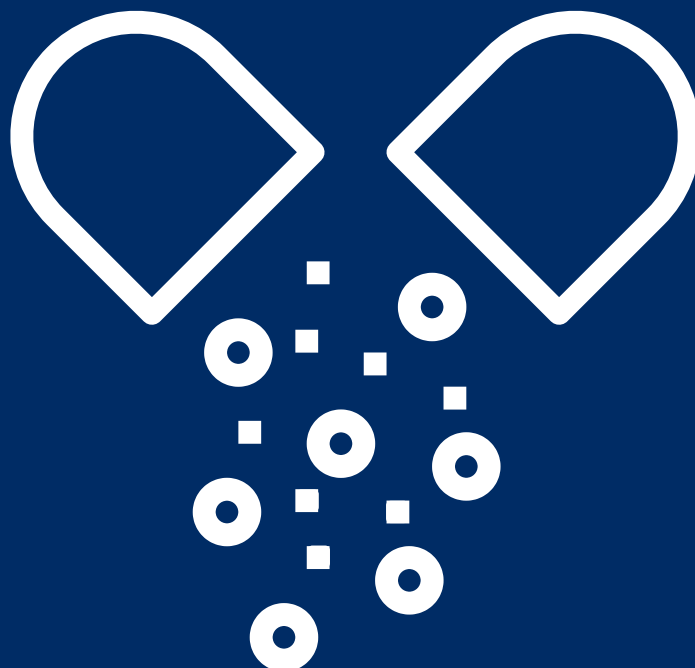


This formulary was updated on 09/01/2026. For more recent information or other questions, please contact Essence Healthcare Customer Service at 1-866-597-9560 (TTY: 711) from 8 a.m. to 8 p.m. You may reach a messaging service on weekends from April 1 through September 30 and holidays. Please leave a message, and your call will be returned the next business day.



Prescription Drug List (Formulary)

MEDICARE ADVANTAGE | 2027

ESSENCE ADVANTAGE® (HMO) - ESSENCE ADVANTAGE PLUS® (HMO) - ESSENCE ADVANTAGE® PRIME (HMO)
ESSENCE ADVANTAGE SELECT® (HMO) - ESSENCE ADVANTAGE® CHOICE (PPO)
ESSENCE ADVANTAGE® CHOICE PLUS (PPO) - ESSENCE ADVANTAGE® PREMIER PLUS (PPO)



Essence Advantage (HMO), Essence Advantage Plus (HMO), Essence Advantage Prime (HMO), Essence Advantage Select (HMO), Essence Advantage Choice (PPO), Essence Advantage Choice Plus (PPO) and Essence Advantage Premier Plus (PPO)

2027 Formulary

(List of Covered Drugs or “Drug List”)

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

HPMS Approved Formulary File Submission ID 27130 Version 7

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 Essence Healthcare. When it refers to “plan” or “our plan,” it means Essence Advantage (HMO), Essence Advantage Plus (HMO), Essence Advantage Prime (HMO), Essence Advantage Select (HMO), Essence Advantage Choice (PPO), Essence Advantage Choice Plus (PPO) and Essence Advantage Premier Plus (PPO).

This document includes Drug List (formulary) for our plan which is current as of January 2027. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

What is the Essence Advantage (HMO), Essence Advantage Plus (HMO), Essence Advantage Prime (HMO), Essence Advantage Select (HMO), Essence Advantage Choice (PPO), Essence Advantage Choice Plus (PPO) and Essence Advantage Premier Plus (PPO) 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 our 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. We will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

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Can the formulary change?

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

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 Essence Advantage (HMO), Essence Advantage Plus (HMO), Essence Advantage Prime (HMO), Essence Advantage Select (HMO), Essence Advantage Choice (PPO), Essence Advantage Choice Plus (PPO) and Essence Advantage Premier Plus (PPO)’s formulary?”

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

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.

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

If we make these other changes, you or your prescriber can ask us to make an exception 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 Essence Advantage (HMO), Essence Advantage Plus (HMO), Essence Advantage Prime (HMO), Essence Advantage Select (HMO), Essence Advantage Choice (PPO), Essence Advantage Choice Plus (PPO) and Essence Advantage Premier Plus (PPO)’s formulary?”

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

The enclosed formulary is current as of January 2027. To get updated information about the drugs covered by our plan please contact us. Our contact information appears on the front and back cover pages. If we make other types of formulary changes than those listed above (non-maintenance changes), we will mail written notification to affected members in the form of a formulary addendum.

How do I use the formulary?

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

Medical Condition

The formulary begins on page 10. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular, Hypertension/Lipids. If you know what your drug is used for, look for the category name in the list that begins on page 10. Then look under the category name for your drug.

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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 100. 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?

Our 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, Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered.”

Are there any restrictions on my coverage?

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

- **Prior Authorization:** We require you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, we limit the amount of the drug that we will cover. For example, we provide 18 tablets per prescription for sumatriptan. This may be in addition to a standard one-month or three-month supply.

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 10. 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 us 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 Essence Advantage (HMO), Essence Advantage Plus (HMO), Essence Advantage Prime (HMO), Essence Advantage Select (HMO), Essence Advantage Choice (PPO), Essence Advantage Choice Plus (PPO) and Essence Advantage Premier Plus (PPO)’s formulary?” on page 6 for information about how to request an exception.

What if my drug is not on the formulary?

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

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

- You can ask Customer Service for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by our plan.
- You can ask us 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 Essence Advantage (HMO), Essence Advantage Plus (HMO), Essence Advantage Prime (HMO), Essence Advantage Select (HMO), Essence Advantage Choice (PPO), Essence Advantage Choice Plus (PPO) and Essence Advantage Premier Plus (PPO)’s formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.

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- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, we limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier, Tier 5. If approved, this would lower the amount you must pay for your drug.

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

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

Members who have a change in level of care (setting) will be allowed up to a one-time 30-day transition supply per drug. Examples include beneficiaries who are entering a long-term care facility, are discharged from a hospital to home, or are ending a long-term care stay and returning to the community.

For more information

For more detailed information about your Essence Advantage (HMO), Essence Advantage Plus (HMO), Essence Advantage Prime (HMO), Essence Advantage Select (HMO), Essence Advantage Choice (PPO),

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Essence Advantage Choice Plus (PPO) and Essence Advantage Premier Plus (PPO) prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Essence Advantage (HMO), Essence Advantage Plus (HMO), Essence Advantage Prime (HMO), Essence Advantage Select (HMO), Essence Advantage Choice (PPO), Essence Advantage Choice Plus (PPO) and Essence Advantage Premier Plus (PPO), please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

Essence Advantage (HMO), Essence Advantage Plus (HMO), Essence Advantage Prime (HMO), Essence Advantage Select (HMO), Essence Advantage Choice (PPO), Essence Advantage Choice Plus (PPO) and Essence Advantage Premier Plus (PPO) formulary

The formulary below provides coverage information about the drugs covered by Essence Advantage (HMO), Essence Advantage Plus (HMO), Essence Advantage Prime (HMO), Essence Advantage Select (HMO), Essence Advantage Choice (PPO), Essence Advantage Choice Plus (PPO) and Essence Advantage Premier Plus (PPO). If you have trouble finding your drug in the list, turn to the Index that begins on page 100.

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

The information in the Requirements/Limits column tells you if Essence Advantage (HMO), Essence Advantage Plus (HMO), Essence Advantage Prime (HMO), Essence Advantage Select (HMO), Essence Advantage Choice (PPO), Essence Advantage Choice Plus (PPO) and Essence Advantage Premier Plus (PPO) has any special requirements for coverage of your drug.

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List of Abbreviations

B/D PA: This prescription drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

EX: Excluded Drug. This prescription drug is not normally covered in a Medicare prescription drug plan. The amount you pay when you fill a prescription for this drug 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 extra help to pay for this drug.

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

MO: Mail-Order Drug. This prescription drug is available through our mail-order service, as well as through our retail network pharmacies. Consider using mail order for your long-term (maintenance) medications (such as high blood pressure medications). Retail network pharmacies may be more appropriate for short-term prescriptions (such as antibiotics).

NDS: Non-Extended Day Supply Medication. This drug is only available as a 30-day supply or less.

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

Part B: Part B: coverage of blood glucose monitors and glucose test strips under your Part B (medical) benefit. Covered products are limited to Roche and Abbott.

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

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

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

Drug Name	Drug Tier	Requirements /Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
<i>amphotericin b</i>	4	B/D PA
<i>amphotericin b liposome</i>	5	B/D PA; NDS
<i>caspofungin</i>	4	
<i>clotrimazole mucous membrane</i>	2	MO
CRESEMBA ORAL	5	PA; NDS
<i>fluconazole</i>	2	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	4	PA; MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	4	PA
<i>flucytosine</i>	5	MO; NDS
<i>griseofulvin microsize</i>	4	MO
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	4	MO
<i>itraconazole oral capsule</i>	4	MO; QL (120 per 30 days)
<i>itraconazole oral solution</i>	4	MO
<i>ketoconazole oral</i>	2	MO
<i>micafungin</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>nystatin oral suspension</i>	2	MO
<i>nystatin oral tablet</i>	2	MO
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	4	PA; MO; QL (96 per 30 days)
<i>terbinafine hcl oral</i>	2	MO
<i>voriconazole intravenous recon soln</i>	4	PA
<i>voriconazole oral suspension for reconstitution</i>	5	PA; MO; NDS
<i>voriconazole oral tablet</i>	4	PA; MO
<i>voriconazole-hpbc</i>	4	PA
ANTIVIRALS		
<i>abacavir</i>	3	MO
<i>abacavir-lamivudine</i>	3	MO
<i>acyclovir oral capsule</i>	2	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	4	MO
<i>acyclovir oral suspension 200 mg/5 ml (5 ml)</i>	4	
<i>acyclovir oral tablet</i>	2	MO
<i>acyclovir sodium intravenous solution</i>	4	B/D PA; MO
<i>adefovir</i>	4	MO
<i>amantadine hcl</i>	2	MO

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

This drug list was last updated on 09/01/2026.

Drug Name	Drug Tier	Requirements /Limits
APTIVUS	5	MO; NDS
<i>atazanavir</i>	4	MO
BARACLUDE ORAL SOLUTION	4	MO
BIKTARVY	5	MO; NDS
CABENUVA	5	MO; NDS
<i>cidofovir</i>	5	NDS
CIMDUO	5	MO; NDS
<i>darunavir</i>	4	MO
DELSTRIGO	5	MO; NDS
DESCOVY	5	MO; NDS
DOVATO	5	MO; NDS
EDURANT PED	5	MO; NDS
<i>efavirenz oral tablet</i>	4	MO
<i>efavirenz-emtricitabin-tenofov</i>	4	MO
<i>efavirenz-lamivu-tenofov disop</i>	5	MO; NDS
<i>emtricitabine</i>	4	MO
<i>emtricitabine-tenofov (tdf)</i>	4	MO
<i>emtricitabine-rilpivirine-tenofov df</i>	5	MO; NDS
EMTRIVA ORAL SOLUTION	3	MO
<i>entecavir</i>	4	MO
<i>etravirine</i>	4	MO
EVOTAZ	5	MO; NDS
<i>famciclovir</i>	2	MO
<i>fosamprenavir</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>ganciclovir sodium intravenous recon soln</i>	2	B/D PA; MO
<i>ganciclovir sodium intravenous solution</i>	2	B/D PA
GENVOYA	5	MO; NDS
IDVYNZO	5	MO; NDS
INTELENCE ORAL TABLET 25 MG	4	MO
ISENTRESS HD	5	MO; NDS
ISENTRESS ORAL POWDER IN PACKET	5	MO; NDS
ISENTRESS ORAL TABLET	5	MO; NDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	MO; NDS
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	MO
JULUCA	5	MO; NDS
KALETRA ORAL SOLUTION	4	MO
<i>lamivudine</i>	3	MO
<i>lamivudine-zidovudine</i>	3	MO
LIVTENCITY	5	PA; LA; QL (120 per 30 days); NDS
<i>lopinavir-ritonavir oral tablet</i>	3	MO
<i>maraviroc</i>	5	MO; NDS

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

This drug list was last updated on 09/01/2026.

Drug Name	Drug Tier	Requirements /Limits
MAVYRET ORAL PELLETS IN PACKET	5	PA; MO; QL (168 per 28 days); NDS
MAVYRET ORAL TABLET	5	PA; MO; QL (84 per 28 days); NDS
<i>nevirapine oral suspension</i>	4	MO
<i>nevirapine oral tablet</i>	3	MO
<i>nevirapine oral tablet extended release 24 hr</i>	4	MO
NORVIR ORAL POWDER IN PACKET	4	MO
ODEFSEY	5	MO; NDS
<i>oseltamivir</i>	2	MO
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10)	2	QL (20 per 30 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)-100 MG (5)	2	QL (11 per 30 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	2	QL (30 per 30 days)
PIFELTRO	5	MO; NDS
PREVYMIS INTRAVENOUS	5	PA; NDS
PREVYMIS ORAL TABLET 240 MG	5	PA; MO; QL (56 per 28 days); NDS

Drug Name	Drug Tier	Requirements /Limits
PREVYMIS ORAL TABLET 480 MG	5	PA; MO; QL (28 per 28 days); NDS
PREZCOBIX	5	MO; NDS
PREZISTA ORAL SUSPENSION	5	MO; NDS
PREZISTA ORAL TABLET 150 MG	5	MO; NDS
PREZISTA ORAL TABLET 75 MG	4	MO
RELENZA DISKHALER	4	MO
RETROVIR INTRAVENOUS	3	MO
REYATAZ ORAL POWDER IN PACKET	5	MO; NDS
<i>ribavirin oral capsule</i>	3	MO
<i>ribavirin oral tablet 200 mg</i>	3	MO
<i>rilpivirine hcl</i>	5	MO; NDS
<i>rimantadine</i>	4	MO
<i>ritonavir</i>	3	MO
RUKOBIA	5	MO; NDS
SELZENTRY ORAL SOLUTION	5	MO; NDS
STRIBILD	5	MO; NDS
SUNLENCA	5	NDS
SYM TUZA	5	MO; NDS
<i>tenofovir disoproxil fumarate</i>	4	MO
TIVICAY ORAL TABLET 50 MG	5	MO; NDS

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

This drug list was last updated on 09/01/2026.

Drug Name	Drug Tier	Requirements /Limits
TIVICAY PD	5	MO; NDS
TRIUMEQ	5	MO; NDS
TRIUMEQ PD	4	MO
TROGARZO	5	MO; LA; NDS
<i>valacyclovir oral tablet 1 gram</i>	2	MO; QL (120 per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	2	MO; QL (60 per 30 days)
<i>valganciclovir oral recon soln</i>	5	MO; NDS
<i>valganciclovir oral tablet</i>	3	MO
VEMLIDY	5	MO; NDS
VIRACEPT ORAL TABLET	4	MO
VIREAD ORAL POWDER	5	MO; NDS
VIREAD ORAL TABLET 150 MG	5	MO; NDS
VIREAD ORAL TABLET 200 MG, 250 MG	4	MO
VOSEVI	5	PA; MO; QL (28 per 28 days); NDS
XOFLUZA ORAL TABLET 40 MG, 80 MG	3	MO
<i>zidovudine oral capsule</i>	3	MO
<i>zidovudine oral syrup</i>	3	MO
<i>zidovudine oral tablet</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
CEPHALOSPORINS		
<i>cefaclor oral capsule</i>	2	MO
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml</i>	2	
<i>cefadroxil oral capsule</i>	2	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	MO
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	4	MO
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	4	MO
<i>cefazolin injection recon soln 100 gram, 300 gram</i>	4	
<i>cefazolin intravenous recon soln 1 gram, 10 gram</i>	4	
<i>cefdinir</i>	2	MO
<i>cefepime in dextrose, iso-osm</i>	4	
<i>cefepime injection</i>	4	MO
<i>cefixime oral capsule</i>	4	MO
<i>cefoxitin in dextrose, iso-osm</i>	4	

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

This drug list was last updated on 09/01/2026.

Drug Name	Drug Tier	Requirements /Limits
<i>cefazolin intravenous recon soln 1 gram, 2 gram</i>	4	MO
<i>cefazolin intravenous recon soln 10 gram</i>	4	
<i>cefepime</i>	4	MO
<i>cefprozil</i>	2	MO
<i>ceftaroline fosamil</i>	5	NDS
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	4	MO
<i>ceftazidime injection recon soln 6 gram</i>	4	
<i>ceftriaxone in dextrose,iso-os</i>	4	MO
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	4	MO
<i>ceftriaxone injection recon soln 10 gram</i>	4	
<i>ceftriaxone intravenous</i>	4	MO
<i>cefuroxime axetil oral tablet</i>	2	MO
<i>cefuroxime sodium injection recon soln 750 mg</i>	4	MO
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	4	MO
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	4	
<i>cephalexin oral capsule 250 mg</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>cephalexin oral capsule 500 mg</i>	2	MO
<i>cephalexin oral suspension for reconstitution</i>	2	MO
<i>tazicef injection</i>	4	MO
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous</i>	2	MO
<i>azithromycin oral suspension for reconstitution</i>	2	MO
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	MO
<i>clarithromycin</i>	2	MO
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	4	MO
<i>erythromycin ethylsuccinate oral tablet</i>	4	
<i>erythromycin oral tablet</i>	4	MO
<i>erythromycin oral tablet, delayed release (dr/ec)</i>	4	MO
<i>fidaxomicin</i>	5	QL (20 per 10 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole</i>	4	MO
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	4	MO
ARIKAYCE	5	PA; LA; NDS
<i>atovaquone</i>	4	MO
<i>atovaquone-proguanil</i>	4	MO
<i>aztreonam</i>	4	MO
CAYSTON	5	PA; MO; LA; QL (84 per 56 days); NDS
<i>chloroquine phosphate</i>	2	MO
<i>clindamycin hcl</i>	2	MO
<i>clindamycin in 5 % dextrose</i>	4	MO
<i>clindamycin phosphate injection</i>	4	MO
COARTEM	4	MO
<i>colistin (colistimethate na)</i>	4	MO; QL (30 per 10 days)
<i>dapsone oral</i>	3	MO
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	3	MO
<i>daptomycin intravenous recon soln 500 mg</i>	4	MO
EMVERM	5	MO; NDS

Drug Name	Drug Tier	Requirements /Limits
<i>ertapenem</i>	4	MO; QL (14 per 14 days)
<i>ethambutol</i>	3	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	4	MO
<i>gentamicin injection</i>	4	MO
<i>gentamicin sulfate (ped) (pf)</i>	4	
<i>hydroxychloroquine oral tablet 200 mg</i>	2	MO
<i>imipenem-cilastatin</i>	4	MO
<i>isoniazid injection</i>	4	
<i>isoniazid oral solution</i>	2	MO
<i>isoniazid oral tablet 100 mg</i>	2	MO
<i>isoniazid oral tablet 300 mg</i>	1	MO
<i>ivermectin oral tablet 3 mg</i>	3	PA; QL (20 per 30 days)
<i>ivermectin oral tablet 6 mg</i>	3	PA; QL (8 per 30 days)
<i>lincomycin</i>	4	
<i>linezolid in dextrose 5%</i>	4	MO
<i>linezolid oral suspension for reconstitution</i>	3	MO
<i>linezolid oral tablet</i>	4	MO
<i>mefloquine</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>meropenem intravenous recon soln 1 gram</i>	2	QL (30 per 10 days)
<i>meropenem intravenous recon soln 2 gram</i>	3	QL (30 per 10 days)
<i>meropenem intravenous recon soln 500 mg</i>	3	QL (10 per 10 days)
<i>metro i.v.</i>	4	MO
<i>metronidazole in nacl (iso-os)</i>	4	MO
<i>metronidazole oral tablet 250 mg, 500 mg</i>	2	MO
<i>neomycin</i>	2	MO
<i>nitazoxanide</i>	5	MO; QL (12 per 30 days); NDS
<i>pentamidine inhalation</i>	4	B/D PA; MO; QL (1 per 28 days)
<i>pentamidine injection</i>	4	
<i>praziquantel</i>	4	MO
PRIFTIN	3	MO
PRIMAQUINE	4	MO
<i>pyrazinamide</i>	4	MO
<i>pyrimethamine</i>	5	PA; MO; NDS
<i>quinine sulfate</i>	4	MO
<i>rifabutin</i>	4	MO
<i>rifampin intravenous</i>	4	MO
<i>rifampin oral</i>	3	MO
SIRTURO	5	PA; LA; NDS

Drug Name	Drug Tier	Requirements /Limits
STREPTOMYCIN	5	MO; QL (60 per 30 days); NDS
<i>tigecycline</i>	4	MO
<i>tinidazole</i>	2	MO
TOBI PODHALER	5	MO; QL (224 per 56 days); NDS
<i>tobramycin in 0.225 % nacl</i>	5	PA; MO; QL (280 per 28 days); NDS
<i>tobramycin inhalation</i>	5	PA; MO; QL (224 per 28 days); NDS
<i>tobramycin sulfate injection recon soln</i>	4	QL (9 per 14 days)
<i>tobramycin sulfate injection solution 10 mg/ml</i>	4	
<i>tobramycin sulfate injection solution 40 mg/ml</i>	4	MO
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	3	QL (4000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 500 MG/100 ML	3	QL (1000 per 10 days)

