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



2027 Formulary

HMSA Medicare Postal Prescription Drug Plan

High Option (PDP)
Standard Option (PDP)

List of Covered Drugs

Formulary ID 00027155, version 7

This formulary was updated on 10/13/2026.
For more recent information or other questions, please contact HMSA at 1 (800) 776-4672, Monday through Friday, 8 a.m. to 5 p.m. TTY users, call 711. Or visit hmsa.com/postal.

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

When this drug list (formulary) refers to "we," "us," or "our," it means HMSA. When it refers to "plan" or "our plan," it means HMSA Medicare Postal Prescription Drug Plan (PDP).

This document includes a list of the drugs (formulary) for our plan which is current as of 10/13/2026. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on Jan. 1, 2028, and throughout the year.

What is the HMSA Medicare Postal Prescription Drug Plan Formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by HMSA Medicare Postal Prescription Drug Plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. HMSA Medicare Postal Prescription Drug Plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at an HMSA Medicare Postal Prescription Drug Plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

Can the Formulary change?

Most changes in drug coverage happen on Jan. 1, but we may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: hmsa.com/employer/postal/health-plans-medicare/

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 HMSA Medicare Postal Prescription Drug Plan formulary?"
  - Some of these drug types may be new to you. For more information, see the section below titled "What are original biological products and how are they related to biosimilars?"
- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand-name drug currently on the formulary, or add a new biosimilar to replace an original biological product currently on the formulary, or add new restrictions or move a drug we are keeping on the formulary to a higher cost-sharing tier or both after we add a corresponding drug. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 60-day supply of the drug and notice of the change.
  - If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the HMSA Medicare Postal Prescription Drug Plan formulary?"

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

The enclosed formulary is current as of 10/13/2026. To get updated information about the drugs covered by HMSA Medicare Postal Prescription Drug Plan, please contact us. Our contact information appears on the front and back cover pages. We will inform members of any formulary changes to this comprehensive formulary through our website.

How do I use the formulary?

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

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

Alphabetical Listing
If you are not sure what category to look under, you should look for your drug in the Index that begins on page 112. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

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

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

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** HMSA Medicare Postal Prescription Drug Plan requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from HMSA Medicare Postal Prescription Drug Plan before you fill your prescriptions. If you don't get approval, HMSA Medicare Postal Prescription Drug Plan may not cover the drug.
- **Quantity Limits:** For certain drugs, HMSA Medicare Postal Prescription Drug Plan limits the amount of the drug that HMSA Medicare Postal Prescription Drug Plan will cover. For example, HMSA Medicare Postal Prescription Drug Plan provides 30 tablets per prescription for simvastatin 80 mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, HMSA Medicare Postal Prescription Drug 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, HMSA Medicare Postal Prescription Drug Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, HMSA Medicare Postal Prescription Drug Plan will then cover Drug B.

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

You can ask HMSA Medicare Postal Prescription Drug Plan to make an exception to these restrictions or limits or for a list of other similar drugs that may treat your health condition. See the section, "How do I request an exception to the HMSA Medicare Postal Prescription Drug Plan Formulary?" on this page for information about how to request an exception.

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

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

What if my drug is not on the formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact our Customer Relations department and ask if your drug is covered. If you learn that HMSA Medicare Postal Prescription Drug Plan does not cover your drug, you have two options:

- You can ask Customer Relations for a list of similar drugs that are covered by HMSA Medicare Postal Prescription Drug Plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered

by HMSA Medicare Postal Prescription Drug Plan.
- You can ask HMSA Medicare Postal Prescription Drug Plan to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the HMSA Medicare Postal Prescription Drug Plan Formulary?

You can ask HMSA Medicare Postal Prescription Drug Plan to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a predetermined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, HMSA Medicare Postal Prescription Drug Plan 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.

Generally, HMSA Medicare Postal Prescription Drug Plan will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug, or applying the 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 a formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.**

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

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

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

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

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

Transition policy

New members in our plan may be taking drugs that aren't on our formulary or that are subject to certain restrictions, such as prior authorization. Current members may also be affected by changes in our formulary from one year to the next. Members should talk to their doctors to decide if they should switch to a different drug that we cover or request a formulary exception in order to get coverage for the drug. See the

section, "How do I request an exception to HMSA Medicare Postal Prescription Drug Plan Formulary?" to learn more about how to request an exception.

Please contact Customer Relations if your drug is not on our formulary, is subject to certain restrictions such as prior authorization, and you need to switch to a different drug that we cover or request a formulary exception. During the period of time members are talking to their doctors to determine a course of action, we may provide a temporary supply of a nonformulary drug if those members need a refill for the drug during the first 90 days of new membership in our plan. If you are a current member affected by a formulary change from one year to the next, we will provide you with the opportunity to request a formulary exception in advance for the following year.

When a member goes to a network pharmacy and we provide a temporary supply of a drug that isn't on our formulary or that has coverage restrictions or limits (but is otherwise considered a Part D drug), we will cover a 30-day supply (unless the prescription is written for fewer days). After we cover the temporary 30-day supply, we generally will not pay for these drugs as part of our transition policy again. We will provide you with a written notice after we cover your temporary supply. This notice will explain the steps you can take to request an exception and how to work with your doctor to decide if you should switch to an appropriate drug that we cover.

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

Current members are also eligible to receive a transition fill under certain conditions. If a current member enters a long-term care (LTC) facility or is in an LTC facility and requires an emergency supply of nonformulary drugs, we will cover a temporary 31-day transition supply (unless the prescription is written for fewer days). We will cover more than one refill of these drugs for these members for the first 90 days.

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

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

For more information

For more detailed information about your HMSA Medicare Postal Prescription Drug Plan prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about HMSA Medicare Postal Prescription Drug Plan, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

HMSA Medicare Postal Prescription Drug Plan formulary

This formulary includes all qualified Medicare prescription drugs that are covered by HMSA Medicare Postal Prescription Drug Plan High Option (PDP) and HMSA Medicare Postal Prescription Drug Plan Standard Option (PDP) plans.

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

- Drugs when used for the relief of cough or cold symptoms.
- Prescription vitamins.
- Spacers and peak flow meters.

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

The formulary that begins on page 1 provides coverage information about the drugs covered by HMSA Medicare Postal Prescription Drug Plan High Option (PDP) and HMSA Medicare Postal Prescription Drug Plan Standard Option (PDP) plans. If you have trouble finding your drug in the list, turn to the Index that begins on page 108.

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

The information in the requirements/limits column tells you if HMSA Medicare Postal Prescription Drug Plan has any special requirements for coverage of your drug.

Drug tier index:

Tier 1 – Preferred Generic

Tier 2 – Generic

Tier 3 – Preferred Brand

Tier 4 – Nonpreferred Drug

Tier 5 – Specialty Tier

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

Abbreviations used in this Formulary

PA – Prior Authorization: Requires that you or your physician receive approval from HMSA Medicare Postal Prescription Drug Plan before we will cover your prescription.

QL – Quantity Limits: A limit on the amount of the drug that HMSA Medicare Postal Prescription Drug Plan will cover.

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

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

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

Prescription drugs can be shipped to your home from HMSA's mail-order pharmacy, CVS Caremark. Usually a mail-order pharmacy order will get to you in no more than 14 days after the pharmacy receives the order. If your drugs do not arrive within this timeframe, please call 1 (833) 266-8150, 24 hours a day, seven days a week; TTY users, call 711. You can also choose to sign up for our optional automatic delivery program by calling these numbers.

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

Drug Name	Tier	Requirements/ Limits
ANALGESICS		
GOUT		
allopurinol TABS 100mg, 300mg	1	
allopurinol TABS 200mg	2	ST
allopurinol sodium SOLR 500mg	5	
ALOPRIM SOLR 500mg	5	
colchicine CAPS .6mg QL (60 caps / 30 days)	2	QL
colchicine TABS .6mg QL (120 tabs / 30 days)	2	QL
colchicine w/ probenecid tab 0.5-500 mg	2	
febuxostat TABS 40mg, 80mg	2	ST
GLOPERBA SOLN .6mg/5ml QL (300 mL / 30 days)	4	QL
KRYSTEXXA SOLN 8mg/50ml	5	NM PA
MITIGARE CAPS .6mg QL (60 caps / 30 days)	4	QL
probenecid TABS 500mg	2	
ULORIC TABS 40mg, 80mg	4	ST
MISCELLANEOUS		
acetaminophen SOLN 10mg/ml	2	
clonidine hcl (analgesia) SOLN 100mcg/ml	2	B/D
DURACLON SOLN 100mcg/ml	4	B/D
JOURNAVX TABS 50mg QL (29 tabs / 14 days)	3	QL PA
lidocaine hcl (local anesth.) SOLN .5%, 1%, 1.5%, 2%, 4%	2	B/D
XYLOCAINE SOLN .5%, 1%, 2%	4	B/D
XYLOCAINE-MPF SOLN .5%, 1%, 1.5%, 2%	4	B/D
NSAIDS		
ARTHROTEC 50 TAB	4	
ARTHROTEC 75 TAB	4	
CELEBREX CAPS 50mg, 100mg, 200mg QL (60 caps / 30 days)	4	QL
CELEBREX CAPS 400mg QL (30 caps / 30 days)	4	QL
celecoxib CAPS 50mg, 100mg, 200mg QL (60 caps / 30 days)	2	QL
celecoxib CAPS 400mg QL (30 caps / 30 days)	2	QL
COMBOGESIC INJ 300-1000	4	
diclofenac potassium CAPS 25mg QL (120 caps / 30 days)	2	QL PA
diclofenac potassium TABS 25mg QL (120 tabs / 30 days)	5	QL PA
diclofenac potassium TABS 50mg QL (120 tabs / 30 days)	2	QL
diclofenac sodium TB24 100mg QL (60 tabs / 30 days)	2	QL
diclofenac sodium TBEC 25mg, 50mg, 75mg	2	
diclofenac w/ misoprostol tab delayed release 50-0.2 mg	2	
diclofenac w/ misoprostol tab delayed release 75-0.2 mg	2	
diflunisal TABS 500mg	2	
DOLOBID TABS 250mg QL (180 tabs / 30 days)	5	QL PA
DOLOBID TABS 375mg QL (120 tabs / 30 days)	5	QL PA
etodolac CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	2	
fenoprofen calcium CAPS 200mg QL (180 caps / 30 days)	5	QL PA
fenoprofen calcium CAPS 300mg QL (240 caps / 30 days)	5	QL PA
fenoprofen calcium CAPS 400mg QL (240 caps / 30 days)	2	QL PA
fenopron CAPS 300mg QL (240 caps / 30 days)	5	QL PA
flurbiprofen TABS 100mg	2	
ibu TABS 400mg, 600mg, 800mg	1	
ibuprofen SUSP 100mg/5ml	2	

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

Drug Name	Drug Tier	Requirements/ Limits
ibuprofen TABS 300mg QL (120 tabs / 30 days)	5	QL
ibuprofen TABS 400mg, 600mg, 800mg	1	
ibuprofen-famotidine tab 800-26.6 mg QL (90 tabs / 30 days)	2	QL PA
ketoprofen CAPS 25mg, 75mg QL (120 caps / 30 days)	5	QL PA
ketoprofen CAPS 50mg QL (180 caps / 30 days)	5	QL PA
ketoprofen CP24 200mg QL (30 caps / 30 days)	2	QL PA
ketorolac tromethamine TABS 10mg QL (20 tabs / 30 days) PA applies if 65 years and older	2	QL PA
lofena TABS 25mg QL (120 tabs / 30 days)	5	QL PA
LURBIRO TABS 100mg	5	
meclofenamate sodium CAPS 50mg, 100mg	2	
mefenamic acid CAPS 250mg	2	
meloxicam CAPS 5mg, 10mg QL (30 caps / 30 days)	2	QL PA
MELOXICAM SUSP 7.5mg/5ml QL (300 mL / 30 days)	5	QL PA
meloxicam TABS 7.5mg, 15mg	1	
nabumetone TABS 500mg, 750mg	1	
naproxen SUSP 125mg/5ml QL (1800 mL / 30 days)	2	QL PA
naproxen TABS 250mg, 375mg, 500mg	1	
naproxen TBEC 375mg QL (120 tabs / 30 days)	2	QL
naproxen dr TBEC 500mg QL (90 tabs / 30 days)	2	QL
naproxen sodium TABS 275mg, 550mg	2	
naproxen sodium TB24 375mg QL (120 tabs / 30 days)	2	QL PA
naproxen sodium TB24 500mg QL (90 tabs / 30 days)	2	QL PA
naproxen sodium TB24 750mg QL (60 tabs / 30 days)	2	QL PA
naproxen-esomeprazole magnesium tab dr 375-20 mg QL (60 tabs / 30 days)	2	QL PA
naproxen-esomeprazole magnesium tab dr 500-20 mg QL (60 tabs / 30 days)	2	QL PA
ORUDIS CAPS 75mg QL (120 caps / 30 days)	5	QL PA
oxaprozin TABS 600mg	2	
piroxicam CAPS 10mg, 20mg	2	
RELAFEN DS TABS 1000mg	5	PA
SPRIX SOLN 15.75mg/spray QL (5 bottles / 30 days)	5	QL NM PA
sulindac TABS 150mg, 200mg	2	
tolectin 600 TABS 600mg QL (90 tabs / 30 days)	5	QL PA
TOLECTIN DS CAPS 400mg QL (120 caps / 30 days)	5	QL PA
tolmetin sodium CAPS 400mg QL (120 caps / 30 days)	5	QL PA
tolmetin sodium TABS 200mg QL (120 tabs / 30 days)	5	QL PA
tolmetin sodium TABS 600mg QL (90 tabs / 30 days)	5	QL PA
VYSCOXA SUSP 10mg/ml QL (946 mL / 21 days)	5	QL PA
XIFYRM SOLN 30mg/ml	4	
ZIPSOR CAPS 25mg QL (120 caps / 30 days)	5	QL PA
ZYBIC SUSP 7.5mg/5ml QL (300 mL / 30 days)	5	QL PA
OPIOID ANALGESICS, LONG-ACTING		
BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg, 600mcg QL (60 buccal films / 30 days)	4	QL PA

Drug Name	Drug Tier	Requirements/ Limits
BELBUCA FILM 750mcg, 900mcg QL (60 buccal films / 30 days)	5	QL PA
buprenorphine PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr QL (4 patches / 28 days)	2	QL PA
BUTRANS PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr QL (4 patches / 28 days)	4	QL PA
CONZIP CP24 100mg, 200mg, 300mg QL (30 caps / 30 days)	4	QL PA
fentanyl PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr QL (10 patches / 30 days)	2	QL PA
hydrocodone bitartrate CP12 10mg, 15mg, 20mg, 30mg, 40mg, 50mg QL (60 caps / 30 days)	2	QL PA
hydrocodone bitartrate T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg QL (30 tabs / 30 days)	2	QL PA
hydromorphone hcl TB24 8mg, 12mg, 16mg, 32mg QL (30 tabs / 30 days)	2	QL PA
HYSINGLA ER T24A 20mg, 30mg, 40mg QL (30 tabs / 30 days)	4	QL PA
HYSINGLA ER T24A 60mg, 80mg, 100mg QL (30 tabs / 30 days)	5	QL PA
levorphanol tartrate TABS 2mg, 3mg QL (120 tabs / 30 days)	5	QL PA
methadone hcl SOLN 5mg/5ml, 10mg/5ml QL (450 mL / 30 days)	2	QL PA
methadone hcl TABS 5mg, 10mg QL (90 tabs / 30 days)	2	QL PA
METHADONE HCL INJ SOLN 10mg/ml	4	
methadone hydrochloride i CONC 10mg/ml QL (90 mL / 30 days)	2	QL PA
morphine sulfate CP24 10mg, 20mg, 50mg, 60mg, 80mg, 100mg QL (60 caps / 30 days)	2	QL PA
morphine sulfate TBCR 15mg, 30mg, 60mg, 100mg, 200mg QL (90 tabs / 30 days)	2	QL PA
morphine sulfate beads CP24 30mg, 45mg, 60mg, 75mg, 90mg, 120mg QL (30 caps / 30 days)	2	QL PA
MS CONTIN TBCR 15mg, 30mg QL (90 tabs / 30 days)	4	QL PA
MS CONTIN TBCR 60mg QL (90 tabs / 30 days)	5	QL PA
NUCYNTA ER TB12 50mg QL (60 tabs / 30 days)	4	QL PA
NUCYNTA ER TB12 100mg, 150mg, 200mg, 250mg QL (60 tabs / 30 days)	5	QL PA
OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg QL (60 tabs / 30 days)	4	QL PA
OXYCONTIN T12A 40mg, 60mg, 80mg QL (60 tabs / 30 days)	5	QL PA
oxymorphone hcl TB12 5mg, 7.5mg, 10mg, 15mg, 20mg QL (60 tabs / 30 days)	2	QL PA
oxymorphone hcl TB12 30mg, 40mg QL (60 tabs / 30 days)	5	QL PA
TAPENTADOL HYDROCHLORIDE TB12 50mg QL (60 tabs / 30 days)	4	QL PA
TAPENTADOL HYDROCHLORIDE TB12 100mg, 150mg, 200mg, 250mg QL (60 tabs / 30 days)	5	QL PA

Drug Name	Drug Requirements/ Tier	Limits
tramadol hcl CP24 100mg, 200mg, 300mg QL (30 caps / 30 days)	2	QL PA
tramadol hcl TB24 100mg, 200mg, 300mg QL (30 tabs / 30 days)	2	QL PA
XTAMPZA ER C12A 9mg, 13.5mg, 18mg, 27mg QL (60 caps / 30 days)	4	QL PA
XTAMPZA ER C12A 36mg QL (60 caps / 30 days)	5	QL PA
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen w/ codeine soln 120-12 mg/5ml QL (2700 mL / 30 days)	2	QL
acetaminophen w/ codeine tab 300-15 mg QL (400 tabs / 30 days)	2	QL
acetaminophen w/ codeine tab 300-30 mg QL (360 tabs / 30 days)	2	QL
acetaminophen w/ codeine tab 300-60 mg QL (180 tabs / 30 days)	2	QL
acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg QL (300 caps / 30 days)	2	QL
butorphanol tartrate SOLN 1mg/ml, 2mg/ml	4	
butorphanol tartrate SOLN 10mg/ml QL (10 mL / 30 days)	2	QL
CODEINE SULFATE TABS 15mg, 60mg QL (180 tabs / 30 days)	4	QL
codeine sulfate TABS 30mg QL (180 tabs / 30 days)	2	QL
DILAUDID LIQD 1mg/ml QL (600 mL / 30 days)	4	QL
DILAUDID SOLN .2mg/ml, 1mg/ml, 2mg/ml	4	B/D
DILAUDID TABS 2mg, 4mg QL (180 tabs / 30 days)	4	QL
DILAUDID TABS 8mg QL (180 tabs / 30 days)	5	QL
endocet tab 2.5-325mg QL (360 tabs / 30 days)	2	QL
endocet tab 7.5-325mg QL (240 tabs / 30 days)	2	QL
endocet tab 10-325mg QL (180 tabs / 30 days)	2	QL
hydrocodone-acetaminophen soln 7.5-325 mg/15ml QL (2700 mL / 30 days)	2	QL
hydrocodone-acetaminophen soln 10-300 mg/15ml QL (2700 mL / 30 days)	2	QL
hydrocodone-acetaminophen tab 2.5-325 mg QL (240 tabs / 30 days)	2	QL
hydrocodone-acetaminophen tab 5-300 mg QL (240 tabs / 30 days)	2	QL
hydrocodone-acetaminophen tab 5-325 mg QL (240 tabs / 30 days)	2	QL
hydrocodone-acetaminophen tab 7.5-300 mg QL (180 tabs / 30 days)	2	QL
hydrocodone-acetaminophen tab 7.5-325 mg QL (180 tabs / 30 days)	2	QL
hydrocodone-acetaminophen tab 10-300 mg QL (180 tabs / 30 days)	2	QL
hydrocodone-acetaminophen tab 10-325 mg QL (180 tabs / 30 days)	2	QL
hydrocodone-ibuprofen tab 5-200 mg QL (150 tabs / 30 days)	2	QL
hydrocodone-ibuprofen tab 7.5-200 mg QL (150 tabs / 30 days)	2	QL
hydrocodone-ibuprofen tab 10-200 mg QL (150 tabs / 30 days)	2	QL
hydromorphone hcl LIQD 1mg/ml QL (600 mL / 30 days)	2	QL
HYDROMORPHONE HCL SOLN 4mg/ml	4	B/D
hydromorphone hcl SOLN .2mg/ml, 1mg/ml, 2mg/ml, 10mg/ml, 50mg/5ml	4	B/D

Drug Name	Drug Requirements/ Tier	Limits
hydromorphone hcl TABS 2mg, 4mg, 8mg QL (180 tabs / 30 days)	2	QL
HYDROMORPHONE HYDROCHLORI SOLN .25mg/0.5ml, 1mg/ml, 2mg/ml, 4mg/ml	4	B/D
morphine sulfate SOLN 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml	4	B/D
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 10mg/ml, 50mg/ml	4	B/D
morphine sulfate SOLN 10mg/5ml, 20mg/5ml QL (900 mL / 30 days)	2	QL
morphine sulfate SOLN 100mg/5ml QL (180 mL / 30 days)	2	QL
morphine sulfate TABS 15mg, 30mg QL (180 tabs / 30 days)	2	QL
MORPHINE SULFATE/SODIUM C SOLN 1mg/ml	4	B/D
nalbuphine hcl SOLN 10mg/ml, 20mg/ml	4	
NALOCET TAB 2.5-300 QL (360 tabs / 30 days)	5	QL PA
NUCYNTA TABS 50mg QL (180 tabs / 30 days)	4	QL
NUCYNTA TABS 75mg, 100mg QL (180 tabs / 30 days)	5	QL
OXY-ACETAMIN TAB 7.5-300 QL (240 tabs / 30 days)	5	QL PA
OXYCOD-APAP TAB 2.5-300 QL (360 tabs / 30 days)	5	QL PA
OXYCOD/ACETA SOL 10/300MG QL (900 mL / 30 days)	5	QL PA
OXYCOD/APAP TAB 5-300MG QL (360 tabs / 30 days)	5	QL PA
OXYCOD/APAP TAB 10-300MG QL (180 tabs / 30 days)	5	QL PA
oxycodone hcl CAPS 5mg QL (180 caps / 30 days)	2	QL
oxycodone hcl CONC 100mg/5ml QL (180 mL / 30 days)	2	QL
oxycodone hcl SOLN 5mg/5ml QL (900 mL / 30 days)	2	QL
oxycodone hcl TABS 5mg, 10mg, 15mg, 20mg, 30mg QL (180 tabs / 30 days)	2	QL
OXYCODONE HYDROCHLORIDE TABA 5mg, 10mg, 15mg, 30mg QL (180 tabs / 30 days)	5	QL
oxycodone w/ acetaminophen soln 5-325 mg/5ml QL (1800 mL / 30 days)	2	QL
oxycodone w/ acetaminophen tab 2.5-325 mg QL (360 tabs / 30 days)	2	QL
oxycodone w/ acetaminophen tab 5-325 mg QL (360 tabs / 30 days)	2	QL
oxycodone w/ acetaminophen tab 7.5-325 mg QL (240 tabs / 30 days)	2	QL
oxycodone w/ acetaminophen tab 10-325 mg QL (180 tabs / 30 days)	2	QL
oxymorphone hcl TABS 5mg, 10mg QL (180 tabs / 30 days)	2	QL
PERCOCET TAB 5-325MG QL (360 tabs / 30 days)	5	QL PA
PERCOCET TAB 7.5-325 QL (240 tabs / 30 days)	5	QL PA
PERCOCET TAB 10-325MG QL (180 tabs / 30 days)	5	QL PA
PROLATE SOL 10/300MG QL (900 mL / 30 days)	5	QL PA
PROLATE TAB 5-300MG QL (360 tabs / 30 days)	5	QL PA
PROLATE TAB 7.5-300 QL (240 tabs / 30 days)	5	QL PA
PROLATE TAB 10-300MG QL (180 tabs / 30 days)	5	QL PA
ROXICODONE TABS 15mg QL (180 tabs / 30 days)	4	QL
ROXICODONE TABS 30mg QL (180 tabs / 30 days)	5	QL

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

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

Drug Name	Drug Tier	Requirements/ Limits
FIRVANQ SOLR 25mg/ml, 50mg/ml QL (1800 mL / 180 days)	4	QL
fosfomycin tromethamine PACK 3gm	2	
gentamicin in saline inj 0.8 mg/ml	2	
gentamicin in saline inj 1 mg/ml	2	
gentamicin in saline inj 1.2 mg/ml	2	
gentamicin in saline inj 1.6 mg/ml	2	
gentamicin in saline inj 2 mg/ml	2	
gentamicin sulfate SOLN 10mg/ml, 40mg/ml	2	
HUMATIN CAPS 250mg	5	
imipenem-cilastatin intravenous for soln 250 mg	2	
imipenem-cilastatin intravenous for soln 500 mg	2	
ivermectin TABS 3mg QL (20 tabs / 90 days)	2	QL PA
ivermectin TABS 6mg QL (10 tabs / 90 days)	2	QL PA
KIMYRSA SOLR 1200mg	5	
KITABIS PAK NEBU 300mg/5ml	5	NM PA
LIKMEZ SUSP 500mg/5ml	4	
linezolid SOLN 600mg/300ml	2	
linezolid SUSR 100mg/5ml QL (1800 mL / 30 days)	2	QL
linezolid TABS 600mg QL (60 tabs / 30 days)	2	QL
LINEZOLID INJ 2MG/ML	4	
MACROBID CAPS 100mg	4	
MEPRON SUSP 750mg/5ml QL (300 mL / 30 days)	5	QL PA
MEROP/NACL INJ 1GM/50ML	4	
MEROP/NACL INJ 500/50ML	4	
meropenem SOLR 1gm, 2gm, 500mg	2	
methenamine hippurate TABS 1gm	2	
metronidazole CAPS 375mg; SOLN 500mg/100ml; TABS 125mg	2	
METRONIDAZOLE SOLN 500mg/100ml	4	
metronidazole TABS 250mg, 500mg	1	
NEBUPENT SOLR 300mg	4	B/D
neomycin sulfate TABS 500mg	2	
nitazoxanide TABS 500mg QL (6 tabs / 30 days)	2	QL
nitrofurantoin SUSP 25mg/5ml	5	PA
NITROFURANTOIN SUSP 50mg/5ml	5	PA
nitrofurantoin macrocrystal CAPS 25mg, 50mg, 100mg	3	
nitrofurantoin monohyd macro CAPS 100mg	3	
ORBACTIV SOLR 400mg	5	
ORLYNVAH TAB 500-500	5	NM PA
PENTAM 300 SOLR 300mg	4	
pentamidine isethionate inh SOLR 300mg	2	B/D
pentamidine isethionate inj SOLR 300mg	2	
polymyxin b sulfate SOLR 500000unit	2	
praziquantel TABS 600mg	2	
pyrimethamine TABS 25mg QL (90 tabs / 30 days)	5	QL PA
RECARBRIO INJ 1.25GM	5	
SIVEXTRO SOLR 200mg; TABS 200mg	5	
SOLOSEC PACK 2gm	4	
streptomycin sulfate SOLR 1gm	5	
STROMECTOL TABS 3mg QL (20 tabs / 90 days)	4	QL PA
sulfadiazine TABS 500mg	5	
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	2	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	2	

Drug Name	Drug Tier	Requirements/ Limits
sulfamethoxazole-trimethoprim tab 400-80 mg	1	
sulfamethoxazole-trimethoprim tab 800-160 mg	1	
tinidazole TABS 250mg, 500mg	2	
TOBI NEBU 300mg/5ml	5	NM PA
TOBI PODHALER CAPS 28mg	5	NM PA
tobramycin NEBU 300mg/4ml, 300mg/5ml	5	NM PA
tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 80mg/2ml	2	
tobramycin sulfate SOLR 1.2gm	4	PA
trimethoprim TABS 100mg	2	
TYZAVAN SOLN 500mg/100ml, 750mg/150ml, 1000mg/200ml, 1250mg/250ml, 1500mg/300ml, 1750mg/350ml, 2000mg/400ml	4	
VABOMERE INJ 2GM(1-1)	5	
VANCOCIN CAPS 125mg QL (80 caps / 180 days)	5	QL
VANCOCIN CAPS 250mg QL (160 caps / 180 days)	5	QL
VANCOMYC/D5W INJ 1.5/300	4	
VANCOMYC/D5W INJ 1.25/250	4	
vancomycin hcl CAPS 125mg QL (80 caps / 180 days)	2	QL
vancomycin hcl CAPS 250mg QL (160 caps / 180 days)	2	QL
vancomycin hcl SOLN 750mg/150ml, 1000mg/200ml, 1250mg/250ml, 1500mg/300ml, 1750mg/350ml, 2000mg/400ml; SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	2	
vancomycin hcl SOLR 25mg/ml, 250mg/5ml QL (1800 mL / 180 days)	2	QL
VANCOMYCIN HYDROCHLORIDE SOLN 500mg/100ml; SOLR 1gm, 1.25gm, 1.5gm, 1.75gm, 2gm, 5gm, 10gm, 500mg, 750mg	4	
VANCOMYCIN INJ 1 GM	4	
VANCOMYCIN INJ 500MG	4	
VANCOMYCIN INJ 750MG	4	
VIBATIV SOLR 750mg	5	
XACDURO INJ 1-1GM	5	
XIFAXAN TABS 200mg QL (9 tabs / 30 days)	3	QL
ZYVOX SOLN 600mg/300ml	5	
ANTIFUNGALS		
AMBISOME SUSR 50mg	5	B/D
amphotericin b SOLR 50mg	2	B/D
amphotericin b liposome SUSR 50mg	5	B/D
ANCOBON CAPS 250mg, 500mg	5	PA
caspofungin acetate SOLR 50mg, 70mg	2	
CASPOFUNGIN ACETATE SOLR 50mg, 70mg	5	
CRESEMBA CAPS 74.5mg, 186mg; SOLR 372mg	5	PA
DIFLUCAN SUSR 40mg/ml	4	
ERAXIS SOLR 50mg	4	
ERAXIS SOLR 100mg	5	
fluconazole SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	2	
fluconazole in nacl 0.9% inj 200 mg/100ml	2	
fluconazole in nacl 0.9% inj 400 mg/200ml	2	
flucytosine CAPS 250mg, 500mg	5	PA
griseofulvin microsize SUSP 125mg/5ml; TABS 500mg	2	
griseofulvin ultramicrosize TABS 125mg, 250mg	2	
griseofulvin ultramicrosize TABS 165mg	5	

Drug Name	Tier	Requirements/ Limits
itraconazole CAPS 100mg QL (120 caps / 30 days)	2	QL
itraconazole SOLN 10mg/ml	2	
ketoconazole TABS 200mg	2	PA
micafungin sodium SOLR 50mg, 100mg	2	
MICAFUNGIN/NACL INJ 50MG/50ML	5	
MICAFUNGIN/NACL INJ 100MG/100ML	5	
MICAFUNGIN/NACL INJ 150MG/150ML	5	
NOXAFIL PACK 300mg QL (32 packets / 30 days)	5	QL PA
NOXAFIL SOLN 300mg/16.7ml	5	
nystatin TABS 500000unit	2	
posaconazole SOLN 300mg/16.7ml	5	
posaconazole SUSP 40mg/ml QL (630 mL / 30 days)	5	QL PA
posaconazole TBEC 100mg QL (93 tabs / 30 days)	2	QL PA
REZZAYO SOLR 200mg	5	
terbinafine hcl TABS 250mg QL (30 tabs / 30 days) PA applies after a 90 day supply in a calendar year	1	QL PA
TOLSURA CAPS 65mg QL (120 caps / 30 days)	5	QL PA
VFEND SUSR 40mg/ml QL (600 mL / 28 days)	5	QL PA
VFEND IV SOLR 200mg	4	PA
VIVJOA CPPK 150mg QL (18 caps / 84 days)	5	QL NM PA
VORICONAZOLE SOLN 200mg/20ml	5	PA
voriconazole SOLR 200mg	2	PA
VORICONAZOLE SOLR 200mg	4	PA
voriconazole SUSR 40mg/ml QL (600 mL / 28 days)	5	QL PA
voriconazole TABS 50mg QL (480 tabs / 30 days)	2	QL
voriconazole TABS 200mg QL (120 tabs / 30 days)	2	QL

Drug Name	Tier	Requirements/ Limits
ANTIMALARIALS		
atovaquone-proguanil hcl tab 62.5-25 mg	2	
atovaquone-proguanil hcl tab 250-100 mg	2	
chloroquine phosphate TABS 250mg, 500mg	2	
COARTEM TAB 20-120MG	4	
KRINTAFEL TABS 150mg	4	
MALARONE TAB 62.5-25	4	
MALARONE TAB 250-100	4	
mefloquine hcl TABS 250mg	2	
primaquine phosphate TABS 26.3mg	2	
PRIMAQUINE PHOSPHATE TABS 26.3mg	3	
quinine sulfate CAPS 324mg	2	PA
ANTIRETROVIRAL AGENTS		
abacavir sulfate SOLN 20mg/ml; TABS 300mg	2	
APTIVUS CAPS 250mg	5	
atazanavir sulfate CAPS 150mg, 200mg, 300mg	2	
darunavir TABS 600mg QL (60 tabs / 30 days)	2	QL
darunavir TABS 800mg QL (30 tabs / 30 days)	2	QL
EDURANT TABS 25mg	5	
EDURANT PED TBSO 2.5mg	5	
efavirenz TABS 600mg	2	
emtricitabine CAPS 200mg	2	
EMTRIVA SOLN 10mg/ml	4	
EPIVIR SOLN 10mg/ml; TABS 150mg, 300mg	4	
etravirine TABS 100mg, 200mg	2	
fosamprenavir calcium TABS 700mg	2	
INTELENCE TABS 25mg	4	
INTELENCE TABS 200mg	5	
ISENTRESS CHEW 25mg	4	
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	5	
ISENTRESS HD TABS 600mg	5	
lamivudine SOLN 10mg/ml; TABS 150mg, 300mg	2	

Drug Name	Drug Tier	Requirements/ Limits
maraviroc TABS 150mg, 300mg	2	
nevirapine SUSP 50mg/5ml; TABS 200mg; TB24 400mg	2	
NORVIR PACK 100mg; TABS 100mg	4	
PIFELTRO TABS 100mg	5	
PREZISTA SUSP 100mg/ml QL (400 mL / 30 days)	5	QL
PREZISTA TABS 75mg QL (480 tabs / 30 days)	4	QL
PREZISTA TABS 150mg QL (240 tabs / 30 days)	4	QL
PREZISTA TABS 600mg QL (60 tabs / 30 days)	5	QL
PREZISTA TABS 800mg QL (30 tabs / 30 days)	5	QL
RETROVIR CAPS 100mg; SYRP 50mg/5ml	4	
REYATAZ CAPS 200mg, 300mg; PACK 50mg	5	
rilpivirine hcl TABS 25mg	2	
ritonavir TABS 100mg	2	
RUKOBIA TB12 600mg	5	
SELZENTRY SOLN 20mg/ml; TABS 150mg, 300mg	5	
SUNLENCA TABS 300mg; TBPK 300mg	5	
tenofovir disoproxil fumarate TABS 300mg	2	
TIVICAY TABS 50mg	5	
TIVICAY PD TBSO 5mg	5	
TROGARZO SOLN 200mg/1.33ml	5	
VIRACEPT TABS 250mg, 625mg	4	
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg, 300mg	5	
ZIAGEN SOLN 20mg/ml	4	
zidovudine CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	2	
ANTIRETROVIRAL COMBINATION AGENTS		
abacavir sulfate-lamivudine tab 600-300 mg	2	
BIKTARVY TAB 30-120-15 MG	5	
BIKTARVY TAB 50-200-25 MG	5	
CIMDUO TAB 300-300	5	
COMPLERA TAB	5	
DELSTRIGO TAB	5	
DESCOVY TAB 120-15MG	5	
DESCOVY TAB 200/25MG	5	
DOVATO TAB 50-300MG	5	
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	2	
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	2	
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	2	
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	5	
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	2	
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	2	
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	2	
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	2	
EVOTAZ TAB 300-150	5	
GENVOYA TAB	5	
IDVYNSO TAB 100-0.25	5	
JULUCA TAB 50-25MG	5	
KALETRA SOL	4	
KALETRA TAB 100-25MG	4	
KALETRA TAB 200-50MG	4	
lamivudine-zidovudine tab 150-300 mg	2	
lopinavir-ritonavir tab 100-25 mg	2	
lopinavir-ritonavir tab 200-50 mg	2	
ODEFSEY TAB	5	
PREZCOBIX TAB 675/150	5	

Drug Name	Drug Tier	Requirements/ Limits
PREZCOBIX TAB 800-150	5	
STRIBILD TAB	5	
SYMFI TAB	5	
SYMTUZA TAB	5	
TRIUMEQ PD TAB	4	
TRIUMEQ TAB	5	
TRUVADA TAB 100-150	5	
TRUVADA TAB 133-200	5	
TRUVADA TAB 167-250	5	
TRUVADA TAB 200-300	5	
ANTITUBERCULAR AGENTS		
cycloserine CAPS 250mg	5	
ethambutol hcl TABS 100mg, 400mg	2	
isoniazid SYRP 50mg/5ml; TABS 100mg, 300mg	2	
PRETOMANID TABS 200mg	4	
PRIFTIN TABS 150mg	4	
pyrazinamide TABS 500mg	2	
rifabutin CAPS 150mg	2	
rifampin CAPS 150mg, 300mg; SOLR 600mg	2	
rifapentine TABS 150mg	2	
SIRTURO TABS 20mg, 100mg	5	NM PA
ANTIVIRALS		
acyclovir CAPS 200mg; TABS 400mg, 800mg	1	
acyclovir SUSP 200mg/5ml	2	
acyclovir sodium SOLN 50mg/ml	2	B/D
adefovir dipivoxil TABS 10mg	2	
BARACLUDE SOLN .05mg/ml	5	ST
BARACLUDE TABS .5mg, 1mg	5	
cidofovir SOLN 75mg/ml	2	
entecavir TABS .5mg, 1mg	2	
famciclovir TABS 125mg, 250mg, 500mg	2	
foscarnet sodium SOLN 6000mg/250ml	5	B/D
GANCICLOVIR SOLN 500mg/10ml	4	B/D
ganciclovir sodium SOLR 500mg	2	B/D
HARVONI PAK 33.75-150MG	5	NM PA
HARVONI PAK 45-200MG	5	NM PA
HARVONI TAB 45-200MG	5	NM PA
HARVONI TAB 90-400MG	5	NM PA
HEPCLUDEX SOLR 8.5mg QL (30 vials / 30 days)	5	QL NM PA
lamivudine (hbv) TABS 100mg	2	
LIVTENCITY TABS 200mg QL (336 tabs / 28 days)	5	QL NM PA
MAVYRET PAK 50-20MG	5	NM PA
MAVYRET TAB 100-40MG	5	NM PA
oseltamivir phosphate CAPS 30mg QL (168 caps / year)	2	QL
oseltamivir phosphate CAPS 45mg, 75mg QL (84 caps / year)	2	QL
oseltamivir phosphate SUSR 6mg/ml QL (1080 mL / year)	2	QL
PAXLOVID PAK QL (22 tabs / 90 days)	2	QL
PAXLOVID TAB 150-100 QL (40 tabs / 90 days)	2	QL
PAXLOVID TAB 300-100 QL (60 tabs / 90 days)	2	QL
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	5	NM PA
PREVYMIS PACK 20mg, 120mg QL (120 packets / 30 days)	5	QL PA
PREVYMIS SOLN 240mg/12ml, 480mg/24ml	5	
PREVYMIS TABS 240mg, 480mg QL (28 tabs / 28 days)	5	QL PA
RAPIVAB SOLN 200mg/20ml	5	
RELENZA DISKHALER AEPB 5mg/blister QL (6 inhalers / year)	3	QL
ribavirin (hepatitis c) CAPS 200mg; TABS 200mg	2	NM
rimantadine hydrochloride TABS 100mg	2	
TAMIFLU CAPS 75mg QL (84 caps / year)	4	QL

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

Drug Name	Drug Requirements/ Tier	Limits
TAMIFLU SUSR 6mg/ml QL (1080 mL / year)	4	QL
valacyclovir hcl TABS 1gm, 500mg	2	
VALCYTE SOLR 50mg/ml	5	
valganciclovir hcl SOLR 50mg/ml	5	
valganciclovir hcl TABS 450mg	2	
VALTREX TABS 1gm, 500mg	4	
VEMLIDY TABS 25mg	5	PA
VOSEVI TAB	5	NM PA
XOCOVA TABS 125mg QL (7 tabs / 30 days)	5	QL
XOFLUZA TBPK 40mg, 80mg QL (1 tab / 180 days)	4	QL
CEPHALOSPORINS		
AVYCAZ INJ 2-0.5GM	5	
cefaclor CAPS 250mg, 500mg; SUSR 250mg/5ml	2	
CEFACLOR ER TB12 500mg	4	
cefadroxil CAPS 500mg	1	
cefadroxil SUSR 250mg/5ml, 500mg/5ml; TABS 1gm	2	
CEFAZOLIN SOLR 2gm, 3gm	4	
CEFAZOLIN INJ 1GM/50ML	4	
cefazolin sodium SOLR 1gm, 2gm, 3gm, 10gm, 500mg	2	
CEFAZOLIN SOLN 2GM/100ML-4%	4	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	4	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	4	
CEFAZOLIN/DEX SOL 3GM/50ML-2%	4	
CEFAZOLIN/DEX SOL 3GM/150ML-4%	4	
cefdinir CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	2	
CEFEPIME SOLN 1gm/50ml, 2gm/100ml	4	
cefepime hcl SOLR 1gm, 2gm	2	
CEFEPIME/DEX INJ 1GM	4	
CEFEPIME/DEX INJ 2GM	4	
cefixime CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml; TABS 400mg	2	
cefotetan disodium SOLR 1gm, 2gm	2	
CEFOXITIN INJ 1GM	4	
CEFOXITIN INJ 2GM	4	
cefoxitin sodium SOLR 1gm, 2gm, 10gm	2	
cefpodoxime proxetil SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	2	
cefprozil SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	2	
ceftaroline fosamil SOLR 400mg, 600mg	5	
ceftazidime SOLR 1gm, 2gm, 6gm	2	
ceftriaxone sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	2	
cefuroxime axetil TABS 250mg, 500mg	2	
cefuroxime sodium SOLR 1.5gm, 750mg	2	
cephalexin CAPS 250mg, 500mg	1	
cephalexin CAPS 750mg; SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	2	
FETROJA SOLR 1gm	5	
tazicef SOLR 1gm, 2gm, 6gm	2	
TEFLARO SOLR 400mg, 600mg	5	
ZERBAXA INJ 1.5GM	5	
ZEVTERA SOLR 667mg	5	
ERYTHROMYCINS/MACROLIDES		
azithromycin SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml	2	
azithromycin TABS 250mg, 500mg, 600mg	1	
clarithromycin SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	2	

Drug Name	Drug Tier	Requirements/ Limits
DIFICID SUSR 40mg/ml; TABS 200mg	5	
e.e.s. 400 TABS 400mg	2	
ERYTHROCIN LACTOBIONATE SOLR 500mg	4	
erythromycin base TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	2	
erythromycin ethylsuccinate SUSR 200mg/5ml, 400mg/5ml	2	
erythromycin lactobionate SOLR 500mg	2	
fidaxomicin TABS 200mg	5	
ZITHROMAX SUSR 200mg/5ml	4	
ZITHROMAX TRI-PAK TABS 500mg	4	
ZITHROMAX Z-PAK TABS 250mg	4	
FLUOROQUINOLONES		
BAXDELA SOLR 300mg; TABS 450mg	5	
CIPRO SUSR 5gm/100ml, 500mg/5ml; TABS 250mg, 500mg	4	
ciprofloxacin 200 mg/100ml in d5w	2	
ciprofloxacin 400 mg/200ml in d5w	2	
ciprofloxacin hcl TABS 250mg, 500mg, 750mg	2	
levofloxacin SOLN 25mg/ml	2	
levofloxacin TABS 250mg, 500mg, 750mg	1	
levofloxacin in d5w iv soln 250 mg/50ml	2	
levofloxacin in d5w iv soln 500 mg/100ml	2	
levofloxacin in d5w iv soln 750 mg/150ml	2	
moxifloxacin hcl TABS 400mg	2	
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj	2	
MOXIFLOXACIN HYDROCHLORID SOLN 400mg/250ml	4	
PENICILLINS		
AMOX/K CLAV CHW 200/28.5	4	
AMOX/K CLAV CHW 400/57	4	
amoxicillin CAPS 250mg, 500mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	
amoxicillin CHEW 125mg, 250mg	2	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	2	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	2	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	2	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	2	
amoxicillin & k clavulanate tab 250-125 mg	2	
amoxicillin & k clavulanate tab 500-125 mg	2	
amoxicillin & k clavulanate tab 875-125 mg	2	
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	2	
ampicillin CAPS 500mg	1	
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm	2	
ampicillin & sulbactam sodium for inj 3 (2-1) gm	2	
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm	2	
ampicillin sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	2	
AUGMENTIN SUS 125/5ML	5	
AUGMENTIN SUS ES-600	4	
BICILLIN C-R INJ 900/300	4	
BICILLIN C-R INJ 1200000	4	
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	4	

Drug Name	Drug Tier	Requirements/ Limits
dicloxacillin sodium CAPS 250mg, 500mg	2	
NAFCILLIN INJ 2GM/100	5	
nafcillin sodium SOLR 1gm, 2gm	2	
nafcillin sodium SOLR 10gm	5	
OXACILLIN INJ 2GM	4	
oxacillin sodium SOLR 1gm, 2gm, 10gm	2	
PEN GK/DEXTR INJ 40000/ML	4	
PEN GK/DEXTR INJ 60000/ML	4	
penicillin g potassium SOLR 5000000unit, 20000000unit	2	
penicillin g sodium SOLR 5000000unit	2	
penicillin v potassium SOLR 125mg/5ml, 250mg/5ml	2	
penicillin v potassium TABS 250mg, 500mg	1	
pfizerpen SOLR 5000000unit, 20000000unit	2	
PIP/TAZ/NACL INJ 2-0.25GM	4	
PIP/TAZ/NACL INJ 3-0.375G	4	
PIP/TAZ/NACL INJ 4-0.5GM	4	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	2	
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	2	
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	2	
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)	2	
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	2	
UNASYN INJ 1.5GM	4	
UNASYN INJ 3GM	4	
UNASYN INJ 15GM	4	
ZOSYN SOL 2-0.25GM	4	
ZOSYN SOL 3-0.375G	4	
ZOSYN SOL 4-0.5GM	4	

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

Drug Name	Drug Tier	Requirements/ Limits
BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	5	B/D NM
BENDEKA SOLN 100mg/4ml	5	B/D NM
carboplatin SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	2	B/D
cisplatin SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	2	B/D
cyclophosphamide CAPS 25mg, 50mg; SOLN 500mg/2.5ml; SOLR 1gm, 2gm, 500mg	2	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	5	B/D NM
cyclophosphamide SOLN 1gm/5ml	5	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml	5	B/D
CYCLOPHOSPHAMIDE TABS 50mg	4	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	5	B/D
FRINDOVYX SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	5	B/D NM
GLEOSTINE CAPS 10mg, 40mg	4	NM
GLEOSTINE CAPS 100mg	5	NM
GRAFAPEX SOLR 1gm, 5gm	5	B/D NM
IFEX SOLR 3gm	4	B/D
ifosfamide SOLN 1gm/20ml, 3gm/60ml	2	B/D
IFOSFAMIDE SOLR 3gm	4	B/D
KYXATA SOLN 80mg/8ml, 500mg/50ml	5	B/D NM
LEUKERAN TABS 2mg	5	PA
lomustine CAPS 10mg, 40mg	2	NM
lomustine CAPS 100mg	5	NM
oxaliplatin SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml	2	B/D
oxaliplatin SOLR 50mg, 100mg	5	B/D
TREANDA SOLR 25mg, 100mg	5	B/D NM
VIVIMUSTA SOLN 100mg/4ml	5	B/D NM
ZEPZELCA SOLR 4mg	5	NM PA
ANTIMETABOLITES		
ALIMTA SOLR 100mg, 500mg	5	B/D
AVGEMSI SOLN 1gm/26.3ml, 2gm/52.6ml	5	B/D NM
AXTLE SOLR 100mg, 500mg	5	B/D NM
azacitidine SUSR 100mg	5	B/D NM
cytarabine SOLN 20mg/ml, 100mg/ml	2	B/D
decitabine SOLR 50mg	5	B/D NM
FAVLYXA SOLN 2.5gm/100ml, 250mg/10ml	5	B/D NM
fludarabine phosphate SOLN 50mg/2ml; SOLR 50mg	2	B/D
fluorouracil SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	2	B/D
FOLOTYN SOLN 20mg/ml, 40mg/2ml	5	NM PA
gemcitabine hcl SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	2	B/D
GEMCITABINE HYDROCHLORIDE SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml	4	B/D
INQOVI TAB 35-100MG QL (5 tabs / 28 days)	5	QL NM PA
LONSURF TAB 15-6.14 QL (100 tabs / 28 days)	5	QL NM PA
LONSURF TAB 20-8.19 QL (80 tabs / 28 days)	5	QL NM PA
mercaptopurine SUSP 2000mg/100ml	5	NM
mercaptopurine TABS 50mg	2	
methotrexate sodium SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	2	B/D
ONUREG TABS 200mg, 300mg QL (14 tabs / 28 days)	5	QL NM PA
PEMETREXED SOLN 1gm/40ml, 100mg/4ml, 500mg/20ml	5	B/D

Drug Name	Tier	Requirements/ Limits
pemetrexed disodium SOLR 100mg, 500mg, 750mg, 1000mg	5	B/D
PEMRYDI RTU SOLN 100mg/10ml, 500mg/50ml	5	B/D
pralatrexate SOLN 20mg/ml, 40mg/2ml	5	NM PA
PURIXAN SUSP 2000mg/100ml	5	NM
TABLOID TABS 40mg	5	PA
VIDAZA SUSR 100mg	5	B/D NM
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate TABS 250mg QL (120 tabs / 30 days)	5	QL NM PA
abiraterone acetate TABS 500mg QL (60 tabs / 30 days)	5	QL NM PA
abirtega TABS 250mg QL (120 tabs / 30 days)	2	QL NM PA
AKEEGA TAB 50/500MG QL (60 tabs / 30 days)	5	QL NM PA
AKEEGA TAB 100/500 QL (60 tabs / 30 days)	5	QL NM PA
anastrozole TABS 1mg	1	
ARIMIDEX TABS 1mg	5	
AROMASIN TABS 25mg	5	
bicalutamide TABS 50mg	2	
CAMCEVI PRSY 42mg	4	NM PA
CASODEX TABS 50mg	5	
CLIGAVYX SOSY 250mg/5ml	5	B/D NM
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	3	NM PA
ERLEADA TABS 60mg QL (120 tabs / 30 days)	5	QL NM PA
ERLEADA TABS 240mg QL (30 tabs / 30 days)	5	QL NM PA
EULEXIN CAPS 125mg	5	
exemestane TABS 25mg	2	
FARESTON TABS 60mg	5	PA
FASLODEX SOSY 250mg/5ml	5	B/D
FEMARA TABS 2.5mg	4	
FIRMAGON SOLR 80mg	4	NM PA
FIRMAGON SOLR 120mg/vial	5	NM PA

Drug Name	Tier	Requirements/ Limits
fulvestrant SOSY 250mg/5ml	2	B/D
INLURIYO TABS 200mg QL (56 tabs / 28 days)	5	QL NM PA
letrozole TABS 2.5mg	1	
leuprolide acetate KIT 1mg/0.2ml	2	NM PA
LIFYORLI CAP 125MG DS QL (18 caps / 28 days)	5	QL NM PA
LIFYORLI CAP 150MG DS QL (27 caps / 28 days)	5	QL NM PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg, 7.5mg	5	NM PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg, 22.5mg	5	NM PA
LUPRON DEPOT (4-MONTH) KIT 30mg	5	NM PA
LUPRON DEPOT (6-MONTH) KIT 45mg	5	NM PA
LUTRATE DEPOT INJ 22.5mg	4	NM PA
LYSODREN TABS 500mg	5	NM
megestrol acetate TABS 20mg, 40mg	3	
nilutamide TABS 150mg	5	
NUBEQA TABS 300mg QL (120 tabs / 30 days)	5	QL NM PA
ORGOVYX TABS 120mg	5	NM PA
ORSERDU TABS 86mg QL (90 tabs / 30 days)	5	QL NM PA
ORSERDU TABS 345mg QL (30 tabs / 30 days)	5	QL NM PA
SOLTAMOX SOLN 10mg/5ml	5	
tamoxifen citrate TABS 10mg, 20mg	2	
toremifene citrate TABS 60mg	2	PA
TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg, 22.5mg	3	NM PA
VABRINTY KIT 7.5mg, 22.5mg, 30mg, 45mg	5	NM PA
VEPPANU TABS 100mg QL (90 tabs / 30 days)	5	QL NM PA
VEPPANU TABS 200mg QL (30 tabs / 30 days)	5	QL NM PA
XTANDI CAPS 40mg QL (120 caps / 30 days)	5	QL NM PA
XTANDI TABS 40mg QL (120 tabs / 30 days)	5	QL NM PA

Drug Name	Tier	Drug Requirements/ Limits
XTANDI TABS 80mg QL (60 tabs / 30 days)	5	QL NM PA
YONSA TABS 125mg QL (120 tabs / 30 days)	5	QL NM PA
ZOLADEX IMPL 3.6mg, 10.8mg	4	NM PA
ZYTIGA TABS 250mg QL (120 tabs / 30 days)	5	QL NM PA
ZYTIGA TABS 500mg QL (60 tabs / 30 days)	5	QL NM PA
IMMUNOMODULATORS		
lenalidomide CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	5	QL NM PA
lenalidomide CAPS 20mg, 25mg QL (21 caps / 28 days)	5	QL NM PA
pomalidomide CAPS 1mg, 2mg, 3mg, 4mg QL (21 caps / 28 days)	5	QL NM PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg QL (21 caps / 28 days)	5	QL NM PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	5	QL NM PA
REVLIMID CAPS 20mg, 25mg QL (21 caps / 28 days)	5	QL NM PA
THALOMID CAPS 50mg QL (84 caps / 28 days)	5	QL NM PA
THALOMID CAPS 100mg QL (112 caps / 28 days)	5	QL NM PA
ZENBEXUS CAPS .75mg, 1mg QL (21 caps / 28 days)	5	QL PA
MISCELLANEOUS		
ASPARLAS SOLN 3750unit/5ml	5	NM PA
BESREMI SOSY 500mcg/ml QL (2 syringes / 28 days)	5	QL NM PA
BESREMI PEN SOPN 500mcg/0.5ml QL (2 pens / 28 days)	5	QL NM PA
bexarotene CAPS 75mg QL (300 caps / 30 days)	5	QL NM PA
bleomycin sulfate SOLR 15unit, 30unit	2	B/D

Drug Name	Tier	Drug Requirements/ Limits
CAMPTOSAR SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml	4	B/D
dacarbazine SOLR 100mg	2	B/D
dexrazoxane hcl SOLR 250mg, 500mg	2	B/D
DOXIL SUSP 2mg/ml	5	B/D
doxorubicin hcl SOLN 2mg/ml	2	B/D
doxorubicin hcl liposomal SUSP 2mg/ml	5	B/D
DOXORUBICIN HYDROCHLORIDE SOLN 2mg/ml	4	B/D
ELITEK SOLR 1.5mg, 7.5mg	5	B/D
ELLENCE SOLN 50mg/25ml, 200mg/100ml	4	B/D
ETHYOL SOLR 500mg	5	B/D
HYDREA CAPS 500mg	4	
hydroxyurea CAPS 500mg	2	
irinotecan hcl SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	2	B/D
IWILFIN TABS 192mg QL (240 tabs / 30 days)	5	QL NM PA
KHAPZORY SOLR 175mg	5	B/D NM
leucovorin calcium SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	2	B/D
leucovorin calcium TABS 5mg, 10mg, 15mg, 25mg	2	
levoleucovorin calcium SOLN 175mg/17.5ml, 250mg/25ml; SOLR 50mg	2	B/D NM
MATULANE CAPS 50mg	5	NM
mesna TABS 400mg	2	
MESNEX TABS 400mg	5	
mitomycin SOLR 5mg, 20mg	2	B/D
mitomycin SOLR 40mg	5	B/D
mitoxantrone hcl CONC 20mg/10ml, 25mg/12.5ml, 30mg/15ml	2	B/D NM
MODEYSO CAPS 125mg QL (20 caps / 28 days)	5	QL NM PA
NIPENT SOLR 10mg	5	B/D
ONCASPAR SOLN 750unit/ml	5	NM PA
ONIVYDE SUSP 43mg/10ml	5	B/D NM

