2026 HealthSpring℠ Formulary Premier Access 5 Tier (open) List of Covered Drugs or "Drug List"

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

Plans covered

HealthSpring Rx (PDP)
HealthSpring True Choice PPO)
HealthSpring Preferred (HMO)

This formulary was updated 08/06/2025. For more recent information or other questions, please contact HealthSpring Customer Service. Contact information can be found on the back cover of this document. The drug list, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. HealthSpring is contracted with Medicare for PDP plans, HMO and PPO plans in select states, and with select State Medicaid programs.

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 formulary refers to "we," "us", or "our," it means HealthSpring. When it refers to "plan" or "our plan," it means HealthSpring Rx (PDP), HealthSpring True Choice (PPO) or HealthSpring Preferred (HMO). This document includes the Drug List (formulary) for our plan which is current as of 08/06/2025. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the formulary, appears on the back cover page. You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2027, and from time to time during the year.

Important Message About What You Pay for Insulin: You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

Important Message About What You Pay for Vaccines: Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Customer Service for more information.

What is the HealthSpring 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 HealthSpring 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. HealthSpring will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a HealthSpring 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 January 1, but we may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: HealthSpring.com/GroupPDP or HealthSpring.com/GroupMA.

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

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

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

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

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

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

  Drugs removed from the market. If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn

for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand-name drug currently on the drug list or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our drug list, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. 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 HealthSpring Drug list?"

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 January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The formulary is current as of 08/06/2025. To get updated information about the drugs covered by HealthSpring please contact us. Our contact information appears on the back cover page.

How do I use the formulary?

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

- **Medical Condition**
  The formulary begins on page 11. 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, HYPERTENSION / LIPIDS". If you know what your drug is used for, look for the category name in the list that begins on 11. 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 after the List of Covered Drugs. The Index provides an alphabetical list of all the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will

see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

HealthSpring covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs. There are 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 (for MAPD plans) or Chapter 3 (for PDP plans), 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:** HealthSpring requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from HealthSpring before you fill your prescriptions. If you don't get approval, HealthSpring may not cover the drug.
- **Quantity Limits:** For certain drugs, HealthSpring limits the amount of the drug that HealthSpring will cover. For example, HealthSpring allows for 1 tablet per day for atorvastatin 40mg. This applies to a standard one-month supply (for total quantity of 30 per 30 days) or three-month supply (for total quantity of 90 per 90 days).
- **Step Therapy:** In some cases, HealthSpring 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, HealthSpring may not cover Drug B unless you try Drug A first. If Drug A does not work for you, HealthSpring will then cover Drug B.
- **Non-Extended Days Supply**: For certain drugs, HealthSpring limits the amount of the drug that we will cover to only a 30-day supply or less, at one time. For example, members who have not had any recent fill of opioid pain medications within the past

108 days (referred to as “opioid naïve”) are limited to a maximum of 7 days’ supply of opioid pain medication. Members who have received a recent fill of an opioid pain medication (not opioid naïve) are limited to up to a month’s supply of that medication at one time. Other high- cost drugs may be subject to a non-extended day supply restriction, as well.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 11. 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 drug list, appears on the front and back cover pages.

You can ask HealthSpring 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 HealthSpring drug list?” on the next page for information about how to request an exception.

Options for Maintenance Medications

Taking the medications prescribed by your doctor (or other prescriber) is important to your health.

We are committed to helping you control your chronic conditions by making it easy for you to receive your maintenance medications. There are several ways we can work together to accomplish this goal:

- Talk with your doctor about whether a 90-day supply of your ongoing, stable medications may be appropriate. Taking these medications every day as prescribed is important for your overall health, and getting 90-day prescriptions of these. Medications can help ensure that you do not miss a dose.
- You can receive a 90-day supply at most retail pharmacies or through one of our mail-order pharmacies.
- Talk to your pharmacist if you are experiencing any new challenges with your maintenance medications.

How can I use my prescription drug coverage to save money on my medications?

There may be opportunities for you to save money on your medications using your HealthSpring coverage.

- Ask your doctor (or other prescriber) if there are any lower-cost generic alternatives available for any of your current medications.
- Explore whether the ‘CMS Extra Help’ program may offer additional financial support for your medications.
- If your medication is not covered in the HealthSpring drug list, talk with your doctor about alternative medications which are covered on the drug list.

What if my drug is not on the formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Service and ask if your drug is covered.

If you learn that HealthSpring does not cover your drug, you have two options:

- You can ask Customer Services for a list of similar drugs that are covered by HealthSpring. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by HealthSpring.
- You can ask HealthSpring 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 HealthSpring formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, HealthSpring limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to cover a formulary drug at a lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug. This applies to the following circumstances:
  - If the drug you are taking is a brand name drug, you can ask us to cover your drug at the cost-sharing amount that applies to the lowest tier that contains either brand or generic alternatives for treating your condition.
  - If the drug you're taking is a generic drug, you can ask us to cover your drug at the cost-sharing amount that applies to the lowest tier that contains either brand or generic alternatives for treating your condition.
  - If the drug you're taking is a biological product, you can ask us to cover your drug at the cost-sharing amount that applies to the lowest tier that contains biological product alternatives for treating your condition.

Please note, if we grant your request to cover a drug that is not on our drug list, you may not ask us to provide this drug at a lower cost sharing tier.

Generally, HealthSpring will only approve your request for an exception if the alternative drugs included on the plan's drug list, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You or your prescriber should contact us to ask us for an initial coverage decision for a drug list, tier, or utilization restriction exception. **When you request an exception your prescriber**

will need to explain the medical reasons why you need the exception. Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) exception 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 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. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

For more information

For more detailed information about your HealthSpring prescription drug coverage, please review your *Evidence of Coverage Snapshot* and other plan materials.

If you have questions about HealthSpring or your plan, please contact us. Our contact information, along with the date we last updated the drug list, appears on the back cover page.

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

HealthSpring formulary

The formulary that begins on the next page provides coverage information about the drugs covered by HealthSpring. If you have trouble finding your drug in the list, turn to the Index that begins after the List of Covered Drugs.

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

Drug Tier and Cost-Sharing

The amount you pay for a covered drug will depend on:

- Your coverage stage. Your plan has different stages of coverage. In each stage, the amount you pay for a drug may change. Please refer to your *Summary of Benefits* or *Evidence of Coverage Snapshot* for more information about your specific prescription drug benefit.
- The drug tier for your drug. Each covered drug is in one of four drug tiers. Each tier may have a different cost-sharing amount.
- If your plan includes additional benefits as noted on the *Summary of Benefits* or *Evidence of Coverage Snapshot*, you can find the lists of those covered benefits in the 2026 Formulary Addendum document included in your Benefits Booklet.
- **If you qualify for Extra Help**: Your LIS copay level will be based on how the Food and Drug Administration (FDA) classifies certain drugs. Due to this, a generic drug may receive a preferred drug copay, or a preferred brand drug may receive a generic drug copay. Please see your LIS Rider for additional information on these copay levels. Or call Customer Service for further clarification regarding a specific drug.

Drug Tiers

Covered medications are divided into tiers or cost-share levels. Typically, the higher the tier, the higher the price you'll pay to fill the prescription.

Tier 1- Preferred Generic Drugs: This tier includes commonly prescribed generic drugs. Drugs in Tier 1 will typically be your most affordable option.

Tier 2 – Generic Drugs: This tier includes generic drugs, but generally cost a little more than preferred generic drugs.

Tier 3 – Preferred Brand Drugs: This tier includes preferred brand-name drugs as well as some generic drugs. Keep in mind that the tier name "Preferred Brand Drugs" is just a description of most of the drugs in the tier. It does not mean that there are only brand-name drugs in this tier.

Tier 4 – Non-Preferred Drugs: This tier includes higher-priced brand name drugs and generic drugs not in a preferred tier. There may be lower-cost alternatives for you. Ask your doctor about switching to a covered drug on a lower tier.

Tier 5 – Specialty Tier Drugs: This tier includes high-cost drugs. And are typically the most expensive drugs on the drug list.

Cost-sharing for each tier varies by plan. Refer to your *Evidence of Coverage Snapshot* for your plan's specific cost-sharing amounts. To access a copy of your most recent *Evidence of Coverage Snapshot*, visit myHealthSpring.com. We are not always able to keep all generic medications in the generic tiers. Keep in mind that the name of the tier is just a description of most of the drugs in the tier. It does not mean that there are only that type of drug in the tier.

Below is a list of abbreviations that may appear on the following pages in the Requirements/Limits column that tells you if there are any special requirements for coverage of your drug.

List of Abbreviations

***:** Opioid medication available as a 7-day supply or less for first time opioid user. For continued use this drug may only be available as a one month supply.

B/D PA: This prescription 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.

LA: Limited Availability. This prescription may be available only at certain pharmacies. For more information, please call Customer Service.

NDS: Drugs may be limited to a 30-day supply.

PA: Prior Authorization. The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.

QL: Quantity Limit. For certain drugs, the Plan limits the amount of the drug that we will cover.

ST: Step Therapy. In some cases, the Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

V: This vaccine is provided to adults at no cost when used based on recommendations by the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP).

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
ANTI – INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	4	B/D PA
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG	5	B/D PA; NDS
amphotericin b injection recon soln 50 mg	4	B/D PA
amphotericin b liposome intravenous suspension for reconstitution 50 mg	5	B/D PA; NDS
ANCOBON ORAL CAPSULE 250 MG, 500 MG	5	NDS
CANCIDAS INTRAVENOUS RECON SOLN 70 MG	5	NDS
caspofungin intravenous recon soln 50 mg, 70 mg	4	
clotrimazole mucous membrane troche 10 mg	2	
CRESEMBA INTRAVENOUS RECON SOLN 372 MG	5	PA; NDS
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	5	PA; NDS
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	4	
DIFLUCAN ORAL TABLET 100 MG	4	
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG	5	NDS
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 50 MG	4	
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml	4	PA
fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml	2	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	2	
flucytosine oral capsule 250 mg, 500 mg	5	NDS

CAPITALIZED = BRAND NAME DRUG
lowercase italic = generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

This drug list was last updated on 08/27/2025.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
griseofulvin microsize oral suspension 125 mg/5 ml	4	
griseofulvin microsize oral tablet 500 mg	4	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	4	
itraconazole oral capsule 100 mg	4	QL (120 per 30 days)
itraconazole oral solution 10 mg/ml	4	
ketoconazole oral tablet 200 mg	2	
MICAFUNGIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 100 MG/100 ML, 150 MG/150 ML, 50 MG/50 ML	5	NDS
micafungin intravenous recon soln 100 mg, 50 mg	4	
MYCAMINE INTRAVENOUS RECON SOLN 100 MG	5	NDS
MYCAMINE INTRAVENOUS RECON SOLN 50 MG	4	
NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7 ML	5	PA; NDS
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON 300 MG	5	PA; QL (32 per 30 days); NDS
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	5	PA; QL (630 per 30 days); NDS
NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG	5	PA; QL (96 per 30 days); NDS
nystatin oral suspension 100,000 unit/ml	2	
nystatin oral tablet 500,000 unit	2	
posaconazole intravenous solution 300 mg/16.7 ml	5	PA; NDS
posaconazole oral suspension 200 mg/5 ml (40 mg/ml)	5	PA; QL (630 per 30 days); NDS
posaconazole oral tablet,delayed release (dr/ec) 100 mg	5	PA; QL (96 per 30 days); NDS
REZZAYO INTRAVENOUS RECON SOLN 200 MG	5	NDS

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Drug Name	Drug Tier	Requirements/Limits
SPORANOX ORAL CAPSULE 100 MG	4	QL (120 per 30 days)
terbinafine hcl oral tablet 250 mg	2	
TOLSURA ORAL CAPSULE, SOLID DISPERSION 65 MG	5	PA; QL (120 per 30 days); NDS
VFEND IV INTRAVENOUS RECON SOLN 200 MG	4	PA
VFEND ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (40 MG/ML)	5	PA; NDS
VFEND ORAL TABLET 50 MG	4	PA
VIVJOA ORAL CAPSULE 150 MG	5	PA; QL (18 per 84 days); NDS
voriconazole intravenous recon soln 200 mg	5	PA; NDS
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	5	PA; NDS
voriconazole oral tablet 200 mg, 50 mg	4	PA
voriconazole-hpbcd intravenous recon soln 200 mg	5	PA; NDS
ANTIVIRALS		
abacavir oral solution 20 mg/ml	3	
abacavir oral tablet 300 mg	3	
abacavir-lamivudine oral tablet 600-300 mg	3	
acyclovir oral capsule 200 mg	2	
acyclovir oral suspension 200 mg/5 ml, 200 mg/5 ml (5 ml)	4	
acyclovir oral tablet 400 mg, 800 mg	2	
acyclovir sodium intravenous solution 50 mg/ml	4	B/D PA
adefovir oral tablet 10 mg	4	
amantadine hcl oral capsule 100 mg	2	
amantadine hcl oral solution 50 mg/5 ml	2	
amantadine hcl oral tablet 100 mg	2	
APTIVUS ORAL CAPSULE 250 MG	5	NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
atazanavir oral capsule 150 mg, 200 mg, 300 mg	4	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	5	NDS
BARACLUDE ORAL TABLET 0.5 MG, 1 MG	5	NDS
BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML, 50 MG/0.5 ML	4	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	5	NDS
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML	5	NDS
cidofovir intravenous solution 75 mg/ml	5	B/D PA; NDS
CIMDUO ORAL TABLET 300-300 MG	5	NDS
COMPLERA ORAL TABLET 200-25-300 MG	5	NDS
darunavir oral tablet 600 mg	4	
darunavir oral tablet 800 mg	5	NDS
DELSTRIGO ORAL TABLET 100-300-300 MG	5	NDS
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	5	NDS
DOVATO ORAL TABLET 50-300 MG	5	NDS
EDURANT ORAL TABLET 25 MG	5	NDS
EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG	5	NDS
efavirenz oral tablet 600 mg	4	
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg	4	
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg	5	NDS
emtricitabine oral capsule 200 mg	4	
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg	4	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
emtricita-rilpivirine-tenof df oral tablet 200-25-300 mg	5	NDS
EMTRIVA ORAL CAPSULE 200 MG	4	
EMTRIVA ORAL SOLUTION 10 MG/ML	3	
ENFLONSIA INTRAMUSCULAR SYRINGE 105 MG/0.7 ML	4	
entecavir oral tablet 0.5 mg, 1 mg	4	
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	5	PA; QL (28 per 28 days); NDS
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	5	PA; QL (56 per 28 days); NDS
EPCLUSA ORAL TABLET 200-50 MG	5	PA; QL (56 per 28 days); NDS
EPCLUSA ORAL TABLET 400-100 MG	5	PA; QL (28 per 28 days); NDS
EPIVIR ORAL SOLUTION 10 MG/ML	4	
EPIVIR ORAL TABLET 150 MG, 300 MG	4	
etravirine oral tablet 100 mg, 200 mg	4	
EVOTAZ ORAL TABLET 300-150 MG	5	NDS
famciclovir oral tablet 125 mg, 250 mg, 500 mg	2	
fosamprenavir oral tablet 700 mg	4	
foscarnet intravenous solution 24 mg/ml	4	B/D PA
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	5	NDS
ganciclovir sodium intravenous recon soln 500 mg	2	B/D PA
ganciclovir sodium intravenous solution 50 mg/ml	2	B/D PA
GENVOYA ORAL TABLET 150-150-200-10 MG	5	NDS
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	5	PA; QL (28 per 28 days); NDS
HARVONI ORAL PELLETS IN PACKET 45-200 MG	5	PA; QL (56 per 28 days); NDS
HARVONI ORAL TABLET 45-200 MG	5	PA; QL (56 per 28 days); NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
HARVONI ORAL TABLET 90-400 MG	5	PA; QL (28 per 28 days); NDS
INTELENCE ORAL TABLET 100 MG, 200 MG	5	NDS
INTELENCE ORAL TABLET 25 MG	4	
ISENTRESS HD ORAL TABLET 600 MG	5	NDS
ISENTRESS ORAL POWDER IN PACKET 100 MG	5	NDS
ISENTRESS ORAL TABLET 400 MG	5	NDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	NDS
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	
JULUCA ORAL TABLET 50-25 MG	5	NDS
KALETRA ORAL SOLUTION 400-100 MG/5 ML	4	
KALETRA ORAL TABLET 100-25 MG	4	
KALETRA ORAL TABLET 200-50 MG	5	NDS
lamivudine oral solution 10 mg/ml	3	
lamivudine oral tablet 100 mg, 150 mg, 300 mg	3	
lamivudine-zidovudine oral tablet 150-300 mg	3	
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	5	PA; QL (28 per 28 days); NDS
LIVTENCITY ORAL TABLET 200 MG	5	PA; LA; QL (120 per 30 days); NDS
lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg	3	
maraviroc oral tablet 150 mg, 300 mg	5	NDS
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	5	PA; QL (168 per 28 days); NDS
MAVYRET ORAL TABLET 100-40 MG	5	PA; QL (84 per 28 days); NDS
nevirapine oral suspension 50 mg/5 ml	4	
nevirapine oral tablet 200 mg	3	

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Drug Name	Drug Tier	Requirements/Limits
nevirapine oral tablet extended release 24 hr 400 mg	4	
NORVIR ORAL POWDER IN PACKET 100 MG	4	
NORVIR ORAL TABLET 100 MG	4	
ODEFSEY ORAL TABLET 200-25-25 MG	5	NDS
oseltamivir oral capsule 30 mg, 45 mg, 75 mg	3	
oseltamivir oral suspension for reconstitution 6 mg/ml	3	
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10)	2	QL (20 per 30 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)- 100 MG (5)	2	QL (11 per 30 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	2	QL (30 per 30 days)
PIFELTRO ORAL TABLET 100 MG	5	NDS
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML, 480 MG/24 ML	5	PA; NDS
PREVYMIS ORAL PELLETS IN PACKET 120 MG	5	PA; QL (120 per 30 days); NDS
PREVYMIS ORAL PELLETS IN PACKET 20 MG	5	PA; QL (150 per 30 days); NDS
PREVYMIS ORAL TABLET 240 MG, 480 MG	5	PA; QL (30 per 30 days); NDS
PREZCOBIX ORAL TABLET 800-150 MG-MG	5	NDS
PREZISTA ORAL SUSPENSION 100 MG/ML	5	NDS
PREZISTA ORAL TABLET 150 MG, 75 MG	4	
PREZISTA ORAL TABLET 600 MG, 800 MG	5	NDS
RAPIVAB (PF) INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)	5	NDS
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	4	
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	3	

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Drug Name	Drug Tier	Requirements/Limits
RETROVIR ORAL CAPSULE 100 MG	4	
RETROVIR ORAL SYRUP 10 MG/ML	4	
REYATAZ ORAL CAPSULE 200 MG, 300 MG	5	NDS
REYATAZ ORAL POWDER IN PACKET 50 MG	5	NDS
ribavirin oral capsule 200 mg	3	
ribavirin oral tablet 200 mg	3	
rimantadine oral tablet 100 mg	4	
ritonavir oral tablet 100 mg	3	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	5	NDS
SELZENTRY ORAL SOLUTION 20 MG/ML	3	
SELZENTRY ORAL TABLET 150 MG, 300 MG	5	NDS
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	5	PA; QL (28 per 28 days); NDS
SOVALDI ORAL PELLETS IN PACKET 150 MG	5	PA; QL (28 per 28 days); NDS
SOVALDI ORAL PELLETS IN PACKET 200 MG	5	PA; QL (56 per 28 days); NDS
SOVALDI ORAL TABLET 200 MG	5	PA; QL (56 per 28 days); NDS
SOVALDI ORAL TABLET 400 MG	5	PA; QL (28 per 28 days); NDS
STRIBILD ORAL TABLET 150-150-200-300 MG	5	NDS
SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK), 300 MG (5-TABLET PACK)	5	NDS
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	5	NDS
SYMFI ORAL TABLET 600-300-300 MG	5	NDS
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	NDS
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	5	LA; NDS

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Drug Name	Drug Tier	Requirements/Limits
TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG	4	
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML	4	
tenofovir disoproxil fumarate oral tablet 300 mg	4	
TIVICAY ORAL TABLET 50 MG	5	NDS
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	5	NDS
TRIUMEQ ORAL TABLET 600-50-300 MG	5	NDS
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	4	
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	5	LA; NDS
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	5	NDS
TYBOST ORAL TABLET 150 MG	3	
valacyclovir oral tablet 1 gram	2	QL (120 per 30 days)
valacyclovir oral tablet 500 mg	2	QL (60 per 30 days)
VALCYTE ORAL RECON SOLN 50 MG/ML	5	NDS
VALCYTE ORAL TABLET 450 MG	5	NDS
valganciclovir oral recon soln 50 mg/ml	5	NDS
valganciclovir oral tablet 450 mg	3	
VALTREX ORAL TABLET 1 GRAM	4	QL (120 per 30 days)
VALTREX ORAL TABLET 500 MG	4	QL (60 per 30 days)
VEKLURY INTRAVENOUS RECON SOLN 100 MG	5	NDS
VEMLIDY ORAL TABLET 25 MG	5	NDS
VIRACEPT ORAL TABLET 250 MG, 625 MG	5	NDS
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	5	NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	4	

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Drug Name	Drug Tier	Requirements/Limits
VIREAD ORAL TABLET 300 MG	5	NDS
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; QL (28 per 28 days); NDS
XOFLUZA ORAL TABLET 40 MG, 80 MG	3	
ZEPATIER ORAL TABLET 50-100 MG	5	PA; QL (28 per 28 days); NDS
ZIAGEN ORAL SOLUTION 20 MG/ML	4	
zidovudine oral capsule 100 mg	3	
zidovudine oral syrup 10 mg/ml	3	
zidovudine oral tablet 300 mg	2	
CEPHALOSPORINS		
AVYCAZ INTRAVENOUS RECON SOLN 2.5 GRAM	5	PA; NDS
cefaclor oral capsule 250 mg, 500 mg	2	
cefaclor oral suspension for reconstitution 250 mg/5 ml	2	
cefaclor oral tablet extended release 12 hr 500 mg	4	
cefadroxil oral capsule 500 mg	2	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	2	
cefadroxil oral tablet 1 gram	4	
cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	4	
CEFAZOLIN IN DEXTROSE (ISO-OS) INTRAVENOUS PIGGYBACK 2 GRAM/100 ML, 3 GRAM/150 ML, 3 GRAM/50 ML	4	
cefazolin injection recon soln 1 gram, 10 gram, 100 gram, 3 gram, 300 gram, 500 mg	4	
CEFAZOLIN INJECTION RECON SOLN 2 GRAM	4	
cefazolin intravenous recon soln 1 gram	4	
CEFAZOLIN INTRAVENOUS RECON SOLN 2 GRAM, 3 GRAM	4	

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Drug Name	Drug Tier	Requirements/Limits
cefdinir oral capsule 300 mg	2	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	3	
CEFEPIME IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/50 ML	4	
cefepime in dextrose,iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml	4	
cefepime injection recon soln 1 gram, 2 gram	4	
CEFEPIME INTRAVENOUS RECON SOLN 100 GRAM	4	
cefixime oral capsule 400 mg	4	
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	4	
cefotetan injection recon soln 1 gram, 2 gram	4	
cefoxitin in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	4	PA
cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram	4	PA
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	4	
cefpodoxime oral tablet 100 mg, 200 mg	4	
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	2	
cefprozil oral tablet 250 mg, 500 mg	2	
ceftazidime injection recon soln 1 gram, 2 gram, 6 gram	4	PA
ceftriaxone in dextrose,iso-os intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	4	
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	4	
CEFTRIAXONE INJECTION RECON SOLN 100 GRAM	4	

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Drug Name	Drug Tier	Requirements/Limits
ceftriaxone intravenous recon soln 1 gram, 2 gram	4	
cefuroxime axetil oral tablet 250 mg, 500 mg	2	
cefuroxime sodium injection recon soln 750 mg	4	PA
cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram	4	PA
cephalexin oral capsule 250 mg, 500 mg	2	
cephalexin oral capsule 750 mg	4	
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	2	
cephalexin oral tablet 250 mg, 500 mg	4	
FETROJA INTRAVENOUS RECON SOLN 1 GRAM	5	PA; NDS
tazicef injection recon soln 1 gram, 2 gram, 6 gram	4	PA
tazicef intravenous recon soln 1 gram, 2 gram	4	PA
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	5	PA; NDS
ZERBAXA INTRAVENOUS RECON SOLN 1.5 GRAM	5	PA; NDS
ZEVTERA INTRAVENOUS RECON SOLN 667 MG	5	PA; NDS
ERYTHROMYCINS / OTHER MACROLIDES		
azithromycin intravenous recon soln 500 mg	4	PA
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	2	
azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg	2	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	2	
clarithromycin oral tablet 250 mg, 500 mg	2	
clarithromycin oral tablet extended release 24 hr 500 mg	2	

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Drug Name	Drug Tier	Requirements/Limits
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	5	QL (136 per 10 days); NDS
DIFICID ORAL TABLET 200 MG	5	QL (20 per 10 days); NDS
e.e.s. 400 oral tablet 400 mg	4	
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	4	
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	4	
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML	4	
ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg	4	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	4	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	4	
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml	4	
erythromycin ethylsuccinate oral tablet 400 mg	4	
erythromycin lactobionate intravenous recon soln 500 mg	4	
erythromycin oral capsule,delayed release(dr/ec) 250 mg	4	
erythromycin oral tablet 250 mg, 500 mg	4	
erythromycin oral tablet,delayed release (dr/ec) 250 mg, 333 mg, 500 mg	4	
fidaxomicin oral tablet 200 mg	5	QL (20 per 10 days); NDS
ZITHROMAX INTRAVENOUS RECON SOLN 500 MG	4	PA
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML	4	
ZITHROMAX ORAL TABLET 250 MG, 500 MG	4	

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Drug Name	Drug Tier	Requirements/Limits
ZITHROMAX TRI-PAK ORAL TABLET 500 MG	4	
ZITHROMAX Z-PAK ORAL TABLET 250 MG	4	
MISCELLANEOUS ANTIINFECTIVES		
albendazole oral tablet 200 mg	4	
amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml	4	PA
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	5	PA; LA; NDS
atovaquone oral suspension 750 mg/5 ml	4	
atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg	4	
AZACTAM INJECTION RECON SOLN 1 GRAM, 2 GRAM	4	PA
aztreonam injection recon soln 1 gram, 2 gram	4	PA
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML	5	PA; QL (224 per 28 days); NDS
BILTRICIDE ORAL TABLET 600 MG	4	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	5	PA; LA; QL (84 per 56 days); NDS
chloramphenicol sod succinate intravenous recon soln 1 gram	4	
chloroquine phosphate oral tablet 250 mg, 500 mg	2	
CLEOCIN HCL ORAL CAPSULE 150 MG, 300 MG, 75 MG	4	
CLEOCIN INJECTION SOLUTION 150 MG/ML	4	PA
CLEOCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	4	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	2	

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Drug Name	Drug Tier	Requirements/Limits
CLINDAMYCIN IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK 300 MG/50 ML, 600 MG/50 ML, 900 MG/50 ML	4	PA
clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml	4	PA
clindamycin pediatric oral recon soln 75 mg/5 ml	4	
clindamycin phosphate injection solution 150 (mg/ml) (4 ml), 150 (mg/ml) (6 ml), 150 mg/ml	4	PA
COARTEM ORAL TABLET 20-120 MG	4	
colistin (colistimethate na) injection recon soln 150 mg	5	PA; QL (30 per 10 days); NDS
COLY-MYCIN M PARENTERAL INJECTION RECON SOLN 150 MG	4	PA; QL (30 per 10 days)
cycloserine oral capsule 250 mg	4	
DALVANCE INTRAVENOUS SOLUTION 500 MG	5	NDS
dapsone oral tablet 100 mg, 25 mg	3	
DAPTOMYCIN IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK 1,000 MG/100 ML, 350 MG/50 ML, 500 MG/50 ML, 700 MG/100 ML	4	
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	5	NDS
daptomycin intravenous recon soln 500 mg	5	NDS
DARAPRIM ORAL TABLET 25 MG	5	PA; NDS
EMVERM ORAL TABLET,CHEWABLE 100 MG	5	NDS
ertapenem injection recon soln 1 gram	4	PA; QL (14 per 14 days)
ethambutol oral tablet 100 mg, 400 mg	3	
FIRVANQ ORAL RECON SOLN 25 MG/ML, 50 MG/ML	4	QL (450 per 10 days)

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Drug Name	Drug Tier	Requirements/Limits
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml	4	PA
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML, 120 MG/100 ML	4	PA
gentamicin injection solution 40 mg/ml	4	PA
gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml	4	PA
HUMATIN ORAL CAPSULE 250 MG	5	NDS
hydroxychloroquine oral tablet 100 mg, 300 mg, 400 mg	4	
hydroxychloroquine oral tablet 200 mg	2	
imipenem-cilastatin intravenous recon soln 250 mg, 500 mg	4	PA
IMPAVIDO ORAL CAPSULE 50 MG	5	PA; NDS
INVANZ INJECTION RECON SOLN 1 GRAM	4	PA; QL (14 per 14 days)
isoniazid injection solution 100 mg/ml	4	
isoniazid oral solution 50 mg/5 ml	2	
isoniazid oral tablet 100 mg, 300 mg	2	
ivermectin oral tablet 3 mg	3	PA; QL (20 per 30 days)
ivermectin oral tablet 6 mg	3	PA; QL (8 per 30 days)
KIMYRSA INTRAVENOUS RECON SOLN 1,200 MG	5	PA; NDS
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	5	PA; QL (280 per 28 days); NDS
KRINTAFEL ORAL TABLET 150 MG	4	
LAMPIT ORAL TABLET 120 MG, 30 MG	4	
LIKMEZ ORAL SUSPENSION 500 MG/5 ML	4	
LINCOCIN INJECTION SOLUTION 300 MG/ML	4	PA
lincomycin injection solution 300 mg/ml	4	PA

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Drug Name	Drug Tier	Requirements/Limits
linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml	4	PA
linezolid oral suspension for reconstitution 100 mg/5 ml	5	NDS
linezolid oral tablet 600 mg	4	
LINEZOLID-0.9% SODIUM CHLORIDE INTRAVENOUS PARENTERAL SOLUTION 600 MG/300 ML	4	PA
MALARONE ORAL TABLET 250-100 MG	4	
MALARONE PEDIATRIC ORAL TABLET 62.5-25 MG	4	
mefloquine oral tablet 250 mg	2	
MEPRON ORAL SUSPENSION 750 MG/5 ML	5	NDS
meropenem intravenous recon soln 1 gram, 2 gram	3	PA; QL (30 per 10 days)
meropenem intravenous recon soln 500 mg	3	PA; QL (10 per 10 days)
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 1 GRAM/50 ML	4	PA; QL (30 per 10 days)
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 500 MG/50 ML	4	PA; QL (10 per 10 days)
metro i.v. intravenous piggyback 500 mg/100 ml	4	PA
metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml	4	PA
metronidazole oral capsule 375 mg	4	
metronidazole oral tablet 250 mg, 500 mg	2	
NEBUPENT INHALATION RECON SOLN 300 MG	4	B/D PA; QL (1 per 28 days)
neomycin oral tablet 500 mg	2	
nitazoxanide oral tablet 500 mg	5	QL (12 per 30 days); NDS
ORBACTIV INTRAVENOUS RECON SOLN 400 MG	5	PA; NDS
PENTAM INJECTION RECON SOLN 300 MG	4	

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Drug Name	Drug Tier	Requirements/Limits
pentamidine inhalation recon soln 300 mg	4	B/D PA; QL (1 per 28 days)
pentamidine injection recon soln 300 mg	4	
PLAQUENIL ORAL TABLET 200 MG	4	
polymyxin b sulfate injection recon soln 500,000 unit	4	PA
praziquantel oral tablet 600 mg	4	
PRETOMANID ORAL TABLET 200 MG	4	PA
PRIFTIN ORAL TABLET 150 MG	3	
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)	4	
PRIMAXIN IV INTRAVENOUS RECON SOLN 500 MG	4	PA
pyrazinamide oral tablet 500 mg	4	
pyrimethamine oral tablet 25 mg	5	PA; NDS
quinine sulfate oral capsule 324 mg	4	
RECARBRIO INTRAVENOUS RECON SOLN 1.25 GRAM	5	NDS
rifabutin oral capsule 150 mg	4	
rifampin intravenous recon soln 600 mg	4	
rifampin oral capsule 150 mg, 300 mg	3	
RIMSO-50 INTRAVESICAL SOLUTION 50 %	4	
SIRTURO ORAL TABLET 100 MG, 20 MG	5	PA; LA; NDS
SIVEXTRO INTRAVENOUS RECON SOLN 200 MG	5	PA; NDS
SIVEXTRO ORAL TABLET 200 MG	5	NDS
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM	4	
STREPTOMYCIN INTRAMUSCULAR RECON SOLN 1 GRAM	5	PA; QL (60 per 30 days); NDS
STROMECTOL ORAL TABLET 3 MG	4	PA; QL (20 per 30 days)
tigecycline intravenous recon soln 50 mg	4	PA

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Drug Name	Drug Tier	Requirements/Limits
tinidazole oral tablet 250 mg, 500 mg	3	
TOBI INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	5	PA; QL (280 per 28 days); NDS
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	5	QL (224 per 56 days); NDS
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	5	PA; QL (280 per 28 days); NDS
tobramycin inhalation solution for nebulization 300 mg/4 ml	5	PA; QL (224 per 28 days); NDS
tobramycin sulfate injection recon soln 1.2 gram	4	PA; QL (9 per 14 days)
tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml	4	PA
TYGACIL INTRAVENOUS RECON SOLN 50 MG	5	PA; NDS
VABOMERE INTRAVENOUS RECON SOLN 2 GRAM	4	PA
VANCOCIN ORAL CAPSULE 125 MG	4	PA; QL (40 per 10 days)
VANCOCIN ORAL CAPSULE 250 MG	5	PA; QL (80 per 10 days); NDS
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	3	PA; QL (4000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 500 MG/100 ML	3	PA; QL (1000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 750 MG/150 ML	3	PA; QL (4050 per 10 days)
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 1.25 GRAM/250 ML	4	PA; QL (4000 per 10 days)
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1.5 GRAM/300 ML	4	PA; QL (4200 per 10 days)
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 500 MG/100 ML	4	PA; QL (1000 per 10 days)

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Drug Name	Drug Tier	Requirements/Limits
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 750 MG/150 ML	4	PA; QL (4050 per 10 days)
VANCOMYCIN INJECTION RECON SOLN 100 GRAM	4	PA; QL (1 per 10 days)
vancomycin intravenous recon soln 1,000 mg	4	QL (20 per 10 days)
vancomycin intravenous recon soln 1.25 gram	4	PA; QL (16 per 10 days)
vancomycin intravenous recon soln 1.5 gram	4	PA; QL (14 per 10 days)
VANCOMYCIN INTRAVENOUS RECON SOLN 1.75 GRAM	4	PA; QL (12 per 10 days)
vancomycin intravenous recon soln 10 gram	4	QL (2 per 10 days)
VANCOMYCIN INTRAVENOUS RECON SOLN 2 GRAM	4	PA; QL (10 per 10 days)
vancomycin intravenous recon soln 5 gram	4	PA; QL (4 per 10 days)
vancomycin intravenous recon soln 500 mg	4	QL (10 per 10 days)
vancomycin intravenous recon soln 750 mg	4	QL (27 per 10 days)
vancomycin oral capsule 125 mg	4	PA; QL (40 per 10 days)
vancomycin oral capsule 250 mg	4	PA; QL (80 per 10 days)
vancomycin oral recon soln 25 mg/ml, 50 mg/ml	4	QL (450 per 10 days)
VANCOMYCIN-DILUENT COMBO NO.1 INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 1.25 GRAM/250 ML, 2 GRAM/400 ML	4	PA; QL (4000 per 10 days)
VANCOMYCIN-DILUENT COMBO NO.1 INTRAVENOUS PIGGYBACK 1.5 GRAM/300 ML, 1.75 GRAM/350 ML	4	PA; QL (4200 per 10 days)
VANCOMYCIN-DILUENT COMBO NO.1 INTRAVENOUS PIGGYBACK 500 MG/100 ML	4	PA; QL (1000 per 10 days)
VANCOMYCIN-DILUENT COMBO NO.1 INTRAVENOUS PIGGYBACK 750 MG/150 ML	4	PA; QL (4050 per 10 days)
VIBATIV INTRAVENOUS RECON SOLN 750 MG	5	PA; NDS
XACDURO INTRAVENOUS RECON SOLN 1 GRAM-1 GRAM (0.5 GRAM X 2)	5	NDS
XIFAXAN ORAL TABLET 200 MG	3	PA; QL (9 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
XIFAXAN ORAL TABLET 550 MG	5	PA; QL (90 per 30 days); NDS
ZEMDRI INTRAVENOUS SOLUTION 50 MG/ML	5	PA; NDS
ZYVOX INTRAVENOUS PIGGYBACK 600 MG/300 ML	4	PA
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	4	
ZYVOX ORAL TABLET 600 MG	5	NDS
PENICILLINS		
amoxicillin oral capsule 250 mg, 500 mg	2	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml	2	
amoxicillin oral tablet 500 mg, 875 mg	2	
amoxicillin oral tablet,chewable 125 mg, 250 mg	2	
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml	2	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	2	
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg	4	
ampicillin oral capsule 500 mg	2	
ampicillin sodium injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	4	PA
ampicillin sodium intravenous recon soln 1 gram, 2 gram	4	PA
ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram	4	PA
ampicillin-sulbactam intravenous recon soln 1.5 gram, 3 gram	4	PA
AUGMENTIN ES-600 ORAL SUSPENSION FOR RECONSTITUTION 600-42.9 MG/5 ML	4	

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Drug Name	Drug Tier	Requirements/Limits
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	4	
BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K)	4	PA
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	4	PA
dicloxacillin oral capsule 250 mg, 500 mg	2	
EXTENCILLINE INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT, 2.4 MILLION UNIT	4	PA
LENTOCILIN S INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT	4	PA
nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml	4	PA
nafcillin injection recon soln 1 gram, 2 gram	4	PA
nafcillin injection recon soln 10 gram	5	PA; NDS
oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml	4	PA
oxacillin injection recon soln 1 gram, 10 gram, 2 gram	4	PA
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	4	PA
penicillin g potassium injection recon soln 20 million unit, 5 million unit	4	PA
penicillin g sodium injection recon soln 5 million unit	4	PA
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	2	
penicillin v potassium oral tablet 250 mg, 500 mg	2	

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Drug Name	Drug Tier	Requirements/Limits
pfizerpen-g injection recon soln 20 million unit, 5 million unit	4	PA
PIPERACILLIN-TAZOBACTAM INTRAVENOUS RECON SOLN 13.5 GRAM	4	
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram	4	
UNASYN INJECTION RECON SOLN 1.5 GRAM, 15 GRAM, 3 GRAM	4	PA
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 3.375 GRAM/50 ML, 4.5 GRAM/100 ML	4	
QUINOLONES		
BAXDELA INTRAVENOUS RECON SOLN 300 MG	5	PA; NDS
BAXDELA ORAL TABLET 450 MG	5	NDS
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML	4	
CIPRO ORAL TABLET 250 MG, 500 MG	4	
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	2	
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml	4	PA
ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml	4	
levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml	4	PA
levofloxacin intravenous solution 25 mg/ml	4	PA
levofloxacin oral solution 250 mg/10 ml	4	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	2	
moxifloxacin oral tablet 400 mg	3	
MOXIFLOXACIN-SOD.ACE,SUL-WATER INTRAVENOUS PIGGYBACK 400 MG/250 ML	4	PA

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Drug Name	Drug Tier	Requirements/Limits
moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml	4	PA
ofloxacin oral tablet 300 mg, 400 mg	4	
SULFA'S / RELATED AGENTS		
BACTRIM DS ORAL TABLET 800-160 MG	4	
BACTRIM ORAL TABLET 400-80 MG	4	
sulfadiazine oral tablet 500 mg	4	
sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml	4	PA
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	2	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	1	
TETRACYCLINES		
demeclocycline oral tablet 150 mg, 300 mg	4	
DORYX MPC ORAL TABLET,DELAYED RELEASE (DR/EC) 60 MG	4	ST
doxy-100 intravenous recon soln 100 mg	4	PA
doxycycline hyclate intravenous recon soln 100 mg	4	PA
doxycycline hyclate oral capsule 100 mg, 50 mg	2	
doxycycline hyclate oral tablet 100 mg, 20 mg, 50 mg	2	
doxycycline hyclate oral tablet 150 mg, 75 mg	4	
doxycycline hyclate oral tablet,delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	4	
DOXYCYCLINE HYCLATE ORAL TABLET,DELAYED RELEASE (DR/EC) 80 MG	4	ST
doxycycline monohydrate oral capsule 100 mg, 50 mg	2	
doxycycline monohydrate oral capsule 150 mg, 75 mg	4	

