 tabs / 30 days)	1	QL
amlodipine besylate-valsartan tab 10-320 mg QL (30 tabs / 30 days)	1	QL
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg QL (60 tabs / 30 days)	1	QL
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg QL (30 tabs / 30 days)	1	QL
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg QL (30 tabs / 30 days)	1	QL
EDARBYCLOR TAB 40-12.5 QL (30 tabs / 30 days)	4	QL ST
EDARBYCLOR TAB 40-25MG QL (30 tabs / 30 days)	4	QL ST
ENTRESTO CAP 6-6MG QL (240 caps / 30 days)	3	QL
ENTRESTO CAP 15-16MG QL (240 caps / 30 days)	3	QL
irbesartan-hydrochlorothiazide tab 150-12.5 mg QL (60 tabs / 30 days)	1	QL
irbesartan-hydrochlorothiazide tab 300-12.5 mg QL (30 tabs / 30 days)	1	QL
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100-25 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg QL (30 tabs / 30 days)	1	QL
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg QL (30 tabs / 30 days)	1	QL
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg QL (30 tabs / 30 days)	1	QL
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg QL (30 tabs / 30 days)	1	QL
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg QL (30 tabs / 30 days)	1	QL
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg QL (30 tabs / 30 days)	1	QL

Drug Name	Drug Tier	Requirements/ Limits
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg QL (30 tabs / 30 days)	1	QL
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg QL (30 tabs / 30 days)	1	QL
sacubitril-valsartan tab 24-26 mg QL (180 tabs / 30 days)	3	QL
sacubitril-valsartan tab 49-51 mg QL (60 tabs / 30 days)	3	QL
sacubitril-valsartan tab 97-103 mg QL (60 tabs / 30 days)	3	QL
telmisartan-amlodipine tab 40-5 mg QL (30 tabs / 30 days)	1	QL
telmisartan-amlodipine tab 40-10 mg QL (30 tabs / 30 days)	1	QL
telmisartan-amlodipine tab 80-5 mg QL (30 tabs / 30 days)	1	QL
telmisartan-amlodipine tab 80-10 mg QL (30 tabs / 30 days)	1	QL
telmisartan-hydrochlorothiazide tab 40-12.5 mg QL (30 tabs / 30 days)	1	QL
telmisartan-hydrochlorothiazide tab 80-12.5 mg QL (60 tabs / 30 days)	1	QL
telmisartan-hydrochlorothiazide tab 80-25 mg QL (30 tabs / 30 days)	1	QL
valsartan-hydrochlorothiazide tab 80-12.5 mg QL (30 tabs / 30 days)	1	QL
valsartan-hydrochlorothiazide tab 160-12.5 mg QL (30 tabs / 30 days)	1	QL
valsartan-hydrochlorothiazide tab 160-25 mg QL (30 tabs / 30 days)	1	QL
valsartan-hydrochlorothiazide tab 320-12.5 mg QL (30 tabs / 30 days)	1	QL
valsartan-hydrochlorothiazide tab 320-25 mg QL (30 tabs / 30 days)	1	QL
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
azilsartan medoxomil TABS 40mg, 80mg QL (30 tabs / 30 days)	4	QL ST
candesartan cilexetil TABS 4mg, 8mg, 16mg QL (60 tabs / 30 days)	1	QL
candesartan cilexetil TABS 32mg QL (30 tabs / 30 days)	1	QL
EDARBI TABS 40mg, 80mg QL (30 tabs / 30 days)	4	QL ST
irbesartan TABS 75mg, 150mg, 300mg QL (30 tabs / 30 days)	1	QL
losartan potassium TABS 25mg, 50mg, 100mg	1	
olmesartan medoxomil TABS 5mg QL (60 tabs / 30 days)	1	QL
olmesartan medoxomil TABS 20mg, 40mg QL (30 tabs / 30 days)	1	QL
telmisartan TABS 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
valsartan TABS 40mg, 80mg, 160mg QL (60 tabs / 30 days)	1	QL
valsartan TABS 320mg QL (30 tabs / 30 days)	1	QL
ANTIARRHYTHMICS		
amiodarone hcl SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 400mg	4	
amiodarone hcl TABS 200mg	1	
disopyramide phosphate CAPS 100mg, 150mg	4	

Drug Name	Drug Requirements/ Tier	Limits
dofetilide CAPS 125mcg, 250mcg, 500mcg	4	
flecainide acetate TABS 50mg, 100mg, 150mg	3	
MULTAQ TABS 400mg QL (60 tabs / 30 days)	4	QL
pacerone TABS 100mg, 400mg	4	
pacerone TABS 200mg	1	
propafenone hcl CP12 225mg, 325mg, 425mg	4	
propafenone hcl TABS 150mg, 225mg, 300mg	3	
quinidine sulfate TABS 200mg, 300mg	4	
sotalol hcl TABS 80mg, 120mg, 160mg, 240mg	2	
sotalol hcl (afib/afl) TABS 80mg, 120mg, 160mg	3	
ANTILIPEMICS, FIBRATES		
choline fenofibrate CPDR 45mg, 135mg	3	
fenofibrate TABS 48mg, 54mg, 145mg, 160mg	2	
fenofibrate micronized CAPS 67mg, 134mg, 200mg	3	
gemfibrozil TABS 600mg	2	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
atorvastatin calcium TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
fluvastatin sodium CAPS 20mg, 40mg QL (60 caps / 30 days)	1	QL ST
fluvastatin sodium TB24 80mg QL (30 tabs / 30 days)	1	QL ST
lovastatin TABS 10mg, 20mg, 40mg QL (60 tabs / 30 days)	1	QL
pitavastatin calcium TABS 1mg, 2mg, 4mg QL (30 tabs / 30 days)	1	QL ST
pravastatin sodium TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
rosuvastatin calcium TABS 5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	QL
simvastatin TABS 5mg, 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
ZYPITAMAG TABS 2mg, 4mg QL (30 tabs / 30 days)	4	QL ST
ANTILIPEMICS, MISCELLANEOUS		
cholestyramine PACK 4gm; POWD 4gm/dose	3	
cholestyramine light PACK 4gm; POWD 4gm/dose	3	
colesevelam hcl PACK 3.75gm; TABS 625mg	4	
colestipol hcl GRAN 5gm; PACK 5gm	4	
colestipol hcl TABS 1gm	3	
ezetimibe TABS 10mg QL (30 tabs / 30 days)	2	QL
ezetimibe-simvastatin tab 10-10 mg QL (30 tabs / 30 days)	1	QL
ezetimibe-simvastatin tab 10-20 mg QL (30 tabs / 30 days)	1	QL
ezetimibe-simvastatin tab 10-40 mg QL (30 tabs / 30 days)	1	QL
ezetimibe-simvastatin tab 10-80 mg QL (30 tabs / 30 days)	1	QL
NEXLETOL TABS 180mg QL (30 tabs / 30 days)	3	QL
NEXLIZET TAB 180/10MG QL (30 tabs / 30 days)	3	QL
niacin (antihyperlipidemic) TBCR 500mg, 750mg, 1000mg QL (60 tabs / 30 days)	3	QL
omega-3-acid ethyl esters cap 1 gm	3	
prevalite PACK 4gm; POWD 4gm/dose	3	
REPATHA SOSY 140mg/ml QL (6 syringes / 28 days)	3	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
REPATHA SURECLICK SOAJ 140mg/ml QL (6 autoinjectors / 28 days)	3	QL NM PA
VASCEPA CAPS .5gm, 1gm	3	
BETA-BLOCKER/DIURETIC COMBINATIONS		
atenolol & chlorthalidone tab 50-25 mg	2	
atenolol & chlorthalidone tab 100-25 mg	2	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	2	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	2	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	2	
metoprolol & hydrochlorothiazide tab 50-25 mg	3	
metoprolol & hydrochlorothiazide tab 100-25 mg	3	
metoprolol & hydrochlorothiazide tab 100-50 mg	3	
BETA-BLOCKERS		
acebutolol hcl CAPS 200mg, 400mg	3	
atenolol TABS 25mg, 50mg, 100mg	1	
bisoprolol fumarate TABS 5mg, 10mg	2	
carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	
labetalol hcl TABS 100mg, 200mg, 300mg	2	
metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg	1	
metoprolol tartrate SOLN 5mg/5ml	4	
metoprolol tartrate TABS 25mg, 50mg, 100mg	1	
nadolol TABS 20mg, 40mg, 80mg	3	
nebivolol hcl TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	3	QL
nebivolol hcl TABS 20mg QL (60 tabs / 30 days)	3	QL
pindolol TABS 5mg, 10mg	3	
propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml	3	
propranolol hcl TABS 10mg, 20mg, 40mg, 60mg, 80mg	2	
timolol maleate TABS 5mg, 10mg, 20mg	3	
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate TABS 2.5mg, 5mg, 10mg	1	
cartia xt CP24 120mg, 180mg, 240mg, 300mg	2	
dilt-xr CP24 120mg, 180mg, 240mg	2	
diltiazem hcl CP12 60mg, 90mg, 120mg	4	
diltiazem hcl CP24 120mg, 180mg, 240mg; TABS 30mg, 60mg, 90mg, 120mg	2	
diltiazem hcl SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	3	
diltiazem hcl coated beads CP24 120mg, 180mg, 240mg, 300mg	2	
diltiazem hcl coated beads CP24 360mg	4	
diltiazem hcl extended release beads CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
felodipine TB24 2.5mg, 5mg, 10mg	2	
isradipine CAPS 2.5mg, 5mg	4	
matzim la TB24 180mg, 240mg, 300mg, 360mg, 420mg	3	
nicardipine hcl CAPS 20mg, 30mg	4	
nifedipine TB24 30mg, 60mg, 90mg	3	

Drug Name	Drug Requirements/ Tier	Limits
nimodipine CAPS 30mg	4	
nisoldipine TB24 8.5mg, 17mg, 34mg	4	
tiadylt er CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
verapamil hcl CP24 100mg, 200mg, 300mg, 360mg; SOLN 2.5mg/ml	4	
verapamil hcl CP24 120mg, 180mg, 240mg	3	
verapamil hcl TABS 40mg, 80mg, 120mg	1	
verapamil hcl TBCR 120mg, 180mg, 240mg	2	
DIURETICS		
acetazolamide CP12 500mg; TABS 125mg, 250mg	3	
amiloride & hydrochlorothiazide tab 5-50 mg	2	
amiloride hcl TABS 5mg	2	
bumetanide SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	3	
chlorthalidone TABS 25mg, 50mg	2	
furosemide SOLN 10mg/ml, 40mg/5ml	2	
furosemide TABS 20mg, 40mg, 80mg	1	
furosemide inj SOLN 10mg/ml	3	
hydrochlorothiazide CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
indapamide TABS 1.25mg, 2.5mg	1	
methazolamide TABS 25mg, 50mg	4	
metolazone TABS 2.5mg, 5mg, 10mg	2	
spironolactone & hydrochlorothiazide tab 25-25 mg	2	
torsemide TABS 5mg, 10mg, 20mg, 100mg	2	
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 75-50 mg	1	
MISCELLANEOUS		
aliskiren fumarate TABS 150mg, 300mg QL (30 tabs / 30 days)	1	QL
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-80 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-80 mg	1	
ATTRUBY TBPK 356mg QL (112 tabs / 28 days)	5	QL NM PA
clonidine PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	3	
clonidine hcl TABS .1mg, .2mg, .3mg	1	

Drug Name	Drug Requirements/ Tier	Limits
CORLANOR SOLN 5mg/5ml QL (450 mL / 30 days)	4	QL
digoxin SOLN .05mg/ml, .25mg/ml	4	
digoxin TABS 125mcg, 250mcg QL (30 tabs / 30 days)	2	QL
droxidopa CAPS 100mg QL (90 caps / 30 days)	4	QL NM PA
droxidopa CAPS 200mg, 300mg QL (180 caps / 30 days)	5	QL NM PA
epinephrine SOLN 1mg/ml	4	
guanfacine hcl TABS 1mg, 2mg PA applies if 65 years and older	3	PA
hydralazine hcl SOLN 20mg/ml	4	
hydralazine hcl TABS 10mg, 25mg, 50mg, 100mg	1	
ivabradine hcl TABS 5mg, 7.5mg QL (60 tabs / 30 days)	4	QL
metyrosine CAPS 250mg	5	NM PA
midodrine hcl TABS 2.5mg, 5mg	3	
midodrine hcl TABS 10mg	4	
minoxidil TABS 2.5mg, 10mg	2	
ranolazine TB12 500mg, 1000mg	4	
VERQUVO TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	3	QL PA
VYNDAMAX CAPS 61mg QL (30 caps / 30 days)	5	QL NM PA
NITRATES		
isosorbide dinitrate TABS 5mg, 10mg, 20mg, 30mg	3	
isosorbide mononitrate TB24 30mg, 60mg, 120mg	1	
nitro-bid OINT 2%	3	
nitroglycerin OINT 2%; PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	3	
nitroglycerin SUBL .3mg, .4mg, .6mg	2	

Drug Name	Drug Requirements/ Tier	Limits
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg QL (90 tabs / 30 days)	5	QL NM PA
alyq TABS 20mg QL (60 tabs / 30 days)	5	QL NM PA
ambrisentan TABS 5mg, 10mg QL (30 tabs / 30 days)	5	QL NM PA
bosentan TABS 62.5mg, 125mg QL (60 tabs / 30 days)	5	QL NM PA
bosentan TBSO 32mg QL (120 tabs / 30 days)	5	QL NM PA
macitentan TABS 10mg QL (30 tabs / 30 days)	5	QL NM PA
OPSUMIT TABS 10mg QL (30 tabs / 30 days)	5	QL NM PA
sildenafil citrate (pulmonary hypertension) TABS 20mg QL (360 tabs / 30 days)	3	QL NM PA
tadalafil (pulmonary hypertension) TABS 20mg QL (60 tabs / 30 days)	4	QL NM PA
treprostinil SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	5	NM PA
UPTRAVI TABS 100mcg, 150mcg QL (280 tabs / 28 days)	5	QL NM PA
UPTRAVI TABS 200mcg QL (140 tabs / 28 days)	5	QL NM PA
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg QL (60 tabs / 30 days)	5	QL NM PA
UPTRAVI PACK TAB 200/800 QL (1 pack / 28 days)	5	QL NM PA
WINREVAIR KIT 45mg, 60mg QL (2 vials / 21 days)	5	QL NM PA
YUTREPIA CAPS 26.5mcg, 53mcg, 79.5mcg QL (140 caps / 28 days)	5	QL NM PA
YUTREPIA CAPS 106mcg QL (224 caps / 28 days)	5	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
CENTRAL NERVOUS SYSTEM		
ANTIANXIETY		
alprazolam TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	2	QL
buspirone hcl TABS 5mg, 10mg, 15mg	1	
buspirone hcl TABS 7.5mg, 30mg	3	
fluvoxamine maleate TABS 25mg, 50mg, 100mg	3	
lorazepam CONC 2mg/ml QL (150 mL / 30 days)	3	QL
lorazepam SOLN 4mg/ml, 20mg/10ml	2	
lorazepam TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	2	QL
lorazepam intensol CONC 2mg/ml QL (150 mL / 30 days)	3	QL
ANTIDEMENTIA		
donepezil hydrochloride TABS 5mg; TBDP 5mg QL (30 tabs / 30 days)	2	QL
donepezil hydrochloride TABS 10mg; TBDP 10mg	2	
galantamine hydrobromide CP24 8mg, 16mg, 24mg QL (30 caps / 30 days)	3	QL
galantamine hydrobromide SOLN 4mg/ml QL (200 mL / 30 days)	4	QL
galantamine hydrobromide TABS 4mg, 8mg, 12mg QL (60 tabs / 30 days)	3	QL
memantine hcl CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml PA applies if 29 years and younger	4	PA
memantine hcl TABS 5mg, 10mg PA applies if 29 years and younger	3	PA
memantine hcl-donepezil hcl cap er 24hr 14-10 mg	4	
memantine hcl-donepezil hcl cap er 24hr 21-10 mg	4	
memantine hcl-donepezil hcl cap er 24hr 28-10 mg	4	
NAMZARIC CAP 7-10MG	4	
rivastigmine PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr QL (30 patches / 30 days)	4	QL
rivastigmine tartrate CAPS 1.5mg, 3mg, 4.5mg, 6mg QL (60 caps / 30 days)	3	QL
ANTIDEPRESSANTS		
amitriptyline hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg PA applies if 65 years and older	3	PA
amoxapine TABS 25mg, 50mg, 100mg, 150mg PA applies if 65 years and older	3	PA
AUVELITY TAB 45-105MG QL (60 tabs / 30 days)	4	QL
AUVELITY TAB TITRATIO QL (2 packs / year)	5	QL
bupropion hcl TABS 75mg, 100mg	2	
bupropion hcl TB12 100mg, 150mg, 200mg; TB24 150mg QL (60 tabs / 30 days)	2	QL
bupropion hcl TB24 300mg QL (30 tabs / 30 days)	2	QL
citalopram hydrobromide SOLN 10mg/5ml	3	
citalopram hydrobromide TABS 10mg, 20mg, 40mg	1	
clomipramine hcl CAPS 25mg, 50mg, 75mg	4	PA
desipramine hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg PA applies if 65 years and older	4	PA
desvenlafaxine succinate TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days)	3	QL