Drug Name	Tier	Drug Requirements/ Limits
RYLAZE SOLN 10mg/0.5ml	5	NM PA
SYLVANT SOLR 100mg, 400mg	5	NM PA
TARGRETIN CAPS 75mg QL (300 caps / 30 days)	5	QL NM PA
TOPOTECAN HCL SOLN 4mg/4ml	4	B/D
topotecan hcl SOLN 4mg/4ml; SOLR 4mg	2	B/D
tretinoin (chemotherapy) CAPS 10mg	5	
valrubicin SOLN 40mg/ml	5	B/D NM
VALSTAR SOLN 40mg/ml	5	B/D NM
VYKOURA SOLN 50mg/5ml	4	B/D NM
VYKOURA SOLN 350mg/35ml, 500mg/50ml	5	B/D NM
WELIREG TABS 40mg QL (90 tabs / 30 days)	5	QL NM PA
MITOTIC INHIBITORS		
ABRAXANE INJ 100MG	5	B/D NM
AVOPEF SOLN 100mg/5ml, 500mg/25ml	5	B/D NM
BEIZRAY CONC 20mg/ml	4	B/D NM
BEIZRAY INJ 80MG/4ML	5	B/D NM
BEIZRAY INJ 160/8ML	5	B/D NM
docetaxel CONC 20mg/ml, 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	4	B/D
DOCETAXEL CONC 20mg/ml, 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	4	B/D
DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	4	B/D NM
eribulin mesylate SOLN 1mg/2ml	5	B/D NM
ETOPOPHOS SOLR 100mg	4	B/D
etoposide SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	2	B/D
HALAVEN SOLN 1mg/2ml	5	B/D NM
IXEMPRA KIT SOLR 15mg, 45mg	5	B/D NM
JEVTANA SOLN 60mg/1.5ml	5	NM PA
paclitaxel CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	2	B/D
PACLITAXEL INJ 100MG	5	B/D NM
paclitaxel protein-bound particles for iv susp 100 mg	5	B/D NM
vinblastine sulfate SOLN 1mg/ml	2	B/D
vincristine sulfate SOLN 1mg/ml	2	B/D
vinorelbine tartrate SOLN 10mg/ml, 50mg/5ml	2	B/D
MOLECULAR TARGET AGENTS		
AFINITOR TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	5	QL NM PA
AFINITOR DISPERZ TBSO 2mg, 5mg QL (60 tabs / 30 days)	5	QL NM PA
AFINITOR DISPERZ TBSO 3mg QL (90 tabs / 30 days)	5	QL NM PA
ALECENSA CAPS 150mg QL (240 caps / 30 days)	5	QL NM PA
ALUNBRIG TABS 30mg QL (120 tabs / 30 days)	5	QL NM PA
ALUNBRIG TABS 90mg, 180mg QL (30 tabs / 30 days)	5	QL NM PA
ALUNBRIG PAK QL (30 tabs / 30 days)	5	QL NM PA
ALYMSYS SOLN 100mg/4ml, 400mg/16ml	5	NM PA
AUGTYRO CAPS 40mg QL (240 caps / 30 days)	5	QL NM PA
AUGTYRO CAPS 160mg QL (60 caps / 30 days)	5	QL NM PA
AVASTIN SOLN 100mg/4ml, 400mg/16ml	5	NM PA
AVMAPKI PAK FAKZYNJA QL (1 pack / 28 days)	5	QL NM PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg QL (30 tabs / 30 days)	5	QL NM PA
BALVERSA TABS 3mg QL (84 tabs / 28 days)	5	QL NM PA
BALVERSA TABS 4mg QL (56 tabs / 28 days)	5	QL NM PA
BALVERSA TABS 5mg QL (28 tabs / 28 days)	5	QL NM PA
BAVENCIO SOLN 200mg/10ml	5	PA
BELEODAQ SOLR 500mg	5	NM PA

Drug Name	Tier	Requirements/ Limits
BESPONSA SOLR .9mg	5	NM PA
BLENREP SOLR 70mg	5	NM PA
BORTEZOMIB SOLR 1mg, 2.5mg	4	NM PA
bortezomib SOLR 3.5mg	2	NM PA
BORUZU SOLN 3.5mg/1.4ml	5	NM PA
BOSULIF CAPS 50mg QL (30 caps / 30 days)	5	QL NM PA
BOSULIF CAPS 100mg QL (300 caps / 30 days)	5	QL NM PA
BOSULIF TABS 100mg QL (180 tabs / 30 days)	5	QL NM PA
BOSULIF TABS 400mg, 500mg QL (30 tabs / 30 days)	5	QL NM PA
bosutinib TABS 100mg QL (180 tabs / 30 days)	5	QL NM PA
bosutinib TABS 400mg, 500mg QL (30 tabs / 30 days)	5	QL NM PA
BRAFTOVI CAPS 75mg QL (180 caps / 30 days)	5	QL NM PA
BRUKINSA CAPS 80mg QL (120 caps / 30 days)	5	QL NM PA
BRUKINSA TABS 160mg QL (60 tabs / 30 days)	5	QL NM PA
CABOMETYX TABS 20mg, 40mg, 60mg QL (30 tabs / 30 days)	5	QL NM PA
CALQUENCE TABS 100mg QL (60 tabs / 30 days)	5	QL NM PA
CAPRELSA TABS 100mg QL (60 tabs / 30 days)	5	QL NM PA
CAPRELSA TABS 300mg QL (30 tabs / 30 days)	5	QL NM PA
CAVHANZA TBDP 60mg, 80mg QL (112 tabs / 28 days)	5	QL NM PA
COLUMVI SOLN 2.5mg/2.5ml, 10mg/10ml	5	NM PA
COMETRIQ (60MG DOSE) KIT 20mg QL (84 caps / 28 days)	5	QL NM PA
COMETRIQ KIT 100MG QL (56 caps / 28 days)	5	QL NM PA
COMETRIQ KIT 140MG QL (112 caps / 28 days)	5	QL NM PA
COPIKTRA CAPS 15mg, 25mg QL (56 caps / 28 days)	5	QL NM PA
COTELLIC TABS 20mg QL (63 tabs / 28 days)	5	QL NM PA
CYRAMZA SOLN 100mg/10ml, 500mg/50ml	5	NM PA
DANZITEN TABS 71mg, 95mg QL (112 tabs / 28 days)	5	QL NM PA
DARZALEX SOLN 100mg/5ml, 400mg/20ml	5	NM PA
DARZALEX INJ FASPRO	5	NM PA
dasatinib TABS 20mg QL (90 tabs / 30 days)	5	QL NM PA
dasatinib TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days)	5	QL NM PA
DATROWAY SOLR 100mg	5	NM PA
DAURISMO TABS 25mg QL (60 tabs / 30 days)	5	QL NM PA
DAURISMO TABS 100mg QL (30 tabs / 30 days)	5	QL NM PA
ELAHERE SOLN 100mg/20ml	5	NM PA
EMPLICITI SOLR 300mg, 400mg	5	NM PA
EMRELIS SOLR 20mg, 100mg	5	NM PA
ENHERTU SOLR 100mg	5	NM PA
ENSACOVE CAPS 25mg QL (270 caps / 30 days)	5	QL NM PA
ENSACOVE CAPS 100mg QL (60 caps / 30 days)	5	QL NM PA
EPKINLY SOLN 4mg/0.8ml, 48mg/0.8ml	5	NM PA
ERBITUX SOLN 100mg/50ml, 200mg/100ml	5	B/D NM
ERIVEDGE CAPS 150mg QL (30 caps / 30 days)	5	QL NM PA
erlotinib hcl TABS 25mg QL (90 tabs / 30 days)	5	QL NM PA
erlotinib hcl TABS 100mg, 150mg QL (30 tabs / 30 days)	5	QL NM PA
everolimus TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	5	QL NM PA

Drug Name	Tier	Requirements/ Limits
everolimus TBSO 2mg, 5mg	5	QL NM PA
QL (60 tabs / 30 days)		
everolimus TBSO 3mg	5	QL NM PA
QL (90 tabs / 30 days)		
FOTIVDA CAPS .89mg, 1.34mg	5	QL NM PA
QL (21 caps / 28 days)		
FRUZAQLA CAPS 1mg	5	QL NM PA
QL (84 caps / 28 days)		
FRUZAQLA CAPS 5mg	5	QL NM PA
QL (21 caps / 28 days)		
FYARRO SUSR 100mg	5	NM PA
GAVRETO CAPS 100mg	5	QL NM PA
QL (120 caps / 30 days)		
GAZYVA SOLN 1000mg/40ml	5	NM PA
gefitinib TABS 250mg	5	QL NM PA
QL (60 tabs / 30 days)		
GILOTRIF TABS 20mg, 30mg, 40mg	5	QL NM PA
QL (30 tabs / 30 days)		
GLEEVEC TABS 100mg	5	QL NM PA
QL (90 tabs / 30 days)		
GLEEVEC TABS 400mg	5	QL NM PA
QL (60 tabs / 30 days)		
GOMEKLI CAPS 1mg	5	QL NM PA
QL (168 caps / 28 days)		
GOMEKLI CAPS 2mg	5	QL NM PA
QL (84 caps / 28 days)		
GOMEKLI TBSO 1mg	5	QL NM PA
QL (168 tabs / 28 days)		
HERCEP HYLEC SOL 60-10000	5	NM PA
HERCEPTIN SOLR 150mg	5	NM PA
HERCESSI SOLR 150mg, 420mg	5	NM PA
HERNEXEOS TABS 60mg	5	QL NM PA
QL (120 tabs / 30 days)		
HERZUMA SOLR 150mg, 420mg	5	NM PA
HYRNUO TABS 10mg	5	QL NM PA
QL (120 tabs / 30 days)		
IBRANCE CAPS 125mg	5	QL NM PA
QL (21 caps / 28 days)		
IBRANCE TABS 75mg, 100mg, 125mg	5	QL NM PA
QL (21 tabs / 28 days)		
IBTROZI CAPS 200mg	5	QL NM PA
QL (90 caps / 30 days)		

Drug Name	Tier	Requirements/ Limits
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	5	QL NM PA
QL (30 tabs / 30 days)		
IDHIFA TABS 50mg, 100mg	5	QL NM PA
QL (30 tabs / 30 days)		
imatinib mesylate TABS 100mg	2	QL NM PA
QL (90 tabs / 30 days)		
imatinib mesylate TABS 400mg	5	QL NM PA
QL (60 tabs / 30 days)		
IMBRUVICA CAPS 70mg	5	QL NM PA
QL (30 caps / 30 days)		
IMBRUVICA CAPS 140mg	5	QL NM PA
QL (90 caps / 30 days)		
IMBRUVICA SUSP 70mg/ml	5	QL NM PA
QL (216 mL / 30 days)		
IMBRUVICA TABS 140mg, 280mg, 420mg	5	QL NM PA
QL (30 tabs / 30 days)		
IMDELLTRA SOLR 1mg, 10mg	5	NM PA
IMFINZI SOLN 120mg/2.4ml, 500mg/10ml	5	NM PA
IMJUDO SOLN 25mg/1.25ml, 300mg/15ml	5	NM PA
IMKELDI SOLN 80mg/ml	5	QL NM PA
QL (280 mL / 28 days)		
INLYTA TABS 1mg	5	QL NM PA
QL (180 tabs / 30 days)		
INLYTA TABS 5mg	5	QL NM PA
QL (120 tabs / 30 days)		
INREBIC CAPS 100mg	5	QL NM PA
QL (120 caps / 30 days)		
IRESSA TABS 250mg	5	QL NM PA
QL (60 tabs / 30 days)		
ITOVEBI TABS 3mg	5	QL NM PA
QL (56 tabs / 28 days)		
ITOVEBI TABS 9mg	5	QL NM PA
QL (28 tabs / 28 days)		
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	5	QL NM PA
QL (60 tabs / 30 days)		
JAKAFI XR TB24 11mg, 22mg, 33mg, 44mg, 55mg	5	QL NM PA
QL (30 tabs / 30 days)		
JAYPIRCA TABS 50mg	5	QL NM PA
QL (30 tabs / 30 days)		

Drug Name	Drug Tier	Requirements/ Limits
JAYPIRCA TABS 100mg QL (60 tabs / 30 days)	5	QL NM PA
JEMPERLI SOLN 500mg/10ml	5	NM PA
JIDEYTRO TABS 25mg QL (90 tabs / 30 days)	5	QL NM PA
JIDEYTRO TABS 100mg QL (30 tabs / 30 days)	5	QL NM PA
JOBEVNE SOLN 100mg/4ml, 400mg/16ml	5	NM PA
KADCYLA SOLR 100mg, 160mg	5	B/D NM
KANJINTI SOLR 150mg, 420mg	5	NM PA
KEYTRUDA SOLN 100mg/4ml	5	NM PA
KEYTRUDA INJ QLEX 395-4800 MG-UNIT/2.4ML QL (1 vial / 21 days)	5	QL NM PA
KEYTRUDA INJ QLEX 790-9600 MG-UNIT/4.8ML QL (1 vial / 42 days)	5	QL NM PA
KIMMTRAK SOLN 100mcg/0.5ml	5	NM PA
KISQALI 200 DOSE TBPK 200mg QL (21 tabs / 28 days)	5	QL NM PA
KISQALI 400 DOSE TBPK 200mg QL (42 tabs / 28 days)	5	QL NM PA
KISQALI 600 DOSE TBPK 200mg QL (63 tabs / 28 days)	5	QL NM PA
KOMZIFTI CAPS 200mg QL (90 caps / 30 days)	5	QL NM PA
KOSELUGO CAPS 10mg QL (240 caps / 30 days)	5	QL NM PA
KOSELUGO CAPS 25mg QL (120 caps / 30 days)	5	QL NM PA
KOSELUGO CPSP 5mg QL (600 caps / 30 days)	5	QL NM PA
KOSELUGO CPSP 7.5mg QL (360 caps / 30 days)	5	QL NM PA
KRAZATI TABS 200mg QL (180 tabs / 30 days)	5	QL NM PA
KYPROLIS SOLR 10mg, 30mg, 60mg	5	NM PA

Drug Name	Drug Tier	Requirements/ Limits
lapatinib ditosylate TABS 250mg QL (180 tabs / 30 days)	5	QL NM PA
LAZCLUZE TABS 80mg QL (60 tabs / 30 days)	5	QL NM PA
LAZCLUZE TABS 240mg QL (30 tabs / 30 days)	5	QL NM PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg QL (30 caps / 30 days)	5	QL NM PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg QL (60 caps / 30 days)	5	QL NM PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg QL (30 caps / 30 days)	5	QL NM PA
LENVIMA 12MG DAILY DOSE CPPK 4mg QL (90 caps / 30 days)	5	QL NM PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg QL (60 caps / 30 days)	5	QL NM PA
LENVIMA CAP 14 MG QL (60 caps / 30 days)	5	QL NM PA
LENVIMA CAP 18 MG QL (90 caps / 30 days)	5	QL NM PA
LENVIMA CAP 24 MG QL (90 caps / 30 days)	5	QL NM PA
LIBTAYO SOLN 350mg/7ml	5	NM PA
LOQTORZI SOLN 240mg/6ml	5	NM PA
LORBRENA TABS 25mg QL (90 tabs / 30 days)	5	QL NM PA
LORBRENA TABS 100mg QL (30 tabs / 30 days)	5	QL NM PA
LUMAKRAS TABS 120mg QL (240 tabs / 30 days)	5	QL NM PA
LUMAKRAS TABS 240mg QL (120 tabs / 30 days)	5	QL NM PA
LUMAKRAS TABS 320mg QL (90 tabs / 30 days)	5	QL NM PA
LUNSUMIO SOLN 1mg/ml, 30mg/30ml	5	NM PA
LUNSUMIO VELO SOLN 5mg/0.5ml, 45mg/ml	5	NM PA
LYNOZYFIC SOLN 5mg/2.5ml, 200mg/10ml	5	NM PA

Drug Name	Drug Tier	Requirements/ Limits
LYNPARZA TABS 100mg, 150mg QL (120 tabs / 30 days)	5	QL NM PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg QL (84 tabs / 28 days)	5	QL NM PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg QL (112 tabs / 28 days)	5	QL NM PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg QL (140 tabs / 28 days)	5	QL NM PA
MARGENZA SOLN 250mg/10ml	5	NM PA
MEKINIST SOLR .05mg/ml QL (1260 mL / 30 days)	5	QL NM PA
MEKINIST TABS 2mg QL (30 tabs / 30 days)	5	QL NM PA
MEKINIST TABS .5mg QL (90 tabs / 30 days)	5	QL NM PA
MEKTOVI TABS 15mg QL (180 tabs / 30 days)	5	QL NM PA
MONJUVI SOLR 200mg	5	NM PA
MVASI SOLN 100mg/4ml, 400mg/16ml	5	NM PA
MYLOTARG SOLR 4.5mg	5	NM PA
NERLYNX TABS 40mg QL (180 tabs / 30 days)	5	QL NM PA
NEXAVAR TABS 200mg QL (120 tabs / 30 days)	5	QL NM PA
NILOTINIB D-TARTRATE CAPS 50mg QL (120 caps / 30 days)	5	QL NM PA
NILOTINIB D-TARTRATE CAPS 150mg, 200mg QL (112 caps / 28 days)	5	QL NM PA
nilotinib hcl CAPS 50mg QL (120 caps / 30 days)	5	QL NM PA
nilotinib hcl CAPS 150mg, 200mg QL (112 caps / 28 days)	5	QL NM PA
NINLARO CAPS 2.3mg, 3mg, 4mg QL (3 caps / 28 days)	5	QL NM PA
ODOMZO CAPS 200mg QL (30 caps / 30 days)	5	QL NM PA
OGIVRI SOLR 150mg, 420mg	5	NM PA
OGSIVEO TABS 100mg, 150mg QL (56 tabs / 28 days)	5	QL NM PA
OJEMDA SUSR 25mg/ml QL (96 mL / 28 days)	5	QL NM PA
OJEMDA TABS 100mg QL (24 tabs / 28 days)	5	QL NM PA
OJJAARA TABS 100mg, 150mg, 200mg QL (30 tabs / 30 days)	5	QL NM PA
ONTRUZANT SOLR 150mg, 420mg	5	NM PA
OPDIVO SOLN 40mg/4ml, 100mg/10ml, 120mg/12ml, 240mg/24ml	5	NM PA
OPDIVO INJ QVANTIG	5	NM PA
OPDUALAG INJ	5	NM PA
PADCEV SOLR 20mg, 30mg	5	NM PA
pazopanib hcl TABS 200mg QL (120 tabs / 30 days)	5	QL NM PA
pazopanib hcl TABS 400mg QL (60 tabs / 30 days)	5	QL NM PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg QL (28 tabs / 28 days)	5	QL NM PA
PERJETA SOLN 420mg/14ml	5	NM PA
PHESGO SOL	5	NM PA
PHYRAGO TABS 20mg QL (90 tabs / 30 days)	5	QL NM PA
PHYRAGO TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days)	5	QL NM PA
PIQRAY 200MG DAILY DOSE TBPK 200mg QL (28 tabs / 28 days)	5	QL NM PA
PIQRAY 250MG TAB DOSE QL (56 tabs / 28 days)	5	QL NM PA
PIQRAY 300MG DAILY DOSE TBPK 150mg QL (56 tabs / 28 days)	5	QL NM PA
POLIVY SOLR 30mg, 140mg	5	NM PA
POTELIGEO SOLN 20mg/5ml	5	NM PA
QINLOCK TABS 50mg QL (90 tabs / 30 days)	5	QL NM PA
RETEVMO TABS 40mg QL (90 tabs / 30 days)	5	QL NM PA

Drug Name	Tier	Drug Requirements/ Limits
RETEVMO TABS 80mg QL (120 tabs / 30 days)	5	QL NM PA
RETEVMO TABS 120mg, 160mg QL (60 tabs / 30 days)	5	QL NM PA
REVUFORJ TABS 25mg QL (240 tabs / 30 days)	5	QL NM PA
REVUFORJ TABS 110mg QL (120 tabs / 30 days)	5	QL NM PA
REVUFORJ TABS 160mg QL (60 tabs / 30 days)	5	QL NM PA
REZLIDHIA CAPS 150mg QL (60 caps / 30 days)	5	QL NM PA
RIABNI SOLN 100mg/10ml, 500mg/50ml	5	NM PA
RITUXAN SOLN 500mg/50ml	5	NM PA
RITUXAN INJ HYCELA	5	NM PA
ROMVIMZA CAPS 14mg, 20mg, 30mg QL (8 caps / 28 days)	5	QL NM PA
ROZLYTREK CAPS 100mg QL (180 caps / 30 days)	5	QL NM PA
ROZLYTREK CAPS 200mg QL (90 caps / 30 days)	5	QL NM PA
ROZLYTREK PACK 50mg QL (336 packets / 28 days)	5	QL NM PA
RUBRACA TABS 200mg, 250mg, 300mg QL (120 tabs / 30 days)	5	QL NM PA
RUXIENCE SOLN 100mg/10ml, 500mg/50ml	5	NM PA
RYBREVANT SOLN 350mg/7ml	5	NM PA
RYBREVANT INJ FASPRO	5	NM PA
RYDAPT CAPS 25mg QL (224 caps / 28 days)	5	QL NM PA
SARCLISA SOLN 100mg/5ml, 500mg/25ml	5	NM PA
SARCLISA ESCENA SOLN 1400mg/10ml	5	NM PA
SCEMBLIX TABS 20mg QL (60 tabs / 30 days)	5	QL NM PA
SCEMBLIX TABS 40mg QL (300 tabs / 30 days)	5	QL NM PA
SCEMBLIX TABS 100mg QL (120 tabs / 30 days)	5	QL NM PA
sorafenib tosylate TABS 200mg QL (120 tabs / 30 days)	5	QL NM PA
SPRYCEL TABS 20mg QL (90 tabs / 30 days)	5	QL NM PA
SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days)	5	QL NM PA
STIVARGA TABS 40mg QL (84 tabs / 28 days)	5	QL NM PA
sunitinib malate CAPS 12.5mg, 25mg, 37.5mg, 50mg QL (30 caps / 30 days)	5	QL NM PA
SUTENT CAPS 12.5mg, 25mg, 37.5mg, 50mg QL (30 caps / 30 days)	5	QL NM PA
TABRECTA TABS 150mg, 200mg QL (112 tabs / 28 days)	5	QL NM PA
TAFINLAR CAPS 50mg, 75mg QL (120 caps / 30 days)	5	QL NM PA
TAFINLAR TBSO 10mg QL (840 tabs / 28 days)	5	QL NM PA
TAGRISSO TABS 40mg, 80mg QL (30 tabs / 30 days)	5	QL NM PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg QL (30 caps / 30 days)	5	QL NM PA
TALZENNA CAPS .25mg QL (90 caps / 30 days)	5	QL NM PA
TASIGNA CAPS 50mg QL (120 caps / 30 days)	5	QL NM PA
TASIGNA CAPS 150mg, 200mg QL (112 caps / 28 days)	5	QL NM PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	5	NM PA
TECENTRIQ INJ HYBREZA QL (1 vial / 21 days)	5	QL NM PA
TECVAYLI SOLN 30mg/3ml, 153mg/1.7ml	5	NM PA
temsirolimus SOLN 25mg/ml	5	B/D NM
TEPMETKO TABS 225mg QL (60 tabs / 30 days)	5	QL NM PA
TEVIMBRA SOLN 100mg/10ml, 150mg/15ml	5	NM PA

Drug Name	Drug Tier	Requirements/ Limits
TIBSOVO TABS 250mg QL (60 tabs / 30 days)	5	QL NM PA
TIVDAK SOLR 40mg	5	NM PA
TORISEL SOLN 25mg/ml	5	B/D NM
torpenz TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	5	QL NM PA
TRAZIMERA SOLR 150mg, 420mg	5	NM PA
TRODELVY SOLR 180mg	5	NM PA
TRUQAP TABS 200mg; TBPK 160mg, 200mg QL (64 tabs / 28 days)	5	QL NM PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	5	NM PA
TUKYSA TABS 50mg, 150mg QL (120 tabs / 30 days)	5	QL NM PA
TURALIO CAPS 125mg QL (120 caps / 30 days)	5	QL NM PA
TYKERB TABS 250mg QL (180 tabs / 30 days)	5	QL NM PA
UNLOXCYT SOLN 300mg/5ml	5	NM PA
VANFLYTA TABS 17.7mg, 26.5mg QL (56 tabs / 28 days)	5	QL NM PA
VECTIBIX SOLN 100mg/5ml, 400mg/20ml	5	B/D NM
VEGZELMA SOLN 100mg/4ml, 400mg/16ml	5	NM PA
VELCADE SOLR 3.5mg	5	NM PA
VENCLEXTA TABS 10mg QL (112 tabs / 28 days)	3	QL NM PA
VENCLEXTA TABS 50mg QL (112 tabs / 28 days)	5	QL NM PA
VENCLEXTA TABS 100mg QL (180 tabs / 30 days)	5	QL NM PA
VENCLEXTA TAB START PK QL (42 tabs / 28 days)	5	QL NM PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg QL (56 tabs / 28 days)	5	QL NM PA
VITRAKVI CAPS 25mg QL (180 caps / 30 days)	5	QL NM PA
VITRAKVI CAPS 100mg QL (60 caps / 30 days)	5	QL NM PA
VITRAKVI SOLN 20mg/ml QL (300 mL / 30 days)	5	QL NM PA
VONJO CAPS 100mg QL (120 caps / 30 days)	5	QL NM PA
VORANIGO TABS 10mg QL (60 tabs / 30 days)	5	QL NM PA
VORANIGO TABS 40mg QL (30 tabs / 30 days)	5	QL NM PA
VOTRIENT TABS 200mg QL (120 tabs / 30 days)	5	QL NM PA
VYLOY SOLR 100mg, 300mg	5	NM PA
XALKORI CAPS 200mg, 250mg; CPSP 20mg, 50mg QL (120 caps / 30 days)	5	QL NM PA
XALKORI CPSP 150mg QL (180 caps / 30 days)	5	QL NM PA
XOSPATA TABS 40mg QL (90 tabs / 30 days)	5	QL NM PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 10mg QL (16 tabs / 28 days)	5	QL NM PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg QL (8 tabs / 28 days)	5	QL NM PA
XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg QL (4 tabs / 28 days)	5	QL NM PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg QL (24 tabs / 28 days)	5	QL NM PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg QL (8 tabs / 28 days)	5	QL NM PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 80mg QL (4 tabs / 28 days)	5	QL NM PA
XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg QL (32 tabs / 28 days)	5	QL NM PA
XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg QL (8 tabs / 28 days)	5	QL NM PA
YERVOY SOLN 50mg/10ml, 200mg/40ml	5	NM PA
yulithira TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	2	QL NM PA
ZALTRAP SOLN 100mg/4ml, 200mg/8ml	5	NM PA

Drug Name	Tier	Requirements/ Limits
ZEJULA TABS 100mg, 200mg, 300mg QL (30 tabs / 30 days)	5	QL NM PA
ZELBORAF TABS 240mg QL (240 tabs / 30 days)	5	QL NM PA
ZIIHERA SOLR 300mg	5	NM PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	5	NM PA
ZOLINZA CAPS 100mg QL (120 caps / 30 days)	5	QL NM PA
ZYKADIA TABS 150mg QL (84 tabs / 28 days)	5	QL NM PA
ZYNLONTA SOLR 10mg	5	NM PA
ZYNYZ SOLN 500mg/20ml	5	NM PA
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
amlodipine besylate-benazepril hcl cap 2.5-10 mg QL (30 caps / 30 days)	1	QL
amlodipine besylate-benazepril hcl cap 5-10 mg QL (30 caps / 30 days)	1	QL
amlodipine besylate-benazepril hcl cap 5-20 mg QL (30 caps / 30 days)	1	QL
amlodipine besylate-benazepril hcl cap 5-40 mg QL (30 caps / 30 days)	1	QL
amlodipine besylate-benazepril hcl cap 10-20 mg QL (30 caps / 30 days)	1	QL
amlodipine besylate-benazepril hcl cap 10-40 mg QL (30 caps / 30 days)	1	QL
benazepril & hydrochlorothiazide tab 5-6.25mg	1	
benazepril & hydrochlorothiazide tab 10-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-25 mg	1	
captopril & hydrochlorothiazide tab 25-15 mg	1	
captopril & hydrochlorothiazide tab 25-25 mg	1	
captopril & hydrochlorothiazide tab 50-15 mg	1	
captopril & hydrochlorothiazide tab 50-25 mg	1	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1	
enalapril maleate & hydrochlorothiazide tab 10-25 mg	1	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	1	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 10-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-25 mg	1	
quinapril-hydrochlorothiazide tab 10-12.5 mg	1	
quinapril-hydrochlorothiazide tab 20-12.5 mg	1	
quinapril-hydrochlorothiazide tab 20-25 mg	1	
trandolapril-verapamil hcl tab er 1-240 mg	1	
trandolapril-verapamil hcl tab er 2-180 mg	1	
trandolapril-verapamil hcl tab er 2-240 mg	1	
trandolapril-verapamil hcl tab er 4-240 mg	1	
VASERETIC TAB 10-25MG	4	
ZESTORETIC TAB 10-12.5	4	
ZESTORETIC TAB 20-12.5	4	
ZESTORETIC TAB 20-25MG	4	
ACE INHIBITORS		
benazepril hcl TABS 5mg, 10mg, 20mg, 40mg	1	

Drug Name	Drug Requirements/ Tier	Limits
captopril TABS 12.5mg, 25mg, 50mg, 100mg	1	
enalapril maleate SOLN 1mg/ml	2	
enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg	1	
EPANED SOLN 1mg/ml	5	
fosinopril sodium TABS 10mg, 20mg, 40mg	1	
lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1	
LOTENSIN TABS 10mg, 20mg, 40mg	4	
moexipril hcl TABS 7.5mg, 15mg	1	
perindopril erbumine TABS 2mg, 4mg, 8mg	1	
QBRELIS SOLN 1mg/ml	5	
quinapril hcl TABS 5mg, 10mg, 20mg, 40mg	1	
ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg	1	
trandolapril TABS 1mg, 2mg, 4mg	1	
VASOTEC TABS 2.5mg, 5mg, 10mg, 20mg	4	
ZESTRIL TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	4	
ALDOSTERONE RECEPTOR ANTAGONISTS		
ALDACTONE TABS 25mg, 50mg, 100mg	4	
CAROSPIR SUSP 25mg/5ml	4	
eplerenone TABS 25mg, 50mg	2	
KERENDIA TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	3	QL
spironolactone SUSP 25mg/5ml	2	
spironolactone TABS 25mg, 50mg, 100mg	1	
ALPHA BLOCKERS		
CARDURA TABS 1mg, 2mg, 4mg, 8mg	4	
doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg	1	
prazosin hcl CAPS 1mg, 2mg, 5mg	2	
terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg	1	
TEZRULY SOLN 1mg/ml QL (600 mL / 30 days)	4	QL ST
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
amlodipine besylate-olmesartan medoxomil tab 5-20 mg QL (30 tabs / 30 days)	1	QL
amlodipine besylate-olmesartan medoxomil tab 5-40 mg QL (30 tabs / 30 days)	1	QL
amlodipine besylate-olmesartan medoxomil tab 10-20 mg QL (30 tabs / 30 days)	1	QL
amlodipine besylate-olmesartan medoxomil tab 10-40 mg QL (30 tabs / 30 days)	1	QL
amlodipine besylate-valsartan tab 5-160 mg QL (30 tabs / 30 days)	1	QL
amlodipine besylate-valsartan tab 5-320 mg QL (30 tabs / 30 days)	1	QL
amlodipine besylate-valsartan tab 10-160 mg QL (30 tabs / 30 days)	1	QL
amlodipine besylate-valsartan tab 10-320 mg QL (30 tabs / 30 days)	1	QL
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg QL (30 tabs / 30 days)	1	QL
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg QL (30 tabs / 30 days)	1	QL
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg QL (30 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg	1	QL
QL (30 tabs / 30 days)		
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg	1	QL
QL (30 tabs / 30 days)		
ATACAND HCT TAB 16-12.5	4	QL
QL (60 tabs / 30 days)		
ATACAND HCT TAB 32-12.5	4	QL
QL (30 tabs / 30 days)		
ATACAND HCT TAB 32-25MG	4	QL
QL (30 tabs / 30 days)		
AVALIDE TAB 150-12.5	4	QL
QL (60 tabs / 30 days)		
AVALIDE TAB 300-12.5	4	QL
QL (30 tabs / 30 days)		
AZOR TAB 5-20MG	4	QL
QL (30 tabs / 30 days)		
AZOR TAB 5-40MG	4	QL
QL (30 tabs / 30 days)		
AZOR TAB 10-20MG	4	QL
QL (30 tabs / 30 days)		
AZOR TAB 10-40MG	4	QL
QL (30 tabs / 30 days)		
BENICAR HCT TAB 20-12.5	4	QL
QL (30 tabs / 30 days)		
BENICAR HCT TAB 40-12.5	4	QL
QL (30 tabs / 30 days)		
BENICAR HCT TAB 40-25MG	4	QL
QL (30 tabs / 30 days)		
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	1	QL
QL (60 tabs / 30 days)		
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	1	QL
QL (30 tabs / 30 days)		
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	1	QL
QL (30 tabs / 30 days)		
DIOVAN HCT TAB 80-12.5	4	QL
QL (30 tabs / 30 days)		
DIOVAN HCT TAB 160-12.5	4	QL
QL (30 tabs / 30 days)		

Drug Name	Drug Requirements/ Tier	Limits
DIOVAN HCT TAB 160-25MG	4	QL
QL (30 tabs / 30 days)		
DIOVAN HCT TAB 320-12.5	4	QL
QL (30 tabs / 30 days)		
DIOVAN HCT TAB 320-25MG	4	QL
QL (30 tabs / 30 days)		
EDARBYCLOR TAB 40-12.5	4	QL ST
QL (30 tabs / 30 days)		
EDARBYCLOR TAB 40-25MG	4	QL ST
QL (30 tabs / 30 days)		
ENTRESTO CAP 6-6MG	3	QL
QL (240 caps / 30 days)		
ENTRESTO CAP 15-16MG	3	QL
QL (240 caps / 30 days)		
ENTRESTO TAB 24-26MG	4	QL
QL (180 tabs / 30 days)		
ENTRESTO TAB 49-51MG	4	QL
QL (60 tabs / 30 days)		
ENTRESTO TAB 97-103MG	4	QL
QL (60 tabs / 30 days)		
EXFORGE HCT TAB 5-160-12.5MG	4	QL
QL (30 tabs / 30 days)		
EXFORGE HCT TAB 5-160-25MG	4	QL
QL (30 tabs / 30 days)		
EXFORGE HCT TAB 10-160-12.5MG	4	QL
QL (30 tabs / 30 days)		
EXFORGE HCT TAB 10-160-25MG	4	QL
QL (30 tabs / 30 days)		
EXFORGE HCT TAB 10-320-25MG	4	QL
QL (30 tabs / 30 days)		
EXFORGE TAB 5-160MG	4	QL
QL (30 tabs / 30 days)		
EXFORGE TAB 5-320MG	4	QL
QL (30 tabs / 30 days)		
EXFORGE TAB 10-160MG	4	QL
QL (30 tabs / 30 days)		
EXFORGE TAB 10-320MG	4	QL
QL (30 tabs / 30 days)		
HYZAAR TAB 50-12.5	4	QL
QL (30 tabs / 30 days)		
HYZAAR TAB 100-12.5	4	QL
QL (30 tabs / 30 days)		

Drug Name	Drug Tier	Requirements/ Limits
HYZAAR TAB 100-25 QL (30 tabs / 30 days)	4	QL
irbesartan-hydrochlorothiazide tab 150-12.5 mg QL (60 tabs / 30 days)	1	QL
irbesartan-hydrochlorothiazide tab 300-12.5 mg QL (30 tabs / 30 days)	1	QL
losartan potassium & hydrochlorothiazide tab 50-12.5 mg QL (30 tabs / 30 days)	1	QL
losartan potassium & hydrochlorothiazide tab 100-12.5 mg QL (30 tabs / 30 days)	1	QL
losartan potassium & hydrochlorothiazide tab 100-25 mg QL (30 tabs / 30 days)	1	QL
MICARDIS HCT TAB 40/12.5 QL (30 tabs / 30 days)	4	QL
MICARDIS HCT TAB 80-25MG QL (30 tabs / 30 days)	4	QL
MICARDIS HCT TAB 80/12.5 QL (60 tabs / 30 days)	4	QL
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg QL (30 tabs / 30 days)	1	QL
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg QL (30 tabs / 30 days)	1	QL
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg QL (30 tabs / 30 days)	1	QL
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg QL (30 tabs / 30 days)	1	QL
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg QL (30 tabs / 30 days)	1	QL
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg QL (30 tabs / 30 days)	1	QL
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg QL (30 tabs / 30 days)	1	QL
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg QL (30 tabs / 30 days)	1	QL
sacubitril-valsartan tab 24-26 mg QL (180 tabs / 30 days)	2	QL
sacubitril-valsartan tab 49-51 mg QL (60 tabs / 30 days)	2	QL
sacubitril-valsartan tab 97-103 mg QL (60 tabs / 30 days)	2	QL
telmisartan-amlodipine tab 40-5 mg QL (30 tabs / 30 days)	1	QL
telmisartan-amlodipine tab 40-10 mg QL (30 tabs / 30 days)	1	QL
telmisartan-amlodipine tab 80-5 mg QL (30 tabs / 30 days)	1	QL
telmisartan-amlodipine tab 80-10 mg QL (30 tabs / 30 days)	1	QL
telmisartan-hydrochlorothiazide tab 40-12.5 mg QL (30 tabs / 30 days)	1	QL
telmisartan-hydrochlorothiazide tab 80-12.5 mg QL (60 tabs / 30 days)	1	QL
telmisartan-hydrochlorothiazide tab 80-25 mg QL (30 tabs / 30 days)	1	QL
TRIBENZOR TAB 20-5-12.5MG QL (30 tabs / 30 days)	4	QL

Drug Name	Drug Requirements/ Tier	Limits
TRIBENZOR TAB 40-5-12.5MG QL (30 tabs / 30 days)	4	QL
TRIBENZOR TAB 40-5-25MG QL (30 tabs / 30 days)	4	QL
TRIBENZOR TAB 40-10-12.5MG QL (30 tabs / 30 days)	4	QL
TRIBENZOR TAB 40-10-25MG QL (30 tabs / 30 days)	4	QL
valsartan-hydrochlorothiazide tab 80-12.5 mg QL (30 tabs / 30 days)	1	QL
valsartan-hydrochlorothiazide tab 160-12.5 mg QL (30 tabs / 30 days)	1	QL
valsartan-hydrochlorothiazide tab 160-25 mg QL (30 tabs / 30 days)	1	QL
valsartan-hydrochlorothiazide tab 320-12.5 mg QL (30 tabs / 30 days)	1	QL
valsartan-hydrochlorothiazide tab 320-25 mg QL (30 tabs / 30 days)	1	QL
WIDAPLIK TAB 1.25-10-0.625 MG QL (30 tabs / 30 days)	4	QL
WIDAPLIK TAB 2.5-20-1.25 MG QL (30 tabs / 30 days)	4	QL
WIDAPLIK TAB 40-5-2.5 QL (30 tabs / 30 days)	4	QL
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ARBLI SUSP 10mg/ml QL (330 mL / 30 days)	4	QL
ATACAND TABS 4mg, 8mg, 16mg QL (60 tabs / 30 days)	4	QL
ATACAND TABS 32mg QL (30 tabs / 30 days)	4	QL
AVAPRO TABS 150mg, 300mg QL (30 tabs / 30 days)	4	QL
azilsartan medoxomil TABS 40mg, 80mg QL (30 tabs / 30 days)	4	QL ST
BENICAR TABS 5mg QL (60 tabs / 30 days)	4	QL
BENICAR TABS 20mg, 40mg QL (30 tabs / 30 days)	4	QL
candesartan cilexetil TABS 4mg, 8mg, 16mg QL (60 tabs / 30 days)	1	QL
candesartan cilexetil TABS 32mg QL (30 tabs / 30 days)	1	QL
COZAAR TABS 25mg, 50mg QL (60 tabs / 30 days)	4	QL
COZAAR TABS 100mg QL (30 tabs / 30 days)	4	QL
DIOVAN TABS 40mg, 80mg, 160mg QL (60 tabs / 30 days)	4	QL
DIOVAN TABS 320mg QL (30 tabs / 30 days)	4	QL
EDARBI TABS 40mg, 80mg QL (30 tabs / 30 days)	4	QL ST
irbesartan TABS 75mg, 150mg, 300mg QL (30 tabs / 30 days)	1	QL
losartan potassium TABS 25mg, 50mg QL (60 tabs / 30 days)	1	QL
losartan potassium TABS 100mg QL (30 tabs / 30 days)	1	QL
olmesartan medoxomil TABS 5mg QL (60 tabs / 30 days)	1	QL
olmesartan medoxomil TABS 20mg, 40mg QL (30 tabs / 30 days)	1	QL
telmisartan TABS 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
valsartan SOLN 4mg/ml QL (2400 mL / 30 days)	5	QL PA
valsartan TABS 40mg, 80mg, 160mg QL (60 tabs / 30 days)	1	QL
valsartan TABS 320mg QL (30 tabs / 30 days)	1	QL

Drug Name	Tier	Requirements/ Limits
ANTIARRHYTHMICS		
amiodarone hcl SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 400mg	2	
amiodarone hcl TABS 200mg	1	
BETAPACE TABS 80mg, 120mg, 160mg	5	
BETAPACE AF TABS 80mg	4	
BETAPACE AF TABS 120mg, 160mg	5	
disopyramide phosphate CAPS 100mg, 150mg	4	
dofetilide CAPS 125mcg, 250mcg, 500mcg	2	
flecainide acetate TABS 50mg, 100mg, 150mg	2	
MULTAQ TABS 400mg QL (60 tabs / 30 days)	4	QL
NORPACE CAPS 100mg, 150mg	4	
pacerone TABS 100mg	2	
pacerone TABS 200mg	1	
propafenone hcl CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	2	
quinidine sulfate TABS 200mg, 300mg	2	
sotalol hcl TABS 80mg, 120mg, 160mg, 240mg	1	
sotalol hcl (afib/afl) TABS 80mg, 120mg, 160mg	2	
SOTYLIZE SOLN 5mg/ml	5	
TIKOSYN CAPS 125mcg, 250mcg, 500mcg	4	
ANTILIPEMICS, FIBRATES		
choline fenofibrate CPDR 45mg, 135mg	2	
fenofibrate CAPS 50mg, 150mg QL (30 caps / 30 days)	2	QL ST
fenofibrate TABS 40mg QL (60 tabs / 30 days)	2	QL ST
fenofibrate TABS 48mg, 54mg, 145mg, 160mg	2	
fenofibrate TABS 120mg QL (30 tabs / 30 days)	2	QL ST
fenofibrate micronized CAPS 43mg, 67mg, 134mg, 200mg	2	
fenofibrate micronized CAPS 130mg QL (30 caps / 30 days)	2	QL ST
fenofibric acid TABS 35mg QL (60 tabs / 30 days)	2	QL ST
fenofibric acid TABS 105mg QL (30 tabs / 30 days)	2	QL ST
gemfibrozil TABS 600mg	1	
LIPOFEN CAPS 50mg, 150mg QL (30 caps / 30 days)	4	QL ST
LOPID TABS 600mg	4	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
ATORVALIQ SUSP 20mg/5ml QL (600 mL / 30 days)	4	QL ST
atorvastatin calcium TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
CRESTOR TABS 5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days)	4	QL
FLOLIPID SUSP 20mg/5ml, 40mg/5ml QL (300 mL / 30 days)	4	QL ST
fluvastatin sodium CAPS 20mg, 40mg QL (60 caps / 30 days)	1	QL ST
fluvastatin sodium TB24 80mg QL (30 tabs / 30 days)	1	QL ST
LESCOL XL TB24 80mg QL (30 tabs / 30 days)	4	QL ST
LIPITOR TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	4	QL
LIVALO TABS 1mg, 2mg, 4mg QL (30 tabs / 30 days)	4	QL ST
lovastatin TABS 10mg, 20mg, 40mg QL (60 tabs / 30 days)	1	QL
pitavastatin calcium TABS 1mg, 2mg, 4mg QL (30 tabs / 30 days)	1	QL ST

Drug Name	Drug Tier	Requirements/ Limits
pravastatin sodium TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
rosuvastatin calcium TABS 5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	QL
simvastatin TABS 5mg, 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
ZOCOR TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	4	QL
ZYPITAMAG TABS 2mg, 4mg QL (30 tabs / 30 days)	4	QL ST
ANTILIPEMICS, MISCELLANEOUS		
cholestyramine PACK 4gm; POWD 4gm/dose	2	
cholestyramine light PACK 4gm; POWD 4gm/dose	2	
colesevelam hcl PACK 3.75gm; TABS 625mg	2	
COLESTID GRAN 5gm; TABS 1gm	4	
colestipol hcl GRAN 5gm; PACK 5gm; TABS 1gm	2	
EVKEEZA SOLN 345mg/2.3ml, 1200mg/8ml	5	NM PA
ezetimibe TABS 10mg QL (30 tabs / 30 days)	1	QL
ezetimibe-simvastatin tab 10-10 mg QL (30 tabs / 30 days)	1	QL
ezetimibe-simvastatin tab 10-20 mg QL (30 tabs / 30 days)	1	QL
ezetimibe-simvastatin tab 10-40 mg QL (30 tabs / 30 days)	1	QL
ezetimibe-simvastatin tab 10-80 mg QL (30 tabs / 30 days)	1	QL
JUXTAPID CAPS 2mg, 5mg, 10mg, 20mg, 30mg	5	NM PA
LOVAZA CAP 1GM	4	PA
NEXLETOL TABS 180mg QL (30 tabs / 30 days)	3	QL
NEXLIZET TAB 180/10MG QL (30 tabs / 30 days)	3	QL
niacin (antihyperlipidemic) TABS 500mg	2	
niacin (antihyperlipidemic) TBCR 500mg, 750mg, 1000mg QL (60 tabs / 30 days)	2	QL
niacor TABS 500mg	2	
omega-3-acid ethyl esters cap 1 gm	2	
QUESTRAN PACK 4gm; POWD 4gm/dose	4	
QUESTRAN LIGHT POWD 4gm/dose	4	
REDEMPLO SOSY 25mg/0.5ml QL (1 syringe / 90 days)	5	QL NM PA
REPATHA SOSY 140mg/ml QL (6 syringes / 28 days)	3	QL NM PA
REPATHA SURECLICK SOAJ 140mg/ml QL (6 pens / 28 days)	3	QL NM PA
TRYNGOLZA SOAJ 50mg/0.8ml, 80mg/0.8ml QL (1 pen / 30 days)	5	QL NM PA
VASCEPA CAPS .5gm, 1gm	3	
VYTORIN TAB 10-10MG QL (30 tabs / 30 days)	4	QL
VYTORIN TAB 10-20MG QL (30 tabs / 30 days)	4	QL
VYTORIN TAB 10-40MG QL (30 tabs / 30 days)	4	QL
VYTORIN TAB 10-80MG QL (30 tabs / 30 days)	4	QL
WELCHOL PACK 3.75gm; TABS 625mg	4	
ZETIA TABS 10mg QL (30 tabs / 30 days)	4	QL
BETA-BLOCKER/DIURETIC COMBINATIONS		
atenolol & chlorthalidone tab 50-25 mg	1	
atenolol & chlorthalidone tab 100-25 mg	1	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	1	

Drug Name	Drug Tier	Requirements/ Limits
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	1	
metoprolol & hydrochlorothiazide tab 50-25 mg	2	
metoprolol & hydrochlorothiazide tab 100-25 mg	2	
metoprolol & hydrochlorothiazide tab 100-50 mg	2	
BETA-BLOCKERS		
acebutolol hcl CAPS 200mg, 400mg	2	
atenolol TABS 25mg, 50mg, 100mg	1	
betaxolol hcl TABS 10mg, 20mg	2	
bisoprolol fumarate TABS 2.5mg	2	
bisoprolol fumarate TABS 5mg, 10mg	1	
BYSTOLIC TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	4	QL
BYSTOLIC TABS 20mg QL (60 tabs / 30 days)	4	QL
carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	
carvedilol phosphate CP24 10mg, 20mg, 40mg, 80mg QL (30 caps / 30 days)	2	QL
COREG TABS 3.125mg, 6.25mg, 12.5mg, 25mg	4	
COREG CR CP24 10mg, 20mg, 40mg, 80mg QL (30 caps / 30 days)	5	QL
INDERAL LA CP24 60mg, 80mg, 120mg, 160mg	5	
KAPSPARGO SPRINKLE CS24 25mg, 50mg, 100mg, 200mg	4	
labetalol hcl SOLN 5mg/ml; TABS 100mg, 200mg, 300mg, 400mg	2	
LOPRESSOR SOLN 10mg/ml; TABS 12.5mg, 50mg, 100mg	4	
metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg	1	
metoprolol tartrate SOLN 5mg/5ml	2	
metoprolol tartrate TABS 12.5mg, 25mg, 37.5mg, 50mg, 75mg, 100mg	1	
nadolol TABS 20mg, 40mg, 80mg	2	
nebivolol hcl TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	2	QL
nebivolol hcl TABS 20mg QL (60 tabs / 30 days)	2	QL
pindolol TABS 5mg, 10mg	2	
propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 1mg/ml, 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	2	
TENORMIN TABS 25mg, 50mg, 100mg	4	
timolol maleate TABS 5mg, 10mg, 20mg	2	
TOPROL XL TB24 25mg, 50mg, 100mg, 200mg	4	
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate TABS 2.5mg, 5mg, 10mg	1	
CARDAMYST SOLN 70mg/dose	5	
CARDIZEM TABS 30mg, 60mg, 120mg	4	
CARDIZEM CD CP24 120mg, 180mg	4	
CARDIZEM CD CP24 240mg, 300mg, 360mg	5	
CARDIZEM LA TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	4	
cartia xt CP24 120mg, 180mg, 240mg, 300mg	2	
dilt-xr CP24 120mg, 180mg, 240mg	2	

Drug Name	Drug Tier	Requirements/ Limits
diltiazem hcl CP12 60mg, 90mg, 120mg; CP24 120mg, 180mg, 240mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
diltiazem hcl TABS 30mg, 60mg, 90mg, 120mg	1	
diltiazem hcl coated beads CP24 120mg, 180mg, 240mg, 300mg, 360mg	2	
diltiazem hcl extended release beads CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
felodipine TB24 2.5mg, 5mg, 10mg	1	
isradipine CAPS 2.5mg, 5mg	2	
KATERZIA SUSP 1mg/ml	4	
matzim la TB24 180mg, 240mg, 300mg, 360mg, 420mg	2	
nicardipine hcl CAPS 20mg, 30mg	2	
nifedipine TB24 30mg, 60mg, 90mg	2	
nimodipine CAPS 30mg	2	
nimodipine SOLN 60mg/20ml	5	
nisoldipine TB24 8.5mg, 17mg	2	
NORLIQVA SOLN 1mg/ml	4	
NORVASC TABS 2.5mg, 5mg, 10mg	4	
NYMALIZE SOLN 6mg/ml	5	
PROCARDIA XL TB24 30mg, 60mg	4	
SDAMLO SOLR 2.5mg, 5mg, 10mg QL (30 bottles / 30 days)	5	QL PA
SULAR TB24 8.5mg, 17mg, 34mg	4	
tiadylt er CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
TIAZAC CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	4	
verapamil hcl CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml	2	
verapamil hcl TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	
DIURETICS		
acetazolamide CP12 500mg; TABS 125mg, 250mg	2	
amiloride & hydrochlorothiazide tab 5-50 mg	1	
amiloride hcl TABS 5mg	1	
bumetanide SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	2	
chlorthalidone TABS 25mg, 50mg	1	
dichlorphenamide TABS 50mg	5	NM PA
DIURIL SUSP 250mg/5ml	4	
DYRENIUM CAPS 50mg, 100mg	4	
EDECRIN TABS 25mg	5	
ENBUMYST SOLN .5mg/0.1ml	5	
ethacrynic acid TABS 25mg	2	
FUROSCIX CTKT 80mg/10ml	5	
FUROSCIX READYFLOW SOAJ 80mg/ml	5	
furosemide SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	1	
furosemide inj SOLN 10mg/ml	2	
HEMICLOR TABS 12.5mg	4	
hydrochlorothiazide CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
indapamide TABS 1.25mg, 2.5mg	1	
INZIRQO SUSR 10mg/ml QL (320 mL / 30 days)	4	QL
KEVEYIS TABS 50mg	5	NM PA
LASIX TABS 20mg, 40mg, 80mg	4	

Drug Name	Tier	Requirements/ Limits
LASIX ONYU CTKT 80mg/2.67ml	5	
methazolamide TABS 25mg, 50mg	2	
metolazone TABS 2.5mg, 5mg, 10mg	2	
ormalvi TABS 50mg	5	NM PA
SOAANZ TABS 40mg	4	
spironolactone & hydrochlorothiazide tab 25-25 mg	2	
THALITONE TABS 15mg	4	
torsemide TABS 5mg, 10mg, 20mg, 100mg	1	
triamterene CAPS 50mg, 100mg	2	
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 75-50 mg	1	
MISCELLANEOUS		
ADRENALIN SOLN 1mg/ml	4	
aliskiren fumarate TABS 150mg, 300mg QL (30 tabs / 30 days)	1	QL
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-80 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-80 mg	1	
ATTRUBY TBPK 356mg QL (112 tabs / 28 days)	5	QL NM PA
BAXFENDY TABS 1mg, 2mg QL (30 tabs / 30 days)	4	QL PA
BIDIL TAB	4	
CADUET TAB 5-10MG	4	
CADUET TAB 5-20MG	4	
CADUET TAB 5-40MG	4	
CADUET TAB 5-80MG	4	
CADUET TAB 10-10MG	4	
CADUET TAB 10-20MG	4	
CADUET TAB 10-40MG	4	
CADUET TAB 10-80MG	4	
CAMZYOS CAPS 2.5mg, 5mg, 10mg, 15mg QL (30 caps / 30 days)	5	QL NM PA
clonidine PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr; TB24 .17mg	2	
clonidine hcl TABS .1mg, .2mg, .3mg	1	
clonidine hcl TABS .05mg	2	
digoxin SOLN .05mg/ml, .25mg/ml; TABS 62.5mcg	2	
digoxin TABS 125mcg, 250mcg QL (30 tabs / 30 days)	2	QL
droxidopa CAPS 100mg QL (90 caps / 30 days)	2	QL NM PA
droxidopa CAPS 200mg, 300mg QL (180 caps / 30 days)	5	QL NM PA
epinephrine SOLN 1mg/ml	2	