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doxycycline monohydrate oral capsule,ir – delay rel,biphase 40 mg	4	
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml	4	
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	2	
doxycycline monohydrate oral tablet 150 mg	4	
EMROSI ORAL CAPSULE,IR -EXTEND REL,BIPHASE 40 MG	5	ST; NDS
MINOCIN INTRAVENOUS RECON SOLN 100 MG	4	PA
minocycline oral capsule 100 mg, 50 mg, 75 mg	2	
minocycline oral tablet 100 mg, 50 mg, 75 mg	4	
minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg	4	
mondoxyne nl oral capsule 100 mg	2	
NUZYRA INTRAVENOUS RECON SOLN 100 MG	5	PA; NDS
NUZYRA ORAL TABLET 150 MG	5	NDS
ORACEA ORAL CAPSULE,IR – DELAY REL,BIPHASE 40 MG	4	ST
SEYSARA ORAL TABLET 100 MG, 60 MG	4	ST
SEYSARA ORAL TABLET 150 MG	5	ST; NDS
TARGADOX ORAL TABLET 50 MG	4	ST
tetracycline oral capsule 250 mg, 500 mg	4	
XERAVA INTRAVENOUS RECON SOLN 100 MG, 50 MG	4	PA
URINARY TRACT AGENTS		
fosfomycin tromethamine oral packet 3 gram	4	
MACROBID ORAL CAPSULE 100 MG	4	

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Drug Name	Drug Tier	Requirements/Limits
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG	4	
methenamine hippurate oral tablet 1 gram	3	
methenamine mandelate oral tablet 0.5 gram, 1 gram	2	
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	3	
nitrofurantoin macrocrystal oral capsule 25 mg	4	
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	3	
nitrofurantoin oral suspension 25 mg/5 ml	4	
NITROFURANTOIN ORAL SUSPENSION 50 MG/5 ML	5	NDS
trimethoprim oral tablet 100 mg	2	
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
BOMYNTRA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	5	B/D PA; NDS
BOMYNTRA SUBCUTANEOUS SYRINGE 120 MG/1.7 ML (70 MG/ML)	5	B/D PA; NDS
dexrazoxane hcl intravenous recon soln 250 mg, 500 mg	5	B/D PA; NDS
ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG	5	NDS
KEPIVANCE INTRAVENOUS RECON SOLN 5.16 MG	5	NDS
KHAPZORY INTRAVENOUS RECON SOLN 175 MG	5	B/D PA; NDS
leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg	4	B/D PA
leucovorin calcium injection solution 10 mg/ml	4	B/D PA

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Drug Name	Drug Tier	Requirements/Limits
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	3	
levoleucovorin calcium intravenous recon soln 50 mg	5	B/D PA; NDS
levoleucovorin calcium intravenous solution 10 mg/ml	5	B/D PA; NDS
mesna intravenous solution 100 mg/ml	2	B/D PA
mesna oral tablet 400 mg	5	NDS
MESNEX INTRAVENOUS SOLUTION 100 MG/ML	4	B/D PA
MESNEX ORAL TABLET 400 MG	5	NDS
OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	5	B/D PA; NDS
WYOST SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	5	B/D PA; NDS
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	5	B/D PA; NDS
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
abiraterone oral tablet 250 mg	5	PA; QL (120 per 30 days); NDS
abiraterone oral tablet 500 mg	5	PA; QL (60 per 30 days); NDS
abirtega oral tablet 250 mg	4	PA; QL (120 per 30 days)
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	5	B/D PA; NDS
ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML	5	PA; NDS
ADCETRIS INTRAVENOUS RECON SOLN 50 MG	5	B/D PA; NDS
ADRIAMYCIN INTRAVENOUS RECON SOLN 50 MG	4	B/D PA
ADSTILADRIN INTRAVESICAL SUSPENSION 3X10EXP11 VP/ML	5	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG	5	PA; QL (150 per 30 days); NDS
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 3 MG	5	PA; QL (90 per 30 days); NDS
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 5 MG	5	PA; QL (60 per 30 days); NDS
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	5	PA; QL (30 per 30 days); NDS
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	5	PA; LA; QL (60 per 30 days); NDS
ALECENSA ORAL CAPSULE 150 MG	5	PA; QL (240 per 30 days); NDS
ALIMTA INTRAVENOUS RECON SOLN 100 MG, 500 MG	5	B/D PA; NDS
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; QL (30 per 30 days); NDS
ALUNBRIG ORAL TABLET 30 MG	5	PA; QL (60 per 30 days); NDS
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	5	PA; QL (30 per 180 days); NDS
ALYMSYS INTRAVENOUS SOLUTION 25 MG/ML	5	PA; NDS
anastrozole oral tablet 1 mg	2	
ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4 ML	5	PA; NDS
ARIMIDEX ORAL TABLET 1 MG	5	NDS
AROMASIN ORAL TABLET 25 MG	5	NDS
arsenic trioxide intravenous solution 1 mg/ml, 2 mg/ml	5	B/D PA; NDS
ASPARLAS INTRAVENOUS SOLUTION 750 UNIT/ML	5	PA; NDS
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	4	B/D PA
AUGTYRO ORAL CAPSULE 160 MG	5	PA; QL (60 per 30 days); NDS
AUGTYRO ORAL CAPSULE 40 MG	5	PA; QL (240 per 30 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML	5	PA; NDS
AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG	5	PA; QL (66 per 28 days); NDS
AXTLE INTRAVENOUS RECON SOLN 100 MG, 500 MG	5	B/D PA; NDS
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	5	PA; LA; QL (30 per 30 days); NDS
azacitidine injection recon soln 100 mg	5	B/D PA; NDS
AZASAN ORAL TABLET 100 MG, 75 MG	4	B/D PA
azathioprine oral tablet 100 mg, 75 mg	4	B/D PA
azathioprine oral tablet 50 mg	2	B/D PA
azathioprine sodium injection recon soln 100 mg	2	B/D PA
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	5	PA; LA; NDS
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML	5	B/D PA; LA; NDS
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	5	B/D PA; NDS
bendamustine intravenous recon soln 100 mg, 25 mg	5	B/D PA; NDS
BENDAMUSTINE INTRAVENOUS SOLUTION 25 MG/ML	5	B/D PA; NDS
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	5	B/D PA; NDS
BESPONSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL)	5	B/D PA; LA; NDS
bexarotene oral capsule 75 mg	5	PA; NDS
bexarotene topical gel 1 %	5	PA; NDS
bicalutamide oral tablet 50 mg	2	
BIZENGRI INTRAVENOUS SOLUTION 375 MG/18.75 ML (20 MG/ML)	5	PA; NDS
bleomycin injection recon soln 15 unit, 30 unit	2	B/D PA

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Drug Name	Drug Tier	Requirements/Limits
BLINCYTO INTRAVENOUS KIT 35 MCG	5	B/D PA; NDS
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	5	B/D PA; NDS
bortezomib injection recon soln 3.5 mg	5	B/D PA; NDS
BORUZU INJECTION SOLUTION 2.5 MG/ML	5	B/D PA; NDS
BOSULIF ORAL CAPSULE 100 MG	5	PA; QL (180 per 30 days); NDS
BOSULIF ORAL CAPSULE 50 MG	5	PA; QL (330 per 30 days); NDS
BOSULIF ORAL TABLET 100 MG	5	PA; QL (90 per 30 days); NDS
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; QL (30 per 30 days); NDS
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; LA; QL (180 per 30 days); NDS
BRUKINSA ORAL CAPSULE 80 MG	5	PA; LA; QL (120 per 30 days); NDS
busulfan intravenous solution 60 mg/10 ml	5	B/D PA; NDS
BUSULFEX INTRAVENOUS SOLUTION 60 MG/10 ML	5	B/D PA; NDS
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	5	PA; LA; QL (30 per 30 days); NDS
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	5	PA; LA; QL (60 per 30 days); NDS
CAMPTOSAR INTRAVENOUS SOLUTION 100 MG/5 ML, 300 MG/15 ML, 40 MG/2 ML	4	B/D PA
CAPRELSA ORAL TABLET 100 MG	5	PA; LA; QL (60 per 30 days); NDS
CAPRELSA ORAL TABLET 300 MG	5	PA; LA; QL (30 per 30 days); NDS
carboplatin intravenous solution 10 mg/ml	2	B/D PA
carmustine intravenous recon soln 100 mg	5	B/D PA; NDS
CASODEX ORAL TABLET 50 MG	4	
CELLCEPT INTRAVENOUS RECON SOLN 500 MG	4	B/D PA
CELLCEPT ORAL CAPSULE 250 MG	4	B/D PA
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML	5	B/D PA; NDS
CELLCEPT ORAL TABLET 500 MG	5	B/D PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
cisplatin intravenous solution 1 mg/ml	2	B/D PA
cladribine intravenous solution 10 mg/10 ml	5	B/D PA; NDS
clofarabine intravenous solution 1 mg/ml	5	B/D PA; NDS
COLUMVI INTRAVENOUS SOLUTION 1 MG/ML	5	PA; NDS
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	5	PA; QL (56 per 28 days); NDS
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5	PA; QL (112 per 28 days); NDS
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	5	PA; QL (84 per 28 days); NDS
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA; LA; QL (60 per 30 days); NDS
COSELA INTRAVENOUS RECON SOLN 300 MG	5	PA; NDS
COTELLIC ORAL TABLET 20 MG	5	PA; LA; QL (63 per 28 days); NDS
cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg	2	B/D PA
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 100 MG/ML	5	B/D PA; NDS
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 200 MG/ML, 500 MG/ML	4	B/D PA
cyclophosphamide oral capsule 25 mg, 50 mg	3	B/D PA
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	3	B/D PA
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	3	B/D PA
cyclosporine modified oral solution 100 mg/ml	3	B/D PA
cyclosporine oral capsule 100 mg, 25 mg	3	B/D PA
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML	5	B/D PA; NDS
cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml	2	B/D PA
cytarabine injection solution 20 mg/ml	2	B/D PA

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dacarbazine intravenous recon soln 100 mg, 200 mg	2	B/D PA
dactinomycin intravenous recon soln 0.5 mg	2	B/D PA
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML	5	B/D PA; NDS
DANZITEN ORAL TABLET 71 MG, 95 MG	5	PA; QL (112 per 28 days); NDS
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML	5	B/D PA; NDS
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	5	B/D PA; LA; NDS
dasatinib oral tablet 100 mg, 140 mg, 50 mg, 80 mg	5	PA; QL (30 per 30 days); NDS
dasatinib oral tablet 20 mg	5	PA; QL (90 per 30 days); NDS
dasatinib oral tablet 70 mg	5	PA; QL (60 per 30 days); NDS
DATROWAY INTRAVENOUS RECON SOLN 100 MG	5	PA; NDS
daunorubicin intravenous solution 5 mg/ml	2	B/D PA
DAURISMO ORAL TABLET 100 MG	5	PA; QL (30 per 30 days); NDS
DAURISMO ORAL TABLET 25 MG	5	PA; QL (60 per 30 days); NDS
decitabine intravenous recon soln 50 mg	5	B/D PA; NDS
docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)	5	B/D PA; NDS
DOCIVYX INTRAVENOUS SOLUTION 160 MG/16 ML (10 MG/ML), 20 MG/2 ML (10 MG/ML), 80 MG/8 ML (10 MG/ML)	5	B/D PA; NDS
DOXIL INTRAVENOUS SUSPENSION 2 MG/ML	5	B/D PA; NDS
doxorubicin intravenous recon soln 10 mg, 50 mg	2	B/D PA
doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml	2	B/D PA

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Drug Name	Drug Tier	Requirements/Limits
doxorubicin, peg-liposomal intravenous suspension 2 mg/ml	5	B/D PA; NDS
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	3	
ELAHERE INTRAVENOUS SOLUTION 5 MG/ML	5	PA; LA; NDS
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	3	PA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	3	PA
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	3	PA
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	3	PA
ELLENCE INTRAVENOUS SOLUTION 200 MG/100 ML, 50 MG/25 ML	4	B/D PA
ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML	5	PA; NDS
ELZONRIS INTRAVENOUS SOLUTION 1,000 MCG/ML	5	B/D PA; LA; NDS
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG	5	B/D PA; NDS
EMRELIS INTRAVENOUS RECON SOLN 100 MG, 20 MG	5	PA; NDS
ENHERTU INTRAVENOUS RECON SOLN 100 MG	5	PA; NDS
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	5	PA; NDS
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	4	B/D PA
epirubicin intravenous solution 200 mg/100 ml	2	B/D PA
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML	5	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	5	B/D PA; NDS
eribulin intravenous solution 1 mg/2 ml (0.5 mg/ml)	5	B/D PA; NDS
ERIVEDGE ORAL CAPSULE 150 MG	5	PA; QL (30 per 30 days); NDS
ERLEADA ORAL TABLET 240 MG	5	PA; QL (30 per 30 days); NDS
ERLEADA ORAL TABLET 60 MG	5	PA; QL (120 per 30 days); NDS
erlotinib oral tablet 100 mg, 150 mg	5	PA; QL (30 per 30 days); NDS
erlotinib oral tablet 25 mg	5	PA; QL (60 per 30 days); NDS
ERWINASE INJECTION RECON SOLN 10,000 UNIT	5	B/D PA; NDS
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	4	B/D PA
etoposide intravenous solution 20 mg/ml	2	B/D PA
EULEXIN ORAL CAPSULE 125 MG	5	NDS
everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	5	PA; QL (30 per 30 days); NDS
everolimus (antineoplastic) oral tablet for suspension 2 mg	5	PA; QL (150 per 30 days); NDS
everolimus (antineoplastic) oral tablet for suspension 3 mg	5	PA; QL (90 per 30 days); NDS
everolimus (antineoplastic) oral tablet for suspension 5 mg	5	PA; QL (60 per 30 days); NDS
everolimus (immunosuppressive) oral tablet 0.25 mg	3	B/D PA
everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg	5	B/D PA; NDS
EVOMELA INTRAVENOUS RECON SOLN 50 MG	4	B/D PA
exemestane oral tablet 25 mg	4	
FARESTON ORAL TABLET 60 MG	5	NDS
FASLODEX INTRAMUSCULAR SYRINGE 250 MG/5 ML	5	B/D PA; NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
FEMARA ORAL TABLET 2.5 MG	4	
FENSOLVI SUBCUTANEOUS SYRINGE 45 MG	5	PA; NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	PA; NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	4	PA
floxuridine injection recon soln 0.5 gram	2	B/D PA
fludarabine intravenous recon soln 50 mg	2	B/D PA
fludarabine intravenous solution 50 mg/2 ml	2	B/D PA
fluorouracil intravenous solution 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml	2	B/D PA
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML)	5	B/D PA; NDS
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	5	PA; LA; QL (21 per 28 days); NDS
FRINDOVYX INTRAVENOUS SOLUTION 500 MG/ML	5	B/D PA; NDS
FRUZAQLA ORAL CAPSULE 1 MG	5	PA; QL (84 per 28 days); NDS
FRUZAQLA ORAL CAPSULE 5 MG	5	PA; QL (21 per 28 days); NDS
fulvestrant intramuscular syringe 250 mg/5 ml	5	B/D PA; NDS
FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	5	PA; NDS
GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML	5	PA; LA; NDS
GAVRETO ORAL CAPSULE 100 MG	5	PA; LA; QL (120 per 30 days); NDS
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML	5	B/D PA; NDS
gefitinib oral tablet 250 mg	5	PA; QL (30 per 30 days); NDS
gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg	2	B/D PA
gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)	2	B/D PA

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Drug Name	Drug Tier	Requirements/Limits
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	3	B/D PA
gengraf oral capsule 100 mg, 25 mg	3	B/D PA
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA; QL (30 per 30 days); NDS
GLEEVEC ORAL TABLET 100 MG	5	PA; QL (180 per 30 days); NDS
GLEEVEC ORAL TABLET 400 MG	5	PA; QL (60 per 30 days); NDS
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	4	
GLEOSTINE ORAL CAPSULE 100 MG	5	NDS
GOMEKLI ORAL CAPSULE 1 MG	5	PA; QL (126 per 28 days); NDS
GOMEKLI ORAL CAPSULE 2 MG	5	PA; QL (84 per 28 days); NDS
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG	5	PA; QL (168 per 28 days); NDS
GRAFAPEX INTRAVENOUS RECON SOLN 1 GRAM, 5 GRAM	5	B/D PA; NDS
HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML)	5	B/D PA; NDS
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	5	PA; NDS
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	5	PA; NDS
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA; NDS
HYDREA ORAL CAPSULE 500 MG	4	
hydroxyurea oral capsule 500 mg	2	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA; QL (21 per 28 days); NDS
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA; QL (21 per 28 days); NDS
IBTROZI ORAL CAPSULE 200 MG	5	PA; QL (90 per 30 days); NDS
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	5	PA; QL (30 per 30 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
IDAMYCIN PFS INTRAVENOUS SOLUTION 1 MG/ML	4	B/D PA
idarubicin intravenous solution 1 mg/ml	2	B/D PA
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA; LA; QL (30 per 30 days); NDS
IFEX INTRAVENOUS RECON SOLN 1 GRAM, 3 GRAM	4	B/D PA
ifosfamide intravenous recon soln 1 gram, 3 gram	2	B/D PA
ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml	2	B/D PA
imatinib oral tablet 100 mg	3	PA; QL (180 per 30 days)
imatinib oral tablet 400 mg	5	PA; QL (60 per 30 days); NDS
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	5	PA; QL (30 per 30 days); NDS
IMBRUVICA ORAL SUSPENSION 70 MG/ML	5	PA; QL (324 per 30 days); NDS
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	5	PA; QL (30 per 30 days); NDS
IMDELLTRA INTRAVENOUS RECON SOLN 1 MG, 10 MG	5	PA; NDS
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML	5	B/D PA; LA; NDS
IMJUDO INTRAVENOUS SOLUTION 20 MG/ML	5	PA; NDS
IMKELDI ORAL SOLUTION 80 MG/ML	5	PA; QL (280 per 28 days); NDS
IMURAN ORAL TABLET 50 MG	4	B/D PA
INLYTA ORAL TABLET 1 MG	5	PA; QL (180 per 30 days); NDS
INLYTA ORAL TABLET 5 MG	5	PA; QL (120 per 30 days); NDS
INQOVI ORAL TABLET 35-100 MG	5	PA; QL (5 per 28 days); NDS
INREBIC ORAL CAPSULE 100 MG	5	PA; LA; QL (120 per 30 days); NDS
IRESSA ORAL TABLET 250 MG	5	PA; QL (30 per 30 days); NDS
irinotecan intravenous solution 100 mg/5 ml	2	B/D PA
irinotecan intravenous solution 300 mg/15 ml, 40 mg/2 ml, 500 mg/25 ml	5	B/D PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
ISTODAX INTRAVENOUS RECON SOLN 10 MG/2 ML	5	B/D PA; NDS
ITOVEBI ORAL TABLET 3 MG	5	PA; QL (60 per 30 days); NDS
ITOVEBI ORAL TABLET 9 MG	5	PA; QL (30 per 30 days); NDS
IVRA INTRAVENOUS SOLUTION 90 MG/ML	5	B/D PA; NDS
IWILFIN ORAL TABLET 192 MG	5	PA; LA; QL (240 per 30 days); NDS
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG	5	B/D PA; NDS
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA; QL (60 per 30 days); NDS
JAYPIRCA ORAL TABLET 100 MG	5	PA; QL (60 per 30 days); NDS
JAYPIRCA ORAL TABLET 50 MG	5	PA; QL (30 per 30 days); NDS
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	5	PA; NDS
JEVTANA INTRAVENOUS SOLUTION 10 MG/ML (FIRST DILUTION)	5	B/D PA; NDS
JYLAMVO ORAL SOLUTION 2 MG/ML	4	B/D PA
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG	5	PA; NDS
KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA; NDS
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	5	PA; NDS
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML	5	B/D PA; NDS
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA; QL (21 per 28 days); NDS
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA; QL (42 per 28 days); NDS
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA; QL (63 per 28 days); NDS
KLISYRI (250 MG) TOPICAL OINTMENT IN PACKET 1 %	5	NDS

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Drug Name	Drug Tier	Requirements/Limits
KLISYRI (350 MG) TOPICAL OINTMENT IN PACKET 1 %	5	NDS
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	5	PA; NDS
KRAZATI ORAL TABLET 200 MG	5	PA; QL (180 per 30 days); NDS
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG	5	B/D PA; NDS
LANREOTIDE SUBCUTANEOUS SYRINGE 120 MG/0.5 ML	5	PA; NDS
lapatinib oral tablet 250 mg	5	PA; QL (180 per 30 days); NDS
LAZCLUZE ORAL TABLET 240 MG	5	PA; LA; QL (30 per 30 days); NDS
LAZCLUZE ORAL TABLET 80 MG	5	PA; LA; QL (60 per 30 days); NDS
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	5	PA; QL (28 per 28 days); NDS
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	5	PA; QL (30 per 30 days); NDS
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	5	PA; QL (90 per 30 days); NDS
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	5	PA; QL (60 per 30 days); NDS
letrozole oral tablet 2.5 mg	2	
LEUKERAN ORAL TABLET 2 MG	5	NDS
LEUPROLIDE (3 MONTH) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	4	PA
leuprolide subcutaneous kit 1 mg/0.2 ml	4	PA
LIBTAYO INTRAVENOUS SOLUTION 50 MG/ML	5	PA; LA; NDS
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	5	PA; NDS
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML)	5	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
LORBRENA ORAL TABLET 100 MG	5	PA; QL (30 per 30 days); NDS
LORBRENA ORAL TABLET 25 MG	5	PA; QL (90 per 30 days); NDS
LUMAKRAS ORAL TABLET 120 MG	5	PA; QL (240 per 30 days); NDS
LUMAKRAS ORAL TABLET 240 MG	5	PA; QL (120 per 30 days); NDS
LUMAKRAS ORAL TABLET 320 MG	5	PA; QL (90 per 30 days); NDS
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML	5	PA; NDS
LUPKYNIS ORAL CAPSULE 7.9 MG	5	PA; LA; QL (180 per 30 days); NDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	5	PA; NDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	PA; NDS
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	5	PA; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	5	PA; NDS
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	5	PA; NDS
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	5	PA; NDS
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	5	PA; NDS
LYNOZYFIC INTRAVENOUS SOLUTION 2 MG/ML, 20 MG/ML	5	PA; NDS
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA; QL (120 per 30 days); NDS
LYSODREN ORAL TABLET 500 MG	5	NDS
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3)	5	PA; LA; QL (84 per 28 days); NDS
LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4)	5	PA; LA; QL (112 per 28 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
LYTGOBI ORAL TABLET 20 MG/DAY (4 MG X 5)	5	PA; LA; QL (140 per 28 days); NDS
MARGENZA INTRAVENOUS SOLUTION 25 MG/ML	5	B/D PA; NDS
MATULANE ORAL CAPSULE 50 MG	5	NDS
megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)	3	PA
megestrol oral suspension 625 mg/5 ml (125 mg/ml)	4	PA
megestrol oral tablet 20 mg, 40 mg	3	PA
MEKINIST ORAL RECON SOLN 0.05 MG/ML	5	PA; QL (1260 per 30 days); NDS
MEKINIST ORAL TABLET 0.5 MG	5	PA; QL (90 per 30 days); NDS
MEKINIST ORAL TABLET 2 MG	5	PA; QL (30 per 30 days); NDS
MEKTOVI ORAL TABLET 15 MG	5	PA; LA; QL (180 per 30 days); NDS
melphalan hcl intravenous recon soln 50 mg	5	B/D PA; NDS
mercaptopurine oral suspension 20 mg/ml	5	NDS
mercaptopurine oral tablet 50 mg	3	
methotrexate sodium (pf) injection recon soln 1 gram	2	B/D PA
methotrexate sodium (pf) injection solution 25 mg/ml	2	B/D PA
methotrexate sodium injection solution 25 mg/ml	2	B/D PA
methotrexate sodium oral tablet 2.5 mg	2	B/D PA
mitomycin intravenous recon soln 20 mg, 5 mg	2	B/D PA
mitomycin intravenous recon soln 40 mg	5	B/D PA; NDS
mitoxantrone intravenous concentrate 2 mg/ml	2	B/D PA
MONJUVI INTRAVENOUS RECON SOLN 200 MG	5	PA; LA; NDS
MVASI INTRAVENOUS SOLUTION 25 MG/ML	5	PA; NDS
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	5	PA; LA; NDS

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Drug Name	Drug Tier	Requirements/Limits
mycophenolate mofetil (hcl) intravenous recon soln 500 mg	4	B/D PA
mycophenolate mofetil oral capsule 250 mg	3	B/D PA
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	5	B/D PA; NDS
mycophenolate mofetil oral tablet 500 mg	3	B/D PA
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg	4	B/D PA
MYFORTIC ORAL TABLET,DELAYED RELEASE (DR/EC) 180 MG, 360 MG	4	B/D PA
MYHIBBIN ORAL SUSPENSION 200 MG/ML	5	B/D PA; NDS
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC)	5	B/D PA; LA; NDS
nelarabine intravenous solution 250 mg/50 ml	5	B/D PA; NDS
NEMLUVIO SUBCUTANEOUS PEN INJECTOR 30 MG	5	PA; QL (2 per 28 days); NDS
NEORAL ORAL CAPSULE 100 MG, 25 MG	4	B/D PA
NEORAL ORAL SOLUTION 100 MG/ML	4	B/D PA
NERLYNX ORAL TABLET 40 MG	5	PA; LA; NDS
NEXAVAR ORAL TABLET 200 MG	5	PA; LA; QL (120 per 30 days); NDS
NIKTIMVO INTRAVENOUS SOLUTION 50 MG/ML	5	PA; NDS
NILANDRON ORAL TABLET 150 MG	5	PA; NDS
nilotinib hcl oral capsule 150 mg, 200 mg	5	PA; QL (112 per 28 days); NDS
nilotinib hcl oral capsule 50 mg	5	PA; QL (120 per 30 days); NDS
nilutamide oral tablet 150 mg	5	PA; NDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA; QL (3 per 28 days); NDS
NIPENT INTRAVENOUS RECON SOLN 10 MG	5	B/D PA; NDS
NUBEQA ORAL TABLET 300 MG	5	PA; LA; QL (120 per 30 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
NULOJIX INTRAVENOUS RECON SOLN 250 MG	5	B/D PA; NDS
octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml	5	PA; NDS
octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml	4	PA
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)	4	PA
octreotide,microspheres intramuscular suspension,extended rel recon 10 mg, 20 mg, 30 mg	5	PA; NDS
ODOMZO ORAL CAPSULE 200 MG	5	PA; LA; QL (30 per 30 days); NDS
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA; NDS
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	PA; QL (56 per 28 days); NDS
OGSIVEO ORAL TABLET 50 MG	5	PA; QL (180 per 30 days); NDS
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	5	PA; QL (96 per 28 days); NDS
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	5	PA; QL (16 per 28 days); NDS
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	5	PA; QL (20 per 28 days); NDS
OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)	5	PA; QL (24 per 28 days); NDS
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	5	PA; QL (30 per 30 days); NDS
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	5	B/D PA; NDS
ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML	5	B/D PA; NDS
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA; NDS
ONUREG ORAL TABLET 200 MG, 300 MG	5	PA; QL (14 per 28 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML	5	PA; NDS
OPDIVO QVANTIG SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	5	PA; NDS
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML	5	PA; NDS
ORGOVYX ORAL TABLET 120 MG	5	PA; LA; QL (30 per 28 days); NDS
ORSERDU ORAL TABLET 345 MG	5	PA; QL (30 per 30 days); NDS
ORSERDU ORAL TABLET 86 MG	5	PA; QL (90 per 30 days); NDS
oxaliplatin intravenous recon soln 100 mg, 50 mg	2	B/D PA
oxaliplatin intravenous solution 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml)	2	B/D PA
paclitaxel intravenous concentrate 6 mg/ml	2	B/D PA
paclitaxel protein-bound intravenous suspension for reconstitution 100 mg	5	B/D PA; NDS
PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG	5	PA; NDS
paraplatin intravenous solution 10 mg/ml	2	B/D PA
pazopanib oral tablet 200 mg	5	PA; QL (120 per 30 days); NDS
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	PA; LA; QL (28 per 28 days); NDS
pemetrexed disodium intravenous recon soln 1,000 mg, 500 mg	5	B/D PA; NDS
pemetrexed disodium intravenous recon soln 100 mg	4	B/D PA
PEMETREXED DISODIUM INTRAVENOUS RECON SOLN 750 MG	5	B/D PA; NDS
PEMETREXED DISODIUM INTRAVENOUS SOLUTION 25 MG/ML	5	B/D PA; NDS
PEMETREXED INTRAVENOUS SOLUTION 25 MG/ML	5	B/D PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
PEMRYDI RTU INTRAVENOUS SOLUTION 10 MG/ML	5	B/D PA; NDS
PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML)	5	B/D PA; NDS
PHESGO SUBCUTANEOUS SOLUTION 1,200 MG-600MG- 30000 UNIT/15ML, 600 MG-600 MG- 20000 UNIT/10ML	5	PA; NDS
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA; QL (28 per 28 days); NDS
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	5	PA; QL (56 per 28 days); NDS
POLIVY INTRAVENOUS RECON SOLN 140 MG, 30 MG	5	PA; NDS
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA; LA; QL (21 per 28 days); NDS
POTELIGEO INTRAVENOUS SOLUTION 4 MG/ML	5	PA; NDS
PRALATREXATE INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML)	5	B/D PA; NDS
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	3	B/D PA
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG	4	B/D PA
PROGRAF ORAL CAPSULE 5 MG	5	B/D PA; NDS
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	4	B/D PA
PURIXAN ORAL SUSPENSION 20 MG/ML	5	NDS
QINLOCK ORAL TABLET 50 MG	5	PA; LA; QL (90 per 30 days); NDS
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	5	PA; LA; QL (60 per 30 days); NDS
RETEVMO ORAL TABLET 40 MG	5	PA; LA; QL (90 per 30 days); NDS
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	5	PA; LA; QL (28 per 28 days); NDS
REVUFORJ ORAL TABLET 110 MG	5	PA; QL (120 per 30 days); NDS

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REVUFORJ ORAL TABLET 160 MG	5	PA; QL (60 per 30 days); NDS
REVUFORJ ORAL TABLET 25 MG	5	PA; QL (240 per 30 days); NDS
REZLIDHIA ORAL CAPSULE 150 MG	5	PA; QL (60 per 30 days); NDS
REZUROCK ORAL TABLET 200 MG	5	PA; LA; QL (30 per 30 days); NDS
RIABNI INTRAVENOUS SOLUTION 10 MG/ML	5	PA; NDS
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	5	PA; NDS
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML	5	PA; NDS
romidepsin intravenous recon soln 10 mg/2 ml	5	B/D PA; NDS
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	5	PA; LA; QL (8 per 28 days); NDS
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; QL (150 per 30 days); NDS
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; QL (90 per 30 days); NDS
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	5	PA; QL (336 per 28 days); NDS
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA; LA; QL (120 per 30 days); NDS
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	5	PA; NDS
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML	5	PA; NDS
RYDAPT ORAL CAPSULE 25 MG	5	PA; QL (224 per 28 days); NDS
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5 ML	5	B/D PA; NDS
RYTELO INTRAVENOUS RECON SOLN 188 MG, 47 MG	5	PA; NDS
SANDIMMUNE INTRAVENOUS SOLUTION 250 MG/5 ML	4	B/D PA
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	4	B/D PA

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	4	PA
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 10 MG, 20 MG, 30 MG	5	PA; NDS
SAPHNELO INTRAVENOUS SOLUTION 300 MG/2 ML (150 MG/ML)	5	PA; LA; NDS
SARCLISA INTRAVENOUS SOLUTION 20 MG/ML	5	PA; LA; NDS
SCEMBLIX ORAL TABLET 100 MG	5	PA; QL (120 per 30 days); NDS
SCEMBLIX ORAL TABLET 20 MG	5	PA; QL (60 per 30 days); NDS
SCEMBLIX ORAL TABLET 40 MG	5	PA; QL (300 per 30 days); NDS
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10 MG, 20 MG, 30 MG, 40 MG, 60 MG	5	PA; NDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	5	PA; NDS
SIKLOS ORAL TABLET 1,000 MG	5	NDS
SIKLOS ORAL TABLET 100 MG	4	
SIMULECT INTRAVENOUS RECON SOLN 10 MG, 20 MG	3	B/D PA
sirolimus oral solution 1 mg/ml	4	B/D PA
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	4	B/D PA
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	5	NDS
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	5	PA; NDS
sorafenib oral tablet 200 mg	5	PA; QL (120 per 30 days); NDS
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	5	PA; QL (30 per 30 days); NDS
SPRYCEL ORAL TABLET 20 MG	5	PA; QL (90 per 30 days); NDS
SPRYCEL ORAL TABLET 70 MG	5	PA; QL (60 per 30 days); NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
STIVARGA ORAL TABLET 40 MG	5	PA; QL (84 per 28 days); NDS
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	5	PA; QL (28 per 28 days); NDS
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY)	5	PA; NDS
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	5	PA; QL (28 per 28 days); NDS
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG	5	B/D PA; NDS
TABLOID ORAL TABLET 40 MG	4	
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA; NDS
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	3	B/D PA
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA; QL (120 per 30 days); NDS
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	5	PA; QL (840 per 28 days); NDS
TAGRISSO ORAL TABLET 40 MG, 80 MG	5	PA; LA; QL (30 per 30 days); NDS
TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML	5	PA; NDS
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	5	PA; QL (30 per 30 days); NDS
tamoxifen oral tablet 10 mg, 20 mg	2	
TARGRETIN ORAL CAPSULE 75 MG	5	PA; NDS
TARGRETIN TOPICAL GEL 1 %	5	PA; NDS
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA; QL (112 per 28 days); NDS
TASIGNA ORAL CAPSULE 50 MG	5	PA; QL (120 per 30 days); NDS
TAZVERIK ORAL TABLET 200 MG	5	PA; LA; NDS
TECENTRIQ HYBREZA SUBCUTANEOUS SOLUTION 1,875 MG-30,000 UNIT/15 ML	5	B/D PA; LA; NDS
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)	5	B/D PA; LA; NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML, 90 MG/ML	5	PA; NDS
TEMODAR INTRAVENOUS RECON SOLN 100 MG	5	B/D PA; NDS
temsirolimus intravenous recon soln 30 mg/3 ml (10 mg/ml) (first)	5	B/D PA; NDS
TEPADINA INJECTION RECON SOLN 100 MG, 15 MG	5	B/D PA; NDS
TEPMETKO ORAL TABLET 225 MG	5	PA; LA; NDS
TEPYLUTE INTRAVENOUS SOLUTION 10 MG/ML	5	B/D PA; NDS
TEVIMBRA INTRAVENOUS SOLUTION 10 MG/ML	5	PA; NDS
THALOMID ORAL CAPSULE 100 MG	5	PA; QL (112 per 28 days); NDS
THALOMID ORAL CAPSULE 50 MG	5	PA; QL (28 per 28 days); NDS
thiotepa injection recon soln 100 mg, 15 mg	5	B/D PA; NDS
TIBSOVO ORAL TABLET 250 MG	5	PA; NDS
TIVDAK INTRAVENOUS RECON SOLN 40 MG	5	PA; NDS
topotecan intravenous recon soln 4 mg	5	B/D PA; NDS
topotecan intravenous solution 4 mg/4 ml (1 mg/ml)	5	B/D PA; NDS
toremifene oral tablet 60 mg	5	NDS
TORISEL INTRAVENOUS RECON SOLN 30 MG/3 ML (10 MG/ML) (FIRST)	5	B/D PA; NDS
torpenz oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	5	PA; QL (30 per 30 days); NDS
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	B/D PA; NDS
TREANDA INTRAVENOUS RECON SOLN 100 MG, 25 MG	5	B/D PA; NDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	4	PA

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
tretinoin (antineoplastic) oral capsule 10 mg	5	NDS
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	4	B/D PA
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	5	PA; NDS
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML	5	B/D PA; NDS
TRODELVY INTRAVENOUS RECON SOLN 180 MG	5	PA; LA; NDS
TRUQAP ORAL TABLET 160 MG, 200 MG	5	PA; QL (64 per 28 days); NDS
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML	5	PA; NDS
TUKYSA ORAL TABLET 150 MG	5	PA; LA; QL (120 per 30 days); NDS
TUKYSA ORAL TABLET 50 MG	5	PA; LA; QL (300 per 30 days); NDS
TURALIO ORAL CAPSULE 125 MG	5	PA; LA; QL (120 per 30 days); NDS
TYKERB ORAL TABLET 250 MG	5	PA; LA; QL (180 per 30 days); NDS
UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML	5	B/D PA; NDS
UPLIZNA INTRAVENOUS SOLUTION 10 MG/ML	5	PA; LA; NDS
valrubicin intravesical solution 40 mg/ml	5	B/D PA; NDS
VALSTAR INTRAVESICAL SOLUTION 40 MG/ML	5	B/D PA; NDS
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	5	PA; QL (56 per 28 days); NDS
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML)	5	B/D PA; NDS
VEGZELMA INTRAVENOUS SOLUTION 25 MG/ML	5	PA; NDS
VELCADE INJECTION RECON SOLN 3.5 MG	5	B/D PA; NDS
VENCLEXTA ORAL TABLET 10 MG	3	PA; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA; LA; QL (180 per 30 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA ORAL TABLET 50 MG	5	PA; LA; QL (30 per 30 days); NDS
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	5	PA; LA; QL (42 per 180 days); NDS
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA; LA; QL (60 per 30 days); NDS
VIDAZA INJECTION RECON SOLN 100 MG	5	B/D PA; NDS
VIJOICE ORAL GRANULES IN PACKET 50 MG	5	PA; QL (28 per 28 days); NDS
VIJOICE ORAL TABLET 125 MG, 50 MG	5	PA; QL (28 per 28 days); NDS
VIJOICE ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	5	PA; QL (56 per 28 days); NDS
vinblastine intravenous solution 1 mg/ml	2	B/D PA
vincristine intravenous solution 1 mg/ml, 2 mg/2 ml	2	B/D PA
vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml	2	B/D PA
VITRAKVI ORAL CAPSULE 100 MG	5	PA; LA; QL (60 per 30 days); NDS
VITRAKVI ORAL CAPSULE 25 MG	5	PA; LA; QL (180 per 30 days); NDS
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA; LA; QL (300 per 30 days); NDS
VIVIMUSTA INTRAVENOUS SOLUTION 25 MG/ML	5	B/D PA; NDS
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA; QL (30 per 30 days); NDS
VONJO ORAL CAPSULE 100 MG	5	PA; QL (120 per 30 days); NDS
VORANIGO ORAL TABLET 10 MG	5	PA; QL (60 per 30 days); NDS
VORANIGO ORAL TABLET 40 MG	5	PA; QL (30 per 30 days); NDS
VOTRIENT ORAL TABLET 200 MG	5	PA; QL (120 per 30 days); NDS
VYLOY INTRAVENOUS RECON SOLN 100 MG, 300 MG	5	PA; LA; NDS
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG	5	B/D PA; NDS
WELIREG ORAL TABLET 40 MG	5	PA; LA; NDS