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Drug Name	Drug Tier	Requirements /Limits
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 750 MG/150 ML	3	QL (4050 per 10 days)
<i>vancomycin intravenous recon soln 1,000 mg</i>	4	MO; QL (20 per 10 days)
<i>vancomycin intravenous recon soln 10 gram</i>	4	QL (2 per 10 days)
<i>vancomycin intravenous recon soln 5 gram</i>	4	QL (4 per 10 days)
<i>vancomycin intravenous recon soln 500 mg</i>	4	MO; QL (10 per 10 days)
<i>vancomycin intravenous recon soln 750 mg</i>	4	QL (27 per 10 days)
<i>vancomycin oral capsule 125 mg</i>	4	PA; MO; QL (40 per 10 days)
<i>vancomycin oral capsule 250 mg</i>	4	PA; MO; QL (80 per 10 days)
VIBATIV INTRAVENOUS RECON SOLN 750 MG	5	NDS
XIFAXAN ORAL TABLET 200 MG	3	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	3	PA; MO; QL (90 per 30 days)

PENICILLINS

Drug Name	Drug Tier	Requirements /Limits
<i>amoxicillin oral capsule</i>	1	MO
<i>amoxicillin oral suspension for reconstitution</i>	1	MO
<i>amoxicillin oral tablet</i>	1	MO
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	MO
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	2	MO
<i>amoxicillin-pot clavulanate oral tablet</i>	2	MO
<i>ampicillin oral capsule 500 mg</i>	2	MO
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	4	MO
<i>ampicillin sodium intravenous</i>	4	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	4	MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	4	
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram</i>	4	

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Drug Name	Drug Tier	Requirements /Limits
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	4	MO
BICILLIN L-A	4	
<i>dicloxacillin</i>	2	MO
<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	4	
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	4	MO
<i>nafcillin injection recon soln 10 gram</i>	5	NDS
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml</i>	4	
<i>oxacillin injection recon soln 1 gram, 10 gram</i>	4	
<i>oxacillin injection recon soln 2 gram</i>	4	MO
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	4	
<i>penicillin g potassium</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>penicillin g sodium</i>	4	MO
<i>penicillin v potassium oral recon soln</i>	2	MO
<i>penicillin v potassium oral tablet</i>	1	MO
<i>pfizerpen-g</i>	4	
<i>piperacillin-tazobactam intravenous recon soln 13.5 gram, 40.5 gram</i>	4	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i>	4	MO
QUINOLONES		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	MO
<i>ciprofloxacin in 5 % dextrose</i>	4	MO
<i>ciprofloxacin oral suspension,microcapsule recon 500 mg/5 ml</i>	4	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	4	
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	4	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>levofloxacin oral solution</i>	4	MO
<i>levofloxacin oral tablet</i>	2	MO
<i>moxifloxacin oral</i>	3	MO
<i>moxifloxacin-sod.chloride(iso)</i>	4	MO
SULFA'S / RELATED AGENTS		
<i>sulfadiazine</i>	5	MO; NDS
<i>sulfamethoxazole-trimethoprim intravenous</i>	4	MO
<i>sulfamethoxazole-trimethoprim oral suspension</i>	2	MO
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	MO
TETRACYCLINES		
<i>demeclocycline</i>	4	MO
<i>doxy-100</i>	4	MO
<i>doxycycline hyclate intravenous</i>	4	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	2	MO
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	MO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>doxycycline monohydrate oral suspension for reconstitution</i>	4	MO
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	2	MO
<i>minocycline oral capsule</i>	2	MO
<i>minocycline oral tablet</i>	4	MO
<i>monodoxine nl oral capsule 100 mg</i>	2	
<i>tetracycline oral capsule</i>	4	MO
URINARY TRACT AGENTS		
<i>fosfomycin tromethamine</i>	4	MO
<i>methenamine hippurate</i>	3	MO
<i>methenamine mandelate oral tablet</i>	2	MO
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	3	MO
<i>nitrofurantoin monohyd/m-cryst</i>	3	MO
<i>trimethoprim</i>	2	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		

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Drug Name	Drug Tier	Requirements /Limits
ADJUNCTIVE AGENTS		
BOMYNTRA	5	PA; MO; NDS
<i>dexrazoxane hcl</i>	5	MO; NDS
ELITEK	5	MO; NDS
KHAPZORY	5	NDS
<i>leucovorin calcium oral</i>	3	MO
<i>levoleucovorin calcium intravenous solution</i>	5	NDS
<i>mesna intravenous</i>	2	MO
<i>mesna oral</i>	4	MO
WYOST	5	PA; MO; NDS
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	5	PA; MO; QL (120 per 30 days); NDS
<i>abiraterone oral tablet 500 mg</i>	5	PA; MO; QL (60 per 30 days); NDS
<i>abirtega</i>	4	PA; QL (120 per 30 days)
ADCETRIS	5	MO; NDS
ADSTILADRIN	5	PA; NDS
AKEEGA	5	PA; LA; QL (60 per 30 days); NDS
ALECENSA	5	PA; MO; QL (240 per 30 days); NDS

Drug Name	Drug Tier	Requirements /Limits
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; QL (30 per 30 days); NDS
ALUNBRIG ORAL TABLET 30 MG	5	PA; QL (60 per 30 days); NDS
ALUNBRIG ORAL TABLETS,DOSE PACK	5	PA; QL (30 per 180 days); NDS
<i>anastrozole</i>	2	MO
ANKTIVA	5	PA; MO; NDS
<i>arsenic trioxide intravenous solution 1 mg/ml</i>	5	NDS
<i>arsenic trioxide intravenous solution 2 mg/ml</i>	5	MO; NDS
ASPARLAS	5	PA; NDS
AUGTYRO ORAL CAPSULE 160 MG	5	PA; QL (60 per 30 days); NDS
AUGTYRO ORAL CAPSULE 40 MG	5	PA; QL (240 per 30 days); NDS
AVMAPKI-FAKZYNJA	5	PA; QL (66 per 28 days); NDS
AYVAKIT	5	PA; LA; QL (30 per 30 days); NDS
<i>azacitidine</i>	5	MO; NDS
<i>azathioprine oral tablet 50 mg</i>	2	B/D PA; MO
<i>azathioprine sodium</i>	2	B/D PA
BALVERSA	5	PA; LA; NDS

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Drug Name	Drug Tier	Requirements /Limits
BAVENCIO	5	LA; NDS
BEIZRAY-ALBUMIN	5	NDS
BELEODAQ	5	NDS
<i>bendamustine intravenous recon soln</i>	5	MO; NDS
BENDEKA	5	MO; NDS
BESPONSA	5	MO; LA; NDS
<i>bexarotene</i>	5	PA; MO; NDS
<i>bicalutamide</i>	2	MO
BIZENGRI	5	PA; NDS
BLENREP	5	PA; NDS
<i>bleomycin</i>	2	B/D PA; MO
BLINCYTO INTRAVENOUS KIT	5	B/D PA; NDS
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	5	NDS
<i>bortezomib injection recon soln 3.5 mg</i>	5	MO; NDS
BOSULIF ORAL CAPSULE 100 MG	5	PA; MO; QL (180 per 30 days); NDS
BOSULIF ORAL CAPSULE 50 MG	5	PA; MO; QL (330 per 30 days); NDS
BOSULIF ORAL TABLET 100 MG	5	PA; MO; QL (90 per 30 days); NDS
BOSULIF ORAL TABLET 500 MG	5	PA; MO; QL (30 per 30 days); NDS

Drug Name	Drug Tier	Requirements /Limits
<i>bosutinib oral tablet 100 mg</i>	5	PA; QL (90 per 30 days); NDS
<i>bosutinib oral tablet 400 mg, 500 mg</i>	5	PA; QL (30 per 30 days); NDS
BRAFTOVI	5	PA; MO; LA; QL (180 per 30 days); NDS
BRUKINSA ORAL TABLET	5	PA; LA; QL (60 per 30 days); NDS
<i>busulfan</i>	5	NDS
CABOMETYX	5	PA; MO; LA; QL (30 per 30 days); NDS
CALQUENCE (ACALABRUTINIB MAL)	5	PA; LA; QL (60 per 30 days); NDS
CAPRELSA ORAL TABLET 100 MG	5	PA; LA; QL (60 per 30 days); NDS
CAPRELSA ORAL TABLET 300 MG	5	PA; LA; QL (30 per 30 days); NDS
<i>carboplatin intravenous solution</i>	2	MO
<i>carmustine intravenous recon soln 100 mg</i>	5	MO; NDS
<i>cisplatin intravenous solution</i>	2	MO
<i>cladribine</i>	5	B/D PA; MO; NDS
<i>clofarabine</i>	5	NDS
COLUMVI	5	PA; MO; NDS

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Drug Name	Drug Tier	Requirements /Limits
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	5	PA; MO; QL (56 per 28 days); NDS
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5	PA; MO; QL (112 per 28 days); NDS
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	5	PA; MO; QL (84 per 28 days); NDS
COPIKTRA	5	PA; LA; QL (56 per 28 days); NDS
COTELLIC	5	PA; MO; LA; QL (63 per 28 days); NDS
<i>cyclophosphamide intravenous recon soln</i>	2	MO
<i>cyclophosphamide oral capsule</i>	3	B/D PA; MO
CYCLOPHOSPHA MIDE ORAL TABLET 50 MG	3	B/D PA; MO
<i>cyclosporine modified</i>	3	B/D PA; MO
<i>cyclosporine oral capsule</i>	3	B/D PA; MO
CYRAMZA	5	MO; NDS
<i>cytarabine</i>	2	B/D PA; MO
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	2	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>cytarabine (pf) injection solution 20 mg/ml</i>	2	B/D PA
<i>dacarbazine</i>	2	MO
<i>dactinomycin</i>	2	MO
DANYELZA	5	NDS
DANZITEN	5	PA; QL (112 per 28 days); NDS
DARZALEX	5	MO; LA; NDS
DARZALEX FASPRO	5	MO; NDS
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 80 mg</i>	5	PA; MO; QL (30 per 30 days); NDS
<i>dasatinib oral tablet 20 mg</i>	5	PA; MO; QL (90 per 30 days); NDS
<i>dasatinib oral tablet 70 mg</i>	5	PA; MO; QL (60 per 30 days); NDS
DATROWAY	5	PA; MO; NDS
<i>daunorubicin</i>	2	
DAURISMO ORAL TABLET 100 MG	5	PA; MO; QL (30 per 30 days); NDS
DAURISMO ORAL TABLET 25 MG	5	PA; MO; QL (60 per 30 days); NDS
<i>decitabine</i>	5	MO; NDS
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	5	NDS

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Drug Name	Drug Tier	Requirements /Limits
<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)</i>	5	MO; NDS
<i>doxorubicin intravenous recon soln</i>	2	B/D PA; MO
<i>doxorubicin intravenous solution 10 mg/5 ml, 20 mg/10 ml, 50 mg/25 ml</i>	2	B/D PA; MO
<i>doxorubicin intravenous solution 2 mg/ml</i>	2	B/D PA
<i>doxorubicin, peg-liposomal</i>	5	MO; NDS
DROXIA	3	MO
ELAHERE	5	PA; LA; NDS
ELIGARD	3	PA; MO
ELIGARD (3 MONTH)	3	PA; MO
ELIGARD (4 MONTH)	3	PA; MO
ELIGARD (6 MONTH)	3	PA; MO
ELREXFIO	5	PA; NDS
ELZONRIS	5	LA; NDS
EMPLICITI	5	MO; NDS
EMRELIS	5	PA; NDS
ENSACOVE	5	PA; LA; QL (60 per 30 days); NDS

Drug Name	Drug Tier	Requirements /Limits
ENVARBUS XR	4	B/D PA; MO
EPKINLY	5	PA; NDS
ERBITUX	5	MO; NDS
<i>eribulin</i>	5	NDS
ERIVEDGE	5	PA; MO; QL (30 per 30 days); NDS
ERLEADA ORAL TABLET 240 MG	5	PA; MO; QL (30 per 30 days); NDS
ERLEADA ORAL TABLET 60 MG	5	PA; MO; QL (120 per 30 days); NDS
<i>erlotinib oral tablet 100 mg, 150 mg</i>	5	PA; MO; QL (30 per 30 days); NDS
<i>erlotinib oral tablet 25 mg</i>	5	PA; MO; QL (60 per 30 days); NDS
ETOPOPHOS	4	MO
<i>etoposide intravenous</i>	2	MO
EULEXIN	5	NDS
<i>everolimus (antineoplastic) oral tablet</i>	5	PA; MO; QL (30 per 30 days); NDS
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>	5	PA; MO; QL (150 per 30 days); NDS
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i>	5	PA; MO; QL (90 per 30 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
<i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i>	5	PA; MO; QL (60 per 30 days); NDS
<i>everolimus (immunosuppressive) oral tablet 0.25 mg</i>	3	B/D PA; MO
<i>everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg</i>	5	B/D PA; MO; NDS
<i>exemestane</i>	4	MO
FAVLYXA	5	B/D PA; NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	PA; MO; NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	4	PA; MO
<i>floxuridine</i>	2	B/D PA
<i>fludarabine intravenous solution</i>	2	
<i>fluorouracil intravenous solution 1 gram/20 ml, 500 mg/10 ml</i>	2	B/D PA; MO
<i>fluorouracil intravenous solution 2.5 gram/50 ml, 5 gram/100 ml</i>	2	B/D PA

Drug Name	Drug Tier	Requirements /Limits
FOTIVDA	5	PA; LA; QL (21 per 28 days); NDS
FRUZAQLA ORAL CAPSULE 1 MG	5	PA; QL (84 per 28 days); NDS
FRUZAQLA ORAL CAPSULE 5 MG	5	PA; QL (21 per 28 days); NDS
<i>fulvestrant</i>	5	MO; NDS
FYARRO	5	PA; NDS
GAVRETO	5	PA; LA; QL (120 per 30 days); NDS
GAZYVA	5	MO; NDS
<i>gefitinib</i>	5	PA; MO; QL (30 per 30 days); NDS
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	2	MO
<i>gemcitabine intravenous recon soln 2 gram</i>	2	
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	2	MO
<i>gengraf oral capsule</i>	3	B/D PA; MO
GILOTRIF	5	PA; MO; QL (30 per 30 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
GOMEKLI ORAL CAPSULE 1 MG	5	PA; QL (126 per 28 days); NDS
GOMEKLI ORAL CAPSULE 2 MG	5	PA; QL (84 per 28 days); NDS
GOMEKLI ORAL TABLET FOR SUSPENSION	5	PA; QL (168 per 28 days); NDS
GRAFAPEX	5	NDS
HERNEXEOS	5	PA; MO; QL (90 per 30 days); NDS
<i>hydroxyurea</i>	2	MO
HYRNUO	5	PA; QL (120 per 30 days); NDS
IBRANCE ORAL CAPSULE 125 MG	5	PA; MO; QL (21 per 28 days); NDS
IBRANCE ORAL TABLET	5	PA; MO; QL (21 per 28 days); NDS
IBTROZI	5	PA; QL (90 per 30 days); NDS
ICLUSIG	5	PA; QL (30 per 30 days); NDS
<i>idarubicin</i>	2	MO
IDHIFA	5	PA; MO; LA; QL (30 per 30 days); NDS
<i>ifosfamide intravenous recon soln</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>ifosfamide intravenous solution 1 gram/20 ml</i>	2	MO
<i>ifosfamide intravenous solution 3 gram/60 ml</i>	2	
<i>imatinib oral tablet 100 mg</i>	3	PA; MO; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i>	5	PA; MO; QL (60 per 30 days); NDS
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; QL (90 per 30 days); NDS
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; QL (28 per 28 days); NDS
IMBRUVICA ORAL SUSPENSION	5	PA; QL (324 per 30 days); NDS
IMBRUVICA ORAL TABLET	5	PA; QL (28 per 28 days); NDS
IMDELLTRA	5	PA; MO; NDS
IMFINZI	5	MO; LA; NDS
IMJUDO	5	PA; MO; NDS
IMKELDI	5	PA; MO; QL (280 per 28 days); NDS
INLEXZO	5	PA; MO; LA; NDS
INLURIYO	5	PA; NDS
INLYTA ORAL TABLET 1 MG	5	PA; MO; QL (180 per 30 days); NDS

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This drug list was last updated on 09/01/2026.

Drug Name	Drug Tier	Requirements /Limits
INLYTA ORAL TABLET 5 MG	5	PA; MO; QL (120 per 30 days); NDS
INQOVI	5	PA; MO; QL (5 per 28 days); NDS
INREBIC	5	PA; MO; LA; QL (120 per 30 days); NDS
<i>irinotecan intravenous solution 100 mg/5 ml</i>	2	MO
<i>irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml</i>	5	NDS
<i>irinotecan intravenous solution 40 mg/2 ml</i>	5	MO; NDS
ISTODAX	5	MO; NDS
ITOVEBI ORAL TABLET 3 MG	5	PA; MO; QL (60 per 30 days); NDS
ITOVEBI ORAL TABLET 9 MG	5	PA; MO; QL (30 per 30 days); NDS
IWILFIN	5	PA; LA; QL (240 per 30 days); NDS
IXEMPRA	5	MO; NDS
JAKAFI	5	PA; MO; QL (60 per 30 days); NDS
JAKAFI XR	5	PA; MO; QL (30 per 30 days); NDS

Drug Name	Drug Tier	Requirements /Limits
JAYPIRCA ORAL TABLET 100 MG	5	PA; QL (60 per 30 days); NDS
JAYPIRCA ORAL TABLET 50 MG	5	PA; QL (30 per 30 days); NDS
JEMPERLI	5	PA; MO; NDS
JEVTANA	5	MO; NDS
JYLAMVO	4	B/D PA; MO
KADCYLA	5	PA; MO; NDS
KEYTRUDA	5	PA; MO; NDS
KEYTRUDA QLEX	5	PA; MO; NDS
KIMMTRAK	5	NDS
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA; MO; QL (21 per 28 days); NDS
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA; MO; QL (42 per 28 days); NDS
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA; MO; QL (63 per 28 days); NDS
KOMZIFTI	5	PA; QL (90 per 30 days); NDS
KOSELUGO	5	PA; NDS
KRAZATI	5	PA; QL (180 per 30 days); NDS
KYPROLIS	5	MO; NDS

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Drug Name	Drug Tier	Requirements /Limits
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i>	5	PA; MO; NDS
<i>lapatinib</i>	5	PA; MO; QL (180 per 30 days); NDS
LAZCLUZE ORAL TABLET 240 MG	5	PA; LA; QL (30 per 30 days); NDS
LAZCLUZE ORAL TABLET 80 MG	5	PA; LA; QL (60 per 30 days); NDS
<i>lenalidomide</i>	5	PA; MO; QL (28 per 28 days); NDS
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	5	PA; MO; QL (30 per 30 days); NDS
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X 2), 24 MG/DAY (10 MG X 2-4 MG X 1)	5	PA; MO; QL (90 per 30 days); NDS
LENVIMA ORAL CAPSULE 14 MG/DAY (10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	5	PA; MO; QL (60 per 30 days); NDS
<i>letrozole</i>	2	MO
LEUKERAN	5	MO; NDS
<i>leuprolide subcutaneous kit</i>	4	PA; MO

Drug Name	Drug Tier	Requirements /Limits
LIBTAYO	5	PA; LA; NDS
LIFYORLI ORAL CAPSULE 125 MG/DAY (100 MG X 1-25MG X 1), 125 MG/DAY (100 MG X 1-25MG X 3), 125 MG/DAY (100 MG X 1-25MG X 9)	5	PA; LA; QL (18 per 28 days); NDS
LIFYORLI ORAL CAPSULE 150 MG/DAY (100 MG X 1-25MG X 2), 150 MG/DAY (100 MG X 1-25MG X 3), 150 MG/DAY (100 MG X 1-25MG X 9)	5	PA; LA; QL (27 per 28 days); NDS
<i>lomustine oral capsule 10 mg, 40 mg</i>	4	
<i>lomustine oral capsule 100 mg</i>	5	NDS
LONSURF	5	PA; MO; NDS
LOQTORZI	5	PA; MO; NDS
LORBRENA ORAL TABLET 100 MG	5	PA; MO; QL (30 per 30 days); NDS
LORBRENA ORAL TABLET 25 MG	5	PA; MO; QL (90 per 30 days); NDS
LUMAKRAS ORAL TABLET 120 MG	5	PA; MO; QL (240 per 30 days); NDS
LUMAKRAS ORAL TABLET 240 MG	5	PA; MO; QL (120 per 30 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
LUMAKRAS ORAL TABLET 320 MG	5	PA; MO; QL (90 per 30 days); NDS
LUNSUMIO	5	PA; MO; NDS
LUNSUMIO VELO	5	PA; MO; NDS
LUPRON DEPOT	5	PA; MO; NDS
LYNOZYFIC	5	PA; NDS
LYNPARZA	5	PA; MO; QL (120 per 30 days); NDS
LYSODREN	5	NDS
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3)	5	PA; LA; QL (84 per 28 days); NDS
LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4)	5	PA; LA; QL (112 per 28 days); NDS
LYTGOBI ORAL TABLET 20 MG/DAY (4 MG X 5)	5	PA; LA; QL (140 per 28 days); NDS
MATULANE	5	NDS
<i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>	3	PA
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	3	PA; MO
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	4	PA; MO
<i>megestrol oral tablet</i>	3	PA; MO

