Mass General Brigham Advantage Group (PPO) 2027 Formulary

List of covered drugs

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

Formulary ID 27379, Version 7

This Formulary is effective January 1, 2027 and was last was updated on October 1, 2026. For more recent information or other questions, please contact Mass General Brigham Health Plan Member Services. Visit **www.massgeneralbrighamadvantage.org/plans/rx-information** for the most up to date Formulary listing and more information on Medicare Part D drug coverage.

For Medicare Advantage members:

855-833-3668 (TTY: 711)

October 1-March 31, 8 a.m. to 8 p.m. ET, Monday through Sunday April 1-September 30, 8 a.m. to 8 p.m. ET, Monday through Friday

Mass General Brigham Advantage Group (PPO)

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NOTE TO EXISTING MEMBERS: This Formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take. When this drug list refers to "we," "us", or "our," it means Mass General Brigham Health Plan. When it refers to "plans" or "our plans," it means the Mass General Brigham Advantage Group (PPO).

This document includes a list of the drugs (Formulary) for our plan which is current as of October 1, 2026. For an updated Formulary, please contact us. Our contact information, along with the date we last updated the Formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, Formulary, pharmacy network, and/or co-payments/co-insurance may change on January 1, 2028 and from time to time during the year.

What is the Mass General Brigham Advantage Group (PPO) 2027 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 Mass General Brigham Health 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. Mass General Brigham Health Plan will generally cover the drugs listed in our Formulary as long as the drug is medically necessary, the prescription is filled at a Mass General Brigham Health Plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Our contact information, along with the date we last updated the Formulary, appears on the front and back cover pages.

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but Mass General Brigham Health Plan may add or remove drugs on the Drug List 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 at: **www.massgeneralbrighamadvantage.org/plans/rx-information**

Changes that can affect you this year

In the following 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 Mass General Brigham Health Plan Medicare Part D Formulary?"

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

Drugs removed from the market

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

Other changes

We may make other changes that affect members currently taking a drug. For instance, we may 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 Mass General Brigham Health Plan Medicare Part D Formulary?"

Changes that will not affect you if you are currently taking the drug

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

The enclosed Formulary is current as of October 1, 2026. To get updated information about the drugs covered by Mass General Brigham Health Plan, please contact us. Our contact information

appears on the front and back cover pages. In the event of a change or changes to the Formulary during the year, the changes also will be posted at: **www.massgeneralbrighamadvantage.org/plans/rx-information**.

Or you may request an errata sheet (a copy of the 2027 Formulary changes) by calling Mass General Brigham Health Plan Customer Service at the phone numbers on the back of your Member ID card.

How do I use the Formulary?

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

Medical condition

The Formulary begins on page 11. The drugs in this Formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular." If you know what your drug is used for, look for the category name in the list that begins on page 11. Then look under the category name for your drug.

Alphabetical listing

If you are not sure what category to look under, you should look for your drug in the index that begins on page 93. The index provides an alphabetical list of all the drugs included in this document. Both brand name drugs and generic drugs are listed in the index.

- Look in the index and find your drug.
- Next to your drug, you will see the page number where you can find coverage information.
- Turn to the page listed in the index and find the name of your drug in the first column of the list.

What are generic drugs?

Mass General Brigham Health Plan covers both brand-name 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

Mass General Brigham Health Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Mass General Brigham Health Plan before you fill your prescriptions. If you don't get approval, Mass General Brigham Health Plan may not cover the drug.

Quantity limits

For certain drugs, Mass General Brigham Health Plan limits the amount of the drug that Mass General Brigham Health Plan will cover. For example, Mass General Brigham Health Plan provides 30 tablets per 30 days per prescription for JANUVIA. This may be in addition to a standard one-month or three-month supply.

Step therapy

In some cases, Mass General Brigham Health 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, Mass General Brigham Health Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Mass General Brigham Health 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 11. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization restrictions 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 Mass General Brigham Health Plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Mass General Brigham Health Plan Medicare Part D Formulary?" on page 6 for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that Mass General Brigham Health Plan does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by Mass General Brigham Health Plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Mass General Brigham Health Plan.
- You can ask Mass General Brigham Health Plan to make an exception and cover your drug. See next section for information about how to request an exception.

How do I request an exception to the Mass General Brigham Health Plan Medicare Part D Formulary?

You can ask Mass General Brigham Health 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 cover a formulary drug at lower cost-sharing level unless the drug is indicated as a non-extended day supply drug.

  Note: You may not ask us to cover a Tier 5 (Specialty Tier) Formulary drug at a lower cost-sharing level.
- You can ask us to waive a coverage restriction including prior authorization, step therapy, or limits a quantity limit on your drug. For example, for certain drugs, Mass General Brigham Health Plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, Mass General Brigham Health 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 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 up to a cumulative 31-day emergency supply of that drug while you pursue a Formulary exception.

Members who are changing levels of care may be eligible for a transition supply of medication outside of their initial 90-day enrollment transition period. Level of care changes may include entering or leaving a long-term care facility, discharge from hospital to home, and ending a skilled nursing facility stay and reverting to Part D Formulary coverage under your plan.

For more information

For more detailed information about your Mass General Brigham Health Plan prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Mass General Brigham Health 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 **800-MEDICARE** (800-633-4227) 24 hours a day, 7 days a week. TTY users should call 877-486 2048. Or visit **http://www.medicare.gov**.

The Mass General Brigham Health Plan Medicare Part D Formulary

The Formulary that begins on page 11 provides coverage information about the drugs covered by Mass General Brigham Health Plan. If you have trouble finding your drug in the list, turn to the index that begins on page 93.

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

The information in the Requirements/Limits column tells you if Mass General Brigham Health Plan has any special requirements for coverage of your drug.

Abbreviations and definitions of Formulary terms

You may find one or more of the following abbreviations in the Formulary under the Requirements/Limits column next to a drug name.

Prior Authorization (PA)

For safety reasons and/or cost savings, Mass General Health Plan requires you or your doctor to get prior authorization for certain drugs. This means that you will need to get approval from Mass General Brigham Health Plan before you fill your prescriptions. If you don't get approval first, Mass General Health Plan may not cover the drug.

Quantity Limits (QL)

For safety reasons and/or cost savings, for certain drugs Mass General Health Plan limits the amount of the drug that we will cover. For example, Mass General Brigham Health Plan provides one capsule per day for CAMZYOS. This limit may be applied to a standard one-month or three-month supply.

Step Therapy (ST)

For safety reasons and/or cost savings, in some cases Mass General Brigham Health 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, Mass General Brigham Health Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Mass General Brigham Health Plan will then cover Drug B.

EC: Enhanced Coverage

Mass General Brigham Health Plan provides enhanced coverage for select Medicare excluded drugs. These prescription drugs are not normally covered in a Medicare Prescription Drug Plan.

SP: Available through a designated specialty pharmacy.

You may obtain this medication through a designated specialty pharmacy. These pharmacies specialize in providing medications used to treat complex or chronic conditions and offer additional support for managing your therapy.

Part B versus Part D drug coverage (BvD)

Some drugs could be covered under the Part B (medical) or Part D (prescription drug) benefit, depending on certain criteria. This means that you or your doctor will need to submit a request to Mass General Brigham Health Plan so we can determine, based on Medicare guidelines, if your drug will be covered as Part B or Part D. Your cost sharing will be based on this determination.

NDS: Non-extended Day Supply Drug

In an effort to contain drug costs, certain high-cost drugs will be limited to a 30-day supply.

IRA: Inflation Reduction Act

Under the Inflation Reduction Act (IRA), certain vaccines are covered at $0.

Additional coverage

Part B vaccines:

Mass General Brigham Health Plan covers certain vaccines under Medicare Part B. These vaccines may also be obtained at most retail pharmacies.

- Covid-19 vaccine
- Influenza (Flu) vaccine
- Pneumococcal vaccine

Part B diabetic supplies:

Mass General Brigham Health Plan provides coverage for the following blood glucose meters, test strips, and continuous glucose monitors (CGM).

- Dexcom & FreeStyle Libre Medicare Eligible CGMs
- Accu-Chek and Freestyle Test Strips (Quantity Limit: 300 per 30 days)
- Accu-Chek and Freestyle Glucose Meters

Excluded drug coverage:

Mass General Brigham Health Plan covers select Medicare excluded drugs. These prescription drugs are 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 true out-of-pocket (TrOOP) 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. Limitations to this coverage may apply.

Enhanced coverage of Medicare-excluded drugs

You can find more information on how these select drugs are covered under the category name “Enhanced Covered Drugs.”

Tier descriptions

Tier 1–Generic Drugs
Tier 1 includes select generic drugs used to treat chronic conditions such as diabetes, high blood pressure, high cholesterol, and osteoporosis/bone health. It also includes most other generic drugs on our Formulary. Generic drugs have the same active ingredients, strength, and effectiveness as the brand name versions, but generally at a much lower cost.

Tier 2–Generic/Preferred Brand Name Drugs
Tier 2 includes preferred brand drugs that have the lowest cost sharing for brand name drugs.

Tier 3–Non-Preferred Drugs
Tier 3 includes all other non-preferred brand-name and generic drugs on our Formulary. Part D drugs excluded from our Formulary must go through an exception process in order for Mass General Brigham

Health Plan to cover them. If they are approved, they will be covered in Tier 3. Tier 3 also includes high-cost specialty generic and brand-name drugs that cost $1,080 or more for a one-month supply. Most drugs in Tier 3 are restricted to a one-month supply at retail and are excluded from the mail order program.

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
celecoxib capsule 100mg, 200mg, 50mg	1	QL(60 EA per 30 days)
celecoxib capsule 400mg	2	QL(30 EA per 30 days)
diclofenac epolamine patch 1.3%	3	QL(60 EA per 30 days); PA
diclofenac potassium tablet 50mg	2	
diclofenac sodium dr tablet delayed release 25mg, 50mg, 75mg	1	
diclofenac sodium er tablet extended release 24 hour 100mg	1	
diclofenac sodium/misoprostol tablet delayed release 50mg; 200mcg	3	
diclofenac sodium topical solution 1.5%	2	QL(300 ML per 30 days)
diflunisal tablet 500mg	2	
etodolac er tablet extended release 24 hour 400mg, 500mg, 600mg	2	
etodolac capsule 200mg, 300mg	2	
etodolac tablet 400mg, 500mg	2	
flurbiprofen tablet 100mg	1	
ibuprofen suspension 100mg/5ml	2	
ibuprofen tablet 400mg, 600mg, 800mg	1	
IBU TABLET 600MG, 800MG	1	
ibu tablet 400mg	1	
indomethacin er capsule extended release 75mg	2	
indomethacin capsule 25mg, 50mg	1	
meloxicam tablet 15mg, 7.5mg	1	
nabumetone tablet 500mg, 750mg	1	
NAPROXEN DR TABLET DELAYED RELEASE 500MG	1	
naproxen dr tablet delayed release 375mg	1	
naproxen sodium tablet 275mg, 550mg	1	
naproxen suspension 125mg/5ml	3	
naproxen tablet 250mg, 375mg, 500mg	1	
oxaprozin tablet 600mg	2	
piroxicam capsule 10mg, 20mg	2	
sulindac tablet 150mg, 200mg	1	
tolmetin sodium capsule 400mg	3	
Opioid Analgesics, Long-acting		
buprenorphine patch weekly 10mcg/hr, 15mcg/hr, 20mcg/hr, 5mcg/hr, 7.5mcg/hr	2	QL(4 EA per 28 days)
fentanyl patch 72 hour 100mcg/hr, 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr	2	QL(10 EA per 30 days); PA

Drug Name	Drug Tier	Requirements/Limits
levorphanol tartrate tablet 2mg, 3mg	3	QL(240 EA per 30 days); NDS
methadone hcl solution 5mg/5ml	2	QL(450 ML per 30 days); PA
methadone hcl tablet 10mg, 5mg	2	QL(90 EA per 30 days); PA
methadone hydrochloride solution 10mg/5ml	2	QL(450 ML per 30 days); PA
morphine sulfate er tablet extended release 100mg, 15mg, 200mg, 30mg, 60mg	2	QL(90 EA per 30 days); PA
tramadol hcl er capsule extended release 24 hour 100mg, 200mg, 300mg	2	QL(30 EA per 30 days); PA
tramadol hcl er tablet extended release 24 hour 100mg, 200mg, 300mg (biphasic release)	2	QL(30 EA per 30 days); PA
tramadol hydrochloride er tablet extended release 24 hour 100mg, 200mg, 300mg	2	QL(30 EA per 30 days); PA
Opioid Analgesics, Short-acting		
acetaminophen/codeine solution 120mg/5ml; 12mg/5ml	2	QL(2700 ML per 30 days)
acetaminophen/codeine tablet 300mg; 60mg	2	QL(180 EA per 30 days)
acetaminophen/codeine tablet 300mg; 30mg	2	QL(360 EA per 30 days)
acetaminophen/codeine tablet 300mg; 15mg	2	QL(400 EA per 30 days)
butorphanol tartrate solution 10mg/ml	2	QL(7.5 ML per 30 days)
endocet tablet 10mg;325mg	2	QL(180 EA per 30 days)
endocet tablet 7.5mg;325mg	2	QL(240 EA per 30 days)
endocet tablet 2.5mg;325mg, 5mg;325mg	2	QL(360 EA per 30 days)
hydrocodone bitartrate/acetaminophen solution 7.5mg;325mg/15ml, 10mg;325mg/15ml	3	QL(2700 ML per 30 days)
hydrocodone bitartrate/acetaminophen tablet 2.5mg;325mg, 5mg;325mg	1	QL(240 EA per 30 days)
hydrocodone bitartrate/acetaminophen tablet 10mg;325mg	2	QL(180 EA per 30 days)
hydrocodone/acetaminophen tablet 7.5mg;325mg	2	QL(180 EA per 30 days)
hydrocodone/ibuprofen tablet 7.5mg; 200mg	2	QL(150 EA per 30 days)
hydromorphone hcl liquid 1mg/ml	2	QL(600 ML per 30 days)
hydromorphone hcl tablet 8mg	2	QL(120 EA per 30 days)
hydromorphone hcl tablet 2mg, 4mg	2	QL(180 EA per 30 days)
morphine sulfate solution 100mg/5ml	2	QL(180 ML per 30 days)
morphine sulfate solution 10mg/5ml, 20mg/5ml	2	QL(900 ML per 30 days)
morphine sulfate tablet 15mg, 30mg	2	QL(180 EA per 30 days)
oxycodone hydrochloride capsule 5mg	3	QL(180 EA per 30 days)
oxycodone hydrochloride concentrate 100mg/5ml	3	QL(180 ML per 30 days)
oxycodone hydrochloride solution 5mg/5ml	3	QL(900 ML per 30 days)
oxycodone hydrochloride tablet 20mg, 30mg	2	QL(120 EA per 30 days)
oxycodone hydrochloride tablet 10mg, 15mg, 5mg	2	QL(180 EA per 30 days)
oxycodone/acetaminophen tablet 10mg;325mg	2	QL(180 EA per 30 days)
oxycodone/acetaminophen tablet 7.5mg;325mg	2	QL(240 EA per 30 days)
oxycodone/acetaminophen tablet 2.5mg;325mg, 5mg;325mg	2	QL(360 EA per 30 days)
oxymorphone hydrochloride tablet 10mg, 5mg	1	QL(180 EA per 30 days)
tramadol hydrochloride/acetaminophen tablet 37.5mg;325mg	2	QL(240 EA per 30 days)
tramadol hydrochloride solution 5mg/ml	2	QL(2400 ML per 30 days)

Last Updated: 10/01/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
tramadol hydrochloride tablet 100mg	1	QL(120 EA per 30 days)
tramadol hydrochloride tablet 50mg	1	QL(240 EA per 30 days)
tramadol hydrochloride tablet 75mg	2	QL(120 EA per 30 days)
tramadol hydrochloride tablet 25mg	2	QL(240 EA per 30 days)
Anesthetics		
Local Anesthetics		
lidocaine hydrochloride solution 4%	2	QL(50 ML per 30 days); PA
lidocaine/prilocaine cream 2.5%; 2.5%	2	QL(60 GM per 30 days); PA
lidocaine ointment 5%	3	QL(50 GM per 30 days); PA
lidocaine patch 5%	3	QL(90 EA per 30 days); PA
LIDOCAN PATCH 5%	3	QL(90 EA per 30 days); PA
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
acamprosate calcium dr tablet delayed release 333mg	3	
disulfiram tablet 250mg, 500mg	2	
naltrexone hydrochloride tablet 50mg	1	
VIVITROL INJECTION 380MG	3	NDS; SP
Opioid Dependence		
buprenorphine hcl/naloxone hcl tablet sublingual 2mg; 0.5mg, 8mg; 2mg	1	
buprenorphine hcl tablet sublingual 2mg, 8mg	1	
buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg	3	
lofexidine hydrochloride tablet 0.18mg	3	QL(224 EA per 14 days); NDS
Opioid Reversal Agents		
KLOXXADO LIQUID 8MG/0.1ML	2	
naloxone hydrochloride injection 0.4mg/ml, 2mg/2ml	1	
OPVEE SOLUTION 2.7MG/0.1ML	2	
REXTOVY LIQUID 4MG/0.25ML	3	
ZURNAI INJECTION 1.5MG/0.5ML	3	
Smoking Cessation Agents		
bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg	1	
NICOTROL NS SOLUTION 10MG/ML	3	
TYRVAYA SOLUTION 0.03MG/ACT	3	
varenicline starting month tablet therapy pack 0	2	QL(106 EA per 365 days)
varenicline tartrate continuing month tablet 1mg	2	QL(56 EA per 28 days)
varenicline tartrate tablet 0.5mg, 1mg	2	QL(56 EA per 28 days)
Antibacterials		
Aminoglycosides		
amikacin sulfate injection 1gm/4ml, 500mg/2ml	2	
ARIKAYCE SUSPENSION 590MG/8.4ML	3	PA; NDS
gentamicin sulfate pediatric injection 10mg/ml	2	
gentamicin sulfate/0.9% sodium chloride injection 1.2mg/ml; 0.9%, 1.6mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%	2	

Drug Name	Drug Tier	Requirements/Limits
gentamicin sulfate cream 0.1%	3	QL(30 GM per 30 days)
gentamicin sulfate injection 40mg/ml	2	
gentamicin sulfate ointment 0.1%	2	QL(30 GM per 30 days)
HUMATIN CAPSULE 250MG	3	NDS
isotonic gentamicin injection 0.8mg/ml; 0.9%	2	
neomycin sulfate tablet 500mg	1	
streptomycin sulfate injection 1gm	3	NDS
tobramycin sulfate injection 1.2gm/30ml, 10mg/ml, 80mg/2ml	2	
Antibacterials, Other		
aztreonam injection 1gm, 2gm	2	
CLINDACIN ETZ PLEDGETS SWAB 1%	1	QL(60 EA per 30 days)
CLINDACIN-P SWAB 1%	1	QL(60 EA per 30 days)
clindamycin hcl capsule 300mg	1	
clindamycin hydrochloride capsule 150mg, 75mg	1	
clindamycin palmitate hydrochloride solution reconstituted 75mg/5ml	2	
clindamycin phosphate/dextrose injection 300mg/50ml; 5%, 600mg/50ml; 5%, 900mg/50ml; 5%	2	
clindamycin phosphate cream 2%	2	
clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 900mg/6ml	2	
clindamycin phosphate swab 1%	1	QL(60 EA per 30 days)
colistimethate sodium injection 150mg	3	
daptomycin injection 350mg, 500mg	3	
fosfomycin tromethamine packet 3gm	2	
IMPAVIDO CAPSULE 50MG	3	NDS
linezolid injection 600mg/300ml	2	
linezolid suspension reconstituted 100mg/5ml	3	QL(1800 ML per 30 days); NDS
linezolid tablet 600mg	3	QL(60 EA per 30 days)
methenamine hippurate tablet 1gm	3	
metronidazole vaginal gel 0.75%	2	
metronidazole injection 500mg/100ml	2	
metronidazole tablet 250mg, 500mg	1	
nitrofurantoin macrocrystals capsule 100mg, 25mg, 50mg	2	
nitrofurantoin monohydrate/macrocrystals capsule 100mg	2	
nitrofurantoin suspension 25mg/5ml, 50mg/5ml	3	NDS
ORLYNVAH TABLET 500MG; 500MG	3	QL(10 EA per 5 days); PA; NDS
SIVEXTRO INJECTION 200MG	3	QL(6 EA per 30 days); NDS
SIVEXTRO TABLET 200MG	3	QL(6 EA per 30 days); NDS
tigecycline injection 50mg	3	
tinidazole tablet 250mg, 500mg	2	
trimethoprim tablet 100mg	1	
vancomycin hcl injection 0.9%; 1gm/200ml, 10gm	2	
vancomycin hydrochloride capsule 125mg, 250mg	2	