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Drug Name	Drug Tier	Requirements/Limits
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA; QL (60 per 30 days); NDS
XALKORI ORAL PELLET 150 MG	5	PA; QL (180 per 30 days); NDS
XALKORI ORAL PELLET 20 MG, 50 MG	5	PA; QL (120 per 30 days); NDS
XATMEP ORAL SOLUTION 2.5 MG/ML	4	B/D PA
XERMELO ORAL TABLET 250 MG	5	PA; LA; QL (84 per 28 days); NDS
XOSPATA ORAL TABLET 40 MG	5	PA; LA; QL (90 per 30 days); NDS
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (10 MG X 4), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	5	PA; LA; NDS
XROMI ORAL SOLUTION 100 MG/ML	5	NDS
XTANDI ORAL CAPSULE 40 MG	5	PA; QL (120 per 30 days); NDS
XTANDI ORAL TABLET 40 MG	5	PA; QL (120 per 30 days); NDS
XTANDI ORAL TABLET 80 MG	5	PA; QL (60 per 30 days); NDS
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	5	B/D PA; NDS
YONDELIS INTRAVENOUS RECON SOLN 1 MG	5	B/D PA; NDS
YONSA ORAL TABLET 125 MG	5	PA; QL (120 per 30 days); NDS
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML)	5	B/D PA; NDS
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	5	PA; LA; QL (30 per 30 days); NDS
ZELBORAF ORAL TABLET 240 MG	5	PA; QL (240 per 30 days); NDS
ZEPZELCA INTRAVENOUS RECON SOLN 4 MG	5	PA; NDS
ZIIHERA INTRAVENOUS RECON SOLN 300 MG	5	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	5	B/D PA; NDS
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	4	PA
ZOLINZA ORAL CAPSULE 100 MG	5	PA; QL (120 per 30 days); NDS
ZORTRESS ORAL TABLET 0.25 MG	4	B/D PA
ZORTRESS ORAL TABLET 0.5 MG, 0.75 MG, 1 MG	5	B/D PA; NDS
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA; QL (60 per 30 days); NDS
ZYKADIA ORAL TABLET 150 MG	5	PA; QL (90 per 30 days); NDS
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG	5	PA; LA; NDS
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML	5	PA; NDS
ZYTIGA ORAL TABLET 250 MG	5	PA; QL (120 per 30 days); NDS
ZYTIGA ORAL TABLET 500 MG	5	PA; QL (60 per 30 days); NDS
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONVULSANTS		
APTIOM ORAL TABLET 200 MG, 600 MG, 800 MG	5	QL (60 per 30 days); NDS
APTIOM ORAL TABLET 400 MG	5	QL (30 per 30 days); NDS
BANZEL ORAL SUSPENSION 40 MG/ML	5	PA; NDS
BANZEL ORAL TABLET 200 MG, 400 MG	5	PA; NDS
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	4	QL (600 per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	5	QL (600 per 30 days); NDS
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	5	QL (60 per 30 days); NDS
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	3	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
carbamazepine oral suspension 100 mg/5 ml, 100 mg/5 ml (5 ml), 200 mg/10 ml	2	
carbamazepine oral tablet 200 mg	2	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	3	
carbamazepine oral tablet,chewable 100 mg	2	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	4	
CELONTIN ORAL CAPSULE 300 MG	4	
CEREBYX INJECTION SOLUTION 100 MG PE/2 ML, 500 MG PE/10 ML	4	
clobazam oral suspension 2.5 mg/ml	4	PA; QL (480 per 30 days)
clobazam oral tablet 10 mg, 20 mg	4	PA; QL (60 per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	2	QL (90 per 30 days)
clonazepam oral tablet 2 mg	2	QL (300 per 30 days)
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	2	QL (90 per 30 days)
clonazepam oral tablet,disintegrating 2 mg	2	QL (300 per 30 days)
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	4	
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG	4	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG	4	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	5	PA; LA; NDS
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	5	PA; LA; NDS
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	4	
DILANTIN 30 MG ORAL CAPSULE 30 MG	4	
DILANTIN EXTENDED 100 MG ORAL CAPSULE 100 MG	4	

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Drug Name	Drug Tier	Requirements/Limits
DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG	4	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	4	
divalproex oral capsule, delayed rel sprinkle 125 mg	2	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	2	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	2	
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG, 1,500 MG	5	NDS
EPIDIOLEX ORAL SOLUTION 100 MG/ML	5	PA; LA; NDS
epitol oral tablet 200 mg	2	
EPRONTIA ORAL SOLUTION 25 MG/ML	4	PA
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	4	
eslicarbazepine oral tablet 200 mg	5	QL (180 per 30 days); NDS
eslicarbazepine oral tablet 400 mg	5	QL (90 per 30 days); NDS
eslicarbazepine oral tablet 600 mg, 800 mg	5	QL (60 per 30 days); NDS
ethosuximide oral capsule 250 mg	3	
ethosuximide oral solution 250 mg/5 ml	3	
felbamate oral suspension 600 mg/5 ml	4	
felbamate oral tablet 400 mg, 600 mg	4	
FELBATOL ORAL TABLET 400 MG, 600 MG	5	NDS
FINTEPLA ORAL SOLUTION 2.2 MG/ML	5	PA; LA; QL (360 per 30 days); NDS
fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml	2	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	5	QL (720 per 30 days); NDS
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	5	QL (30 per 30 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
FYCOMPA ORAL TABLET 2 MG	4	QL (60 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	5	QL (60 per 30 days); NDS
gabapentin oral capsule 100 mg, 400 mg	2	QL (270 per 30 days)
gabapentin oral capsule 300 mg	2	QL (360 per 30 days)
gabapentin oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)	3	QL (2160 per 30 days)
gabapentin oral tablet 600 mg	2	QL (180 per 30 days)
gabapentin oral tablet 800 mg	2	QL (120 per 30 days)
gabapentin oral tablet extended release 24 hr 300 mg	3	PA; QL (30 per 30 days)
gabapentin oral tablet extended release 24 hr 600 mg	3	PA; QL (90 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	4	PA; QL (30 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 450 MG, 750 MG, 900 MG	4	PA; QL (60 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	4	PA; QL (90 per 30 days)
KEPPRA INTRAVENOUS SOLUTION 500 MG/5 ML	4	
KEPPRA ORAL SOLUTION 100 MG/ML	4	
KEPPRA ORAL TABLET 1,000 MG, 250 MG, 500 MG, 750 MG	4	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG	4	
KLONOPIN ORAL TABLET 0.5 MG, 1 MG	4	QL (90 per 30 days)
KLONOPIN ORAL TABLET 2 MG	4	QL (300 per 30 days)
lacosamide intravenous solution 200 mg/20 ml	3	QL (1200 per 30 days)
lacosamide oral solution 10 mg/ml	4	QL (1200 per 30 days)
lacosamide oral tablet 100 mg, 150 mg, 200 mg	4	QL (60 per 30 days)
lacosamide oral tablet 50 mg	4	QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 100 MG, 200 MG, 25 MG, 50 MG	4	
LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG (21) -50 MG (7)	4	
LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK 50 MG (42) -100 MG (14)	4	
LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG(14)-50 MG (14)-100 MG (7)	4	
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	4	
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	4	
LAMICTAL STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35)	4	
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14)	4	
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7)	4	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG	4	
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7)	4	
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)	4	
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7)	4	

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Drug Name	Drug Tier	Requirements/Limits
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)	4	
lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	4	
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	2	
lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg	4	
lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)	4	
levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml	2	
levetiracetam intravenous solution 500 mg/5 ml	2	
levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)	2	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	2	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	2	
LEVETIRACETAM ORAL TABLET FOR SUSPENSION 250 MG	4	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG	4	PA; QL (30 per 30 days)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG	4	PA; QL (60 per 30 days)
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	4	QL (90 per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	4	QL (60 per 30 days)
LYRICA ORAL SOLUTION 20 MG/ML	4	QL (900 per 30 days)
methsuximide oral capsule 300 mg	4	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
MOTPOLY XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG	4	ST; QL (120 per 30 days)
MOTPOLY XR ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG, 200 MG	4	ST; QL (60 per 30 days)
MYSOLINE ORAL TABLET 250 MG, 50 MG	5	NDS
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)	3	PA; QL (10 per 30 days)
NEURONTIN ORAL CAPSULE 100 MG, 400 MG	4	QL (270 per 30 days)
NEURONTIN ORAL CAPSULE 300 MG	4	QL (360 per 30 days)
NEURONTIN ORAL SOLUTION 250 MG/5 ML	4	QL (2160 per 30 days)
NEURONTIN ORAL TABLET 600 MG	4	QL (180 per 30 days)
NEURONTIN ORAL TABLET 800 MG	4	QL (120 per 30 days)
ONFI ORAL SUSPENSION 2.5 MG/ML	5	PA; QL (480 per 30 days); NDS
ONFI ORAL TABLET 10 MG, 20 MG	5	PA; QL (60 per 30 days); NDS
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	4	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	3	
oxcarbazepine oral tablet extended release 24 hr 150 mg, 300 mg, 600 mg	4	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG, 600 MG	4	
perampanel oral tablet 10 mg, 12 mg, 8 mg	5	QL (30 per 30 days); NDS
perampanel oral tablet 2 mg	4	QL (60 per 30 days)
perampanel oral tablet 4 mg, 6 mg	5	QL (60 per 30 days); NDS
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	4	PA
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	3	PA
phenobarbital sodium injection solution 130 mg/ml, 65 mg/ml	2	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	4	
phenytoin oral suspension 125 mg/5 ml	2	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
phenytoin oral tablet,chewable 50 mg	2	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	2	
phenytoin sodium intravenous solution 50 mg/ml	2	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	3	QL (90 per 30 days)
pregabalin oral capsule 225 mg, 300 mg	3	QL (60 per 30 days)
pregabalin oral solution 20 mg/ml	3	QL (900 per 30 days)
pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg	4	PA; QL (30 per 30 days)
pregabalin oral tablet extended release 24 hr 330 mg	4	PA; QL (60 per 30 days)
PRIMIDONE ORAL TABLET 125 MG	4	
primidone oral tablet 250 mg, 50 mg	2	
roweepra oral tablet 500 mg	2	
rufinamide oral suspension 40 mg/ml	5	PA; NDS
rufinamide oral tablet 200 mg, 400 mg	4	PA
SABRIL ORAL POWDER IN PACKET 500 MG	5	PA; LA; NDS
SABRIL ORAL TABLET 500 MG	5	PA; LA; NDS
SEZABY INTRAVENOUS RECON SOLN 100 MG	4	
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	4	
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
subvenite starter (blue) kit oral tablets,dose pack 25 mg (35)	4	
subvenite starter (green) kit oral tablets,dose pack 25 mg (84) -100 mg (14)	4	
subvenite starter (orange) kit oral tablets,dose pack 25 mg (42) -100 mg (7)	4	
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	PA; QL (60 per 30 days); NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
SYMPAZAN ORAL FILM 5 MG	4	PA; QL (60 per 30 days)
TEGRETOL ORAL SUSPENSION 100 MG/5 ML	4	
TEGRETOL ORAL TABLET 200 MG	4	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG	4	
tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg	4	
TOPAMAX ORAL CAPSULE, SPRINKLE 15 MG, 25 MG	4	PA
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	4	PA
topiramate oral capsule, sprinkle 15 mg, 25 mg	2	PA
topiramate oral capsule, sprinkle 50 mg	4	PA
topiramate oral capsule,extended release 24hr 100 mg, 200 mg, 25 mg, 50 mg	4	PA
topiramate oral capsule,sprinkle,er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	4	PA
topiramate oral solution 25 mg/ml	4	PA
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	2	PA
TRILEPTAL ORAL SUSPENSION 300 MG/5 ML (60 MG/ML)	4	
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG	4	
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 25 MG, 50 MG	4	PA
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	5	PA; NDS
valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)	2	
valproic acid (as sodium salt) oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)	2	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
valproic acid oral capsule 250 mg	2	
VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	3	PA; QL (10 per 30 days)
vigabatrin oral powder in packet 500 mg	5	PA; LA; NDS
vigabatrin oral tablet 500 mg	5	PA; LA; NDS
vigadrone oral powder in packet 500 mg	5	PA; LA; NDS
vigadrone oral tablet 500 mg	5	PA; LA; NDS
VIGAFYDE ORAL SOLUTION 100 MG/ML	5	PA; LA; NDS
VIMPAT INTRAVENOUS SOLUTION 200 MG/20 ML	4	QL (1200 per 30 days)
VIMPAT ORAL SOLUTION 10 MG/ML	5	QL (1200 per 30 days); NDS
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	5	QL (60 per 30 days); NDS
VIMPAT ORAL TABLET 50 MG	4	QL (120 per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	5	QL (56 per 28 days); NDS
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	5	QL (30 per 30 days); NDS
XCOPRI ORAL TABLET 150 MG, 200 MG	5	QL (60 per 30 days); NDS
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	4	QL (28 per 180 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	5	QL (28 per 180 days); NDS
ZARONTIN ORAL CAPSULE 250 MG	4	
ZARONTIN ORAL SOLUTION 250 MG/5 ML	4	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	4	PA
ZONISADE ORAL SUSPENSION 100 MG/5 ML	5	PA; NDS
zonisamide oral capsule 100 mg, 25 mg, 50 mg	2	PA

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
ZTALMY ORAL SUSPENSION 50 MG/ML	5	PA; LA; QL (1100 per 30 days); NDS
ANTIPARKINSONISM AGENTS		
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	5	PA; LA; QL (90 per 30 days); NDS
apomorphine subcutaneous cartridge 10 mg/ml	5	PA; QL (90 per 30 days); NDS
AZILECT ORAL TABLET 0.5 MG, 1 MG	4	
benztropine injection solution 1 mg/ml	2	
benztropine oral tablet 0.5 mg, 1 mg, 2 mg	2	PA
bromocriptine oral capsule 5 mg	4	
bromocriptine oral tablet 2.5 mg	4	
carbidopa oral tablet 25 mg	4	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	2	
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	2	
carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg	2	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	4	
CREXONT ORAL CAPSULE,IR -EXTEND REL,BIPHASE 35-140 MG, 52.5-210 MG, 70-280 MG, 87.5-350 MG	4	
DHIVY ORAL TABLET 25-100 MG	4	
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML	5	B/D PA; NDS
entacapone oral tablet 200 mg	4	
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 137 MG	5	PA; QL (60 per 30 days); NDS
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 68.5 MG	5	PA; QL (30 per 30 days); NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	5	PA; QL (300 per 30 days); NDS
LODOSYN ORAL TABLET 25 MG	4	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	4	
NOURIANZ ORAL TABLET 20 MG, 40 MG	5	PA; LA; QL (30 per 30 days); NDS
ONAPGO SUBCUTANEOUS CARTRIDGE 4.9 MG/ ML	5	PA; LA; NDS
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	4	PA; QL (30 per 30 days)
PARLODEL ORAL CAPSULE 5 MG	4	
PARLODEL ORAL TABLET 2.5 MG	4	
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	2	
pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg	4	
rasagiline oral tablet 0.5 mg, 1 mg	4	
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	2	
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	4	
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	4	
selegiline hcl oral capsule 5 mg	2	
selegiline hcl oral tablet 5 mg	2	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	4	
TASMAR ORAL TABLET 100 MG	5	PA; NDS
tolcapone oral tablet 100 mg	5	PA; NDS
trihexyphenidyl oral elixir 0.4 mg/ml	4	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
trihexyphenidyl oral tablet 2 mg, 5 mg	1	
VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ML	5	PA; QL (490 per 30 days); NDS
XADAGO ORAL TABLET 100 MG, 50 MG	5	NDS
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG	5	PA; NDS
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	3	PA; QL (1 per 30 days)
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	4	PA; QL (1.5 per 30 days)
AJOVY SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	4	PA; QL (1.5 per 30 days)
almotriptan malate oral tablet 12.5 mg, 6.25 mg	4	QL (16 per 28 days)
dihydroergotamine injection solution 1 mg/ml	5	NDS
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	5	QL (8 per 28 days); NDS
eletriptan oral tablet 20 mg, 40 mg	4	QL (18 per 28 days)
ELYXYB ORAL SOLUTION 120 MG/4.8 ML (25 MG/ML)	4	PA
EMGALITY SUBCUTANEOUS PEN INJECTOR 120 MG/ML	3	PA; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML	3	PA; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	5	PA; QL (3 per 30 days); NDS
ERGOMAR SUBLINGUAL TABLET 2 MG	4	
ergotamine-caffeine oral tablet 1-100 mg	3	
FROVA ORAL TABLET 2.5 MG	4	QL (27 per 28 days)
frovatriptan oral tablet 2.5 mg	4	QL (27 per 28 days)
IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG	4	QL (18 per 28 days)

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
IMITREX STATDOSE SUBCUTANEOUS PEN INJECTOR 4 MG/0.5 ML, 6 MG/0.5 ML	4	QL (8 per 28 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE 4 MG/0.5 ML, 6 MG/0.5 ML	4	QL (8 per 28 days)
MAXALT ORAL TABLET 10 MG	4	QL (24 per 28 days)
MAXALT-MLT ORAL TABLET,DISINTEGRATING 10 MG	4	QL (24 per 28 days)
migergot rectal suppository 2-100 mg	5	NDS
naratriptan oral tablet 1 mg, 2.5 mg	3	QL (18 per 28 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	3	PA; QL (16 per 30 days)
ONZETRA XSAIL NASAL AEROSOL POWDR BREATH ACTIVATED 11 MG	4	QL (32 per 28 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	3	PA; QL (30 per 30 days)
RELPAX ORAL TABLET 20 MG, 40 MG	4	QL (18 per 28 days)
REYVOW ORAL TABLET 100 MG	4	PA; QL (16 per 30 days)
REYVOW ORAL TABLET 50 MG	4	PA; QL (8 per 30 days)
rizatriptan oral tablet 10 mg, 5 mg	2	QL (24 per 28 days)
rizatriptan oral tablet,disintegrating 10 mg, 5 mg	3	QL (24 per 28 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation	4	QL (18 per 28 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	2	QL (18 per 28 days)
sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml	4	QL (8 per 28 days)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml	4	QL (8 per 28 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	4	QL (8 per 28 days)
sumatriptan-naproxen oral tablet 85-500 mg	4	QL (18 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
TOSYMRA NASAL SPRAY,NON-AEROSOL 10 MG/ACTUATION	4	QL (24 per 28 days)
TREXIMET ORAL TABLET 85-500 MG	4	QL (18 per 28 days)
TRUDHESA NASAL SPRAY,NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML)	5	ST; QL (12 per 28 days); NDS
UBRELVY ORAL TABLET 100 MG, 50 MG	3	PA; QL (20 per 30 days)
VYEPTI INTRAVENOUS SOLUTION 100 MG/ML	5	PA; NDS
ZAVZPRET NASAL SPRAY,NON-AEROSOL 10 MG/ACTUATION	5	PA; QL (6 per 28 days); NDS
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML	5	QL (8 per 28 days); NDS
ZOLMITRIPTAN NASAL SPRAY,NON-AEROSOL 2.5 MG	4	QL (18 per 28 days)
zolmitriptan nasal spray,non-aerosol 5 mg	4	QL (18 per 28 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	4	QL (18 per 28 days)
zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg	4	QL (18 per 28 days)
ZOMIG NASAL SPRAY,NON-AEROSOL 2.5 MG, 5 MG	4	QL (18 per 28 days)
ZOMIG ORAL TABLET 2.5 MG, 5 MG	4	QL (18 per 28 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/24 HOUR, 5 MG/24 HOUR	4	
AMONDYS-45 INTRAVENOUS SOLUTION 50 MG/ML	5	PA; LA; NDS
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR 10 MG	5	PA; LA; QL (60 per 30 days); NDS
AMVUTTRA SUBCUTANEOUS SYRINGE 25 MG/0.5 ML	5	PA; NDS
ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG	4	

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Drug Name	Drug Tier	Requirements/Limits
AUBAGIO ORAL TABLET 14 MG, 7 MG	5	PA; QL (30 per 30 days); NDS
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; QL (120 per 30 days); NDS
AUSTEDO ORAL TABLET 6 MG	5	PA; QL (60 per 30 days); NDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG	5	PA; QL (30 per 30 days); NDS
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	5	PA; QL (28 per 180 days); NDS
BAFIERTAM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 95 MG	5	PA; QL (120 per 30 days); NDS
BRIUMVI INTRAVENOUS SOLUTION 25 MG/ML	5	PA; QL (24 per 180 days); NDS
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	5	PA; QL (30 per 30 days); NDS
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	5	PA; QL (12 per 28 days); NDS
dalfampridine oral tablet extended release 12 hr 10 mg	3	PA; QL (60 per 30 days)
DAYBUE ORAL SOLUTION 200 MG/ML	5	PA; LA; NDS
dichlorphenamide oral tablet 50 mg	5	PA; NDS
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg	4	PA; QL (56 per 28 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)	4	PA; QL (120 per 180 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg	5	PA; QL (60 per 30 days); NDS
donepezil oral tablet 10 mg, 5 mg	1	
donepezil oral tablet 23 mg	4	
donepezil oral tablet,disintegrating 10 mg, 5 mg	2	
EDARAVONE INTRAVENOUS SOLUTION 30 MG/100 ML, 60 MG/100 ML	5	PA; NDS
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	5	PA; LA; QL (240 per 30 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
EVRYSDI ORAL TABLET 5 MG	5	PA; LA; QL (30 per 30 days); NDS
EXELON PATCH TRANSDERMAL PATCH 24 HOUR 13.3 MG/24 HOUR, 4.6 MG/24 HOUR, 9.5 MG/24 HOUR	4	
EXONDYS-51 INTRAVENOUS SOLUTION 50 MG/ML	5	PA; NDS
fingolimod oral capsule 0.5 mg	5	PA; QL (30 per 30 days); NDS
FIRDAPSE ORAL TABLET 10 MG	5	PA; LA; NDS
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	3	
galantamine oral solution 4 mg/ml	4	
galantamine oral tablet 12 mg, 4 mg, 8 mg	3	
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG	5	PA; QL (30 per 30 days); NDS
glatiramer subcutaneous syringe 20 mg/ml	5	PA; QL (30 per 30 days); NDS
glatiramer subcutaneous syringe 40 mg/ml	5	PA; QL (12 per 28 days); NDS
glatopa subcutaneous syringe 20 mg/ml	5	PA; QL (30 per 30 days); NDS
glatopa subcutaneous syringe 40 mg/ml	5	PA; QL (12 per 28 days); NDS
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	4	PA; QL (30 per 30 days)
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG	4	PA; QL (60 per 30 days)
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)	5	PA; LA; QL (28 per 180 days); NDS
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	5	PA; LA; QL (30 per 30 days); NDS
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	5	PA; LA; QL (30 per 30 days); NDS
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	5	PA; QL (1.6 per 28 days); NDS
KEVEYIS ORAL TABLET 50 MG	5	PA; NDS
KISUNLA INTRAVENOUS SOLUTION 17.5 MG/ML	5	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2 ML	5	PA; QL (6 per 365 days); NDS
LEQEMBI INTRAVENOUS SOLUTION 100 MG/ML	4	PA
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	5	PA; LA; QL (40 per 720 days); NDS
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	5	PA; LA; QL (16 per 720 days); NDS
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	5	PA; LA; QL (20 per 720 days); NDS
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	5	PA; LA; QL (24 per 720 days); NDS
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	5	PA; LA; QL (28 per 720 days); NDS
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	5	PA; LA; QL (32 per 720 days); NDS
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	5	PA; LA; QL (36 per 720 days); NDS
MAYZENT ORAL TABLET 0.25 MG	5	PA; QL (120 per 30 days); NDS
MAYZENT ORAL TABLET 1 MG, 2 MG	5	PA; QL (30 per 30 days); NDS
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	4	PA; QL (7 per 180 days)
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	5	PA; QL (12 per 180 days); NDS
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg	4	PA
memantine oral solution 2 mg/ml	3	PA
memantine oral tablet 10 mg, 5 mg	2	PA
MEMANTINE ORAL TABLETS,DOSE PACK 5-10 MG	4	PA
memantine-donepezil oral capsule,sprinkle,er 24hr 14-10 mg, 21-10 mg, 28-10 mg	3	PA

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Drug Name	Drug Tier	Requirements/Limits
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG	5	PA; LA; NDS
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	4	PA
NUEDEXTA ORAL CAPSULE 20-10 MG	5	PA; NDS
NULIBRY INTRAVENOUS RECON SOLN 9.5 MG	5	PA; LA; NDS
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	5	PA; LA; QL (20 per 180 days); NDS
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION 920 MG-23,000 UNIT/23 ML	5	PA; QL (23 per 180 days); NDS
ONPATTRO INTRAVENOUS SOLUTION 2 MG/ML	5	PA; LA; NDS
ormalvi oral tablet 50 mg	5	PA; NDS
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK 2 MG (2) – 10 MG (3)	5	PA; QL (14 per 180 days); NDS
PONVORY ORAL TABLET 20 MG	5	PA; QL (30 per 30 days); NDS
RADICAVA INTRAVENOUS SOLUTION 30 MG/100 ML	5	PA; NDS
RADICAVA ORS ORAL SUSPENSION 105 MG/5 ML	5	PA; NDS
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	5	PA; NDS
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	3	
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	4	
SKYCLARYS ORAL CAPSULE 50 MG	5	PA; LA; NDS
TASCENSO ODT ORAL TABLET,DISINTEGRATING 0.25 MG, 0.5 MG	5	PA; QL (30 per 30 days); NDS
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG	5	PA; LA; QL (56 per 28 days); NDS
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46)	5	PA; LA; QL (120 per 180 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 240 MG	5	PA; LA; QL (60 per 30 days); NDS
teriflunomide oral tablet 14 mg, 7 mg	5	PA; QL (30 per 30 days); NDS
tetrabenazine oral tablet 12.5 mg	4	PA; QL (240 per 30 days)
tetrabenazine oral tablet 25 mg	5	PA; QL (120 per 30 days); NDS
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	5	PA; LA; QL (15 per 28 days); NDS
VILTEPSO INTRAVENOUS SOLUTION 50 MG/ML	5	PA; LA; NDS
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	5	PA; QL (120 per 30 days); NDS
VYONDYS-53 INTRAVENOUS SOLUTION 50 MG/ML	5	PA; LA; NDS
WAINUA SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.8 ML	5	PA; LA; QL (0.8 per 28 days); NDS
XENAZINE ORAL TABLET 12.5 MG	5	PA; LA; QL (240 per 30 days); NDS
XENAZINE ORAL TABLET 25 MG	5	PA; LA; QL (120 per 30 days); NDS
ZEPOSIA ORAL CAPSULE 0.92 MG	5	PA; QL (30 per 30 days); NDS
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21)	5	PA; QL (28 per 180 days); NDS
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)	5	PA; QL (7 per 180 days); NDS
ZUNVEYL ORAL TABLET,DELAYED RELEASE (DR/EC) 10 MG, 15 MG, 5 MG	4	
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
AMRIX ORAL CAPSULE,EXTENDED RELEASE 24HR 15 MG, 30 MG	5	PA; NDS
baclofen intrathecal solution 10,000 mcg/20ml (500 mcg/ml), 20,000 mcg/20ml (1,000 mcg/ml), 40,000 mcg/20ml (2,000 mcg/ml)	4	B/D PA

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Drug Name	Drug Tier	Requirements/Limits
baclofen intrathecal syringe 50 mcg/ml (1 ml)	4	B/D PA
baclofen oral solution 10 mg/5 ml (2 mg/ml)	4	
baclofen oral solution 5 mg/5 ml	5	NDS
baclofen oral suspension 25 mg/5 ml (5 mg/ml)	5	NDS
baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg	2	
carisoprodol oral tablet 250 mg, 350 mg	4	PA
chlorzoxazone oral tablet 250 mg, 375 mg, 500 mg, 750 mg	4	PA
cyclobenzaprine oral capsule,extended release 24hr 15 mg, 30 mg	4	PA
cyclobenzaprine oral tablet 10 mg, 5 mg, 7.5 mg	4	PA
DANTRIUM INTRAVENOUS RECON SOLN 20 MG	4	
DANTRIUM ORAL CAPSULE 25 MG	4	
dantrolene intravenous recon soln 20 mg	2	
dantrolene oral capsule 100 mg, 25 mg, 50 mg	4	
FEXMID ORAL TABLET 7.5 MG	4	PA
FLEQSUVY ORAL SUSPENSION 25 MG/5 ML (5 MG/ML)	5	NDS
GABLOFEN INTRATHECAL SOLUTION 10,000 MCG/20ML (500 MCG/ML), 20,000 MCG/20ML (1,000 MCG/ML), 40,000 MCG/20ML (2,000 MCG/ML)	4	B/D PA
GABLOFEN INTRATHECAL SYRINGE 10,000 MCG/20ML (500 MCG/ML), 20,000 MCG/20ML (1,000 MCG/ML), 40,000 MCG/20ML (2,000 MCG/ML), 50 MCG/ML (1 ML)	4	B/D PA
IMAAVY INTRAVENOUS SOLUTION 185 MG/ML	5	PA; NDS
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML, 50 MCG/ML, 500 MCG/ML	3	B/D PA
meprobamate oral tablet 200 mg, 400 mg	4	
MESTINON ORAL SYRUP 60 MG/5 ML	5	NDS

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Drug Name	Drug Tier	Requirements/Limits
MESTINON ORAL TABLET 60 MG	5	NDS
MESTINON TIMESPAN ORAL TABLET EXTENDED RELEASE 180 MG	5	NDS
metaxalone oral tablet 400 mg, 800 mg	4	PA
methocarbamol injection solution 100 mg/ml	4	PA
methocarbamol oral tablet 1,000 mg, 500 mg, 750 mg	4	PA
NORGESIC FORTE ORAL TABLET 50-770-60 MG	4	PA
NORGESIC ORAL TABLET 25-385-30 MG	4	PA
orphenadrine citrate injection solution 30 mg/ml	4	PA
orphenadrine citrate oral tablet extended release 100 mg	4	PA
orphenadrine-asa-caffeine oral tablet 25-385-30 mg	4	PA
OZOBAX DS ORAL SOLUTION 10 MG/5 ML (2 MG/ML)	5	NDS
pyridostigmine bromide oral syrup 60 mg/5 ml	4	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	4	
pyridostigmine bromide oral tablet 60 mg	3	
PYRIDOSTIGMINE BROMIDE ORAL TABLET EXTENDED RELEASE 105 MG	4	
pyridostigmine bromide oral tablet extended release 180 mg	3	
revonto intravenous recon soln 20 mg	2	
ROBAXIN INJECTION SOLUTION 100 MG/ML	4	PA
RYSTIGGO SUBCUTANEOUS SOLUTION 140 MG/ML	5	PA; NDS
SOMA ORAL TABLET 250 MG, 350 MG	4	PA
tanlor oral tablet 1,000 mg	4	PA

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Drug Name	Drug Tier	Requirements/Limits
tizanidine oral capsule 2 mg, 4 mg, 6 mg	4	
tizanidine oral tablet 2 mg, 4 mg	2	
VYVGART HYTRULO SUBCUTANEOUS SOLUTION 1,008 MG-11,200 UNIT/5.6 ML	5	PA; LA; NDS
VYVGART HYTRULO SUBCUTANEOUS SYRINGE 1,000 MG-10,000 UNIT/5 ML	5	PA; LA; NDS
VYVGART INTRAVENOUS SOLUTION 20 MG/ML	5	PA; LA; NDS
ZANAFLEX ORAL TABLET 4 MG	4	
ZILBRYSQ SUBCUTANEOUS SYRINGE 16.6 MG/0.416 ML, 23 MG/0.574 ML, 32.4 MG/0.81 ML	5	PA; LA; NDS
NARCOTIC ANALGESICS		
acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg	4	*; QL (300 per 30 days); NDS
acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml	2	*; QL (4500 per 30 days); NDS
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	2	*; QL (360 per 30 days); NDS
acetaminophen-codeine oral tablet 300-60 mg	2	*; QL (180 per 30 days); NDS
ALLZITAL ORAL TABLET 25-325 MG	4	QL (360 per 30 days)
ascomp with codeine oral capsule 30-50-325-40 mg	4	QL (180 per 30 days)
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	3	PA; *; QL (60 per 30 days); NDS
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 128 MG/0.36 ML, 16 MG/0.32 ML, 24 MG/0.48 ML, 32 MG/0.64 ML, 64 MG/0.18 ML, 8 MG/0.16 ML, 96 MG/0.27 ML	5	NDS
buprenorphine hcl injection solution 0.3 mg/ml	4	*; NDS

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Drug Name	Drug Tier	Requirements/Limits
buprenorphine hcl injection syringe 0.3 mg/ml	2	*; NDS
buprenorphine hcl sublingual tablet 2 mg, 8 mg	2	
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour	4	PA; *; QL (4 per 28 days); NDS
butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg	4	QL (360 per 30 days)
butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg	4	QL (180 per 30 days)
butalbital-acetaminophen oral capsule 50-300 mg	4	QL (180 per 30 days)
butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg	4	QL (180 per 30 days)
butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg	4	QL (180 per 30 days)
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	4	QL (180 per 30 days)
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	4	QL (180 per 30 days)
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR, 7.5 MCG/HOUR	4	PA; *; QL (4 per 28 days); NDS
codeine sulfate oral tablet 15 mg, 30 mg, 60 mg	4	*; QL (180 per 30 days); NDS
codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg	4	QL (180 per 30 days)
DEMEROL (PF) INJECTION SYRINGE 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML	4	*; NDS
DEMEROL INJECTION SOLUTION 50 MG/ML	4	*; NDS
DILAUDID (PF) INJECTION SYRINGE 0.2 MG/ML, 0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML	4	*; NDS
DILAUDID ORAL LIQUID 1 MG/ML	4	*; QL (2400 per 30 days); NDS
DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG	4	*; QL (180 per 30 days); NDS
duramorph (pf) injection solution 0.5 mg/ml, 1 mg/ml	4	*; NDS

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Drug Name	Drug Tier	Requirements/Limits
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	3	*; QL (360 per 30 days); NDS
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour	4	PA; *; QL (10 per 30 days); NDS
FIORICET ORAL CAPSULE 50-300-40 MG	4	QL (180 per 30 days)
FIORICET WITH CODEINE ORAL CAPSULE 50-300-40-30 MG	4	QL (180 per 30 days)
hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg	4	PA; *; QL (90 per 30 days); NDS
hydrocodone bitartrate, oral only,ext.rel.24 hr 100 mg, 120 mg	5	PA; *; QL (60 per 30 days); NDS
hydrocodone bitartrate, oral only,ext.rel.24 hr 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	4	PA; *; QL (60 per 30 days); NDS
hydrocodone-acetaminophen oral solution 10-300 mg/15 ml	4	*; QL (6000 per 30 days); NDS
hydrocodone-acetaminophen oral solution 10-325 mg/15 ml, 7.5-325 mg/15 ml	3	*; QL (5550 per 30 days); NDS
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	4	*; QL (390 per 30 days); NDS
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	3	*; QL (360 per 30 days); NDS
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg	4	*; QL (50 per 30 days); NDS
hydrocodone-ibuprofen oral tablet 7.5-200 mg	3	*; QL (50 per 30 days); NDS
HYDROMORPHONE (PF) INJECTION SOLUTION 1 MG/ML, 4 MG/ML	4	*; NDS
hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml, 2 mg/ml	4	*; NDS
hydromorphone (pf) injection syringe 0.2 mg/ml, 0.5 mg/0.5 ml, 1 mg/ml	4	*; NDS
hydromorphone injection solution 2 mg/ml	4	*; NDS
HYDROMORPHONE INJECTION SYRINGE 0.25 MG/0.5 ML, 0.5 MG/0.5 ML	4	*; NDS

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Drug Name	Drug Tier	Requirements/Limits
hydromorphone injection syringe 1 mg/ml, 2 mg/ml, 4 mg/ml	4	*; NDS
hydromorphone oral liquid 1 mg/ml	4	*; QL (2400 per 30 days); NDS
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	3	*; QL (180 per 30 days); NDS
hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg	4	PA; *; QL (60 per 30 days); NDS
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 80 MG	5	PA; *; QL (60 per 30 days); NDS
HYSINGLA ER, ORAL ONLY,EXT.REL.24 HR 20 MG, 30 MG, 40 MG, 60 MG	4	PA; *; QL (60 per 30 days); NDS
INFUMORPH P/F INJECTION SOLUTION 10 MG/ML, 25 MG/ML	4	B/D PA; *; NDS
levorphanol tartrate oral tablet 2 mg, 3 mg	5	*; QL (120 per 30 days); NDS
meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml	4	*; NDS
meperidine oral solution 50 mg/5 ml	4	*; QL (1200 per 30 days); NDS
meperidine oral tablet 50 mg	4	*; QL (240 per 30 days); NDS
methadone injection solution 10 mg/ml	3	*; NDS
methadone intensol oral concentrate 10 mg/ml	3	PA; *; QL (90 per 30 days); NDS
methadone oral concentrate 10 mg/ml	3	PA; *; QL (90 per 30 days); NDS
methadone oral solution 10 mg/5 ml	3	PA; *; QL (600 per 30 days); NDS
methadone oral solution 5 mg/5 ml	3	PA; *; QL (1200 per 30 days); NDS
methadone oral tablet 10 mg	3	PA; *; QL (120 per 30 days); NDS
methadone oral tablet 5 mg	3	PA; *; QL (240 per 30 days); NDS
methadose oral concentrate 10 mg/ml	3	PA; *; QL (90 per 30 days); NDS
MITIGO (PF) INJECTION SOLUTION 10 MG/ML, 25 MG/ML	4	B/D PA; *; NDS
morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml	4	*; NDS
morphine (pf) intravenous patient control.analgesia soln 30 mg/30 ml (1 mg/ml)	4	B/D PA; *; NDS

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Drug Name	Drug Tier	Requirements/Limits
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)	3	*; QL (900 per 30 days); NDS
MORPHINE INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML	4	*; NDS
MORPHINE INJECTION SYRINGE 2 MG/ML	4	*; NDS
morphine injection syringe 4 mg/ml	4	*; NDS
morphine intravenous solution 10 mg/ml, 50 mg/ml	4	*; NDS
MORPHINE INTRAVENOUS SOLUTION 4 MG/ML, 8 MG/ML	4	*; NDS
MORPHINE INTRAVENOUS SYRINGE 10 MG/ML	4	*; NDS
morphine intravenous syringe 2 mg/ml, 4 mg/ml	4	*; NDS
morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	4	PA; *; QL (60 per 30 days); NDS
morphine oral capsule,extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	4	PA; *; QL (90 per 30 days); NDS
morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)	3	*; QL (900 per 30 days); NDS
morphine oral tablet 15 mg, 30 mg	3	*; QL (180 per 30 days); NDS
morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	3	PA; *; QL (120 per 30 days); NDS
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG	4	PA; *; QL (120 per 30 days); NDS
MS CONTIN ORAL TABLET EXTENDED RELEASE 60 MG	5	PA; *; QL (120 per 30 days); NDS
NALOCET ORAL TABLET 2.5-300 MG	4	*; QL (390 per 30 days); NDS
oxycodone oral capsule 5 mg	3	*; QL (360 per 30 days); NDS
oxycodone oral concentrate 20 mg/ml	4	*; QL (180 per 30 days); NDS
oxycodone oral solution 5 mg/5 ml	3	*; QL (1200 per 30 days); NDS
oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg	3	*; QL (180 per 30 days); NDS
oxycodone oral tablet 5 mg	3	*; QL (360 per 30 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
OXYCODONE ORAL TABLET, ORAL ONLY 10 MG, 15 MG, 30 MG	5	*; QL (180 per 30 days); NDS
OXYCODONE ORAL TABLET, ORAL ONLY 5 MG	5	*; QL (360 per 30 days); NDS
OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 20 MG, 40 MG	4	PA; *; QL (90 per 30 days); NDS
oxycodone-acetaminophen oral solution 10-300 mg/5 ml	5	*; QL (2000 per 30 days); NDS
oxycodone-acetaminophen oral solution 5-325 mg/5 ml	4	*; QL (1860 per 30 days); NDS
oxycodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	5	*; QL (390 per 30 days); NDS
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	3	*; QL (360 per 30 days); NDS
oxycodone-acetaminophen oral tablet 2.5-300 mg	4	*; QL (390 per 30 days); NDS
OXYCONTIN, ORAL ONLY, EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	4	PA; *; QL (90 per 30 days); NDS
OXYCONTIN, ORAL ONLY, EXT.REL.12 HR 80 MG	5	PA; *; QL (60 per 30 days); NDS
oxymorphone oral tablet 10 mg	4	*; QL (360 per 30 days); NDS
oxymorphone oral tablet 5 mg	4	*; QL (180 per 30 days); NDS
oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	4	PA; *; QL (90 per 30 days); NDS
oxymorphone oral tablet extended release 12 hr 40 mg	5	PA; *; QL (90 per 30 days); NDS
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	4	*; QL (360 per 30 days); NDS
PROLATE ORAL SOLUTION 10-300 MG/5 ML	5	*; QL (2000 per 30 days); NDS
prolate oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	4	*; QL (390 per 30 days); NDS
ROXICODONE ORAL TABLET 15 MG, 30 MG	4	*; QL (180 per 30 days); NDS
ROXYBOND ORAL TABLET, ORAL ONLY 10 MG, 15 MG, 30 MG	4	*; QL (180 per 30 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
ROXYBOND ORAL TABLET, ORAL ONLY 5 MG	4	*; QL (360 per 30 days); NDS
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML	5	NDS
tencon oral tablet 50-325 mg	4	QL (180 per 30 days)
TREZIX ORAL CAPSULE 320.5-30-16 MG	4	*; QL (300 per 30 days); NDS
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG	4	PA; *; QL (90 per 30 days); NDS
NON-NARCOTIC ANALGESICS		
ACETAMINOPHEN INTRAVENOUS SOLUTION 1,000 MG/100 ML (10 MG/ML), 500 MG/50 ML (10 MG/ML)	4	
acetaminophen intravenous solution 650 mg/65 ml (10 mg/ml)	4	
ARTHROTEC 50 ORAL TABLET,IR,DELAYED REL,BIPHASIC 50-200 MG-MCG	4	ST
ARTHROTEC 75 ORAL TABLET,IR,DELAYED REL,BIPHASIC 75-200 MG-MCG	4	ST
buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	3	
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg	2	
butorphanol injection solution 1 mg/ml, 2 mg/ml	2	*; NDS
butorphanol nasal spray,non-aerosol 10 mg/ml	4	*; QL (10 per 28 days); NDS
CALDOLOR INTRAVENOUS PIGGYBACK 800 MG/200 ML (4 MG/ML)	4	
CALDOLOR INTRAVENOUS RECON SOLN 800 MG/8 ML (100 MG/ML)	4	
CAMBIA ORAL POWDER IN PACKET 50 MG	4	ST; QL (9 per 30 days)