Drug Name	Tier	Requirements/ Limits
doxepin hcl CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml PA applies if 65 years and older	3	PA
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg QL (60 caps / 30 days)	4	QL PA
duloxetine hcl CPEP 20mg QL (120 caps / 30 days)	3	QL
duloxetine hcl CPEP 30mg QL (90 caps / 30 days)	3	QL
duloxetine hcl CPEP 60mg QL (60 caps / 30 days)	3	QL
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr QL (30 patches / 30 days)	5	QL PA
escitalopram oxalate SOLN 5mg/5ml	4	
escitalopram oxalate TABS 5mg, 10mg, 20mg	1	
EXXUA TB24 18.2mg, 36.3mg, 54.5mg, 72.6mg QL (30 tabs / 30 days)	5	QL PA
EXXUA TITRATION PACK TB24 18.2mg QL (2 packs / year)	5	QL PA
FETZIMA CP24 20mg, 40mg QL (60 caps / 30 days)	4	QL PA
FETZIMA CP24 80mg, 120mg QL (30 caps / 30 days)	4	QL PA
FETZIMA CAP TITRATIO QL (2 packs / year)	4	QL PA
fluoxetine hcl CAPS 10mg, 20mg, 40mg	1	
fluoxetine hcl SOLN 20mg/5ml	3	
imipramine hcl TABS 10mg, 25mg, 50mg PA applies if 65 years and older	2	PA
MARPLAN TABS 10mg QL (180 tabs / 30 days)	4	QL
mirtazapine TABS 7.5mg; TBDP 15mg, 30mg, 45mg	3	
mirtazapine TABS 15mg, 30mg, 45mg	2	
nefazodone hcl TABS 50mg, 100mg, 150mg, 200mg, 250mg	4	
nortriptyline hcl CAPS 10mg, 25mg, 50mg, 75mg	2	
nortriptyline hcl SOLN 10mg/5ml	4	
paroxetine hcl SUSP 10mg/5ml QL (900 mL / 30 days) PA applies if 65 years and older	4	QL PA
paroxetine hcl TABS 10mg, 20mg, 30mg, 40mg PA applies if 65 years and older	2	PA
paroxetine hcl TB24 12.5mg, 25mg, 37.5mg QL (60 tabs / 30 days) PA applies if 65 years and older	4	QL PA
phenelzine sulfate TABS 15mg	3	
protriptyline hcl TABS 5mg, 10mg	4	
RALDESY SOLN 10mg/ml QL (1800 mL / 30 days)	4	QL PA
sertraline hcl CONC 20mg/ml	3	
sertraline hcl TABS 25mg, 50mg, 100mg	1	
tranylcypromine sulfate TABS 10mg	4	
trazodone hcl TABS 50mg, 100mg, 150mg	1	
trimipramine maleate CAPS 25mg, 50mg QL (120 caps / 30 days)	4	QL
trimipramine maleate CAPS 100mg QL (60 caps / 30 days)	4	QL
TRINTELLIX TABS 5mg, 10mg, 20mg QL (30 tabs / 30 days)	4	QL PA
venlafaxine hcl CP24 37.5mg, 75mg, 150mg	2	
venlafaxine hcl TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	3	

Drug Name	Drug Tier	Requirements/ Limits
vilazodone hcl TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	4	QL
ZURZUVAE CAPS 20mg, 25mg QL (28 caps / 14 days)	5	QL PA
ZURZUVAE CAPS 30mg QL (14 caps / 14 days)	5	QL PA
ANTIPARKINSONIAN AGENTS		
amantadine hcl CAPS 100mg QL (120 caps / 30 days)	3	QL
amantadine hcl SOLN 50mg/5ml	3	
amantadine hcl TABS 100mg	4	
benztropine mesylate SOLN 1mg/ml	4	
benztropine mesylate TABS .5mg, 1mg, 2mg PA applies if 65 years and older	2	PA
bromocriptine mesylate CAPS 5mg; TABS 2.5mg	4	
carb/levo orally disintegrating tab 10-100mg	3	
carb/levo orally disintegrating tab 25-100mg	3	
carb/levo orally disintegrating tab 25-250mg	3	
carbidopa TABS 25mg	4	
carbidopa & levodopa tab 10-100 mg	2	
carbidopa & levodopa tab 25-100 mg	2	
carbidopa & levodopa tab 25-250 mg	2	
carbidopa & levodopa tab er 25-100 mg	3	
carbidopa & levodopa tab er 50-200 mg	3	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	4	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	4	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	4	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	4	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	4	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	4	
entacapone TABS 200mg	4	
INBRIJA CAPS 42mg QL (300 caps / 30 days)	5	QL NM PA
pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	2	
pramipexole dihydrochloride TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	4	
rasagiline mesylate TABS .5mg, 1mg QL (30 tabs / 30 days)	4	QL
ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	2	
ropinirole hydrochloride TB24 2mg, 4mg, 6mg, 8mg, 12mg	4	
selegiline hcl CAPS 5mg; TABS 5mg	3	
trihexyphenidyl hcl SOLN .4mg/ml	3	
trihexyphenidyl hcl TABS 2mg, 5mg	2	
ANTIPSYCHOTICS		
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml QL (1 syringe / 56 days)	5	QL
ABILIFY MAINTENA PRSY 300mg, 400mg QL (1 syringe / 28 days)	5	QL
ABILIFY MAINTENA SRER 300mg, 400mg QL (1 injection / 28 days)	5	QL
aripiprazole SOLN 1mg/ml QL (900 mL / 30 days)	4	QL
aripiprazole TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	4	QL

Drug Name	Drug Requirements/ Tier	Limits
aripiprazole TBDP 10mg, 15mg	4	QL ST
QL (60 tabs / 30 days)		
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	5	QL
QL (1 syringe / 28 days)		
ARISTADA PRSY 1064mg/3.9ml	5	QL
QL (1 syringe / 56 days)		
ARISTADA INITIO PRSY 675mg/2.4ml	5	
asenapine maleate SUBL 2.5mg, 5mg, 10mg	4	QL
QL (60 tabs / 30 days)		
BYSANTI TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	5	QL PA
QL (60 tabs / 30 days)		
BYSANTI TAB PACK A	4	QL PA
QL (2 packs / year)		
BYSANTI TAB PACK B	4	QL PA
QL (2 packs / year)		
BYSANTI TAB PACK C	4	QL PA
QL (2 packs / year)		
CAPLYTA CAPS 10.5mg, 21mg, 42mg	5	QL
QL (30 caps / 30 days)		
chlorpromazine hcl CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	4	
clozapine TABS 25mg, 50mg	3	
clozapine TABS 100mg	3	QL
QL (270 tabs / 30 days)		
clozapine TABS 200mg	3	QL
QL (120 tabs / 30 days)		
clozapine TBDP 12.5mg, 25mg	4	PA
clozapine TBDP 100mg	4	QL PA
QL (270 tabs / 30 days)		
clozapine TBDP 150mg	4	QL PA
QL (180 tabs / 30 days)		
clozapine TBDP 200mg	4	QL PA
QL (120 tabs / 30 days)		
COBENFY CAP 50-20MG	5	QL
QL (60 caps / 30 days)		
COBENFY CAP 100-20MG	5	QL
QL (60 caps / 30 days)		
COBENFY CAP 125-30MG	5	QL
QL (60 caps / 30 days)		
COBENFY STRT CAP PACK	5	QL
QL (2 packs / year)		
ERZOFRI SUSY 39mg/0.25ml	4	QL
QL (1 syringe / 28 days)		
ERZOFRI SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	5	QL
QL (1 syringe / 28 days)		
ERZOFRI SUSY 351mg/2.25ml	5	QL
QL (2 syringes / year)		
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	5	QL PA
QL (60 tabs / 30 days)		
FANAPT PAK PACK A	4	QL PA
QL (2 packs / year)		
FANAPT PAK PACK B	4	QL PA
QL (2 packs / year)		
FANAPT PAK PACK C	4	QL PA
QL (2 packs / year)		
fluphenazine decanoate SOLN 25mg/ml	4	
fluphenazine hcl CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	4	
haloperidol TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	3	
haloperidol decanoate SOLN 50mg/ml, 100mg/ml	3	
haloperidol lactate CONC 2mg/ml; SOLN 5mg/ml	3	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	5	QL
QL (1 injection / 180 days)		
INVEGA SUSTENNA SUSY 39mg/0.25ml	4	QL
QL (1 syringe / 28 days)		
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	5	QL
QL (1 syringe / 28 days)		

Drug Name	Drug Requirements/ Tier	Limits
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	5	QL
QL (1 syringe / 90 days)		
loxapine succinate CAPS 5mg, 10mg, 25mg, 50mg	3	
lurasidone hcl TABS 20mg, 40mg, 60mg, 120mg	4	QL
QL (30 tabs / 30 days)		
lurasidone hcl TABS 80mg	4	QL
QL (60 tabs / 30 days)		
LYBALVI TAB 5-10MG	5	QL
QL (30 tabs / 30 days)		
LYBALVI TAB 10-10MG	5	QL
QL (30 tabs / 30 days)		
LYBALVI TAB 15-10MG	5	QL
QL (30 tabs / 30 days)		
LYBALVI TAB 20-10MG	5	QL
QL (30 tabs / 30 days)		
molindone hcl TABS 5mg, 10mg, 25mg	4	
NUPLAZID CAPS 34mg	5	QL NM PA
QL (30 caps / 30 days)		
NUPLAZID TABS 10mg	5	QL NM PA
QL (30 tabs / 30 days)		
olanzapine SOLR 10mg	4	QL
QL (3 vials / 1 day)		
olanzapine TABS 2.5mg, 5mg, 10mg	2	QL
QL (60 tabs / 30 days)		
olanzapine TABS 7.5mg, 15mg, 20mg	2	QL
QL (30 tabs / 30 days)		
olanzapine TBDP 5mg, 15mg, 20mg	4	QL ST
QL (30 tabs / 30 days)		
olanzapine TBDP 10mg	4	QL ST
QL (60 tabs / 30 days)		
OPIPZA FILM 2mg, 5mg	5	QL PA
QL (30 films / 30 days)		
OPIPZA FILM 10mg	5	QL PA
QL (90 films / 30 days)		
paliperidone TB24 1.5mg, 3mg, 9mg	4	QL
QL (30 tabs / 30 days)		
paliperidone TB24 6mg	4	QL
QL (60 tabs / 30 days)		
perphenazine TABS 2mg, 4mg, 8mg, 16mg	3	

Drug Name	Drug Requirements/ Tier	Limits
pimozide TABS 1mg, 2mg	4	
quetiapine fumarate TABS 25mg	2	QL
QL (180 tabs / 30 days)		
quetiapine fumarate TABS 50mg, 100mg, 150mg, 200mg	2	QL
QL (90 tabs / 30 days)		
quetiapine fumarate TABS 300mg, 400mg	2	QL
QL (60 tabs / 30 days)		
quetiapine fumarate TB24 50mg, 300mg, 400mg	4	QL PA
QL (60 tabs / 30 days)		
quetiapine fumarate TB24 150mg, 200mg	4	QL PA
QL (30 tabs / 30 days)		
REXULTI TABS 3mg, 4mg	5	QL
QL (30 tabs / 30 days)		
REXULTI TABS .25mg, .5mg, 1mg, 2mg	5	QL
QL (60 tabs / 30 days)		
risperidone SOLN 1mg/ml	3	QL
QL (240 mL / 30 days)		
risperidone TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	2	
risperidone TBDP 1mg, 2mg, 3mg	4	QL ST
QL (60 tabs / 30 days)		
risperidone TBDP 4mg	4	QL ST
QL (120 tabs / 30 days)		
risperidone TBDP .25mg, .5mg	4	QL ST
QL (90 tabs / 30 days)		
risperidone microspheres SRER 12.5mg, 25mg	4	QL
QL (2 injections / 28 days)		
risperidone microspheres SRER 37.5mg, 50mg	5	QL
QL (2 injections / 28 days)		
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	5	QL
QL (30 patches / 30 days)		
thioridazine hcl TABS 10mg, 25mg, 50mg, 100mg	3	
thiothixene CAPS 1mg, 2mg, 5mg, 10mg	4	

Drug Name	Tier	Drug Requirements/ Limits
trifluoperazine hcl TABS 1mg, 2mg, 5mg, 10mg	3	
VERSACLOZ SUSP 50mg/ml QL (600 mL / 30 days)	5	QL PA
VRAYLAR CAPS 1.5mg QL (60 caps / 30 days)	5	QL
VRAYLAR CAPS .5mg, .75mg, 3mg, 4.5mg, 6mg QL (30 caps / 30 days)	5	QL
ziprasidone hcl CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days)	4	QL
ziprasidone mesylate SOLR 20mg QL (6 injections / 3 days)	4	QL
ZYPREXA RELPREVV SUSR 210mg QL (2 vials / 28 days)	4	QL NM PA
ZYPREXA RELPREVV SUSR 300mg QL (2 vials / 28 days)	5	QL NM PA
ZYPREXA RELPREVV SUSR 405mg QL (1 vial / 28 days)	5	QL NM PA
ANTISEIZURE AGENTS		
APTIOM TABS 200mg, 400mg QL (30 tabs / 30 days)	5	QL
APTIOM TABS 600mg, 800mg QL (60 tabs / 30 days)	5	QL
brivaracetam SOLN 10mg/ml QL (600 mL / 30 days)	4	QL PA
brivaracetam TABS 10mg, 25mg, 50mg, 75mg, 100mg QL (60 tabs / 30 days)	4	QL PA
BRIVIACT SOLN 10mg/ml QL (600 mL / 30 days)	5	QL PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg QL (60 tabs / 30 days)	5	QL PA
carbamazepine CHEW 100mg; TABS 200mg	3	
carbamazepine CHEW 200mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TB12 100mg, 200mg, 400mg	4	
clobazam SUSP 2.5mg/ml QL (480 mL / 30 days)	4	QL PA
clobazam TABS 10mg, 20mg QL (60 tabs / 30 days)	4	QL PA
clonazepam TABS 2mg QL (300 tabs / 30 days)	2	QL
clonazepam TABS .5mg, 1mg QL (90 tabs / 30 days)	2	QL
clonazepam TBDP 2mg QL (300 tabs / 30 days)	3	QL
clonazepam TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	3	QL
clorazepate dipotassium TABS 3.75mg, 7.5mg, 15mg QL (180 tabs / 30 days) PA applies if 65 years and older	4	QL PA
DIACOMIT CAPS 250mg QL (360 caps / 30 days)	5	QL NM PA
DIACOMIT CAPS 500mg QL (180 caps / 30 days)	5	QL NM PA
DIACOMIT PACK 250mg QL (360 packets / 30 days)	5	QL NM PA
DIACOMIT PACK 500mg QL (180 packets / 30 days)	5	QL NM PA
diazepam SOLN 5mg/5ml QL (1200 mL / 30 days) PA applies if 65 years and older when greater than 5 day supply	3	QL PA
diazepam TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA applies if 65 years and older when greater than 5 day supply	2	QL PA
diazepam (anticonvulsant) GEL 2.5mg, 10mg, 20mg	4	
diazepam inj SOLN 5mg/ml	4	
diazepam intensol CONC 5mg/ml QL (240 mL / 30 days) PA applies if 65 years and older when greater than 5 day supply	3	QL PA

Drug Name	Drug Tier	Requirements/ Limits
DILANTIN CAPS 30mg	4	
divalproex sodium CSDR 125mg	4	
divalproex sodium TB24 250mg, 500mg	3	
divalproex sodium TBEC 125mg, 250mg, 500mg	2	
EPIDIOLEX SOLN 100mg/ml QL (600 mL / 30 days)	5	QL NM PA
eslicarbazepine acetate TABS 200mg, 400mg QL (30 tabs / 30 days)	4	QL
eslicarbazepine acetate TABS 600mg, 800mg QL (60 tabs / 30 days)	4	QL
ethosuximide CAPS 250mg; SOLN 250mg/5ml	3	
felbamate SUSP 600mg/5ml; TABS 400mg, 600mg	4	
FINTEPLA SOLN 2.2mg/ml QL (360 mL / 30 days)	5	QL NM PA
FYCOMPA SUSP .5mg/ml QL (680 mL / 28 days)	5	QL PA
FYCOMPA TABS 2mg QL (60 tabs / 30 days)	4	QL PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days)	5	QL PA
gabapentin CAPS 100mg, 300mg QL (360 caps / 30 days)	2	QL
gabapentin CAPS 400mg QL (270 caps / 30 days)	2	QL
gabapentin SOLN 250mg/5ml, 300mg/6ml QL (2160 mL / 30 days)	3	QL
gabapentin TABS 600mg QL (180 tabs / 30 days)	2	QL
gabapentin TABS 800mg QL (120 tabs / 30 days)	2	QL
lacosamide SOLN 200mg/20ml	4	
lacosamide TABS 50mg QL (120 tabs / 30 days)	4	QL
lacosamide TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	4	QL
lacosamide oral SOLN 10mg/ml QL (1200 mL / 30 days)	4	QL
lamotrigine CHEW 5mg, 25mg	3	
lamotrigine TABS 25mg, 100mg, 150mg, 200mg	1	
lamotrigine TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; TBDP 25mg, 50mg, 100mg, 200mg	4	ST
levetiracetam SOLN 100mg/ml; TB24 500mg, 750mg	3	
levetiracetam SOLN 500mg/5ml	4	
levetiracetam TABS 250mg, 500mg, 750mg, 1000mg	2	
levetiracetam TB3D 250mg QL (360 tabs / 30 days)	4	QL
levetiracetam TB3D 500mg QL (180 tabs / 30 days)	4	QL
levetiracetam in sodium chloride iv soln 500 mg/100ml	4	
levetiracetam in sodium chloride iv soln 1000 mg/100ml	4	
levetiracetam in sodium chloride iv soln 1500 mg/100ml	4	
methsuximide CAPS 300mg	4	
NAYZILAM SOLN 5mg/0.1ml QL (10 nasal units / 30 days)	4	QL
oxcarbazepine SUSP 300mg/5ml	4	
oxcarbazepine TABS 150mg, 300mg, 600mg	3	
perampanel SUSP .5mg/ml QL (680 mL / 28 days)	5	QL PA
perampanel TABS 2mg QL (60 tabs / 30 days)	4	QL PA
perampanel TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days)	4	QL PA
phenobarbital ELIX 20mg/5ml QL (1500 mL / 30 days) PA applies if 65 years and older	4	QL PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D