Drug Name	Tier	Drug Requirements/ Limits
EPINEPHRINE SOLN 1mg/ml	4	
guanfacine hcl TABS 1mg, 2mg PA applies if 65 years and older	3	PA
hydralazine hcl SOLN 20mg/ml	2	
hydralazine hcl TABS 10mg, 25mg, 50mg, 100mg	1	
INPEFA TABS 200mg, 400mg QL (30 tabs / 30 days)	4	QL
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg	2	
ivabradine hcl TABS 5mg, 7.5mg QL (60 tabs / 30 days)	2	QL
JAVADIN SOLN .02mg/ml	4	
LANOXIN SOLN .25mg/ml; TABS 62.5mcg	4	
LANOXIN TABS 125mcg, 250mcg QL (30 tabs / 30 days)	4	QL
LANOXIN PEDIATRIC SOLN .1mg/ml	4	
LODOCO TABS .5mg QL (30 tabs / 30 days)	4	QL PA
methyldopa TABS 250mg, 500mg PA applies if 65 years and older	4	PA
metyrosine CAPS 250mg	5	NM PA
midodrine hcl TABS 2.5mg, 5mg, 10mg	2	
minoxidil TABS 2.5mg, 10mg	2	
MYQORZO TABS 5mg, 10mg, 15mg, 20mg QL (30 tabs / 30 days)	5	QL NM PA
NEXICLON XR TB24 .17mg	4	
NORTHERA CAPS 100mg QL (90 caps / 30 days)	5	QL NM PA
NORTHERA CAPS 200mg, 300mg QL (180 caps / 30 days)	5	QL NM PA
phenoxybenzamine hcl CAPS 10mg	5	PA
ranolazine TB12 500mg, 1000mg	2	
TEKTURNA TABS 150mg, 300mg QL (30 tabs / 30 days)	4	QL
TRYVIO TABS 12.5mg QL (30 tabs / 30 days)	4	QL PA
VERQUVO TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	3	QL PA
VYNDAMAX CAPS 61mg QL (30 caps / 30 days)	5	QL NM PA
NITRATES		
isosorbide dinitrate TABS 5mg, 10mg, 20mg, 30mg	2	
isosorbide dinitrate TABS 40mg	2	ST
isosorbide mononitrate TABS 10mg, 20mg	2	
isosorbide mononitrate TB24 30mg, 60mg, 120mg	1	
nitro-bid OINT 2%	2	
NITRO-DUR PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	4	
NITRO-DUR PT24 .3mg/hr, .8mg/hr	5	
nitroglycerin OINT 2%; PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg	2	
NITROLINGUAL SOLN .4mg/spray	4	
NITROSTAT SUBL .3mg, .4mg, .6mg	4	
PULMONARY ARTERIAL HYPERTENSION		
ADCIRCA TABS 20mg QL (60 tabs / 30 days)	5	QL NM PA
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg QL (90 tabs / 30 days)	5	QL NM PA
alyq TABS 20mg QL (60 tabs / 30 days)	2	QL NM PA
ambrisentan TABS 5mg, 10mg QL (30 tabs / 30 days)	5	QL NM PA
bosentan TABS 62.5mg, 125mg QL (60 tabs / 30 days)	5	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
bosentan TBSO 32mg QL (120 tabs / 30 days)	5	QL NM PA
epoprostenol sodium SOLR .5mg, 1.5mg	5	B/D NM
LETAIRIS TABS 5mg, 10mg QL (30 tabs / 30 days)	5	QL NM PA
macitentan TABS 10mg QL (30 tabs / 30 days)	5	QL NM PA
OPSUMIT TABS 10mg QL (30 tabs / 30 days)	5	QL NM PA
OPSYNVI TAB 10-20MG QL (30 tabs / 30 days)	5	QL NM PA
OPSYNVI TAB 10-40MG QL (30 tabs / 30 days)	5	QL NM PA
ORENITRAM TBCR .25mg, 1mg, 2.5mg, 5mg	5	NM PA
ORENITRAM TBCR .125mg	4	NM PA
ORENITRAM TAB MONTH 1	5	NM PA
ORENITRAM TAB MONTH 2	5	NM PA
ORENITRAM TAB MONTH 3	5	NM PA
REMODULIN SOLN 8mg/20ml, 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	5	NM PA
REVATIO SOLN 10mg/12.5ml	5	NM PA
REVATIO TABS 20mg QL (360 tabs / 30 days)	5	QL NM PA
sildenafil citrate (pulmonary hypertension) SOLN 10mg/12.5ml	5	NM PA
sildenafil citrate (pulmonary hypertension) SUSR 10mg/ml QL (784 mL / 30 days)	5	QL NM PA
sildenafil citrate (pulmonary hypertension) TABS 20mg QL (360 tabs / 30 days)	2	QL NM PA
tadalafil (pulmonary hypertension) TABS 20mg QL (60 tabs / 30 days)	2	QL NM PA
TADLIQ SUSP 20mg/5ml QL (300 mL / 30 days)	5	QL NM PA
TRACLEER TABS 62.5mg, 125mg QL (60 tabs / 30 days)	5	QL NM PA
TRACLEER TBSO 32mg QL (120 tabs / 30 days)	5	QL NM PA
treprostinil SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	5	NM PA
TYVASO SOLN .6mg/ml	5	NM PA
TYVASO DPI INSTITUTIONAL POWD 80mcg QL (112 cartridges / 28 days)	5	QL NM PA
TYVASO DPI MAINTENANCE KI POWD 16mcg, 32mcg, 48mcg, 64mcg, 80mcg QL (112 cartridges / 28 days)	5	QL NM PA
TYVASO DPI POW 16-32-48 QL (252 cartridges / 28 days)	5	QL NM PA
TYVASO DPI POW 48-80MCG QL (224 cartridges / 28 days)	5	QL NM PA
TYVASO DPI POW MAIN KIT 32-64MCG QL (224 cartridges / 28 days)	5	QL NM PA
TYVASO DPI POW MAIN KIT 48-64MCG QL (224 cartridges / 28 days)	5	QL NM PA
TYVASO REFILL KIT SOLN .6mg/ml	5	NM PA
TYVASO STARTER KIT SOLN .6mg/ml	5	NM PA
UPTRAVI SOLR 1800mcg	5	NM PA
UPTRAVI TABS 100mcg, 150mcg QL (280 tabs / 28 days)	5	QL NM PA
UPTRAVI TABS 200mcg QL (140 tabs / 28 days)	5	QL NM PA
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg QL (60 tabs / 30 days)	5	QL NM PA
UPTRAVI PACK TAB 200/800 QL (200 tabs / 28 days)	5	QL NM PA
VELETRI SOLR .5mg, 1.5mg	5	B/D NM

Drug Name	Drug Tier	Requirements/ Limits
WINREVAIR KIT 45mg, 60mg QL (2 vials / 21 days)	5	QL NM PA
WINREVAIR INJ 45MG QL (2 vials / 21 days)	5	QL NM PA
WINREVAIR INJ 60MG QL (2 vials / 21 days)	5	QL NM PA
YUTREPIA CAPS 26.5mcg, 53mcg, 79.5mcg QL (140 caps / 28 days)	5	QL NM PA
YUTREPIA CAPS 106mcg QL (224 caps / 28 days)	5	QL NM PA
CENTRAL NERVOUS SYSTEM		
ANTIANXIETY		
alprazolam TABS .25mg, .5mg, 1mg, 2mg; TBDP .5mg, 1mg, 2mg QL (150 tabs / 30 days)	2	QL
alprazolam TB24 2mg, 3mg QL (90 tabs / 30 days) PA applies if 65 years and older	2	QL PA
alprazolam TB24 .5mg, 1mg QL (150 tabs / 30 days) PA applies if 65 years and older	2	QL PA
alprazolam TBDP .25mg QL (120 tabs / 30 days)	2	QL
ALPRAZOLAM INTENSOL CONC 1mg/ml QL (300 mL / 30 days)	4	QL
ATIVAN SOLN 2mg/ml, 4mg/ml	4	
ATIVAN TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	5	QL
BUCAPSOL CAPS 5mg, 7.5mg, 10mg QL (60 caps / 30 days)	5	QL
BUCAPSOL CAPS 15mg QL (120 caps / 30 days)	5	QL
buspirone hcl TABS 2.5mg, 12.5mg QL (60 tabs / 30 days)	5	QL
buspirone hcl TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	1	
chlordiazepoxide hcl CAPS 5mg, 10mg, 25mg QL (120 caps / 30 days) PA applies if 65 years and older	2	QL PA
fluvoxamine maleate CP24 100mg, 150mg QL (60 caps / 30 days)	2	QL
fluvoxamine maleate TABS 25mg, 50mg, 100mg	2	
lorazepam CONC 2mg/ml QL (150 mL / 30 days)	2	QL
lorazepam SOLN 4mg/ml, 20mg/10ml	2	
lorazepam TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	2	QL
lorazepam intensol CONC 2mg/ml QL (150 mL / 30 days)	2	QL
LOREEV XR CS24 1mg, 1.5mg, 2mg QL (150 caps / 30 days) PA applies if 65 years and older	4	QL PA
LOREEV XR CS24 3mg QL (90 caps / 30 days) PA applies if 65 years and older	4	QL PA
oxazepam CAPS 10mg, 15mg, 30mg QL (120 caps / 30 days) PA applies if 65 years and older	2	QL PA
XANAX TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	4	QL
ANTIDEMENTIA		
ARICEPT TABS 5mg QL (30 tabs / 30 days)	4	QL
ARICEPT TABS 10mg, 23mg	4	
donepezil hydrochloride TABS 5mg; TBDP 5mg QL (30 tabs / 30 days)	1	QL
donepezil hydrochloride TABS 10mg; TBDP 10mg	1	
donepezil hydrochloride TABS 23mg	2	

Drug Name	Tier	Requirements/ Limits
EXELON PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr QL (30 patches / 30 days)	4	QL
galantamine hydrobromide CP24 8mg, 16mg, 24mg QL (30 caps / 30 days)	2	QL
galantamine hydrobromide SOLN 4mg/ml QL (200 mL / 30 days)	2	QL
galantamine hydrobromide TABS 4mg, 8mg, 12mg QL (60 tabs / 30 days)	2	QL
LEQEMBI IQLIK SOAJ 250mg/1.25ml QL (8 pens / 28 days)	5	QL NM PA
LEQEMBI IQLIK SOAJ 360mg/1.8ml QL (4 pens / 28 days)	5	QL NM PA
memantine hcl CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg PA applies if 29 years and younger	2	PA
memantine hcl-donepezil hcl cap er 24hr 14-10 mg	2	
memantine hcl-donepezil hcl cap er 24hr 21-10 mg	2	
memantine hcl-donepezil hcl cap er 24hr 28-10 mg	2	
NAMZARIC CAP 7-10MG	4	
NAMZARIC CAP 14-10MG	4	
NAMZARIC CAP 21-10MG	4	
NAMZARIC CAP 28-10MG	4	
rivastigmine PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr QL (30 patches / 30 days)	2	QL
rivastigmine tartrate CAPS 1.5mg, 3mg, 4.5mg, 6mg QL (60 caps / 30 days)	2	QL
ZUNVEYL TBEC 5mg, 10mg, 15mg QL (60 tabs / 30 days)	4	QL PA

Drug Name	Tier	Requirements/ Limits
ANTIDEPRESSANTS		
amitriptyline hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg PA applies if 65 years and older	3	PA
amoxapine TABS 25mg, 50mg, 100mg, 150mg PA applies if 65 years and older	3	PA
ANAFRANIL CAPS 25mg, 50mg, 75mg	5	PA
APLENZIN TB24 174mg QL (60 tabs / 30 days)	5	QL ST
APLENZIN TB24 348mg, 522mg QL (30 tabs / 30 days)	5	QL ST
AUVELITY TAB 45-105MG QL (60 tabs / 30 days)	4	QL
AUVELITY TAB TITRATIO QL (2 packs / year)	5	QL
bupropion hcl TABS 75mg, 100mg	2	
bupropion hcl TB12 100mg, 150mg, 200mg; TB24 150mg QL (60 tabs / 30 days)	2	QL
bupropion hcl TB24 300mg QL (30 tabs / 30 days)	2	QL
bupropion hcl TB24 450mg QL (30 tabs / 30 days)	2	QL ST
CELEXA TABS 10mg, 20mg, 40mg	4	
citalopram hydrobromide CAPS 30mg QL (30 caps / 30 days)	2	QL ST
CITALOPRAM HYDROBROMIDE CAPS 30mg QL (30 caps / 30 days)	4	QL ST
citalopram hydrobromide SOLN 10mg/5ml	2	
citalopram hydrobromide TABS 10mg, 20mg, 40mg	1	
clomipramine hcl CAPS 25mg, 50mg, 75mg	4	PA

Drug Name	Tier	Drug Requirements/ Limits
desipramine hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg PA applies if 65 years and older	4	PA
DESVENLAFAXINE ER TB24 50mg, 100mg QL (30 tabs / 30 days)	4	QL
desvenlafaxine succinate TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days)	2	QL
doxepin hcl CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml PA applies if 65 years and older	3	PA
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg QL (60 caps / 30 days)	4	QL PA
duloxetine hcl CPEP 20mg QL (120 caps / 30 days)	2	QL
duloxetine hcl CPEP 30mg QL (90 caps / 30 days)	2	QL
duloxetine hcl CPEP 40mg, 60mg QL (60 caps / 30 days)	2	QL
DULOXETINE HYDROCHLORIDE CPEP 80mg, 90mg, 120mg QL (30 caps / 30 days)	4	QL
EFFEXOR XR CP24 37.5mg, 75mg, 150mg	4	
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr QL (30 patches / 30 days)	5	QL PA
ESCITALOPRAM OXALATE CAPS 15mg QL (30 caps / 30 days)	4	QL
escitalopram oxalate SOLN 5mg/5ml	2	
escitalopram oxalate TABS 5mg, 10mg, 20mg	1	
EXXUA TB24 18.2mg, 36.3mg, 54.5mg, 72.6mg QL (30 tabs / 30 days)	5	QL PA
EXXUA TITRATION PACK TB24 18.2mg QL (2 packs / year)	5	QL PA
FETZIMA CP24 20mg, 40mg QL (60 caps / 30 days)	4	QL PA
FETZIMA CP24 80mg, 120mg QL (30 caps / 30 days)	4	QL PA
FETZIMA CAP TITRATIO QL (2 packs / year)	4	QL PA
fluoxetine hcl CAPS 10mg, 20mg, 40mg	1	
fluoxetine hcl CPDR 90mg QL (4 caps / 28 days)	2	QL
fluoxetine hcl SOLN 20mg/5ml	2	
fluoxetine hcl TABS 10mg, 60mg QL (30 tabs / 30 days)	2	QL
fluoxetine hcl TABS 20mg QL (120 tabs / 30 days)	2	QL
fluoxetine hcl (pmdd) TABS 10mg QL (30 tabs / 30 days) (generic of SARAFEM)	2	QL
fluoxetine hcl (pmdd) TABS 20mg QL (120 tabs / 30 days) (generic of SARAFEM)	2	QL
imipramine hcl TABS 10mg, 25mg, 50mg PA applies if 65 years and older	2	PA
imipramine pamoate CAPS 75mg, 100mg, 125mg, 150mg PA applies if 65 years and older	4	PA
LEXAPRO TABS 5mg, 10mg, 20mg	4	
MARPLAN TABS 10mg QL (180 tabs / 30 days)	4	QL
mirtazapine TABS 7.5mg; TBDP 15mg, 30mg, 45mg	2	
mirtazapine TABS 15mg, 30mg, 45mg	1	
NARDIL TABS 15mg	4	
nefazodone hcl TABS 50mg, 100mg, 150mg, 200mg, 250mg	2	

Drug Name	Tier	Drug Requirements/ Limits
NORPRAMIN TABS 10mg, 25mg PA applies if 65 years and older	4	PA
nortriptyline hcl CAPS 10mg, 25mg, 50mg, 75mg	2	
nortriptyline hcl SOLN 10mg/5ml	4	
PARNATE TABS 10mg	4	
paroxetine hcl SUSP 10mg/5ml QL (900 mL / 30 days) PA applies if 65 years and older	4	QL PA
paroxetine hcl TABS 10mg, 20mg, 30mg, 40mg PA applies if 65 years and older	2	PA
paroxetine hcl TB24 12.5mg, 25mg, 37.5mg QL (60 tabs / 30 days) PA applies if 65 years and older	4	QL PA
PAXIL TABS 10mg, 20mg, 30mg, 40mg PA applies if 65 years and older	4	PA
PAXIL CR TB24 12.5mg, 25mg, 37.5mg QL (60 tabs / 30 days) PA applies if 65 years and older	4	QL PA
perphenazine-amitriptyline tab 2-10 mg PA applies if 65 years and older	3	PA
perphenazine-amitriptyline tab 2-25 mg PA applies if 65 years and older	3	PA
perphenazine-amitriptyline tab 4-10 mg PA applies if 65 years and older	3	PA
perphenazine-amitriptyline tab 4-25 mg PA applies if 65 years and older	3	PA
perphenazine-amitriptyline tab 4-50 mg PA applies if 65 years and older	3	PA
phenelzine sulfate TABS 15mg	2	
PRISTIQ TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days)	4	QL
protriptyline hcl TABS 5mg, 10mg	4	
RALDESY SOLN 10mg/ml QL (1800 mL / 30 days)	4	QL PA
REMERON TABS 15mg, 30mg	4	
REMERON SOLTAB TBDP 15mg, 30mg, 45mg	4	
sertraline hcl CAPS 150mg, 200mg QL (30 caps / 30 days)	2	QL ST
sertraline hcl CONC 20mg/ml	2	
sertraline hcl TABS 25mg, 50mg, 100mg	1	
SERTRALINE HYDROCHLORIDE CAPS 150mg, 200mg QL (30 caps / 30 days)	4	QL ST
SPRAVATO 56MG DOSE SOPK 28mg/device	5	NM PA
SPRAVATO 84MG DOSE SOPK 28mg/device	5	NM PA
tranylcypromine sulfate TABS 10mg	2	
trazodone hcl TABS 50mg, 100mg, 150mg	1	
trazodone hcl TABS 300mg	2	
trimipramine maleate CAPS 25mg, 50mg QL (120 caps / 30 days) PA applies if 65 years and older	4	QL PA
trimipramine maleate CAPS 100mg QL (60 caps / 30 days) PA applies if 65 years and older	4	QL PA
TRINTELLIX TABS 5mg, 10mg, 20mg QL (30 tabs / 30 days)	4	QL PA

Drug Name	Drug Requirements/ Tier	Limits
VENLAFAXINE BESYLATE ER TB24 112.5mg QL (30 tabs / 30 days)	4	QL ST
venlafaxine hcl CP24 37.5mg, 75mg, 150mg	1	
venlafaxine hcl TABS 25mg, 37.5mg, 50mg, 75mg, 100mg; TB24 37.5mg, 75mg, 150mg	2	
venlafaxine hcl TB24 225mg QL (30 tabs / 30 days)	2	QL ST
VIIBRYD TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	4	QL
vilazodone hcl TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	2	QL
WELLBUTRIN SR TB12 100mg, 150mg, 200mg QL (60 tabs / 30 days)	4	QL ST
WELLBUTRIN XL TB24 150mg QL (60 tabs / 30 days)	5	QL ST
WELLBUTRIN XL TB24 300mg QL (30 tabs / 30 days)	5	QL ST
ZOLOFT CONC 20mg/ml; TABS 25mg, 50mg, 100mg	4	
ZURZUVAE CAPS 20mg, 25mg QL (28 caps / 14 days)	5	QL PA
ZURZUVAE CAPS 30mg QL (14 caps / 14 days)	5	QL PA
ANTIPARKINSONIAN AGENTS		
amantadine hcl CAPS 100mg QL (120 caps / 30 days)	2	QL
amantadine hcl SOLN 50mg/5ml; TABS 100mg	2	
APOKYN SOCT 30mg/3ml QL (20 cartridges / 30 days)	5	QL NM PA
apomorphine hydrochloride SOCT 30mg/3ml QL (20 cartridges / 30 days)	5	QL NM PA
AZILECT TABS .5mg, 1mg QL (30 tabs / 30 days)	5	QL
benztropine mesylate SOLN 1mg/ml	2	
benztropine mesylate TABS .5mg, 1mg, 2mg PA applies if 65 years and older	2	PA
bromocriptine mesylate CAPS 5mg; TABS 2.5mg	2	
carb/levo orally disintegrating tab 10-100mg	2	
carb/levo orally disintegrating tab 25-100mg	2	
carb/levo orally disintegrating tab 25-250mg	2	
carbidopa TABS 25mg	2	
carbidopa & levodopa cap er 23.75-95 mg	2	
carbidopa & levodopa cap er 36.25-145 mg	2	
carbidopa & levodopa cap er 48.75-195 mg	2	
carbidopa & levodopa cap er 61.25-245 mg	2	
carbidopa & levodopa tab 10-100 mg	2	
carbidopa & levodopa tab 25-100 mg	2	
carbidopa & levodopa tab 25-250 mg	2	
carbidopa & levodopa tab er 25-100 mg	2	
carbidopa & levodopa tab er 50-200 mg	2	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	2	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	2	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	2	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	2	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	2	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	2	

Drug Name	Drug Requirements/ Tier	Limits
CREXONT CAP 35-140MG	4	ST
CREXONT CAP 52.5-210	4	ST
CREXONT CAP 70-280MG	4	ST
CREXONT CAP 87.5-350	4	ST
DHIVY TAB 25-100MG	4	
DUOPA SUS 4.63-20	5	B/D NM
entacapone TABS 200mg	2	
GOCOVRI CP24 68.5mg QL (30 caps / 30 days)	5	QL NM PA
GOCOVRI CP24 137mg QL (60 caps / 30 days)	5	QL NM PA
INBRIJA CAPS 42mg QL (300 caps / 30 days)	5	QL NM PA
LODOSYN TABS 25mg	5	
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	4	PA
NOURIANZ TABS 20mg, 40mg QL (30 tabs / 30 days)	5	QL NM
ONAPGO SOCT 98mg/20ml QL (30 cartridges / 30 days)	5	QL NM PA
ONGENTYS CAPS 25mg, 50mg QL (30 caps / 30 days)	4	QL PA
PARLODEL CAPS 5mg; TABS 2.5mg	4	
pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	1	
pramipexole dihydrochloride TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	2	
rasagiline mesylate TABS .5mg, 1mg QL (30 tabs / 30 days)	2	QL
ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	1	
ropinirole hydrochloride TB24 2mg, 4mg, 6mg, 8mg, 12mg	2	
RYTARY CAP 95MG	4	ST
RYTARY CAP 145MG	4	ST
RYTARY CAP 195MG	4	ST
RYTARY CAP 245MG	4	ST
selegiline hcl CAPS 5mg; TABS 5mg	2	
SINEMET TAB 10-100MG	4	
SINEMET TAB 25-100MG	4	
trihexyphenidyl hcl SOLN .4mg/ml	3	
trihexyphenidyl hcl TABS 2mg, 5mg	2	
VYALEV INJ 12-240MG	5	NM PA
XADAGO TABS 50mg, 100mg	5	
ZELAPAR TBDP 1.25mg	5	
ANTIPSYCHOTICS		
ABILIFY TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	4	QL
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml QL (1 syringe / 56 days)	5	QL
ABILIFY MAINTENA PRSY 300mg, 400mg QL (1 syringe / 28 days)	5	QL
ABILIFY MAINTENA SRER 300mg, 400mg QL (1 vial / 28 days)	5	QL
aripiprazole SOLN 1mg/ml QL (900 mL / 30 days)	2	QL
aripiprazole TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	2	QL
aripiprazole TBDP 10mg, 15mg QL (60 tabs / 30 days)	2	QL ST
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 syringe / 28 days)	5	QL
ARISTADA PRSY 1064mg/3.9ml QL (1 syringe / 56 days)	5	QL
ARISTADA INITIO PRSY 675mg/2.4ml	5	
asenapine maleate SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	2	QL
BYSANTI TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg QL (60 tabs / 30 days)	5	QL PA

Drug Name	Drug Requirements/ Tier	Limits
BYSANTI TAB PACK A QL (2 packs / year)	4	QL PA
BYSANTI TAB PACK B QL (2 packs / year)	4	QL PA
BYSANTI TAB PACK C QL (2 packs / year)	4	QL PA
CAPLYTA CAPS 10.5mg, 21mg, 42mg QL (30 caps / 30 days)	5	QL
chlorpromazine hcl CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	2	
clozapine TABS 25mg, 50mg	2	
clozapine TABS 100mg QL (270 tabs / 30 days)	2	QL
clozapine TABS 200mg QL (120 tabs / 30 days)	2	QL
clozapine TBDP 12.5mg, 25mg	2	PA
clozapine TBDP 100mg QL (270 tabs / 30 days)	2	QL PA
clozapine TBDP 150mg QL (180 tabs / 30 days)	2	QL PA
clozapine TBDP 200mg QL (120 tabs / 30 days)	2	QL PA
CLOZARIL TABS 25mg	4	
CLOZARIL TABS 100mg QL (270 tabs / 30 days)	5	QL
COBENFY CAP 50-20MG QL (60 caps / 30 days)	5	QL
COBENFY CAP 100-20MG QL (60 caps / 30 days)	5	QL
COBENFY CAP 125-30MG QL (60 caps / 30 days)	5	QL
COBENFY STRT CAP PACK QL (2 packs / year)	5	QL
ERZOFRI SUSY 39mg/0.25ml QL (1 syringe / 28 days)	4	QL
ERZOFRI SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days)	5	QL
ERZOFRI SUSY 351mg/2.25ml QL (2 syringes / year)	5	QL
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg QL (60 tabs / 30 days)	5	QL PA
FANAPT PAK PACK A QL (2 packs / year)	4	QL PA
FANAPT PAK PACK B QL (2 packs / year)	4	QL PA
FANAPT PAK PACK C QL (2 packs / year)	4	QL PA
fluphenazine decanoate SOLN 25mg/ml	2	
fluphenazine hcl CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	2	
GEODON CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days)	5	QL
GEODON SOLR 20mg QL (6 vials / 3 days)	4	QL
haloperidol TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	2	
haloperidol decanoate SOLN 50mg/ml, 100mg/ml	2	
haloperidol lactate CONC 2mg/ml; SOLN 5mg/ml	2	
INVEGA TB24 3mg, 9mg QL (30 tabs / 30 days)	4	QL
INVEGA TB24 6mg QL (60 tabs / 30 days)	4	QL
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml QL (1 syringe / 180 days)	5	QL
INVEGA SUSTENNA SUSY 39mg/0.25ml QL (1 syringe / 28 days)	4	QL
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days)	5	QL
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml QL (1 syringe / 90 days)	5	QL
LATUDA TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	5	QL

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

Drug Name	Drug Requirements/ Tier	Limits
PERSERIS PRSY 90mg, 120mg QL (1 syringe / 30 days)	5	QL
pimozide TABS 1mg, 2mg	2	
quetiapine fumarate TABS 25mg QL (180 tabs / 30 days)	2	QL
quetiapine fumarate TABS 50mg, 100mg, 150mg, 200mg QL (90 tabs / 30 days)	2	QL
quetiapine fumarate TABS 300mg, 400mg QL (60 tabs / 30 days)	2	QL
quetiapine fumarate TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	2	QL PA
quetiapine fumarate TB24 150mg, 200mg QL (30 tabs / 30 days)	2	QL PA
REXULTI TABS 3mg, 4mg QL (30 tabs / 30 days)	5	QL
REXULTI TABS .25mg, .5mg, 1mg, 2mg QL (60 tabs / 30 days)	5	QL
RISPERDAL SOLN 1mg/ml QL (240 mL / 30 days)	4	QL
RISPERDAL TABS .5mg, 1mg, 2mg, 3mg, 4mg	4	
RISPERDAL CONSTA SRER 12.5mg QL (2 vials / 28 days)	4	QL
RISPERDAL CONSTA SRER 25mg, 37.5mg, 50mg QL (2 vials / 28 days)	5	QL
risperidone SOLN 1mg/ml QL (240 mL / 30 days)	2	QL
risperidone TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	
risperidone TBDP 1mg, 2mg, 3mg QL (60 tabs / 30 days)	2	QL ST
risperidone TBDP 4mg QL (120 tabs / 30 days)	2	QL ST
risperidone TBDP .25mg, .5mg QL (90 tabs / 30 days)	2	QL ST
risperidone microspheres SRER 12.5mg, 25mg QL (2 vials / 28 days)	2	QL

Drug Name	Drug Requirements/ Tier	Limits
risperidone microspheres SRER 37.5mg, 50mg QL (2 vials / 28 days)	5	QL
RYKINDO SRER 25mg QL (2 vials / 28 days)	5	QL PA
SAPHRIS SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	4	QL
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr QL (30 patches / 30 days)	5	QL
SEROQUEL TABS 25mg QL (180 tabs / 30 days)	4	QL
SEROQUEL TABS 50mg, 100mg, 200mg QL (90 tabs / 30 days)	4	QL
SEROQUEL TABS 300mg QL (60 tabs / 30 days)	4	QL
SEROQUEL XR TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	4	QL PA
SEROQUEL XR TB24 150mg, 200mg QL (30 tabs / 30 days)	4	QL PA
thioridazine hcl TABS 10mg, 25mg, 50mg, 100mg	2	
thiothixene CAPS 1mg, 2mg, 5mg, 10mg	2	
trifluoperazine hcl TABS 1mg, 2mg, 5mg, 10mg	2	
UZEDY SUSY 50mg/0.14ml, 75mg/0.21ml, 100mg/0.28ml, 125mg/0.35ml QL (1 syringe / 30 days)	5	QL
UZEDY SUSY 150mg/0.42ml, 200mg/0.56ml, 250mg/0.7ml QL (1 syringe / 60 days)	5	QL
VERSACLOZ SUSP 50mg/ml QL (600 mL / 30 days)	5	QL PA
VRAYLAR CAPS 1.5mg QL (60 caps / 30 days)	3	QL
VRAYLAR CAPS .5mg, .75mg, 3mg, 4.5mg, 6mg QL (30 caps / 30 days)	3	QL
ziprasidone hcl CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days)	2	QL
ziprasidone mesylate SOLR 20mg QL (6 vials / 3 days)	2	QL
ZYPREXA SOLR 10mg QL (3 vials / 1 day)	4	QL
ZYPREXA TABS 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	4	QL
ZYPREXA TABS 7.5mg QL (30 tabs / 30 days)	4	QL
ZYPREXA TABS 15mg, 20mg QL (30 tabs / 30 days)	5	QL
ZYPREXA RELPREVV SUSR 210mg, 300mg QL (2 vials / 28 days)	5	QL NM PA
ZYPREXA RELPREVV SUSR 405mg QL (1 vial / 28 days)	5	QL NM PA
ZYPREXA ZYDIS TBDP 5mg QL (30 tabs / 30 days)	4	QL ST
ZYPREXA ZYDIS TBDP 10mg QL (60 tabs / 30 days)	4	QL ST
ZYPREXA ZYDIS TBDP 15mg, 20mg QL (30 tabs / 30 days)	5	QL ST
ANTISEIZURE AGENTS		
APTIOM TABS 200mg, 400mg QL (30 tabs / 30 days)	5	QL
APTIOM TABS 600mg, 800mg QL (60 tabs / 30 days)	5	QL
BANZEL SUSP 40mg/ml QL (2400 mL / 30 days)	5	QL PA
BANZEL TABS 200mg QL (480 tabs / 30 days)	5	QL PA
BANZEL TABS 400mg QL (240 tabs / 30 days)	5	QL PA
brivaracetam SOLN 10mg/ml QL (600 mL / 30 days)	2	QL PA
brivaracetam SOLN 50mg/5ml	2	PA
brivaracetam TABS 10mg, 25mg, 50mg, 75mg, 100mg QL (60 tabs / 30 days)	2	QL PA
BRIVIACT SOLN 10mg/ml QL (600 mL / 30 days)	5	QL PA

Drug Name	Drug Requirements/ Tier	Limits
BRIVIACT SOLN 50mg/5ml	4	PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg QL (60 tabs / 30 days)	5	QL PA
carbamazepine CHEW 100mg, 200mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	2	
CARBATROL CP12 100mg, 200mg, 300mg	4	
CELONTIN CAPS 300mg	4	
clobazam SUSP 2.5mg/ml QL (480 mL / 30 days)	2	QL PA
clobazam TABS 10mg, 20mg QL (60 tabs / 30 days)	2	QL PA
clonazepam TABS 2mg; TBDP 2mg QL (300 tabs / 30 days)	2	QL
clonazepam TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	2	QL
clorazepate dipotassium TABS 3.75mg, 7.5mg, 15mg QL (180 tabs / 30 days) PA applies if 65 years and older	2	QL PA
DEPAKOTE TBEC 125mg, 250mg, 500mg	4	
DEPAKOTE ER TB24 250mg, 500mg	4	
DEPAKOTE SPRINKLES CSDR 125mg	4	
DIACOMIT CAPS 250mg QL (360 caps / 30 days)	5	QL NM PA
DIACOMIT CAPS 500mg QL (180 caps / 30 days)	5	QL NM PA
DIACOMIT PACK 250mg QL (360 packets / 30 days)	5	QL NM PA
DIACOMIT PACK 500mg QL (180 packets / 30 days)	5	QL NM PA
diazepam SOLN 5mg/5ml QL (1200 mL / 30 days) PA applies if 65 years and older when greater than 5 day supply	2	QL PA
diazepam TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA applies if 65 years and older when greater than 5 day supply	2	QL PA
diazepam (anticonvulsant) GEL 2.5mg, 10mg, 20mg	2	
diazepam inj SOLN 5mg/ml	2	
diazepam intensol CONC 5mg/ml QL (240 mL / 30 days) PA applies if 65 years and older when greater than 5 day supply	2	QL PA
DILANTIN CAPS 30mg, 100mg	4	
DILANTIN INFATABS CHEW 50mg	4	
DILANTIN-125 SUSP 125mg/5ml	4	
divalproex sodium CSDR 125mg; TB24 250mg, 500mg	2	
divalproex sodium TBEC 125mg, 250mg, 500mg	1	
ELEPSIA XR TB24 1000mg	4	
ELEPSIA XR TB24 1500mg	5	
EPIDIOLEX SOLN 100mg/ml QL (600 mL / 30 days)	5	QL NM PA
EPRONTIA SOLN 25mg/ml QL (480 mL / 30 days)	4	QL PA
eslicarbazepine acetate TABS 200mg, 400mg QL (30 tabs / 30 days)	2	QL
eslicarbazepine acetate TABS 600mg, 800mg QL (60 tabs / 30 days)	2	QL
ethosuximide CAPS 250mg; SOLN 250mg/5ml	2	
felbamate SUSP 600mg/5ml; TABS 400mg, 600mg	2	
FELBATOL TABS 400mg, 600mg	5	
FINTEPLA SOLN 2.2mg/ml QL (360 mL / 30 days)	5	QL NM PA
FYCOMPA SUSP .5mg/ml QL (680 mL / 28 days)	5	QL PA
FYCOMPA TABS 2mg QL (60 tabs / 30 days)	4	QL PA

Drug Name	Drug Tier	Requirements/ Limits
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days)	5	QL PA
gabapentin CAPS 100mg, 300mg QL (360 caps / 30 days)	1	QL
gabapentin CAPS 200mg QL (60 caps / 30 days)	2	QL
gabapentin CAPS 400mg QL (270 caps / 30 days)	1	QL
gabapentin SOLN 250mg/5ml, 300mg/6ml QL (2160 mL / 30 days)	2	QL
gabapentin TABS 600mg QL (180 tabs / 30 days)	2	QL
gabapentin TABS 800mg QL (120 tabs / 30 days)	2	QL
GABARONE TABS 100mg QL (360 tabs / 30 days)	5	QL PA
GABARONE TABS 400mg QL (270 tabs / 30 days)	5	QL PA
KEPPRA SOLN 100mg/ml, 500mg/5ml; TABS 500mg, 750mg, 1000mg	5	
KEPPRA TABS 250mg	4	
KEPPRA XR TB24 500mg, 750mg	5	
KLONOPIN TABS 2mg QL (300 tabs / 30 days)	4	QL
KLONOPIN TABS .5mg, 1mg QL (90 tabs / 30 days)	4	QL
lacosamide SOLN 200mg/20ml	2	
lacosamide TABS 50mg QL (120 tabs / 30 days)	2	QL
lacosamide TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	2	QL
lacosamide oral SOLN 10mg/ml QL (1200 mL / 30 days)	2	QL
LAMICTAL TABS 25mg, 100mg, 150mg, 200mg	4	
LAMICTAL CHEWABLE DISPERS CHEW 5mg, 25mg	5	
LAMICTAL ODT TBDP 25mg, 50mg, 100mg, 200mg	4	ST
LAMICTAL ODT KIT BLUE	4	
LAMICTAL ODT KIT GREEN	4	
LAMICTAL ODT KIT ORANGE	4	
LAMICTAL STARTER KIT (35 X 25MG TABS) KIT 25mg	4	
LAMICTAL STARTER KIT (42 X 25MG TABS & 7 X 100MG TAB)	4	
LAMICTAL STARTER KIT (84 X 25MG TABS & 14 X 100MG TABS)	4	
LAMICTAL XR TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	5	ST
LAMICTAL XR KIT	4	
lamotrigine CHEW 5mg, 25mg	2	
lamotrigine TABS 25mg, 100mg, 150mg, 200mg	1	
lamotrigine TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; TBDP 25mg, 50mg, 100mg, 200mg	2	ST
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit	2	
lamotrigine tab 35 x 25 mg starter kit KIT 25mg	2	
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit	5	
lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit	2	
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit	2	
lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit	2	
LEVETIR/NACL INJ 5MG/ML	4	
LEVETIR/NACL INJ 10MG/ML	4	
LEVETIR/NACL INJ 15MG/ML	4	
levetiracetam SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	2	
levetiracetam TB3D 250mg QL (360 tabs / 30 days)	2	QL

Drug Name	Drug Requirements/ Tier	Limits
levetiracetam TB3D 500mg QL (180 tabs / 30 days)	2	QL
levetiracetam in sodium chloride iv soln 500 mg/100ml	2	
levetiracetam in sodium chloride iv soln 1000 mg/100ml	2	
levetiracetam in sodium chloride iv soln 1500 mg/100ml	2	
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	4	QL
LYRICA CAPS 200mg QL (90 caps / 30 days)	4	QL
LYRICA CAPS 225mg, 300mg QL (60 caps / 30 days)	4	QL
LYRICA SOLN 20mg/ml QL (900 mL / 30 days) PA applies if 65 years and older	4	QL PA
methsuximide CAPS 300mg	2	
MOTPOLY XR CP24 100mg QL (60 caps / 30 days)	4	QL PA
MOTPOLY XR CP24 150mg, 200mg QL (60 caps / 30 days)	5	QL PA
MYSOLINE TABS 50mg, 250mg	5	
NAYZILAM SOLN 5mg/0.1ml QL (10 nasal units / 30 days)	4	QL
NEURONTIN CAPS 100mg, 300mg QL (360 caps / 30 days)	4	QL
NEURONTIN CAPS 400mg QL (270 caps / 30 days)	4	QL
NEURONTIN SOLN 250mg/5ml QL (2160 mL / 30 days)	5	QL
NEURONTIN TABS 600mg QL (180 tabs / 30 days)	5	QL
NEURONTIN TABS 800mg QL (120 tabs / 30 days)	5	QL
ONFI SUSP 2.5mg/ml QL (480 mL / 30 days)	5	QL PA
ONFI TABS 10mg, 20mg QL (60 tabs / 30 days)	5	QL PA
oxcarbazepine SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	2	
oxcarbazepine TB24 150mg, 300mg, 600mg	2	PA
OXTELLAR XR TB24 150mg, 300mg	4	PA
OXTELLAR XR TB24 600mg	5	PA
perampanel SUSP .5mg/ml QL (680 mL / 28 days)	5	QL PA
perampanel TABS 2mg QL (60 tabs / 30 days)	2	QL PA
perampanel TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days)	2	QL PA
phenobarbital ELIX 20mg/5ml QL (1500 mL / 30 days) PA applies if 65 years and older	4	QL PA
phenobarbital TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg QL (120 tabs / 30 days) PA applies if 65 years and older	3	QL PA
phenobarbital sodium SOLN 65mg/ml, 130mg/ml PA applies if 65 years and older	4	PA
phenytek CAPS 200mg, 300mg	2	
phenytoin CHEW 50mg; SUSP 125mg/5ml	2	
phenytoin sodium SOLN 50mg/ml	2	
phenytoin sodium extended CAPS 100mg, 200mg, 300mg	2	
pregabalin CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	2	QL
pregabalin CAPS 200mg QL (90 caps / 30 days)	2	QL
pregabalin CAPS 225mg, 300mg QL (60 caps / 30 days)	2	QL

Drug Name	Tier	Requirements/ Limits
pregabalin SOLN 20mg/ml QL (900 mL / 30 days) PA applies if 65 years and older	2	QL PA
primidone TABS 50mg, 125mg, 250mg	1	
relgaabi CAPS 200mg QL (60 caps / 30 days)	2	QL
relgaabi CAPS 300mg QL (360 caps / 30 days)	1	QL
relgaabi CAPS 400mg QL (270 caps / 30 days)	1	QL
roweepra TABS 500mg	2	
rufinamide SUSP 40mg/ml QL (2400 mL / 30 days)	5	QL PA
rufinamide TABS 200mg QL (480 tabs / 30 days)	2	QL PA
rufinamide TABS 400mg QL (240 tabs / 30 days)	2	QL PA
SABRIL PACK 500mg QL (180 packets / 30 days)	5	QL NM PA
SABRIL TABS 500mg QL (180 tabs / 30 days)	5	QL NM PA
SPRITAM TB3D 250mg QL (360 tabs / 30 days)	4	QL
SPRITAM TB3D 500mg QL (180 tabs / 30 days)	4	QL
SUBVENITE SUSP 10mg/ml	5	ST
subvenite TABS 25mg, 100mg, 150mg, 200mg	1	
subvenite starter kit/blu KIT 25mg	2	
subvenite starter kit/gre	5	
subvenite starter kit/ora	2	
SYMPAZAN FILM 5mg QL (60 films / 30 days)	4	QL PA
SYMPAZAN FILM 10mg, 20mg QL (60 films / 30 days)	5	QL PA
TEGRETOL SUSP 100mg/5ml; TABS 200mg	4	
TEGRETOL-XR TB12 100mg, 200mg, 400mg	4	
tiagabine hcl TABS 2mg, 4mg, 12mg, 16mg	2	
TOPAMAX TABS 25mg, 50mg	4	
TOPAMAX TABS 100mg, 200mg	5	
TOPAMAX SPRINKLE CPSP 15mg	4	
TOPAMAX SPRINKLE CPSP 25mg	5	
topiramate CP24 25mg; CS24 25mg QL (480 caps / 30 days)	2	QL PA
topiramate CP24 50mg; CS24 50mg QL (240 caps / 30 days)	2	QL PA
topiramate CP24 100mg; CS24 100mg QL (120 caps / 30 days)	2	QL PA
topiramate CP24 200mg; CS24 150mg, 200mg QL (60 caps / 30 days)	2	QL PA
topiramate CPSP 15mg, 25mg, 50mg	2	
topiramate SOLN 25mg/ml QL (480 mL / 30 days)	2	QL PA
topiramate TABS 25mg, 50mg, 100mg, 200mg	1	
TRILEPTAL SUSP 300mg/5ml; TABS 300mg, 600mg	5	
TRILEPTAL TABS 150mg	4	
TROKENDI XR CP24 25mg QL (480 caps / 30 days)	4	QL PA
TROKENDI XR CP24 50mg QL (240 caps / 30 days)	4	QL PA
TROKENDI XR CP24 100mg QL (120 caps / 30 days)	5	QL PA
TROKENDI XR CP24 200mg QL (60 caps / 30 days)	5	QL PA
VALIUM TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA applies if 65 years and older when greater than 5 day supply	4	QL PA
valproate sodium SOLN 100mg/ml, 250mg/5ml	2	
valproic acid CAPS 250mg	2	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml QL (10 blister packs / 30 days)	4	QL

Drug Name	Drug Requirements/ Tier	Limits
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml QL (10 blister packs / 30 days)	4	QL
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml QL (10 blister packs / 30 days)	4	QL
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml QL (10 blister packs / 30 days)	4	QL
vigabatrin PACK 500mg QL (180 packets / 30 days)	5	QL NM PA
vigabatrin TABS 500mg QL (180 tabs / 30 days)	5	QL NM PA
vigadrone PACK 500mg QL (180 packets / 30 days)	5	QL NM PA
vigadrone TABS 500mg QL (180 tabs / 30 days)	5	QL NM PA
VIGAFYDE SOLN 100mg/ml QL (900 mL / 30 days)	5	QL NM PA
VIMPAT SOLN 10mg/ml QL (1200 mL / 30 days)	5	QL
VIMPAT SOLN 200mg/20ml	5	
VIMPAT TABS 50mg QL (120 tabs / 30 days)	4	QL
VIMPAT TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	5	QL
XCOPRI TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	5	QL
XCOPRI TABS 150mg, 200mg QL (60 tabs / 30 days)	5	QL
XCOPRI PAK 12.5-25 QL (28 tabs / 28 days)	4	QL
XCOPRI PAK 50-100MG QL (28 tabs / 28 days)	5	QL
XCOPRI PAK 100-150 QL (56 tabs / 28 days)	5	QL
XCOPRI PAK 150-200MG (MAINTENANCE) QL (56 tabs / 28 days)	5	QL
XCOPRI PAK 150-200MG (TITRATION) QL (28 tabs / 28 days)	5	QL
ZARONTIN CAPS 250mg; SOLN 250mg/5ml	4	
ZONEGRAN CAPS 25mg, 100mg	5	
ZONISADE SUSP 100mg/5ml QL (900 mL / 30 days)	5	QL PA
zonisamide CAPS 25mg, 50mg, 100mg	2	
ZTALMY SUSP 50mg/ml QL (1100 mL / 30 days)	5	QL NM PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
ADDERALL TAB 5MG QL (60 tabs / 30 days)	4	QL PA
ADDERALL TAB 7.5MG QL (60 tabs / 30 days)	4	QL PA
ADDERALL TAB 10MG QL (60 tabs / 30 days)	4	QL PA
ADDERALL TAB 12.5MG QL (60 tabs / 30 days)	4	QL PA
ADDERALL TAB 15MG QL (60 tabs / 30 days)	4	QL PA
ADDERALL TAB 20MG QL (90 tabs / 30 days)	4	QL PA
ADDERALL TAB 30MG QL (60 tabs / 30 days)	4	QL PA
ADDERALL XR CAP 5MG QL (30 caps / 30 days)	4	QL PA
ADDERALL XR CAP 10MG QL (30 caps / 30 days)	4	QL PA
ADDERALL XR CAP 15MG QL (30 caps / 30 days)	4	QL PA
ADDERALL XR CAP 20MG QL (30 caps / 30 days)	4	QL PA
ADDERALL XR CAP 25MG QL (30 caps / 30 days)	4	QL PA
ADDERALL XR CAP 30MG QL (30 caps / 30 days)	4	QL PA
ADZENYS XR-ODT TBED 3.1mg, 6.3mg, 9.4mg QL (60 tabs / 30 days)	4	QL PA
ADZENYS XR-ODT TBED 12.5mg, 15.7mg, 18.8mg QL (30 tabs / 30 days)	4	QL PA

Drug Name	Drug Requirements/ Tier	Limits
amphetamine TBED 3.1mg, 6.3mg, 9.4mg	2	QL PA
QL (60 tabs / 30 days)		
amphetamine TBED 12.5mg, 15.7mg, 18.8mg	2	QL PA
QL (30 tabs / 30 days)		
amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg	2	QL PA
QL (30 caps / 30 days)		
amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg	2	QL PA
QL (30 caps / 30 days)		
amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg	2	QL PA
QL (30 caps / 30 days)		
amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg	2	QL PA
QL (30 caps / 30 days)		
amphetamine-dextroamphetamine cap er 24hr 5 mg	2	QL PA
QL (30 caps / 30 days)		
amphetamine-dextroamphetamine cap er 24hr 10 mg	2	QL PA
QL (30 caps / 30 days)		
amphetamine-dextroamphetamine cap er 24hr 15 mg	2	QL PA
QL (30 caps / 30 days)		
amphetamine-dextroamphetamine cap er 24hr 20 mg	2	QL PA
QL (30 caps / 30 days)		
amphetamine-dextroamphetamine cap er 24hr 25 mg	2	QL PA
QL (30 caps / 30 days)		
amphetamine-dextroamphetamine cap er 24hr 30 mg	2	QL PA
QL (30 caps / 30 days)		
amphetamine-dextroamphetamine tab 5 mg	2	QL PA
QL (60 tabs / 30 days)		
amphetamine-dextroamphetamine tab 7.5 mg	2	QL PA
QL (60 tabs / 30 days)		
amphetamine-dextroamphetamine tab 10 mg	2	QL PA
QL (60 tabs / 30 days)		
amphetamine-dextroamphetamine tab 12.5 mg	2	QL PA
QL (60 tabs / 30 days)		
amphetamine-dextroamphetamine tab 15 mg	2	QL PA
QL (60 tabs / 30 days)		
amphetamine-dextroamphetamine tab 20 mg	2	QL PA
QL (90 tabs / 30 days)		
amphetamine-dextroamphetamine tab 30 mg	2	QL PA
QL (60 tabs / 30 days)		
ARYNTA SOLN 10mg/ml	4	QL PA
QL (240 mL / 30 days)		
atomoxetine hcl CAPS 10mg, 18mg, 25mg	2	QL
QL (120 caps / 30 days)		
atomoxetine hcl CAPS 40mg	2	QL
QL (60 caps / 30 days)		
atomoxetine hcl CAPS 60mg, 80mg, 100mg	2	QL
QL (30 caps / 30 days)		
atomoxetine hcl SOLN 4mg/ml	2	QL
QL (700 mL / 28 days)		
ATONCY SOLN 4mg/ml	4	QL
QL (700 mL / 28 days)		
AZSTARYS CAP 26.1-5.2	4	QL PA
QL (30 caps / 30 days)		
AZSTARYS CAP 39.2-7.8	4	QL PA
QL (30 caps / 30 days)		
AZSTARYS CAP 52.3-10.	4	QL PA
QL (30 caps / 30 days)		
CONCERTA TBCR 18mg, 27mg, 36mg	4	QL PA
QL (60 tabs / 30 days)		

Drug Name	Tier	Drug Requirements/ Limits
CONCERTA TBCR 54mg QL (30 tabs / 30 days)	4	QL PA
COTEMPLA XR-ODT TBED 8.6mg, 17.3mg, 25.9mg QL (60 tabs / 30 days)	4	QL PA
DAYTRANA PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr QL (30 patches / 30 days)	4	QL PA
DEXEDRINE CP24 10mg QL (150 caps / 30 days)	5	QL PA
DEXEDRINE CP24 15mg QL (120 caps / 30 days)	5	QL PA
dexmethylphenidate hcl CP24 5mg, 10mg, 15mg, 20mg QL (60 caps / 30 days)	2	QL PA
dexmethylphenidate hcl CP24 25mg, 30mg, 35mg, 40mg QL (30 caps / 30 days)	2	QL PA
dexmethylphenidate hcl TABS 2.5mg, 5mg QL (120 tabs / 30 days)	2	QL PA
dexmethylphenidate hcl TABS 10mg QL (60 tabs / 30 days)	2	QL PA
dextroamphetamine sulfate CP24 5mg, 10mg QL (150 caps / 30 days)	2	QL PA
dextroamphetamine sulfate CP24 15mg QL (120 caps / 30 days)	2	QL PA
dextroamphetamine sulfate TABS 2.5mg, 5mg, 7.5mg, 10mg QL (180 tabs / 30 days)	2	QL PA
dextroamphetamine sulfate TABS 15mg QL (120 tabs / 30 days)	2	QL PA
dextroamphetamine sulfate TABS 20mg QL (90 tabs / 30 days)	2	QL PA
dextroamphetamine sulfate TABS 30mg QL (60 tabs / 30 days)	2	QL PA
DYANAVEL XR SUER 2.5mg/ml QL (240 mL / 30 days)	4	QL PA
DYANAVEL XR TBCR 5mg QL (60 tabs / 30 days)	4	QL PA
DYANAVEL XR TBCR 10mg, 15mg, 20mg QL (30 tabs / 30 days)	4	QL PA
FOCALIN XR CP24 5mg, 10mg, 15mg, 20mg QL (60 caps / 30 days)	4	QL PA
FOCALIN XR CP24 25mg, 30mg, 35mg, 40mg QL (30 caps / 30 days)	4	QL PA
guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg QL (30 tabs / 30 days) PA applies if 65 years and older	3	QL PA
guanfacine hcl (adhd) TB24 3mg QL (60 tabs / 30 days) PA applies if 65 years and older	3	QL PA
INTUNIV TB24 1mg, 2mg, 4mg QL (30 tabs / 30 days) PA applies if 65 years and older	4	QL PA
INTUNIV TB24 3mg QL (60 tabs / 30 days) PA applies if 65 years and older	4	QL PA
JORNAY PM CP24 20mg, 40mg QL (60 caps / 30 days)	4	QL PA
JORNAY PM CP24 60mg, 80mg, 100mg QL (30 caps / 30 days)	4	QL PA
lisdexamfetamine dimesylate CAPS 10mg, 20mg, 30mg QL (60 caps / 30 days)	2	QL PA
lisdexamfetamine dimesylate CAPS 40mg, 50mg, 60mg, 70mg QL (30 caps / 30 days)	2	QL PA
lisdexamfetamine dimesylate CHEW 10mg, 20mg, 30mg QL (60 tabs / 30 days)	2	QL PA

Drug Name	Drug Requirements/ Tier	Limits
lisdexamfetamine dimesylate CHEW 40mg, 50mg, 60mg QL (30 tabs / 30 days)	2	QL PA
METADATE CD CPCR 10mg, 20mg, 30mg QL (60 caps / 30 days)	4	QL PA
METADATE CD CPCR 40mg, 50mg, 60mg QL (30 caps / 30 days)	4	QL PA
METHYLIN SOLN 5mg/5ml QL (1800 mL / 30 days)	4	QL PA
METHYLIN SOLN 10mg/5ml QL (900 mL / 30 days)	4	QL PA
methylphenidate PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr QL (30 patches / 30 days)	2	QL PA
METHYLPHENIDATE ER ODT TBED 8.6mg, 17.3mg, 25.9mg QL (60 tabs / 30 days)	4	QL PA
methylphenidate hcl CHEW 2.5mg, 5mg, 10mg; TABS 5mg, 10mg QL (180 tabs / 30 days)	2	QL PA
methylphenidate hcl CP24 10mg, 15mg, 20mg, 30mg; CPCR 10mg, 20mg, 30mg QL (60 caps / 30 days)	2	QL PA
methylphenidate hcl CP24 40mg, 50mg, 60mg; CPCR 40mg, 50mg, 60mg QL (30 caps / 30 days)	2	QL PA
methylphenidate hcl SOLN 5mg/5ml QL (1800 mL / 30 days)	2	QL PA
methylphenidate hcl SOLN 10mg/5ml QL (900 mL / 30 days)	2	QL PA
methylphenidate hcl TABS 20mg; TBCR 10mg, 20mg QL (90 tabs / 30 days)	2	QL PA
methylphenidate hcl TB24 18mg, 27mg, 36mg; TBCR 18mg, 27mg, 36mg QL (60 tabs / 30 days)	2	QL PA
methylphenidate hcl TB24 54mg; TBCR 45mg, 54mg, 63mg, 72mg QL (30 tabs / 30 days)	2	QL PA
MYDAYIS CAP 12.5MG QL (30 caps / 30 days)	4	QL PA
MYDAYIS CAP 25MG QL (30 caps / 30 days)	4	QL PA
MYDAYIS CAP 37.5MG QL (30 caps / 30 days)	4	QL PA
MYDAYIS CAP 50MG QL (30 caps / 30 days)	4	QL PA
QELBREE CP24 100mg QL (180 caps / 30 days)	4	QL PA
QELBREE CP24 150mg QL (60 caps / 30 days)	4	QL PA
QELBREE CP24 200mg QL (90 caps / 30 days)	4	QL PA
QUILLICHEW ER CHER 20mg, 30mg QL (60 tabs / 30 days)	4	QL PA
QUILLICHEW ER CHER 40mg QL (30 tabs / 30 days)	4	QL PA
QUILLIVANT XR SRER 25mg/5ml QL (360 mL / 30 days)	4	QL PA
RELEXXII TBCR 18mg, 27mg, 36mg QL (60 tabs / 30 days)	4	QL PA
RELEXXII TBCR 45mg, 54mg, 63mg, 72mg QL (30 tabs / 30 days)	4	QL PA
RITALIN TABS 5mg, 10mg QL (180 tabs / 30 days)	4	QL PA
RITALIN TABS 20mg QL (90 tabs / 30 days)	4	QL PA
VYVANSE CAPS 10mg, 20mg, 30mg QL (60 caps / 30 days)	4	QL PA
VYVANSE CAPS 40mg, 50mg, 60mg, 70mg QL (30 caps / 30 days)	4	QL PA
VYVANSE CHEW 10mg, 20mg, 30mg QL (60 tabs / 30 days)	4	QL PA
VYVANSE CHEW 40mg, 50mg, 60mg QL (30 tabs / 30 days)	4	QL PA