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CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG	4	
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	2	
clonidine (pf) epidural solution 5,000 mcg/10 ml	2	
COMBOGESIC IV INTRAVENOUS SOLUTION 300-1,000 MG/100 ML	4	
CONZIP ORAL CAPSULE,ER BIPHASE 24 HR 17-83 300 MG	4	PA; *; QL (30 per 30 days); NDS
CONZIP ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG	4	PA; *; QL (30 per 30 days); NDS
DAYPRO ORAL TABLET 600 MG	4	ST
DICLOFENAC EPOLAMINE TRANSDERMAL PATCH 12 HOUR 1.3 %	4	PA; QL (60 per 30 days)
diclofenac potassium oral capsule 25 mg	4	
diclofenac potassium oral powder in packet 50 mg	4	QL (9 per 30 days)
diclofenac potassium oral tablet 25 mg	5	NDS
diclofenac potassium oral tablet 50 mg	2	
diclofenac sodium oral tablet extended release 24 hr 100 mg	2	
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg	2	
diclofenac sodium topical drops 1.5 %	2	QL (300 per 28 days)
diclofenac sodium topical gel 1 %	3	QL (1000 per 28 days)
diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)	5	QL (224 per 28 days); NDS
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg	4	
diflunisal oral tablet 500 mg	3	
etodolac oral capsule 200 mg, 300 mg	3	
etodolac oral tablet 400 mg, 500 mg	3	

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etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg	4	
fenoprofen oral capsule 400 mg	4	
fenoprofen oral tablet 600 mg	4	
FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 %	4	PA; QL (60 per 30 days)
flurbiprofen oral tablet 100 mg	2	
ibu oral tablet 400 mg, 600 mg, 800 mg	1	
ibuprofen lysine (pf) intravenous solution 20 mg/2 ml	4	
ibuprofen oral suspension 100 mg/5 ml	2	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
ibuprofen-famotidine oral tablet 800-26.6 mg	4	
INDOCIN ORAL SUSPENSION 25 MG/5 ML	4	
INDOCIN RECTAL SUPPOSITORY 50 MG	5	NDS
indomethacin oral capsule 25 mg, 50 mg	4	
indomethacin oral capsule, extended release 75 mg	4	
indomethacin oral suspension 25 mg/5 ml	4	
indomethacin rectal suppository 50 mg	5	NDS
indomethacin sodium intravenous recon soln 1 mg	4	
JOURNAVX ORAL TABLET 50 MG	4	QL (30 per 90 days)
ketoprofen oral capsule 25 mg, 50 mg	4	
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg	4	
ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)	4	
ketorolac injection syringe 15 mg/ml, 30 mg/ml	4	
ketorolac intramuscular solution 60 mg/2 ml	4	
ketorolac intramuscular syringe 60 mg/2 ml	4	
ketorolac oral tablet 10 mg	4	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION	4	
LICART TRANSDERMAL PATCH 24 HOUR 1.3 %	4	PA; QL (30 per 30 days)
LODINE ORAL TABLET 400 MG	4	ST
lofena oral tablet 25 mg	5	NDS
lofexidine oral tablet 0.18 mg	5	PA; NDS
LUCEMYRA ORAL TABLET 0.18 MG	5	PA; NDS
meclofenamate oral capsule 100 mg, 50 mg	4	
mefenamic acid oral capsule 250 mg	4	
meloxicam oral tablet 15 mg, 7.5 mg	1	QL (30 per 30 days)
meloxicam submicronized oral capsule 10 mg, 5 mg	4	QL (30 per 30 days)
nabumetone oral tablet 500 mg, 750 mg	2	
nalbuphine injection solution 10 mg/ml, 20 mg/ml	2	*; NDS
NALFON ORAL TABLET 600 MG	4	ST
naloxone injection solution 0.4 mg/ml	2	
naloxone injection syringe 0.4 mg/ml, 0.4 mg/ml (prefilled syringe), 1 mg/ml	2	
naltrexone oral tablet 50 mg	2	
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 375 MG, 500 MG, 750 MG	4	ST
naproxen oral suspension 125 mg/5 ml	4	
naproxen oral tablet 250 mg, 375 mg, 500 mg	1	
naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg	2	
naproxen sodium oral tablet 275 mg, 550 mg	2	
naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg, 750 mg	4	
naproxen-esomeprazole oral tablet,ir,delayed rel,biphasic 375-20 mg, 500-20 mg	5	NDS

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Drug Name	Drug Tier	Requirements/Limits
NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION	4	
NEOPROFEN (IBUPROFEN LYSN)(PF) INTRAVENOUS SOLUTION 20 MG/2 ML	4	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	4	PA; *; QL (60 per 30 days); NDS
NUCYNTA ORAL TABLET 100 MG	4	*; QL (181 per 30 days); NDS
NUCYNTA ORAL TABLET 50 MG	4	*; QL (362 per 30 days); NDS
NUCYNTA ORAL TABLET 75 MG	4	*; QL (242 per 30 days); NDS
OPVEE NASAL SPRAY,NON-AEROSOL 2.7 MG/ACTUATION	4	
oxaprozin oral tablet 600 mg	4	
pentazocine-naloxone oral tablet 50-0.5 mg	4	*; QL (325 per 30 days); NDS
piroxicam oral capsule 10 mg, 20 mg	3	
PRIALT INTRATHECAL SOLUTION 100 MCG/ML, 25 MCG/ML	4	B/D PA
RELAFEN DS ORAL TABLET 1,000 MG	5	ST; NDS
salsalate oral tablet 500 mg, 750 mg	1	
SPRIX NASAL SPRAY,NON-AEROSOL 15.75 MG/SPRAY	5	ST; NDS
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG	4	
sulindac oral tablet 150 mg, 200 mg	2	
TOLECTIN 600 ORAL TABLET 600 MG	5	ST; NDS
tolmetin oral capsule 400 mg	4	
tolmetin oral tablet 600 mg	4	
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 17-83 300 MG	4	PA; *; QL (30 per 30 days); NDS
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG	4	PA; *; QL (30 per 30 days); NDS
TRAMADOL ORAL SOLUTION 5 MG/ML	4	QL (2400 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
tramadol oral tablet 100 mg	4	*; QL (120 per 30 days); NDS
TRAMADOL ORAL TABLET 25 MG, 75 MG	4	*; QL (120 per 30 days); NDS
tramadol oral tablet 50 mg	2	*; QL (240 per 30 days); NDS
tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg	4	PA; *; QL (30 per 30 days); NDS
tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg	4	PA; *; QL (30 per 30 days); NDS
tramadol-acetaminophen oral tablet 37.5-325 mg	2	*; QL (240 per 30 days); NDS
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG	5	NDS
VIVLODEX ORAL CAPSULE 10 MG, 5 MG	4	ST; QL (30 per 30 days)
XIFYRM INTRAVENOUS SOLUTION 30 MG/ML	4	
ZIPSOR ORAL CAPSULE 25 MG	4	ST
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG	4	
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	5	QL (2.4 per 56 days); NDS
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	5	QL (3.2 per 56 days); NDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	5	QL (1 per 28 days); NDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	5	QL (1 per 28 days); NDS
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	4	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG	4	
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG	4	ST
ADZENYS XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG	4	ST
AMBIEN CR ORAL TABLET,EXT RELEASE MULTIPHASE 12.5 MG, 6.25 MG	4	QL (30 per 30 days)
AMBIEN ORAL TABLET 10 MG, 5 MG	4	QL (30 per 30 days)
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	2	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	3	
amphetamine sulfate oral tablet 10 mg, 5 mg	4	PA
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG	4	
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG, 522 MG	5	QL (30 per 30 days); NDS
APTENSIO XR ORAL CAP,ER SPRINKLE,BIPHASIC 40-60 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	4	ST
aripiprazole oral solution 1 mg/ml	4	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	2	QL (30 per 30 days)
aripiprazole oral tablet,disintegrating 10 mg, 15 mg	4	QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	5	QL (4.8 per 365 days); NDS
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	5	QL (3.9 per 56 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	5	QL (1.6 per 28 days); NDS
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	5	QL (2.4 per 28 days); NDS
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	5	QL (3.2 per 28 days); NDS
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	4	PA; QL (30 per 30 days)
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg	4	QL (60 per 30 days)
ATIVAN INJECTION SOLUTION 2 MG/ML, 4 MG/ML	4	PA
ATIVAN ORAL TABLET 0.5 MG, 1 MG	4	PA; QL (90 per 30 days)
ATIVAN ORAL TABLET 2 MG	4	PA; QL (150 per 30 days)
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg	4	QL (60 per 30 days)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	4	QL (30 per 30 days)
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	4	ST; QL (60 per 30 days)
AZSTARYS ORAL CAPSULE 26.1 MG- 5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG- 10.4 MG	4	ST
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	PA; QL (30 per 30 days)
bupropion hcl oral tablet 100 mg, 75 mg	2	
bupropion hcl oral tablet extended release 24 hr 150 mg	2	QL (90 per 30 days)
bupropion hcl oral tablet extended release 24 hr 300 mg	2	QL (30 per 30 days)
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	4	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	2	QL (60 per 30 days)
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	2	
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	4	QL (30 per 30 days)
CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG	4	QL (30 per 30 days)
chlorpromazine injection solution 25 mg/ml	4	
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml	4	
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	4	
CITALOPRAM ORAL CAPSULE 30 MG	4	QL (30 per 30 days)
citalopram oral solution 10 mg/5 ml	3	
citalopram oral tablet 10 mg, 20 mg, 40 mg	1	QL (30 per 30 days)
clomipramine oral capsule 25 mg, 50 mg, 75 mg	4	
clonidine hcl oral tablet extended release 12 hr 0.1 mg	4	
clorazepate dipotassium oral tablet 15 mg	3	PA; QL (180 per 30 days)
clorazepate dipotassium oral tablet 3.75 mg	3	PA; QL (90 per 30 days)
clorazepate dipotassium oral tablet 7.5 mg	3	PA; QL (360 per 30 days)
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	3	
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	4	
CLOZARIL ORAL TABLET 100 MG	5	NDS
CLOZARIL ORAL TABLET 25 MG	4	
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	4	QL (60 per 30 days)
COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG	4	QL (56 per 180 days)

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Drug Name	Drug Tier	Requirements/Limits
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 54 MG	4	ST
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 17.3 MG, 25.9 MG, 8.6 MG	4	ST
DAYTRANA TRANSDERMAL PATCH 24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR	4	ST
DAYVIGO ORAL TABLET 10 MG, 5 MG	4	PA; QL (30 per 30 days)
desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	2	
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	4	QL (120 per 30 days)
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	4	QL (30 per 30 days)
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	3	QL (30 per 30 days)
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG, 15 MG	4	ST
dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	4	
dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg	4	
dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg	4	
dextroamphetamine sulfate oral solution 5 mg/5 ml	4	
dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	4	
dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg	4	
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	4	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	3	
diazepam injection solution 5 mg/ml	2	PA
diazepam injection syringe 5 mg/ml	2	PA
diazepam intensol oral concentrate 5 mg/ml	2	PA; QL (240 per 30 days)
diazepam oral concentrate 5 mg/ml	2	PA; QL (240 per 30 days)
diazepam oral solution 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml)	2	PA; QL (1200 per 30 days)
diazepam oral tablet 10 mg, 2 mg, 5 mg	2	PA; QL (120 per 30 days)
DOPRAM INTRAVENOUS SOLUTION 20 MG/ML	4	
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	4	
doxepin oral concentrate 10 mg/ml	4	
doxepin oral tablet 3 mg, 6 mg	3	QL (30 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	4	QL (60 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	4	QL (30 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	2	QL (60 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 40 mg	4	QL (90 per 30 days)
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML	4	ST
DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG	4	ST
EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG	4	QL (30 per 30 days)
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG, 37.5 MG	4	QL (30 per 30 days)
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 75 MG	4	QL (90 per 30 days)

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	5	NDS
ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	ST; QL (0.75 per 28 days); NDS
ERZOFRI INTRAMUSCULAR SYRINGE 156 MG/ML	5	ST; QL (1 per 28 days); NDS
ERZOFRI INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	ST; QL (1.5 per 28 days); NDS
ERZOFRI INTRAMUSCULAR SYRINGE 351 MG/2.25 ML	5	ST; QL (2.25 per 28 days); NDS
ERZOFRI INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	ST; QL (0.25 per 28 days)
ERZOFRI INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	ST; QL (0.5 per 28 days); NDS
escitalopram oxalate oral solution 5 mg/5 ml	2	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	1	QL (30 per 30 days)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	4	QL (30 per 30 days)
EVEKEO ORAL TABLET 10 MG, 5 MG	4	PA
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	4	ST; QL (60 per 30 days)
FANAPT TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2)	4	ST; QL (8 per 180 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	3	QL (28 per 180 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	3	QL (30 per 30 days)
flumazenil intravenous solution 0.1 mg/ml	2	
fluoxetine (pmdd) oral tablet 10 mg	4	QL (240 per 30 days)
fluoxetine (pmdd) oral tablet 20 mg	4	QL (120 per 30 days)
fluoxetine oral capsule 10 mg	1	QL (30 per 30 days)

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
fluoxetine oral capsule 20 mg	1	QL (90 per 30 days)
fluoxetine oral capsule 40 mg	1	QL (60 per 30 days)
fluoxetine oral capsule,delayed release(dr/ec) 90 mg	4	QL (4 per 28 days)
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)	2	
fluoxetine oral tablet 10 mg	4	QL (240 per 30 days)
fluoxetine oral tablet 20 mg	4	QL (120 per 30 days)
fluoxetine oral tablet 60 mg	4	QL (30 per 30 days)
fluphenazine decanoate injection solution 25 mg/ml	4	
fluphenazine hcl injection solution 2.5 mg/ml	4	
fluphenazine hcl oral concentrate 5 mg/ml	4	
fluphenazine hcl oral elixir 2.5 mg/5 ml	4	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	4	
fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg	4	QL (60 per 30 days)
fluvoxamine oral tablet 100 mg	2	QL (90 per 30 days)
fluvoxamine oral tablet 25 mg	2	QL (30 per 30 days)
fluvoxamine oral tablet 50 mg	2	QL (60 per 30 days)
FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG	4	
FOCALIN XR ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG	4	ST
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	4	QL (30 per 30 days)
GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.)	4	
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG	4	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	4	
HALDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML	4	
haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml, 50 mg/ml(1ml)	4	
haloperidol lactate injection solution 5 mg/ml	4	
haloperidol lactate intramuscular syringe 5 mg/ml	2	
haloperidol lactate oral concentrate 2 mg/ml	2	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	2	
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	5	PA; QL (158 per 30 days); NDS
HETLIOZ ORAL CAPSULE 20 MG	5	PA; QL (30 per 30 days); NDS
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	4	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	4	
INTUNIV ER ORAL TABLET EXTENDED RELEASE 24 HR 1 MG, 2 MG, 3 MG, 4 MG	4	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	5	QL (3.5 per 180 days); NDS
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	5	QL (5 per 180 days); NDS
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 9 MG	4	QL (30 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	4	QL (60 per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	QL (0.75 per 28 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	QL (1 per 28 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	QL (1.5 per 28 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	QL (0.5 per 28 days); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	5	QL (0.88 per 90 days); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	5	QL (1.32 per 90 days); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	QL (1.75 per 90 days); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	5	QL (2.63 per 90 days); NDS
JORNAY PM ORAL CAPSULE,DEL REL,EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG	4	ST
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	5	QL (30 per 30 days); NDS
LATUDA ORAL TABLET 80 MG	5	QL (60 per 30 days); NDS
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG	4	QL (30 per 30 days)
lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	4	
lisdexamfetamine oral tablet,chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	4	
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	2	
lithium carbonate oral tablet 300 mg	2	
lithium carbonate oral tablet extended release 300 mg, 450 mg	2	
lithium citrate oral solution 8 meq/5 ml	2	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG	4	
lorazepam injection solution 2 mg/ml, 4 mg/ml	2	PA
lorazepam injection syringe 2 mg/ml	2	PA

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Drug Name	Drug Tier	Requirements/Limits
lorazepam intensol oral concentrate 2 mg/ml	2	PA; QL (150 per 30 days)
lorazepam oral concentrate 2 mg/ml	2	PA; QL (150 per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg	2	PA; QL (90 per 30 days)
lorazepam oral tablet 2 mg	2	PA; QL (150 per 30 days)
LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR 1 MG, 1.5 MG	4	PA; QL (30 per 30 days)
LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR 2 MG	4	PA; QL (150 per 30 days)
LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR 3 MG	4	PA; QL (90 per 30 days)
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	2	
LUMRYZ ORAL EXTEND RELEASE GRANULES,PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM	5	PA; QL (30 per 30 days); NDS
LUMRYZ STARTER PACK ORAL GRANULES ER PACKET, DOSE PACK 4.5-6-7.5 GRAM	5	PA; QL (28 per 180 days); NDS
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG	4	QL (30 per 30 days)
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg	4	QL (30 per 30 days)
lurasidone oral tablet 80 mg	4	QL (60 per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	5	ST; QL (30 per 30 days); NDS
MARPLAN ORAL TABLET 10 MG	4	
METADATE CD ORAL CAPSULE, ER BIPHASIC 30-70 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	4	ST
methamphetamine oral tablet 5 mg	4	PA
METHYLIN ORAL SOLUTION 10 MG/5 ML, 5 MG/5 ML	4	
methylphenidate hcl oral cap,er sprinkle,biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	4	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	4	
methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg	4	
methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml	4	
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	3	
methylphenidate hcl oral tablet extended release 10 mg, 20 mg	4	
methylphenidate hcl oral tablet extended release 24hr 18 mg, 18 mg (bx rating), 27 mg, 27 mg (bx rating), 36 mg, 36 mg (bx rating), 54 mg, 54 mg (bx rating)	4	
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG, 72 MG	4	ST
methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg	4	
methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr	4	
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	2	
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg	3	
modafinil oral tablet 100 mg	3	PA; QL (30 per 30 days)
modafinil oral tablet 200 mg	3	PA; QL (60 per 30 days)
molindone oral tablet 10 mg, 25 mg, 5 mg	4	
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG	4	ST
NARDIL ORAL TABLET 15 MG	4	
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	4	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	4	

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Drug Name	Drug Tier	Requirements/Limits
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	2	
nortriptyline oral solution 10 mg/5 ml	4	
NUPLAZID ORAL CAPSULE 34 MG	4	PA; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	4	PA; QL (30 per 30 days)
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG, 50 MG	4	PA; QL (30 per 30 days)
olanzapine intramuscular recon soln 10 mg	4	
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	2	QL (30 per 30 days)
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg	4	QL (30 per 30 days)
olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	4	
ONYDA XR ORAL SUSPENSION,EXTEND RELEASE 24HR 0.1 MG/ML	4	ST
OPIPZA ORAL FILM 10 MG	5	ST; QL (90 per 30 days); NDS
OPIPZA ORAL FILM 2 MG	5	ST; QL (30 per 30 days); NDS
OPIPZA ORAL FILM 5 MG	5	ST; QL (180 per 30 days); NDS
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	4	QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 6 mg	4	QL (60 per 30 days)
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG	4	
PARNATE ORAL TABLET 10 MG	4	
paroxetine hcl oral suspension 10 mg/5 ml	4	
paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg	2	QL (30 per 30 days)
paroxetine hcl oral tablet 30 mg	2	QL (60 per 30 days)
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg	3	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
paroxetine mesylate(menop.sym) oral capsule 7.5 mg	4	QL (30 per 30 days)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG, 25 MG, 37.5 MG	4	QL (60 per 30 days)
PAXIL ORAL TABLET 10 MG, 20 MG, 40 MG	4	QL (30 per 30 days)
PAXIL ORAL TABLET 30 MG	4	QL (60 per 30 days)
pentobarbital sodium injection solution 50 mg/ml	4	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	4	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	4	
PERSERIS SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG	5	ST; QL (1 per 30 days); NDS
phenelzine oral tablet 15 mg	3	
pimozide oral tablet 1 mg, 2 mg	4	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 25 MG, 50 MG	4	QL (30 per 30 days)
procentra oral solution 5 mg/5 ml	4	
protriptyline oral tablet 10 mg, 5 mg	4	
PROVIGIL ORAL TABLET 200 MG	5	PA; QL (60 per 30 days); NDS
PROZAC ORAL CAPSULE 10 MG	4	QL (30 per 30 days)
PROZAC ORAL CAPSULE 20 MG	4	QL (120 per 30 days)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG	4	ST; QL (30 per 30 days)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	4	ST; QL (60 per 30 days)
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	2	QL (90 per 30 days)
QUETIAPINE ORAL TABLET 150 MG	4	QL (90 per 30 days)
quetiapine oral tablet 300 mg, 400 mg	2	QL (60 per 30 days)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg	3	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg	3	QL (60 per 30 days)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 30 MG, 40 MG	4	ST
QUILLIVANT XR ORAL SUSPENSION,EXT REL 24HR,RECON 5 MG/ML (25 MG/5 ML)	4	ST
QUVIVIQ ORAL TABLET 25 MG, 50 MG	4	PA; QL (30 per 30 days)
RALDESY ORAL SOLUTION 10 MG/ML	5	ST; NDS
ramelteon oral tablet 8 mg	3	QL (30 per 30 days)
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 45 MG, 54 MG, 63 MG, 72 MG	4	ST
REMERON ORAL TABLET 15 MG, 30 MG	4	
REMERON SOLTAB ORAL TABLET,DISINTEGRATING 15 MG, 30 MG, 45 MG	4	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	4	QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	4	QL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	5	QL (2 per 28 days); NDS
RISPERDAL ORAL SOLUTION 1 MG/ML	4	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG	4	QL (60 per 30 days)
RISPERDAL ORAL TABLET 4 MG	4	QL (120 per 30 days)
risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml	3	QL (2 per 28 days)
risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml, 50 mg/2 ml	5	QL (2 per 28 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
risperidone oral solution 1 mg/ml	2	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	1	QL (60 per 30 days)
risperidone oral tablet 4 mg	1	QL (120 per 30 days)
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	4	QL (60 per 30 days)
risperidone oral tablet,disintegrating 4 mg	4	QL (120 per 30 days)
RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 20 MG, 30 MG, 40 MG	4	ST
RITALIN ORAL TABLET 10 MG, 20 MG	4	
ROZEREM ORAL TABLET 8 MG	4	QL (30 per 30 days)
RYKINDO INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	5	ST; QL (2 per 28 days); NDS
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	4	QL (60 per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	5	QL (30 per 30 days); NDS
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	4	QL (90 per 30 days)
SEROQUEL ORAL TABLET 300 MG	4	QL (60 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG	4	QL (30 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 400 MG	4	QL (60 per 30 days)
sertraline oral capsule 150 mg, 200 mg	4	QL (30 per 30 days)
sertraline oral concentrate 20 mg/ml	4	
sertraline oral tablet 100 mg, 50 mg	1	QL (60 per 30 days)
sertraline oral tablet 25 mg	1	QL (30 per 30 days)
SILENOR ORAL TABLET 3 MG, 6 MG	4	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SODIUM OXYBATE (PREFERRED NDCS STARTING WITH 00054) ORAL SOLUTION 500 MG/ML	5	PA; LA; QL (540 per 30 days); NDS
SPRAVATO NASAL SPRAY,NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	5	PA; NDS
SUNOSI ORAL TABLET 150 MG, 75 MG	4	PA; QL (30 per 30 days)
tasimelteon oral capsule 20 mg	5	PA; QL (30 per 30 days); NDS
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	3	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	2	
tranylcypromine oral tablet 10 mg	4	
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg	1	
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	3	
trimipramine oral capsule 100 mg, 25 mg, 50 mg	4	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3	QL (30 per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML	5	ST; QL (0.28 per 28 days); NDS
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML	5	ST; QL (0.35 per 28 days); NDS
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML	5	ST; QL (0.42 per 56 days); NDS
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML	5	ST; QL (0.56 per 56 days); NDS
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	5	ST; QL (0.7 per 56 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	5	ST; QL (0.14 per 28 days); NDS
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	5	ST; QL (0.21 per 28 days); NDS
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG	4	PA; QL (120 per 30 days)
VENLAFAXINE BESYLATE ORAL TABLET EXTENDED RELEASE 24HR 112.5 MG	4	QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg	2	QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 75 mg	2	QL (90 per 30 days)
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	2	QL (90 per 30 days)
venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg	4	QL (30 per 30 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	NDS
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	4	QL (30 per 30 days)
vilazodone oral tablet 10 mg, 20 mg, 40 mg	3	QL (30 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	4	QL (30 per 30 days)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	4	ST
VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	4	ST
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	5	PA; LA; QL (60 per 30 days); NDS
WELLBUTRIN SR ORAL TABLET SUSTAINED-RELEASE 12 HR 100 MG, 150 MG, 200 MG	4	QL (60 per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	4	QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	4	QL (30 per 30 days)
XELSTRYM TRANSDERMAL PATCH 24 HOUR 13.5 MG/9 HOUR, 18 MG/9 HOUR, 4.5 MG/9 HOUR, 9 MG/9 HOUR	4	ST
XYREM ORAL SOLUTION 500 MG/ML	5	PA; LA; QL (540 per 30 days); NDS
XYWAV ORAL SOLUTION 0.5 GRAM/ML	5	PA; LA; QL (540 per 30 days); NDS
zaleplon oral capsule 10 mg	4	QL (60 per 30 days)
zaleplon oral capsule 5 mg	4	QL (30 per 30 days)
zenzedi oral tablet 10 mg, 5 mg	4	
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	4	
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	3	QL (60 per 30 days)
ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)	4	
ZOLOFT ORAL CONCENTRATE 20 MG/ML	4	
ZOLOFT ORAL TABLET 100 MG, 50 MG	4	QL (60 per 30 days)
ZOLOFT ORAL TABLET 25 MG	4	QL (30 per 30 days)
ZOLPIDEM ORAL CAPSULE 7.5 MG	4	QL (30 per 30 days)
zolpidem oral tablet 10 mg, 5 mg	2	QL (30 per 30 days)
zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg	4	QL (30 per 30 days)
zolpidem sublingual tablet 1.75 mg, 3.5 mg	4	QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	5	PA; QL (28 per 365 days); NDS
ZURZUVAE ORAL CAPSULE 30 MG	5	PA; QL (14 per 365 days); NDS
ZYPREXA INTRAMUSCULAR RECON SOLN 10 MG	4	
ZYPREXA ORAL TABLET 2.5 MG, 5 MG	4	QL (30 per 30 days)
ZYPREXA ORAL TABLET 20 MG	5	QL (30 per 30 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	5	QL (2 per 28 days); NDS
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	5	QL (1 per 28 days); NDS
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
adenosine intravenous solution 3 mg/ml	2	
adenosine intravenous syringe 3 mg/ml	2	
amiodarone intravenous solution 50 mg/ml	2	
amiodarone oral tablet 100 mg, 200 mg, 400 mg	2	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG	4	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	4	
CORVERT INTRAVENOUS SOLUTION 0.1 MG/ML	4	
disopyramide phosphate oral capsule 100 mg, 150 mg	4	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	4	
flecainide oral tablet 100 mg, 150 mg, 50 mg	2	
ibutilide fumarate intravenous solution 0.1 mg/ml	2	
lidocaine (pf) intravenous solution 20 mg/ml (2 %)	2	
lidocaine (pf) intravenous syringe 100 mg/5 ml (2 %), 50 mg/5 ml (1 %)	2	
lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)	4	

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Drug Name	Drug Tier	Requirements/Limits
mexiletine oral capsule 150 mg, 200 mg, 250 mg	3	
MULTAQ ORAL TABLET 400 MG	3	
NEXTERONE INTRAVENOUS SOLUTION 150 MG/100 ML (1.5 MG/ML), 360 MG/200 ML (1.8 MG/ML)	4	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG	4	
NORPACE ORAL CAPSULE 100 MG, 150 MG	4	
pacerone oral tablet 100 mg, 200 mg, 400 mg	2	
procainamide injection solution 100 mg/ml, 500 mg/ml	2	
PROCAINAMIDE INTRAVENOUS SYRINGE 100 MG/ML	4	
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg	4	
propafenone oral tablet 150 mg, 225 mg, 300 mg	2	
quinidine gluconate oral tablet extended release 324 mg	4	
quinidine sulfate oral tablet 200 mg, 300 mg	2	
sotalol af oral tablet 120 mg, 160 mg, 80 mg	2	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	2	
SOTYLIZE ORAL SOLUTION 5 MG/ML	4	
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG	4	
ANTIHYPERTENSIVE THERAPY		
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	4	
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG	4	
acebutolol oral capsule 200 mg, 400 mg	2	
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG	4	

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Drug Name	Drug Tier	Requirements/Limits
aliskiren oral tablet 150 mg, 300 mg	4	
amiloride oral tablet 5 mg	2	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	2	
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	1	
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	1	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	1	
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	1	
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	2	
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG	4	ST
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	4	ST
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1	
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	4	ST
AVAPRO ORAL TABLET 150 MG, 300 MG	4	ST
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG	4	ST
benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	1	
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG	4	ST
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG	4	ST
betaxolol oral tablet 10 mg, 20 mg	3	

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Drug Name	Drug Tier	Requirements/Limits
BIDIL ORAL TABLET 20-37.5 MG	4	QL (180 per 30 days)
bisoprolol fumarate oral tablet 10 mg, 5 mg	2	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	
BREVIBLOC IN NACL (ISO-OSM) INTRAVENOUS PARENTERAL SOLUTION 2,000 MG/100 ML, 2,500 MG/250 ML (10 MG/ML)	4	
BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10 ML (10 MG/ML)	4	
bumetanide injection solution 0.25 mg/ml	4	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	2	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	4	
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	2	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	1	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	2	
CARDENE IV IN SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 20 MG/200 ML (0.1 MG/ML), 40 MG/200 ML (0.2 MG/ML)	4	
CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	4	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	4	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	4	
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG	4	QL (30 per 30 days)
CARDURA ORAL TABLET 8 MG	4	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	4	QL (30 per 30 days)
CAROSPIR ORAL SUSPENSION 25 MG/5 ML	4	
cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	2	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg	4	
chlorothiazide sodium intravenous recon soln 500 mg	2	
chlorthalidone oral tablet 25 mg, 50 mg	2	
CLEVIPREX INTRAVENOUS EMULSION 25 MG/50 ML, 50 MG/100 ML	4	
clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)	2	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	
CLONIDINE HCL ORAL TABLET EXTENDED RELEASE 24 HR 0.17 MG	4	
clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr	4	QL (4 per 28 days)
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR 10 MG, 20 MG, 40 MG, 80 MG	4	
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG	4	
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG	4	ST
DEMSER ORAL CAPSULE 250 MG	5	PA; NDS
DIBENZYLINE ORAL CAPSULE 10 MG	5	PA; NDS
diltiazem hcl intravenous recon soln 100 mg	2	
diltiazem hcl intravenous solution 5 mg/ml	2	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	2	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	2	
diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	2	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	2	
diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	2	
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG	4	ST
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG	4	ST
DIURIL ORAL SUSPENSION 250 MG/5 ML	4	
doxazosin oral tablet 1 mg, 2 mg, 4 mg	2	QL (30 per 30 days)
doxazosin oral tablet 8 mg	2	QL (60 per 30 days)
DYRENIUM ORAL CAPSULE 100 MG, 50 MG	4	
EDARBI ORAL TABLET 40 MG, 80 MG	3	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	3	
EDECRIN ORAL TABLET 25 MG	4	
enalapril maleate oral solution 1 mg/ml	4	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	
enalaprilat intravenous solution 1.25 mg/ml	2	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
EPANED ORAL SOLUTION 1 MG/ML	4	
eplerenone oral tablet 25 mg, 50 mg	3	
epoprostenol intravenous recon soln 0.5 mg, 1.5 mg	4	B/D PA
esmolol in nacl (iso-osm) intravenous parenteral solution 2,000 mg/100 ml, 2,500 mg/250 ml (10 mg/ml)	4	
esmolol intravenous solution 100 mg/10 ml (10 mg/ml)	2	
ethacrynate sodium intravenous recon soln 50 mg	5	NDS
ethacrynic acid oral tablet 25 mg	4	
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG	4	ST
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG	4	ST
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	2	
FLOLAN INTRAVENOUS RECON SOLN 0.5 MG, 1.5 MG	4	B/D PA
fosinopril oral tablet 10 mg, 20 mg, 40 mg	1	
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	1	
FUROSCIX SUBCUTANEOUS KIT 80 MG/10 ML	5	ST; NDS
furosemide injection solution 10 mg/ml	4	
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	2	
furosemide oral tablet 20 mg, 40 mg, 80 mg	1	
guanfacine oral tablet 1 mg, 2 mg	4	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	4	
hydralazine injection solution 20 mg/ml	2	

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Drug Name	Drug Tier	Requirements/Limits
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	2	
hydrochlorothiazide oral capsule 12.5 mg	1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	1	
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG	4	ST
indapamide oral tablet 1.25 mg, 2.5 mg	1	
INDERAL LA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 160 MG, 60 MG, 80 MG	4	
INDERAL XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG	4	
INNOPRAN XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG	4	
INSPRA ORAL TABLET 25 MG, 50 MG	4	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	1	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	1	
isosorbide-hydralazine oral tablet 20-37.5 mg	3	QL (180 per 30 days)
isradipine oral capsule 2.5 mg, 5 mg	2	
KAPSPARGO SPRINKLE ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG, 200 MG, 25 MG, 50 MG	4	
KATERZIA ORAL SUSPENSION 1 MG/ML	4	
KERENDIA ORAL TABLET 10 MG, 20 MG	3	PA; QL (30 per 30 days)
labetalol intravenous solution 5 mg/ml	2	
LABETALOL INTRAVENOUS SYRINGE 10 MG/2 ML (5 MG/ML)	4	
labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)	2	
labetalol oral tablet 100 mg, 200 mg, 300 mg	2	
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG	4	

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Drug Name	Drug Tier	Requirements/Limits
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
LOPRESSOR ORAL TABLET 100 MG, 50 MG	4	
losartan oral tablet 100 mg, 25 mg, 50 mg	1	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	1	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	4	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	4	
mannitol 20 % intravenous parenteral solution 20 %	4	
mannitol 25 % intravenous solution 25 %	2	
matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	
methyldopa oral tablet 250 mg, 500 mg	4	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	2	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	1	
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg	2	
metoprolol tartrate intravenous solution 5 mg/5 ml	2	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
metoprolol tartrate oral tablet 37.5 mg, 75 mg	4	
metyrosine oral capsule 250 mg	5	PA; NDS
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG	4	ST
minoxidil oral tablet 10 mg, 2.5 mg	2	
moexipril oral tablet 15 mg, 7.5 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
nadolol oral tablet 20 mg, 40 mg, 80 mg	4	
nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	2	
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HR 0.17 MG	4	
NICARDIPINE IN NACL (ISO-OS) INTRAVENOUS PIGGYBACK 20 MG/200 ML (0.1 MG/ML), 40 MG/200 ML (0.2 MG/ML)	4	
nicardipine intravenous solution 25 mg/10 ml	2	
nicardipine oral capsule 20 mg, 30 mg	4	
nifedipine oral capsule 10 mg, 20 mg	4	
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	2	
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg	2	
nimodipine oral capsule 30 mg	4	
nimodipine oral solution 60 mg/20 ml	5	NDS
nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	4	
NORLIQVA ORAL SOLUTION 1 MG/ML	4	
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG	4	
NYMALIZE ORAL SOLUTION 60 MG/10 ML	5	NDS
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML	5	NDS
olmesartan oral tablet 20 mg, 40 mg, 5 mg	1	
olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	2	
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	1	
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42)	5	PA; QL (168 per 180 days); NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210)	5	PA; QL (336 per 180 days); NDS
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)-1MG	5	PA; QL (252 per 180 days); NDS
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	4	PA; QL (90 per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG	5	PA; QL (90 per 30 days); NDS
ORENITRAM ORAL TABLET EXTENDED RELEASE 5 MG	5	PA; QL (720 per 30 days); NDS
OSMITROL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	
osmitrol 20 % intravenous parenteral solution 20 %	4	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	1	
phenoxybenzamine oral capsule 10 mg	5	PA; NDS
phentolamine injection recon soln 5 mg	2	
pindolol oral tablet 10 mg, 5 mg	3	
prazosin oral capsule 1 mg, 2 mg, 5 mg	2	
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG, 60 MG, 90 MG	4	
propranolol intravenous solution 1 mg/ml	2	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	2	
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	2	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
QBRELIS ORAL SOLUTION 1 MG/ML	4	
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	1	
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	5	PA; LA; NDS
SOAANZ ORAL TABLET 40 MG	4	ST
spironolactone oral suspension 25 mg/5 ml	4	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	2	
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	4	
TEKTURNA ORAL TABLET 150 MG, 300 MG	4	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	1	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	2	
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	2	
TENORETIC 100 ORAL TABLET 100-25 MG	4	
TENORETIC 50 ORAL TABLET 50-25 MG	4	
TENORMIN ORAL TABLET 25 MG	4	
terazosin oral capsule 1 mg, 2 mg, 5 mg	1	QL (30 per 30 days)
terazosin oral capsule 10 mg	1	QL (60 per 30 days)
THALITONE ORAL TABLET 15 MG	4	
tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	
TIAZAC ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	4	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	4	

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Drug Name	Drug Tier	Requirements/Limits
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 200 MG, 25 MG, 50 MG	4	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	2	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	1	
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	2	
treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml	5	PA; LA; NDS
triamterene oral capsule 100 mg, 50 mg	4	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	1	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg	1	
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG	4	ST
UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG	5	PA; LA; NDS
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; LA; QL (60 per 30 days); NDS
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	5	PA; LA; QL (200 per 180 days); NDS
VALSARTAN ORAL SOLUTION 4 MG/ML	5	ST; NDS
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	1	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	1	
VASERETIC ORAL TABLET 10-25 MG	4	
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	4	
veletri intravenous recon soln 0.5 mg, 1.5 mg	2	B/D PA

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Drug Name	Drug Tier	Requirements/Limits
verapamil intravenous solution 2.5 mg/ml	2	
verapamil intravenous syringe 2.5 mg/ml	2	
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	2	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg	2	
verapamil oral tablet 120 mg, 40 mg, 80 mg	1	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	2	
VERELAN ORAL CAPSULE,EXT REL. PELLETS 24 HR 120 MG, 180 MG, 240 MG, 360 MG	4	
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	4	
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG	4	
COAGULATION THERAPY		
ADZYNMA INTRAVENOUS KIT 1,500 (+/-) UNIT, 500 (+/-) UNIT	5	PA; LA; NDS
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG	5	PA; NDS
aminocaproic acid intravenous solution 250 mg/ml	2	
aminocaproic acid oral solution 250 mg/ml (25 %)	5	NDS
aminocaproic acid oral tablet 1,000 mg, 500 mg	5	NDS
ANDEXXA INTRAVENOUS RECON SOLN 200 MG	5	NDS
argatroban in 0.9 % sod chlor intravenous solution 1 mg/ml	4	
ARGATROBAN INTRAVENOUS SOLUTION 100 MG/ML	5	NDS
ARIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML, 5 MG/0.4 ML, 7.5 MG/0.6 ML	5	NDS

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Drug Name	Drug Tier	Requirements/Limits
ARIXTRA SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	4	
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	4	
BRILINTA ORAL TABLET 60 MG, 90 MG	4	
CABLIVI INJECTION KIT 11 MG	5	PA; LA; NDS
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN 500 UNIT	3	PA
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN 1,000 UNIT	3	PA
cilostazol oral tablet 100 mg, 50 mg	2	
clopidogrel oral tablet 300 mg	2	
clopidogrel oral tablet 75 mg	1	QL (30 per 30 days)
dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg	3	QL (60 per 30 days)
dipyridamole intravenous solution 5 mg/ml	2	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	4	
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	5	PA; LA; NDS
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	5	PA; LA; NDS
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	5	PA; LA; NDS
EFFIENT ORAL TABLET 10 MG, 5 MG	4	
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	3	QL (74 per 180 days)
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	3	QL (60 per 30 days)
eltrombopag olamine oral powder in packet 12.5 mg, 25 mg	5	PA; NDS
eltrombopag olamine oral tablet 12.5 mg, 25 mg, 50 mg, 75 mg	5	PA; NDS
enoxaparin subcutaneous solution 300 mg/3 ml	2	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml	4	QL (28 per 28 days)
enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml	4	QL (22.4 per 28 days)
enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml	4	QL (16.8 per 28 days)
enoxaparin subcutaneous syringe 40 mg/0.4 ml	4	QL (11.2 per 28 days)
fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml	5	NDS
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	4	
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML, 25,000 ANTI-XA UNIT/ML	5	NDS
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 7,500 ANTI-XA UNIT/0.3 ML	5	NDS
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML	4	
heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)	3	
heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml	3	
HEPARIN (PORCINE) IN NACL (PF) INTRAVENOUS PARENTERAL SOLUTION 2,000 UNIT/1,000 ML	4	
heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)	3	
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	3	
heparin (porcine) injection syringe 5,000 unit/ml	3	