Drug Name	Drug Tier	Requirements/ Limits
phenobarbital TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg QL (120 tabs / 30 days) PA applies if 65 years and older	3	QL PA
phenobarbital sodium SOLN 65mg/ml, 130mg/ml PA applies if 65 years and older	4	PA
phenytek CAPS 200mg, 300mg	3	
phenytoin CHEW 50mg; SUSP 125mg/5ml	3	
phenytoin sodium SOLN 50mg/ml	4	
phenytoin sodium extended CAPS 100mg, 200mg, 300mg	3	
pregabalin CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	3	QL
pregabalin CAPS 200mg QL (90 caps / 30 days)	3	QL
pregabalin CAPS 225mg, 300mg QL (60 caps / 30 days)	3	QL
pregabalin SOLN 20mg/ml QL (900 mL / 30 days) PA applies if 65 years and older	4	QL PA
primidone TABS 50mg, 125mg, 250mg	2	
relgaabi CAPS 300mg QL (360 caps / 30 days)	2	QL
relgaabi CAPS 400mg QL (270 caps / 30 days)	2	QL
roweepra TABS 500mg	2	
rufinamide SUSP 40mg/ml QL (2400 mL / 30 days)	5	QL PA
rufinamide TABS 200mg QL (480 tabs / 30 days)	4	QL PA
rufinamide TABS 400mg QL (240 tabs / 30 days)	5	QL PA
SPRITAM TB3D 250mg QL (360 tabs / 30 days)	4	QL
SPRITAM TB3D 500mg QL (180 tabs / 30 days)	4	QL
SPRITAM TB3D 750mg QL (120 tabs / 30 days)	4	QL
SPRITAM TB3D 1000mg QL (90 tabs / 30 days)	4	QL
SUBVENITE SUSP 10mg/ml	5	ST
subvenite TABS 25mg, 100mg, 150mg, 200mg	1	
SYMPAZAN FILM 5mg, 10mg, 20mg QL (60 films / 30 days)	5	QL PA
tiagabine hcl TABS 2mg, 4mg, 12mg, 16mg	4	
topiramate CPSP 15mg, 25mg	3	
topiramate CPSP 50mg	4	
topiramate SOLN 25mg/ml QL (480 mL / 30 days)	4	QL PA
topiramate TABS 25mg, 50mg, 100mg, 200mg	2	
valproate sodium SOLN 100mg/ml	4	
valproate sodium SOLN 250mg/5ml	3	
valproic acid CAPS 250mg	2	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml QL (10 blister packs / 30 days)	4	QL
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml QL (10 blister packs / 30 days)	4	QL
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml QL (10 blister packs / 30 days)	4	QL
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml QL (10 blister packs / 30 days)	4	QL
vigabatrin PACK 500mg QL (180 packets / 30 days)	5	QL NM PA
vigabatrin TABS 500mg QL (180 tabs / 30 days)	5	QL NM PA
vigadrone PACK 500mg QL (180 packets / 30 days)	5	QL NM PA

Drug Name	Tier	Drug Requirements/ Limits
vigadrone TABS 500mg QL (180 tabs / 30 days)	5	QL NM PA
VIGAFYDE SOLN 100mg/ml QL (900 mL / 30 days)	5	QL NM PA
XCOPRI TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	5	QL
XCOPRI TABS 150mg, 200mg QL (60 tabs / 30 days)	5	QL
XCOPRI PAK 12.5-25 QL (28 tabs / 28 days)	4	QL
XCOPRI PAK 50-100MG QL (28 tabs / 28 days)	5	QL
XCOPRI PAK 100-150 QL (56 tabs / 28 days)	5	QL
XCOPRI PAK 150-200MG (MAINTENANCE) QL (56 tabs / 28 days)	5	QL
XCOPRI PAK 150-200MG (TITRATION) QL (28 tabs / 28 days)	5	QL
ZONISADE SUSP 100mg/5ml QL (900 mL / 30 days)	5	QL PA
zonisamide CAPS 25mg, 50mg, 100mg	2	
ZTALMY SUSP 50mg/ml QL (1100 mL / 30 days)	5	QL NM PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
amphetamine-dextroamphetamine cap er 24hr 5 mg QL (30 caps / 30 days)	4	QL PA
amphetamine-dextroamphetamine cap er 24hr 10 mg QL (30 caps / 30 days)	4	QL PA
amphetamine-dextroamphetamine cap er 24hr 15 mg QL (30 caps / 30 days)	4	QL PA
amphetamine-dextroamphetamine cap er 24hr 20 mg QL (30 caps / 30 days)	4	QL PA
amphetamine-dextroamphetamine cap er 24hr 25 mg QL (30 caps / 30 days)	4	QL PA
amphetamine-dextroamphetamine cap er 24hr 30 mg QL (30 caps / 30 days)	4	QL PA
amphetamine-dextroamphetamine tab 5 mg QL (60 tabs / 30 days)	3	QL PA
amphetamine-dextroamphetamine tab 7.5 mg QL (60 tabs / 30 days)	3	QL PA
amphetamine-dextroamphetamine tab 10 mg QL (60 tabs / 30 days)	3	QL PA
amphetamine-dextroamphetamine tab 12.5 mg QL (60 tabs / 30 days)	3	QL PA
amphetamine-dextroamphetamine tab 15 mg QL (60 tabs / 30 days)	3	QL PA
amphetamine-dextroamphetamine tab 20 mg QL (90 tabs / 30 days)	3	QL PA
amphetamine-dextroamphetamine tab 30 mg QL (60 tabs / 30 days)	3	QL PA
atomoxetine hcl CAPS 10mg, 18mg, 25mg QL (120 caps / 30 days)	4	QL
atomoxetine hcl CAPS 40mg QL (60 caps / 30 days)	4	QL
atomoxetine hcl CAPS 60mg, 80mg, 100mg QL (30 caps / 30 days)	4	QL
dexmethylphenidate hcl TABS 2.5mg, 5mg QL (120 tabs / 30 days)	3	QL PA
dexmethylphenidate hcl TABS 10mg QL (60 tabs / 30 days)	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg QL (30 tabs / 30 days) PA applies if 65 years and older	3	QL PA
guanfacine hcl (adhd) TB24 3mg QL (60 tabs / 30 days) PA applies if 65 years and older	3	QL PA
lisdexamfetamine dimesylate CAPS 10mg, 20mg, 30mg QL (60 caps / 30 days)	4	QL PA
lisdexamfetamine dimesylate CAPS 40mg, 50mg, 60mg, 70mg QL (30 caps / 30 days)	4	QL PA
lisdexamfetamine dimesylate CHEW 10mg, 20mg, 30mg QL (60 tabs / 30 days)	4	QL PA
lisdexamfetamine dimesylate CHEW 40mg, 50mg, 60mg QL (30 tabs / 30 days)	4	QL PA
methylphenidate hcl CHEW 2.5mg, 5mg, 10mg QL (180 tabs / 30 days)	4	QL PA
methylphenidate hcl SOLN 5mg/5ml QL (1800 mL / 30 days)	4	QL PA
methylphenidate hcl SOLN 10mg/5ml QL (900 mL / 30 days)	4	QL PA
methylphenidate hcl TABS 5mg, 10mg QL (180 tabs / 30 days)	3	QL PA
methylphenidate hcl TABS 20mg QL (90 tabs / 30 days)	3	QL PA
methylphenidate hcl TBCR 10mg, 20mg QL (90 tabs / 30 days)	4	QL PA
HYPNOTICS		
DAYVIGO TABS 5mg, 10mg QL (30 tabs / 30 days)	3	QL
doxepin hcl (sleep) TABS 3mg, 6mg QL (30 tabs / 30 days)	3	QL
ramelteon TABS 8mg QL (30 tabs / 30 days)	3	QL
tasimelteon CAPS 20mg QL (30 caps / 30 days)	5	QL NM PA
temazepam CAPS 7.5mg, 30mg QL (30 caps / 30 days) PA applies if 65 years and older	4	QL PA
temazepam CAPS 15mg QL (60 caps / 30 days) PA applies if 65 years and older	4	QL PA
zolpidem tartrate TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA
MIGRAINE		
AIMOVIG SOAJ 70mg/ml, 140mg/ml QL (1 pen / 30 days)	3	QL NM PA
dihydroergotamine mesylate SOLN 4mg/ml QL (8 mL / 30 days)	5	QL PA
EMGALITY SOAJ 120mg/ml QL (2 pens / 30 days)	3	QL NM PA
EMGALITY SOSY 100mg/ml QL (3 syringes / 30 days)	3	QL NM PA
EMGALITY SOSY 120mg/ml QL (2 syringes / 30 days)	3	QL NM PA
ergotamine w/ caffeine tab 1-100 mg QL (40 tabs / 28 days)	3	QL PA
naratriptan hcl TABS 1mg, 2.5mg QL (12 tabs / 30 days)	3	QL
NURTEC TBDP 75mg QL (16 tabs / 30 days)	3	QL PA
QULIPTA TABS 10mg, 30mg, 60mg QL (30 tabs / 30 days)	3	QL PA
rizatriptan benzoate TABS 5mg, 10mg; TBDP 5mg, 10mg QL (18 tabs / 30 days)	3	QL
sumatriptan SOLN 5mg/act QL (24 units / 30 days)	4	QL

Drug Name	Tier	Requirements/ Limits
sumatriptan SOLN 20mg/act QL (12 units / 30 days)	4	QL
sumatriptan succinate SOAJ 6mg/0.5ml; SOLN 6mg/0.5ml QL (12 injections / 30 days)	4	QL
sumatriptan succinate TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	2	QL
UBRELVY TABS 50mg, 100mg QL (16 tabs / 30 days)	3	QL PA
MISCELLANEOUS		
AUSTEDO TABS 6mg QL (60 tabs / 30 days)	5	QL NM PA
AUSTEDO TABS 9mg, 12mg QL (120 tabs / 30 days)	5	QL NM PA
AUSTEDO XR TB24 6mg QL (90 tabs / 30 days)	5	QL NM PA
AUSTEDO XR TB24 12mg QL (120 tabs / 30 days)	5	QL NM PA
AUSTEDO XR TB24 18mg, 30mg, 36mg, 42mg, 48mg QL (30 tabs / 30 days)	5	QL NM PA
AUSTEDO XR TB24 24mg QL (60 tabs / 30 days)	5	QL NM PA
AUSTEDO XR TAB TITR KIT QL (2 packs / year)	5	QL NM PA
dextromethorphan hbr-quinidine sulfate cap 20-10 mg QL (60 caps / 30 days)	5	QL PA
lithium SOLN 8meq/5ml	4	
lithium carbonate CAPS 150mg, 300mg, 600mg; TABS 300mg	1	
lithium carbonate TBCR 300mg, 450mg	2	
NUEDEXTA CAP 20-10MG QL (60 caps / 30 days)	5	QL PA
pyridostigmine bromide TABS 60mg	3	
riluzole TABS 50mg	4	
tetrabenazine TABS 12.5mg QL (90 tabs / 30 days)	4	QL NM PA
tetrabenazine TABS 25mg QL (120 tabs / 30 days)	5	QL NM PA

Drug Name	Tier	Requirements/ Limits
MULTIPLE SCLEROSIS AGENTS		
BAFIERTAM CPDR 95mg QL (120 caps / 30 days)	5	QL NM PA
BETASERON KIT .3mg QL (14 kits / 28 days)	5	QL NM PA
COPAXONE SOSY 20mg/ml QL (30 syringes / 30 days)	5	QL NM PA
COPAXONE SOSY 40mg/ml QL (12 syringes / 28 days)	5	QL NM PA
dalfampridine TB12 10mg QL (60 tabs / 30 days)	3	QL NM PA
fingolimod hcl CAPS .5mg QL (30 caps / 30 days)	5	QL NM PA
glatiramer acetate SOSY 20mg/ml QL (30 syringes / 30 days)	5	QL NM PA
glatiramer acetate SOSY 40mg/ml QL (12 syringes / 28 days)	5	QL NM PA
glatopa SOSY 20mg/ml QL (30 syringes / 30 days)	5	QL NM PA
glatopa SOSY 40mg/ml QL (12 syringes / 28 days)	5	QL NM PA
KESIMPTA SOAJ 20mg/0.4ml QL (16 pens / 365 days)	5	QL NM PA
MUSCULOSKELETAL THERAPY AGENTS		
baclofen TABS 5mg QL (90 tabs / 30 days)	2	QL
baclofen TABS 10mg, 20mg	2	
cyclobenzaprine hcl TABS 5mg, 10mg QL (90 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	QL PA
dantrolene sodium CAPS 25mg, 50mg, 100mg	4	
tizanidine hcl TABS 2mg, 4mg	2	
NARCOLEPSY/CATAPLEXY		
armodafinil TABS 50mg QL (60 tabs / 30 days)	4	QL PA

Drug Name	Tier	Requirements/ Limits
armodafinil TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	4	QL PA
modafinil TABS 100mg QL (30 tabs / 30 days)	3	QL PA
modafinil TABS 200mg QL (60 tabs / 30 days)	3	QL PA
sodium oxybate SOLN 500mg/ml QL (540 mL / 30 days)	5	QL NM PA
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium TBEC 333mg	4	
buprenorphine hcl SUBL 2mg QL (180 tabs / 30 days)	3	QL
buprenorphine hcl SUBL 8mg QL (120 tabs / 30 days)	3	QL
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) QL (180 films / 30 days)	4	QL
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) QL (90 films / 30 days)	4	QL
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) QL (120 films / 30 days)	4	QL
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) QL (90 films / 30 days)	4	QL
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv) QL (180 tabs / 30 days)	2	QL
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv) QL (120 tabs / 30 days)	2	QL
bupropion hcl (smoking deterrent) TB12 150mg QL (60 tabs / 30 days)	2	QL
disulfiram TABS 250mg, 500mg	3	
KLOXXADO LIQD 8mg/0.1ml	3	
naloxone hcl SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	2	
naltrexone hcl TABS 50mg	3	