Drug Name	Tier	Drug Requirements/ Limits
XELSTRYM PTCH 4.5mg/9hr, 9mg/9hr, 13.5mg/9hr, 18mg/9hr QL (30 patches / 30 days)	4	QL PA
zenzedi TABS 2.5mg, 5mg, 7.5mg, 10mg QL (180 tabs / 30 days)	2	QL PA
zenzedi TABS 15mg QL (120 tabs / 30 days)	2	QL PA
zenzedi TABS 20mg QL (90 tabs / 30 days)	2	QL PA
zenzedi TABS 30mg QL (60 tabs / 30 days)	2	QL PA
HYPNOTICS		
AMBIEN TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	4	QL PA
AMBIEN CR TBCR 6.25mg, 12.5mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	4	QL PA
BELSOMRA TABS 5mg, 10mg, 15mg, 20mg QL (30 tabs / 30 days)	3	QL
DAYVIGO TABS 5mg, 10mg QL (30 tabs / 30 days)	3	QL
doxepin hcl (sleep) TABS 3mg, 6mg QL (30 tabs / 30 days)	2	QL
EDLUAR SUBL 5mg, 10mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	4	QL PA
estazolam TABS 1mg, 2mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA
eszopiclone TABS 1mg, 2mg, 3mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	4	QL PA
HETLIOZ CAPS 20mg QL (30 caps / 30 days)	5	QL NM PA
HETLIOZ LQ SUSP 4mg/ml QL (158 mL / 30 days)	5	QL NM PA
LUNESTA TABS 1mg, 2mg, 3mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	5	QL PA
QUVIVIQ TABS 25mg, 50mg QL (30 tabs / 30 days)	4	QL
ramelteon TABS 8mg QL (30 tabs / 30 days)	2	QL
RESTORIL CAPS 7.5mg, 22.5mg, 30mg QL (30 caps / 30 days) PA applies if 65 years and older	5	QL PA
RESTORIL CAPS 15mg QL (60 caps / 30 days) PA applies if 65 years and older	5	QL PA
ROZEREM TABS 8mg QL (30 tabs / 30 days)	4	QL
SILENOR TABS 3mg, 6mg QL (30 tabs / 30 days)	4	QL
tasimelteon CAPS 20mg QL (30 caps / 30 days)	5	QL NM PA
temazepam CAPS 7.5mg, 22.5mg, 30mg QL (30 caps / 30 days) PA applies if 65 years and older	2	QL PA
temazepam CAPS 15mg QL (60 caps / 30 days) PA applies if 65 years and older	2	QL PA
triazolam TABS .25mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
triazolam TABS .125mg QL (60 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	QL PA
zaleplon CAPS 5mg QL (30 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	QL PA
zaleplon CAPS 10mg QL (60 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	QL PA
ZOLPIDEM TARTRATE CAPS 7.5mg QL (30 caps / 30 days)	4	QL PA
zolpidem tartrate SUBL 1.75mg, 3.5mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	4	QL PA
zolpidem tartrate TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA
zolpidem tartrate TBCR 6.25mg, 12.5mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	QL PA
MIGRAINE		
AIMOVIG SOAJ 70mg/ml, 140mg/ml QL (1 pen / 30 days)	3	QL NM PA
AJOVY SOAJ 225mg/1.5ml QL (3 pens / 90 days)	4	QL NM PA
AJOVY SOSY 225mg/1.5ml QL (3 syringes / 90 days)	4	QL NM PA
almotriptan malate TABS 6.25mg, 12.5mg QL (12 tabs / 30 days)	2	QL ST
BREKIYA SOAJ 1mg/ml QL (24 pens / 28 days)	5	QL NM PA
CAFERGOT TAB 1-100MG QL (40 tabs / 28 days)	5	QL PA
CAMBIA PACK 50mg QL (9 packets / 30 days)	5	QL PA
diclofenac potassium (migraine) PACK 50mg QL (9 packets / 30 days)	2	QL PA
dihydroergotamine mesylate SOLN 1mg/ml	2	
dihydroergotamine mesylate SOLN 4mg/ml QL (8 mL / 30 days)	2	QL PA
eletriptan hydrobromide TABS 20mg, 40mg QL (12 tabs / 30 days)	2	QL ST
ELYXYB SOLN 120mg/4.8ml QL (28.8 mL / 21 days)	5	QL PA
EMGALITY SOAJ 120mg/ml QL (2 pens / 30 days)	3	QL NM PA
EMGALITY SOSY 100mg/ml QL (3 syringes / 30 days)	3	QL NM PA
EMGALITY SOSY 120mg/ml QL (2 syringes / 30 days)	3	QL NM PA
ERGOMAR SUBL 2mg QL (20 tabs / 28 days)	5	QL PA
ergotamine w/ caffeine tab 1-100 mg QL (40 tabs / 28 days)	2	QL PA
frovatriptan succinate TABS 2.5mg QL (18 tabs / 30 days)	2	QL ST
IMITREX TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	4	QL
IMITREX STATDOSE REFILL SOCT 4mg/0.5ml QL (18 cartridges / 30 days)	5	QL
IMITREX STATDOSE REFILL SOCT 6mg/0.5ml QL (12 cartridges / 30 days)	5	QL

Drug Name	Drug Requirements/ Tier	Limits
IMITREX STATDOSE SYSTEM SOAJ 4mg/0.5ml QL (18 cartridges / 30 days)	5	QL
IMITREX STATDOSE SYSTEM SOAJ 6mg/0.5ml QL (12 cartridges / 30 days)	5	QL
MAXALT TABS 10mg QL (18 tabs / 30 days)	4	QL
MAXALT-MLT TBDP 10mg QL (18 tabs / 30 days)	4	QL
MIGERGOT QL (20 suppositories / 28 days)	5	QL PA
naratriptan hcl TABS 1mg, 2.5mg QL (12 tabs / 30 days)	2	QL
NURTEC TBDP 75mg QL (16 tabs / 30 days)	3	QL PA
ONZETRA XSAIL EXHP 11mg/nosepc QL (16 nosepieces / 30 days)	4	QL ST
QULIPTA TABS 10mg, 30mg, 60mg QL (30 tabs / 30 days)	3	QL PA
RELPAX TABS 20mg QL (12 tabs / 30 days)	4	QL ST
RELPAX TABS 40mg QL (12 tabs / 30 days)	5	QL ST
REYVOW TABS 50mg QL (4 tabs / 30 days)	4	QL PA
RIZAFILM FILM 5mg, 10mg QL (18 films / 30 days)	4	QL
rizatriptan benzoate TABS 5mg, 10mg; TBDP 5mg, 10mg QL (18 tabs / 30 days)	2	QL
sumatriptan SOLN 5mg/act QL (24 units / 30 days)	2	QL
sumatriptan SOLN 20mg/act QL (12 units / 30 days)	2	QL
sumatriptan succinate SOAJ 6mg/0.5ml QL (12 syringes / 30 days)	2	QL
sumatriptan succinate SOLN 6mg/0.5ml QL (12 vials / 30 days)	2	QL
sumatriptan succinate TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	1	QL
sumatriptan-naproxen sodium tab 85-500 mg QL (9 tabs / 30 days)	2	QL ST
SYMBRAVO TAB 20-10MG QL (9 tabs / 30 days)	5	QL ST
TOSYMRA SOLN 10mg/act QL (18 units / 30 days)	4	QL ST
TREXIMET TAB 85-500MG QL (9 tabs / 30 days)	5	QL ST
TRUDHESA AERS .725mg/act QL (12 mL / 28 days)	5	QL PA
UBRELVY TABS 50mg, 100mg QL (16 tabs / 30 days)	3	QL PA
VYEPTI SOLN 100mg/ml	5	NM PA
ZAVZPRET SOLN 10mg/act QL (6 nasal units / 21 days)	5	QL PA
ZEMBRACE SYMTOUCH SOAJ 3mg/0.5ml QL (24 pens / 30 days)	5	QL ST
zolmitriptan SOLN 2.5mg, 5mg QL (12 units / 30 days)	2	QL ST
zolmitriptan TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg QL (12 tabs / 30 days)	2	QL ST
ZOMIG SOLN 2.5mg, 5mg QL (12 units / 30 days)	4	QL ST
zomig TABS 2.5mg, 5mg QL (12 tabs / 30 days)	2	QL ST
MISCELLANEOUS		
AMVUTTRA SOSY 25mg/0.5ml QL (1 syringe / 90 days)	5	QL NM PA
AUSTEDO TABS 6mg QL (60 tabs / 30 days)	5	QL NM PA
AUSTEDO TABS 9mg, 12mg QL (120 tabs / 30 days)	5	QL NM PA
AUSTEDO XR TB24 6mg QL (90 tabs / 30 days)	5	QL NM PA
AUSTEDO XR TB24 12mg QL (120 tabs / 30 days)	5	QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
AUSTEDO XR TB24 18mg, 30mg, 36mg, 42mg, 48mg QL (30 tabs / 30 days)	5	QL NM PA
AUSTEDO XR TB24 24mg QL (60 tabs / 30 days)	5	QL NM PA
AUSTEDO XR TAB TITR KIT QL (2 packs / year)	5	QL NM PA
DAYBUE SOLN 200mg/ml QL (3600 mL / 30 days)	5	QL NM PA
DAYBUE STIX PACK 5000mg, 6000mg QL (120 packets / 30 days)	5	QL NM PA
DAYBUE STIX PACK 8000mg QL (60 packets / 30 days)	5	QL NM PA
dextromethorphan hbr-quinidine sulfate cap 20-10 mg QL (60 caps / 30 days)	2	QL PA
DUVYZAT SUSP 8.86mg/ml QL (420 mL / 30 days)	5	QL NM PA
edaravone SOLN 30mg/100ml	5	NM PA
ENSPRYNG SOSY 120mg/ml	5	NM PA
EQUETRO CP12 100mg, 200mg, 300mg	4	
EVRYSDI SOLR .75mg/ml; TABS 5mg	5	NM PA
FIRDAPSE TABS 10mg QL (300 tabs / 30 days)	5	QL NM PA
gabapentin (once-daily) TABS 300mg QL (180 tabs / 30 days)	2	QL PA
gabapentin (once-daily) TABS 450mg, 600mg QL (90 tabs / 30 days)	2	QL PA
gabapentin (once-daily) TABS 750mg, 900mg QL (60 tabs / 30 days)	2	QL PA
GRALISE TABS 300mg QL (180 tabs / 30 days)	4	QL PA
GRALISE TABS 450mg, 600mg QL (90 tabs / 30 days)	4	QL PA
GRALISE TABS 750mg, 900mg QL (60 tabs / 30 days)	4	QL PA
HORIZANT TBCR 300mg, 600mg QL (60 tabs / 30 days)	4	QL PA
lithium SOLN 8meq/5ml	2	
lithium carbonate CAPS 150mg, 300mg, 600mg; TABS 300mg	1	
lithium carbonate TBCR 300mg, 450mg	2	
LITHOBID TBCR 300mg	5	
LYRICA CR TB24 82.5mg, 165mg QL (90 tabs / 30 days)	4	QL PA
LYRICA CR TB24 330mg QL (60 tabs / 30 days)	4	QL PA
MESTINON SOLN 60mg/5ml; TABS 60mg	5	
MESTINON TIMESPAN TBCR 180mg	5	
milnacipran hcl TABS 12.5mg, 25mg, 50mg, 100mg QL (60 tabs / 30 days)	2	QL PA
milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak QL (2 packs / year)	2	QL PA
NUEDEXTA CAP 20-10MG QL (60 caps / 30 days)	5	QL PA
paroxetine mesylate (vasomotor) CAPS 7.5mg QL (30 caps / 30 days) PA applies if 65 years and older	4	QL PA
pregabalin (once-daily) TB24 82.5mg, 165mg QL (90 tabs / 30 days)	2	QL PA
pregabalin (once-daily) TB24 330mg QL (60 tabs / 30 days)	2	QL PA
pyridostigmine bromide SOLN 60mg/5ml; TABS 30mg, 60mg; TBCR 180mg	2	
RADICAVA ORS SUSP 105mg/5ml QL (70 mL / 28 days)	5	QL NM PA

Drug Name	Tier	Drug Requirements/ Limits
RADICAVA ORS STARTER KIT SUSP 105mg/5ml QL (70 mL / 28 days)	5	QL NM PA
riluzole TABS 50mg	2	
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg QL (60 tabs / 30 days)	4	QL PA
SKYCLARYS CAPS 50mg QL (90 caps / 30 days)	5	QL NM PA
tetrabenazine TABS 12.5mg QL (90 tabs / 30 days)	2	QL NM PA
tetrabenazine TABS 25mg QL (120 tabs / 30 days)	5	QL NM PA
TIGLUTIK SUSP 50mg/10ml QL (600 mL / 30 days)	5	QL NM PA
TONMYA SUBL 2.8mg QL (60 tabs / 30 days)	5	QL PA
UPLIZNA SOLN 100mg/10ml	5	NM PA
WAINUA SOAJ 45mg/0.8ml QL (1 pen / 30 days)	5	QL NM PA
WAINUA SOSY 45mg/0.8ml QL (1 syringe / 30 days)	5	QL NM PA
XENAZINE TABS 12.5mg QL (90 tabs / 30 days)	5	QL NM PA
XENAZINE TABS 25mg QL (120 tabs / 30 days)	5	QL NM PA
MULTIPLE SCLEROSIS AGENTS		
AMPYRA TB12 10mg QL (60 tabs / 30 days)	5	QL NM PA
AUBAGIO TABS 7mg, 14mg QL (30 tabs / 30 days)	5	QL NM PA
AVONEX PSKT 30mcg/0.5ml QL (4 syringes / 28 days)	5	QL NM PA
AVONEX PEN AJKT 30mcg/0.5ml QL (4 pens / 28 days)	5	QL NM PA
BAFIERTAM CPDR 95mg QL (120 caps / 30 days)	5	QL NM PA
BETASERON KIT .3mg QL (14 kits / 28 days)	5	QL NM PA
BRIUMVI SOLN 150mg/6ml	5	NM PA
cladribine (4 tabs) TBPK 10mg QL (16 tabs per lifetime)	5	QL NM PA
cladribine (5 tabs) TBPK 10mg QL (20 tabs per lifetime)	5	QL NM PA
cladribine (6 tabs) TBPK 10mg QL (24 tabs per lifetime)	5	QL NM PA
cladribine (7 tabs) TBPK 10mg QL (28 tabs per lifetime)	5	QL NM PA
cladribine (8 tabs) TBPK 10mg QL (32 tabs per lifetime)	5	QL NM PA
cladribine (9 tabs) TBPK 10mg QL (36 tabs per lifetime)	5	QL NM PA
cladribine (10 tabs) TBPK 10mg QL (40 tabs per lifetime)	5	QL NM PA
COPAXONE SOSY 20mg/ml QL (30 syringes / 30 days)	5	QL NM PA
COPAXONE SOSY 40mg/ml QL (12 syringes / 28 days)	5	QL NM PA
dalfampridine TB12 10mg QL (60 tabs / 30 days)	2	QL NM PA
dimethyl fumarate CPDR 120mg QL (14 caps / 7 days)	5	QL NM PA
dimethyl fumarate CPDR 240mg QL (60 caps / 30 days)	5	QL NM PA
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg QL (2 packs / year)	5	QL NM PA
fingolimod hcl CAPS .5mg QL (30 caps / 30 days)	5	QL NM PA
GILENYA CAPS .25mg, .5mg QL (30 caps / 30 days)	5	QL NM PA
glatiramer acetate SOSY 20mg/ml QL (30 syringes / 30 days)	5	QL NM PA
glatiramer acetate SOSY 40mg/ml QL (12 syringes / 28 days)	5	QL NM PA
glatopa SOSY 20mg/ml QL (30 syringes / 30 days)	5	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
glatopa SOSY 40mg/ml QL (12 syringes / 28 days)	5	QL NM PA
KESIMPTA SOAJ 20mg/0.4ml QL (16 pens / 365 days)	5	QL NM PA
LEMTRADA SOLN 12mg/1.2ml	5	NM PA
MAVENCLAD (4 TABS) TBPK 10mg QL (16 tabs per lifetime)	5	QL NM PA
MAVENCLAD (5 TABS) TBPK 10mg QL (20 tabs per lifetime)	5	QL NM PA
MAVENCLAD (6 TABS) TBPK 10mg QL (24 tabs per lifetime)	5	QL NM PA
MAVENCLAD (7 TABS) TBPK 10mg QL (28 tabs per lifetime)	5	QL NM PA
MAVENCLAD (8 TABS) TBPK 10mg QL (32 tabs per lifetime)	5	QL NM PA
MAVENCLAD (9 TABS) TBPK 10mg QL (36 tabs per lifetime)	5	QL NM PA
MAVENCLAD (10 TABS) TBPK 10mg QL (40 tabs per lifetime)	5	QL NM PA
MAYZENT TABS 1mg, 2mg QL (30 tabs / 30 days)	5	QL NM PA
MAYZENT TABS .25mg QL (112 tabs / 28 days)	5	QL NM PA
MAYZENT STARTER PACK (7) TBPK .25mg QL (2 packs / year)	5	QL NM PA
MAYZENT STARTER PACK (12) TBPK .25mg QL (2 packs / year)	5	QL NM PA
OCREVUS SOLN 300mg/10ml	5	NM PA
OCREVUS INJ ZUNOVO QL (23 mL / 180 days)	5	QL NM PA
PLEGRIDY SOAJ 125mcg/0.5ml QL (2 pens / 28 days)	5	QL NM PA
PLEGRIDY SOSY 125mcg/0.5ml QL (2 syringes / 28 days)	5	QL NM PA
PLEGRIDY INJ STARTER QL (2 packs / year)	5	QL NM PA
PLEGRIDY PEN INJ STARTER QL (2 packs / year)	5	QL NM PA
PONVORY TABS 20mg QL (30 tabs / 30 days)	5	QL NM PA
PONVORY TAB STARTER QL (2 packs / year)	5	QL NM PA
REBIF SOSY 22mcg/0.5ml, 44mcg/0.5ml QL (12 syringes / 28 days)	5	QL NM PA
REBIF REBIDO INJ TITRATN QL (12 syringes / 28 days)	5	QL NM PA
REBIF REBIDOSE SOAJ 22mcg/0.5ml, 44mcg/0.5ml QL (12 syringes / 28 days)	5	QL NM PA
REBIF TITRTN INJ PACK QL (12 syringes / 28 days)	5	QL NM PA
TASCENSO ODT TBDP .25mg, .5mg QL (30 tabs / 30 days)	5	QL NM PA
TECFIDERA CPDR 120mg QL (14 caps / 7 days)	5	QL NM PA
TECFIDERA CPDR 240mg QL (60 caps / 30 days)	5	QL NM PA
TECFIDERA CAP STARTER QL (2 packs / year)	5	QL NM PA
teriflunomide TABS 7mg, 14mg QL (30 tabs / 30 days)	5	QL NM PA
TYRUKO CONC 300mg/15ml	5	NM PA
TYSABRI CONC 300mg/15ml	5	NM PA
VUMERITY CPDR 231mg QL (120 caps / 30 days)	5	QL NM PA
ZEPOSIA CAPS .92mg QL (30 caps / 30 days)	5	QL NM PA
ZEPOSIA 7DAY CAP STR PACK QL (2 packs / year)	5	QL NM PA

Drug Name	Tier	Drug Requirements/ Limits
ZEPOSIA CAP STR KIT QL (2 packs / year)	5	QL NM PA
MUSCULOSKELETAL THERAPY AGENTS		
ATMEKSI SUSP 750mg/5ml QL (900 mL / 30 days) PA applies if 65 years and older after a 30 day supply in a calendar year	4	QL PA
baclofen SOLN 5mg/5ml, 10mg/5ml	2	PA
baclofen SUSP 25mg/5ml	5	PA
baclofen TABS 5mg QL (90 tabs / 30 days)	2	QL
baclofen TABS 10mg, 15mg, 20mg	2	
BOTOX SOLR 100unit, 200unit	5	PA
carisoprodol TABS 250mg QL (120 tabs / 30 days) PA applies if 65 years and older after a 30 day supply in a calendar year	4	QL PA
carisoprodol TABS 350mg QL (120 tabs / 30 days) PA applies if 65 years and older after a 30 day supply in a calendar year	3	QL PA
cyclobenzaprine hcl TABS 5mg, 7.5mg, 10mg QL (90 tabs / 30 days) PA applies if 65 years and older after a 30 day supply in a calendar year	3	QL PA
DANTRIUM CAPS 25mg	4	
dantrolene sodium CAPS 25mg, 50mg, 100mg	2	
DAXXIFY SOLR 100unit	4	NM PA
DYSPORT SOLR 300unit	4	NM PA
DYSPORT SOLR 500unit	5	NM PA
fexmid TABS 7.5mg QL (90 tabs / 30 days) PA applies if 65 years and older after a 30 day supply in a calendar year	3	QL PA
FLEQSUVY SUSP 25mg/5ml	5	PA
metaxalone TABS 400mg QL (240 tabs / 30 days) PA applies if 65 years and older after a 30 day supply in a calendar year	4	QL PA
METAXALONE TABS 640mg QL (120 tabs / 30 days) PA applies if 65 years and older after a 30 day supply in a calendar year	5	QL PA
metaxalone TABS 800mg QL (120 tabs / 30 days) PA applies if 65 years and older after a 30 day supply in a calendar year	4	QL PA
methocarbamol TABS 500mg QL (360 tabs / 30 days) PA applies if 65 years and older after a 30 day supply in a calendar year	3	QL PA
methocarbamol TABS 750mg QL (240 tabs / 30 days) PA applies if 65 years and older after a 30 day supply in a calendar year	3	QL PA
methocarbamol TABS 1000mg QL (120 tabs / 30 days) PA applies if 65 years and older after a 30 day supply in a calendar year	5	QL PA
MYOBLOC SOLN 2500unit/0.5ml, 5000unit/ml	4	NM PA
MYOBLOC SOLN 10000unit/2ml	5	NM PA
ONTRALFY SOLN 2mg/5ml	4	
OZOBAX DS SOLN 10mg/5ml	5	PA
SOMA TABS 250mg, 350mg QL (120 tabs / 30 days) PA applies if 65 years and older after a 30 day supply in a calendar year	4	QL PA
tanlor TABS 1000mg QL (120 tabs / 30 days) PA applies if 65 years and older after a 30 day supply in a calendar year	5	QL PA

Drug Name	Tier	Requirements/ Limits
tizanidine hcl CAPS 2mg, 4mg, 6mg; TABS 2mg, 4mg	2	
tizanidine hcl CAPS 8mg	5	
XEOMIN SOLR 50unit	4	NM PA
XEOMIN SOLR 100unit, 200unit	5	NM PA
ZANAFLEX CAPS 2mg, 4mg, 6mg; TABS 4mg	4	
ZANAFLEX CAPS 8mg	5	
NARCOLEPSY/CATAPLEXY		
armodafinil TABS 50mg QL (60 tabs / 30 days)	2	QL PA
armodafinil TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	2	QL PA
LUMRYZ PACK 4.5gm, 6gm, 7.5gm, 9gm QL (30 packets / 30 days)	5	QL NM PA
LUMRYZ PAK STARTER QL (2 packs / year)	5	QL NM PA
modafinil TABS 100mg QL (30 tabs / 30 days)	2	QL PA
modafinil TABS 200mg QL (60 tabs / 30 days)	2	QL PA
NUVIGIL TABS 50mg QL (60 tabs / 30 days)	4	QL PA
NUVIGIL TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	5	QL PA
PROVIGIL TABS 100mg QL (30 tabs / 30 days)	5	QL PA
PROVIGIL TABS 200mg QL (60 tabs / 30 days)	5	QL PA
sodium oxybate SOLN 500mg/ml QL (540 mL / 30 days)	5	QL NM PA
SUNOSI TABS 75mg, 150mg QL (30 tabs / 30 days)	4	QL PA
WAKIX TABS 4.45mg, 17.8mg QL (60 tabs / 30 days)	5	QL NM PA
XYREM SOLN 500mg/ml QL (540 mL / 30 days)	5	QL NM PA
XYWAV SOL 0.5GM/ML QL (540 mL / 30 days)	5	QL NM PA

Drug Name	Tier	Requirements/ Limits
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium TBEC 333mg	2	
BRIXADI SOSY 8mg/0.16ml, 16mg/0.32ml, 24mg/0.48ml, 32mg/0.64ml, 64mg/0.18ml, 96mg/0.27ml, 128mg/0.36ml	5	NM
buprenorphine hcl SUBL 2mg QL (180 tabs / 30 days)	2	QL
buprenorphine hcl SUBL 8mg QL (120 tabs / 30 days)	2	QL
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) QL (180 films / 30 days)	2	QL
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) QL (90 films / 30 days)	2	QL
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) QL (120 films / 30 days)	2	QL
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) QL (90 films / 30 days)	2	QL
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv) QL (180 tabs / 30 days)	2	QL
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv) QL (120 tabs / 30 days)	2	QL
bupropion hcl (smoking deterrent) TB12 150mg QL (60 tabs / 30 days)	2	QL
CHANTIX TABS .5mg, 1mg QL (56 tabs / 28 days)	4	QL
CHANTIX CONTINUING MONTH TABS 1mg QL (56 tabs / 28 days)	4	QL
CHANTIX TAB 0.5& 1MG QL (2 packs / year)	4	QL
disulfiram TABS 250mg, 500mg	2	
KLOXXADO LIQD 8mg/0.1ml	3	
lofexidine hcl TABS .18mg QL (228 tabs / 14 days)	5	QL PA

Drug Name	Tier	Requirements/ Limits
naloxone hcl SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	2	
naltrexone hcl TABS 50mg	2	
NICOTROL NS SOLN 10mg/ml	4	
OPVEE SOLN 2.7mg/0.1ml	4	
REZENOPY LIQD 10mg/0.11ml	4	
SUBLOCADE SOSY 100mg/0.5ml, 300mg/1.5ml	5	NM
SUBOXONE MIS 2-0.5MG	4	QL
QL (180 films / 30 days)		
SUBOXONE MIS 4-1MG	4	QL
QL (90 films / 30 days)		
SUBOXONE MIS 8-2MG	4	QL
QL (120 films / 30 days)		
SUBOXONE MIS 12-3MG	4	QL
QL (90 films / 30 days)		
varenicline tartrate TABS .5mg, 1mg	2	QL
QL (56 tabs / 28 days)		
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	2	QL
QL (2 packs / year)		
VIVITROL SUSR 380mg	5	NM
ZUBSOLV SUB 0.7-0.18	4	QL
QL (90 tabs / 30 days)		
ZUBSOLV SUB 1.4-0.36	4	QL
QL (90 tabs / 30 days)		
ZUBSOLV SUB 2.9-0.71	4	QL
QL (90 tabs / 30 days)		
ZUBSOLV SUB 5.7-1.4	4	QL
QL (90 tabs / 30 days)		
ZUBSOLV SUB 8.6-2.1	4	QL
QL (60 tabs / 30 days)		
ZUBSOLV SUB 11.4-2.9	4	QL
QL (30 tabs / 30 days)		
ZURNAI SOAJ 1.5mg/0.5ml	4	
ENDOCRINE AND METABOLIC		
ANDROGENS		
AVEED SOLN 750mg/3ml	5	NM PA
AZMIRO SOSY 200mg/ml	4	PA
danazol CAPS 50mg, 100mg, 200mg	2	
depo-testosterone SOLN 100mg/ml, 200mg/ml	2	PA
JATENZO CAPS 158mg, 198mg	4	QL PA
QL (120 caps / 30 days)		
JATENZO CAPS 237mg	4	QL PA
QL (60 caps / 30 days)		
KYZATREX CAPS 150mg, 200mg	4	QL PA
QL (120 caps / 30 days)		
TESTIM GEL 50mg/5gm	4	QL PA
QL (300 gm / 30 days)		
testosterone GEL 12.5mg/act, 25mg/2.5gm, 50mg/5gm	2	QL PA
QL (300 gm / 30 days)		
testosterone GEL 20.25mg/1.25gm, 40.5mg/2.5gm	2	QL PA
QL (150 gm / 30 days)		
testosterone SOLN 30mg/act	2	QL PA
QL (180 mL / 30 days)		
testosterone cypionate SOLN 100mg/ml, 200mg/ml	2	PA
testosterone enanthate SOLN 200mg/ml	2	PA
testosterone pump GEL 20.25mg/act	2	QL PA
QL (150 gm / 30 days)		
TLANDO CAPS 112.5mg	4	QL PA
QL (120 caps / 30 days)		
VOGELXO GEL 50mg/5gm	4	QL PA
QL (300 gm / 30 days)		
VOGELXO PUMP GEL 12.5mg/act	4	QL PA
QL (300 gm / 30 days)		
XYOSTED SOAJ 50mg/0.5ml, 75mg/0.5ml, 100mg/0.5ml	4	PA
ANTIDIABETICS		
acarbose TABS 25mg, 50mg, 100mg	2	
ACTOPLUS MET TAB 15-850MG	4	QL
QL (90 tabs / 30 days)		
ACTOS TABS 15mg, 30mg, 45mg	4	QL
QL (30 tabs / 30 days)		
alogliptin benzoate TABS 6.25mg, 12.5mg, 25mg	4	QL ST
QL (30 tabs / 30 days)		

Drug Name	Drug Requirements/ Tier	Limits
alogliptin-metformin hcl tab 12.5-500 mg QL (60 tabs / 30 days)	4	QL ST
alogliptin-metformin hcl tab 12.5-1000 mg QL (60 tabs / 30 days)	4	QL ST
alogliptin-pioglitazone tab 12.5-30 mg QL (30 tabs / 30 days)	4	QL ST
alogliptin-pioglitazone tab 25-15 mg QL (30 tabs / 30 days)	4	QL ST
alogliptin-pioglitazone tab 25-30 mg QL (30 tabs / 30 days)	4	QL ST
alogliptin-pioglitazone tab 25-45 mg QL (30 tabs / 30 days)	4	QL ST
BRYNOVIN SOLN 25mg/ml QL (120 mL / 30 days)	4	QL ST
dapagliflozin TABS 5mg, 10mg QL (30 tabs / 30 days)	1	QL
dapagliflozin-metformin hcl tab er 24hr 5-500 mg QL (60 tabs / 30 days)	1	QL
dapagliflozin-metformin hcl tab er 24hr 5-1000 mg QL (60 tabs / 30 days)	1	QL
dapagliflozin-metformin hcl tab er 24hr 10-500 mg QL (30 tabs / 30 days)	1	QL
dapagliflozin-metformin hcl tab er 24hr 10-1000 mg QL (30 tabs / 30 days)	1	QL
dapagliflozin-saxagliptin tab 10-5 mg QL (30 tabs / 30 days)	4	QL
DUETACT TAB 30-2MG QL (30 tabs / 30 days)	4	QL
DUETACT TAB 30-4MG QL (30 tabs / 30 days)	4	QL
FARXIGA TABS 5mg, 10mg QL (30 tabs / 30 days)	3	QL
glimepiride TABS 1mg, 2mg QL (90 tabs / 30 days)	1	QL
glimepiride TABS 3mg, 4mg QL (60 tabs / 30 days)	1	QL
glipizide TABS 2.5mg, 5mg QL (240 tabs / 30 days)	1	QL
glipizide TABS 10mg QL (120 tabs / 30 days)	1	QL
glipizide TABS 15mg QL (30 tabs / 30 days)	1	QL
glipizide TB24 2.5mg, 5mg QL (90 tabs / 30 days)	1	QL
glipizide TB24 10mg QL (60 tabs / 30 days)	1	QL
glipizide-metformin hcl tab 2.5-250 mg QL (240 tabs / 30 days)	1	QL
glipizide-metformin hcl tab 2.5-500 mg QL (120 tabs / 30 days)	1	QL
glipizide-metformin hcl tab 5-500 mg QL (120 tabs / 30 days)	1	QL
GLYXAMBI TAB 10-5 MG QL (30 tabs / 30 days)	3	QL
GLYXAMBI TAB 25-5 MG QL (30 tabs / 30 days)	3	QL
INVOKAMET TAB 50-500MG QL (120 tabs / 30 days)	4	QL
INVOKAMET TAB 50-1000 QL (60 tabs / 30 days)	4	QL
INVOKAMET TAB 150-500 QL (60 tabs / 30 days)	4	QL
INVOKAMET TAB 150-1000 QL (60 tabs / 30 days)	4	QL
INVOKAMET XR TAB 50-500MG QL (120 tabs / 30 days)	4	QL
INVOKAMET XR TAB 50-1000 QL (60 tabs / 30 days)	4	QL
INVOKAMET XR TAB 150-500 QL (60 tabs / 30 days)	4	QL
INVOKAMET XR TAB 150-1000 QL (60 tabs / 30 days)	4	QL
INVOKANA TABS 100mg QL (60 tabs / 30 days)	4	QL
INVOKANA TABS 300mg QL (30 tabs / 30 days)	4	QL
JANUMET TAB 50-500MG QL (60 tabs / 30 days)	4	QL

Drug Name	Drug Tier	Requirements/ Limits
JANUMET TAB 50-1000 QL (60 tabs / 30 days)	4	QL
JANUMET XR TAB 50-500MG QL (60 tabs / 30 days)	4	QL
JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	4	QL
JANUMET XR TAB 100-1000 QL (30 tabs / 30 days)	4	QL
JANUVIA TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	4	QL
JARDIANCE TABS 10mg, 25mg QL (30 tabs / 30 days)	3	QL
JENTADUETO TAB 2.5-500 QL (60 tabs / 30 days)	3	QL
JENTADUETO TAB 2.5-850 QL (60 tabs / 30 days)	3	QL
JENTADUETO TAB 2.5-1000 QL (60 tabs / 30 days)	3	QL
JENTADUETO TAB XR 2.5-1000MG QL (60 tabs / 30 days)	3	QL
JENTADUETO TAB XR 5-1000MG QL (30 tabs / 30 days)	3	QL
liraglutide SOPN 6mg/ml QL (3 pens / 30 days)	2	QL PA
metformin hcl SOLN 500mg/5ml QL (765 mL / 30 days)	2	QL ST
metformin hcl TABS 500mg QL (150 tabs / 30 days)	1	QL
metformin hcl TABS 625mg QL (120 tabs / 30 days)	2	QL ST
metformin hcl TABS 750mg QL (90 tabs / 30 days)	2	QL ST
metformin hcl TABS 850mg QL (90 tabs / 30 days)	1	QL
metformin hcl TABS 1000mg QL (75 tabs / 30 days)	1	QL
metformin hcl TB24 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL
metformin hcl TB24 500mg QL (120 tabs / 30 days) (generic of FORTAMET)	2	QL PA
metformin hcl TB24 500mg QL (120 tabs / 30 days) (generic of GLUMETZA)	2	QL PA
metformin hcl TB24 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL
metformin hcl TB24 1000mg QL (60 tabs / 30 days) (generic of FORTAMET)	2	QL PA
metformin hcl TB24 1000mg QL (60 tabs / 30 days) (generic of GLUMETZA)	2	QL PA
miglitol TABS 25mg, 50mg, 100mg	2	
MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml QL (4 pens / 28 days)	3	QL PA
nateglinide TABS 60mg, 120mg QL (90 tabs / 30 days)	1	QL
OZEMPIC TABS 1.5mg, 4mg, 9mg QL (30 tabs / 30 days)	3	QL PA
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml QL (1 pen / 28 days)	3	QL PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml QL (1 pen / 28 days)	3	QL PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml QL (1 pen / 28 days)	3	QL PA
pioglitazone hcl TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	1	QL
pioglitazone hcl-glimepiride tab 30-2 mg QL (30 tabs / 30 days)	1	QL
pioglitazone hcl-glimepiride tab 30-4 mg QL (30 tabs / 30 days)	1	QL
pioglitazone hcl-metformin hcl tab 15-500 mg QL (90 tabs / 30 days)	1	QL

Drug Name	Drug Tier	Requirements/ Limits
pioglitazone hcl-metformin hcl tab 15-850 mg	1	QL
QL (90 tabs / 30 days)		
repaglinide TABS 2mg	1	QL
QL (240 tabs / 30 days)		
repaglinide TABS .5mg, 1mg	1	QL
QL (120 tabs / 30 days)		
saxagliptin hcl TABS 2.5mg, 5mg	1	QL
QL (30 tabs / 30 days)		
saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg	2	QL
QL (60 tabs / 30 days)		
saxagliptin-metformin hcl tab er 24hr 5-500 mg	2	QL
QL (30 tabs / 30 days)		
saxagliptin-metformin hcl tab er 24hr 5-1000 mg	2	QL
QL (30 tabs / 30 days)		
SEGLUROMET TAB 2.5-500	4	QL
QL (120 tabs / 30 days)		
SEGLUROMET TAB 2.5-1000	4	QL
QL (60 tabs / 30 days)		
SEGLUROMET TAB 7.5-500	4	QL
QL (60 tabs / 30 days)		
SEGLUROMET TAB 7.5-1000	4	QL
QL (60 tabs / 30 days)		
sitagliptin TABS 25mg, 50mg, 100mg	2	QL
QL (30 tabs / 30 days)		
sitagliptin free base-metformin hcl tab 50-500 mg	2	QL
QL (60 tabs / 30 days)		
sitagliptin free base-metformin hcl tab 50-1000 mg	2	QL
QL (60 tabs / 30 days)		
sitagliptin free base-metformin hcl tab er 24hr 50-500 mg	2	QL
QL (60 tabs / 30 days)		
sitagliptin free base-metformin hcl tab er 24hr 50-1000 mg	2	QL
QL (60 tabs / 30 days)		
sitagliptin free base-metformin hcl tab er 24hr 100-1000 mg	2	QL
QL (30 tabs / 30 days)		
sitagliptin phosphate TABS 25mg, 50mg, 100mg	1	QL
QL (30 tabs / 30 days)		
sitagliptin phosphate-metformin hcl tab 50-500 mg	1	QL
QL (60 tabs / 30 days)		
sitagliptin phosphate-metformin hcl tab 50-1000 mg	1	QL
QL (60 tabs / 30 days)		
sitagliptin phosphate-metformin hcl tab er 24hr 50-500 mg	1	QL
QL (60 tabs / 30 days)		
sitagliptin phosphate-metformin hcl tab er 24hr 50-1000 mg	1	QL
QL (60 tabs / 30 days)		
sitagliptin phosphate-metformin hcl tab er 24hr 100-1000 mg	1	QL
QL (30 tabs / 30 days)		
STEGLATRO TABS 5mg	4	QL
QL (90 tabs / 30 days)		
STEGLATRO TABS 15mg	4	QL
QL (30 tabs / 30 days)		
STEGLUJAN TAB 5-100MG	4	QL
QL (30 tabs / 30 days)		
STEGLUJAN TAB 15-100MG	4	QL
QL (30 tabs / 30 days)		
SYNJARDY TAB 5-500MG	3	QL
QL (120 tabs / 30 days)		
SYNJARDY TAB 5-1000MG	3	QL
QL (60 tabs / 30 days)		
SYNJARDY TAB 12.5-500	3	QL
QL (60 tabs / 30 days)		
SYNJARDY TAB 12.5-1000MG	3	QL
QL (60 tabs / 30 days)		
SYNJARDY XR TAB 5-1000MG	3	QL
QL (60 tabs / 30 days)		
SYNJARDY XR TAB 10-1000	3	QL
QL (60 tabs / 30 days)		
SYNJARDY XR TAB 12.5-1000	3	QL
QL (60 tabs / 30 days)		
SYNJARDY XR TAB 25-1000	3	QL
QL (30 tabs / 30 days)		
TRADJENTA TABS 5mg	3	QL
QL (30 tabs / 30 days)		

Drug Name	Drug Tier	Requirements/ Limits
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG QL (60 tabs / 30 days)	3	QL
TRIJARDY XR TAB ER 24HR 10-5-1000MG QL (30 tabs / 30 days)	3	QL
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG QL (60 tabs / 30 days)	3	QL
TRIJARDY XR TAB ER 24HR 25-5-1000MG QL (30 tabs / 30 days)	3	QL
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml QL (4 pens / 28 days)	3	QL PA
TZIELD SOLN 2mg/2ml	5	NM PA
VICTOZA SOPN 18mg/3ml QL (3 pens / 30 days)	4	QL PA
XIGDUO XR TAB 2.5-1000 QL (60 tabs / 30 days)	4	QL
XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days)	4	QL
XIGDUO XR TAB 5-1000MG QL (60 tabs / 30 days)	4	QL
XIGDUO XR TAB 10-500MG QL (30 tabs / 30 days)	4	QL
XIGDUO XR TAB 10-1000 QL (30 tabs / 30 days)	4	QL
ZITUVIMET TAB 50-500MG QL (60 tabs / 30 days)	4	QL ST
ZITUVIMET TAB 50-1000 QL (60 tabs / 30 days)	4	QL ST
ZITUVIMET XR TAB 50-500MG QL (60 tabs / 30 days)	4	QL ST
ZITUVIMET XR TAB 50-1000 QL (60 tabs / 30 days)	4	QL ST
ZITUVIMET XR TAB 100-1000 QL (30 tabs / 30 days)	4	QL ST
ZITUVIO TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	4	QL ST
ANTIDIABETICS, INSULINS		
ADMELOG SOLN 100unit/ml	3	B/D
ADMELOG SOLOSTAR SOPN 100unit/ml	3	
AFREZZA POWD 4unit, 8unit	4	
AFREZZA POWD 12unit	5	
AFREZZA POW 4-8 UNIT	5	
AFREZZA POW 4-8-12	5	
AFREZZA POW 8-12UNIT	5	
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY	3	PA
APIDRA SOLN 100unit/ml	4	B/D
APIDRA SOLOSTAR SOPN 100unit/ml	4	
AWIQLI FLEXTOUCH SOPN 700unit/ml	4	
BASAGLAR KWIKPEN SOPN 100unit/ml	3	
CEQUR EXT WR MIS INSERTER QL (2 inserters / year)	4	QL PA
CEQUR SIMPL KIT 1U EXTND QL (8 patches / 24 days)	4	QL PA
CEQUR SIMPL KIT 2U EXTND QL (10 patches / 30 days)	4	QL PA
CEQUR SIMPL KIT PATCH 2U (4-DAY) QL (8 patches / 24 days)	4	QL PA
CEQUR SIMPL MIS INSERTER QL (2 inserters / year)	4	QL PA
FIASP SOLN 100unit/ml	3	B/D
FIASP FLEXTOUCH SOPN 100unit/ml	3	
FIASP PENFILL SOCT 100unit/ml	3	
FIASP PUMPCART SOCT 100unit/ml	3	B/D
GAUZE PADS 2X2	3	PA
HUMALOG SOCT 100unit/ml	4	
HUMALOG SOLN 100unit/ml	4	B/D
HUMALOG JUNIOR KWIKPEN SOPN 100unit/ml	4	
HUMALOG KWIKPEN SOPN 100unit/ml, 200unit/ml	4	
HUMALOG MIX INJ 50/50KWP	4	
HUMALOG MIX INJ 75/25KWP	4	
HUMALOG MIX SUS 75/25	4	

Drug Name	Drug Requirements/ Tier	Limits
HUMULIN INJ 70/30	4	
HUMULIN INJ 70/30KWP	4	
HUMULIN N SUSP 100unit/ml	4	
HUMULIN N KWIKPEN SUPN 100unit/ml	4	
HUMULIN R SOLN 100unit/ml	4	B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	5	
INSULIN GLARGINE MAX SOLO SOPN 300unit/ml	4	
INSULIN GLARGINE SOLOSTAR SOPN 300unit/ml	4	
INSULIN GLARGINE-YFGN SOLN 100unit/ml; SOPN 100unit/ml	4	
INSULIN LISP INJ PROT KWP	4	
INSULIN LISPRO SOLN 100unit/ml	4	B/D
INSULIN LISPRO JUNIOR KWI SOPN 100unit/ml	4	
INSULIN LISPRO KWIKPEN SOPN 100unit/ml	4	
INSULIN PEN NEEDLES: EMBECTA-BD	3	PA
INSULIN SAFETY NEEDLES: EMBECTA-BD	3	PA
INSULIN SYRINGES: EMBECTA-BD	3	PA
KIRSTY SOLN 100unit/ml	4	B/D
KIRSTY SOPN 100unit/ml	4	
LANTUS SOLN 100unit/ml	3	
LANTUS SOLOSTAR SOPN 100unit/ml	3	
LYUMJEV SOLN 100unit/ml	4	B/D
LYUMJEV KWIKPEN SOPN 100unit/ml, 200unit/ml	4	
MERILOG SOLN 100unit/ml	4	B/D
MERILOG SOLOSTAR SOPN 100unit/ml	4	
NOVOLIN70/30 INJ RELION	4	
NOVOLIN INJ 70/30	3	
NOVOLIN INJ 70/30 FP	3	
NOVOLIN INJ 70/30 FP RELION	4	
NOVOLIN N SUSP 100unit/ml	3	
NOVOLIN N FLEXPEN SUPN 100unit/ml	3	
NOVOLIN N FLEXPEN RELION SUPN 100unit/ml	4	
NOVOLIN N RELION SUSP 100unit/ml	4	
NOVOLIN R SOLN 100unit/ml	3	B/D
NOVOLIN R FLEXPEN SOPN 100unit/ml	3	
NOVOLIN R FLEXPEN RELION SOPN 100unit/ml	4	
NOVOLIN R RELION SOLN 100unit/ml	4	B/D
NOVOLOG SOLN 100unit/ml	3	B/D
NOVOLOG FLEXPEN SOPN 100unit/ml	3	
NOVOLOG FLEXPEN RELION SOPN 100unit/ml	4	
NOVOLOG MIX INJ 70/30	3	
NOVOLOG MIX INJ FLEX REL	4	
NOVOLOG MIX INJ FLEXPEN	3	
NOVOLOG PENFILL SOCT 100unit/ml	3	
NOVOLOG RELI INJ 70/30	4	
NOVOLOG RELION SOLN 100unit/ml	4	B/D
OMNIPOD5 LIB KIT INTRO QL (1 kit / year)	4	QL PA
OMNIPOD5 LIB MIS PODS QL (15 pods / 30 days)	4	QL PA
OMNIPOD 5 DX KIT INT G7G6 QL (1 kit / year)	4	QL PA
OMNIPOD 5 DX MIS POD G7G6 QL (15 pods / 30 days)	4	QL PA
OMNIPOD DASH KIT INTRO QL (1 kit / year)	4	QL PA
OMNIPOD DASH MIS PODS QL (15 pods / 30 days)	4	QL PA
REZVOGLAR KWIKPEN SOPN 100unit/ml	4	

Drug Name	Drug Requirements/ Tier	Limits
SOLIQUA INJ 100/33 QL (5 pens / 25 days)	3	QL
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	3	
TOUJEO SOLOSTAR SOPN 300unit/ml	3	
TRESIBA SOLN 100unit/ml	4	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	4	
V-GO 20 KIT QL (30 devices / 30 days)	4	QL PA
V-GO 30 KIT QL (30 devices / 30 days)	4	QL PA
V-GO 40 KIT QL (30 devices / 30 days)	4	QL PA
XULTOPHY INJ 100/3.6 QL (5 pens / 30 days)	3	QL
CALCIUM REGULATORS		
ACTONEL TABS 35mg, 150mg	4	
alendronate sodium SOLN 70mg/75ml	2	ST
alendronate sodium TABS 10mg, 35mg, 70mg	1	
ATELVIA TBEC 35mg	4	ST
BILDYOS SOSY 60mg/ml QL (1 syringe / 180 days)	4	QL NM
BINOSTO TBEF 70mg	4	ST
BONSITY SOPN 560mcg/2.24ml QL (1 pen / 28 days)	5	QL NM PA
calcitonin (salmon) inj SOLN 200unit/ml	5	B/D
calcitonin (salmon) spray SOLN 200unit/act	2	B/D
EVENITY SOSY 105mg/1.17ml	5	NM PA
FORTEO SOPN 560mcg/2.24ml QL (1 pen / 28 days)	5	QL NM PA
FOSAMAX TABS 70mg	4	
FOSAMAX + D TAB 70-2800	4	ST
FOSAMAX + D TAB 70-5600	4	ST
ibandronate sodium SOLN 3mg/3ml QL (1 syringe / 90 days)	2	B/D QL
ibandronate sodium TABS 150mg	2	B/D
MIACALCIN SOLN 200unit/ml	5	B/D
OSPOMYV SOSY 60mg/ml QL (1 syringe / 180 days)	4	QL NM
PAMIDRONATE DISODIUM SOLN 6mg/ml	4	B/D
pamidronate disodium SOLN 30mg/10ml, 90mg/10ml	2	B/D
PROLIA SOSY 60mg/ml QL (1 syringe / 180 days)	4	QL NM
RECLAST SOLN 5mg/100ml	4	B/D NM
risedronate sodium TABS 5mg, 30mg, 35mg, 150mg	2	
risedronate sodium TBEC 35mg	2	ST
teriparatide SOPN 560mcg/2.24ml QL (1 pen / 28 days)	5	QL NM PA
TERIPARATIDE SOPN 560mcg/2.24ml QL (1 pen / 28 days) (ALVOGEN product)	5	QL NM PA
TYMLOS SOPN 3120mcg/1.56ml QL (1 pen / 30 days)	5	QL NM PA
WYOST SOLN 120mg/1.7ml	5	NM PA
XGEVA SOLN 120mg/1.7ml	5	NM PA
XTRENBO SOLN 120mg/1.7ml	4	NM PA
YORVIPATH SOPN 168mcg/0.56ml, 294mcg/0.98ml, 420mcg/1.4ml	5	NM PA
zoledronic acid CONC 4mg/5ml; SOLN 5mg/100ml	2	B/D NM
ZOLEDRONIC ACID SOLN 4mg/100ml	4	B/D NM
CHELATING AGENTS		
CHEMET CAPS 100mg	5	
CUVRIOR TABS 300mg	5	NM PA

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

Drug Name	Drug Requirements/ Tier	Limits
ashlyna	2	
aubra eq	2	
aurovela 1/20	2	
aurovela 24 fe	2	
aurovela fe 1.5/30	2	
aurovela fe 1/20	2	
aviane	2	
ayuna	2	
azurette	2	
BALCOLTRA TAB 0.1-20	4	
balziva	2	
BEYAZ TAB	4	
blisovi 24 fe	2	
blisovi fe 1.5/30	2	
blisovi fe 1/20	2	
briellyn	2	
camila TABS .35mg	2	
camrese	2	
camrese lo	2	
chateal eq	2	
cryselle	2	
cyred eq	2	
dasetta 1/35	2	
dasetta 7/7/7	2	
daysee	2	
deblitane TABS .35mg	2	
DEPO-PROVERA CONTRACEPTIV SUSP 150mg/ml; SUSY 150mg/ml	4	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	3	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	2	
dolishale	2	
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	2	
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	2	
drospirenone-ethinyl estradiol tab 3-0.02 mg	2	
drospirenone-ethinyl estradiol tab 3-0.03 mg	2	

Drug Name	Drug Requirements/ Tier	Limits
elinest	2	
eluryng	2	
emzahh TABS .35mg	2	
enilloring	2	
enskyce	2	
errin TABS .35mg	2	
estarylla	2	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	2	
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	2	
falmina	2	
feirza 1.5/30	2	
feirza 1/20	2	
FEMLYV TAB 1/0.02MG	4	
finzala	2	
galbriela	2	
gemmily	2	
hailey 1.5/30	2	
hailey 24 fe	2	
hailey fe 1/20	2	
heather TABS .35mg	2	
iclevia	2	
incassia TABS .35mg	2	
introvale	2	
isibloom	2	
jaimiess	2	
jasmiel	2	
jencycla TABS .35mg	2	
jolessa	2	
joyeaux	2	
juleber	2	
junel 1.5/30	2	
junel 1/20	2	
junel fe 1.5/30	2	
junel fe 1/20	2	
junel fe 24	2	
kaitlib fe	2	
kariva	2	
kelnor 1/35	2	
kurvelo	2	
larin 1.5/30	2	
larin 1/20	2	
larin 24 fe	2	

Drug Name	Drug Requirements/ Tier	Limits
larin fe 1.5/30	2	
larin fe 1/20	2	
lessina	2	
levonest	2	
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg	2	
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	2	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	2	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	2	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	2	
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	2	
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)	2	
LILETTA IUD 20.1mcg/day	3	NM
LO LOESTRIN TAB 1-10-10	4	
loestrin 1.5/30-21	2	
loestrin 1/20-21	2	
loestrin fe 1.5/30	2	
loestrin fe 1/20	2	
lojaimiess	2	
loryna	2	
luizza 1.5/30	2	
luizza 1/20	2	
lutera	2	
lyleq TABS .35mg	2	
lyza TABS .35mg	2	
marlissa	2	
medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml	2	
meleya TABS .35mg	2	
mibelas 24 fe	2	
microgestin 1.5/30	2	
microgestin 1/20	2	
microgestin fe 1.5/30	2	

Drug Name	Drug Requirements/ Tier	Limits
microgestin fe 1/20	2	
mili	2	
minzoya	2	
mono-linyah	2	
NATAZIA TAB	4	
necon 0.5/35-28	2	
NEXPLANON IMPL 68mg	3	NM
NEXTSTELLIS TAB 3-14.2MG	4	
nikki	2	
nora-be TABS .35mg	2	
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	2	
norethindrone (contraceptive) TABS .35mg	2	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	2	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	2	
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	2	
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)	2	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	2	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	2	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	2	
norlyroc TABS .35mg	2	
nortrel 0.5/35 (28)	2	
nortrel 1/35 (21)	2	
nortrel 1/35 (28)	2	
nortrel 7/7/7	2	
NUVARING MIS	4	
nylia 1/35	2	
nylia 7/7/7	2	
orquidea TABS .35mg	2	
PHEXX GEL	4	
philith	2	
pimtrea	2	

Drug Name	Drug Requirements/ Tier	Limits
portia-28	2	
reclipsen	2	
rivelsa	2	
rosyrah	2	
SAFYRAL TAB	4	
setlakin	2	
sharobel TABS .35mg	2	
simliya	2	
simpesse	2	
SLYND TABS 4mg	4	
sprintec 28	2	
syeda	2	
tarina 24 fe	2	
tarina fe 1/20 eq	2	
TAYTULLA CAP 1MG/20MC	4	
tilia fe	2	
tri-estarylla	2	
tri-legest fe	2	
tri-linyah	2	
tri-lo-estarylla	2	
tri-lo-marzia	2	
tri-lo-mili	2	
tri-lo-sprintec	2	
tri-mili	2	
tri-sprintec	2	
tri-vylibra	2	
tri-vylibra lo	2	
turqoz	2	
TWIRLA DIS 120-30	4	
TYBLUME CHW 0.1-0.02	4	
tydemy	2	
valtya 1/35	2	
valtya 1/50	2	
velivet	2	
vestura	2	
vienva	2	
viorele	2	
vyfemla	2	
vylibra	2	
wera	2	
wymzya fe	2	
xarah fe	2	
xelria fe	2	

Drug Name	Drug Requirements/ Tier	Limits
xulane	2	
YASMIN 28 TAB 3-0.03MG	4	
YAZ TAB 3-0.02MG	4	
zafemy	2	
zovia 1/35	2	
zumandimine	2	
ESTROGENS		
abigale	2	
abigale lo	2	
ACTIVELLA TAB 1-0.5MG	4	
BIJUVA CAP 0.5-100	4	
BIJUVA CAP 1-100MG	4	
CLIMARA PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	4	
CLIMARA PRO DIS WEEKLY	4	
COMBIPATCH DIS	4	
DELESTROGEN OIL 10mg/ml, 20mg/ml	4	
DEPO-ESTRADIOL OIL 5mg/ml	4	
DIVIGEL GEL .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm	4	
dotti PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2	
ELESTRIN GEL .06%	4	
ESTRACE CREA .1mg/gm	4	
estradiol GEL .06%, .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm	4	
estradiol PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; TABS .5mg, 1mg, 2mg	2	
estradiol & norethindrone acetate tab 0.5-0.1 mg	2	
estradiol & norethindrone acetate tab 1-0.5 mg	2	
estradiol vaginal CREA .1mg/gm; TABS 10mcg	2	
estradiol valerate OIL 10mg/ml, 20mg/ml, 40mg/ml	2	
ESTRING RING 7.5mcg/24hr	4	
estrogens, conjugated TABS .3mg, .45mg, .625mg, .9mg, 1.25mg	4	
EVAMIST SOLN 1.53mg/spray	4	
FEMRING RING .05mg/24hr, .1mg/24hr	4	
fyavolv tab 0.5mg-2.5mcg	2	
fyavolv tab 1mg-5mcg	2	
IMVEXXY MAINTENANCE PACK INST 4mcg, 10mcg	4	PA
IMVEXXY STARTER PACK INST 4mcg, 10mcg	4	PA
jinteli	2	
lyllana PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2	
MENOSTAR PTWK 14mcg/24hr	4	
mimvey	2	
MINIVELLE PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	4	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	2	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	2	
PREMARIN CREA .625mg/gm; SOLR 25mg; TABS .3mg, .45mg, .625mg, .9mg, 1.25mg	4	
PREMPHASE TAB	3	
PREMPRO TAB 0.3-1.5	3	
PREMPRO TAB 0.45-1.5	3	
PREMPRO TAB 0.625-2.5	3	
PREMPRO TAB 0.625-5	3	
VAGIFEM TABS 10mcg	4	
VIVELLE-DOT PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	4	

