MOUNT CARMEL Health Plan
A Member of Trinity Health
MediGold

**2026 Formulary** (List of Covered Drugs)

Mount Carmel MediGold Health Plan (HMO/PPO) is a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on contract renewal. Benefits vary by county. This information is not a complete description of benefits and some benefits are not available on all plans.
For the most updated list of covered drugs, please visit https://www.thpmedicare.org/mount-carmel/my-medications/formulary.

This formulary was updated on 09/01/2026. For more recent information or other questions, please contact Member Services at 1-800-240-3851 or, for TTY users, 711, 8 a.m. – 8 p.m., 7 days a week. On certain holidays, your call will be handled by our automated phone system.

Updated 09/2026

MOUNT CARMEL Health Plan
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# 2026 Formulary

# (List of Covered Drugs)

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

**H3668_018_001 - Mount Carmel MediGold Premier (HMO)**
**H3668_018_002 - Mount Carmel MediGold Premier (HMO)**
**H3668_019_001 - Mount Carmel MediGold No Premium (HMO)**
**H3668_019_002 - Mount Carmel MediGold No Premium (HMO)**
**H3668_020_000 - Mount Carmel MediGold No Premium (HMO)**
**H3668_022_000 - Mount Carmel MediGold Plus (HMO)**
**H3668_023_000 - Mount Carmel MediGold Plus (HMO)**
**H3668_030_000 - Mount Carmel MediGold Cash Back (HMO)**
**H1846_005_000 - Mount Carmel MediGold Premium Choice (PPO)**
**H1846_006_000 - Mount Carmel MediGold Choice (PPO)**
**H3668_802_000 - Mount Carmel MediGold Trinity EGWP (HMO)**

Y0164_OHForm26_C

HPMS Approved Formulary File Submission 00026127, Version Number 15

**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 Mount Carmel MediGold Health Plan, Inc. or Mount Carmel Health Insurance Company. When it refers to “plan” or “your plan,” it means Mount Carmel MediGold.

This document includes a Drug List (formulary) for our plan which is current as of 9/1/2026. 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, 2026, and from time to time during the year.

## What is the 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 your 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. Your plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at your plan's network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

## Can the formulary change?

Most changes in drug coverage happen on January 1, but your plan 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: https://www.thpmedicare.org/mount-carmel/my-medications/formulary.

**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 plan’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 formular and later provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, 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 plan's formulary?"

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on 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 9/1/2026. To get updated information about the drugs covered by your plan, please contact us. Our contact information appears on the front and back cover pages. In the event of a mid-year non-maintenance formulary change, the formulary will be updated monthly and posted on our website.

## How do I use the Formulary?

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

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

- **Alphabetical Listing**
  If you are not sure what category to look under, you should look for your drug in the Index that begins on page 87. 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?

Your 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:** Your plan requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from your plan before you fill your prescriptions. If you don't get approval, your plan may not cover the drug.

- **Quantity Limits:** For certain drugs, your plan limits the amount of the drug that your plan will cover. For example, your plan provides 30 tablets per prescription for *rosuvastatin*. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, your 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, your plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, your plan will then cover Drug B.

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

You can ask 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 plan's formulary?" on page vi 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 Member Services and ask if your drug is covered. For more information, 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 learn that your plan does not cover your drug, you have two options:

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

- You can ask your plan to make an exception and cover your drug. See below for information about how to request an exception.

## How do I request an exception to the Formulary?

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

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

- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, 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. If approved, this would lower the amount you must pay for your drug.

Generally, your plan will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or applying the 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 us 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.

**Other Transitions:** You may have an unplanned transition, such as a move from a hospital to a long-term care facility. If this happens 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 up to a temporary 30-day supply (or 31-day supply if you are a resident of a long-term care facility) when you go to a network pharmacy. This gives you time to talk to your doctor about other treatment options. After your first 30- day supply in such situations, you are required to use the plan's formulary exception process.

## For more information

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

If you have questions about your plan, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

## Our Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by your plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 87.

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

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

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

**ED** – Your plan offers Supplemental Drug Coverage on select plans for some drugs not generally covered by Medicare. 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 towards 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. Please refer to our *Evidence of Coverage* for more information.

**NM** – Drugs that are not available through mail order service are marked as NM. Generally, the drugs available through mail order are drugs that you take on a regular basis for a chronic or long-term medical condition.

**PA** – Prior authorization is a utilization tool that helps decide whether or not a prescription is covered before it is filled. The approval or denial is based on plan design, safety and proper medicine use.

**QL** – For certain drugs, we limit the quantities of the drugs that we will cover. If you need a quantity that exceeds the limit we allow, you may ask us to make an exception to our coverage rules. More information regarding exceptions can be found in your *Evidence of Coverage.*

**ST** – A utilization tool that requires you to first try another drug to treat your medical condition before we will cover the drug your physician may have initially prescribed.

MOUNT CARMEL Health Plan
A Member of Trinity Health
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| Mount Carmel MediGold Premier (HMO)<br>(018-001 serving Central Ohio) | | | | | |
|---|---|---|---|---|---|
| | **Tier 1** Preferred Generic | **Tier 2** Generic | **Tier 3** Preferred Brand | **Tier 4** Non-Preferred Drug | **Tier 5** Specialty Tier |
| **Up to a 30-day supply retail** | $0 copay | $5 copay | 25% of the total cost | 40% of the total cost | 33% coinsurance |
| **Up to a 90-day supply retail** | $0 copay | $15 copay | 25% of the total cost | 40% of the total cost | Not available |
| **Up to a 90-day supply mail**[1] | $0 copay | $0 copay | 25% of the total cost | 40% of the total cost | Not available |

| Mount Carmel MediGold Premier (HMO)<br>(018-002 serving Southwest Ohio) | | | | | |
|---|---|---|---|---|---|
| | **Tier 1** Preferred Generic | **Tier 2** Generic | **Tier 3** Preferred Brand | **Tier 4** Non-Preferred Drug | **Tier 5** Specialty Tier |
| **Up to a 30-day supply retail** | $0 copay | $5 copay | 25% of the total cost | 40% of the total cost | 33% coinsurance |
| **Up to a 90-day supply retail** | $0 copay | $15 copay | 25% of the total cost | 40% of the total cost | Not available |
| **Up to a 90-day supply mail**[1] | $0 copay | $0 copay | 25% of the total cost | 40% of the total cost | Not available |

| **Mount Carmel MediGold No Premium (HMO)**<br>(019-001 serving Central Ohio) | | | | | |
|---|---|---|---|---|---|
| | | | | | ***$150 Part D deductible applies to Tier 3, Tier 4 and Tier 5 only** |
| | **Tier 1**<br>Preferred Generic | **Tier 2**<br>Generic | **Tier 3***<br>Preferred Brand | **Tier 4***<br>Non-Preferred Drug | **Tier 5***<br>Specialty Tier |
| **Up to a 30-day supply retail** | $0 copay | $5 copay | 25% of the total cost | 45% of the total cost | 31% coinsurance |
| **Up to a 90-day supply retail** | $0 copay | $15 copay | 25% of the total cost | 45% of the total cost | Not available |
| **Up to a 90-day supply mail[1]** | $0 copay | $0 copay | 25% of the total cost | 45% of the total cost | Not available |

| **Mount Carmel MediGold No Premium (HMO)**<br>(019-002 serving Southwest Ohio) | | | | | |
|---|---|---|---|---|---|
| | | | | | ***$150 Part D deductible applies to Tier 3, Tier 4 and Tier 5 only** |
| | **Tier 1**<br>Preferred Generic | **Tier 2**<br>Generic | **Tier 3***<br>Preferred Brand | **Tier 4***<br>Non-Preferred Drug | **Tier 5***<br>Specialty Tier |
| **Up to a 30-day supply retail** | $0 copay | $5 copay | 25% of the total cost | 45% of the total cost | 31% coinsurance |
| **Up to a 90-day supply retail** | $0 copay | $15 copay | 25% of the total cost | 45% of the total cost | Not available |
| **Up to a 90-day supply mail[1]** | $0 copay | $0 copay | 25% of the total cost | 45% of the total cost | Not available |

| Mount Carmel MediGold No Premium (HMO)<br>(020 serving Northwest Ohio) | | | | | |
|---|---|---|---|---|---|
| | | | ***$150 Part D deductible applies to Tier 3, Tier 4 and Tier 5 only** | | |
| | **Tier 1**<br>Preferred Generic | **Tier 2**<br>Generic | **Tier 3***<br>Preferred Brand | **Tier 4***<br>Non-Preferred Drug | **Tier 5***<br>Specialty Tier |
| **Up to a 30-day supply retail** | $0 copay | $5 copay | 25% of the total cost | 45% of the total cost | 31% coinsurance |
| **Up to a 90-day supply retail** | $0 copay | $15 copay | 25% of the total cost | 45% of the total cost | Not available |
| **Up to a 90-day supply mail[1]** | $0 copay | $0 copay | 25% of the total cost | 45% of the total cost | Not available |

| Mount Carmel MediGold Plus (HMO)<br>(022 serving Central Ohio) | | | | | |
|---|---|---|---|---|---|
| | | | ***$100 Part D deductible applies to Tier 3, Tier 4 and Tier 5 only** | | |
| | **Tier 1**<br>Preferred Generic | **Tier 2**<br>Generic | **Tier 3***<br>Preferred Brand | **Tier 4***<br>Non-Preferred Drug | **Tier 5***<br>Specialty Tier |
| **Up to a 30-day supply retail** | $0 copay | $10 copay | 25% of the total cost | 40% of the total cost | 31% coinsurance |
| **Up to a 90-day supply retail** | $0 copay | $30 copay | 25% of the total cost | 40% of the total cost | Not available |
| **Up to a 90-day supply mail[1]** | $0 copay | $0 copay | 25% of the total cost | 40% of the total cost | Not available |

| **Mount Carmel MediGold Plus (HMO)**<br>(023 serving Southwest Ohio) | | | | | |
|---|---|---|---|---|---|
| | ***$100 Part D deductible applies to Tier 3, Tier 4 and Tier 5 only** | | | | |
| | **Tier 1**<br>Preferred Generic | **Tier 2**<br>Generic | **Tier 3***<br>Preferred Brand | **Tier 4***<br>Non-Preferred Drug | **Tier 5***<br>Specialty Tier |
| **Up to a 30-day supply retail** | $0 copay | $10 copay | 25% of the total cost | 40% of the total cost | 31% coinsurance |
| **Up to a 90-day supply retail** | $0 copay | $30 copay | 25% of the total cost | 40% of the total cost | Not available |
| **Up to a 90-day supply mail[1]** | $0 copay | $0 copay | 25% of the total cost | 40% of the total cost | Not available |

| **Mount Carmel MediGold Cash Back (HMO)**<br>(030 serving Central, Southwest and Northwest Ohio) | | | | | |
|---|---|---|---|---|---|
| | **Tier 1**<br>Preferred Generic | **Tier 2**<br>Generic | **Tier 3***<br>Preferred Brand | **Tier 4***<br>Non-Preferred Drug | **Tier 5***<br>Specialty Tier |
| | ***$250 Part D deductible; applies to Tier 3, Tier 4 and Tier 5 only** | | | | |
| **Up to a 30-day supply retail** | $0 copay | $5 copay | 25% of the total cost | 40% of the total cost | 30% coinsurance |
| **Up to a 90-day supply retail** | $0 copay | $15 copay | 25% of the total cost | 40% of the total cost | Not available |
| **Up to a 90-day supply mail[1]** | $0 copay | $0 copay | 25% of the total cost | 40% of the total cost | Not available |

| Mount Carmel MediGold Choice (PPO)<br>(005 serving Central and Southwest Counties in Ohio) | | | | | |
|---|---|---|---|---|---|
| | **Tier 1**<br>Preferred Generic | **Tier 2**<br>Generic | **Tier 3***<br>Preferred Brand | **Tier 4***<br>Non-Preferred Drug | **Tier 5***<br>Specialty Tier |
| | | | ***$200 Part D deductible; applies to Tier 3, Tier 4 and Tier 5 only** | | |
| **Up to a 30-day supply retail** | $0 copay | $5 copay | 25% of the total cost | 40% of the total cost | 30% coinsurance |
| **Up to a 90-day supply retail** | $0 copay | $15 copay | 25% of the total cost | 40% of the total cost | Not available |
| **Up to a 90-day supply mail[1]** | $0 copay | $0 copay | 25% of the total cost | 40% of the total cost | Not available |

| Mount Carmel MediGold Choice (PPO)<br>(006 serving Northwest Counties in Ohio) | | | | | |
|---|---|---|---|---|---|
| | **Tier 1**<br>Preferred Generic | **Tier 2**<br>Generic | **Tier 3***<br>Preferred Brand | **Tier 4***<br>Non-Preferred Drug | **Tier 5***<br>Specialty Tier |
| | | | ***$200 Part D deductible; applies to Tier 3, Tier 4 and Tier 5 only** | | |
| **Up to a 30-day supply retail** | $0 copay | $5 copay | 25% of the total cost | 40% of the total cost | 30% coinsurance |
| **Up to a 90-day supply retail** | $0 copay | $15 copay | 25% of the total cost | 40% of the total cost | Not available |
| **Up to a 90-day supply mail[1]** | $0 copay | $0 copay | 25% of the total cost | 40% of the total cost | Not available |

**Mount Carmel MediGold Glory No RX (HMO)** does not include Part D prescription drug coverage. It does, however, cover Part B drugs.

**Note:** If you have coverage through an Employer Group Health Plan, please refer to your *Evidence of Coverage* for specific copay and coverage information.

[1] You may receive prescription drugs at home when using our network mail order program, generally within 10 calendar days of when your order is received. For questions about mail order medication, call 1-866-785-5714, option 2 (TTY 711). Our mail order pharmacy is to obtain consent prior to shipping or delivering any prescriptions that the beneficiary did not personally initiate unless there are mail order prescriptions for the beneficiary in the last 12 months.

Mount Carmel MediGold is a Medicare Advantage organizations with a Medicare contract. Enrollment in one of our plans depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Copayments/coinsurance may change on January 1 of each year. The formulary may change at any time. You will receive notice when necessary.

For the most updated list of covered drugs, please visit https://www.thpmedicare.org/mount-carmel/my-medications/formulary.

Y0164_OHForm26_C

# MOUNT_CARMEL_CY26_5T_GS_CORE eff 09/01/2026

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *hydrocodone bitartrate* T24A 20mg, 30mg, 40mg, 60mg, 80mg | 4 | QL (30 tabs / 30 days), PA |
| *hydrocodone bitartrate* T24A 100mg, 120mg | 5 | QL (30 tabs / 30 days), PA |
| *methadone hcl* SOLN 5mg/5ml, 10mg/5ml | 3 | QL (450 mL / 30 days), PA |
| *methadone hcl* TABS 5mg, 10mg | 3 | QL (90 tabs / 30 days), PA |
| *methadone hydrochloride i* CONC 10mg/ml | 3 | QL (90 mL / 30 days), PA |
| *morphine sulfate* TBCR 15mg, 30mg, 60mg, 100mg, 200mg | 3 | QL (90 tabs / 30 days), PA |
| ***OPIOID ANALGESICS, SHORT-ACTING*** | | |
| *acetaminophen w/ codeine soln 120-12 mg/5ml* | 3 | QL (2700 mL / 30 days) |
| *acetaminophen w/ codeine tab 300-15 mg* | 2 | QL (400 tabs / 30 days) |
| *acetaminophen w/ codeine tab 300-30 mg* | 2 | QL (360 tabs / 30 days) |
| *acetaminophen w/ codeine tab 300-60 mg* | 2 | QL (180 tabs / 30 days) |
| *butorphanol tartrate* SOLN 1mg/ml, 2mg/ml | 4 | |
| *butorphanol tartrate* SOLN 10mg/ml | 3 | QL (10 mL / 30 days) |
| *endocet tab 2.5-325mg* | 3 | QL (360 tabs / 30 days) |
| *endocet tab 5-325mg* | 3 | QL (360 tabs / 30 days) |
| *endocet tab 7.5-325mg* | 3 | QL (240 tabs / 30 days) |
| *endocet tab 10-325mg* | 3 | QL (180 tabs / 30 days) |
| *hydrocodone-acetaminophen soln 7.5-325 mg/15ml* | 4 | QL (2700 mL / 30 days) |
| *hydrocodone-acetaminophen tab 5-325 mg* | 3 | QL (240 tabs / 30 days) |
| *hydrocodone-acetaminophen tab 7.5-325 mg* | 3 | QL (180 tabs / 30 days) |
| *hydrocodone-acetaminophen tab 10-325 mg* | 3 | QL (180 tabs / 30 days) |
| *hydrocodone-ibuprofen tab 7.5-200 mg* | 3 | QL (150 tabs / 30 days) |
| *hydromorphone hcl* LIQD 1mg/ml | 4 | QL (600 mL / 30 days) |
| *hydromorphone hcl* TABS 2mg, 4mg, 8mg | 3 | QL (180 tabs / 30 days) |
| *morphine sulfate* SOLN 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml | 4 | B/D |
| *morphine sulfate* SOLN 10mg/5ml, 20mg/5ml | 3 | QL (900 mL / 30 days) |
| *morphine sulfate* SOLN 100mg/5ml | 3 | QL (180 mL / 30 days) |
| *morphine sulfate* TABS 15mg, 30mg | 3 | QL (180 tabs / 30 days) |
| *oxycodone hcl* CONC 100mg/5ml | 4 | QL (180 mL / 30 days) |
| *oxycodone hcl* SOLN 5mg/5ml | 4 | QL (900 mL / 30 days) |
| *oxycodone hcl* TABS 5mg, 10mg, 15mg, 20mg, 30mg | 3 | QL (180 tabs / 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *oxycodone w/ acetaminophen tab 2.5-325 mg* | 3 | QL (360 tabs / 30 days) |
| *oxycodone w/ acetaminophen tab 5-325 mg* | 3 | QL (360 tabs / 30 days) |
| *oxycodone w/ acetaminophen tab 7.5-325 mg* | 3 | QL (240 tabs / 30 days) |
| *oxycodone w/ acetaminophen tab 10-325 mg* | 3 | QL (180 tabs / 30 days) |
| *tramadol hcl* TABS 50mg | 2 | QL (240 tabs / 30 days) |
| *tramadol-acetaminophen tab 37.5-325 mg* | 2 | QL (240 tabs / 30 days) |