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You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
vancomycin hydrochloride injection 1.75gm, 1gm, 2gm, 500mg, 5gm, 750mg	2	
vancomycin hydrochloride oral solution reconstituted 250mg/5ml, 25mg/ml	2	
vancomycin injection 0.9%; 500mg/100ml, 0.9%; 750mg/150ml	2	
Beta-lactam, Cephalosporins		
cefaclor capsule 250mg, 500mg	1	
cefadroxil capsule 500mg	1	
cefadroxil suspension reconstituted 250mg/5ml, 500mg/5ml	1	
cefadroxil tablet 1gm	1	
cefazolin sodium/dextrose injection 1gm; 4%, 2gm; 3%, 3gm; 2%	2	
cefazolin sodium injection 10gm, 1gm/50ml; 4%, 1gm, 500mg	2	
cefazolin/dextrose injection 3gm/150ml; 4%	2	
cefazolin injection 2gm/100ml; 4%, 2gm, 3gm	2	
cefdinir capsule 300mg	1	
cefdinir suspension reconstituted 125mg/5ml, 250mg/5ml	1	
cefepime injection 1gm, 2gm	2	
cefixime capsule 400mg	2	
cefixime suspension reconstituted 100mg/5ml, 200mg/5ml	2	
cefixime tablet 400mg	2	
cefotetan injection 1gm, 2gm	2	
cefoxitin sodium injection 10gm, 1gm, 2gm	2	
cefpodoxime proxetil suspension reconstituted 100mg/5ml, 50mg/5ml	2	
cefpodoxime proxetil tablet 100mg, 200mg	2	
cefprozil suspension reconstituted 125mg/5ml, 250mg/5ml	2	
cefprozil tablet 250mg, 500mg	2	
ceftaroline fosamil injection 400mg, 600mg	3	NDS
ceftazidime injection 1gm, 2gm, 6gm	2	
ceftriaxone sodium injection 10gm, 1gm, 250mg, 2gm, 500mg	2	
cefuroxime axetil tablet 250mg, 500mg	1	
cefuroxime sodium injection 1.5gm, 750mg	2	
cephalexin capsule 250mg, 500mg	1	
cephalexin suspension reconstituted 125mg/5ml, 250mg/5ml	2	
tazicef injection 1gm, 2gm, 6gm	2	
ZERBAXA INJECTION 1GM; 0.5GM	3	NDS
Beta-lactam, Penicillins		
amoxicillin/clavulanate potassium er tablet extended release 12 hour 1000mg; 62.5mg	2	
amoxicillin/clavulanate potassium suspension reconstituted 200mg/5ml; 28.5mg/5ml, 250mg/5ml; 62.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml	1	

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Drug Name	Drug Tier	Requirements/Limits
amoxicillin/clavulanate potassium tablet 250mg; 125mg, 500mg; 125mg, 875mg; 125mg	1	
amoxicillin capsule 250mg, 500mg	1	
amoxicillin suspension reconstituted 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml	1	
amoxicillin tablet chewable 125mg, 250mg	1	
amoxicillin tablet 500mg, 875mg	1	
ampicillin sodium injection 10gm, 1gm, 250mg, 2gm, 500mg	2	
ampicillin-sulbactam injection 10gm; 5gm, 1gm; 0.5gm, 2gm; 1gm	2	
ampicillin capsule 500mg	1	
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	3	
dicloxacillin sodium capsule 250mg, 500mg	2	
nafcillin sodium injection 1gm, 2gm	2	
nafcillin sodium injection 10gm	3	NDS
oxacillin sodium injection 10gm, 1gm, 2gm	2	
penicillin g potassium in iso-osmotic dextrose injection 0; 40000unit/ml, 0; 60000unit/ml	2	
penicillin g potassium injection 20000000unit, 5000000unit	2	
penicillin g sodium injection 5000000unit	3	NDS
penicillin v potassium solution reconstituted 125mg/5ml, 250mg/5ml	1	
penicillin v potassium tablet 250mg, 500mg	1	
piperacillin sodium/tazobactam sodium injection 12gm; 1.5gm, 2gm; 0.25gm, 36gm; 4.5gm, 3gm; 0.375gm, 4gm; 0.5gm	2	
Carbapenems		
ertapenem sodium injection 1gm	2	
imipenem/cilastatin injection 250mg; 250mg, 500mg; 500mg	2	
meropenem injection 1gm, 500mg	2	
Macrolides		
azithromycin injection 500mg	2	
azithromycin suspension reconstituted 100mg/5ml, 200mg/5ml	1	
azithromycin tablet 250mg, 500mg, 600mg	1	
clarithromycin er tablet extended release 24 hour 500mg	2	
clarithromycin suspension reconstituted 125mg/5ml, 250mg/5ml	2	
clarithromycin tablet 250mg, 500mg	1	
DIFICID SUSPENSION RECONSTITUTED 40MG/ML	3	NDS
E.E.S. 400 TABLET 400MG	2	
ERYTHROCIN LACTOBIONATE INJECTION 500MG	2	
erythromycin base tablet 250mg, 500mg	2	
erythromycin dr capsule delayed release particles 250mg	2	
erythromycin dr tablet delayed release 250mg, 333mg, 500mg	2	

Drug Name	Drug Tier	Requirements/Limits
erythromycin ethylsuccinate suspension reconstituted 200mg/5ml, 400mg/5ml	3	
erythromycin lactobionate injection 500mg	2	
fidaxomicin tablet 200mg	3	NDS
Quinolones		
BAXDELA TABLET 450MG	3	PA; NDS
ciprofloxacin hcl tablet 750mg	1	
ciprofloxacin hydrochloride tablet 250mg, 500mg	1	
ciprofloxacin i.v.-in d5w injection 200mg/100ml; 5%, 400mg/200ml; 5%	2	
levofloxacin in d5w injection 5%; 250mg/50ml, 5%; 500mg/100ml, 5%; 750mg/150ml	2	
levofloxacin injection 25mg/ml	2	
levofloxacin oral solution 25mg/ml	2	
levofloxacin tablet 250mg, 500mg, 750mg	1	
moxifloxacin hydrochloride/sodium hydrochloride injection 400mg/250ml; 0.8%	2	
moxifloxacin hydrochloride tablet 400mg	3	
ofloxacin tablet 400mg	1	
Sulfonamides		
sulfacetamide sodium lotion 10%	2	QL(118 ML per 30 days)
sulfadiazine tablet 500mg	3	NDS
sulfamethoxazole/trimethoprim ds tablet 800mg; 160mg	1	
sulfamethoxazole/trimethoprim injection 400mg/5ml; 80mg/5ml	2	
sulfamethoxazole/trimethoprim suspension 200mg/5ml; 40mg/5ml	1	
sulfamethoxazole/trimethoprim tablet 400mg; 80mg	1	
Tetracyclines		
demeclocycline hcl tablet 150mg, 300mg	3	
doxycycline hyclate capsule 100mg, 50mg	1	
doxycycline hyclate injection 100mg	2	
doxycycline hyclate tablet 100mg	1	
doxycycline monohydrate capsule 100mg, 50mg	1	
doxycycline monohydrate tablet 100mg, 50mg, 75mg	1	
doxycycline suspension reconstituted 25mg/5ml	2	
minocycline hcl capsule 75mg	2	
minocycline hcl tablet 100mg, 75mg	3	
minocycline hydrochloride capsule 100mg, 50mg	2	
minocycline hydrochloride tablet 50mg	3	
MONDOXYNE NL CAPSULE 100MG	1	
NUZYRA INJECTION 100MG	3	NDS
NUZYRA TABLET 150MG	3	NDS
tetracycline hydrochloride capsule 250mg, 500mg	3	
Anticonvulsants		

Drug Name	Drug Tier	Requirements/Limits
Anticonvulsants, Other		
brivaracetam solution 10mg/ml	3	QL(600 ML per 30 days); PA
brivaracetam tablet 100mg, 10mg, 25mg, 50mg, 75mg	3	QL(60 EA per 30 days); PA
EPIDIOLEX SOLUTION 100MG/ML	3	QL(600 ML per 30 days); PA; NDS
felbamate suspension 600mg/5ml	3	
felbamate tablet 400mg, 600mg	2	
FINTEPLA SOLUTION 2.2MG/ML	3	QL(360 ML per 30 days); PA; NDS
lamotrigine er tablet extended release 24 hour 100mg, 200mg, 250mg, 25mg, 300mg, 50mg	2	
lamotrigine odt tablet disintegrating 100mg, 200mg, 25mg, 50mg	3	
lamotrigine starter kit/blue kit 25mg	1	
lamotrigine starter kit/green kit 0	1	
lamotrigine starter kit/orange kit 0	1	
lamotrigine titration kit 0	1	
lamotrigine tablet chewable 25mg, 5mg	1	
lamotrigine tablet 100mg, 150mg, 200mg, 25mg	1	
levetiracetam er tablet extended release 24 hour 500mg, 750mg	1	
levetiracetam solution 100mg/ml	1	
levetiracetam tablet disintegrating soluble 500mg	3	QL(180 EA per 30 days)
levetiracetam tablet disintegrating soluble 250mg	3	QL(360 EA per 30 days)
levetiracetam tablet 1000mg, 250mg, 500mg, 750mg	1	
NAYZILAM SOLUTION 5MG/0.1ML	3	QL(10 EA per 30 days)
perampanel suspension 0.5mg/ml	3	QL(720 ML per 30 days); PA; NDS
perampanel tablet 10mg, 12mg, 4mg, 6mg, 8mg	3	QL(30 EA per 30 days); PA
perampanel tablet 2mg	3	QL(60 EA per 30 days); PA
ROWEEPRA TABLET 500MG	1	
SPRITAM TABLET DISINTEGRATING SOLUBLE 500MG	3	QL(180 EA per 30 days)
SPRITAM TABLET DISINTEGRATING SOLUBLE 250MG	3	QL(360 EA per 30 days)
SUBVENITE STARTER KIT/BLUE KIT 25MG	1	
SUBVENITE STARTER KIT/GREEN KIT 0	1	
SUBVENITE STARTER KIT/ORANGE KIT 0	1	
SUBVENITE SUSPENSION 10MG/ML	3	
SUBVENITE TABLET 100MG, 150MG, 200MG, 25MG	1	
topiramate er capsule extended release 24 hour 100mg, 200mg, 25mg, 50mg	3	
topiramate capsule sprinkle 15mg, 25mg, 50mg	2	
topiramate solution 25mg/ml	3	QL(480 ML per 30 days); PA
topiramate tablet 100mg, 200mg, 25mg, 50mg	1	
valproic acid capsule 250mg	1	
valproic acid solution 250mg/5ml	2	
Calcium Channel Modifying Agents		

Drug Name	Drug Tier	Requirements/Limits
ethosuximide capsule 250mg	2	
ethosuximide solution 250mg/5ml	2	
methsuximide capsule 300mg	3	
Gamma-aminobutyric Acid (GABA) Modulating Agents		
clobazam suspension 2.5mg/ml	2	QL(480 ML per 30 days); PA
clobazam tablet 10mg, 20mg	2	QL(60 EA per 30 days); PA
clonazepam odt tablet disintegrating 2mg	2	QL(300 EA per 30 days)
clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg	2	QL(90 EA per 30 days)
clonazepam tablet 2mg	1	QL(300 EA per 30 days)
clonazepam tablet 0.5mg, 1mg	1	QL(90 EA per 30 days)
DIACOMIT CAPSULE 500MG	3	QL(180 EA per 30 days); PA; NDS
DIACOMIT CAPSULE 250MG	3	QL(360 EA per 30 days); PA; NDS
DIACOMIT PACKET 500MG	3	QL(180 EA per 30 days); PA; NDS
DIACOMIT PACKET 250MG	3	QL(360 EA per 30 days); PA; NDS
diazepam gel 10mg, 2.5mg, 20mg	3	
divalproex sodium dr capsule delayed release sprinkle 125mg	2	
divalproex sodium dr tablet delayed release 125mg, 250mg, 500mg	1	
divalproex sodium er tablet extended release 24 hour 250mg, 500mg	2	
gabapentin capsule 100mg, 300mg, 400mg	1	QL(180 EA per 30 days)
gabapentin solution 250mg/5ml	2	QL(2160 ML per 30 days)
gabapentin tablet 800mg	2	QL(120 EA per 30 days)
gabapentin tablet 600mg	2	QL(180 EA per 30 days)
phenobarbital elixir 20mg/5ml	3	QL(1500 ML per 30 days); PA; PA applies if 65 years and older
phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg	2	QL(120 EA per 30 days); PA; PA applies if 65 years and older
pregabalin capsule 100mg, 150mg, 25mg, 50mg, 75mg	2	QL(120 EA per 30 days); PA; PA applies if 65 years and older
pregabalin capsule 225mg, 300mg	2	QL(60 EA per 30 days); PA; PA applies if 65 years and older
pregabalin capsule 200mg	2	QL(90 EA per 30 days); PA; PA applies if 65 years and older
pregabalin solution 20mg/ml	2	QL(900 ML per 30 days); PA; PA applies if 65 years and older
primidone tablet 125mg, 250mg, 50mg	1	
SYMPAZAN FILM 5MG	3	QL(60 EA per 30 days); PA
SYMPAZAN FILM 10MG, 20MG	3	QL(60 EA per 30 days); PA; NDS
tiagabine hydrochloride tablet 12mg, 16mg, 2mg, 4mg	3	
VALTOCO 10 MG DOSE LIQUID 10MG/0.1ML	3	QL(10 EA per 30 days); PA; NDS
VALTOCO 15 MG DOSE LIQUID THERAPY PACK 7.5MG/0.1ML	3	QL(10 EA per 30 days); PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
VALTOCO 20 MG DOSE LIQUID THERAPY PACK 10MG/0.1ML	3	QL(10 EA per 30 days); PA; NDS
VALTOCO 5 MG DOSE LIQUID 5MG/0.1ML	3	QL(10 EA per 30 days); PA; NDS
vigabatrin packet 500mg	3	QL(180 EA per 30 days); PA; NDS; SP
vigabatrin tablet 500mg	3	QL(180 EA per 30 days); PA; NDS; SP
VIGADRONE PACKET 500MG	3	QL(180 EA per 30 days); PA; NDS
VIGADRONE TABLET 500MG	3	QL(180 EA per 30 days); PA; NDS
VIGAFYDE SOLUTION 100MG/ML	3	QL(900 ML per 30 days); PA; NDS
ZTALMY SUSPENSION 50MG/ML	3	QL(1100 ML per 30 days); PA; NDS
Sodium Channel Agents		
carbamazepine er capsule extended release 12 hour 100mg, 200mg, 300mg	2	
carbamazepine er tablet extended release 12 hour 100mg, 200mg, 400mg	2	
carbamazepine suspension 100mg/5ml	3	
carbamazepine tablet chewable 100mg, 200mg	2	
carbamazepine tablet 200mg	1	
DILANTIN INFATABS TABLET CHEWABLE 50MG	2	
DILANTIN CAPSULE 100MG, 30MG	2	
eslicarbazepine acetate tablet 200mg, 400mg	3	QL(30 EA per 30 days)
eslicarbazepine acetate tablet 600mg, 800mg	3	QL(60 EA per 30 days)
lacosamide solution 10mg/ml	3	QL(1200 ML per 30 days)
lacosamide tablet 50mg	3	QL(120 EA per 30 days)
lacosamide tablet 100mg, 150mg, 200mg	3	QL(60 EA per 30 days)
MOTPOLY XR CAPSULE EXTENDED RELEASE 24 HOUR 100MG	3	QL(30 EA per 30 days)
MOTPOLY XR CAPSULE EXTENDED RELEASE 24 HOUR 150MG	3	QL(60 EA per 30 days)
MOTPOLY XR CAPSULE EXTENDED RELEASE 24 HOUR 200MG	3	QL(60 EA per 30 days); NDS
oxcarbazepine er tablet extended release 24 hour 150mg, 300mg, 600mg	3	
oxcarbazepine suspension 300mg/5ml	3	
oxcarbazepine tablet 150mg, 300mg, 600mg	2	
PHENYTEK CAPSULE 200MG, 300MG	1	
phenytoin sodium extended capsule 100mg, 200mg, 300mg	1	
phenytoin suspension 125mg/5ml	2	
phenytoin tablet chewable 50mg	2	
rufinamide suspension 40mg/ml	3	QL(2400 ML per 30 days); PA; NDS
rufinamide tablet 400mg	3	QL(240 EA per 30 days); PA; NDS
rufinamide tablet 200mg	3	QL(480 EA per 30 days); PA
XCOPRI TABLET THERAPY PACK 12.5MG-25MG	3	QL(28 EA per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
XCOPRI TABLET THERAPY PACK 50MG-100MG; 150MG-200MG (28 TAB PACK)	3	QL(28 EA per 28 days); NDS
XCOPRI TABLET THERAPY PACK 100MG-150MG; 150MG-200MG (56 TAB PACK)	3	QL(56 EA per 28 days); NDS
XCOPRI TABLET 100MG, 25MG, 50MG	3	QL(30 EA per 30 days); NDS
XCOPRI TABLET 150MG, 200MG	3	QL(60 EA per 30 days); NDS
ZONISADE SUSPENSION 100MG/5ML	3	QL(900 ML per 30 days); PA
zonisamide capsule 100mg, 25mg, 50mg	1	
Antidementia Agents		
Antidementia Agents, Other		
LEQEMBI IQLIK INJECTION 250MG/1.25ML	3	QL(10 ML per 28 days); PA; NDS
LEQEMBI IQLIK INJECTION 360MG/1.8ML	3	QL(7.2 ML per 28 days); PA; NDS
memantine/donepezil hydrochloride er capsule extended release 24 hour 10mg; 14mg, 10mg; 21mg, 10mg; 28mg	3	
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 10MG; 7MG	3	
Cholinesterase Inhibitors		
donepezil hcl tablet disintegrating 10mg, 5mg	1	
donepezil hcl tablet 10mg	1	
donepezil hcl tablet 23mg	2	
donepezil hydrochloride tablet 5mg	1	
galantamine hydrobromide er capsule extended release 24 hour 16mg, 24mg, 8mg	2	
galantamine hydrobromide solution 4mg/ml	3	
galantamine hydrobromide tablet 12mg, 4mg, 8mg	2	
rivastigmine tartrate capsule 1.5mg, 3mg, 4.5mg, 6mg	1	
rivastigmine transdermal system patch 24 hour 13.3mg/24hr, 4.6mg/24hr, 9.5mg/24hr	2	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
memantine hcl titration pak tablet 0	1	
memantine hydrochloride er capsule extended release 24 hour 14mg, 21mg, 28mg, 7mg	2	
memantine hydrochloride solution 2mg/ml	2	
memantine hydrochloride tablet 10mg, 5mg	1	
Antidepressants		
Antidepressants, Other		
APLENZIN TABLET EXTENDED RELEASE 24 HOUR 174MG, 348MG, 522MG	3	QL(30 EA per 30 days); ST; NDS
AUVELITY TITRATION PACK TABLET EXTENDED RELEASE THERAPY PACK 0; 0	3	ST; NDS
AUVELITY TABLET EXTENDED RELEASE 105MG; 45MG	3	ST; NDS
bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg, 150mg, 200mg	1	