Drug Name	Drug Requirements/ Tier	Limits
yuvafem TABS 10mcg	2	
GLUCOCORTICOIDS		
ALKINDI SPRINKLE CPSP 1mg, 2mg, 5mg	5	NM PA
ALKINDI SPRINKLE CPSP .5mg	4	NM PA
betamethasone sod phosphate & acetate inj susp 6 (3-3) mg/ml	2	
CELESTONE INJ SOLUSPAN	4	
CORTEF TABS 5mg, 10mg, 20mg	4	
CORTISONE ACETATE TABS 25mg	4	
DEPO-MEDROL SUSP 20mg/ml, 40mg/ml, 80mg/ml	4	B/D
dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg; TBPK 1.5mg	2	
DEXAMETHASONE INTENSOL CONC 1mg/ml	4	
dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 10mg/ml	2	
DEXLYT TABS .25mg	5	
fludrocortisone acetate TABS .1mg	2	
HEMADY TABS 20mg	4	PA
hydrocortisone TABS 5mg, 10mg, 20mg	2	
hydrocortisone sod succinate SOLR 100mg	2	
KENALOG-10 SUSP 10mg/ml	4	B/D
KENALOG-40 SUSP 40mg/ml	4	B/D
KENALOG-80 SUSP 80mg/ml	4	B/D
KHINDIVI SOLN 1mg/ml	5	PA
MEDROL TABS 2mg, 4mg, 8mg, 16mg	4	B/D
MEDROL DOSEPAK TBPK 4mg	4	
methylprednisolone TABS 4mg, 8mg, 16mg, 32mg	2	B/D
methylprednisolone TBPK 4mg	2	
methylprednisolone acetate SUSP 40mg/ml, 80mg/ml	2	B/D
methylprednisolone sod succ SOLR 40mg, 125mg, 500mg, 1000mg	2	B/D
ORAPRED ODT TBDP 10mg, 15mg, 30mg	4	B/D
prednisolone SOLN 15mg/5ml; TABS 5mg	2	B/D
prednisolone sodium phosphate SOLN 5mg/5ml, 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml; TBDP 10mg, 15mg, 30mg	2	B/D
prednisone SOLN 5mg/5ml	2	B/D
prednisone TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
prednisone TBEC 1mg, 2mg, 5mg	5	B/D
prednisone TBPK 5mg, 10mg	1	
PREDNISONE INTENSOL CONC 5mg/ml	4	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	4	
SOLU-MEDROL SOLR 2gm, 40mg, 125mg, 500mg, 1000mg	4	B/D
taperdex 6-day TBPK 1.5mg	2	
taperdex 7-day TBPK 1.5mg	2	
taperdex 12-day TBPK 1.5mg	2	
triamcinolone acetonide SUSP 10mg/ml, 40mg/ml	2	B/D
ZILRETTA SRER 32mg	4	B/D NM
GLUCOSE ELEVATING AGENTS		
BAQSIMI ONE PACK POWD 3mg/dose	4	
BAQSIMI TWO PACK POWD 3mg/dose	4	
diazoxide SUSP 50mg/ml	2	
glucagon SOLR 1mg	2	
GVOKE HYPOPEN 1-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	3	

Drug Name	Drug Tier	Requirements/ Limits
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	3	
GVOKE KIT SOLN 1mg/0.2ml	3	
GVOKE PFS SOSY 1mg/0.2ml	3	
PROGLYCEM SUSP 50mg/ml	5	
MISCELLANEOUS		
ACTHAR GEL 80unit/ml QL (1.5 mL / 1 day)	5	QL NM PA
ACTHAR GEL PEN 40unit/0.5ml QL (28 pens / 28 days)	5	QL NM PA
ACTHAR GEL PEN 80unit/ml QL (30 pens / 30 days)	5	QL NM PA
ALDURAZYME SOLN 2.9mg/5ml	5	NM PA
AQNEURSA PACK 1gm QL (112 packets / 28 days)	5	QL NM PA
AVLAYAH SOLR 150mg	5	NM PA
betaine powder for oral solution	5	NM
cabergoline TABS .5mg	2	
CARBAGLU TBSO 200mg	5	NM PA
carglumic acid TBSO 200mg	5	NM PA
CARNITOR SOLN 1gm/10ml, 200mg/ml; TABS 330mg	4	B/D
CERDELGA CAPS 84mg	5	NM PA
CEREZYME SOLR 400unit	5	NM PA
CHORIONIC GONADOTROPIN SOLR 10000unit	4	NM PA
cinacalcet hcl TABS 30mg, 60mg QL (60 tabs / 30 days)	2	B/D QL NM
cinacalcet hcl TABS 90mg QL (120 tabs / 30 days)	2	B/D QL NM
CORTROPHIN GEL 80unit/ml QL (1.5 mL / 1 day)	5	QL NM PA
CORTROPHIN PRSY 40unit/0.5ml, 80unit/ml QL (28 syringes / 28 days)	5	QL NM PA
CRENESSITY CAPS 50mg, 100mg QL (60 caps / 30 days)	5	QL NM PA
CRENESSITY SOLN 50mg/ml QL (120 mL / 30 days)	5	QL NM PA
CRYSVITA SOLN 10mg/ml, 20mg/ml, 30mg/ml	5	NM PA
CYSTADANE POW	5	NM
CYSTAGON CAPS 50mg, 150mg	4	NM PA
DDAVP SOLN 4mcg/ml; TABS .2mg	5	
DDAVP TABS .1mg	4	
DESMODA SOLN .05mg/ml	5	PA
desmopressin acetate SOLN 4mcg/ml; TABS .1mg, .2mg	2	
desmopressin acetate spray SOLN .01%	2	
desmopressin acetate spray refrigerated SOLN .01%	2	
DOJOLVI LIQD 100%	5	NM PA
EGRIFTA SV SOLR 2mg	5	NM PA
EGRIFTA WR KIT 11.6mg	5	NM PA
ELAPRASE SOLN 6mg/3ml	5	NM PA
ELELYSO SOLR 200unit	5	NM PA
ELFABRIO SOLN 5mg/2.5ml, 20mg/10ml	5	NM PA
EVISTA TABS 60mg	4	
FABRAZYME SOLR 5mg, 35mg	5	NM PA
FENSOLVI KIT 45mg	5	NM PA
GALAFOLD CAPS 123mg	5	NM PA
GENOTROPIN CART 5mg, 12mg	5	NM PA
GENOTROPIN MINIQUICK PRSY .2mg	3	NM PA
GENOTROPIN MINIQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	NM PA
glycerol phenylbutyrate LIQD 1.1gm/ml	5	NM PA
INCRELEX SOLN 40mg/4ml	5	NM PA
ISTURISA TABS 1mg QL (240 tabs / 30 days)	5	QL NM PA
ISTURISA TABS 5mg QL (360 tabs / 30 days)	5	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
javygtor PACK 100mg, 500mg; TABS 100mg	5	NM PA
JYNARQUE TABS 15mg, 30mg; TBPK 15mg	5	NM PA
JYNARQUE PAK 30-15MG	5	NM PA
JYNARQUE PAK 45-15MG	5	NM PA
JYNARQUE PAK 60-30MG	5	NM PA
JYNARQUE PAK 90-30MG	5	NM PA
KANUMA SOLN 20mg/10ml	5	NM PA
KORLYM TABS 300mg	5	NM PA
KUVAN PACK 100mg, 500mg; TABS 100mg	5	NM PA
LAMZEDE SOLR 10mg	5	NM PA
lanreotide acetate SOLN 120mg/0.5ml	5	NM PA
LANREOTIDE ACETATE SOLN 120mg/0.5ml	5	NM PA
levocarnitine (metabolic modifiers) SOLN 1gm/10ml, 200mg/ml; TABS 330mg	2	B/D
LOARGYS SOLN 2mg/0.4ml	5	NM PA
LUMIZYME SOLR 50mg	5	NM PA
LUMVOA SOLN 500mg/10ml	5	NM PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	5	NM PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	5	NM PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg	5	NM PA
LYNKUET CAPS 60mg QL (60 caps / 30 days)	4	QL PA
methergine TABS .2mg	5	PA
methylergonovine maleate TABS .2mg	5	PA
mifepristone (hyperglycemia) TABS 300mg	5	NM PA
miglustat CAPS 100mg QL (90 caps / 30 days)	5	QL NM PA
MIPLYFFA CAPS 47mg, 62mg, 93mg, 124mg QL (90 caps / 30 days)	5	QL NM PA
MYALEPT SOLR 11.3mg	5	NM PA
MYCAPSSA CPDR 20mg QL (112 caps / 28 days)	5	QL NM PA
MYFEMBREE TAB	5	PA
NAGLAZYME SOLN 1mg/ml	5	NM PA
NEXVIAZYME SOLR 100mg	5	NM PA
NGENLA SOPN 24mg/1.2ml, 60mg/1.2ml	5	NM PA
nitisinone CAPS 2mg, 5mg, 10mg, 20mg	5	NM PA
NITYR TABS 2mg, 5mg, 10mg	5	NM PA
NORDITROPIN FLEXPRO SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml	5	NM PA
NOVAREL SOLR 5000unit	4	NM PA
octreotide acetate KIT 10mg, 20mg, 30mg; SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	5	NM PA
octreotide acetate SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	2	NM PA
OLPRUVA THPK 2gm, 3gm, 4gm, 5gm, 6gm, 6.67gm	5	NM PA
OMNITROPE SOCT 5mg/1.5ml, 10mg/1.5ml; SOLR 5.8mg	5	NM PA
OPFOLDA CAPS 65mg QL (8 caps / 28 days)	4	QL NM PA
ORFADIN CAPS 2mg, 5mg, 10mg, 20mg; SUSP 4mg/ml	5	NM PA
ORIAHNN CAP	5	PA
ORILISSA TABS 150mg, 200mg	5	PA
OSPHENA TABS 60mg	4	PA
PALSONIFY TABS 20mg QL (90 tabs / 30 days)	5	QL NM PA
PALSONIFY TABS 30mg QL (120 tabs / 30 days)	5	QL NM PA
PALYNZIQ SOSY 2.5mg/0.5ml, 10mg/0.5ml, 20mg/ml	5	NM PA
PHEBURANE PLLT 483mg/gm	5	NM PA
POMBILITI SOLR 105mg	5	NM PA
PREGNYL SOLR 10000unit	4	NM PA
PROCYSBI CPDR 25mg, 75mg; PACK 75mg, 300mg	5	NM PA
raloxifene hcl TABS 60mg	2	
RAVICTI LIQD 1.1gm/ml	5	NM PA
RECORLEV TABS 150mg QL (240 tabs / 30 days)	5	QL NM PA

Drug Name	Tier	Drug Requirements/ Limits
REVCOVI SOLN 2.4mg/1.5ml	5	NM PA
REZDIFFRA TABS 60mg, 80mg, 100mg QL (30 tabs / 30 days)	5	QL NM PA
SAMSCA TABS 15mg, 30mg	5	NM PA
SANDOSTATIN SOLN 50mcg/ml, 100mcg/ml, 500mcg/ml	5	NM PA
SANDOSTATIN LAR DEPOT KIT 10mg, 20mg, 30mg	5	NM PA
sapropterin dihydrochloride PACK 100mg, 500mg; TABS 100mg	5	NM PA
SEPHIENCE PACK 250mg, 1000mg	5	NM PA
SEROSTIM SOLR 4mg, 5mg, 6mg	5	NM PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	5	NM PA
SIGNIFOR LAR SRER 10mg, 20mg, 30mg, 40mg, 60mg	5	NM PA
SKYTROFA CART .7mg, 1.4mg, 1.8mg, 2.1mg, 2.5mg, 3mg, 3.6mg, 4.3mg, 5.2mg, 6.3mg, 7.6mg, 9.1mg, 11mg, 13.3mg	5	NM PA
sodium phenylbutyrate POWD 3gm/tsp; TABS 500mg	5	NM PA
SOGROYA SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml	5	NM PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	5	NM PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	5	NM PA
STRENSIQ SOLN 18mg/0.45ml, 28mg/0.7ml, 40mg/ml, 80mg/0.8ml	5	NM PA
SYNAREL SOLN 2mg/ml	5	PA
TEPEZZA SOLR 500mg	5	NM PA
tolvaptan TABS 15mg, 30mg (generic of JYNARQUE)	5	NM PA
tolvaptan TBPK 15mg	5	NM PA
tolvaptan (hyponatremia) TABS 15mg, 30mg (generic of SAMSCA)	5	NM PA
tolvaptan tab therapy pack 30 & 15 mg	5	NM PA
tolvaptan tab therapy pack 45 & 15 mg	5	NM PA
tolvaptan tab therapy pack 60 & 30 mg	5	NM PA
tolvaptan tab therapy pack 90 & 30 mg	5	NM PA
VEOZAH TABS 45mg QL (30 tabs / 30 days)	4	QL PA
VIJOICE PACK 50mg QL (28 packets / 28 days)	5	QL NM PA
VIJOICE TBPK 50mg, 125mg QL (28 tabs / 28 days)	5	QL NM PA
VIJOICE TAB 250MG QL (56 tabs / 28 days)	5	QL NM PA
VIMIZIM SOLN 5mg/5ml	5	NM PA
VOXZOGO SOLR .4mg, .56mg, 1.2mg	5	NM PA
VPRIV SOLR 400unit	5	NM PA
VYKAT XR TB24 25mg QL (120 tabs / 30 days)	5	QL NM PA
VYKAT XR TB24 75mg QL (30 tabs / 30 days)	5	QL NM PA
VYKAT XR TB24 150mg QL (90 tabs / 30 days)	5	QL NM PA
WEGOVY SOAJ .25mg/0.5ml, .5mg/0.5ml, 1mg/0.5ml, 1.7mg/0.75ml, 2.4mg/0.75ml QL (4 pens / 28 days)	3	QL PA
WEGOVY TABS 1.5mg, 4mg, 9mg, 25mg QL (30 tabs / 30 days)	3	QL PA
XENPOZYME SOLR 4mg, 20mg	5	NM PA
yargesa CAPS 100mg QL (90 caps / 30 days)	5	QL NM PA
YUVIWEL SOLR 1.3mg, 2.8mg, 5.5mg	5	NM PA
ZAVESCA CAPS 100mg QL (90 caps / 30 days)	5	QL NM PA
zelvysia PACK 100mg, 500mg	5	NM PA
ZOMACTON SOLR 5mg	4	NM PA

Drug Name	Tier	Requirements/ Limits
PHOSPHATE BINDER AGENTS		
calcium acetate (phosphate binder) CAPS 667mg QL (360 caps / 30 days)	2	B/D QL
sevelamer carbonate TABS 800mg QL (540 tabs / 30 days)	2	B/D QL
PROGESTINS		
CRINONE GEL 8%	4	PA
gallifrey TABS 5mg	2	
medroxyprogesterone acetate TABS 2.5mg, 5mg, 10mg	1	
megestrol acetate SUSP 40mg/ml	3	
megestrol acetate (appetite) SUSP 625mg/5ml	4	PA
norethindrone acetate TABS 5mg	2	
progesterone CAPS 100mg, 200mg	2	
PROMETRIUM CAPS 100mg, 200mg	4	
PROVERA TABS 2.5mg, 5mg, 10mg	4	
THYROID AGENTS		
CYTOMEL TABS 5mcg, 25mcg, 50mcg	4	
levothyroxine sodium CAPS 13mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	2	ST
levothyroxine sodium TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
levoxyl TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
liomny TABS 5mcg, 25mcg, 50mcg	2	
liothyronine sodium TABS 5mcg, 25mcg, 50mcg	2	
methimazole TABS 5mg, 10mg	1	
propylthiouracil TABS 50mg	2	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	4	
THYQUIDITY SOLN 100mcg/5ml	4	
TIROSINT CAPS 13mcg, 25mcg, 37.5mcg, 44mcg, 50mcg, 62.5mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	4	ST
TIROSINT-SOL SOLN 13mcg/ml, 25mcg/ml, 37.5mcg/ml, 44mcg/ml, 50mcg/ml, 62.5mcg/ml, 75mcg/ml, 88mcg/ml, 100mcg/ml, 112mcg/ml, 125mcg/ml, 137mcg/ml, 150mcg/ml, 175mcg/ml, 200mcg/ml	4	
unithroid TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
VITAMIN D ANALOGS		
calcitriol CAPS .25mcg, .5mcg	2	B/D
calcitriol (oral) SOLN 1mcg/ml	2	B/D
doxercalciferol CAPS .5mcg, 1mcg, 2.5mcg	2	B/D
paricalcitol CAPS 1mcg, 2mcg, 4mcg	2	B/D
RAYALDEE CPCR 30mcg	5	
ROCALTROL CAPS .25mcg, .5mcg; SOLN 1mcg/ml	4	B/D
GASTROINTESTINAL ***ANTIEMETICS***		
AKYNZEO CAP 300-0.5	4	B/D
AKYNZEO INJ 235-0.25MG/20ML	4	NM
APONVIE EMUL 32mg/4.4ml	4	
aprepitant CAPS 40mg, 80mg	2	B/D
aprepitant CAPS 125mg	5	B/D

Drug Name	Drug Requirements/ Tier	Limits
aprepitant capsule therapy pack 80 & 125 mg	2	B/D
BONJESTA TAB 20-20MG	4	
CINVANTI EMUL 130mg/18ml	4	
compro SUPP 25mg	2	
DICLEGIS TAB 10-10MG	4	
DIMENHYDRINATE SOLN 50mg/ml	4	
doxylamine-pyridoxine tab delayed release 10-10 mg	4	
dronabinol CAPS 2.5mg, 5mg, 10mg QL (60 caps / 30 days)	2	B/D QL
EMEND SOLR 150mg	4	
EMEND SUSR 125mg/5ml	5	B/D
EMEND BIPACK CAPS 80mg	4	B/D
EMEND TRIPAC CAP 125 & 80	4	B/D
FOCINVEZ SOLN 150mg/50ml	4	
fosaprepitant dimeglumine SOLR 150mg	2	
GIMOTI SOLN 15mg/act	5	PA
granisetron hcl SOLN 1mg/ml, 4mg/4ml	2	
granisetron hcl TABS 1mg	2	B/D
GRANISOL SOLN 2mg/10ml	5	B/D
MARINOL CAPS 2.5mg QL (60 caps / 30 days)	4	B/D QL
meclizine hcl CHEW 25mg QL (120 tabs / 30 days) PA applies if 65 years and older after a 30 day supply in a calendar year	2	QL PA
meclizine hcl TABS 12.5mg, 25mg PA applies if 65 years and older after a 30 day supply in a calendar year	2	PA
meclizine hcl TABS 50mg QL (60 tabs / 30 days) PA applies if 65 years and older after a 30 day supply in a calendar year	2	QL PA
metoclopramide hcl SOLN 5mg/5ml, 5mg/ml	2	
metoclopramide hcl TABS 5mg, 10mg	1	
NAVITRUX SOLR 150mg	4	
NEREUS CAPS 85mg QL (16 caps / 30 days)	5	QL
ondansetron TBDP 4mg, 8mg	2	B/D
ondansetron TBDP 16mg	5	B/D
ondansetron hcl SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	2	
ondansetron hcl SOLN 4mg/5ml; TABS 4mg, 8mg	2	B/D
palonosetron hcl SOLN .25mg/5ml; SOSY .25mg/5ml	2	
PHENERGAN SOLN 25mg/ml, 50mg/ml PA applies if 65 years and older after a 30 day supply in a calendar year	4	PA
POSFREA SOLN .25mg/5ml	4	
prochlorperazine SUPP 25mg	2	
prochlorperazine edisylate SOLN 10mg/2ml	2	
prochlorperazine maleate TABS 5mg, 10mg	2	
promethazine hcl SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml; SUPP 12.5mg, 25mg PA applies if 65 years and older after a 30 day supply in a calendar year	4	PA
promethazine hcl TABS 12.5mg, 25mg, 50mg PA applies if 65 years and older after a 30 day supply in a calendar year	2	PA
promethegan SUPP 12.5mg, 25mg, 50mg PA applies if 65 years and older after a 30 day supply in a calendar year	4	PA
REGLAN TABS 5mg, 10mg	4	
SANCUSO PTCH 3.1mg/24hr QL (4 patches / 28 days)	5	QL

Drug Name	Drug Requirements/ Tier	Limits
scopolamine PT72 1mg/3days QL (10 patches / 30 days)	4	QL
TRANSDERM SCOP PT72 1mg/3days QL (10 patches / 30 days)	4	QL
trimethobenzamide hcl CAPS 300mg	2	
VARUBI TBPK 90mg	4	B/D NM
ANTISPASMODICS		
atropine sulfate SOSY 1mg/10ml	4	
ATROPINE SULFATE SOSY .25mg/5ml, 1mg/10ml	4	
CUVPOSA SOLN 1mg/5ml	4	
dicyclomine hcl CAPS 10mg; TABS 20mg PA applies if 65 years and older	3	PA
dicyclomine hcl SOLN 10mg/5ml, 10mg/ml; TABS 40mg PA applies if 65 years and older	4	PA
GLYCATE TABS 1.5mg QL (90 tabs / 30 days)	5	QL ST
glycopyrrolate SOLN .2mg/ml, .4mg/2ml, 1mg/5ml, 4mg/20ml; SOSY .2mg/ml, .4mg/2ml	2	
GLYCOPYRROLATE TABS 1.5mg QL (90 tabs / 30 days)	5	QL ST
glycopyrrolate TABS 1mg QL (90 tabs / 30 days)	2	QL
glycopyrrolate TABS 2mg QL (120 tabs / 30 days)	2	QL
glycopyrrolate (oral) SOLN 1mg/5ml	2	
methscopolamine bromide TABS 2.5mg, 5mg PA applies if 65 years and older	4	PA
H2-RECEPTOR ANTAGONISTS		
cimetidine TABS 200mg, 300mg, 400mg, 800mg	2	
cimetidine hcl SOLN 300mg/5ml QL (1200 mL / 30 days)	2	QL
famotidine SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml	2	
famotidine TABS 20mg, 40mg	1	
famotidine in nacl 0.9% iv soln 20 mg/50ml	2	
nizatidine CAPS 150mg, 300mg	2	
PEPCID TABS 20mg, 40mg	4	
ranitidine hcl TABS 150mg, 300mg	2	
INFLAMMATORY BOWEL DISEASE		
APRISO CP24 .375gm QL (120 caps / 30 days)	4	QL
AZULFIDINE TABS 500mg	4	
AZULFIDINE EN-TABS TBEC 500mg	4	
balsalazide disodium CAPS 750mg	2	
budesonide CPEP 3mg QL (90 caps / 30 days)	2	QL
budesonide TB24 9mg QL (30 tabs / 30 days)	2	QL PA
budesonide (intrarectal) FOAM 2mg	2	
CANASA SUPP 1000mg QL (30 suppositories / 30 days)	5	QL
CORTENEMA ENEM 100mg/60ml	4	
DIPENTUM CAPS 250mg	5	
hydrocortisone (intrarectal) ENEM 100mg/60ml	2	
LIALDA TBEC 1.2gm QL (120 tabs / 30 days)	4	QL
mesalamine CP24 .375gm QL (120 caps / 30 days)	2	QL
mesalamine CPCR 250mg QL (480 caps / 30 days)	2	QL
mesalamine CPCR 500mg QL (240 caps / 30 days)	2	QL
mesalamine CPDR 400mg QL (180 caps / 30 days)	2	QL

Drug Name	Drug Tier	Requirements/ Limits
mesalamine ENEM 4gm QL (1680 mL / 28 days)	2	QL
mesalamine SUPP 1000mg QL (30 suppositories / 30 days)	2	QL
mesalamine TBEC 1.2gm QL (120 tabs / 30 days)	2	QL
mesalamine TBEC 800mg QL (180 tabs / 30 days)	2	QL
mesalamine w/ cleanser KIT 4gm QL (28 bottles / 28 days)	2	QL
PENTASA CPCR 250mg QL (480 caps / 30 days)	4	QL
PENTASA CPCR 500mg QL (240 caps / 30 days)	4	QL
ROWASA KIT 4gm QL (28 bottles / 28 days)	5	QL
sulfasalazine TABS 500mg; TBEC 500mg	2	
UCERIS FOAM 2mg/act	4	
UCERIS TB24 9mg QL (30 tabs / 30 days)	5	QL PA
LAXATIVES		
CLENPIQ SOL 10 MG-3.5 GM-12 GM/175ML	4	
constulose SOLN 10gm/15ml	2	
enulose SOLN 10gm/15ml	2	
gavilyte-c	1	
gavilyte-g	1	
gavilyte-n/flavor pack	1	
generlac SOLN 10gm/15ml	2	
GOLYTELY SOL	4	
kristalose PACK 10gm QL (30 packets / 30 days)	2	QL PA
kristalose PACK 20gm QL (60 packets / 30 days)	2	QL PA
lactulose PACK 10gm QL (30 packets / 30 days)	5	QL PA
lactulose PACK 20gm QL (60 packets / 30 days)	5	QL PA
lactulose SOLN 10gm/15ml	2	
lactulose (encephalopathy) SOLN 10gm/15ml	2	
MOVIPREP SOL	4	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	1	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	1	
peg-3350/electrolytes/asc	2	
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	2	
SUFLAVE SOL	4	
SUPREP BOWEL SOL PREP KIT	4	
SUTAB TAB	4	
MISCELLANEOUS		
alosetron hcl TABS .5mg, 1mg QL (60 tabs / 30 days)	2	QL PA
AMITIZA CAPS 8mcg, 24mcg QL (60 caps / 30 days)	4	QL
amoxicil cap &clarithro tab &lansopraz cap dr 500 &500 &30mg	2	
bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg	2	
BYLVAY CAPS 400mcg, 1200mcg	5	NM PA
BYLVAY (PELLETS) CPSP 200mcg, 600mcg	5	NM PA
CARAFATE TABS 1gm	4	
CHOLBAM CAPS 50mg, 250mg	5	NM PA
CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	3	
cromolyn sodium (mastocytosis) CONC 100mg/5ml	2	
CYTOTEC TABS 100mcg, 200mcg	4	
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	4	
diphenoxylate w/ atropine tab 2.5-0.025 mg	4	

Drug Name	Drug Tier	Requirements/ Limits
EOHILIA SUSP 2mg/10ml QL (600 mL / 30 days)	5	QL PA
GASTROCROM CONC 100mg/5ml	5	
GATTEX KIT 5mg	5	NM PA
IBSRELA TABS 50mg QL (60 tabs / 30 days)	5	QL NM PA
IQIRVO TABS 80mg QL (30 tabs / 30 days)	5	QL NM PA
LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days)	3	QL
LIVDELZI CAPS 10mg QL (30 caps / 30 days)	5	QL NM PA
LIVMARLI SOLN 9.5mg/ml, 19mg/ml; TABS 10mg, 15mg, 20mg, 30mg	5	NM PA
LOMOTIL TAB 2.5MG	4	
loperamide hcl CAPS 2mg	2	
LOTRONEX TABS .5mg, 1mg QL (60 tabs / 30 days)	5	QL PA
lubiprostone CAPS 8mcg, 24mcg QL (60 caps / 30 days)	2	QL
LYNAVOY TABS 40mg QL (60 tabs / 30 days)	5	QL NM PA
misoprostol TABS 100mcg, 200mcg	2	
MOTEGRITY TABS 1mg, 2mg	4	
MOVANTIK TABS 12.5mg, 25mg QL (30 tabs / 30 days)	3	QL
PANCREAZE CAP 2600UNIT	4	
PANCREAZE CAP 4200UNIT	4	
PANCREAZE CAP 10500UNT	4	
PANCREAZE CAP 16800UNT	4	
PANCREAZE CAP 21000UNT	4	
PANCREAZE CAP 37000	4	
PERTZYE CAP 4000UNIT	4	
PERTZYE CAP 8000UNIT	4	
PERTZYE CAP 16000U	4	
PERTZYE CAP 24000U	4	

Drug Name	Drug Tier	Requirements/ Limits
prucalopride succinate TABS 1mg, 2mg	2	
PYLERA CAP	4	
REBYOTA SUSP 150ml QL (150 mL / 30 days)	5	QL NM PA
RELISTOR SOLN 12mg/0.6ml QL (28 vials / 28 days)	5	QL PA
RELISTOR SOSY 8mg/0.4ml, 12mg/0.6ml QL (28 syringes / 28 days)	5	QL PA
RELISTOR TABS 150mg QL (90 tabs / 30 days)	5	QL PA
RELTONE CAPS 200mg, 400mg	5	PA
SUCRAID SOLN 8500unit/ml	5	NM PA
sucralfate SUSP 1gm/10ml	2	ST
sucralfate TABS 1gm	2	
SYMPROIC TABS .2mg QL (30 tabs / 30 days)	4	QL
TALICIA CAP	3	
TRULANCE TABS 3mg QL (30 tabs / 30 days)	4	QL
URSODIOL CAPS 200mg, 400mg	5	PA
ursodiol CAPS 300mg; TABS 250mg, 500mg	2	
URSOLIGN CAPS 150mg	5	PA
VIBERZI TABS 75mg, 100mg	5	PA
VIOKACE TAB 10440	4	
VIOKACE TAB 20880	4	
VOQUEZNA PAK DUAL PAK QL (2 kits / year)	3	QL PA
VOQUEZNA PAK TRIP PK QL (2 kits / year)	3	QL PA
VOWST CAP QL (12 caps / 30 days)	5	QL NM PA
XERMELO TABS 250mg QL (84 tabs / 28 days)	5	QL NM PA
XIFAXAN TABS 550mg	3	PA
ZENPEP CAP 3000UNIT	3	
ZENPEP CAP 5000UNIT	3	
ZENPEP CAP 10000UNT	3	
ZENPEP CAP 15000UNT	3	
ZENPEP CAP 20000UNT	3	
ZENPEP CAP 25000UNT	3	

Drug Name	Tier	Requirements/ Limits
ZENPEP CAP 40000UNT	3	
ZENPEP CAP 60000UNT	3	
PROTON PUMP INHIBITORS		
ACIPHEX TBEC 20mg QL (30 tabs / 30 days)	5	QL ST
DEXILANT CPDR 30mg, 60mg QL (30 caps / 30 days)	4	QL
dexlansoprazole CPDR 30mg, 60mg QL (30 caps / 30 days)	2	QL
esomeprazole magnesium CPDR 20mg, 40mg QL (30 caps / 30 days)	2	QL ST
esomeprazole magnesium PACK 2.5mg, 5mg	2	
esomeprazole magnesium PACK 10mg, 20mg, 40mg QL (30 packets / 30 days)	2	QL
esomeprazole sodium SOLR 40mg	2	
KONVOMEP SUS 2-84/ML QL (600 mL / 30 days)	4	QL PA
lansoprazole CPDR 15mg, 30mg QL (60 caps / 30 days)	2	QL
lansoprazole TBDD 15mg, 30mg QL (60 tabs / 30 days)	2	QL ST
NEXIUM CPDR 20mg, 40mg QL (30 caps / 30 days)	4	QL ST
NEXIUM PACK 2.5mg, 5mg	4	
NEXIUM PACK 10mg, 20mg, 40mg QL (30 packets / 30 days)	4	QL
omeprazole CPDR 10mg, 20mg, 40mg	1	
omeprazole-sodium bicarbonate cap 20-1100 mg QL (30 caps / 30 days)	2	QL PA
omeprazole-sodium bicarbonate cap 40-1100 mg QL (30 caps / 30 days)	2	QL PA
omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg QL (30 packets / 30 days)	5	QL PA
omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg QL (30 packets / 30 days)	5	QL PA
PANTOPR/NACL SOL 40MG/100	4	
PANTOPR/NACL SOL 80MG/100	4	
pantoprazole sodium PACK 40mg QL (30 packets / 30 days)	2	QL ST
pantoprazole sodium SOLR 40mg	2	
PANTOPRAZOLE SODIUM SOLR 40mg	4	
pantoprazole sodium TBEC 20mg, 40mg	1	
PANTOPRAZOLE SOL 40/50ML	4	
PREVACID CPDR 30mg QL (60 caps / 30 days)	4	QL
PREVACID SOLUTAB TBDD 15mg, 30mg QL (60 tabs / 30 days)	4	QL ST
PRILOSEC PACK 2.5mg, 10mg	4	PA
PROTONIX PACK 40mg QL (30 packets / 30 days)	4	QL ST
PROTONIX SOLR 40mg; TBEC 20mg, 40mg	4	
rabeprazole sodium TBEC 20mg QL (30 tabs / 30 days)	2	QL
VOQUEZNA TABS 10mg QL (30 tabs / 30 days)	4	QL PA
VOQUEZNA TABS 20mg QL (60 tabs / 30 days)	4	QL PA
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
alfuzosin hcl TB24 10mg QL (30 tabs / 30 days)	1	QL

Drug Name	Tier	Requirements/ Limits
AVODART CAPS .5mg QL (30 caps / 30 days)	5	QL
CARDURA XL TB24 4mg, 8mg QL (30 tabs / 30 days)	4	QL ST
CIALIS TABS 5mg QL (30 tabs / 30 days)	4	QL PA
dutasteride CAPS .5mg QL (30 caps / 30 days)	2	QL
dutasteride-tamsulosin hcl cap 0.5-0.4 mg QL (30 caps / 30 days)	2	QL
finasteride TABS 5mg QL (30 tabs / 30 days)	1	QL
JALYN CAP 0.5-0.4 QL (30 caps / 30 days)	4	QL
PROSCAR TABS 5mg QL (30 tabs / 30 days)	4	QL
silodosin CAPS 4mg, 8mg QL (30 caps / 30 days)	2	QL
tadalafil TABS 5mg QL (30 tabs / 30 days)	2	QL PA
tamsulosin hcl CAPS .4mg QL (60 caps / 30 days)	1	QL
UROXATRAL TB24 10mg QL (30 tabs / 30 days)	4	QL
MISCELLANEOUS		
acetic acid SOLN .25%	2	
bethanechol chloride TABS 5mg, 10mg, 25mg, 50mg	2	
dimethyl sulfoxide SOLN 50%	2	
ELMIRON CAPS 100mg QL (90 caps / 30 days)	4	QL
FILSPARI TABS 200mg QL (30 tabs / 30 days)	5	QL NM PA
FILSPARI TABS 400mg QL (60 tabs / 30 days)	5	QL NM PA
INTRAROSA INST 6.5mg	4	PA
LITHOSTAT TABS 250mg	4	
neomycin-polymyxin b gu irrigation soln	2	
OXLUMO SOLN 94.5mg/0.5ml	5	NM PA
potassium citrate (alkalinizer) TBCR 15meq, 540mg, 1080mg	2	
RIMSO-50 SOLN 50%	4	

Drug Name	Tier	Requirements/ Limits
RIVFLOZA SOLN 80mg/0.5ml; SOSY 128mg/0.8ml, 160mg/ml	5	NM PA
TARPEYO CPDR 4mg QL (120 caps / 30 days)	5	QL NM PA
THIOLA TABS 100mg	5	NM
THIOLA EC TBEC 100mg, 300mg	5	NM
tiopronin TABS 100mg; TBEC 100mg, 300mg	5	NM
TRUTAKNA SOAJ 150mg/ml QL (4 pens / 28 days)	5	QL NM PA
UROCIT-K 10 TBCR 1080mg	4	
UROCIT-K 15 TBCR 15meq	4	
VANRAFIA TABS .75mg QL (30 tabs / 30 days)	5	QL NM PA
venxxiva TBEC 100mg, 300mg	5	NM
VOYXACT SOSY 400mg/2ml QL (1 syringe / 28 days)	5	QL NM PA
URINARY ANTISPASMODICS		
darifenacin hydrobromide TB24 7.5mg, 15mg QL (30 tabs / 30 days)	2	QL ST
fesoterodine fumarate TB24 4mg, 8mg QL (30 tabs / 30 days)	2	QL
GEMTESA TABS 75mg QL (30 tabs / 30 days)	3	QL
mirabegron SRER 8mg/ml QL (300 mL / 28 days)	2	QL
mirabegron TB24 25mg, 50mg QL (30 tabs / 30 days)	2	QL
MYRBETRIQ SRER 8mg/ml QL (300 mL / 28 days)	4	QL
MYRBETRIQ TB24 25mg, 50mg QL (30 tabs / 30 days)	4	QL
oxybutynin chloride SOLN 5mg/5ml QL (600 mL / 30 days)	2	QL
oxybutynin chloride TABS 2.5mg QL (90 tabs / 30 days)	2	QL
oxybutynin chloride TABS 5mg QL (120 tabs / 30 days)	2	QL

Drug Name	Drug Requirements/ Tier	Limits
oxybutynin chloride TB24 5mg QL (30 tabs / 30 days)	2	QL
oxybutynin chloride TB24 10mg, 15mg QL (60 tabs / 30 days)	2	QL
OXYTROL PTTW 3.9mg/24hr QL (8 patches / 28 days)	4	QL ST
solifenacin succinate TABS 5mg, 10mg QL (30 tabs / 30 days)	2	QL
tolterodine tartrate CP24 2mg, 4mg QL (30 caps / 30 days)	2	QL
tolterodine tartrate TABS 1mg, 2mg QL (60 tabs / 30 days)	2	QL
TOVIAZ TB24 4mg, 8mg QL (30 tabs / 30 days)	4	QL
trospium chloride CP24 60mg QL (30 caps / 30 days)	2	QL
trospium chloride TABS 20mg QL (60 tabs / 30 days)	2	QL
VAGINAL ANTI-INFECTIVES		
CLEOCIN CREA 2%; SUPP 100mg	4	
clindamycin phosphate vaginal CREA 2%	2	
CLINDESSE CREA 2%	4	
GYNAZOLE-1 CREA 2%	4	
metronidazole vaginal GEL .75%	2	
miconazole 3 SUPP 200mg	2	
NUVESSA GEL 1.3%	4	
terconazole vaginal CREA .4%, .8%; SUPP 80mg	2	
XACIATO GEL 2%	4	
HEMATOLOGIC		
ANTICOAGULANTS		
ARIXTRA SOLN 2.5mg/0.5ml	4	
ARIXTRA SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	
dabigatran etexilate mesylate CAPS 75mg, 150mg QL (60 caps / 30 days)	2	QL
dabigatran etexilate mesylate CAPS 110mg QL (120 caps / 30 days)	2	QL
ELIQUIS CPSP .15mg QL (56 caps / 21 days)	3	QL
ELIQUIS TABS 2.5mg QL (60 tabs / 30 days)	3	QL
ELIQUIS TABS 5mg QL (74 tabs / 30 days)	3	QL
ELIQUIS TBSO .5mg QL (588 tabs / 29 days)	3	QL
ELIQUIS (1.5MG PACK) 3 X TBSO .5mg QL (591 tabs / 29 days)	3	QL
ELIQUIS (2MG PACK) 4 X TBSO .5mg QL (592 tabs / 30 days)	3	QL
ELIQUIS STARTER PACK TBPK 5mg QL (74 tabs / 30 days)	3	QL
enoxaparin sodium SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	2	
fondaparinux sodium SOLN 2.5mg/0.5ml	2	
fondaparinux sodium SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	
FRAGMIN SOLN 10000unit/4ml; SOSY 2500unit/0.2ml	4	
FRAGMIN SOLN 95000unit/3.8ml; SOSY 5000unit/0.2ml, 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml	5	
HEP SOD/D5W INJ 20000UNT	4	
HEP SOD/D5W INJ 25000UNT	4	
HEP SOD/NACL INJ 12500UNT	4	
HEP SOD/NACL INJ 25000UNT	4	

Drug Name	Drug Tier	Requirements/ Limits
HEPARIN SODIUM SOLN 5000unit/ml; SOSY 5000unit/0.5ml	4	B/D
heparin sodium (porcine) SOLN 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	2	B/D
HEPARIN/NACL INJ 25000UNT	4	
jantoven TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
LOVENOX SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml	4	
LOVENOX SOSY 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	5	
PRADAXA CAPS 75mg, 150mg QL (60 caps / 30 days)	4	QL
PRADAXA CAPS 110mg QL (120 caps / 30 days)	4	QL
PRADAXA PACK 20mg, 150mg QL (60 packets / 30 days)	5	QL PA
PRADAXA PACK 30mg, 40mg, 50mg, 110mg QL (120 packets / 30 days)	5	QL PA
rivaroxaban SUSR 1mg/ml QL (620 mL / 30 days)	2	QL
rivaroxaban TABS 2.5mg QL (60 tabs / 30 days)	2	QL
warfarin sodium TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO SUSR 1mg/ml QL (620 mL / 30 days)	5	QL
XARELTO TABS 2.5mg QL (60 tabs / 30 days)	4	QL
XARELTO TABS 10mg, 15mg, 20mg QL (30 tabs / 30 days)	3	QL
XARELTO STAR TAB 15/20MG QL (51 tabs / 30 days)	3	QL

Drug Name	Drug Tier	Requirements/ Limits
HEMATOPOIETIC GROWTH FACTORS		
ARANESP ALBUMIN FREE SOLN 25mcg/ml, 40mcg/ml, 60mcg/ml; SOSY 10mcg/0.4ml, 25mcg/0.42ml, 40mcg/0.4ml	3	NM PA
ARANESP ALBUMIN FREE SOLN 100mcg/ml, 200mcg/ml; SOSY 60mcg/0.3ml, 100mcg/0.5ml, 150mcg/0.3ml, 200mcg/0.4ml, 300mcg/0.6ml, 500mcg/ml	5	NM PA
ARMLUPEG SOSY 6mg/0.6ml QL (2 syringes / 28 days)	5	QL NM PA
EPOGEN SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	4	NM PA
EPOGEN SOLN 20000unit/ml	5	NM PA
FILKRI SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NM PA
FULPHILA SOSY 6mg/0.6ml QL (2 syringes / 28 days)	5	QL NM PA
FYLNETRA SOSY 6mg/0.6ml QL (2 syringes / 28 days)	5	QL NM PA
GRANIX SOLN 300mcg/ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NM PA
LEUKINE SOLR 250mcg	5	NM PA
MIRCERA SOSY 30mcg/0.3ml, 50mcg/0.3ml, 75mcg/0.3ml, 100mcg/0.3ml, 120mcg/0.3ml, 150mcg/0.3ml, 200mcg/0.3ml	4	NM PA
MOZOBIL SOLN 24mg/1.2ml	5	NM PA
NEULASTA SOLN 4mg/0.4ml	5	NM PA
NEULASTA SOSY 6mg/0.6ml QL (2 syringes / 28 days)	5	QL NM PA
NEULASTA ONPRO KIT SOSY 6mg/0.6ml QL (2 syringes / 28 days)	5	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
NEUPOGEN SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NM PA
NIVESTYM SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NM PA
NPLATE SOLR 125mcg, 250mcg, 500mcg	5	NM PA
NYPOZI SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NM PA
NYVEPRIA SOSY 6mg/0.6ml QL (2 syringes / 28 days)	5	QL NM PA
plerixafor SOLN 24mg/1.2ml	5	NM PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	5	NM PA
RELEUKO SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NM PA
RETACRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/2ml, 20000unit/ml	4	NM PA
RETACRIT SOLN 40000unit/ml	5	NM PA
ROLVEDON SOSY 13.2mg/0.6ml QL (2 syringes / 28 days)	5	QL NM PA
RYZNEUTA SOSY 20mg/ml QL (2 syringes / 28 days)	5	QL NM PA
STIMUFEND SOSY 6mg/0.6ml QL (2 syringes / 28 days)	5	QL NM PA
UDENYCA SOAJ 6mg/0.6ml QL (2 pens / 28 days)	5	QL NM PA
UDENYCA SOSY 6mg/0.6ml QL (2 syringes / 28 days)	5	QL NM PA
UDENYCA ONBODY SOSY 6mg/0.6ml QL (2 syringes / 28 days)	5	QL NM PA
XOLREMDI CAPS 100mg QL (120 caps / 30 days)	5	QL NM PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NM PA
ZIEXTENZO SOSY 6mg/0.6ml QL (2 syringes / 28 days)	5	QL NM PA
MISCELLANEOUS		
ADAKVEO SOLN 100mg/10ml	5	NM PA
ADZYNMA KIT 500unit, 1500unit	5	NM PA
AGRYLIN CAPS .5mg	4	
ALVAIZ TABS 9mg, 54mg QL (60 tabs / 30 days)	5	QL NM PA
ALVAIZ TABS 18mg, 36mg QL (90 tabs / 30 days)	5	QL NM PA
aminocaproic acid SOLN .25gm/ml; TABS 500mg, 1000mg	2	
anagrelide hcl CAPS .5mg, 1mg	2	
ANDEMBRY SOAJ 200mg/1.2ml QL (13 pens / 365 days)	5	QL NM PA
AQVESME TABS 100mg QL (56 tabs / 28 days)	5	QL NM PA
BERINERT KIT 500unit QL (24 kits / 30 days)	5	QL NM PA
BKEMV SOLN 300mg/30ml	5	NM PA
CABLIVI KIT 11mg	5	NM PA
cilostazol TABS 50mg, 100mg	1	
CINRYZE SOLR 500unit QL (20 vials / 30 days)	5	QL NM PA
DAWNZERA SOAJ 80mg/0.8ml QL (1 pen / 28 days)	5	QL NM PA
DOPTELET TABS 20mg	5	NM PA
DOPTELET SPRINKLE CPSP 10mg	5	NM PA
DROXIA CAPS 200mg, 300mg, 400mg	4	
EKTERLY TABS 300mg QL (12 tabs / 30 days)	5	QL NM PA

Drug Name	Tier	Requirements/ Limits
eltrombopag olamine PACK 12.5mg QL (120 packets / 30 days)	5	QL NM PA
eltrombopag olamine PACK 25mg QL (180 packets / 30 days)	5	QL NM PA
eltrombopag olamine TABS 12.5mg, 25mg QL (30 tabs / 30 days)	5	QL NM PA
eltrombopag olamine TABS 50mg, 75mg QL (60 tabs / 30 days)	5	QL NM PA
EMPAVELI SOLN 1080mg/20ml QL (200 mL / 30 days)	5	QL NM PA
ENDARI PACK 5gm	5	NM PA
ENJAYMO SOLN 1100mg/22ml	5	NM PA
EPYSQLI SOLN 300mg/30ml	5	NM PA
FABHALTA CAPS 200mg QL (60 caps / 30 days)	5	QL NM PA
FIRAZYR SOSY 30mg/3ml QL (9 syringes / 30 days)	5	QL NM PA
GIVLAARI SOLN 189mg/ml	5	NM PA
HAEGARDA SOLR 2000unit QL (30 vials / 30 days)	5	QL NM PA
HAEGARDA SOLR 3000unit QL (20 vials / 30 days)	5	QL NM PA
icatibant acetate SOSY 30mg/3ml QL (9 syringes / 30 days)	5	QL NM PA
KALBITOR SOLN 10mg/ml QL (18 mL / 30 days)	5	QL NM PA
l-glutamine (sickle cell) PACK 5gm	5	NM PA
MULPLETA TABS 3mg	5	NM PA
ORLADEYO CAPS 110mg, 150mg QL (28 caps / 28 days)	5	QL NM PA
ORLADEYO PACK 72mg, 96mg, 108mg, 132mg QL (28 packets / 28 days)	5	QL NM PA
pentoxifylline TBCR 400mg	1	
PIASKY SOLN 340mg/2ml	5	NM PA
PROMACTA PACK 12.5mg QL (120 packets / 30 days)	5	QL NM PA
PROMACTA PACK 25mg QL (180 packets / 30 days)	5	QL NM PA
PROMACTA TABS 12.5mg, 25mg QL (30 tabs / 30 days)	5	QL NM PA
PROMACTA TABS 50mg, 75mg QL (60 tabs / 30 days)	5	QL NM PA
PYRUKYND TABS 5mg, 20mg, 50mg QL (56 tabs / 28 days)	5	QL NM PA
PYRUKYND TAB 20MGX5MG QL (14 tabs / 14 days)	5	QL NM PA
PYRUKYND TAB 50MGX20M QL (14 tabs / 14 days)	5	QL NM PA
PYRUKYND TAPER PACK TBPK 5mg QL (7 tabs / 7 days)	5	QL NM PA
REBLOZYL SOLR 25mg, 75mg	5	NM PA
RUCONEST SOLR 2100unit QL (12 vials / 30 days)	5	QL NM PA
RYTELO SOLR 47mg, 188mg	5	NM PA
sajazir SOSY 30mg/3ml QL (9 syringes / 30 days)	5	QL NM PA
SIKLOS TABS 100mg	4	
SIKLOS TABS 1000mg	5	
SOLIRIS SOLN 300mg/30ml	5	NM PA
TAKHZYRO SOSY 150mg/ml, 300mg/2ml QL (2 syringes / 28 days)	5	QL NM PA
TAVALISSE TABS 100mg, 150mg QL (60 tabs / 30 days)	5	QL NM PA
TAVNEOS CAPS 10mg QL (180 caps / 30 days)	5	QL NM PA
tranexamic acid SOLN 1000mg/10ml; TABS 650mg	2	
tranexamic acid-sodium chloride iv soln 1000 mg/100ml-0.7%	2	

Drug Name	Tier	Drug Requirements/ Limits
ULTOMIRIS SOLN 300mg/3ml, 1100mg/11ml	5	NM PA
VOYDEYA TABS 100mg QL (180 tabs / 30 days)	5	QL NM PA
VOYDEYA TAB 50-100MG QL (180 tabs / 30 days)	5	QL NM PA
WAYRILZ TABS 400mg QL (60 tabs / 30 days)	5	QL NM PA
XROMI SOLN 100mg/ml	4	
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole cap er 12hr 25-200 mg	2	
BRILINTA TABS 60mg, 90mg	4	
clopidogrel bisulfate TABS 75mg	1	
clopidogrel bisulfate TABS 300mg	2	
dipyridamole TABS 25mg, 50mg, 75mg PA applies if 65 years and older	4	PA
EFFIENT TABS 5mg, 10mg	4	
PLAVIX TABS 75mg	4	
prasugrel hcl TABS 5mg, 10mg	2	
ticagrelor TABS 60mg, 90mg	2	
IMMUNOLOGIC AGENTS ***AUTOIMMUNE AGENTS***		
ACTEMRA SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	5	NM PA
ACTEMRA SOSY 162mg/0.9ml QL (4 syringes / 28 days)	5	QL NM PA
ACTEMRA ACTPEN SOAJ 162mg/0.9ml QL (4 pens / 28 days)	5	QL NM PA
ADALIMUMAB-BWWD SOAJ 40mg/0.4ml QL (6 pens / 28 days)	5	QL NM PA
ADALIMUMAB-BWWD SOSY 40mg/0.4ml QL (6 syringes / 28 days)	5	QL NM PA
ADBRY SOAJ 300mg/2ml QL (28 pens / 365 days)	5	QL NM PA
ADBRY SOSY 150mg/ml QL (56 syringes / 365 days)	5	QL NM PA
AVSOLA SOLR 100mg	5	NM PA
AVTOZMA SOAJ 162mg/0.9ml QL (4 pens / 28 days)	5	QL NM PA
AVTOZMA SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	5	NM PA
AVTOZMA SOSY 162mg/0.9ml QL (4 syringes / 28 days)	5	QL NM PA
BIMZELX SOAJ 160mg/ml, 320mg/2ml QL (2 pens / 28 days)	5	QL NM PA
BIMZELX SOSY 160mg/ml, 320mg/2ml QL (2 syringes / 28 days)	5	QL NM PA
CIBINQO TABS 50mg, 100mg, 200mg QL (30 tabs / 30 days)	5	QL NM PA
CIMZIA KIT 200mg QL (2 kits / 28 days)	5	QL NM PA
CIMZIA (1 SYRINGE) PSKT 200mg/ml QL (4 syringes / 28 days)	5	QL NM PA
CIMZIA (2 SYRINGE) PSKT 200mg/ml QL (4 syringes / 28 days)	5	QL NM PA
CIMZIA STARTER KIT PSKT 200mg/ml QL (2 kits / year)	5	QL NM PA
COSENTYX SOLN 125mg/5ml	5	NM PA
COSENTYX SOSY 75mg/0.5ml QL (16 syringes / 365 days)	5	QL NM PA
COSENTYX SOSY 150mg/ml QL (56 syringes / 365 days)	5	QL NM PA
COSENTYX SENSOREADY PEN SOAJ 150mg/ml QL (56 pens / 365 days)	5	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
COSENTYX UNOREADY SOAJ 300mg/2ml QL (28 pens / 365 days)	5	QL NM PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml QL (4 pens / 28 days)	5	QL NM PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml QL (4 syringes / 28 days)	5	QL NM PA
EBGLYSS SOAJ 250mg/2ml QL (20 pens / 365 days)	5	QL NM PA
EBGLYSS SOSY 250mg/2ml QL (20 syringes / 365 days)	5	QL NM PA
ENBREL SOLN 25mg/0.5ml QL (16 vials / 28 days)	5	QL NM PA
ENBREL SOSY 25mg/0.5ml QL (16 syringes / 28 days)	5	QL NM PA
ENBREL SOSY 50mg/ml QL (8 syringes / 28 days)	5	QL NM PA
ENBREL MINI SOCT 50mg/ml QL (8 cartridges / 28 days)	5	QL NM PA
ENBREL SURECLICK SOAJ 50mg/ml QL (8 pens / 28 days)	5	QL NM PA
ENTYVIO PEN SOAJ 108mg/0.68ml QL (2 pens / 28 days)	5	QL NM PA
HADLIMA SOSY 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days)	5	QL NM PA
HADLIMA PUSHTOUCH SOAJ 40mg/0.4ml, 40mg/0.8ml QL (6 pens / 28 days)	5	QL NM PA
HUMIRA PSKT 10mg/0.1ml QL (2 syringes / 28 days)	5	QL NM PA
HUMIRA PSKT 20mg/0.2ml QL (4 syringes / 28 days)	5	QL NM PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days)	5	QL NM PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml QL (6 pens / 28 days)	5	QL NM PA
HUMIRA PEN AJKT 80mg/0.8ml QL (4 pens / 28 days)	5	QL NM PA
HUMIRA PEN KIT PS/UV QL (3 pens / 28 days)	5	QL NM PA
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml QL (3 pens / 28 days)	5	QL NM PA
ILUMYA SOSY 100mg/ml QL (6 syringes / 365 days)	5	QL NM PA
INFLECTRA SOLR 100mg	5	NM PA
INFLIXIMAB SOLR 100mg	5	NM PA
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml QL (2 pens / 28 days)	5	QL NM PA
KEVZARA SOSY 200mg/1.14ml QL (2 syringes / 28 days)	5	QL NM PA
KINERET SOSY 100mg/0.67ml QL (28 syringes / 28 days)	5	QL NM PA
LEQSELVI TABS 8mg QL (60 tabs / 30 days)	5	QL NM PA
LITFULO CAPS 50mg QL (28 caps / 28 days)	5	QL NM PA
NEMLUVIO AUIJ 30mg QL (2 pens / 28 days)	5	QL NM PA
OLUMIANT TABS 1mg, 2mg, 4mg QL (30 tabs / 30 days)	5	QL NM PA
OMVOH SOAJ 200mg/2ml QL (1 pen / 28 days)	5	QL NM PA
OMVOH SOLN 300mg/15ml	5	NM PA
OMVOH SOSY 200mg/2ml QL (1 syringe / 28 days)	5	QL NM PA
OMVOH SOAJ 100/200 QL (2 pens / 28 days)	5	QL NM PA

Drug Name	Tier	Drug Requirements/ Limits
OMVOH SOSY 100/200 QL (2 syringes / 28 days)	5	QL NM PA
ORENCIA SOLR 250mg	5	NM PA
ORENCIA SOSY 50mg/0.4ml, 87.5mg/0.7ml, 125mg/ml QL (4 syringes / 28 days)	5	QL NM PA
ORENCIA CLICKJECT SOAJ 125mg/ml QL (4 pens / 28 days)	5	QL NM PA
OTEZLA TABS 20mg, 30mg QL (60 tabs / 30 days)	5	QL NM PA
OTEZLA TAB 10/20 QL (2 packs / year)	5	QL NM PA
OTEZLA TAB 10/20/30 QL (2 packs / year)	5	QL NM PA
OTEZLA XR TB24 75mg QL (30 tabs / 30 days)	5	QL NM PA
OTEZLA/XR TAB 28 DAY QL (2 packs / year)	5	QL NM PA
PYZCHIVA SOAJ 45mg/0.5ml QL (1 pen / 28 days)	3	QL NM PA
PYZCHIVA SOAJ 90mg/ml QL (1 pen / 28 days)	5	QL NM PA
PYZCHIVA SOLN 45mg/0.5ml QL (1 vial / 28 days)	3	QL NM PA
PYZCHIVA SOLN 130mg/26ml	5	NM PA
PYZCHIVA SOSY 45mg/0.5ml QL (1 syringe / 28 days)	3	QL NM PA
PYZCHIVA SOSY 90mg/ml QL (1 syringe / 28 days)	5	QL NM PA
REMICADE SOLR 100mg	5	NM PA
RENFLEXIS SOLR 100mg	5	NM PA
RHAPSIDO TABS 25mg QL (60 tabs / 30 days)	5	QL NM PA
RINVOQ TB24 15mg, 30mg QL (30 tabs / 30 days)	5	QL NM PA
RINVOQ TB24 45mg QL (168 tabs / year)	5	QL NM PA
RINVOQ LQ SOLN 1mg/ml QL (360 mL / 30 days)	5	QL NM PA
SILIQ SOSY 210mg/1.5ml QL (3 syringes / 28 days)	5	QL NM PA
SIMPONI SOAJ 50mg/0.5ml QL (6 pens / 28 days)	5	QL NM PA
SIMPONI SOAJ 100mg/ml QL (3 pens / 28 days)	5	QL NM PA
SIMPONI SOSY 50mg/0.5ml QL (6 syringes / 28 days)	5	QL NM PA
SIMPONI SOSY 100mg/ml QL (3 syringes / 28 days)	5	QL NM PA
SIMPONI ARIA SOLN 50mg/4ml	5	NM PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml QL (1 cartridge / 56 days)	5	QL NM PA
SKYRIZI SOLN 600mg/10ml	5	NM PA
SKYRIZI SOSY 55mg/0.37ml, 150mg/ml QL (6 syringes / 365 days)	5	QL NM PA
SKYRIZI PEN SOAJ 150mg/ml QL (6 pens / 365 days)	5	QL NM PA
SOTYKTU TABS 6mg QL (30 tabs / 30 days)	5	QL NM PA
STELARA SOLN 45mg/0.5ml QL (1 vial / 28 days)	5	QL NM PA
STELARA SOLN 130mg/26ml	5	NM PA
STELARA SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	5	QL NM PA
TALTZ SOAJ 80mg/ml QL (3 pens / 28 days)	5	QL NM PA
TALTZ SOSY 20mg/0.25ml, 40mg/0.5ml QL (1 syringe / 28 days)	5	QL NM PA
TALTZ SOSY 80mg/ml QL (3 syringes / 28 days)	5	QL NM PA
tofacitinib citrate SOLN 1mg/ml QL (480 mL / 24 days)	5	QL NM PA