## ANTI-INFECTIVES

### *ANTI-INFECTIVES - MISCELLANEOUS*

| | | |
|---|---|---|
| *albendazole* TABS 200mg | 4 | QL (672 tabs / year), PA |
| *amikacin sulfate* SOLN 1gm/4ml, 500mg/2ml | 4 | |
| ARIKAYCE SUSP 590mg/8.4ml | 5 | NM, PA |
| *atovaquone* SUSP 750mg/5ml | 4 | QL (300 mL / 30 days), PA |
| *aztreonam* SOLR 1gm, 2gm | 4 | |
| BLUJEPA TABS 750mg | 3 | |
| CAYSTON SOLR 75mg | 5 | NM, PA |
| *clindamycin hcl* CAPS 75mg, 150mg, 300mg | 2 | |
| *clindamycin palmitate hydrochloride* SOLR 75mg/5ml | 4 | |
| *clindamycin phosphate* SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml | 3 | |
| *clindamycin phosphate in d5w iv soln 300 mg/50ml* | 4 | |
| *clindamycin phosphate in d5w iv soln 600 mg/50ml* | 4 | |
| *clindamycin phosphate in d5w iv soln 900 mg/50ml* | 4 | |
| CLINDMYC/NAC INJ 300/50ML | 4 | |
| CLINDMYC/NAC INJ 600/50ML | 4 | |
| CLINDMYC/NAC INJ 900/50ML | 4 | |
| *colistimethate sodium* SOLR 150mg | 4 | |
| *dapsone* TABS 25mg, 100mg | 3 | |
| DAPTOMYCIN SOLR 350mg | 5 | |
| *daptomycin* SOLR 350mg, 500mg | 5 | |
| EMVERM CHEW 100mg | 5 | QL (12 tabs / year) |
| *ertapenem sodium* SOLR 1gm | 3 | |
| *fosfomycin tromethamine* PACK 3gm | 4 | |
| *gentamicin in saline inj 0.8 mg/ml* | 3 | |
| *gentamicin in saline inj 1 mg/ml* | 3 | |
| *gentamicin in saline inj 1.2 mg/ml* | 3 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *tobramycin sulfate* SOLN 1.2gm/30ml, 10mg/ml, 80mg/2ml | 3 | |
| *trimethoprim* TABS 100mg | 3 | |
| *vancomycin hcl* CAPS 125mg | 4 | QL (80 caps / 180 days) |
| *vancomycin hcl* CAPS 250mg | 4 | QL (160 caps / 180 days) |
| *vancomycin hcl* SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg | 4 | |
| VANCOMYCIN INJ 1 GM | 4 | |
| VANCOMYCIN INJ 500MG | 4 | |
| VANCOMYCIN INJ 750MG | 4 | |
| ***ANTIFUNGALS*** | | |
| *amphotericin b* SOLR 50mg | 4 | B/D |
| *amphotericin b liposome* SUSR 50mg | 5 | B/D |
| *caspofungin acetate* SOLR 50mg, 70mg | 4 | |
| CRESEMBA CAPS 74.5mg, 186mg | 5 | PA |
| *fluconazole* SUSR 10mg/ml, 40mg/ml; TABS 50mg | 3 | |
| *fluconazole* TABS 100mg, 150mg, 200mg | 2 | |
| *fluconazole in nacl 0.9% inj 200 mg/100ml* | 3 | |
| *fluconazole in nacl 0.9% inj 400 mg/200ml* | 3 | |
| *flucytosine* CAPS 250mg, 500mg | 5 | PA |
| *griseofulvin microsize* SUSP 125mg/5ml; TABS 500mg | 4 | |
| *griseofulvin ultramicrosize* TABS 125mg, 250mg | 4 | |
| *itraconazole* CAPS 100mg | 4 | QL (120 caps / 30 days) |
| *ketoconazole* TABS 200mg | 3 | PA |
| *micafungin sodium* SOLR 50mg, 100mg | 4 | |
| *nystatin* TABS 500000unit | 3 | |
| *posaconazole* SUSP 40mg/ml | 5 | QL (630 mL / 30 days), PA |
| *posaconazole* TBEC 100mg | 5 | QL (93 tabs / 30 days), PA |
| *terbinafine hcl* TABS 250mg | 2 | QL (30 tabs / 30 days), PA; PA applies after a 90 day supply in a calendar year |
| *voriconazole* SOLR 200mg | 4 | PA |
| *voriconazole* SUSR 40mg/ml | 5 | QL (600 mL / 28 days), PA |
| *voriconazole* TABS 50mg | 4 | QL (480 tabs / 30 days) |
| *voriconazole* TABS 200mg | 4 | QL (120 tabs / 30 days) |
| ***ANTIMALARIALS*** | | |
| *atovaquone-proguanil hcl tab 62.5-25 mg* | 4 | |
| *atovaquone-proguanil hcl tab 250-100 mg* | 4 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *chloroquine phosphate* TABS 250mg, 500mg | 4 | |
| COARTEM TAB 20-120MG | 4 | |
| *mefloquine hcl* TABS 250mg | 3 | |
| *primaquine phosphate* TABS 26.3mg | 3 | |
| PRIMAQUINE PHOSPHATE TABS 26.3mg | 3 | |
| *quinine sulfate* CAPS 324mg | 4 | PA |
| ***ANTIRETROVIRAL AGENTS*** | | |
| *abacavir sulfate* SOLN 20mg/ml; TABS 300mg | 4 | |
| APTIVUS CAPS 250mg | 5 | |
| *atazanavir sulfate* CAPS 150mg, 200mg, 300mg | 4 | |
| *darunavir* TABS 600mg | 4 | QL (60 tabs / 30 days) |
| *darunavir* TABS 800mg | 4 | QL (30 tabs / 30 days) |
| EDURANT TABS 25mg | 5 | |
| EDURANT PED TBSO 2.5mg | 5 | |
| *efavirenz* TABS 600mg | 4 | |
| *emtricitabine* CAPS 200mg | 4 | |
| EMTRIVA SOLN 10mg/ml | 4 | |
| *etravirine* TABS 100mg, 200mg | 5 | |
| *fosamprenavir calcium* TABS 700mg | 5 | |
| INTELENCE TABS 25mg | 4 | |
| ISENTRESS CHEW 25mg | 4 | |
| ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg | 5 | |
| ISENTRESS HD TABS 600mg | 5 | |
| *lamivudine* SOLN 10mg/ml; TABS 150mg, 300mg | 3 | |
| *maraviroc* TABS 150mg, 300mg | 5 | |
| *nevirapine* SUSP 50mg/5ml; TB24 400mg | 4 | |
| *nevirapine* TABS 200mg | 2 | |
| NORVIR PACK 100mg | 4 | |
| PIFELTRO TABS 100mg | 5 | |
| PREZISTA SUSP 100mg/ml | 5 | QL (400 mL / 30 days) |
| PREZISTA TABS 75mg | 4 | QL (480 tabs / 30 days) |
| PREZISTA TABS 150mg | 5 | QL (240 tabs / 30 days) |
| REYATAZ PACK 50mg | 5 | |
| *rilpivirine hcl* TABS 25mg | 5 | |
| *ritonavir* TABS 100mg | 3 | |
| RUKOBIA TB12 600mg | 5 | |
| SELZENTRY SOLN 20mg/ml | 5 | |
| SUNLENCA TABS 300mg; TBPK 300mg | 5 | |
| *tenofovir disoproxil fumarate* TABS 300mg | 4 | |
| TIVICAY TABS 50mg | 5 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| TIVICAY PD TBSO 5mg | 5 | |
| TROGARZO SOLN 200mg/1.33ml | 5 | |
| TYBOST TABS 150mg | 3 | |
| VIRACEPT TABS 250mg, 625mg | 5 | |
| VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg | 5 | |
| *zidovudine* CAPS 100mg | 4 | |
| *zidovudine* SYRP 50mg/5ml; TABS 300mg | 3 | |
| ***ANTIRETROVIRAL COMBINATION AGENTS*** | | |
| *abacavir sulfate-lamivudine tab 600-300 mg* | 4 | |
| BIKTARVY TAB 30-120-15 MG | 5 | |
| BIKTARVY TAB 50-200-25 MG | 5 | |
| CIMDUO TAB 300-300 | 5 | |
| DELSTRIGO TAB | 5 | |
| DESCOVY TAB 120-15MG | 5 | |
| DESCOVY TAB 200/25MG | 5 | |
| DOVATO TAB 50-300MG | 5 | |
| *efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg* | 4 | |
| *efavirenz-lamivudine-tenofovir df tab 400-300-300 mg* | 5 | |
| *efavirenz-lamivudine-tenofovir df tab 600-300-300 mg* | 5 | |
| *emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg* | 5 | |
| *emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg* | 4 | |
| *emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg* | 5 | |
| *emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg* | 4 | |
| *emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg* | 4 | |
| EVOTAZ TAB 300-150 | 5 | |
| GENVOYA TAB | 5 | |
| IDVYNSO TAB 100-0.25 | 5 | |
| JULUCA TAB 50-25MG | 5 | |
| KALETRA SOL | 4 | |
| *lamivudine-zidovudine tab 150-300 mg* | 4 | |
| *lopinavir-ritonavir tab 100-25 mg* | 4 | |
| *lopinavir-ritonavir tab 200-50 mg* | 4 | |
| ODEFSEY TAB | 5 | |
| PREZCOBIX TAB 675/150 | 5 | |
| PREZCOBIX TAB 800-150 | 5 | |
| STRIBILD TAB | 5 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *ribavirin (hepatitis c)* CAPS 200mg; TABS 200mg | 3 | NM |
| *rimantadine hydrochloride* TABS 100mg | 4 | |
| *valacyclovir hcl* TABS 1gm, 500mg | 3 | |
| *valganciclovir hcl* SOLR 50mg/ml | 5 | |
| *valganciclovir hcl* TABS 450mg | 3 | |
| VOSEVI TAB | 5 | NM, PA |
| ***CEPHALOSPORINS*** | | |
| *cefaclor* CAPS 250mg, 500mg | 3 | |
| *cefadroxil* CAPS 500mg | 2 | |
| *cefadroxil* SUSR 250mg/5ml, 500mg/5ml | 3 | |
| CEFAZOLIN SOLR 2gm, 3gm | 4 | |
| CEFAZOLIN INJ 1GM/50ML | 4 | |
| *cefazolin sodium* SOLR 1gm, 2gm, 3gm, 10gm, 500mg | 3 | |
| CEFAZOLIN SOLN 2GM/100ML-4% | 4 | |
| CEFAZOLIN/DEX SOL 1GM/50ML-4% | 4 | |
| CEFAZOLIN/DEX SOL 2GM/50ML-3% | 4 | |
| CEFAZOLIN/DEX SOL 3GM/50ML-2% | 4 | |
| CEFAZOLIN/DEX SOL 3GM/150ML-4% | 4 | |
| *cefdinir* CAPS 300mg | 2 | |
| *cefdinir* SUSR 125mg/5ml, 250mg/5ml | 3 | |
| *cefepime hcl* SOLR 1gm, 2gm | 4 | |
| *cefixime* CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml | 4 | |
| *cefotetan disodium* SOLR 1gm, 2gm | 4 | |
| *cefoxitin sodium* SOLR 1gm, 2gm, 10gm | 4 | |
| *cefpodoxime proxetil* SUSR 50mg/5ml, 100mg/5ml | 4 | |
| *cefpodoxime proxetil* TABS 100mg, 200mg | 3 | |
| *cefprozil* SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg | 3 | |
| *ceftaroline fosamil* SOLR 400mg, 600mg | 5 | |
| *ceftazidime* SOLR 1gm, 2gm, 6gm | 4 | |
| *ceftriaxone sodium* SOLR 1gm, 2gm, 10gm, 250mg, 500mg | 4 | |
| *cefuroxime axetil* TABS 250mg, 500mg | 2 | |
| *cefuroxime sodium* SOLR 1.5gm, 750mg | 3 | |
| *cephalexin* CAPS 250mg, 500mg | 1 | |
| *cephalexin* SUSR 125mg/5ml, 250mg/5ml | 3 | |
| *tazicef* SOLR 1gm, 2gm, 6gm | 4 | |
| TEFLARO SOLR 400mg, 600mg | 5 | |
| ***ERYTHROMYCINS/MACROLIDES*** | | |
| *azithromycin* SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *azithromycin* TABS 250mg, 500mg, 600mg | 1 | |
| *clarithromycin* SUSR 125mg/5ml, 250mg/5ml; TB24 500mg | 4 | |
| *clarithromycin* TABS 250mg, 500mg | 3 | |
| DIFICID SUSR 40mg/ml | 5 | |
| *e.e.s. 400* TABS 400mg | 4 | |
| ERYTHROCIN LACTOBIONATE SOLR 500mg | 4 | |
| *erythromycin base* CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg | 4 | |
| *erythromycin ethylsuccinate* TABS 400mg | 4 | |
| *erythromycin lactobionate* SOLR 500mg | 4 | |
| *fidaxomicin* TABS 200mg | 5 | |
| ***FLUOROQUINOLONES*** | | |
| CIPRO SUSR 500mg/5ml | 4 | |
| *ciprofloxacin 200 mg/100ml in d5w* | 3 | |
| *ciprofloxacin 400 mg/200ml in d5w* | 3 | |
| *ciprofloxacin hcl* TABS 250mg, 500mg, 750mg | 1 | |
| *levofloxacin* SOLN 25mg/ml | 4 | |
| *levofloxacin* TABS 250mg, 500mg, 750mg | 1 | |
| *levofloxacin in d5w iv soln 250 mg/50ml* | 3 | |
| *levofloxacin in d5w iv soln 500 mg/100ml* | 3 | |
| *levofloxacin in d5w iv soln 750 mg/150ml* | 3 | |
| *moxifloxacin hcl* TABS 400mg | 3 | |
| *moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj* | 4 | |
| ***PENICILLINS*** | | |
| *amoxicillin* CAPS 250mg, 500mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg | 1 | |
| *amoxicillin* CHEW 125mg, 250mg | 2 | |
| *amoxicillin & k clavulanate for susp 200-28.5 mg/5ml* | 3 | |
| *amoxicillin & k clavulanate for susp 250-62.5 mg/5ml* | 4 | |
| *amoxicillin & k clavulanate for susp 400-57 mg/5ml* | 3 | |
| *amoxicillin & k clavulanate for susp 600-42.9 mg/5ml* | 3 | |
| *amoxicillin & k clavulanate tab 250-125 mg* | 3 | |
| *amoxicillin & k clavulanate tab 500-125 mg* | 2 | |
| *amoxicillin & k clavulanate tab 875-125 mg* | 2 | |
| *ampicillin* CAPS 500mg | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm* | 4 | |
| *ampicillin & sulbactam sodium for inj 3 (2-1) gm* | 4 | |
| *ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm* | 4 | |
| *ampicillin & sulbactam sodium for iv soln 3 (2-1) gm* | 4 | |
| *ampicillin & sulbactam sodium for iv soln 15 (10-5) gm* | 4 | |
| *ampicillin sodium* SOLR 1gm, 2gm, 10gm, 250mg, 500mg | 4 | |
| BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml | 4 | |
| *dicloxacillin sodium* CAPS 250mg, 500mg | 3 | |
| *nafcillin sodium* SOLR 1gm, 2gm | 4 | |
| *nafcillin sodium* SOLR 10gm | 5 | |
| *oxacillin sodium* SOLR 1gm, 2gm, 10gm | 4 | |
| *penicillin g potassium* SOLR 5000000unit, 20000000unit | 4 | |
| *penicillin g sodium* SOLR 5000000unit | 4 | |
| *penicillin v potassium* SOLR 125mg/5ml, 250mg/5ml | 2 | |
| *penicillin v potassium* TABS 250mg, 500mg | 1 | |
| *pfizerpen* SOLR 5000000unit, 20000000unit | 4 | |
| *piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)* | 4 | |
| *piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)* | 4 | |
| *piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)* | 4 | |
| *piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)* | 4 | |
| *piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)* | 4 | |
| ***TETRACYCLINES*** | | |
| *doxy 100* SOLR 100mg | 4 | |
| *doxycycline (monohydrate)* CAPS 50mg, 100mg | 2 | |
| *doxycycline (monohydrate)* SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg | 3 | |
| *doxycycline hyclate* CAPS 50mg, 100mg; TABS 20mg, 100mg | 3 | |
| *doxycycline hyclate* SOLR 100mg | 4 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *minocycline hcl* CAPS 50mg, 75mg, 100mg | 3 | |
| NUZYRA SOLR 100mg | 5 | NM |
| NUZYRA TABS 150mg | 5 | QL (30 tabs / 14 days), NM |
| *tetracycline hcl* CAPS 250mg, 500mg | 4 | |
| *tigecycline* SOLR 50mg | 4 | |
| **ANTINEOPLASTIC AGENTS** | | |
| ***ALKYLATING AGENTS*** | | |
| BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml | 5 | B/D, NM |
| BENDEKA SOLN 100mg/4ml | 5 | B/D, NM |
| *carboplatin* SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml | 3 | B/D |
| *cisplatin* SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml | 3 | B/D |
| *cyclophosphamide* CAPS 25mg, 50mg | 3 | B/D |
| CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 2gm/4ml, 500mg/ml | 5 | B/D, NM |
| CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml | 5 | B/D |
| *cyclophosphamide* SOLN 1gm/5ml; SOLR 2gm | 5 | B/D |
| *cyclophosphamide* SOLN 500mg/2.5ml; SOLR 1gm, 500mg | 4 | B/D |
| CYCLOPHOSPHAMIDE TABS 25mg, 50mg | 4 | B/D |
| CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml | 5 | B/D |
| FRINDOVYX SOLN 1gm/2ml, 2gm/4ml, 500mg/ml | 5 | B/D, NM |
| GLEOSTINE CAPS 10mg, 40mg | 4 | NM |
| GLEOSTINE CAPS 100mg | 5 | NM |
| LEUKERAN TABS 2mg | 5 | PA |
| *lomustine* CAPS 10mg, 40mg | 4 | NM |
| *lomustine* CAPS 100mg | 5 | NM |
| *oxaliplatin* SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml | 4 | B/D |
| *oxaliplatin* SOLR 50mg, 100mg | 5 | B/D |
| VIVIMUSTA SOLN 100mg/4ml | 5 | B/D, NM |
| ***ANTIMETABOLITES*** | | |
| *azacitidine* SUSR 100mg | 5 | B/D, NM |
| *cytarabine* SOLN 20mg/ml | 3 | B/D |
| *fluorouracil* SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml | 3 | B/D |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *gemcitabine hcl* SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg | 4 | B/D |
| INQOVI TAB 35-100MG | 5 | QL (5 tabs / 28 days), NM, PA |
| LONSURF TAB 15-6.14 | 5 | QL (100 tabs / 28 days), NM, PA |
| LONSURF TAB 20-8.19 | 5 | QL (80 tabs / 28 days), NM, PA |
| *mercaptopurine* SUSP 2000mg/100ml | 5 | NM |
| *mercaptopurine* TABS 50mg | 3 | |
| *methotrexate sodium* SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm | 2 | B/D |
| ONUREG TABS 200mg, 300mg | 5 | QL (14 tabs / 28 days), NM, PA |
| *pemetrexed disodium* SOLR 100mg, 500mg, 750mg, 1000mg | 5 | B/D |
| TABLOID TABS 40mg | 5 | PA |
| ***HORMONAL ANTINEOPLASTIC AGENTS*** | | |
| *abiraterone acetate* TABS 250mg | 5 | QL (120 tabs / 30 days), NM, PA |
| *abiraterone acetate* TABS 500mg | 5 | QL (60 tabs / 30 days), NM, PA |
| *abirtega* TABS 250mg | 4 | QL (120 tabs / 30 days), NM, PA |
| AKEEGA TAB 50/500MG | 5 | QL (60 tabs / 30 days), NM, PA |
| AKEEGA TAB 100/500 | 5 | QL (60 tabs / 30 days), NM, PA |
| *anastrozole* TABS 1mg | 2 | |
| *bicalutamide* TABS 50mg | 2 | |
| ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg | 4 | NM, PA |
| ERLEADA TABS 60mg | 5 | QL (120 tabs / 30 days), NM, PA |
| ERLEADA TABS 240mg | 5 | QL (30 tabs / 30 days), NM, PA |
| EULEXIN CAPS 125mg | 5 | |
| *exemestane* TABS 25mg | 4 | |
| FIRMAGON SOLR 80mg | 4 | NM, PA |
| FIRMAGON SOLR 120mg/vial | 5 | NM, PA |
| *fulvestrant* SOSY 250mg/5ml | 5 | B/D |
| INLURIYO TABS 200mg | 5 | QL (56 tabs / 28 days), NM, PA |
| *letrozole* TABS 2.5mg | 2 | |
| *leuprolide acetate* KIT 1mg/0.2ml | 4 | NM, PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| LIFYORLI CAP 125MG DS | 5 | QL (18 caps / 28 days), NM, PA |
| LIFYORLI CAP 150MG DS | 5 | QL (27 caps / 28 days), NM, PA |
| LUPRON DEPOT (1-MONTH) KIT 3.75mg | 5 | NM, PA |
| LUPRON DEPOT (3-MONTH) KIT 11.25mg | 5 | NM, PA |
| LYSODREN TABS 500mg | 5 | NM |
| *megestrol acetate* TABS 20mg, 40mg | 3 | |
| *nilutamide* TABS 150mg | 5 | |
| NUBEQA TABS 300mg | 5 | QL (120 tabs / 30 days), NM, PA |
| ORGOVYX TABS 120mg | 5 | NM, PA |
| ORSERDU TABS 86mg | 5 | QL (90 tabs / 30 days), NM, PA |
| ORSERDU TABS 345mg | 5 | QL (30 tabs / 30 days), NM, PA |
| SOLTAMOX SOLN 10mg/5ml | 5 | |
| *tamoxifen citrate* TABS 10mg, 20mg | 2 | |
| *toremifene citrate* TABS 60mg | 4 | PA |
| VEPPANU TABS 100mg | 5 | QL (90 tabs / 30 days), NM, PA |
| VEPPANU TABS 200mg | 5 | QL (30 tabs / 30 days), NM, PA |
| XTANDI CAPS 40mg | 5 | QL (120 caps / 30 days), NM, PA |
| XTANDI TABS 40mg | 5 | QL (120 tabs / 30 days), NM, PA |
| XTANDI TABS 80mg | 5 | QL (60 tabs / 30 days), NM, PA |
| YONSA TABS 125mg | 5 | QL (120 tabs / 30 days), NM, PA |
| ***IMMUNOMODULATORS*** | | |
| *lenalidomide* CAPS 2.5mg, 5mg, 10mg, 15mg | 5 | QL (28 caps / 28 days), NM, PA |
| *lenalidomide* CAPS 20mg, 25mg | 5 | QL (21 caps / 28 days), NM, PA |
| *pomalidomide* CAPS 1mg, 2mg, 3mg, 4mg | 5 | QL (21 caps / 28 days), NM, PA |
| POMALYST CAPS 1mg, 2mg, 3mg, 4mg | 5 | QL (21 caps / 28 days), NM, PA |
| THALOMID CAPS 50mg | 5 | QL (84 caps / 28 days), NM, PA |
| THALOMID CAPS 100mg | 5 | QL (112 caps / 28 days), NM, PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***MISCELLANEOUS*** | | |
| BESREMI SOSY 500mcg/ml | 5 | QL (2 syringes / 28 days), NM, PA |
| *bexarotene* CAPS 75mg | 5 | QL (300 caps / 30 days), NM, PA |
| *doxorubicin hcl* SOLN 2mg/ml | 4 | B/D |
| *doxorubicin hcl liposomal* SUSP 2mg/ml | 5 | B/D |
| *hydroxyurea* CAPS 500mg | 2 | |
| *irinotecan hcl* SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml | 4 | B/D |
| IWILFIN TABS 192mg | 5 | QL (240 tabs / 30 days), NM, PA |
| *leucovorin calcium* SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg | 4 | B/D |
| *leucovorin calcium* TABS 5mg, 10mg, 15mg, 25mg | 3 | |
| MATULANE CAPS 50mg | 5 | NM |
| *mesna* TABS 400mg | 5 | |
| MODEYSO CAPS 125mg | 5 | QL (20 caps / 28 days), NM, PA |
| *tretinoin (chemotherapy)* CAPS 10mg | 5 | |
| WELIREG TABS 40mg | 5 | QL (90 tabs / 30 days), NM, PA |
| ***MITOTIC INHIBITORS*** | | |
| *docetaxel* CONC 20mg/ml | 4 | B/D |
| *docetaxel* CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml | 5 | B/D |
| DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml | 5 | B/D |
| DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml | 5 | B/D, NM |
| *etoposide* SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml | 3 | B/D |
| *paclitaxel* CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml | 4 | B/D |
| *paclitaxel inj 100mg* | 5 | B/D, NM |
| *vincristine sulfate* SOLN 1mg/ml | 2 | B/D |
| *vinorelbine tartrate* SOLN 10mg/ml, 50mg/5ml | 4 | B/D |
| ***MOLECULAR TARGET AGENTS*** | | |
| ALECENSA CAPS 150mg | 5 | QL (240 caps / 30 days), NM, PA |
| ALUNBRIG TABS 30mg | 5 | QL (120 tabs / 30 days), NM, PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ALUNBRIG TABS 90mg, 180mg | 5 | QL (30 tabs / 30 days), NM, PA |
| ALUNBRIG PAK | 5 | QL (30 tabs / 30 days), NM, PA |
| AUGTYRO CAPS 40mg | 5 | QL (240 caps / 30 days), NM, PA |
| AUGTYRO CAPS 160mg | 5 | QL (60 caps / 30 days), NM, PA |
| AVMAPKI PAK FAKZYNJA | 5 | QL (1 pack / 28 days), NM, PA |
| AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg | 5 | QL (30 tabs / 30 days), NM, PA |
| BALVERSA TABS 3mg | 5 | QL (84 tabs / 28 days), NM, PA |
| BALVERSA TABS 4mg | 5 | QL (56 tabs / 28 days), NM, PA |
| BALVERSA TABS 5mg | 5 | QL (28 tabs / 28 days), NM, PA |
| BORTEZOMIB SOLR 1mg, 2.5mg | 4 | NM, PA |
| *bortezomib* SOLR 3.5mg | 5 | NM, PA |
| BOSULIF CAPS 50mg | 5 | QL (30 caps / 30 days), NM, PA |
| BOSULIF CAPS 100mg | 5 | QL (300 caps / 30 days), NM, PA |
| BOSULIF TABS 100mg | 5 | QL (180 tabs / 30 days), NM, PA |
| BOSULIF TABS 400mg, 500mg | 5 | QL (30 tabs / 30 days), NM, PA |
| *bosutinib* TABS 100mg | 5 | QL (180 tabs / 30 days), NM, PA |
| *bosutinib* TABS 400mg, 500mg | 5 | QL (30 tabs / 30 days), NM, PA |
| BRAFTOVI CAPS 75mg | 5 | QL (180 caps / 30 days), NM, PA |
| BRUKINSA CAPS 80mg | 5 | QL (120 caps / 30 days), NM, PA |
| BRUKINSA TABS 160mg | 5 | QL (60 tabs / 30 days), NM, PA |
| CABOMETYX TABS 20mg, 40mg, 60mg | 5 | QL (30 tabs / 30 days), NM, PA |
| CALQUENCE TABS 100mg | 5 | QL (60 tabs / 30 days), NM, PA |
| CAPRELSA TABS 100mg | 5 | QL (60 tabs / 30 days), NM, PA |
| CAPRELSA TABS 300mg | 5 | QL (30 tabs / 30 days), NM, PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| COMETRIQ (60MG DOSE) KIT 20mg | 5 | QL (84 caps / 28 days), NM, PA |
| COMETRIQ KIT 100MG | 5 | QL (56 caps / 28 days), NM, PA |
| COMETRIQ KIT 140MG | 5 | QL (112 caps / 28 days), NM, PA |
| COPIKTRA CAPS 15mg, 25mg | 5 | QL (56 caps / 28 days), NM, PA |
| COTELLIC TABS 20mg | 5 | QL (63 tabs / 28 days), NM, PA |
| DANZITEN TABS 71mg, 95mg | 5 | QL (112 tabs / 28 days), NM, PA |
| *dasatinib* TABS 20mg | 5 | QL (90 tabs / 30 days), NM, PA |
| *dasatinib* TABS 50mg, 70mg, 80mg, 100mg, 140mg | 5 | QL (30 tabs / 30 days), NM, PA |
| DAURISMO TABS 25mg | 5 | QL (60 tabs / 30 days), NM, PA |
| DAURISMO TABS 100mg | 5 | QL (30 tabs / 30 days), NM, PA |
| ENSACOVE CAPS 25mg | 5 | QL (270 caps / 30 days), NM, PA |
| ENSACOVE CAPS 100mg | 5 | QL (60 caps / 30 days), NM, PA |
| ERIVEDGE CAPS 150mg | 5 | QL (30 caps / 30 days), NM, PA |
| *erlotinib hcl* TABS 25mg | 5 | QL (90 tabs / 30 days), NM, PA |
| *erlotinib hcl* TABS 100mg, 150mg | 5 | QL (30 tabs / 30 days), NM, PA |
| *everolimus* TABS 2.5mg, 5mg, 7.5mg, 10mg | 5 | QL (30 tabs / 30 days), NM, PA |
| *everolimus* TBSO 2mg, 5mg | 5 | QL (60 tabs / 30 days), NM, PA |
| *everolimus* TBSO 3mg | 5 | QL (90 tabs / 30 days), NM, PA |
| FOTIVDA CAPS .89mg, 1.34mg | 5 | QL (21 caps / 28 days), NM, PA |
| FRUZAQLA CAPS 1mg | 5 | QL (84 caps / 28 days), NM, PA |
| FRUZAQLA CAPS 5mg | 5 | QL (21 caps / 28 days), NM, PA |
| GAVRETO CAPS 100mg | 5 | QL (120 caps / 30 days), NM, PA |
| *gefitinib* TABS 250mg | 5 | QL (60 tabs / 30 days), NM, PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| GILOTRIF TABS 20mg, 30mg, 40mg | 5 | QL (30 tabs / 30 days), NM, PA |
| GOMEKLI CAPS 1mg | 5 | QL (168 caps / 28 days), NM, PA |
| GOMEKLI CAPS 2mg | 5 | QL (84 caps / 28 days), NM, PA |
| GOMEKLI TBSO 1mg | 5 | QL (168 tabs / 28 days), NM, PA |
| HERCEP HYLEC SOL 60-10000 | 5 | NM, PA |
| HERCEPTIN SOLR 150mg | 5 | NM, PA |
| HERCESSI SOLR 150mg, 420mg | 5 | NM, PA |
| HERNEXEOS TABS 60mg | 5 | QL (120 tabs / 30 days), NM, PA |
| HERZUMA SOLR 150mg, 420mg | 5 | NM, PA |
| HYRNUO TABS 10mg | 5 | QL (120 tabs / 30 days), NM, PA |
| IBRANCE CAPS 75mg, 100mg, 125mg | 5 | QL (21 caps / 28 days), NM, PA |
| IBRANCE TABS 75mg, 100mg, 125mg | 5 | QL (21 tabs / 28 days), NM, PA |
| IBTROZI CAPS 200mg | 5 | QL (90 caps / 30 days), NM, PA |
| ICLUSIG TABS 10mg, 15mg, 30mg, 45mg | 5 | QL (30 tabs / 30 days), NM, PA |
| IDHIFA TABS 50mg, 100mg | 5 | QL (30 tabs / 30 days), NM, PA |
| *imatinib mesylate* TABS 100mg | 4 | QL (90 tabs / 30 days), NM, PA |
| *imatinib mesylate* TABS 400mg | 5 | QL (60 tabs / 30 days), NM, PA |
| IMBRUVICA CAPS 70mg | 5 | QL (30 caps / 30 days), NM, PA |
| IMBRUVICA CAPS 140mg | 5 | QL (120 caps / 30 days), NM, PA |
| IMBRUVICA SUSP 70mg/ml | 5 | QL (216 mL / 27 days), NM, PA |
| IMBRUVICA TABS 140mg, 280mg, 420mg | 5 | QL (30 tabs / 30 days), NM, PA |
| IMKELDI SOLN 80mg/ml | 5 | QL (280 mL / 28 days), NM, PA |
| INLYTA TABS 1mg | 5 | QL (180 tabs / 30 days), NM, PA |
| INLYTA TABS 5mg | 5 | QL (120 tabs / 30 days), NM, PA |
| INREBIC CAPS 100mg | 5 | QL (120 caps / 30 days), NM, PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ITOVEBI TABS 3mg | 5 | QL (56 tabs / 28 days), NM, PA |
| ITOVEBI TABS 9mg | 5 | QL (28 tabs / 28 days), NM, PA |
| JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg | 5 | QL (60 tabs / 30 days), NM, PA |
| JAYPIRCA TABS 50mg | 5 | QL (30 tabs / 30 days), NM, PA |
| JAYPIRCA TABS 100mg | 5 | QL (60 tabs / 30 days), NM, PA |
| KADCYLA SOLR 100mg, 160mg | 5 | B/D, NM |
| KANJINTI SOLR 150mg, 420mg | 5 | NM, PA |
| KEYTRUDA SOLN 100mg/4ml | 5 | NM, PA |
| KEYTRUDA INJ QLEX 395-4800 MG-UNIT/2.4ML | 5 | QL (1 vial / 21 days), NM, PA |
| KEYTRUDA INJ QLEX 790-9600 MG-UNIT/4.8ML | 5 | QL (1 vial / 42 days), NM, PA |
| KISQALI 200 DOSE TBPK 200mg | 5 | QL (21 tabs / 28 days), NM, PA |
| KISQALI 400 DOSE TBPK 200mg | 5 | QL (42 tabs / 28 days), NM, PA |
| KISQALI 600 DOSE TBPK 200mg | 5 | QL (63 tabs / 28 days), NM, PA |
| KOMZIFTI CAPS 200mg | 5 | QL (90 caps / 30 days), NM, PA |
| KOSELUGO CAPS 10mg | 5 | QL (240 caps / 30 days), NM, PA |
| KOSELUGO CAPS 25mg | 5 | QL (120 caps / 30 days), NM, PA |
| KOSELUGO CPSP 5mg | 5 | QL (600 caps / 30 days), NM, PA |
| KOSELUGO CPSP 7.5mg | 5 | QL (360 caps / 30 days), NM, PA |
| KRAZATI TABS 200mg | 5 | QL (180 tabs / 30 days), NM, PA |
| *lapatinib ditosylate* TABS 250mg | 5 | QL (180 tabs / 30 days), NM, PA |
| LAZCLUZE TABS 80mg | 5 | QL (60 tabs / 30 days), NM, PA |
| LAZCLUZE TABS 240mg | 5 | QL (30 tabs / 30 days), NM, PA |
| LENVIMA 4 MG DAILY DOSE CPPK 4mg | 5 | QL (30 caps / 30 days), NM, PA |
| LENVIMA 8 MG DAILY DOSE CPPK 4mg | 5 | QL (60 caps / 30 days), NM, PA |
| LENVIMA 10 MG DAILY DOSE CPPK 10mg | 5 | QL (30 caps / 30 days), NM, PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| LENVIMA 12MG DAILY DOSE CPPK 4mg | 5 | QL (90 caps / 30 days), NM, PA |
| LENVIMA 20 MG DAILY DOSE CPPK 10mg | 5 | QL (60 caps / 30 days), NM, PA |
| LENVIMA CAP 14 MG | 5 | QL (60 caps / 30 days), NM, PA |
| LENVIMA CAP 18 MG | 5 | QL (90 caps / 30 days), NM, PA |
| LENVIMA CAP 24 MG | 5 | QL (90 caps / 30 days), NM, PA |
| LORBRENA TABS 25mg | 5 | QL (90 tabs / 30 days), NM, PA |
| LORBRENA TABS 100mg | 5 | QL (30 tabs / 30 days), NM, PA |
| LUMAKRAS TABS 120mg | 5 | QL (240 tabs / 30 days), NM, PA |
| LUMAKRAS TABS 240mg | 5 | QL (120 tabs / 30 days), NM, PA |
| LUMAKRAS TABS 320mg | 5 | QL (90 tabs / 30 days), NM, PA |
| LYNPARZA TABS 100mg, 150mg | 5 | QL (120 tabs / 30 days), NM, PA |
| LYTGOBI (12 MG DAILY DOSE) TBPK 4mg | 5 | QL (84 tabs / 28 days), NM, PA |
| LYTGOBI (16 MG DAILY DOSE) TBPK 4mg | 5 | QL (112 tabs / 28 days), NM, PA |
| LYTGOBI (20 MG DAILY DOSE) TBPK 4mg | 5 | QL (140 tabs / 28 days), NM, PA |
| MEKINIST SOLR .05mg/ml | 5 | QL (1260 mL / 30 days), NM, PA |
| MEKINIST TABS 2mg | 5 | QL (30 tabs / 30 days), NM, PA |
| MEKINIST TABS .5mg | 5 | QL (90 tabs / 30 days), NM, PA |
| MEKTOVI TABS 15mg | 5 | QL (180 tabs / 30 days), NM, PA |
| MONJUVI SOLR 200mg | 5 | NM, PA |
| NERLYNX TABS 40mg | 5 | QL (180 tabs / 30 days), NM, PA |
| *nilotinib hcl* CAPS 50mg | 5 | QL (120 caps / 30 days), NM, PA |
| *nilotinib hcl* CAPS 150mg, 200mg | 5 | QL (112 caps / 28 days), NM, PA |
| NINLARO CAPS 2.3mg, 3mg, 4mg | 5 | QL (3 caps / 28 days), NM, PA |
| ODOMZO CAPS 200mg | 5 | QL (30 caps / 30 days), NM, PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| OGIVRI SOLR 150mg, 420mg | 5 | NM, PA |
| OGSIVEO TABS 100mg, 150mg | 5 | QL (56 tabs / 28 days), NM, PA |
| OJEMDA SUSR 25mg/ml | 5 | QL (96 mL / 28 days), NM, PA |
| OJEMDA TABS 100mg | 5 | QL (24 tabs / 28 days), NM, PA |
| OJJAARA TABS 100mg, 150mg, 200mg | 5 | QL (30 tabs / 30 days), NM, PA |
| ONTRUZANT SOLR 150mg, 420mg | 5 | NM, PA |
| *pazopanib hcl* TABS 200mg | 5 | QL (120 tabs / 30 days), NM, PA |
| *pazopanib hcl* TABS 400mg | 5 | QL (60 tabs / 30 days), NM, PA |
| PEMAZYRE TABS 4.5mg, 9mg, 13.5mg | 5 | QL (28 tabs / 28 days), NM, PA |
| PHESGO SOL | 5 | NM, PA |
| PIQRAY 200MG DAILY DOSE TBPK 200mg | 5 | QL (28 tabs / 28 days), NM, PA |
| PIQRAY 250MG TAB DOSE | 5 | QL (56 tabs / 28 days), NM, PA |
| PIQRAY 300MG DAILY DOSE TBPK 150mg | 5 | QL (56 tabs / 28 days), NM, PA |
| QINLOCK TABS 50mg | 5 | QL (90 tabs / 30 days), NM, PA |
| RETEVMO TABS 40mg | 5 | QL (90 tabs / 30 days), NM, PA |
| RETEVMO TABS 80mg | 5 | QL (120 tabs / 30 days), NM, PA |
| RETEVMO TABS 120mg, 160mg | 5 | QL (60 tabs / 30 days), NM, PA |
| REVUFORJ TABS 25mg | 5 | QL (240 tabs / 30 days), NM, PA |
| REVUFORJ TABS 110mg | 5 | QL (120 tabs / 30 days), NM, PA |
| REVUFORJ TABS 160mg | 5 | QL (60 tabs / 30 days), NM, PA |
| REZLIDHIA CAPS 150mg | 5 | QL (60 caps / 30 days), NM, PA |
| ROMVIMZA CAPS 14mg, 20mg, 30mg | 5 | QL (8 caps / 28 days), NM, PA |
| ROZLYTREK CAPS 100mg | 5 | QL (180 caps / 30 days), NM, PA |
| ROZLYTREK CAPS 200mg | 5 | QL (90 caps / 30 days), NM, PA |
| ROZLYTREK PACK 50mg | 5 | QL (336 packets / 28 days), NM, PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| RUBRACA TABS 200mg, 250mg, 300mg | 5 | QL (120 tabs / 30 days), NM, PA |
| RYDAPT CAPS 25mg | 5 | QL (224 caps / 28 days), NM, PA |
| SCEMBLIX TABS 20mg | 5 | QL (60 tabs / 30 days), NM, PA |
| SCEMBLIX TABS 40mg | 5 | QL (300 tabs / 30 days), NM, PA |
| SCEMBLIX TABS 100mg | 5 | QL (120 tabs / 30 days), NM, PA |
| *sorafenib tosylate* TABS 200mg | 5 | QL (120 tabs / 30 days), NM, PA |
| STIVARGA TABS 40mg | 5 | QL (84 tabs / 28 days), NM, PA |
| *sunitinib malate* CAPS 12.5mg, 25mg, 37.5mg, 50mg | 5 | QL (30 caps / 30 days), NM, PA |
| TABRECTA TABS 150mg, 200mg | 5 | QL (112 tabs / 28 days), NM, PA |
| TAFINLAR CAPS 50mg, 75mg | 5 | QL (120 caps / 30 days), NM, PA |
| TAFINLAR TBSO 10mg | 5 | QL (840 tabs / 28 days), NM, PA |
| TAGRISSO TABS 40mg, 80mg | 5 | QL (30 tabs / 30 days), NM, PA |
| TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg | 5 | QL (30 caps / 30 days), NM, PA |
| TALZENNA CAPS .25mg | 5 | QL (90 caps / 30 days), NM, PA |
| TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml | 5 | NM, PA |
| TECENTRIQ INJ HYBREZA | 5 | QL (1 vial / 21 days), NM, PA |
| TEPMETKO TABS 225mg | 5 | QL (60 tabs / 30 days), NM, PA |
| TIBSOVO TABS 250mg | 5 | QL (60 tabs / 30 days), NM, PA |
| *torpenz* TABS 2.5mg, 5mg, 7.5mg, 10mg | 5 | QL (30 tabs / 30 days), NM, PA |
| TRAZIMERA SOLR 150mg, 420mg | 5 | NM, PA |
| TRUQAP TABS 160mg, 200mg | 5 | QL (64 tabs / 28 days), NM, PA |
| TRUQAP TBPK 160mg, 200mg | 5 | QL (4 packs / 28 days), NM, PA |
| TRUXIMA SOLN 100mg/10ml, 500mg/50ml | 5 | NM, PA |
| TUKYSA TABS 50mg, 150mg | 5 | QL (120 tabs / 30 days), NM, PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| TURALIO CAPS 125mg | 5 | QL (120 caps / 30 days), NM, PA |
| VANFLYTA TABS 17.7mg, 26.5mg | 5 | QL (56 tabs / 28 days), NM, PA |
| VENCLEXTA TABS 10mg | 3 | QL (112 tabs / 28 days), NM, PA |
| VENCLEXTA TABS 50mg | 5 | QL (112 tabs / 28 days), NM, PA |
| VENCLEXTA TABS 100mg | 5 | QL (180 tabs / 30 days), NM, PA |
| VENCLEXTA TAB START PK | 5 | QL (42 tabs / 28 days), NM, PA |
| VERZENIO TABS 50mg, 100mg, 150mg, 200mg | 5 | QL (56 tabs / 28 days), NM, PA |
| VITRAKVI CAPS 25mg | 5 | QL (180 caps / 30 days), NM, PA |
| VITRAKVI CAPS 100mg | 5 | QL (60 caps / 30 days), NM, PA |
| VITRAKVI SOLN 20mg/ml | 5 | QL (300 mL / 30 days), NM, PA |
| VIZIMPRO TABS 15mg, 30mg, 45mg | 5 | QL (30 tabs / 30 days), NM, PA |
| VONJO CAPS 100mg | 5 | QL (120 caps / 30 days), NM, PA |
| VORANIGO TABS 10mg | 5 | QL (60 tabs / 30 days), NM, PA |
| VORANIGO TABS 40mg | 5 | QL (30 tabs / 30 days), NM, PA |
| XALKORI CAPS 200mg, 250mg; CPSP 20mg, 50mg | 5 | QL (120 caps / 30 days), NM, PA |
| XALKORI CPSP 150mg | 5 | QL (180 caps / 30 days), NM, PA |
| XOSPATA TABS 40mg | 5 | QL (90 tabs / 30 days), NM, PA |
| XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 10mg | 5 | QL (16 tabs / 28 days), NM, PA |
| XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 40mg | 5 | QL (4 tabs / 28 days), NM, PA |
| XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg | 5 | QL (8 tabs / 28 days), NM, PA |
| XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg | 5 | QL (4 tabs / 28 days), NM, PA |
| XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg | 5 | QL (24 tabs / 28 days), NM, PA |
| XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg | 5 | QL (8 tabs / 28 days), NM, PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 80mg | 5 | QL (4 tabs / 28 days), NM, PA |
| XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg | 5 | QL (32 tabs / 28 days), NM, PA |
| XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg | 5 | QL (8 tabs / 28 days), NM, PA |
| *yulithira* TABS 2.5mg, 5mg, 7.5mg, 10mg | 4 | QL (30 tabs / 30 days), NM, PA |
| ZEJULA TABS 100mg, 200mg, 300mg | 5 | QL (30 tabs / 30 days), NM, PA |
| ZELBORAF TABS 240mg | 5 | QL (240 tabs / 30 days), NM, PA |
| ZIRABEV SOLN 100mg/4ml, 400mg/16ml | 5 | NM, PA |
| ZOLINZA CAPS 100mg | 5 | QL (120 caps / 30 days), NM, PA |
| ZYDELIG TABS 100mg, 150mg | 5 | QL (60 tabs / 30 days), NM, PA |
| ZYKADIA TABS 150mg | 5 | QL (84 tabs / 28 days), NM, PA |
| **CARDIOVASCULAR** | | |
| ***ACE INHIBITOR COMBINATIONS*** | | |
| *amlodipine besylate-benazepril hcl cap 2.5-10 mg* | 1 | QL (30 caps / 30 days) |
| *amlodipine besylate-benazepril hcl cap 5-10 mg* | 1 | QL (30 caps / 30 days) |
| *amlodipine besylate-benazepril hcl cap 5-20 mg* | 1 | QL (30 caps / 30 days) |
| *amlodipine besylate-benazepril hcl cap 5-40 mg* | 1 | QL (30 caps / 30 days) |
| *amlodipine besylate-benazepril hcl cap 10-20 mg* | 1 | QL (30 caps / 30 days) |
| *amlodipine besylate-benazepril hcl cap 10-40 mg* | 1 | QL (30 caps / 30 days) |
| *benazepril & hydrochlorothiazide tab 5-6.25mg* | 1 | |
| *benazepril & hydrochlorothiazide tab 10-12.5 mg* | 1 | |
| *benazepril & hydrochlorothiazide tab 20-12.5 mg* | 1 | |
| *benazepril & hydrochlorothiazide tab 20-25 mg* | 1 | |
| *captopril & hydrochlorothiazide tab 25-15 mg* | 1 | |
| *captopril & hydrochlorothiazide tab 25-25 mg* | 1 | |
| *captopril & hydrochlorothiazide tab 50-15 mg* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *captopril & hydrochlorothiazide tab 50-25 mg* | 1 | |
| *enalapril maleate & hydrochlorothiazide tab 5-12.5 mg* | 1 | |
| *enalapril maleate & hydrochlorothiazide tab 10-25 mg* | 1 | |
| *fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg* | 1 | |
| *fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg* | 1 | |
| *lisinopril & hydrochlorothiazide tab 10-12.5 mg* | 1 | |
| *lisinopril & hydrochlorothiazide tab 20-12.5 mg* | 1 | |
| *lisinopril & hydrochlorothiazide tab 20-25 mg* | 1 | |
| ***ACE INHIBITORS*** | | |
| *benazepril hcl* TABS 5mg, 10mg, 20mg, 40mg | 1 | |
| *captopril* TABS 12.5mg, 25mg, 50mg, 100mg | 1 | |
| *enalapril maleate* TABS 2.5mg, 5mg, 10mg, 20mg | 1 | |
| *fosinopril sodium* TABS 10mg, 20mg, 40mg | 1 | |
| *lisinopril* TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg | 1 | |
| *moexipril hcl* TABS 7.5mg, 15mg | 1 | |
| *perindopril erbumine* TABS 2mg, 4mg, 8mg | 1 | |
| *quinapril hcl* TABS 5mg, 10mg, 20mg, 40mg | 1 | |
| *ramipril* CAPS 1.25mg, 2.5mg, 5mg, 10mg | 1 | |
| *trandolapril* TABS 1mg, 2mg, 4mg | 1 | |
| ***ALDOSTERONE RECEPTOR ANTAGONISTS*** | | |
| *eplerenone* TABS 25mg, 50mg | 3 | |
| KERENDIA TABS 10mg, 20mg, 40mg | 3 | QL (30 tabs / 30 days) |
| *spironolactone* TABS 25mg, 50mg, 100mg | 1 | |
| ***ALPHA BLOCKERS*** | | |
| *doxazosin mesylate* TABS 1mg, 2mg, 4mg, 8mg | 2 | |
| *prazosin hcl* CAPS 1mg, 2mg, 5mg | 3 | |
| *terazosin hcl* CAPS 1mg, 2mg, 5mg, 10mg | 1 | |
| ***ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS*** | | |
| *amlodipine besylate-olmesartan medoxomil tab 5-20 mg* | 1 | QL (30 tabs / 30 days) |