Drug Name	Tier	Requirements/ Limits
NICOTROL NS SOLN 10mg/ml	4	
varenicline tartrate TABS .5mg, 1mg QL (56 tabs / 28 days)	4	QL
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack QL (2 packs / year)	4	QL
VIVITROL SUSR 380mg	5	NM
ENDOCRINE AND METABOLIC		
ANDROGENS		
danazol CAPS 50mg, 100mg, 200mg	4	
depo-testosterone SOLN 100mg/ml, 200mg/ml	3	PA
testosterone GEL 12.5mg/act, 25mg/2.5gm, 50mg/5gm QL (300 gm / 30 days)	4	QL PA
testosterone cypionate SOLN 100mg/ml, 200mg/ml	3	PA
testosterone enanthate SOLN 200mg/ml	3	PA
testosterone pump GEL 20.25mg/act QL (150 gm / 30 days)	4	QL PA
ANTIDIABETICS		
acarbose TABS 25mg, 50mg, 100mg	2	
dapagliflozin TABS 5mg, 10mg QL (30 tabs / 30 days)	1	QL
dapagliflozin-metformin hcl tab er 24hr 5-500 mg QL (60 tabs / 30 days)	1	QL
dapagliflozin-metformin hcl tab er 24hr 5-1000 mg QL (60 tabs / 30 days)	1	QL
dapagliflozin-metformin hcl tab er 24hr 10-500 mg QL (30 tabs / 30 days)	1	QL
dapagliflozin-metformin hcl tab er 24hr 10-1000 mg QL (30 tabs / 30 days)	1	QL
FARXIGA TABS 5mg, 10mg QL (30 tabs / 30 days)	3	QL
glimepiride TABS 1mg, 2mg QL (90 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
glimepiride TABS 4mg QL (60 tabs / 30 days)	1	QL
glipizide TABS 5mg QL (240 tabs / 30 days)	1	QL
glipizide TABS 10mg QL (120 tabs / 30 days)	1	QL
glipizide TB24 2.5mg, 5mg QL (90 tabs / 30 days)	1	QL
glipizide TB24 10mg QL (60 tabs / 30 days)	1	QL
glipizide-metformin hcl tab 2.5-250 mg QL (240 tabs / 30 days)	1	QL
glipizide-metformin hcl tab 2.5-500 mg QL (120 tabs / 30 days)	1	QL
glipizide-metformin hcl tab 5-500 mg QL (120 tabs / 30 days)	1	QL
GLYXAMBI TAB 10-5 MG QL (30 tabs / 30 days)	3	QL
GLYXAMBI TAB 25-5 MG QL (30 tabs / 30 days)	3	QL
JANUMET TAB 50-500MG QL (60 tabs / 30 days)	3	QL
JANUMET TAB 50-1000 QL (60 tabs / 30 days)	3	QL
JANUMET XR TAB 50-500MG QL (60 tabs / 30 days)	3	QL
JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	3	QL
JANUMET XR TAB 100-1000 QL (30 tabs / 30 days)	3	QL
JANUVIA TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	3	QL
JARDIANCE TABS 10mg, 25mg QL (30 tabs / 30 days)	3	QL
JENTADUETO TAB 2.5-500 QL (60 tabs / 30 days)	3	QL
JENTADUETO TAB 2.5-850 QL (60 tabs / 30 days)	3	QL
JENTADUETO TAB 2.5-1000 QL (60 tabs / 30 days)	3	QL
JENTADUETO TAB XR 2.5-1000MG QL (60 tabs / 30 days)	3	QL
JENTADUETO TAB XR 5-1000MG QL (30 tabs / 30 days)	3	QL
metformin hcl TABS 500mg QL (150 tabs / 30 days)	1	QL
metformin hcl TABS 850mg QL (90 tabs / 30 days)	1	QL
metformin hcl TABS 1000mg QL (75 tabs / 30 days)	1	QL
metformin hcl TB24 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL
metformin hcl TB24 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL
MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml QL (4 pens / 28 days)	3	QL PA
nateglinide TABS 60mg, 120mg QL (90 tabs / 30 days)	1	QL
OZEMPIC TABS 1.5mg, 4mg, 9mg QL (30 tabs / 30 days)	3	QL PA
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml QL (1 pen / 28 days)	3	QL PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml QL (1 pen / 28 days)	3	QL PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml QL (1 pen / 28 days)	3	QL PA
pioglitazone hcl TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	1	QL
pioglitazone hcl-metformin hcl tab 15-500 mg QL (90 tabs / 30 days)	1	QL
pioglitazone hcl-metformin hcl tab 15-850 mg QL (90 tabs / 30 days)	1	QL
repaglinide TABS 2mg QL (240 tabs / 30 days)	1	QL

Drug Name	Drug Tier	Requirements/ Limits
repaglinide TABS .5mg, 1mg QL (120 tabs / 30 days)	1	QL
RYBELSUS TABS 3mg, 7mg, 14mg QL (30 tabs / 30 days)	3	QL PA
sitagliptin phosphate TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	1	QL
sitagliptin phosphate-metformin hcl tab 50-500 mg QL (60 tabs / 30 days)	1	QL
sitagliptin phosphate-metformin hcl tab 50-1000 mg QL (60 tabs / 30 days)	1	QL
sitagliptin phosphate-metformin hcl tab er 24hr 50-500 mg QL (60 tabs / 30 days)	1	QL
sitagliptin phosphate-metformin hcl tab er 24hr 50-1000 mg QL (60 tabs / 30 days)	1	QL
sitagliptin phosphate-metformin hcl tab er 24hr 100-1000 mg QL (30 tabs / 30 days)	1	QL
TRADJENTA TABS 5mg QL (30 tabs / 30 days)	3	QL
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG QL (60 tabs / 30 days)	3	QL
TRIJARDY XR TAB ER 24HR 10-5-1000MG QL (30 tabs / 30 days)	3	QL
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG QL (60 tabs / 30 days)	3	QL
TRIJARDY XR TAB ER 24HR 25-5-1000MG QL (30 tabs / 30 days)	3	QL
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml QL (4 pens / 28 days)	3	QL PA
XIGDUO XR TAB 2.5-1000 QL (60 tabs / 30 days)	3	QL
XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days)	3	QL
XIGDUO XR TAB 5-1000MG QL (60 tabs / 30 days)	3	QL
XIGDUO XR TAB 10-500MG QL (30 tabs / 30 days)	3	QL
XIGDUO XR TAB 10-1000 QL (30 tabs / 30 days)	3	QL
ANTIDIABETICS, INSULINS		
ADMELOG SOLN 100unit/ml	3	B/D
ADMELOG SOLOSTAR SOPN 100unit/ml	3	
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY	3	PA
CEQUR EXT WR MIS INSERTER QL (2 inserters / year)	4	QL PA
CEQUR SIMPL KIT 1U EXTND QL (8 patches / 24 days)	4	QL PA
CEQUR SIMPL KIT 2U EXTND QL (10 patches / 30 days)	4	QL PA
CEQUR SIMPL KIT PATCH 2U (3-DAY) QL (10 patches / 30 days)	4	QL PA
CEQUR SIMPL KIT PATCH 2U (4-DAY) QL (8 patches / 24 days)	4	QL PA
CEQUR SIMPL MIS INSERTER QL (2 inserters / year)	4	QL PA
FIASP SOLN 100unit/ml	3	B/D
FIASP FLEXTOUCH SOPN 100unit/ml	3	
FIASP PENFILL SOCT 100unit/ml	3	
FIASP PUMPCART SOCT 100unit/ml	3	B/D
GAUZE PADS 2" X 2"	3	PA
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	5	
INSULIN PEN NEEDLES: EMBECTA-BD	3	PA
INSULIN SAFETY NEEDLES: EMBECTA-BD	3	PA
INSULIN SYRINGES: EMBECTA-BD	3	PA
LANTUS SOLN 100unit/ml	3	

Drug Name	Drug Tier	Requirements/ Limits
LANTUS SOLOSTAR SOPN 100unit/ml	3	
NOVOLIN INJ 70/30 (brand RELION not covered)	3	
NOVOLIN INJ 70/30 FP (brand RELION not covered)	3	
NOVOLIN N SUSP 100unit/ml (brand RELION not covered)	3	
NOVOLIN N FLEXPEN SUPN 100unit/ml (brand RELION not covered)	3	
NOVOLIN R SOLN 100unit/ml (brand RELION not covered)	3	B/D
NOVOLIN R FLEXPEN SOPN 100unit/ml (brand RELION not covered)	3	
NOVOLOG SOLN 100unit/ml	3	B/D
NOVOLOG FLEXPEN SOPN 100unit/ml	3	
NOVOLOG FLEXPEN RELION SOPN 100unit/ml	3	
NOVOLOG MIX INJ 70/30 (brand RELION not covered)	3	
NOVOLOG MIX INJ FLEXPEN (brand RELION not covered)	3	
NOVOLOG PENFILL SOCT 100unit/ml	3	
NOVOLOG RELION SOLN 100unit/ml	3	B/D
OMNIPOD5 LIB KIT INTRO QL (1 kit / year)	4	QL PA
OMNIPOD5 LIB MIS PODS QL (15 pods / 30 days)	4	QL PA
OMNIPOD 5 DX KIT INT G7G6 QL (1 kit / year)	4	QL PA
OMNIPOD 5 DX MIS POD G7G6 QL (15 pods / 30 days)	4	QL PA
OMNIPOD DASH KIT INTRO QL (1 kit / year)	4	QL PA
OMNIPOD DASH MIS PODS QL (15 pods / 30 days)	4	QL PA
SOLIQUA INJ 100/33 QL (5 pens / 25 days)	3	QL
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	3	
TOUJEO SOLOSTAR SOPN 300unit/ml	3	
XULTOPHY INJ 100/3.6 QL (5 pens / 30 days)	3	QL
CALCIUM REGULATORS		
alendronate sodium SOLN 70mg/75ml	4	ST
alendronate sodium TABS 10mg, 35mg, 70mg	1	
BILDYOS SOSY 60mg/ml QL (1 syringe / 180 days)	4	QL NM
BONSITY SOPN 560mcg/2.24ml QL (1 pen / 28 days)	5	QL NM PA
calcitonin (salmon) spray SOLN 200unit/act	3	B/D
ibandronate sodium SOLN 3mg/3ml QL (1 injection / 90 days)	4	B/D QL
ibandronate sodium TABS 150mg	2	B/D
OSPOMYV SOSY 60mg/ml QL (1 syringe / 180 days)	4	QL NM
PAMIDRONATE DISODIUM SOLN 6mg/ml	3	B/D
pamidronate disodium SOLN 30mg/10ml, 90mg/10ml	3	B/D
PROLIA SOSY 60mg/ml QL (1 syringe / 180 days)	4	QL NM
risedronate sodium TABS 5mg, 35mg, 150mg	3	
risedronate sodium TABS 30mg	4	

Drug Name	Tier	Requirements/ Limits
risedronate sodium TBEC 35mg	4	ST
teriparatide SOPN 560mcg/2.24ml QL (1 pen / 28 days)	5	QL NM PA
TERIPARATIDE SOPN 560mcg/2.24ml QL (1 pen / 28 days) (ALVOGEN product)	5	QL NM PA
TYMLOS SOPN 3120mcg/1.56ml QL (1 pen / 30 days)	5	QL NM PA
WYOST SOLN 120mg/1.7ml	5	NM PA
XTRENBO SOLN 120mg/1.7ml	4	NM PA
zoledronic acid CONC 4mg/5ml; SOLN 5mg/100ml	4	B/D NM
CHELATING AGENTS		
CHEMET CAPS 100mg	5	
deferasirox PACK 90mg, 180mg, 360mg; TBSO 250mg, 500mg	5	NM PA
deferasirox TABS 90mg	3	NM PA
deferasirox TABS 180mg, 360mg; TBSO 125mg	4	NM PA
kionex SUSP 15gm/60ml	4	
LOKELMA PACK 5gm, 10gm	3	
penicillamine TABS 250mg	5	NM
sodium polystyrene sulfonate SUSP 15gm/60ml	4	
sodium polystyrene sulfonate powder	3	
sps SUSP 15gm/60ml	4	
sps rectal SUSP 15gm/60ml	4	
trientine hcl CAPS 250mg	5	NM PA
CONTRACEPTIVES		
afirmelle	2	
altavera	2	
alyacen 1/35	2	
alyacen 7/7/7	2	
amethyst	2	
apri	2	
aranelle	2	
ashlyna	2	
aubra eq	2	
aurovela 1/20	2	
aurovela 24 fe	2	
aurovela fe 1.5/30	2	
aurovela fe 1/20	2	
aviane	2	
ayuna	2	
azurette	2	
balziva	2	
blisovi 24 fe	2	
blisovi fe 1.5/30	2	
blisovi fe 1/20	2	
briellyn	2	
camila TABS .35mg	2	
camrese	2	
camrese lo	2	
chateal eq	2	
cryselle	2	
cyred eq	2	
dasetta 1/35	2	
dasetta 7/7/7	2	
daysee	2	
deblitane TABS .35mg	2	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	3	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	2	
dolishale	2	
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	2	
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	2	
drospirenone-ethinyl estradiol tab 3-0.02 mg	2	
drospirenone-ethinyl estradiol tab 3-0.03 mg	2	
elinest	2	
eluryng	3	
emzahh TABS .35mg	2	
enilloring	3	
enskyce	2	
errin TABS .35mg	2	
estarylla	2	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	2	

Drug Name	Drug Requirements/ Tier	Limits
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	3	
falmina	2	
feirza 1.5/30	2	
feirza 1/20	2	
finzala	2	
galbriela	2	
hailey 1.5/30	2	
hailey 24 fe	2	
hailey fe 1/20	2	
heather TABS .35mg	2	
iclevia	2	
incassia TABS .35mg	2	
introvale	2	
isibloom	2	
jaimiess	2	
jasmiel	2	
jencycla TABS .35mg	2	
jolessa	2	
juleber	2	
junel 1.5/30	2	
junel 1/20	2	
junel fe 1.5/30	2	
junel fe 1/20	2	
junel fe 24	2	
kaitlib fe	2	
kariva	2	
kelnor 1/35	2	
kurvelo	2	
larin 1.5/30	2	
larin 1/20	2	
larin 24 fe	2	
larin fe 1.5/30	2	
larin fe 1/20	2	
lessina	2	
levonest	2	
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg	2	
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	2	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	2	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	2	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	2	
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	2	
levora 0.15/30-28	2	
LILETTA IUD 20.1mcg/day	3	NM
loestrin 1.5/30-21	2	
loestrin 1/20-21	2	
loestrin fe 1.5/30	2	
loestrin fe 1/20	2	
lojaimiess	2	
loryna	2	
low-ogestrel	2	
luizza 1.5/30	2	
luizza 1/20	2	
lutera	2	
lyleq TABS .35mg	2	
lyza TABS .35mg	2	
marlissa	2	
medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml	3	
meleya TABS .35mg	2	
mibelas 24 fe	2	
microgestin 1.5/30	2	
microgestin 1/20	2	
microgestin fe 1.5/30	2	
microgestin fe 1/20	2	
mili	2	
mono-linyah	2	
necon 0.5/35-28	2	
NEXPLANON IMPL 68mg	3	NM
nikki	2	
nora-be TABS .35mg	2	
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	3	
norethindrone (contraceptive) TABS .35mg	2	
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	2	

Drug Name	Drug Tier	Requirements/ Limits
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	2	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	2	
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	2	
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	2	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	2	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	2	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	2	
norlyroc TABS .35mg	2	
nortrel 0.5/35 (28)	2	
nortrel 1/35 (21)	2	
nortrel 1/35 (28)	2	
nortrel 7/7/7	2	
nylia 1/35	2	
nylia 7/7/7	2	
orquidea TABS .35mg	2	
philith	2	
pimtrea	2	
portia-28	2	
reclipsen	2	
rivelsa	2	
rosyrah	2	
setlakin	2	
sharobel TABS .35mg	2	
simliya	2	
simpesse	2	
sprintec 28	2	
sronyx	2	
syeda	2	
tarina 24 fe	2	
tarina fe 1/20 eq	2	
tilia fe	2	
tri-estarylla	2	
tri-legest fe	2	
tri-linyah	2	
tri-lo-estarylla	2	
tri-lo-marzia	2	
tri-lo-mili	2	
tri-lo-sprintec	2	
tri-mili	2	
tri-sprintec	2	
tri-vylibra	2	
tri-vylibra lo	2	
turqoz	2	
tydemy	2	
valtya 1/35	2	
valtya 1/50	2	
velivet	2	
vestura	2	
vienva	2	
viorele	2	
vyfemla	2	
vylibra	2	
wera	2	
wymzya fe	2	
xarah fe	2	
xelria fe	2	
xulane	3	
zafemy	3	
zovia 1/35	2	
zumandimine	2	
ESTROGENS		
abigale	3	
abigale lo	3	
dotti PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
estradiol PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	3	
estradiol TABS .5mg, 1mg, 2mg	2	
estradiol & norethindrone acetate tab 0.5-0.1 mg	3	
estradiol & norethindrone acetate tab 1-0.5 mg	3	
estradiol vaginal CREA .1mg/gm	3	

Drug Name	Drug Tier	Requirements/ Limits
estradiol vaginal TABS 10mcg	4	
estradiol valerate OIL 10mg/ml, 20mg/ml, 40mg/ml	4	
fyavolv tab 0.5mg-2.5mcg	3	
fyavolv tab 1mg-5mcg	3	
jinteli	3	
lyllana PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
mimvey	3	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	3	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	3	
yuvafem TABS 10mcg	4	
GLUCOCORTICOIDS		
dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	3	
DEXAMETHASONE INTENSOL CONC 1mg/ml	4	
dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 10mg/ml	3	
fludrocortisone acetate TABS .1mg	2	
hydrocortisone TABS 5mg, 10mg, 20mg	3	
hydrocortisone sod succinate SOLR 100mg	4	
methylprednisolone TABS 4mg, 8mg, 16mg, 32mg	3	B/D
methylprednisolone TBPK 4mg	2	
methylprednisolone acetate SUSP 40mg/ml, 80mg/ml	3	B/D
methylprednisolone sod succ SOLR 40mg, 125mg, 500mg, 1000mg	3	B/D
prednisolone SOLN 15mg/5ml	2	B/D
prednisolone sodium phosphate SOLN 5mg/5ml, 25mg/5ml	4	B/D
prednisolone sodium phosphate SOLN 15mg/5ml	2	B/D
prednisone SOLN 5mg/5ml	4	B/D
prednisone TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
prednisone TBPK 5mg, 10mg	2	
PREDNISONE INTENSOL CONC 5mg/ml	4	B/D
SOLU-CORTEF SOLR 250mg, 500mg, 1000mg	4	
GLUCOSE ELEVATING AGENTS		
diazoxide SUSP 50mg/ml	5	
GVOKE HYPOPEN 1-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	3	
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	3	
GVOKE KIT SOLN 1mg/0.2ml	3	
GVOKE PFS SOSY 1mg/0.2ml	3	
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	3	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	5	NM PA
betaine powder for oral solution	5	NM
cabergoline TABS .5mg	3	
carglumic acid TBSO 200mg	5	NM PA
CERDELGA CAPS 84mg	5	NM PA
CEREZYME SOLR 400unit	5	NM PA
cinacalcet hcl TABS 30mg, 60mg QL (60 tabs / 30 days)	4	B/D QL NM
cinacalcet hcl TABS 90mg QL (120 tabs / 30 days)	4	B/D QL NM
CYSTAGON CAPS 50mg, 150mg	4	NM PA
desmopressin acetate SOLN 4mcg/ml	5	
desmopressin acetate TABS .1mg, .2mg	3	
desmopressin acetate spray SOLN .01%	4	
desmopressin acetate spray refrigerated SOLN .01%	4	