Drug Name	Drug Tier	Requirements /Limits
MEKINIST ORAL RECON SOLN	5	PA; MO; QL (1260 per 30 days); NDS
MEKINIST ORAL TABLET 0.5 MG	5	PA; MO; QL (90 per 30 days); NDS
MEKINIST ORAL TABLET 2 MG	5	PA; MO; QL (30 per 30 days); NDS
MEKTOVI	5	PA; MO; LA; QL (180 per 30 days); NDS
<i>melphalan hcl</i>	5	NDS
<i>mercaptopurine oral suspension</i>	5	MO; NDS
<i>mercaptopurine oral tablet</i>	3	MO
<i>methotrexate sodium (pf) injection recon soln</i>	2	
<i>methotrexate sodium (pf) injection solution</i>	2	MO
<i>methotrexate sodium injection</i>	2	MO
<i>methotrexate sodium oral</i>	2	B/D PA; MO
<i>mitomycin intravenous recon soln 20 mg, 5 mg</i>	2	MO
<i>mitomycin intravenous recon soln 40 mg</i>	5	MO; NDS
<i>mitoxantrone</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
MODEYSO	5	PA; QL (20 per 28 days); NDS
MONJUVI	5	PA; LA; NDS
<i>mycophenolate mofetil (hcl)</i>	4	B/D PA; MO
<i>mycophenolate mofetil oral capsule</i>	3	B/D PA; MO
<i>mycophenolate mofetil oral suspension for reconstitution</i>	5	B/D PA; MO; NDS
<i>mycophenolate mofetil oral tablet</i>	3	B/D PA; MO
<i>mycophenolate sodium</i>	4	B/D PA; MO
MYHIBBIN	5	B/D PA; MO; NDS
MYLOTARG	5	MO; LA; NDS
<i>nelarabine</i>	5	MO; NDS
NEMLUVIO	5	PA; MO; QL (2 per 28 days); NDS
NERLYNX	5	PA; MO; LA; NDS
<i>nilotinib hcl oral capsule 150 mg, 200 mg</i>	5	PA; MO; QL (112 per 28 days); NDS
<i>nilotinib hcl oral capsule 50 mg</i>	5	PA; MO; QL (120 per 30 days); NDS
<i>nilutamide</i>	5	PA; MO; NDS
NINLARO	5	PA; MO; QL (3 per 28 days); NDS

Drug Name	Drug Tier	Requirements /Limits
NUBEQA	5	PA; MO; LA; QL (120 per 30 days); NDS
NULOJIX	5	B/D PA; MO; NDS
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	5	PA; MO; NDS
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	4	PA; MO
<i>octreotide acetate injection syringe</i>	4	PA; MO
<i>octreotide, microspheres</i>	5	PA; NDS
ODOMZO	5	PA; MO; LA; QL (30 per 30 days); NDS
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	PA; QL (56 per 28 days); NDS
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION	5	PA; QL (96 per 28 days); NDS
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	5	PA; QL (16 per 28 days); NDS
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	5	PA; QL (20 per 28 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)	5	PA; QL (24 per 28 days); NDS
OJJAARA	5	PA; QL (30 per 30 days); NDS
ONCASPAR	5	NDS
ONIVYDE	5	NDS
ONUREG	5	PA; MO; QL (14 per 28 days); NDS
OPDIVO	5	PA; MO; NDS
OPDIVO QVANTIG	5	PA; MO; NDS
OPDUALAG	5	PA; MO; NDS
ORGOVYX	5	PA; LA; QL (30 per 28 days); NDS
ORSERDU ORAL TABLET 345 MG	5	PA; QL (30 per 30 days); NDS
ORSERDU ORAL TABLET 86 MG	5	PA; QL (90 per 30 days); NDS
<i>oxaliplatin intravenous recon soln 100 mg</i>	2	
<i>oxaliplatin intravenous recon soln 50 mg</i>	2	MO
<i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>oxaliplatin intravenous solution 200 mg/40 ml</i>	2	
<i>paclitaxel</i>	2	MO
<i>paclitaxel protein-bound</i>	5	MO; NDS
PADCEV	5	PA; MO; NDS
<i>pazopanib oral tablet 200 mg</i>	5	PA; MO; QL (120 per 30 days); NDS
PAZOPANIB ORAL TABLET 400 MG	5	PA; MO; QL (60 per 30 days); NDS
PEMAZYRE	5	PA; LA; QL (28 per 28 days); NDS
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 500 mg</i>	5	MO; NDS
<i>pemetrexed disodium intravenous recon soln 100 mg</i>	4	MO
<i>pemetrexed disodium intravenous recon soln 750 mg</i>	5	NDS
PERJETA	5	MO; NDS
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA; QL (28 per 28 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	5	PA; QL (56 per 28 days); NDS
POLIVY	5	PA; MO; NDS
<i>pomalidomide</i>	5	PA; MO; QL (21 per 28 days); NDS
POMALYST	5	PA; MO; LA; QL (21 per 28 days); NDS
POTELIGEO	5	PA; NDS
<i>pralatrexate intravenous solution 20 mg/ml (1 ml)</i>	5	MO; NDS
PRALATREXATE INTRAVENOUS SOLUTION 40 MG/2 ML (20 MG/ML)	5	MO; NDS
PROGRAF INTRAVENOUS	3	B/D PA
PROGRAF ORAL GRANULES IN PACKET	4	B/D PA; MO
QINLOCK	5	PA; LA; QL (90 per 30 days); NDS
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	5	PA; MO; LA; QL (60 per 30 days); NDS
RETEVMO ORAL TABLET 40 MG	5	PA; MO; LA; QL (90 per 30 days); NDS

Drug Name	Drug Tier	Requirements /Limits
REVUFORJ ORAL TABLET 110 MG	5	PA; QL (120 per 30 days); NDS
REVUFORJ ORAL TABLET 160 MG	5	PA; QL (60 per 30 days); NDS
REVUFORJ ORAL TABLET 25 MG	5	PA; QL (240 per 30 days); NDS
REZLIDHIA	5	PA; QL (60 per 30 days); NDS
REZUROCK	5	PA; LA; QL (30 per 30 days); NDS
<i>romidepsin intravenous recon soln</i>	5	NDS
<i>romidepsin intravenous solution</i>	5	MO; NDS
ROMVIMZA	5	PA; LA; QL (8 per 28 days); NDS
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; MO; QL (150 per 30 days); NDS
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; MO; QL (90 per 30 days); NDS
ROZLYTREK ORAL PELLETS IN PACKET	5	PA; MO; QL (336 per 28 days); NDS
RUBRACA	5	PA; MO; LA; QL (120 per 30 days); NDS
RUXIENCE	5	PA; MO; NDS
RYBREVANT	5	PA; MO; NDS

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Drug Name	Drug Tier	Requirements /Limits
RYBREVANT FASPRO	5	PA; MO; NDS
RYDAPT	5	PA; MO; QL (224 per 28 days); NDS
RYLAZE	5	NDS
RYTELO	5	PA; NDS
SARCLISA	5	PA; LA; NDS
SCEMBLIX ORAL TABLET 100 MG	5	PA; QL (120 per 30 days); NDS
SCEMBLIX ORAL TABLET 20 MG	5	PA; QL (60 per 30 days); NDS
SCEMBLIX ORAL TABLET 40 MG	5	PA; QL (300 per 30 days); NDS
SIGNIFOR	5	PA; NDS
SIMULECT	3	B/D PA
<i>sirolimus</i>	4	B/D PA; MO
SOLTAMOX	5	MO; NDS
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML, 90 MG/0.3 ML	5	PA; MO; NDS
<i>sorafenib</i>	5	PA; MO; QL (120 per 30 days); NDS
STIVARGA	5	PA; MO; QL (84 per 28 days); NDS
<i>sunitinib malate</i>	5	PA; MO; QL (28 per 28 days); NDS

Drug Name	Drug Tier	Requirements /Limits
SYLVANT	5	MO; NDS
TABLOID	5	MO; NDS
TABRECTA	5	PA; MO; NDS
<i>tacrolimus oral capsule</i>	3	B/D PA; MO
TAFINLAR ORAL CAPSULE	5	PA; MO; QL (120 per 30 days); NDS
TAFINLAR ORAL TABLET FOR SUSPENSION	5	PA; MO; QL (840 per 28 days); NDS
TAGRISSE	5	PA; MO; LA; QL (30 per 30 days); NDS
TALVEY	5	PA; NDS
TALZENNA	5	PA; MO; QL (30 per 30 days); NDS
<i>tamoxifen</i>	2	MO
TECENTRIQ	5	MO; LA; NDS
TECENTRIQ HYBREZA	5	MO; LA; NDS
TECVAYLI	5	PA; NDS
TEMODAR	5	MO; NDS
<i>temsirolimus</i>	5	MO; NDS
TEPMETKO	5	PA; LA; NDS
TEVIMBRA	5	PA; NDS
THALOMID ORAL CAPSULE 100 MG	5	PA; MO; QL (112 per 28 days); NDS
THALOMID ORAL CAPSULE 50 MG	5	PA; MO; QL (28 per 28 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
<i>thiotepa injection recon soln 100 mg</i>	5	NDS
<i>thiotepa injection recon soln 15 mg</i>	5	MO; NDS
TIBSOVO	5	PA; NDS
TIVDAK	5	PA; MO; NDS
<i>topotecan</i>	5	MO; NDS
<i>toremifene</i>	4	MO
<i>torpenz</i>	5	PA; QL (30 per 30 days); NDS
TRAZIMERA	5	MO; NDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	4	PA; MO
<i>tretinoin (antineoplastic)</i>	5	MO; NDS
TRODELVY	5	PA; LA; NDS
TRUQAP	5	PA; QL (64 per 28 days); NDS
TUKYSA ORAL TABLET 150 MG	5	PA; LA; QL (120 per 30 days); NDS
TUKYSA ORAL TABLET 50 MG	5	PA; LA; QL (300 per 30 days); NDS
TURALIO	5	PA; LA; QL (120 per 30 days); NDS
UNITUXIN	5	NDS
UNLOXCYT	5	PA; NDS

Drug Name	Drug Tier	Requirements /Limits
<i>valrubicin</i>	5	MO; NDS
VANFLYTA	5	PA; QL (56 per 28 days); NDS
VECTIBIX	5	MO; NDS
VENCLEXTA ORAL TABLET 10 MG	3	PA; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA; LA; QL (180 per 30 days); NDS
VENCLEXTA ORAL TABLET 50 MG	5	PA; LA; QL (30 per 30 days); NDS
VENCLEXTA STARTING PACK	5	PA; LA; QL (42 per 180 days); NDS
VERZENIO	5	PA; MO; LA; QL (56 per 28 days); NDS
<i>vinblastine</i>	2	B/D PA; MO
<i>vincristine</i>	2	B/D PA; MO
<i>vinorelbine</i>	2	MO
VITRAKVI ORAL CAPSULE 100 MG	5	PA; MO; LA; QL (60 per 30 days); NDS
VITRAKVI ORAL CAPSULE 25 MG	5	PA; MO; LA; QL (180 per 30 days); NDS
VITRAKVI ORAL SOLUTION	5	PA; MO; LA; QL (300 per 30 days); NDS
VONJO	5	PA; QL (120 per 30 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
VORANIGO ORAL TABLET 10 MG	5	PA; QL (60 per 30 days); NDS
VORANIGO ORAL TABLET 40 MG	5	PA; QL (30 per 30 days); NDS
VYLOY	5	PA; LA; NDS
VYXEOS	5	NDS
WELIREG	5	PA; LA; NDS
XALKORI ORAL CAPSULE	5	PA; MO; QL (60 per 30 days); NDS
XALKORI ORAL PELLETT 150 MG	5	PA; MO; QL (180 per 30 days); NDS
XALKORI ORAL PELLETT 20 MG, 50 MG	5	PA; MO; QL (120 per 30 days); NDS
XERMELO	5	PA; LA; QL (84 per 28 days); NDS
XOSPATA	5	PA; LA; QL (90 per 30 days); NDS

Drug Name	Drug Tier	Requirements /Limits
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (10 MG X 4), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80 MG/WEEK (80 MG X 1), 80MG TWICE WEEK (160 MG/WEEK)	5	PA; LA; NDS
XTANDI ORAL CAPSULE	5	PA; MO; QL (120 per 30 days); NDS
XTANDI ORAL TABLET 40 MG	5	PA; MO; QL (120 per 30 days); NDS
XTANDI ORAL TABLET 80 MG	5	PA; MO; QL (60 per 30 days); NDS
YERVOY	5	MO; NDS
YONDELIS	5	NDS
<i>yulithira</i>	4	PA; QL (30 per 30 days)
ZALTRAP	5	MO; NDS
ZEJULA	5	PA; MO; LA; QL (30 per 30 days); NDS
ZELBORAF	5	PA; MO; QL (224 per 28 days); NDS
ZEPZELCA	5	PA; NDS

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Drug Name	Drug Tier	Requirements /Limits
ZIIHERA	5	PA; NDS
ZIRABEV	5	MO; NDS
ZOLADEX	4	PA; MO
ZOLINZA	5	PA; MO; QL (120 per 30 days); NDS
ZYDELIG	5	PA; MO; QL (60 per 30 days); NDS
ZYKADIA	5	PA; MO; QL (90 per 30 days); NDS
ZYNLONTA	5	PA; LA; NDS
ZYNYZ	5	PA; MO; NDS

AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH

ANTICONVULSANTS

<i>brivaracetam intravenous</i>	4	PA; MO; QL (600 per 30 days)
<i>brivaracetam oral solution</i>	5	PA; MO; QL (600 per 30 days); NDS
<i>brivaracetam oral tablet</i>	5	PA; MO; QL (60 per 30 days); NDS
BRIVIACT INTRAVENOUS	4	PA; MO; QL (600 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	3	MO

<i>carbamazepine oral suspension 100 mg/5 ml</i>	2	MO
<i>carbamazepine oral suspension 100 mg/5 ml (5 ml), 200 mg/10 ml</i>	2	
<i>carbamazepine oral tablet</i>	2	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	3	MO
<i>carbamazepine oral tablet, chewable 100 mg</i>	2	MO
<i>clobazam oral suspension</i>	4	PA; MO; QL (480 per 30 days)
<i>clobazam oral tablet</i>	4	PA; MO; QL (60 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	2	MO; QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	2	MO; QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	2	MO; QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	2	MO; QL (300 per 30 days)
DIACOMIT	5	PA; LA; NDS
<i>diazepam rectal</i>	4	MO
DILANTIN 30 MG	4	MO
<i>divalproex</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
EPIDIOLEX	5	PA; MO; LA; NDS
<i>eslicarbazepine oral tablet 200 mg</i>	4	MO; QL (60 per 30 days)
<i>eslicarbazepine oral tablet 400 mg</i>	4	MO; QL (30 per 30 days)
<i>eslicarbazepine oral tablet 600 mg, 800 mg</i>	5	MO; QL (60 per 30 days); NDS
<i>ethosuximide</i>	3	MO
<i>felbamate</i>	4	MO
FINTEPLA	5	PA; LA; QL (360 per 30 days); NDS
<i>fosphephenytoin</i>	2	
<i>gabapentin oral capsule 100 mg, 400 mg</i>	2	MO; QL (270 per 30 days)
<i>gabapentin oral capsule 200 mg</i>	2	QL (540 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	2	MO; QL (360 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	3	MO; QL (2160 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	3	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	2	MO; QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	2	MO; QL (120 per 30 days)
<i>gabapentin oral tablet extended release 24 hr 300 mg</i>	3	PA; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>gabapentin oral tablet extended release 24 hr 450 mg, 600 mg, 750 mg, 900 mg</i>	3	PA; MO; QL (60 per 30 days)
<i>lacosamide intravenous</i>	3	MO; QL (1200 per 30 days)
<i>lacosamide oral solution</i>	4	MO; QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	4	MO; QL (60 per 30 days)
<i>lacosamide oral tablet 50 mg</i>	4	MO; QL (120 per 30 days)
<i>lamotrigine oral tablet</i>	1	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	2	MO
<i>lamotrigine oral tablet, disintegrating</i>	4	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 500 mg/100 ml</i>	2	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,500 mg/100 ml</i>	2	
<i>levetiracetam intravenous</i>	2	MO
<i>levetiracetam oral solution 100 mg/ml</i>	2	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	2	

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Drug Name	Drug Tier	Requirements /Limits
<i>levetiracetam oral tablet</i>	2	MO
<i>levetiracetam oral tablet extended release 24 hr</i>	2	MO
LEVETIRACETAM ORAL TABLET FOR SUSPENSION	4	MO
<i>methsuximide</i>	4	MO
NAYZILAM	3	PA; MO; QL (10 per 30 days)
<i>oxcarbazepine oral suspension</i>	4	MO
<i>oxcarbazepine oral tablet</i>	3	MO
<i>perampanel oral suspension</i>	5	MO; QL (720 per 30 days); NDS
<i>perampanel oral tablet</i>	4	MO; QL (30 per 30 days)
<i>phenobarbital oral elixir</i>	4	PA; MO
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg</i>	2	PA
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	2	PA; MO
<i>phenobarbital sodium injection solution 130 mg/ml</i>	2	MO
<i>phenobarbital sodium injection solution 65 mg/ml</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>phenytoin oral suspension 125 mg/5 ml</i>	2	MO
<i>phenytoin oral tablet, chewable</i>	2	MO
<i>phenytoin sodium extended oral capsule 100 mg</i>	2	MO
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>	2	
<i>phenytoin sodium intravenous solution</i>	2	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	2	MO; QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	2	MO; QL (60 per 30 days)
<i>pregabalin oral solution</i>	2	MO; QL (900 per 30 days)
PRIMIDONE ORAL TABLET 125 MG	4	MO
<i>primidone oral tablet 250 mg, 50 mg</i>	2	MO
<i>relgaabi oral capsule 300 mg</i>	2	QL (360 per 30 days)
<i>relgaabi oral capsule 400 mg</i>	2	QL (270 per 30 days)
<i>roweepra</i>	2	MO
<i>rufinamide oral suspension</i>	5	PA; MO; NDS

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Drug Name	Drug Tier	Requirements /Limits
<i>rufinamide oral tablet</i>	4	PA; MO
SPRITAM	4	
SUBVENITE ORAL SUSPENSION	5	MO; NDS
<i>subvenite oral tablet</i>	1	MO
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	PA; MO; QL (60 per 30 days); NDS
SYMPAZAN ORAL FILM 5 MG	4	PA; MO; QL (60 per 30 days)
<i>tiagabine</i>	4	MO
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	2	PA; MO
<i>topiramate oral solution</i>	4	PA; MO
<i>topiramate oral tablet</i>	2	PA; MO
<i>valproate sodium</i>	2	MO
<i>valproic acid</i>	2	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	2	
VALTOCO	3	PA; MO; QL (10 per 30 days)
<i>vigabatrin</i>	5	PA; MO; LA; NDS

Drug Name	Drug Tier	Requirements /Limits
<i>vigadrone</i>	5	PA; LA; NDS
XCOPRI MAINTENANCE PACK	5	MO; QL (56 per 28 days); NDS
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	5	MO; QL (30 per 30 days); NDS
XCOPRI ORAL TABLET 150 MG, 200 MG	5	MO; QL (60 per 30 days); NDS
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	4	MO; QL (28 per 180 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	5	MO; QL (28 per 180 days); NDS
ZONISADE	5	PA; MO; NDS
<i>zonisamide</i>	2	PA; MO
ZTALMY	5	PA; LA; QL (1100 per 30 days); NDS

ANTIPARKINSONISM AGENTS

<i>benztropine injection</i>	2	
<i>benztropine oral</i>	2	PA; MO
<i>bromocriptine oral capsule</i>	4	
<i>bromocriptine oral tablet</i>	4	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>carbidopa</i>	4	MO
<i>carbidopa-levodopa oral tablet</i>	2	MO
<i>carbidopa-levodopa oral tablet extended release</i>	2	MO
<i>carbidopa-levodopa oral tablet, disintegrating</i>	2	MO
<i>carbidopa-levodopa-entacapone</i>	4	MO
<i>entacapone</i>	4	MO
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	5	PA; QL (300 per 30 days); NDS
NEUPRO	4	MO
<i>pramipexole oral tablet</i>	2	MO
<i>rasagiline</i>	4	MO
<i>ropinirole oral tablet</i>	2	MO
<i>ropinirole oral tablet extended release 24 hr</i>	4	MO
<i>selegiline hcl</i>	2	MO
<i>trihexyphenidyl oral tablet</i>	1	MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	3	PA; MO; QL (1 per 30 days)
<i>dihydroergotamine injection</i>	5	NDS