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

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***ANTIARRHYTHMICS*** | | |
| *amiodarone hcl* SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 400mg | 4 | |
| *amiodarone hcl* TABS 200mg | 1 | |
| *disopyramide phosphate* CAPS 100mg, 150mg | 4 | |
| *dofetilide* CAPS 125mcg, 250mcg, 500mcg | 4 | |
| *flecainide acetate* TABS 50mg, 100mg, 150mg | 3 | |
| MULTAQ TABS 400mg | 4 | QL (60 tabs / 30 days) |
| *pacerone* TABS 100mg, 400mg | 4 | |
| *pacerone* TABS 200mg | 1 | |
| *propafenone hcl* CP12 225mg, 325mg, 425mg | 4 | |
| *propafenone hcl* TABS 150mg, 225mg, 300mg | 3 | |
| *quinidine sulfate* TABS 200mg, 300mg | 4 | |
| *sotalol hcl* TABS 80mg, 120mg, 160mg, 240mg | 2 | |
| *sotalol hcl (afib/afl)* TABS 80mg, 120mg, 160mg | 3 | |
| ***ANTILIPEMICS, FIBRATES*** | | |
| *choline fenofibrate* CPDR 45mg, 135mg | 3 | |
| *fenofibrate* TABS 48mg, 54mg, 145mg, 160mg | 2 | |
| *fenofibrate micronized* CAPS 67mg, 134mg, 200mg | 3 | |
| *gemfibrozil* TABS 600mg | 2 | |
| ***ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS*** | | |
| *atorvastatin calcium* TABS 10mg, 20mg, 40mg, 80mg | 1 | QL (30 tabs / 30 days) |
| *fluvastatin sodium* CAPS 20mg, 40mg | 1 | QL (60 caps / 30 days), ST |
| *fluvastatin sodium* TB24 80mg | 1 | QL (30 tabs / 30 days), ST |
| *lovastatin* TABS 10mg, 20mg, 40mg | 1 | QL (60 tabs / 30 days) |
| *pitavastatin calcium* TABS 1mg, 2mg, 4mg | 1 | QL (30 tabs / 30 days), ST |
| *pravastatin sodium* TABS 10mg, 20mg, 40mg, 80mg | 1 | QL (30 tabs / 30 days) |
| *rosuvastatin calcium* TABS 5mg, 10mg, 20mg, 40mg | 1 | QL (30 tabs / 30 days) |
| *simvastatin* TABS 5mg, 10mg, 20mg, 40mg, 80mg | 1 | QL (30 tabs / 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ZYPITAMAG TABS 2mg, 4mg | 4 | QL (30 tabs / 30 days), ST |
| ***ANTILIPEMICS, MISCELLANEOUS*** | | |
| *cholestyramine* PACK 4gm; POWD 4gm/dose | 3 | |
| *cholestyramine light* PACK 4gm; POWD 4gm/dose | 3 | |
| *colesevelam hcl* PACK 3.75gm; TABS 625mg | 4 | |
| *colestipol hcl* GRAN 5gm; PACK 5gm | 4 | |
| *colestipol hcl* TABS 1gm | 3 | |
| *ezetimibe* TABS 10mg | 2 | QL (30 tabs / 30 days) |
| *ezetimibe-simvastatin tab 10-10 mg* | 1 | QL (30 tabs / 30 days) |
| *ezetimibe-simvastatin tab 10-20 mg* | 1 | QL (30 tabs / 30 days) |
| *ezetimibe-simvastatin tab 10-40 mg* | 1 | QL (30 tabs / 30 days) |
| *ezetimibe-simvastatin tab 10-80 mg* | 1 | QL (30 tabs / 30 days) |
| NEXLETOL TABS 180mg | 3 | QL (30 tabs / 30 days) |
| NEXLIZET TAB 180/10MG | 3 | QL (30 tabs / 30 days) |
| *niacin (antihyperlipidemic)* TBCR 500mg, 750mg, 1000mg | 3 | QL (60 tabs / 30 days) |
| *omega-3-acid ethyl esters cap 1 gm* | 3 | |
| *prevalite* PACK 4gm; POWD 4gm/dose | 3 | |
| REPATHA SOSY 140mg/ml | 3 | QL (6 syringes / 28 days), NM, PA |
| REPATHA SURECLICK SOAJ 140mg/ml | 3 | QL (6 autoinjectors / 28 days), NM, PA |
| VASCEPA CAPS .5gm, 1gm | 3 | |
| ***BETA-BLOCKER/DIURETIC COMBINATIONS*** | | |
| *atenolol & chlorthalidone tab 50-25 mg* | 2 | |
| *atenolol & chlorthalidone tab 100-25 mg* | 2 | |
| *bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg* | 2 | |
| *bisoprolol & hydrochlorothiazide tab 5-6.25 mg* | 2 | |
| *bisoprolol & hydrochlorothiazide tab 10-6.25 mg* | 2 | |
| *metoprolol & hydrochlorothiazide tab 50-25 mg* | 3 | |
| *metoprolol & hydrochlorothiazide tab 100-25 mg* | 3 | |
| *metoprolol & hydrochlorothiazide tab 100-50 mg* | 3 | |
| ***BETA-BLOCKERS*** | | |
| *acebutolol hcl* CAPS 200mg, 400mg | 3 | |
| *atenolol* TABS 25mg, 50mg, 100mg | 1 | |
| *bisoprolol fumarate* TABS 5mg, 10mg | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *carvedilol* TABS 3.125mg, 6.25mg, 12.5mg, 25mg | 1 | |
| *labetalol hcl* TABS 100mg, 200mg, 300mg | 2 | |
| *metoprolol succinate* TB24 25mg, 50mg, 100mg, 200mg | 1 | |
| *metoprolol tartrate* SOLN 5mg/5ml | 4 | |
| *metoprolol tartrate* TABS 25mg, 50mg, 100mg | 1 | |
| *nadolol* TABS 20mg, 40mg, 80mg | 3 | |
| *nebivolol hcl* TABS 2.5mg, 5mg, 10mg | 3 | QL (30 tabs / 30 days) |
| *nebivolol hcl* TABS 20mg | 3 | QL (60 tabs / 30 days) |
| *pindolol* TABS 5mg, 10mg | 3 | |
| *propranolol hcl* CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml | 3 | |
| *propranolol hcl* TABS 10mg, 20mg, 40mg, 60mg, 80mg | 2 | |
| *timolol maleate* TABS 5mg, 10mg, 20mg | 3 | |
| ***CALCIUM CHANNEL BLOCKERS*** | | |
| *amlodipine besylate* TABS 2.5mg, 5mg, 10mg | 1 | |
| *cartia xt* CP24 120mg, 180mg, 240mg, 300mg | 2 | |
| *dilt-xr* CP24 120mg, 180mg, 240mg | 2 | |
| *diltiazem hcl* CP12 60mg, 90mg, 120mg | 4 | |
| *diltiazem hcl* CP24 120mg, 180mg, 240mg; TABS 30mg, 60mg, 90mg, 120mg | 2 | |
| *diltiazem hcl* SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg | 3 | |
| *diltiazem hcl coated beads* CP24 120mg, 180mg, 240mg, 300mg | 2 | |
| *diltiazem hcl coated beads* CP24 360mg | 4 | |
| *diltiazem hcl extended release beads* CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg | 2 | |
| *felodipine* TB24 2.5mg, 5mg, 10mg | 2 | |
| *isradipine* CAPS 2.5mg, 5mg | 4 | |
| *matzim la* TB24 180mg, 240mg, 300mg, 360mg, 420mg | 3 | |
| *nicardipine hcl* CAPS 20mg, 30mg | 4 | |
| *nifedipine* TB24 30mg, 60mg, 90mg | 3 | |
| *nimodipine* CAPS 30mg | 4 | |
| *nisoldipine* TB24 8.5mg, 17mg, 34mg | 4 | |
| *tiadylt er* CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *verapamil hcl* CP24 100mg, 200mg, 300mg, 360mg; SOLN 2.5mg/ml | 4 | |
| *verapamil hcl* CP24 120mg, 180mg, 240mg | 3 | |
| *verapamil hcl* TABS 40mg, 80mg, 120mg | 1 | |
| *verapamil hcl* TBCR 120mg, 180mg, 240mg | 2 | |
| ***DIURETICS*** | | |
| *acetazolamide* CP12 500mg; TABS 125mg, 250mg | 3 | |
| *amiloride & hydrochlorothiazide tab 5-50 mg* | 2 | |
| *amiloride hcl* TABS 5mg | 2 | |
| *bumetanide* SOLN .25mg/ml; TABS .5mg, 1mg, 2mg | 3 | |
| *chlorthalidone* TABS 25mg, 50mg | 2 | |
| *furosemide* SOLN 10mg/ml, 40mg/5ml | 2 | |
| *furosemide* TABS 20mg, 40mg, 80mg | 1 | |
| *furosemide inj* SOLN 10mg/ml | 3 | |
| *hydrochlorothiazide* CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg | 1 | |
| *indapamide* TABS 1.25mg, 2.5mg | 1 | |
| *methazolamide* TABS 25mg, 50mg | 4 | |
| *metolazone* TABS 2.5mg, 5mg, 10mg | 2 | |
| *spironolactone & hydrochlorothiazide tab 25-25 mg* | 2 | |
| *torsemide* TABS 5mg, 10mg, 20mg, 100mg | 2 | |
| *triamterene & hydrochlorothiazide cap 37.5-25 mg* | 1 | |
| *triamterene & hydrochlorothiazide tab 37.5-25 mg* | 1 | |
| *triamterene & hydrochlorothiazide tab 75-50 mg* | 1 | |
| ***MISCELLANEOUS*** | | |
| *aliskiren fumarate* TABS 150mg, 300mg | 1 | QL (30 tabs / 30 days) |
| *amlodipine besylate-atorvastatin calcium tab 2.5-10 mg* | 1 | |
| *amlodipine besylate-atorvastatin calcium tab 2.5-20 mg* | 1 | |
| *amlodipine besylate-atorvastatin calcium tab 2.5-40 mg* | 1 | |
| *amlodipine besylate-atorvastatin calcium tab 5-10 mg* | 1 | |
| *amlodipine besylate-atorvastatin calcium tab 5-20 mg* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *amlodipine besylate-atorvastatin calcium tab 5-40 mg* | 1 | |
| *amlodipine besylate-atorvastatin calcium tab 5-80 mg* | 1 | |
| *amlodipine besylate-atorvastatin calcium tab 10-10 mg* | 1 | |
| *amlodipine besylate-atorvastatin calcium tab 10-20 mg* | 1 | |
| *amlodipine besylate-atorvastatin calcium tab 10-40 mg* | 1 | |
| *amlodipine besylate-atorvastatin calcium tab 10-80 mg* | 1 | |
| *clonidine* PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr | 3 | |
| *clonidine hcl* TABS .1mg, .2mg, .3mg | 1 | |
| CORLANOR SOLN 5mg/5ml | 4 | QL (450 mL / 30 days) |
| *digoxin* SOLN .05mg/ml, .25mg/ml | 4 | |
| *digoxin* TABS 125mcg, 250mcg | 2 | QL (30 tabs / 30 days) |
| *droxidopa* CAPS 100mg | 4 | QL (90 caps / 30 days), NM, PA |
| *droxidopa* CAPS 200mg, 300mg | 5 | QL (180 caps / 30 days), NM, PA |
| *epinephrine* SOLN 1mg/ml | 4 | |
| *guanfacine hcl* TABS 1mg, 2mg | 3 | PA; PA applies if 65 years and older |
| *hydralazine hcl* SOLN 20mg/ml | 4 | |
| *hydralazine hcl* TABS 10mg, 25mg, 50mg, 100mg | 1 | |
| *ivabradine hcl* TABS 5mg, 7.5mg | 4 | QL (60 tabs / 30 days) |
| *metyrosine* CAPS 250mg | 5 | NM, PA |
| *midodrine hcl* TABS 2.5mg, 5mg | 3 | |
| *midodrine hcl* TABS 10mg | 4 | |
| *minoxidil* TABS 2.5mg, 10mg | 2 | |
| *ranolazine* TB12 500mg, 1000mg | 4 | |
| VERQUVO TABS 2.5mg, 5mg, 10mg | 3 | QL (30 tabs / 30 days), PA |
| VYNDAMAX CAPS 61mg | 5 | QL (30 caps / 30 days), NM, PA |
| ***NITRATES*** | | |
| *isosorbide dinitrate* TABS 5mg, 10mg, 20mg, 30mg | 3 | |
| *isosorbide mononitrate* TB24 30mg, 60mg, 120mg | 1 | |
| *nitro-bid* OINT 2% | 3 | |
| *nitroglycerin* OINT 2%; PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *nitroglycerin* SUBL .3mg, .4mg, .6mg | 2 | |
| ***PULMONARY ARTERIAL HYPERTENSION*** | | |
| ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg | 5 | QL (90 tabs / 30 days), NM, PA |
| *alyq* TABS 20mg | 5 | QL (60 tabs / 30 days), NM, PA |
| *ambrisentan* TABS 5mg, 10mg | 5 | QL (30 tabs / 30 days), NM, PA |
| *bosentan* TABS 62.5mg, 125mg | 5 | QL (60 tabs / 30 days), NM, PA |
| *bosentan* TBSO 32mg | 5 | QL (120 tabs / 30 days), NM, PA |
| *macitentan* TABS 10mg | 5 | QL (30 tabs / 30 days), NM, PA |
| OPSUMIT TABS 10mg | 5 | QL (30 tabs / 30 days), NM, PA |
| *sildenafil citrate (pulmonary hypertension)* TABS 20mg | 3 | QL (360 tabs / 30 days), NM, PA |
| *tadalafil (pulmonary hypertension)* TABS 20mg | 4 | QL (60 tabs / 30 days), NM, PA |
| *treprostinil* SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml | 5 | NM, PA |
| UPTRAVI TABS 200mcg | 5 | QL (140 tabs / 28 days), NM, PA |
| UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg | 5 | QL (60 tabs / 30 days), NM, PA |
| UPTRAVI PACK TAB 200/800 | 5 | QL (1 pack / 28 days), NM, PA |
| WINREVAIR KIT 45mg, 60mg | 5 | QL (2 vials / 21 days), NM, PA |
| WINREVAIR INJ 45MG | 5 | QL (2 vials / 21 days), NM, PA |
| WINREVAIR INJ 60MG | 5 | QL (2 vials / 21 days), NM, PA |
| YUTREPIA CAPS 26.5mcg, 53mcg, 79.5mcg | 5 | QL (140 caps / 28 days), NM, PA |
| YUTREPIA CAPS 106mcg | 5 | QL (224 caps / 28 days), NM, PA |
| **CENTRAL NERVOUS SYSTEM** | | |
| ***ANTIANXIETY*** | | |
| *alprazolam* TABS .25mg, .5mg, 1mg, 2mg | 2 | QL (150 tabs / 30 days) |
| *buspirone hcl* TABS 5mg, 10mg, 15mg | 1 | |
| *buspirone hcl* TABS 7.5mg, 30mg | 3 | |
| *fluvoxamine maleate* TABS 25mg, 50mg, 100mg | 3 | |