Drug Name	Tier	Drug Requirements/ Limits
FABRAZYME SOLR 5mg, 35mg	5	NM PA
GENOTROPIN CART 5mg, 12mg	5	NM PA
GENOTROPIN MINIQUICK PRSY .2mg	3	NM PA
GENOTROPIN MINIQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	NM PA
INCRELEX SOLN 40mg/4ml	5	NM PA
javygtor PACK 100mg, 500mg; TABS 100mg	5	NM PA
lanreotide acetate SOLN 120mg/0.5ml	5	NM PA
levocarnitine (metabolic modifiers) SOLN 1gm/10ml; TABS 330mg	4	B/D
LUMIZYME SOLR 50mg	5	NM PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	5	NM PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	5	NM PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg	5	NM PA
mifepristone (hyperglycemia) TABS 300mg	5	NM PA
NAGLAZYME SOLN 1mg/ml	5	NM PA
nitisinone CAPS 2mg, 5mg, 10mg, 20mg	5	NM PA
octreotide acetate SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	4	NM PA
octreotide acetate SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	5	NM PA
raloxifene hcl TABS 60mg	3	
REVCOVI SOLN 2.4mg/1.5ml	5	NM PA
REZDIFFRA TABS 60mg, 80mg, 100mg QL (30 tabs / 30 days)	5	QL NM PA
sapropterin dihydrochloride PACK 100mg, 500mg; TABS 100mg	5	NM PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	5	NM PA
sodium phenylbutyrate POWD 3gm/tsp; TABS 500mg	5	NM PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml	5	NM PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	5	NM PA
SYNAREL SOLN 2mg/ml	5	PA
tolvaptan TABS 15mg, 30mg (generic of JYNARQUE)	5	NM PA
tolvaptan TBPK 15mg	5	NM PA
tolvaptan tab therapy pack 30 & 15 mg	5	NM PA
tolvaptan tab therapy pack 45 & 15 mg	5	NM PA
tolvaptan tab therapy pack 60 & 30 mg	5	NM PA
tolvaptan tab therapy pack 90 & 30 mg	5	NM PA
zelvysia PACK 100mg, 500mg	5	NM PA
PROGESTINS		
gallifrey TABS 5mg	3	
medroxyprogesterone acetate TABS 2.5mg, 5mg, 10mg	1	
megestrol acetate SUSP 40mg/ml	3	
megestrol acetate (appetite) SUSP 625mg/5ml	4	PA
norethindrone acetate TABS 5mg	3	
progesterone CAPS 100mg, 200mg	3	
THYROID AGENTS		
levothyroxine sodium TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
levoxyl TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
liomny TABS 5mcg, 25mcg, 50mcg	3	
liothyronine sodium TABS 5mcg, 25mcg, 50mcg	3	
methimazole TABS 5mg, 10mg	1	

Drug Name	Drug Requirements/ Tier	Limits
propylthiouracil TABS 50mg	3	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	4	
unithroid TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
VITAMIN D ANALOGS		
calcitriol CAPS .25mcg, .5mcg	2	B/D
calcitriol (oral) SOLN 1mcg/ml	4	B/D
doxercalciferol CAPS .5mcg, 1mcg, 2.5mcg	4	B/D
paricalcitol CAPS 1mcg, 2mcg, 4mcg	4	B/D
GASTROINTESTINAL		
ANTIEMETICS		
aprepitant CAPS 40mg, 80mg, 125mg	4	B/D
aprepitant capsule therapy pack 80 & 125 mg	4	B/D
compro SUPP 25mg	4	
dronabinol CAPS 2.5mg, 5mg, 10mg QL (60 caps / 30 days)	4	B/D QL
granisetron hcl SOLN 1mg/ml, 4mg/4ml	4	
granisetron hcl TABS 1mg	4	B/D
meclizine hcl TABS 12.5mg, 25mg PA applies if 65 years and older after a 30 day supply in a calendar year	2	PA
metoclopramide hcl SOLN 5mg/5ml, 5mg/ml	3	
metoclopramide hcl TABS 5mg, 10mg	1	
ondansetron TBDP 4mg, 8mg	3	B/D
ondansetron hcl SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	3	
ondansetron hcl SOLN 4mg/5ml	4	B/D
ondansetron hcl TABS 4mg, 8mg	3	B/D
prochlorperazine SUPP 25mg	4	
prochlorperazine edisylate SOLN 10mg/2ml	4	
prochlorperazine maleate TABS 5mg, 10mg	2	
promethazine hcl SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml; TABS 12.5mg, 25mg, 50mg PA applies if 65 years and older after a 30 day supply in a calendar year	3	PA
scopolamine PT72 1mg/3days QL (10 patches / 30 days)	4	QL
ANTISPASMODICS		
dicyclomine hcl CAPS 10mg; TABS 20mg PA applies if 65 years and older	3	PA
dicyclomine hcl SOLN 10mg/5ml PA applies if 65 years and older	4	PA
glycopyrrolate TABS 1mg QL (90 tabs / 30 days)	3	QL
glycopyrrolate TABS 2mg QL (120 tabs / 30 days)	3	QL
H2-RECEPTOR ANTAGONISTS		
famotidine SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	3	
famotidine SUSR 40mg/5ml	4	
famotidine TABS 20mg, 40mg	1	
famotidine in nacl 0.9% iv soln 20 mg/50ml	3	
nizatidine CAPS 150mg, 300mg	4	
INFLAMMATORY BOWEL DISEASE		
balsalazide disodium CAPS 750mg	3	
budesonide CPEP 3mg QL (90 caps / 30 days)	4	QL
budesonide TB24 9mg QL (30 tabs / 30 days)	5	QL PA

Drug Name	Drug Tier	Requirements/ Limits
hydrocortisone (intrarectal) ENEM 100mg/60ml	4	
mesalamine CP24 .375gm QL (120 caps / 30 days)	4	QL
mesalamine CPDR 400mg QL (180 caps / 30 days)	4	QL
mesalamine ENEM 4gm QL (1680 mL / 28 days)	4	QL
mesalamine SUPP 1000mg QL (30 suppositories / 30 days)	4	QL
mesalamine TBEC 1.2gm QL (120 tabs / 30 days)	4	QL
mesalamine w/ cleanser KIT 4gm QL (28 bottles / 28 days)	4	QL
sulfasalazine TABS 500mg	2	
sulfasalazine TBEC 500mg	3	
LAXATIVES		
constulose SOLN 10gm/15ml	2	
enulose SOLN 10gm/15ml	2	
gavilyte-c	2	
gavilyte-g	2	
gavilyte-n/flavor pack	2	
generlac SOLN 10gm/15ml	2	
lactulose SOLN 10gm/15ml	2	
lactulose (encephalopathy) SOLN 10gm/15ml	2	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	2	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	2	
PLENVU SOL	4	
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	3	
MISCELLANEOUS		
alosetron hcl TABS 1mg QL (60 tabs / 30 days)	5	QL PA
alosetron hcl TABS .5mg QL (60 tabs / 30 days)	4	QL PA
CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	3	
cromolyn sodium (mastocytosis) CONC 100mg/5ml	4	
diphenoxylate w/ atropine tab 2.5-0.025 mg	4	
GATTEX KIT 5mg	5	NM PA
LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days)	3	QL
loperamide hcl CAPS 2mg	2	
lubiprostone CAPS 8mcg, 24mcg QL (60 caps / 30 days)	3	QL
misoprostol TABS 100mcg, 200mcg	3	
MOVANTIK TABS 12.5mg, 25mg QL (30 tabs / 30 days)	3	QL
RELISTOR SOLN 12mg/0.6ml QL (28 vials / 28 days)	5	QL PA
RELISTOR SOSY 8mg/0.4ml, 12mg/0.6ml QL (28 syringes / 28 days)	5	QL PA
sucralfate TABS 1gm	3	
ursodiol CAPS 300mg	4	
ursodiol TABS 250mg, 500mg	3	
VOQUEZNA PAK DUAL PAK QL (2 kits / year)	3	QL PA
VOQUEZNA PAK TRIP PK QL (2 kits / year)	3	QL PA
VOWST CAP QL (12 caps / 30 days)	5	QL NM PA
XERMELO TABS 250mg QL (84 tabs / 28 days)	5	QL NM PA
XIFAXAN TABS 550mg	5	PA
ZENPEP CAP 3000UNIT	4	
ZENPEP CAP 5000UNIT	4	
ZENPEP CAP 10000UNT	4	
ZENPEP CAP 15000UNT	4	
ZENPEP CAP 20000UNT	4	
ZENPEP CAP 25000UNT	4	
ZENPEP CAP 40000UNT	4	
ZENPEP CAP 60000UNT	4	

Drug Name	Tier	Requirements/ Limits
PROTON PUMP INHIBITORS		
esomeprazole magnesium CPDR 20mg, 40mg QL (30 caps / 30 days)	3	QL ST
lansoprazole CPDR 15mg, 30mg QL (60 caps / 30 days)	3	QL
lansoprazole TBDD 15mg, 30mg QL (60 tabs / 30 days)	4	QL ST
omeprazole CPDR 10mg, 20mg, 40mg	1	
pantoprazole sodium SOLR 40mg	4	
pantoprazole sodium TBEC 20mg, 40mg	1	
rabeprazole sodium TBEC 20mg QL (30 tabs / 30 days)	3	QL
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
alfuzosin hcl TB24 10mg QL (30 tabs / 30 days)	2	QL
dutasteride CAPS .5mg QL (30 caps / 30 days)	3	QL
dutasteride-tamsulosin hcl cap 0.5-0.4 mg QL (30 caps / 30 days)	3	QL
finasteride TABS 5mg QL (30 tabs / 30 days)	1	QL
silodosin CAPS 4mg, 8mg QL (30 caps / 30 days)	3	QL
tadalafil TABS 5mg QL (30 tabs / 30 days)	3	QL PA
tamsulosin hcl CAPS .4mg QL (60 caps / 30 days)	1	QL
MISCELLANEOUS		
acetic acid SOLN .25%	2	
bethanechol chloride TABS 5mg, 10mg, 25mg, 50mg	3	
potassium citrate (alkalinizer) TBCR 15meq, 540mg, 1080mg	3	
URINARY ANTISPASMODICS		
darifenacin hydrobromide TB24 7.5mg, 15mg QL (30 tabs / 30 days)	4	QL ST
fesoterodine fumarate TB24 4mg, 8mg QL (30 tabs / 30 days)	4	QL
GEMTESA TABS 75mg QL (30 tabs / 30 days)	3	QL
MYRBETRIQ SRER 8mg/ml QL (300 mL / 28 days)	3	QL
MYRBETRIQ TB24 25mg, 50mg QL (30 tabs / 30 days)	3	QL
oxybutynin chloride SOLN 5mg/5ml QL (600 mL / 30 days)	3	QL
oxybutynin chloride TABS 5mg QL (120 tabs / 30 days)	3	QL
oxybutynin chloride TB24 5mg QL (30 tabs / 30 days)	3	QL
oxybutynin chloride TB24 10mg, 15mg QL (60 tabs / 30 days)	3	QL
solifenacin succinate TABS 5mg, 10mg QL (30 tabs / 30 days)	4	QL
tolterodine tartrate CP24 2mg, 4mg QL (30 caps / 30 days)	4	QL
tolterodine tartrate TABS 1mg, 2mg QL (60 tabs / 30 days)	4	QL
trospium chloride CP24 60mg QL (30 caps / 30 days)	4	QL
trospium chloride TABS 20mg QL (60 tabs / 30 days)	3	QL
VAGINAL ANTI-INFECTIVES		
clindamycin phosphate vaginal CREA 2%	3	
metronidazole vaginal GEL .75%	3	
terconazole vaginal CREA .4%, .8%; SUPP 80mg	3	
HEMATOLOGIC		
ANTICOAGULANTS		
dabigatran etexilate mesylate CAPS 75mg, 150mg QL (60 caps / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
dabigatran etexilate mesylate CAPS 110mg QL (120 caps / 30 days)	3	QL
ELIQUIS CPSP .15mg QL (56 caps / 21 days)	3	QL
ELIQUIS TABS 2.5mg QL (60 tabs / 30 days)	3	QL
ELIQUIS TABS 5mg QL (74 tabs / 30 days)	3	QL
ELIQUIS TBSO .5mg QL (588 tabs / 29 days)	3	QL
ELIQUIS (1.5MG PACK) 3 X TBSO .5mg QL (591 tabs / 29 days)	3	QL
ELIQUIS (2MG PACK) 4 X TBSO .5mg QL (592 tabs / 30 days)	3	QL
ELIQUIS STARTER PACK TBPK 5mg QL (74 tabs / 30 days)	3	QL
enoxaparin sodium SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	4	
fondaparinux sodium SOLN 2.5mg/0.5ml	4	
fondaparinux sodium SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	
HEP SOD/NACL INJ 25000UNT	3	
heparin sodium (porcine) SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	3	B/D
jantoven TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
rivaroxaban SUSR 1mg/ml QL (620 mL / 30 days)	3	QL
rivaroxaban TABS 2.5mg QL (60 tabs / 30 days)	3	QL
warfarin sodium TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO TABS 2.5mg QL (60 tabs / 30 days)	3	QL
XARELTO TABS 10mg, 15mg, 20mg QL (30 tabs / 30 days)	3	QL
XARELTO STAR TAB 15/20MG QL (51 tabs / 30 days)	3	QL
HEMATOPOIETIC GROWTH FACTORS		
FULPHILA SOSY 6mg/0.6ml QL (2 syringes / 28 days)	5	QL NM PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	5	NM PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NM PA
MISCELLANEOUS		
ALVAIZ TABS 9mg, 54mg QL (60 tabs / 30 days)	5	QL NM PA
ALVAIZ TABS 18mg, 36mg QL (90 tabs / 30 days)	5	QL NM PA
anagrelide hcl CAPS .5mg, 1mg	4	
BERINERT KIT 500unit QL (24 boxes / 30 days)	5	QL NM PA
cilostazol TABS 50mg, 100mg	2	
DOPTELET TABS 20mg	5	NM PA
DOPTELET SPRINKLE CPSP 10mg	5	NM PA
DROXIA CAPS 200mg, 300mg, 400mg	4	
HAEGARDA SOLR 2000unit QL (30 vials / 30 days)	5	QL NM PA
HAEGARDA SOLR 3000unit QL (20 vials / 30 days)	5	QL NM PA
icatibant acetate SOSY 30mg/3ml QL (9 syringes / 30 days)	5	QL NM PA
l-glutamine (sickle cell) PACK 5gm	5	NM PA
pentoxifylline TBCR 400mg	2	
sajazir SOSY 30mg/3ml QL (9 syringes / 30 days)	5	QL NM PA
SIKLOS TABS 100mg	4	

Drug Name	Drug Tier	Requirements/ Limits
SIKLOS TABS 1000mg	5	
TAVNEOS CAPS 10mg QL (180 caps / 30 days)	5	QL NM PA
tranexamic acid SOLN 1000mg/10ml	4	
tranexamic acid TABS 650mg	3	
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole cap er 12hr 25-200 mg	4	
clopidogrel bisulfate TABS 75mg	1	
dipyridamole TABS 25mg, 50mg, 75mg PA applies if 65 years and older	3	PA
prasugrel hcl TABS 5mg, 10mg	3	
ticagrelor TABS 60mg, 90mg	3	
IMMUNOLOGIC AGENTS ***AUTOIMMUNE AGENTS***		
ADALIMUMAB-BWWD SOAJ 40mg/0.4ml QL (6 autoinjectors / 28 days)	5	QL NM PA
ADALIMUMAB-BWWD SOSY 40mg/0.4ml QL (6 syringes / 28 days)	5	QL NM PA
BIMZELX SOAJ 160mg/ml, 320mg/2ml QL (2 pens / 28 days)	5	QL NM PA
BIMZELX SOSY 160mg/ml, 320mg/2ml QL (2 syringes / 28 days)	5	QL NM PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml QL (4 pens / 28 days)	5	QL NM PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml QL (4 syringes / 28 days)	5	QL NM PA
EBGLYSS SOAJ 250mg/2ml QL (20 pens / 365 days)	5	QL NM PA
EBGLYSS SOSY 250mg/2ml QL (20 syringes / 365 days)	5	QL NM PA
ENBREL SOLN 25mg/0.5ml QL (16 vials / 28 days)	5	QL NM PA
ENBREL SOSY 25mg/0.5ml QL (16 syringes / 28 days)	5	QL NM PA
ENBREL SOSY 50mg/ml QL (8 syringes / 28 days)	5	QL NM PA
ENBREL MINI SOCT 50mg/ml QL (8 cartridges / 28 days)	5	QL NM PA
ENBREL SURECLICK SOAJ 50mg/ml QL (8 pens / 28 days)	5	QL NM PA
HADLIMA SOSY 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days)	5	QL NM PA
HADLIMA PUSHTOUCH SOAJ 40mg/0.4ml, 40mg/0.8ml QL (6 autoinjectors / 28 days)	5	QL NM PA
HUMIRA PSKT 10mg/0.1ml QL (2 syringes / 28 days)	5	QL NM PA
HUMIRA PSKT 20mg/0.2ml QL (4 syringes / 28 days)	5	QL NM PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days)	5	QL NM PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml QL (6 pens / 28 days)	5	QL NM PA
HUMIRA PEN AJKT 80mg/0.8ml QL (4 pens / 28 days)	5	QL NM PA
HUMIRA PEN KIT PS/UV QL (3 pens / 28 days)	5	QL NM PA
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml QL (3 pens / 28 days)	5	QL NM PA
INFLIXIMAB SOLR 100mg	5	NM PA