Drug Name	Drug Tier	Requirements /Limits
<i>dihydroergotamine nasal</i>	4	QL (8 per 28 days)
EMGALITY PEN	3	PA; MO; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML	3	PA; MO; QL (2 per 30 days)
<i>ergotamine-caffeine</i>	3	MO
<i>naratriptan</i>	3	MO; QL (18 per 28 days)
NURTEC ODT	3	PA; QL (16 per 30 days)
QULIPTA	3	PA; MO; QL (30 per 30 days)
<i>rizatriptan oral tablet</i>	2	MO; QL (24 per 28 days)
<i>rizatriptan oral tablet, disintegrating</i>	3	MO; QL (24 per 28 days)
<i>sumatriptan nasal</i>	4	MO; QL (18 per 28 days)
<i>sumatriptan succinate oral</i>	2	MO; QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	4	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous solution</i>	4	MO; QL (8 per 28 days)
UBRELVY	3	PA; QL (20 per 30 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		

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Drug Name	Drug Tier	Requirements /Limits
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; MO; QL (120 per 30 days); NDS
AUSTEDO ORAL TABLET 6 MG	5	PA; MO; QL (60 per 30 days); NDS
AUSTEDO XR	5	PA; MO; QL (30 per 30 days); NDS
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	5	PA; MO; QL (28 per 180 days); NDS
BRIUMVI	5	PA; MO; QL (24 per 180 days); NDS
<i>dalfampridine</i>	3	PA; MO; QL (60 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i>	4	PA; MO; QL (56 per 28 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	4	PA; MO; QL (120 per 180 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i>	5	PA; MO; QL (60 per 30 days); NDS
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	MO
<i>donepezil oral tablet 23 mg</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>donepezil oral tablet, disintegrating</i>	2	MO
<i>fingolimod</i>	5	PA; MO; QL (30 per 30 days); NDS
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	3	MO
<i>galantamine oral solution</i>	4	MO
<i>galantamine oral tablet</i>	3	MO
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	5	PA; MO; QL (30 per 30 days); NDS
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	5	PA; MO; QL (12 per 28 days); NDS
<i>glatopa subcutaneous syringe 20 mg/ml</i>	5	PA; MO; QL (30 per 30 days); NDS
<i>glatopa subcutaneous syringe 40 mg/ml</i>	5	PA; MO; QL (12 per 28 days); NDS
INGREZZA	5	PA; LA; QL (30 per 30 days); NDS
INGREZZA INITIATION PK(TARDIV)	5	PA; LA; QL (28 per 180 days); NDS
INGREZZA SPRINKLE	5	PA; LA; QL (30 per 30 days); NDS
KESIMPTA PEN	5	PA; MO; QL (1.6 per 28 days); NDS
LEQEMBI IQLIK	5	PA; NDS

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Drug Name	Drug Tier	Requirements /Limits
<i>memantine oral capsule, sprinkle, er 24hr</i>	4	PA; MO
<i>memantine oral solution</i>	3	PA; MO
<i>memantine oral tablet</i>	2	PA; MO
<i>memantine-donepezil</i>	3	PA; MO
RADICAVA ORS STARTER KIT SUSP	5	PA; MO; NDS
<i>rivastigmine</i>	4	MO
<i>rivastigmine tartrate</i>	3	MO
<i>teriflunomide</i>	5	PA; MO; QL (30 per 30 days); NDS
<i>tetrabenazine oral tablet 12.5 mg</i>	4	PA; MO; QL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; MO; QL (120 per 30 days); NDS
VUMERITY	5	PA; MO; QL (120 per 30 days); NDS
ZEPOSIA	5	PA; MO; QL (30 per 30 days); NDS
ZEPOSIA STARTER KIT (28-DAY)	5	PA; MO; QL (28 per 180 days); NDS
ZEPOSIA STARTER PACK (7-DAY)	5	PA; MO; QL (7 per 180 days); NDS

Drug Name	Drug Tier	Requirements /Limits
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	2	MO
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	4	PA; MO
<i>dantrolene intravenous</i>	2	
<i>dantrolene oral</i>	4	MO
LIORESAL	3	B/D PA
<i>pyridostigmine bromide oral tablet 60 mg</i>	3	MO
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	3	MO
<i>revonto</i>	2	
<i>tizanidine oral tablet</i>	2	MO
VYVGART	5	PA; MO; LA; NDS
VYVGART HYTRULO	5	PA; MO; LA; NDS
NARCOTIC ANALGESICS		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	2	MO; QL (4500 per 30 days)
<i>acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml</i>	2	QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	2	MO; QL (360 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	2	MO; QL (180 per 30 days)
<i>buprenorphine hcl injection syringe</i>	2	
<i>buprenorphine hcl sublingual</i>	2	MO
<i>buprenorphine transdermal patch</i>	4	PA; MO; QL (4 per 28 days)
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg</i>	3	QL (360 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	4	PA; QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	3	QL (5550 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	3	QL (360 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	3	QL (50 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml, 2 mg/ml</i>	4	
<i>hydromorphone injection solution 2 mg/ml</i>	4	

Drug Name	Drug Tier	Requirements /Limits
<i>hydromorphone injection syringe 1 mg/ml, 2 mg/ml, 4 mg/ml</i>	4	
<i>hydromorphone oral liquid</i>	4	QL (2400 per 30 days)
<i>hydromorphone oral tablet</i>	3	QL (180 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr</i>	4	PA; QL (60 per 30 days)
<i>methadone injection solution</i>	3	
<i>methadone intensol</i>	3	PA; QL (90 per 30 days)
<i>methadone oral concentrate</i>	3	PA; QL (90 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	3	PA; QL (600 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	3	PA; QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i>	3	PA; QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	3	PA; QL (240 per 30 days)
<i>methadose oral concentrate</i>	3	PA; QL (90 per 30 days)
<i>morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	4	
<i>morphine concentrate oral solution</i>	3	QL (900 per 30 days)
<i>morphine injection syringe 4 mg/ml</i>	4	

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Drug Name	Drug Tier	Requirements /Limits
<i>morphine intravenous solution 10 mg/ml, 4 mg/ml</i>	4	
<i>morphine intravenous syringe 2 mg/ml, 4 mg/ml</i>	4	
<i>morphine oral solution</i>	3	QL (900 per 30 days)
<i>morphine oral tablet</i>	3	QL (180 per 30 days)
<i>morphine oral tablet extended release</i>	3	PA; QL (120 per 30 days)
<i>oxycodone oral capsule</i>	3	QL (360 per 30 days)
<i>oxycodone oral concentrate</i>	4	QL (180 per 30 days)
<i>oxycodone oral solution</i>	3	QL (1200 per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	3	QL (180 per 30 days)
<i>oxycodone oral tablet 5 mg</i>	3	QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	3	QL (360 per 30 days)
SUBLOCADE	5	MO; NDS
NON-NARCOTIC ANALGESICS		
<i>buprenorphine-naloxone sublingual film</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>buprenorphine-naloxone sublingual tablet</i>	2	MO
<i>butorphanol injection</i>	2	MO
<i>butorphanol nasal</i>	4	MO; QL (10 per 28 days)
<i>celecoxib</i>	2	MO
<i>clonidine (pf) epidural solution 5,000 mcg/10 ml</i>	2	
<i>diclofenac potassium oral tablet 50 mg</i>	2	MO
<i>diclofenac sodium oral</i>	2	MO
<i>diclofenac sodium topical drops</i>	2	PA; MO; QL (300 per 28 days)
<i>diclofenac sodium topical solution in metered-dose pump</i>	4	PA; MO; QL (224 per 28 days)
<i>diclofenac-misoprostol</i>	4	MO
<i>diflunisal</i>	3	MO
<i>etodolac oral capsule</i>	3	MO
<i>etodolac oral tablet</i>	3	MO
<i>etodolac oral tablet extended release 24 hr</i>	4	MO
<i>flurbiprofen oral tablet 100 mg</i>	2	MO
<i>ibu</i>	1	MO
<i>ibuprofen oral suspension</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>ibuprofen oral tablet 400 mg, 800 mg</i>	1	MO
<i>ibuprofen oral tablet 600 mg</i>	1	
JOURNAVX	3	MO; QL (30 per 90 days)
KLOXXADO	4	MO
<i>lurbiro</i>	2	
<i>meloxicam oral tablet</i>	1	MO; QL (30 per 30 days)
<i>nabumetone</i>	2	MO
<i>nalbuphine</i>	2	
<i>naloxone injection solution</i>	2	
<i>naloxone injection syringe</i>	2	
<i>naltrexone</i>	2	MO
<i>naproxen oral tablet</i>	1	MO
<i>naproxen oral tablet, delayed release (dr/ec)</i>	2	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	MO
<i>piroxicam</i>	3	MO
<i>salsalate</i>	1	MO
<i>sulindac</i>	2	MO
<i>tramadol oral tablet 50 mg</i>	2	MO; QL (240 per 30 days)
<i>tramadol-acetaminophen</i>	2	MO; QL (240 per 30 days)
VIVITROL	5	MO; NDS
PSYCHOTHERAPEUTIC DRUGS		

Drug Name	Drug Tier	Requirements /Limits
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 720 MG/2.4 ML	5	MO; QL (2.4 per 56 days); NDS
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 960 MG/3.2 ML	5	MO; QL (3.2 per 56 days); NDS
ABILIFY MAINTENA	5	MO; QL (1 per 28 days); NDS
<i>amitriptyline</i>	2	MO
<i>amoxapine</i>	3	MO
<i>amphetamine</i>	4	MO
<i>aripiprazole oral solution</i>	4	MO
<i>aripiprazole oral tablet</i>	2	MO; QL (30 per 30 days)
<i>aripiprazole oral tablet, disintegrating</i>	4	MO; QL (60 per 30 days)
ARISTADA INITIO	5	MO; QL (2.4 per 180 days); NDS
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML	5	MO; QL (3.9 per 56 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	5	MO; QL (1.6 per 28 days); NDS
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	5	MO; QL (2.4 per 28 days); NDS
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	5	MO; QL (3.2 per 28 days); NDS
<i>armodafinil</i>	4	PA; MO; QL (30 per 30 days)
<i>asenapine maleate</i>	4	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	4	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	4	MO; QL (30 per 30 days)
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC	5	QL (60 per 30 days); NDS
AUVELITY ORAL TABLET,IR ER BIPHASIC,DOSEP ACK	5	QL (51 per 180 days); NDS

Drug Name	Drug Tier	Requirements /Limits
BELSOMRA	3	PA; QL (30 per 30 days)
<i>bupropion hcl oral tablet</i>	2	MO
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	2	MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	2	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	2	MO; QL (60 per 30 days)
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	MO
BYSANTI	5	ST; QL (60 per 30 days); NDS
BYSANTI TITRATION PACK A	5	ST; QL (8 per 180 days); NDS
BYSANTI TITRATION PACK B	5	ST; QL (12 per 180 days); NDS
BYSANTI TITRATION PACK C	5	ST; QL (8 per 180 days); NDS
CAPLYTA	5	MO; QL (30 per 30 days); NDS
<i>chlorpromazine injection</i>	2	
<i>chlorpromazine oral</i>	4	MO
<i>citalopram oral solution</i>	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>citalopram oral tablet</i>	1	MO; QL (30 per 30 days)
<i>clomipramine</i>	4	MO
<i>clonidine hcl oral tablet extended release 12 hr</i>	4	MO
<i>clorazepate dipotassium oral tablet 15 mg</i>	3	PA; MO; QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	3	PA; MO; QL (90 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	3	PA; MO; QL (360 per 30 days)
<i>clozapine oral tablet</i>	3	
<i>clozapine oral tablet,disintegrating</i>	4	
COBENFY	5	MO; QL (60 per 30 days); NDS
COBENFY STARTER PACK	5	MO; QL (56 per 180 days); NDS
<i>desipramine</i>	2	MO
<i>desvenlafaxine succinate</i>	3	MO; QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr</i>	4	MO
<i>dextroamphetamine-amphetamine oral tablet</i>	3	MO
<i>diazepam injection</i>	2	PA

Drug Name	Drug Tier	Requirements /Limits
<i>diazepam intensol</i>	2	PA; MO; QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	PA; MO; QL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml, 5 ml)</i>	2	PA; QL (1200 per 30 days)
<i>diazepam oral tablet</i>	2	PA; MO; QL (120 per 30 days)
<i>doxepin oral capsule</i>	2	MO
<i>doxepin oral concentrate</i>	2	MO
<i>doxepin oral tablet</i>	3	MO; QL (30 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	4	MO; QL (60 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	4	MO; QL (30 per 30 days)
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	2	MO; QL (60 per 30 days)
EMSAM	5	MO; NDS
<i>escitalopram oxalate oral solution</i>	2	MO
<i>escitalopram oxalate oral tablet</i>	1	MO; QL (30 per 30 days)
<i>eszopiclone</i>	4	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
EXXUA ORAL TABLET EXTENDED RELEASE 24 HR 18.2 MG	5	ST; QL (30 per 30 days); NDS
EXXUA ORAL TABLET EXTENDED RELEASE 24 HR 36.3 MG, 54.5 MG, 72.6 MG	5	ST; MO; QL (30 per 30 days); NDS
EXXUA ORAL TABLET, EXT REL 24HR DOSE PACK	5	ST; MO; QL (32 per 180 days); NDS
FANAPT	5	ST; MO; QL (60 per 30 days); NDS
FANAPT TITRATION PACK A	4	ST; MO; QL (8 per 180 days)
FANAPT TITRATION PACK B	4	ST; QL (12 per 180 days)
FANAPT TITRATION PACK C	4	ST; QL (8 per 180 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)-40 MG (26)	3	QL (28 per 180 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	3	QL (30 per 30 days)
<i>flumazenil</i>	2	
<i>fluoxetine oral capsule 10 mg</i>	1	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>fluoxetine oral capsule 20 mg</i>	1	MO; QL (120 per 30 days)
<i>fluoxetine oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)
<i>fluoxetine oral solution</i>	2	MO
<i>fluphenazine decanoate</i>	4	MO
<i>fluphenazine hcl injection</i>	4	
<i>fluphenazine hcl oral</i>	4	MO
<i>fluvoxamine oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	2	MO; QL (30 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	2	MO; QL (60 per 30 days)
<i>haloperidol</i>	2	MO
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml)</i>	4	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml, 50 mg/ml(1ml)</i>	4	MO
<i>haloperidol lactate injection</i>	4	
<i>haloperidol lactate oral</i>	2	MO
<i>imipramine hcl</i>	4	MO

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Drug Name	Drug Tier	Requirements /Limits
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	5	MO; QL (3.5 per 180 days); NDS
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	5	MO; QL (5 per 180 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	MO; QL (0.75 per 28 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	MO; QL (1 per 28 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	MO; QL (1.5 per 28 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	MO; QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	MO; QL (0.5 per 28 days); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	5	MO; QL (0.88 per 90 days); NDS

Drug Name	Drug Tier	Requirements /Limits
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	5	MO; QL (1.32 per 90 days); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	MO; QL (1.75 per 90 days); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	5	MO; QL (2.63 per 90 days); NDS
<i>lithium carbonate oral capsule</i>	1	MO
<i>lithium carbonate oral tablet</i>	1	MO
<i>lithium carbonate oral tablet extended release</i>	2	MO
<i>lithium citrate</i>	2	MO
<i>lorazepam injection</i>	2	PA
<i>lorazepam intensol</i>	2	PA; QL (150 per 30 days)
<i>lorazepam oral concentrate</i>	2	PA; MO; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	2	PA; MO; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	2	PA; MO; QL (150 per 30 days)
<i>loxapine succinate</i>	2	MO
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	4	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>lurasidone oral tablet 80 mg</i>	4	MO; QL (60 per 30 days)
LYBALVI	5	MO; QL (30 per 30 days); NDS
MARPLAN	4	MO
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	4	MO
<i>methylphenidate hcl oral solution</i>	4	MO
<i>methylphenidate hcl oral tablet</i>	3	MO
<i>methylphenidate hcl oral tablet extended release</i>	4	MO
<i>methylphenidate hcl oral tablet,chewable</i>	4	MO
<i>mirtazapine oral tablet</i>	2	MO
<i>mirtazapine oral tablet,disintegrating</i>	3	MO
<i>modafinil oral tablet 100 mg</i>	3	PA; MO; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	3	PA; MO; QL (60 per 30 days)
<i>molindone oral tablet 10 mg, 25 mg</i>	4	
<i>molindone oral tablet 5 mg</i>	4	MO
<i>nefazodone</i>	4	MO
<i>nortriptyline oral capsule</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>nortriptyline oral solution</i>	4	MO
NUPLAZID	5	PA; MO; QL (30 per 30 days); NDS
<i>olanzapine intramuscular</i>	4	
<i>olanzapine oral tablet</i>	2	MO; QL (30 per 30 days)
<i>olanzapine oral tablet,disintegrating</i>	4	MO; QL (30 per 30 days)
OPIPZA ORAL FILM 10 MG	5	MO; QL (90 per 30 days); NDS
OPIPZA ORAL FILM 2 MG	5	MO; QL (30 per 30 days); NDS
OPIPZA ORAL FILM 5 MG	5	MO; QL (180 per 30 days); NDS
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	4	MO; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	4	MO; QL (60 per 30 days)
<i>paroxetine hcl oral suspension</i>	4	MO
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	2	MO; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	2	MO; QL (60 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr</i>	3	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>pentobarbital sodium injection solution</i>	4	
<i>perphenazine oral tablet 16 mg, 8 mg</i>	4	MO
<i>perphenazine oral tablet 2 mg, 4 mg</i>	2	MO
<i>phenelzine</i>	3	MO
<i>pimozide</i>	4	MO
<i>protriptyline</i>	4	MO
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	MO; QL (90 per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	2	MO; QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	3	MO; QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	3	MO; QL (60 per 30 days)
RALDESY	4	ST; MO
<i>ramelteon</i>	3	MO; QL (30 per 30 days)
REXULTI ORAL TABLET	5	MO; QL (30 per 30 days); NDS
<i>risperidone microspheres intramuscular suspension, extended rel recon 12.5 mg/2 ml, 25 mg/2 ml</i>	3	QL (2 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>risperidone microspheres intramuscular suspension, extended rel recon 37.5 mg/2 ml, 50 mg/2 ml</i>	5	MO; QL (2 per 28 days); NDS
<i>risperidone oral solution</i>	2	MO
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; QL (60 per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	MO; QL (120 per 30 days)
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	4	MO; QL (60 per 30 days)
<i>risperidone oral tablet, disintegrating 4 mg</i>	4	MO; QL (120 per 30 days)
SECUADO	5	MO; QL (30 per 30 days); NDS
<i>sertraline oral concentrate</i>	4	MO
<i>sertraline oral tablet 100 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)
<i>sodium oxybate</i>	5	PA; MO; LA; QL (540 per 30 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	5	PA; MO; NDS
<i>thioridazine</i>	3	MO
<i>thiothixene</i>	2	MO
<i>tranlycypromine</i>	4	MO
<i>trazodone</i>	1	MO
<i>trifluoperazine</i>	3	MO
<i>trimipramine</i>	4	MO
TRINTELLIX	4	QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg</i>	2	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 75 mg</i>	2	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet</i>	2	MO; QL (90 per 30 days)
VERSACLOZ	5	NDS
<i>vilazodone</i>	3	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE	3	MO; QL (30 per 30 days)
<i>zaleplon oral capsule 10 mg</i>	4	MO; QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	4	MO; QL (30 per 30 days)
<i>ziprasidone hcl</i>	3	MO; QL (60 per 30 days)
<i>ziprasidone mesylate</i>	4	

Drug Name	Drug Tier	Requirements /Limits
<i>zolpidem oral tablet</i>	2	MO; QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	5	PA; MO; QL (28 per 365 days); NDS
ZURZUVAE ORAL CAPSULE 30 MG	5	PA; MO; QL (14 per 365 days); NDS
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	5	QL (2 per 28 days); NDS
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	5	QL (1 per 28 days); NDS

CARDIOVASCULAR, HYPERTENSION / LIPIDS

ANTIARRHYTHMIC AGENTS

<i>adenosine</i>	2	
<i>amiodarone intravenous solution</i>	2	
<i>amiodarone oral</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>dofetilide</i>	4	MO
<i>flecainide</i>	2	MO
<i>ibutilide fumarate</i>	2	
<i>lidocaine (pf) intravenous</i>	2	
<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i>	4	
<i>mexiletine</i>	3	MO
MULTAQ	3	MO
<i>pacerone oral tablet 100 mg, 200 mg</i>	2	
<i>procainamide injection</i>	2	
<i>propafenone oral capsule, extended release 12 hr</i>	4	MO
<i>propafenone oral tablet</i>	2	MO
<i>quinidine sulfate oral tablet</i>	2	MO
<i>sotalol af</i>	2	
<i>sotalol oral</i>	2	MO
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol</i>	2	MO
<i>aliskiren</i>	4	MO
<i>amiloride</i>	2	MO
<i>amiloride-hydrochlorothiazide</i>	2	MO
<i>amlodipine</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>amlodipine-benazepril</i>	1	MO
<i>amlodipine-olmesartan</i>	1	MO
<i>amlodipine-valsartan</i>	1	MO
<i>amlodipine-valsartan-hcthiazid</i>	2	MO
<i>atenolol</i>	1	MO
<i>atenolol-chlorthalidone</i>	1	MO
<i>azilsartan medoxomil</i>	3	MO
<i>benazepril</i>	1	MO
<i>benazepril-hydrochlorothiazide</i>	1	MO
<i>betaxolol oral</i>	2	MO
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	2	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO
<i>bumetanide injection</i>	4	
<i>bumetanide oral</i>	2	MO
<i>candesartan</i>	1	MO
<i>candesartan-hydrochlorothiazid</i>	2	MO
<i>captopril</i>	1	MO
<i>captopril-hydrochlorothiazide</i>	2	
<i>cartia xt</i>	2	MO
<i>carvedilol</i>	1	MO
<i>chlorothiazide sodium</i>	2	