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

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *sertraline hcl* CONC 20mg/ml | 3 | |
| *sertraline hcl* TABS 25mg, 50mg, 100mg | 1 | |
| *tranylcypromine sulfate* TABS 10mg | 4 | |
| *trazodone hcl* TABS 50mg, 100mg, 150mg | 1 | |
| *trimipramine maleate* CAPS 25mg, 50mg | 4 | QL (120 caps / 30 days) |
| *trimipramine maleate* CAPS 100mg | 4 | QL (60 caps / 30 days) |
| TRINTELLIX TABS 5mg, 10mg, 20mg | 4 | QL (30 tabs / 30 days), PA |
| *venlafaxine hcl* CP24 37.5mg, 75mg, 150mg | 2 | |
| *venlafaxine hcl* TABS 25mg, 37.5mg, 50mg, 75mg, 100mg | 3 | |
| *vilazodone hcl* TABS 10mg, 20mg, 40mg | 4 | QL (30 tabs / 30 days) |
| ZURZUVAE CAPS 20mg, 25mg | 5 | QL (28 caps / 14 days), PA |
| ZURZUVAE CAPS 30mg | 5 | QL (14 caps / 14 days), PA |
| ***ANTIPARKINSONIAN AGENTS*** | | |
| *amantadine hcl* CAPS 100mg | 3 | QL (120 caps / 30 days) |
| *amantadine hcl* SOLN 50mg/5ml | 3 | |
| *amantadine hcl* TABS 100mg | 4 | |
| *benztropine mesylate* SOLN 1mg/ml | 4 | |
| *benztropine mesylate* TABS .5mg, 1mg, 2mg | 2 | PA; PA applies if 65 years and older |
| *bromocriptine mesylate* CAPS 5mg; TABS 2.5mg | 4 | |
| *carb/levo orally disintegrating tab 10-100mg* | 3 | |
| *carb/levo orally disintegrating tab 25-100mg* | 3 | |
| *carb/levo orally disintegrating tab 25-250mg* | 3 | |
| *carbidopa* TABS 25mg | 4 | |
| *carbidopa & levodopa tab 10-100 mg* | 2 | |
| *carbidopa & levodopa tab 25-100 mg* | 2 | |
| *carbidopa & levodopa tab 25-250 mg* | 2 | |
| *carbidopa & levodopa tab er 25-100 mg* | 3 | |
| *carbidopa & levodopa tab er 50-200 mg* | 3 | |
| *carbidopa-levodopa-entacapone tabs 12.5-50-200 mg* | 4 | |
| *carbidopa-levodopa-entacapone tabs 18.75-75-200 mg* | 4 | |
| *carbidopa-levodopa-entacapone tabs 25-100-200 mg* | 4 | |
| *carbidopa-levodopa-entacapone tabs 31.25-125-200 mg* | 4 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *carbidopa-levodopa-entacapone tabs 37.5-150-200 mg* | 4 | |
| *carbidopa-levodopa-entacapone tabs 50-200-200 mg* | 4 | |
| *entacapone* TABS 200mg | 4 | |
| INBRIJA CAPS 42mg | 5 | QL (300 caps / 30 days), NM, PA |
| *pramipexole dihydrochloride* TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg | 2 | |
| *pramipexole dihydrochloride* TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg | 4 | |
| *rasagiline mesylate* TABS .5mg, 1mg | 4 | QL (30 tabs / 30 days) |
| *ropinirole hydrochloride* TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg | 2 | |
| *ropinirole hydrochloride* TB24 2mg, 4mg, 6mg, 8mg, 12mg | 4 | |
| *selegiline hcl* CAPS 5mg; TABS 5mg | 3 | |
| *trihexyphenidyl hcl* SOLN .4mg/ml | 3 | |
| *trihexyphenidyl hcl* TABS 2mg, 5mg | 2 | |
| ***ANTIPSYCHOTICS*** | | |
| ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml | 5 | QL (1 syringe / 56 days) |
| ABILIFY MAINTENA PRSY 300mg, 400mg | 5 | QL (1 syringe / 28 days) |
| ABILIFY MAINTENA SRER 300mg, 400mg | 5 | QL (1 injection / 28 days) |
| *aripiprazole* SOLN 1mg/ml | 4 | QL (900 mL / 30 days) |
| *aripiprazole* TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg | 4 | QL (30 tabs / 30 days) |
| *aripiprazole* TBDP 10mg, 15mg | 4 | QL (60 tabs / 30 days), ST |
| ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml | 5 | QL (1 syringe / 28 days) |
| ARISTADA PRSY 1064mg/3.9ml | 5 | QL (1 syringe / 56 days) |
| ARISTADA INITIO PRSY 675mg/2.4ml | 5 | |
| *asenapine maleate* SUBL 2.5mg, 5mg, 10mg | 4 | QL (60 tabs / 30 days) |
| BYSANTI TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg | 5 | QL (60 tabs / 30 days), PA |
| BYSANTI TAB PACK A | 4 | QL (2 packs / year), PA |
| BYSANTI TAB PACK B | 4 | QL (2 packs / year), PA |
| BYSANTI TAB PACK C | 4 | QL (2 packs / year), PA |
| CAPLYTA CAPS 10.5mg, 21mg, 42mg | 5 | QL (30 caps / 30 days) |
| *chlorpromazine hcl* CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg | 4 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| LYBALVI TAB 5-10MG | 5 | QL (30 tabs / 30 days) |
| LYBALVI TAB 10-10MG | 5 | QL (30 tabs / 30 days) |
| LYBALVI TAB 15-10MG | 5 | QL (30 tabs / 30 days) |
| LYBALVI TAB 20-10MG | 5 | QL (30 tabs / 30 days) |
| *molindone hcl* TABS 5mg, 10mg, 25mg | 4 | |
| NUPLAZID CAPS 34mg | 5 | QL (30 caps / 30 days), NM, PA |
| NUPLAZID TABS 10mg | 5 | QL (30 tabs / 30 days), NM, PA |
| *olanzapine* SOLR 10mg | 4 | QL (3 vials / 1 day) |
| *olanzapine* TABS 2.5mg, 5mg, 10mg | 2 | QL (60 tabs / 30 days) |
| *olanzapine* TABS 7.5mg, 15mg, 20mg | 2 | QL (30 tabs / 30 days) |
| *olanzapine* TBDP 5mg, 15mg, 20mg | 4 | QL (30 tabs / 30 days), ST |
| *olanzapine* TBDP 10mg | 4 | QL (60 tabs / 30 days), ST |
| OPIPZA FILM 2mg, 5mg | 5 | QL (30 films / 30 days), PA |
| OPIPZA FILM 10mg | 5 | QL (90 films / 30 days), PA |
| *paliperidone* TB24 1.5mg, 3mg, 9mg | 4 | QL (30 tabs / 30 days) |
| *paliperidone* TB24 6mg | 4 | QL (60 tabs / 30 days) |
| *perphenazine* TABS 2mg, 4mg, 8mg, 16mg | 3 | |
| *pimozide* TABS 1mg, 2mg | 4 | |
| *quetiapine fumarate* TABS 25mg | 2 | QL (180 tabs / 30 days) |
| *quetiapine fumarate* TABS 50mg, 100mg, 150mg, 200mg | 2 | QL (90 tabs / 30 days) |
| *quetiapine fumarate* TABS 300mg, 400mg | 2 | QL (60 tabs / 30 days) |
| *quetiapine fumarate* TB24 50mg, 300mg, 400mg | 4 | QL (60 tabs / 30 days), PA |
| *quetiapine fumarate* TB24 150mg, 200mg | 4 | QL (30 tabs / 30 days), PA |
| REXULTI TABS 3mg, 4mg | 5 | QL (30 tabs / 30 days) |
| REXULTI TABS .25mg, .5mg, 1mg, 2mg | 5 | QL (60 tabs / 30 days) |
| *risperidone* SOLN 1mg/ml | 3 | QL (240 mL / 30 days) |
| *risperidone* TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg | 2 | |
| *risperidone* TBDP 1mg, 2mg, 3mg | 4 | QL (60 tabs / 30 days), ST |
| *risperidone* TBDP 4mg | 4 | QL (120 tabs / 30 days), ST |
| *risperidone* TBDP .25mg, .5mg | 4 | QL (90 tabs / 30 days), ST |
| *risperidone microspheres* SRER 12.5mg, 25mg | 4 | QL (2 injections / 28 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *risperidone microspheres* SRER 37.5mg, 50mg | 5 | QL (2 injections / 28 days) |
| SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr | 5 | QL (30 patches / 30 days) |
| *thioridazine hcl* TABS 10mg, 25mg, 50mg, 100mg | 3 | |
| *thiothixene* CAPS 1mg, 2mg, 5mg, 10mg | 4 | |
| *trifluoperazine hcl* TABS 1mg, 2mg, 5mg, 10mg | 3 | |
| VERSACLOZ SUSP 50mg/ml | 5 | QL (600 mL / 30 days), PA |
| VRAYLAR CAPS 1.5mg | 5 | QL (60 caps / 30 days) |
| VRAYLAR CAPS .5mg, .75mg, 3mg, 4.5mg, 6mg | 5 | QL (30 caps / 30 days) |
| *ziprasidone hcl* CAPS 20mg, 40mg, 60mg, 80mg | 4 | QL (60 caps / 30 days) |
| *ziprasidone mesylate* SOLR 20mg | 4 | QL (6 injections / 3 days) |
| ZYPREXA RELPREVV SUSR 210mg | 4 | QL (2 vials / 28 days), NM, PA |
| ZYPREXA RELPREVV SUSR 300mg | 5 | QL (2 vials / 28 days), NM, PA |
| ZYPREXA RELPREVV SUSR 405mg | 5 | QL (1 vial / 28 days), NM, PA |
| ***ANTISEIZURE AGENTS*** | | |
| APTIOM TABS 200mg, 400mg | 5 | QL (30 tabs / 30 days) |
| APTIOM TABS 600mg, 800mg | 5 | QL (60 tabs / 30 days) |
| *brivaracetam* SOLN 10mg/ml | 4 | QL (600 mL / 30 days), PA |
| *brivaracetam* TABS 10mg, 25mg, 50mg, 75mg, 100mg | 4 | QL (60 tabs / 30 days), PA |
| BRIVIACT SOLN 10mg/ml | 5 | QL (600 mL / 30 days), PA |
| BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg | 5 | QL (60 tabs / 30 days), PA |
| *carbamazepine* CHEW 100mg; TABS 200mg | 3 | |
| *carbamazepine* CHEW 200mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TB12 100mg, 200mg, 400mg | 4 | |
| *clobazam* SUSP 2.5mg/ml | 4 | QL (480 mL / 30 days), PA |
| *clobazam* TABS 10mg, 20mg | 4 | QL (60 tabs / 30 days), PA |
| *clonazepam* TABS 2mg | 2 | QL (300 tabs / 30 days) |
| *clonazepam* TABS .5mg, 1mg | 2 | QL (90 tabs / 30 days) |
| *clonazepam* TBDP 2mg | 3 | QL (300 tabs / 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *clonazepam* TBDP .125mg, .25mg, .5mg, 1mg | 3 | QL (90 tabs / 30 days) |
| *clorazepate dipotassium* TABS 3.75mg, 7.5mg, 15mg | 4 | QL (180 tabs / 30 days), PA; PA applies if 65 years and older |
| DIACOMIT CAPS 250mg | 5 | QL (360 caps / 30 days), NM, PA |
| DIACOMIT CAPS 500mg | 5 | QL (180 caps / 30 days), NM, PA |
| DIACOMIT PACK 250mg | 5 | QL (360 packets / 30 days), NM, PA |
| DIACOMIT PACK 500mg | 5 | QL (180 packets / 30 days), NM, PA |
| *diazepam* SOLN 5mg/5ml | 3 | QL (1200 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply |
| *diazepam* TABS 2mg, 5mg, 10mg | 2 | QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply |
| *diazepam (anticonvulsant)* GEL 2.5mg, 10mg, 20mg | 4 | |
| *diazepam inj* SOLN 5mg/ml | 4 | |
| *diazepam intensol* CONC 5mg/ml | 3 | QL (240 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply |
| DILANTIN CAPS 30mg | 4 | |
| *divalproex sodium* CSDR 125mg | 4 | |
| *divalproex sodium* TB24 250mg, 500mg | 3 | |
| *divalproex sodium* TBEC 125mg, 250mg, 500mg | 2 | |
| EPIDIOLEX SOLN 100mg/ml | 5 | QL (600 mL / 30 days), NM, PA |
| *eslicarbazepine acetate* TABS 200mg, 400mg | 4 | QL (30 tabs / 30 days) |
| *eslicarbazepine acetate* TABS 600mg, 800mg | 4 | QL (60 tabs / 30 days) |
| *ethosuximide* CAPS 250mg; SOLN 250mg/5ml | 3 | |
| *felbamate* SUSP 600mg/5ml; TABS 400mg, 600mg | 4 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| FINTEPLA SOLN 2.2mg/ml | 5 | QL (360 mL / 30 days), NM, PA |
| FYCOMPA SUSP .5mg/ml | 5 | QL (680 mL / 28 days), PA |
| FYCOMPA TABS 2mg | 4 | QL (60 tabs / 30 days), PA |
| FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg | 5 | QL (30 tabs / 30 days), PA |
| *gabapentin* CAPS 100mg, 300mg | 2 | QL (360 caps / 30 days) |
| *gabapentin* CAPS 400mg | 2 | QL (270 caps / 30 days) |
| *gabapentin* SOLN 250mg/5ml, 300mg/6ml | 3 | QL (2160 mL / 30 days) |
| *gabapentin* TABS 600mg | 2 | QL (180 tabs / 30 days) |
| *gabapentin* TABS 800mg | 2 | QL (120 tabs / 30 days) |
| *lacosamide* SOLN 200mg/20ml | 4 | |
| *lacosamide* TABS 50mg | 4 | QL (120 tabs / 30 days) |
| *lacosamide* TABS 100mg, 150mg, 200mg | 4 | QL (60 tabs / 30 days) |
| *lacosamide oral* SOLN 10mg/ml | 4 | QL (1200 mL / 30 days) |
| *lamotrigine* CHEW 5mg, 25mg | 3 | |
| *lamotrigine* TABS 25mg, 100mg, 150mg, 200mg | 1 | |
| *lamotrigine* TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; TBDP 25mg, 50mg, 100mg, 200mg | 4 | ST |
| *levetiracetam* SOLN 100mg/ml; TB24 500mg, 750mg | 3 | |
| *levetiracetam* SOLN 500mg/5ml | 4 | |
| *levetiracetam* TABS 250mg, 500mg, 750mg, 1000mg | 2 | |
| *levetiracetam* TB3D 250mg | 4 | QL (360 tabs / 30 days) |
| *levetiracetam* TB3D 500mg | 4 | QL (180 tabs / 30 days) |
| *levetiracetam in sodium chloride iv soln 500 mg/100ml* | 4 | |
| *levetiracetam in sodium chloride iv soln 1000 mg/100ml* | 4 | |
| *levetiracetam in sodium chloride iv soln 1500 mg/100ml* | 4 | |
| *methsuximide* CAPS 300mg | 4 | |
| NAYZILAM SOLN 5mg/0.1ml | 4 | QL (10 nasal units / 30 days) |
| *oxcarbazepine* SUSP 300mg/5ml | 4 | |
| *oxcarbazepine* TABS 150mg, 300mg, 600mg | 3 | |
| *perampanel* SUSP .5mg/ml | 5 | QL (680 mL / 28 days), PA |
| *perampanel* TABS 2mg | 4 | QL (60 tabs / 30 days), PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *perampanel* TABS 4mg, 6mg, 8mg, 10mg, 12mg | 4 | QL (30 tabs / 30 days), PA |
| *phenobarbital* ELIX 20mg/5ml | 4 | QL (1500 mL / 30 days), PA; PA applies if 65 years and older |
| *phenobarbital* TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg | 3 | QL (120 tabs / 30 days), PA; PA applies if 65 years and older |
| *phenobarbital sodium* SOLN 65mg/ml, 130mg/ml | 4 | PA; PA applies if 65 years and older |
| *phenytek* CAPS 200mg, 300mg | 3 | |
| *phenytoin* CHEW 50mg; SUSP 125mg/5ml | 3 | |
| *phenytoin sodium* SOLN 50mg/ml | 4 | |
| *phenytoin sodium extended* CAPS 100mg, 200mg, 300mg | 3 | |
| *pregabalin* CAPS 25mg, 50mg, 75mg, 100mg, 150mg | 3 | QL (120 caps / 30 days), PA; PA applies if 65 years and older |
| *pregabalin* CAPS 200mg | 3 | QL (90 caps / 30 days), PA; PA applies if 65 years and older |
| *pregabalin* CAPS 225mg, 300mg | 3 | QL (60 caps / 30 days), PA; PA applies if 65 years and older |
| *pregabalin* SOLN 20mg/ml | 4 | QL (900 mL / 30 days), PA; PA applies if 65 years and older |
| *primidone* TABS 50mg, 125mg, 250mg | 2 | |
| *relgaabi* CAPS 300mg | 2 | QL (360 caps / 30 days) |
| *relgaabi* CAPS 400mg | 2 | QL (270 caps / 30 days) |
| *roweepra* TABS 500mg | 2 | |
| *rufinamide* SUSP 40mg/ml | 5 | QL (2400 mL / 30 days), PA |
| *rufinamide* TABS 200mg | 4 | QL (480 tabs / 30 days), PA |
| *rufinamide* TABS 400mg | 5 | QL (240 tabs / 30 days), PA |
| SPRITAM TB3D 250mg | 4 | QL (360 tabs / 30 days) |
| SPRITAM TB3D 500mg | 4 | QL (180 tabs / 30 days) |
| SPRITAM TB3D 750mg | 4 | QL (120 tabs / 30 days) |
| SPRITAM TB3D 1000mg | 4 | QL (90 tabs / 30 days) |
| SUBVENITE SUSP 10mg/ml | 5 | ST |
| *subvenite* TABS 25mg, 100mg, 150mg, 200mg | 1 | |
| SYMPAZAN FILM 5mg, 10mg, 20mg | 5 | QL (60 films / 30 days), PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *tiagabine hcl* TABS 2mg, 4mg, 12mg, 16mg | 4 | |
| *topiramate* CPSP 15mg, 25mg | 3 | |
| *topiramate* CPSP 50mg | 4 | |
| *topiramate* SOLN 25mg/ml | 4 | QL (480 mL / 30 days), PA |
| *topiramate* TABS 25mg, 50mg, 100mg, 200mg | 2 | |
| *valproate sodium* SOLN 100mg/ml | 4 | |
| *valproate sodium* SOLN 250mg/5ml | 3 | |
| *valproic acid* CAPS 250mg | 2 | |
| VALTOCO 5 MG DOSE LIQD 5mg/0.1ml | 4 | QL (10 blister packs / 30 days) |
| VALTOCO 10 MG DOSE LIQD 10mg/0.1ml | 4 | QL (10 blister packs / 30 days) |
| VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml | 4 | QL (10 blister packs / 30 days) |
| VALTOCO 20 MG DOSE LQPK 10mg/0.1ml | 4 | QL (10 blister packs / 30 days) |
| *vigabatrin* PACK 500mg | 5 | QL (180 packets / 30 days), NM, PA |
| *vigabatrin* TABS 500mg | 5 | QL (180 tabs / 30 days), NM, PA |
| *vigadrone* PACK 500mg | 5 | QL (180 packets / 30 days), NM, PA |
| *vigadrone* TABS 500mg | 5 | QL (180 tabs / 30 days), NM, PA |
| VIGAFYDE SOLN 100mg/ml | 5 | QL (900 mL / 30 days), NM, PA |
| XCOPRI TABS 25mg, 50mg, 100mg | 5 | QL (30 tabs / 30 days) |
| XCOPRI TABS 150mg, 200mg | 5 | QL (60 tabs / 30 days) |
| XCOPRI PAK 12.5-25 | 4 | QL (28 tabs / 28 days) |
| XCOPRI PAK 50-100MG | 5 | QL (28 tabs / 28 days) |
| XCOPRI PAK 100-150 | 5 | QL (56 tabs / 28 days) |
| XCOPRI PAK 150-200MG (MAINTENANCE) | 5 | QL (56 tabs / 28 days) |
| XCOPRI PAK 150-200MG (TITRATION) | 5 | QL (28 tabs / 28 days) |
| ZONISADE SUSP 100mg/5ml | 5 | QL (900 mL / 30 days), PA |
| *zonisamide* CAPS 25mg, 50mg, 100mg | 2 | |
| ZTALMY SUSP 50mg/ml | 5 | QL (1100 mL / 30 days), NM, PA |
| ***ATTENTION DEFICIT HYPERACTIVITY DISORDER*** | | |
| *amphetamine-dextroamphetamine cap er 24hr 5 mg* | 4 | QL (30 caps / 30 days), PA |
| *amphetamine-dextroamphetamine cap er 24hr 10 mg* | 4 | QL (30 caps / 30 days), PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *amphetamine-dextroamphetamine cap er 24hr 15 mg* | 4 | QL (30 caps / 30 days), PA |
| *amphetamine-dextroamphetamine cap er 24hr 20 mg* | 4 | QL (30 caps / 30 days), PA |
| *amphetamine-dextroamphetamine cap er 24hr 25 mg* | 4 | QL (30 caps / 30 days), PA |
| *amphetamine-dextroamphetamine cap er 24hr 30 mg* | 4 | QL (30 caps / 30 days), PA |
| *amphetamine-dextroamphetamine tab 5 mg* | 3 | QL (60 tabs / 30 days), PA |
| *amphetamine-dextroamphetamine tab 7.5 mg* | 3 | QL (60 tabs / 30 days), PA |
| *amphetamine-dextroamphetamine tab 10 mg* | 3 | QL (60 tabs / 30 days), PA |
| *amphetamine-dextroamphetamine tab 12.5 mg* | 3 | QL (60 tabs / 30 days), PA |
| *amphetamine-dextroamphetamine tab 15 mg* | 3 | QL (60 tabs / 30 days), PA |
| *amphetamine-dextroamphetamine tab 20 mg* | 3 | QL (90 tabs / 30 days), PA |
| *amphetamine-dextroamphetamine tab 30 mg* | 3 | QL (60 tabs / 30 days), PA |
| *atomoxetine hcl* CAPS 10mg, 18mg, 25mg | 4 | QL (120 caps / 30 days) |
| *atomoxetine hcl* CAPS 40mg | 4 | QL (60 caps / 30 days) |
| *atomoxetine hcl* CAPS 60mg, 80mg, 100mg | 4 | QL (30 caps / 30 days) |
| *dexmethylphenidate hcl* TABS 2.5mg, 5mg | 3 | QL (120 tabs / 30 days), PA |
| *dexmethylphenidate hcl* TABS 10mg | 3 | QL (60 tabs / 30 days), PA |
| *guanfacine hcl (adhd)* TB24 1mg, 2mg, 4mg | 3 | QL (30 tabs / 30 days), PA; PA applies if 65 years and older |
| *guanfacine hcl (adhd)* TB24 3mg | 3 | QL (60 tabs / 30 days), PA; PA applies if 65 years and older |
| *lisdexamfetamine dimesylate* CAPS 10mg, 20mg, 30mg | 4 | QL (60 caps / 30 days), PA |
| *lisdexamfetamine dimesylate* CAPS 40mg, 50mg, 60mg, 70mg | 4 | QL (30 caps / 30 days), PA |
| *lisdexamfetamine dimesylate* CHEW 10mg, 20mg, 30mg | 4 | QL (60 tabs / 30 days), PA |
| *lisdexamfetamine dimesylate* CHEW 40mg, 50mg, 60mg | 4 | QL (30 tabs / 30 days), PA |
| *methylphenidate hcl* CHEW 2.5mg, 5mg, 10mg | 4 | QL (180 tabs / 30 days), PA |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *sumatriptan* SOLN 5mg/act | 4 | QL (24 units / 30 days) |
| *sumatriptan* SOLN 20mg/act | 4 | QL (12 units / 30 days) |
| *sumatriptan succinate* SOAJ 6mg/0.5ml; SOLN 6mg/0.5ml | 4 | QL (12 injections / 30 days) |
| *sumatriptan succinate* TABS 25mg, 50mg, 100mg | 2 | QL (12 tabs / 30 days) |
| UBRELVY TABS 50mg, 100mg | 3 | QL (16 tabs / 30 days), PA |
| ***MISCELLANEOUS*** | | |
| AUSTEDO TABS 6mg | 5 | QL (60 tabs / 30 days), NM, PA |
| AUSTEDO TABS 9mg, 12mg | 5 | QL (120 tabs / 30 days), NM, PA |
| AUSTEDO XR TB24 6mg | 5 | QL (90 tabs / 30 days), NM, PA |
| AUSTEDO XR TB24 12mg | 5 | QL (120 tabs / 30 days), NM, PA |
| AUSTEDO XR TB24 18mg, 30mg, 36mg, 42mg, 48mg | 5 | QL (30 tabs / 30 days), NM, PA |
| AUSTEDO XR TB24 24mg | 5 | QL (60 tabs / 30 days), NM, PA |
| AUSTEDO XR TAB TITR KIT | 5 | QL (2 packs / year), NM, PA |
| *lithium* SOLN 8meq/5ml | 4 | |
| *lithium carbonate* CAPS 150mg, 300mg, 600mg; TABS 300mg | 1 | |
| *lithium carbonate* TBCR 300mg, 450mg | 2 | |
| NUEDEXTA CAP 20-10MG | 5 | QL (60 caps / 30 days), PA |
| *pyridostigmine bromide* TABS 60mg | 3 | |
| *riluzole* TABS 50mg | 4 | |
| *tetrabenazine* TABS 12.5mg | 4 | QL (90 tabs / 30 days), NM, PA |
| *tetrabenazine* TABS 25mg | 5 | QL (120 tabs / 30 days), NM, PA |
| ***MULTIPLE SCLEROSIS AGENTS*** | | |
| BAFIERTAM CPDR 95mg | 5 | QL (120 caps / 30 days), NM, PA |
| BETASERON KIT .3mg | 5 | QL (14 kits / 28 days), NM, PA |
| COPAXONE SOSY 20mg/ml | 5 | QL (30 syringes / 30 days), NM, PA |
| COPAXONE SOSY 40mg/ml | 5 | QL (12 syringes / 28 days), NM, PA |
| *dalfampridine* TB12 10mg | 3 | QL (60 tabs / 30 days), NM, PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *fingolimod hcl* CAPS .5mg | 5 | QL (30 caps / 30 days), NM, PA |
| *glatiramer acetate* SOSY 20mg/ml | 5 | QL (30 syringes / 30 days), NM, PA |
| *glatiramer acetate* SOSY 40mg/ml | 5 | QL (12 syringes / 28 days), NM, PA |
| *glatopa* SOSY 20mg/ml | 5 | QL (30 syringes / 30 days), NM, PA |
| *glatopa* SOSY 40mg/ml | 5 | QL (12 syringes / 28 days), NM, PA |
| KESIMPTA SOAJ 20mg/0.4ml | 5 | QL (16 pens / 365 days), NM, PA |
| ***MUSCULOSKELETAL THERAPY AGENTS*** | | |
| *baclofen* TABS 5mg | 2 | QL (90 tabs / 30 days) |
| *baclofen* TABS 10mg, 20mg | 2 | |
| *cyclobenzaprine hcl* TABS 5mg, 10mg | 3 | QL (90 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year |
| *dantrolene sodium* CAPS 25mg, 50mg, 100mg | 4 | |
| *tizanidine hcl* TABS 2mg, 4mg | 2 | |
| ***NARCOLEPSY/CATAPLEXY*** | | |
| *armodafinil* TABS 50mg | 4 | QL (60 tabs / 30 days), PA |
| *armodafinil* TABS 150mg, 200mg, 250mg | 4 | QL (30 tabs / 30 days), PA |
| *modafinil* TABS 100mg | 3 | QL (30 tabs / 30 days), PA |
| *modafinil* TABS 200mg | 3 | QL (60 tabs / 30 days), PA |
| *sodium oxybate* SOLN 500mg/ml | 5 | QL (540 mL / 30 days), NM, PA |
| ***PSYCHOTHERAPEUTIC-MISC*** | | |
| *acamprosate calcium* TBEC 333mg | 4 | |
| *buprenorphine hcl* SUBL 2mg | 3 | QL (180 tabs / 30 days) |
| *buprenorphine hcl* SUBL 8mg | 3 | QL (120 tabs / 30 days) |
| *buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)* | 4 | QL (180 films / 30 days) |
| *buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)* | 4 | QL (90 films / 30 days) |
| *buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)* | 4 | QL (120 films / 30 days) |
| *buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)* | 4 | QL (90 films / 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)* | 2 | QL (180 tabs / 30 days) |
| *buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)* | 2 | QL (120 tabs / 30 days) |
| *bupropion hcl (smoking deterrent)* TB12 150mg | 2 | QL (60 tabs / 30 days) |
| *disulfiram* TABS 250mg, 500mg | 3 | |
| KLOXXADO LIQD 8mg/0.1ml | 3 | |
| *naloxone hcl* SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml | 2 | |
| *naltrexone hcl* TABS 50mg | 3 | |
| NICOTROL NS SOLN 10mg/ml | 4 | |
| *varenicline tartrate* TABS .5mg, 1mg | 4 | QL (56 tabs / 28 days) |
| *varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack* | 4 | QL (2 packs / year) |
| VIVITROL SUSR 380mg | 5 | NM |