Drug Name	Drug Tier	Requirements/Limits
bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg, 300mg	1	
bupropion hydrochloride tablet 100mg, 75mg	1	
EXXUA TITRATION PACK TABLET EXTENDED RELEASE 24 HOUR 18.2MG	3	QL(64 EA per 365 days); ST; NDS
EXXUA TABLET EXTENDED RELEASE 24 HOUR 18.2MG, 36.3MG, 54.5MG, 72.6MG	3	QL(30 EA per 30 days); ST; NDS
mirtazapine odt tablet disintegrating 15mg, 30mg, 45mg	2	
mirtazapine tablet 15mg, 30mg, 45mg, 7.5mg	1	
perphenazine/amitriptyline tablet 10mg; 2mg, 10mg; 4mg, 25mg; 2mg, 25mg; 4mg, 50mg; 4mg	2	PA; PA applies if 65 years and older
quetiapine fumarate tablet 150mg	2	
ZURZUVAE CAPSULE 30MG	3	QL(14 EA per 14 days); PA; NDS
ZURZUVAE CAPSULE 20MG, 25MG	3	QL(28 EA per 14 days); PA; NDS
Monoamine Oxidase Inhibitors		
EMSAM PATCH 24 HOUR 12MG/24HR, 6MG/24HR, 9MG/24HR	3	ST; NDS
MARPLAN TABLET 10MG	3	
phenelzine sulfate tablet 15mg	2	
tranylcypromine sulfate tablet 10mg	3	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor		
citalopram hydrobromide capsule 30mg	2	
citalopram hydrobromide solution 10mg/5ml	1	
citalopram hydrobromide tablet 10mg, 20mg, 40mg	1	
desvenlafaxine er tablet extended release 24 hour 100mg, 25mg, 50mg	1	
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 30MG, 40MG, 60MG	3	QL(90 EA per 30 days)
duloxetine hydrochloride dr capsule delayed release particles 120mg, 80mg, 90mg	2	QL(30 EA per 30 days)
duloxetine hydrochloride dr capsule delayed release particles 20mg, 60mg	2	QL(60 EA per 30 days)
duloxetine hydrochloride dr capsule delayed release particles 30mg, 40mg	2	QL(90 EA per 30 days)
escitalopram oxalate solution 5mg/5ml	3	
escitalopram oxalate tablet 10mg, 20mg, 5mg	1	
FETZIMA TITRATION PACK CAPSULE ER 24 HOUR THERAPY PACK 0	3	ST
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 20MG, 40MG, 80MG	3	ST
fluoxetine dr capsule delayed release 90mg	3	
fluoxetine hydrochloride capsule 10mg, 20mg, 40mg	1	
fluoxetine hydrochloride solution 20mg/5ml	2	
fluoxetine hydrochloride tablet 10mg, 60mg	2	

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Drug Name	Drug Tier	Requirements/Limits
fluoxetine hydrochloride tablet 20mg	3	
fluvoxamine maleate er capsule extended release 24 hour 100mg, 150mg	3	
fluvoxamine maleate tablet 100mg, 25mg, 50mg	1	
nefazodone hydrochloride tablet 100mg, 150mg, 200mg, 250mg, 50mg	3	
paroxetine hcl er tablet extended release 24 hour 12.5mg, 25mg, 37.5mg	2	QL(60 EA per 30 days); PA; PA applies if 65 years and older
paroxetine hcl tablet 30mg, 40mg	1	PA; PA applies if 65 years and older
paroxetine hydrochloride suspension 10mg/5ml	2	QL(900 ML per 30 days); PA; PA applies if 65 years and older
paroxetine hydrochloride tablet 10mg, 20mg	1	PA; PA applies if 65 years and older
RALDESY SOLUTION 10MG/ML	3	
sertraline hcl concentrate 20mg/ml	1	
sertraline hcl tablet 50mg	1	
sertraline hydrochloride tablet 100mg, 25mg	1	
trazodone hydrochloride tablet 100mg, 150mg, 300mg, 50mg	1	
TRINTELLIX TABLET 10MG, 20MG, 5MG	3	
venlafaxine hydrochloride er capsule extended release 24 hour 150mg, 37.5mg, 75mg	1	
venlafaxine hydrochloride er tablet extended release 24 hour 150mg, 225mg, 37.5mg, 75mg	1	
venlafaxine hydrochloride tablet 100mg, 25mg, 37.5mg, 50mg, 75mg	2	
vilazodone hydrochloride tablet 10mg, 20mg, 40mg	2	
Tricyclics		
amitriptyline hcl tablet 150mg, 25mg, 75mg	1	PA; PA applies if 65 years and older
amitriptyline hydrochloride tablet 100mg, 10mg, 150mg, 25mg, 50mg, 75mg	1	PA; PA applies if 65 years and older
amoxapine tablet 100mg, 150mg, 25mg, 50mg	2	PA; PA applies if 65 years and older
clomipramine hydrochloride capsule 25mg, 50mg, 75mg	1	
desipramine hydrochloride tablet 100mg, 10mg, 150mg, 25mg, 50mg, 75mg	2	PA; PA applies if 65 years and older
doxepin hcl capsule 75mg	2	PA; PA applies if 65 years and older
doxepin hcl concentrate 10mg/ml	2	PA; PA applies if 65 years and older
doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg	2	PA; PA applies if 65 years and older
imipramine hcl tablet 25mg, 50mg	1	PA; PA applies if 65 years and older
imipramine hydrochloride tablet 10mg	1	PA; PA applies if 65 years and older
imipramine pamoate capsule 100mg, 125mg, 150mg, 75mg	3	PA; PA applies if 65 years and older
nortriptyline hcl capsule 25mg, 75mg	1	
nortriptyline hcl solution 10mg/5ml	3	
nortriptyline hydrochloride capsule 10mg, 50mg	1	
protriptyline hcl tablet 10mg, 5mg	3	
trimipramine maleate capsule 100mg, 25mg, 50mg	3	

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Drug Name	Drug Tier	Requirements/Limits
Antiemetics		
Antiemetics, Other		
COMPRO SUPPOSITORY 25MG	2	
meclizine hcl tablet 12.5mg, 25mg	1	PA; PA applies if 65 years and older
meclizine hydrochloride tablet 25mg	1	PA; PA applies if 65 years and older
prochlorperazine maleate tablet 10mg, 5mg	1	
prochlorperazine suppository 25mg	2	
promethazine hydrochloride solution 6.25mg/5ml	2	PA; PA applies if 65 years and older
promethazine hydrochloride tablet 12.5mg, 25mg, 50mg	1	PA; PA applies if 65 years and older
scopolamine patch 72 hour 1mg/3days	3	QL(10 EA per 28 days)
Emetogenic Therapy Adjuncts		
aprepitant capsule therapy pack 0	3	B/D
aprepitant capsule 40mg, 80mg	3	B/D
aprepitant capsule 125mg	3	B/D; NDS
dronabinol capsule 2.5mg, 5mg	2	QL(60 EA per 30 days); B/D
dronabinol capsule 10mg	3	QL(60 EA per 30 days); B/D
EMEND SUSPENSION RECONSTITUTED 125MG/5ML	2	B/D
granisetron hydrochloride tablet 1mg	2	B/D
ondansetron hcl solution 4mg/5ml	2	B/D
ondansetron hydrochloride tablet 4mg, 8mg	1	B/D
ondansetron odt tablet disintegrating 16mg, 4mg, 8mg	1	B/D
SANCUSO PATCH 3.1MG/24HR	3	NDS
Antifungals		
Antifungals		
amphotericin b liposome injection 50mg	3	B/D; NDS
amphotericin b injection 50mg	3	B/D
caspofungin acetate injection 50mg, 70mg	3	
clotrimazole cream 1%	2	QL(45 GM per 30 days)
clotrimazole solution 1%	2	QL(60 ML per 30 days)
clotrimazole troche 10mg	3	QL(150 EA per 30 days)
CRESEMBA CAPSULE 186MG, 74.5MG	3	NDS
econazole nitrate cream 1%	2	QL(85 GM per 30 days)
fluconazole in sodium chloride injection 200mg/100ml; 0.9%, 400mg/200ml; 0.9%	2	
fluconazole suspension reconstituted 10mg/ml, 40mg/ml	2	
fluconazole tablet 100mg, 150mg, 200mg	1	
fluconazole tablet 50mg	2	
flucytosine capsule 250mg, 500mg	3	NDS
griseofulvin microsize suspension 125mg/5ml	3	
griseofulvin microsize tablet 500mg	3	
griseofulvin ultramicrosize tablet 125mg, 250mg	3	
itraconazole capsule 100mg	2	
ketoconazole cream 2%	1	QL(60 GM per 30 days)
ketoconazole shampoo 2%	1	QL(120 ML per 30 days)
ketoconazole tablet 200mg	1	

Drug Name	Drug Tier	Requirements/Limits
micafungin sodium/sodium chloride injection 150mg/150ml; 0.9%	2	
micafungin injection 100mg, 50mg	3	
MICONAZOLE 3 SUPPOSITORY 200MG	1	
NYAMYC POWDER 100000UNIT/GM	1	QL(120 GM per 30 days)
nystatin cream 100000unit/gm	1	QL(60 GM per 30 days)
nystatin ointment 100000unit/gm	1	QL(60 GM per 30 days)
nystatin powder 100000unit/gm	1	QL(120 GM per 30 days)
nystatin suspension 100000unit/ml	1	
nystatin tablet 500000unit	1	
NYSTOP POWDER 100000UNIT/GM	1	QL(120 GM per 30 days)
posaconazole dr tablet delayed release 100mg	3	NDS
posaconazole suspension 40mg/ml	3	QL(630 ML per 30 days); PA; NDS
terbinafine hcl tablet 250mg	1	QL(90 EA per 365 days)
terconazole cream 0.4%, 0.8%	2	
terconazole suppository 80mg	2	
voriconazole injection 200mg	3	PA
voriconazole injection 200mg/20ml	3	PA; NDS
voriconazole suspension reconstituted 40mg/ml	3	NDS
voriconazole tablet 200mg	3	QL(120 EA per 30 days)
voriconazole tablet 50mg	3	QL(480 EA per 30 days)
Antigout Agents		
Antigout Agents		
allopurinol tablet 100mg, 300mg	1	
allopurinol tablet 200mg	2	
colchicine capsule 0.6mg	2	
colchicine tablet 0.6mg	1	
febuxostat tablet 40mg, 80mg	2	
GLOPERBA SOLUTION 0.6MG/5ML	3	
probenecid/colchicine tablet 0.5mg; 500mg	1	
probenecid tablet 500mg	2	
Antimigraine Agents		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists		
AIMOVIG INJECTION 140MG/ML, 70MG/ML	2	QL(1 ML per 30 days); PA
EMGALITY INJECTION 120MG/ML	2	QL(2 ML per 30 days); PA
EMGALITY INJECTION 100MG/ML	2	QL(3 ML per 30 days); PA
NURTEC TABLET DISINTEGRATING 75MG	3	QL(16 EA per 30 days); PA; NDS
QULIPTA TABLET 10MG, 30MG, 60MG	3	QL(30 EA per 30 days); PA; NDS
UBRELVY TABLET 100MG, 50MG	3	QL(16 EA per 30 days); PA; NDS
Ergot Alkaloids		
dihydroergotamine mesylate solution 4mg/ml	3	QL(8 ML per 30 days)
ergotamine tartrate/caffeine tablet 100mg; 1mg	2	QL(40 EA per 28 days); PA
Prophylactic		
timolol maleate tablet 10mg, 20mg, 5mg	2	
Serotonin (5-HT) Receptor Agonist		

Drug Name	Drug Tier	Requirements/Limits
almotriptan tablet 12.5mg	3	QL(12 EA per 30 days)
almotriptan tablet 6.25mg	3	QL(18 EA per 30 days)
eletriptan hydrobromide tablet 20mg, 40mg	2	QL(18 EA per 30 days)
frovatriptan succinate tablet 2.5mg	3	QL(18 EA per 30 days)
naratriptan hcl tablet 1mg, 2.5mg	3	QL(18 EA per 30 days)
rizatriptan benzoate odt tablet disintegrating 10mg, 5mg	2	QL(18 EA per 30 days)
rizatriptan benzoate tablet 10mg, 5mg	2	QL(18 EA per 30 days)
sumatriptan succinate injection 6mg/0.5ml	2	QL(6 ML per 30 days)
sumatriptan succinate tablet 100mg, 25mg, 50mg	1	QL(18 EA per 30 days)
sumatriptan solution 20mg/act, 5mg/act	2	QL(12 EA per 30 days)
zolmitriptan odt tablet disintegrating 2.5mg, 5mg	3	QL(18 EA per 30 days)
zolmitriptan solution 2.5mg, 5mg	2	QL(12 EA per 30 days)
zolmitriptan tablet 2.5mg, 5mg	3	QL(18 EA per 30 days)
Antimyasthenic Agents		
Parasympathomimetics		
pyridostigmine bromide er tablet extended release 180mg	3	
pyridostigmine bromide tablet 60mg	1	
VYVGART HYTRULO INJECTION 180MG/ML; 2000UNIT/ML	3	PA; NDS; SP
Antimycobacterials		
Antimycobacterials, Other		
dapsone tablet 100mg, 25mg	2	
pretomanid tablet 200mg	3	
rifabutin capsule 150mg	3	
Antituberculars		
cycloserine capsule 250mg	3	NDS
ethambutol hydrochloride tablet 100mg, 400mg	2	
isoniazid syrup 50mg/5ml	3	
isoniazid tablet 100mg, 300mg	1	
PRIFTIN TABLET 150MG	3	
pyrazinamide tablet 500mg	2	
rifampin capsule 150mg, 300mg	2	
rifampin injection 600mg	3	
rifapentine tablet 150mg	3	
SIRTURO TABLET 100MG, 20MG	3	PA; NDS
Antineoplastics		
Alkylating Agents		
cyclophosphamide capsule 25mg, 50mg	2	B/D
cyclophosphamide tablet 50mg	2	B/D
LEUKERAN TABLET 2MG	3	PA; NDS; SP
lomustine capsule 100mg	3	NDS; SP
lomustine capsule 10mg, 40mg	3	SP
MATULANE CAPSULE 50MG	3	NDS
VALCHLOR GEL 0.016%	3	QL(60 GM per 30 days); PA; NDS
Antiandrogens		

Drug Name	Drug Tier	Requirements/Limits
abiraterone acetate tablet 250mg	3	QL(120 EA per 30 days); PA; NDS; SP
abiraterone acetate tablet 500mg	3	QL(60 EA per 30 days); PA; NDS; SP
ABIRTEGA TABLET 250MG	3	QL(120 EA per 30 days); PA
bicalutamide tablet 50mg	1	
ERLEADA TABLET 60MG	3	QL(120 EA per 30 days); PA; NDS; SP
ERLEADA TABLET 240MG	3	QL(30 EA per 30 days); PA; NDS; SP
EULEXIN CAPSULE 125MG	3	NDS
nilutamide tablet 150mg	3	QL(120 EA per 30 days); NDS; SP
NUBEQA TABLET 300MG	3	PA; NDS; SP
XTANDI CAPSULE 40MG	3	QL(120 EA per 30 days); PA; NDS; SP
XTANDI TABLET 40MG, 80MG	3	QL(120 EA per 30 days); PA; NDS; SP
YONSA TABLET 125MG	3	QL(120 EA per 30 days); PA; NDS; SP
Antiangiogenic Agents		
lenalidomide capsule 20mg, 25mg	3	QL(21 EA per 28 days); PA; NDS; SP
lenalidomide capsule 10mg, 15mg, 2.5mg, 5mg	3	QL(28 EA per 28 days); PA; NDS; SP
pomalidomide capsule 1mg, 2mg, 3mg, 4mg	3	QL(21 EA per 28 days); PA; NDS; SP
POMALYST CAPSULE 1MG, 2MG, 3MG, 4MG	3	QL(21 EA per 28 days); PA; NDS; SP
THALOMID CAPSULE 100MG	3	QL(112 EA per 28 days); PA; NDS; SP
THALOMID CAPSULE 50MG	3	QL(196 EA per 28 days); PA; NDS; SP
Antiestrogens/Modifiers		
INLURIYO TABLET 200MG	3	QL(56 EA per 28 days); PA; NDS
ORSERDU TABLET 345MG	3	QL(30 EA per 30 days); PA; NDS
ORSERDU TABLET 86MG	3	QL(90 EA per 30 days); PA; NDS
SOLTAMOX SOLUTION 10MG/5ML	3	NDS
tamoxifen citrate tablet 10mg, 20mg	1	
toremifene citrate tablet 60mg	3	
VEPPANU TABLET 200MG	3	QL(30 EA per 30 days); PA; NDS
VEPPANU TABLET 100MG	3	QL(60 EA per 30 days); PA; NDS
Antimetabolites		
DROXIA CAPSULE 200MG, 300MG, 400MG	2	
hydroxyurea capsule 500mg	1	
mercaptopurine suspension 2000mg/100ml	3	NDS; SP

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Drug Name	Drug Tier	Requirements/Limits
mercaptopurine tablet 50mg	1	
TABLOID TABLET 40MG	3	PA; NDS; SP
Antineoplastics, Other		
AKEEGA TABLET 500MG; 100MG, 500MG; 50MG	3	QL(60 EA per 30 days); PA; NDS
IBRANCE TABLET 100MG, 125MG, 75MG	3	QL(21 EA per 28 days); PA; NDS; SP
INREBIC CAPSULE 100MG	3	QL(120 EA per 30 days); PA; NDS; SP
ITOVEBI TABLET 9MG	3	QL(28 EA per 28 days); PA; NDS; SP
ITOVEBI TABLET 3MG	3	QL(56 EA per 28 days); PA; NDS; SP
IWILFIN TABLET 192MG	3	QL(240 EA per 30 days); PA; NDS
KOMZIFTI CAPSULE 200MG	3	QL(90 EA per 30 days); PA; NDS
LAZCLUZE TABLET 240MG	3	QL(30 EA per 30 days); PA; NDS
LAZCLUZE TABLET 80MG	3	QL(60 EA per 30 days); PA; NDS
leucovorin calcium tablet 10mg, 15mg, 25mg, 5mg	2	
LONSURF TABLET 6.14MG; 15MG	3	QL(100 EA per 30 days); PA; NDS; SP
LONSURF TABLET 8.19MG; 20MG	3	QL(80 EA per 30 days); PA; NDS; SP
LYSODREN TABLET 500MG	3	NDS
MODEYSO CAPSULE 125MG	3	QL(20 EA per 28 days); PA; NDS
OGSIVEO TABLET 50MG	3	QL(180 EA per 28 days); PA; NDS
OGSIVEO TABLET 100MG, 150MG	3	QL(56 EA per 28 days); PA; NDS
OJEMDA SUSPENSION RECONSTITUTED 25MG/ML	3	QL(96 ML per 28 days); PA; NDS
OJEMDA TABLET 100MG	3	QL(24 EA per 28 days); PA; NDS
ONUREG TABLET 200MG, 300MG	3	QL(14 EA per 28 days); PA; NDS; SP
REVUFORJ TABLET 110MG	3	QL(120 EA per 30 days); PA; NDS
REVUFORJ TABLET 25MG	3	QL(240 EA per 30 days); PA; NDS
REVUFORJ TABLET 160MG	3	QL(60 EA per 30 days); PA; NDS
VONJO CAPSULE 100MG	3	QL(120 EA per 30 days); PA; NDS
ZOLINZA CAPSULE 100MG	3	QL(120 EA per 30 days); PA; NDS; SP
Aromatase Inhibitors, 3rd Generation		
anastrozole tablet 1mg	1	
exemestane tablet 25mg	2	
letrozole tablet 2.5mg	1	
Enzyme Inhibitors		
AVMAPKI FAKZYNJA CO-PACK THERAPY PACK 0.8MG; 200MG	3	QL(66 EA per 28 days); PA; NDS
Molecular Target Inhibitors		
ALECENSA CAPSULE 150MG	3	QL(240 EA per 30 days); PA; NDS; SP