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Drug Name	Drug Tier	Requirements /Limits
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	MO
<i>clonidine transdermal patch</i>	4	MO; QL (4 per 28 days)
<i>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)</i>	2	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	MO
<i>diltiazem hcl intravenous solution</i>	2	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	2	MO
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	2	MO
<i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	2	
<i>diltiazem hcl oral capsule,extended release 24 hr 420 mg</i>	2	MO
<i>diltiazem hcl oral capsule,extended release 24hr</i>	2	MO
<i>diltiazem hcl oral tablet</i>	2	MO
<i>dilt-xr</i>	2	MO
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	1	MO; QL (30 per 30 days)
<i>doxazosin oral tablet 8 mg</i>	1	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
EDARBYCLOR	3	MO
<i>enalapril maleate oral tablet</i>	1	MO
<i>enalaprilat intravenous solution</i>	2	
<i>enalapril-hydrochlorothiazide</i>	1	MO
<i>eplerenone</i>	3	MO
<i>esmolol intravenous solution</i>	2	
<i>ethacrynate sodium</i>	5	NDS
<i>felodipine</i>	2	MO
<i>fosinopril</i>	1	MO
<i>fosinopril-hydrochlorothiazide</i>	1	MO
<i>furosemide injection</i>	1	
<i>furosemide oral solution</i>	2	MO
<i>furosemide oral tablet</i>	1	MO
<i>hydralazine injection</i>	2	
<i>hydralazine oral</i>	1	MO
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	1	MO
<i>irbesartan</i>	1	MO
<i>irbesartan-hydrochlorothiazide</i>	1	MO
<i>isosorbide-hydralazine</i>	3	MO; QL (180 per 30 days)
<i>isradipine</i>	2	
KERENDIA	3	PA; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>labetalol intravenous solution</i>	2	
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	2	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	2	MO
<i>lisinopril</i>	1	MO
<i>lisinopril-hydrochlorothiazide</i>	1	MO
<i>losartan</i>	1	MO
<i>losartan-hydrochlorothiazide</i>	1	MO
<i>mannitol 20 %</i>	4	
<i>mannitol 25 % intravenous solution</i>	2	
<i>metolazone</i>	2	MO
<i>metoprolol succinate</i>	1	MO
<i>metoprolol tartrate hydrochlorothiaz</i>	2	MO
<i>metoprolol tartrate intravenous</i>	2	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>metirosine</i>	5	PA; MO; NDS
<i>minoxidil oral</i>	2	MO
<i>moexipril</i>	1	MO
<i>nadolol</i>	2	MO
<i>nebivolol</i>	2	MO
<i>nicardipine intravenous solution</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>nicardipine oral</i>	4	MO
<i>nifedipine oral tablet extended release</i>	2	MO
<i>nifedipine oral tablet extended release 24hr</i>	2	MO
<i>nimodipine oral capsule</i>	4	MO
<i>olmesartan</i>	1	MO
<i>olmesartan-amlodipin-hcthiacid</i>	2	MO
<i>olmesartan-hydrochlorothiazide</i>	1	MO
<i>osmitrol 20 %</i>	4	
<i>perindopril erbumine</i>	1	MO
<i>phentolamine</i>	2	
<i>pindolol</i>	3	MO
<i>prazosin</i>	2	MO
<i>propranolol intravenous</i>	2	
<i>propranolol oral capsule, extended release 24 hr</i>	2	MO
<i>propranolol oral solution</i>	2	MO
<i>propranolol oral tablet</i>	1	MO
<i>quinapril</i>	1	MO
<i>quinapril-hydrochlorothiazide</i>	1	MO
<i>ramipril</i>	1	MO
<i>spironolactone oral tablet</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>spironolacton-hydrochlorothiaz</i>	2	MO
<i>telmisartan</i>	1	MO
<i>telmisartan-amlodipine</i>	2	
<i>telmisartan-hydrochlorothiazid</i>	2	MO
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>terazosin oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)
<i>tiadylt er</i>	2	MO
<i>timolol maleate oral tablet 10 mg</i>	4	
<i>timolol maleate oral tablet 20 mg, 5 mg</i>	4	MO
<i>torse mide oral</i>	2	MO
<i>trandolapril</i>	1	MO
<i>treprostinil sodium</i>	5	PA; MO; LA; NDS
<i>triamterene-hydrochlorothiazid</i>	1	MO
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; MO; LA; QL (60 per 30 days); NDS
UPTRAVI ORAL TABLETS,DOSE PACK	5	PA; MO; LA; QL (200 per 180 days); NDS
<i>valsartan oral tablet</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>valsartan-hydrochlorothiazide</i>	1	MO
<i>velettri</i>	2	B/D PA; MO
<i>verapamil intravenous solution</i>	2	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	4	MO
<i>verapamil oral capsule,ext rel. pellets 24 hr</i>	2	MO
<i>verapamil oral tablet</i>	1	MO
<i>verapamil oral tablet extended release</i>	2	MO
COAGULATION THERAPY		
<i>aminocaproic acid intravenous</i>	2	MO
<i>aminocaproic acid oral</i>	5	MO; NDS
<i>aspirin-dipyridamole</i>	4	MO
CABLIVI INJECTION KIT	5	PA; LA; NDS
CEPROTIN (BLUE BAR)	3	PA; MO
CEPROTIN (GREEN BAR)	3	PA; MO
<i>cilostazol</i>	2	MO
<i>clopidogrel oral tablet 300 mg</i>	2	
<i>clopidogrel oral tablet 75 mg</i>	1	MO; QL (30 per 30 days)
<i>dabigatran etexilate</i>	3	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>dipyridamole intravenous</i>	2	
<i>dipyridamole oral</i>	4	MO
DOPTelet (10 TAB PACK)	5	PA; MO; LA; NDS
DOPTelet (15 TAB PACK)	5	PA; MO; LA; NDS
DOPTelet (30 TAB PACK)	5	PA; MO; LA; NDS
DOPTelet SPRINKLE	5	PA; MO; LA; NDS
ELIQUIS DVT-PE TREAT 30D START	3	MO; QL (74 per 180 days)
ELIQUIS ORAL TABLET	3	MO; QL (60 per 30 days)
ELIQUIS ORAL TABLET FOR SUSPENSION 0.5 MG	3	MO; QL (140 per 28 days)
ELIQUIS ORAL TABLET FOR SUSPENSION 1.5 MG (0.5 MG X 3)	3	MO; QL (420 per 28 days)
ELIQUIS ORAL TABLET FOR SUSPENSION 2 MG (0.5 MG X 4)	3	MO; QL (560 per 28 days)
ELIQUIS SPRINKLE	3	QL (70 per 28 days)
<i>eltrombopag olamine</i>	5	PA; MO; NDS
<i>enoxaparin subcutaneous solution</i>	2	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	4	MO; QL (56 per 28 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	4	MO; QL (44.8 per 28 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	4	MO; QL (16.8 per 28 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	4	MO; QL (22.4 per 28 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>	4	MO; QL (33.6 per 28 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	5	MO; NDS
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	4	MO
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	3	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml</i>	3	MO
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 2,000 unit/1,000 ml</i>	3	
<i>heparin (porcine) injection solution</i>	3	MO
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	3	
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	3	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	3	MO
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	3	
<i>heparin, porcine (pf) injection solution 5,000 unit/0.5 ml</i>	3	MO
HEPARIN, PORCINE (PF) INJECTION SYRINGE	3	MO
<i>jantoven</i>	1	
<i>pentoxifylline</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>prasugrel hcl</i>	2	MO
<i>protamine</i>	2	
<i>rivaroxaban oral tablet</i>	4	ST; MO; QL (60 per 30 days)
<i>ticagrelor</i>	3	MO
<i>warfarin</i>	1	MO
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin</i>	2	MO; QL (30 per 30 days)
<i>atorvastatin</i>	1	MO; QL (30 per 30 days)
<i>cholestyramine (with sugar) oral powder</i>	3	MO
<i>cholestyramine (with sugar) oral powder in packet</i>	2	MO
<i>cholestyramine light oral powder</i>	3	MO
<i>cholestyramine light oral powder in packet</i>	2	MO
<i>colesevelam</i>	4	MO
<i>colestipol oral granules</i>	4	MO
<i>colestipol oral packet</i>	4	
<i>colestipol oral tablet</i>	2	MO
<i>ezetimibe</i>	2	MO
<i>ezetimibe-simvastatin</i>	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	2	MO
<i>fenofibrate nanocrystallized</i>	2	MO
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	MO
<i>fenofibric acid</i>	2	
<i>fenofibric acid (choline)</i>	2	MO
<i>fluvastatin oral capsule 20 mg</i>	2	MO; QL (30 per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	2	MO; QL (60 per 30 days)
<i>gemfibrozil</i>	1	MO
<i>icosapent ethyl</i>	3	MO
<i>lovastatin oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	MO; QL (60 per 30 days)
NEXLETOL	3	PA; MO
NEXLIZET	3	PA; MO
<i>niacin oral tablet extended release 24 hr</i>	4	MO
<i>omega-3 acid ethyl esters</i>	2	MO
<i>pitavastatin calcium</i>	1	MO; QL (30 per 30 days)
<i>pravastatin</i>	1	MO; QL (30 per 30 days)
REPATHA	3	PA; QL (6 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
REPATHA SURECLICK	3	PA; QL (6 per 28 days)
<i>rosuvastatin</i>	1	MO; QL (30 per 30 days)
<i>simvastatin</i>	1	MO; QL (30 per 30 days)
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CAMZYOS	5	PA; MO; QL (30 per 30 days); NDS
<i>digoxin oral solution</i>	4	MO
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	2	MO
<i>dobutamine</i>	2	B/D PA
<i>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)</i>	2	B/D PA
<i>dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)</i>	2	B/D PA
<i>dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)</i>	2	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml)</i>	2	B/D PA
<i>dopamine intravenous solution 400 mg/10 ml (40 mg/ml)</i>	2	B/D PA; MO
ENTRESTO SPRINKLE	3	QL (240 per 30 days)
FILSPARI	5	PA; QL (30 per 30 days); NDS
<i>ivabradine</i>	3	MO; QL (60 per 30 days)
<i>milrinone</i>	2	B/D PA
<i>milrinone in 5 % dextrose</i>	2	B/D PA
<i>norepinephrine bitartrate</i>	2	
<i>ranolazine</i>	2	MO
<i>sacubitril-valsartan oral tablet 24-26 mg</i>	3	MO; QL (180 per 30 days)
<i>sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg</i>	3	MO; QL (60 per 30 days)
VERQUVO	3	MO; QL (30 per 30 days)
VYNDAMAX	5	PA; MO; NDS
NITRATES		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	2	MO
<i>isosorbide mononitrate</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>nitro-bid</i>	3	MO
<i>nitroglycerin sublingual</i>	2	MO
<i>nitroglycerin transdermal ointment</i>	3	
<i>nitroglycerin transdermal patch 24 hour</i>	2	MO
<i>nitroglycerin translingual</i>	4	MO

DERMATOLOGICALS/TOPICAL THERAPY

ANTIPSORIATIC / ANTISEBORRHEIC

<i>acitretin</i>	4	MO
<i>calcipotriene scalp</i>	3	MO; QL (120 per 30 days)
<i>calcipotriene topical cream</i>	4	MO; QL (120 per 30 days)
<i>calcipotriene topical ointment</i>	4	MO; QL (120 per 30 days)
COSENTYX (2 SYRINGES)	5	PA; MO; QL (10 per 28 days); NDS
COSENTYX INTRAVENOUS	5	PA; QL (20 per 28 days); NDS
COSENTYX PEN	5	PA; MO; QL (5 per 28 days); NDS
COSENTYX PEN (2 PENS)	5	PA; MO; QL (10 per 28 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; MO; QL (5 per 28 days); NDS
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; MO; QL (2.5 per 28 days); NDS
COSENTYX UNOREADY PEN	5	PA; MO; QL (10 per 28 days); NDS
OTULFI INTRAVENOUS	5	PA; MO; QL (104 per 180 days); NDS
OTULFI SUBCUTANEOUS SOLUTION	3	PA; MO; QL (0.5 per 28 days)
OTULFI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	PA; MO; QL (0.5 per 28 days)
OTULFI SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; MO; QL (1 per 28 days); NDS
PYZCHIVA (ONLY NDCS STARTING WITH 61314) INTRAVENOUS SOLUTION 130 MG/26 ML	5	PA; MO; QL (104 per 180 days); NDS
PYZCHIVA (ONLY NDCS STARTING WITH 61314) SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	3	PA; MO; QL (0.5 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
PYZCHIVA (ONLY NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	PA; MO; QL (0.5 per 28 days)
PYZCHIVA (ONLY NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; MO; QL (1 per 28 days); NDS
<i>selenium sulfide topical lotion</i>	2	MO
SKYRIZI SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (2 per 84 days); NDS
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; MO; QL (2 per 84 days); NDS
TREMFYA INTRAVENOUS	5	PA; MO; QL (20 per 28 days); NDS
TREMFYA ONE-PRESS	5	PA; MO; QL (2 per 28 days); NDS
TREMFYA PEN	5	PA; MO; QL (2 per 28 days); NDS
TREMFYA PEN INDUCTION PK(2PEN)	5	PA; MO; QL (12 per 180 days); NDS
TREMFYA SUBCUTANEOUS SYRINGE	5	PA; MO; QL (2 per 28 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
YESINTEK INTRAVENOUS	5	PA; MO; QL (104 per 180 days); NDS
YESINTEK SUBCUTANEOUS SOLUTION	3	PA; MO; QL (0.5 per 28 days)
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	PA; MO; QL (0.5 per 28 days)
YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; MO; QL (1 per 28 days); NDS
MISCELLANEOUS DERMATOLOGICALS		
ADBRY	5	PA; MO; QL (6 per 28 days); NDS
<i>ammonium lactate</i>	2	MO
<i>chloroprocaine (pf)</i>	2	
<i>dermacinrx lidocan</i>	4	PA; QL (90 per 30 days)
<i>diclofenac sodium topical gel 3 %</i>	4	PA; MO; QL (100 per 28 days)
DUPIXENT SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	5	PA; MO; QL (4.56 per 28 days); NDS
DUPIXENT SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; MO; QL (8 per 28 days); NDS

Drug Name	Drug Tier	Requirements /Limits
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; MO; QL (4.56 per 28 days); NDS
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; MO; QL (8 per 28 days); NDS
EUCRISA	4	PA; MO; QL (120 per 30 days)
<i>fluorouracil topical cream 5 %</i>	3	MO
<i>fluorouracil topical solution</i>	3	MO
<i>glydo</i>	2	MO; QL (60 per 30 days)
<i>imiquimod topical cream in packet 5 %</i>	3	MO
<i>lidocaine (pf) injection solution</i>	2	
<i>lidocaine hcl injection solution</i>	2	
<i>lidocaine hcl laryngotracheal</i>	2	
<i>lidocaine hcl mucous membrane jelly</i>	2	MO; QL (60 per 30 days)
<i>lidocaine hcl mucous membrane jelly in applicator</i>	2	MO; QL (60 per 30 days)
<i>lidocaine hcl mucous membrane solution</i>	2	MO
<i>lidocaine topical adhesive patch,medicated 5 %</i>	4	PA; MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>lidocaine topical ointment</i>	4	PA; MO; QL (50 per 30 days)
<i>lidocaine-epinephrine</i>	2	
<i>lidocaine-epinephrine (pf) injection solution 1.5 %-1:200,000, 2 %-1:200,000</i>	2	
<i>lidocaine-prilocaine topical cream</i>	3	PA; MO; QL (30 per 30 days)
<i>lidocan iii</i>	4	PA; QL (90 per 30 days)
<i>lidocan iv</i>	4	PA; QL (90 per 30 days)
<i>lidocan v</i>	4	PA; QL (90 per 30 days)
<i>methoxsalen</i>	5	MO; NDS
PANRETIN	5	PA; MO; NDS
<i>pimecrolimus</i>	4	PA; MO; QL (100 per 30 days)
<i>podofilox topical solution</i>	3	MO
<i>polocaine injection solution 1 % (10 mg/ml)</i>	2	
<i>polocaine-mpf</i>	2	
SANTYL	3	MO; QL (180 per 30 days)
<i>silver sulfadiazine</i>	2	MO
<i>ssd</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>tacrolimus topical</i>	4	PA; MO; QL (100 per 30 days)
VALCHLOR	5	PA; MO; NDS
THERAPY FOR ACNE		
<i>acutane</i>	4	
<i>amnesteam</i>	4	
<i>azelaic acid</i>	4	MO
<i>claravis</i>	4	
<i>clindamycin phosphate topical gel</i>	3	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical lotion</i>	3	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical solution</i>	3	MO; QL (120 per 30 days)
<i>ery pads</i>	3	MO
<i>erythromycin with ethanol topical solution</i>	2	MO
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	4	
<i>metronidazole topical cream</i>	2	MO
<i>metronidazole topical gel 0.75 %</i>	2	MO
<i>metronidazole topical gel 1 %</i>	4	MO
<i>metronidazole topical gel with pump</i>	4	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>metronidazole topical lotion</i>	4	MO
<i>tazarotene topical cream</i>	4	PA; MO
<i>tazarotene topical gel</i>	4	PA; MO
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	4	PA; MO
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	3	PA; MO
<i>zenatane</i>	4	
TOPICAL ANTIBACTERIALS		
<i>gentamicin topical cream</i>	2	MO; QL (60 per 30 days)
<i>gentamicin topical ointment</i>	3	MO; QL (60 per 30 days)
<i>mupirocin</i>	2	MO; QL (44 per 30 days)
<i>sulfacetamide sodium (acne)</i>	4	MO
TOPICAL ANTIFUNGALS		
<i>ciclodan topical solution</i>	2	QL (6.6 per 28 days)
<i>ciclopirox topical cream</i>	2	MO; QL (90 per 28 days)
<i>ciclopirox topical gel</i>	3	MO; QL (100 per 28 days)
<i>ciclopirox topical shampoo</i>	3	MO; QL (120 per 28 days)
<i>ciclopirox topical solution</i>	2	MO; QL (6.6 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>ciclopirox topical suspension</i>	3	MO; QL (60 per 28 days)
<i>clotrimazole topical cream</i>	2	MO; QL (45 per 28 days)
<i>clotrimazole topical solution</i>	2	MO; QL (30 per 28 days)
<i>clotrimazole-betamethasone topical cream</i>	3	MO; QL (45 per 28 days)
<i>clotrimazole-betamethasone topical lotion</i>	4	MO; QL (60 per 28 days)
<i>econazole nitrate topical cream</i>	4	MO; QL (85 per 28 days)
<i>ketoconazole topical cream</i>	2	MO; QL (60 per 28 days)
<i>ketoconazole topical shampoo</i>	2	MO; QL (120 per 28 days)
<i>klayesta</i>	3	MO; QL (180 per 30 days)
<i>naftifine topical gel</i>	4	MO; QL (60 per 28 days)
<i>nyamyc</i>	3	QL (180 per 30 days)
<i>nystatin topical cream</i>	2	MO; QL (30 per 28 days)
<i>nystatin topical ointment</i>	2	MO; QL (30 per 28 days)
<i>nystatin topical powder</i>	3	MO; QL (180 per 30 days)
<i>nystatin-triamcinolone topical cream</i>	2	MO; QL (60 per 28 days)
<i>nystatin-triamcinolone topical ointment</i>	3	MO; QL (60 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>nystop</i>	3	MO; QL (180 per 30 days)

TOPICAL ANTIVIRALS

<i>acyclovir topical ointment</i>	4	PA; MO; QL (30 per 30 days)
<i>penciclovir</i>	4	MO; QL (5 per 30 days)