Drug Name	Tier	Drug Requirements/ Limits
tofacitinib citrate TABS 5mg, 10mg QL (60 tabs / 30 days)	5	QL NM PA
tofacitinib citrate TB24 11mg, 22mg QL (30 tabs / 30 days)	5	QL NM PA
TOFIDENCE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	5	NM PA
TREMFYA SOAJ 200mg/2ml QL (2 pens / 28 days)	5	QL NM PA
TREMFYA SOLN 200mg/20ml	5	NM PA
TREMFYA SOPN 100mg/ml QL (1 pen / 28 days)	5	QL NM PA
TREMFYA SOSY 100mg/ml QL (1 syringe / 28 days)	5	QL NM PA
TREMFYA SOSY 200mg/2ml QL (2 syringes / 28 days)	5	QL NM PA
TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml QL (2 pens / 28 days)	5	QL NM PA
TREMFYA PEN SOAJ 100mg/ml QL (1 pen / 28 days)	5	QL NM PA
TYENNE SOAJ 162mg/0.9ml QL (4 pens / 28 days)	5	QL NM PA
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	5	NM PA
TYENNE SOSY 162mg/0.9ml QL (4 syringes / 28 days)	5	QL NM PA
USTEKINUMAB SOLN 45mg/0.5ml QL (1 vial / 28 days)	5	QL NM PA
USTEKINUMAB SOLN 130mg/26ml	5	NM PA
USTEKINUMAB SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	5	QL NM PA
VELSIPITY TABS 2mg QL (30 tabs / 30 days)	5	QL NM PA
XELJANZ SOLN 1mg/ml QL (480 mL / 24 days)	5	QL NM PA
XELJANZ TABS 5mg, 10mg QL (60 tabs / 30 days)	5	QL NM PA
XELJANZ XR TB24 11mg, 22mg QL (30 tabs / 30 days)	5	QL NM PA
YESINTEK SOLN 45mg/0.5ml QL (1 vial / 28 days)	3	QL NM PA
YESINTEK SOLN 130mg/26ml	3	NM PA
YESINTEK SOSY 45mg/0.5ml QL (1 syringe / 28 days)	3	QL NM PA
YESINTEK SOSY 90mg/ml QL (1 syringe / 28 days)	5	QL NM PA
ZYMFENTRA 2-PEN AJKT 120mg/ml QL (2 pens / 28 days)	5	QL NM PA
ZYMFENTRA 2-SYRINGE PSKT 120mg/ml QL (2 syringes / 28 days)	5	QL NM PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
hydroxychloroquine sulfate TABS 100mg, 200mg, 300mg, 400mg	2	
JYLAMVO SOLN 2mg/ml	4	B/D
leflunomide TABS 10mg, 20mg QL (30 tabs / 30 days)	2	QL
methotrexate sodium TABS 2.5mg	2	
PLAQUENIL TABS 200mg	4	
RASUVO SOAJ 7.5mg/0.15ml, 10mg/0.2ml, 12.5mg/0.25ml, 15mg/0.3ml, 17.5mg/0.35ml, 20mg/0.4ml, 22.5mg/0.45ml, 25mg/0.5ml, 30mg/0.6ml	4	NM PA
SOVUNA TABS 200mg, 300mg	4	
TREXALL TABS 5mg, 7.5mg, 10mg, 15mg	4	B/D
XATMEP SOLN 2.5mg/ml	4	B/D
IMMUNOGLOBULINS		
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	5	NM PA
BIVIGAM SOLN 5gm/50ml, 10%	5	NM PA

Drug Name	Drug Tier	Requirements/ Limits
CUTAQUIG SOLN 1gm/6ml, 1.65gm/10ml, 2gm/12ml, 3.3gm/20ml, 4gm/24ml, 8gm/48ml	5	NM PA
CUVITRU SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 8gm/40ml, 10gm/50ml	5	NM PA
CYTOGAM SOLN 50mg/ml	5	B/D NM
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	5	NM PA
GAMASTAN INJ	4	B/D NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NM PA
GAMMAGARD LIQUID ERC SOLN 5gm/50ml, 10gm/100ml	5	NM PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	5	NM PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	5	NM PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	5	NM PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NM PA
HEPAGAM B SOLN 312unit/ml	5	B/D NM
HIZENTRA SOSY 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml	5	NM PA
HYQVIA INJ 2.5-200	5	NM PA
HYQVIA INJ 5-400	5	NM PA
HYQVIA INJ 10-800	5	NM PA
HYQVIA INJ 20-1600	5	NM PA
HYQVIA INJ 30-2400	5	NM PA
OCTAGAM SOLN 1gm/20ml	4	NM PA
OCTAGAM SOLN 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	5	NM PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NM PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NM PA
QIVIGY SOLN 5gm/50ml, 10gm/100ml	5	NM PA
XEMBIFY SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml	5	NM PA
YIMMUGO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	5	NM PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml	5	NM PA
ARCALYST SOLR 220mg	5	NM PA
GRASTEK SUBL 2800bau	4	PA
ILARIS SOLN 150mg/ml	5	NM PA
IMAAVY SOLN 300mg/1.62ml, 1200mg/6.5ml	5	NM PA
JOENJA TABS 70mg QL (60 tabs / 30 days)	5	QL NM PA
ODACTRA SUB	4	PA
RAGWITEK SUBL 12amba1-u	4	PA
RYSTIGGO SOLN 280mg/2ml, 420mg/3ml, 560mg/4ml, 840mg/6ml	5	NM PA
VYVGART SOLN 400mg/20ml	5	NM PA
VYVGART INJ HYTRULO	5	NM PA
ZILBRYSQ SOSY 16.6mg/0.416ml, 23mg/0.574ml, 32.4mg/0.81ml QL (28 syringes / 28 days)	5	QL NM PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	5	B/D
ASTAGRAF XL CP24 .5mg, 1mg	4	B/D
ATGAM SOLN 50mg/ml	5	B/D
azasan TABS 75mg, 100mg	2	B/D
azathioprine TABS 50mg, 75mg, 100mg	2	B/D
BENLYSTA SOAJ 200mg/ml QL (8 pens / 28 days)	5	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
BENLYSTA SOLR 120mg, 400mg	5	NM PA
BENLYSTA SOSY 200mg/ml QL (8 syringes / 28 days)	5	QL NM PA
CELLCEPT CAPS 250mg	4	B/D
CELLCEPT SUSR 200mg/ml; TABS 500mg	5	B/D
cyclosporine CAPS 25mg, 100mg	2	B/D
cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	2	B/D
ENVARSUS XR TB24 .75mg, 1mg, 4mg	4	B/D
everolimus (immunosuppressant) TABS 1mg	5	B/D
everolimus (immunosuppressant) TABS .25mg, .5mg, .75mg	2	B/D
gengraf CAPS 25mg, 100mg	2	B/D
IMURAN TABS 50mg	4	B/D
LUPKYNIS CAPS 7.9mg	5	NM PA
mycophenolate mofetil CAPS 250mg; SUSR 200mg/ml; TABS 500mg	2	B/D
mycophenolate sodium TBEC 180mg, 360mg	2	B/D
MYFORTIC TBEC 180mg	4	B/D
MYFORTIC TBEC 360mg	5	B/D
MYHIBBIN SUSP 200mg/ml	4	B/D
NEORAL CAPS 25mg, 100mg; SOLN 100mg/ml	4	B/D
NIKTIMVO SOLN 9mg/0.18ml, 9mg/0.9ml, 22mg/0.44ml, 22mg/2.2ml	5	NM PA
NULOJIX SOLR 250mg	5	B/D
PROGRAF CAPS .5mg, 1mg, 5mg; PACK .2mg, 1mg	4	B/D
REZUROCK TABS 200mg QL (30 tabs / 30 days)	5	QL NM PA
SANDIMMUNE CAPS 25mg, 100mg; SOLN 50mg/ml	4	B/D
SAPHNELO SOLN 300mg/2ml	5	NM PA
SAPHNELO SOSY 120mg/0.8ml QL (4 syringes / 28 days)	5	QL NM PA
SAPHNELO PEN SOAJ 120mg/0.8ml QL (4 pens / 28 days)	5	QL NM PA
sirolimus SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	2	B/D
tacrolimus CAPS .5mg, 1mg, 5mg; CP24 .5mg, 1mg, 5mg	2	B/D
ZORTRESS TABS .25mg, .5mg, .75mg, 1mg	5	B/D
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	1	NM PA
ACTHIB INJ	1	NM
ADACEL INJ	1	NM
AREXVY SUSR 120mcg/0.5ml	1	NM PA
BCG VACCINE SOLR 50mg	1	NM
BEXSERO SUSY .5ml	1	NM
BOOSTRIX INJ	1	NM
DAPTACEL INJ	1	NM
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D NM
GARDASIL 9 SUSP .5ml; SUSY .5ml	1	NM
HAVRIX SUSY 720elu/0.5ml, 1440unit/ml	1	NM
HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D NM
HIBERIX SOLR 10mcg	1	NM
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D NM
INFANRIX INJ	1	NM
IPOL INJ INACTIVE	1	NM
IXIARO INJ	1	NM
JYNNEOS SUSP .5ml	1	B/D NM
KINRIX INJ	1	NM
M-M-R II INJ	1	NM
MENQUADFI SOLN .5ml	1	NM
MENVEO INJ	1	NM
MENVEO SOL	1	NM
MRESVIA SUSY 50mcg/0.5ml	1	NM PA
PEDIARIX INJ 0.5ML	1	NM

Drug Name	Drug Requirements/ Tier	Limits
PEDVAXHIB SUSP 7.5mcg/0.5ml	1	NM
PENBRAYA INJ	1	NM
PENMENVY INJ	1	NM
PENTACEL INJ	1	NM
PRIORIX INJ	1	NM
PROQUAD INJ	1	NM
QUADRACEL INJ 0.5ML	1	NM
RABAVERT INJ	1	B/D NM
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	B/D NM
ROTARIX SUS	1	NM
ROTATEQ SOL	1	NM
SHINGRIX SUSR 50mcg/0.5ml QL (2 vials per lifetime)	1	QL NM
SHINGRIX SUSY 50mcg/0.5ml QL (2 syringes per lifetime)	1	QL NM
TENIVAC INJ 5-2LF	1	B/D NM
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	NM
TRUMENBA SUSY .5ml	1	NM
TWINRIX INJ	1	NM
TYPHIM VI SOSY 25mcg/0.5ml	1	NM
VAQTA SUSP 25unit/0.5ml, 50unit/ml; SUSY 25unit/0.5ml, 50unit/ml	1	NM
VARIVAX SUSR 1350pfu/0.5ml	1	NM
VAXCHORA SUS	1	NM
VIMKUNYA SUSY 40mcg/0.8ml	1	NM
VIVOTIF CAP EC	1	NM
YF-VAX INJ	1	NM
NUTRITIONAL/SUPPLEMENTS *ELECTROLYTES/MINERALS, INJECTABLE*		
D2.5W/NACL INJ 0.45%	4	
D5W/LYTES INJ #48	4	
D5W/NACL INJ 0.2%	4	
D5W/NACL INJ 0.3%	4	
D5W/NACL INJ 0.9%	4	
D5W/NACL INJ 0.45%	4	
D10W/NACL INJ 0.2%	4	
D10W/NACL INJ 0.45%	4	
dextrose 2.5% w/ sodium chloride 0.45%	4	
dextrose 5% in lactated ringers	4	
dextrose 5% w/ sodium chloride 0.3%	4	
dextrose 5% w/ sodium chloride 0.9%	4	
dextrose 5% w/ sodium chloride 0.45%	4	
dextrose 5% w/ sodium chloride 0.225%	4	
DW5-NACL INJ 0.225%	4	
ISOLYTE-P INJ /D5W	4	
ISOLYTE-S INJ	4	
ISOLYTE-S INJ PH 7.4	4	
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	4	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	4	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	4	
kcl 20 meq/l (0.15%) in nacl 0.9% inj	4	
kcl 20 meq/l (0.15%) in nacl 0.45% inj	4	
kcl 20 meq/l (0.149%) in nacl 0.9% inj	4	
kcl 20 meq/l (0.149%) in nacl 0.45% inj	4	
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	4	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj	4	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	4	
kcl 40 meq/l (0.3%) in nacl 0.9% inj	4	
kcl 40 meq/l (0.298%) in nacl 0.9% inj	4	
KCL/D5W/LACT INJ 20MEQ/L	4	
KCL/D5W/NACL INJ 0.3/0.9%	4	
KCL/D5W/NACL INJ 0.15/0.2	4	

Drug Name	Drug Tier	Requirements/ Limits
KCL/D5W/NACL INJ 0.15/0.9	4	
KCL/D5W/NACL INJ 0.15/0.45	4	
LACTATED RIN INJ	4	
lactated ringer's solution	4	
magnesium sulfate SOLN 2gm/50ml, 3gm/100ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	4	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 20gm/500ml, 40gm/1000ml	4	
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	4	
MG SO4/D5W INJ 1GM/100	4	
multiple electrolytes ph 5.5	4	
PLASMA-LYTE INJ -A	4	
POT CHL 20MEQ/L IN NACL 0.9% INJ	4	
POT CHL 20MEQ/L IN NACL 0.45% INJ	4	
POT CHL 40MEQ/L IN NACL 0.9% INJ	4	
POT CHL/D5W INJ 20MEQ/L	4	
potassium chloride SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	4	
POTASSIUM CHLORIDE SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	4	
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	4	
sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	4	
TPN ELECTROL INJ	4	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
klor-con PACK 20meq	2	
klor-con 8 TBCR 8meq	1	
KLOR-CON 8 TBCR 8meq	4	
klor-con 10 TBCR 10meq	1	
KLOR-CON 10 TBCR 10meq	4	
klor-con m10 TBCR 10meq	1	
klor-con m15 TBCR 15meq	2	
klor-con m20 TBCR 20meq	1	
M-NATAL PLUS TAB	3	
POKONZA PACK 10meq	4	PA
POKONZA PACK 15meq; SOLN 5%	5	PA
potassium chloride CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%	2	
potassium chloride TBCR 8meq, 10meq, 15meq, 20meq	1	
potassium chloride microencapsulated crystals er TBCR 10meq, 20meq	1	
potassium chloride microencapsulated crystals er TBCR 15meq	2	
PRENATAL TAB 27-1MG	3	
PRENATAL TAB PLUS	3	
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	2	
WESTAB PLUS TAB 27-1MG	3	
IV NUTRITION		
aminosyn ii soln 15%	4	B/D
AMINOSYN INJ 10%	4	B/D
AMINOSYN-PF INJ 7%	4	B/D
AMINOSYN-PF INJ 10%	4	B/D
CLINIMIX E INJ 2.75/D5W	4	B/D
CLINIMIX E INJ 4.25/D5W	4	B/D
CLINIMIX E INJ 4.25/D10	4	B/D
CLINIMIX E INJ 5%/D15W	4	B/D
CLINIMIX E INJ 5%/D20W	4	B/D
CLINIMIX E INJ 8/10	4	B/D
CLINIMIX E INJ 8/14	4	B/D
CLINIMIX INJ 4.25/D5W	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
CLINIMIX INJ 5%/D15W	4	B/D
CLINIMIX INJ 5%/D20W	4	B/D
CLINIMIX INJ 6/5	4	B/D
CLINIMIX INJ 8/10	4	B/D
CLINIMIX INJ 8/14	4	B/D
clinisol sf 15%	4	B/D
CLINOLIPID EMU 20%	4	B/D
dextrose SOLN 5%, 10%	4	
dextrose SOLN 50%	4	B/D
DEXTROSE 10% SOLN 10%	4	
DEXTROSE 70% SOLN 70%	4	B/D

Drug Name	Drug Requirements/ Tier	Limits
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	4	B/D
KABIVEN EMU	4	B/D
NUTRILIPID EMUL 20gm/100ml	4	B/D
plenamine	4	B/D
PREMASOL SOL 10%	5	B/D
PROSOL INJ 20%	4	B/D
SMOFLIPID EMU	4	B/D
TRAVASOL INJ 10%	4	B/D
TROPHAMINE INJ 10%	4	B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	2	
loteprednol etabonate-tobramycin ophth susp 0.5-0.3%	2	
MAXITROL SUS 0.1% OP	4	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	1	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	2	
neomycin-polymyxin-hc ophth susp	2	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	2	
TOBRADEX OIN 0.3-0.1%	3	
TOBRADEX ST SUS 0.3-0.05	4	
tobramycin-dexamethasone ophth susp 0.3-0.1%	2	
ZYLET SUS 0.5-0.3%	4	
ANTI-INFECTIVES		
AZASITE SOLN 1%	4	
bacitracin-polymyxin b ophth oint	1	
besifloxacin hcl SUSP .6%	2	
BESIVANCE SUSP .6%	4	
CILOXAN OINT .3%	3	
ciprofloxacin hcl (ophth) SOLN .3%	1	
erythromycin (ophth) OINT 5mg/gm	1	
gatifloxacin (ophth) SOLN .5%	2	
gentamicin sulfate (ophth) SOLN .3%	1	
levofloxacin (ophth) SOLN .5%	2	
moxifloxacin hcl (ophth) SOLN .5% QL (12 mL / 30 days)	2	QL
NATACYN SUSP 5%	4	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	2	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	2	
OCUFLOX SOLN .3%	4	
ofloxacin (ophth) SOLN .3%	2	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	1	
sulfacetamide sodium (ophth) SOLN 10%	2	
tobramycin (ophth) SOLN .3%	1	
TOBREX OINT .3%	4	
trifluridine SOLN 1%	2	
VIGAMOX SOLN .5% QL (12 mL / 30 days)	4	QL
XDEMVY SOLN .25%	5	NM PA
ZIRGAN GEL .15%	4	
ANTI-INFLAMMATORIES		
ACULAR SOLN .5%	4	
ACULAR LS SOLN .4%	4	
ACUVAIL SOLN .45%	4	
ALREX SUSP .2%	4	
bromfenac sodium (ophth) SOLN .07%, .075%, .09%	2	
BROMSITE SOLN .075%	4	
BYQLOVI SUSP .05%	4	
dexamethasone sodium phosphate (ophth) SOLN .1%	2	
DEXYCU SUSP 9%	4	
diclofenac sodium (ophth) SOLN .1%	2	
difluprednate EMUL .05%	2	
DUREZOL EMUL .05%	4	
FLAREX SUSP .1%	4	

Drug Name	Drug Tier	Requirements/ Limits
fluorometholone (ophth) SUSP .1%	2	
flurbiprofen sodium SOLN .03%	2	
FML FORTE SUSP .25%	4	
FML LIQUIFILM SUSP .1%	4	
ILEVRO SUSP .3%	4	
ketorolac tromethamine (ophth) SOLN .4%, .5%	2	
LOTEMAX GEL .5%; SUSP .5%	4	
LOTEMAX OINT .5%	3	
LOTEMAX SM GEL .38%	3	
loteprednol etabonate GEL .5%; SUSP .2%, .5%	2	
MAXIDEX SUSP .1%	4	
NEVANAC SUSP .1%	4	
PRED MILD SUSP .12%	4	
prednisolone acetate (ophth) SUSP 1%	2	
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	
PROLENSA SOLN .07%	4	
TRIESENCE SUSP 40mg/ml	4	PA
XIPERE SUSP 40mg/ml	4	NM PA
YUTIQ IMPL .18mg	4	NM
ANTIALLERGICS		
azelastine hcl (ophth) SOLN .05%	2	
bepotastine besilate SOLN 1.5%	2	
BEPREVE SOLN 1.5%	4	
cromolyn sodium (ophth) SOLN 4%	1	
epinastine hcl (ophth) SOLN .05%	2	
ZERVIATE SOLN .24%	4	
ANTIGLAUCOMA		
ALPHAGAN P SOLN .1%, .15%	4	
AZOPT SUSP 1%	4	ST
betaxolol hcl (ophth) SOLN .5%	2	
BETIMOL SOLN .5%	4	
bimatoprost SOLN .03%	2	
brimonidine tartrate SOLN .1%, .15%	2	

Drug Name	Drug Tier	Requirements/ Limits
brimonidine tartrate SOLN .2%	1	
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	2	
brinzolamide SUSP 1%	2	ST
carteolol hcl (ophth) SOLN 1%	2	
COMBIGAN SOL 0.2/0.5%	3	
COSOPT PF SOL 2%-0.5%	4	
COSOPT SOL 2-0.5%OP	4	
dorzolamide hcl SOLN 2%	1	
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	1	
dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%	2	
ISTALOL SOLN .5%	4	
IYUZEH SOLN .005%	4	ST
latanoprost SOLN .005%	1	
levobunolol hcl SOLN .5%	2	
LUMIGAN SOLN .01%	3	
PHOSPHOLINE IODIDE SOLR .125%	5	NM
pilocarpine hcl SOLN 1%, 2%, 4%	2	
RHOPRESSA SOLN .02%	3	
ROCKLATAN DRO	3	
SIMBRINZA SUS 1-0.2%	4	
tafluprost SOLN .015mg/ml	2	
timolol hemihydrate (ophth) SOLN .5%	2	
timolol maleate (ophth) SOLG .25%, .5%	2	
timolol maleate (ophth) SOLN .25%, .5%	1	
timolol maleate (ophth) once-daily SOLN .5%	2	
timolol maleate (ophth) pf SOLN .25%, .5%	2	
TIMOPTIC OCUDOSE SOLN .25%, .5%	4	
TRAVATAN Z SOLN .004%	4	
travoprost SOLN .004%	2	
VYZULTA SOLN .024%	4	
XALATAN SOLN .005%	4	
XELPROS EMUL .005%	4	ST
ZIOPTAN SOLN .015mg/ml	4	ST
ZOLYMBUS GEL .01%	4	ST

Drug Name	Tier	Requirements/ Limits
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	3	
atropine sulfate (ophthalmic) SOLN 1%	2	
BEOVU SOSY 6mg/0.05ml	5	NM PA
BYOOVIZ SOLN .5mg/0.05ml	5	NM PA
CEQUA SOLN .09% QL (60 single use vials / 30 days)	4	QL PA
CYSTADROPS SOLN .37%	5	NM PA
CYSTARAN SOLN .44%	5	NM PA
EYLEA SOLN 2mg/0.05ml; SOSY 2mg/0.05ml	5	NM PA
EYLEA HD SOLN 8mg/0.07ml	5	NM PA
EYSUVIS SUSP .25%	4	
IZERVAY SOLN 2mg/0.1ml	5	NM PA
LUCENTIS SOSY .3mg/0.05ml, .5mg/0.05ml	5	NM PA
MIEBO SOLN 1.338gm/ml	3	
OXERVATE SOLN .002% QL (112 mL / year)	5	QL NM PA
PAVBLU SOSY 2mg/0.05ml	5	NM PA
proparacaine hcl SOLN .5%	2	
RESTASIS EMUL .05%	3	
RESTASIS MULTIDOSE EMUL .05%	3	
SUSVIMO SOLN 10mg/0.1ml	5	NM PA
SYFOVRE SOLN 15mg/0.1ml	5	NM PA
TRYPTYR SOLN .003% QL (60 single use vials / 30 days)	4	QL PA
TYRVAYA SOLN .03mg/act	4	PA
VABYSMO SOLN 6mg/0.05ml; SOSY 6mg/0.05ml	5	NM PA
VERKAZIA EMUL .1% QL (120 single use vials / 30 days)	5	QL PA
VEVYE SOLN .1%	4	PA
XIIDRA SOLN 5%	3	
YESAFILI SOSY 2mg/0.05ml	5	NM PA
OTIC		
OTIC AGENTS		
acetic acid (otic) SOLN 2%	2	
CIPRO HC SUS 0.2-1%OT	4	
ciprofloxacin hcl (otic) SOLN .2%	2	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	2	
ciprofloxacin-hydrocortisone otic susp 0.2-1%	2	
CORTISPORIN SUS -TC OTIC	4	
DERMOTIC OIL .01%	4	
fluocinolone acetonide (otic) OIL .01%	2	
hydrocortisone w/ acetic acid otic soln 1-2%	2	
neomycin-polymyxin-hc otic soln 1%	2	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	2	
ofloxacin (otic) SOLN .3%	2	
XTORO SUSP .3%	4	
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25 QL (60 blisters / 30 days)	3	QL
BEVESPI AER 9-4.8MCG QL (1 inhaler / 30 days)	3	QL
BREZTRI AERO AER 9MCG QL (1 inhaler / 30 days)	3	QL
BREZTRI AERO AER 18MCG QL (1 inhaler / 30 days)	3	QL
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) QL (4 inhalers / 28 days)	3	QL
COMBIVENT AER 20-100 QL (2 inhalers / 30 days)	4	QL
DUAKLIR AER 400/12 QL (1 inhaler / 30 days)	4	QL
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	2	B/D
STIOLTO AER 2.5-2.5 QL (1 inhaler / 30 days)	4	QL

Drug Name	Drug Requirements/ Tier	Limits
TRELEGY AER ELLIPTA 100-62.5-25 MCG QL (60 blisters / 30 days)	3	QL
TRELEGY AER ELLIPTA 200-62.5-25 MCG QL (60 blisters / 30 days)	3	QL
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act QL (2 inhalers / 30 days)	4	QL
INCRUSE ELLIPTA AEPB 62.5mcg/inh QL (30 blisters / 30 days)	3	QL
ipratropium bromide SOLN .02%	2	B/D
ipratropium bromide (nasal) SOLN .03%, .06%	2	
ipratropium bromide hfa AERS 17mcg/act QL (2 inhalers / 30 days)	2	QL
SPIRIVA HANDIHALER CAPS 18mcg QL (30 caps / 30 days)	4	QL
SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act QL (1 inhaler / 30 days)	4	QL
tiotropium bromide CAPS 18mcg QL (30 caps / 30 days)	2	QL
TUDORZA PRESSAIR AEPB 400mcg/act QL (1 inhaler / 30 days)	4	QL
TUDORZA PRESSAIR (INSTITUTIONAL PACK) AEPB 400mcg/act QL (2 inhalers / 30 days)	4	QL
YUPELRI NEBU 175mcg/3ml	5	PA
ANTIHISTAMINE COMBINATIONS		
azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act QL (1 bottle / 30 days)	2	QL
CLARINEX-D TAB 2.5-120	4	
DYMISTA SPR 137-50 QL (1 bottle / 30 days)	4	QL

Drug Name	Drug Requirements/ Tier	Limits
promethazine & phenylephrine syrup 6.25-5 mg/5ml PA applies if 65 years and older	3	PA
RYALTRIS SPR 665-25 QL (1 bottle / 30 days)	4	QL
ANTIHISTAMINES		
azelastine hcl SOLN .1%	2	
carbinoxamine maleate SOLN 4mg/5ml; SUER 4mg/5ml; TABS 6mg PA applies if 65 years and older	4	PA
carbinoxamine maleate TABS 4mg PA applies if 65 years and older	3	PA
carbzah SOLN 4mg/5ml PA applies if 65 years and older	4	PA
cetirizine hcl SOLN 5mg/5ml QL (300 mL / 30 days)	1	QL
CLARINEX TABS 5mg QL (30 tabs / 30 days)	4	QL
clemastine fumarate SYRP .67mg/5ml QL (1800 mL / 30 days)	5	QL PA
clemastine fumarate TABS 2.68mg PA applies if 65 years and older	4	PA
CLEMSZA TABS 2.68mg PA applies if 65 years and older	5	PA
corphena SOLN 2mg/5ml PA applies if 65 years and older	2	PA
cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg PA applies if 65 years and older after a 30 day supply in a calendar year	3	PA
desloratadine TABS 5mg; TBDP 2.5mg, 5mg QL (30 tabs / 30 days)	2	QL
diphenhydramine hcl SOLN 50mg/ml	2	

Drug Name	Tier	Drug Requirements/ Limits
hydroxyzine hcl SOLN 25mg/ml, 50mg/ml PA applies if 65 years and older	4	PA
hydroxyzine hcl SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg PA applies if 65 years and older after a 30 day supply in a calendar year	3	PA
hydroxyzine pamoate CAPS 25mg, 50mg, 100mg PA applies if 65 years and older after a 30 day supply in a calendar year	3	PA
KARBINAL ER SUER 4mg/5ml PA applies if 65 years and older	4	PA
levocetirizine dihydrochloride SOLN 2.5mg/5ml QL (300 mL / 30 days)	2	QL
levocetirizine dihydrochloride TABS 5mg QL (30 tabs / 30 days)	2	QL
olopatadine hcl (nasal) SOLN .6%	2	
QUZYTTIR SOLN 10mg/ml QL (30 mL / 30 days)	5	QL PA
ryclora SOLN 2mg/5ml PA applies if 65 years and older	2	PA
ryvent TABS 6mg PA applies if 65 years and older	4	PA
BETA AGONISTS		
albuterol sulfate AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proair HFA)	2	QL
albuterol sulfate AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proventil HFA)	2	QL
albuterol sulfate AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Ventolin HFA)	2	QL
albuterol sulfate NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	2	B/D
albuterol sulfate SYRP 2mg/5ml; TABS 2mg, 4mg	2	
arformoterol tartrate NEBU 15mcg/2ml	2	B/D
formoterol fumarate NEBU 20mcg/2ml	2	B/D
levalbuterol hcl NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	2	B/D
levalbuterol tartrate AERO 45mcg/act QL (2 inhalers / 30 days)	2	QL ST
PERFOROMIST NEBU 20mcg/2ml	5	B/D
PROAIR RESPICLICK AEPB 108mcg/act QL (2 inhalers / 30 days)	4	QL
SEREVENT DISKUS AEPB 50mcg/dose QL (60 inhalations / 30 days)	3	QL
STRIVERDI RESPIMAT AERS 2.5mcg/act QL (1 inhaler / 30 days)	4	QL
terbutaline sulfate SOLN 1mg/ml; TABS 2.5mg, 5mg	2	
VENTOLIN HFA AERS 108mcg/act QL (2 inhalers / 30 days)	3	QL
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act QL (6 inhalers / 30 days)	3	QL
XOPENEX HFA AERO 45mcg/act QL (2 inhalers / 30 days)	4	QL ST
LEUKOTRIENE MODULATORS		
montelukast sodium CHEW 4mg, 5mg; PACK 4mg	2	
montelukast sodium TABS 10mg	1	
SINGULAIR CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	4	
zafirlukast TABS 10mg, 20mg	2	
zileuton TB12 600mg QL (120 tabs / 30 days)	5	QL ST

Drug Name	Tier	Requirements/ Limits
MISCELLANEOUS		
acetylcysteine SOLN 10%, 20%	2	B/D
ALYFTREK TAB 4-20-50 QL (84 tabs / 28 days)	5	QL NM PA
ALYFTREK TAB 10-50-125 QL (56 tabs / 28 days)	5	QL NM PA
ARALAST NP SOLR 500mg, 1000mg	5	NM PA
BRINSUPRI TABS 10mg, 25mg QL (30 tabs / 30 days)	5	QL NM PA
CINQAIR SOLN 100mg/10ml	5	NM PA
cromolyn sodium NEBU 20mg/2ml	2	B/D
DALIRESP TABS 250mcg QL (56 tabs / year)	4	QL
DALIRESP TABS 500mcg QL (30 tabs / 30 days)	4	QL
elixophyllin ELIX 80mg/15ml	2	
epinephrine (anaphylaxis) SOAJ .15mg/0.3ml, .3mg/0.3ml (generic of EpiPen)	2	
epinephrine (anaphylaxis) SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	2	
EPIPEN 2-PAK SOAJ .3mg/0.3ml	4	
EPIPEN-JR 2-PAK SOAJ .15mg/0.3ml	4	
ESBRIET TABS 267mg QL (270 tabs / 30 days)	5	QL NM PA
ESBRIET TABS 801mg QL (90 tabs / 30 days)	5	QL NM PA
EXDENSUR SOSY 100mg/ml QL (1 syringe / 180 days)	5	QL NM PA
FASENRA SOSY 10mg/0.5ml, 30mg/ml QL (1 syringe / 28 days)	5	QL NM PA
FASENRA PEN SOAJ 30mg/ml QL (1 pen / 28 days)	5	QL NM PA
GLASSIA SOLN 4gm/200ml, 5gm/250ml, 1000mg/50ml	5	NM PA
JASCAYD TABS 9mg, 18mg QL (60 tabs / 30 days)	5	QL NM PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg QL (56 packets / 28 days)	5	QL NM PA
KALYDECO TABS 150mg QL (56 tabs / 28 days)	5	QL NM PA
nintedanib esylate CAPS 100mg, 150mg QL (60 caps / 30 days)	5	QL NM PA
NUCALA SOAJ 100mg/ml QL (3 pens / 28 days)	5	QL NM PA
NUCALA SOLR 100mg QL (3 vials / 28 days)	5	QL NM PA
NUCALA SOSY 40mg/0.4ml QL (1 syringe / 28 days)	5	QL NM PA
NUCALA SOSY 100mg/ml QL (3 syringes / 28 days)	5	QL NM PA
OFEV CAPS 100mg, 150mg QL (60 caps / 30 days)	5	QL NM PA
OHTUVAYRE SUSP 3mg/2.5ml	5	NM PA
ORKAMBI GRA 75-94MG QL (56 packets / 28 days)	5	QL NM PA
ORKAMBI GRA 100-125 QL (56 packets / 28 days)	5	QL NM PA
ORKAMBI GRA 150-188 QL (56 packets / 28 days)	5	QL NM PA
ORKAMBI TAB 100-125 QL (112 tabs / 28 days)	5	QL NM PA
ORKAMBI TAB 200-125 QL (112 tabs / 28 days)	5	QL NM PA
pirfenidone CAPS 267mg QL (270 caps / 30 days)	5	QL NM PA
pirfenidone TABS 267mg QL (270 tabs / 30 days)	5	QL NM PA
pirfenidone TABS 534mg, 801mg QL (90 tabs / 30 days)	5	QL NM PA
PROLASTIN-C SOLN 1000mg/20ml	5	NM PA
PULMOZYME SOLN 2.5mg/2.5ml	5	NM PA

Drug Name	Drug Tier	Requirements/ Limits
roflumilast TABS 250mcg QL (56 tabs / year)	2	QL
roflumilast TABS 500mcg QL (30 tabs / 30 days)	2	QL
SYMDEKO TAB 50-75MG QL (56 tabs / 28 days)	5	QL NM PA
SYMDEKO TAB 100-150 QL (56 tabs / 28 days)	5	QL NM PA
TEZSPIRE SOAJ 210mg/1.91ml QL (1 pen / 28 days)	5	QL NM PA
TEZSPIRE SOSY 210mg/1.91ml QL (1 syringe / 28 days)	5	QL NM PA
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	4	
theophylline ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	2	
TRIKAFTA PAK 59.5MG QL (56 packs / 28 days)	5	QL NM PA
TRIKAFTA PAK 75MG QL (56 packs / 28 days)	5	QL NM PA
TRIKAFTA TAB 50-25-37.5MG & 75MG QL (84 tabs / 28 days)	5	QL NM PA
TRIKAFTA TAB 100-50-75MG & 150MG QL (84 tabs / 28 days)	5	QL NM PA
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml QL (4 pens / 28 days)	5	QL NM PA
XOLAIR SOAJ 150mg/ml QL (8 pens / 28 days)	5	QL NM PA
XOLAIR SOLR 150mg QL (8 vials / 28 days)	5	QL NM PA
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml QL (4 syringes / 28 days)	5	QL NM PA
XOLAIR SOSY 150mg/ml QL (8 syringes / 28 days)	5	QL NM PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	5	NM PA

Drug Name	Drug Tier	Requirements/ Limits
NASAL STEROIDS		
flunisolide (nasal) SOLN .025% QL (3 bottles / 30 days)	2	QL
fluticasone propionate (nasal) SUSP 50mcg/act QL (1 bottle / 30 days)	2	QL
mometasone furoate (nasal) SUSP 50mcg/act QL (2 bottles / 30 days)	2	QL
OMNARIS SUSP 50mcg/act QL (1 inhaler / 30 days)	4	QL ST
QNASL AERS 80mcg/act QL (1 inhaler / 30 days)	4	QL ST
QNASL CHILDRENS AERS 40mcg/act QL (1 inhaler / 30 days)	4	QL ST
XHANCE EXHU 93mcg/act QL (32 mL / 30 days)	4	QL PA
STEROID INHALANTS		
ALVESCO AERS 80mcg/act, 160mcg/act QL (2 inhalers / 30 days)	4	QL
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act QL (30 inhalations / 30 days)	3	QL
ASMANEX HFA AERO 50mcg/act, 100mcg/act, 200mcg/act QL (1 inhaler / 30 days)	4	QL
ASMANEX TWISTHALER 14 MET AEPB 220mcg/inh QL (8 inhalers / 28 days)	4	QL
ASMANEX TWISTHALER 30 MET AEPB 110mcg/inh QL (2 inhalers / 30 days)	4	QL
ASMANEX TWISTHALER 30 MET AEPB 220mcg/inh QL (4 inhalers / 30 days)	4	QL
ASMANEX TWISTHALER 60 MET AEPB 220mcg/inh QL (2 inhalers / 30 days)	4	QL
ASMANEX TWISTHALER 120 ME AEPB 220mcg/inh QL (1 inhaler / 30 days)	4	QL

Drug Name	Drug Tier	Requirements/ Limits
beclomethasone dipropionate AERS 40mcg/act, 80mcg/act QL (2 inhalers / 30 days)	2	QL
budesonide (inhalation) SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml	2	B/D
fluticasone propionate (inhalation) AEPB 50mcg/act QL (180 inhalations / 30 days)	2	QL
fluticasone propionate (inhalation) AEPB 100mcg/act, 250mcg/act QL (240 inhalations / 30 days)	2	QL
fluticasone propionate hfa AERO 44mcg/act, 110mcg/act, 220mcg/act QL (2 inhalers / 30 days)	2	QL
PULMICORT SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml	4	B/D
PULMICORT FLEXHALER AEPB 90mcg/act QL (3 inhalers / 30 days)	4	QL
PULMICORT FLEXHALER AEPB 180mcg/act QL (2 inhalers / 30 days)	4	QL
QVAR REDIHALER AERB 40mcg/act, 80mcg/act QL (2 inhalers / 30 days)	4	QL
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKU AER 100/50 QL (60 inhalations / 30 days)	4	QL PA
ADVAIR DISKU AER 250/50 QL (60 inhalations / 30 days)	4	QL PA
ADVAIR DISKU AER 500/50 QL (60 inhalations / 30 days)	4	QL PA
ADVAIR HFA AER 45/21 QL (1 inhaler / 30 days)	3	QL
ADVAIR HFA AER 115/21 QL (1 inhaler / 30 days)	3	QL
ADVAIR HFA AER 230/21 QL (1 inhaler / 30 days)	3	QL
AIRSUPRA AER 90-80MCG QL (3 inhalers / 30 days)	3	QL
BREO ELLIPTA INH 50-25MCG QL (60 blisters / 30 days)	3	QL
BREO ELLIPTA INH 100-25 QL (60 blisters / 30 days)	3	QL
BREO ELLIPTA INH 200-25 QL (60 blisters / 30 days)	3	QL
breyna QL (3 inhalers / 30 days)	2	QL
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act QL (3 inhalers / 30 days)	2	QL
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act QL (3 inhalers / 30 days)	2	QL
DULERA AER 50-5MCG QL (3 inhalers / 30 days)	4	QL
DULERA AER 100-5MCG QL (3 inhalers / 30 days)	4	QL
DULERA AER 200-5MCG QL (3 inhalers / 30 days)	4	QL
fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act QL (60 blisters / 30 days)	2	QL
fluticasone furoate-vilanterol aero powd ba 200-25 mcg/act QL (60 blisters / 30 days)	2	QL
fluticasone-salmeterol aer powder ba 100-50 mcg/act QL (60 inhalations / 30 days)	2	QL
fluticasone-salmeterol aer powder ba 250-50 mcg/act QL (60 inhalations / 30 days)	2	QL
fluticasone-salmeterol aer powder ba 500-50 mcg/act QL (60 inhalations / 30 days)	2	QL

Drug Name	Drug Tier	Requirements/ Limits
SYMBICORT AER 80-4.5 QL (3 inhalers / 30 days)	4	QL PA
SYMBICORT AER 160-4.5 QL (3 inhalers / 30 days)	4	QL PA
wixela inhub QL (60 inhalations / 30 days)	2	QL
TOPICAL ***DERMATOLOGY, ACNE***		
ABSORICA CAPS 10mg, 20mg, 25mg, 30mg, 35mg, 40mg	5	PA
ABSORICA LD CAPS 8mg, 16mg, 24mg, 32mg	5	PA
ACANYA GEL 1.2-2.5% QL (50 gm / 30 days)	4	QL
accutane CAPS 10mg, 20mg, 30mg, 40mg	2	PA
ACZONE GEL 7.5% QL (90 gm / 30 days)	4	QL
adapalene CREA .1%; GEL .3% QL (45 gm / 30 days)	2	QL PA
adapalene PADS .1% QL (28 swabs / 28 days)	5	QL PA
ADAPALENE SOLN .1% QL (120 mL / 30 days)	4	QL PA
adapalene-benzoyl peroxide gel 0.1-2.5% QL (45 gm / 30 days)	2	QL PA
adapalene-benzoyl peroxide gel 0.3-2.5% QL (60 gm / 30 days)	2	QL PA
AKLIEF CREA .005% QL (45 gm / 30 days)	4	QL PA
ALTRENO LOTN .05% QL (45 gm / 30 days)	4	QL PA
amnesteem CAPS 10mg, 20mg, 30mg, 40mg	2	PA
AMZEEQ FOAM 4% QL (30 gm / 30 days)	4	QL PA
ARAZLO LOTN .045% QL (45 gm / 30 days)	4	QL PA
ATRALIN GEL .05% QL (45 gm / 30 days)	4	QL PA
AZELEX CREA 20% QL (50 gm / 30 days)	4	QL PA
BENZAMYCIN GEL 5-3% QL (46.6 gm / 30 days)	4	QL
benzoyl peroxide-erythromycin gel 5-3% QL (46.6 gm / 30 days)	2	QL
CABTREO GEL QL (50 gm / 30 days)	4	QL PA
claravis CAPS 10mg, 20mg, 30mg, 40mg	2	PA
CLEOCIN-T LOTN 1% QL (60 mL / 30 days)	4	QL
clindacin FOAM 1% QL (100 gm / 30 days)	2	QL
clindacin etz pledgets SWAB 1% QL (69 pledgets / 30 days)	2	QL
clindacin-p SWAB 1% QL (69 pledgets / 30 days)	2	QL
CLINDAGEL GEL 1% QL (75 mL / 30 days)	5	QL PA
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% QL (45 gm / 30 days)	2	QL
clindamycin phosphate (topical) FOAM 1% QL (100 gm / 30 days)	2	QL
clindamycin phosphate (topical) GEL 1% QL (75 mL / 30 days)	2	QL PA
clindamycin phosphate (topical) LOTN 1%; SOLN 1% QL (60 mL / 30 days)	2	QL
clindamycin phosphate (topical) SWAB 1% QL (69 pledgets / 30 days)	2	QL
clindamycin phosphate-benzoyl peroxide gel 1-5% QL (50 gm / 30 days)	2	QL
clindamycin phosphate-benzoyl peroxide gel 1.2-2.5% QL (50 gm / 30 days)	2	QL
clindamycin phosphate-benzoyl peroxide gel 1.2-3.75% QL (50 gm / 30 days)	2	QL

Drug Name	Drug Requirements/ Tier	Limits
clindamycin phosphate-tretinoin gel 1.2-0.025% QL (60 gm / 30 days)	2	QL PA
dapsone (topical) GEL 5%, 7.5% QL (90 gm / 30 days)	2	QL
EPIDUO FORTE GEL 0.3-2.5% QL (60 gm / 30 days)	4	QL PA
ery PADS 2% QL (60 pledgets / 30 days)	2	QL
erythromycin (acne aid) GEL 2% QL (60 gm / 30 days)	2	QL
erythromycin (acne aid) SOLN 2% QL (60 mL / 30 days)	2	QL
FABIOR FOAM .1% QL (100 gm / 30 days)	4	QL PA
isotretinoin CAPS 10mg, 20mg, 25mg, 30mg, 35mg, 40mg	2	PA
KLARON LOTN 10% QL (118 mL / 30 days)	4	QL
neuac gel 1.2-5% QL (45 gm / 30 days)	2	QL
ONEXTON GEL 1.2-3.75 QL (50 gm / 30 days)	4	QL
RETIN-A CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days)	4	QL PA
RETIN-A MICRO GEL .06% QL (50 gm / 30 days)	4	QL PA
RETIN-A MICRO PUMP GEL .08% QL (50 gm / 30 days)	4	QL PA
sulfacetamide sodium (acne) LOTN 10% QL (118 mL / 30 days)	2	QL
TAZAROTENE FOAM .1% QL (100 gm / 30 days)	4	QL PA
tretinoin CREA .025%, .05%, .1%; GEL .01%, .025%, .05% QL (45 gm / 30 days)	2	QL PA
tretinoin microsphere GEL .04%, .06%, .08%, .1% QL (50 gm / 30 days)	2	QL PA
twice-daily clindamycin phosphate (topical) GEL 1% QL (60 gm / 30 days)	2	QL
TWYNEO CRE 0.1-3% QL (30 gm / 30 days)	4	QL PA
WINLEVI CREA 1% QL (60 gm / 30 days)	4	QL PA
zenatane CAPS 10mg, 20mg, 30mg, 40mg	2	PA
ZIANA GEL QL (60 gm / 30 days)	4	QL PA
DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate (topical) CREA .1%; OINT .1% QL (30 gm / 30 days)	2	QL
mupirocin OINT 2% QL (30 gm / 30 days)	1	QL
mupirocin calcium (topical) CREA 2% QL (30 gm / 30 days)	2	QL PA
SILVADENE CREA 1%	4	
silver sulfadiazine CREA 1%	2	
ssd CREA 1%	2	
SULFAMYLON CREA 85mg/gm QL (453.6 gm / 30 days)	4	QL
DERMATOLOGY, ANTIFUNGALS		
ciclodan SOLN 8% QL (6.6 mL / 30 days)	2	QL
ciclopirox GEL .77% QL (100 gm / 30 days)	2	QL
ciclopirox SHAM 1% QL (120 mL / 30 days)	2	QL
ciclopirox SOLN 8% QL (6.6 mL / 30 days)	2	QL
ciclopirox olamine CREA .77% QL (90 gm / 30 days)	2	QL
ciclopirox olamine SUSP .77% QL (60 mL / 30 days)	2	QL
clotrimazole (topical) CREA 1% QL (45 gm / 30 days)	2	QL
clotrimazole (topical) SOLN 1% QL (60 mL / 30 days)	2	QL

Drug Name	Drug Requirements/ Tier	Limits
clotrimazole w/ betamethasone cream 1-0.05% QL (45 gm / 30 days)	2	QL
econazole nitrate CREA 1% QL (85 gm / 30 days)	2	QL
ECONAZOLE NITRATE FOAM 1% QL (70 gm / 28 days)	5	QL ST
ERTACZO CREA 2% QL (60 gm / 30 days)	5	QL ST
EXELDERM CREA 1% QL (60 gm / 30 days)	4	QL PA
JUBLIA SOLN 10% QL (8 mL / 30 days)	5	QL PA
ketoconazole (topical) CREA 2% QL (60 gm / 30 days)	2	QL
ketoconazole (topical) FOAM 2% QL (100 gm / 30 days)	2	QL PA
ketoconazole (topical) SHAM 2% QL (120 mL / 30 days)	1	QL
ketodan FOAM 2% QL (100 gm / 30 days)	2	QL PA
klayesta POWD 100000unit/gm QL (60 gm / 30 days)	2	QL
luliconazole CREA 1% QL (60 gm / 30 days)	2	QL ST
LUZU CREA 1% QL (60 gm / 30 days)	4	QL ST
naftifine hcl CREA 1% QL (90 gm / 30 days)	2	QL
naftifine hcl CREA 2%; GEL 2% QL (60 gm / 30 days)	2	QL
NAFTIN GEL 2% QL (60 gm / 30 days)	4	QL
nyamyc POWD 100000unit/gm QL (60 gm / 30 days)	2	QL
nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm QL (30 gm / 30 days)	2	QL
nystatin (topical) POWD 100000unit/gm QL (60 gm / 30 days)	2	QL
nystop POWD 100000unit/gm QL (60 gm / 30 days)	2	QL
oxiconazole nitrate CREA 1% QL (90 gm / 30 days)	2	QL PA
selenium sulfide LOTN 2.5%	2	
ZORYVE FOAM .3% QL (60 gm / 30 days)	4	QL PA
DERMATOLOGY, ANTIPSORIATICS		
acitretin CAPS 10mg, 17.5mg, 25mg	2	
calcipotriene CREA .005%; OINT .005% QL (120 gm / 30 days)	2	QL PA
CALCIPOTRIENE FOAM .005% QL (120 gm / 30 days)	4	QL PA
calcipotriene SOLN .005% QL (120 mL / 30 days)	2	QL PA
calcipotriene-betamethasone dipropionate oint 0.005-0.064% QL (400 gm / 28 days)	2	QL PA
calcipotriene-betamethasone dipropionate susp 0.005-0.064% QL (420 gm / 28 days)	2	QL PA
calcitrene OINT .005% QL (120 gm / 30 days)	2	QL PA
calcitriol (topical) OINT 3mcg/gm QL (800 gm / 28 days)	2	QL PA
ENSTILAR AER QL (120 gm / 30 days)	5	QL PA
methoxsalen rapid CAPS 10mg	5	
PELLIX SOLN .005% QL (120 mL / 30 days)	2	QL PA
SORILUX FOAM .005% QL (120 gm / 30 days)	4	QL PA
TACLONEX SUS QL (420 gm / 28 days)	5	QL PA
tazarotene CREA .05%, .1% QL (60 gm / 30 days)	2	QL PA
tazarotene GEL .05%, .1% QL (100 gm / 30 days)	2	QL PA

Drug Name	Drug Tier	Requirements/ Limits
TAZORAC CREA .05%, .1% QL (60 gm / 30 days)	4	QL PA
TAZORAC GEL .05%, .1% QL (100 gm / 30 days)	4	QL PA
trilitas GEL .1% QL (100 gm / 30 days)	2	QL PA
VECTICAL OINT 3mcg/gm QL (800 gm / 28 days)	5	QL PA
VTAMA CREA 1% QL (60 gm / 30 days)	5	QL PA
ZORYVE CREA .3% QL (60 gm / 30 days)	4	QL PA
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort CREA 1%	1	
ala-scalp LOTN 2% QL (60 mL / 30 days)	2	QL PA
alclometasone dipropionate CREA .05%; OINT .05% QL (60 gm / 30 days)	2	QL
amcinonide CREA .1%; OINT .1% QL (60 gm / 30 days)	5	QL PA
betamethasone dipropionate (topical) CREA .05%; OINT .05% QL (120 gm / 30 days)	2	QL
betamethasone dipropionate (topical) LOTN .05% QL (120 mL / 30 days)	2	QL
betamethasone dipropionate augmented CREA .05%; GEL .05%; OINT .05% QL (120 gm / 30 days)	2	QL
betamethasone dipropionate augmented LOTN .05% QL (120 mL / 30 days)	2	QL
betamethasone valerate CREA .1%; FOAM .12%; OINT .1% QL (120 gm / 30 days)	2	QL
betamethasone valerate LOTN .1% QL (120 mL / 30 days)	2	QL
BRYHALI LOTN .01% QL (100 gm / 30 days)	4	QL PA
clobetasol propionate CREA .05%; GEL .05%; OINT .05% QL (120 gm / 30 days)	2	QL
CLOBETASOL PROPIONATE CREA .025% QL (100 gm / 30 days)	5	QL
clobetasol propionate FOAM .05% QL (100 gm / 30 days)	2	QL
clobetasol propionate LIQD .05% QL (125 mL / 30 days)	2	QL
clobetasol propionate LOTN .05% QL (118 mL / 30 days)	2	QL
clobetasol propionate SHAM .05% QL (236 mL / 30 days)	2	QL
clobetasol propionate SOLN .05% QL (100 mL / 30 days)	2	QL
clobetasol propionate e CREA .05% QL (120 gm / 30 days)	2	QL
clobetasol propionate emulsion FOAM .05% QL (100 gm / 30 days)	2	QL
clocortolone pivalate CREA .1% QL (90 gm / 30 days)	2	QL PA
clodan SHAM .05% QL (236 mL / 30 days)	2	QL
CORDRAN TAPE 4mcg/sqcm QL (1 roll / 30 days)	4	QL PA
DERMA-SMOOTHE/FS BODY OIL .01% QL (118.28 mL / 30 days)	4	QL
DERMA-SMOOTHE/FS SCALP OIL .01% QL (118.28 mL / 30 days)	4	QL
desonide CREA .05%; OINT .05% QL (60 gm / 30 days)	2	QL
desonide GEL .05% QL (60 gm / 30 days)	2	QL PA
desonide LOTN .05% QL (118 mL / 30 days)	2	QL

Drug Name	Tier	Drug Requirements/ Limits
desoximetasone CREA .05%; OINT .05% QL (100 gm / 30 days)	2	QL PA
desoximetasone CREA .25%; OINT .25% QL (100 gm / 30 days)	2	QL
desoximetasone GEL .05% QL (60 gm / 30 days)	2	QL PA
desoximetasone LIQD .25% QL (100 mL / 30 days)	2	QL
diflorasone diacetate CREA .05%; OINT .05% QL (60 gm / 30 days)	2	QL PA
DIPROLENE OINT .05% QL (120 gm / 30 days)	4	QL
DUOBRII LOT QL (200 gm / 28 days)	4	QL PA
EPIFOAM AER 1%	4	
evesse LOTN .1% QL (118 mL / 30 days)	2	QL PA
fluocinolone acetonide CREA .01% QL (60 gm / 30 days)	2	QL
fluocinolone acetonide CREA .025%; OINT .025% QL (120 gm / 30 days)	2	QL
fluocinolone acetonide OIL .01% QL (118.28 mL / 30 days)	2	QL
fluocinolone acetonide SOLN .01% QL (60 mL / 30 days)	2	QL
fluocinonide CREA .05%, .1% QL (120 gm / 30 days)	2	QL
fluocinonide GEL .05%; OINT .05% QL (60 gm / 30 days)	2	QL
fluocinonide SOLN .05% QL (60 mL / 30 days)	2	QL
fluocinonide emulsified base CREA .05% QL (120 gm / 30 days)	2	QL
flurandrenolide LOTN .05% QL (120 mL / 30 days)	2	QL PA
fluticasone propionate CREA .05%; OINT .005%	2	
fluticasone propionate LOTN .05% QL (60 mL / 30 days)	2	QL
halcinonide CREA .1% QL (240 gm / 30 days)	2	QL PA
halcinonide SOLN .1% QL (120 mL / 30 days)	5	QL PA
halobetasol propionate CREA .05%; OINT .05% QL (50 gm / 30 days)	2	QL
halobetasol propionate FOAM .05% QL (200 gm / 28 days)	2	QL PA
HALOG CREA .1% QL (240 gm / 30 days)	4	QL PA
HALOG SOLN .1% QL (120 mL / 30 days)	5	QL PA
hydrocortisone (topical) CREA 1%, 2.5%	1	
hydrocortisone (topical) LOTN 2% QL (60 mL / 30 days)	5	QL PA
hydrocortisone (topical) LOTN 2.5%; OINT 2.5%	2	
hydrocortisone (topical) OINT 1% QL (30 gm / 30 days)	2	QL
hydrocortisone (topical) SOLN 2.5% QL (30 mL / 30 days)	5	QL PA
hydrocortisone butyrate CREA .1%; OINT .1% QL (45 gm / 30 days)	2	QL
hydrocortisone butyrate LOTN .1% QL (118 mL / 30 days)	2	QL PA
hydrocortisone butyrate SOLN .1% QL (60 mL / 30 days)	2	QL
hydrocortisone valerate CREA .2%; OINT .2% QL (60 gm / 30 days)	2	QL
LEXETTE FOAM .05% QL (200 gm / 28 days)	4	QL PA
mometasone furoate CREA .1%; OINT .1%; SOLN .1%	2	
PRAMOSONE CRE 1-1%	4	
PRAMOSONE LOT 1-1%	4	
PRAMOSONE LOT 2.5%	4	