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Drug Name	Drug Tier	Requirements/Limits
ALUNBRIG TABLET THERAPY PACK 0	3	QL(60 EA per 365 days); PA; NDS
ALUNBRIG TABLET 30MG	3	QL(120 EA per 30 days); PA; NDS
ALUNBRIG TABLET 180MG, 90MG	3	QL(30 EA per 30 days); PA; NDS
AUGTYRO CAPSULE 40MG	3	QL(180 EA per 30 days); PA; NDS
AUGTYRO CAPSULE 160MG	3	QL(60 EA per 30 days); PA; NDS
AYVAKIT TABLET 100MG, 200MG, 25MG, 300MG, 50MG	3	QL(30 EA per 30 days); PA; NDS
BALVERSA TABLET 5MG	3	QL(28 EA per 28 days); PA; NDS
BALVERSA TABLET 4MG	3	QL(56 EA per 28 days); PA; NDS
BALVERSA TABLET 3MG	3	QL(84 EA per 28 days); PA; NDS
BOSULIF CAPSULE 100MG	3	QL(150 EA per 30 days); PA; NDS; SP
BOSULIF CAPSULE 50MG	3	QL(300 EA per 30 days); PA; NDS; SP
BOSULIF TABLET 100MG	3	QL(120 EA per 30 days); PA; NDS; SP
BOSULIF TABLET 500MG	3	QL(30 EA per 30 days); PA; NDS; SP
bosutinib tablet 100mg	3	QL(120 EA per 30 days); PA; NDS; SP
bosutinib tablet 400mg, 500mg	3	QL(30 EA per 30 days); PA; NDS; SP
BRAFTOVI CAPSULE 75MG	3	QL(180 EA per 30 days); PA; NDS; SP
BRUKINSA CAPSULE 80MG	3	QL(120 EA per 30 days); PA; NDS
BRUKINSA TABLET 160MG	3	QL(60 EA per 30 days); PA; NDS
CABOMETYX TABLET 20MG, 40MG, 60MG	3	QL(30 EA per 30 days); PA; NDS; SP
CALQUENCE TABLET 100MG	3	QL(60 EA per 30 days); PA; NDS
CAPRELSA TABLET 300MG	3	QL(30 EA per 30 days); PA; NDS
CAPRELSA TABLET 100MG	3	QL(60 EA per 30 days); PA; NDS
COMETRIQ KIT (140 DOSE)	3	QL(112 EA per 28 days); PA; NDS; SP
COMETRIQ KIT (100 DOSE)	3	QL(56 EA per 28 days); PA; NDS; SP
COMETRIQ KIT 20MG	3	QL(84 EA per 28 days); PA; NDS; SP
COPIKTRA CAPSULE 15MG, 25MG	3	QL(56 EA per 28 days); PA; NDS; SP
COTELLIC TABLET 20MG	3	QL(63 EA per 28 days); PA; NDS; SP
DANZITEN TABLET 71MG, 95MG	3	QL(112 EA per 28 days); PA; NDS
dasatinib tablet 100mg, 140mg, 70mg	3	QL(30 EA per 30 days); PA; NDS; SP

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Drug Name	Drug Tier	Requirements/Limits
dasatinib tablet 80mg	3	QL(60 EA per 30 days); PA; NDS; SP
dasatinib tablet 20mg, 50mg	3	QL(90 EA per 30 days); PA; NDS; SP
DAURISMO TABLET 100MG, 25MG	3	PA; NDS; SP
ENSACOVE CAPSULE 25MG	3	QL(270 EA per 30 days); PA; NDS
ENSACOVE CAPSULE 100MG	3	QL(60 EA per 30 days); PA; NDS
ERIVEDGE CAPSULE 150MG	3	QL(30 EA per 30 days); PA; NDS; SP
erlotinib hydrochloride tablet 150mg	3	QL(30 EA per 30 days); PA; NDS; SP
erlotinib hydrochloride tablet 100mg, 25mg	3	QL(90 EA per 30 days); PA; NDS; SP
everolimus tablet soluble 2mg	3	QL(150 EA per 30 days); PA; NDS; SP
everolimus tablet soluble 5mg	3	QL(60 EA per 30 days); PA; NDS; SP
everolimus tablet soluble 3mg	3	QL(90 EA per 30 days); PA; NDS; SP
everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg	3	QL(30 EA per 30 days); PA; NDS; SP
FOTIVDA CAPSULE 0.89MG, 1.34MG	3	QL(21 EA per 28 days); PA; NDS
FRUZAQLA CAPSULE 5MG	3	QL(21 EA per 28 days); PA; NDS
FRUZAQLA CAPSULE 1MG	3	QL(84 EA per 28 days); PA; NDS
GAVRETO CAPSULE 100MG	3	QL(120 EA per 30 days); PA; NDS
gefitinib tablet 250mg	3	QL(60 EA per 30 days); PA; NDS; SP
GILOTRIF TABLET 20MG, 30MG, 40MG	3	QL(30 EA per 30 days); PA; NDS
GOMEKLI CAPSULE 1MG	3	QL(126 EA per 28 days); PA; NDS
GOMEKLI CAPSULE 2MG	3	QL(84 EA per 28 days); PA; NDS
GOMEKLI TABLET SOLUBLE 1MG	3	QL(168 EA per 28 days); PA; NDS
HERNEXEOS TABLET 60MG	3	QL(180 EA per 30 days); PA; NDS
HYRNUO TABLET 10MG	3	QL(120 EA per 30 days); PA; NDS
IBRANCE CAPSULE 100MG, 125MG, 75MG	3	QL(21 EA per 28 days); PA; NDS; SP
IBTROZI CAPSULE 200MG	3	QL(90 EA per 30 days); PA; NDS
ICLUSIG TABLET 10MG, 15MG, 30MG, 45MG	3	QL(30 EA per 30 days); PA; NDS
IDHIFA TABLET 100MG, 50MG	3	QL(30 EA per 30 days); PA; NDS; SP
imatinib mesylate tablet 100mg	2	QL(90 EA per 30 days); PA; SP
imatinib mesylate tablet 400mg	3	QL(60 EA per 30 days); PA; NDS; SP
IMBRUVICA CAPSULE 140MG	3	QL(120 EA per 30 days); PA; NDS; SP

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Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA CAPSULE 70MG	3	QL(30 EA per 30 days); PA; NDS; SP
IMBRUVICA SUSPENSION 70MG/ML	3	QL(216 ML per 27 days); PA; NDS; SP
IMBRUVICA TABLET 140MG, 280MG, 420MG	3	QL(30 EA per 30 days); PA; NDS; SP
IMKELDI SOLUTION 80MG/ML	3	QL(300 ML per 30 days); PA; NDS
INLYTA TABLET 5MG	3	QL(120 EA per 30 days); PA; NDS; SP
INLYTA TABLET 1MG	3	QL(180 EA per 30 days); PA; NDS; SP
INQOVI TABLET 100MG; 35MG	3	QL(5 EA per 28 days); PA; NDS; SP
JAKAFI XR TABLET EXTENDED RELEASE 24 HOUR 11MG, 22MG, 33MG, 44MG, 55MG	3	QL(30 EA per 30 days); PA; NDS; SP
JAKAFI TABLET 10MG, 15MG, 20MG, 25MG, 5MG	3	QL(60 EA per 30 days); PA; NDS; SP
JAYPIRCA TABLET 50MG	3	QL(30 EA per 30 days); PA; NDS
JAYPIRCA TABLET 100MG	3	QL(60 EA per 30 days); PA; NDS
KISQALI TABLET THERAPY PACK 200MG DOSE	3	QL(21 EA per 28 days); PA; NDS; SP
KISQALI TABLET THERAPY PACK 400MG DOSE	3	QL(42 EA per 28 days); PA; NDS; SP
KISQALI TABLET THERAPY PACK 600MG DOSE	3	QL(63 EA per 28 days); PA; NDS; SP
KOSELUGO CAPSULE SPRINKLE 7.5MG	3	QL(400 EA per 30 days); PA; NDS
KOSELUGO CAPSULE SPRINKLE 5MG	3	QL(600 EA per 30 days); PA; NDS
KOSELUGO CAPSULE 25MG	3	QL(120 EA per 30 days); PA; NDS
KOSELUGO CAPSULE 10MG	3	QL(240 EA per 30 days); PA; NDS
KRAZATI TABLET 200MG	3	QL(180 EA per 30 days); PA; NDS
lapatinib ditosylate tablet 250mg	3	QL(180 EA per 30 days); PA; NDS; SP
LENVIMA 10 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	3	QL(30 EA per 30 days); PA; NDS; SP
LENVIMA 12MG DAILY DOSE CAPSULE THERAPY PACK 4MG	3	QL(90 EA per 30 days); PA; NDS; SP
LENVIMA 14 MG DAILY DOSE CAPSULE THERAPY PACK 0	3	QL(60 EA per 30 days); PA; NDS; SP
LENVIMA 18 MG DAILY DOSE CAPSULE THERAPY PACK 0	3	QL(90 EA per 30 days); PA; NDS; SP
LENVIMA 20 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	3	QL(60 EA per 30 days); PA; NDS; SP
LENVIMA 24 MG DAILY DOSE CAPSULE THERAPY PACK 0	3	QL(90 EA per 30 days); PA; NDS; SP
LENVIMA 4 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	3	QL(30 EA per 30 days); PA; NDS; SP

Drug Name	Drug Tier	Requirements/Limits
LENVIMA 8 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	3	QL(60 EA per 30 days); PA; NDS; SP
LIFYORLI CAPSULE THERAPY PACK 0	3	PA; NDS
LORBRENA TABLET 100MG	3	QL(30 EA per 30 days); PA; NDS; SP
LORBRENA TABLET 25MG	3	QL(90 EA per 30 days); PA; NDS; SP
LUMAKRAS TABLET 240MG	3	QL(120 EA per 30 days); PA; NDS; SP
LUMAKRAS TABLET 120MG	3	QL(240 EA per 30 days); PA; NDS; SP
LUMAKRAS TABLET 320MG	3	QL(90 EA per 30 days); PA; NDS; SP
LYNPARZA TABLET 100MG, 150MG	3	QL(120 EA per 30 days); PA; NDS; SP
LYTGOBI TABLET THERAPY PACK (16 MG DAILY DOSE)	3	QL(112 EA per 28 days); PA; NDS
LYTGOBI TABLET THERAPY PACK (20 MG DAILY DOSE)	3	QL(140 EA per 28 days); PA; NDS
LYTGOBI TABLET THERAPY PACK (12 MG DAILY DOSE)	3	QL(84 EA per 28 days); PA; NDS
MEKINIST SOLUTION RECONSTITUTED 0.05MG/ML	3	QL(1260 ML per 30 days); PA; NDS; SP
MEKINIST TABLET 2MG	3	QL(30 EA per 30 days); PA; NDS; SP
MEKINIST TABLET 0.5MG	3	QL(90 EA per 30 days); PA; NDS; SP
MEKTOVI TABLET 15MG	3	QL(180 EA per 30 days); PA; NDS; SP
NERLYNX TABLET 40MG	3	QL(180 EA per 30 days); PA; NDS; SP
nilotinib d-tartrate capsule 150mg, 200mg	3	QL(112 EA per 28 days); PA; NDS; SP
nilotinib d-tartrate capsule 50mg	3	QL(120 EA per 30 days); PA; NDS; SP
nilotinib hydrochloride capsule 150mg, 200mg	3	QL(112 EA per 28 days); PA; NDS; SP
nilotinib hydrochloride capsule 50mg	3	QL(120 EA per 30 days); PA; NDS; SP
NINLARO CAPSULE 2.3MG, 3MG, 4MG	3	QL(3 EA per 28 days); PA; NDS; SP
ODOMZO CAPSULE 200MG	3	QL(30 EA per 30 days); PA; NDS; SP
OJJAARA TABLET 100MG, 150MG, 200MG	3	QL(30 EA per 30 days); PA; NDS
pazopanib hydrochloride tablet 200mg	3	QL(120 EA per 30 days); PA; NDS; SP

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Drug Name	Drug Tier	Requirements/Limits
pazopanib hydrochloride tablet 400mg	3	QL(60 EA per 30 days); PA; NDS; SP
PEMAZYRE TABLET 13.5MG, 4.5MG, 9MG	3	QL(14 EA per 21 days); PA; NDS
PIQRAY 200MG DAILY DOSE TABLET THERAPY PACK 200MG	3	QL(28 EA per 28 days); PA; NDS
PIQRAY 250MG DAILY DOSE TABLET THERAPY PACK 0	3	QL(56 EA per 28 days); PA; NDS
PIQRAY 300MG DAILY DOSE TABLET THERAPY PACK 150MG	3	QL(56 EA per 28 days); PA; NDS
QINLOCK TABLET 50MG	3	QL(90 EA per 30 days); PA; NDS
RETEVMO TABLET 120MG, 160MG, 80MG	3	QL(60 EA per 30 days); PA; NDS; SP
RETEVMO TABLET 40MG	3	QL(90 EA per 30 days); PA; NDS; SP
REZLIDHIA CAPSULE 150MG	3	QL(60 EA per 30 days); PA; NDS
ROMVIMZA CAPSULE 14MG, 20MG, 30MG	3	QL(8 EA per 28 days); PA; NDS
ROZLYTREK CAPSULE 100MG	3	QL(180 EA per 30 days); PA; NDS; SP
ROZLYTREK CAPSULE 200MG	3	QL(90 EA per 30 days); PA; NDS; SP
ROZLYTREK PACKET 50MG	3	QL(336 EA per 28 days); PA; NDS; SP
RUBRACA TABLET 200MG, 250MG, 300MG	3	QL(120 EA per 30 days); PA; NDS; SP
RYDAPT CAPSULE 25MG	3	QL(224 EA per 28 days); PA; NDS; SP
SCEMBLIX TABLET 100MG	3	QL(120 EA per 30 days); PA; NDS
SCEMBLIX TABLET 40MG	3	QL(300 EA per 30 days); PA; NDS
SCEMBLIX TABLET 20MG	3	QL(60 EA per 30 days); PA; NDS
sorafenib tosylate tablet 200mg	3	QL(220 EA per 30 days); PA; NDS; SP
STIVARGA TABLET 40MG	3	QL(84 EA per 28 days); PA; NDS; SP
sunitinib malate capsule 12.5mg, 25mg, 37.5mg, 50mg	3	QL(30 EA per 30 days); PA; NDS; SP
TABRECTA TABLET 150MG, 200MG	3	QL(112 EA per 28 days); PA; NDS; SP
TAFINLAR CAPSULE 50MG, 75MG	3	QL(120 EA per 30 days); PA; NDS; SP
TAFINLAR TABLET SOLUBLE 10MG	3	QL(840 EA per 28 days); PA; NDS; SP
TAGRISSO TABLET 40MG, 80MG	3	QL(30 EA per 30 days); PA; NDS; SP
TALZENNA CAPSULE 0.1MG, 0.35MG, 0.5MG, 0.75MG, 1MG	3	QL(30 EA per 30 days); PA; NDS; SP

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Drug Name	Drug Tier	Requirements/Limits
TALZENNA CAPSULE 0.25MG	3	QL(90 EA per 30 days); PA; NDS; SP
TAZVERIK TABLET 200MG	3	QL(240 EA per 30 days); PA; NDS
TEPMETKO TABLET 225MG	3	QL(60 EA per 30 days); PA; NDS
TIBSOVO TABLET 250MG	3	QL(60 EA per 30 days); PA; NDS
TORPENZ TABLET 10MG, 2.5MG, 5MG, 7.5MG	3	QL(30 EA per 30 days); PA; NDS
TRUQAP TABLET THERAPY PACK 160MG, 200MG	3	QL(64 EA per 28 days); PA; NDS
TRUQAP TABLET 200MG	3	QL(64 EA per 28 days); PA; NDS
TUKYSA TABLET 150MG, 50MG	3	QL(120 EA per 30 days); PA; NDS
TURALIO CAPSULE 125MG	3	QL(120 EA per 30 days); PA; NDS
VANFLYTA TABLET 17.7MG, 26.5MG	3	QL(56 EA per 28 days); PA; NDS
VENCLEXTA STARTING PACK TABLET THERAPY PACK 0	3	QL(42 EA per 28 days); PA; NDS; SP
VENCLEXTA TABLET 10MG	2	QL(112 EA per 28 days); PA; SP
VENCLEXTA TABLET 50MG	3	QL(112 EA per 28 days); PA; NDS; SP
VENCLEXTA TABLET 100MG	3	QL(180 EA per 30 days); PA; NDS; SP
VERZENIO TABLET 100MG, 150MG, 200MG, 50MG	3	QL(56 EA per 28 days); PA; NDS; SP
VIJOICE PACKET 50MG	3	QL(140 EA per 28 days); PA; NDS
VIJOICE TABLET THERAPY PACK 125MG, 50MG	3	QL(28 EA per 28 days); PA; NDS
VIJOICE TABLET THERAPY PACK 0	3	QL(56 EA per 28 days); PA; NDS
VITRAKVI CAPSULE 25MG	3	QL(180 EA per 30 days); PA; NDS
VITRAKVI CAPSULE 100MG	3	QL(60 EA per 30 days); PA; NDS
VITRAKVI SOLUTION 20MG/ML	3	QL(300 ML per 30 days); PA; NDS
VIZIMPRO TABLET 15MG, 30MG, 45MG	3	QL(30 EA per 30 days); PA; NDS; SP
XALKORI CAPSULE SPRINKLE 20MG, 50MG	3	QL(120 EA per 30 days); PA; NDS; SP
XALKORI CAPSULE SPRINKLE 150MG	3	QL(180 EA per 30 days); PA; NDS; SP
XALKORI CAPSULE 200MG, 250MG	3	QL(120 EA per 30 days); PA; NDS; SP
XOSPATA TABLET 40MG	3	QL(90 EA per 30 days); PA; NDS
XPOVIO 60 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	3	QL(24 EA per 28 days); PA; NDS
XPOVIO 80 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	3	QL(32 EA per 28 days); PA; NDS
XPOVIO TABLET THERAPY PACK 10MG	3	QL(16 EA per 28 days); PA; NDS
XPOVIO TABLET THERAPY PACK 80MG	3	QL(4 EA per 28 days); PA; NDS
xpovio tablet therapy pack 60mg	3	QL(4 EA per 28 days); PA; NDS
xpovio tablet therapy pack 40mg, 50mg	3	QL(8 EA per 28 days); PA; NDS
YULITHIRA TABLET 10MG, 2.5MG, 5MG, 7.5MG	3	QL(30 EA per 30 days); PA

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Drug Name	Drug Tier	Requirements/Limits
ZEJULA TABLET 200MG, 300MG	3	QL(30 EA per 30 days); PA; NDS; SP
ZEJULA TABLET 100MG	3	QL(90 EA per 30 days); PA; NDS; SP
ZELBORAF TABLET 240MG	3	QL(240 EA per 30 days); PA; NDS; SP
ZYDELIG TABLET 100MG, 150MG	3	QL(60 EA per 30 days); PA; NDS; SP
ZYKADIA TABLET 150MG	3	QL(84 EA per 28 days); PA; NDS; SP
Monoclonal Antibodies/Antibody-Drug Conjugates		
HERCEPTIN HYLECTA INJECTION 10000UNIT/5ML; 600MG/5ML	3	PA; NDS; SP
HERCEPTIN INJECTION 150MG	3	PA; NDS; SP
HERZUMA INJECTION 150MG, 420MG	3	PA; NDS; SP
KANJINTI INJECTION 150MG, 420MG	3	PA; NDS; SP
OGIVRI INJECTION 150MG, 420MG	3	PA; NDS; SP
TRAZIMERA INJECTION 150MG, 420MG	3	PA; NDS; SP
TRUXIMA INJECTION 100MG/10ML, 500MG/50ML	3	PA; NDS; SP
ZIRABEV INJECTION 100MG/4ML, 400MG/16ML	3	PA; NDS; SP
Retinoids		
bexarotene capsule 75mg	3	QL(300 EA per 30 days); PA; NDS; SP
bexarotene gel 1%	3	QL(60 GM per 30 days); PA; NDS; SP
PANRETIN GEL 0.1%	3	QL(60 GM per 30 days); PA; NDS
tretinoin capsule 10mg	3	NDS; SP
Treatment Adjuncts		
mesna tablet 400mg	3	SP
VORANIGO TABLET 40MG	3	QL(30 EA per 30 days); PA; NDS
VORANIGO TABLET 10MG	3	QL(60 EA per 30 days); PA; NDS
Antiparasitics		
Anthelmintics		
albendazole tablet 200mg	3	
ivermectin tablet 6mg	2	QL(10 EA per 30 days); PA
ivermectin tablet 3mg	2	QL(20 EA per 30 days); PA
praziquantel tablet 600mg	3	
Antiprotozoals		
atovaquone/proguanil hcl tablet 62.5mg; 25mg	3	
atovaquone/proguanil hydrochloride tablet 250mg; 100mg	3	
atovaquone suspension 750mg/5ml	1	
benznidazole tablet 100mg, 12.5mg	2	
chloroquine phosphate tablet 250mg, 500mg	2	
COARTEM TABLET 20MG; 120MG	3	QL(24 EA per 3 days)
hydroxychloroquine sulfate tablet 200mg	1	