TOPICAL CORTICOSTEROIDS

<i>ala-cort topical cream</i>	2	MO
<i>alclometasone</i>	3	MO
<i>betamethasone dipropionate</i>	3	MO
<i>betamethasone valerate topical cream</i>	3	MO
<i>betamethasone valerate topical lotion</i>	3	MO
<i>betamethasone valerate topical ointment</i>	3	MO
<i>betamethasone, augmented topical cream</i>	2	MO
<i>betamethasone, augmented topical gel</i>	3	MO
<i>betamethasone, augmented topical lotion</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>betamethasone, augmented topical ointment</i>	3	MO
<i>clobetasol scalp</i>	4	MO; QL (100 per 28 days)
<i>clobetasol topical cream 0.05 %</i>	4	MO; QL (120 per 28 days)
<i>clobetasol topical foam</i>	4	MO; QL (100 per 28 days)
<i>clobetasol topical gel</i>	4	MO; QL (120 per 28 days)
<i>clobetasol topical lotion</i>	2	MO; QL (118 per 28 days)
<i>clobetasol topical ointment</i>	4	MO; QL (120 per 28 days)
<i>clobetasol topical shampoo</i>	4	MO; QL (236 per 28 days)
<i>clobetasol-emollient topical cream</i>	4	MO; QL (120 per 28 days)
<i>desonide topical cream</i>	4	MO
<i>desonide topical ointment</i>	4	MO
<i>fluocinolone and shower cap</i>	4	MO
<i>fluocinolone topical cream</i>	4	MO
<i>fluocinolone topical oil</i>	4	MO
<i>fluocinolone topical ointment</i>	2	MO
<i>fluocinolone topical solution</i>	4	MO
<i>fluocinonide topical cream 0.05 %</i>	4	MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>fluocinonide topical gel</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide topical ointment</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide topical solution</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide-emollient</i>	4	MO; QL (120 per 30 days)
<i>fluticasone propionate topical cream</i>	2	MO
<i>fluticasone propionate topical ointment</i>	2	MO
<i>halobetasol propionate topical cream</i>	4	MO
<i>halobetasol propionate topical ointment</i>	4	MO
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	2	MO
<i>hydrocortisone topical lotion 2.5 %</i>	2	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	2	MO
<i>mometasone topical</i>	2	MO
<i>triamcinolone acetonide topical cream</i>	2	MO
<i>triamcinolone acetonide topical lotion</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	MO
<i>triderm topical cream 0.5 %</i>	2	
TOPICAL SCABICIDES / PEDICULICIDES		
<i>malathion</i>	4	MO
<i>permethrin</i>	3	MO; QL (60 per 30 days)
DIAGNOSTICS / MISCELLANEOUS AGENTS		
ANTIDOTES		
<i>acetylcysteine intravenous</i>	3	
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation</i>	4	
<i>neomycin-polymyxin b gu</i>	2	
<i>ringer's irrigation</i>	4	MO
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	4	MO
<i>acetic acid irrigation</i>	2	MO
<i>anagrelide</i>	3	MO
<i>caffeine citrate intravenous</i>	2	
<i>caffeine citrate oral</i>	2	MO
<i>carglumic acid</i>	5	PA; MO; NDS
<i>cevimeline</i>	4	MO

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Drug Name	Drug Tier	Requirements /Limits
CHEMET	5	PA; NDS
CLINIMIX 4.25%/D5W SULFIT FREE	4	B/D PA
d10 %-0.45 % sodium chloride	4	
d2.5 %-0.45 % sodium chloride	4	
d5 % and 0.9 % sodium chloride	4	MO
d5 %-0.45 % sodium chloride	4	MO
deferasirox oral granules in packet	5	PA; MO; NDS
deferasirox oral tablet	3	PA; MO
deferasirox oral tablet, dispersible 125 mg	3	PA; MO
deferasirox oral tablet, dispersible 250 mg, 500 mg	5	PA; MO; NDS
deferiprone	5	PA; MO; NDS
deferoxamine	2	B/D PA; MO
dextrose 10 % and 0.2 % nacl	4	
dextrose 10 % in water (d10w)	4	
dextrose 25 % in water (d25w)	4	
dextrose 5 % in water (d5w)	4	MO
dextrose 5 %- lactated ringers	4	MO

Drug Name	Drug Tier	Requirements /Limits
dextrose 5%-0.2 % sod chloride	4	
dextrose 5%-0.3 % sod.chloride	4	
dextrose 50 % in water (d50w)	4	
dextrose 70 % in water (d70w)	4	
disulfiram oral tablet 250 mg	2	MO
disulfiram oral tablet 500 mg	2	
droxidopa oral capsule 100 mg	4	PA; MO
droxidopa oral capsule 200 mg, 300 mg	5	PA; MO; NDS
glutamine (sickle cell)	5	PA; MO; NDS
INCRELEX	5	LA; NDS
kionex oral suspension	3	
levocarnitine (with sugar)	4	MO
levocarnitine oral solution 100 mg/ml	4	MO
levocarnitine oral tablet	4	MO
LOKELMA	3	MO
midodrine	3	MO
nitisinone	5	PA; MO; NDS
pilocarpine hcl oral	4	MO
PROLASTIN-C INTRAVENOUS SOLUTION	5	PA; MO; LA; NDS

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This drug list was last updated on 09/01/2026.

Drug Name	Drug Tier	Requirements /Limits
REVCovi	5	PA; LA; NDS
REZDIFFRA	5	PA; MO; QL (30 per 30 days); NDS
<i>riluzole</i>	3	PA; MO
<i>risedronate oral tablet 30 mg</i>	3	MO; QL (30 per 30 days)
<i>sevelamer carbonate oral tablet</i>	4	PA; MO
<i>sodium benzoate-sodium phenylacet</i>	5	NDS
<i>sodium chloride 0.9 % intravenous</i>	4	MO
<i>sodium chloride irrigation</i>	4	MO
<i>sodium phenylbutyrate oral powder</i>	5	PA; NDS
<i>sodium phenylbutyrate oral tablet</i>	5	PA; MO; NDS
<i>sodium polystyrene sulfonate oral powder</i>	3	MO
<i>sodium polystyrene sulfonate oral suspension</i>	3	
<i>sps (with sorbitol) oral</i>	3	MO
<i>sps (with sorbitol) rectal</i>	3	
<i>trientine oral capsule 250 mg</i>	5	PA; MO; NDS

Drug Name	Drug Tier	Requirements /Limits
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 8.4 GRAM	3	MO
VELTASSA ORAL POWDER IN PACKET 25.2 GRAM	3	
<i>water for irrigation, sterile</i>	4	MO
WEGOVY ORAL	3	PA; QL (30 per 30 days)
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML	3	PA; QL (2 per 28 days)
WEGOVY SUBCUTANEOUS PEN INJECTOR 1.7 MG/0.75 ML, 2.4 MG/0.75 ML	3	PA; QL (3 per 28 days)
XIAFLEX	5	PA; NDS
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	2	PA; MO
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter)</i>	2	MO
NICOTROL NS	4	MO
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	4	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>varenicline tartrate oral tablet 1 mg (56 pack)</i>	4	
<i>varenicline tartrate oral tablets,dose pack</i>	4	MO
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
<i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i>	2	MO; QL (60 per 30 days)
<i>chlorhexidine gluconate mucous membrane</i>	1	MO
<i>denta 5000 plus</i>	2	MO
<i>dentagel</i>	2	MO
<i>fluoride (sodium) dental cream</i>	2	
<i>fluoride (sodium) dental gel</i>	2	
<i>fluoride (sodium) dental paste</i>	2	MO
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)</i>	2	MO; QL (30 per 28 days)
<i>ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)</i>	2	MO; QL (30 per 20 days)
<i>kourzeq</i>	2	MO
<i>perio gard</i>	1	MO
<i>sf</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>sf 5000 plus</i>	2	MO
<i>sodium fluoride 5000 dry mouth</i>	2	MO
<i>sodium fluoride 5000 plus</i>	2	
<i>sodium fluoride-pot nitrate</i>	2	MO
<i>triamcinolone acetonide dental</i>	2	MO
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear)</i>	2	MO
<i>ciprofloxacin hcl otic (ear)</i>	4	MO
<i>fluocinolone acetonide oil</i>	4	MO
<i>hydrocortisone-acetic acid</i>	4	MO
<i>ofloxacin otic (ear)</i>	2	MO
OTIC STEROID / ANTIBIOTIC		
<i>ciprofloxacin-dexamethasone</i>	3	MO; QL (7.5 per 7 days)
<i>neomycin-polymyxin-hc otic (ear)</i>	3	MO
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
<i>cortisone</i>	2	
<i>dexamethasone intensol</i>	2	MO
<i>dexamethasone oral elixir</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>dexamethasone oral solution</i>	2	MO
<i>dexamethasone oral tablet</i>	2	MO
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	2	MO
<i>dexamethasone sodium phosphate injection solution</i>	2	MO
<i>dexamethasone sodium phosphate injection syringe</i>	2	
<i>fludrocortisone</i>	2	MO
<i>hydrocortisone oral</i>	2	MO
<i>methylprednisolone acetate</i>	2	MO
<i>methylprednisolone oral tablet</i>	2	B/D PA; MO
<i>methylprednisolone oral tablets,dose pack</i>	2	MO
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	2	MO
<i>methylprednisolone sodium succ intravenous</i>	2	MO
<i>prednisolone oral solution</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	2	MO
<i>prednisone intensol</i>	4	MO
<i>prednisone oral solution</i>	2	MO
<i>prednisone oral tablet</i>	1	MO
<i>prednisone oral tablets,dose pack 10 mg (48 pack), 5 mg (48 pack)</i>	1	
<i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>	1	MO
TARPEYO	5	PA; QL (120 per 30 days); NDS
<i>triamcinolone acetonide injection suspension 10 mg/ml</i>	2	
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	2	MO
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO
<i>propylthiouracil</i>	2	MO
DIABETES THERAPY		
<i>acarbose oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>acarbose oral tablet 25 mg</i>	2	MO; QL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	2	MO; QL (180 per 30 days)
ACCU-CHEK AVIVA PLUS TEST STRP	Part B	MO
ACCU-CHEK GUIDE TEST STRIPS	Part B	MO
ACCU-CHEK SMARTVIEW TEST STRIP	Part B	MO
ACCUTREND GLUCOSE TEST STRIPS	Part B	
<i>alcohol pads</i>	3	PA; MO
BAQSIMI	3	MO
<i>dapagliflozin</i>	1	MO; QL (30 per 30 days)
<i>dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg, 10-500 mg</i>	1	MO; QL (30 per 30 days)
<i>dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 5-1,000 mg, 5-500 mg</i>	1	MO; QL (60 per 30 days)
<i>diazoxide</i>	5	MO; NDS
DROPSAFE ALCOHOL PREP PADS	3	PA
FARXIGA	3	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
FREESTYLE INSULINX STRIP	Part B	MO
FREESTYLE INSULINX TEST STRIPS	Part B	MO
FREESTYLE LITE STRIPS	Part B	MO
FREESTYLE PRECISION NEO STRIPS	Part B	MO
FREESTYLE TEST	Part B	MO
<i>glimepiride oral tablet 1 mg</i>	1	MO; QL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	MO; QL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
GLYXAMBI	3	MO; QL (30 per 30 days)
GVOKE	3	MO
GVOKE HYPOPEN 2-PACK	3	MO
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	MO
HUMALOG JUNIOR KWIKPEN U-100	3	MO
HUMALOG KWIKPEN INSULIN	3	MO
HUMALOG MIX 50-50 KWIKPEN	3	MO
HUMALOG MIX 75-25 KWIKPEN	3	MO
HUMALOG MIX 75-25(U-100)INSULN	3	MO
HUMALOG U-100 INSULIN	3	MO
HUMULIN 70/30 U-100 INSULIN	3	MO
HUMULIN 70/30 U-100 KWIKPEN	3	MO
HUMULIN N NPH INSULIN KWIKPEN	3	MO
HUMULIN N NPH U-100 INSULIN	3	MO

Drug Name	Drug Tier	Requirements /Limits
HUMULIN R REGULAR U-100 INSULN	3	MO
HUMULIN R U-500 (CONC) INSULIN	3	
HUMULIN R U-500 (CONC) KWIKPEN	3	MO
INPEFA	3	PA; MO; QL (30 per 30 days)
INSULIN LISPRO	3	MO
INSULIN LISPRO PROTAMIN-LISPRO	3	MO
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	MO; QL (60 per 30 days)
JARDIANCE	3	MO; QL (30 per 30 days)
KIRSTY	3	
KIRSTY PEN	3	
LANTUS SOLOSTAR U-100 INSULIN	3	
LANTUS U-100 INSULIN	3	MO
LYUMJEV KWIKPEN U-100 INSULIN	3	MO

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Drug Name	Drug Tier	Requirements /Limits
LYUMJEV KWIKPEN U-200 INSULIN	3	MO
LYUMJEV U-100 INSULIN	3	MO
<i>metformin oral tablet 1,000 mg</i>	1	MO; QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	1	MO; QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	1	MO; QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	MO; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	MO; QL (60 per 30 days)
MOUNJARO	3	PA; QL (2 per 28 days)
<i>nateglinide oral tablet 120 mg</i>	2	MO; QL (90 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	2	MO; QL (180 per 30 days)
NOVOLIN 70/30 U-100 INSULIN	3	MO
NOVOLIN 70-30 FLEXPEN U-100	3	MO
NOVOLIN N FLEXPEN	3	MO
NOVOLIN N NPH U-100 INSULIN	3	MO
NOVOLIN R FLEXPEN	3	MO
NOVOLIN R REGULAR U100 INSULIN	3	MO

Drug Name	Drug Tier	Requirements /Limits
OZEMPIC ORAL	3	PA; QL (30 per 30 days)
OZEMPIC SUBCUTANEOUS	3	PA; QL (3 per 28 days)
<i>pioglitazone</i>	1	MO; QL (30 per 30 days)
PRECISION XTRA TEST	Part B	MO
<i>repaglinide oral tablet 0.5 mg</i>	2	MO; QL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	2	MO; QL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	2	MO; QL (240 per 30 days)
<i>sitagliptin phos-metformin oral tablet</i>	3	MO; QL (60 per 30 days)
<i>sitagliptin phos-metformin oral tablet, er multiphase 24 hr 100-1,000 mg</i>	3	QL (30 per 30 days)
<i>sitagliptin phos-metformin oral tablet, er multiphase 24 hr 50-1,000 mg, 50-500 mg</i>	3	QL (60 per 30 days)
<i>sitagliptin phosphate</i>	3	MO; QL (30 per 30 days)
SOLQUA 100/33	3	QL (15 per 25 days)
SYNJARDY	3	MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	3	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	3	MO; QL (60 per 30 days)
TOUJEO MAX U-300 SOLOSTAR	3	MO
TOUJEO SOLOSTAR U-300 INSULIN	3	MO
TRADJENTA	3	MO; QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	3	MO; QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	3	MO; QL (60 per 30 days)
TRULICITY	3	PA; QL (2 per 28 days)
MISCELLANEOUS HORMONES		
ALDURAZYME	5	PA; MO; NDS
<i>cabergoline</i>	3	MO
<i>calcitonin (salmon) injection</i>	5	MO; NDS
<i>calcitonin (salmon) nasal</i>	3	MO
<i>calcitriol oral capsule</i>	2	MO
<i>calcitriol oral solution</i>	4	

Drug Name	Drug Tier	Requirements /Limits
<i>cinacalcet</i>	4	PA; MO
<i>clomid</i>	2	PA; MO
<i>clomiphene citrate</i>	2	PA; MO
CRYSVITA	5	PA; MO; LA; NDS
<i>danazol</i>	4	MO
<i>desmopressin injection</i>	2	
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	4	
<i>desmopressin oral</i>	3	MO
<i>doxercalciferol intravenous</i>	2	MO
<i>doxercalciferol oral</i>	4	MO
ELAPRASE	5	PA; MO; NDS
FABRAZYME	5	PA; MO; NDS
KANUMA	5	PA; MO; NDS
LUMIZYME	5	PA; MO; NDS
MEPSEVII	5	PA; MO; NDS
<i>mifepristone oral tablet 300 mg</i>	5	PA; MO; NDS
<i>milophene</i>	2	PA; MO
NAGLAZYME	5	PA; MO; LA; NDS
<i>pamidronate intravenous solution</i>	2	MO
<i>paricalcitol intravenous</i>	2	
<i>paricalcitol oral</i>	4	MO
<i>sapropterin</i>	5	PA; MO; NDS
SOMAVERT	5	PA; MO; NDS

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Drug Name	Drug Tier	Requirements /Limits
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	3	PA; MO
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	3	PA
<i>testosterone enanthate</i>	3	PA; MO
<i>testosterone transdermal gel</i>	4	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	3	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	4	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	4	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal solution in metered pump w/app</i>	4	PA; MO; QL (180 per 30 days)
<i>tolvaptan</i>	5	PA; MO; NDS
<i>tolvaptan (polycys kidney dis)</i>	5	PA; MO; NDS
VIMIZIM	5	PA; MO; LA; NDS

Drug Name	Drug Tier	Requirements /Limits
<i>zoledronic acid intravenous solution</i>	2	MO

THYROID HORMONES

<i>levothyroxine intravenous recon soln</i>	2	
<i>levothyroxine oral tablet</i>	1	MO
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	MO
<i>liomny</i>	2	
<i>liothyronine intravenous</i>	2	
<i>liothyronine oral</i>	2	MO
<i>unithroid</i>	1	MO

GASTROENTEROLOGY

ANTIDIARRHEALS / ANTISPASMODICS

<i>dicyclomine intramuscular</i>	2	MO
<i>dicyclomine oral capsule</i>	2	MO
<i>dicyclomine oral solution</i>	4	MO
<i>dicyclomine oral tablet 20 mg</i>	2	MO
<i>diphenoxylate-atropine oral tablet</i>	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	2	
<i>glycopyrrolate (pf) injection syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	2	MO
<i>glycopyrrolate injection</i>	2	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	3	MO
<i>loperamide oral capsule</i>	2	MO
<i>opium tincture</i>	2	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron</i>	4	PA; MO
<i>aprepitant</i>	4	B/D PA; MO
<i>balsalazide</i>	3	MO
<i>betaine</i>	5	MO; NDS
<i>budesonide oral capsule, delayed, extended release</i>	4	MO
<i>budesonide oral tablet, delayed and extended release</i>	5	MO; NDS
CIMZIA POWDER FOR RECONST	5	PA; MO; QL (2 per 28 days); NDS
CIMZIA STARTER KIT	5	PA; MO; QL (3 per 180 days); NDS
CIMZIA SUBCUTANEOUS SYRINGE KIT 200 MG/ML	5	PA; QL (4 per 28 days); NDS

Drug Name	Drug Tier	Requirements /Limits
CINVANTI	3	MO
<i>compro</i>	4	MO
<i>constulose</i>	2	MO
CREON	3	MO
<i>cromolyn oral</i>	4	MO
<i>dimenhydrinate injection solution</i>	2	MO
<i>dronabinol oral capsule</i>	4	PA; MO
<i>droperidol injection solution</i>	2	
ENTYVIO	5	PA; MO; QL (2 per 28 days); NDS
ENTYVIO PEN	5	PA; MO; QL (1.36 per 28 days); NDS
<i>enulose</i>	2	MO
<i>fosaprepitant</i>	2	MO
GATTEX 30-VIAL	5	PA; MO; NDS
<i>gavilyte-c</i>	1	MO
<i>gavilyte-g</i>	1	MO
<i>gavilyte-n</i>	1	MO
<i>generlac</i>	2	MO
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	2	MO
<i>granisetron hcl intravenous solution 1 mg/ml</i>	2	MO
<i>granisetron hcl intravenous solution 1 mg/ml (1 ml)</i>	2	
<i>granisetron hcl oral</i>	2	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>hydrocortisone rectal</i>	4	MO
<i>hydrocortisone topical cream with perineal applicator 1 %</i>	2	MO
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	2	
INFLIXIMAB	5	PA; QL (20 per 28 days); NDS
<i>lactulose oral solution</i>	2	MO
LINZESS	3	MO; QL (30 per 30 days)
LIVDELZI	5	PA; QL (30 per 30 days); NDS
<i>lubiprostone oral capsule 24 mcg</i>	3	MO; QL (60 per 30 days)
<i>lubiprostone oral capsule 8 mcg</i>	3	MO; QL (180 per 30 days)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	MO
<i>mesalamine oral capsule (with del rel tablets)</i>	4	MO
<i>mesalamine oral capsule, extended release 250 mg</i>	4	
<i>mesalamine oral capsule, extended release 500 mg</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>mesalamine oral capsule,extended release 24hr</i>	4	MO
<i>mesalamine oral tablet,delayed release (dr/ec)</i>	4	MO
<i>mesalamine rectal</i>	4	MO
<i>mesalamine with cleansing wipe</i>	4	MO
<i>metoclopramide hcl injection</i>	2	
<i>metoclopramide hcl oral solution</i>	2	MO
<i>metoclopramide hcl oral tablet</i>	1	MO
<i>nitroglycerin rectal</i>	3	MO
<i>ondansetron hcl (pf) injection solution</i>	2	MO
<i>ondansetron hcl (pf) injection syringe</i>	2	
<i>ondansetron hcl intravenous</i>	2	MO
<i>ondansetron hcl oral solution</i>	4	B/D PA; MO
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	B/D PA; MO
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	2	B/D PA; MO
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	2	MO
<i>palonosetron intravenous syringe</i>	2	

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Drug Name	Drug Tier	Requirements /Limits
<i>peg 3350-electrolytes</i>	1	
<i>peg-electrolyte</i>	1	MO
<i>prochlorperazine</i>	4	MO
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	2	MO
<i>prochlorperazine maleate oral</i>	2	MO
<i>procto-med hc</i>	2	MO
<i>proctosol hc topical</i>	2	MO
<i>proctozone-hc</i>	2	
RELISTOR SUBCUTANEOUS SOLUTION	5	ST; MO; QL (18 per 30 days); NDS
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	5	ST; MO; QL (18 per 30 days); NDS
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	5	ST; MO; QL (12 per 30 days); NDS
REMICADE	5	PA; MO; QL (20 per 28 days); NDS
<i>scopolamine base</i>	4	MO
SKYRIZI INTRAVENOUS	5	PA; MO; QL (60 per 180 days); NDS

Drug Name	Drug Tier	Requirements /Limits
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	5	PA; MO; QL (1.2 per 56 days); NDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	5	PA; MO; QL (2.4 per 56 days); NDS
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	4	MO
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)</i>	4	
SUCRAID	5	PA; NDS
<i>sulfasalazine</i>	2	MO
SYMPROIC	3	MO; QL (30 per 30 days)
TRULANCE	3	QL (30 per 30 days)
<i>ursodiol oral capsule 300 mg</i>	3	MO
<i>ursodiol oral tablet</i>	3	MO
VARUBI	3	B/D PA
VIBERZI	5	MO; QL (60 per 30 days); NDS
VOWST	5	PA; LA; NDS

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This drug list was last updated on 09/01/2026.