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Drug Name	Drug Tier	Requirements/Limits
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	3	
heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml	3	
heparin, porcine (pf) injection solution 1,000 unit/ml	3	
HEPARIN, PORCINE (PF) INJECTION SOLUTION 5,000 UNIT/0.5 ML	4	
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/0.5 ML, 5,000 UNIT/ML	3	
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
LOVENOX SUBCUTANEOUS SOLUTION 300 MG/3 ML	4	QL (30 per 30 days)
LOVENOX SUBCUTANEOUS SYRINGE 100 MG/ML, 150 MG/ML	4	QL (28 per 28 days)
LOVENOX SUBCUTANEOUS SYRINGE 120 MG/0.8 ML, 80 MG/0.8 ML	4	QL (22.4 per 28 days)
LOVENOX SUBCUTANEOUS SYRINGE 30 MG/0.3 ML, 60 MG/0.6 ML	4	QL (16.8 per 28 days)
LOVENOX SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	4	QL (11.2 per 28 days)
MULPLETA ORAL TABLET 3 MG	5	PA; NDS
NPLATE SUBCUTANEOUS RECON SOLN 125 MCG, 250 MCG, 500 MCG	5	PA; NDS
OCTAPLAS (BLOOD GROUP A) INTRAVENOUS SOLUTION 45 TO 70 MG/ML	4	
OCTAPLAS (BLOOD GROUP AB) INTRAVENOUS SOLUTION 45 TO 70 MG/ML	4	
OCTAPLAS (BLOOD GROUP B) INTRAVENOUS SOLUTION 45 TO 70 MG/ML	4	

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Drug Name	Drug Tier	Requirements/Limits
OCTAPLAS (BLOOD GROUP O) INTRAVENOUS SOLUTION 45 TO 70 MG/ML	4	
pentoxifylline oral tablet extended release 400 mg	2	
PLAVIX ORAL TABLET 75 MG	4	QL (30 per 30 days)
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	4	PA; QL (60 per 30 days)
PRADAXA ORAL PELLETS IN PACKET 110 MG, 30 MG, 40 MG, 50 MG	5	PA; QL (120 per 30 days); NDS
PRADAXA ORAL PELLETS IN PACKET 150 MG, 20 MG	5	PA; QL (60 per 30 days); NDS
prasugrel hcl oral tablet 10 mg, 5 mg	3	
PRAXBIND INTRAVENOUS SOLUTION 2.5 GRAM/50 ML	5	NDS
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	5	PA; LA; NDS
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	5	PA; LA; NDS
protamine intravenous solution 10 mg/ml	2	
rivaroxaban oral suspension for reconstitution 1 mg/ml	3	QL (775 per 28 days)
rivaroxaban oral tablet 2.5 mg	3	QL (60 per 30 days)
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG	4	PA; QL (30 per 30 days)
TAVALISSE ORAL TABLET 100 MG, 150 MG	5	PA; LA; QL (60 per 30 days); NDS
THROMBATE III INTRAVENOUS RECON SOLN 500 (+/-) UNIT	4	
THROMBIN-JMI NASAL SPRAY SYRINGE 5,000 UNIT	4	
ticagrelor oral tablet 60 mg, 90 mg	3	
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	3	QL (51 per 180 days)

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Drug Name	Drug Tier	Requirements/Limits
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	3	QL (775 per 28 days)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	3	QL (30 per 30 days)
XARELTO ORAL TABLET 2.5 MG	3	QL (60 per 30 days)
LIPID/CHOLESTEROL LOWERING AGENTS		
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	2	QL (30 per 30 days)
ATORVALIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	4	ST; QL (600 per 30 days)
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	QL (30 per 30 days)
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	4	ST; QL (30 per 30 days)
cholestyramine (with sugar) oral powder 4 gram	3	
cholestyramine (with sugar) oral powder in packet 4 gram	3	
cholestyramine light oral powder 4 gram	3	
cholestyramine light oral powder in packet 4 gram	3	
colesevelam oral powder in packet 3.75 gram	4	
colesevelam oral tablet 625 mg	4	
COLESTID ORAL GRANULES 5 GRAM	4	
COLESTID ORAL TABLET 1 GRAM	4	
colestipol oral granules 5 gram	4	
colestipol oral packet 5 gram	4	
colestipol oral tablet 1 gram	4	
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	4	ST; QL (30 per 30 days)
EVKEEZA INTRAVENOUS SOLUTION 150 MG/ML	5	PA; LA; NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
EZALLOR ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG	4	ST; QL (30 per 30 days)
ezetimibe oral tablet 10 mg	2	
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	2	QL (30 per 30 days)
fenofibrate micronized oral capsule 130 mg	4	
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	2	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	2	
FENOFIBRATE ORAL CAPSULE 150 MG, 50 MG	4	
fenofibrate oral tablet 120 mg, 40 mg	4	
fenofibrate oral tablet 160 mg, 54 mg	2	
fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg, 45 mg	4	
fenofibric acid oral tablet 105 mg, 35 mg	2	
FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML), 40 MG/5 ML (8 MG/ML)	4	ST; QL (300 per 30 days)
fluvastatin oral capsule 20 mg	2	QL (30 per 30 days)
fluvastatin oral capsule 40 mg	2	QL (60 per 30 days)
fluvastatin oral tablet extended release 24 hr 80 mg	4	QL (30 per 30 days)
gemfibrozil oral tablet 600 mg	1	
icosapent ethyl oral capsule 0.5 gram, 1 gram	3	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	5	PA; LA; NDS
LEQVIO SUBCUTANEOUS SYRINGE 284 MG/1.5 ML	5	PA; QL (3 per 180 days); NDS
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR 80 MG	4	ST; QL (30 per 30 days)
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	4	ST; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
LIPOFEN ORAL CAPSULE 150 MG, 50 MG	4	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	4	ST; QL (30 per 30 days)
LOPID ORAL TABLET 600 MG	4	
lovastatin oral tablet 10 mg	1	QL (30 per 30 days)
lovastatin oral tablet 20 mg, 40 mg	1	QL (60 per 30 days)
LOVAZA ORAL CAPSULE 1 GRAM	4	ST
NEXLETOL ORAL TABLET 180 MG	3	PA
NEXLIZET ORAL TABLET 180-10 MG	3	PA
niacin oral tablet 500 mg	2	
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg	4	
NIACOR ORAL TABLET 500 MG	4	
omega-3 acid ethyl esters oral capsule 1 gram	2	
pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg	1	QL (30 per 30 days)
PRALUENT SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	4	PA; QL (2 per 28 days)
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	QL (30 per 30 days)
prevalite oral powder 4 gram	3	
prevalite oral powder in packet 4 gram	3	
QUESTRAN LIGHT ORAL POWDER 4 GRAM	4	
QUESTRAN ORAL POWDER 4 GRAM	4	
QUESTRAN ORAL POWDER IN PACKET 4 GRAM	4	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	3	PA; QL (7 per 28 days)
REPATHA SUBCUTANEOUS SYRINGE 140 MG/ML	3	PA; QL (6 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	3	PA; QL (6 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	QL (30 per 30 days)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg	1	QL (30 per 30 days)
TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML	5	PA; LA; QL (0.8 per 30 days); NDS
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	4	ST
VYTORIN 10-10 ORAL TABLET 10-10 MG	4	ST; QL (30 per 30 days)
VYTORIN 10-20 ORAL TABLET 10-20 MG	4	ST; QL (30 per 30 days)
VYTORIN 10-40 ORAL TABLET 10-40 MG	4	ST; QL (30 per 30 days)
VYTORIN 10-80 ORAL TABLET 10-80 MG	4	ST; QL (30 per 30 days)
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM	4	
WELCHOL ORAL TABLET 625 MG	4	
ZETIA ORAL TABLET 10 MG	4	
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	4	ST; QL (30 per 30 days)
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	4	ST; QL (30 per 30 days)
MISCELLANEOUS CARDIOVASCULAR AGENTS		
ATTRUBY ORAL TABLET 356 MG	5	PA; NDS
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	5	PA; QL (30 per 30 days); NDS
CORLANOR ORAL SOLUTION 5 MG/5 ML	4	QL (450 per 30 days)
CORLANOR ORAL TABLET 5 MG, 7.5 MG	4	QL (60 per 30 days)
digoxin injection solution 250 mcg/ml (0.25 mg/ml)	4	
digoxin oral solution 50 mcg/ml (0.05 mg/ml)	3	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	2	
digoxin oral tablet 62.5 mcg (0.0625 mg)	4	

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Drug Name	Drug Tier	Requirements/Limits
dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)	2	B/D PA
dobutamine intravenous solution 250 mg/20 ml (12.5 mg/ml)	2	B/D PA
dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/250 ml (3,200 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)	2	B/D PA
dopamine intravenous solution 200 mg/5 ml (40 mg/ml), 400 mg/10 ml (40 mg/ml)	2	B/D PA
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	3	QL (60 per 30 days)
ENTRESTO SPRINKLE ORAL PELLET 15-16 MG, 6-6 MG	3	QL (240 per 30 days)
FILSPARI ORAL TABLET 200 MG, 400 MG	5	PA; QL (30 per 30 days); NDS
isoproterenol hcl injection solution 0.2 mg/ml	4	
ivabradine oral tablet 5 mg, 7.5 mg	3	QL (60 per 30 days)
LANOXIN INJECTION SOLUTION 500 MCG/2 ML (0.5 MG/2 ML)	4	
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG)	4	
LANOXIN PEDIATRIC INJECTION SOLUTION 100 MCG/ML (0.1 MG/ML)	4	
LEVOPHED (BITARTRATE) INTRAVENOUS SOLUTION 1 MG/ML	4	
LODOCO ORAL TABLET 0.5 MG	4	PA
milrinone in 5 % dextrose intravenous piggyback 20 mg/100 ml (200 mcg/ml), 40 mg/200 ml (200 mcg/ml)	2	B/D PA
milrinone intravenous solution 1 mg/ml	2	B/D PA

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Drug Name	Drug Tier	Requirements/Limits
norepinephrine bitartrate intravenous solution 1 mg/ml	2	
norepinephrine bitartrate-d5w intravenous solution 16 mg/250 ml (64 mcg/ml)	4	
NOREPINEPHRINE BITARTRATE-D5W INTRAVENOUS SOLUTION 4 MG/250 ML (16 MCG/ML), 8 MG/250 ML (32 MCG/ML)	4	
norepinephrine bitartrate-nacl intravenous solution 16 mg/250 ml (64 mcg/ml), 4 mg/250 ml (16 mcg/ml), 8 mg/250 ml (32 mcg/ml)	4	
ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg	3	
sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg	3	QL (60 per 30 days)
TRYVIO ORAL TABLET 12.5 MG	4	PA
VANRAFIA ORAL TABLET 0.75 MG	5	PA; QL (30 per 30 days); NDS
VECAMYL ORAL TABLET 2.5 MG	5	NDS
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	QL (30 per 30 days)
VYNDAMAX ORAL CAPSULE 61 MG	5	PA; NDS
VYNDAQEL ORAL CAPSULE 20 MG	5	PA; NDS
NITRATES		
ISORDIL ORAL TABLET 40 MG	5	NDS
ISORDIL TITRADOSE ORAL TABLET 5 MG	4	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	2	
isosorbide dinitrate oral tablet 40 mg	4	
isosorbide mononitrate oral tablet 10 mg, 20 mg	1	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg	1	
nitro-bid transdermal ointment 2 %	3	

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Drug Name	Drug Tier	Requirements/Limits
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6 MG/HR, 0.8 MG/HR	4	
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	2	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	2	
nitroglycerin translingual spray,non-aerosol 400 mcg/spray	4	
NITROLINGUAL TRANSLINGUAL SPRAY,NON-AEROSOL 400 MCG/SPRAY	4	
NITROSTAT SUBLINGUAL TABLET 0.3 MG, 0.4 MG, 0.6 MG	4	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	4	
ANALPRAM-HC TOPICAL LOTION 2.5-1 %	4	
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML	5	PA; QL (2 per 21 days); NDS
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 320 MG/2 ML	5	PA; QL (4 per 21 days); NDS
BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML	5	PA; QL (2 per 21 days); NDS
BIMZELX SUBCUTANEOUS SYRINGE 320 MG/2 ML	5	PA; QL (4 per 21 days); NDS
calcipotriene scalp solution 0.005 %	3	QL (120 per 30 days)
calcipotriene topical cream 0.005 %	4	QL (120 per 30 days)
CALCIPOTRIENE TOPICAL FOAM 0.005 %	4	QL (120 per 30 days)
calcipotriene topical ointment 0.005 %	4	QL (120 per 30 days)
calcipotriene-betamethasone topical ointment 0.005-0.064 %	4	QL (400 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
calcipotriene-betamethasone topical suspension 0.005-0.064 %	4	QL (400 per 30 days)
calcitriol topical ointment 3 mcg/gram	4	
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; QL (10 per 28 days); NDS
COSENTYX INTRAVENOUS SOLUTION 25 MG/ML	5	PA; QL (20 per 28 days); NDS
COSENTYX (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; QL (10 per 28 days); NDS
COSENTYX SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; QL (5 per 28 days); NDS
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; QL (5 per 28 days); NDS
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; QL (2.5 per 28 days); NDS
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; QL (10 per 28 days); NDS
ENSTILAR TOPICAL FOAM 0.005-0.064 %	5	QL (400 per 30 days); NDS
EPIFOAM TOPICAL FOAM 1-1 %	4	
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; QL (2 per 28 days); NDS
OTULFI INTRAVENOUS SOLUTION 130 MG/26 ML	5	PA; QL (104 per 180 days); NDS
OTULFI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	4	PA; QL (0.5 per 28 days)
OTULFI SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; QL (1 per 28 days); NDS
PRAMOSONE TOPICAL CREAM 1-1 %	4	
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 %	4	
PYZCHIVA INTRAVENOUS SOLUTION 130 MG/26 ML	5	PA; QL (104 per 180 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
PYZCHIVA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	4	PA; QL (0.5 per 28 days)
PYZCHIVA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	4	PA; QL (0.5 per 28 days)
PYZCHIVA SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; QL (1 per 28 days); NDS
SELARSDI INTRAVENOUS SOLUTION 130 MG/26 ML	5	PA; QL (104 per 180 days); NDS
SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	PA; QL (0.5 per 28 days)
SELARSDI SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; QL (1 per 28 days); NDS
selenium sulfide topical lotion 2.5 %	2	
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML	5	PA; QL (6 per 28 days); NDS
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; QL (2 per 84 days); NDS
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; QL (2 per 84 days); NDS
SORILUX TOPICAL FOAM 0.005 %	4	QL (120 per 30 days)
SOTYKTU ORAL TABLET 6 MG	5	PA; QL (30 per 30 days); NDS
SPEVIGO INTRAVENOUS SOLUTION 60 MG/ML	5	PA; LA; QL (30 per 365 days); NDS
SPEVIGO SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; QL (4 per 28 days); NDS
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	5	PA; QL (104 per 180 days); NDS
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	5	PA; QL (0.5 per 28 days); NDS
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	5	PA; QL (0.5 per 28 days); NDS
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; QL (1 per 28 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
STEQEYMA I.V. INTRAVENOUS SOLUTION 130 MG/26 ML	5	PA; QL (104 per 180 days); NDS
STEQEYMA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	4	PA; QL (0.5 per 28 days)
STEQEYMA SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; QL (1 per 28 days); NDS
TACLONEX TOPICAL SUSPENSION 0.005-0.064 %	5	QL (400 per 30 days); NDS
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	5	PA; QL (4 per 28 days); NDS
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	5	PA; QL (3 per 180 days); NDS
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	5	PA; QL (1 per 28 days); NDS
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML	5	PA; QL (0.25 per 28 days); NDS
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 40 MG/0.5 ML	5	PA; QL (0.5 per 28 days); NDS
TALTZ SUBCUTANEOUS SYRINGE 80 MG/ML	5	PA; QL (1 per 28 days); NDS
TREMFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)	5	PA; QL (20 per 28 days); NDS
TREMFYA PEN INDUCTION PK-CROHN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	5	PA; QL (12 per 180 days); NDS
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML	5	PA; QL (2 per 28 days); NDS
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA; QL (2 per 28 days); NDS
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML	5	PA; QL (2 per 28 days); NDS
USTEKINUMAB INTRAVENOUS SOLUTION 130 MG/26 ML	5	PA; QL (104 per 180 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
USTEKINUMAB SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	5	PA; QL (0.5 per 28 days); NDS
USTEKINUMAB SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	5	PA; QL (0.5 per 28 days); NDS
USTEKINUMAB SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; QL (1 per 28 days); NDS
USTEKINUMAB-AEKN SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	4	PA; QL (0.5 per 28 days)
USTEKINUMAB-AEKN SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; QL (1 per 28 days); NDS
USTEKINUMAB-TTWE INTRAVENOUS SOLUTION 130 MG/26 ML	5	PA; QL (104 per 180 days); NDS
USTEKINUMAB-TTWE SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	5	PA; QL (0.5 per 28 days); NDS
USTEKINUMAB-TTWE SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; QL (1 per 28 days); NDS
VECTICAL TOPICAL OINTMENT 3 MCG/GRAM	4	
VTAMA TOPICAL CREAM 1 %	5	PA; QL (60 per 30 days); NDS
WEZLANA I.V. INTRAVENOUS SOLUTION 130 MG/26 ML	5	PA; QL (104 per 180 days); NDS
WEZLANA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	5	PA; QL (0.5 per 28 days); NDS
WEZLANA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	5	PA; QL (0.5 per 28 days); NDS
WEZLANA SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; QL (1 per 28 days); NDS
YESINTEK INTRAVENOUS SOLUTION 130 MG/26 ML	5	PA; QL (104 per 180 days); NDS
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	3	PA; QL (0.5 per 28 days)
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	PA; QL (0.5 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; QL (1 per 28 days); NDS
ZORYVE TOPICAL CREAM 0.15 %, 0.3 %	4	PA; QL (60 per 30 days)
ZORYVE TOPICAL FOAM 0.3 %	4	PA; QL (60 per 30 days)
MISCELLANEOUS DERMATOLOGICALS		
ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML	5	PA; QL (6 per 28 days); NDS
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; QL (6 per 28 days); NDS
ammonium lactate topical cream 12 %	2	
ammonium lactate topical lotion 12 %	2	
chloroprocaine (pf) injection solution 20 mg/ml (2 %), 30 mg/ml (3 %)	2	
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	5	PA; QL (30 per 30 days); NDS
CITANEST PLAIN DENTAL INJECTION CARTRIDGE 4 % (40 MG/ML)	4	
CONDYLOX TOPICAL GEL 0.5 %	4	
dermacinrx lidocan topical adhesive patch,medicated 5 %	4	PA; QL (90 per 30 days)
diclofenac sodium topical gel 3 %	4	PA; QL (100 per 28 days)
doxepin topical cream 5 %	4	QL (45 per 30 days)
DUPIXENT SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	5	PA; QL (4.56 per 28 days); NDS
DUPIXENT SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; QL (8 per 28 days); NDS
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; QL (4.56 per 28 days); NDS
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; QL (8 per 28 days); NDS
EBGLYSS PEN SUBCUTANEOUS PEN INJECTOR 250 MG/2 ML	5	PA; QL (8 per 28 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
EBGLYSS SYRINGE SUBCUTANEOUS SYRINGE 250 MG/2 ML	5	PA; QL (8 per 28 days); NDS
EFUDEX TOPICAL CREAM 5 %	4	
ELIDEL TOPICAL CREAM 1 %	4	PA; QL (100 per 30 days)
EUCRISA TOPICAL OINTMENT 2 %	4	PA; QL (120 per 30 days)
FILSUVEZ TOPICAL GEL 10 %	5	PA; LA; NDS
FLUOROURACIL TOPICAL CREAM 0.5 %	5	NDS
fluorouracil topical cream 5 %	3	
fluorouracil topical solution 2 %, 5 %	3	
glydo mucous membrane jelly in applicator 2 %	2	QL (60 per 30 days)
HYFTOR TOPICAL GEL 0.2 %	5	PA; NDS
imiquimod topical cream in metered-dose pump 3.75 %	4	
imiquimod topical cream in packet 3.75 %	4	
imiquimod topical cream in packet 5 %	3	
lidocaine (pf) injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)	2	
lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)	2	
lidocaine hcl laryngotracheal solution 4 %	3	
lidocaine hcl mucous membrane jelly 2 %	2	QL (60 per 30 days)
lidocaine hcl mucous membrane jelly in applicator 2 %	2	QL (60 per 30 days)
lidocaine hcl mucous membrane solution 2 %	2	
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	3	
lidocaine topical adhesive patch,medicated 5 %	4	PA; QL (90 per 30 days)
lidocaine topical ointment 5 %	4	QL (50 per 30 days)
lidocaine viscous mucous membrane solution 2 %	2	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
lidocaine-epinephrine (pf) injection solution 1.5 %-1:200,000, 2 %-1:200,000	2	
LIDOCAINE-EPINEPHRINE BIT INJECTION CARTRIDGE 2 %-1:100,000	4	
lidocaine-epinephrine injection solution 0.5 %-1:200,000, 1 %-1:100,000, 2 %-1:100,000	2	
lidocaine-prilocaine topical cream 2.5-2.5 %	3	QL (30 per 30 days)
lidocan iii topical adhesive patch,medicated 5 %	4	PA; QL (90 per 30 days)
lidocan iv topical adhesive patch,medicated 5 %	4	PA; QL (90 per 30 days)
lidocan v topical adhesive patch,medicated 5 %	4	PA; QL (90 per 30 days)
methoxsalen oral capsule,liqd-filled,rapid rel 10 mg	5	NDS
NESACAINE INJECTION SOLUTION 10 MG/ML (1 %), 20 MG/ML (2 %)	4	
NESACAINE-MPF INJECTION SOLUTION 20 MG/ML (2 %), 30 MG/ML (3 %)	4	
OPZELURA TOPICAL CREAM 1.5 %	5	PA; QL (240 per 28 days); NDS
PANRETIN TOPICAL GEL 0.1 %	5	PA; NDS
pimecrolimus topical cream 1 %	4	PA; QL (100 per 30 days)
podofilox topical gel 0.5 %	4	
podofilox topical solution 0.5 %	3	
polocaine injection solution 1 % (10 mg/ml)	2	
POLOCAINE INJECTION SOLUTION 2 %	4	
polocaine-mpf injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %)	2	
prudoxin topical cream 5 %	4	QL (45 per 30 days)
QUTENZA TOPICAL KIT 8 %	5	QL (1 per 90 days); NDS
REGRANEX TOPICAL GEL 0.01 %	5	PA; QL (15 per 30 days); NDS
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	3	QL (180 per 30 days)
SILVADENE TOPICAL CREAM 1 %	4	

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Drug Name	Drug Tier	Requirements/Limits
silver sulfadiazine topical cream 1 %	2	
ssd topical cream 1 %	2	
tacrolimus topical ointment 0.03 %, 0.1 %	4	PA; QL (100 per 30 days)
tridacaine ii topical adhesive patch,medicated 5 %	4	PA; QL (90 per 30 days)
VALCHLOR TOPICAL GEL 0.016 %	5	PA; NDS
VEREGEN TOPICAL OINTMENT 15 %	4	QL (30 per 30 days)
VYJUVEK TOPICAL GEL 5 X 10EXP9 PFU/2.5 ML	5	PA; NDS
xylocaine dental-epinephrine injection cartridge 2 %-1:100,000, 2 %-1:50,000	4	
XYLOCAINE INJECTION SOLUTION 10 MG/ML (1 %), 20 MG/ML (2 %)	4	
XYLOCAINE WITH EPINEPHRINE INJECTION SOLUTION 0.5 %-1:200,000, 1 %-1:100,000, 2 %-1:100,000	4	
XYLOCAINE-MPF INJECTION SOLUTION 10 MG/ML (1 %), 15 MG/ML (1.5 %), 20 MG/ML (2 %), 5 MG/ML (0.5 %)	4	
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 1 %-1:200,000, 1.5 %-1:200,000, 2 %-1:200,000	4	
YCANTH TOPICAL SOLUTION WITH APPLICATOR 0.7 %	5	NDS
ZELSUVMI TOPICAL GEL 10.3 %	5	NDS
ZONALON TOPICAL CREAM 5 %	4	QL (45 per 30 days)
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 %	4	PA; QL (90 per 30 days)
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 %, 3.75 %	5	NDS
ZYCLARA TOPICAL CREAM IN PACKET 3.75 %	5	NDS

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Drug Name	Drug Tier	Requirements/Limits
THERAPY FOR ACNE		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG	5	NDS
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG	5	NDS
ACANYA TOPICAL GEL WITH PUMP 1.2-2.5 %	4	
accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	4	
ACZONE TOPICAL GEL 5 %	4	
ACZONE TOPICAL GEL WITH PUMP 7.5 %	4	
adapalene topical cream 0.1 %	4	PA
adapalene topical gel 0.3 %	4	PA
adapalene topical gel with pump 0.3 %	4	PA
adapalene topical solution 0.1 %	4	PA
adapalene topical swab 0.1 %	4	PA
adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %, 0.3-2.5 %	4	
AKLIEF TOPICAL CREAM 0.005 %	4	PA
ALTRENO TOPICAL LOTION 0.05 %	4	PA
amnesteem oral capsule 10 mg, 20 mg, 30 mg, 40 mg	4	
AMZEEQ TOPICAL FOAM 4 %	4	
ARAZLO TOPICAL LOTION 0.045 %	4	PA
ATRALIN TOPICAL GEL 0.05 %	4	PA
azelaic acid topical gel 15 %	4	
AZELEX TOPICAL CREAM 20 %	4	
BENZAMYCIN TOPICAL GEL 3-5 %	4	
brimonidine topical gel with pump 0.33 %	4	PA
CABTREO TOPICAL GEL 0.15-3.1-1.2 %	4	
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	4	

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Drug Name	Drug Tier	Requirements/Limits
CLEOCIN T TOPICAL LOTION 1 %	4	QL (120 per 30 days)
clindacin etz topical swab 1 %	4	QL (69 per 30 days)
clindacin p topical swab 1 %	4	QL (69 per 30 days)
clindacin topical foam 1 %	4	QL (100 per 30 days)
CLINDAGEL TOPICAL GEL, ONCE DAILY 1 %	5	QL (150 per 30 days); NDS
clindamycin phosphate topical foam 1 %	4	QL (100 per 30 days)
clindamycin phosphate topical gel 1 %	3	QL (120 per 30 days)
clindamycin phosphate topical gel, once daily 1 %	3	QL (150 per 30 days)
clindamycin phosphate topical lotion 1 %	3	QL (120 per 30 days)
clindamycin phosphate topical solution 1 %	3	QL (120 per 30 days)
clindamycin phosphate topical swab 1 %	4	QL (60 per 30 days)
clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %	4	
clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2 %(1 % base) -3.75 %, 1.2-2.5 %	4	
clindamycin-tretinoin topical gel 1.2-0.025 %	4	
dapsone topical gel 5 %	4	
DAPSONE TOPICAL GEL 7.5 %	5	NDS
dapsone topical gel with pump 7.5 %	4	
DIFFERIN TOPICAL CREAM 0.1 %	4	PA
DIFFERIN TOPICAL GEL WITH PUMP 0.3 %	4	PA
EPIDUO FORTE TOPICAL GEL WITH PUMP 0.3-2.5 %	4	
EPIDUO TOPICAL GEL WITH PUMP 0.1-2.5 %	4	
EPSOLAY TOPICAL CREAM 5 %	4	ST
ery pads topical swab 2 %	3	
erythromycin with ethanol topical gel 2 %	4	
erythromycin with ethanol topical solution 2 %	2	
erythromycin-benzoyl peroxide topical gel 3-5 %	4	

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Drug Name	Drug Tier	Requirements/Limits
FABIOR TOPICAL FOAM 0.1 %	4	PA
FINACEA TOPICAL FOAM 15 %	4	ST
isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg	4	
ivermectin topical cream 1 %	4	QL (90 per 30 days)
METROCREAM TOPICAL CREAM 0.75 %	4	ST
METROLOTION TOPICAL LOTION 0.75 %	4	ST
metronidazole topical cream 0.75 %	4	
metronidazole topical gel 0.75 %, 1 %	4	
metronidazole topical gel with pump 1 %	4	
metronidazole topical lotion 0.75 %	4	
MIRVASO TOPICAL GEL WITH PUMP 0.33 %	4	PA
neuac topical gel 1.2 %(1 % base) -5 %	4	
NORITATE TOPICAL CREAM 1 %	5	ST; NDS
ONEXTON TOPICAL GEL WITH PUMP 1.2 %(1 % BASE) -3.75 %	4	
RETIN-A MICRO TOPICAL GEL 0.04 %, 0.1 %	4	PA
RETIN-A MICRO TOPICAL GEL WITH PUMP 0.04 %, 0.06 %, 0.08 %, 0.1 %	4	PA
RETIN-A TOPICAL CREAM 0.025 %, 0.05 %, 0.1 %	4	PA
RETIN-A TOPICAL GEL 0.01 %, 0.025 %	4	PA
RHOFADE TOPICAL CREAM 1 %	4	
SOOLANTRA TOPICAL CREAM 1 %	4	ST; QL (90 per 30 days)
tazarotene topical cream 0.05 %, 0.1 %	4	PA
TAZAROTENE TOPICAL FOAM 0.1 %	4	PA
tazarotene topical gel 0.05 %, 0.1 %	4	PA
TAZORAC TOPICAL CREAM 0.05 %, 0.1 %	4	PA
TAZORAC TOPICAL GEL 0.05 %, 0.1 %	4	PA
tretinoin microspheres topical gel 0.04 %, 0.1 %	4	PA

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Drug Name	Drug Tier	Requirements/Limits
tretinoin microspheres topical gel with pump 0.04 %, 0.08 %, 0.1 %	4	PA
tretinoin topical cream 0.025 %, 0.05 %, 0.1 %	4	PA
tretinoin topical gel 0.01 %, 0.025 %, 0.05 %	3	PA
TWYNEO TOPICAL CREAM 0.1-3 %	4	
VELTIN TOPICAL GEL 1.2-0.025 %	4	
WINLEVI TOPICAL CREAM 1 %	4	PA
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	4	
ZIANA TOPICAL GEL 1.2-0.025 %	4	
ZILXI TOPICAL FOAM 1.5 %	4	ST
TOPICAL ANTIBACTERIALS		
gentamicin topical cream 0.1 %	3	QL (60 per 30 days)
gentamicin topical ointment 0.1 %	3	QL (60 per 30 days)
KLARON TOPICAL SUSPENSION 10 %	4	
mupirocin calcium topical cream 2 %	4	QL (30 per 30 days)
mupirocin topical ointment 2 %	2	QL (44 per 30 days)
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	4	
sulfacetamide sodium (acne) topical suspension 10 %	4	
SULFAMYLON TOPICAL CREAM 85 MG/G	4	
TOPICAL ANTIFUNGALS		
ciclodan topical solution 8 %	2	QL (6.6 per 28 days)
ciclopirox topical cream 0.77 %	2	QL (90 per 28 days)
ciclopirox topical gel 0.77 %	3	QL (100 per 28 days)
ciclopirox topical shampoo 1 %	3	QL (120 per 28 days)
ciclopirox topical solution 8 %	2	QL (6.6 per 28 days)
ciclopirox topical suspension 0.77 %	3	QL (60 per 28 days)
clotrimazole topical cream 1 %	2	QL (45 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
clotrimazole topical solution 1 %	2	QL (30 per 28 days)
clotrimazole-betamethasone topical cream 1-0.05 %	3	QL (45 per 28 days)
clotrimazole-betamethasone topical lotion 1-0.05 %	4	QL (60 per 28 days)
econazole nitrate topical cream 1 %	4	QL (85 per 28 days)
ERTACZO TOPICAL CREAM 2 %	4	QL (60 per 28 days)
EXELDERM TOPICAL CREAM 1 %	4	QL (60 per 28 days)
EXELDERM TOPICAL SOLUTION 1 %	4	QL (60 per 28 days)
JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 %	4	QL (8 per 30 days)
ketoconazole topical cream 2 %	2	QL (60 per 28 days)
ketoconazole topical foam 2 %	4	QL (100 per 28 days)
ketoconazole topical shampoo 2 %	2	QL (120 per 28 days)
ketodan topical foam 2 %	4	QL (100 per 28 days)
klayesta topical powder 100,000 unit/gram	3	QL (180 per 30 days)
LULICONAZOLE TOPICAL CREAM 1 %	4	QL (60 per 28 days)
LUZU TOPICAL CREAM 1 %	4	QL (60 per 28 days)
MICONAZOLE NITRATE-ZINC OX-PET TOPICAL OINTMENT 0.25-15-81.35 %	4	QL (50 per 28 days)
naftifine topical cream 1 %, 2 %	4	QL (60 per 28 days)
naftifine topical gel 2 %	4	QL (60 per 28 days)
NAFTIN TOPICAL GEL 2 %	4	QL (60 per 28 days)
nyamyc topical powder 100,000 unit/gram	3	QL (180 per 30 days)
nystatin topical cream 100,000 unit/gram	2	QL (30 per 28 days)
nystatin topical ointment 100,000 unit/gram	2	QL (30 per 28 days)
nystatin topical powder 100,000 unit/gram	3	QL (180 per 30 days)
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%	3	QL (60 per 28 days)
nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%	3	QL (60 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
nystop topical powder 100,000 unit/gram	3	QL (180 per 30 days)
oxiconazole topical cream 1 %	4	QL (90 per 28 days)
OXISTAT TOPICAL LOTION 1 %	4	QL (60 per 28 days)
tavaborole topical solution with applicator 5 %	4	QL (10 per 30 days)
VUSION TOPICAL OINTMENT 0.25-15-81.35 %	4	QL (50 per 28 days)
TOPICAL ANTIVIRALS		
acyclovir topical cream 5 %	4	PA; QL (5 per 30 days)
acyclovir topical ointment 5 %	4	PA; QL (30 per 30 days)
DENAVIR TOPICAL CREAM 1 %	4	QL (5 per 30 days)
penciclovir topical cream 1 %	4	QL (5 per 30 days)
XERESE TOPICAL CREAM 5-1 %	5	NDS
ZOVIRAX TOPICAL CREAM 5 %	4	PA; QL (5 per 30 days)
ZOVIRAX TOPICAL OINTMENT 5 %	4	PA; QL (30 per 30 days)
TOPICAL CORTICOSTEROIDS		
ala-cort topical cream 1 %	2	
ALA-SCALP TOPICAL LOTION 2 %	4	
alclometasone topical cream 0.05 %	3	
alclometasone topical ointment 0.05 %	3	
amcinonide topical cream 0.1 %	4	
amcinonide topical ointment 0.1 %	4	
betamethasone dipropionate topical cream 0.05 %	3	
betamethasone dipropionate topical lotion 0.05 %	3	
betamethasone dipropionate topical ointment 0.05 %	3	
betamethasone valerate topical cream 0.1 %	3	
betamethasone valerate topical foam 0.12 %	4	
betamethasone valerate topical lotion 0.1 %	3	

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Drug Name	Drug Tier	Requirements/Limits
betamethasone valerate topical ointment 0.1 %	3	
betamethasone, augmented topical cream 0.05 %	2	
betamethasone, augmented topical gel 0.05 %	3	
betamethasone, augmented topical lotion 0.05 %	3	
betamethasone, augmented topical ointment 0.05 %	3	
BRYHALI TOPICAL LOTION 0.01 %	4	
clobetasol scalp solution 0.05 %	4	QL (100 per 28 days)
clobetasol topical cream 0.05 %	4	QL (120 per 28 days)
clobetasol topical foam 0.05 %	4	QL (100 per 28 days)
clobetasol topical gel 0.05 %	4	QL (120 per 28 days)
clobetasol topical lotion 0.05 %	4	QL (118 per 28 days)
clobetasol topical ointment 0.05 %	4	QL (120 per 28 days)
clobetasol topical shampoo 0.05 %	4	QL (236 per 28 days)
clobetasol topical spray,non-aerosol 0.05 %	4	QL (125 per 28 days)
clobetasol-emollient topical cream 0.05 %	4	QL (120 per 28 days)
clobetasol-emollient topical foam 0.05 %	4	QL (100 per 28 days)
CLOBEX TOPICAL LOTION 0.05 %	4	QL (118 per 28 days)
CLOBEX TOPICAL SHAMPOO 0.05 %	4	QL (236 per 28 days)
CLOBEX TOPICAL SPRAY,NON-AEROSOL 0.05 %	4	QL (125 per 28 days)
clocortolone pivalate topical cream 0.1 %	4	
clodan topical shampoo 0.05 %	4	QL (236 per 28 days)
CORDRAN LARGE ROLL TOPICAL TAPE 4 MCG/CM2	4	
DERMA-SMOOTHE/FS BODY OIL TOPICAL 0.01 %	4	
DERMA-SMOOTHE/FS SCALP OIL 0.01 %	4	
desonide topical cream 0.05 %	4	
desonide topical gel 0.05 %	4	

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Drug Name	Drug Tier	Requirements/Limits
desonide topical lotion 0.05 %	4	
desonide topical ointment 0.05 %	4	
DESOWEN TOPICAL CREAM 0.05 %	4	
desoximetasone topical cream 0.05 %, 0.25 %	4	
desoximetasone topical gel 0.05 %	4	
desoximetasone topical ointment 0.05 %, 0.25 %	4	
desoximetasone topical spray,non-aerosol 0.25 %	4	
diflorasone topical cream 0.05 %	4	QL (120 per 30 days)
diflorasone topical ointment 0.05 %	4	QL (120 per 30 days)
DIPROLENE (AUGMENTED) TOPICAL OINTMENT 0.05 %	4	
DUOBRII TOPICAL LOTION 0.01-0.045 %	4	QL (200 per 30 days)
fluocinolone and shower cap scalp oil 0.01 %	4	
fluocinolone topical cream 0.01 %, 0.025 %	4	
fluocinolone topical oil 0.01 %	4	
fluocinolone topical ointment 0.025 %	4	
fluocinolone topical solution 0.01 %	4	
fluocinonide topical cream 0.05 %, 0.1 %	4	QL (120 per 30 days)
fluocinonide topical gel 0.05 %	4	QL (120 per 30 days)
fluocinonide topical ointment 0.05 %	4	QL (120 per 30 days)
fluocinonide topical solution 0.05 %	4	QL (120 per 30 days)
fluocinonide-emollient topical cream 0.05 %	4	QL (120 per 30 days)
flurandrenolide topical lotion 0.05 %	4	QL (120 per 30 days)
fluticasone propionate topical cream 0.05 %	3	
fluticasone propionate topical lotion 0.05 %	4	
fluticasone propionate topical ointment 0.005 %	3	
halcinonide topical cream 0.1 %	4	
halcinonide topical solution 0.1 %	4	
halobetasol propionate topical cream 0.05 %	4	