Drug Name	Tier	Drug Requirements/ Limits
KINERET SOSY 100mg/0.67ml	5	QL NM PA
QL (28 syringes / 28 days)		
PYZCHIVA SOAJ 45mg/0.5ml	3	QL NM PA
QL (1 pen / 28 days)		
PYZCHIVA SOAJ 90mg/ml	5	QL NM PA
QL (1 pen / 28 days)		
PYZCHIVA SOLN 45mg/0.5ml	3	QL NM PA
QL (1 vial / 28 days)		
PYZCHIVA SOLN 130mg/26ml	5	NM PA
PYZCHIVA SOSY 45mg/0.5ml	3	QL NM PA
QL (1 syringe / 28 days)		
PYZCHIVA SOSY 90mg/ml	5	QL NM PA
QL (1 syringe / 28 days)		
REMICADE SOLR 100mg	5	NM PA
RENFLEXIS SOLR 100mg	5	NM PA
RINVOQ TB24 15mg, 30mg	5	QL NM PA
QL (30 tabs / 30 days)		
RINVOQ TB24 45mg	5	QL NM PA
QL (168 tabs / year)		
RINVOQ LQ SOLN 1mg/ml	5	QL NM PA
QL (360 mL / 30 days)		
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	5	QL NM PA
QL (1 cartridge / 56 days)		
SKYRIZI SOLN 600mg/10ml	5	NM PA
SKYRIZI SOSY 55mg/0.37ml, 150mg/ml	5	QL NM PA
QL (6 syringes / 365 days)		
SKYRIZI PEN SOAJ 150mg/ml	5	QL NM PA
QL (6 pens / 365 days)		
SOTYKTU TABS 6mg	5	QL NM PA
QL (30 tabs / 30 days)		
STELARA SOLN 45mg/0.5ml	5	QL NM PA
QL (1 vial / 28 days)		
STELARA SOLN 130mg/26ml	5	NM PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	5	QL NM PA
QL (1 syringe / 28 days)		
tofacitinib citrate SOLN 1mg/ml	5	QL NM PA
QL (480 mL / 24 days)		
tofacitinib citrate TABS 5mg, 10mg	5	QL NM PA
QL (60 tabs / 30 days)		
tofacitinib citrate TB24 11mg, 22mg	5	QL NM PA
QL (30 tabs / 30 days)		
TREMFYA SOAJ 200mg/2ml	5	QL NM PA
QL (2 pens / 28 days)		
TREMFYA SOLN 200mg/20ml	5	NM PA
TREMFYA SOPN 100mg/ml	5	QL NM PA
QL (1 pen / 28 days)		
TREMFYA SOSY 100mg/ml	5	QL NM PA
QL (1 syringe / 28 days)		
TREMFYA SOSY 200mg/2ml	5	QL NM PA
QL (2 syringes / 28 days)		
TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml	5	QL NM PA
QL (2 pens / 28 days)		
TREMFYA PEN SOAJ 100mg/ml	5	QL NM PA
QL (1 pen / 28 days)		
TYENNE SOAJ 162mg/0.9ml	5	QL NM PA
QL (4 pens / 28 days)		
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	5	NM PA
TYENNE SOSY 162mg/0.9ml	5	QL NM PA
QL (4 syringes / 28 days)		
USTEKINUMAB SOLN 45mg/0.5ml	5	QL NM PA
QL (1 vial / 28 days)		
USTEKINUMAB SOLN 130mg/26ml	5	NM PA
USTEKINUMAB SOSY 45mg/0.5ml, 90mg/ml	5	QL NM PA
QL (1 syringe / 28 days)		
VELSIPITY TABS 2mg	5	QL NM PA
QL (30 tabs / 30 days)		
XELJANZ SOLN 1mg/ml	5	QL NM PA
QL (480 mL / 24 days)		
XELJANZ TABS 5mg, 10mg	5	QL NM PA
QL (60 tabs / 30 days)		

Drug Name	Drug Tier	Requirements/ Limits
XELJANZ XR TB24 11mg, 22mg QL (30 tabs / 30 days)	5	QL NM PA
YESINTEK SOLN 45mg/0.5ml QL (1 vial / 28 days)	3	QL NM PA
YESINTEK SOLN 130mg/26ml	3	NM PA
YESINTEK SOSY 45mg/0.5ml QL (1 syringe / 28 days)	3	QL NM PA
YESINTEK SOSY 90mg/ml QL (1 syringe / 28 days)	5	QL NM PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
hydroxychloroquine sulfate TABS 200mg	1	
JYLAMVO SOLN 2mg/ml	4	B/D
leflunomide TABS 10mg, 20mg QL (30 tabs / 30 days)	3	QL
methotrexate sodium TABS 2.5mg	3	
XATMEP SOLN 2.5mg/ml	4	B/D
IMMUNOGLOBULINS		
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	5	NM PA
BIVIGAM SOLN 5gm/50ml, 10%	5	NM PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	5	NM PA
GAMASTAN INJ	4	B/D NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NM PA
GAMMAGARD LIQUID ERC SOLN 5gm/50ml, 10gm/100ml	5	NM PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	5	NM PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	5	NM PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	5	NM PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NM PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	5	NM PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NM PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NM PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml	5	NM PA
ARCALYST SOLR 220mg	5	NM PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	5	B/D
ASTAGRAF XL CP24 .5mg, 1mg	4	B/D
azathioprine TABS 50mg	3	B/D
BENLYSTA SOAJ 200mg/ml QL (8 pens / 28 days)	5	QL NM PA
BENLYSTA SOLR 120mg, 400mg	5	NM PA
BENLYSTA SOSY 200mg/ml QL (8 syringes / 28 days)	5	QL NM PA
cyclosporine CAPS 25mg, 100mg	4	B/D
cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	4	B/D
everolimus (immunosuppressant) TABS .5mg, .75mg, 1mg	5	B/D
everolimus (immunosuppressant) TABS .25mg	4	B/D
gengraf CAPS 25mg, 100mg	4	B/D
mycophenolate mofetil CAPS 250mg; TABS 500mg	3	B/D
mycophenolate mofetil SUSR 200mg/ml	5	B/D

Drug Name	Drug Tier	Requirements/ Limits
mycophenolate sodium TBEC 180mg, 360mg	4	B/D
NULOJIX SOLR 250mg	5	B/D
PROGRAF PACK .2mg, 1mg	4	B/D
REZUROCK TABS 200mg QL (30 tabs / 30 days)	5	QL NM PA
sirolimus SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	4	B/D
tacrolimus CAPS .5mg, 1mg, 5mg; CP24 .5mg, 1mg	4	B/D
tacrolimus CP24 5mg	5	B/D
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	1	NM PA
ACTHIB INJ	1	NM
ADACEL INJ	1	
ADACEL INJ	1	NM
AREXVY SUSR 120mcg/0.5ml	1	NM PA
BCG VACCINE SOLR 50mg	1	NM
BEXSERO SUSY .5ml	1	NM
BOOSTRIX INJ	1	NM
DAPTACEL INJ	1	NM
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D NM
GARDASIL 9 SUSP .5ml; SUSY .5ml	1	NM
HAVRIX SUSY 720elu/0.5ml	1	NM
HAVRIX SUSY 1440unit/ml	1	
HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D NM
HIBERIX SOLR 10mcg	1	NM
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D NM
INFANRIX INJ	1	NM
IPOL INJ INACTIVE	1	
IXIARO INJ	1	NM
JYNNEOS SUSP .5ml	1	B/D NM
KINRIX INJ	1	NM
M-M-R II INJ	1	NM
MENQUADFI SOLN .5ml	1	NM
MENVEO INJ	1	NM
MENVEO SOL	1	NM
MRESVIA SUSY 50mcg/0.5ml	1	NM PA
PEDIARIX INJ 0.5ML	1	NM
PEDVAXHIB SUSP 7.5mcg/0.5ml	1	NM
PENBRAYA INJ	1	NM
PENMENVY INJ	1	NM
PENTACEL INJ	1	NM
PRIORIX INJ	1	NM
PROQUAD INJ	1	NM
QUADRACEL INJ 0.5ML	1	NM
RABAVERT INJ	1	B/D NM
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	B/D NM
ROTARIX SUS	1	NM
ROTATEQ SOL	1	NM
SHINGRIX SUSR 50mcg/0.5ml QL (2 vials per lifetime)	1	QL NM
SHINGRIX SUSY 50mcg/0.5ml QL (2 syringes per lifetime)	1	QL NM
TENIVAC INJ 5-2LF	1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	NM
TRUMENBA SUSY .5ml	1	NM
TWINRIX INJ	1	NM
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1	NM
VAQTA SUSP 25unit/0.5ml, 50unit/ml	1	NM
VAQTA SUSY 25unit/0.5ml, 50unit/ml	1	
VARIVAX SUSR 1350pfu/0.5ml	1	NM
VAXCHORA SUS	1	NM
VIMKUNYA SUSY 40mcg/0.8ml	1	NM
VIVOTIF CAP EC	1	NM
YF-VAX INJ	1	
NUTRITIONAL/SUPPLEMENTS ***ELECTROLYTES/MINERALS, INJECTABLE***		
D2.5W/NACL INJ 0.45%	4	
D5W/NACL INJ 0.2%	3	
D5W/NACL INJ 0.45%	3	
D10W/NACL INJ 0.2%	3	

Drug Name	Drug Requirements/ Tier	Limits
D10W/NACL INJ 0.45%	3	
dextrose 2.5% w/ sodium chloride 0.45%	3	
dextrose 5% in lactated ringers	3	
dextrose 5% w/ sodium chloride 0.3%	3	
dextrose 5% w/ sodium chloride 0.9%	3	
dextrose 5% w/ sodium chloride 0.45%	3	
dextrose 5% w/ sodium chloride 0.225%	3	
ISOLYTE-P INJ /D5W	4	
ISOLYTE-S INJ PH 7.4	4	
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	3	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	3	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	3	
kcl 20 meq/l (0.15%) in nacl 0.9% inj	3	
kcl 20 meq/l (0.15%) in nacl 0.45% inj	3	
kcl 20 meq/l (0.149%) in nacl 0.9% inj	3	
kcl 20 meq/l (0.149%) in nacl 0.45% inj	3	
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	3	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj	3	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	3	
kcl 40 meq/l (0.3%) in nacl 0.9% inj	3	
kcl 40 meq/l (0.298%) in nacl 0.9% inj	3	
KCL/D5W/NACL INJ 0.3/0.9%	4	
KCL/D5W/NACL INJ 0.15/0.2	3	
LACTATED RIN INJ	4	
lactated ringer's solution	3	
magnesium sulfate SOLN 2gm/50ml, 3gm/100ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	3	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 20gm/500ml, 40gm/1000ml	3	
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	3	
multiple electrolytes ph 5.5	4	
POT CHL 20MEQ/L IN NACL 0.9% INJ	4	
POT CHL 20MEQ/L IN NACL 0.45% INJ	4	
POT CHL 40MEQ/L IN NACL 0.9% INJ	4	
potassium chloride SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	3	
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	3	
sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	3	
TPN ELECTROL INJ	4	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
klor-con PACK 20meq	4	
klor-con 8 TBCR 8meq	2	
KLOR-CON 8 TBCR 8meq	2	
klor-con 10 TBCR 10meq	2	
KLOR-CON 10 TBCR 10meq	2	
klor-con m10 TBCR 10meq	2	
klor-con m15 TBCR 15meq	2	
klor-con m20 TBCR 20meq	2	
M-NATAL PLUS TAB	3	
potassium chloride CPCR 8meq, 10meq; TBCR 8meq, 10meq, 20meq	2	
potassium chloride PACK 20meq; SOLN 10%, 20%	4	
potassium chloride microencapsulated crystals er TBCR 10meq, 15meq, 20meq	2	
PRENATAL TAB 27-1MG	3	
PRENATAL TAB PLUS	3	
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	2	
WESTAB PLUS TAB 27-1MG	3	

Drug Name	Drug Tier	Requirements/ Limits
IV NUTRITION		
aminosyn ii soln 15%	4	B/D
AMINOSYN INJ 10%	4	B/D
AMINOSYN-PF INJ 10%	4	B/D
CLINIMIX INJ 4.25/D5W	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
CLINIMIX INJ 5%/D15W	4	B/D
CLINIMIX INJ 5%/D20W	4	B/D
CLINIMIX INJ 6/5	4	B/D
CLINIMIX INJ 8/10	4	B/D
CLINIMIX INJ 8/14	4	B/D
clinisol sf 15%	4	B/D
CLINOLIPID EMU 20%	4	B/D
dextrose SOLN 5%, 10%	3	
dextrose SOLN 50%	3	B/D
DEXTROSE 10% SOLN 10%	3	
DEXTROSE 70% SOLN 70%	3	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	4	B/D
NUTRILIPID EMUL 20gm/100ml	4	B/D
plenamine	4	B/D
PREMASOL SOL 10%	5	B/D
PROSOL INJ 20%	4	B/D
TRAVASOL INJ 10%	4	B/D
TROPHAMINE INJ 10%	4	B/D
OPHTHALMIC ***ANTI-INFECTIVE/ANTI-INFLAMMATORY***		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	3	
loteprednol etabonate-tobramycin ophth susp 0.5-0.3%	3	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	2	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	2	
neomycin-polymyxin-hc ophth susp	4	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	2	
TOBRADEX OIN 0.3-0.1%	3	
tobramycin-dexamethasone ophth susp 0.3-0.1%	3	
ZYLET SUS 0.5-0.3%	3	

Drug Name	Drug Tier	Requirements/ Limits
ANTI-INFECTIVES		
bacitracin-polymyxin b ophth oint	2	
besifloxacin hcl SUSP .6%	3	
BESIVANCE SUSP .6%	3	
CILOXAN OINT .3%	3	
ciprofloxacin hcl (ophth) SOLN .3%	2	
erythromycin (ophth) OINT 5mg/gm	2	
gatifloxacin (ophth) SOLN .5%	3	
gentamicin sulfate (ophth) SOLN .3%	2	
moxifloxacin hcl (ophth) SOLN .5% QL (12 mL / 30 days)	3	QL
NATACYN SUSP 5%	4	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	3	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	3	
ofloxacin (ophth) SOLN .3%	2	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	1	
sulfacetamide sodium (ophth) SOLN 10%	3	
tobramycin (ophth) SOLN .3%	1	
trifluridine SOLN 1%	4	
XDEMVY SOLN .25%	5	NM PA
ZIRGAN GEL .15%	4	
ANTI-INFLAMMATORIES		
dexamethasone sodium phosphate (ophth) SOLN .1%	3	
diclofenac sodium (ophth) SOLN .1%	2	
difluprednate EMUL .05%	4	
fluorometholone (ophth) SUSP .1%	3	
flurbiprofen sodium SOLN .03%	3	
ketorolac tromethamine (ophth) SOLN .4%	3	
ketorolac tromethamine (ophth) SOLN .5%	2	

Drug Name	Drug Tier	Requirements/ Limits
LOTEMAX OINT .5%	3	
prednisolone acetate (ophth) SUSP 1%	3	
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	
ANTIALLERGICS		
azelastine hcl (ophth) SOLN .05%	2	
cromolyn sodium (ophth) SOLN 4%	2	
ZERVIATE SOLN .24%	4	
ANTIGLAUCOMA		
betaxolol hcl (ophth) SOLN .5%	3	
brimonidine tartrate SOLN .2%	1	
brinzolamide SUSP 1%	4	ST
carteolol hcl (ophth) SOLN 1%	2	
COMBIGAN SOL 0.2/0.5%	3	
dorzolamide hcl SOLN 2%	2	
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	2	
latanoprost SOLN .005%	1	
levobunolol hcl SOLN .5%	2	
LUMIGAN SOLN .01%	3	
pilocarpine hcl SOLN 1%, 2%, 4%	3	
RHOPRESSA SOLN .02%	4	
ROCKLATAN DRO	4	
SIMBRINZA SUS 1-0.2%	4	
timolol maleate (ophth) SOLG .25%, .5%	3	
timolol maleate (ophth) SOLN .25%, .5%	1	
travoprost SOLN .004%	4	
VYZULTA SOLN .024%	4	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	3	
atropine sulfate (ophthalmic) SOLN 1%	3	
CYSTADROPS SOLN .37%	5	NM PA
CYSTARAN SOLN .44%	5	NM PA
EYSUVIS SUSP .25%	4	
MIEBO SOLN 1.338gm/ml	3	