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Drug Name	Drug Tier	Requirements/Limits
mefloquine hydrochloride tablet 250mg	1	
nitazoxanide tablet 500mg	3	QL(6 EA per 30 days); NDS
pentamidine isethionate injection 300mg	2	
pentamidine isethionate inhalation solution reconstituted 300mg	2	B/D
primaquine phosphate tablet 26.3mg	2	
pyrimethamine tablet 25mg	3	NDS
quinine sulfate capsule 324mg	3	PA
Antiparkinson Agents		
Anticholinergics		
benztropine mesylate tablet 0.5mg, 1mg, 2mg	1	PA; PA applies if 65 years and older
trihexyphenidyl hydrochloride solution 0.4mg/ml	2	
trihexyphenidyl hydrochloride tablet 2mg, 5mg	2	
Antiparkinson Agents, Other		
carbidopa/levodopa/entacapone tablet 12.5mg; 200mg; 50mg, 18.75mg; 200mg; 75mg, 25mg; 200mg; 100mg, 31.25mg; 200mg; 125mg, 37.5mg; 200mg; 150mg, 50mg; 200mg; 200mg	2	
entacapone tablet 200mg	2	
NOURIANZ TABLET 20MG, 40MG	3	QL(30 EA per 30 days); NDS
tolcapone tablet 100mg	3	NDS
Dopamine Agonists		
bromocriptine mesylate capsule 5mg	2	
bromocriptine mesylate tablet 2.5mg	2	
pramipexole dihydrochloride tablet 0.125mg, 0.25mg, 0.5mg, 0.75mg, 1.5mg, 1mg	1	
ropinirole er tablet extended release 24 hour 12mg, 2mg, 4mg, 6mg, 8mg	2	
ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg	1	
ropinirole hydrochloride tablet 0.25mg, 3mg	1	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
carbidopa/levodopa er capsule extended release 23.75mg; 95mg, 36.25mg; 145mg, 48.75mg; 195mg, 61.25mg; 245mg	3	
carbidopa/levodopa er tablet extended release 25mg; 100mg, 50mg; 200mg	1	
carbidopa/levodopa odt tablet disintegrating 10mg; 100mg, 25mg; 100mg, 25mg; 250mg	2	
carbidopa/levodopa tablet 10mg; 100mg, 25mg; 100mg, 25mg; 250mg	1	
carbidopa tablet 25mg	1	
CREXONT CAPSULE EXTENDED RELEASE 35MG; 140MG, 52.5MG; 210MG, 70MG; 280MG, 87.5MG; 350MG	3	
INBRIJA CAPSULE 42MG	3	PA; NDS
Monoamine Oxidase B (MAO-B) Inhibitors		

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Drug Name	Drug Tier	Requirements/Limits
rasagiline mesylate tablet 0.5mg, 1mg	3	
selegiline hcl capsule 5mg	2	
selegiline hcl tablet 5mg	2	
Antipsychotics		
1st Generation/Typical		
chlorpromazine hydrochloride concentrate 100mg/ml, 30mg/ml	3	
chlorpromazine hydrochloride tablet 100mg, 10mg, 200mg, 25mg, 50mg	3	
fluphenazine decanoate injection 25mg/ml	3	
fluphenazine hcl concentrate 5mg/ml	3	
fluphenazine hydrochloride elixir 2.5mg/5ml	3	
fluphenazine hydrochloride injection 2.5mg/ml	3	
fluphenazine hydrochloride tablet 10mg, 1mg, 2.5mg, 5mg	3	
haloperidol decanoate injection 100mg/ml, 50mg/ml	2	
haloperidol lactate injection 5mg/ml	2	
haloperidol concentrate 2mg/ml	2	
haloperidol tablet 0.5mg, 10mg, 1mg, 20mg, 2mg, 5mg	1	
loxapine capsule 10mg, 25mg, 50mg, 5mg	2	
molindone hydrochloride tablet 10mg, 25mg, 5mg	3	
perphenazine tablet 16mg, 2mg, 4mg, 8mg	2	
pimozide tablet 1mg, 2mg	3	
thioridazine hydrochloride tablet 100mg, 10mg, 25mg, 50mg	2	
thiothixene capsule 10mg, 1mg, 2mg, 5mg	3	
trifluoperazine hcl tablet 10mg, 2mg, 5mg	2	
trifluoperazine hydrochloride tablet 1mg	2	
2nd Generation/Atypical		
ABILIFY ASIMTUFII INJECTION 720MG/2.4ML	3	QL(2.4 ML per 56 days); NDS
ABILIFY ASIMTUFII INJECTION 960MG/3.2ML	3	QL(3.2 ML per 56 days); NDS
ABILIFY MAINTENA INJECTION 300MG, 400MG	3	QL(1 EA per 28 days); NDS
aripiprazole odt tablet disintegrating 10mg, 15mg	3	
aripiprazole solution 1mg/ml	2	
aripiprazole tablet 10mg, 15mg, 20mg, 2mg, 30mg, 5mg	2	
ARISTADA INITIO INJECTION 675MG/2.4ML	3	QL(2.4 ML per 42 days); NDS
ARISTADA INJECTION 441MG/1.6ML	3	QL(1.6 ML per 28 days); NDS
ARISTADA INJECTION 662MG/2.4ML	3	QL(2.4 ML per 28 days); NDS
ARISTADA INJECTION 882MG/3.2ML	3	QL(3.2 ML per 28 days); NDS
ARISTADA INJECTION 1064MG/3.9ML	3	QL(3.9 ML per 56 days); NDS
asenapine maleate sl tablet sublingual 10mg, 2.5mg, 5mg	3	QL(60 EA per 30 days); ST
BYSANTI TITRATION PACK A TABLET THERAPY PACK 0	3	QL(16 EA per 365 days); PA
BYSANTI TITRATION PACK B TABLET THERAPY PACK 0	3	QL(24 EA per 365 days); PA
BYSANTI TITRATION PACK C TABLET THERAPY PACK 0	3	QL(16 EA per 365 days); PA

Drug Name	Drug Tier	Requirements/Limits
BYSANTI TABLET 1MG	3	QL(180 EA per 30 days); PA; NDS
BYSANTI TABLET 10MG, 12MG, 2MG, 4MG, 6MG, 8MG	3	QL(60 EA per 30 days); PA; NDS
CAPLYTA CAPSULE 10.5MG, 21MG, 42MG	3	QL(30 EA per 30 days); PA; NDS
ERZOFRI INJECTION 39MG/0.25ML	3	QL(0.25 ML per 28 days)
ERZOFRI INJECTION 78MG/0.5ML	3	QL(0.5 ML per 28 days); NDS
ERZOFRI INJECTION 117MG/0.75ML	3	QL(0.75 ML per 28 days); NDS
ERZOFRI INJECTION 156MG/ML	3	QL(1 ML per 28 days); NDS
ERZOFRI INJECTION 234MG/1.5ML	3	QL(1.5 ML per 28 days); NDS
ERZOFRI INJECTION 351MG/2.25ML	3	QL(2.25 ML per 28 days); NDS
FANAPT TITRATION PACK A TABLET 0	3	QL(16 EA per 365 days); ST
FANAPT TITRATION PACK B TABLET 0	3	QL(24 EA per 365 days); ST
FANAPT TITRATION PACK C TABLET 0	3	QL(16 EA per 365 days); ST
FANAPT TABLET 2MG	3	QL(60 EA per 30 days); ST
FANAPT TABLET 10MG, 12MG, 1MG, 4MG, 6MG, 8MG	3	QL(60 EA per 30 days); ST; NDS
INVEGA HAFYERA INJECTION 1092MG/3.5ML	3	QL(3.5 ML per 180 days); NDS
INVEGA HAFYERA INJECTION 1560MG/5ML	3	QL(5 ML per 180 days); NDS
INVEGA SUSTENNA INJECTION 39MG/0.25ML	3	QL(0.25 ML per 28 days)
INVEGA SUSTENNA INJECTION 78MG/0.5ML	3	QL(0.5 ML per 28 days); NDS
INVEGA SUSTENNA INJECTION 117MG/0.75ML	3	QL(0.75 ML per 28 days); NDS
INVEGA SUSTENNA INJECTION 156MG/ML	3	QL(1 ML per 28 days); NDS
INVEGA SUSTENNA INJECTION 234MG/1.5ML	3	QL(1.5 ML per 28 days); NDS
INVEGA TRINZA INJECTION 273MG/0.88ML	3	QL(0.88 ML per 90 days); NDS
INVEGA TRINZA INJECTION 410MG/1.32ML	3	QL(1.32 ML per 90 days); NDS
INVEGA TRINZA INJECTION 546MG/1.75ML	3	QL(1.75 ML per 90 days); NDS
INVEGA TRINZA INJECTION 819MG/2.63ML	3	QL(2.63 ML per 90 days); NDS
lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg	3	QL(30 EA per 30 days)
lurasidone hydrochloride tablet 80mg	3	QL(60 EA per 30 days)
LYBALVI TABLET 10MG; 10MG, 15MG; 10MG, 20MG; 10MG, 5MG; 10MG	3	QL(30 EA per 30 days); PA; NDS
NUPLAZID CAPSULE 34MG	3	QL(60 EA per 30 days); PA; NDS
NUPLAZID TABLET 10MG	3	QL(60 EA per 30 days); PA; NDS
olanzapine odt tablet disintegrating 15mg, 20mg, 5mg	2	QL(30 EA per 30 days)
olanzapine odt tablet disintegrating 10mg	2	QL(60 EA per 30 days)
olanzapine injection 10mg	3	QL(3 EA per 1 days)
olanzapine tablet 15mg, 20mg, 7.5mg	1	QL(30 EA per 30 days)
olanzapine tablet 10mg, 2.5mg, 5mg	1	QL(60 EA per 30 days)
OPIPZA FILM 2MG	3	QL(30 EA per 30 days); PA; NDS
OPIPZA FILM 10MG, 5MG	3	QL(90 EA per 30 days); PA; NDS
paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 6mg, 9mg	3	
PERSERIS INJECTION 120MG, 90MG	3	QL(1 EA per 30 days); NDS
quetiapine fumarate er tablet extended release 24 hour 150mg, 200mg, 300mg, 400mg, 50mg	2	
quetiapine fumarate tablet 100mg, 200mg, 25mg, 300mg, 400mg, 50mg	2	

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Drug Name	Drug Tier	Requirements/Limits
REXULTI TABLET 3MG, 4MG	3	QL(30 EA per 30 days); NDS
REXULTI TABLET 0.25MG, 0.5MG, 1MG, 2MG	3	QL(60 EA per 30 days); NDS
risperidone er injection 12.5mg, 25mg, 37.5mg	3	QL(2 EA per 28 days)
risperidone er injection 50mg	3	QL(2 EA per 28 days); NDS
risperidone odt tablet disintegrating 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg	2	
risperidone solution 1mg/ml	2	
risperidone tablet 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg	1	
SECUADO PATCH 24 HOUR 3.8MG/24HR, 5.7MG/24HR, 7.6MG/24HR	3	QL(30 EA per 30 days); ST; NDS
UZEDY INJECTION 50MG/0.14ML	3	QL(0.14 ML per 28 days); NDS
UZEDY INJECTION 75MG/0.21ML	3	QL(0.21 ML per 28 days); NDS
UZEDY INJECTION 100MG/0.28ML	3	QL(0.28 ML per 28 days); NDS
UZEDY INJECTION 125MG/0.35ML	3	QL(0.35 ML per 28 days); NDS
UZEDY INJECTION 150MG/0.42ML	3	QL(0.42 ML per 28 days); NDS
UZEDY INJECTION 200MG/0.56ML	3	QL(0.56 ML per 28 days); NDS
UZEDY INJECTION 250MG/0.7ML	3	QL(0.7 ML per 28 days); NDS
VRAYLAR CAPSULE 0.5MG, 0.75MG, 3MG, 4.5MG, 6MG	2	QL(30 EA per 30 days)
VRAYLAR CAPSULE 1.5MG	2	QL(60 EA per 30 days)
ziprasidone hcl capsule 20mg, 40mg, 60mg, 80mg	2	QL(60 EA per 30 days)
ziprasidone mesylate injection 20mg	2	QL(6 EA per 3 days)
ZYPREXA RELPREVV INJECTION 405MG	3	QL(1 EA per 28 days); PA; NDS
ZYPREXA RELPREVV INJECTION 210MG	3	QL(2 EA per 28 days); PA
ZYPREXA RELPREVV INJECTION 300MG	3	QL(2 EA per 28 days); PA; NDS
Treatment-Resistant		
clozapine odt tablet disintegrating 100mg, 12.5mg, 150mg, 200mg, 25mg	3	
clozapine tablet 25mg, 50mg	1	
clozapine tablet 100mg, 200mg	3	
VERSACLOZ SUSPENSION 50MG/ML	3	QL(600 ML per 30 days); PA; NDS
Antispasticity Agents		
Antispasticity Agents		
baclofen solution 10mg/5ml, 5mg/5ml	3	
baclofen suspension 25mg/5ml	3	
baclofen tablet 10mg, 15mg, 20mg, 5mg	1	
dantrolene sodium capsule 100mg, 25mg, 50mg	3	
SOHONOS CAPSULE 1.5MG, 10MG, 1MG, 2.5MG, 5MG	3	PA; NDS
tizanidine hcl tablet 2mg	1	
tizanidine hydrochloride tablet 4mg	1	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
LIVTENCITY TABLET 200MG	3	PA; NDS
PREVYMIS PACKET 120MG, 20MG	3	QL(120 EA per 30 days); PA; NDS; SP

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Drug Name	Drug Tier	Requirements/Limits
PREVYMIS TABLET 240MG, 480MG	3	QL(28 EA per 28 days); PA; NDS; SP
valganciclovir hydrochloride solution reconstituted 50mg/ml	3	NDS
valganciclovir tablet 450mg	2	
Anti-hepatitis B (HBV) Agents		
adefovir dipivoxil tablet 10mg	3	
BARACLUDE SOLUTION 0.05MG/ML	3	NDS
entecavir tablet 0.5mg, 1mg	2	
lamivudine tablet 100mg	2	
VEMLIDY TABLET 25MG	3	NDS
Anti-hepatitis C (HCV) Agents		
ledipasvir/sofosbuvir tablet 90mg; 400mg	3	PA; NDS; SP
MAVYRET PACKET 50MG; 20MG	3	PA; NDS; SP
MAVYRET TABLET 100MG; 40MG	3	PA; NDS; SP
ribavirin capsule 200mg	2	SP
ribavirin tablet 200mg	2	SP
sofosbuvir/velpatasvir tablet 400mg; 100mg	3	PA; NDS; SP
VOSEVI TABLET 400MG; 100MG; 100MG	3	PA; NDS; SP
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
biktarvy tablet 30mg; 120mg; 15mg, 50mg; 200mg; 25mg	3	NDS
DOVATO TABLET 50MG; 300MG	3	NDS
GENVOYA TABLET 150MG; 150MG; 200MG; 10MG	3	NDS
ISENTRESS HD TABLET 600MG	3	QL(60 EA per 30 days); NDS
ISENTRESS PACKET 100MG	3	QL(60 EA per 30 days); NDS
ISENTRESS TABLET CHEWABLE 100MG	3	QL(180 EA per 30 days); NDS
ISENTRESS TABLET CHEWABLE 25MG	3	QL(720 EA per 30 days)
ISENTRESS TABLET 400MG	3	QL(60 EA per 30 days); NDS
JULUCA TABLET 50MG; 25MG	3	NDS
STRIBILD TABLET 150MG; 150MG; 200MG; 300MG	3	NDS
TIVICAY PD TABLET SOLUBLE 5MG	3	NDS
TIVICAY TABLET 50MG	3	NDS
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
DELSTRIGO TABLET 100MG; 300MG; 300MG	3	NDS
EDURANT PED TABLET SOLUBLE 2.5MG	3	QL(180 EA per 30 days); NDS
efavirenz/emtricitabine/tenofovir disoproxil fumarate tablet 600mg; 200mg; 300mg	3	
efavirenz/lamivudine/tenofovir disoproxil fumarate tablet 400mg; 300mg; 300mg, 600mg; 300mg; 300mg	3	NDS
efavirenz tablet 600mg	3	
emtricitabine/rilpivirine/tenofovir disoproxil fumarate tablet 200mg; 25mg; 300mg	3	NDS
etravirine tablet 100mg, 200mg	3	NDS
IDVYNSO TABLET 100MG; 0.25MG	3	QL(30 EA per 30 days); NDS
INTELENCE TABLET 25MG	3	

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Drug Name	Drug Tier	Requirements/Limits
nevirapine er tablet extended release 24 hour 400mg	3	
nevirapine suspension 50mg/5ml	3	
nevirapine tablet 200mg	1	
PIFELTRO TABLET 100MG	3	NDS
rilpivirine hydrochloride tablet 25mg	3	NDS
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
abacavir sulfate/lamivudine tablet 600mg; 300mg	2	
abacavir solution 20mg/ml	2	
abacavir tablet 300mg	1	
CIMDUO TABLET 300MG; 300MG	3	NDS
DESCOVY TABLET 120MG; 15MG, 200MG; 25MG	3	QL(30 EA per 30 days); NDS
emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg, 200mg; 300mg	3	QL(30 EA per 30 days)
emtricitabine/tenofovir disoproxil fumarate tablet 133mg; 200mg	3	QL(30 EA per 30 days); NDS
emtricitabine/tenofovir disoproxil tablet 167mg; 250mg	3	QL(30 EA per 30 days)
emtricitabine capsule 200mg	2	
EMTRIVA SOLUTION 10MG/ML	3	
lamivudine/zidovudine tablet 150mg; 300mg	2	
lamivudine solution 10mg/ml	2	
lamivudine tablet 150mg, 300mg	2	
ODEFSEY TABLET 200MG; 25MG; 25MG	3	NDS
tenofovir disoproxil fumarate tablet 300mg	2	
TRIUMEQ PD TABLET SOLUBLE 60MG; 5MG; 30MG	3	
TRIUMEQ TABLET 600MG; 50MG; 300MG	3	NDS
VIREAD POWDER 40MG/GM	3	NDS
VIREAD TABLET 150MG, 200MG, 250MG	3	NDS
zidovudine capsule 100mg	1	
zidovudine syrup 50mg/5ml	1	
zidovudine tablet 300mg	1	
Anti-HIV Agents, Other		
maraviroc tablet 150mg, 300mg	3	NDS
RUKOBIA TABLET EXTENDED RELEASE 12 HOUR 600MG	3	NDS
SELZENTRY SOLUTION 20MG/ML	3	NDS
SUNLENCA TABLET THERAPY PACK 300MG	3	NDS
SUNLENCA TABLET 300MG	3	NDS
TYBOST TABLET 150MG	2	
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS CAPSULE 250MG	3	NDS
atazanavir sulfate capsule 300mg	3	
atazanavir capsule 150mg, 200mg	3	
darunavir tablet 600mg	3	
darunavir tablet 800mg	3	NDS