## ENDOCRINE AND METABOLIC

### *ANDROGENS*

| | | |
|---|---|---|
| *danazol* CAPS 50mg, 100mg, 200mg | 4 | |
| *depo-testosterone* SOLN 100mg/ml, 200mg/ml | 3 | PA |
| *testosterone* GEL 1%, 25mg/2.5gm, 50mg/5gm | 4 | QL (300 gm / 30 days), PA |
| *testosterone cypionate* SOLN 100mg/ml, 200mg/ml | 3 | PA |
| *testosterone enanthate* SOLN 200mg/ml | 3 | PA |
| *testosterone pump* GEL 1.62% | 4 | QL (150 gm / 30 days), PA |

### *ANTIDIABETICS*

| | | |
|---|---|---|
| *acarbose* TABS 25mg, 50mg, 100mg | 2 | |
| *dapagliflozin* TABS 5mg, 10mg | 1 | QL (30 tabs / 30 days) |
| *dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg* | 1 | QL (60 tabs / 30 days) |
| *dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg* | 1 | QL (60 tabs / 30 days) |
| *dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg* | 1 | QL (30 tabs / 30 days) |
| *dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg* | 1 | QL (30 tabs / 30 days) |
| FARXIGA TABS 5mg, 10mg | 3 | QL (30 tabs / 30 days) |
| *glimepiride* TABS 1mg, 2mg | 1 | QL (90 tabs / 30 days) |
| *glimepiride* TABS 4mg | 1 | QL (60 tabs / 30 days) |
| *glipizide* TABS 5mg | 1 | QL (240 tabs / 30 days) |
| *glipizide* TABS 10mg | 1 | QL (120 tabs / 30 days) |
| *glipizide* TB24 2.5mg, 5mg | 1 | QL (90 tabs / 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *glipizide* TB24 10mg | 1 | QL (60 tabs / 30 days) |
| *glipizide-metformin hcl tab 2.5-250 mg* | 1 | QL (240 tabs / 30 days) |
| *glipizide-metformin hcl tab 2.5-500 mg* | 1 | QL (120 tabs / 30 days) |
| *glipizide-metformin hcl tab 5-500 mg* | 1 | QL (120 tabs / 30 days) |
| GLYXAMBI TAB 10-5 MG | 3 | QL (30 tabs / 30 days) |
| GLYXAMBI TAB 25-5 MG | 3 | QL (30 tabs / 30 days) |
| JANUMET TAB 50-500MG | 3 | QL (60 tabs / 30 days) |
| JANUMET TAB 50-1000 | 3 | QL (60 tabs / 30 days) |
| JANUMET XR TAB 50-500MG | 3 | QL (60 tabs / 30 days) |
| JANUMET XR TAB 50-1000 | 3 | QL (60 tabs / 30 days) |
| JANUMET XR TAB 100-1000 | 3 | QL (30 tabs / 30 days) |
| JANUVIA TABS 25mg, 50mg, 100mg | 3 | QL (30 tabs / 30 days) |
| JARDIANCE TABS 10mg, 25mg | 3 | QL (30 tabs / 30 days) |
| JENTADUETO TAB 2.5-500 | 3 | QL (60 tabs / 30 days) |
| JENTADUETO TAB 2.5-850 | 3 | QL (60 tabs / 30 days) |
| JENTADUETO TAB 2.5-1000 | 3 | QL (60 tabs / 30 days) |
| JENTADUETO TAB XR 2.5-1000MG | 3 | QL (60 tabs / 30 days) |
| JENTADUETO TAB XR 5-1000MG | 3 | QL (30 tabs / 30 days) |
| *metformin hcl* TABS 500mg | 1 | QL (150 tabs / 30 days) |
| *metformin hcl* TABS 850mg | 1 | QL (90 tabs / 30 days) |
| *metformin hcl* TABS 1000mg | 1 | QL (75 tabs / 30 days) |
| *metformin hcl* TB24 500mg | 1 | QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR) |
| *metformin hcl* TB24 750mg | 1 | QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR) |
| MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml | 3 | QL (4 pens / 28 days), PA |
| *nateglinide* TABS 60mg, 120mg | 1 | QL (90 tabs / 30 days) |
| OZEMPIC TABS 1.5mg, 4mg, 9mg | 3 | QL (30 tabs / 30 days), PA |
| OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml | 3 | QL (1 pen / 28 days), PA |
| OZEMPIC (1MG/DOSE) SOPN 4mg/3ml | 3 | QL (1 pen / 28 days), PA |
| OZEMPIC (2MG/DOSE) SOPN 8mg/3ml | 3 | QL (1 pen / 28 days), PA |
| *pioglitazone hcl* TABS 15mg, 30mg, 45mg | 1 | QL (30 tabs / 30 days) |
| *pioglitazone hcl-metformin hcl tab 15-500 mg* | 1 | QL (90 tabs / 30 days) |
| *pioglitazone hcl-metformin hcl tab 15-850 mg* | 1 | QL (90 tabs / 30 days) |
| *repaglinide* TABS 2mg | 1 | QL (240 tabs / 30 days) |
| *repaglinide* TABS .5mg, 1mg | 1 | QL (120 tabs / 30 days) |
| RYBELSUS TABS 3mg, 7mg, 14mg | 3 | QL (30 tabs / 30 days), PA |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| INSULIN SAFETY NEEDLES: EMBECTA-BD | 3 | PA |
| INSULIN SYRINGES: EMBECTA-BD | 3 | PA |
| LANTUS SOLN 100unit/ml | 3 | |
| LANTUS SOLOSTAR SOPN 100unit/ml | 3 | |
| NOVOLIN INJ 70/30 | 3 | (brand RELION not covered) |
| NOVOLIN INJ 70/30 FP | 3 | (brand RELION not covered) |
| NOVOLIN N SUSP 100unit/ml | 3 | (brand RELION not covered) |
| NOVOLIN N FLEXPEN SUPN 100unit/ml | 3 | (brand RELION not covered) |
| NOVOLIN R SOLN 100unit/ml | 3 | B/D; (brand RELION not covered) |
| NOVOLIN R FLEXPEN SOPN 100unit/ml | 3 | (brand RELION not covered) |
| NOVOLOG SOLN 100unit/ml | 3 | B/D |
| NOVOLOG FLEXPEN SOPN 100unit/ml | 3 | |
| NOVOLOG FLEXPEN RELION SOPN 100unit/ml | 3 | |
| NOVOLOG MIX INJ 70/30 | 3 | (brand RELION not covered) |
| NOVOLOG MIX INJ FLEXPEN | 3 | (brand RELION not covered) |
| NOVOLOG PENFILL SOCT 100unit/ml | 3 | |
| NOVOLOG RELION SOLN 100unit/ml | 3 | B/D |
| OMNIPOD5 LIB KIT INTRO | 4 | QL (1 kit / year), PA |
| OMNIPOD5 LIB MIS PODS | 4 | QL (15 pods / 30 days), PA |
| OMNIPOD 5 DX KIT INT G7G6 | 4 | QL (1 kit / year), PA |
| OMNIPOD 5 DX MIS POD G7G6 | 4 | QL (15 pods / 30 days), PA |
| OMNIPOD DASH KIT INTRO | 4 | QL (1 kit / year), PA |
| OMNIPOD DASH MIS PODS | 4 | QL (15 pods / 30 days), PA |
| SOLIQUA INJ 100/33 | 3 | QL (5 pens / 25 days) |
| TOUJEO MAX SOLOSTAR SOPN 300unit/ml | 3 | |
| TOUJEO SOLOSTAR SOPN 300unit/ml | 3 | |
| XULTOPHY INJ 100/3.6 | 3 | QL (5 pens / 30 days) |
| ***CALCIUM REGULATORS*** | | |
| *alendronate sodium* SOLN 70mg/75ml | 4 | ST |
| *alendronate sodium* TABS 10mg, 35mg, 70mg | 1 | |
| BILDYOS SOSY 60mg/ml | 4 | QL (1 syringe / 180 days), NM |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| BONSITY SOPN 560mcg/2.24ml | 5 | QL (1 pen / 28 days), NM, PA |
| *calcitonin (salmon) spray* SOLN 200unit/act | 3 | B/D |
| *ibandronate sodium* SOLN 3mg/3ml | 4 | B/D, QL (1 injection / 90 days) |
| *ibandronate sodium* TABS 150mg | 2 | B/D |
| OSPOMYV SOSY 60mg/ml | 4 | QL (1 syringe / 180 days), NM |
| PAMIDRONATE DISODIUM SOLN 6mg/ml | 3 | B/D |
| *pamidronate disodium* SOLN 30mg/10ml, 90mg/10ml | 3 | B/D |
| PROLIA SOSY 60mg/ml | 4 | QL (1 syringe / 180 days), NM |
| *risedronate sodium* TABS 5mg, 35mg, 150mg | 3 | |
| *risedronate sodium* TABS 30mg | 4 | |
| *risedronate sodium* TBEC 35mg | 4 | ST |
| *teriparatide* SOPN 560mcg/2.24ml | 5 | QL (1 pen / 28 days), NM, PA |
| TERIPARATIDE SOPN 560mcg/2.24ml | 5 | QL (1 pen / 28 days), NM, PA; (ALVOGEN product) |
| TYMLOS SOPN 3120mcg/1.56ml | 5 | QL (1 pen / 30 days), NM, PA |
| WYOST SOLN 120mg/1.7ml | 5 | NM, PA |
| XTRENBO SOLN 120mg/1.7ml | 4 | NM, PA |
| *zoledronic acid* CONC 4mg/5ml; SOLN 5mg/100ml | 4 | B/D, NM |
| ***CHELATING AGENTS*** | | |
| CHEMET CAPS 100mg | 5 | |
| *deferasirox* PACK 90mg, 180mg, 360mg; TBSO 250mg, 500mg | 5 | NM, PA |
| *deferasirox* TABS 90mg | 3 | NM, PA |
| *deferasirox* TABS 180mg, 360mg; TBSO 125mg | 4 | NM, PA |
| *kionex* SUSP 15gm/60ml | 4 | |
| LOKELMA PACK 5gm, 10gm | 3 | |
| *penicillamine* TABS 250mg | 5 | NM |
| *sodium polystyrene sulfonate* SUSP 15gm/60ml | 4 | |
| *sodium polystyrene sulfonate powder* | 3 | |
| *sps* SUSP 15gm/60ml | 4 | |
| *sps rectal* SUSP 15gm/60ml | 4 | |
| *trientine hcl* CAPS 250mg | 5 | NM, PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***CONTRACEPTIVES*** | | |
| *afirmelle* | 2 | |
| *altavera* | 2 | |
| *alyacen 1/35* | 2 | |
| *alyacen 7/7/7* | 2 | |
| *amethyst* | 2 | |
| *apri* | 2 | |
| *aranelle* | 2 | |
| *ashlyna* | 2 | |
| *aubra eq* | 2 | |
| *aurovela 1/20* | 2 | |
| *aurovela 24 fe* | 2 | |
| *aurovela fe 1.5/30* | 2 | |
| *aurovela fe 1/20* | 2 | |
| *aviane* | 2 | |
| *ayuna* | 2 | |
| *azurette* | 2 | |
| *balziva* | 2 | |
| *blisovi 24 fe* | 2 | |
| *blisovi fe 1.5/30* | 2 | |
| *blisovi fe 1/20* | 2 | |
| *briellyn* | 2 | |
| *camila* TABS .35mg | 2 | |
| *camrese* | 2 | |
| *camrese lo* | 2 | |
| *chateal eq* | 2 | |
| *cryselle* | 2 | |
| *cyred eq* | 2 | |
| *dasetta 1/35* | 2 | |
| *dasetta 7/7/7* | 2 | |
| *daysee* | 2 | |
| *deblitane* TABS .35mg | 2 | |
| DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml | 3 | |
| *desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)* | 2 | |
| *dolishale* | 2 | |
| *drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg* | 2 | |
| *drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg* | 2 | |
| *drospirenone-ethinyl estradiol tab 3-0.02 mg* | 2 | |
| *drospirenone-ethinyl estradiol tab 3-0.03 mg* | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *elinest* | 2 | |
| *eluryng* | 3 | |
| *emzahh* TABS .35mg | 2 | |
| *enilloring* | 3 | |
| *enskyce* | 2 | |
| *errin* TABS .35mg | 2 | |
| *estarylla* | 2 | |
| *ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg* | 2 | |
| *etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr* | 3 | |
| *falmina* | 2 | |
| *feirza 1.5/30* | 2 | |
| *feirza 1/20* | 2 | |
| *finzala* | 2 | |
| *galbriela* | 2 | |
| *hailey 1.5/30* | 2 | |
| *hailey 24 fe* | 2 | |
| *hailey fe 1/20* | 2 | |
| *heather* TABS .35mg | 2 | |
| *iclevia* | 2 | |
| *incassia* TABS .35mg | 2 | |
| *introvale* | 2 | |
| *isibloom* | 2 | |
| *jaimiess* | 2 | |
| *jasmiel* | 2 | |
| *jencycla* TABS .35mg | 2 | |
| *jolessa* | 2 | |
| *juleber* | 2 | |
| *junel 1.5/30* | 2 | |
| *junel 1/20* | 2 | |
| *junel fe 1.5/30* | 2 | |
| *junel fe 1/20* | 2 | |
| *junel fe 24* | 2 | |
| *kaitlib fe* | 2 | |
| *kariva* | 2 | |
| *kelnor 1/35* | 2 | |
| *kurvelo* | 2 | |
| *larin 1.5/30* | 2 | |
| *larin 1/20* | 2 | |
| *larin 24 fe* | 2 | |
| *larin fe 1.5/30* | 2 | |
| *larin fe 1/20* | 2 | |
| *lessina* | 2 | |
| *levonest* | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg* | 2 | |
| *levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)* | 2 | |
| *levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg* | 2 | |
| *levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg* | 2 | |
| *levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg* | 2 | |
| *levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg* | 2 | |
| *levora 0.15/30-28* | 2 | |
| LILETTA IUD 20.1mcg/day | 3 | NM |
| *loestrin 1.5/30-21* | 2 | |
| *loestrin 1/20-21* | 2 | |
| *loestrin fe 1.5/30* | 2 | |
| *loestrin fe 1/20* | 2 | |
| *lojaimiess* | 2 | |
| *loryna* | 2 | |
| *low-ogestrel* | 2 | |
| *luizza 1.5/30* | 2 | |
| *luizza 1/20* | 2 | |
| *lutera* | 2 | |
| *lyleq* TABS .35mg | 2 | |
| *lyza* TABS .35mg | 2 | |
| *marlissa* | 2 | |
| *medroxyprogesterone acetate (contraceptive)* SUSP 150mg/ml; SUSY 150mg/ml | 3 | |
| *meleya* TABS .35mg | 2 | |
| *mibelas 24 fe* | 2 | |
| *microgestin 1.5/30* | 2 | |
| *microgestin 1/20* | 2 | |
| *microgestin fe 1.5/30* | 2 | |
| *microgestin fe 1/20* | 2 | |
| *mili* | 2 | |
| *mono-linyah* | 2 | |
| *necon 0.5/35-28* | 2 | |
| NEXPLANON IMPL 68mg | 3 | NM |
| *nikki* | 2 | |
| *nora-be* TABS .35mg | 2 | |
| *norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr* | 3 | |
| *norethindrone (contraceptive)* TABS .35mg | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg* | 2 | |
| *norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg* | 2 | |
| *norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg* | 2 | |
| *norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg* | 2 | |
| *norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)* | 2 | |
| *norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg* | 2 | |
| *norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg* | 2 | |
| *norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg* | 2 | |
| *norlyroc* TABS .35mg | 2 | |
| *nortrel 0.5/35 (28)* | 2 | |
| *nortrel 1/35 (21)* | 2 | |
| *nortrel 1/35 (28)* | 2 | |
| *nortrel 7/7/7* | 2 | |
| *nylia 1/35* | 2 | |
| *nylia 7/7/7* | 2 | |
| *orquidea* TABS .35mg | 2 | |
| *philith* | 2 | |
| *pimtrea* | 2 | |
| *portia-28* | 2 | |
| *reclipsen* | 2 | |
| *rivelsa* | 2 | |
| *rosyrah* | 2 | |
| *setlakin* | 2 | |
| *sharobel* TABS .35mg | 2 | |
| *simliya* | 2 | |
| *simpesse* | 2 | |
| *sprintec 28* | 2 | |
| *sronyx* | 2 | |
| *syeda* | 2 | |
| *tarina 24 fe* | 2 | |
| *tarina fe 1/20 eq* | 2 | |
| *tilia fe* | 2 | |
| *tri-estarylla* | 2 | |
| *tri-legest fe* | 2 | |
| *tri-linyah* | 2 | |
| *tri-lo-estarylla* | 2 | |
| *tri-lo-marzia* | 2 | |
| *tri-lo-mili* | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *tri-lo-sprintec* | 2 | |
| *tri-mili* | 2 | |
| *tri-sprintec* | 2 | |
| *tri-vylibra* | 2 | |
| *tri-vylibra lo* | 2 | |
| *turqoz* | 2 | |
| *tydemy* | 2 | |
| *valtya 1/35* | 2 | |
| *valtya 1/50* | 2 | |
| *velivet* | 2 | |
| *vestura* | 2 | |
| *vienva* | 2 | |
| *viorele* | 2 | |
| *vyfemla* | 2 | |
| *vylibra* | 2 | |
| *wera* | 2 | |
| *wymzya fe* | 2 | |
| *xarah fe* | 2 | |
| *xelria fe* | 2 | |
| *xulane* | 3 | |
| *zafemy* | 3 | |
| *zovia 1/35* | 2 | |
| *zumandimine* | 2 | |
| ***ESTROGENS*** | | |
| *abigale* | 3 | |
| *abigale lo* | 3 | |
| *dotti* PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr | 3 | |
| *estradiol* PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr | 3 | |
| *estradiol* TABS .5mg, 1mg, 2mg | 2 | |
| *estradiol & norethindrone acetate tab 0.5-0.1 mg* | 3 | |
| *estradiol & norethindrone acetate tab 1-0.5 mg* | 3 | |
| *estradiol vaginal* CREA .1mg/gm | 3 | |
| *estradiol vaginal* TABS 10mcg | 4 | |
| *estradiol valerate* OIL 10mg/ml, 20mg/ml, 40mg/ml | 4 | |
| *fyavolv tab 0.5mg-2.5mcg* | 3 | |
| *fyavolv tab 1mg-5mcg* | 3 | |
| *jinteli* | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *lyllana* PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr | 3 | |
| *mimvey* | 3 | |
| *norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg* | 3 | |
| *norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg* | 3 | |
| *yuvafem* TABS 10mcg | 4 | |
| ***GLUCOCORTICOIDS*** | | |
| *dexamethasone* ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg | 3 | |
| DEXAMETHASONE INTENSOL CONC 1mg/ml | 4 | |
| *dexamethasone sodium phosphate* SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 10mg/ml | 3 | |
| *fludrocortisone acetate* TABS .1mg | 2 | |
| *hydrocortisone* TABS 5mg, 10mg, 20mg | 3 | |
| *hydrocortisone sod succinate* SOLR 100mg | 4 | |
| *methylprednisolone* TABS 4mg, 8mg, 16mg, 32mg | 3 | B/D |
| *methylprednisolone* TBPK 4mg | 2 | |
| *methylprednisolone acetate* SUSP 40mg/ml, 80mg/ml | 3 | B/D |
| *methylprednisolone sod succ* SOLR 40mg, 125mg, 500mg, 1000mg | 3 | B/D |
| *prednisolone* SOLN 15mg/5ml | 2 | B/D |
| *prednisolone sodium phosphate* SOLN 5mg/5ml, 25mg/5ml | 4 | B/D |
| *prednisolone sodium phosphate* SOLN 15mg/5ml | 2 | B/D |
| *prednisone* SOLN 5mg/5ml | 4 | B/D |
| *prednisone* TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg | 1 | B/D |
| *prednisone* TBPK 5mg, 10mg | 2 | |
| PREDNISONE INTENSOL CONC 5mg/ml | 4 | B/D |
| SOLU-CORTEF SOLR 250mg, 500mg, 1000mg | 4 | |
| ***GLUCOSE ELEVATING AGENTS*** | | |
| *diazoxide* SUSP 50mg/ml | 5 | |
| GVOKE HYPOPEN 1-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml | 3 | |
| GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| GVOKE KIT SOLN 1mg/0.2ml | 3 | |
| GVOKE PFS SOSY 1mg/0.2ml | 3 | |
| ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml | 3 | |
| ***MISCELLANEOUS*** | | |
| ALDURAZYME SOLN 2.9mg/5ml | 5 | NM, PA |
| *betaine powder for oral solution* | 5 | NM |
| *cabergoline* TABS .5mg | 3 | |
| *carglumic acid* TBSO 200mg | 5 | NM, PA |
| CERDELGA CAPS 84mg | 5 | NM, PA |
| CEREZYME SOLR 400unit | 5 | NM, PA |
| *cinacalcet hcl* TABS 30mg, 60mg | 4 | B/D, QL (60 tabs / 30 days), NM |
| *cinacalcet hcl* TABS 90mg | 4 | B/D, QL (120 tabs / 30 days), NM |
| CYSTAGON CAPS 50mg, 150mg | 4 | NM, PA |
| *desmopressin acetate* SOLN 4mcg/ml | 5 | |
| *desmopressin acetate* TABS .1mg, .2mg | 3 | |
| *desmopressin acetate spray* SOLN .01% | 4 | |
| *desmopressin acetate spray refrigerated* SOLN .01% | 4 | |
| FABRAZYME SOLR 5mg, 35mg | 5 | NM, PA |
| GENOTROPIN CART 5mg, 12mg | 5 | NM, PA |
| GENOTROPIN MINIQUICK PRSY .2mg | 3 | NM, PA |
| GENOTROPIN MINIQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg | 5 | NM, PA |
| INCRELEX SOLN 40mg/4ml | 5 | NM, PA |
| *javygtor* PACK 100mg, 500mg; TABS 100mg | 5 | NM, PA |
| *lanreotide acetate* SOLN 120mg/0.5ml | 5 | NM, PA |
| *levocarnitine (metabolic modifiers)* SOLN 1gm/10ml; TABS 330mg | 4 | B/D |
| LUMIZYME SOLR 50mg | 5 | NM, PA |
| LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg | 5 | NM, PA |
| LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg | 5 | NM, PA |
| LUPRON DEPOT-PED (6-MONTH KIT 45mg | 5 | NM, PA |
| *mifepristone (hyperglycemia)* TABS 300mg | 5 | NM, PA |
| NAGLAZYME SOLN 1mg/ml | 5 | NM, PA |
| *nitisinone* CAPS 2mg, 5mg, 10mg, 20mg | 5 | NM, PA |
| *octreotide acetate* SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml | 4 | NM, PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *octreotide acetate* SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml | 5 | NM, PA |
| *raloxifene hcl* TABS 60mg | 3 | |
| REVCOVI SOLN 2.4mg/1.5ml | 5 | NM, PA |
| REZDIFFRA TABS 60mg, 80mg, 100mg | 5 | QL (30 tabs / 30 days), NM, PA |
| *sapropterin dihydrochloride* PACK 100mg, 500mg; TABS 100mg | 5 | NM, PA |
| SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml | 5 | NM, PA |
| *sodium phenylbutyrate* POWD 3gm/tsp; TABS 500mg | 5 | NM, PA |
| SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml | 5 | NM, PA |
| SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg | 5 | NM, PA |
| SYNAREL SOLN 2mg/ml | 5 | PA |
| *tolvaptan* TABS 15mg, 30mg | 5 | NM, PA; (generic of JYNARQUE) |
| *tolvaptan* TBPK 15mg | 5 | NM, PA |
| *tolvaptan tab therapy pack 30 & 15 mg* | 5 | NM, PA |
| *tolvaptan tab therapy pack 45 & 15 mg* | 5 | NM, PA |
| *tolvaptan tab therapy pack 60 & 30 mg* | 5 | NM, PA |
| *tolvaptan tab therapy pack 90 & 30 mg* | 5 | NM, PA |
| *zelvysia* PACK 100mg, 500mg | 5 | NM, PA |
| ***PROGESTINS*** | | |
| *gallifrey* TABS 5mg | 3 | |
| *medroxyprogesterone acetate* TABS 2.5mg, 5mg, 10mg | 1 | |
| *megestrol acetate* SUSP 40mg/ml | 3 | |
| *megestrol acetate (appetite)* SUSP 625mg/5ml | 4 | PA |
| *norethindrone acetate* TABS 5mg | 3 | |
| *progesterone* CAPS 100mg, 200mg | 3 | |
| ***THYROID AGENTS*** | | |