Drug Name	Drug Tier	Requirements /Limits
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	3	MO
ZYMFENTRA	5	PA; MO; QL (2 per 28 days); NDS
ULCER THERAPY		
<i>bismuth subcit k-metronidz-tcn</i>	4	MO; QL (120 per 180 days)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	3	MO; QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	3	MO; QL (60 per 30 days)
<i>esomeprazole sodium</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>famotidine (pf) intravenous solution 20 mg/2 ml</i>	2	MO
<i>famotidine (pf)-nacl (iso-os)</i>	2	MO
<i>famotidine intravenous solution 10 mg/ml</i>	2	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i>	3	MO; QL (30 per 30 days)
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i>	3	MO; QL (60 per 30 days)
<i>misoprostol</i>	3	MO
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
<i>omeprazole oral capsule,delayed release(dr/ec) 40 mg</i>	1	MO; QL (60 per 30 days)
<i>pantoprazole intravenous</i>	2	MO
<i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg</i>	1	MO; QL (30 per 30 days)
<i>pantoprazole oral tablet,delayed release (dr/ec) 40 mg</i>	1	MO; QL (60 per 30 days)
<i>sucralfate oral suspension</i>	4	MO
<i>sucralfate oral tablet</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
VOQUEZNA DUAL PAK	4	MO; QL (112 per 180 days)
VOQUEZNA TRIPLE PAK	4	MO; QL (112 per 180 days)

IMMUNOLOGY, VACCINES / BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

ACTIMMUNE	5	PA; MO; NDS
ARCALYST	5	PA; NDS
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	PA; MO; QL (1 per 28 days); NDS
AVONEX INTRAMUSCULAR SYRINGE KIT	5	PA; MO; QL (1 per 28 days); NDS
BESREMI	5	PA; LA; NDS
BETASERON SUBCUTANEOUS KIT	5	PA; MO; QL (14 per 28 days); NDS
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; MO; NDS
ILARIS (PF)	5	PA; MO; LA; QL (2 per 28 days); NDS
LEUKINE INJECTION RECON SOLN	5	PA; MO; NDS
NIVESTYM	5	PA; MO; NDS
NYVEPRIA	5	PA; MO; NDS
OMNITROPE	5	PA; MO; NDS

Drug Name	Drug Tier	Requirements /Limits
PEGASYS SUBCUTANEOUS SOLUTION	5	MO; QL (4 per 28 days); NDS
PEGASYS SUBCUTANEOUS SYRINGE	5	MO; QL (2 per 28 days); NDS
PLEGRIDY INTRAMUSCULAR	5	PA; MO; QL (1 per 28 days); NDS
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	PA; MO; QL (1 per 28 days); NDS
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; MO; QL (1 per 180 days); NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	PA; MO; QL (1 per 28 days); NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; MO; QL (1 per 180 days); NDS
<i>plerixafor</i>	5	MO; NDS
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	5	PA; MO; NDS
RELEUKO SUBCUTANEOUS	4	PA; MO
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	5	PA; MO; NDS
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF)	1	V
ACTHIB (PF)	3	
ADACEL(TDAP ADOLESN/ADULT)(PF)	1	V
AREXVY (PF)	1	V
BCG VACCINE, LIVE (PF)	1	V
BEXSERO	1	V
BOOSTRIX TDAP	1	V
DAPTACEL (DTAP PEDIATRIC) (PF)	3	
ENGRIX-B (PF)	1	B/D PA; V

Drug Name	Drug Tier	Requirements /Limits
ENGRIX-B PEDIATRIC (PF)	1	B/D PA; V
<i>fomepizole</i>	2	
GAMASTAN	3	MO
GAMUNEX-C	5	PA; MO; NDS
GARDASIL 9 (PF)	1	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	1	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3	
HEPLISAV-B (PF)	1	B/D PA; V
HIBERIX (PF)	3	
HYPERHEP B	3	
HYPERHEP B NEONATAL	3	
IMOVAX RABIES VACCINE (PF)	1	B/D PA; V
INFANRIX (DTAP) (PF)	3	
IPOL	1	V
IXIARO (PF)	1	V
JYNNEOS (PF)	1	B/D PA; V
KINRIX (PF)	3	
MENQUADFI (PF)	1	V
MENVEO A-C-Y-W-135-DIP (PF)	1	V
M-M-R II (PF)	1	V
MRESVIA (PF)	1	V

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Drug Name	Drug Tier	Requirements /Limits
PEDIARIX (PF)	3	
PEDVAX HIB (PF)	3	
PENBRAYA (PF)	1	V
PENMENVY MEN A-B-C-W-Y (PF)	1	V
PENTACEL (PF)	3	
PRIORIX (PF)	1	V
PROQUAD (PF)	3	
QUADRACEL (PF)	3	
RABAVERT (PF)	1	B/D PA; V
RECOMBIVAX HB (PF)	1	B/D PA; V
ROTARIX ORAL SUSPENSION	3	
ROTATEQ VACCINE	3	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	1	V; QL (2 per 720 days)
SHINGRIX (PF) INTRAMUSCULAR SYRINGE	1	V; QL (1 per 720 days)
TENIVAC (PF)	1	V
TICE BCG	3	
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	3	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	3	V

Drug Name	Drug Tier	Requirements /Limits
TRUMENBA	1	V
TWINRIX (PF)	1	V
TYPHIM VI	1	V
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	1	V
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	1	V
VARIVAX (PF)	1	V
VARIZIG	3	
VAXCHORA VACCINE	1	V
VIMKUNYA (PF)	1	V
VIVOTIF	1	MO; V
XEMBIFY	5	B/D PA; MO; LA; NDS
YF-VAX (PF)	1	V

MISCELLANEOUS SUPPLIES

MISCELLANEOUS SUPPLIES

ACCU-CHEK GUIDE GLUCOSE METER	Part B	MO
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Drug Name	Drug Tier	Requirements /Limits
ACCU-CHEK GUIDE ME GLUCOSE MTR	Part B	MO
NOVO PEN NEEDLE	3	PA; MO
CEQUR SIMPLICITY DEVICE 2 UNIT (200 UNIT)	3	MO; QL (8 per 30 days)
CEQUR SIMPLICITY INSERTER	3	MO; QL (1 per 720 days)
FREESTYLE FREEDOM LITE	Part B	MO
FREESTYLE INSULINX	Part B	
FREESTYLE LITE METER	Part B	MO
GAUZE PADS 2 X 2	3	PA; MO
EMBECTA INSULIN SYRINGE	3	PA; MO
BD PEN NEEDLE	3	PA; MO
OMNIPOD 5 (LIBRE 2/3 PLUS)	3	MO; QL (15 per 30 days)
OMNIPOD 5 G6-G7 INTRO KT(GEN5)	3	MO; QL (1 per 720 days)
OMNIPOD 5 G6-G7 PODS (GEN 5)	3	MO; QL (15 per 30 days)
OMNIPOD 5 INTRO (LIBRE2/3PLUS)	3	MO; QL (1 per 720 days)
OMNIPOD DASH INTRO KIT (GEN 4)	3	QL (1 per 720 days)

Drug Name	Drug Tier	Requirements /Limits
OMNIPOD DASH PODS (GEN 4)	3	MO; QL (15 per 30 days)
EMBECTA PEN NEEDLE	3	PA; MO
PIVOT INSULIN PUMP STARTER KIT	3	QL (1 per 720 days)
PIVOT SUPPLY KIT	3	QL (40 per 30 days)
PRECISION XTRA MONITOR	Part B	MO
TWIIST REFILL KT(CSST-NDL-SYR)	3	QL (1 per 30 days)
TWIIST RFL(INFUS-CSST-NDL-SYR)	3	QL (1 per 30 days)
TWIIST STARTER KIT	3	QL (1 per 720 days)
BD INSULIN SYRINGE	3	PA; MO

MUSCULOSKELETAL / RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	MO
<i>allopurinol sodium</i>	2	
<i>aloprim</i>	2	
<i>colchicine oral tablet</i>	2	MO
<i>febuxostat</i>	3	MO
<i>probenecid</i>	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>probenecid-colchicine</i>	3	MO
OSTEOPOROSIS THERAPY		
<i>alendronate oral solution</i>	2	MO; QL (300 per 28 days)
<i>alendronate oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; QL (4 per 28 days)
BONSITY	5	PA; MO; QL (2.24 per 28 days); NDS
<i>ibandronate intravenous solution</i>	2	PA
<i>ibandronate intravenous syringe</i>	2	PA; MO
<i>ibandronate oral</i>	2	MO; QL (1 per 30 days)
JUBBONTI	3	MO; QL (1 per 180 days)
PROLIA	3	MO; QL (1 per 180 days)
<i>raloxifene</i>	2	MO
<i>risedronate oral tablet 150 mg</i>	3	MO; QL (1 per 30 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	3	MO; QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	3	MO; QL (30 per 30 days)
<i>risedronate oral tablet, delayed release (dr/ec)</i>	4	MO; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>teriparatide (only ndcs starting with 47781)</i>	5	PA; MO; QL (2.24 per 28 days); NDS
TYMLOS	5	PA; MO; QL (1.56 per 30 days); NDS
OTHER RHEUMATOLOGICALS		
AVTOZMA AUTOINJECTOR	5	PA; MO; QL (3.6 per 28 days); NDS
AVTOZMA INTRAVENOUS	5	PA; MO; QL (160 per 28 days); NDS
AVTOZMA SUBCUTANEOUS	5	PA; MO; QL (3.6 per 28 days); NDS
BENLYSTA	5	PA; MO; NDS
ENBREL MINI	5	PA; MO; QL (8 per 28 days); NDS
ENBREL SUBCUTANEOUS SOLUTION	5	PA; MO; QL (8 per 28 days); NDS
ENBREL SUBCUTANEOUS SYRINGE	5	PA; MO; QL (8 per 28 days); NDS
ENBREL SURECLICK	5	PA; MO; QL (8 per 28 days); NDS
HADLIMA	5	PA; MO; QL (4.8 per 28 days); NDS
HADLIMA PUSHTOUCH	5	PA; MO; QL (4.8 per 28 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
HADLIMA(CF)	5	PA; MO; QL (2.4 per 28 days); NDS
HADLIMA(CF) PUSHTOUCH	5	PA; MO; QL (2.4 per 28 days); NDS
KEVZARA SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (2.28 per 28 days); NDS
KEVZARA SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; MO; QL (2.28 per 28 days); NDS
KINERET	5	PA; QL (18.76 per 28 days); NDS
<i>leflunomide</i>	2	MO; QL (30 per 30 days)
<i>milnacipran oral tablet</i>	3	MO; QL (60 per 30 days)
<i>milnacipran oral tablets, dose pack</i>	3	MO; QL (55 per 180 days)
OTEZLA	5	PA; MO; QL (60 per 30 days); NDS
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	5	PA; MO; QL (55 per 180 days); NDS
OTEZLA XR	5	PA; MO; QL (30 per 30 days); NDS

Drug Name	Drug Tier	Requirements /Limits
OTEZLA XR INITIATION	5	PA; MO; QL (41 per 180 days); NDS
<i>penicillamine oral tablet</i>	5	PA; MO; NDS
RINVOQ LQ	5	PA; MO; QL (360 per 30 days); NDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	5	PA; MO; QL (30 per 30 days); NDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	5	PA; MO; QL (84 per 180 days); NDS
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	5	PA; MO; QL (4 per 28 days); NDS
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	5	PA; MO; QL (3 per 28 days); NDS
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	3	PA; MO; QL (2 per 28 days)
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PA; MO; QL (4 per 28 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
<i>tofacitinib oral solution</i>	5	PA; MO; QL (480 per 30 days); NDS
<i>tofacitinib oral tablet</i>	5	PA; MO; QL (60 per 30 days); NDS
<i>tofacitinib oral tablet extended release 24 hr</i>	5	PA; MO; QL (30 per 30 days); NDS
TYENNE AUTOINJECTOR	5	PA; MO; QL (3.6 per 28 days); NDS
TYENNE INTRAVENOUS	5	PA; MO; QL (160 per 28 days); NDS
TYENNE SUBCUTANEOUS	5	PA; MO; QL (3.6 per 28 days); NDS

OBSTETRICS / GYNECOLOGY

ESTROGENS / PROGESTINS

<i>abigale</i>	3	MO
<i>abigale lo</i>	3	MO
<i>camila</i>	2	MO
<i>conjugated estrogens</i>	3	MO
<i>deblitane</i>	2	MO
DEPO-SUBQ PROVERA 104	3	MO
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr</i>	3	QL (8 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>dotti transdermal patch semiweekly 0.1 mg/24 hr</i>	3	MO; QL (8 per 28 days)
<i>emzahh</i>	2	MO
<i>errin</i>	2	MO
<i>estradiol oral</i>	2	MO
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr</i>	3	QL (8 per 28 days)
<i>estradiol transdermal patch semiweekly 0.1 mg/24 hr</i>	3	MO; QL (8 per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	3	MO; QL (4 per 28 days)
<i>estradiol transdermal patch weekly 0.0375 mg/24 hr, 0.05 mg/24 hr</i>	3	QL (4 per 28 days)
<i>estradiol vaginal cream</i>	3	MO
<i>estradiol vaginal tablet</i>	4	MO
<i>estradiol valerate</i>	4	MO
<i>estradiol-norethindrone acet</i>	3	MO
<i>fyavolv</i>	4	MO
<i>gallifrey</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>heather</i>	2	MO
IMVEXXY MAINTENANCE PACK	3	MO
IMVEXXY STARTER PACK	3	MO
<i>incassia</i>	2	MO
<i>jencycla</i>	2	MO
<i>jinteli</i>	4	MO
<i>lyleq</i>	2	MO
<i>lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr</i>	3	QL (8 per 28 days)
<i>lyllana transdermal patch semiweekly 0.1 mg/24 hr</i>	3	MO; QL (8 per 28 days)
<i>lyza</i>	2	
<i>medroxyprogesteron e intramuscular</i>	2	MO
<i>medroxyprogesteron e oral</i>	1	MO
<i>meleya</i>	2	MO
<i>mimvey</i>	3	MO
<i>nora-be</i>	2	MO
<i>norethindrone (contraceptive)</i>	2	
<i>norethindrone acetate</i>	2	MO
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>orquidea</i>	2	MO
PREMARIN VAGINAL	3	
PREMPHASE	3	MO
PREMPRO	3	MO
<i>progesterone</i>	2	MO
<i>progesterone micronized oral</i>	2	MO
<i>sharobel</i>	2	MO
<i>yuvaferm</i>	4	
MISCELLANEOUS OB/GYN		
<i>clindamycin phosphate vaginal</i>	3	MO
<i>eluryng</i>	3	MO
<i>etonogestrel-ethinyl estradiol</i>	3	
LILETTA	3	MO
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	3	MO
<i>mifepristone oral tablet 200 mg</i>	2	LA
MYFEMBREE	5	PA; MO; NDS
NEXPLANON	3	
<i>norelgestromin- ethin.estradiol</i>	3	MO
<i>terconazole</i>	3	MO
<i>tranexamic acid oral</i>	3	MO
<i>xulane</i>	3	
<i>zafemy</i>	3	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		

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Drug Name	Drug Tier	Requirements /Limits
<i>afirmelle</i>	2	
<i>altavera (28)</i>	2	MO
<i>alyacen 1/35 (28)</i>	2	MO
<i>alyacen 7/7/7 (28)</i>	2	
<i>amethyst (28)</i>	2	
<i>apri</i>	2	MO
<i>aranelle (28)</i>	2	MO
<i>aubra eq</i>	2	MO
<i>aviane</i>	2	MO
<i>azurette (28)</i>	2	MO
<i>camrese</i>	2	MO
<i>cryselle (28)</i>	2	MO
<i>cyred eq</i>	2	MO
<i>dasetta 1/35 (28)</i>	2	MO
<i>dasetta 7/7/7 (28)</i>	2	MO
<i>daysee</i>	2	MO
<i>desog-e.estradiol/e.estradiol</i>	2	
<i>drospirenone-e.estradiol-lm. fa oral tablet 3-0.03-0.451 mg (21) (7)</i>	4	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	2	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	2	
<i>elinest</i>	2	MO
<i>enskyce</i>	2	MO
<i>estarylla</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>falmina (28)</i>	2	MO
<i>introvale</i>	2	MO
<i>isibloom</i>	2	MO
<i>jasmiel (28)</i>	2	MO
<i>jolessa</i>	2	MO
<i>juleber</i>	2	MO
<i>kalliga</i>	2	
<i>kariva (28)</i>	2	
<i>kelnor 1/35 (28)</i>	2	MO
<i>kurvelo (28)</i>	2	MO
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	2	
<i>larin 1.5/30 (21)</i>	2	MO
<i>larin 1/20 (21)</i>	2	MO
<i>larin 24 fe</i>	2	MO
<i>larin fe 1.5/30 (28)</i>	2	MO
<i>larin fe 1/20 (28)</i>	2	MO
<i>lessina</i>	2	MO
<i>levonest (28)</i>	2	MO
<i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg</i>	2	
<i>levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month</i>	2	
<i>levonorg-eth estradiol triphasic</i>	2	MO
<i>loryna (28)</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>lo-zumandimine (28)</i>	2	MO
<i>luteria (28)</i>	2	
<i>marlissa (28)</i>	2	MO
<i>microgestin 1.5/30 (21)</i>	2	MO
<i>microgestin 1/20 (21)</i>	2	MO
<i>microgestin fe 1.5/30 (28)</i>	2	MO
<i>microgestin fe 1/20 (28)</i>	2	MO
<i>mili</i>	2	MO
<i>mono-linyah</i>	2	MO
<i>nikki (28)</i>	2	MO
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	2	MO
<i>norgestimate-ethinyl estradiol</i>	2	
<i>nortrel 0.5/35 (28)</i>	2	MO
<i>nortrel 1/35 (21)</i>	2	MO
<i>nortrel 1/35 (28)</i>	2	MO
<i>nortrel 7/7/7 (28)</i>	2	MO
<i>philith</i>	2	MO
<i>pimtrea (28)</i>	2	MO
<i>portia 28</i>	2	MO
<i>reclipsen (28)</i>	2	MO
<i>setlakin</i>	2	MO
<i>sprintec (28)</i>	2	MO
<i>syeda</i>	2	MO
<i>tarina fe 1-20 eq (28)</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>tilia fe</i>	4	MO
<i>tri-estarylla</i>	2	MO
<i>tri-legest fe</i>	4	MO
<i>tri-linyah</i>	2	MO
<i>tri-lo-estarylla</i>	2	MO
<i>tri-lo-marzia</i>	2	MO
<i>tri-lo-sprintec</i>	2	
<i>tri-sprintec (28)</i>	2	MO
<i>turqoz (28)</i>	2	MO
<i>valtya</i>	2	MO
<i>velivet triphasic regimen (28)</i>	2	MO
<i>vestura (28)</i>	2	MO
<i>vienva</i>	2	MO
<i>viorele (28)</i>	2	MO
<i>wera (28)</i>	2	MO
<i>zovia 1-35 (28)</i>	2	MO
<i>zumandimine (28)</i>	2	MO
OXYTOCICS		
<i>methylergonovine oral</i>	4	PA
OPHTHALMOLOGY		
ANTIBIOTICS		
<i>bacitracin-polymyxin b</i>	2	MO
<i>ciprofloxacin hcl ophthalmic (eye)</i>	2	MO
<i>erythromycin ophthalmic (eye)</i>	2	MO; QL (3.5 per 14 days)
<i>gatifloxacin</i>	4	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>gentamicin ophthalmic (eye) drops</i>	2	MO; QL (70 per 30 days)
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	3	MO
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	3	
<i>moxifloxacin ophthalmic (eye) drops</i>	3	MO
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	3	
NATACYN	4	
<i>neomycin-bacitracin-polymyxin</i>	3	MO
<i>neomycin-polymyxin-gramicidin</i>	3	MO
<i>ofloxacin ophthalmic (eye)</i>	2	MO
<i>polymyxin b sulf-trimethoprim</i>	1	MO
<i>tobramycin ophthalmic (eye)</i>	2	MO; QL (10 per 14 days)
ANTIVIRALS		
<i>trifluridine</i>	3	MO
ZIRGAN	4	MO
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye)</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>carteolol</i>	2	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	MO
<i>timolol maleate ophthalmic (eye) drops (not single use)</i>	1	MO
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	4	MO
MISCELLANEOUS OPHTHALMOLOGICS		
<i>atropine ophthalmic (eye) drops 1 %</i>	3	MO
<i>azelastine ophthalmic (eye)</i>	3	MO
CIMERLI	5	PA; MO; NDS
<i>cromolyn ophthalmic (eye)</i>	2	MO
<i>cyclosporine ophthalmic (eye)</i>	3	MO; QL (60 per 30 days)
CYSTARAN	5	PA; NDS
<i>epinastine</i>	3	MO
MIEBO (PF)	3	MO; QL (3 per 30 days)
OXERVATE	5	PA; MO; NDS
PAVBLU	5	PA; MO; NDS
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	3	MO
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>sulfacetamide-prednisolone</i>	2	MO
XDEMZY	5	PA; QL (10 per 42 days); NDS
XIIDRA	3	MO; QL (60 per 30 days)