Drug Name	Drug Tier	Requirements/ Limits
proparacaine hcl SOLN .5%	3	
RESTASIS EMUL .05%	3	
RESTASIS MULTIDOSE EMUL .05%	3	
XIIDRA SOLN 5%	3	
OTIC		
OTIC AGENTS		
acetic acid (otic) SOLN 2%	3	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	4	
flac OIL .01%	3	
fluocinolone acetonide (otic) OIL .01%	3	
hydrocortisone w/ acetic acid otic soln 1-2%	4	
neomycin-polymyxin-hc otic soln 1%	3	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	3	
ofloxacin (otic) SOLN .3%	4	
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25 QL (60 blisters / 30 days)	3	QL
BEVESPI AER 9-4.8MCG QL (1 inhaler / 30 days)	3	QL
BREZTRI AERO AER 9MCG QL (1 inhaler / 30 days)	3	QL
BREZTRI AERO AER 18MCG QL (1 inhaler / 30 days)	3	QL
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) QL (4 inhalers / 28 days)	3	QL
COMBIVENT AER 20-100 QL (2 inhalers / 30 days)	4	QL
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	3	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG QL (60 blisters / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
TRELEGY AER ELLIPTA 200-62.5-25 MCG QL (60 blisters / 30 days)	3	QL
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act QL (2 inhalers / 30 days)	4	QL
INCRUSE ELLIPTA AEPB 62.5mcg/inh QL (30 blisters / 30 days)	3	QL
ipratropium bromide SOLN .02%	2	B/D
ipratropium bromide (nasal) SOLN .03%, .06%	3	
ipratropium bromide hfa AERS 17mcg/act QL (2 inhalers / 30 days)	4	QL
SPIRIVA RESPIMAT AERS 1.25mcg/act QL (1 inhaler / 30 days)	4	QL
ANTIHISTAMINES		
azelastine hcl SOLN .1%	2	
cetirizine hcl SOLN 5mg/5ml QL (300 mL / 30 days)	2	QL
cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg PA applies if 65 years and older after a 30 day supply in a calendar year	3	PA
desloratadine TABS 5mg QL (30 tabs / 30 days)	3	QL
diphenhydramine hcl SOLN 50mg/ml	3	
hydroxyzine hcl SOLN 25mg/ml, 50mg/ml PA applies if 65 years and older	4	PA
hydroxyzine hcl SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg PA applies if 65 years and older after a 30 day supply in a calendar year	3	PA
hydroxyzine pamoate CAPS 25mg, 50mg PA applies if 65 years and older after a 30 day supply in a calendar year	3	PA
levocetirizine dihydrochloride SOLN 2.5mg/5ml QL (300 mL / 30 days)	4	QL
levocetirizine dihydrochloride TABS 5mg QL (30 tabs / 30 days)	2	QL
olopatadine hcl (nasal) SOLN .6%	4	
BETA AGONISTS		
albuterol sulfate AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proair HFA)	3	QL
albuterol sulfate AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proventil HFA)	3	QL
albuterol sulfate AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Ventolin HFA)	3	QL
albuterol sulfate NEBU .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	3	B/D
albuterol sulfate NEBU .083%	2	B/D
albuterol sulfate SYRP 2mg/5ml	3	
albuterol sulfate TABS 2mg, 4mg	4	
arformoterol tartrate NEBU 15mcg/2ml	4	B/D
formoterol fumarate NEBU 20mcg/2ml	4	B/D
levalbuterol hcl NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	4	B/D
levalbuterol tartrate AERO 45mcg/act QL (2 inhalers / 30 days)	3	QL ST
SEREVENT DISKUS AEPB 50mcg/dose QL (60 inhalations / 30 days)	3	QL

Drug Name	Drug Tier	Requirements/ Limits
terbutaline sulfate TABS 2.5mg, 5mg	4	
VENTOLIN HFA AERS 108mcg/act QL (2 inhalers / 30 days)	3	QL
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act QL (6 inhalers / 30 days)	3	QL
LEUKOTRIENE MODULATORS		
montelukast sodium CHEW 4mg, 5mg	2	
montelukast sodium PACK 4mg	4	
montelukast sodium TABS 10mg	1	
zafirlukast TABS 10mg, 20mg	3	
MISCELLANEOUS		
acetylcysteine SOLN 10%, 20%	4	B/D
ALYFTREK TAB 4-20-50 QL (84 tabs / 28 days)	5	QL NM PA
ALYFTREK TAB 10-50-125 QL (56 tabs / 28 days)	5	QL NM PA
ARALAST NP SOLR 500mg, 1000mg	5	NM PA
cromolyn sodium NEBU 20mg/2ml	3	B/D
epinephrine (anaphylaxis) SOAJ .15mg/0.3ml, .3mg/0.3ml (generic of EpiPen)	3	
epinephrine (anaphylaxis) SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	3	
FASENRA SOSY 10mg/0.5ml, 30mg/ml QL (1 syringe / 28 days)	5	QL NM PA
FASENRA PEN SOAJ 30mg/ml QL (1 pen / 28 days)	5	QL NM PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg QL (56 packets / 28 days)	5	QL NM PA
KALYDECO TABS 150mg QL (60 tabs / 30 days)	5	QL NM PA
nintedanib esylate CAPS 100mg, 150mg QL (60 caps / 30 days)	5	QL NM PA
OFEV CAPS 100mg, 150mg QL (60 caps / 30 days)	5	QL NM PA
ORKAMBI GRA 75-94MG QL (56 packets / 28 days)	5	QL NM PA
ORKAMBI GRA 100-125 QL (56 packets / 28 days)	5	QL NM PA
ORKAMBI GRA 150-188 QL (56 packets / 28 days)	5	QL NM PA
ORKAMBI TAB 100-125 QL (112 tabs / 28 days)	5	QL NM PA
ORKAMBI TAB 200-125 QL (112 tabs / 28 days)	5	QL NM PA
pirfenidone CAPS 267mg QL (270 caps / 30 days)	5	QL NM PA
pirfenidone TABS 267mg QL (270 tabs / 30 days)	5	QL NM PA
pirfenidone TABS 534mg, 801mg QL (90 tabs / 30 days)	5	QL NM PA
PROLASTIN-C SOLN 1000mg/20ml	5	NM PA
PULMOZYME SOLN 2.5mg/2.5ml	5	NM PA
roflumilast TABS 250mcg QL (56 tabs / year)	4	QL
roflumilast TABS 500mcg QL (30 tabs / 30 days)	4	QL
SYMDEKO TAB 50-75MG QL (56 tabs / 28 days)	5	QL NM PA
SYMDEKO TAB 100-150 QL (56 tabs / 28 days)	5	QL NM PA
theophylline ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg	4	
theophylline TB24 400mg, 600mg	3	
TRIKAFTA PAK 59.5MG QL (56 packs / 28 days)	5	QL NM PA
TRIKAFTA PAK 75MG QL (56 packs / 28 days)	5	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
TRIKAFTA TAB 50-25-37.5MG & 75MG QL (84 tabs / 28 days)	5	QL NM PA
TRIKAFTA TAB 100-50-75MG & 150MG QL (84 tabs / 28 days)	5	QL NM PA
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml QL (4 pens / 28 days)	5	QL NM PA
XOLAIR SOAJ 150mg/ml QL (8 pens / 28 days)	5	QL NM PA
XOLAIR SOLR 150mg QL (8 vials / 28 days)	5	QL NM PA
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml QL (4 syringes / 28 days)	5	QL NM PA
XOLAIR SOSY 150mg/ml QL (8 syringes / 28 days)	5	QL NM PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	5	NM PA
NASAL STEROIDS		
flunisolide (nasal) SOLN .025% QL (3 bottles / 30 days)	3	QL
fluticasone propionate (nasal) SUSP 50mcg/act QL (1 bottle / 30 days)	2	QL
mometasone furoate (nasal) SUSP 50mcg/act QL (2 bottles / 30 days)	4	QL
XHANCE EXHU 93mcg/act QL (32 mL / 30 days)	4	QL PA
STEROID INHALANTS		
ALVESCO AERS 80mcg/act QL (3 inhalers / 30 days)	4	QL
ALVESCO AERS 160mcg/act QL (2 inhalers / 30 days)	4	QL
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act QL (30 inhalations / 30 days)	3	QL
budesonide (inhalation) SUSP .25mg/2ml, .5mg/2ml	4	B/D

Drug Name	Drug Tier	Requirements/ Limits
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR HFA AER 45/21 QL (1 inhaler / 30 days)	3	QL
ADVAIR HFA AER 115/21 QL (1 inhaler / 30 days)	3	QL
ADVAIR HFA AER 230/21 QL (1 inhaler / 30 days)	3	QL
AIRSUPRA AER 90-80MCG QL (3 inhalers / 30 days)	3	QL
BREO ELLIPTA INH 50-25MCG QL (60 blisters / 30 days)	3	QL
BREO ELLIPTA INH 100-25 QL (60 blisters / 30 days)	3	QL
BREO ELLIPTA INH 200-25 QL (60 blisters / 30 days)	3	QL
breyna QL (3 inhalers / 30 days)	3	QL
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act QL (3 inhalers / 30 days)	3	QL
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act QL (3 inhalers / 30 days)	3	QL
DULERA AER 50-5MCG QL (3 inhalers / 30 days)	4	QL
DULERA AER 100-5MCG QL (3 inhalers / 30 days)	4	QL
DULERA AER 200-5MCG QL (3 inhalers / 30 days)	4	QL
fluticasone-salmeterol aer powder ba 100-50 mcg/act QL (60 inhalations / 30 days)	3	QL
fluticasone-salmeterol aer powder ba 250-50 mcg/act QL (60 inhalations / 30 days)	3	QL
fluticasone-salmeterol aer powder ba 500-50 mcg/act QL (60 inhalations / 30 days)	3	QL

Drug Name	Drug Tier	Requirements/ Limits
wixela inhub QL (60 inhalations / 30 days)	3	QL
TOPICAL		
DERMATOLOGY, ACNE		
accutane CAPS 10mg, 20mg, 30mg, 40mg	4	PA
amnesteem CAPS 10mg, 20mg, 30mg, 40mg	4	PA
benzoyl peroxide-erythromycin gel 5-3% QL (46.6 gm / 30 days)	4	QL
claravis CAPS 10mg, 20mg, 30mg, 40mg	4	PA
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% QL (45 gm / 30 days)	3	QL
clindamycin phosphate (topical) GEL 1% QL (75 mL / 30 days)	3	QL PA
clindamycin phosphate (topical) LOTN 1%; SOLN 1% QL (60 mL / 30 days)	3	QL
ery PADS 2% QL (60 pledgets / 30 days)	3	QL
erythromycin (acne aid) GEL 2% QL (60 gm / 30 days)	3	QL
erythromycin (acne aid) SOLN 2% QL (60 mL / 30 days)	3	QL
isotretinoin CAPS 10mg, 20mg, 30mg, 40mg	4	PA
neuac QL (45 gm / 30 days)	3	QL
sulfacetamide sodium (acne) LOTN 10% QL (118 mL / 30 days)	4	QL
tretinoin CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days)	4	QL PA
twice-daily clindamycin phosphate (topical) GEL 1% QL (60 gm / 30 days)	3	QL
zenatane CAPS 10mg, 20mg, 30mg, 40mg	4	PA

Drug Name	Drug Tier	Requirements/ Limits
DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate (topical) CREA .1%; OINT .1% QL (30 gm / 30 days)	3	QL
mupirocin OINT 2% QL (220 gm / 30 days)	2	QL
silver sulfadiazine CREA 1%	2	
ssd CREA 1%	2	
SULFAMYLON CREA 85mg/gm QL (453.6 gm / 30 days)	4	QL
DERMATOLOGY, ANTIFUNGALS		
ciclopirox GEL .77% QL (100 gm / 30 days)	3	QL
ciclopirox SHAM 1% QL (120 mL / 30 days)	3	QL
ciclopirox olamine CREA .77% QL (90 gm / 30 days)	3	QL
ciclopirox olamine SUSP .77% QL (60 mL / 30 days)	3	QL
clotrimazole (topical) CREA 1% QL (45 gm / 30 days)	2	QL
clotrimazole (topical) SOLN 1% QL (60 mL / 30 days)	3	QL
clotrimazole w/ betamethasone cream 1-0.05% QL (45 gm / 30 days)	3	QL
econazole nitrate CREA 1% QL (85 gm / 30 days)	3	QL
ketoconazole (topical) CREA 2% QL (60 gm / 30 days)	3	QL
ketoconazole (topical) SHAM 2% QL (120 mL / 30 days)	2	QL
klayesta POWD 100000unit/gm QL (60 gm / 30 days)	3	QL
nyamyc POWD 100000unit/gm QL (60 gm / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm	2	QL
QL (30 gm / 30 days)		
nystatin (topical) POWD 100000unit/gm	3	QL
QL (60 gm / 30 days)		
nystop POWD 100000unit/gm	3	QL
QL (60 gm / 30 days)		
selenium sulfide LOTN 2.5%	2	
DERMATOLOGY, ANTIPSORIATICS		
acitretin CAPS 10mg, 17.5mg, 25mg	4	PA
calcipotriene CREA .005%; OINT .005%	4	QL PA
QL (120 gm / 30 days)		
calcipotriene SOLN .005%	3	QL PA
QL (120 mL / 30 days)		
calcitrene OINT .005%	4	QL PA
QL (120 gm / 30 days)		
ENSTILAR AER	5	QL PA
QL (120 gm / 30 days)		
methoxsalen rapid CAPS 10mg	5	
PELLIX SOLN .005%	3	QL PA
QL (120 mL / 30 days)		
tazarotene CREA .05%, .1%	3	QL PA
QL (60 gm / 30 days)		
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort CREA 1%	1	
alclometasone dipropionate CREA .05%; OINT .05%	3	QL
QL (60 gm / 30 days)		
betamethasone dipropionate (topical) CREA .05%	3	QL
QL (120 gm / 30 days)		
betamethasone dipropionate (topical) LOTN .05%	3	QL
QL (120 mL / 30 days)		
betamethasone dipropionate (topical) OINT .05%	4	QL
QL (120 gm / 30 days)		
betamethasone dipropionate augmented CREA .05%	2	QL
QL (120 gm / 30 days)		
betamethasone dipropionate augmented GEL .05%; OINT .05%	4	QL
QL (120 gm / 30 days)		
betamethasone dipropionate augmented LOTN .05%	4	QL
QL (120 mL / 30 days)		
betamethasone valerate CREA .1%; OINT .1%	3	QL
QL (120 gm / 30 days)		
betamethasone valerate LOTN .1%	3	QL
QL (120 mL / 30 days)		
clobetasol propionate CREA .05%; GEL .05%; OINT .05%	4	QL
QL (120 gm / 30 days)		
clobetasol propionate SHAM .05%	4	QL
QL (236 mL / 30 days)		
clobetasol propionate SOLN .05%	4	QL
QL (100 mL / 30 days)		
clobetasol propionate emo CREA .05%	4	QL
QL (120 gm / 30 days)		
clodan SHAM .05%	4	QL
QL (236 mL / 30 days)		
fluocinolone acetonide CREA .01%	4	QL
QL (60 gm / 30 days)		
fluocinolone acetonide CREA .025%	4	QL
QL (120 gm / 30 days)		
fluocinolone acetonide OIL .01%	3	QL
QL (118.28 mL / 30 days)		
fluocinolone acetonide OINT .025%	3	QL
QL (120 gm / 30 days)		
fluocinolone acetonide SOLN .01%	4	QL
QL (60 mL / 30 days)		
fluocinonide CREA .05%, .1%	3	QL
QL (120 gm / 30 days)		
fluocinonide GEL .05%; OINT .05%	4	QL
QL (60 gm / 30 days)		
fluocinonide SOLN .05%	3	QL
QL (60 mL / 30 days)		
fluocinonide emulsified base CREA .05%	4	QL
QL (120 gm / 30 days)		

Drug Name	Drug Tier	Requirements/ Limits
fluticasone propionate CREA .05%; OINT .005%	3	
halobetasol propionate CREA .05%; OINT .05% QL (50 gm / 30 days)	4	QL
hydrocortisone (topical) CREA 1%	1	
hydrocortisone (topical) CREA 2.5%; LOTN 2.5%; OINT 2.5%	2	
hydrocortisone (topical) OINT 1% QL (30 gm / 30 days)	2	QL
hydrocortisone valerate CREA .2% QL (60 gm / 30 days)	3	QL
mometasone furoate CREA .1%; OINT .1%; SOLN .1%	3	
triamcinolone acetonide (topical) CREA .025%, .1%, .5% QL (454 gm / 30 days)	2	QL
triamcinolone acetonide (topical) LOTN .025%, .1%	3	
triamcinolone acetonide (topical) OINT .025%, .1%, .5%	2	
triderm CREA .5% QL (454 gm / 30 days)	2	QL
DERMATOLOGY, LOCAL ANESTHETICS		
glydo PRSY 2% QL (60 mL / 30 days)	3	QL PA
lidocaine OINT 5% QL (50 gm / 30 days)	4	QL PA
lidocaine PTCH 5% QL (3 patches / 1 day)	4	QL PA
lidocaine hcl PRSY 2% QL (60 mL / 30 days)	3	QL PA
lidocaine hcl SOLN 4% QL (50 mL / 30 days)	3	QL PA
lidocaine-prilocaine cream 2.5-2.5% QL (30 gm / 30 days)	2	B/D QL
lidocan PTCH 5% QL (3 patches / 1 day)	4	QL PA
tridacaine iii PTCH 5% QL (3 patches / 1 day)	4	QL PA