| *levothyroxine sodium* TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | 1 | |
| *levoxyl* TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg | 1 | |
| *liomny* TABS 5mcg, 25mcg, 50mcg | 3 | |
| *liothyronine sodium* TABS 5mcg, 25mcg, 50mcg | 3 | |
| *methimazole* TABS 5mg, 10mg | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *propylthiouracil* TABS 50mg | 3 | |
| SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | 4 | |
| *unithroid* TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | 1 | |
| ***VITAMIN D ANALOGS*** | | |
| *calcitriol* CAPS .25mcg, .5mcg | 2 | B/D |
| *calcitriol (oral)* SOLN 1mcg/ml | 4 | B/D |
| *doxercalciferol* CAPS .5mcg, 1mcg, 2.5mcg | 4 | B/D |
| *paricalcitol* CAPS 1mcg, 2mcg, 4mcg | 4 | B/D |
| **GASTROINTESTINAL** | | |
| ***ANTIEMETICS*** | | |
| *aprepitant* CAPS 40mg, 80mg, 125mg | 4 | B/D |
| *aprepitant capsule therapy pack 80 & 125 mg* | 4 | B/D |
| *compro* SUPP 25mg | 4 | |
| *dronabinol* CAPS 2.5mg, 5mg, 10mg | 4 | B/D, QL (60 caps / 30 days) |
| *granisetron hcl* SOLN 1mg/ml, 4mg/4ml | 4 | |
| *granisetron hcl* TABS 1mg | 4 | B/D |
| *meclizine hcl* TABS 12.5mg, 25mg | 2 | PA; PA applies if 65 years and older after a 30 day supply in a calendar year |
| *metoclopramide hcl* SOLN 5mg/5ml, 5mg/ml | 3 | |
| *metoclopramide hcl* TABS 5mg, 10mg | 1 | |
| *ondansetron* TBDP 4mg, 8mg | 3 | B/D |
| *ondansetron hcl* SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml | 3 | |
| *ondansetron hcl* SOLN 4mg/5ml | 4 | B/D |
| *ondansetron hcl* TABS 4mg, 8mg | 3 | B/D |
| *prochlorperazine* SUPP 25mg | 4 | |
| *prochlorperazine edisylate* SOLN 10mg/2ml | 4 | |
| *prochlorperazine maleate* TABS 5mg, 10mg | 2 | |
| *promethazine hcl* SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml; TABS 12.5mg, 25mg, 50mg | 3 | PA; PA applies if 65 years and older after a 30 day supply in a calendar year |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *scopolamine* PT72 1mg/3days | 4 | QL (10 patches / 30 days) |
| ***ANTISPASMODICS*** | | |
| *dicyclomine hcl* CAPS 10mg; TABS 20mg | 3 | PA; PA applies if 65 years and older |
| *dicyclomine hcl* SOLN 10mg/5ml | 4 | PA; PA applies if 65 years and older |
| *glycopyrrolate* TABS 1mg | 3 | QL (90 tabs / 30 days) |
| *glycopyrrolate* TABS 2mg | 3 | QL (120 tabs / 30 days) |
| ***H2-RECEPTOR ANTAGONISTS*** | | |
| *famotidine* SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml | 3 | |
| *famotidine* SUSR 40mg/5ml | 4 | |
| *famotidine* TABS 20mg, 40mg | 1 | |
| *famotidine in nacl 0.9% iv soln 20 mg/50ml* | 3 | |
| *nizatidine* CAPS 150mg, 300mg | 4 | |
| ***INFLAMMATORY BOWEL DISEASE*** | | |
| *balsalazide disodium* CAPS 750mg | 3 | |
| *budesonide* CPEP 3mg | 4 | QL (90 caps / 30 days) |
| *budesonide* TB24 9mg | 5 | QL (30 tabs / 30 days), PA |
| *hydrocortisone (intrarectal)* ENEM 100mg/60ml | 4 | |
| *mesalamine* CP24 .375gm | 4 | QL (120 caps / 30 days) |
| *mesalamine* CPDR 400mg | 4 | QL (180 caps / 30 days) |
| *mesalamine* ENEM 4gm | 4 | QL (1680 mL / 28 days) |
| *mesalamine* SUPP 1000mg | 4 | QL (30 suppositories / 30 days) |
| *mesalamine* TBEC 1.2gm | 4 | QL (120 tabs / 30 days) |
| *mesalamine w/ cleanser* KIT 4gm | 4 | QL (28 bottles / 28 days) |
| *sulfasalazine* TABS 500mg | 2 | |
| *sulfasalazine* TBEC 500mg | 3 | |
| ***LAXATIVES*** | | |
| *constulose* SOLN 10gm/15ml | 2 | |
| *enulose* SOLN 10gm/15ml | 2 | |
| *gavilyte-c* | 2 | |
| *gavilyte-g* | 2 | |
| *gavilyte-n/flavor pack* | 2 | |
| *generlac* SOLN 10gm/15ml | 2 | |
| *lactulose* SOLN 10gm/15ml | 2 | |
| *lactulose (encephalopathy)* SOLN 10gm/15ml | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm* | 2 | |
| *peg 3350-kcl-sod bicarb-nacl for soln 420 gm* | 2 | |
| PLENVU SOL | 4 | |
| *sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml* | 3 | |
| ***MISCELLANEOUS*** | | |
| *alosetron hcl* TABS 1mg | 5 | QL (60 tabs / 30 days), PA |
| *alosetron hcl* TABS .5mg | 4 | QL (60 tabs / 30 days), PA |
| CREON CAP 3000UNIT | 3 | |
| CREON CAP 6000UNIT | 3 | |
| CREON CAP 12000UNT | 3 | |
| CREON CAP 24000UNT | 3 | |
| CREON CAP 36000UNT | 3 | |
| *cromolyn sodium (mastocytosis)* CONC 100mg/5ml | 4 | |
| *diphenoxylate w/ atropine tab 2.5-0.025 mg* | 4 | |
| GATTEX KIT 5mg | 5 | NM, PA |
| LINZESS CAPS 72mcg, 145mcg, 290mcg | 3 | QL (30 caps / 30 days) |
| *loperamide hcl* CAPS 2mg | 2 | |
| *lubiprostone* CAPS 8mcg, 24mcg | 3 | QL (60 caps / 30 days) |
| *misoprostol* TABS 100mcg, 200mcg | 3 | |
| MOVANTIK TABS 12.5mg, 25mg | 3 | QL (30 tabs / 30 days) |
| RELISTOR SOLN 12mg/0.6ml | 5 | QL (28 vials / 28 days), PA |
| RELISTOR SOSY 8mg/0.4ml, 12mg/0.6ml | 5 | QL (28 syringes / 28 days), PA |
| *sucralfate* TABS 1gm | 3 | |
| *ursodiol* CAPS 300mg | 4 | |
| *ursodiol* TABS 250mg, 500mg | 3 | |
| VOQUEZNA PAK DUAL PAK | 3 | QL (2 kits / year), PA |
| VOQUEZNA PAK TRIP PK | 3 | QL (2 kits / year), PA |
| VOWST CAP | 5 | QL (12 caps / 30 days), NM, PA |
| XERMELO TABS 250mg | 5 | QL (84 tabs / 28 days), NM, PA |
| XIFAXAN TABS 550mg | 5 | PA |
| ZENPEP CAP 3000UNIT | 4 | |
| ZENPEP CAP 5000UNIT | 4 | |
| ZENPEP CAP 10000UNT | 4 | |
| ZENPEP CAP 15000UNT | 4 | |
| ZENPEP CAP 20000UNT | 4 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ZENPEP CAP 25000UNT | 4 | |
| ZENPEP CAP 40000UNT | 4 | |
| ZENPEP CAP 60000UNT | 4 | |
| ***PROTON PUMP INHIBITORS*** | | |
| *esomeprazole magnesium* CPDR 20mg, 40mg | 3 | QL (30 caps / 30 days), ST |
| *lansoprazole* CPDR 15mg, 30mg | 3 | QL (60 caps / 30 days) |
| *lansoprazole* TBDD 15mg, 30mg | 4 | QL (60 tabs / 30 days), ST |
| *omeprazole* CPDR 10mg, 20mg, 40mg | 1 | |
| *pantoprazole sodium* SOLR 40mg | 4 | |
| *pantoprazole sodium* TBEC 20mg, 40mg | 1 | |
| *rabeprazole sodium* TBEC 20mg | 3 | QL (30 tabs / 30 days) |
| **GENITOURINARY** | | |
| ***BENIGN PROSTATIC HYPERPLASIA*** | | |
| *alfuzosin hcl* TB24 10mg | 2 | QL (30 tabs / 30 days) |
| *dutasteride* CAPS .5mg | 3 | QL (30 caps / 30 days) |
| *dutasteride-tamsulosin hcl cap 0.5-0.4 mg* | 3 | QL (30 caps / 30 days) |
| *finasteride* TABS 5mg | 1 | QL (30 tabs / 30 days) |
| *silodosin* CAPS 4mg, 8mg | 3 | QL (30 caps / 30 days) |
| *tadalafil* TABS 5mg | 3 | QL (30 tabs / 30 days), PA |
| *tamsulosin hcl* CAPS .4mg | 1 | QL (60 caps / 30 days) |
| ***MISCELLANEOUS*** | | |
| *acetic acid* SOLN .25% | 2 | |
| *bethanechol chloride* TABS 5mg, 10mg, 25mg, 50mg | 3 | |
| *potassium citrate (alkalinizer)* TBCR 15meq, 540mg, 1080mg | 3 | |
| ***URINARY ANTISPASMODICS*** | | |
| *darifenacin hydrobromide* TB24 7.5mg, 15mg | 4 | QL (30 tabs / 30 days), ST |
| *fesoterodine fumarate* TB24 4mg, 8mg | 4 | QL (30 tabs / 30 days) |
| GEMTESA TABS 75mg | 3 | QL (30 tabs / 30 days) |
| MYRBETRIQ SRER 8mg/ml | 3 | QL (300 mL / 28 days) |
| MYRBETRIQ TB24 25mg, 50mg | 3 | QL (30 tabs / 30 days) |
| *oxybutynin chloride* SOLN 5mg/5ml | 3 | QL (600 mL / 30 days) |
| *oxybutynin chloride* TABS 5mg | 3 | QL (120 tabs / 30 days) |
| *oxybutynin chloride* TB24 5mg | 3 | QL (30 tabs / 30 days) |
| *oxybutynin chloride* TB24 10mg, 15mg | 3 | QL (60 tabs / 30 days) |
| *solifenacin succinate* TABS 5mg, 10mg | 4 | QL (30 tabs / 30 days) |
| *tolterodine tartrate* CP24 2mg, 4mg | 4 | QL (30 caps / 30 days) |
| *tolterodine tartrate* TABS 1mg, 2mg | 4 | QL (60 tabs / 30 days) |
| *trospium chloride* CP24 60mg | 4 | QL (30 caps / 30 days) |
| *trospium chloride* TABS 20mg | 3 | QL (60 tabs / 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***VAGINAL ANTI-INFECTIVES*** | | |
| *clindamycin phosphate vaginal* CREA 2% | 3 | |
| *metronidazole vaginal* GEL .75% | 3 | |
| *terconazole vaginal* CREA .4%, .8%; SUPP 80mg | 3 | |
| **HEMATOLOGIC** | | |
| ***ANTICOAGULANTS*** | | |
| *dabigatran etexilate mesylate* CAPS 75mg, 150mg | 3 | QL (60 caps / 30 days) |
| *dabigatran etexilate mesylate* CAPS 110mg | 3 | QL (120 caps / 30 days) |
| ELIQUIS CPSP .15mg | 3 | QL (56 caps / 21 days) |
| ELIQUIS TABS 2.5mg | 3 | QL (60 tabs / 30 days) |
| ELIQUIS TABS 5mg | 3 | QL (74 tabs / 30 days) |
| ELIQUIS TBSO .5mg | 3 | QL (588 tabs / 29 days) |
| ELIQUIS (1.5MG PACK) 3 X TBSO .5mg | 3 | QL (591 tabs / 29 days) |
| ELIQUIS (2MG PACK) 4 X TBSO .5mg | 3 | QL (592 tabs / 30 days) |
| ELIQUIS STARTER PACK TBPK 5mg | 3 | QL (74 tabs / 30 days) |
| *enoxaparin sodium* SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml | 4 | |
| *fondaparinux sodium* SOLN 2.5mg/0.5ml | 4 | |
| *fondaparinux sodium* SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml | 5 | |
| HEP SOD/NACL INJ 25000UNT | 3 | |
| *heparin sodium (porcine)* SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml | 3 | B/D |
| *jantoven* TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg | 1 | |
| *rivaroxaban* SUSR 1mg/ml | 3 | QL (620 mL / 30 days) |
| *rivaroxaban* TABS 2.5mg | 3 | QL (60 tabs / 30 days) |
| *warfarin sodium* TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg | 1 | |
| XARELTO TABS 2.5mg | 3 | QL (60 tabs / 30 days) |
| XARELTO TABS 10mg, 15mg, 20mg | 3 | QL (30 tabs / 30 days) |
| XARELTO STAR TAB 15/20MG | 3 | QL (51 tabs / 30 days) |
| ***HEMATOPOIETIC GROWTH FACTORS*** | | |
| FULPHILA SOSY 6mg/0.6ml | 5 | QL (2 syringes / 28 days), NM, PA |
| PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml | 3 | NM, PA |
| PROCRIT SOLN 20000unit/ml, 40000unit/ml | 5 | NM, PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml | 5 | NM, PA |
| ***MISCELLANEOUS*** | | |
| ALVAIZ TABS 9mg, 54mg | 5 | QL (60 tabs / 30 days), NM, PA |
| ALVAIZ TABS 18mg, 36mg | 5 | QL (90 tabs / 30 days), NM, PA |
| *anagrelide hcl* CAPS .5mg, 1mg | 4 | |
| BERINERT KIT 500unit | 5 | QL (24 boxes / 30 days), NM, PA |
| *cilostazol* TABS 50mg, 100mg | 2 | |
| DOPTELET TABS 20mg | 5 | NM, PA |
| DOPTELET SPRINKLE CPSP 10mg | 5 | NM, PA |
| DROXIA CAPS 200mg, 300mg, 400mg | 4 | |
| HAEGARDA SOLR 2000unit | 5 | QL (30 vials / 30 days), NM, PA |
| HAEGARDA SOLR 3000unit | 5 | QL (20 vials / 30 days), NM, PA |
| *icatibant acetate* SOSY 30mg/3ml | 5 | QL (9 syringes / 30 days), NM, PA |
| *l-glutamine (sickle cell)* PACK 5gm | 5 | NM, PA |
| *pentoxifylline* TBCR 400mg | 2 | |
| *sajazir* SOSY 30mg/3ml | 5 | QL (9 syringes / 30 days), NM, PA |
| SIKLOS TABS 100mg | 4 | |
| SIKLOS TABS 1000mg | 5 | |
| TAVNEOS CAPS 10mg | 5 | QL (180 caps / 30 days), NM, PA |
| *tranexamic acid* SOLN 1000mg/10ml | 4 | |
| *tranexamic acid* TABS 650mg | 3 | |
| ***PLATELET AGGREGATION INHIBITORS*** | | |
| *aspirin-dipyridamole cap er 12hr 25-200 mg* | 4 | |
| *clopidogrel bisulfate* TABS 75mg | 1 | |
| *dipyridamole* TABS 25mg, 50mg, 75mg | 3 | PA; PA applies if 65 years and older |
| *prasugrel hcl* TABS 5mg, 10mg | 3 | |
| *ticagrelor* TABS 60mg, 90mg | 3 | |
| **IMMUNOLOGIC AGENTS** | | |
| ***AUTOIMMUNE AGENTS*** | | |
| ADALIMUMAB-BWWD SOAJ 40mg/0.4ml | 5 | QL (6 autoinjectors / 28 days), NM, PA |
| ADALIMUMAB-BWWD SOSY 40mg/0.4ml | 5 | QL (6 syringes / 28 days), NM, PA |
| BIMZELX SOAJ 160mg/ml, 320mg/2ml | 5 | QL (2 pens / 28 days), NM, PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| BIMZELX SOSY 160mg/ml, 320mg/2ml | 5 | QL (2 syringes / 28 days), NM, PA |
| DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml | 5 | QL (4 pens / 28 days), NM, PA |
| DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml | 5 | QL (4 syringes / 28 days), NM, PA |
| EBGLYSS SOAJ 250mg/2ml | 5 | QL (20 pens / 365 days), NM, PA |
| EBGLYSS SOSY 250mg/2ml | 5 | QL (20 syringes / 365 days), NM, PA |
| ENBREL SOLN 25mg/0.5ml | 5 | QL (16 vials / 28 days), NM, PA |
| ENBREL SOSY 25mg/0.5ml | 5 | QL (16 syringes / 28 days), NM, PA |
| ENBREL SOSY 50mg/ml | 5 | QL (8 syringes / 28 days), NM, PA |
| ENBREL MINI SOCT 50mg/ml | 5 | QL (8 cartridges / 28 days), NM, PA |
| ENBREL SURECLICK SOAJ 50mg/ml | 5 | QL (8 pens / 28 days), NM, PA |
| HADLIMA SOSY 40mg/0.4ml, 40mg/0.8ml | 5 | QL (6 syringes / 28 days), NM, PA |
| HADLIMA PUSHTOUCH SOAJ 40mg/0.4ml, 40mg/0.8ml | 5 | QL (6 autoinjectors / 28 days), NM, PA |
| HUMIRA PSKT 10mg/0.1ml | 5 | QL (2 syringes / 28 days), NM, PA |
| HUMIRA PSKT 20mg/0.2ml | 5 | QL (4 syringes / 28 days), NM, PA |
| HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml | 5 | QL (6 syringes / 28 days), NM, PA |
| HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml | 5 | QL (6 pens / 28 days), NM, PA |
| HUMIRA PEN AJKT 80mg/0.8ml | 5 | QL (4 pens / 28 days), NM, PA |
| HUMIRA PEN KIT PS/UV | 5 | QL (3 pens / 28 days), NM, PA |
| HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml | 5 | QL (3 pens / 28 days), NM, PA |
| INFLIXIMAB SOLR 100mg | 5 | NM, PA |
| KINERET SOSY 100mg/0.67ml | 5 | QL (28 syringes / 28 days), NM, PA |
| PYZCHIVA SOAJ 45mg/0.5ml | 3 | QL (1 pen / 28 days), NM, PA |
| PYZCHIVA SOAJ 90mg/ml | 5 | QL (1 pen / 28 days), NM, PA |
| PYZCHIVA SOLN 45mg/0.5ml | 3 | QL (1 vial / 28 days), NM, PA |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| TYENNE SOAJ 162mg/0.9ml | 5 | QL (4 pens / 28 days), NM, PA |
| TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml | 5 | NM, PA |
| TYENNE SOSY 162mg/0.9ml | 5 | QL (4 syringes / 28 days), NM, PA |
| USTEKINUMAB SOLN 45mg/0.5ml | 5 | QL (1 vial / 28 days), NM, PA |
| USTEKINUMAB SOLN 130mg/26ml | 5 | NM, PA |
| USTEKINUMAB SOSY 45mg/0.5ml, 90mg/ml | 5 | QL (1 syringe / 28 days), NM, PA |
| VELSIPITY TABS 2mg | 5 | QL (30 tabs / 30 days), NM, PA |
| XELJANZ SOLN 1mg/ml | 5 | QL (480 mL / 24 days), NM, PA |
| XELJANZ TABS 5mg, 10mg | 5 | QL (60 tabs / 30 days), NM, PA |
| XELJANZ XR TB24 11mg, 22mg | 5 | QL (30 tabs / 30 days), NM, PA |
| YESINTEK SOLN 45mg/0.5ml | 3 | QL (1 vial / 28 days), NM, PA |
| YESINTEK SOLN 130mg/26ml | 3 | NM, PA |
| YESINTEK SOSY 45mg/0.5ml | 3 | QL (1 syringe / 28 days), NM, PA |
| YESINTEK SOSY 90mg/ml | 5 | QL (1 syringe / 28 days), NM, PA |
| ***DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)*** | | |
| *hydroxychloroquine sulfate* TABS 200mg | 3 | |
| JYLAMVO SOLN 2mg/ml | 4 | B/D |
| *leflunomide* TABS 10mg, 20mg | 3 | QL (30 tabs / 30 days) |
| *methotrexate sodium* TABS 2.5mg | 3 | |
| XATMEP SOLN 2.5mg/ml | 4 | B/D |
| ***IMMUNOGLOBULINS*** | | |
| ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml | 5 | NM, PA |
| BIVIGAM SOLN 5gm/50ml, 10% | 5 | NM, PA |
| FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml | 5 | NM, PA |
| GAMASTAN INJ | 4 | B/D, NM |
| GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml | 5 | NM, PA |
| GAMMAGARD LIQUID ERC SOLN 5gm/50ml, 10gm/100ml | 5 | NM, PA |
| GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm | 5 | NM, PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml | 5 | NM, PA |
| GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml | 5 | NM, PA |
| GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml | 5 | NM, PA |
| OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml | 5 | NM, PA |
| PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml | 5 | NM, PA |
| PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml | 5 | NM, PA |
| ***IMMUNOMODULATORS*** | | |
| ACTIMMUNE SOLN 100mcg/0.5ml | 5 | NM, PA |
| ARCALYST SOLR 220mg | 5 | NM, PA |
| ***IMMUNOSUPPRESSANTS*** | | |
| ASTAGRAF XL CP24 5mg | 5 | B/D |
| ASTAGRAF XL CP24 .5mg, 1mg | 4 | B/D |
| *azathioprine* TABS 50mg | 3 | B/D |
| BENLYSTA SOAJ 200mg/ml | 5 | QL (8 pens / 28 days), NM, PA |
| BENLYSTA SOLR 120mg, 400mg | 5 | NM, PA |
| BENLYSTA SOSY 200mg/ml | 5 | QL (8 syringes / 28 days), NM, PA |
| *cyclosporine* CAPS 25mg, 100mg | 4 | B/D |
| *cyclosporine modified (for microemulsion)* CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml | 4 | B/D |
| *everolimus (immunosuppressant)* TABS .5mg, .75mg, 1mg | 5 | B/D |
| *everolimus (immunosuppressant)* TABS .25mg | 4 | B/D |
| *gengraf* CAPS 25mg, 100mg | 4 | B/D |
| *mycophenolate mofetil* CAPS 250mg; TABS 500mg | 3 | B/D |
| *mycophenolate mofetil* SUSR 200mg/ml | 5 | B/D |
| *mycophenolate sodium* TBEC 180mg, 360mg | 4 | B/D |
| NULOJIX SOLR 250mg | 5 | B/D |
| PROGRAF PACK .2mg, 1mg | 4 | B/D |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| REZUROCK TABS 200mg | 5 | QL (30 tabs / 30 days), NM, PA |
| *sirolimus* SOLN 1mg/ml; TABS .5mg, 1mg, 2mg | 4 | B/D |
| *tacrolimus* CAPS .5mg, 1mg, 5mg; CP24 .5mg, 1mg | 4 | B/D |
| *tacrolimus* CP24 5mg | 5 | B/D |
| ***VACCINES*** | | |
| ABRYSVO SOLR 120mcg/0.5ml | 1 | PA |
| ACTHIB INJ | 1 | |
| ADACEL INJ | 1 | |
| AREXVY SUSR 120mcg/0.5ml | 1 | PA |
| BCG VACCINE SOLR 50mg | 1 | |
| BEXSERO SUSY .5ml | 1 | |
| BOOSTRIX INJ | 1 | |
| DAPTACEL INJ | 1 | |
| ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml | 1 | B/D |
| GARDASIL 9 SUSP .5ml; SUSY .5ml | 1 | |
| HAVRIX SUSY 720elu/0.5ml, 1440unit/ml | 1 | |
| HEPLISAV-B SOSY 20mcg/0.5ml | 1 | B/D |
| HIBERIX SOLR 10mcg | 1 | |
| IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml | 1 | B/D |
| INFANRIX INJ | 1 | |
| IPOL INJ INACTIVE | 1 | |
| IXIARO INJ | 1 | |
| JYNNEOS SUSP .5ml | 1 | B/D |
| KINRIX INJ | 1 | |
| M-M-R II INJ | 1 | |
| MENQUADFI SOLN .5ml | 1 | |
| MENVEO INJ | 1 | |
| MENVEO SOL | 1 | |
| MRESVIA SUSY 50mcg/0.5ml | 1 | PA |
| PEDIARIX INJ 0.5ML | 1 | |
| PEDVAXHIB SUSP 7.5mcg/0.5ml | 1 | |
| PENBRAYA INJ | 1 | |
| PENMENVY INJ | 1 | |
| PENTACEL INJ | 1 | |
| PRIORIX INJ | 1 | |
| PROQUAD INJ | 1 | |
| QUADRACEL INJ 0.5ML | 1 | |
| RABAVERT INJ | 1 | B/D |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml | 1 | B/D |
| ROTARIX SUS | 1 | |
| ROTATEQ SOL | 1 | |
| SHINGRIX SUSR 50mcg/0.5ml | 1 | QL (2 vials per lifetime) |
| SHINGRIX SUSY 50mcg/0.5ml | 1 | QL (2 syringes per lifetime) |
| TENIVAC INJ 5-2LF | 1 | B/D |
| TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml | 1 | |
| TRUMENBA SUSY .5ml | 1 | |
| TWINRIX INJ | 1 | |
| TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml | 1 | |
| VAQTA SUSP 25unit/0.5ml, 50unit/ml; SUSY 25unit/0.5ml, 50unit/ml | 1 | |
| VARIVAX SUSR 1350pfu/0.5ml | 1 | |
| VAXCHORA SUS | 1 | |
| VIMKUNYA SUSY 40mcg/0.8ml | 1 | |
| VIVOTIF CAP EC | 1 | |
| YF-VAX INJ | 1 | |