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Drug Name	Drug Tier	Requirements/Limits
halobetasol propionate topical foam 0.05 %	4	
halobetasol propionate topical ointment 0.05 %	4	
HALOG TOPICAL CREAM 0.1 %	4	
hydrocortisone butyrate topical cream 0.1 %	4	QL (120 per 30 days)
hydrocortisone butyrate topical lotion 0.1 %	4	QL (118 per 30 days)
hydrocortisone butyrate topical ointment 0.1 %	4	QL (120 per 30 days)
hydrocortisone butyrate topical solution 0.1 %	4	QL (120 per 30 days)
hydrocortisone topical cream 1 %, 2.5 %	2	
hydrocortisone topical lotion 2 %	4	
hydrocortisone topical lotion 2.5 %	2	
hydrocortisone topical ointment 1 %, 2.5 %	2	
hydrocortisone topical solution 2.5 %	4	
hydrocortisone valerate topical cream 0.2 %	4	
hydrocortisone valerate topical ointment 0.2 %	4	
LEXETTE TOPICAL FOAM 0.05 %	4	
mometasone topical cream 0.1 %	2	
mometasone topical ointment 0.1 %	2	
mometasone topical solution 0.1 %	2	
PROCTOCORT TOPICAL CREAM 1 %	4	
SYNALAR TOPICAL CREAM 0.025 %	4	
SYNALAR TOPICAL OINTMENT 0.025 %	4	
TEXACORT TOPICAL SOLUTION 2.5 %	4	
TOPICORT TOPICAL CREAM 0.05 %, 0.25 %	4	
TOPICORT TOPICAL GEL 0.05 %	4	
TOPICORT TOPICAL OINTMENT 0.05 %, 0.25 %	4	
TOPICORT TOPICAL SPRAY,NON-AEROSOL 0.25 %	4	
tovet emollient topical foam 0.05 %	4	QL (100 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
triamcinolone acetonide topical aerosol 0.147 mg/gram	4	QL (126 per 28 days)
triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %	2	
triamcinolone acetonide topical lotion 0.025 %, 0.1 %	2	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	2	
triamcinolone acetonide topical ointment 0.05 %	4	
triderm topical cream 0.5 %	2	
ULTRAVATE TOPICAL LOTION 0.05 %	5	NDS
VANOS TOPICAL CREAM 0.1 %	5	QL (120 per 30 days); NDS
TOPICAL SCABICIDES / PEDICULICIDES		
crotan topical lotion 10 %	4	
ELIMITE TOPICAL CREAM 5 %	4	QL (60 per 30 days)
malathion topical lotion 0.5 %	4	
NATROBA TOPICAL SUSPENSION 0.9 %	4	
OVIDE TOPICAL LOTION 0.5 %	4	
permethrin topical cream 5 %	3	QL (60 per 30 days)
pruradik topical lotion 10 %	4	
spinosad topical suspension 0.9 %	4	
DIAGNOSTICS / MISCELLANEOUS AGENTS		
ANTIDOTES		
ACETADOTE INTRAVENOUS SOLUTION 200 MG/ML (20 %)	4	
acetylcysteine intravenous solution 200 mg/ml (20 %)	3	
PROTOPAM CHLORIDE INJECTION RECON SOLN 1 GRAM	4	

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Drug Name	Drug Tier	Requirements/Limits
IRRIGATING SOLUTIONS		
lactated ringers irrigation solution	4	
neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml	2	
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L	4	
ringer's irrigation solution	4	
SORBITOL IRRIGATION SOLUTION 3 %	4	
MISCELLANEOUS AGENTS		
acamprosate oral tablet,delayed release (dr/ec) 333 mg	4	
acetic acid irrigation solution 0.25 %	2	
AGRYLIN ORAL CAPSULE 0.5 MG	4	
AMMONUL INTRAVENOUS SOLUTION 10-10 %	5	NDS
anagrelide oral capsule 0.5 mg, 1 mg	3	
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG	5	PA; LA; NDS
AURYXIA ORAL TABLET 210 MG IRON	5	PA; NDS
BKEMV INTRAVENOUS SOLUTION 300 MG/30 ML	5	PA; NDS
BUPHENYL ORAL POWDER 0.94 GRAM/GRAM	5	PA; NDS
BUPHENYL ORAL TABLET 500 MG	5	PA; NDS
CAFCIT INTRAVENOUS SOLUTION 60 MG/3 ML (20 MG/ML)	4	
caffeine citrate intravenous solution 60 mg/3 ml (20 mg/ml)	4	
caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)	2	

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Drug Name	Drug Tier	Requirements/Limits
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	5	PA; LA; NDS
carglumic acid oral tablet, dispersible 200 mg	5	PA; NDS
CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML	4	
CARNITOR INTRAVENOUS SOLUTION 200 MG/ML	4	
CARNITOR ORAL SOLUTION 100 MG/ML	4	
CARNITOR ORAL TABLET 330 MG	4	
cevimeline oral capsule 30 mg	4	
CHEMET ORAL CAPSULE 100 MG	3	PA
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	B/D PA
CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	4	B/D PA
CUVRIOR ORAL TABLET 300 MG	5	PA; LA; NDS
d10 %-0.45 % sodium chloride intravenous parenteral solution	4	
d2.5 %-0.45 % sodium chloride intravenous parenteral solution	4	
D5 % (D-GLUCOSE)-0.9 % SODCHLR INTRAVENOUS PARENTERAL SOLUTION	4	
d5 % and 0.9 % sodium chloride intravenous parenteral solution	4	
d5 %-0.45 % sodium chloride intravenous parenteral solution	4	
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg	5	PA; NDS
deferasirox oral tablet 180 mg, 360 mg, 90 mg	3	PA
deferasirox oral tablet, dispersible 125 mg	3	PA

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
deferasirox oral tablet, dispersible 250 mg, 500 mg	5	PA; NDS
deferiprone oral tablet 1,000 mg, 500 mg	5	PA; NDS
deferoxamine injection recon soln 2 gram, 500 mg	2	B/D PA
DESFERAL INJECTION RECON SOLN 500 MG	5	B/D PA; NDS
dextrose 10 % and 0.2 % nacl intravenous parenteral solution	4	
dextrose 10 % in water (d10w) intravenous parenteral solution 10 %	4	
dextrose 25 % in water (d25w) intravenous syringe	4	
dextrose 5 % in water (d5w) intravenous parenteral solution	4	
dextrose 5 % in water (d5w) intravenous piggyback 5 %	4	
dextrose 5 %-lactated ringers intravenous parenteral solution	4	
dextrose 5%-0.2 % sod chloride intravenous parenteral solution	4	
dextrose 5%-0.3 % sod.chloride intravenous parenteral solution	4	
dextrose 50 % in water (d50w) intravenous parenteral solution	4	
dextrose 50 % in water (d50w) intravenous syringe	4	
dextrose 70 % in water (d70w) intravenous parenteral solution	4	
disulfiram oral tablet 250 mg, 500 mg	2	
droxidopa oral capsule 100 mg	4	PA
droxidopa oral capsule 200 mg, 300 mg	5	PA; NDS
DUVYZAT ORAL SUSPENSION 8.86 MG/ML	5	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
ENDARI ORAL POWDER IN PACKET 5 GRAM	5	PA; NDS
ENJAYMO INTRAVENOUS SOLUTION 50 MG/ML	5	PA; LA; NDS
EPYSQLI INTRAVENOUS SOLUTION 300 MG/30 ML	5	PA; NDS
EVOXAC ORAL CAPSULE 30 MG	4	
EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG	5	PA; LA; NDS
FABHALTA ORAL CAPSULE 200 MG	5	PA; NDS
FERRIC CITRATE ORAL TABLET 210 MG IRON	5	PA; NDS
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1,000 MG	5	PA; NDS
FERRIPROX ORAL SOLUTION 100 MG/ML	5	PA; NDS
FERRIPROX ORAL TABLET 1,000 MG, 500 MG	5	PA; NDS
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG	4	PA
FOSRENOL ORAL TABLET,CHEWABLE 1,000 MG, 500 MG, 750 MG	4	PA
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML	5	PA; LA; NDS
GLASSIA INTRAVENOUS SOLUTION 20 MG/ML (2 %)	5	PA; LA; NDS
glutamine (sickle cell) oral powder in packet 5 gram	5	PA; NDS
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	5	LA; NDS
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG	5	PA; NDS
JADENU SPRINKLE ORAL GRANULES IN PACKET 180 MG, 360 MG, 90 MG	5	PA; NDS
JOENJA ORAL TABLET 70 MG	5	PA; LA; QL (60 per 30 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
kionex (with sorbitol) oral suspension 15-20 gram/60 ml	3	
LAMZEDE INTRAVENOUS RECON SOLN 10 MG	5	PA; LA; NDS
lanthanum oral tablet,chewable 1,000 mg, 750 mg	4	PA
lanthanum oral tablet,chewable 500 mg	5	PA; NDS
levocarnitine (with sugar) oral solution 100 mg/ml	4	
levocarnitine intravenous solution 200 mg/ml	4	
levocarnitine oral solution 100 mg/ml	4	
levocarnitine oral tablet 330 mg	4	
LITFULO ORAL CAPSULE 50 MG	5	PA; QL (28 per 28 days); NDS
LITHOSTAT ORAL TABLET 250 MG	4	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	3	
midodrine oral tablet 10 mg, 2.5 mg, 5 mg	3	
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	5	PA; NDS
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	4	PA; LA
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	5	PA; NDS
OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM	5	PA; LA; NDS
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	5	PA; LA; NDS
ORFADIN ORAL SUSPENSION 4 MG/ML	5	PA; LA; NDS
ORLISTAT ORAL CAPSULE 120 MG	4	PA
PANHEMATIN INTRAVENOUS RECON SOLN 350 MG	5	NDS
PEDMARK INTRAVENOUS SOLUTION 12.5 GRAM/100ML (125 MG/ML)	5	B/D PA; NDS
PHEBURANE ORAL GRANULES 483 MG/GRAM	5	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
PIASKY INJECTION SOLUTION 340 MG/2 ML	5	PA; NDS
pilocarpine hcl oral tablet 5 mg, 7.5 mg	4	
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	5	PA; LA; NDS
PYRUKYND ORAL TABLET 20 MG, 5 MG (4-WEEK PACK), 50 MG	5	PA; LA; QL (56 per 28 days); NDS
PYRUKYND ORAL TABLET 5 MG	5	PA; LA; QL (7 per 180 days); NDS
PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7)	5	PA; LA; QL (14 per 180 days); NDS
RAVICTI ORAL LIQUID 1.1 GRAM/ML	5	PA; NDS
RECLAST INTRAVENOUS PIGGYBACK 5 MG/100 ML	4	PA
RENVELA ORAL POWDER IN PACKET 0.8 GRAM, 2.4 GRAM	5	PA; NDS
RENVELA ORAL TABLET 800 MG	5	PA; NDS
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	5	PA; LA; NDS
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	5	PA; QL (30 per 30 days); NDS
riluzole oral tablet 50 mg	3	PA
risedronate oral tablet 30 mg	3	QL (30 per 30 days)
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG, 7.5 MG	4	
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram	4	PA
sevelamer carbonate oral tablet 800 mg	4	PA
sevelamer hcl oral tablet 400 mg, 800 mg	4	PA
sodium benzoate-sod phenylacet intravenous solution 10-10 %	5	NDS
sodium chloride 0.9 % intravenous parenteral solution	4	
sodium chloride 0.9 % intravenous piggyback	4	

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Drug Name	Drug Tier	Requirements/Limits
sodium chloride irrigation solution 0.9 %	4	
sodium phenylbutyrate oral powder 0.94 gram/gram	5	PA; NDS
sodium phenylbutyrate oral tablet 500 mg	5	PA; NDS
sodium polystyrene sulfonate oral powder 15 gram	3	
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG	5	PA; LA; QL (112 per 28 days); NDS
SOHONOS ORAL CAPSULE 10 MG	5	PA; LA; QL (56 per 28 days); NDS
SOHONOS ORAL CAPSULE 2.5 MG	5	PA; LA; QL (140 per 28 days); NDS
SOHONOS ORAL CAPSULE 5 MG	5	PA; LA; QL (84 per 28 days); NDS
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30 ML	5	PA; NDS
sps (with sorbitol) oral suspension 15-20 gram/60 ml	3	
sps (with sorbitol) rectal enema 30-40 gram/120 ml	3	
SURVANTA INTRATRACHEAL SUSPENSION 25 MG/ML	4	
SYPRINE ORAL CAPSULE 250 MG	5	PA; NDS
TAVNEOS ORAL CAPSULE 10 MG	5	PA; LA; QL (180 per 30 days); NDS
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG, 300 MG	5	PA; NDS
THIOLA ORAL TABLET 100 MG	5	PA; NDS
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML	5	PA; NDS
tiopronin oral tablet 100 mg	5	PA; NDS
tiopronin oral tablet,delayed release (dr/ec) 100 mg, 300 mg	5	PA; NDS
trientine oral capsule 250 mg	5	PA; NDS
TRIENTINE ORAL CAPSULE 500 MG	5	PA; NDS
TZIELD INTRAVENOUS SOLUTION 1 MG/ML	5	NDS
ULTOMIRIS INTRAVENOUS SOLUTION 100 MG/ML	5	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
VELPHORO ORAL TABLET,CHEWABLE 500 MG	5	PA; NDS
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	3	
venxxiva oral tablet,delayed release (dr/ec) 100 mg, 300 mg	5	PA; NDS
VEOPOZ INJECTION SOLUTION 200 MG/ML	5	PA; LA; NDS
VOYDEYA ORAL TABLET 100 MG, 150 MG (50 MG X 1-100 MG X 1)	5	PA; LA; QL (180 per 30 days); NDS
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 25 MG, 75 MG	5	PA; LA; NDS
water for irrigation, sterile irrigation solution	4	
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML	5	PA; QL (2 per 28 days); NDS
WEGOVY SUBCUTANEOUS PEN INJECTOR 1.7 MG/0.75 ML, 2.4 MG/0.75 ML	5	PA; QL (3 per 28 days); NDS
XENICAL ORAL CAPSULE 120 MG	4	PA
XENPOZYME INTRAVENOUS RECON SOLN 20 MG, 4 MG	5	PA; NDS
XIAFLEX INJECTION RECON SOLN 0.9 MG	5	PA; NDS
XPHOZAH ORAL TABLET 20 MG, 30 MG	5	PA; NDS
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG	5	PA; LA; NDS
ZEMAIRA INTRAVENOUS RECON SOLN 4,000 MG, 5,000 MG	4	PA; LA
ZEPBOUND SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	5	PA; QL (2 per 28 days); NDS
ZEPBOUND SUBCUTANEOUS SOLUTION 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 7.5 MG/0.5 ML	5	PA; QL (2 per 28 days); NDS
ZEPBOUND SUBCUTANEOUS SOLUTION 2.5 MG/0.5 ML, 5 MG/0.5 ML	4	PA; QL (2 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	5	PA; LA; QL (120 per 30 days); NDS
zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml	2	PA
SMOKING DETERRENTS		
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg	2	
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	4	
CHANTIX ORAL TABLET 0.5 MG, 1 MG	4	
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42)	4	
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML	4	
varenicline tartrate oral tablet 0.5 mg, 1 mg, 1 mg (56 pack)	4	
varenicline tartrate oral tablets,dose pack 0.5 mg (11)- 1 mg (42)	4	
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
ARESTIN DENTAL CARTRIDGE 1 MG	5	NDS
azelastine nasal spray,non-aerosol 137 mcg (0.1 %), 205.5 mcg (0.15 %)	3	QL (60 per 30 days)
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	1	
CLINPRO 5000 DENTAL PASTE 1.1 %	4	
denta 5000 plus dental cream 1.1 %	2	
denta 5000 plus sensitive dental paste 1.1-5 %	4	
dentagel dental gel 1.1 %	2	
fluoride (sodium) dental cream 1.1 %	2	
fluoride (sodium) dental gel 1.1 %	2	

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Drug Name	Drug Tier	Requirements/Limits
fluoride (sodium) dental paste 1.1 %	2	
fluoride (sodium) dental solution 0.2 %	4	
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 %	4	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 %	4	
FLUORIMAX 5000 DENTAL PASTE 1.1 %	4	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 %	4	
fraiche 5000 dental gel 1.1 %	2	
FRAICHE 5000 PREVI DENTAL GEL 1.1-3 %	4	
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)	2	QL (30 per 30 days)
ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)	2	QL (30 per 20 days)
JUST RIGHT 5000 DENTAL PASTE 1.1 %	4	
kourzeq dental paste 0.1 %	2	
olopatadine nasal spray,non-aerosol 0.6 %	4	QL (30.5 per 30 days)
oralone dental paste 0.1 %	2	
periogard mucous membrane mouthwash 0.12 %	2	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 %	4	
PREVIDENT 5000 DRY MOUTH DENTAL PASTE 1.1 %	4	
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE 1.1-5 %	4	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 %	4	
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 %	4	
PREVIDENT 5000 SENSITIVE DENTAL PASTE 1.1-5 %	4	

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Drug Name	Drug Tier	Requirements/Limits
PREVIDENT DENTAL GEL 1.1 %	4	
PREVIDENT DENTAL SOLUTION 0.2 %	4	
PREVIDENT KIDS DENTAL PASTE 1.1 %	4	
sf 5000 plus dental cream 1.1 %	2	
sf dental gel 1.1 %	2	
sodium fluoride 5000 dry mouth dental paste 1.1 %	2	
sodium fluoride 5000 plus dental cream 1.1 %	2	
sodium fluoride-pot nitrate dental paste 1.1-5 %	2	
triamcinolone acetonide dental paste 0.1 %	2	
MISCELLANEOUS OTIC PREPARATIONS		
acetic acid otic (ear) solution 2 %	2	
ciprofloxacin hcl otic (ear) dropperette 0.2 %	4	
DERMOTIC OIL OTIC (EAR) DROPS 0.01 %	4	
flac oil otic (ear) drops 0.01 %	4	
fluocinolone acetonide oil otic (ear) drops 0.01 %	4	
hydrocortisone-acetic acid otic (ear) drops 1-2 %	4	
ofloxacin otic (ear) drops 0.3 %	3	
OTIC STEROID / ANTIBIOTIC		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	4	
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %	3	QL (7.5 per 7 days)
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML	4	
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%	3	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%	3	

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Drug Name	Drug Tier	Requirements/Limits
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR INJECTION GEL 80 UNIT/ML	5	PA; NDS
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML, 80 UNIT/ML	5	PA; NDS
AGAMREE ORAL SUSPENSION 40 MG/ML	5	PA; LA; NDS
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG	4	
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 2 MG, 5 MG	5	NDS
betamethasone acet,sod phos injection suspension 6 mg/ml	4	
CELESTONE SOLUSPAN INJECTION SUSPENSION 6 MG/ML	4	
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG	4	
cortisone oral tablet 25 mg	2	
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	5	PA; NDS
CORTROPHIN GEL SUBCUTANEOUS SYRINGE 40 UNIT/0.5 ML, 80 UNIT/ML	5	PA; NDS
deflazacort oral suspension 22.75 mg/ml	5	PA; NDS
deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg	5	PA; NDS
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML, 40 MG/ML, 80 MG/ML	4	
dexamethasone intensol oral drops 1 mg/ml	2	
dexamethasone oral elixir 0.5 mg/5 ml	2	
dexamethasone oral solution 0.5 mg/5 ml	2	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	2	
dexamethasone oral tablets,dose pack 1.5 mg (21 tabs), 1.5 mg (35 tabs), 1.5 mg (51 tabs)	4	

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Drug Name	Drug Tier	Requirements/Limits
dexamethasone sodium phos (pf) injection solution 10 mg/ml	2	
dexamethasone sodium phos (pf) injection syringe 10 mg/ml	4	
dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml	2	
dexamethasone sodium phosphate injection syringe 4 mg/ml	2	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	5	PA; LA; NDS
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG	5	PA; LA; NDS
fludrocortisone oral tablet 0.1 mg	2	
HEMADY ORAL TABLET 20 MG	4	
HEXATRIONE INJECTION SUSPENSION 20 MG/ML	5	NDS
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	2	
hydrocortisone sod succinate injection recon soln 100 mg	4	
KENALOG INJECTION SUSPENSION 10 MG/ML, 40 MG/ML	4	
KENALOG-80 INJECTION SUSPENSION 80 MG/ML	4	
MEDROL (PAK) ORAL TABLETS,DOSE PACK 4 MG	4	
MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG	4	B/D PA
methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	2	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	2	B/D PA
methylprednisolone oral tablets,dose pack 4 mg	2	
methylprednisolone sodium succ injection recon soln 125 mg, 40 mg	2	

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Drug Name	Drug Tier	Requirements/Limits
methylprednisolone sodium succ intravenous recon soln 1,000 mg, 500 mg	2	
ORAPRED ODT ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 30 MG	4	B/D PA
prednisolone oral solution 15 mg/5 ml	2	
prednisolone oral tablet 5 mg	4	B/D PA
prednisolone sodium phosphate oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)	4	
prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	2	
prednisone intensol oral concentrate 5 mg/ml	4	
prednisone oral solution 5 mg/5 ml	2	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	1	
prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)	1	
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML	4	
SOLU-CORTEF INJECTION RECON SOLN 100 MG	4	
SOLU-MEDROL (PF) INJECTION RECON SOLN 125 MG/2 ML, 40 MG/ML	4	
SOLU-MEDROL (PF) INTRAVENOUS RECON SOLN 1,000 MG/8 ML, 500 MG/4 ML	4	
SOLU-MEDROL INTRAVENOUS RECON SOLN 1,000 MG, 2 GRAM, 500 MG	4	
TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (21 TABS), 1.5 MG (27 TABS), 1.5 MG (49 TABS)	4	
TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC) 4 MG	5	PA; QL (120 per 30 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
triamcinolone acetonide injection suspension 10 mg/ml, 40 mg/ml	2	
TRIESENCE (PF) INTRAOCULAR SUSPENSION 40 MG/ML	4	
XIPERE (PF) SUPRACHOROIDAL SUSPENSION 40 MG/ML	5	NDS
ZILRETTA INTRA-ARTICULAR SUSPENSION,EXTENDED REL RECON 32 MG	4	
ANTITHYROID AGENTS		
methimazole oral tablet 10 mg, 5 mg	2	
propylthiouracil oral tablet 50 mg	2	
DIABETES THERAPY		
acarbose oral tablet 100 mg	2	QL (90 per 30 days)
acarbose oral tablet 25 mg	2	QL (360 per 30 days)
acarbose oral tablet 50 mg	2	QL (180 per 30 days)
ACTOPLUS MET ORAL TABLET 15-850 MG	4	QL (90 per 30 days)
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG	4	QL (30 per 30 days)
ADMELOG SOLOSTAR U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	4	ST
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	4	ST
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90)	4	
alcohol pads topical pads, medicated	3	PA
ALOGLIPTIN ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	4	ST; QL (30 per 30 days)
ALOGLIPTIN-METFORMIN ORAL TABLET 12.5-1,000 MG, 12.5-500 MG	4	ST; QL (60 per 30 days)

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ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	4	QL (30 per 30 days)
APIDRA SOLOSTAR U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	4	ST
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	4	ST
BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION	3	
BASAGLAR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	4	ST
BASAGLAR TEMPO PEN(U-100)INSLN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML (3 ML)	4	ST
CYCLOSET ORAL TABLET 0.8 MG	4	
DAPAGLIFLOZ PROPANED-METFORMIN ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG	4	ST; QL (30 per 30 days)
DAPAGLIFLOZ PROPANED-METFORMIN ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	4	ST; QL (60 per 30 days)
DAPAGLIFLOZIN PROPANEDIOL ORAL TABLET 10 MG, 5 MG	3	QL (30 per 30 days)
diazoxide oral suspension 50 mg/ml	5	NDS
DROPSAFE ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	3	PA
DUETACT ORAL TABLET 30-2 MG, 30-4 MG	4	QL (30 per 30 days)
exenatide subcutaneous pen injector 10 mcg/dose(250 mcg/ml) 2.4 ml	3	PA; QL (2.4 per 30 days)
exenatide subcutaneous pen injector 5 mcg/dose (250 mcg/ml) 1.2 ml	3	PA; QL (1.2 per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG	3	QL (30 per 30 days)

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
FIASP FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	3	
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
glimepiride oral tablet 1 mg	1	QL (240 per 30 days)
glimepiride oral tablet 2 mg	1	QL (120 per 30 days)
glimepiride oral tablet 4 mg	1	QL (60 per 30 days)
glipizide oral tablet 10 mg	1	QL (120 per 30 days)
GLIPIZIDE ORAL TABLET 2.5 MG	4	QL (30 per 30 days)
glipizide oral tablet 5 mg	1	QL (240 per 30 days)
glipizide oral tablet extended release 24hr 10 mg	1	QL (60 per 30 days)
glipizide oral tablet extended release 24hr 2.5 mg	1	QL (240 per 30 days)
glipizide oral tablet extended release 24hr 5 mg	1	QL (120 per 30 days)
glipizide-metformin oral tablet 2.5-250 mg	1	QL (240 per 30 days)
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg	1	QL (120 per 30 days)
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	4	ST
glucagon emergency kit (human) injection recon soln 1 mg	4	
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG	4	QL (60 per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 5 MG	4	QL (120 per 30 days)
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 1,000 MG	5	ST; QL (60 per 30 days); NDS
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 500 MG	5	ST; QL (120 per 30 days); NDS
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	4	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	4	
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	4	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	3	QL (30 per 30 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	3	
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	3	
HUMALOG KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML)	3	
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	3	
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	3	
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	3	
HUMALOG TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML	4	ST

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Drug Name	Drug Tier	Requirements/Limits
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	3	
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	3	
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	
HUMULIN N NPH KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	3	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	3	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	3	
INPEFA ORAL TABLET 200 MG, 400 MG	3	PA; QL (30 per 30 days)
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	4	ST
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	4	ST
INSULIN ASPART U-100 SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	3	
INSULIN ASPART U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
INSULIN ASPART U-100 SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	

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Drug Name	Drug Tier	Requirements/Limits
INSULIN DEGLUDEC SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML), 200 UNIT/ML (3 ML)	4	ST
INSULIN DEGLUDEC SUBCUTANEOUS SOLUTION 100 UNIT/ML	4	ST
INSULIN GLARGINE U-300 CONC SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML), 300 UNIT/ML (3 ML)	4	ST
INSULIN GLARGINE-YFGN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	4	ST
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION 100 UNIT/ML	4	ST
INSULIN LISPRO PROTAMIN-LISPRO SUBCUTANEOUS PEN 100 UNIT/ML (75-25)	3	
INSULIN LISPRO SUBCUTANEOUS PEN 100 UNIT/ML	3	
INSULIN LISPRO SUBCUTANEOUS PEN, HALF-UNIT 100 UNIT/ML	3	
INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	4	ST; QL (60 per 30 days)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	4	ST; QL (60 per 30 days)
INVOKANA ORAL TABLET 100 MG, 300 MG	4	ST; QL (30 per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	3	QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	3	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	QL (30 per 30 days)
KAZANO ORAL TABLET 12.5-1,000 MG, 12.5-500 MG	4	ST; QL (60 per 30 days)
LANTUS SOLOSTAR U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)	3	PA; QL (9 per 30 days)
LYUMJEV KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	3	
LYUMJEV KWIKPEN U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	3	
LYUMJEV TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML	4	ST
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
MERILOG SOLOSTAR SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	4	ST
MERILOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	4	ST
metformin oral solution 500 mg/5 ml	4	QL (765 per 30 days)
metformin oral tablet 1,000 mg	1	QL (75 per 30 days)
metformin oral tablet 500 mg	1	QL (150 per 30 days)
METFORMIN ORAL TABLET 625 MG	5	QL (120 per 30 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
metformin oral tablet 850 mg	1	QL (90 per 30 days)
metformin oral tablet extended release 24 hr 500 mg	1	QL (120 per 30 days)
metformin oral tablet extended release 24 hr 750 mg	1	QL (60 per 30 days)
metformin oral tablet extended release (osm) 24 hr 1,000 mg	4	ST; QL (60 per 30 days)
metformin oral tablet extended release (osm) 24 hr 500 mg	4	ST; QL (150 per 30 days)
metformin oral tablet,er gast.retention 24 hr 1,000 mg	4	ST; QL (60 per 30 days)
metformin oral tablet,er gast.retention 24 hr 500 mg	4	ST; QL (120 per 30 days)
miglitol oral tablet 100 mg	4	QL (90 per 30 days)
miglitol oral tablet 25 mg	4	QL (360 per 30 days)
miglitol oral tablet 50 mg	4	QL (180 per 30 days)
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	3	PA; QL (2 per 28 days)
MYXREDLIN INTRAVENOUS SOLUTION 100 UNIT/100 ML (1 UNIT/ML)	4	
nateglinide oral tablet 120 mg	2	QL (90 per 30 days)
nateglinide oral tablet 60 mg	2	QL (180 per 30 days)
NESINA ORAL TABLET 12.5 MG, 25 MG	4	ST; QL (30 per 30 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	3	
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	

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Drug Name	Drug Tier	Requirements/Limits
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	3	
NOVOLOG FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	3	
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	3	
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	3	PA; QL (3 per 28 days)
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	1	QL (30 per 30 days)
pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg	4	QL (30 per 30 days)
pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg	4	QL (90 per 30 days)
PROGLYCEM ORAL SUSPENSION 50 MG/ML	4	
repaglinide oral tablet 0.5 mg	2	QL (960 per 30 days)
repaglinide oral tablet 1 mg	2	QL (480 per 30 days)
repaglinide oral tablet 2 mg	2	QL (240 per 30 days)
REZVOGLAR KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	4	ST
RIOMET ORAL SOLUTION 500 MG/5 ML	4	QL (765 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	3	PA; QL (30 per 30 days)
saxagliptin oral tablet 2.5 mg, 5 mg	3	QL (30 per 30 days)
saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg	3	QL (60 per 30 days)
saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg	3	QL (30 per 30 days)
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 7.5-1,000 MG, 7.5-500 MG	4	ST; QL (60 per 30 days)
SEGLUROMET ORAL TABLET 2.5-500 MG	4	ST; QL (120 per 30 days)
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	4	ST
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	4	ST
SITAGLIPTIN ORAL TABLET 100 MG, 25 MG, 50 MG	4	ST; QL (30 per 30 days)
SITAGLIPTIN-METFORMIN ORAL TABLET 50-1,000 MG, 50-500 MG	4	ST; QL (60 per 30 days)
SITAGLIPTIN-METFORMIN ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	4	ST; QL (30 per 30 days)
SITAGLIPTIN-METFORMIN ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	4	ST; QL (60 per 30 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	3	QL (15 per 25 days)
STEGLATRO ORAL TABLET 15 MG, 5 MG	4	ST; QL (30 per 30 days)
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG	4	ST; QL (30 per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	5	PA; QL (10.8 per 30 days); NDS
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	5	PA; QL (6 per 30 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	3	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	3	QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	3	QL (60 per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	3	
TOUJEO SOLOSTAR U-300 SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	3	
TRADJENTA ORAL TABLET 5 MG	3	QL (30 per 30 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	4	ST
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	4	ST
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	4	ST
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	3	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	3	QL (60 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	3	PA; QL (2 per 28 days)
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	4	PA; QL (9 per 30 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	4	PA; QL (9 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	3	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	3	QL (60 per 30 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	4	ST; QL (15 per 30 days)
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	4	ST
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	4	ST
ZITUVIMET ORAL TABLET 50-1,000 MG, 50-500 MG	4	ST; QL (60 per 30 days)
ZITUVIMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	4	ST; QL (30 per 30 days)
ZITUVIMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	4	ST; QL (60 per 30 days)
ZITUVIO ORAL TABLET 100 MG, 25 MG, 50 MG	4	ST; QL (30 per 30 days)
MISCELLANEOUS HORMONES		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	5	PA; NDS
AVEED INTRAMUSCULAR SOLUTION 750 MG/3 ML (250 MG/ML)	4	PA; LA
AZMIRO INTRAMUSCULAR SYRINGE 200 MG/ML	4	PA
cabergoline oral tablet 0.5 mg	3	
calcitonin (salmon) injection solution 200 unit/ml	5	NDS
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation	3	
calcitriol intravenous solution 1 mcg/ml	4	
calcitriol oral capsule 0.25 mcg, 0.5 mcg	2	
calcitriol oral solution 1 mcg/ml	4	
CERDELGA ORAL CAPSULE 84 MG	5	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	PA; NDS
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR RECON SOLN 10,000 UNIT	4	PA
cinacalcet oral tablet 30 mg, 60 mg, 90 mg	4	PA
clomid oral tablet 50 mg	2	PA
clomiphene citrate oral tablet 50 mg	2	PA
CRENESSITY ORAL CAPSULE 100 MG, 25 MG, 50 MG	5	PA; LA; NDS
CRENESSITY ORAL SOLUTION 50 MG/ML	5	PA; LA; NDS
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML	5	PA; LA; NDS
danazol oral capsule 100 mg, 200 mg, 50 mg	4	
DDAVP INJECTION SOLUTION 4 MCG/ML	4	
DDAVP ORAL TABLET 0.1 MG, 0.2 MG	4	
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML, 200 MG/ML	4	PA
desmopressin injection solution 4 mcg/ml	2	
desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)	4	
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	4	
desmopressin oral tablet 0.1 mg, 0.2 mg	3	
doxercalciferol intravenous solution 4 mcg/2 ml	2	
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	4	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	5	PA; NDS
ELELYSO INTRAVENOUS RECON SOLN 200 UNIT	5	PA; NDS
ELFABRIO INTRAVENOUS SOLUTION 2 MG/ML	5	PA; LA; NDS

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Drug Name	Drug Tier	Requirements/Limits
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	5	PA; NDS
GALAFOLD ORAL CAPSULE 123 MG	5	PA; LA; QL (15 per 30 days); NDS
HECTOROL INTRAVENOUS SOLUTION 4 MCG/2 ML	4	
ISTURISA ORAL TABLET 1 MG	5	PA; LA; QL (240 per 30 days); NDS
ISTURISA ORAL TABLET 5 MG	5	PA; LA; QL (360 per 30 days); NDS
JATENZO ORAL CAPSULE 158 MG, 198 MG	4	PA; QL (120 per 30 days)
JATENZO ORAL CAPSULE 237 MG	5	PA; QL (60 per 30 days); NDS
javygtor oral powder in packet 100 mg	4	PA
javygtor oral powder in packet 500 mg	5	PA; NDS
javygtor oral tablet,soluble 100 mg	5	PA; NDS
JYNARQUE ORAL TABLET 15 MG, 30 MG	5	PA; LA; NDS
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	5	PA; LA; NDS
KANUMA INTRAVENOUS SOLUTION 2 MG/ML	5	PA; NDS
KORLYM ORAL TABLET 300 MG	5	PA; NDS
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG	5	PA; NDS
KUVAN ORAL TABLET,SOLUBLE 100 MG	5	PA; NDS
LUMIZYME INTRAVENOUS RECON SOLN 50 MG	5	PA; NDS
MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML	5	PA; NDS
METHITEST ORAL TABLET 10 MG	4	
methyltestosterone oral capsule 10 mg	5	NDS
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	5	NDS
mifepristone oral tablet 300 mg	5	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
miglustat oral capsule 100 mg	5	PA; LA; NDS
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	5	PA; LA; NDS
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	5	PA; LA; NDS
NATESTO NASAL GEL IN METERED-DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATION	4	PA; QL (21.96 per 30 days)
NEXVIAZYME INTRAVENOUS RECON SOLN 100 MG	5	PA; NDS
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT	4	PA
OPFOLDA ORAL CAPSULE 65 MG	4	PA; QL (8 per 28 days)
ORILISSA ORAL TABLET 150 MG, 200 MG	5	NDS
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	5	PA; LA; QL (15 per 30 days); NDS
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	5	PA; LA; QL (4 per 30 days); NDS
PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML	5	PA; LA; QL (60 per 30 days); NDS
pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)	2	
paricalcitol intravenous solution 2 mcg/ml, 5 mcg/ml	2	
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	4	
POMBILITI INTRAVENOUS RECON SOLN 105 MG	5	PA; NDS
PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT	4	PA
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	5	NDS
RECORLEV ORAL TABLET 150 MG	5	PA; NDS
ROCALTROL ORAL CAPSULE 0.25 MCG, 0.5 MCG	4	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
ROCALTROL ORAL SOLUTION 1 MCG/ML	4	
SAMSCA ORAL TABLET 15 MG, 30 MG	5	PA; NDS
sapropterin oral powder in packet 100 mg, 500 mg	5	PA; NDS
sapropterin oral tablet,soluble 100 mg	5	PA; NDS
SENSIPAR ORAL TABLET 30 MG	4	PA
SENSIPAR ORAL TABLET 60 MG, 90 MG	5	PA; NDS
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; NDS
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	5	PA; LA; NDS
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML	5	PA; NDS
TEPEZZA INTRAVENOUS RECON SOLN 500 MG	5	PA; LA; NDS
TESTIM TRANSDERMAL GEL 50 MG/5 GRAM (1 %)	4	PA; QL (300 per 30 days)
TESTOPEL IMPLANT PELLET 75 MG	4	PA
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)	3	PA
testosterone enanthate intramuscular oil 200 mg/ml	3	PA
testosterone transdermal gel 50 mg/5 gram (1 %)	4	PA; QL (300 per 30 days)
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	3	PA; QL (300 per 30 days)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	4	PA; QL (150 per 30 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)	4	PA; QL (300 per 30 days)
testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)	4	PA; QL (37.5 per 30 days)
testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)	4	PA; QL (150 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)	4	PA; QL (180 per 30 days)
TLANDO ORAL CAPSULE 112.5 MG	4	PA; QL (120 per 30 days)
tolvaptan (polycys kidney dis) oral tablet 15 mg, 30 mg	5	PA; NDS
tolvaptan (polycys kidney dis) oral tablets, sequential 15 mg (am)/ 15 mg (pm), 30 mg (am)/ 15 mg (pm), 45 mg (am)/ 15 mg (pm), 60 mg (am)/ 30 mg (pm), 90 mg (am)/ 30 mg (pm)	5	PA; NDS
tolvaptan oral tablet 15 mg, 30 mg	5	PA; NDS
UNDECATREX ORAL CAPSULE 200 MG	5	PA; QL (120 per 30 days); NDS
VASOPRESSIN IN 0.9 % SOD CHLOR INTRAVENOUS SOLUTION 20 UNIT/100 ML (0.2 UNIT/ML), 40 UNIT/100 ML (0.4 UNIT/ML)	4	
vasopressin intravenous solution 20 unit/ml	4	
VASOSTRICT INTRAVENOUS SOLUTION 0.2 UNIT/ML, 0.4 UNIT/ML, 20 UNIT/ML	4	
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)	5	PA; LA; NDS
VOGELXO TRANSDERMAL GEL 50 MG/5 GRAM (1 %)	4	PA; QL (300 per 30 days)
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1 %)	4	PA; QL (300 per 30 days)
VOGELXO TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM)	4	PA; QL (300 per 30 days)
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG	5	PA; NDS
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	5	PA; NDS
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	4	PA; QL (2 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
yargesa oral capsule 100 mg	5	PA; LA; NDS
YORVIPATH SUBCUTANEOUS PEN INJECTOR 168 MCG/0.56 ML	5	PA; QL (1.12 per 28 days); NDS
YORVIPATH SUBCUTANEOUS PEN INJECTOR 294 MCG/0.98 ML	5	PA; QL (1.96 per 28 days); NDS
YORVIPATH SUBCUTANEOUS PEN INJECTOR 420 MCG/1.4 ML	5	PA; QL (2.8 per 28 days); NDS
ZAVESCA ORAL CAPSULE 100 MG	5	PA; LA; NDS
ZEMPLAR INTRAVENOUS SOLUTION 2 MCG/ML, 5 MCG/ML	4	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	4	
zoledronic acid intravenous solution 4 mg/5 ml	2	B/D PA
ZOLEDRONIC AC-MANNITOL-0.9NACL INTRAVENOUS PIGGYBACK 4 MG/100 ML	4	B/D PA
THYROID HORMONES		
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG	4	
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	4	
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG	4	
ERMEZA ORAL SOLUTION 30 MCG/ML	4	
levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	
levothyroxine intravenous recon soln 100 mcg, 200 mcg, 500 mcg	2	
LEVOTHYROXINE INTRAVENOUS SOLUTION 100 MCG/ML, 20 MCG/ML, 40 MCG/ML	5	NDS

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Drug Name	Drug Tier	Requirements/Limits
LEVOTHYROXINE ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	4	
levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	
liothyronine intravenous solution 10 mcg/ml	2	
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	2	
niva thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	4	
np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	4	
renthyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	4	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	4	ST
THYQUIDITY ORAL SOLUTION 20 MCG/ML	4	
thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	4	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG	4	
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML	4	

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Drug Name	Drug Tier	Requirements/Limits
unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	4	
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML)	4	
dicyclomine intramuscular solution 10 mg/ml	2	
dicyclomine oral capsule 10 mg	2	
dicyclomine oral solution 10 mg/5 ml	4	
dicyclomine oral tablet 20 mg	2	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml	4	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	3	
GLYCATE ORAL TABLET 1.5 MG	4	
GLYCOPYRROLATE (PF) IN WATER INJECTION SYRINGE 0.2 MG/ML	4	
glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)	2	
GLYCOPYRROLATE (PF) INJECTION SYRINGE 0.4 MG/2 ML (0.2 MG/ML)	4	
glycopyrrolate (pf) injection syringe 0.6 mg/3 ml (0.2 mg/ml)	4	
glycopyrrolate injection solution 0.2 mg/ml	2	
glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)	4	
glycopyrrolate oral tablet 1 mg, 2 mg	3	
glycopyrrolate oral tablet 1.5 mg	4	
LIBRAX (WITH CLIDINIUM) ORAL CAPSULE 5-2.5 MG	5	NDS
LOMOTIL ORAL TABLET 2.5-0.025 MG	4	