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Drug Name	Drug Tier	Requirements/Limits
EVOTAZ TABLET 300MG; 150MG	3	NDS
fosamprenavir calcium tablet 700mg	3	NDS
KALETRA SOLUTION 400MG/5ML; 100MG/5ML	3	
lopinavir/ritonavir tablet 100mg; 25mg, 200mg; 50mg	3	
NORVIR PACKET 100MG	3	
PREZCOBIX TABLET 150MG; 675MG, 150MG; 800MG	3	NDS
PREZISTA SUSPENSION 100MG/ML	3	NDS
PREZISTA TABLET 75MG	3	
PREZISTA TABLET 150MG	3	NDS
REYATAZ PACKET 50MG	3	NDS
ritonavir tablet 100mg	2	
SYMTUZA TABLET 150MG; 800MG; 200MG; 10MG	3	NDS
VIRACEPT TABLET 250MG, 625MG	3	NDS
Anti-influenza Agents		
amantadine hcl capsule 100mg	1	
amantadine hcl solution 50mg/5ml	1	
amantadine hcl tablet 100mg	1	
amantadine hydrochloride tablet 100mg	1	
oseltamivir phosphate capsule 30mg, 45mg, 75mg	1	
oseltamivir phosphate suspension reconstituted 6mg/ml	1	
RELENZA DISKHALER AEROSOL POWDER BREATH ACTIVATED 5MG/BLISTER	2	QL(120 EA per 365 days)
rimantadine hydrochloride tablet 100mg	2	
XOFLUZA TABLET THERAPY PACK 40MG, 80MG	3	QL(1 EA per 7 days)
Antiherpetic Agents		
acyclovir sodium injection 50mg/ml	2	
acyclovir capsule 200mg	1	
acyclovir suspension 200mg/5ml	2	
acyclovir tablet 400mg, 800mg	1	
famciclovir tablet 125mg, 250mg, 500mg	2	
valacyclovir hydrochloride tablet 1gm, 500mg	1	
Antiviral, Coronavirus Agents		
LAGEVRIO CAPSULE 200MG	2	QL(40 EA per 5 days)
Anxiolytics		
Anxiolytics, Other		
buspirone hcl tablet 15mg	1	
buspirone hydrochloride tablet 10mg, 5mg	1	
buspirone hydrochloride tablet 30mg, 7.5mg	2	
Benzodiazepines		
alprazolam er tablet extended release 24 hour 0.5mg, 1mg	1	QL(60 EA per 30 days)
alprazolam er tablet extended release 24 hour 2mg, 3mg	1	QL(90 EA per 30 days)
alprazolam tablet 0.25mg, 0.5mg, 1mg, 2mg	1	QL(150 EA per 30 days)
clorazepate dipotassium tablet 15mg, 3.75mg, 7.5mg	3	QL(180 EA per 30 days); PA; PA applies if 65 years and older

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Drug Name	Drug Tier	Requirements/Limits
DIAZEPAM INTENSOL CONCENTRATE 5MG/ML	2	QL(240 ML per 30 days); PA; PA applies if 65 years and older
diazepam concentrate 5mg/ml	2	QL(240 ML per 30 days); PA; PA applies if 65 years and older
diazepam solution 5mg/5ml	2	QL(1200 ML per 30 days); PA; PA applies if 65 years and older
diazepam tablet 10mg, 2mg, 5mg	1	QL(120 EA per 30 days); PA; PA applies if 65 years and older
LORAZEPAM INTENSOL CONCENTRATE 2MG/ML	2	QL(150 ML per 30 days)
lorazepam tablet 0.5mg, 1mg, 2mg	1	QL(150 EA per 30 days)
Bipolar Agents		
Mood Stabilizers		
lithium carbonate er tablet extended release 300mg, 450mg	1	
lithium carbonate capsule 150mg, 300mg, 600mg	1	
lithium carbonate tablet 300mg	1	
lithium solution 8meq/5ml	3	
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose tablet 100mg, 25mg, 50mg	1	
glipizide er tablet extended release 24 hour 10mg, 2.5mg, 5mg	1	
glipizide/metformin hydrochloride tablet 2.5mg; 250mg, 2.5mg; 500mg, 5mg; 500mg	1	
glipizide tablet 10mg, 2.5mg, 5mg	1	
GLYXAMBI TABLET 10MG; 5MG, 25MG; 5MG	2	QL(30 EA per 30 days)
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG	2	QL(30 EA per 30 days)
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 50MG, 500MG; 50MG	2	QL(60 EA per 30 days)
JANUMET TABLET 1000MG; 50MG, 500MG; 50MG	2	QL(60 EA per 30 days)
JANUVIA TABLET 100MG, 25MG, 50MG	2	QL(30 EA per 30 days)
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG	2	QL(30 EA per 30 days)
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG	2	QL(60 EA per 30 days)
JENTADUETO TABLET 2.5MG; 1000MG, 2.5MG; 500MG, 2.5MG; 850MG	2	QL(60 EA per 30 days)
liraglutide injection 6mg/ml	2	QL(9 ML per 30 days); PA
metformin hydrochloride er tablet extended release 24 hour 500mg, 750mg	1	
metformin hydrochloride solution 500mg/5ml	2	
metformin hydrochloride tablet 1000mg, 500mg, 850mg	1	
miglitol tablet 100mg, 25mg, 50mg	1	
MOUNJARO INJECTION 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML	2	QL(2 ML per 28 days); PA
nateglinide tablet 120mg, 60mg	1	

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Drug Name	Drug Tier	Requirements/Limits
OZEMPIC INJECTION 2MG/3ML, 4MG/3ML, 8MG/3ML	2	QL(3 ML per 28 days); PA
OZEMPIC TABLET 1.5MG, 4MG, 9MG	2	QL(30 EA per 30 days); PA
pioglitazone hcl/metformin hcl tablet 500mg; 15mg, 850mg; 15mg	1	
pioglitazone hcl tablet 45mg	1	
pioglitazone hydrochloride tablet 15mg, 30mg	1	
repaglinide tablet 0.5mg, 1mg, 2mg	1	
RYBELSUS TABLET 14MG, 3MG, 7MG	2	QL(30 EA per 30 days); PA
saxagliptin hydrochloride/metformin hydrochloride er tablet extended release 24 hour 1000mg; 5mg, 500mg; 5mg	2	QL(30 EA per 30 days)
saxagliptin hydrochloride/metformin hydrochloride er tablet extended release 24 hour 1000mg; 2.5mg	2	QL(60 EA per 30 days)
saxagliptin hydrochloride tablet 2.5mg, 5mg	2	QL(30 EA per 30 days)
sitagliptin tablet 100mg, 25mg, 50mg	2	QL(30 EA per 30 days)
SOLIQUA 100/33 INJECTION 100UNIT/ML; 33MCG/ML	2	QL(15 ML per 25 days)
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 25MG; 1000MG	2	QL(30 EA per 30 days)
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 1000MG, 5MG; 1000MG	2	QL(60 EA per 30 days)
SYNJARDY TABLET 5MG; 500MG	2	QL(120 EA per 30 days)
SYNJARDY TABLET 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG	2	QL(60 EA per 30 days)
TRADJENTA TABLET 5MG	2	QL(30 EA per 30 days)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	2	QL(30 EA per 30 days)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	2	QL(60 EA per 30 days)
TRULICITY INJECTION 0.75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	2	QL(2 ML per 28 days); PA
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 500MG	2	QL(30 EA per 30 days)
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 500MG	2	QL(60 EA per 30 days)
XULTOPHY 100/3.6 INJECTION 100UNIT/ML; 3.6MG/ML	2	QL(15 ML per 30 days)
Glycemic Agents		
BAQSIMI ONE PACK POWDER 3MG/DOSE	2	
BAQSIMI TWO PACK POWDER 3MG/DOSE	2	
diazoxide suspension 50mg/ml	3	NDS
glucagon emergency kit for low blood sugar injection 1mg	2	
GVOKE HYPOPEN 1-PACK INJECTION 0.5MG/0.1ML, 1MG/0.2ML	2	
GVOKE HYPOPEN 2-PACK INJECTION 0.5MG/0.1ML, 1MG/0.2ML	2	
GVOKE KIT INJECTION 1MG/0.2ML	2	
GVOKE PFS INJECTION 1MG/0.2ML	2	

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Drug Name	Drug Tier	Requirements/Limits
Insulins		
ADMELOG SOLOSTAR INJECTION 100UNIT/ML	2	
ADMELOG INJECTION 100UNIT/ML	2	
FIASP FLEXTOUCH INJECTION 100UNIT/ML	2	
FIASP PENFILL INJECTION 100UNIT/ML	2	
FIASP INJECTION 100UNIT/ML	2	
HUMALOG JUNIOR KWIKPEN INJECTION 100UNIT/ML	2	
HUMALOG KWIKPEN INJECTION 100UNIT/ML, 200UNIT/ML	2	
HUMALOG MIX 50/50 KWIKPEN INJECTION 50UNIT/ML; 50UNIT/ML	2	
HUMALOG MIX 75/25 KWIKPEN INJECTION 25UNIT/ML; 75UNIT/ML	2	
HUMALOG MIX 75/25 INJECTION 25UNIT/ML; 75UNIT/ML	2	
HUMALOG TEMPO PEN INJECTION 100UNIT/ML	2	
HUMALOG INJECTION 100UNIT/ML	2	
HUMULIN 70/30 KWIKPEN INJECTION 30UNIT/ML; 70UNIT/ML	2	
HUMULIN 70/30 INJECTION 30UNIT/ML; 70UNIT/ML	2	
HUMULIN N KWIKPEN INJECTION 100UNIT/ML	2	
HUMULIN N INJECTION 100UNIT/ML	2	
HUMULIN R U-500 (CONCENTRATED) INJECTION 500UNIT/ML	3	NDS
HUMULIN R U-500 KWIKPEN INJECTION 500UNIT/ML	3	NDS
HUMULIN R INJECTION 100UNIT/ML	2	
insulin aspart flexpen injection 100unit/ml	2	
insulin aspart penfill injection 100unit/ml	2	
insulin aspart injection 100unit/ml	2	
LANTUS SOLOSTAR INJECTION 100UNIT/ML	2	
LANTUS INJECTION 100UNIT/ML	2	
NOVOLIN R FLEXPEN INJECTION 100UNIT/ML	2	
NOVOLOG FLEXPEN RELION INJECTION 100UNIT/ML	2	
NOVOLOG FLEXPEN INJECTION 100UNIT/ML	2	
NOVOLOG PENFILL INJECTION 100UNIT/ML	2	
NOVOLOG RELION INJECTION 100UNIT/ML	2	
NOVOLOG INJECTION 100UNIT/ML	2	
TOUJEO MAX SOLOSTAR INJECTION 300UNIT/ML	2	
TOUJEO SOLOSTAR INJECTION 300UNIT/ML	2	
TRESIBA FLEXTOUCH INJECTION 100UNIT/ML, 200UNIT/ML	2	
TRESIBA INJECTION 100UNIT/ML	2	
Blood Products and Modifiers		
Anticoagulants		
dabigatran etexilate capsule 110mg, 150mg, 75mg	2	QL(60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ELIQUIS STARTER PACK TABLET THERAPY PACK 5MG	2	
ELIQUIS CAPSULE SPRINKLE 0.15MG	2	
ELIQUIS TABLET SOLUBLE 0.5MG	2	
ELIQUIS TABLET 2.5MG, 5MG	2	
enoxaparin sodium injection 100mg/ml, 120mg/0.8ml, 150mg/ml, 300mg/3ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml	2	
fondaparinux sodium injection 2.5mg/0.5ml	3	
fondaparinux sodium injection 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml	3	NDS
FRAGMIN INJECTION 2500UNIT/0.2ML	2	
FRAGMIN INJECTION 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	3	NDS
heparin sodium/d5w injection 5%; 25000unit/250ml	2	
heparin sodium/nacl 0.45% injection 12500unit/250ml; 0.45%	2	
heparin sodium injection 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/ml	2	
JANTOVEN TABLET 10MG, 1MG, 2.5MG, 2MG, 3MG, 4MG, 5MG, 6MG, 7.5MG	1	
rivaroxaban suspension reconstituted 1mg/ml	2	
RIVAROXABAN TABLET 2.5MG	2	
warfarin sodium tablet 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg	1	
XARELTO STARTER PACK TABLET THERAPY PACK 0	2	
XARELTO TABLET 10MG, 15MG, 20MG	2	
Blood Products and Modifiers, Other		
ALVAIZ TABLET 18MG	3	QL(180 EA per 30 days); PA; NDS; SP
ALVAIZ TABLET 9MG	3	QL(360 EA per 30 days); PA; NDS; SP
ALVAIZ TABLET 54MG	3	QL(60 EA per 30 days); PA; NDS; SP
ALVAIZ TABLET 36MG	3	QL(90 EA per 30 days); PA; NDS; SP
anagrelide hydrochloride capsule 0.5mg, 1mg	2	
FABHALTA CAPSULE 200MG	3	QL(60 EA per 30 days); PA; NDS
FULPHILA INJECTION 6MG/0.6ML	3	QL(1.2 ML per 28 days); PA; NDS; SP
LEUKINE INJECTION 250MCG	3	NDS; SP
PROCRIT INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	2	PA; SP
PROCRIT INJECTION 20000UNIT/ML, 40000UNIT/ML	3	PA; NDS; SP

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Drug Name	Drug Tier	Requirements/Limits
RETACRIT INJECTION 40000UNIT/ML	3	PA; NDS; SP
RETACRIT INJECTION 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA; SP
RYZNEUTA INJECTION 20MG/ML	3	QL(2 ML per 28 days); PA; NDS
UDENYCA ONBODY INJECTION 6MG/0.6ML	3	QL(1.2 ML per 28 days); PA; NDS; SP
UDENYCA INJECTION 6MG/0.6ML	3	QL(1.2 ML per 28 days); PA; NDS; SP
VOYDEYA TABLET THERAPY PACK 0	3	QL(180 EA per 30 days); PA; NDS
VOYDEYA TABLET 100MG	3	QL(180 EA per 30 days); PA; NDS
XOLREMDI CAPSULE 100MG	3	QL(120 EA per 30 days); PA; NDS
ZARXIO INJECTION 300MCG/0.5ML, 480MCG/0.8ML	3	PA; NDS; SP
Hemostasis Agents		
tranexamic acid tablet 650mg	2	
Platelet Modifying Agents		
aspirin/dipyridamole er capsule extended release 12 hour 25mg; 200mg	2	QL(60 EA per 30 days)
CABLIVI INJECTION 11MG	3	QL(30 EA per 30 days); PA; NDS
cilostazol tablet 100mg, 50mg	1	
clopidogrel tablet 75mg	1	
dipyridamole tablet 25mg, 50mg, 75mg	2	PA; PA applies if 65 years and older
DOPTELET SPRINKLE CAPSULE SPRINKLE 10MG	3	QL(60 EA per 30 days); PA; NDS; SP
DOPTELET TABLET 40 MG DAILY DOSE CARTON PACK	3	QL(10 EA per 5 days); PA; NDS; SP
DOPTELET TABLET 60 MG DAILY DOSE CARTON PACK	3	QL(15 EA per 5 days); PA; NDS; SP
DOPTELET TABLET 20MG	3	QL(60 EA per 30 days); PA; NDS; SP
prasugrel hydrochloride tablet 10mg, 5mg	2	QL(30 EA per 30 days)
ticagrelor tablet 60mg, 90mg	2	QL(60 EA per 30 days)
Cardiovascular Agents		
Alpha-adrenergic Agonists		
clonidine hydrochloride tablet 0.05mg, 0.1mg, 0.2mg, 0.3mg	1	
clonidine patch weekly 0.1mg/24hr, 0.2mg/24hr, 0.3mg/24hr	2	
droxidopa capsule 200mg, 300mg	3	PA; NDS; SP
droxidopa capsule 100mg	3	PA; SP
guanfacine hydrochloride tablet 1mg, 2mg	2	PA; PA applies if 65 years and older
midodrine hydrochloride tablet 10mg, 2.5mg, 5mg	2	
Alpha-adrenergic Blocking Agents		
prazosin hydrochloride capsule 1mg	1	
prazosin hydrochloride capsule 2mg, 5mg	2	
Angiotensin II Receptor Antagonists		
candesartan cilexetil tablet 16mg, 32mg, 4mg, 8mg	1	

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Drug Name	Drug Tier	Requirements/Limits
irbesartan tablet 150mg, 300mg, 75mg	1	
losartan potassium tablet 100mg, 25mg, 50mg	1	
olmesartan medoxomil tablet 20mg, 40mg, 5mg	1	
telmisartan tablet 20mg, 40mg, 80mg	1	
valsartan solution 4mg/ml	3	NDS
valsartan tablet 160mg, 320mg, 40mg, 80mg	1	
Angiotensin-converting Enzyme (ACE) Inhibitors		
benazepril hydrochloride tablet 10mg, 20mg, 40mg, 5mg	1	
captopril tablet 100mg, 12.5mg, 25mg, 50mg	1	
enalapril maleate tablet 10mg, 2.5mg, 20mg, 5mg	1	
fosinopril sodium tablet 10mg, 20mg, 40mg	1	
lisinopril tablet 10mg, 2.5mg, 20mg, 30mg, 40mg, 5mg	1	
moexipril hydrochloride tablet 15mg, 7.5mg	1	
perindopril erbumine tablet 2mg, 4mg, 8mg	1	
quinapril hydrochloride tablet 10mg, 20mg, 40mg, 5mg	1	
ramipril capsule 1.25mg, 10mg, 2.5mg, 5mg	1	
trandolapril tablet 1mg, 2mg, 4mg	1	
Antiarrhythmics		
amiodarone hydrochloride tablet 200mg	1	
amiodarone hydrochloride tablet 100mg, 400mg	2	
digoxin injection 0.25mg/ml	2	
digoxin oral solution 0.05mg/ml	1	
digoxin tablet 125mcg, 250mcg	1	
digoxin tablet 62.5mcg	2	
disopyramide phosphate capsule 100mg, 150mg	3	
dofetilide capsule 125mcg, 250mcg, 500mcg	3	
flecainide acetate tablet 100mg, 150mg, 50mg	2	
mexiletine hydrochloride capsule 150mg, 200mg, 250mg	2	
MULTAQ TABLET 400MG	3	
PACERONE TABLET 200MG	1	
PACERONE TABLET 100MG, 400MG	2	
propafenone hcl tablet 150mg, 225mg	1	
propafenone hydrochloride er capsule extended release 12 hour 225mg, 325mg, 425mg	3	
propafenone hydrochloride tablet 150mg, 225mg, 300mg	1	
quinidine sulfate tablet 200mg, 300mg	1	
sotalol hcl tablet 120mg, 160mg, 240mg	1	
sotalol hydrochloride (af) tablet 120mg, 160mg, 80mg	1	
sotalol hydrochloride tablet 80mg	1	
Beta-adrenergic Blocking Agents		
acebutolol hydrochloride capsule 200mg, 400mg	1	
atenolol tablet 100mg, 25mg, 50mg	1	
betaxolol hcl tablet 10mg, 20mg	2	
bisoprolol fumarate tablet 10mg, 2.5mg, 5mg	1	

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Drug Name	Drug Tier	Requirements/Limits
carvedilol phosphate er capsule extended release 24 hour 10mg, 20mg, 40mg, 80mg	2	
carvedilol tablet 12.5mg, 25mg, 3.125mg, 6.25mg	1	
labetalol hydrochloride tablet 100mg, 200mg, 300mg	1	
labetalol hydrochloride tablet 400mg	2	
metoprolol succinate er tablet extended release 24 hour 100mg, 200mg, 25mg, 50mg	1	
metoprolol tartrate tablet 100mg, 25mg, 50mg	1	
metoprolol tartrate tablet 37.5mg, 75mg	2	
nadolol tablet 20mg, 40mg, 80mg	1	
nebivolol hydrochloride tablet 10mg, 2.5mg, 20mg, 5mg	2	
pindolol tablet 10mg, 5mg	2	
propranolol hcl solution 40mg/5ml	2	
propranolol hcl tablet 40mg	1	
propranolol hydrochloride er capsule extended release 24 hour 120mg, 160mg, 60mg, 80mg	2	
propranolol hydrochloride solution 20mg/5ml	2	
propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg	1	
Calcium Channel Blocking Agents, Dihydropyridines		
amlodipine besylate tablet 10mg, 2.5mg, 5mg	1	
felodipine er tablet extended release 24 hour 10mg, 2.5mg, 5mg	1	
isradipine capsule 2.5mg, 5mg	3	
nicardipine hcl capsule 20mg, 30mg	3	
nifedipine er tablet extended release 24 hour 30mg, 60mg, 90mg	1	
nifedipine er tablet extended release 24 hour 30mg, 60mg, 90mg (osmotic release)	2	
nimodipine capsule 30mg	3	
nimodipine solution 60mg/20ml	3	NDS
NYMALIZE SOLUTION 6MG/ML	3	NDS
Calcium Channel Blocking Agents, Nondihydropyridines		
CARTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 180MG, 240MG, 300MG	1	
DILT-XR CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 180MG, 240MG	2	
diltiazem hcl er capsule extended release 12 hour 120mg, 60mg, 90mg	2	
diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 420mg	2	
diltiazem hcl er tablet extended release 24 hour 420mg	2	
diltiazem hcl tablet 30mg, 60mg	1	
diltiazem hydrochloride er capsule extended release 24 hour coated beads 120mg, 180mg, 240mg, 300mg	1	