## NUTRITIONAL/SUPPLEMENTS

### *ELECTROLYTES/MINERALS, INJECTABLE*

| | | |
|---|---|---|
| D2.5W/NACL INJ 0.45% | 4 | |
| D5W/NACL INJ 0.2% | 3 | |
| D5W/NACL INJ 0.45% | 3 | |
| D10W/NACL INJ 0.2% | 3 | |
| D10W/NACL INJ 0.45% | 3 | |
| *dextrose 2.5% w/ sodium chloride 0.45%* | 3 | |
| *dextrose 5% in lactated ringers* | 3 | |
| *dextrose 5% w/ sodium chloride 0.3%* | 3 | |
| *dextrose 5% w/ sodium chloride 0.9%* | 3 | |
| *dextrose 5% w/ sodium chloride 0.45%* | 3 | |
| *dextrose 5% w/ sodium chloride 0.225%* | 3 | |
| ISOLYTE-P INJ /D5W | 4 | |
| ISOLYTE-S INJ PH 7.4 | 4 | |
| *kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj* | 3 | |
| *kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj* | 3 | |
| *kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj* | 3 | |
| *kcl 20 meq/l (0.15%) in nacl 0.9% inj* | 3 | |
| *kcl 20 meq/l (0.15%) in nacl 0.45% inj* | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *kcl 20 meq/l (0.149%) in nacl 0.9% inj* | 3 | |
| *kcl 20 meq/l (0.149%) in nacl 0.45% inj* | 3 | |
| *kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj* | 3 | |
| *kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj* | 3 | |
| *kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj* | 3 | |
| *kcl 40 meq/l (0.3%) in nacl 0.9% inj* | 3 | |
| *kcl 40 meq/l (0.298%) in nacl 0.9% inj* | 3 | |
| KCL/D5W/NACL INJ 0.3/0.9% | 4 | |
| KCL/D5W/NACL INJ 0.15/0.2 | 3 | |
| LACTATED RIN INJ | 4 | |
| *lactated ringer's solution* | 3 | |
| *magnesium sulfate* SOLN 2gm/50ml, 3gm/100ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50% | 3 | |
| MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 20gm/500ml, 40gm/1000ml | 3 | |
| *magnesium sulfate in dextrose 5% iv soln 1 gm/100ml* | 3 | |
| *multiple electrolytes ph 5.5* | 4 | |
| POT CHL 20MEQ/L IN NACL 0.9% INJ | 4 | |
| POT CHL 20MEQ/L IN NACL 0.45% INJ | 4 | |
| POT CHL 40MEQ/L IN NACL 0.9% INJ | 4 | |
| *potassium chloride* SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml | 3 | |
| *potassium chloride 20 meq/l (0.15%) in dextrose 5% inj* | 3 | |
| *sodium chloride* SOLN .45%, .9%, 2.5meq/ml, 3%, 5% | 3 | |
| TPN ELECTROL INJ | 4 | B/D |
| ***ELECTROLYTES/MINERALS/VITAMINS, ORAL*** | | |
| *klor-con* PACK 20meq | 4 | |
| *klor-con 8* TBCR 8meq | 2 | |
| KLOR-CON 8 TBCR 8meq | 2 | |
| *klor-con 10* TBCR 10meq | 2 | |
| KLOR-CON 10 TBCR 10meq | 2 | |
| *klor-con m10* TBCR 10meq | 2 | |
| *klor-con m15* TBCR 15meq | 2 | |
| *klor-con m20* TBCR 20meq | 2 | |
| M-NATAL PLUS TAB | 3 | |
| *potassium chloride* CPCR 8meq, 10meq; TBCR 8meq, 10meq, 20meq | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *potassium chloride* PACK 20meq; SOLN 10%, 20% | 4 | |
| *potassium chloride microencapsulated crystals er* TBCR 10meq, 15meq, 20meq | 2 | |
| PRENATAL TAB 27-1MG | 3 | |
| PRENATAL TAB PLUS | 3 | |
| *sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln* | 2 | |
| WESTAB PLUS TAB 27-1MG | 3 | |
| ***IV NUTRITION*** | | |
| *aminosyn ii soln 15%* | 4 | B/D |
| AMINOSYN INJ 10% | 4 | B/D |
| AMINOSYN-PF INJ 10% | 4 | B/D |
| CLINIMIX INJ 4.25/D5W | 4 | B/D |
| CLINIMIX INJ 4.25/D10 | 4 | B/D |
| CLINIMIX INJ 5%/D15W | 4 | B/D |
| CLINIMIX INJ 5%/D20W | 4 | B/D |
| CLINIMIX INJ 6/5 | 4 | B/D |
| CLINIMIX INJ 8/10 | 4 | B/D |
| CLINIMIX INJ 8/14 | 4 | B/D |
| *clinisol sf 15%* | 4 | B/D |
| CLINOLIPID EMU 20% | 4 | B/D |
| *dextrose* SOLN 5%, 10% | 3 | |
| *dextrose* SOLN 50% | 3 | B/D |
| DEXTROSE 10% SOLN 10% | 3 | |
| DEXTROSE 70% SOLN 70% | 3 | B/D |
| INTRALIPID EMUL 20gm/100ml, 30gm/100ml | 4 | B/D |
| NUTRILIPID EMUL 20gm/100ml | 4 | B/D |
| *plenamine* | 4 | B/D |
| PREMASOL SOL 10% | 5 | B/D |
| PROSOL INJ 20% | 4 | B/D |
| TRAVASOL INJ 10% | 4 | B/D |
| TROPHAMINE INJ 10% | 4 | B/D |
| **OPHTHALMIC** | | |
| ***ANTI-INFECTIVE/ANTI-INFLAMMATORY*** | | |
| *bacitracin-polymyxin-neomycin-hc ophth oint 1%* | 3 | |
| *loteprednol etabonate-tobramycin ophth susp 0.5-0.3%* | 3 | |
| *neomycin-polymyxin-dexamethasone ophth oint 0.1%* | 2 | |
| *neomycin-polymyxin-dexamethasone ophth susp 0.1%* | 2 | |
| *neomycin-polymyxin-hc ophth susp* | 4 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%* | 2 | |
| TOBRADEX OIN 0.3-0.1% | 3 | |
| *tobramycin-dexamethasone ophth susp 0.3-0.1%* | 3 | |
| ZYLET SUS 0.5-0.3% | 3 | |
| ***ANTI-INFECTIVES*** | | |
| *bacitracin-polymyxin b ophth oint* | 2 | |
| *besifloxacin hcl* SUSP .6% | 3 | |
| BESIVANCE SUSP .6% | 3 | |
| CILOXAN OINT .3% | 3 | |
| *ciprofloxacin hcl (ophth)* SOLN .3% | 2 | |
| *erythromycin (ophth)* OINT 5mg/gm | 2 | |
| *gatifloxacin (ophth)* SOLN .5% | 3 | |
| *gentamicin sulfate (ophth)* SOLN .3% | 2 | |
| *moxifloxacin hcl (ophth)* SOLN .5% | 3 | QL (12 mL / 30 days) |
| NATACYN SUSP 5% | 4 | |
| *neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin* | 3 | |
| *neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml* | 3 | |
| *ofloxacin (ophth)* SOLN .3% | 2 | |
| *polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%* | 1 | |
| *sulfacetamide sodium (ophth)* SOLN 10% | 3 | |
| *tobramycin (ophth)* SOLN .3% | 1 | |
| *trifluridine* SOLN 1% | 4 | |
| XDEMVY SOLN .25% | 5 | NM, PA |
| ZIRGAN GEL .15% | 4 | |
| ***ANTI-INFLAMMATORIES*** | | |
| *dexamethasone sodium phosphate (ophth)* SOLN .1% | 3 | |
| *diclofenac sodium (ophth)* SOLN .1% | 2 | |
| *difluprednate* EMUL .05% | 4 | |
| *fluorometholone (ophth)* SUSP .1% | 3 | |
| *flurbiprofen sodium* SOLN .03% | 3 | |
| *ketorolac tromethamine (ophth)* SOLN .4% | 3 | |
| *ketorolac tromethamine (ophth)* SOLN .5% | 2 | |
| LOTEMAX OINT .5% | 3 | |
| *prednisolone acetate (ophth)* SUSP 1% | 3 | |
| PREDNISOLONE SODIUM PHOSP SOLN 1% | 3 | |
| ***ANTIALLERGICS*** | | |
| *azelastine hcl (ophth)* SOLN .05% | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *cromolyn sodium (ophth)* SOLN 4% | 2 | |
| ZERVIATE SOLN .24% | 4 | |
| ***ANTIGLAUCOMA*** | | |
| *betaxolol hcl (ophth)* SOLN .5% | 3 | |
| *brimonidine tartrate* SOLN .2% | 1 | |
| *brinzolamide* SUSP 1% | 4 | ST |
| *carteolol hcl (ophth)* SOLN 1% | 2 | |
| COMBIGAN SOL 0.2/0.5% | 3 | |
| *dorzolamide hcl* SOLN 2% | 2 | |
| *dorzolamide hcl-timolol maleate ophth soln 2-0.5%* | 2 | |
| *latanoprost* SOLN .005% | 1 | |
| *levobunolol hcl* SOLN .5% | 2 | |
| LUMIGAN SOLN .01% | 3 | |
| *pilocarpine hcl* SOLN 1%, 2%, 4% | 3 | |
| RHOPRESSA SOLN .02% | 4 | |
| ROCKLATAN DRO | 4 | |
| SIMBRINZA SUS 1-0.2% | 4 | |
| *timolol maleate (ophth)* SOLG .25%, .5% | 3 | |
| *timolol maleate (ophth)* SOLN .25%, .5% | 1 | |
| *travoprost* SOLN .004% | 4 | |
| VYZULTA SOLN .024% | 4 | |
| ***MISCELLANEOUS*** | | |
| ATROPINE SULFATE SOLN 1% | 3 | |
| *atropine sulfate (ophthalmic)* SOLN 1% | 3 | |
| CYSTADROPS SOLN .37% | 5 | NM, PA |
| CYSTARAN SOLN .44% | 5 | NM, PA |
| EYSUVIS SUSP .25% | 4 | |
| MIEBO SOLN 1.338gm/ml | 3 | |
| *proparacaine hcl* SOLN .5% | 3 | |
| RESTASIS EMUL .05% | 3 | |
| RESTASIS MULTIDOSE EMUL .05% | 3 | |
| XIIDRA SOLN 5% | 3 | |
| **OTIC** | | |
| ***OTIC AGENTS*** | | |
| *acetic acid (otic)* SOLN 2% | 3 | |
| *ciprofloxacin-dexamethasone otic susp 0.3-0.1%* | 4 | |
| *flac* OIL .01% | 3 | |
| *fluocinolone acetonide (otic)* OIL .01% | 3 | |
| *hydrocortisone w/ acetic acid otic soln 1-2%* | 4 | |
| *neomycin-polymyxin-hc otic soln 1%* | 3 | |
| *neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%* | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *ofloxacin (otic)* SOLN .3% | 4 | |

## RESPIRATORY

### *ANTICHOLINERGIC/BETA AGONIST COMBINATIONS*

| | | |
|---|---|---|
| ANORO ELLIPT AER 62.5-25 | 3 | QL (60 blisters / 30 days) |
| BEVESPI AER 9-4.8MCG | 3 | QL (1 inhaler / 30 days) |
| BREZTRI AERO AER 9MCG | 3 | QL (1 inhaler / 30 days) |
| BREZTRI AERO AER 18MCG | 3 | QL (1 inhaler / 30 days) |
| BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) | 3 | QL (4 inhalers / 28 days) |
| COMBIVENT AER 20-100 | 4 | QL (2 inhalers / 30 days) |
| *ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml* | 3 | B/D |
| TRELEGY AER ELLIPTA 100-62.5-25 MCG | 3 | QL (60 blisters / 30 days) |
| TRELEGY AER ELLIPTA 200-62.5-25 MCG | 3 | QL (60 blisters / 30 days) |

### *ANTICHOLINERGICS*

| | | |
|---|---|---|
| ATROVENT HFA AERS 17mcg/act | 4 | QL (2 inhalers / 30 days) |
| INCRUSE ELLIPTA AEPB 62.5mcg/inh | 3 | QL (30 blisters / 30 days) |
| *ipratropium bromide* SOLN .02% | 2 | B/D |
| *ipratropium bromide (nasal)* SOLN .03%, .06% | 3 | |
| *ipratropium bromide hfa* AERS 17mcg/act | 4 | QL (2 inhalers / 30 days) |
| SPIRIVA RESPIMAT AERS 1.25mcg/act | 4 | QL (1 inhaler / 30 days) |

### *ANTIHISTAMINES*

| | | |
|---|---|---|
| *azelastine hcl* SOLN .1% | 2 | |
| *cetirizine hcl* SOLN 5mg/5ml | 2 | QL (300 mL / 30 days) |
| *cyproheptadine hcl* SYRP 2mg/5ml; TABS 4mg | 3 | PA; PA applies if 65 years and older after a 30 day supply in a calendar year |
| *desloratadine* TABS 5mg | 3 | QL (30 tabs / 30 days) |
| *diphenhydramine hcl* SOLN 50mg/ml | 3 | |
| *hydroxyzine hcl* SOLN 25mg/ml, 50mg/ml | 4 | PA; PA applies if 65 years and older |
| *hydroxyzine hcl* SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg | 3 | PA; PA applies if 65 years and older after a 30 day supply in a calendar year |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *hydroxyzine pamoate* CAPS 25mg, 50mg | 3 | PA; PA applies if 65 years and older after a 30 day supply in a calendar year |
| *levocetirizine dihydrochloride* SOLN 2.5mg/5ml | 4 | QL (300 mL / 30 days) |
| *levocetirizine dihydrochloride* TABS 5mg | 2 | QL (30 tabs / 30 days) |
| *olopatadine hcl (nasal)* SOLN .6% | 4 | |
| ***BETA AGONISTS*** | | |
| *albuterol sulfate* AERS 108mcg/act | 3 | QL (2 inhalers / 30 days); (generic of Proair HFA) |
| *albuterol sulfate* AERS 108mcg/act | 3 | QL (2 inhalers / 30 days); (generic of Proventil HFA) |
| *albuterol sulfate* AERS 108mcg/act | 3 | QL (2 inhalers / 30 days); (generic of Ventolin HFA) |
| *albuterol sulfate* NEBU .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml | 3 | B/D |
| *albuterol sulfate* NEBU .083% | 2 | B/D |
| *albuterol sulfate* SYRP 2mg/5ml | 3 | |
| *albuterol sulfate* TABS 2mg, 4mg | 4 | |
| *arformoterol tartrate* NEBU 15mcg/2ml | 4 | B/D |
| *formoterol fumarate* NEBU 20mcg/2ml | 4 | B/D |
| *levalbuterol hcl* NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml | 4 | B/D |
| *levalbuterol tartrate* AERO 45mcg/act | 3 | QL (2 inhalers / 30 days), ST |
| SEREVENT DISKUS AEPB 50mcg/dose | 3 | QL (60 inhalations / 30 days) |
| *terbutaline sulfate* TABS 2.5mg, 5mg | 4 | |
| VENTOLIN HFA AERS 108mcg/act | 3 | QL (2 inhalers / 30 days) |
| VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act | 3 | QL (6 inhalers / 30 days) |
| ***LEUKOTRIENE MODULATORS*** | | |
| *montelukast sodium* CHEW 4mg, 5mg | 2 | |
| *montelukast sodium* PACK 4mg | 4 | |
| *montelukast sodium* TABS 10mg | 1 | |
| *zafirlukast* TABS 10mg, 20mg | 3 | |
| ***MISCELLANEOUS*** | | |
| *acetylcysteine* SOLN 10%, 20% | 4 | B/D |
| ALYFTREK TAB 4-20-50 | 5 | QL (84 tabs / 28 days), NM, PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ALYFTREK TAB 10-50-125 | 5 | QL (56 tabs / 28 days), NM, PA |
| ARALAST NP SOLR 500mg, 1000mg | 5 | NM, PA |
| *cromolyn sodium* NEBU 20mg/2ml | 3 | B/D |
| *epinephrine (anaphylaxis)* SOAJ .15mg/0.3ml, .3mg/0.3ml | 3 | (generic of EpiPen) |
| *epinephrine (anaphylaxis)* SOAJ .15mg/0.15ml, .3mg/0.3ml | 3 | (generic of Adrenaclick) |
| FASENRA SOSY 10mg/0.5ml, 30mg/ml | 5 | QL (1 syringe / 28 days), NM, PA |
| FASENRA PEN SOAJ 30mg/ml | 5 | QL (1 pen / 28 days), NM, PA |
| KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg | 5 | QL (56 packets / 28 days), NM, PA |
| KALYDECO TABS 150mg | 5 | QL (60 tabs / 30 days), NM, PA |
| *nintedanib esylate* CAPS 100mg, 150mg | 5 | QL (60 caps / 30 days), NM, PA |
| OFEV CAPS 100mg, 150mg | 5 | QL (60 caps / 30 days), NM, PA |
| ORKAMBI GRA 75-94MG | 5 | QL (56 packets / 28 days), NM, PA |
| ORKAMBI GRA 100-125 | 5 | QL (56 packets / 28 days), NM, PA |
| ORKAMBI GRA 150-188 | 5 | QL (56 packets / 28 days), NM, PA |
| ORKAMBI TAB 100-125 | 5 | QL (112 tabs / 28 days), NM, PA |
| ORKAMBI TAB 200-125 | 5 | QL (112 tabs / 28 days), NM, PA |
| *pirfenidone* CAPS 267mg | 5 | QL (270 caps / 30 days), NM, PA |
| *pirfenidone* TABS 267mg | 5 | QL (270 tabs / 30 days), NM, PA |
| *pirfenidone* TABS 534mg, 801mg | 5 | QL (90 tabs / 30 days), NM, PA |
| PROLASTIN-C SOLN 1000mg/20ml | 5 | NM, PA |
| PULMOZYME SOLN 2.5mg/2.5ml | 5 | NM, PA |
| *roflumilast* TABS 250mcg | 4 | QL (56 tabs / year) |
| *roflumilast* TABS 500mcg | 4 | QL (30 tabs / 30 days) |
| SYMDEKO TAB 50-75MG | 5 | QL (56 tabs / 28 days), NM, PA |
| SYMDEKO TAB 100-150 | 5 | QL (56 tabs / 28 days), NM, PA |
| *theophylline* ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg | 4 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *theophylline* TB24 400mg, 600mg | 3 | |
| TRIKAFTA PAK 59.5MG | 5 | QL (56 packs / 28 days), NM, PA |
| TRIKAFTA PAK 75MG | 5 | QL (56 packs / 28 days), NM, PA |
| TRIKAFTA TAB 50-25-37.5MG & 75MG | 5 | QL (84 tabs / 28 days), NM, PA |
| TRIKAFTA TAB 100-50-75MG & 150MG | 5 | QL (84 tabs / 28 days), NM, PA |
| XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml | 5 | QL (4 pens / 28 days), NM, PA |
| XOLAIR SOAJ 150mg/ml | 5 | QL (8 pens / 28 days), NM, PA |
| XOLAIR SOLR 150mg | 5 | QL (8 vials / 28 days), NM, PA |
| XOLAIR SOSY 75mg/0.5ml, 300mg/2ml | 5 | QL (4 syringes / 28 days), NM, PA |
| XOLAIR SOSY 150mg/ml | 5 | QL (8 syringes / 28 days), NM, PA |
| ZEMAIRA SOLR 1000mg, 4000mg, 5000mg | 5 | NM, PA |
| ***NASAL STEROIDS*** | | |
| *flunisolide (nasal)* SOLN .025% | 3 | QL (3 bottles / 30 days) |
| *fluticasone propionate (nasal)* SUSP 50mcg/act | 2 | QL (1 bottle / 30 days) |
| *mometasone furoate (nasal)* SUSP 50mcg/act | 4 | QL (2 bottles / 30 days) |
| XHANCE EXHU 93mcg/act | 4 | QL (32 mL / 30 days), PA |
| ***STEROID INHALANTS*** | | |
| ALVESCO AERS 80mcg/act | 4 | QL (3 inhalers / 30 days) |
| ALVESCO AERS 160mcg/act | 4 | QL (2 inhalers / 30 days) |
| ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act | 3 | QL (30 inhalations / 30 days) |
| *budesonide (inhalation)* SUSP .25mg/2ml, .5mg/2ml | 4 | B/D |
| ***STEROID/BETA-AGONIST COMBINATIONS*** | | |
| ADVAIR HFA AER 45/21 | 3 | QL (1 inhaler / 30 days) |
| ADVAIR HFA AER 115/21 | 3 | QL (1 inhaler / 30 days) |
| ADVAIR HFA AER 230/21 | 3 | QL (1 inhaler / 30 days) |
| AIRSUPRA AER 90-80MCG | 3 | QL (3 inhalers / 30 days) |
| BREO ELLIPTA INH 50-25MCG | 3 | QL (60 blisters / 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| BREO ELLIPTA INH 100-25 | 3 | QL (60 blisters / 30 days) |
| BREO ELLIPTA INH 200-25 | 3 | QL (60 blisters / 30 days) |
| *breyna* | 3 | QL (3 inhalers / 30 days) |
| *budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act* | 3 | QL (3 inhalers / 30 days) |
| *budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act* | 3 | QL (3 inhalers / 30 days) |
| DULERA AER 50-5MCG | 4 | QL (3 inhalers / 30 days) |
| DULERA AER 100-5MCG | 4 | QL (3 inhalers / 30 days) |
| DULERA AER 200-5MCG | 4 | QL (3 inhalers / 30 days) |
| *fluticasone-salmeterol aer powder ba 100-50 mcg/act* | 3 | QL (60 inhalations / 30 days) |
| *fluticasone-salmeterol aer powder ba 250-50 mcg/act* | 3 | QL (60 inhalations / 30 days) |
| *fluticasone-salmeterol aer powder ba 500-50 mcg/act* | 3 | QL (60 inhalations / 30 days) |
| *wixela inhub* | 3 | QL (60 inhalations / 30 days) |