Drug Name	Drug Tier	Requirements/ Limits
SYNALAR CREA .025%; OINT .025% QL (120 gm / 30 days)	4	QL
texacort SOLN 2.5% QL (30 mL / 30 days)	2	QL PA
TOPICORT LIQD .25% QL (100 mL / 30 days)	4	QL PA
TOPICORT OINT .05% QL (100 gm / 30 days)	4	QL PA
tovet FOAM .05% QL (100 gm / 30 days)	2	QL
triamcinolone acetonide (topical) AERS .147mg/gm QL (100 gm / 30 days)	2	QL PA
triamcinolone acetonide (topical) CREA .025%, .1%, .5% QL (454 gm / 30 days)	1	QL
triamcinolone acetonide (topical) LOTN .025%, .1%	2	
triamcinolone acetonide (topical) OINT .05% QL (430 gm / 30 days)	2	QL PA
triamcinolone acetonide (topical) OINT .025%, .1%, .5%	1	
triderm CREA .5% QL (454 gm / 30 days)	1	QL
ULTRAVATE LOTN .05% QL (120 mL / 30 days)	5	QL PA
DERMATOLOGY, LOCAL ANESTHETICS		
DYCLOPRO SOLN .5%	4	
glydo PRSY 2% QL (60 mL / 30 days)	2	QL PA
lidocaine OINT 5% QL (50 gm / 30 days)	2	QL PA
lidocaine PTCH 5% QL (3 patches / 1 day)	2	QL PA
lidocaine hcl GEL 2% QL (30 mL / 30 days)	2	QL PA
lidocaine hcl PRSY 2% QL (60 mL / 30 days)	2	QL PA
lidocaine hcl SOLN 4% QL (50 mL / 30 days)	2	QL PA
lidocaine-prilocaine cream 2.5-2.5% QL (30 gm / 30 days)	2	B/D QL
lidocan PTCH 5% QL (3 patches / 1 day)	2	QL PA

Drug Name	Drug Tier	Requirements/ Limits
QUTENZA KIT 8% 1-PCH QL (4 patches / 90 days)	5	QL NM PA
QUTENZA KIT 8% 2-PCH QL (4 patches / 90 days)	5	QL NM PA
QUTENZA KIT 8% 4-PCH QL (4 patches / 90 days)	5	QL NM PA
tridacaine iii PTCH 5% QL (3 patches / 1 day)	2	QL PA
ZTLIDO PTCH 1.8% QL (3 patches / 1 day)	4	QL PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
acyclovir topical CREA 5% QL (5 gm / 30 days)	2	QL
acyclovir topical OINT 5% QL (30 gm / 30 days)	2	QL
ANALPRAM HC LOT 2.5%	4	
ANUSOL-HC CREA 2.5%	4	
ANZUPGO CREA 20mg/gm QL (60 gm / 30 days)	5	QL NM PA
azelaic acid GEL 15% QL (50 gm / 30 days)	2	QL
bexarotene (topical) GEL 1% QL (60 gm / 30 days)	5	QL NM PA
brimonidine tartrate (topical) GEL .33% QL (30 gm / 30 days)	2	QL PA
CORTIFOAM FOAM 10%	4	
DENAVIR CREA 1% QL (5 gm / 30 days)	4	QL
diclofenac sodium (actinic keratoses) GEL 3% QL (100 gm / 30 days)	2	QL PA
diclofenac sodium (topical) SOLN 1.5% QL (300 mL / 28 days)	2	QL
diclofenac sodium (topical) SOLN 2% QL (224 gm / 28 days)	2	QL PA
doxepin hcl (antipruritic) CREA 5% QL (45 gm / 30 days)	2	QL PA
doxycycline (rosacea) CPDR 40mg	2	
EMROSI CP24 40mg QL (30 caps / 30 days)	5	QL PA
EPSOLAY CREA 5% QL (30 gm / 30 days)	4	QL PA

Drug Name	Drug Requirements/ Tier	Limits
EUCRISA OINT 2% QL (120 gm / 30 days)	4	QL PA
FINACEA FOAM 15% QL (50 gm / 30 days)	4	QL PA
fluorouracil (topical) CREA 5% QL (40 gm / 30 days)	2	QL
fluorouracil (topical) CREA .5% QL (30 gm / 30 days)	5	QL
fluorouracil (topical) SOLN 2%, 5% QL (10 mL / 30 days)	2	QL
hydrocortisone (rectal) CREA 1%, 2.5%	2	
HYFTOR GEL .2% QL (20 gm / 25 days)	5	QL NM PA
imiquimod CREA 3.75% QL (28 packets / 28 days)	2	QL
imiquimod CREA 5% QL (24 packets / 30 days)	2	QL
imiquimod pump CREA 3.75% QL (7.5 gm / 28 days)	2	QL
ivermectin (rosacea) CREA 1% QL (45 gm / 30 days)	2	QL PA
KLISYRI OINT 1% QL (5 packets / 30 days)	5	QL PA
lactic acid (ammonium lactate) CREA 12%; LOTN 12%	2	
metronidazole (topical) CREA .75%; GEL .75% QL (45 gm / 30 days)	2	QL
metronidazole (topical) GEL 1% QL (60 gm / 30 days)	2	QL
metronidazole (topical) LOTN .75% QL (59 mL / 30 days)	2	QL
MIRVASO GEL .33% QL (30 gm / 30 days)	4	QL PA
nitroglycerin (intra-anal) OINT .4% QL (30 gm / 30 days)	2	QL
NORITATE CREA 1% QL (60 gm / 30 days)	5	QL PA
OPZELURA CREA 1.5% QL (240 gm / 28 days)	5	QL PA
ORACEA CPDR 40mg	4	
oxymetazoline hcl (topical) CREA 1% QL (30 gm / 30 days)	2	QL
PANRETIN GEL .1% QL (60 gm / 30 days)	5	QL PA
penciclovir CREA 1% QL (5 gm / 30 days)	2	QL
pimecrolimus CREA 1% QL (100 gm / 30 days)	2	QL PA
podofilox GEL .5% QL (7 gm / 28 days)	2	QL
podofilox SOLN .5% QL (7 mL / 28 days)	2	QL
procto-med hc CREA 2.5%	2	
proctocort CREA 1%	2	
PROCTOFOAM AER HC 1%	4	
proctosol hc CREA 2.5%	2	
proctozone-hc CREA 2.5%	2	
PRUDOXIN CREA 5% QL (45 gm / 30 days)	4	QL PA
QBREXZA PADS 2.4% QL (30 cloths / 30 days)	4	QL PA
RHOFADE CREA 1% QL (30 gm / 30 days)	4	QL
SOFDRA GEL 12.45% QL (50 mL / 30 days)	4	QL NM PA
SOOLANTRA CREA 1% QL (45 gm / 30 days)	4	QL PA
tacrolimus (topical) OINT .03%, .1% QL (100 gm / 30 days)	2	QL
TARGRETIN GEL 1% QL (60 gm / 30 days)	5	QL NM PA
VALCHLOR GEL .016% QL (60 gm / 30 days)	5	QL NM PA
XERESE CRE 5-1% QL (5 gm / 30 days)	5	QL
YCANTH SOLN .7%	4	NM PA
ZELSUVMI GEL 10.3%	5	PA
ZILXI FOAM 1.5% QL (30 gm / 30 days)	4	QL PA
ZONALON CREA 5% QL (45 gm / 30 days)	4	QL PA
ZORYVE CREA .05%, .15% QL (60 gm / 30 days)	4	QL PA

Drug Name	Drug Requirements/ Tier	Limits
ZOVIRAX CREA 5% QL (5 gm / 30 days)	4	QL
ZOVIRAX OINT 5% QL (30 gm / 30 days)	4	QL
ZYCLARA PUMP CREA 3.75% QL (7.5 gm / 28 days)	5	QL
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
crotan LOTN 10% QL (454 gm / 30 days)	5	QL PA
EURAX CREA 10% QL (60 gm / 30 days)	4	QL PA
malathion LOTN .5% QL (59 mL / 30 days)	2	QL
NATROBA SUSP .9%	4	
OVIDE LOTN .5% QL (59 mL / 30 days)	4	QL
permethrin CREA 5% QL (60 gm / 30 days)	2	QL
pruradik LOTN 10% QL (454 gm / 30 days)	5	QL PA
spinosad SUSP .9%	2	
DERMATOLOGY, WOUND CARE AGENTS		
FILSUVEZ GEL 10% QL (702 gm / 30 days)	5	QL NM PA
SANTYL OINT 250unit/gm QL (180 gm / 30 days)	4	QL PA
sodium chloride (gu irrigant) SOLN .9%	2	
water for irrigation, sterile irrigation soln	2	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl CAPS 30mg	2	
chlorhexidine gluconate (mouth-throat) SOLN .12%	1	
clotrimazole TROC 10mg QL (150 lozenges / 30 days)	2	QL
EVOXAC CAPS 30mg	4	
kourzeq PSTE .1%	2	
lidocaine hcl (mouth-throat) SOLN 2%	2	
nystatin (mouth-throat) SUSP 100000unit/ml	2	
periogard SOLN .12%	1	
pilocarpine hcl (oral) TABS 5mg, 7.5mg	2	
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HMSA Medicare Postal Prescription Drug Plan (PDP)
Enhanced Formulary

This formulary was updated on 10/01/2026.

Introduction

The 2027 HMSA Medicare Postal Prescription Drug Plan Enhanced Formulary is a managed formulary that provides supplemental drug coverage to the above Medicare formulary. Drugs listed on this formulary are considered covered benefits. Consistent with the principles of this formulary, the HMSA Pharmacy & Therapeutics (P&T) Committee reviews new drugs to assess their safety and effectiveness before they're added to the formulary. The HMSA P&T Committee is comprised of practicing physicians and pharmacists from the community.

In addition to new drugs, the HMSA P&T Committee and HMSA staff continually review the formulary. The formulary approval process helps to ensure that clinical evidence and medical value are considered before cost. If drugs in a treatment class are clinically comparable, the committee will assess cost effectiveness and choose agents with the best value.

The document is organized in sections that are divided into therapeutic drug classes primarily defined by mechanism of action.

Therapeutic drug class description does not indicate coverage. Please refer to your plan benefit.

Tier level and coverage criteria (if applicable) are noted next to each drug.

Tier Definition

Tier 0 – Zero ($0) copayment
Tier 1 – Preferred generic drugs
Tier 2 – Preferred drugs and non-preferred generic drugs
Tier 3 – Other brand drugs
Tier 4 – Preferred specialty drugs
Tier 5* – Non-preferred specialty drugs
DS – Diabetic supplies

*If applicable to your plan benefits

Exception request

Drugs listed on this formulary are considered covered benefits. Certain medications on the list are covered if utilization management criteria are met (i.e., Step Therapy, Prior Authorization, Quantity Limits, etc.); requests for use of such medications outside of their listed criteria will be reviewed for medical necessity. If a medication is not listed on the document, a formulary exception may be requested for coverage. Medical necessity or formulary exception requests will be reviewed based on drug-specific prior authorization criteria or standard non-formulary prescription request criteria. To request a prior authorization or an exception, Providers please call or fax CVS Caremark®, HMSA's Pharmacy Benefit Manager.

Call: 1 (833) 266-8150
Fax: 1 (855) 633-7673

This drug list is subject to change and drugs may be added or removed without notice. Please contact HMSA to confirm your drug plan coverage.

This list is effective 01/01/2027.

Drug coverage information

The status of a drug on this list is current as of the date of this publication. The list serves as a guide to product selection for HMSA providers and members. The list is subject to change. Participating pharmacies have the most up-to-date formulary information at the time prescriptions are filled. New drugs, strengths, forms, and/or therapeutic categories will be reflected in the formulary, as applicable, following the completion of HMSA's review process.

Not all generic drugs may be listed.

Coverage of a drug will depend on your drug plan.

HMSA's mission is to provide the people of Hawaii access to a sustainable, quality health care system that improves the overall health and well-being of our state.

Check hmsa.com/contact for our holiday schedule and COVID-19 safety guidelines.

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Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
ANOREXIANTS NON-AMPHETAMINE		
ADIPEX-P CAP 37.5MG	3	PA
ADIPEX-P TAB 37.5MG	3	PA
phentermine cap 15mg	1	PA
phentermine cap 30mg	1	PA
phentermine cap 37.5mg	1	PA
phentermine tab 37.5mg	1	PA
QSYMIA CAP 11.25-69	3	PA
QSYMIA CAP 15-92MG	3	PA
QSYMIA CAP 3.75-23	3	PA
QSYMIA CAP 7.5-46MG	3	PA
ANTI-OBESITY AGENTS		
CONTRAVE TAB 8-90MG	3	PA
FOUNDAYO TAB 0.8MG	2	PA
FOUNDAYO TAB 2.5MG	2	PA
FOUNDAYO TAB 5.5MG	2	PA
FOUNDAYO TAB 9MG	2	PA
FOUNDAYO TAB 14.5MG	2	PA
FOUNDAYO TAB 17.2MG	2	PA
***liraglutide pen-inj* 18MG/3ML**	1	PA
SAXENDA PEN-INJ 18MG/3ML	3	PA
WEGOVY INJ 0.25MG	2	PA, QL (4 pens/21 days)
WEGOVY INJ 0.5MG	2	PA, QL (4 pens/21 days)
WEGOVY INJ 1.7MG	2	PA, QL (4 pens/21 days)
WEGOVY INJ 1MG	2	PA, QL (4 pens/21 days)
WEGOVY INJ 2.4MG	2	PA, QL (4 pens/21 days)
ZEPBOUND INJ 10/0.5ML	2	PA, QL (4 pens/21 days)
ZEPBOUND INJ 12.5MG	2	PA, QL (4 pens/21 days)
ZEPBOUND INJ 15/0.5ML	2	PA, QL (4 pens/21 days)
ZEPBOUND INJ 2.5MG	2	PA, QL (4 pens/21 days)
ZEPBOUND INJ 5/0.5ML	2	PA, QL (4 pens/21 days)
ZEPBOUND INJ 7.5MG	2	PA, QL (4 pens/21 days)
ANALGESICS - ANTI-INFLAMMATORY		
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
flurbiprofen tab 50mg	1	
ANALGESICS - NONNARCOTIC		
SALICYLATES		
aspirin 81 tab 81mg ec	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)

Drug Name	Drug Tier	Requirements/Limits
aspirin adlt tab 81mg ec	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)
aspirin chld chw 81mg	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)
aspirin chw 81mg	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)
aspirin ec tab 81mg	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)
aspirin low chw 81mg	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)
aspirin low tab 81mg	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)
aspirin low tab 81mg ec	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)
aspirin regi tab 81mg	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)
aspirin tab 81mg ec	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)
aspirin-81 chw 81mg	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)
bayer low chw 81mg	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)
bayer low tab 81mg ec	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)
child asa chw 81mg	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)
cvs aspirin tab 81mg ec	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)
ecotrin low tab 81mg ec	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)
eq aspirin chw 81mg	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)
eql aspirin chw 81mg	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)
ft aspirin chw 81mg	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)
ft aspirin tab 81mg	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)
gnp aspirin chw 81mg	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)

Drug Name	Drug Tier	Requirements/Limits
gnp aspirin tab 81mg ec	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)
goodsense tab 81mg ec	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)
hm aspirin chw 81mg	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)
kls aspirin tab 81mg ec	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)
kp aspirin tab 81mg ec	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)
low dose asa tab 81mg	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)
mm aspirin tab low dose	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)
px aspirin chw 81mg	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)
px aspirin tab 81mg ec	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)
qc aspirin chw 81mg	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)
qc child asa chw 81mg	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)
ra aspirin chw 81mg	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)
ra aspirin tab 81mg ec	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)
sb child asa chw 81mg	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)
sm aspirin chw 81mg	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)
sm aspirin tab 81mg ec	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)
sm child asa chw 81mg	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)
st joseph chw low 81mg	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)
st joseph tab low 81mg	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)
ANORECTAL AND RELATED PRODUCTS		
RECTAL COMBINATIONS		

Drug Name	Drug Tier	Requirements/Limits
ana-lex kit	1	
lidocaine/hc kit 2-2%	1	
lidocaine/hc kit 3%-0.5%	1	
lidocaine/hc kit 3-2.5%	1	
PROCORT CRE	3	
ANTIANGINAL AGENTS		
NITRATES		
nitro-time cap 2.5mg cr	1	
nitro-time cap 6.5mg cr	1	
nitro-time cap 9mg cr	1	
ANTIDIABETICS		
DIABETIC OTHER		
GVOKE PFS INJ	3	
ANTIFUNGALS		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS		
BREXAFEMME TAB 150MG	3	ST; Try fluconazole
ANTIHYPERLIPIDEMICS		
ANTIHYPERLIPIDEMICS - COMBINATIONS		
EZETIM/ATORV TAB 10-10MG	3	QL (30 tabs/30 days)
EZETIM/ATORV TAB 10-20MG	3	QL (30 tabs/30 days)
EZETIM/ATORV TAB 10-40MG	3	QL (30 tabs/30 days)
EZETIM/ATORV TAB 10-80MG	3	QL (30 tabs/30 days)
FIBRIC ACID DERIVATIVES		
fenofib micr cap 30mg	1	
fenofib micr cap 90mg	1	
ANTIHYPERTENSIVES		
ANTIHYPERTENSIVE COMBINATIONS		
DUTOPROL TAB 50-12.5	3	
TEKTURNA HCT TAB 150-12.5	3	
TEKTURNA HCT TAB 150-25MG	3	
TEKTURNA HCT TAB 300-12.5	3	
TEKTURNA HCT TAB 300-25MG	3	
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE MISC. - COMBINATIONS		
urneva cap	1	
uro-458 tab	1	
ustell cap	1	
ANTIPROTOZOAL AGENTS		
ALINIA SUS 100/5ML	3	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		

Drug Name	Drug Tier	Requirements/Limits
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
RUZURGI TAB 10MG	5	SP, PA
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
ALKERAN TAB 2MG	2	
melphalan tab 2mg	1	
MYLERAN TAB 2MG	2	
TEMODAR CAP 250MG	4	SP, PA
temozolomide cap 100mg	4	SP, PA
temozolomide cap 140mg	4	SP, PA
temozolomide cap 180mg	4	SP, PA
temozolomide cap 20mg	4	SP, PA
temozolomide cap 250mg	4	SP, PA
temozolomide cap 5mg	4	SP, PA
ANTIMETABOLITES		
capecitabine tab 150mg	4	SP
capecitabine tab 500mg	4	SP
ANTINEOPLASTIC ENZYME INHIBITORS		
TURALIO CAP 200MG	5	SP, PA
MITOTIC INHIBITORS		
etoposide cap 50mg	1	
TOPOISOMERASE I INHIBITORS		
HYCAMTIN CAP 0.25MG	4	SP, PA
HYCAMTIN CAP 1MG	4	SP, PA
ANTIVIRALS		
ANTIRETROVIRALS		
nevirapine tab 100mg	1	
stavudine cap 15mg	1	
stavudine cap 20mg	1	
stavudine cap 30mg	1	
stavudine cap 40mg	1	
CARDIOVASCULAR AGENTS - MISC.		
IMPOTENCE AGENTS		
MUSE SUP 1000MCG	3	PA, QL (4 sup/30 days)
MUSE SUP 250MCG	3	PA, QL (4 sup/30 days)
MUSE SUP 500MCG	3	PA, QL (4 sup/30 days)
sildenafil tab 100mg	1	PA, QL (4 tabs/30 days)
sildenafil tab 25mg	1	PA, QL (4 tabs/30 days)
sildenafil tab 50mg	1	PA, QL (4 tabs/30 days)
STENDRA TAB 100MG	3	PA, QL (4 tabs/30 days)

Drug Name	Drug Tier	Requirements/Limits
STENDRA TAB 200MG	3	PA, QL (4 tabs/30 days)
STENDRA TAB 50MG	3	PA, QL (4 tabs/30 days)
tadalafil tab 10mg	1	PA, QL (4 tabs/30 days)
tadalafil tab 2.5mg	1	PA, QL (4 tabs/30 days)
tadalafil tab 20mg	1	PA, QL (4 tabs/30 days)
vardenafil tab 10mg	1	PA, QL (4 tabs/30 days)
vardenafil tab 10mg odt	1	PA, QL (4 tabs/30 days)
vardenafil tab 2.5mg	1	PA, QL (4 tabs/30 days)
vardenafil tab 20mg	1	PA, QL (4 tabs/30 days)
vardenafil tab 5mg	1	PA, QL (4 tabs/30 days)
PROSTAGLANDIN VASODILATORS		
TYVASO DPI POW 16-32MCG	5	SP, PA, QL (Max 7 cartridges per day)
CONTRACEPTIVES		
EMERGENCY CONTRACEPTIVES		
ELLA TAB 30MG	0	
PROGESTIN CONTRACEPTIVES - ORAL		
OPILL TAB 0.075MG	0	OTC
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
benzonatate cap 100mg	1	
benzonatate cap 150mg	1	
benzonatate cap 200mg	1	
hydroc/homat tab 5-1.5mg	1	AGE, QL (180 tabs/30 days); (Covered for ages greater than 18 years old)
hydrocod/hom sol 5-1.5/5	1	AGE, QL (900 mL/30 days); (Covered for ages greater than 18 years old)
hydrocod/hom syp 5-1.5/5	1	AGE, QL (900 mL/30 days); (Covered for ages greater than 18 years old)
hydromet syp 5-1.5/5	1	AGE, QL (900 mL/30 days); (Covered for ages greater than 18 years old)
COUGH/COLD/ALLERGY COMBINATIONS		
bpm-pse-dm syp 2-30-10	1	
brom/pse/dm syp	1	
brom/pse/dm syp 2/30/10	1	
brom/pse/dm syp 2-30-10	1	

Drug Name	Drug Tier	Requirements/Limits
bromfed dm sol 2-30-10	1	
codeine/gg sol 10-100/5	1	AGE, OTC, QL (1800 mL/30 days); (Covered for ages greater than 18 years old)
g tussin ac liq 100-10/5	1	AGE, OTC, QL (1800 mL/30 days); (Covered for ages greater than 18 years old)
gg/codeine sol 100-10/5	1	AGE, OTC, QL (1800 mL/30 days); (Covered for ages greater than 18 years old)
gg/codeine sol 200-20mg	1	AGE, OTC, QL (1800 mL/30 days); (Covered for ages greater than 18 years old)
guaiatuss ac syp 100-10/5	1	AGE, OTC, QL (1800 mL/30 days); (Covered for ages greater than 18 years old)
guaifenesin syp 100-10/5	1	AGE, OTC, QL (1800 mL/30 days); (Covered for ages greater than 18 years old)
hyd pol/cpm sus 10-8/5ml	1	AGE, QL (300 mL/30 days); (Covered for ages greater than 18 years old)
maxi-tuss ac sol	1	AGE, OTC, QL (1800 mL/30 days); (Covered for ages greater than 18 years old)
prometh vc/ syp codeine	1	AGE, QL (900 mL/30 days); (Covered for ages greater than 18 years old)
prometh/cod sol 6.25-10	1	AGE, QL (900 mL/30 days); (Covered for ages greater than 18 years old)
prometh/cod syp 6.25-10	1	AGE, QL (900 mL/30 days); (Covered for ages greater than 18 years old)
prometh/pe/ syp codeine	1	AGE, QL (900 mL/30 days); (Covered for ages greater than 18 years old)
promethazine sol dm	1	
promethazine syp dm	1	
EXPECTORANTS		
SSKI SOL 1GM/ML	3	

Drug Name	Drug Tier	Requirements/Limits
MISC. RESPIRATORY INHALANTS		
HYPERSAL NEB 3.5%	3	
nebusal neb 3%	1	
NEBUSAL NEB 6%	3	
pulmosal neb 7%	1	
sod chloride neb 0.9%	1	
sodium chlor neb 10%	1	
sodium chlor neb 3%	1	
sodium chlor neb 7%	1	
DERMATOLOGICALS		
CORTICOSTEROIDS - TOPICAL		
amcinonide lot 0.1%	1	
PRAMOSONE CRE 1-1%	3	
EMOLLIENT/KERATOLYTIC AGENTS		
urea cre 20%	1	
urea nail gel 45%	1	
KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS		
ACNESIC GEL 0.5%	3	
salicylic ac kit 6%	1	QL (1 kit/30 days)
LOCAL ANESTHETICS - TOPICAL		
7t lido gel 2%	1	
proxivol gel 2%	1	
MISC. DERMATOLOGICAL PRODUCTS		
ALEVICYN GEL	3	
ALEVICYN SG GEL ANTIPRUR	3	
HALUCORT GEL	3	
LEVICYN GEL	3	
SEBUDERM GEL	3	
STRATA CTX GEL	3	
STRATA MARK GEL	3	
STRATA XRT GEL	3	
MISC. TOPICAL		
DRYSOL SOL 20%	3	
SCABICIDES & PEDICULICIDES		
ivermectin lot 0.5%	1	
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC DRUGS		
GLUCAGEN INJ 1MG	2	
DIAGNOSTIC TESTS		

Drug Name	Drug Tier	Requirements/Limits
ACCU-CHEK TES AVIVA PL	DS	OTC; FreeStyle Test Strips Preferred
ACCU-CHEK TES GUIDE	DS	OTC; FreeStyle Test Strips Preferred
ACCU-CHEK TES SMART	DS	OTC; FreeStyle Test Strips Preferred
ACCUTREND TES GLUCOSE	DS	OTC; FreeStyle Test Strips Preferred
ADVANCE TES INTUITIO	DS	OTC; FreeStyle Test Strips Preferred
ADVANCE TES MICRO-DW	DS	OTC; FreeStyle Test Strips Preferred
ADVOCATE TES	DS	OTC; FreeStyle Test Strips Preferred
ADVOCATE TES REDI-COD	DS	OTC; FreeStyle Test Strips Preferred
ADVOCATE TES REDICODE	DS	OTC; FreeStyle Test Strips Preferred
AGAMATRIX TES AMP	DS	OTC; FreeStyle Test Strips Preferred
AGAMATRIX TES JAZZ	DS	OTC; FreeStyle Test Strips Preferred
AGAMATRIX TES KEYNOTE	DS	OTC; FreeStyle Test Strips Preferred
AGAMATRIX TES PRESTO	DS	OTC; FreeStyle Test Strips Preferred
ASSURE 3 TES	DS	OTC; FreeStyle Test Strips Preferred
ASSURE 4 TES	DS	OTC; FreeStyle Test Strips Preferred
ASSURE II TES	DS	OTC; FreeStyle Test Strips Preferred
ASSURE II TES CHECK	DS	OTC; FreeStyle Test Strips Preferred
ASSURE PRISM TES MULTI	DS	OTC; FreeStyle Test Strips Preferred
ASSURE PRO TES	DS	OTC; FreeStyle Test Strips Preferred
ASSURE TES PLATINUM	DS	OTC; FreeStyle Test Strips Preferred

Drug Name	Drug Tier	Requirements/Limits
AUTOCODE TES BLD GLUC	DS	OTC; FreeStyle Test Strips Preferred
BIOTEL CARE TES STRIPS	DS	OTC; FreeStyle Test Strips Preferred
BLOOD GLUCOS TES	DS	OTC; FreeStyle Test Strips Preferred
BLOOD GLUCOS TES 333	DS	OTC; FreeStyle Test Strips Preferred
BLOOD GLUCOS TES LE1	DS	OTC; FreeStyle Test Strips Preferred
BLOOD GLUCOS TES PREMIUM	DS	OTC; FreeStyle Test Strips Preferred
BLOOD GLUCOS TES STRIPS	DS	OTC; FreeStyle Test Strips Preferred
BLULINK TES STRIPS	DS	OTC; FreeStyle Test Strips Preferred
CARESENS N TES	DS	OTC; FreeStyle Test Strips Preferred
CARESENS N TES GLUCOSE	DS	OTC; FreeStyle Test Strips Preferred
CARETOUCH MIS TST STRP	DS	OTC; FreeStyle Test Strips Preferred
CHEMSTRIP K TES	DS	OTC; Preferred Diabetic Supply
CHEMSTRIP TES UGK	DS	OTC; Preferred Diabetic Supply
CLEVER CHEK TES	DS	OTC; FreeStyle Test Strips Preferred
CLEVER CHEK TES AUTO CD	DS	OTC; FreeStyle Test Strips Preferred
CLEVER CHEK TES TALK	DS	OTC; FreeStyle Test Strips Preferred
CLEVER CHEK TES VOICE	DS	OTC; FreeStyle Test Strips Preferred
CLEVER CHOIC TES MICRO	DS	OTC; FreeStyle Test Strips Preferred
CLEVR CHOICE TES AUTO-CD	DS	OTC; FreeStyle Test Strips Preferred
CLEVR CHOICE TES NOCODE	DS	OTC; FreeStyle Test Strips Preferred
CONFIRM/MICR TES GLUCOSE	DS	OTC; FreeStyle Test Strips Preferred

Drug Name	Drug Tier	Requirements/Limits
CONTOUR PLUS TES BLD GLUC	DS	OTC; FreeStyle Test Strips Preferred
CONTOUR TES BLD GLUC	DS	OTC; FreeStyle Test Strips Preferred
CONTOUR TES NEXT	DS	OTC; FreeStyle Test Strips Preferred
COOL BLOOD TES GLUCOSE	DS	OTC; FreeStyle Test Strips Preferred
CVS ADVANCED TES GLUCOSE	DS	OTC; FreeStyle Test Strips Preferred
CVS GLUCOSE TES TEST STR	DS	OTC; FreeStyle Test Strips Preferred
CVS KETONE TES CARE	DS	OTC; Preferred Diabetic Supply
CVS TRUE MET TES GLUCOSE	DS	OTC; FreeStyle Test Strips Preferred
D-CARE BLOOD TES GLUCOSE	DS	FreeStyle and OneTouch Test Strips Preferred
DIASTIX TES REAGENT	DS	OTC; Preferred Diabetic Supply
DIASTIX TES STRIPS	DS	OTC; Preferred Diabetic Supply
DIATHRIVE MIS TEST STR	DS	OTC; FreeStyle Test Strips Preferred
DIATHRIVE+ MIS TEST STR	DS	OTC; FreeStyle Test Strips Preferred
DIATRUE PLUS TES STRIPS	DS	OTC; FreeStyle Test Strips Preferred
DUO-CARE TES	DS	OTC; FreeStyle Test Strips Preferred
EASY MAX GLC TES STRIP	DS	OTC; FreeStyle Test Strips Preferred
EASY PLUS II TES BLD GLUC	DS	OTC; FreeStyle Test Strips Preferred
EASY STEP TES	DS	OTC; FreeStyle Test Strips Preferred
EASY TALK TES BLD GLUC	DS	OTC; FreeStyle Test Strips Preferred
EASY TALK TES PLUS II	DS	OTC; FreeStyle Test Strips Preferred
EASY TOUCH TES GLUCOSE	DS	OTC; FreeStyle Test Strips Preferred

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH TES HEALTHPR	DS	OTC; FreeStyle Test Strips Preferred
EASY TOUCH TES STRIPS	DS	OTC; FreeStyle Test Strips Preferred
EASY TRAK II TES BLD GLUC	DS	OTC; FreeStyle Test Strips Preferred
EASY TRAK TES BLD GLUC	DS	OTC; FreeStyle Test Strips Preferred
EASYGLUCO TES	DS	OTC; FreeStyle Test Strips Preferred
EASYMAX 15 TES	DS	OTC; FreeStyle Test Strips Preferred
EASYMAX TES	DS	OTC; FreeStyle Test Strips Preferred
EASYPRO PLUS TES	DS	OTC; FreeStyle Test Strips Preferred
EASYPRO TES BLD GLUC	DS	OTC; FreeStyle Test Strips Preferred
ELEMENT TES	DS	OTC; FreeStyle Test Strips Preferred
ELEMNT COMPA TES STRIPS	DS	OTC; FreeStyle Test Strips Preferred
EMBRACE EVO TES	DS	OTC; FreeStyle Test Strips Preferred
EMBRACE PRO TES	DS	OTC; FreeStyle Test Strips Preferred
EMBRACE TALK TES STRIPS	DS	OTC; FreeStyle Test Strips Preferred
EMBRACE TES BLD GLUC	DS	OTC; FreeStyle Test Strips Preferred
EMBRACE WAVE TES STRIPS	DS	OTC; FreeStyle Test Strips Preferred
EVOLUTION TES AUTOCODE	DS	OTC; FreeStyle Test Strips Preferred
FIFTY50 GLUC TES 2.0	DS	OTC; FreeStyle Test Strips Preferred
FORA 6 MIS CONNECT	DS	OTC; FreeStyle Test Strips Preferred
FORA 6CON TES GTEL	DS	OTC; FreeStyle Test Strips Preferred

Drug Name	Drug Tier	Requirements/Limits
FORA ADVANCE TES PRO	DS	OTC; FreeStyle Test Strips Preferred
FORA BLOOD TES GLUCOSE	DS	OTC; FreeStyle Test Strips Preferred
FORA D15G TES BLD GLUC	DS	OTC; FreeStyle Test Strips Preferred
FORA D20 TES BLD GLUC	DS	OTC; FreeStyle Test Strips Preferred
FORA D40/G31 TES GLUCOSE	DS	OTC; FreeStyle Test Strips Preferred
FORA G20 TES BLD GLUC	DS	OTC; FreeStyle Test Strips Preferred
FORA G30/V10 TES BLD GLUC	DS	OTC; FreeStyle Test Strips Preferred
FORA GD20 TES BLD GLUC	DS	OTC; FreeStyle Test Strips Preferred
FORA GD50 TES	DS	OTC; FreeStyle Test Strips Preferred
FORA GTEL TES BLD GLUC	DS	OTC; FreeStyle Test Strips Preferred
FORA TN'G TES TN'G VOI	DS	OTC; FreeStyle Test Strips Preferred
FORA V10 TES BLD GLUC	DS	OTC; FreeStyle Test Strips Preferred
FORA V12 TES BLD GLUC	DS	OTC; FreeStyle Test Strips Preferred
FORA V20 TES BLD GLUC	DS	OTC; FreeStyle Test Strips Preferred
FORA V30A TES BLD GLUC	DS	OTC; FreeStyle Test Strips Preferred
FORACARE TES GD40	DS	OTC; FreeStyle Test Strips Preferred
FORACARE TES PREM V10	DS	OTC; FreeStyle Test Strips Preferred
FORACARE TES TST N GO	DS	OTC; FreeStyle Test Strips Preferred
FORTISCARE TES BLD GLUC	DS	OTC; FreeStyle Test Strips Preferred
FORTISCARE TES G1 BLOOD	DS	OTC; FreeStyle Test Strips Preferred

Drug Name	Drug Tier	Requirements/Limits
FREESTYLE TES	DS	OTC; FreeStyle Test Strips Preferred
FREESTYLE TES INSULINX	DS	OTC; FreeStyle Test Strips Preferred
FREESTYLE TES LITE	DS	OTC; FreeStyle Test Strips Preferred
FREESTYLE TES PREC NEO	DS	OTC; FreeStyle Test Strips Preferred
GE100 BLOOD TES GLUCOSE	DS	OTC; FreeStyle Test Strips Preferred
GENULTIMATE TES	DS	OTC; FreeStyle Test Strips Preferred
GHT TEST TES STRIPS	DS	OTC; FreeStyle Test Strips Preferred
GLUCO PERFEC TES 3	DS	OTC; FreeStyle Test Strips Preferred
GLUCOCARD 01 TES PLUS	DS	OTC; FreeStyle Test Strips Preferred
GLUCOCARD 01 TES SENSOR	DS	OTC; FreeStyle Test Strips Preferred
GLUCOCARD TES EXPRESSI	DS	OTC; FreeStyle Test Strips Preferred
GLUCOCARD TES SHINE	DS	OTC; FreeStyle Test Strips Preferred
GLUCOCARD TES VITAL	DS	OTC; FreeStyle Test Strips Preferred
GLUCOCARD TES X-SENSOR	DS	OTC; FreeStyle Test Strips Preferred
GLUCOCOM TES	DS	OTC; FreeStyle Test Strips Preferred
GLUCONAVII TES STRIPS	DS	OTC; FreeStyle Test Strips Preferred
GLUCOSE TES STRIPS	DS	OTC; FreeStyle Test Strips Preferred
GNP TRU METR TES STRIPS	DS	OTC; FreeStyle Test Strips Preferred
GNP TRUETRAC TES SMRT SYS	DS	OTC; FreeStyle Test Strips Preferred
GOJJI BLOOD TES GLUCOSE	DS	OTC; FreeStyle Test Strips Preferred

Drug Name	Drug Tier	Requirements/Limits
GOJJI STRIPS MIS W/LANCET	DS	OTC; FreeStyle Test Strips Preferred
HW EMBRACE TES PRO	DS	OTC; FreeStyle Test Strips Preferred
HW EMBRACE TES STRIPS	DS	OTC; FreeStyle Test Strips Preferred
IGLUCOSE TES	DS	OTC; FreeStyle Test Strips Preferred
IN TOUCH TES BLOOD	DS	OTC; FreeStyle Test Strips Preferred
INFINITY TES BLD GLUC	DS	OTC; FreeStyle Test Strips Preferred
INFINITY TES VOICE	DS	OTC; FreeStyle Test Strips Preferred
KETO-DIASTIX TES	DS	OTC; Preferred Diabetic Supply
KETONE TES	DS	OTC; Preferred Diabetic Supply
KETONE TEST TES	DS	OTC; Preferred Diabetic Supply
KETOSTIX TES STRIP	DS	OTC; Preferred Diabetic Supply
KROGER BLOOD TES GLUCOSE	DS	OTC; FreeStyle Test Strips Preferred
LIBERTY NEXT TES GEN	DS	OTC; FreeStyle Test Strips Preferred
LIBERTY TES	DS	OTC; FreeStyle Test Strips Preferred
MEIJER BLOOD TES GLUCOSE	DS	OTC; FreeStyle Test Strips Preferred
MEIJER TES TRUETEST	DS	OTC; FreeStyle Test Strips Preferred
MEIJER TES TRUETRAC	DS	OTC; FreeStyle Test Strips Preferred
MICRODOT TES	DS	OTC; FreeStyle Test Strips Preferred
MICRODOT TES XTRA	DS	OTC; FreeStyle Test Strips Preferred
MM BLULINK TES STRIPS	DS	OTC; FreeStyle Test Strips Preferred
MYGLUCOHEALT TES BLD GLUC	DS	OTC; FreeStyle Test Strips Preferred
NEUTEK 2TEK TES STRIPS	DS	OTC; FreeStyle Test Strips Preferred

Drug Name	Drug Tier	Requirements/Limits
NO CODING TES BLD GLUC	DS	OTC; FreeStyle Test Strips Preferred
NOVA MAX TES GLUCOSE	DS	OTC; FreeStyle Test Strips Preferred
ON CALL TES EXPRESS	DS	OTC; FreeStyle Test Strips Preferred
ONE DROP TES BLD GLUC	DS	OTC; FreeStyle Test Strips Preferred
ONETOUCH TES ULTRA	DS	OTC; FreeStyle Test Strips Preferred
ONETOUCH TES VERIO	DS	OTC; FreeStyle Test Strips Preferred
OPTIUMEZ TES	DS	OTC; FreeStyle Test Strips Preferred
PIP BLOOD TES	DS	OTC; FreeStyle Test Strips Preferred
POCKETCHEM TES EZ	DS	OTC; FreeStyle Test Strips Preferred
PRECISION TES XTRA	DS	OTC; FreeStyle Test Strips Preferred
PREMIUM BLOO MIS GLUCOSE	DS	OTC; FreeStyle Test Strips Preferred
PRO VOICE TES V8/V9	DS	OTC; FreeStyle Test Strips Preferred
PRODIGY NO TES CODING	DS	OTC; FreeStyle Test Strips Preferred
PTS PANELS TES EGLU	DS	OTC; FreeStyle Test Strips Preferred
QUICKTEK TES	DS	OTC; FreeStyle Test Strips Preferred
QUINTET AC TES BLD GLUC	DS	OTC; FreeStyle Test Strips Preferred
QUINTET TES BLD GLUC	DS	OTC; FreeStyle Test Strips Preferred
REFUAH PLUS TES BLD GLUC	DS	OTC; FreeStyle Test Strips Preferred
RELION PREMI TES GLUCOSE	DS	OTC; FreeStyle Test Strips Preferred
RELION PRIME TES	DS	OTC; FreeStyle Test Strips Preferred

Drug Name	Drug Tier	Requirements/Limits
RELION PRIME TES GLUCOSE	DS	OTC; FreeStyle Test Strips Preferred
RELION TES KETONE	DS	OTC; Preferred Diabetic Supply
RELION TES ULTIMA	DS	OTC; FreeStyle Test Strips Preferred
RELION TRUE TES METRIX	DS	OTC; FreeStyle Test Strips Preferred
RIGHTEST TES GS100	DS	OTC; FreeStyle Test Strips Preferred
RIGHTEST TES GS300	DS	OTC; FreeStyle Test Strips Preferred
RIGHTEST TES GS550	DS	OTC; FreeStyle Test Strips Preferred
RIGHTEST TES GT333	DS	OTC; FreeStyle Test Strips Preferred
SMART SENSE TES TEST	DS	OTC; FreeStyle Test Strips Preferred
SMARTEST TES BLD GLUC	DS	OTC; FreeStyle Test Strips Preferred
SOLUS V2 TES AUDIBLE	DS	OTC; FreeStyle Test Strips Preferred
SUPREME TES	DS	OTC; FreeStyle Test Strips Preferred
TRU METRIX TES STRIPS	DS	OTC; FreeStyle Test Strips Preferred
TRUE FOCUS MIS BLOOD	DS	OTC; FreeStyle Test Strips Preferred
TRUE METRIX TES GLUCOSE	DS	OTC; FreeStyle Test Strips Preferred
TRUETEST TES	DS	OTC; FreeStyle Test Strips Preferred
TRUETRACK TES	DS	OTC; FreeStyle Test Strips Preferred
TRUETRACK TES BLD GLUC	DS	OTC; FreeStyle Test Strips Preferred
TRUETRACK TES STRIPS	DS	OTC; FreeStyle Test Strips Preferred
UNISTRIP1 TES GENERIC	DS	OTC; FreeStyle Test Strips Preferred

Drug Name	Drug Tier	Requirements/Limits
VERASENS TES	DS	OTC; FreeStyle Test Strips Preferred
VIVAGUARD TES INO	DS	OTC; FreeStyle Test Strips Preferred
ENDOCRINE AND METABOLIC AGENTS - MISC.		
ADRENAL STEROID INHIBITORS		
ISTURISA TAB 10MG	5	SP, PA
FERTILITY REGULATORS		
clomid tab 50mg	1	refer to plan benefits
clomiphene tab 50mg	1	refer to plan benefits
POSTERIOR PITUITARY HORMONES		
DESMOPRESSIN SOL 1.5MG/ML	5	SP, PA
STIMATE SOL 1.5MG/ML	5	SP, PA
GENITOURINARY AGENTS - MISCELLANEOUS		
ALKALINIZERS		
cytra k gra crystals	1	
HEMATOPOIETIC AGENTS		
COBALAMINS		
cyanocobalam spr 500mcg	1	
NASCOBAL SPR 500MCG	2	
FOLIC ACID/FOLATES		
fa-8 cap 800mcg	0	AGE, OTC; (Covered for ages 55 years and under); females only
folate tab 400mcg	0	AGE, OTC; (Covered for ages 55 years and under); females only
folic acid cap 800mcg	0	AGE, OTC; (Covered for ages 55 years and under); females only
folic acid tab 1000mcg	1	
folic acid tab 1mg	1	
folic acid tab 400mcg	0	AGE, OTC; (Covered for ages 55 years and under); females only
folic acid tab 800mcg	0	AGE, OTC; (Covered for ages 55 years and under); females only
sm folic acd tab 400mcg	0	AGE, OTC; (Covered for ages 55 years and under); females only
yl folic aci tab 400mcg	0	AGE, OTC; (Covered for ages 55 years and under); females only
HEMATOPOIETIC GROWTH FACTORS		
JESDUVROQ TAB 1MG	5	SP, PA
JESDUVROQ TAB 2MG	5	SP, PA

Drug Name	Drug Tier	Requirements/Limits
JESDUVROQ TAB 4MG	5	SP, PA
JESDUVROQ TAB 6MG	5	SP, PA
JESDUVROQ TAB 8MG	5	SP, PA
LAXATIVES		
SALINE LAXATIVES		
OSMOPREP TAB 1.5GM	3	
MEDICAL DEVICES AND SUPPLIES		
CONTRACEPTIVES		
AIMSCO MIS LUBRICAT	0	OTC
CAYA DPR	0	
COLOR CONDOM MIS + LUBE	0	OTC
CONDOMS MIS	0	OTC
DUREX EXTRA MIS SENSITIV	0	OTC
DUREX MIS REALFEEL	0	OTC
DUREX MIS TROPICAL	0	OTC
FANTASY LUBR MIS	0	OTC
FANTASY LUBR MIS COLORS	0	OTC
FANTASY LUBR MIS SPERMICI	0	OTC
FANTASY MIS LUBRICAT	0	OTC
FC2 FEMALE MIS CONDOM	0	OTC
FEMCAP MIS 22MM	0	
FEMCAP MIS 26MM	0	
FEMCAP MIS 30MM	0	
KAMELEON LUB MIS COLORS	0	OTC
KAMELEON MIS TRI-COLR	0	OTC
KIMONO COLOR MIS	0	OTC
KIMONO MAXX MIS LG FLARE	0	OTC
KIMONO MICRO MIS THIN	0	OTC
KIMONO MICRO MIS THIN +	0	OTC
KIMONO MICRO MIS THIN PLS	0	OTC
KIMONO MIS LUBRICAT	0	OTC
KIMONO MIS SENSATIO	0	OTC
KIMONO PLUS MIS LUBRICAT	0	OTC
KIMONO PLUS MIS SPERMICI	0	OTC
KIMONO PS MIS LUBRICAT	0	OTC
KIMONO PS MIS PLUS	0	OTC
KIMONO SENSA MIS PLUS	0	OTC
KIMONO SPEC MIS	0	OTC
K-Y ME & YOU MIS EX LUBRI	0	OTC
K-Y ME & YOU MIS INTENSE	0	OTC

Drug Name	Drug Tier	Requirements/Limits
MAXX MIS LUBRICAT	0	OTC
MAXX PLUS MIS SPERMICI	0	OTC
NATURAL COND MIS + LUBE	0	OTC
OMNIFLEX DPR	0	
REALITY MIS LUBRICAT	0	OTC
REALITY ULTR MIS TEXTURED	0	OTC
REALITY ULTR MIS THIN	0	OTC
TRUE COVER MIS CONDOM	0	OTC
TRUSTEX LUBR MIS ASSORTED	0	OTC
TRUSTEX LUBR MIS BANANA	0	OTC
TRUSTEX LUBR MIS CHOC	0	OTC
TRUSTEX LUBR MIS COLA	0	OTC
TRUSTEX LUBR MIS COLORS	0	OTC
TRUSTEX LUBR MIS EX LARGE	0	OTC
TRUSTEX LUBR MIS EX STR	0	OTC
TRUSTEX LUBR MIS GRAPE	0	OTC
TRUSTEX LUBR MIS MINT	0	OTC
TRUSTEX LUBR MIS RIB/STUD	0	OTC
TRUSTEX LUBR MIS SPERMICI	0	OTC
TRUSTEX LUBR MIS STRWBRY	0	OTC
TRUSTEX LUBR MIS VANILLA	0	OTC
TRUSTEX MIS BANANA	0	OTC
TRUSTEX MIS CHOCOLAT	0	OTC
TRUSTEX MIS FLAVORS	0	OTC
TRUSTEX MIS MINT	0	OTC
TRUSTEX MIS STRWBRY	0	OTC
TRUSTEX MIS VANILLA	0	OTC
TRUSTEX/RIA MIS LUBRICAT	0	OTC
TRUSTEX/RIA MIS NON-LUB	0	OTC
TRUSTEX/RIA MIS SPERMICI	0	OTC
TRUSTX NON-9 MIS RIB/STUD	0	OTC
WIDE-SEAL DPR KIT 60	0	
WIDE-SEAL DPR KIT 65	0	
WIDE-SEAL DPR KIT 70	0	
WIDE-SEAL DPR KIT 75	0	
WIDE-SEAL DPR KIT 80	0	
WIDE-SEAL DPR KIT 85	0	
WIDE-SEAL DPR KIT 90	0	
WIDE-SEAL DPR KIT 95	0	
DIABETIC SUPPLIES		

Drug Name	Drug Tier	Requirements/Limits
ACCU-CHEK KIT FASTCLIX	DS	OTC; Preferred Diabetic Supply
ACCU-CHEK KIT SOFTCLIX	DS	OTC; Preferred Diabetic Supply
ACCU-CHEK LIQ GUIDE	DS	OTC; Preferred Diabetic Supply
ACCU-CHEK LIQ SMART	DS	OTC; Preferred Diabetic Supply
ACCU-CHEK SOL	DS	OTC; Preferred Diabetic Supply
ACCUTREND SOL GLUCOSE	DS	OTC; Preferred Diabetic Supply
ACTI-LANCE MIS 28G	DS	OTC; Preferred Diabetic Supply
ACTI-LANCE MIS LITE 28G	DS	OTC; Preferred Diabetic Supply
ACTI-LANCE MIS SPEC 17G	DS	OTC; Preferred Diabetic Supply
ACTI-LANCE MIS UNIV 23G	DS	OTC; Preferred Diabetic Supply
ADJ LANCING MIS DEVICE	DS	OTC; Preferred Diabetic Supply
ADV LANCING MIS DEVICE	DS	OTC; Preferred Diabetic Supply
ADV TRAVEL MIS LANC 28G	DS	OTC; Preferred Diabetic Supply
ADVANCE LIQ CONTROL	DS	OTC; Preferred Diabetic Supply
ADVANCE LIQ INTUITIO	DS	OTC; Preferred Diabetic Supply
ADVANCE NORM LIQ CONTROL	DS	OTC; Preferred Diabetic Supply
ADVCATE SAFE MIS LANC 26G	DS	OTC; Preferred Diabetic Supply
ADVOCATE LIQ HIGH	DS	OTC; Preferred Diabetic Supply
ADVOCATE LIQ LOW	DS	OTC; Preferred Diabetic Supply
ADVOCATE MIS LANC 30G	DS	OTC; Preferred Diabetic Supply
ADVOCATE MIS LANC DEV	DS	OTC; Preferred Diabetic Supply
ADVOCATE MIS LANCETS	DS	OTC; Preferred Diabetic Supply
ADVOCATE+ SOL REDI-COD	DS	OTC; Preferred Diabetic Supply
AGAMATRIX MIS 33G	DS	OTC; Preferred Diabetic Supply
AGAMATRIX SOL HIGH	DS	OTC; Preferred Diabetic Supply
AGAMATRIX SOL LEVEL 2	DS	OTC; Preferred Diabetic Supply
AGAMATRIX SOL LEVEL 4	DS	OTC; Preferred Diabetic Supply
AGAMATRIX SOL NORM/HGH	DS	OTC; Preferred Diabetic Supply
AGAMATRIX SOL NORMAL	DS	OTC; Preferred Diabetic Supply
AIMSCO TWIST MIS 32G	DS	OTC; Preferred Diabetic Supply
AIMSCO TWIST MIS 33G	DS	OTC; Preferred Diabetic Supply
AQUALANCE MIS 30G	DS	OTC; Preferred Diabetic Supply
ASSURE 3 LIQ CONTROL	DS	OTC; Preferred Diabetic Supply
ASSURE 4 LIQ LEVEL1/2	DS	OTC; Preferred Diabetic Supply
ASSURE CMFRT MIS 28G	DS	OTC; Preferred Diabetic Supply
ASSURE DOSE SOL NORM/HGH	DS	OTC; Preferred Diabetic Supply
ASSURE DOSE SOL NORMAL	DS	OTC; Preferred Diabetic Supply
ASSURE II LIQ LEVEL 1	DS	OTC; Preferred Diabetic Supply
ASSURE II LIQ LEVEL1/2	DS	OTC; Preferred Diabetic Supply
ASSURE LANCE MIS 21G	DS	OTC; Preferred Diabetic Supply

Drug Name	Drug Tier	Requirements/Limits
ASSURE LANCE MIS 28G	DS	OTC; Preferred Diabetic Supply
ASSURE LANCE MIS LOW FLOW	DS	OTC; Preferred Diabetic Supply
ASSURE LANCE MIS MICRO	DS	OTC; Preferred Diabetic Supply
ASSURE LANCE MIS SAFE 25G	DS	OTC; Preferred Diabetic Supply
ASSURE LANCE MIS SAFE 30G	DS	OTC; Preferred Diabetic Supply
ASSURE PRISM SOL LEVEL1/2	DS	OTC; Preferred Diabetic Supply
ASSURE PRO LIQ LEVEL1/2	DS	OTC; Preferred Diabetic Supply
AURORA LANCE MIS 30G	DS	OTC; Preferred Diabetic Supply
AURORA LANCE MIS THIN 23G	DS	OTC; Preferred Diabetic Supply
AUTO LANCET MIS	DS	OTC; Preferred Diabetic Supply
AUTO-LANCET MIS	DS	OTC; Preferred Diabetic Supply
AUTO-LANCET MIS MINI	DS	OTC; Preferred Diabetic Supply
AUTOLET II KIT CLINISAF	DS	OTC; Preferred Diabetic Supply
AUTOLET IMPR MIS LANC DEV	DS	OTC; Preferred Diabetic Supply
AUTOLET LANC MIS DEVICE	DS	OTC; Preferred Diabetic Supply
AUTOLET LITE KIT	DS	OTC; Preferred Diabetic Supply
AUTOLET LITE KIT CLINISAF	DS	OTC; Preferred Diabetic Supply
AUTOLET LITE KIT STARTER	DS	OTC; Preferred Diabetic Supply
AUTOLET MINI MIS	DS	OTC; Preferred Diabetic Supply
AUTOLET PLAT MIS 1.8MM	DS	OTC; Preferred Diabetic Supply
AUTOLET PLAT MIS 2.4MM	DS	OTC; Preferred Diabetic Supply
AUTOLET PLAT MIS 3.0MM	DS	OTC; Preferred Diabetic Supply
AUTOLET PLUS MIS	DS	OTC; Preferred Diabetic Supply
AUTOLET PLUS MIS LANC DEV	DS	OTC; Preferred Diabetic Supply
BD MICROTAIN MIS LANCETS	DS	Preferred Diabetic Supply
BLULINK LIQ HIGH/LOW	DS	OTC; Preferred Diabetic Supply
CARDIOCOM MIS LANCING	DS	OTC; Preferred Diabetic Supply
CAREONE ADV MIS LANCING	DS	OTC; Preferred Diabetic Supply
CAREONE LANC MIS 30G	DS	OTC; Preferred Diabetic Supply
CAREONE LANC MIS THIN 23G	DS	OTC; Preferred Diabetic Supply
CARESENS 30G MIS LANCETS	DS	OTC; Preferred Diabetic Supply
CARESENS SOL CONTROL	DS	OTC; Preferred Diabetic Supply
CARETOUCH MIS EJECTOR	DS	OTC; Preferred Diabetic Supply
CARETOUCH MIS LANC 26G	DS	OTC; Preferred Diabetic Supply
CARETOUCH MIS LANC 28G	DS	OTC; Preferred Diabetic Supply
CARETOUCH MIS LANC 30G	DS	OTC; Preferred Diabetic Supply
CARETOUCH MIS TWIST 28	DS	OTC; Preferred Diabetic Supply
CARETOUCH MIS TWIST 30	DS	OTC; Preferred Diabetic Supply
CARETOUCH MIS TWIST 33	DS	OTC; Preferred Diabetic Supply
CHOSEN MIS 30G	DS	OTC; Preferred Diabetic Supply