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You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
diltiazem hydrochloride er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg	2	
diltiazem hydrochloride er tablet extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg	2	
diltiazem hydrochloride tablet 120mg, 90mg	1	
MATZIM LA TABLET EXTENDED RELEASE 24 HOUR 180MG, 240MG, 300MG, 360MG, 420MG	2	
TIADYLT ER CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 180MG, 240MG, 300MG, 360MG, 420MG	2	
verapamil hcl er capsule extended release 24 hour 120mg, 180mg	3	
verapamil hcl er tablet extended release 120mg	1	
verapamil hydrochloride er capsule extended release 24 hour 100mg, 200mg, 300mg	3	
verapamil hydrochloride er tablet extended release 180mg, 240mg	1	
verapamil hydrochloride sr capsule extended release 24 hour 240mg, 360mg	3	
verapamil hydrochloride tablet 120mg, 40mg, 80mg	1	
Cardiovascular Agents, Other		
aliskiren tablet 150mg, 300mg	1	
amiloride/hydrochlorothiazide tablet 5mg; 50mg	1	
amlodipine besylate/atorvastatin calcium tablet 10mg; 10mg, 10mg; 20mg, 10mg; 40mg, 10mg; 80mg, 2.5mg; 10mg, 2.5mg; 20mg, 2.5mg; 40mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg, 5mg; 80mg	1	
amlodipine besylate/benazepril hydrochloride capsule 10mg; 20mg, 10mg; 40mg, 2.5mg; 10mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg	1	
amlodipine besylate/valsartan tablet 10mg; 160mg, 10mg; 320mg, 5mg; 160mg, 5mg; 320mg	1	
amlodipine/olmesartan medoxomil tablet 10mg; 20mg, 10mg; 40mg, 5mg; 20mg, 5mg; 40mg	1	
atenolol/chlorthalidone tablet 100mg; 25mg, 50mg; 25mg	1	
ATTRUBY TABLET THERAPY PACK 356MG	3	QL(112 EA per 28 days); PA; NDS
benazepril hydrochloride/hydrochlorothiazide tablet 10mg; 12.5mg, 20mg; 12.5mg, 20mg; 25mg, 5mg; 6.25mg	1	
bisoprolol fumarate/hydrochlorothiazide tablet 10mg; 6.25mg, 2.5mg; 6.25mg, 5mg; 6.25mg	1	
CAMZYOS CAPSULE 10MG, 15MG, 2.5MG, 5MG	3	QL(30 EA per 30 days); PA; NDS; SP
candesartan cilexetil/hydrochlorothiazide tablet 16mg; 12.5mg, 32mg; 12.5mg, 32mg; 25mg	1	
captopril/hydrochlorothiazide tablet 25mg; 15mg, 25mg; 25mg, 50mg; 15mg, 50mg; 25mg	1	

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Drug Name	Drug Tier	Requirements/Limits
CORLANOR SOLUTION 5MG/5ML	3	
enalapril maleate/hydrochlorothiazide tablet 10mg; 25mg, 5mg; 12.5mg	1	
ENTRESTO CAPSULE SPRINKLE 15MG; 16MG, 6MG; 6MG	2	
epinephrine injection 1mg/ml	3	
FILSPARI TABLET 200MG, 400MG	3	PA; NDS
fosinopril sodium/hydrochlorothiazide tablet 10mg; 12.5mg, 20mg; 12.5mg	1	
irbesartan/hydrochlorothiazide tablet 12.5mg; 150mg, 12.5mg; 300mg	1	
isosorbide dinitrate/hydralazine hydrochloride tablet 37.5mg; 20mg	2	
ivabradine hydrochloride tablet 5mg, 7.5mg	3	
lisinopril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg, 25mg; 20mg	1	
losartan potassium/hydrochlorothiazide tablet 12.5mg; 100mg, 12.5mg; 50mg, 25mg; 100mg	1	
metoprolol/hydrochlorothiazide tablet 25mg; 100mg, 25mg; 50mg, 50mg; 100mg	2	
metyrosine capsule 250mg	3	NDS
MYQORZO TABLET 10MG, 15MG, 20MG	3	QL(30 EA per 30 days); PA; NDS
olmesartan medoxomil/amlodipine/hydrochlorothiazide tablet 10mg; 12.5mg; 40mg, 10mg; 25mg; 40mg, 5mg; 12.5mg; 20mg, 5mg; 12.5mg; 40mg, 5mg; 25mg; 40mg	1	
olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 20mg, 12.5mg; 40mg, 25mg; 40mg	1	
pentoxifylline er tablet extended release 400mg	1	
quinapril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg, 25mg; 20mg	1	
ranolazine er tablet extended release 12 hour 1000mg, 500mg	3	
sacubitril/valsartan tablet 24mg; 26mg, 49mg; 51mg, 97mg; 103mg	2	
spironolactone/hydrochlorothiazide tablet 25mg; 25mg	1	
telmisartan/amlodipine tablet 10mg; 40mg, 10mg; 80mg, 5mg; 40mg, 5mg; 80mg	1	
telmisartan/hydrochlorothiazide tablet 12.5mg; 40mg, 12.5mg; 80mg, 25mg; 80mg	1	
trandolapril/verapamil hcl er tablet extended release 1mg; 240mg, 2mg; 180mg, 2mg; 240mg, 4mg; 240mg	1	
triamterene/hydrochlorothiazide capsule 25mg; 37.5mg	1	
triamterene/hydrochlorothiazide tablet 25mg; 37.5mg, 50mg; 75mg	1	
valsartan/hydrochlorothiazide tablet 12.5mg; 160mg, 12.5mg; 320mg, 12.5mg; 80mg, 25mg; 160mg, 25mg; 320mg	1	

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You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
VYNDAMAX CAPSULE 61MG	3	QL(30 EA per 30 days); PA; NDS; SP
Diuretics, Loop		
bumetanide injection 0.25mg/ml	2	
bumetanide tablet 0.5mg, 1mg, 2mg	1	
ethacrynic acid tablet 25mg	3	
furosemide injection 10mg/ml	2	
furosemide oral solution 10mg/ml, 40mg/5ml	1	
furosemide tablet 20mg, 40mg, 80mg	1	
torsemide tablet 100mg, 10mg, 20mg, 5mg	1	
Diuretics, Potassium-sparing		
amiloride hcl tablet 5mg	1	
triamterene capsule 100mg, 50mg	3	
Diuretics, Thiazide		
chlorthalidone tablet 25mg, 50mg	1	
hydrochlorothiazide capsule 12.5mg	1	
hydrochlorothiazide tablet 12.5mg, 25mg, 50mg	1	
indapamide tablet 1.25mg, 2.5mg	1	
metolazone tablet 10mg, 2.5mg, 5mg	2	
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate micronized capsule 134mg, 200mg, 67mg	2	
fenofibrate capsule 150mg, 50mg	1	
fenofibrate capsule 130mg, 43mg	2	
fenofibrate tablet 145mg, 160mg, 48mg, 54mg	1	
fenofibric acid dr capsule delayed release 135mg, 45mg	2	
gemfibrozil tablet 600mg	1	
Dyslipidemics, HMG CoA Reductase Inhibitors		
atorvastatin calcium tablet 10mg, 20mg, 40mg, 80mg	1	
fluvastatin sodium er tablet extended release 24 hour 80mg	1	
fluvastatin capsule 20mg, 40mg	1	
lovastatin tablet 10mg, 20mg, 40mg	1	
pitavastatin calcium tablet 1mg, 2mg, 4mg	2	QL(30 EA per 30 days); ST
pravastatin sodium tablet 10mg, 20mg, 40mg, 80mg	1	
rosuvastatin calcium tablet 10mg, 20mg, 40mg, 5mg	1	
simvastatin tablet 10mg, 20mg, 40mg, 5mg, 80mg	1	
ZYPITAMAG TABLET 2MG, 4MG	3	QL(30 EA per 30 days); ST
Dyslipidemics, Other		
cholestyramine light packet 4gm	2	
cholestyramine light powder 4gm/dose	2	
cholestyramine packet 4gm	2	
cholestyramine powder 4gm/dose	2	
colesevelam hydrochloride packet 3.75gm	3	
colesevelam hydrochloride tablet 625mg	3	
colestipol hydrochloride granules 5gm	2	
colestipol hydrochloride packet 5gm	2	

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Drug Name	Drug Tier	Requirements/Limits
colestipol hydrochloride tablet 1gm	2	
ezetimibe/simvastatin tablet 10mg; 10mg, 10mg; 20mg, 10mg; 40mg, 10mg; 80mg	1	
ezetimibe tablet 10mg	1	
icosapent ethyl capsule 0.5gm, 1gm	2	
JUXTAPID CAPSULE 10MG, 20MG, 2MG, 30MG, 5MG	3	PA; NDS
MYQORZO TABLET 5MG	3	QL(30 EA per 30 days); PA; NDS
NEXLETOL TABLET 180MG	3	PA
NEXLIZET TABLET 180MG; 10MG	3	PA
niacin er tablet extended release 1000mg, 500mg, 750mg	2	
niacin tablet 500mg	2	
NIACOR TABLET 500MG	2	
omega-3-acid ethyl esters capsule 375mg; 465mg; 1gm	2	
PREVALITE PACKET 4GM	2	
PREVALITE POWDER 4GM/DOSE	2	
REDEMPLO INJECTION 25MG/0.5ML	3	QL(0.5 ML per 84 days); PA; NDS
REPATHA SURECLICK INJECTION 140MG/ML	2	PA
REPATHA INJECTION 140MG/ML	2	PA
TRYNGOLZA INJECTION 50MG/0.8ML, 80MG/0.8ML	3	QL(0.8 ML per 28 days); PA; NDS; SP
Mineralocorticoid Receptor Antagonists		
eplerenone tablet 25mg, 50mg	1	
KERENDIA TABLET 10MG, 20MG, 40MG	3	QL(30 EA per 30 days); PA
spironolactone suspension 25mg/5ml	2	
spironolactone tablet 100mg, 25mg, 50mg	1	
Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)		
dapagliflozin tablet 10mg, 5mg	2	QL(30 EA per 30 days)
FARXIGA TABLET 10MG, 5MG	2	QL(30 EA per 30 days)
JARDIANCE TABLET 25MG	2	QL(30 EA per 30 days)
JARDIANCE TABLET 10MG	2	QL(60 EA per 30 days)
Vasodilators, Direct-acting Arterial/Venous		
isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg	2	
isosorbide mononitrate er tablet extended release 24 hour 120mg, 30mg, 60mg	1	
isosorbide mononitrate tablet 10mg, 20mg	1	
NITRO-BID OINTMENT 2%	2	
nitroglycerin transdermal patch 24 hour 0.1mg/hr, 0.2mg/hr, 0.4mg/hr, 0.6mg/hr	1	
nitroglycerin transdermal ointment 2%	2	
nitroglycerin solution 0.4mg/spray	2	
nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg	1	
VERQUVO TABLET 10MG, 2.5MG, 5MG	3	
Vasodilators, Direct-acting Arterial		
hydralazine hydrochloride tablet 100mg, 10mg, 25mg, 50mg	1	
minoxidil tablet 10mg, 2.5mg	1	

Drug Name	Drug Tier	Requirements/Limits
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
amphetamine/dextroamphetamine capsule extended release 24 hour 5mg, 10mg, 15 mg, 20mg, 25mg, 30mg	2	QL(30 EA per 30 days)
amphetamine/dextroamphetamine tablet 5mg, 7.5mg, 10mg, 12.5 mg, 15mg, 30mg	1	QL(60 EA per 30 days)
amphetamine/dextroamphetamine tablet 20mg	1	QL(90 EA per 30 days)
dextroamphetamine sulfate tablet 10mg, 2.5mg, 5mg, 7.5mg	2	QL(180 EA per 30 days)
dextroamphetamine sulfate tablet 30mg	2	QL(60 EA per 30 days)
dextroamphetamine sulfate tablet 15mg, 20mg	2	QL(90 EA per 30 days)
lisdexamfetamine dimesylate capsule 40mg, 50mg, 60mg, 70mg	2	QL(30 EA per 30 days)
lisdexamfetamine dimesylate capsule 10mg, 20mg, 30mg	2	QL(60 EA per 30 days)
lisdexamfetamine dimesylate tablet chewable 40mg, 50mg, 60mg	2	QL(30 EA per 30 days)
lisdexamfetamine dimesylate tablet chewable 10mg, 20mg, 30mg	2	QL(60 EA per 30 days)
ZENZEDI TABLET 10MG, 2.5MG, 5MG, 7.5MG	2	QL(180 EA per 30 days)
ZENZEDI TABLET 30MG	2	QL(60 EA per 30 days)
ZENZEDI TABLET 15MG, 20MG	2	QL(90 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
atomoxetine capsule 10mg, 18mg, 25mg	2	QL(120 EA per 30 days)
atomoxetine capsule 100mg, 80mg	2	QL(30 EA per 30 days)
atomoxetine capsule 40mg, 60mg	2	QL(60 EA per 30 days)
clonidine hydrochloride er tablet extended release 12 hour 0.1mg	1	
dexmethylphenidate hcl tablet 5mg	1	QL(120 EA per 30 days)
dexmethylphenidate hcl tablet 10mg	1	QL(60 EA per 30 days)
dexmethylphenidate hydrochloride tablet 2.5mg	1	QL(120 EA per 30 days)
guanfacine hydrochloride er tablet extended release 24 hour 1mg, 2mg, 4mg	2	QL(30 EA per 30 days); PA; PA applies if 65 years and older
guanfacine hydrochloride er tablet extended release 24 hour 3mg	2	QL(60 EA per 30 days); PA; PA applies if 65 years and older
methylphenidate hydrochloride er (dif) tablet extended release 27mg, 36mg, 54mg	2	QL(30 EA per 30 days)
methylphenidate hydrochloride er (osm) tablet extended release 18mg, 27mg, 36mg, 54mg, 72mg	2	QL(30 EA per 30 days)
methylphenidate hydrochloride er tablet extended release 10mg, 20mg	2	QL(90 EA per 30 days)
methylphenidate hydrochloride solution 10mg/5ml, 5mg/5ml	2	QL(900 ML per 30 days)
methylphenidate hydrochloride tablet chewable 10mg, 2.5mg, 5mg	2	QL(180 EA per 30 days)
methylphenidate hydrochloride tablet 10mg, 5mg	1	QL(180 EA per 30 days)
methylphenidate hydrochloride tablet 20mg	1	QL(90 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ONYDA XR SUSPENSION EXTENDED RELEASE 0.1MG/ML	3	
Central Nervous System, Other		
AQNEURSA PACKET 1GM	3	QL(112 EA per 28 days); PA; NDS
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 0	3	QL(28 EA per 365 days); PA; NDS; SP
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12MG, 18MG, 24MG, 30MG, 36MG, 42MG, 48MG, 6MG	3	QL(30 EA per 30 days); PA; NDS; SP
AUSTEDO TABLET 12MG, 6MG, 9MG	3	QL(120 EA per 30 days); PA; NDS; SP
COBENFY STARTER PACK CAPSULE THERAPY PACK 20MG; 0	3	QL(56 EA per 28 days); PA; NDS
COBENFY CAPSULE 20MG; 100MG, 20MG; 50MG, 30MG; 125MG	3	QL(60 EA per 30 days); PA; NDS
DAYBUE STIX PACKET 5000MG, 6000MG	3	QL(120 EA per 30 days); PA; NDS
DAYBUE STIX PACKET 8000MG	3	QL(60 EA per 30 days); PA; NDS
edaravone injection 30mg/100ml, 60mg/100ml	3	PA; NDS
gabapentin once-daily tablet 450mg	3	QL(120 EA per 30 days); PA
gabapentin once-daily tablet 750mg, 900mg	3	QL(60 EA per 30 days); PA
HORIZANT TABLET EXTENDED RELEASE 300MG	3	QL(120 EA per 30 days)
HORIZANT TABLET EXTENDED RELEASE 600MG	3	QL(60 EA per 30 days)
JOURNAVX TABLET 50MG	3	QL(29 EA per 14 days); PA
LYNKUET CAPSULE 60MG	3	QL(60 EA per 30 days); PA
NUEDEXTA CAPSULE 20MG; 10MG	3	QL(60 EA per 30 days); PA; NDS
RADICAVA ORS STARTER KIT SUSPENSION 105MG/5ML	3	PA; NDS; SP
RADICAVA ORS SUSPENSION 105MG/5ML	3	PA; NDS; SP
riluzole tablet 50mg	3	
tetrabenazine tablet 25mg	3	QL(120 EA per 30 days); PA; NDS; SP
tetrabenazine tablet 12.5mg	3	QL(90 EA per 30 days); PA; SP
TIGLUTIK SUSPENSION 50MG/10ML	3	NDS
VEOZAH TABLET 45MG	3	QL(30 EA per 30 days); PA
Fibromyalgia Agents		
pregabalin er tablet extended release 24 hour 165mg, 330mg, 82.5mg	3	QL(30 EA per 30 days); PA; PA applies if 65 years and older
SAVELLA TITRATION PACK MISCELLANEOUS 0	3	QL(110 EA per 365 days); PA
SAVELLA TABLET 100MG, 12.5MG, 25MG, 50MG	3	QL(60 EA per 30 days); PA
Multiple Sclerosis Agents		
AVONEX PEN INJECTION 30MCG/0.5ML	3	QL(1 EA per 28 days); PA; NDS; SP
AVONEX INJECTION 30MCG/0.5ML	3	QL(1 EA per 28 days); PA; NDS; SP
BAFIERTAM CAPSULE DELAYED RELEASE 95MG	3	QL(120 EA per 30 days); PA; NDS; SP
BETASERON INJECTION 0.3MG	3	QL(14 EA per 28 days); PA; NDS; SP

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Drug Name	Drug Tier	Requirements/Limits
cladribine tablet therapy pack 10mg	3	NDS; SP
dalfampridine er tablet extended release 12 hour 10mg	2	PA; SP
dimethyl fumarate starterpack capsule delayed release therapy pack 0	3	QL(120 EA per 365 days); PA; SP
dimethyl fumarate capsule delayed release 120mg	3	QL(14 EA per 7 days); PA; SP
dimethyl fumarate capsule delayed release 240mg	3	QL(60 EA per 30 days); PA; NDS; SP
fingolimod hydrochloride capsule 0.5mg	3	QL(28 EA per 28 days); PA; NDS; SP
glatiramer acetate injection 40mg/ml	3	QL(12 ML per 28 days); PA; NDS; SP
glatiramer acetate injection 20mg/ml	3	QL(30 ML per 30 days); PA; NDS; SP
KESIMPTA INJECTION 20MG/0.4ML	3	QL(1.6 ML per 30 days); PA; NDS; SP
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	3	SP
MAYZENT TABLET 0.25MG, 1MG, 2MG	3	NDS; SP
teriflunomide tablet 14mg, 7mg	3	PA; NDS; SP
ZEPOSIA 7-DAY STARTER PACK CAPSULE THERAPY PACK 0	3	QL(14 EA per 365 days); PA; NDS; SP
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0	3	QL(56 EA per 365 days); PA; NDS; SP
ZEPOSIA CAPSULE 0.92MG	3	QL(30 EA per 30 days); PA; NDS; SP
Dental and Oral Agents		
Dental and Oral Agents		
cevimeline hydrochloride capsule 30mg	2	
chlorhexidine gluconate solution 0.12%	1	
CLINPRO 5000 PASTE 1.1%	1	
DENTAGEL GEL 1.1%	1	
doxycycline hyclate tablet 20mg	1	
FLUORIDEX DAILY DEFENSE PASTE 1.1%	1	
FLUORIDEX ENHANCED WHITENING PASTE 1.1%	1	
FLUORIMAX 5000 PASTE 1.1%	1	
JUST RIGHT 5000 PASTE 1.1%	1	
KOURZEQ PASTE 0.1%	1	
lidocaine hydrochloride viscous solution 2%	1	
lidocaine viscous solution 2%	1	
ORALONE DENTAL PASTE PASTE 0.1%	1	
PERIOGARD SOLUTION 0.12%	1	
pilocarpine hydrochloride tablet 5mg, 7.5mg	2	
PREVIDENT 5000 BOOSTER PLUS PASTE 1.1%	2	
PREVIDENT 5000 DRY MOUTH GEL 1.1%	2	
PREVIDENT 5000 KIDS PASTE 1.1%	2	