## Sexual Dysfunction Agents

### *Sexual Dysfunction Agents*

| | | |
|---|---|---|
| *sildenafil citrate* TABS 25mg, 50mg, 100mg | 2 | ED, QL (6 tabs / 30 days) |
| *tadalafil* TABS 2.5mg, 5mg | 2 | ED, QL (30 tabs / 30 days) |
| *tadalafil* TABS 10mg, 20mg | 2 | ED, QL (6 tabs / 30 days) |
| *vardenafil hcl* TABS 2.5mg, 5mg, 10mg, 20mg; TBDP 10mg | 2 | ED, QL (6 tabs / 30 days) |

## TOPICAL

### *DERMATOLOGY, ACNE*

| | | |
|---|---|---|
| *accutane* CAPS 10mg, 20mg, 30mg, 40mg | 4 | PA |
| *amnesteem* CAPS 10mg, 20mg, 30mg, 40mg | 4 | PA |
| *benzoyl peroxide-erythromycin gel 5-3%* | 4 | QL (46.6 gm / 30 days) |
| *claravis* CAPS 10mg, 20mg, 30mg, 40mg | 4 | PA |
| *clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%* | 3 | QL (45 gm / 30 days) |
| *clindamycin phosphate (topical)* GEL 1% | 3 | QL (75 mL / 30 days), PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *clindamycin phosphate (topical)* LOTN 1%; SOLN 1% | 3 | QL (60 mL / 30 days) |
| *ery* PADS 2% | 3 | QL (60 pledgets / 30 days) |
| *erythromycin (acne aid)* GEL 2% | 3 | QL (60 gm / 30 days) |
| *erythromycin (acne aid)* SOLN 2% | 3 | QL (60 mL / 30 days) |
| *isotretinoin* CAPS 10mg, 20mg, 30mg, 40mg | 4 | PA |
| *neuac* | 3 | QL (45 gm / 30 days) |
| *sulfacetamide sodium (acne)* LOTN 10% | 4 | QL (118 mL / 30 days) |
| *tretinoin* CREA .025%, .05%, .1%; GEL .01%, .025% | 4 | QL (45 gm / 30 days), PA |
| *twice-daily clindamycin phosphate (topical)* GEL 1% | 3 | QL (60 gm / 30 days) |
| *zenatane* CAPS 10mg, 20mg, 30mg, 40mg | 4 | PA |
| ***DERMATOLOGY, ANTIBIOTICS*** | | |
| *gentamicin sulfate (topical)* CREA .1%; OINT .1% | 3 | QL (30 gm / 30 days) |
| *mupirocin* OINT 2% | 2 | QL (220 gm / 30 days) |
| *silver sulfadiazine* CREA 1% | 2 | |
| *ssd* CREA 1% | 2 | |
| SULFAMYLON CREA 85mg/gm | 4 | QL (453.6 gm / 30 days) |
| ***DERMATOLOGY, ANTIFUNGALS*** | | |
| *ciclopirox* GEL .77% | 3 | QL (100 gm / 30 days) |
| *ciclopirox* SHAM 1% | 3 | QL (120 mL / 30 days) |
| *ciclopirox olamine* CREA .77% | 3 | QL (90 gm / 30 days) |
| *ciclopirox olamine* SUSP .77% | 3 | QL (60 mL / 30 days) |
| *clotrimazole (topical)* CREA 1% | 2 | QL (45 gm / 30 days) |
| *clotrimazole (topical)* SOLN 1% | 3 | QL (60 mL / 30 days) |
| *clotrimazole w/ betamethasone cream 1-0.05%* | 3 | QL (45 gm / 30 days) |
| *econazole nitrate* CREA 1% | 3 | QL (85 gm / 30 days) |
| *ketoconazole (topical)* CREA 2% | 3 | QL (60 gm / 30 days) |
| *ketoconazole (topical)* SHAM 2% | 2 | QL (120 mL / 30 days) |
| *klayesta* POWD 100000unit/gm | 3 | QL (60 gm / 30 days) |
| *nyamyc* POWD 100000unit/gm | 3 | QL (60 gm / 30 days) |
| *nystatin (topical)* CREA 100000unit/gm; OINT 100000unit/gm | 2 | QL (30 gm / 30 days) |
| *nystatin (topical)* POWD 100000unit/gm | 3 | QL (60 gm / 30 days) |
| *nystop* POWD 100000unit/gm | 3 | QL (60 gm / 30 days) |
| *selenium sulfide* LOTN 2.5% | 2 | |
| ***DERMATOLOGY, ANTIPSORIATICS*** | | |
| *acitretin* CAPS 10mg, 17.5mg, 25mg | 4 | PA |
| *calcipotriene* CREA .005%; OINT .005% | 4 | QL (120 gm / 30 days), PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *calcipotriene* SOLN .005% | 3 | QL (120 mL / 30 days), PA |
| *calcitrene* OINT .005% | 4 | QL (120 gm / 30 days), PA |
| ENSTILAR AER | 5 | QL (120 gm / 30 days), PA |
| *methoxsalen rapid* CAPS 10mg | 5 | |
| *pellix* SOLN .005% | 3 | QL (120 mL / 30 days), PA |
| *tazarotene* CREA .05%, .1% | 3 | QL (60 gm / 30 days), PA |
| ***DERMATOLOGY, CORTICOSTEROIDS*** | | |
| *ala-cort* CREA 1% | 1 | |
| *alclometasone dipropionate* CREA .05%; OINT .05% | 3 | QL (60 gm / 30 days) |
| *betamethasone dipropionate (topical)* CREA .05% | 3 | QL (120 gm / 30 days) |
| *betamethasone dipropionate (topical)* LOTN .05% | 3 | QL (120 mL / 30 days) |
| *betamethasone dipropionate (topical)* OINT .05% | 4 | QL (120 gm / 30 days) |
| *betamethasone dipropionate augmented* CREA .05% | 2 | QL (120 gm / 30 days) |
| *betamethasone dipropionate augmented* GEL .05%; OINT .05% | 4 | QL (120 gm / 30 days) |
| *betamethasone dipropionate augmented* LOTN .05% | 4 | QL (120 mL / 30 days) |
| *betamethasone valerate* CREA .1%; OINT .1% | 3 | QL (120 gm / 30 days) |
| *betamethasone valerate* LOTN .1% | 3 | QL (120 mL / 30 days) |
| *clobetasol propionate* CREA .05%; GEL .05%; OINT .05% | 4 | QL (120 gm / 30 days) |
| *clobetasol propionate* SHAM .05% | 4 | QL (236 mL / 30 days) |
| *clobetasol propionate* SOLN .05% | 4 | QL (100 mL / 30 days) |
| *clobetasol propionate e* CREA .05% | 4 | QL (120 gm / 30 days) |
| *clodan* SHAM .05% | 4 | QL (236 mL / 30 days) |
| *fluocinolone acetonide* CREA .01% | 4 | QL (60 gm / 30 days) |
| *fluocinolone acetonide* CREA .025% | 4 | QL (120 gm / 30 days) |
| *fluocinolone acetonide* OIL .01% | 3 | QL (118.28 mL / 30 days) |
| *fluocinolone acetonide* OINT .025% | 3 | QL (120 gm / 30 days) |
| *fluocinolone acetonide* SOLN .01% | 4 | QL (60 mL / 30 days) |
| *fluocinonide* CREA .05%, .1% | 3 | QL (120 gm / 30 days) |
| *fluocinonide* GEL .05%; OINT .05% | 4 | QL (60 gm / 30 days) |
| *fluocinonide* SOLN .05% | 3 | QL (60 mL / 30 days) |
| *fluocinonide emulsified base* CREA .05% | 4 | QL (120 gm / 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *fluticasone propionate* CREA .05%; OINT .005% | 3 | |
| *halobetasol propionate* CREA .05%; OINT .05% | 4 | QL (50 gm / 30 days) |
| *hydrocortisone (topical)* CREA 1% | 1 | |
| *hydrocortisone (topical)* CREA 2.5%; LOTN 2.5%; OINT 2.5% | 2 | |
| *hydrocortisone (topical)* OINT 1% | 2 | QL (30 gm / 30 days) |
| *hydrocortisone valerate* CREA .2% | 3 | QL (60 gm / 30 days) |
| *mometasone furoate* CREA .1%; OINT .1%; SOLN .1% | 3 | |
| *triamcinolone acetonide (topical)* CREA .025%, .1%, .5% | 2 | QL (454 gm / 30 days) |
| *triamcinolone acetonide (topical)* LOTN .025%, .1% | 3 | |
| *triamcinolone acetonide (topical)* OINT .025%, .1%, .5% | 2 | |
| *triderm* CREA .5% | 2 | QL (454 gm / 30 days) |
| ***DERMATOLOGY, LOCAL ANESTHETICS*** | | |
| *glydo* PRSY 2% | 3 | QL (60 mL / 30 days), PA |
| *lidocaine* OINT 5% | 4 | QL (50 gm / 30 days), PA |
| *lidocaine* PTCH 5% | 4 | QL (3 patches / 1 day), PA |
| *lidocaine hcl* PRSY 2% | 3 | QL (60 mL / 30 days), PA |
| *lidocaine hcl* SOLN 4% | 3 | QL (50 mL / 30 days), PA |
| *lidocaine-prilocaine cream 2.5-2.5%* | 2 | B/D, QL (30 gm / 30 days) |
| *lidocan* PTCH 5% | 4 | QL (3 patches / 1 day), PA |
| *tridacaine iii* PTCH 5% | 4 | QL (3 patches / 1 day), PA |
| ***DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE*** | | |
| *azelaic acid* GEL 15% | 4 | QL (50 gm / 30 days) |
| *bexarotene (topical)* GEL 1% | 5 | QL (60 gm / 30 days), NM, PA |
| *diclofenac sodium (topical)* SOLN 1.5% | 3 | QL (300 mL / 28 days) |
| EUCRISA OINT 2% | 4 | QL (120 gm / 30 days), PA |
| *fluorouracil (topical)* CREA 5% | 4 | QL (40 gm / 30 days) |
| *fluorouracil (topical)* SOLN 2%, 5% | 3 | QL (10 mL / 30 days) |
| *hydrocortisone (rectal)* CREA 1%, 2.5% | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *imiquimod* CREA 5% | 3 | QL (24 packets / 30 days) |
| *lactic acid (ammonium lactate)* CREA 12%; LOTN 12% | 2 | |
| *metronidazole (topical)* CREA .75%; GEL .75% | 3 | QL (45 gm / 30 days) |
| *metronidazole (topical)* LOTN .75% | 4 | QL (59 mL / 30 days) |
| *nitroglycerin (intra-anal)* OINT .4% | 4 | QL (30 gm / 30 days) |
| PANRETIN GEL .1% | 5 | QL (60 gm / 30 days), PA |
| *pimecrolimus* CREA 1% | 4 | QL (100 gm / 30 days), PA |
| *podofilox* SOLN .5% | 3 | QL (7 mL / 28 days) |
| *procto-med hc* CREA 2.5% | 3 | |
| *proctocort* CREA 1% | 3 | |
| *proctosol hc* CREA 2.5% | 3 | |
| *proctozone-hc* CREA 2.5% | 3 | |
| *tacrolimus (topical)* OINT .03%, .1% | 4 | QL (100 gm / 30 days), PA |
| VALCHLOR GEL .016% | 5 | QL (60 gm / 30 days), NM, PA |
| ***DERMATOLOGY, SCABICIDES AND PEDICULIDES*** | | |
| *malathion* LOTN .5% | 4 | QL (59 mL / 30 days) |
| *permethrin* CREA 5% | 3 | QL (60 gm / 30 days) |
| ***DERMATOLOGY, WOUND CARE AGENTS*** | | |
| SANTYL OINT 250unit/gm | 4 | QL (180 gm / 30 days), PA |
| *sodium chloride (gu irrigant)* SOLN .9% | 3 | |
| *water for irrigation, sterile irrigation soln* | 2 | |
| ***MOUTH/THROAT/DENTAL AGENTS*** | | |
| *cevimeline hcl* CAPS 30mg | 4 | |
| *chlorhexidine gluconate (mouth-throat)* SOLN .12% | 1 | |
| *clotrimazole* TROC 10mg | 3 | QL (150 lozenges / 30 days) |
| *kourzeq* PSTE .1% | 3 | |
| *lidocaine hcl (mouth-throat)* SOLN 2% | 2 | |
| *nystatin (mouth-throat)* SUSP 100000unit/ml | 2 | |
| *periogard* SOLN .12% | 1 | |
| *pilocarpine hcl (oral)* TABS 5mg, 7.5mg | 3 | |
| *triamcinolone acetonide (mouth)* PSTE .1% | 3 | |

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**Phone:**
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200 Independence Avenue SW
Room 509F, HHH Building Washington, DC 20201
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**English:** ATTENTION: If you speak 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 1-800-240-3851 (TTY: 711) or speak to your provider.

**Spanish:** Español
ATENCIÓN: Si habla español, dispone de servicios gratuitos de asistencia lingüística. También dispone de recursos y servicios auxiliares gratuitos para proporcionar información en formatos accesibles. Llame al 1-800-240-3851 (TTY: 711) o hable con su proveedor.

**Simplified Chinese:** 中文
注意：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 1-800-240-3851（文本电话：711）或咨询您的服务提供商。”

**Vietnamese:** Việt
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 1-800-240-3851 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.”

**Albanian:** SHQIP
VINI RE: Nëse flisni shqip, shërbime falas të ndihmës së gjuhës janë në dispozicion për ju. Ndihma të përshtatshme dhe shërbime shtesë për të siguruar informacion në formate të përdorshme janë gjithashtu në dispozicion falas. Telefononi 1-800-240-3851 (TTY: 711) ose bisedoni me ofruesin tuaj të shërbimit.”

**Korean:** 한국어
주의: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-800-240-3851 (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오."

**Bengali:** বাংলা
মনোযোগ দিন: যদি আপনি বাংলা বলেন তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবাদি উপলব্ধ রয়েছে। অ্যাক্সেসযোগ্য ফরম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সহযোগিতা এবং পরিষেবাদিও বিনামূল্যে উপলব্ধ রয়েছে। 1-800-240-3851 (TTY: 711) নম্বরে কল করুন অথবা আপনার প্রদানকারীর সাথে কথা বলুন।”

**Polish:** POLSKI
UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-800-240-3851 (TTY: 711) lub porozmawiaj ze swoim dostawcą”.

**German:** Deutsch
ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Geeignete Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten sind ebenfalls kostenlos verfügbar. Rufen Sie 1-800-240-3851 (TTY: 711) an oder wenden Sie sich an Ihren Anbieter.

**Italian:** Italiano
ATTENZIONE: Se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi adeguati per fornire informazioni in formati accessibili. Chiama il numero 1-800-240-3851 (TTY: 711) o parla con il tuo fornitore.

**Japanese:** 日本語
注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-800-240-3851（TTY：711）までお電話ください。または、ご利用の事業者にご相談ください。

**Russian:** РУССКИЙ
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 1-800-240-3851 (TTY: 711) или обратитесь к своему поставщику услуг.

**Croatian:** hrvatski
PAŽNJA: Ako govorite hrvatski, dostupne su vam besplatne usluge jezične pomoći. Odgovarajuća pomoćna sredstva i usluge za pružanje informacija u pristupačnim formatima također su dostupne besplatno. Nazovite 1-800-240-3851 (TTY: 711) ili razgovarajte sa svojim davateljem usluga.

**Serbian:** Српски
ПАЖЊА: Ако говорите Српски, доступне су вам бесплатне услуге језичке помоћи. Одговарајућа помоћна средства и услуге за пружање информација у приступачним форматима такође су доступни бесплатно. Позовите 1-800-240-3851 (TTY: 711) или разговарајте са својим оператером.

**Tagalog:** Tagalog
PAALALA: 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 1-800-240-3851 (TTY: 711) o makipag-usap sa iyong provider.

**Haitian:** Kreyòl Ayisyen
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòma aksesib yo disponib gratis tou. Rele nan 1-800-240-3851 (TTY: 711) oswa pale avèk founisè w la.

**Yiddish:** ייִדי

אבטונג: אויב איר רעדט אריינשטעלן שפראך, זענען פרייע שפראך הילף סערוויסעס פאראן פאר אייך. פאסיגע הילפסמיטלען און סערוויסעס צו צושטעלן אינפארמאציע אין צוגענגליכע פארמאטן זענען אויך פאראן פריי פון אפצאל. רופט אדער רעדט מיט אייער פראווייידער (TTY: 711) 1-800-240-3851

**Arabic:** العربية

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 1-800-240-3851 (TTY: 711) أو تحدث إلى مقدم الخدمة".

**French:** Français
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 1-800-240-3851 (ATS : 711) ou contactez votre fournisseur.

**Urdu:** ardo
**د**ھیان دیں: اگر آپ بولتے ہیں انسرٹ لینگوئج، آپ کے لیے مفت زبان کی مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں پر کال (TTY: 711) معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ 1-800-240-3851 کریں یا اپنے فراہم کنندہ سے بات کریں۔

**Greek:** Ελληνικά
ΠΡΟΣΟΧΗ: Εάν μιλάτε ελληνικά, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες υποστήριξης στη συγκεκριμένη γλώσσα. Διατίθενται δωρεάν κατάλληλα βοηθήματα και υπηρεσίες για παροχή πληροφοριών σε προσβάσιμες μορφές. Καλέστε το 1-800-240-3851 (TTY: 711) ή απευθυνθείτε στον πάροχό σας».

**Swahili/Bantu:** Kiswahili
MAKINIKA: Ikiwa wewe huzungumza Kiswahili, msaada na huduma za lugha bila malipo unapatikana kwako. Vifaa vya usaidizi vinavyofaa na huduma bila malipo ili kutoa taarifa katika mifumo inayofikiwa pia inapatikana bila malipo. Piga simu 1-800-240-3851 (TTY: 711) au zungumza na mtoa huduma wako."

**Farsi/Persian:**

فارسي

توجه: اگر وارد کردن زبان صحبت می‌کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد.
همچنین کمک‌ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب‌های قابل دسترس، به‌طور رایگان موجود می‌باشند. با شماره 1-800-240-3851(تله‌تایپ:711) تماس بگیرید یا با ارائه‌دهنده خود صحبت کنید.

**Dutch:** Nederlands
LET OP: Als u Nederlands, spreekt, kunt u gratis gebruikmaken van taalondersteuning. Ook zijn er gratis hulpmiddelen en diensten beschikbaar om informatie in toegankelijke formaten te verstrekken. Bel 1-800-240-3851 (TTY: 711) of neem contact op met uw provider.

**Ukranian:** українська мова
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 1-800-240-3851 (TTY: 711) або зверніться до свого постачальника».

**Romanian:** România
ATENȚIE: Dacă vorbiți România, aveți la dispoziție servicii gratuite de asistență lingvistică. De asemenea, sunt disponibile gratuit materiale auxiliare și servicii adecvate pentru furnizarea de informații în formate accesibile. Sunați la 1-800-240-3851 (TTY: 711) sau discutați cu furnizorul dumneavoastră.

**Laotian:** ລາວ
ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 1-800-240-3851 (TTY: 711) ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ."

**Hindi:** हिंदी
ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-800-240-3851 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।"

**Thai:** ไทย
หมายเหตุ: หากคุณใช้ภาษา ไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้
ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-800-240-3851 (TTY: 711) หรือปรึกษาผู้ให้บริการของคุณ"

**Karen:** ထၢနှဉ်လီၤဖဲအံၤ
ဆူ– နမ့ၢ်ကတိၤ ထၢနှဉ်လီၤဖဲအံၤ အဃိ, တၢ်အိဉ်ဒီး ကျိာ်တၢ်ဆီဉ်ထွဲမၤစၢၤ လၢတလာ် ဘူဉ်လာ်စ့ၤလၢနဂီၢ်လီၤ. တၢ်အိဉ်ဒီး တၢ်မၤစၢၤတၢ်နၢ်ဟူပီးလီဒီး တၢ်မၤစၢၤတၢ်မၤ လၢအ ကြၢးအဘဉ် လၢကဟ့ဉ်တၢ်ဂ့ၢ်တၢ်ကျိၤ လၢတၢ်မၤနှ်ၢ်အီၤသ့တဖဉ် လၢတလာ်ဘူဉ်လာ်စ့ၤ လၢနဂီၢ်လီၤ. ကိး 1-800-240-3851 (TTY: 711) မ့တမ့ၢ် ကတိၤတၢ်ဒီး နပ့ၤလၢဟ့ဉ် နၤတၢ်ကွၢ်ထွဲမၤစၢၤတက့ၢ်."

**Somali:** Soomaali
FIIRO GAAR AH: Haddii aad ku hadasho Soomaali, adeegyada kaalmada luqadda bilaashka ah ayaa diyaar kuu ah. Kaalmooyinka iyo adeegyada ku habboon ee lagu bixiyo macluumaadka qaabab la heli karo ayaa sidoo kale lagu heli karaa lacag la'aan. Wac 1-800-240-3851 (TTY: 711) ama la hadal adeeg bixiyahaaga.

PRJ-2856

3100 Easton Square Place, Suite 300 - Health Plan, Columbus, Ohio 43219

**https://www.thpmedicare.org/mount-carmel**
**Members, please contact 1-800-240-3851 (TTY 711) 8 a.m. – 8 p.m., 7 days a week. Prospective Members, please contact 1-800-964-4525 (TTY 711) 8 a.m. – 8 p.m., 7 days a week. From October 1 to March 31, we are open daily from 8 a.m. to 8 p.m., 7 days a week. From April 1 through September 30, we are open Monday through Friday, 8 a.m. to 8 p.m. On certain holidays and weekends from April 1 through September 30, your call will be handled by our automated phone system.**

This formulary was updated on 09/01/2026. For more recent information or other questions, please contact Member Services at 1-800-240-3851 or, for TTY users, 711, 8 a.m. – 8 p.m., 7 days a week, or visit https://www.thpmedicare.org/mount-carmel.

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