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Drug Name	Drug Tier	Requirements/Limits
loperamide oral capsule 2 mg	2	
methscopolamine oral tablet 2.5 mg, 5 mg	4	
MOTOFEN ORAL TABLET 1-0.025 MG	4	
MYTESI ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG	4	
opium oral tincture 10 mg/ml (morphine)	2	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN 235-0.25 MG	4	
AKYNZEO (FOSNETUPITANT) INTRAVENOUS SOLUTION 235 MG-0.25 MG /20 ML	5	NDS
alosetron oral tablet 0.5 mg	4	PA
alosetron oral tablet 1 mg	5	PA; NDS
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	4	ST; QL (60 per 30 days)
ANALPRAM-HC RECTAL CREAM 1-1 %	4	
ANUSOL-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	4	
aprepitant oral capsule 125 mg, 40 mg, 80 mg	4	B/D PA
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	4	B/D PA
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR 0.375 GRAM	4	
AVSOLA INTRAVENOUS RECON SOLN 100 MG	5	PA; QL (20 per 28 days); NDS
AZULFIDINE EN-TABS ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	4	
AZULFIDINE ORAL TABLET 500 MG	4	
balsalazide oral capsule 750 mg	3	
betaine oral powder 1 gram/scoop	5	NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
BONJESTA ORAL TABLET,IR,DELAYED REL,BIPHASIC 20-20 MG	4	
budesonide oral capsule,delayed,extend.release 3 mg	4	
budesonide oral tablet,delayed and ext.release 9 mg	5	NDS
budesonide rectal foam 2 mg/actuation	4	
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG	5	PA; LA; NDS
BYLVAY ORAL PELLET 200 MCG, 600 MCG	5	PA; LA; NDS
CANASA RECTAL SUPPOSITORY 1,000 MG	4	
CHENODAL ORAL TABLET 250 MG	5	PA; LA; NDS
CHOLBAM ORAL CAPSULE 250 MG	5	PA; NDS
CHOLBAM ORAL CAPSULE 50 MG	5	PA; QL (120 per 30 days); NDS
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	5	PA; QL (2 per 28 days); NDS
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	5	PA; QL (3 per 180 days); NDS
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	5	PA; QL (2 per 28 days); NDS
CINVANTI INTRAVENOUS EMULSION 130 MG/18 ML (7.2 MG/ML)	3	
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML	4	ST
COLAZAL ORAL CAPSULE 750 MG	4	
compro rectal suppository 25 mg	4	
constulose oral solution 10 gram/15 ml	2	
CORTENEMA RECTAL ENEMA 100 MG/60 ML	4	
CORTIFOAM RECTAL FOAM 10 % (80 MG)	3	

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Drug Name	Drug Tier	Requirements/Limits
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500-15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	3	
cromolyn oral concentrate 100 mg/5 ml	4	
CTEXLI ORAL TABLET 250 MG	5	PA; LA; NDS
CYSTADANE ORAL POWDER 1 GRAM/SCOOP	5	NDS
DICLEGIS ORAL TABLET,DELAYED RELEASE (DR/EC) 10-10 MG	4	
dimenhydrinate injection solution 50 mg/ml	2	
DIPENTUM ORAL CAPSULE 250 MG	5	NDS
doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec) 10-10 mg	4	
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	4	PA
droperidol injection solution 2.5 mg/ml	2	
EMEND (FOSAPREPITANT) INTRAVENOUS RECON SOLN 150 MG	4	
EMEND ORAL CAPSULE 80 MG	4	B/D PA
EMEND ORAL CAPSULE,DOSE PACK 125 MG (1)- 80 MG (2)	4	B/D PA
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	4	B/D PA
ENTYVIO INTRAVENOUS RECON SOLN 300 MG	5	PA; QL (2 per 28 days); NDS
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML	5	PA; QL (1.36 per 28 days); NDS
enulose oral solution 10 gram/15 ml	2	
EOHILIA ORAL SUSPENSION IN PACKET 2 MG/10 ML	5	PA; QL (600 per 30 days); NDS
FOCINVEZ INTRAVENOUS SOLUTION 150 MG/50 ML (3 MG/ML)	4	

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Drug Name	Drug Tier	Requirements/Limits
fosaprepitant intravenous recon soln 150 mg	2	
GASTROCROM ORAL CONCENTRATE 100 MG/5 ML	4	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	5	PA; NDS
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	5	PA; NDS
gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram	1	
gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram	1	
gavilyte-n oral recon soln 420 gram	1	
generlac oral solution 10 gram/15 ml	2	
GIMOTI NASAL SPRAY WITH PUMP 15 MG/SPRAY	5	NDS
GOLYTELY ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	4	ST
granisetron (pf) intravenous solution 1 mg/ml (1 ml)	2	
granisetron hcl intravenous solution 1 mg/ml, 1 mg/ml (1 ml)	2	
granisetron hcl oral tablet 1 mg	3	B/D PA
hydrocortisone acetate topical cream with perineal applicator 2.5 %	4	
hydrocortisone rectal enema 100 mg/60 ml	4	
hydrocortisone topical cream with perineal applicator 1 %, 2.5 %	2	
hydrocortisone-pramoxine rectal cream 1-1 %	4	
IBSRELA ORAL TABLET 50 MG	5	PA; QL (60 per 30 days); NDS
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	5	PA; QL (20 per 28 days); NDS
INFLIXIMAB INTRAVENOUS RECON SOLN 100 MG	5	PA; QL (20 per 28 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
IQIRVO ORAL TABLET 80 MG	5	PA; QL (30 per 30 days); NDS
KRISTALOSE ORAL PACKET 10 GRAM, 20 GRAM	4	
lactulose oral packet 10 gram, 20 gram	4	
lactulose oral solution 10 gram/15 ml	2	
LIALDA ORAL TABLET,DELAYED RELEASE (DR/EC) 1.2 GRAM	4	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	QL (30 per 30 days)
LIVDELZI ORAL CAPSULE 10 MG	5	PA; QL (30 per 30 days); NDS
LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML	5	PA; LA; NDS
LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG	5	PA; LA; NDS
LOTRONEX ORAL TABLET 0.5 MG, 1 MG	5	PA; NDS
lubiprostone oral capsule 24 mcg, 8 mcg	4	QL (60 per 30 days)
MARINOL ORAL CAPSULE 10 MG, 5 MG	5	PA; NDS
MARINOL ORAL CAPSULE 2.5 MG	4	PA
meclizine oral tablet 12.5 mg, 25 mg	2	
MECLIZINE ORAL TABLET 50 MG	4	
mesalamine oral capsule (with del rel tablets) 400 mg	4	
mesalamine oral capsule, extended release 500 mg	4	
mesalamine oral capsule,extended release 24hr 0.375 gram	4	
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram, 800 mg	4	
mesalamine rectal enema 4 gram/60 ml	4	
mesalamine rectal suppository 1,000 mg	4	
mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml	4	
metoclopramide hcl injection solution 5 mg/ml	2	

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Drug Name	Drug Tier	Requirements/Limits
metoclopramide hcl injection syringe 5 mg/ml	2	
metoclopramide hcl oral solution 5 mg/5 ml	2	
metoclopramide hcl oral tablet 10 mg, 5 mg	2	
metoclopramide hcl oral tablet,disintegrating 5 mg	4	
MOTEGRITY ORAL TABLET 1 MG, 2 MG	4	ST; QL (30 per 30 days)
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	4	ST; QL (30 per 30 days)
MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM	4	ST
nitroglycerin rectal ointment 0.4 % (w/w)	3	
OCALIVA ORAL TABLET 10 MG, 5 MG	5	PA; LA; QL (30 per 30 days); NDS
OMVOH INTRAVENOUS SOLUTION 300 MG/15 ML (20 MG/ML)	5	PA; QL (135 per 180 days); NDS
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML	5	PA; QL (2 per 28 days); NDS
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 300MG/3ML(100MG /ML-200 MG/2ML)	5	PA; QL (3 per 28 days); NDS
OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; QL (2 per 28 days); NDS
OMVOH SUBCUTANEOUS SYRINGE 300MG/3ML(100MG /ML-200 MG/2ML)	5	PA; QL (3 per 28 days); NDS
ondansetron hcl (pf) injection solution 4 mg/2 ml	2	
ondansetron hcl (pf) injection syringe 4 mg/2 ml	2	
ondansetron hcl intravenous solution 2 mg/ml	2	
ondansetron hcl oral solution 4 mg/5 ml	4	B/D PA
ondansetron hcl oral tablet 4 mg, 8 mg	2	B/D PA
ONDANSETRON ORAL TABLET,DISINTEGRATING 16 MG	4	B/D PA
ondansetron oral tablet,disintegrating 4 mg, 8 mg	2	B/D PA
palonosetron intravenous solution 0.25 mg/5 ml	2	
palonosetron intravenous syringe 0.25 mg/5 ml	2	

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Drug Name	Drug Tier	Requirements/Limits
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 4,200-14,200- 24,600 UNIT	4	ST
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 37,000-97,300- 149,900 UNIT	5	ST; NDS
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	1	
peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram	4	
peg-electrolyte oral recon soln 420 gram	1	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG	4	
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16,000-57,500- 60,500 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT	4	ST
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 24,000-86,250- 90,750 UNIT	5	ST; NDS
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	4	ST
POSFREA INTRAVENOUS SOLUTION 0.25 MG/5 ML	4	
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)	2	
prochlorperazine maleate oral tablet 10 mg, 5 mg	2	
prochlorperazine rectal suppository 25 mg	4	
PROCTOFOAM HC RECTAL FOAM 1-1 %	4	
procto-med hc topical cream with perineal applicator 2.5 %	2	
proctosol hc topical cream with perineal applicator 2.5 %	2	

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Drug Name	Drug Tier	Requirements/Limits
proctozone-hc topical cream with perineal applicator 2.5 %	2	
prucalopride oral tablet 1 mg, 2 mg	4	QL (30 per 30 days)
REBYOTA RECTAL ENEMA 150 ML	5	PA; NDS
RECTIV RECTAL OINTMENT 0.4 % (W/W)	4	
REGLAN ORAL TABLET 10 MG, 5 MG	4	
RELISTOR ORAL TABLET 150 MG	5	ST; QL (90 per 30 days); NDS
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	5	ST; QL (18 per 30 days); NDS
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	5	ST; QL (18 per 30 days); NDS
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	5	ST; QL (12 per 30 days); NDS
RELTONE ORAL CAPSULE 200 MG, 400 MG	5	NDS
REMICADE INTRAVENOUS RECON SOLN 100 MG	5	PA; QL (20 per 28 days); NDS
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG	5	PA; QL (20 per 28 days); NDS
ROWASA RECTAL ENEMA KIT 4 GRAM/60 ML	4	
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	5	NDS
scopolamine base transdermal patch 3 day 1 mg over 3 days	4	
SFROWASA RECTAL ENEMA 4 GRAM/60 ML	4	
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	5	PA; QL (30 per 180 days); NDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	5	PA; QL (1.2 per 56 days); NDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	5	PA; QL (2.4 per 56 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram, 17.5-3.13-1.6 gram 2 pack (480ml)	4	
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	5	PA; NDS
SUFLAVE ORAL RECON SOLN 178.7-7.3-0.5 GRAM	4	ST
sulfasalazine oral tablet 500 mg	2	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	2	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	4	ST
SUSTOL SUBCUTANEOUS LIQUID,EXTENDED RELEASE SYRING 10 MG/0.4 ML	4	
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM	4	ST
SYMPROIC ORAL TABLET 0.2 MG	3	QL (30 per 30 days)
TIGAN INTRAMUSCULAR SOLUTION 100 MG/ML	4	
TRULANCE ORAL TABLET 3 MG	3	QL (30 per 30 days)
UCERIS ORAL TABLET,DELAYED AND EXT.RELEASE 9 MG	5	NDS
UCERIS RECTAL FOAM 2 MG/ACTUATION	4	
URSO FORTE ORAL TABLET 500 MG	4	
ursodiol oral capsule 200 mg, 400 mg	5	NDS
ursodiol oral capsule 300 mg	3	
ursodiol oral tablet 250 mg, 500 mg	3	
VARUBI ORAL TABLET 90 MG	3	B/D PA
VELSIPITY ORAL TABLET 2 MG	5	PA; QL (30 per 30 days); NDS
VIBERZI ORAL TABLET 100 MG, 75 MG	5	QL (60 per 30 days); NDS
VIOKACE ORAL TABLET 10,440-39,150-39,150 UNIT, 20,880-78,300- 78,300 UNIT	4	

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Drug Name	Drug Tier	Requirements/Limits
VOWST ORAL CAPSULE	5	PA; LA; NDS
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT	3	
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 60,000-189,600- 252,600 UNIT	5	NDS
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML	5	PA; QL (2 per 28 days); NDS
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML	5	PA; QL (2 per 28 days); NDS
ULCER THERAPY		
ACIPHEX ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG	4	QL (60 per 30 days)
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg	4	QL (112 per 180 days)
bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg	4	QL (120 per 180 days)
CARAFATE ORAL SUSPENSION 100 MG/ML	4	
CARAFATE ORAL TABLET 1 GRAM	4	
cimetidine hcl oral solution 300 mg/5 ml	4	
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	4	
CYTOTEC ORAL TABLET 100 MCG, 200 MCG	4	
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG, 60 MG	4	QL (30 per 30 days)
dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg	4	QL (30 per 30 days)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	3	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	3	QL (60 per 30 days)
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 2.5 mg, 20 mg, 5 mg	4	QL (30 per 30 days)
esomeprazole magnesium oral granules dr for susp in packet 40 mg	4	QL (60 per 30 days)
esomeprazole sodium intravenous recon soln 40 mg	2	
famotidine (pf) intravenous solution 20 mg/2 ml	2	
famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml	2	
famotidine intravenous solution 10 mg/ml	2	
famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)	4	
famotidine oral tablet 20 mg, 40 mg	1	
KONVOMEP ORAL SUSPENSION FOR RECONSTITUTION 2-84 MG/ML	4	QL (600 per 30 days)
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	3	QL (30 per 30 days)
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	3	QL (60 per 30 days)
lansoprazole oral tablet,disintegrat, delay rel 15 mg	4	QL (30 per 30 days)
lansoprazole oral tablet,disintegrat, delay rel 30 mg	4	QL (60 per 30 days)
misoprostol oral tablet 100 mcg, 200 mcg	3	
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	4	QL (30 per 30 days)
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 40 MG	4	QL (60 per 30 days)
NEXIUM ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG	4	QL (30 per 30 days)
NEXIUM ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	4	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
nizatidine oral capsule 150 mg, 300 mg	4	
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG- 500 MG (40)	4	QL (80 per 180 days)
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg	1	QL (30 per 30 days)
omeprazole oral capsule,delayed release(dr/ec) 40 mg	1	QL (60 per 30 days)
omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram	4	QL (30 per 30 days)
omeprazole-sodium bicarbonate oral packet 20-1,680 mg, 40-1,680 mg	5	QL (30 per 30 days); NDS
PANTOPRAZOLE IN 0.9% SOD CHLOR INTRAVENOUS PIGGYBACK 40 MG/100 ML (0.4 MG/ML), 40 MG/50 ML (0.8 MG/ML), 80 MG/100 ML (0.8 MG/ML)	4	
pantoprazole intravenous recon soln 40 mg	2	
pantoprazole oral granules dr for susp in packet 40 mg	4	QL (60 per 30 days)
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	1	QL (30 per 30 days)
pantoprazole oral tablet,delayed release (dr/ec) 40 mg	1	QL (60 per 30 days)
PEPCID ORAL TABLET 20 MG, 40 MG	4	
PREVACID ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 MG	4	QL (60 per 30 days)
PREVACID SOLUTAB ORAL TABLET,DISINTEGRAT, DELAY REL 15 MG	4	QL (30 per 30 days)
PREVACID SOLUTAB ORAL TABLET,DISINTEGRAT, DELAY REL 30 MG	4	QL (60 per 30 days)
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 10 MG	4	QL (120 per 30 days)
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 2.5 MG	4	QL (480 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
PROTONIX INTRAVENOUS RECON SOLN 40 MG	4	
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	4	QL (60 per 30 days)
PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG	4	QL (30 per 30 days)
PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC) 40 MG	4	QL (60 per 30 days)
PYLERA ORAL CAPSULE 140-125-125 MG	4	QL (120 per 180 days)
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	4	QL (60 per 30 days)
sucralfate oral suspension 100 mg/ml	4	
sucralfate oral tablet 1 gram	2	
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG	4	QL (168 per 180 days)
VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)- 500 MG (84)	4	QL (112 per 180 days)
VOQUEZNA ORAL TABLET 10 MG, 20 MG	4	ST; QL (30 per 30 days)
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG	4	QL (112 per 180 days)
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	5	PA; NDS
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML	5	PA; NDS
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 25 MCG/0.42 ML, 40 MCG/0.4 ML, 60 MCG/0.3 ML	4	PA

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Drug Name	Drug Tier	Requirements/Limits
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 150 MCG/0.3 ML, 200 MCG/0.4 ML, 300 MCG/0.6 ML, 500 MCG/ML	5	PA; NDS
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	5	PA; NDS
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	5	PA; QL (1 per 28 days); NDS
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	5	PA; QL (1 per 28 days); NDS
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	5	PA; LA; NDS
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA; QL (14 per 28 days); NDS
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	5	PA; NDS
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	4	PA
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NDS
FYLNETRA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NDS
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML	4	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	5	PA; NDS
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	5	PA; NDS
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NDS
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)	5	PA; NDS
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	5	PA; LA; QL (2 per 28 days); NDS
LEUKINE INJECTION RECON SOLN 250 MCG	5	PA; NDS
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 120 MCG/0.3 ML, 150 MCG/0.3 ML, 200 MCG/0.3 ML, 30 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML	4	PA
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	5	B/D PA; NDS
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	5	PA; NDS
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NDS
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	PA; NDS
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NDS
NGENLA SUBCUTANEOUS PEN INJECTOR 24 MG/1.2 ML (20 MG/ML), 60 MG/1.2 ML (50 MG/ML)	5	PA; NDS
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	PA; NDS
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NDS
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML)	5	PA; NDS
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NDS
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	PA; NDS
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	5	PA; NDS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	QL (4 per 28 days); NDS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	5	QL (2 per 28 days); NDS
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	5	PA; QL (1 per 28 days); NDS
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	PA; QL (1 per 28 days); NDS
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; QL (1 per 180 days); NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	PA; QL (1 per 28 days); NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; QL (1 per 180 days); NDS
plerixafor subcutaneous solution 24 mg/1.2 ml (20 mg/ml)	5	B/D PA; NDS
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	5	PA; NDS
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	5	PA; QL (6 per 28 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	5	PA; QL (6 per 28 days); NDS
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	PA; QL (4.2 per 180 days); NDS
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	PA; QL (4.2 per 180 days); NDS
REBLOZYL SUBCUTANEOUS RECON SOLN 25 MG, 75 MG	5	PA; NDS
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	5	PA; NDS
ROLVEDON SUBCUTANEOUS SYRINGE 13.2 MG/0.6 ML	5	PA; NDS
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	5	PA; NDS
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	5	PA; NDS
SOGROYA SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	PA; NDS
STIMUFEND SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NDS
UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 6 MG/0.6 ML	5	PA; NDS
UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	5	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NDS
XOLREMDI ORAL CAPSULE 100 MG	5	PA; LA; NDS
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NDS
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NDS
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG, 5 MG	4	PA
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	1	V
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	1	V
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	1	V
ALYGLO INTRAVENOUS SOLUTION 10 %	5	PA; NDS
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	1	V
ASCENIV INTRAVENOUS SOLUTION 10 %	5	PA; NDS
ATGAM INTRAVENOUS SOLUTION 50 MG/ML	5	B/D PA; NDS
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	1	V
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	1	V
BIVIGAM INTRAVENOUS SOLUTION 10 %	5	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	1	V
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	1	V
BOTOX INJECTION RECON SOLN 100 UNIT, 200 UNIT	4	PA
CUTAQUIG SUBCUTANEOUS SOLUTION 16.5 %	5	B/D PA; NDS
CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %), 8 GRAM/40 ML (20 %)	5	B/D PA; NDS
CYTOGAM INTRAVENOUS SOLUTION 50 MG/ML	5	NDS
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	3	
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	3	
DYSPORT INTRAMUSCULAR RECON SOLN 300 UNIT, 500 UNIT	4	PA
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	1	B/D PA; V
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	1	B/D PA; V
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	1	B/D PA; V
fomepizole intravenous solution 1 gram/ml	2	
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE	3	
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	5	PA; NDS

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GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	5	PA; NDS
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	5	PA; NDS
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	5	PA; NDS
GAMMAPLEX INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML)	5	PA; NDS
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	5	PA; NDS
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	1	V
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	1	V
GRASTEK SUBLINGUAL TABLET 2,800 BAU	4	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	1	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3	
HEPAGAM B INJECTION SOLUTION >312 UNIT/ML, GREATR THAN 312 UNIT/ML (5 ML)	4	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	1	B/D PA; V
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	5	B/D PA; NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	5	B/D PA; NDS
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML, 220 UNIT/ML (5 ML)	3	
HYPERHEP B NEONATAL INTRAMUSCULAR SYRINGE 110 UNIT/0.5 ML	3	
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	5	B/D PA; NDS
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	1	B/D PA; V
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	3	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	1	V
IXCHIQ (PF) INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML	1	V
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	1	V
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	1	B/D PA; V
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	3	
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	1	V
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	1	V
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	1	V
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	1	V

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	1	V
MYOBLOC INTRAMUSCULAR SOLUTION 10,000 UNIT/2 ML, 2,500 UNIT/0.5 ML, 5,000 UNIT/ML	4	PA
NABI-HB INTRAMUSCULAR SOLUTION GREATER THAN 1,560 UNIT/5 ML, GREATR THAN 312 UNIT/ML	4	
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	5	PA; NDS
ODACTRA SUBLINGUAL TABLET 12 SQ-HDM	4	PA
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3)	4	PA
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6)	4	PA
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1)	4	PA
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG	4	PA
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2)	4	PA
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4)	4	PA
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1)	4	PA
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X1)	4	PA
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2)	4	PA
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2)	4	PA
PALFORZIA (LEVEL 11 UP-DOSE) ORAL POWDER IN PACKET 300 MG	5	PA; NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
PALFORZIA INITIAL (4-17 YRS) ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG	4	PA
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG	5	PA; NDS
PANZYGA INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML), 10 % (25 ML), 10 % (300 ML), 10 % (50 ML)	5	PA; NDS
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	3	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	3	
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	1	V
PENMENVY MEN A-B-C-W-Y (PF) INTRAMUSCULAR KIT 0.5 ML	1	V
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML	3	
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	1	V
PRIVIGEN INTRAVENOUS SOLUTION 10 %	5	PA; NDS
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	3	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	3	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	3	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	1	B/D PA; V
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT	4	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	1	B/D PA; V
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	1	B/D PA; V
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	3	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	3	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	1	V; QL (2 per 720 days)
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML	1	V
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	1	V
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	1	V
THYMOGLOBULIN INTRAVENOUS RECON SOLN 25 MG	5	B/D PA; NDS
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	3	B/D PA
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	3	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	3	V
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	1	V
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	1	V
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	1	V
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	1	V

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	1	V
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	1	V
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	1	V
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2 ML	3	
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	1	V
VIMKUNYA INTRAMUSCULAR SYRINGE 40 MCG/0.8 ML	1	V
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	1	V
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	5	B/D PA; LA; NDS
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 50 UNIT	4	PA
XEOMIN INTRAMUSCULAR RECON SOLN 200 UNIT	5	PA; NDS
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL)	1	V
ZINPLAVA INTRAVENOUS SOLUTION 25 MG/ML	5	NDS

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Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS SUPPLIES		
MISCELLANEOUS SUPPLIES		
NOVO PEN NEEDLE	3	PA
CEQUR SIMPLICITY DEVICE 2 UNIT	3	
CEQUR SIMPLICITY INSERTER	3	
PEN NEEDLES (NON-PREFERRED BRANDS)	4	PA
GAUZE PADS 2 X 2	3	PA
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN	4	
INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN	4	
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN	4	
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN	4	
INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN	4	
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN	4	
EMBECTA INSULIN SYRINGE	3	PA
BD PEN NEEDLE	3	PA
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE	3	
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	3	QL (1 per 720 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	3	
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE	3	QL (1 per 720 days)
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	3	QL (1 per 720 days)

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Drug Name	Drug Tier	Requirements/Limits
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	3	
EMBECTA PEN NEEDLE	3	PA
BD INSULIN SYRINGE	3	PA
INSULIN SYRINGES (NON-PREFERRED BRANDS)	4	PA
V-GO 20 DEVICE	4	
V-GO 30 DEVICE	4	
V-GO 40 DEVICE	4	
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
allopurinol oral tablet 100 mg, 300 mg	1	
allopurinol oral tablet 200 mg	4	
allopurinol sodium intravenous recon soln 500 mg	2	
aloprim intravenous recon soln 500 mg	2	
colchicine oral capsule 0.6 mg	4	
colchicine oral tablet 0.6 mg	2	
COLCRYS ORAL TABLET 0.6 MG	4	ST
febuxostat oral tablet 40 mg, 80 mg	3	
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML	4	ST
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML	5	PA; NDS
MITIGARE ORAL CAPSULE 0.6 MG	4	ST
probenecid oral tablet 500 mg	3	
probenecid-colchicine oral tablet 500-0.5 mg	3	
ULORIC ORAL TABLET 40 MG, 80 MG	4	
OSTEOPOROSIS THERAPY		
ACTONEL ORAL TABLET 150 MG	4	ST; QL (1 per 30 days)
ACTONEL ORAL TABLET 35 MG	4	ST; QL (4 per 28 days)

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
alendronate oral solution 70 mg/75 ml	2	QL (300 per 28 days)
alendronate oral tablet 10 mg	1	QL (30 per 30 days)
alendronate oral tablet 35 mg, 70 mg	1	QL (4 per 28 days)
ATELVIA ORAL TABLET,DELAYED RELEASE (DR/EC) 35 MG	4	ST; QL (4 per 28 days)
BINOSTO ORAL TABLET, EFFERVESCENT 70 MG	4	ST; QL (4 per 28 days)
BONSITY SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML)	5	PA; QL (2.48 per 28 days); NDS
CONEXXENCE SUBCUTANEOUS SYRINGE 60 MG/ML	3	QL (1 per 180 days)
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML, 210MG/2.34ML (105MG/1.17MLX2)	5	PA; QL (2.34 per 30 days); NDS
EVISTA ORAL TABLET 60 MG	4	
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML)	5	PA; QL (2.48 per 28 days); NDS
FOSAMAX ORAL TABLET 70 MG	4	ST; QL (4 per 28 days)
FOSAMAX PLUS D ORAL TABLET 70 MG-2,800 UNIT, 70 MG- 5,600 UNIT	4	ST; QL (4 per 28 days)
ibandronate intravenous solution 3 mg/3 ml	2	PA
ibandronate intravenous syringe 3 mg/3 ml	2	PA
ibandronate oral tablet 150 mg	2	QL (1 per 30 days)
JUBBONTI SUBCUTANEOUS SYRINGE 60 MG/ML	3	QL (1 per 180 days)
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	4	PA; QL (1 per 180 days)
raloxifene oral tablet 60 mg	2	
risedronate oral tablet 150 mg	3	QL (1 per 30 days)
risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)	3	QL (4 per 28 days)
risedronate oral tablet 5 mg	3	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
risedronate oral tablet,delayed release (dr/ec) 35 mg	4	QL (4 per 28 days)
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML)	5	PA; QL (2.48 per 28 days); NDS
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	5	PA; QL (1.56 per 30 days); NDS
OTHER RHEUMATOLOGICALS		
ABRILADA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; QL (6 per 28 days); NDS
ABRILADA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML	5	PA; QL (2 per 28 days); NDS
ABRILADA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; QL (6 per 28 days); NDS
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	5	PA; QL (3.6 per 28 days); NDS
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	5	PA; QL (160 per 28 days); NDS
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	5	PA; QL (3.6 per 28 days); NDS
ADALIMUMAB-AATY SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	5	PA; QL (6 per 28 days); NDS
ADALIMUMAB-AATY SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	5	PA; QL (3 per 28 days); NDS
ADALIMUMAB-AATY SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	5	PA; QL (2 per 28 days); NDS
ADALIMUMAB-AATY SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PA; QL (6 per 28 days); NDS
ADALIMUMAB-AATY(CF) AI CROHNS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	5	PA; QL (3 per 180 days); NDS
ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML	5	PA; QL (1.6 per 28 days); NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	5	PA; QL (2.4 per 28 days); NDS
ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE 10 MG/0.1 ML	5	PA; QL (0.2 per 28 days); NDS
ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE 20 MG/0.2 ML	5	PA; QL (0.4 per 28 days); NDS
ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; QL (1.6 per 28 days); NDS
ADALIMUMAB-ADBM (PREFERRED NDCS STARTING WITH 00597) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	5	PA; QL (4 per 28 days); NDS
ADALIMUMAB-ADBM (PREFERRED NDCS STARTING WITH 00597) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	5	PA; QL (2 per 28 days); NDS
ADALIMUMAB-ADBM (PREFERRED NDCS STARTING WITH 00597) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML, 40 MG/0.8 ML	5	PA; QL (4 per 28 days); NDS
ADALIMUMAB-ADBM(CF) PEN CROHNS (PREFERRED NDCS STARTING WITH 00597) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	5	PA; QL (6 per 180 days); NDS
ADALIMUMAB-ADBM(CF) PEN PS-UV (PREFERRED NDCS STARTING WITH 00597) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	5	PA; QL (4 per 180 days); NDS
ADALIMUMAB-RYVK SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	5	PA; QL (6 per 28 days); NDS
ADALIMUMAB-RYVK SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PA; QL (6 per 28 days); NDS
AMJEVITA (PREFERRED NDCS STARTING WITH 55513) SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML	5	PA; QL (1.6 per 28 days); NDS
AMJEVITA (PREFERRED NDCS STARTING WITH 55513) SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	5	PA; QL (3.2 per 28 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
AMJEVITA (PREFERRED NDCS STARTING WITH 55513) SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML	5	PA; QL (2.4 per 28 days); NDS
AMJEVITA (PREFERRED NDCS STARTING WITH 55513) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML, 20 MG/0.2 ML	5	PA; QL (0.4 per 28 days); NDS
AMJEVITA (PREFERRED NDCS STARTING WITH 55513) SUBCUTANEOUS SYRINGE 20 MG/0.4 ML	5	PA; QL (0.8 per 28 days); NDS
AMJEVITA (PREFERRED NDCS STARTING WITH 55513) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; QL (1.6 per 28 days); NDS
AMJEVITA (PREFERRED NDCS STARTING WITH 55513) SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	5	PA; QL (3.2 per 28 days); NDS
ARAVA ORAL TABLET 10 MG, 20 MG	5	QL (30 per 30 days); NDS
AURANOFIN ORAL CAPSULE 3 MG	5	NDS
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	5	PA; NDS
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	5	PA; NDS
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	5	PA; NDS
CUPRIMINE ORAL CAPSULE 250 MG	5	PA; NDS
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	5	PA; QL (6 per 180 days); NDS
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	5	PA; QL (4 per 180 days); NDS
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	5	PA; QL (4 per 28 days); NDS
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	5	PA; QL (2 per 28 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML, 40 MG/0.8 ML	5	PA; QL (4 per 28 days); NDS
DEPEN TITRATABS ORAL TABLET 250 MG	5	PA; NDS
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	5	PA; QL (8 per 28 days); NDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	5	PA; QL (8 per 28 days); NDS
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	5	PA; QL (8 per 28 days); NDS
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	5	PA; QL (8 per 28 days); NDS
HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	5	PA; QL (4.8 per 28 days); NDS
HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	5	PA; QL (4.8 per 28 days); NDS
HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML	5	PA; QL (2.4 per 28 days); NDS
HADLIMA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; QL (2.4 per 28 days); NDS
HULIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; QL (6 per 28 days); NDS
HULIO(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML	5	PA; QL (2 per 28 days); NDS
HULIO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; QL (6 per 28 days); NDS
HUMIRA (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; QL (4 per 28 days); NDS
HUMIRA PEN (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; QL (4 per 28 days); NDS
HUMIRA(CF) (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	5	PA; QL (2 per 28 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA(CF) (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PA; QL (4 per 28 days); NDS
HUMIRA(CF) PEN (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	5	PA; QL (4 per 28 days); NDS
HUMIRA(CF) PEN (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; QL (2 per 28 days); NDS
HUMIRA(CF) PEN CROHNS-UC-HS (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; QL (3 per 180 days); NDS
HUMIRA(CF) PEN PSOR-UV-ADOL HS (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; QL (3 per 180 days); NDS
HYRIMOZ (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	5	PA; QL (3.2 per 28 days); NDS
HYRIMOZ PEN (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS PEN INJECTOR 40 MG/0.8 ML	5	PA; QL (3.2 per 28 days); NDS
HYRIMOZ PEN CROHN'S-UC STARTER (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	5	PA; QL (2.4 per 180 days); NDS
HYRIMOZ PEN PSORIASIS STARTER (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS PEN INJECTOR 80MG/0.8ML(X1)- 40 MG/0.4ML(X2)	5	PA; QL (1.6 per 180 days); NDS
HYRIMOZ(CF) (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML	5	PA; QL (0.2 per 28 days); NDS
HYRIMOZ(CF) (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 20 MG/0.2 ML	5	PA; QL (0.4 per 28 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
HYRIMOZ(CF) (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; QL (1.6 per 28 days); NDS
HYRIMOZ(CF) PEDI CROHN STARTER (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 80 MG/0.8 ML	5	PA; QL (2.4 per 180 days); NDS
HYRIMOZ(CF) PEDI CROHN STARTER (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; QL (1.2 per 180 days); NDS
HYRIMOZ(CF) PEN (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML	5	PA; QL (1.6 per 28 days); NDS
IDACIO(CF) PEN CROHN-UC STARTR SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; QL (6 per 180 days); NDS
IDACIO(CF) PEN PSORIASIS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; QL (4 per 180 days); NDS
IDACIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; QL (4 per 28 days); NDS
IDACIO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; QL (4 per 28 days); NDS
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	5	PA; QL (2.28 per 28 days); NDS
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	5	PA; QL (2.28 per 28 days); NDS
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	5	PA; QL (20.1 per 30 days); NDS
leflunomide oral tablet 10 mg, 20 mg	2	QL (30 per 30 days)
LEQSELVI ORAL TABLET 8 MG	5	PA; QL (60 per 30 days); NDS
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	5	PA; QL (30 per 30 days); NDS
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	5	PA; QL (12 per 28 days); NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	5	PA; QL (4 per 28 days); NDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	5	PA; QL (4 per 28 days); NDS
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	5	PA; QL (1.6 per 28 days); NDS
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	5	PA; QL (2.8 per 28 days); NDS
OTEZLA ORAL TABLET 20 MG, 30 MG	5	PA; QL (60 per 30 days); NDS
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	5	PA; QL (55 per 180 days); NDS
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML	4	
penicillamine oral capsule 250 mg	5	PA; NDS
penicillamine oral tablet 250 mg	5	PA; NDS
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	4	
RIDAURA ORAL CAPSULE 3 MG	5	NDS
RINVOQ LQ ORAL SOLUTION 1 MG/ML	5	PA; QL (360 per 30 days); NDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	5	PA; QL (30 per 30 days); NDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	5	PA; QL (84 per 180 days); NDS
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	3	QL (55 per 180 days)

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Drug Name	Drug Tier	Requirements/Limits
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	5	PA; QL (4 per 28 days); NDS
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	5	PA; QL (3 per 28 days); NDS
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	5	PA; QL (2 per 28 days); NDS
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PA; QL (4 per 28 days); NDS
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	5	PA; QL (3 per 28 days); NDS
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML	5	PA; QL (64 per 28 days); NDS
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	5	PA; QL (3 per 28 days); NDS
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	5	PA; QL (0.5 per 28 days); NDS
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; QL (3 per 28 days); NDS
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	5	PA; QL (0.5 per 28 days); NDS
TOFIDENCE INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	5	PA; QL (160 per 28 days); NDS
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	5	PA; QL (3.6 per 28 days); NDS
TYENNE INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	5	PA; QL (160 per 28 days); NDS
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	5	PA; QL (3.6 per 28 days); NDS
XELJANZ ORAL SOLUTION 1 MG/ML	5	PA; QL (480 per 24 days); NDS
XELJANZ ORAL TABLET 10 MG, 5 MG	5	PA; QL (60 per 30 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	5	PA; QL (30 per 30 days); NDS
YUFLYMA(CF) AI CROHN'S-UC-HS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	5	PA; QL (3 per 180 days); NDS
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	5	PA; QL (4 per 28 days); NDS
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	5	PA; QL (2 per 28 days); NDS
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	5	PA; QL (2 per 28 days); NDS
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PA; QL (4 per 28 days); NDS
OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		
abigale lo oral tablet 0.5-0.1 mg	3	
abigale oral tablet 1-0.5 mg	3	
ACTIVELLA ORAL TABLET 1-0.5 MG	4	
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	4	
BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG	4	
camila oral tablet 0.35 mg	2	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR	4	
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.06 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	4	QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	4	
CRINONE VAGINAL GEL 4 %	4	
CRINONE VAGINAL GEL 8 %	4	PA
deblitane oral tablet 0.35 mg	2	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML	4	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	4	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	4	
DEPO-PROVERA INTRAMUSCULAR SYRINGE 150 MG/ML	4	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	3	
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%), 1 MG/GRAM (0.1 %)	4	QL (30 per 30 days)
DIVIGEL TRANSDERMAL GEL IN PACKET 1.25 MG/1.25 GRAM (0.1 %)	4	QL (37.5 per 30 days)
dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	3	QL (8 per 28 days)
DUAVEE ORAL TABLET 0.45-20 MG	3	
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION	4	QL (70 per 30 days)
emzahh oral tablet 0.35 mg	2	
errin oral tablet 0.35 mg	2	
ESTRACE VAGINAL CREAM 0.01 % (0.1 MG/GRAM)	4	ST
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	4	

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Drug Name	Drug Tier	Requirements/Limits
estradiol transdermal gel in metered-dose pump 1.25 gram/actuation	4	QL (50 per 30 days)
estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%), 1 mg/gram (0.1 %)	4	QL (30 per 30 days)
estradiol transdermal gel in packet 1.25 mg/1.25 gram (0.1 %)	4	QL (37.5 per 30 days)
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	3	QL (8 per 28 days)
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	3	QL (4 per 28 days)
estradiol vaginal cream 0.01 % (0.1 mg/gram)	4	
estradiol vaginal tablet 10 mcg	4	
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml	4	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	3	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	4	ST
EVAMIST TRANSDERMAL SPRAY,NON-AEROSOL 1.53 MG/SPRAY (1.7%)	4	QL (16.2 per 30 days)
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	4	ST
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	4	
gallifrey oral tablet 5 mg	2	
heather oral tablet 0.35 mg	2	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	3	
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG	3	
incassia oral tablet 0.35 mg	2	
jencycla oral tablet 0.35 mg	2	

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Drug Name	Drug Tier	Requirements/Limits
jinteli oral tablet 1-5 mg-mcg	4	
lyleq oral tablet 0.35 mg	2	
lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	3	QL (8 per 28 days)
lyza oral tablet 0.35 mg	2	
medroxyprogesterone intramuscular suspension 150 mg/ml	2	
medroxyprogesterone intramuscular syringe 150 mg/ml	2	
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	2	
meleya oral tablet 0.35 mg	2	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	4	PA
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR	4	QL (4 per 28 days)
mimvey oral tablet 1-0.5 mg	3	
MINIVELLE TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	4	QL (8 per 28 days)
nora-be oral tablet 0.35 mg	2	
norethindrone (contraceptive) oral tablet 0.35 mg	2	
norethindrone acetate oral tablet 5 mg	2	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	4	
orquidea oral tablet 0.35 mg	2	
PREMARIN INJECTION RECON SOLN 25 MG	4	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	3	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	3	

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Drug Name	Drug Tier	Requirements/Limits
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	
progesterone intramuscular oil 50 mg/ml	2	
progesterone micronized oral capsule 100 mg, 200 mg	3	
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG	4	
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG	4	
sharobel oral tablet 0.35 mg	2	
VAGIFEM VAGINAL TABLET 10 MCG	4	ST
VIVELLE-DOT TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	4	QL (8 per 28 days)
yuvafem vaginal tablet 10 mcg	4	
MISCELLANEOUS OB/GYN		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR	4	
CLEOCIN VAGINAL CREAM 2 %	4	
CLEOCIN VAGINAL SUPPOSITORY 100 MG	4	
clindamycin phosphate vaginal cream 2 %	3	
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 %	4	
eluryng vaginal ring 0.12-0.015 mg/24 hr	3	
enilloring vaginal ring 0.12-0.015 mg/24 hr	4	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	3	
GYNAZOLE-1 VAGINAL CREAM 2 %	4	
haloette vaginal ring 0.12-0.015 mg/24 hr	4	