NON-STEROIDAL ANTI-INFLAMMATORY AGENTS

<i>bromfenac ophthalmic (eye) drops 0.07 %, 0.075 %</i>	3	MO
<i>diclofenac sodium ophthalmic (eye)</i>	2	MO
<i>flurbiprofen sodium</i>	2	MO
<i>ketorolac ophthalmic (eye)</i>	2	MO

ORAL DRUGS FOR GLAUCOMA

<i>acetazolamide</i>	2	MO
<i>acetazolamide sodium</i>	2	MO
<i>methazolamide</i>	4	MO

OTHER GLAUCOMA DRUGS

<i>bimatoprost ophthalmic (eye) drops 0.01 %</i>	3	MO
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	2	MO
<i>dorzolamide</i>	2	MO
<i>dorzolamide-timolol</i>	2	MO
<i>latanoprost</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>miostat</i>	2	
RHOPRESSA	3	
ROCKLATAN	3	
<i>travoprost</i>	3	MO

STEROID-ANTIBIOTIC COMBINATIONS

<i>neomycin-bacitracin-poly-hc</i>	3	MO
<i>neomycin-polymyxin b-dexameth</i>	2	MO
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	4	MO
TOBRADEX OPTHALMIC (EYE) OINTMENT	3	MO; QL (3.5 per 14 days)
<i>tobramycin-dexamethasone</i>	2	MO; QL (10 per 14 days)

STERIODS

<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	2	MO
<i>fluorometholone</i>	3	MO
<i>loteprednol etabonate ophthalmic (eye) drops,gel</i>	3	MO
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	3	MO
OZURDEX	5	MO; NDS
<i>prednisolone acetate</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	2	MO
SYMPATHOMIMETICS		
<i>apraclonidine</i>	3	MO
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i>	3	MO
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	MO
RESPIRATORY AND ALLERGY		
ANTI HISTAMINE / ANTIALLERGENIC AGENTS		
<i>adrenalin injection solution 1 mg/ml</i>	2	
<i>adrenalin injection solution 1 mg/ml (1 ml)</i>	2	MO
<i>benzonatate oral capsule 100 mg, 200 mg</i>	2	MO; EX
<i>cetirizine oral solution 1 mg/ml</i>	2	MO
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	MO
<i>diphenhydramine hcl injection syringe</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml (manufactured by mylan specialty)</i>	3	MO; QL (4 per 30 days)
<i>epinephrine injection solution</i>	2	
<i>hydroxyzine hcl oral tablet</i>	2	PA; MO
<i>levocetirizine oral solution</i>	4	MO
<i>levocetirizine oral tablet</i>	2	MO; QL (30 per 30 days)
<i>promethazine injection solution</i>	4	MO
<i>promethazine oral</i>	4	PA; MO
PULMONARY AGENTS		
<i>acetylcysteine</i>	3	B/D PA; MO
ADEMPAS	5	PA; MO; LA; QL (90 per 30 days); NDS
ADVAIR HFA	3	MO; QL (12 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	2	MO; QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation package size 6.7 gm</i>	2	QL (13.4 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i>	2	B/D PA; MO
<i>albuterol sulfate oral syrup</i>	2	MO
<i>albuterol sulfate oral tablet</i>	4	MO
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	3	MO; QL (12.2 per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	3	MO; QL (6.1 per 30 days)
<i>alyq</i>	4	PA; MO; QL (60 per 30 days)
<i>ambrisentan</i>	5	PA; MO; LA; QL (30 per 30 days); NDS
<i>arformoterol</i>	4	B/D PA; MO; QL (120 per 30 days)
ASMANEX HFA	3	MO; QL (13 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	3	MO; QL (1 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120)	3	MO; QL (2 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (14)	3	QL (2 per 28 days)
BEVESPI AEROSPHERE	3	MO; QL (10.7 per 30 days)
<i>bosentan oral tablet</i>	5	PA; MO; LA; QL (60 per 30 days); NDS
BREO ELLIPTA	3	MO; QL (60 per 30 days)
<i>breyana</i>	4	MO; QL (10.3 per 30 days)
BREZTRI AEROSPHERE	3	MO; QL (10.7 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	4	B/D PA; MO; QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	4	B/D PA; MO; QL (60 per 30 days)
<i>budesonide-formoterol</i>	4	QL (10.2 per 30 days)
CINRYZE	5	PA; MO; NDS
COMBIVENT RESPIMAT	3	QL (8 per 30 days)
<i>cromolyn inhalation</i>	3	B/D PA; MO
DULERA	3	MO; QL (13 per 30 days)
FASENRA PEN	5	PA; MO; QL (1 per 28 days); NDS
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	5	PA; MO; QL (0.5 per 28 days); NDS
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	5	PA; MO; QL (1 per 28 days); NDS
<i>flunisolide</i>	3	MO; QL (50 per 30 days)
FLUTICASONE FUROATE-VILANTEROL	3	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	4	ST; MO; QL (12 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	4	ST; MO; QL (24 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	4	MO; QL (10.6 per 30 days)
<i>fluticasone propionate nasal</i>	2	MO; QL (16 per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	3	MO; QL (60 per 30 days)
<i>formoterol fumarate</i>	4	B/D PA; MO; QL (120 per 30 days)
<i>icatibant</i>	5	PA; MO; NDS
<i>ipratropium bromide inhalation hfa aerosol inhaler</i>	4	MO; QL (25.8 per 30 days)
<i>ipratropium bromide inhalation solution</i>	2	B/D PA; MO
<i>ipratropium-albuterol</i>	2	B/D PA; MO
KALYDECO	5	PA; MO; QL (56 per 28 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
<i>macitentan</i>	5	PA; MO; QL (30 per 30 days); NDS
<i>mometasone nasal</i>	4	MO; QL (34 per 30 days)
<i>montelukast oral granules in packet</i>	4	MO
<i>montelukast oral tablet</i>	1	MO
<i>montelukast oral tablet, chewable</i>	2	MO
<i>nintedanib</i>	5	PA; MO; QL (60 per 30 days); NDS
NUCALA SUBCUTANEOUS AUTO-INJECTOR	5	PA; MO; LA; QL (3 per 28 days); NDS
NUCALA SUBCUTANEOUS RECON SOLN	5	PA; MO; LA; QL (3 per 28 days); NDS
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; MO; LA; QL (3 per 28 days); NDS
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; MO; LA; QL (0.4 per 28 days); NDS
OFEV	5	PA; MO; QL (60 per 30 days); NDS
ORKAMBI ORAL GRANULES IN PACKET	5	PA; MO; QL (56 per 28 days); NDS
ORKAMBI ORAL TABLET	5	PA; MO; QL (112 per 28 days); NDS

Drug Name	Drug Tier	Requirements /Limits
<i>pirfenidone oral capsule</i>	5	PA; MO; QL (270 per 30 days); NDS
<i>pirfenidone oral tablet 267 mg</i>	5	PA; MO; QL (270 per 30 days); NDS
<i>pirfenidone oral tablet 801 mg</i>	5	PA; MO; QL (90 per 30 days); NDS
PULMOZYME	5	B/D PA; MO; NDS
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	3	QL (10.6 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	3	QL (21.2 per 30 days)
<i>roflumilast</i>	4	PA; MO; QL (30 per 30 days)
<i>sajazir</i>	5	PA; MO; NDS
<i>sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml</i>	5	NDS
<i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	3	PA; MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
SPIRIVA RESPIMAT	3	MO; QL (4 per 30 days)
STIOLTO RESPIMAT	3	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT	3	MO; QL (4 per 30 days)
SYMDEKO	5	PA; MO; QL (56 per 28 days); NDS
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	4	PA; QL (60 per 30 days)
<i>terbutaline oral</i>	4	MO
<i>terbutaline subcutaneous</i>	2	
TEZSPIRE	5	PA; MO; QL (1.91 per 30 days); NDS
<i>theophylline oral elixir</i>	4	MO
<i>theophylline oral solution</i>	4	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg</i>	2	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	2	MO
<i>theophylline oral tablet extended release 24 hr</i>	2	MO
TRELEGY ELLIPTA	3	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	5	PA; MO; QL (56 per 28 days); NDS
TRIKAFTA ORAL TABLETS, SEQUENTIAL	5	PA; MO; QL (84 per 28 days); NDS
WINREVAIR	5	PA; MO; QL (1 per 21 days); NDS
<i>wixela inhub</i>	3	QL (60 per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	5	PA; MO; LA; QL (8 per 28 days); NDS
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	5	PA; MO; LA; QL (1 per 28 days); NDS
XOLAIR SUBCUTANEOUS RECON SOLN	5	PA; MO; LA; QL (8 per 28 days); NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	5	PA; MO; LA; QL (8 per 28 days); NDS
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; MO; LA; QL (1 per 28 days); NDS
YUTREPIA INHALATION CAPSULE, W/INHALATION DEVICE 106 MCG	5	PA; MO; QL (224 per 28 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
YUTREPIA INHALATION CAPSULE, W/INHALATION DEVICE 26.5 MCG	5	PA; MO; QL (896 per 28 days); NDS
YUTREPIA INHALATION CAPSULE, W/INHALATION DEVICE 53 MCG	5	PA; MO; QL (448 per 28 days); NDS
YUTREPIA INHALATION CAPSULE, W/INHALATION DEVICE 79.5 MCG	5	PA; MO; QL (308 per 28 days); NDS
<i>zafirlukast</i>	4	MO

UROLOGICALS

ANTICHOLINERGICS / ANTISPASMODICS

GEMTESA	3	MO
<i>mirabegron oral tablet extended release 24 hr</i>	3	MO
<i>oxybutynin chloride oral syrup</i>	2	MO
<i>oxybutynin chloride oral tablet 5 mg</i>	2	MO
<i>oxybutynin chloride oral tablet extended release 24hr</i>	2	MO
<i>solifenacin</i>	2	MO
<i>tolterodine</i>	3	MO
<i>tropium oral tablet</i>	2	MO

BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY

Drug Name	Drug Tier	Requirements /Limits
<i>alfuzosin</i>	2	MO
<i>dutasteride</i>	2	MO
<i>dutasteride-tamsulosin</i>	4	MO
<i>finasteride oral tablet 5 mg</i>	1	MO
<i>tamsulosin</i>	1	MO

MISCELLANEOUS UROLOGICALS

<i>alprostadil</i>	2	
<i>bethanechol chloride</i>	2	MO
CYSTAGON	4	PA; LA
ELMIRON	3	MO
<i>glycine urologic solution</i>	2	
K-PHOS NO 2	3	MO
K-PHOS ORIGINAL	3	MO
<i>potassium citrate oral tablet extended release</i>	2	MO
RENACIDIN	3	MO
<i>sildenafil</i>	2	MO; EX; QL (6 per 30 days)
<i>tadalafil oral tablet 2.5 mg</i>	4	PA; MO; QL (60 per 30 days)
<i>tadalafil oral tablet 5 mg</i>	4	PA; MO; QL (30 per 30 days)

VITAMINS, HEMATINICS / ELECTROLYTES

BLOOD DERIVATIVES

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Drug Name	Drug Tier	Requirements /Limits
<i>albumin, human 25 %</i>	4	
<i>alburx (human) 25 %</i>	4	
<i>alburx (human) 5 %</i>	4	
<i>albutein 25 %</i>	4	
<i>albutein 5 %</i>	4	
ELECTROLYTES		
<i>calcium acetate(phosphat bind)</i>	3	PA; MO
<i>calcium chloride</i>	2	
<i>calcium gluconate intravenous</i>	2	
<i>effe-k oral tablet, effervescent 25 meq</i>	2	MO
<i>klor-con 10</i>	2	MO
<i>klor-con 8</i>	2	MO
<i>klor-con m10</i>	2	MO
<i>klor-con m15</i>	2	
<i>klor-con m20</i>	2	MO
<i>klor-con oral packet 20</i>	4	MO
<i>lactated ringers intravenous</i>	4	MO
<i>magnesium chloride injection</i>	4	
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	3	

Drug Name	Drug Tier	Requirements /Limits
<i>magnesium sulfate in water intravenous parenteral solution</i>	4	
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)</i>	4	
<i>magnesium sulfate injection</i>	4	
<i>potassium acetate</i>	4	
<i>potassium chlorid-d5-0.45%nacl</i>	4	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	4	
<i>potassium chloride in 5 % dex</i>	4	
<i>potassium chloride in lr-d5</i>	4	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml</i>	4	
<i>potassium chloride intravenous</i>	4	
<i>potassium chloride oral capsule, extended release</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>potassium chloride oral liquid</i>	4	MO
<i>potassium chloride oral packet 20 meq</i>	4	MO
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	2	MO
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq</i>	2	MO
<i>potassium chloride oral tablet,er particles/crystals 15 meq</i>	2	
<i>potassium chloride-0.45 % nacl</i>	4	
<i>potassium chloride-d5-0.2%nacl</i>	4	
<i>potassium chloride-d5-0.9%nacl</i>	4	
<i>potassium phosphate m-/d-basic intravenous solution 3 mmol/ml</i>	4	
<i>ringer's intravenous</i>	4	
<i>sodium acetate</i>	4	
<i>sodium bicarbonate intravenous solution</i>	4	
<i>sodium bicarbonate intravenous syringe 50 meq/50 ml (8.4 %)</i>	4	
<i>sodium chloride 0.45 % intravenous</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>sodium chloride 3 % hypertonic</i>	4	
<i>sodium chloride 5 % hypertonic</i>	4	MO
<i>sodium chloride intravenous</i>	4	
<i>sodium phosphate</i>	4	MO
MISCELLANEOUS NUTRITION PRODUCTS		
CLINIMIX 5%/D15W SULFITE FREE	4	B/D PA
CLINIMIX 4.25%/D10W SULF FREE	4	B/D PA
CLINIMIX 5%-D20W(SULFITE-FREE)	4	B/D PA
CLINIMIX 6%-D5W (SULFITE-FREE)	4	B/D PA
CLINIMIX 8%-D10W(SULFITE-FREE)	4	B/D PA
CLINIMIX 8%-D14W(SULFITE-FREE)	4	B/D PA
<i>electrolyte-148</i>	3	
<i>electrolyte-48 in d5w</i>	4	
<i>electrolyte-a</i>	3	
<i>intralipid intravenous emulsion 20 %</i>	4	B/D PA
ISOLYTE S PH 7.4	4	

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Drug Name	Drug Tier	Requirements /Limits
ISOLYTE-P IN 5 % DEXTROSE	4	
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PLENAMINE	4	B/D PA
<i>premasol 10 %</i>	4	B/D PA
<i>travasol 10 %</i>	4	B/D PA
TROPHAMINE 10 %	4	B/D PA
VITAMINS / HEMATINICS		
<i>cyanocobalamin (vitamin b-12) injection</i>	2	MO; EX

Drug Name	Drug Tier	Requirements /Limits
<i>fluoride (sodium) oral tablet</i>	2	MO
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	2	MO
<i>folic acid oral tablet 1 mg</i>	2	MO; EX
<i>prenatal vitamin oral tablet</i>	2	MO
<i>vitamin d2</i>	2	EX
<i>wescap-pn dha</i>	2	MO

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This drug list was last updated on 09/01/2026.

Notice Of Availability of Language Assistance Services

English - ATTENTION: If you speak a language other than English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-866-597-9560 (TTY: 711) or speak to your provider.

Español (Spanish) - ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-866-597-9560 (TTY: 711) o hable con su proveedor.

中文 (Simplified Chinese) - 如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-866-597-9560（文本电话：711）或咨询您的服务提供者。

中文 (Traditional Chinese) - 注意：如果您說[中文]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-866-597-9560（TTY：711）或與您的提供者討論。

العربية (Arabic) - تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-866-597-9560 (711) أو تحدث إلى مقدم الخدمة.

Polski (Polish) - UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-866-597-9560 (TTY: 711) lub porozmawiaj ze swoim dostawcą.

ထာနုလီဖဲအံ (Karen) - ဆို- နမူကတိ၊ ထာနုလီဖဲအံ၊ အသိ၊ တၢ်အိၣ်ဒီး ကျိၣ်တၢ်ဆိၣ်ထွဲမၤစၢၤ လၢတလၢ် ဘျုးလၢ်စ့ၤလၢနဂီၢ်လီၤ. တၢ်အိၣ်ဒီး တၢ်မၤစၢၤတၢ်န့ၢ်ဟူၤပီးလီၤဒီး တၢ်မၤစၢၤတၢ်မၤ လၢအ ကြးအဘၣ် လၢကဟ့ၣ်တၢ်ဂ့ၢ်တၢ်ကျိၣ် လၢတၢ်မၤန့ၢ်အီၤသ့တဖၣ် လၢတလၢ်ဘျုးလၢ်စ့ၤ လၢနဂီၢ်လီၤ. ကိး 1-866-597-9560 (TTY: 711) မ့တမ့ၢ် ကတိတၢ်ဒီး နပှၤလၢဟ့ၣ် နတၢ်ကွၢ်ထွဲမၤစၢၤတက့ၢ်.

မြန်မာ (Burmese) - သတိပြုရန်- သင်က မြန်မာဘာသာစကား ပြောဆိုပါက၊ အခမဲ့ ဘာသာစကားအကူအညီ ဝန်ဆောင်မှုများကို ရရှိနိုင်ပါသည်။ အသုံးပြုနိုင်သော ဖော်မတ်များဖြင့် အချက်အလက်များ ဖော်ပြပေးရန် သင့်လျော်သော အရန်အကူအညီများနှင့် ဝန်ဆောင်မှုများကိုလည်း အခမဲ့ ရရှိနိုင်ပါသည်။ 1-866-597-9560 (TTY: 711) သို့ဖုန်းခေါ်ပါ သို့မဟုတ် သင်၏ ဆောင်ရွက်ပေးသူနှင့် စကားပြောပါ။

Việt (Vietnamese) - LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-866-597-9560 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

יידיש (Yiddish) - נאטיץ: אויב איר רעדט יידיש, שפראך הילף סערוויסעס זענען בארעכטיגט פאר דיר פריי. צונעמען
אידס און באדינונגס פֿאַר פראַווידינג אינפֿאָרמאַציע אין צוטריטלעך פֿאַרמאַטירונגען זענען אויך בנימצא פריי. רופן 1-
866-597-9560 (TTY: 711) אָדער רעדן מיט דיין טרעגער.

Nederlands (Dutch) - LET OP: als je Nederlands spreekt, zijn er gratis taalhulpdiensten voor je beschikbaar. Passende hulpmiddelen en diensten om informatie in toegankelijke formaten te verstrekken, zijn ook gratis beschikbaar. Bel 1-866-597-9560 (TTY: 711) of spreek met je provider.

Français (French) - ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-866-597-9560 (TTY : 711) ou parlez à votre fournisseur.

Tagalog - Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-866-597-9560 (TTY: 711) o makipag-usap sa iyong provider.

한국어 (Korean) - 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-866-597-9560 (TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.

РУССКИЙ (Russian) - ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-866-597-9560 (TTY: 711) или обратитесь к своему поставщику услуг.

українська мова (Ukrainian) - УВАГА: Якщо ви розмовляєте українська мова, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1-866-597-9560 (TTY: 711) або зверніться до свого постачальника.

Deutsch (German) - ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-866-597-9560 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

नेपाली (Nepali) - सावधान: यदि तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंका लागि निःशुल्क भाषिक सहायता सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी प्रदान गर्न उपयुक्त सहायता र सेवाहरू पनि निःशुल्क उपलब्ध छन्। 1-866-597-9560 (TTY: 711) मा फोन गर्नुहोस् वा आफ्नो प्रदायकसँग कुरा गर्नुहोस्।

Bosanski (Bosnian) - PAŽNJA: Ako govorite bosanski, dostupne su vam besplatne jezičke usluge. Odgovarajuća pomagala i usluge za pružanje informacija u pristupačnim formatima takođe se pružaju besplatno. Pozovite 1-866-597-9560 (TTY: 711) ili kontaktirajte svog pružatelja usluga.

This formulary was updated on 09/01/2026. For more recent information or other questions, please contact Essence Healthcare Customer Service at 1-866-597-9560 (TTY: 711) from 8 a.m. to 8 p.m. You may reach a messaging service on weekends from April 1 through September 30 and holidays. Please leave a message, and your call will be returned the next business day.

Toll-free: 1-866-597-9560

TTY users dial: 711

8 a.m. to 8 p.m., seven days a week



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