Drug Name	Drug Tier	Requirements/Limits
CHOSEN MIS LANCING	DS	OTC; Preferred Diabetic Supply
CHOSEN MIS SAFE 28G	DS	OTC; Preferred Diabetic Supply
CLEANLET 28G MIS LANCETS	DS	OTC; Preferred Diabetic Supply
CLEVER CHECK MIS	DS	OTC; Preferred Diabetic Supply
CLEVER CHECK MIS 30G	DS	OTC; Preferred Diabetic Supply
CLEVR CHOICE LIQ HIGH	DS	OTC; Preferred Diabetic Supply
CLEVR CHOICE LIQ LOW	DS	OTC; Preferred Diabetic Supply
COAGUCHEK MIS LANCETS	DS	OTC; Preferred Diabetic Supply
COMFORT ASSU MIS LANC 28G	DS	OTC; Preferred Diabetic Supply
COMFORT ASSU MIS LANC 33G	DS	OTC; Preferred Diabetic Supply
COMFORT EZ MIS 21G	DS	OTC; Preferred Diabetic Supply
COMFORT EZ MIS 23G	DS	OTC; Preferred Diabetic Supply
COMFORT EZ MIS 28G	DS	OTC; Preferred Diabetic Supply
COMFORT MIS LANCETS	DS	OTC; Preferred Diabetic Supply
COMFORT TCH MIS LANC 28G	DS	OTC; Preferred Diabetic Supply
COMFORT TCH MIS LANC 30G	DS	OTC; Preferred Diabetic Supply
COMFORT TCH MIS LANC 31G	DS	OTC; Preferred Diabetic Supply
COMFORTOUCH MIS LANCET	DS	OTC; Preferred Diabetic Supply
CONTOUR HIGH LIQ CONTROL	DS	OTC; Preferred Diabetic Supply
CONTOUR LOW LIQ CONTROL	DS	OTC; Preferred Diabetic Supply
CONTOUR NEXT SOL LEVEL 1	DS	OTC; Preferred Diabetic Supply
CONTOUR NEXT SOL LEVEL 2	DS	OTC; Preferred Diabetic Supply
CONTOUR NORM LIQ CONTROL	DS	OTC; Preferred Diabetic Supply
CONTROL HIGH SOL UNISTRIP	DS	OTC; Preferred Diabetic Supply
CONTROL LOW SOL UNISTRIP	DS	OTC; Preferred Diabetic Supply
CONTROL NORM SOL EASY STP	DS	OTC; Preferred Diabetic Supply
CONTROL SOL LIQ HI/MID/L	DS	OTC; Preferred Diabetic Supply
CONTROL SOL LIQ HIGH/LOW	DS	OTC; Preferred Diabetic Supply
CONTROL SOL LIQ LEVEL 2	DS	OTC; Preferred Diabetic Supply
CONTROL SOL NORMAL	DS	OTC; Preferred Diabetic Supply
COOL CONTROL SOL A	DS	OTC; Preferred Diabetic Supply
COOL CONTROL SOL B	DS	OTC; Preferred Diabetic Supply
CVS LANCETS MIS 21G	DS	OTC; Preferred Diabetic Supply
CVS LANCETS MIS 30G	DS	OTC; Preferred Diabetic Supply
CVS LANCETS MIS 33G	DS	OTC; Preferred Diabetic Supply
CVS LANCETS MIS ORIGINAL	DS	OTC; Preferred Diabetic Supply
CVS LANCETS MIS THIN 26G	DS	OTC; Preferred Diabetic Supply
CVS LANCETS MIS THIN 30G	DS	OTC; Preferred Diabetic Supply
CVS LANCETS MIS THIN 33G	DS	OTC; Preferred Diabetic Supply
CVS LANCING MIS DEVICE	DS	OTC; Preferred Diabetic Supply

Drug Name	Drug Tier	Requirements/Limits
DIATHRIVE LIQ CONTROL	DS	OTC; Preferred Diabetic Supply
DIATHRIVE MIS LANCETS	DS	OTC; Preferred Diabetic Supply
DIATHRIVE MIS LANCING	DS	OTC; Preferred Diabetic Supply
DIATHRIVE MIS UT 30G	DS	OTC; Preferred Diabetic Supply
DIATRUE CONT SOL LEVEL 1	DS	OTC; Preferred Diabetic Supply
DIATRUE CONT SOL LEVEL 2	DS	OTC; Preferred Diabetic Supply
DIATRUE CONT SOL LEVEL 3	DS	OTC; Preferred Diabetic Supply
DROPLET GENT MIS LANCING	DS	OTC; Preferred Diabetic Supply
DROPLET LANC MIS 30G	DS	OTC; Preferred Diabetic Supply
DROPLET LANC MIS DEVICE	DS	OTC; Preferred Diabetic Supply
DROPLET PERS MIS LANC 30G	DS	OTC; Preferred Diabetic Supply
DUO-CARE LIQ LEVEL1/2	DS	OTC; Preferred Diabetic Supply
EASY COMFORT MIS 30G	DS	OTC; Preferred Diabetic Supply
EASY COMFORT MIS LANC/30G	DS	OTC; Preferred Diabetic Supply
EASY COMFORT MIS TWIST	DS	OTC; Preferred Diabetic Supply
EASY MINI MIS	DS	OTC; Preferred Diabetic Supply
EASY MINI MIS EJECT	DS	OTC; Preferred Diabetic Supply
EASY PLUS II SOL HIGH	DS	OTC; Preferred Diabetic Supply
EASY PLUS II SOL LOW	DS	OTC; Preferred Diabetic Supply
EASY TALK PL SOL HIGH	DS	OTC; Preferred Diabetic Supply
EASY TALK PL SOL LOW	DS	OTC; Preferred Diabetic Supply
EASY TALK SOL HIGH	DS	OTC; Preferred Diabetic Supply
EASY TALK SOL LOW	DS	OTC; Preferred Diabetic Supply
EASY TALK SOL NORMAL	DS	OTC; Preferred Diabetic Supply
EASY TOUCH LIQ HIGH/LOW	DS	OTC; Preferred Diabetic Supply
EASY TOUCH MIS	DS	OTC; Preferred Diabetic Supply
EASY TOUCH MIS /EJECTOR	DS	OTC; Preferred Diabetic Supply
EASY TOUCH MIS LANC/21G	DS	OTC; Preferred Diabetic Supply
EASY TOUCH MIS LANC/23G	DS	OTC; Preferred Diabetic Supply
EASY TOUCH MIS LANC/26G	DS	OTC; Preferred Diabetic Supply
EASY TOUCH MIS LANC/28G	DS	OTC; Preferred Diabetic Supply
EASY TOUCH MIS LANC/30G	DS	OTC; Preferred Diabetic Supply
EASY TOUCH MIS LANC/32G	DS	OTC; Preferred Diabetic Supply
EASY TOUCH MIS LANC/33G	DS	OTC; Preferred Diabetic Supply
EASY TOUCH SOL CONTROL	DS	OTC; Preferred Diabetic Supply
EASY TOUCH SOL HIGH/LOW	DS	OTC; Preferred Diabetic Supply
EASY TRAK II LIQ NORMAL	DS	OTC; Preferred Diabetic Supply
EASY TRAK SOL HIGH	DS	OTC; Preferred Diabetic Supply
EASY TRAK SOL LOW	DS	OTC; Preferred Diabetic Supply
EASY TRAK SOL NORMAL	DS	OTC; Preferred Diabetic Supply

Drug Name	Drug Tier	Requirements/Limits
EASYMAX 15 LIQ LEVEL2-3	DS	OTC; Preferred Diabetic Supply
EASYMAX 15 SOL LEVEL 2	DS	OTC; Preferred Diabetic Supply
EASYMAX LIQ NORM/HIG	DS	OTC; Preferred Diabetic Supply
EASYMAX SOL NORMAL	DS	OTC; Preferred Diabetic Supply
EASYSTEP HGH SOL CONTROL	DS	OTC; Preferred Diabetic Supply
EASYSTEP LOW SOL CONTROL	DS	OTC; Preferred Diabetic Supply
ELEMENT CONT LIQ NORMAL	DS	OTC; Preferred Diabetic Supply
ELEMENT LIQ HIGH	DS	OTC; Preferred Diabetic Supply
ELEMENT LIQ LOW	DS	OTC; Preferred Diabetic Supply
ELEMNT COMPA SOL LEVEL 2	DS	OTC; Preferred Diabetic Supply
ELEMNT COMPA SOL LEVEL 3	DS	OTC; Preferred Diabetic Supply
EMBRACE CNTR LIQ HIGH	DS	OTC; Preferred Diabetic Supply
EMBRACE EVO LIQ LEVEL 1	DS	OTC; Preferred Diabetic Supply
EMBRACE LANC MIS /EJECTOR	DS	OTC; Preferred Diabetic Supply
EMBRACE LANC MIS 21G	DS	OTC; Preferred Diabetic Supply
EMBRACE LANC MIS 28G	DS	OTC; Preferred Diabetic Supply
EMBRACE LANC MIS THIN 30G	DS	OTC; Preferred Diabetic Supply
EMBRACE PRO LIQ GLUCOSE	DS	OTC; Preferred Diabetic Supply
EMBRACE SOL LOW	DS	OTC; Preferred Diabetic Supply
EMBRACE TALK SOL HIGH/L2	DS	OTC; Preferred Diabetic Supply
EMBRACE TALK SOL LOW/L1	DS	OTC; Preferred Diabetic Supply
EQL LANCETS MIS 21G COLR	DS	OTC; Preferred Diabetic Supply
EQL LANCETS MIS 33G COLR	DS	OTC; Preferred Diabetic Supply
EQL LANCETS MIS THIN 26G	DS	OTC; Preferred Diabetic Supply
EQL LANCETS MIS THIN 30G	DS	OTC; Preferred Diabetic Supply
EVOLUTION SOL NORMAL	DS	OTC; Preferred Diabetic Supply
E-Z JECT MIS 21G	DS	OTC; Preferred Diabetic Supply
E-Z JECT MIS 21G COLR	DS	OTC; Preferred Diabetic Supply
E-Z JECT MIS 30G	DS	OTC; Preferred Diabetic Supply
E-Z JECT MIS 32G COLR	DS	OTC; Preferred Diabetic Supply
E-Z JECT MIS LANC 21G	DS	OTC; Preferred Diabetic Supply
E-Z JECT MIS THIN 26G	DS	OTC; Preferred Diabetic Supply
E-ZJECT LANC MIS 33G	DS	OTC; Preferred Diabetic Supply
EZ-LETS 21G MIS LANCETS	DS	OTC; Preferred Diabetic Supply
EZ-LETS 26G MIS LANCETS	DS	OTC; Preferred Diabetic Supply
EZ-LETS 28G MIS LANCETS	DS	OTC; Preferred Diabetic Supply
EZ-LETS 30G MIS LANCETS	DS	OTC; Preferred Diabetic Supply
FASTCLIX MIS LANCETS	DS	OTC; Preferred Diabetic Supply
FIFTY50 SAFE MIS LANCETS	DS	OTC; Preferred Diabetic Supply
FINE 30 MIS	DS	OTC; Preferred Diabetic Supply

Drug Name	Drug Tier	Requirements/Limits
FINGERSTIX MIS LANCETS	DS	OTC; Preferred Diabetic Supply
FORA CONTROL SOL HIGH	DS	OTC; Preferred Diabetic Supply
FORA CONTROL SOL LOW	DS	OTC; Preferred Diabetic Supply
FORA CONTROL SOL NORMAL	DS	OTC; Preferred Diabetic Supply
FORA LANCETS MIS 30G	DS	OTC; Preferred Diabetic Supply
FORA MIS LANCETS	DS	OTC; Preferred Diabetic Supply
FORA MIS LANCING	DS	OTC; Preferred Diabetic Supply
FORACARE GDH SOL HIGH	DS	OTC; Preferred Diabetic Supply
FORACARE GDH SOL LOW	DS	OTC; Preferred Diabetic Supply
FORACARE GDH SOL NORMAL	DS	OTC; Preferred Diabetic Supply
FORTISCARE SOL CNTL HI	DS	OTC; Preferred Diabetic Supply
FORTISCARE SOL CNTL LOW	DS	OTC; Preferred Diabetic Supply
FORTISCARE SOL CNTL NML	DS	OTC; Preferred Diabetic Supply
FREESTYLE LIQ CONTROL	DS	OTC; Preferred Diabetic Supply
FREESTYLE MIS LANCETS	DS	OTC; Preferred Diabetic Supply
GE100 CONTRL SOL NORMAL	DS	OTC; Preferred Diabetic Supply
GENTEEL LANC KIT BLUE	DS	OTC; Preferred Diabetic Supply
GENTEEL MIS LANCETS	DS	OTC; Preferred Diabetic Supply
GENTEEL MIS NOZZLES	DS	OTC; Preferred Diabetic Supply
GENTEEL PLUS MIS BLACK	DS	OTC; Preferred Diabetic Supply
GENTEEL PLUS MIS BLUE	DS	OTC; Preferred Diabetic Supply
GENTEEL PLUS MIS PINK	DS	OTC; Preferred Diabetic Supply
GENTEEL PLUS MIS PURPLE	DS	OTC; Preferred Diabetic Supply
GENTEEL PLUS MIS WHITE	DS	OTC; Preferred Diabetic Supply
GENTEEL TIPS MIS BLUE	DS	OTC; Preferred Diabetic Supply
GENTEEL TIPS MIS CLEAR	DS	OTC; Preferred Diabetic Supply
GENTEEL TIPS MIS GREEN	DS	OTC; Preferred Diabetic Supply
GENTEEL TIPS MIS ORANGE	DS	OTC; Preferred Diabetic Supply
GENTEEL TIPS MIS RAINBOW	DS	OTC; Preferred Diabetic Supply
GENTEEL TIPS MIS VIOLET	DS	OTC; Preferred Diabetic Supply
GENTEEL TIPS MIS YELLOW	DS	OTC; Preferred Diabetic Supply
GENTLE-LET MIS 26G	DS	OTC; Preferred Diabetic Supply
GENTLE-LET MIS 28G	DS	OTC; Preferred Diabetic Supply
GENTLE-LET MIS LANCETS	DS	OTC; Preferred Diabetic Supply
GENTLE-LET MIS PLATFORM	DS	OTC; Preferred Diabetic Supply
GLOBAL 28G MIS LANCETS	DS	OTC; Preferred Diabetic Supply
GLOBAL 30G MIS LANCETS	DS	OTC; Preferred Diabetic Supply
GLOBAL LANC MIS DEVICE	DS	OTC; Preferred Diabetic Supply
GLUC CONTROL LIQ NORMAL	DS	OTC; Preferred Diabetic Supply
GLUC CONTROL SOL	DS	OTC; Preferred Diabetic Supply

Drug Name	Drug Tier	Requirements/Limits
GLUC CONTROL SOL MID	DS	OTC; Preferred Diabetic Supply
GLUC CONTROL SOL NORMAL	DS	OTC; Preferred Diabetic Supply
GLUCOCARD 01 LIQ NORM/HGH	DS	OTC; Preferred Diabetic Supply
GLUCOCARD 01 SOL NORMAL	DS	OTC; Preferred Diabetic Supply
GLUCOCARD LIQ LEVEL 1	DS	OTC; Preferred Diabetic Supply
GLUCOCARD SOL NORMAL	DS	OTC; Preferred Diabetic Supply
GLUCOCARD SOL SHINE	DS	OTC; Preferred Diabetic Supply
GLUCOCOM MIS 28G	DS	OTC; Preferred Diabetic Supply
GLUCOCOM MIS 30G	DS	OTC; Preferred Diabetic Supply
GLUCOCOM MIS 33G	DS	OTC; Preferred Diabetic Supply
GLUCOCOM TES HIGH CON	DS	OTC; Preferred Diabetic Supply
GLUCOCOM TES NORM CON	DS	OTC; Preferred Diabetic Supply
GLUCOSE CONT SOL HIGH	DS	OTC; Preferred Diabetic Supply
GLUCOSE CONT SOL NORMAL	DS	OTC; Preferred Diabetic Supply
GNP LANCETS MIS 21G	DS	OTC; Preferred Diabetic Supply
GNP LANCETS MIS 28G	DS	OTC; Preferred Diabetic Supply
GNP LANCETS MIS 30G	DS	OTC; Preferred Diabetic Supply
GNP LANCETS MIS 33G	DS	OTC; Preferred Diabetic Supply
GNP LANCETS MIS THIN 26G	DS	OTC; Preferred Diabetic Supply
GNP LANCING MIS DEVICE	DS	OTC; Preferred Diabetic Supply
GOJJI CNTRL SOL NORMAL	DS	OTC; Preferred Diabetic Supply
GOJJI LANCET MIS 30G	DS	OTC; Preferred Diabetic Supply
GOJJI MIS LANC DEV	DS	OTC; Preferred Diabetic Supply
GOODSENSE MIS LANC 26G	DS	OTC; Preferred Diabetic Supply
GOODSENSE MIS LANC 30G	DS	OTC; Preferred Diabetic Supply
GOODSENSE MIS LANC 33G	DS	OTC; Preferred Diabetic Supply
GOODSENSE MIS LANC DVC	DS	OTC; Preferred Diabetic Supply
HAEMOLANCE MIS HIGH FLO	DS	OTC; Preferred Diabetic Supply
HAEMOLANCE MIS LOW FLOW	DS	OTC; Preferred Diabetic Supply
HAEMOLANCE MIS PLUS	DS	OTC; Preferred Diabetic Supply
HAEMOLANCE MIS PLUS LOW	DS	OTC; Preferred Diabetic Supply
HAEMOLANCE MIS PLUS MAX	DS	OTC; Preferred Diabetic Supply
HAEMOLANCE MIS PLUS PED	DS	OTC; Preferred Diabetic Supply
HAEMOLANCE MIS RETRACT	DS	OTC; Preferred Diabetic Supply
HC LANCING MIS DEVICE	DS	OTC; Preferred Diabetic Supply
HLTHY ACCNTS MIS LANC 30G	DS	OTC; Preferred Diabetic Supply
HYPOLANCE KIT LANCING	DS	OTC; Preferred Diabetic Supply
IN TOUCH LAN MIS 30G	DS	OTC; Preferred Diabetic Supply
IN TOUCH LAN MIS DEVICE	DS	OTC; Preferred Diabetic Supply
IN TOUCH SOL GLUCOSE	DS	OTC; Preferred Diabetic Supply

Drug Name	Drug Tier	Requirements/Limits
INCONTROL MIS LANC 28G	DS	OTC; Preferred Diabetic Supply
INCONTROL MIS LANC 30G	DS	OTC; Preferred Diabetic Supply
INCONTROL MIS LANC 33G	DS	OTC; Preferred Diabetic Supply
INCONTROL MIS LANC DEV	DS	OTC; Preferred Diabetic Supply
INFINITY SOL HIGH CON	DS	OTC; Preferred Diabetic Supply
INFINITY SOL LOW CON	DS	OTC; Preferred Diabetic Supply
INFINITY SOL NORM CON	DS	OTC; Preferred Diabetic Supply
INFNTY VOICE LIQ LEVEL 2	DS	OTC; Preferred Diabetic Supply
KINNEY MIS LANCETS	DS	OTC; Preferred Diabetic Supply
KINNEY THIN MIS LANCETS	DS	OTC; Preferred Diabetic Supply
KROGER LANCE MIS	DS	OTC; Preferred Diabetic Supply
KROGER LANCE MIS 26G	DS	OTC; Preferred Diabetic Supply
KROGER LANCE MIS THIN	DS	OTC; Preferred Diabetic Supply
KROGER LANCE MIS THIN 30G	DS	OTC; Preferred Diabetic Supply
LANCET AUTO MIS INJECTOR	DS	OTC; Preferred Diabetic Supply
LANCET CARRY MIS CASE	DS	OTC; Preferred Diabetic Supply
LANCET DEVIC MIS 30G	DS	OTC; Preferred Diabetic Supply
LANCET DEVIC MIS ADJUST	DS	OTC; Preferred Diabetic Supply
LANCET MICRO MIS THIN 33G	DS	OTC; Preferred Diabetic Supply
LANCET STAND MIS 21G	DS	OTC; Preferred Diabetic Supply
LANCET SUPER MIS THIN 30G	DS	OTC; Preferred Diabetic Supply
LANCET ULTRA MIS 28G	DS	OTC; Preferred Diabetic Supply
LANCET ULTRA MIS THIN 30G	DS	OTC; Preferred Diabetic Supply
LANCET WITH MIS EJECTOR	DS	OTC; Preferred Diabetic Supply
LANCETS MICR MIS THIN 33G	DS	OTC; Preferred Diabetic Supply
LANCETS MIS	DS	OTC; Preferred Diabetic Supply
LANCETS MIS 21G	DS	OTC; Preferred Diabetic Supply
LANCETS MIS 21G COLR	DS	OTC; Preferred Diabetic Supply
LANCETS MIS 26G	DS	OTC; Preferred Diabetic Supply
LANCETS MIS 28G	DS	OTC; Preferred Diabetic Supply
LANCETS MIS 30G	DS	OTC; Preferred Diabetic Supply
LANCETS MIS 33G	DS	OTC; Preferred Diabetic Supply
LANCETS MIS ORIGINAL	DS	OTC; Preferred Diabetic Supply
LANCETS MIS THIN	DS	OTC; Preferred Diabetic Supply
LANCETS MIS THIN 26G	DS	OTC; Preferred Diabetic Supply
LANCETS MIS THIN 30G	DS	OTC; Preferred Diabetic Supply
LANCETS SUPR MIS THIN 28G	DS	OTC; Preferred Diabetic Supply
LANCETS THIN MIS	DS	OTC; Preferred Diabetic Supply
LANCETS THIN MIS 26G	DS	OTC; Preferred Diabetic Supply
LANCETS ULTR MIS THIN	DS	OTC; Preferred Diabetic Supply

Drug Name	Drug Tier	Requirements/Limits
LANCETS ULTR MIS THIN 31G	DS	OTC; Preferred Diabetic Supply
LANCING DEVI MIS	DS	OTC; Preferred Diabetic Supply
LANCING DEVI MIS 25G	DS	OTC; Preferred Diabetic Supply
LANCING DEVI MIS 30G	DS	OTC; Preferred Diabetic Supply
LANCING MIS DEVICE	DS	OTC; Preferred Diabetic Supply
LANZO MIS LANCING	DS	OTC; Preferred Diabetic Supply
LB LANCET MIS 28G	DS	OTC; Preferred Diabetic Supply
LB LANCING MIS DEVICE	DS	OTC; Preferred Diabetic Supply
LITE TOUCH MIS LANC PEN	DS	OTC; Preferred Diabetic Supply
LITE TOUCH MIS LANCETS	DS	OTC; Preferred Diabetic Supply
LITETOUCH MIS LANCETS	DS	OTC; Preferred Diabetic Supply
LONGS LANCET MIS STANDARD	DS	OTC; Preferred Diabetic Supply
LONGS LANCET MIS THIN	DS	OTC; Preferred Diabetic Supply
LONGS LANCET MIS ULTRA TH	DS	OTC; Preferred Diabetic Supply
MEDICHOICE MIS LANCET	DS	OTC; Preferred Diabetic Supply
MEDISENSE LIQ GLUC-KET	DS	OTC; Preferred Diabetic Supply
MEDLANCE MIS 30G PLUS	DS	OTC; Preferred Diabetic Supply
MEDLANCE MIS EXTR 21G	DS	OTC; Preferred Diabetic Supply
MEDLANCE MIS LITE 25G	DS	OTC; Preferred Diabetic Supply
MEDLANCE MIS PLUS	DS	OTC; Preferred Diabetic Supply
MEDLANCE MIS PLUS 30G	DS	OTC; Preferred Diabetic Supply
MEDLANCE MIS UNV 21G	DS	OTC; Preferred Diabetic Supply
MEDLANCE PLS MIS 0.8MM	DS	OTC; Preferred Diabetic Supply
MEDLANCE PLS MIS EXTR 21G	DS	OTC; Preferred Diabetic Supply
MEDLANCE PLS MIS LITE 25G	DS	OTC; Preferred Diabetic Supply
MEDLANCE PLS MIS UNIV 21G	DS	OTC; Preferred Diabetic Supply
MEIJER LANCE MIS COLOR	DS	OTC; Preferred Diabetic Supply
MEIJER LANCE MIS UNIV 21G	DS	OTC; Preferred Diabetic Supply
MEIJER LANCE MIS UNIV 30G	DS	OTC; Preferred Diabetic Supply
MEIJER LANCE MIS UNIVERSA	DS	OTC; Preferred Diabetic Supply
MEIJER MIS LANCETS	DS	OTC; Preferred Diabetic Supply
MICRO THIN MIS LANC 33G	DS	OTC; Preferred Diabetic Supply
MICRODOT CON SOL HIGH/LOW	DS	OTC; Preferred Diabetic Supply
MICROLET MIS LANCETS	DS	OTC; Preferred Diabetic Supply
MICROLET MIS NEXT	DS	OTC; Preferred Diabetic Supply
MINI LANCING MIS DEVICE	DS	OTC; Preferred Diabetic Supply
MM LANCING MIS DEVICE	DS	OTC; Preferred Diabetic Supply
MM TWIST MIS LANCETS	DS	OTC; Preferred Diabetic Supply
MOBILE LANCE MIS 30G	DS	OTC; Preferred Diabetic Supply
MONOLET MIS LANCETS	DS	OTC; Preferred Diabetic Supply

Drug Name	Drug Tier	Requirements/Limits
MONOLET OPD MIS LANCETS	DS	OTC; Preferred Diabetic Supply
MONOLETTOR MIS LANCETS	DS	OTC; Preferred Diabetic Supply
MPD SFTY LAN MIS 21G	DS	OTC; Preferred Diabetic Supply
MPD SFTY LAN MIS 23G	DS	OTC; Preferred Diabetic Supply
MPD SFTY LAN MIS 28G	DS	OTC; Preferred Diabetic Supply
MPD SFTY LAN MIS 30G	DS	OTC; Preferred Diabetic Supply
MULTI-LANCET KIT DEVICE	DS	OTC; Preferred Diabetic Supply
MULTI-LANCET MIS DEVICE	DS	OTC; Preferred Diabetic Supply
MYGLUCOHEALT MIS LANC 30G	DS	OTC; Preferred Diabetic Supply
MYGLUCOHEALT SOL LO/NL/HI	DS	OTC; Preferred Diabetic Supply
NEUTEK 2TEK SOL CONTROL	DS	OTC; Preferred Diabetic Supply
NOVA MAX GLU LIQ /KET CON	DS	OTC; Preferred Diabetic Supply
NOVA SAFETY MIS LANC 23G	DS	OTC; Preferred Diabetic Supply
NOVA SAFETY MIS LANC 28G	DS	OTC; Preferred Diabetic Supply
NOVA SURE MIS LANCETS	DS	OTC; Preferred Diabetic Supply
NOVA SUREFLX MIS LANC DEV	DS	OTC; Preferred Diabetic Supply
ONETOUCH DEL MIS LANC DEV	DS	OTC; Preferred Diabetic Supply
ONETOUCH DEL MIS PLUS 30G	DS	OTC; Preferred Diabetic Supply
ONETOUCH DEL MIS PLUS 33G	DS	OTC; Preferred Diabetic Supply
ONETOUCH LIQ ULT CONT	DS	OTC; Preferred Diabetic Supply
ONETOUCH LIQ ULTRA	DS	OTC; Preferred Diabetic Supply
ONETOUCH LIQ VERIO	DS	OTC; Preferred Diabetic Supply
ONETOUCH LIQ VERIO 4	DS	OTC; Preferred Diabetic Supply
ONETOUCH MIS LANC DEV	DS	OTC; Preferred Diabetic Supply
ONETOUCH US MIS 2 30G	DS	OTC; Preferred Diabetic Supply
ONETOUCH US MIS LANCETS	DS	OTC; Preferred Diabetic Supply
ON-THE-GO MIS LANC 30G	DS	OTC; Preferred Diabetic Supply
PC LANCETS MIS 30G	DS	OTC; Preferred Diabetic Supply
PERFECT 28G MIS LANCETS	DS	OTC; Preferred Diabetic Supply
PERFECT 30G MIS LANCETS	DS	OTC; Preferred Diabetic Supply
PHARMACY COU MIS LANCETS	DS	OTC; Preferred Diabetic Supply
PIP CONTROL LIQ	DS	OTC; Preferred Diabetic Supply
PIP LANCETS MIS 28G	DS	OTC; Preferred Diabetic Supply
PIP LANCETS MIS 30G	DS	OTC; Preferred Diabetic Supply
POCKETCHEM SOL EZ	DS	OTC; Preferred Diabetic Supply
PRECISION LIQ GLUC/KET	DS	OTC; Preferred Diabetic Supply
PRO COMFORT MIS 31G	DS	OTC; Preferred Diabetic Supply
PRO COMFORT MIS LANC 30G	DS	OTC; Preferred Diabetic Supply
PRO COMFORT MIS LANCETS	DS	OTC; Preferred Diabetic Supply
PRODIGY MIS 26G	DS	OTC; Preferred Diabetic Supply

Drug Name	Drug Tier	Requirements/Limits
PRODIGY MIS 28G	DS	OTC; Preferred Diabetic Supply
PRODIGY MIS LANC DEV	DS	OTC; Preferred Diabetic Supply
PRODIGY SOL HIGH	DS	OTC; Preferred Diabetic Supply
PRODIGY SOL LOW	DS	OTC; Preferred Diabetic Supply
PSS SAFE LAN MIS	DS	OTC; Preferred Diabetic Supply
PSS SEL LANC MIS	DS	OTC; Preferred Diabetic Supply
PSS SEL PLAT MIS	DS	OTC; Preferred Diabetic Supply
PURE COMFORT MIS 30G LAN	DS	OTC; Preferred Diabetic Supply
PX LANCETS MIS 28G	DS	OTC; Preferred Diabetic Supply
PX LANCETS MIS 33G	DS	OTC; Preferred Diabetic Supply
PX LANCETS MIS ULT THIN	DS	OTC; Preferred Diabetic Supply
QC LANCETS MIS 28G	DS	OTC; Preferred Diabetic Supply
QC LANCETS MIS 30G	DS	OTC; Preferred Diabetic Supply
QC LANCING MIS DEVICE	DS	OTC; Preferred Diabetic Supply
QUICKTEK LIQ SOLUTION	DS	OTC; Preferred Diabetic Supply
QUINTET CONT SOL HGH/NORM	DS	OTC; Preferred Diabetic Supply
RA E-ZJECT MIS 28G	DS	OTC; Preferred Diabetic Supply
RA E-ZJECT MIS THIN 26G	DS	OTC; Preferred Diabetic Supply
RA E-ZJECT MIS THIN 28G	DS	OTC; Preferred Diabetic Supply
RA E-ZJECT MIS ULT THIN	DS	OTC; Preferred Diabetic Supply
RAPID-SAFE MIS LANCING	DS	OTC; Preferred Diabetic Supply
READYLANCE MIS 21G	DS	OTC; Preferred Diabetic Supply
READYLANCE MIS 23G	DS	OTC; Preferred Diabetic Supply
READYLANCE MIS 26G	DS	OTC; Preferred Diabetic Supply
READYLANCE MIS 28G	DS	OTC; Preferred Diabetic Supply
READYLANCE MIS 30G	DS	OTC; Preferred Diabetic Supply
REALITY MIS LANCETS	DS	OTC; Preferred Diabetic Supply
REALITY TRIG MIS LANCETS	DS	OTC; Preferred Diabetic Supply
REFUAH PLUS SOL CONTROL	DS	OTC; Preferred Diabetic Supply
RELION KIT LANCING	DS	OTC; Preferred Diabetic Supply
RELION LANCE MIS THIN 26G	DS	OTC; Preferred Diabetic Supply
RELION LANCE MIS THIN 30G	DS	OTC; Preferred Diabetic Supply
RELION LANCI MIS DEVICE	DS	OTC; Preferred Diabetic Supply
RELION MICRO MIS THIN 33G	DS	OTC; Preferred Diabetic Supply
RELION ULTRA MIS THIN 30G	DS	OTC; Preferred Diabetic Supply
RELION ULTRA MIS THIN PLS	DS	OTC; Preferred Diabetic Supply
RIGHTEST ALT MIS ADAPTOR	DS	OTC; Preferred Diabetic Supply
RIGHTEST LIQ HIGH CON	DS	OTC; Preferred Diabetic Supply
RIGHTEST LIQ NORM CON	DS	OTC; Preferred Diabetic Supply
RIGHTEST MIS GD500	DS	OTC; Preferred Diabetic Supply

Drug Name	Drug Tier	Requirements/Limits
RIGHTEST MIS GL300	DS	OTC; Preferred Diabetic Supply
SAFE-T-LANCE MIS 21G	DS	OTC; Preferred Diabetic Supply
SAFE-T-LANCE MIS 25G	DS	OTC; Preferred Diabetic Supply
SAFE-T-LANCE MIS HI FLOW	DS	OTC; Preferred Diabetic Supply
SAFE-T-LANCE MIS LOW FLOW	DS	OTC; Preferred Diabetic Supply
SAFE-T-LANCE MIS NOR FLOW	DS	OTC; Preferred Diabetic Supply
SAFE-T-PRO MIS LANCETS	DS	OTC; Preferred Diabetic Supply
SAFE-T-PRO MIS PLUS	DS	OTC; Preferred Diabetic Supply
SAFETY 21G MIS LANCETS	DS	OTC; Preferred Diabetic Supply
SAFETY 23G MIS LANCETS	DS	OTC; Preferred Diabetic Supply
SAFETY 28G MIS LANCETS	DS	OTC; Preferred Diabetic Supply
SAFETY 30G MIS LANCETS	DS	OTC; Preferred Diabetic Supply
SAFETY MIS LANCETS	DS	OTC; Preferred Diabetic Supply
SAPS HEALTH MIS TWIST	DS	OTC; Preferred Diabetic Supply
SAPS TWIST MIS 30G	DS	OTC; Preferred Diabetic Supply
SAPSCARE MIS TWIST	DS	OTC; Preferred Diabetic Supply
SB LANCETS MIS THIN	DS	OTC; Preferred Diabetic Supply
SB LANCETS MIS ULTR THN	DS	OTC; Preferred Diabetic Supply
SELECT-LITE KIT DEV/LANC	DS	OTC; Preferred Diabetic Supply
SELECT-LITE MIS LANC DEV	DS	OTC; Preferred Diabetic Supply
SHOPKO LANC MIS DEVICE	DS	OTC; Preferred Diabetic Supply
SIMPLE DIAG MIS LANCING	DS	OTC; Preferred Diabetic Supply
SINGLE-LET MIS 23G	DS	OTC; Preferred Diabetic Supply
SM LANCETS MIS 33G	DS	OTC; Preferred Diabetic Supply
SM TRUEDRAW MIS LANC DEV	DS	OTC; Preferred Diabetic Supply
SMART SENSE MIS LANC 21G	DS	OTC; Preferred Diabetic Supply
SMART SENSE MIS LANC 26G	DS	OTC; Preferred Diabetic Supply
SMART SENSE MIS LANC 30G	DS	OTC; Preferred Diabetic Supply
SMART SENSE MIS LANC 33G	DS	OTC; Preferred Diabetic Supply
SMARTEST MIS LANCETS	DS	OTC; Preferred Diabetic Supply
SMARTEST SOL CONTROL	DS	OTC; Preferred Diabetic Supply
SOFTCLIX MIS LANCETS	DS	OTC; Preferred Diabetic Supply
SOLUS V2 MIS LANC 28G	DS	OTC; Preferred Diabetic Supply
SOLUS V2 MIS LANC 30G	DS	OTC; Preferred Diabetic Supply
SOLUS V2 MIS LANC DEV	DS	OTC; Preferred Diabetic Supply
SOLUS V2 SOL HIGH	DS	OTC; Preferred Diabetic Supply
SOLUS V2 SOL LOW	DS	OTC; Preferred Diabetic Supply
STERILANCE MIS TL 28G	DS	OTC; Preferred Diabetic Supply
STERILANCE MIS TL 30G	DS	OTC; Preferred Diabetic Supply
STERILANCE MIS TL 32G	DS	OTC; Preferred Diabetic Supply

Drug Name	Drug Tier	Requirements/Limits
SUPER THIN MIS LANC 28G	DS	OTC; Preferred Diabetic Supply
SUPER THIN MIS LANCETS	DS	OTC; Preferred Diabetic Supply
SUPREME II LIQ HIGH/LOW	DS	OTC; Preferred Diabetic Supply
SURE COMFORT MIS LANC 18G	DS	OTC; Preferred Diabetic Supply
SURE COMFORT MIS LANC 21G	DS	OTC; Preferred Diabetic Supply
SURE COMFORT MIS LANC 23G	DS	OTC; Preferred Diabetic Supply
SURE COMFORT MIS LANC 30G	DS	OTC; Preferred Diabetic Supply
SURE COMFORT MIS LANC PEN	DS	OTC; Preferred Diabetic Supply
SURE COMFORT MIS LANCETS	DS	OTC; Preferred Diabetic Supply
SUREFLEX MIS LANCETS	DS	OTC; Preferred Diabetic Supply
SURELITE MIS LANCETS	DS	OTC; Preferred Diabetic Supply
TAI DOC SOL NORM CON	DS	OTC; Preferred Diabetic Supply
TECHLITE AST MIS LANCETS	DS	OTC; Preferred Diabetic Supply
TECHLITE MIS LANC 26G	DS	OTC; Preferred Diabetic Supply
TECHLITE MIS LANCETS	DS	OTC; Preferred Diabetic Supply
TGT LANCET MIS 26G	DS	OTC; Preferred Diabetic Supply
TGT LANCET MIS 30G	DS	OTC; Preferred Diabetic Supply
TGT LANCET MIS 33G	DS	OTC; Preferred Diabetic Supply
TGT LANCING MIS DEVICE	DS	OTC; Preferred Diabetic Supply
THIN LANCETS MIS 26G	DS	OTC; Preferred Diabetic Supply
THIN LANCETS MIS 30G	DS	OTC; Preferred Diabetic Supply
THINLETS GP MIS 26G	DS	OTC; Preferred Diabetic Supply
TOPCARE MIS LANC 33G	DS	OTC; Preferred Diabetic Supply
TRAVEL LANCE MIS 30G	DS	OTC; Preferred Diabetic Supply
TRAVEL LANCE MIS ADV 28G	DS	OTC; Preferred Diabetic Supply
TRUE COMFORT MIS LANC 30G	DS	OTC; Preferred Diabetic Supply
TRUE METRIX SOL LEVEL 1	DS	OTC; Preferred Diabetic Supply
TRUE METRIX SOL LEVEL 2	DS	OTC; Preferred Diabetic Supply
TRUE METRIX SOL LEVEL 3	DS	OTC; Preferred Diabetic Supply
TRUECONTROL LIQ LEVEL 0	DS	OTC; Preferred Diabetic Supply
TRUECONTROL LIQ LEVEL 1	DS	OTC; Preferred Diabetic Supply
TRUEDRAW MIS LANC DEV	DS	OTC; Preferred Diabetic Supply
TRUPLUS LANC MIS 26G	DS	OTC; Preferred Diabetic Supply
TRUPLUS LANC MIS 28G	DS	OTC; Preferred Diabetic Supply
TRUPLUS LANC MIS 30G	DS	OTC; Preferred Diabetic Supply
TRUPLUS LANC MIS 33G	DS	OTC; Preferred Diabetic Supply
TWIST LANCET MIS 30G	DS	OTC; Preferred Diabetic Supply
TWIST LANCET MIS 30G MULT	DS	OTC; Preferred Diabetic Supply
ULTI-LANCE MIS CLR TIP	DS	OTC; Preferred Diabetic Supply
ULTILET MIS 26G	DS	OTC; Preferred Diabetic Supply

Drug Name	Drug Tier	Requirements/Limits
ULTILET MIS 28G	DS	OTC; Preferred Diabetic Supply
ULTILET MIS 30G	DS	OTC; Preferred Diabetic Supply
ULTILET MIS 33G	DS	OTC; Preferred Diabetic Supply
ULTILET MIS LANCETS	DS	OTC; Preferred Diabetic Supply
ULTILET MIS SAFETY	DS	OTC; Preferred Diabetic Supply
ULTILET SAFE MIS 21G	DS	OTC; Preferred Diabetic Supply
ULTRA THIN MIS 28G	DS	OTC; Preferred Diabetic Supply
ULTRA THIN MIS 30G	DS	OTC; Preferred Diabetic Supply
ULTRA THIN MIS 31G	DS	OTC; Preferred Diabetic Supply
ULTRA THIN MIS 33G	DS	OTC; Preferred Diabetic Supply
ULTRA THIN MIS LAN 31G	DS	OTC; Preferred Diabetic Supply
ULTRA THIN MIS LANC 28G	DS	OTC; Preferred Diabetic Supply
ULTRA THIN MIS LANC 30G	DS	OTC; Preferred Diabetic Supply
ULTRA THIN MIS LANCETS	DS	OTC; Preferred Diabetic Supply
UNILET CMFR MIS TCH 28G	DS	OTC; Preferred Diabetic Supply
UNILET CMFR MIS TCH 30G	DS	OTC; Preferred Diabetic Supply
UNILET EX II MIS 28G	DS	OTC; Preferred Diabetic Supply
UNILET EXCEL MIS 23G	DS	OTC; Preferred Diabetic Supply
UNILET G.P MIS SUPR 23G	DS	OTC; Preferred Diabetic Supply
UNILET G.P. MIS 21G	DS	OTC; Preferred Diabetic Supply
UNILET GP 28 MIS ULT THIN	DS	OTC; Preferred Diabetic Supply
UNILET LANC MIS 33G	DS	OTC; Preferred Diabetic Supply
UNILET LANCE MIS 21G	DS	OTC; Preferred Diabetic Supply
UNILET LANCE MIS 28G	DS	OTC; Preferred Diabetic Supply
UNILET LANCE MIS 33G	DS	OTC; Preferred Diabetic Supply
UNILET LANCT MIS 28G	DS	OTC; Preferred Diabetic Supply
UNILET LANCT MIS 30G	DS	OTC; Preferred Diabetic Supply
UNILET LANCT MIS 33G	DS	OTC; Preferred Diabetic Supply
UNILET MICRO MIS 33G	DS	OTC; Preferred Diabetic Supply
UNILET MIS 21G	DS	OTC; Preferred Diabetic Supply
UNILET SUPER MIS 23G	DS	OTC; Preferred Diabetic Supply
UNILET SUPER MIS G.P. 23G	DS	OTC; Preferred Diabetic Supply
UNISTIK 1 MIS 2.4MM	DS	OTC; Preferred Diabetic Supply
UNISTIK 1 MIS 3.0MM	DS	OTC; Preferred Diabetic Supply
UNISTIK 2 MIS	DS	OTC; Preferred Diabetic Supply
UNISTIK 2 MIS 1.8MM	DS	OTC; Preferred Diabetic Supply
UNISTIK 2 MIS 2.4MM	DS	OTC; Preferred Diabetic Supply
UNISTIK 2 MIS COMFORT	DS	OTC; Preferred Diabetic Supply
UNISTIK 2 MIS EXTRA	DS	OTC; Preferred Diabetic Supply
UNISTIK 2 MIS NEONATAL	DS	OTC; Preferred Diabetic Supply

Drug Name	Drug Tier	Requirements/Limits
UNISTIK 2 MIS NORMAL	DS	OTC; Preferred Diabetic Supply
UNISTIK 2 MIS SUPER	DS	OTC; Preferred Diabetic Supply
UNISTIK 23G MIS NORMAL	DS	OTC; Preferred Diabetic Supply
UNISTIK 3 MIS 1.8MM	DS	OTC; Preferred Diabetic Supply
UNISTIK 3 MIS COMFORT	DS	OTC; Preferred Diabetic Supply
UNISTIK 3 MIS EXTRA	DS	OTC; Preferred Diabetic Supply
UNISTIK 3 MIS GENT 30G	DS	OTC; Preferred Diabetic Supply
UNISTIK 3 MIS NEONATAL	DS	OTC; Preferred Diabetic Supply
UNISTIK 3 MIS NORMAL	DS	OTC; Preferred Diabetic Supply
UNISTIK 3 MIS XTR 21G	DS	OTC; Preferred Diabetic Supply
UNISTIK CZT MIS COMFORT	DS	OTC; Preferred Diabetic Supply
UNISTIK CZT MIS NORMAL	DS	OTC; Preferred Diabetic Supply
UNISTIK PRO MIS LANC 21G	DS	OTC; Preferred Diabetic Supply
UNISTIK PRO MIS LANC 28G	DS	OTC; Preferred Diabetic Supply
UNISTIK SAFE MIS LANC 28G	DS	OTC; Preferred Diabetic Supply
UNISTIK SAFE MIS LANC 30G	DS	OTC; Preferred Diabetic Supply
UNISTIK TOUC MIS LANC 21G	DS	OTC; Preferred Diabetic Supply
UNISTIK TOUC MIS LANC 23G	DS	OTC; Preferred Diabetic Supply
UNISTIK TOUC MIS LANC 28G	DS	OTC; Preferred Diabetic Supply
UNISTIK TOUC MIS LANC 30G	DS	OTC; Preferred Diabetic Supply
UNITSTIK PRO MIS LANC 25G	DS	OTC; Preferred Diabetic Supply
UNIVERSAL 1 MIS 33G	DS	OTC; Preferred Diabetic Supply
UNIVERSAL 1 MIS LANC 26G	DS	OTC; Preferred Diabetic Supply
UNIVERSAL 1 MIS LANC 30G	DS	OTC; Preferred Diabetic Supply
VANTAGE LANC MIS DEVICE	DS	OTC; Preferred Diabetic Supply
VERASENS LIQ LEVEL 1	DS	OTC; Preferred Diabetic Supply
VERIFINE LAN MIS MINI 21G	DS	OTC; Preferred Diabetic Supply
VERIFINE LAN MIS MINI 23G	DS	OTC; Preferred Diabetic Supply
VERIFINE LAN MIS MINI 28G	DS	OTC; Preferred Diabetic Supply
VERIFINE LAN MIS MINI 30G	DS	OTC; Preferred Diabetic Supply
VERIFINE MIS UNIV 28G	DS	OTC; Preferred Diabetic Supply
VERIFINE MIS UNIV 30G	DS	OTC; Preferred Diabetic Supply
VERIFINE MIS UNIV 33G	DS	OTC; Preferred Diabetic Supply
VIVAGUARD LIQ CONTROL	DS	OTC; Preferred Diabetic Supply
VIVAGUARD MIS 28G	DS	OTC; Preferred Diabetic Supply
VIVAGUARD MIS 30G	DS	OTC; Preferred Diabetic Supply
VIVAGUARD MIS LANCING	DS	OTC; Preferred Diabetic Supply
ZEVRX TWIST MIS LANC 30G	DS	OTC; Preferred Diabetic Supply
RESPIRATORY THERAPY SUPPLIES		
AIRZONE PEAK MIS FLOW MTR	0	OTC

Drug Name	Drug Tier	Requirements/Limits
MASK VORTEX/ MIS FROG	0	OTC
MASK VORTEX/ MIS LADY BUG	0	OTC
PEAK AIR FLO MIS ADLT/PED	0	OTC
VORTEX VALVE MIS CHAMBER	0	
VORTEX/MASK MIS CHILDS	0	
VORTEX/MASK MIS TODDLER	0	
MINERALS & ELECTROLYTES		
FLUORIDE		
sod fluoride tab 0.5mg f	0	AGE; (Covered for ages 16 years and under)
sod fluoride tab 1mg f	0	AGE; (Covered for ages 16 years and under)
PHOSPHATE		
phospha 250 tab neutral	1	
phosphorous tab	1	
phospho-trin tab 250 neut	1	
phospho-trin tab k500	1	
wes-phos 250 tab neutral	1	
MOUTH/THROAT/DENTAL AGENTS		
DENTAL PRODUCTS		
fluoridex con dly ren	1	
THROAT PRODUCTS - MISC.		
CAPHOSOL SOL	3	
OPHTHALMIC AGENTS		
CYCLOPLEGIC MYDRIATICS		
tropicamide sol 1% op	1	
OPHTHALMICS - MISC.		
UPNEEQ SOL 0.1%	3	PA, QL (30 vials/30 days)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
MULTIPLE SCLEROSIS AGENTS		
ZEPOSIA CAP STR KIT	5	SP, PA
SMOKING DETERRENTS		
cvs nicotine dis 14mg/24h	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
cvs nicotine dis 21mg/24h	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
cvs nicotine dis 7mg/24hr	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
cvs nicotine gum 2mg cinn	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)

Drug Name	Drug Tier	Requirements/Limits
cvs nicotine gum 2mg mint	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
cvs nicotine gum 2mg orig	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
cvs nicotine gum 2mgfruit	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
cvs nicotine gum 4mg	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
cvs nicotine gum 4mg cinn	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
cvs nicotine gum 4mg mint	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
cvs nicotine gum 4mg orig	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
cvs nicotine gum 4mgfruit	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
cvs nicotine loz 2mg	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
cvs nicotine loz 2mg mint	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
cvs nicotine loz 4mg cinn	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
cvs nicotine loz 4mg mint	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
eq nicotine dis 14mg/24h	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
eq nicotine dis 21mg/24h	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
eq nicotine dis 7mg/24hr	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
eq nicotine gum 2mg cinn	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
eq nicotine gum 2mg mint	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
eq nicotine gum 2mgfruit	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
eq nicotine gum 4mg cinn	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
eq nicotine gum 4mg mint	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)

Drug Name	Drug Tier	Requirements/Limits
eq nicotine gum 4mg orig	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
eq nicotine gum 4mgfruit	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
eq nicotine loz 2mg cinn	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
eq nicotine loz 2mg mint	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
eq nicotine loz 4mg cinn	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
eq nicotine loz 4mg mint	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
eql nicotine loz 2mg mint	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
eql nicotine loz 4mg mint	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
ft nicotine gum 2mg	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
ft nicotine gum 4mg	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
ft nicotine loz 2mg	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
ft nicotine loz 4mg	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
gnp nicotine dis 14mg/24h	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
gnp nicotine dis 21mg/24h	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
gnp nicotine dis 7mg/24hr	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
gnp nicotine gum 2mg mint	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
gnp nicotine gum 2mg orig	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
gnp nicotine gum 4mg frt	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
gnp nicotine gum 4mg mint	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
gnp nicotine gum 4mg orig	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)

Drug Name	Drug Tier	Requirements/Limits
gnp nicotine loz 2mg mint	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
gnp nicotine loz 4mg cher	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
gnp nicotine loz 4mg mint	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
gnp nicotine loz mini 2mg	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
habitrol dis 21mg/24h	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
hm nicotine dis 14mg/24h	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
hm nicotine dis 21mg/24h	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
hm nicotine dis 7mg/24hr	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
hm nicotine gum 2mg	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
hm nicotine gum 2mg mint	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
hm nicotine gum 4mg frt	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
hm nicotine gum 4mg mint	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
hm nicotine loz 2mg	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
hm nicotine loz 2mg cinn	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
hm nicotine loz 2mg mint	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
hm nicotine loz 4mg cinn	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
hm nicotine loz 4mg mint	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
kls quit2 gum 2mg	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
kls quit2 loz 2mg	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
kls quit4 gum 4mg	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)

Drug Name	Drug Tier	Requirements/Limits
kls quit4 loz 4mg	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
nicotine dis 14mg/24h	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
nicotine dis 21mg/24h	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
nicotine dis 7mg/24hr	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
nicotine dis step 1	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
nicotine gum 2mg	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
nicotine gum 2mgfruit	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
nicotine gum 4mg	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
nicotine loz 2mg mint	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
nicotine loz 4mg cinn	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
nicotine loz 4mg mint	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
nicotine loz mini 2mg	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
nicotine pol gum 2mg	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
nicotine pol gum 2mg cinn	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
nicotine pol gum 2mg mint	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
nicotine pol gum 2mg orig	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
nicotine pol gum 2mg ref	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
nicotine pol gum 2mg strt	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
nicotine pol gum 2mgfruit	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
nicotine pol gum 4mg	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)

Drug Name	Drug Tier	Requirements/Limits
nicotine pol gum 4mg cinn	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
nicotine pol gum 4mg mint	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
nicotine pol gum 4mg orig	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
nicotine pol gum 4mg ref	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
nicotine pol gum 4mg strt	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
nicotine pol gum 4mgfruit	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
nicotine pol loz 2mg chry	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
nicotine pol loz 2mg cinn	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
nicotine pol loz 2mg mini	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
nicotine pol loz 2mg mint	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
nicotine pol loz 4mg chry	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
nicotine pol loz 4mg cinn	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
nicotine pol loz 4mg mint	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
nicotine td dis 14mg/24h	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
nicotine td dis 21mg/24h	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
nicotine td dis 7mg/24hr	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
nicotine td dis step 1	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
nicotine td dis step 3	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
qc nicotine dis 14mg/24h	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
qc nicotine dis 21mg/24h	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)

Drug Name	Drug Tier	Requirements/Limits
ra nicotine dis 14mg/24h	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
ra nicotine dis 21mg/24h	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
ra nicotine gum 2mg	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
ra nicotine gum 2mg mint	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
ra nicotine gum 4mg	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
ra nicotine gum 4mg mint	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
ra nicotine loz 2mg mint	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
ra nicotine loz 4mg mint	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
sm nicotine dis 14mg/24h	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
sm nicotine dis 21mg/24h	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
sm nicotine dis 7mg/24hr	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
sm nicotine gum 2mg	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
sm nicotine gum 2mg mint	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
sm nicotine gum 4mg	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
sm nicotine gum 4mg mint	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
sm nicotine loz 2mg chry	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
sm nicotine loz 2mg cinn	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
sm nicotine loz 2mg mint	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
sm nicotine loz 4mg	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
sm nicotine loz 4mg cinn	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)

Drug Name	Drug Tier	Requirements/Limits
sm nicotine loz 4mg mint	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
stop smoking gum 2mg mint	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
stop smoking gum 2mg orig	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
stop smoking gum 4mg	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
stop smoking loz 2mg mint	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
stop smoking loz 4mg mint	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
thrive gum 2mg mint	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
VAGINAL AND RELATED PRODUCTS		
SPERMICIDES		
ENCARE SUP 100MG	0	OTC
GYNOL II GEL 3%	0	OTC
TODAY SPONGE MIS	0	OTC
VCF VAGINAL GEL CONTRACE	0	OTC
VCF VAGINAL MIS CONTRACP	0	OTC
VAGINAL PROGESTINS		
PROGESTERONE SUP VGS 100	3	
PROGESTERONE SUP VGS 200	3	
VITAMINS		
OIL SOLUBLE VITAMINS		
phytonadione tab 5mg	1	
vitamin d cap 1.25mg	1	
vitamin d cap 50000	1	
vitamin d cap 50000unt	1	

Abbreviations used in this formulary

Term	Definition
ACA	USPSTF recommended drugs covered at $0.
AGE	Age Limit: Age requirements for coverage of drug.
Lowercase	Indicates generic drug.
PA	Prior Authorization: Requires that you or your physician receive approval from HMSA before we will cover your prescription.
QL	Quantity Limit: A limit on the amount of the drug that HMSA will cover.
SP	Specialty drug with network requirements.
ST	Step Therapy: Requires you to first try certain drugs to treat your medical condition before we'll cover another drug for that condition.
UPPERCASE	Indicates brand name drug.
$0	Zero copayment: When obtained from a participating provider, HMSA pays 100% of the eligible charge. You owe no copayment.

Discrimination is against the law

HMSA complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)). HMSA does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Services HMSA provides

HMSA offers the following services to support people with disabilities and those whose primary language is not English. There is no cost to you.

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

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

How to file a grievance or complaint

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

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

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

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

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

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

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

(continued on next page)

An Independent Licensee of the Blue Cross and Blue Shield Association

8700-1892103 6.26 LE

Commercial/ACA/Medicare
S3994_1300_N7LK3110_27_C
H3832_1300_N7KJ3109_27_C
H8481_1300_N7KH3108_27_C
H2561_1300_N7KG3107_27_C

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

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

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

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

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

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

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

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

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

(continued on next page)

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

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

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

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

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

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

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

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

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

HAWAI'I MEDICAL SERVICE ASSOCIATION

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

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

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

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Waiakea Center | 303A E. Makaala St.
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Kuhio Medical Center | 3-3295 Kuhio Highway, Suite 202
Monday–Friday, 8 a.m.–4 p.m.

PHONE

1 (800) 776-4672, Monday through Friday, 8 a.m.–5 p.m.
TTY: 711

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