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Drug Name	Drug Tier	Requirements/Limits
INTRAROSA VAGINAL INSERT 6.5 MG	4	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG	4	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	3	
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	3	
miconazole-3 vaginal suppository 200 mg	4	
mifepristone oral tablet 200 mg	2	LA
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG	4	
MYFEMBREE ORAL TABLET 40-1-0.5 MG	5	PA; NDS
NEXPLANON SUBDERMAL IMPLANT 68 MG	3	
norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr	3	
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR	4	
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	5	PA; NDS
OSPHENA ORAL TABLET 60 MG	4	
PHEXXI VAGINAL GEL 1.8-1-0.4 %	4	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG	4	
terconazole vaginal cream 0.4 %, 0.8 %	3	
terconazole vaginal suppository 80 mg	3	
tranexamic acid oral tablet 650 mg	3	
vandazole vaginal gel 0.75 % (37.5mg/5 gram)	4	
VEOZAH ORAL TABLET 45 MG	4	PA
XACIATO VAGINAL GEL 2 %	4	ST
xulane transdermal patch weekly 150-35 mcg/24 hr	3	

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Drug Name	Drug Tier	Requirements/Limits
zafemy transdermal patch weekly 150-35 mcg/24 hr	3	
ORAL CONTRACEPTIVES / RELATED AGENTS		
afirmelle oral tablet 0.1-20 mg-mcg	4	
altavera (28) oral tablet 0.15-0.03 mg	2	
alyacen 1/35 (28) oral tablet 1-35 mg-mcg	2	
alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	2	
amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	4	
amethyst (28) oral tablet 90-20 mcg (28)	2	
apri oral tablet 0.15-0.03 mg	2	
aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg	2	
ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	4	
aubra eq oral tablet 0.1-20 mg-mcg	2	
aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg	4	
aurovela 1/20 (21) oral tablet 1-20 mg-mcg	4	
aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	4	
aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	4	
aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	4	
AVERI ORAL TABLET 0.15 MG-0.03 MG (21)/36.5 MG(7)	4	
aviane oral tablet 0.1-20 mg-mcg	2	
ayuna oral tablet 0.15-0.03 mg	4	
azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	2	

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Drug Name	Drug Tier	Requirements/Limits
BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)	4	
balziva (28) oral tablet 0.4-35 mg-mcg	4	
BEYAZ ORAL TABLET 3-0.02-0.451 MG (24) (4)	4	
blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	4	
blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	4	
blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	4	
briellyn oral tablet 0.4-35 mg-mcg	4	
camrese lo oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	4	
camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	2	
charlotte 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	4	
chateal eq (28) oral tablet 0.15-0.03 mg	4	
cryselle (28) oral tablet 0.3-30 mg-mcg	2	
cyred eq oral tablet 0.15-0.03 mg	2	
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	2	
dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	2	
daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	2	
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	2	
dolishale oral tablet 90-20 mcg (28)	4	
drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)	4	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	2	

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Drug Name	Drug Tier	Requirements/Limits
elinest oral tablet 0.3-30 mg-mcg	2	
enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)	2	
enskyce oral tablet 0.15-0.03 mg	2	
estarylla oral tablet 0.25-0.035 mg	2	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	2	
falmina (28) oral tablet 0.1-20 mg-mcg	2	
feirza oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)	4	
FEMLYV ORAL TABLET,DISINTEGRATING 1 MG- 20 MCG	4	
finzala oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	4	
galbriela oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	4	
gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)	4	
hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	4	
hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	4	
hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	4	
hailey oral tablet 1.5-30 mg-mcg	4	
iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	4	
introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	2	
isibloom oral tablet 0.15-0.03 mg	2	
jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	4	
jasmiel (28) oral tablet 3-0.02 mg	2	

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Drug Name	Drug Tier	Requirements/Limits
jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	2	
joyeaux oral tablet 0.1 mg-0.02 mg (21)/iron (7)	4	
juleber oral tablet 0.15-0.03 mg	2	
junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg	4	
junel 1/20 (21) oral tablet 1-20 mg-mcg	4	
junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	4	
junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	4	
junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)	4	
kaitlib fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	4	
kalliga oral tablet 0.15-0.03 mg	2	
kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	2	
kelnor 1/35 (28) oral tablet 1-35 mg-mcg	2	
kelnor 1/50 (28) oral tablet 1-50 mg-mcg	2	
kurvelo (28) oral tablet 0.15-0.03 mg	2	
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	2	
larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	2	
larin 1/20 (21) oral tablet 1-20 mg-mcg	2	
larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	2	
larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	2	
larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	2	
lessina oral tablet 0.1-20 mg-mcg	2	
levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	2	

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Drug Name	Drug Tier	Requirements/Limits
levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)	4	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg	2	
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)	4	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	2	
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	2	
levora-28 oral tablet 0.15-0.03 mg	2	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)	4	
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	4	
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	4	
LOESTRIN FE 1.5/30 (28-DAY) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	4	
LOESTRIN FE 1/20 (28-DAY) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	4	
lojaimiess oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	4	
loryna (28) oral tablet 3-0.02 mg	2	
low-ogestrel (28) oral tablet 0.3-30 mg-mcg	2	
lo-zumandimine (28) oral tablet 3-0.02 mg	2	
lutera (28) oral tablet 0.1-20 mg-mcg	2	
marlissa (28) oral tablet 0.15-0.03 mg	2	
merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)	4	
mibelas 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	4	
microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	2	
microgestin 1/20 (21) oral tablet 1-20 mg-mcg	2	

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Drug Name	Drug Tier	Requirements/Limits
microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	2	
microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	2	
mili oral tablet 0.25-0.035 mg	2	
minzoya oral tablet 0.1 mg-0.02 mg (21)/iron (7)	4	
mono-linyah oral tablet 0.25-0.035 mg	2	
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG	4	
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	4	
NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28)	4	
nikki (28) oral tablet 3-0.02 mg	2	
noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	4	
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	2	
norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)	4	
norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	4	
norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	4	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28), 0.25-0.035 mg	2	
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	2	
nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)	2	
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	2	
nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	2	
nylia 1/35 (28) oral tablet 1-35 mg-mcg	4	
nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	4	

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Drug Name	Drug Tier	Requirements/Limits
ocella oral tablet 3-0.03 mg	4	
philith oral tablet 0.4-35 mg-mcg	2	
pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	2	
portia 28 oral tablet 0.15-0.03 mg	2	
reclipsen (28) oral tablet 0.15-0.03 mg	2	
rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	4	
rosyrah oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	4	
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (21) (7)	4	
setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	2	
simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	4	
simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	4	
sprintec (28) oral tablet 0.25-0.035 mg	2	
sronyx oral tablet 0.1-20 mg-mcg	2	
syeda oral tablet 3-0.03 mg	2	
tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	4	
tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	2	
TAYTULLA ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	4	
tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	4	
tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	2	
tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	4	

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Drug Name	Drug Tier	Requirements/Limits
tri-linyah oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	2	
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg	2	
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-0.025 mg	2	
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-0.025 mg	4	
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg	2	
tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	4	
tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	2	
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-0.025 mg	4	
tri-vylibra oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	4	
turqoz (28) oral tablet 0.3-30 mg-mcg	2	
valtya oral tablet 1-50 mg-mcg	4	
velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg	2	
vestura (28) oral tablet 3-0.02 mg	2	
vienva oral tablet 0.1-20 mg-mcg	2	
viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	2	
volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	4	
vyfemla (28) oral tablet 0.4-35 mg-mcg	4	
vylibra oral tablet 0.25-0.035 mg	4	
wera (28) oral tablet 0.5-35 mg-mcg	2	
wymzya fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)	4	

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Drug Name	Drug Tier	Requirements/Limits
xarah fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	4	
xelria fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)	4	
YASMIN (28) ORAL TABLET 3-0.03 MG	4	
YAZ (28) ORAL TABLET 3-0.02 MG	4	
zovia 1-35 (28) oral tablet 1-35 mg-mcg	2	
zumandimine (28) oral tablet 3-0.03 mg	2	
OXYTOCICS		
methylergonovine oral tablet 0.2 mg	4	PA
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE OPHTHALMIC (EYE) DROPS 1 %	4	
bacitracin ophthalmic (eye) ointment 500 unit/gram	3	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	2	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	4	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	4	
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	2	
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)	2	QL (3.5 per 14 days)
gatifloxacin ophthalmic (eye) drops 0.5 %	4	
gentamicin ophthalmic (eye) drops 0.3 %	2	QL (70 per 30 days)
levofloxacin ophthalmic (eye) drops 0.5 %, 1.5 %	3	
moxifloxacin ophthalmic (eye) drops 0.5 %	3	
moxifloxacin ophthalmic (eye) drops, viscous 0.5 %	3	

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Drug Name	Drug Tier	Requirements/Limits
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	3	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml	3	
neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	3	
OCUFLOX OPHTHALMIC (EYE) DROPS 0.3 %	4	
ofloxacin ophthalmic (eye) drops 0.3 %	2	
polycin ophthalmic (eye) ointment 500-10,000 unit/gram	2	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	2	
tobramycin ophthalmic (eye) drops 0.3 %	2	QL (10 per 14 days)
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	4	QL (3.5 per 14 days)
VIGAMOX OPHTHALMIC (EYE) DROPS 0.5 %	4	
ANTIVIRALS		
trifluridine ophthalmic (eye) drops 1 %	3	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	4	
BETA-BLOCKERS		
betaxolol ophthalmic (eye) drops 0.5 %	3	
BETIMOL OPHTHALMIC (EYE) DROPS 0.5 %	4	
carteolol ophthalmic (eye) drops 1 %	2	
ISTALOL OPHTHALMIC (EYE) DROPS, ONCE DAILY 0.5 %	4	
levobunolol ophthalmic (eye) drops 0.5 %	2	
timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %	4	
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %	1	

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Drug Name	Drug Tier	Requirements/Limits
timolol maleate ophthalmic (eye) drops, once daily 0.5 %	4	
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %	4	
timolol ophthalmic (eye) drops 0.5 %	4	
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %, 0.5 %	4	
MISCELLANEOUS OPHTHALMOLOGICS		
atropine ophthalmic (eye) drops 1 %	3	
ATROPINE SULFATE (PF) OPHTHALMIC (EYE) DROPPERETTE 1 %	4	
azelastine ophthalmic (eye) drops 0.05 %	3	
BEOVU INTRAVITREAL SYRINGE 6 MG/0.05 ML	5	PA; NDS
bepotastine besilate ophthalmic (eye) drops 1.5 %	4	
BEPREVE OPHTHALMIC (EYE) DROPS 1.5 %	4	
BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05 ML	5	PA; NDS
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %	4	QL (60 per 30 days)
CIMERLI INTRAVITREAL SOLUTION 0.3 MG/0.05 ML, 0.5 MG/0.05 ML	5	PA; NDS
cromolyn ophthalmic (eye) drops 4 %	2	
cyclosporine ophthalmic (eye) dropperette 0.05 %	3	QL (60 per 30 days)
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	5	PA; NDS
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	5	PA; NDS
epinastine ophthalmic (eye) drops 0.05 %	3	
EYLEA HD INTRAVITREAL SOLUTION 8 MG/0.07 ML	5	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05 ML	5	PA; NDS
EYLEA INTRAVITREAL SYRINGE 2 MG/0.05 ML	5	PA; NDS
IZERVAY (PF) INTRAVITREAL SOLUTION 2 MG/0.1 ML	5	PA; NDS
LUCENTIS INTRAVITREAL SYRINGE 0.3 MG/0.05 ML, 0.5 MG/0.05 ML	5	PA; NDS
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %	3	QL (3 per 30 days)
OMIDRIA INTRAOCULAR CONCENTRATE 1-0.3 %	4	
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	5	PA; NDS
PAVBLU INTRAVITREAL SOLUTION 2 MG/0.05 ML	5	PA; NDS
PAVBLU INTRAVITREAL SYRINGE 2 MG/0.05 ML	5	PA; NDS
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	4	
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	3	
pilocarpine hcl ophthalmic (eye) drops 1.25 %	3	PA
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	4	QL (5.5 per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	4	QL (60 per 30 days)
sulfacetamide sodium ophthalmic (eye) drops 10 %	2	
sulfacetamide sodium ophthalmic (eye) ointment 10 %	2	
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)	2	

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Drug Name	Drug Tier	Requirements/Limits
SYFOVRE (PF) INTRAVITREAL SOLUTION 15 MG /0.1 ML	5	PA; NDS
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY	4	QL (8.4 per 30 days)
VABYSMO INTRAVITREAL SOLUTION 6 MG/0.05 ML	5	PA; NDS
VABYSMO INTRAVITREAL SYRINGE 6 MG/0.05 ML	5	PA; NDS
VERKAZIA OPHTHALMIC (EYE) DROPPERETTE 0.1 %	5	PA; QL (120 per 30 days); NDS
VEVYE OPHTHALMIC (EYE) DROPS 0.1 %	4	QL (2 per 30 days)
VUITY OPHTHALMIC (EYE) DROPS 1.25 %	4	PA
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 %	5	PA; QL (10 per 42 days); NDS
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	3	QL (60 per 30 days)
ZERVIATE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	4	
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR LS OPHTHALMIC (EYE) DROPS 0.4 %	4	
ACULAR OPHTHALMIC (EYE) DROPS 0.5 %	4	
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %	4	
bromfenac ophthalmic (eye) drops 0.07 %, 0.075 %, 0.09 %	3	
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	4	
diclofenac sodium ophthalmic (eye) drops 0.1 %	2	
flurbiprofen sodium ophthalmic (eye) drops 0.03 %	2	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	4	

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Drug Name	Drug Tier	Requirements/Limits
ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %	2	
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	4	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	4	
ORAL DRUGS FOR GLAUCOMA		
acetazolamide oral capsule, extended release 500 mg	3	
acetazolamide oral tablet 125 mg, 250 mg	3	
acetazolamide sodium injection recon soln 500 mg	2	
methazolamide oral tablet 25 mg, 50 mg	4	
OTHER GLAUCOMA DRUGS		
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	4	
bimatoprost ophthalmic (eye) drops 0.03 %	3	
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %	4	
brinzolamide ophthalmic (eye) drops,suspension 1 %	4	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	4	
COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE 2-0.5 %	4	
COSOPT OPHTHALMIC (EYE) DROPS 22.3-6.8 MG/ML	4	
dorzolamide ophthalmic (eye) drops 2 %	2	
dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %	4	
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	2	

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Drug Name	Drug Tier	Requirements/Limits
DURYSTA INTRACAMERAL IMPLANT 10 MCG	4	PA; LA
IYUZEH (PF) OPHTHALMIC (EYE) DROPPERETTE 0.005 %	4	ST
latanoprost ophthalmic (eye) drops 0.005 %	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	
miostat intraocular solution 0.01 %	2	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	3	
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	3	
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	3	
tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %	4	
TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 %	4	ST
travoprost ophthalmic (eye) drops 0.004 %	3	
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	4	ST
XALATAN OPHTHALMIC (EYE) DROPS 0.005 %	4	ST
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 %	4	ST
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %	4	ST
STEROID-ANTIBIOTIC COMBINATIONS		
MAXITROL OPHTHALMIC (EYE) DROPS,SUSPENSION 3.5MG/ML-10,000 UNIT/ML-0.1 %	4	
MAXITROL OPHTHALMIC (EYE) OINTMENT 3.5 MG/G-10,000 UNIT/G-0.1 %	4	

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neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	3	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	2	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	2	
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml	4	
neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	3	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	3	QL (3.5 per 14 days)
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %	4	
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %	3	QL (10 per 14 days)
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	4	QL (10 per 14 days)
STEROIDS		
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	4	
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %	2	
DEXTENZA INTRACANALICULAR INSERT 0.4 MG	4	
difluprednate ophthalmic (eye) drops 0.05 %	4	
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	4	
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	4	PA; QL (8.3 per 14 days)
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	4	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	3	
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	4	
FML LIQUIFILM OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	4	
ILUVIEN INTRAVITREAL IMPLANT 0.19 MG	5	NDS
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	3	
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 %	4	
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.5 %	4	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	4	
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	4	
loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %	3	
loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %, 0.5 %	3	
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	4	
OZURDEX INTRAVITREAL IMPLANT 0.7 MG	5	NDS
PRED FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	4	
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	4	
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	2	
prednisolone sodium phosphate ophthalmic (eye) drops 1 %	2	
RETISERT INTRAVITREAL IMPLANT 0.59 MG	4	

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Drug Name	Drug Tier	Requirements/Limits
YUTIQ INTRAVITREAL IMPLANT 0.18 MG	5	NDS
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %, 0.15 %	4	
apraclonidine ophthalmic (eye) drops 0.5 %	3	
brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %	3	
brimonidine ophthalmic (eye) drops 0.2 %	2	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	4	
RESPIRATORY AND ALLERGY		
ANTIHISTAMINE / ANTIALLERGENIC AGENTS		
adrenalin injection solution 1 mg/ml, 1 mg/ml (1 ml)	2	
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML, 0.15 MG/0.15 ML, 0.3 MG/0.3 ML	4	ST; QL (4 per 30 days)
carbinoxamine maleate oral liquid 4 mg/5 ml	4	PA
carbinoxamine maleate oral tablet 4 mg, 6 mg	4	PA
carbzah oral liquid 4 mg/5 ml	5	PA; NDS
cetirizine oral solution 1 mg/ml	2	
CLARINEX ORAL TABLET 5 MG	4	QL (30 per 30 days)
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG	4	QL (60 per 30 days)
clemastine oral syrup 0.5 mg/5 ml	4	PA
clemastine oral tablet 2.68 mg	4	PA
cyproheptadine oral syrup 2 mg/5 ml	4	PA
cyproheptadine oral tablet 4 mg	4	PA
desloratadine oral tablet 5 mg	4	QL (30 per 30 days)

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
desloratadine oral tablet,disintegrating 2.5 mg, 5 mg	4	QL (30 per 30 days)
diphenhydramine hcl injection solution 50 mg/ml	2	
diphenhydramine hcl injection syringe 50 mg/ml	2	
diphenhydramine hcl oral elixir 12.5 mg/5 ml	4	PA
EPINEPH BITART IN 0.9% SOD CHL INTRAVENOUS SOLUTION 16 MG/250 ML (64 MCG/ML)	4	
EPINEPHRINE HCL (PF) INJECTION SOLUTION 1 MG/ML (1 ML)	4	
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.3 % NOT MADE BY MYLAN	4	ST; QL (4 per 30 days)
epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml (manufactured by mylan specialty)	3	QL (4 per 30 days)
epinephrine injection solution 1 mg/ml, 1 mg/ml (1 ml)	2	
epinephrine injection syringe 0.1 mg/ml	4	
EPIPEN 2-PAK INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	4	ST; QL (4 per 30 days)
EPIPEN INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	4	ST; QL (4 per 30 days)
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	4	ST; QL (4 per 30 days)
EPIPEN JR INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	4	ST; QL (4 per 30 days)
hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml	4	
hydroxyzine hcl oral solution 10 mg/5 ml	4	PA
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	2	PA
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	4	PA
levocetirizine oral solution 2.5 mg/5 ml	4	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
levocetirizine oral tablet 5 mg	2	QL (30 per 30 days)
NEFFY NASAL SPRAY,NON-AEROSOL 1 MG/SPRAY (0.1 ML), 2 MG/SPRAY (0.1 ML)	4	ST; QL (4 per 30 days)
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML	4	
promethazine injection solution 25 mg/ml, 50 mg/ml	4	
promethazine oral syrup 6.25 mg/5 ml	4	PA
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	4	PA
promethazine rectal suppository 12.5 mg, 25 mg	4	PA
promethegan rectal suppository 25 mg, 50 mg	4	PA
QUZYTTIR INTRAVENOUS SOLUTION 10 MG/ML	4	
RYCLORA ORAL SOLUTION 2 MG/5 ML	4	
RYVENT ORAL TABLET 6 MG	4	PA
PULMONARY AGENTS		
ACCOLATE ORAL TABLET 10 MG, 20 MG	4	
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	3	B/D PA
ADCIRCA ORAL TABLET 20 MG	5	PA; QL (60 per 30 days); NDS
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; LA; QL (90 per 30 days); NDS
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	4	QL (60 per 30 days)
ADVAIR HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	3	QL (12 per 30 days)
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION	4	ST; QL (32.1 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	2	QL (17 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation package size 6.7 gm	2	QL (13.4 per 30 days)
ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (NDA020983)	4	ST; QL (36 per 30 days)
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml	2	B/D PA
albuterol sulfate oral syrup 2 mg/5 ml	2	
albuterol sulfate oral tablet 2 mg, 4 mg	4	
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	3	QL (12.2 per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	3	QL (6.1 per 30 days)
ALYFTREK ORAL TABLET 10-50-125 MG	5	PA; QL (56 per 28 days); NDS
ALYFTREK ORAL TABLET 4-20-50 MG	5	PA; QL (84 per 28 days); NDS
alyq oral tablet 20 mg	5	PA; QL (60 per 30 days); NDS
ambrisentan oral tablet 10 mg, 5 mg	5	PA; LA; QL (30 per 30 days); NDS
aminophylline intravenous solution 250 mg/10 ml, 500 mg/20 ml	4	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	4	ST; QL (60 per 30 days)
arformoterol inhalation solution for nebulization 15 mcg/2 ml	4	B/D PA; QL (120 per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	4	ST; QL (30 per 30 days)
ASMANEX HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	3	QL (13 per 30 days)

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	3	QL (1 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120)	3	QL (2 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (14)	3	QL (2 per 28 days)
ATROVENT HFA AEROSOL INHALER 17 MCG/ACTUATION	4	QL (25.8 per 30 days)
azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray	4	QL (23 per 30 days)
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	5	PA; NDS
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	3	QL (10.7 per 30 days)
bosentan oral tablet 125 mg, 62.5 mg	5	PA; LA; QL (60 per 30 days); NDS
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE	3	QL (60 per 30 days)
breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	3	QL (10.3 per 30 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	3	QL (10.7 per 30 days)
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	5	B/D PA; QL (120 per 30 days); NDS
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml	4	B/D PA; QL (120 per 30 days)
budesonide inhalation suspension for nebulization 1 mg/2 ml	4	B/D PA; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	3	QL (10.2 per 30 days)
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML	5	PA; LA; NDS
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	5	PA; NDS
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	3	QL (8 per 30 days)
cromolyn inhalation solution for nebulization 20 mg/2 ml	3	B/D PA
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5 ML, 240 MG/3 ML	4	
DALIRESP ORAL TABLET 250 MCG, 500 MCG	4	PA; QL (30 per 30 days)
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION	4	ST; QL (1 per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	3	QL (13 per 30 days)
DYMISTA NASAL SPRAY,NON-AEROSOL 137-50 MCG/SPRAY	4	QL (23 per 30 days)
ESBRIET ORAL CAPSULE 267 MG	5	PA; QL (270 per 30 days); NDS
ESBRIET ORAL TABLET 267 MG	5	PA; QL (270 per 30 days); NDS
ESBRIET ORAL TABLET 801 MG	5	PA; QL (90 per 30 days); NDS
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	5	PA; QL (1 per 28 days); NDS
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	5	PA; QL (0.5 per 28 days); NDS
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	5	PA; QL (1 per 28 days); NDS
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML	5	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	3	QL (50 per 30 days)
FLUTICASONE FUROATE-VILANTEROL INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	4	ST; QL (60 per 30 days)
FLUTICASONE PROPIONATE INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	4	ST; QL (60 per 30 days)
FLUTICASONE PROPIONATE INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	4	ST; QL (240 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	4	ST; QL (12 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	4	ST; QL (24 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	4	ST; QL (10.6 per 30 days)
fluticasone propionate nasal spray,suspension 50 mcg/actuation	2	QL (16 per 30 days)
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	4	ST; QL (1 per 30 days)
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	3	QL (60 per 30 days)
FLUTICASONE PROPION-SALMETEROL INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	4	ST; QL (12 per 30 days)
formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml	4	B/D PA; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	5	PA; LA; NDS
icatibant subcutaneous syringe 30 mg/3 ml	5	PA; NDS
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	4	ST; QL (30 per 30 days)
ipratropium bromide inhalation solution 0.02 %	2	B/D PA
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	2	B/D PA
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (1 ML)	5	PA; NDS
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	5	PA; QL (56 per 28 days); NDS
KALYDECO ORAL TABLET 150 MG	5	PA; QL (56 per 28 days); NDS
LETAIRIS ORAL TABLET 10 MG, 5 MG	5	PA; LA; QL (30 per 30 days); NDS
levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml	4	B/D PA
LEVALBUTEROL TARTRATE INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION	4	ST; QL (30 per 30 days)
mometasone nasal spray,non-aerosol 50 mcg/actuation	2	QL (34 per 30 days)
montelukast oral granules in packet 4 mg	4	
montelukast oral tablet 10 mg	1	
montelukast oral tablet,chewable 4 mg, 5 mg	2	
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA; LA; QL (3 per 28 days); NDS
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	5	PA; LA; QL (3 per 28 days); NDS
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; LA; QL (3 per 28 days); NDS
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; LA; QL (0.4 per 28 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; QL (60 per 30 days); NDS
OHTUVAYRE INHALATION SUSPENSION FOR NEBULIZATION 3 MG/2.5 ML	5	PA; QL (150 per 30 days); NDS
OMNARIS NASAL SPRAY,NON-AEROSOL 50 MCG	4	ST; QL (12.5 per 30 days)
OPSUMIT ORAL TABLET 10 MG	5	PA; LA; QL (30 per 30 days); NDS
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG	5	PA; QL (30 per 30 days); NDS
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	5	PA; QL (56 per 28 days); NDS
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; QL (112 per 28 days); NDS
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	5	PA; LA; NDS
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	5	B/D PA; QL (120 per 30 days); NDS
pirfenidone oral capsule 267 mg	5	PA; QL (270 per 30 days); NDS
pirfenidone oral tablet 267 mg	5	PA; QL (270 per 30 days); NDS
PIRFENIDONE ORAL TABLET 534 MG	5	PA; QL (90 per 30 days); NDS
pirfenidone oral tablet 801 mg	5	PA; QL (90 per 30 days); NDS
PROAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 90 MCG/ACTUATION	4	ST; QL (2 per 30 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	4	ST; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	3	QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	3	QL (1 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML	4	B/D PA; QL (120 per 30 days)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 1 MG/2 ML	4	B/D PA; QL (60 per 30 days)
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	B/D PA; NDS
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	4	ST; QL (6.8 per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	4	ST; QL (10.6 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	3	QL (10.6 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	3	QL (21.2 per 30 days)
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5 ML	5	NDS
REVATIO ORAL TABLET 20 MG	5	PA; QL (90 per 30 days); NDS
roflumilast oral tablet 250 mcg, 500 mcg	4	PA; QL (30 per 30 days)
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT	5	PA; NDS
RYALTRIS NASAL SPRAY,NON-AEROSOL 665-25 MCG/SPRAY	4	ST; QL (29 per 30 days)
sajazir subcutaneous syringe 30 mg/3 ml	5	PA; NDS
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	4	ST; QL (60 per 30 days)
sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml	5	NDS
sildenafil (pulmonary arterial hypertension) oral suspension for reconstitution 10 mg/ml	5	PA; QL (224 per 30 days); NDS
sildenafil (pulmonary arterial hypertension) oral tablet 20 mg	3	PA; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SINGULAIR ORAL GRANULES IN PACKET 4 MG	4	
SINGULAIR ORAL TABLET 10 MG	4	
SINGULAIR ORAL TABLET,CHEWABLE 4 MG, 5 MG	4	
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	3	QL (4 per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	4	ST; QL (90 per 90 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	3	QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	3	QL (4 per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	4	ST; QL (10.2 per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	5	PA; QL (56 per 28 days); NDS
tadalafil (pulm. hypertension) oral tablet 20 mg	4	PA; QL (60 per 30 days)
TADLIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	5	PA; QL (300 per 30 days); NDS
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	5	PA; LA; NDS
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)	5	PA; LA; NDS
terbutaline oral tablet 2.5 mg, 5 mg	4	
terbutaline subcutaneous solution 1 mg/ml	2	
TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML)	5	PA; QL (1.91 per 30 days); NDS
TEZSPIRE SUBCUTANEOUS SYRINGE 210 MG/1.91 ML (110 MG/ML)	5	PA; QL (1.91 per 30 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	4	
theophylline oral elixir 80 mg/15 ml	4	
theophylline oral solution 80 mg/15 ml	4	
theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg	2	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	2	
tiotropium bromide inhalation capsule, w/inhalation device 18 mcg	3	QL (90 per 90 days)
TRACLEER ORAL TABLET 125 MG, 62.5 MG	5	PA; LA; QL (60 per 30 days); NDS
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	5	PA; LA; QL (112 per 28 days); NDS
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	3	QL (60 per 30 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	5	PA; QL (56 per 28 days); NDS
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	5	PA; QL (84 per 28 days); NDS
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION, 400 MCG/ACTUATION (30 ACTUAT)	4	ST; QL (1 per 30 days)
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 32 MCG, 48 MCG, 64 MCG	5	PA; QL (112 per 28 days); NDS
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16(112)-32(112) -48(28) MCG	5	PA; QL (252 per 180 days); NDS
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	5	B/D PA; QL (81.2 per 28 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	5	B/D PA; QL (11.6 per 180 days); NDS
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	5	B/D PA; QL (81.2 per 28 days); NDS
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	5	B/D PA; QL (81.2 per 180 days); NDS
UMECLIDINIUM-VILANTEROL INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	4	ST; QL (60 per 30 days)
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	5	B/D PA; QL (270 per 30 days); NDS
VENTOLIN HFA AEROSOL INHALER 90 MCG/ACTUATION	4	ST; QL (36 per 30 days)
WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2)	5	PA; QL (1 per 21 days); NDS
wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	3	QL (60 per 30 days)
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	4	ST; QL (32 per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	5	PA; LA; QL (8 per 28 days); NDS
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	5	PA; LA; QL (1 per 28 days); NDS
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	5	PA; LA; QL (8 per 28 days); NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	5	PA; LA; QL (8 per 28 days); NDS
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; LA; QL (1 per 28 days); NDS
XOPENEX HFA AEROSOL INHALER 45 MCG/ACTUATION	4	ST; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	5	B/D PA; QL (90 per 30 days); NDS
zafirlukast oral tablet 10 mg, 20 mg	4	
zileuton oral tablet, er multiphase 12 hr 600 mg	5	NDS
ZYFLO ORAL TABLET 600 MG	5	NDS
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		
darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg	4	
fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg	4	
flavoxate oral tablet 100 mg	4	
GEMTESA ORAL TABLET 75 MG	4	
mirabegron oral tablet extended release 24 hr 25 mg, 50 mg	3	
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML	4	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	4	
oxybutynin chloride oral syrup 5 mg/5 ml	2	
OXYBUTYNIN CHLORIDE ORAL TABLET 2.5 MG	4	
oxybutynin chloride oral tablet 5 mg	2	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg	2	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR	4	QL (8 per 28 days)
solifenacin oral tablet 10 mg, 5 mg	2	
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg	3	
tolterodine oral tablet 1 mg, 2 mg	3	

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Drug Name	Drug Tier	Requirements/Limits
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG	4	
trospium oral capsule,extended release 24hr 60 mg	4	
trospium oral tablet 20 mg	2	
VESICARE LS ORAL SUSPENSION 1 MG/ML	4	
VESICARE ORAL TABLET 10 MG, 5 MG	4	
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
alfuzosin oral tablet extended release 24 hr 10 mg	2	
AVODART ORAL CAPSULE 0.5 MG	4	
dutasteride oral capsule 0.5 mg	2	
dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg	4	
ENTADFI ORAL CAPSULE 5-5 MG	4	PA; QL (30 per 30 days)
finasteride oral tablet 5 mg	1	
JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR 0.5-0.4 MG	5	NDS
PROSCAR ORAL TABLET 5 MG	4	
RAPAFLO ORAL CAPSULE 4 MG, 8 MG	4	
silodosin oral capsule 4 mg, 8 mg	4	
tamsulosin oral capsule 0.4 mg	1	
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HR 10 MG	4	
MISCELLANEOUS UROLOGICALS		
alprostadil injection solution 500 mcg/ml	2	
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	2	
CIALIS ORAL TABLET 5 MG	4	PA; QL (30 per 30 days)
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	4	PA; LA
ELMIRON ORAL CAPSULE 100 MG	3	

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Drug Name	Drug Tier	Requirements/Limits
glycine urologic irrigation solution 1.5 %	2	
glycine urologic solution irrigation solution 1.5 %	2	
K-PHOS NO 2 ORAL TABLET 305-700 MG	3	
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG	3	
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML	5	PA; LA; NDS
potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)	2	
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG	5	PA; NDS
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG	5	PA; NDS
PROSTIN VR PEDIATRIC INJECTION SOLUTION 500 MCG/ML	4	
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	3	
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5 ML (160 MG/ML)	5	PA; NDS
RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML, 160 MG/ML	5	PA; NDS
tadalafil oral tablet 2.5 mg	4	PA; QL (60 per 30 days)
tadalafil oral tablet 5 mg	4	PA; QL (30 per 30 days)
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1,080 MG)	4	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ	4	
VITAMINS, HEMATINICS / ELECTROLYTES		
BLOOD DERIVATIVES		
ALBUKED-25 INTRAVENOUS PARENTERAL SOLUTION 25 %	4	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
ALBUKED-5 INTRAVENOUS PARENTERAL SOLUTION 5 %	4	
albumin, human 25 % intravenous parenteral solution 25 %	4	
ALBUMIN, HUMAN 5 % INTRAVENOUS PARENTERAL SOLUTION 5 %	4	
ALBUMINEX 25 % INTRAVENOUS SOLUTION 25 %	4	
ALBUMINEX 5 % INTRAVENOUS SOLUTION 5 %	4	
alburx (human) 25 % intravenous parenteral solution 25 %	4	
ALBURX (HUMAN) 5 % INTRAVENOUS PARENTERAL SOLUTION 5 %	4	
ALBUTEIN 25 % INTRAVENOUS PARENTERAL SOLUTION 25 %	4	
ALBUTEIN 5 % INTRAVENOUS PARENTERAL SOLUTION 5 %	4	
FLEXBUMIN 25 % INTRAVENOUS PARENTERAL SOLUTION 25 %	4	
FLEXBUMIN 5 % INTRAVENOUS PARENTERAL SOLUTION 5 %	4	
RYPLAZIM INTRAVENOUS RECON SOLN 68.8 MG	5	PA; NDS
ELECTROLYTES		
calcium acetate(phosphat bind) oral capsule 667 mg	3	PA
calcium acetate(phosphat bind) oral tablet 667 mg	3	PA
calcium chloride intravenous solution 100 mg/ml (10 %)	2	
calcium chloride intravenous syringe 100 mg/ml (10 %)	2	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
CALCIUM GLUC IN NACL, ISO-OSM INTRAVENOUS SOLUTION 1 GRAM/50 ML, 2 GRAM/100 ML	4	
calcium gluconate intravenous solution 100 mg/ml (10%)	2	
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	4	
effer-k oral tablet, effervescent 25 meq	2	
GLYCOPHOS INTRAVENOUS SOLUTION 1 MMOL/ML	4	
klor-con 10 oral tablet extended release 10 meq	2	
klor-con 8 oral tablet extended release 8 meq	2	
klor-con m10 oral tablet,er particles/crystals 10 meq	2	
klor-con m15 oral tablet,er particles/crystals 15 meq	2	
klor-con m20 oral tablet,er particles/crystals 20 meq	2	
klor-con oral packet 20 meq	4	
klor-con/ef oral tablet, effervescent 25 meq	2	
lactated ringers intravenous parenteral solution	4	
magnesium chloride injection solution 200 mg/ml (20 %)	4	
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	3	
magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)	4	
magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)	4	
magnesium sulfate injection solution 500 mg/ml (50 %)	4	

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Drug Name	Drug Tier	Requirements/Limits
magnesium sulfate injection syringe 500 mg/ml (50 %)	4	
POKONZA ORAL PACKET 10 MEQ	5	NDS
potassium acetate intravenous solution 2 meq/ml	4	
potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l	4	
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	4	
potassium chloride in 5 % dex intravenous parenteral solution 10 meq/l, 20 meq/l	4	
potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l	4	
potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml	4	
potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)	4	
potassium chloride oral capsule, extended release 10 meq, 8 meq	2	
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml	4	
potassium chloride oral packet 20 meq	4	
potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq	2	
POTASSIUM CHLORIDE ORAL TABLET EXTENDED RELEASE 15 MEQ	4	
potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq	2	
potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l	4	
potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l	4	

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Drug Name	Drug Tier	Requirements/Limits
potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	4	
POTASSIUM PHOS IN 0.9 % NACL INTRAVENOUS PIGGYBACK 15 MMOL/100 ML	4	
potassium phos in 0.9 % nacl intravenous solution 15 mmol/250 ml	4	
potassium phosphate m-/d-basic intravenous solution 3 mmol/ml	4	
ringer's intravenous parenteral solution	4	
sodium acetate intravenous solution 2 meq/ml, 4 meq/ml	4	
sodium bicarbonate intravenous solution 1 meq/ml (8.4 %), 4.2 %	4	
sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 4.2 % (0.5 meq/ml), 7.5 % (0.9 meq/ml), 8.4 % (1 meq/ml)	4	
sodium chloride 0.45 % intravenous parenteral solution 0.45 %	4	
sodium chloride 3 % hypertonic intravenous parenteral solution 3 %	4	
sodium chloride 5 % hypertonic intravenous parenteral solution 5 %	4	
sodium chloride intravenous solution 2.5 meq/ml, 4 meq/ml	4	
sodium phosphate intravenous solution 3 mmol/ml	4	
TPN ELECTROLYTES INTRAVENOUS SOLUTION 35-20-5 MEQ/20 ML	4	
MISCELLANEOUS NUTRITION PRODUCTS		
AQNEURSA ORAL GRANULES IN PACKET 1 GRAM	5	PA; LA; NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	B/D PA
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	B/D PA
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	4	B/D PA
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %	4	B/D PA
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 %	4	B/D PA
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 %	4	B/D PA
CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	B/D PA
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	B/D PA
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	B/D PA
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	B/D PA
CLINIMIX E 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-10 %	4	B/D PA
CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-14 %	4	B/D PA

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Drug Name	Drug Tier	Requirements/Limits
CLINISOL SF 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	4	B/D PA
CLINOLIPID INTRAVENOUS EMULSION 20 %	4	B/D PA
DOJOLVI ORAL LIQUID 8.3 KCAL/ML	5	PA; LA; NDS
EDETATE CALCIUM DISODIUM INJECTION SOLUTION 200 MG/ML	5	NDS
electrolyte-148 intravenous parenteral solution	3	
electrolyte-48 in d5w intravenous parenteral solution	4	
electrolyte-a intravenous parenteral solution	3	
intralipid intravenous emulsion 20 %	4	B/D PA
INTRALIPID INTRAVENOUS EMULSION 30 %	4	B/D PA
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	4	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	4	
KABIVEN INTRAVENOUS EMULSION 3.31-10.8-3.9 %	4	B/D PA
NUTRILIPID INTRAVENOUS EMULSION 20 %	4	B/D PA
OMEGAVEN INTRAVENOUS EMULSION 10 %	4	B/D PA
PERIKABIVEN INTRAVENOUS EMULSION 2.36-7.5-3.5 %	4	B/D PA
PLASMA-LYTE 148 PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	4	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	4	

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Drug Name	Drug Tier	Requirements/Limits
PLENAMINE INTRAVENOUS PARENTERAL SOLUTION 15 %	4	B/D PA
premasol 10 % intravenous parenteral solution 10 %	4	B/D PA
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
SMOFLIPID INTRAVENOUS EMULSION 20 %	4	B/D PA
THAM INTRAVENOUS SOLUTION 36 MG/ML (0.3 M)	4	
travasol 10 % intravenous parenteral solution 10 %	4	B/D PA
tromethamine intravenous solution 36 mg/ml (0.3 m)	4	
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	B/D PA
VITAMINS / HEMATINICS		
CITRANATAL MEDLEY ORAL CAPSULE 27 MG IRON-1 MG -200 MG	4	
fluoride (sodium) oral tablet 1 mg (2.2 mg sod. fluoride)	2	
fluoride (sodium) oral tablet,chewable 1 mg (2.2 mg sod. fluoride)	2	
NESTABS ONE ORAL CAPSULE 38-1-225 MG	4	
prenatal vitamin oral tablet 27 mg iron- 1 mg	2	
wescap-pn dha oral capsule 27 mg iron-1 mg -300 mg	2	

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