Drug Name	Drug Tier	Requirements/ Limits
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
azelaic acid GEL 15% QL (50 gm / 30 days)	4	QL
bexarotene (topical) GEL 1% QL (60 gm / 30 days)	5	QL NM PA
diclofenac sodium (topical) SOLN 1.5% QL (300 mL / 28 days)	3	QL
EUCRISA OINT 2% QL (120 gm / 30 days)	4	QL PA
fluorouracil (topical) CREA 5% QL (40 gm / 30 days)	4	QL
fluorouracil (topical) SOLN 2%, 5% QL (10 mL / 30 days)	3	QL
hydrocortisone (rectal) CREA 1%, 2.5%	3	
imiquimod CREA 5% QL (24 packets / 30 days)	3	QL
lactic acid (ammonium lactate) CREA 12%; LOTN 12%	2	
metronidazole (topical) CREA .75%; GEL .75% QL (45 gm / 30 days)	3	QL
metronidazole (topical) LOTN .75% QL (59 mL / 30 days)	4	QL
nitroglycerin (intra-anal) OINT .4% QL (30 gm / 30 days)	4	QL
PANRETIN GEL .1% QL (60 gm / 30 days)	5	QL PA
pimecrolimus CREA 1% QL (100 gm / 30 days)	4	QL PA
podofilox SOLN .5% QL (7 mL / 28 days)	3	QL
procto-med hc CREA 2.5%	3	
proctocort CREA 1%	3	
proctosol hc CREA 2.5%	3	
proctozone-hc CREA 2.5%	3	
tacrolimus (topical) OINT .03%, .1% QL (100 gm / 30 days)	4	QL PA
VALCHLOR GEL .016% QL (60 gm / 30 days)	5	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
malathion LOTN .5% QL (59 mL / 30 days)	4	QL
permethrin CREA 5% QL (60 gm / 30 days)	3	QL
DERMATOLOGY, WOUND CARE AGENTS		
SANTYL OINT 250unit/gm QL (180 gm / 30 days)	4	QL PA
sodium chloride (gu irrigant) SOLN .9%	3	
water for irrigation, sterile irrigation soln	2	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl CAPS 30mg	4	
chlorhexidine gluconate (mouth-throat) SOLN .12%	1	
clotrimazole TROC 10mg QL (150 lozenges / 30 days)	3	QL
kourzeq PSTE .1%	3	
lidocaine hcl (mouth-throat) SOLN 2%	2	
nystatin (mouth-throat) SUSP 100000unit/ml	2	
periogard SOLN .12%	1	
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HMSA offers the following services to support people with disabilities and those whose primary language is not English. There is no cost to you.

- Qualified sign language interpreters are available for people who are deaf or hard of hearing.
- Large print, audio, braille, or other electronic formats of written information is available for people who are blind or have low vision.
- Language assistance services are available for those who have trouble with speaking or reading in English. This includes:
  - Qualified interpreters.
  - Information written in other languages.

If you need modifications, appropriate auxiliary aids and services, or language assistance services, please call 1 (800) 776-4672. TTY users, call 711.

How to file a grievance or complaint

If you believe HMSA has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

- Phone: 1 (800) 462-2085
- TTY: 711
- Email: appeals@hmsa.com
- Fax: (808) 952-7546
- Mail: HMSA Member Advocacy and Appeals
  P.O. Box 1958
  Honolulu, HI 96805-1958

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone:

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

1 (800) 368-1019, 1 (800) 537-7697 (TDD)

Complaint forms are available at https://www.hhs.gov/ocr/office/file/index.html.

This notice is available at HMSA's website: https://hmsa.com/non-discrimination-notice/.

(continued on next page)

ATTENTION: If you don't speak English, language assistance services are available to you at no cost. Auxiliary aids and services are also available to give you information in accessible formats at no cost. QUEST members, call 1 (800) 440-0640 toll-free, TTY 1 (877) 447-5990, or speak to your provider. Medicare Advantage and commercial plan members, call 1 (800) 776-4672 or TDD/TTY 1 (877) 447-5990.

'Ōlelo Hawai'i
NĀ MEA: Inā 'a'ole 'oe 'ōlelo Pelekania, loa'a nā lawelawe kōkua 'ōlelo iā 'oe me ka uku 'ole. Loa'a nā kōkua kōkua a me nā lawelawe no ka hā'awi 'ana iā 'oe i ka 'ike ma nā 'ano like 'ole me ka uku 'ole. Nā lālā QUEST, e kelepona iā 1 (800) 440-0640 me ka uku 'ole, TTY 1 (877) 447-5990, a i 'ole e kama'ilio me kāu mea ho'olako. 'O nā lālā Medicare Advantage a me nā lālā ho'olālā kalepa, e kelepona iā 1 (800) 776-4672 a i 'ole TDD/TTY 1 (877) 447-5990.

Bisaya
PAHIBALO: Kung dili English ang imong pinulongan, magamit nimo ang mga serbisyo sa tabang sa pinulongan nga walay bayad. Ang mga auxiliary nga tabang ug serbisyo anaa sab aron mohatag og impormasyon kanimo sa daling ma-access nga mga format nga walay bayad. Mga membro sa QUEST, tawag sa 1 (800) 440-0640 toll-free, TTY 1 (877) 447-5990, o pakig-istorya sa imong provider. Mga membro sa Medicare Advantage ug commercial plan, tawag sa 1 (800) 776-4672 o TDD/TTY 1 (877) 447-5990.

繁體中文
請注意：如果你不諳英文，我們將為您提供免費的語言協助服務。輔助支援和服務也能免費以無障礙的方式為您提供資訊。QUEST **會員請致電免費熱線** 1 (800) 440-0640、**聽障熱線** (TTY) 1 (877) 447-5990 **或與您的服務提供者聯絡。**Medicare Advantage **及商業計劃會員請致電** 1 (800) 776-4672 **或聽障／語障熱線** (TDD/TTY) 1 (877) 447-5990。

简体中文
注意：如果您不会说英语，我们可以免费为您提供语言协助服务。同时，我们还配备辅助工具和相关服务，免费为您提供无障碍格式的信息。
QUEST 会员请拨打免费电话 1 (800) 440-0640，TTY 1 (877) 447-5990，或咨询您的医疗服务提供者。Medicare Advantage 和商业计划会员请致电 1 (800) 776-4672 或 TDD/TTY 1 (877) 447-5990。

Ilokano
BASAEN: No saanka nga agsasao iti Ingles, mabalinmo a magun-odan ti libre a serbisio a tulong iti lengguahe. Adda met dagiti kanayonan a tulong ken serbisio a makaited kenka iti libre nga impormasion iti nalaka a maawatan a pormat. Dagiti miembro ti QUEST, tawaganyo ti 1 (800) 440-0640 a libre iti toll, TTY 1 (877) 447-5990, wenno makisaritaka iti provider-yo. Dagiti miembro ti Medicare Advantage ken plano a pang-komersio, tawaganyo ti 1 (800) 776-4672 wenno TDD/TTY 1 (877) 447-5990.

日本語
注意：英語を話されない方には、無料で言語支援サービスをご利用いただけます。また、情報をアクセシブルな形式で提供するための補助ツールやサービスも無料でご利用いただけます。QUESTプログラムの加入者の方は、フリーダイヤル1 (800) 440-0640**までお電話ください。TTYをご利用の場合は**1 (877) 447-5990**までお電話いただくか、担当医療機関にご相談ください。**Medicare Advantage**プランおよび民間保険プランの加入者の方は、**1 (800) 776-4672**までお電話いただくか、TDD/TTYをご利用の場合は**1 (877) 447-5990**までお電話ください。**

한국어
주의: 영어를 사용하지 않는 경우, 무료로 언어 지원 서비스를 이용할 수 있습니다. 무료로 접근 가능한 형식으로 정보를 받기 위해 보조 지원 및 서비스 역시 이용할 수 있습니다. QUEST 가입자는 수신자 부담 전화 1 (800) 440-0640, TTY 1 (877) 447-5990 번으로 전화하거나 서비스 제공자와 상의하십시오. Medicare Advantage 및 민간 플랜 가입자는 1 (800) 776-4672 또는 TDD/TTY 1 (877) 447-5990 번으로 전화하십시오.

ພາສາລາວ
ຊຶ່ນຊາບ: ຖ້າທ່ານບໍ່ເວົ້າພາສາອັງກິດແມ່ນມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍພ້ອມໃຫ້ທ່ານ. ນອກຈາກນັ້ນກໍ່ຍັງມີການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການເສີມເພື່ອໃຫ້ຂໍ້ມູນແກ່ທ່ານໃນຮູບແບບທີ່ ເຊົ້າເຖິງໄດ້ໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ສະມາຊິກ QUEST ແມ່ນໂທບໍ່ເສຍຄ່າໄດ້ທີ່ ເບີ 1 (800) 440-0640, TTY 1 (877) 447-5990 ຫຼື ປຶກສາກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.ສະມາຊິກແຜນ ປະກັນ Medicare Advantage ແລະ ຊັ້ນທຸລະກິດ, ໂທ 1 (800) 776-4672 ຫຼື TDD/TTY 1 (877) 447-5990.

(continued on next page)

Kajin Ṃajōḷ
KŌJELLA: Ñe kwōjab jelā kenono kajin Belle, ewōr jibañ in ukok ñan kwe im ejellok wonnen. Ewōr kein roñjak im jibañ ko jet ñan wāween ko kwōmaron ebōk melele im ejellok wonnen. Armej ro rej kōjrbal QUEST, kall e 1 (800) 440-0640 ejellok wonnen, TTY 1 (877) 447-5990, ñe ejab kenono ibben taktō eo am. Medicare Advantage im ro rej kōjerbal injuran ko rej make wia, kall e 1 (800) 776-4672 ñe ejab TDD/TTY 1 (877) 447-5990.

Lokaiahn Pohnpei
Kohdo: Ma ke mwahu en kaiahn Pohnpei, me mwengei en kaiahn Pohnpei. Me mwengei en kaiahn Pohnpei, me mwengei en kaiahn Pohnpei. QUEST mwengei, kohdo mwengei 1 (800) 440-0640, TTY 1 (877) 447-5990, me mwengei en kaiahn Pohnpei. Medicare Advantage me mwengei en kaiahn Pohnpei, kohdo mwengei 1 (800) 776-4672 me TDD/TTY 1 (877) 447-5990.

Gagana Sāmoa
FAASILASILAGA: Afai e te lē tautala le faa-Igilisi, o loo avanoa mo oe e aunoa ma se totogi auaunaga fesoasoani i le gagana. O loo maua fo'i fesoasoani faaopo'opo ma auaunaga e tuuina atu ai iā te oe faamatalaga i auala eseese lea e maua e aunoa ma se totogi. Sui auai o le QUEST, valaau aunoa ma se totogi i le 1 (800) 440-0640, TTY 1 (877) 447-5990, pe talanoa i lē e saunia lau tausiga. Sui auai o le Medicare Advantage ma sui auai o peleni inisiua tumaoti, valaau i le 1 (800) 776-4672 po o le TDD/TTY 1 (877) 447-5990.

Español
ATENCIÓN: Si no habla inglés, tiene a su disposición servicios gratuitos de asistencia con el idioma. También están disponibles ayuda y servicios auxiliares para brindarle información en formatos accesibles sin costo alguno. Los miembros de QUEST deben llamar al número gratuito 1 (800) 440-0640, TTY 1 (877) 447-5990 o hablar con su proveedor. Los miembros de Medicare Advantage y de planes comerciales deben llamar al 1 (800) 776-4672 o TDD/TTY 1 (877) 447-5990.

Tagalog
PAUNAWA: Kung hindi ka nakapagsasalita ng Ingles, mayroon kang makukuhang mga serbisyo sa tulong sa wika nang libre. Mayroon ding mga auxiliary na tulong at serbisyo para bigyan ka ng impormasyon sa mga naa-access na format nang libre. Sa mga miyembro ng QUEST, tumawag sa 1 (800) 440-0640 nang toll-free, TTY 1 (877) 447-5990, o makipag-usap sa iyong provider. Sa mga miyembro ng Medicare Advantage at commercial plan, tumawag sa 1 (800) 776-4672 o TDD/TTY 1 (877) 447-5990.

ไทย
โปรดให้ความสนใจ: หากท่านไม่พูดภาษาอังกฤษ เรามีบริการให้ความช่วยเหลือทางภาษาแก่ท่านโดยไม่มีค่าใช้จ่าย และยังมีความช่วยเหลือและบริการเสริมเพื่อให้ข้อมูลแก่ท่านในรูปแบบที่เข้าถึงได้โดยไม่มีค่าใช้จ่าย สำหรับสมาชิก QUEST โปรดโทรไปที่หมายเลขโทรฟรีที่หมายเลข 1 (800) 440-0640, TTY 1 (877) 447-5990 หรือพูดคุยกับผู้ให้บริการของคุณ สำหรับสมาชิก Medicare Advantage และแผนเชิงพาณิชย์ โปรดโทรไปที่หมายเลข 1 (800) 776-4672 หรือ TDD/TTY 1 (877) 447-5990

Tonga
FAKATOKANGA: Kapau óku íkai keke lea Faka-Pilitania, óku í ai e tokotaha fakatonulea óku í ai ke tokonií koe íkai ha totongi. Óku í ai mo e kulupu tokoni ken au óatu e ngaahi fakamatala mo e tokoni íkai ha totongi. Kau memipa QUEST, ta ki he 1 (800) 440-0640 taé totongi, TTY 1 (877) 447-5990, pe talanoa ki hoó kautaha. Ko kinautolu óku Medicare Advantage mo e palani fakakomesiale, ta ki he 1 (800) 776-4672 or TDD/TTY 1 (877) 447-5990.

Foosun Chuuk
ESINESIN: Ika kese sine Fosun Merika, mei wor aninisin fosun fonu ese kamo mi kawor ngonuk. Mei pwan wor pisekin aninis mi kawor an epwe esinei ngonuk porous non och wewe ika nikinik epwe mecheres me weweoch ngonuk ese kamo. Chon apach non QUEST, kekeri 1 (800) 440-0640 namba ese kamo, TTY 1 (877) 447-5990, ika fos ngeni noumw ewe chon awora aninis. Medicare Advantage ika chon apach non ekoch otot, kekeri 1 (800) 776-4672 ika TDD/TTY 1 (877) 447-5990.

Tiếng Việt
CHÚ Ý: Nếu quý vị không nói được tiếng Anh, chúng tôi có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Các phương tiện và dịch vụ hỗ trợ cũng có sẵn để cung cấp cho quý vị thông tin ở các định dạng dễ tiếp cận mà không mất phí. Hội viên QUEST, xin gọi số miễn cước 1 (800) 440-0640, TTY 1 (877) 447-5990, hoặc nói chuyện với nhà cung cấp dịch vụ của quý vị. Hội viên Medicare Advantage và chương trình thương mại, xin gọi số 1 (800) 776-4672 hoặc TDD/TTY 1 (877) 447-5990.

HAWAI'I MEDICAL SERVICE ASSOCIATION

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This formulary was updated on 11/01/2026. For more recent information or other questions, please contact HMSA.

HMSA CENTERS

Visit one of our HMSA Centers; most locations provide convenient evening and Saturday hours. Hours of operation may change. Please go to hmsa.com/contact before your visit.

Honolulu, Oahu
818 Keeaumoku St.
Monday–Friday, 8 a.m.–5 p.m. | Saturday, 9 a.m.–2 p.m.

Pearl City, Oahu
Pearl City Gateway | 1132 Kuala St., Suite 400
Monday–Friday, 9 a.m.–6 p.m. | Saturday, 9 a.m.–2 p.m.

Hilo, Hawaii Island
Waiakea Center | 303A E. Makaala St.
Monday–Friday, 9 a.m.–6 p.m. | Saturday, 9 a.m.–2 p.m.

Kahului, Maui
Puunene Shopping Center | 70 Hookele St., Suite 1220
Monday–Friday, 8 a.m.–5 p.m. | Saturday, 9 a.m.–1 p.m.

Lihue, Kauai
Kuhio Medical Center | 3-3295 Kuhio Highway, Suite 202
Monday–Friday, 8 a.m.–4 p.m.

PHONE

(808) 948-6000 or 1 (800) 660-4672 daily, 8 a.m.–8 p.m.
TTY: 711

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Together, we improve the lives of our members and the health of Hawaii. Caring for our families, friends, and neighbors is our privilege.

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