Drug Name	Drug Tier	Requirements/Limits
PREVIDENT 5000 ORTHO DEFENSE PASTE 1.1%	2	
PREVIDENT FLUORIDE GEL 1.1%	2	
SF GEL 1.1%	1	
SODIUM FLUORIDE 5000 PPM DRY MOUTH GEL 1.1%	1	
SODIUM FLUORIDE 5000 PPM PASTE 1.1%	1	
sodium fluoride gel 1.1%	1	
triamcinolone acetonide dental paste paste 0.1%	1	
Dermatological Agents		
Acne and Rosacea Agents		
ACCUTANE CAPSULE 10MG, 20MG, 30MG, 40MG	3	PA
acitretin capsule 10mg, 17.5mg, 25mg	3	
adapalene/benzoyl peroxide gel 0.1%; 2.5%	1	QL(45 GM per 30 days)
AMNESTEEM CAPSULE 10MG, 20MG, 30MG, 40MG	3	PA
azelaic acid gel 15%	2	QL(50 GM per 30 days)
CLARAVIS CAPSULE 10MG, 20MG, 30MG, 40MG	3	PA
clindamycin phosphate/benzoyl peroxide gel 5%; 1.2%	3	QL(45 GM per 30 days)
clindamycin phosphate/benzoyl peroxide gel 2.5%; 1.2%, 3.75%; 1.2%	3	QL(50 GM per 30 days)
clindamycin/benzoyl peroxide gel 5%; 1%	3	QL(50 GM per 30 days)
erythromycin/benzoyl peroxide gel 5%; 3%	3	QL(46.3 GM per 30 days)
isotretinoin capsule 10mg, 20mg, 25mg, 30mg, 35mg, 40mg	3	PA
metronidazole cream 0.75%	3	QL(45 GM per 30 days)
metronidazole gel 0.75%	2	QL(45 GM per 30 days)
metronidazole gel 1%	2	QL(60 GM per 30 days)
metronidazole lotion 0.75%	3	QL(59 ML per 30 days)
tazarotene cream 0.05%, 0.1%	3	QL(60 GM per 30 days); PA
tazarotene gel 0.05%, 0.1%	3	QL(60 GM per 30 days); PA
tretinoin cream 0.025%, 0.05%, 0.1%	3	QL(45 GM per 30 days); PA
tretinoin gel 0.01%, 0.025%, 0.05%	3	QL(45 GM per 30 days); PA
TRILITAS GEL 0.1%	3	QL(60 GM per 30 days); PA
ZENATANE CAPSULE 10MG, 20MG, 30MG, 40MG	3	PA
Dermatitis and Pruritus Agents		
ADBRY INJECTION 150MG/ML, 300MG/2ML	3	QL(6 ML per 28 days); PA; NDS; SP
ALA-CORT CREAM 1%	1	
ALA-SCALP LOTION 2%	2	
alclometasone dipropionate cream 0.05%	3	QL(60 GM per 30 days)
alclometasone dipropionate ointment 0.05%	1	QL(60 GM per 30 days)
ammonium lactate cream 12%	1	
ammonium lactate lotion 12%	1	
ANZUPGO CREAM 20MG/GM	3	QL(60 GM per 30 days); PA; NDS
betamethasone dipropionate augmented cream 0.05%	1	QL(120 GM per 30 days)
betamethasone dipropionate augmented gel 0.05%	3	QL(120 GM per 30 days)
betamethasone dipropionate augmented lotion 0.05%	3	QL(120 ML per 30 days)
betamethasone dipropionate augmented ointment 0.05%	2	QL(120 GM per 30 days)

Drug Name	Drug Tier	Requirements/Limits
betamethasone dipropionate cream 0.05%	3	QL(120 GM per 30 days)
betamethasone dipropionate lotion 0.05%	2	QL(120 ML per 30 days)
betamethasone dipropionate ointment 0.05%	2	QL(120 GM per 30 days)
betamethasone valerate cream 0.1%	2	QL(120 GM per 30 days)
betamethasone valerate lotion 0.1%	2	QL(120 ML per 30 days)
betamethasone valerate ointment 0.1%	2	QL(120 GM per 30 days)
CLOBETASOL PROPIONATE E CREAM 0.05%	2	QL(240 GM per 30 days)
clobetasol propionate cream 0.05%	2	QL(240 GM per 30 days)
clobetasol propionate foam 0.05%	2	QL(100 GM per 30 days)
clobetasol propionate gel 0.05%	3	QL(240 GM per 30 days)
clobetasol propionate ointment 0.05%	3	QL(240 GM per 30 days)
clobetasol propionate shampoo 0.05%	3	QL(236 ML per 30 days)
clobetasol propionate solution 0.05%	3	QL(200 ML per 30 days)
CLODAN SHAMPOO 0.05%	3	QL(236 ML per 30 days)
desonide cream 0.05%	3	QL(120 GM per 30 days)
desonide ointment 0.05%	3	QL(120 GM per 30 days)
desoximetasone cream 0.05%, 0.25%	3	QL(100 GM per 30 days)
desoximetasone ointment 0.25%	3	QL(100 GM per 30 days)
doxepin hydrochloride cream 5%	3	QL(90 GM per 30 days)
EUCRISA OINTMENT 2%	3	QL(120 GM per 30 days); PA
EVESSE LOTION 0.1%	2	
fluocinolone acetonide body oil 0.01%	2	QL(118.28 ML per 30 days)
fluocinolone acetonide scalp oil 0.01%	2	QL(118.28 ML per 30 days)
fluocinolone acetonide topical oil 0.01%	2	QL(118.28 ML per 30 days)
fluocinolone acetonide cream 0.025%	2	QL(120 GM per 30 days)
fluocinolone acetonide cream 0.01%	2	QL(60 GM per 30 days)
fluocinolone acetonide ointment 0.025%	2	QL(120 GM per 30 days)
fluocinolone acetonide solution 0.01%	3	QL(60 ML per 30 days)
fluocinonide emulsified base cream 0.05%	2	QL(120 GM per 30 days)
fluocinonide cream 0.05%, 0.1%	2	QL(120 GM per 30 days)
fluocinonide gel 0.05%	3	QL(60 GM per 30 days)
fluocinonide ointment 0.05%	3	QL(60 GM per 30 days)
fluocinonide solution 0.05%	2	QL(60 ML per 30 days)
fluticasone propionate cream 0.05%	1	
fluticasone propionate lotion 0.05%	3	
fluticasone propionate ointment 0.005%	1	
halobetasol propionate cream 0.05%	3	QL(50 GM per 30 days)
halobetasol propionate ointment 0.05%	3	QL(50 GM per 30 days)
hydrocortisone butyrate cream 0.1%	3	
hydrocortisone butyrate lotion 0.1%	2	
hydrocortisone butyrate ointment 0.1%	3	
hydrocortisone butyrate solution 0.1%	3	
hydrocortisone valerate cream 0.2%	3	
hydrocortisone valerate ointment 0.2%	3	
hydrocortisone cream 1%, 2.5%	1	

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Drug Name	Drug Tier	Requirements/Limits
hydrocortisone lotion 2.5%	1	
hydrocortisone lotion 2%	3	
hydrocortisone ointment 1%, 2.5%	1	
mometasone furoate cream 0.1%	2	
mometasone furoate ointment 0.1%	2	
mometasone furoate solution 0.1%	2	
pimecrolimus cream 1%	2	QL(100 GM per 30 days)
selenium sulfide lotion 2.5%	1	
SPEVIGO INJECTION 150MG/ML, 300MG/2ML	3	PA; NDS
tacrolimus ointment 0.03%, 0.1%	2	QL(100 GM per 30 days)
triamcinolone acetonide aerosol solution 0.147mg/gm	3	QL(1 GM per 28 days)
triamcinolone acetonide cream 0.025%, 0.1%, 0.5%	1	QL(454 GM per 30 days)
triamcinolone acetonide lotion 0.025%, 0.1%	2	
triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%	1	
TRIDERM CREAM 0.5%	1	QL(454 GM per 30 days)
Dermatological Agents, Other		
calcipotriene cream 0.005%	2	QL(120 GM per 30 days)
calcipotriene ointment 0.005%	3	QL(120 GM per 30 days)
calcipotriene solution 0.005%	3	QL(120 ML per 30 days)
calcitriol ointment 3mcg/gm	3	
clotrimazole/betamethasone dipropionate cream 0.05%; 1%	2	QL(120 GM per 30 days)
clotrimazole/betamethasone dipropionate lotion 0.05%; 1%	3	QL(120 ML per 30 days)
diclofenac sodium gel 3%	2	QL(200 GM per 30 days)
fluorouracil cream 5%	2	QL(40 GM per 30 days)
fluorouracil cream 0.5%	3	QL(60 GM per 30 days)
fluorouracil solution 2%, 5%	2	QL(10 ML per 30 days)
imiquimod pump cream 3.75%	3	QL(15 GM per 30 days)
imiquimod cream 5%	3	QL(24 EA per 30 days)
imiquimod cream 3.75%	3	QL(28 EA per 30 days)
KLISYRI OINTMENT 1%	3	QL(5 EA per 28 days); PA; NDS
methoxsalen capsule 10mg	3	NDS
nystatin/triamcinolone acetonide cream 100000unit/gm; 1mg/gm	2	QL(60 GM per 30 days)
nystatin/triamcinolone acetonide ointment 100000unit/gm; 0.1%	2	QL(60 GM per 30 days)
OTEZLA XR TABLET EXTENDED RELEASE 24 HOUR 75MG	3	QL(30 EA per 30 days); PA; NDS; SP
OTEZLA/OTEZLA XR 28 DAY TREATMENT INITIATION PACK TABLET THERAPY PACK 0	3	QL(82 EA per 365 days); PA; NDS; SP
OTEZLA TABLET 20MG, 30MG	3	QL(60 EA per 30 days); PA; NDS; SP
podofilox gel 0.5%	3	QL(7 GM per 28 days)
podofilox solution 0.5%	2	QL(7 ML per 28 days)
SANTYL OINTMENT 250UNIT/GM	3	QL(180 GM per 30 days)
silver sulfadiazine cream 1%	1	

Drug Name	Drug Tier	Requirements/Limits
SSD CREAM 1%	1	
Pediculicides/Scabicides		
CROTAN LOTION 10%	2	
ivermectin cream 1%	3	QL(45 GM per 30 days)
malathion lotion 0.5%	3	
permethrin cream 5%	2	
PRURADIK LOTION 10%	2	
Topical Anti-infectives		
acyclovir cream 5%	2	QL(5 GM per 28 days)
acyclovir ointment 5%	2	QL(30 GM per 30 days)
ciclopirox nail lacquer solution 8%	2	QL(6.6 ML per 30 days)
ciclopirox olamine cream 0.77%	1	QL(90 GM per 30 days)
ciclopirox shampoo 1%	2	QL(120 ML per 30 days)
ciclopirox suspension 0.77%	2	QL(60 ML per 30 days)
clindamycin phosphate (once-daily) gel 1%	2	QL(75 ML per 30 days)
clindamycin phosphate (twice-daily) gel 1%	2	QL(60 GM per 30 days)
clindamycin phosphate lotion 1%	2	QL(60 ML per 30 days)
clindamycin phosphate topical solution 1%	2	QL(60 ML per 30 days)
ERY PAD 2%	1	QL(60 EA per 30 days)
erythromycin gel 2%	2	QL(60 GM per 30 days)
erythromycin solution 2%	1	QL(60 ML per 30 days)
mupirocin cream 2%	2	QL(180 GM per 30 days)
mupirocin ointment 2%	1	QL(220 GM per 30 days)
SULFAMYLON CREAM 85MG/GM	3	QL(453.6 GM per 30 days)
ZELSUVMI GEL 10.3%	3	QL(31 GM per 30 days); PA; NDS
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
AMINOSYN II INJECTION 107.6MEQ/L; 1490MG/100ML; 1527MG/100ML; 1050MG/100ML; 1107MG/100ML; 750MG/100ML; 450MG/100ML; 990MG/100ML; 1500MG/100ML; 1575MG/100ML; 258MG/100ML; 405MG/100ML; 447MG/100ML; 1083MG/100ML; 795MG/100ML; 50MEQ/L; 600MG/100ML; 300MG/100ML; 750MG/100ML, 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 270MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 400MG/100ML; 200MG/100ML; 500MG/100ML	2	B/D

Drug Name	Drug Tier	Requirements/Limits
AMINOSYN-PF 7% INJECTION 32.5MEQ/L; 490MG/100ML; 861MG/100ML; 370MG/100ML; 576MG/100ML; 270MG/100ML; 220MG/100ML; 534MG/100ML; 831MG/100ML; 475MG/100ML; 125MG/100ML; 300MG/100ML; 570MG/100ML; 347MG/100ML; 50MG/100ML; 360MG/100ML; 125MG/100ML; 44MG/100ML; 452MG/100ML	3	B/D
AMINOSYN-PF INJECTION 46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	3	B/D
carglumic acid tablet soluble 200mg	3	PA; NDS; SP
CLINIMIX 4.25%/DEXTROSE 10% INJECTION 37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 10GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	3	B/D
CLINIMIX 4.25%/DEXTROSE 5% INJECTION 37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 5GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	3	B/D
CLINIMIX 5%/DEXTROSE 15% INJECTION 42MEQ/1000ML; 1035MG/100ML; 575MG/100ML; 20MEQ/1000ML; 15GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 200MG/100ML; 280MG/100ML; 340MG/100ML; 250MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	3	B/D
CLINIMIX 5%/DEXTROSE 20% INJECTION 42MEQ/L; 1035MG/100ML; 575MG/100ML; 20MEQ/L; 20GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 200MG/100ML; 280MG/100ML; 340MG/100ML; 250MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	3	B/D

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 6/5 INJECTION 1242MG/100ML; 690MG/100ML; 5GM/100ML; 618MG/100ML; 288MG/100ML; 360MG/100ML; 438MG/100ML; 348MG/100ML; 240MG/100ML; 336MG/100ML; 408MG/100ML; 300MG/100ML; 252MG/100ML; 108MG/100ML; 24MG/100ML; 348MG/100ML	3	B/D
CLINIMIX 8/10 INJECTION 1656MG/100ML; 920MG/100ML; 10GM/100ML; 824MG/100ML; 384MG/100ML; 480MG/100ML; 584MG/100ML; 464MG/100ML; 320MG/100ML; 448MG/100ML; 544MG/100ML; 400MG/100ML; 336MG/100ML; 144MG/100ML; 32MG/100ML; 464MG/100ML	3	B/D
CLINIMIX 8/14 INJECTION 1656MG/100ML; 920MG/100ML; 14GM/100ML; 824MG/100ML; 384MG/100ML; 480MG/100ML; 584MG/100ML; 464MG/100ML; 320MG/100ML; 448MG/100ML; 544MG/100ML; 400MG/100ML; 336MG/100ML; 144MG/100ML; 32MG/100ML; 464MG/100ML	3	B/D
CLINISOL SF 15% INJECTION 151MEQ/L; 2170MG/100ML; 1470MG/100ML; 434MG/100ML; 749MG/100ML; 1040MG/100ML; 894MG/100ML; 749MG/100ML; 1040MG/100ML; 1180MG/100ML; 749MG/100ML; 1040MG/100ML; 894MG/100ML; 592MG/100ML; 749MG/100ML; 250MG/100ML; 39MG/100ML; 960MG/100ML	2	B/D
dextrose 5% /electrolyte #48 viaflex injection 24meq/l; 5%; 23meq/l; 3meq/l; 3meq/l; 20meq/l; 25meq/l	3	
dextrose 10%/sodium chloride 0.2% injection 10%; 0.2%	2	
dextrose 10%/sodium chloride 0.45% injection 10%; 0.45%	2	
dextrose 10% injection 10%	2	
dextrose 2.5%/sodium chloride 0.45% injection 2.5%; 0.45%	2	
dextrose 5%/lactated ringers injection 2.7meq/l; 109meq/l; 5%; 28meq/l; 4meq/l; 130meq/l	2	
dextrose 5%/sodium chloride 0.2% injection 5%; 0.2%	2	
dextrose 5%/sodium chloride 0.3% injection 5%; 0.3%	2	
dextrose 5%/sodium chloride 0.45% injection 5%; 0.45%	2	
dextrose 5%/sodium chloride 0.9% injection 5%; 0.9%	2	
dextrose 5% injection 5%	2	
dextrose 50% injection 50%	2	
dextrose 70% injection 70%	2	
dextrose/sodium chloride injection 5%; 0.225%	2	
fluoride tablet chewable 0.25mg, 0.5mg, 1mg	1	
glucose (dextrose) 50% injection 50%	2	
glucose (dextrose) 70% injection 70%	2	

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Drug Name	Drug Tier	Requirements/Limits
ISOLYTE-P/DEXTROSE 5% INJECTION 23MEQ/L; 23MEQ/L; 5%; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	2	
ISOLYTE-S PH 7.4 INJECTION 27MEQ/1000ML; 98MEQ/1000ML; 23MEQ/1000ML; 3MEQ/1000ML; 1MEQ/1000ML; 5MEQ/1000ML; 141MEQ/1000ML	3	
ISOLYTE-S INJECTION 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	3	
kcl 0.15%/d5w/nacl 0.2% injection 5%; 20meq/l; 0.2%	2	
kcl 0.15%/d5w/nacl 0.225% injection 5%; 20meq/l; 0.225%	2	
kcl 0.15%/d5w/nacl 0.9% injection 5%; 20meq/l; 0.9%	2	
kcl 0.3%/d5w/nacl 0.9% injection 5%; 40meq/l; 0.9%	2	
KLOR-CON 10 TABLET EXTENDED RELEASE 10MEQ	1	
KLOR-CON 8 TABLET EXTENDED RELEASE 8MEQ	1	
KLOR-CON M10 TABLET EXTENDED RELEASE 10MEQ	1	
KLOR-CON M15 TABLET EXTENDED RELEASE 15MEQ	1	
KLOR-CON M20 TABLET EXTENDED RELEASE 20MEQ	1	
KLOR-CON PACKET 20MEQ	1	
lactated ringers/dextrose 5% injection 20mg/100ml; 5%; 30mg/100ml; 600mg/100ml; 310mg/100ml	2	
lactated ringers injection 20mg/100ml; 30mg/100ml; 600mg/100ml; 310mg/100ml	2	
magnesium sulfate injection 20gm/500ml, 2gm/50ml, 3gm/100ml, 40gm/1000ml, 4gm/100ml, 4gm/50ml, 50%	2	
multiple electrolytes injection type 1 injection 27meq/l; 98meq/l; 23meq/l; 3meq/l; 5meq/l; 140meq/l	3	
PLASMA-LYTE 148 INJECTION 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	3	
PLENAMINE INJECTION 147.4MEQ/L; 2.17GM/100ML; 1.47GM/100ML; 434MG/100ML; 749MG/100ML; 1.04GM/100ML; 894MG/100ML; 749MG/100ML; 1.04GM/100ML; 1.18GM/100ML; 749MG/100ML; 1.04GM/100ML; 894MG/100ML; 592MG/100ML; 749MG/100ML; 250MG/100ML; 39MG/100ML; 960MG/100ML	2	B/D
potassium chloride er capsule extended release 10meq, 8meq	1	
potassium chloride er tablet extended release 10meq, 15meq, 20meq, 8meq	1	
potassium chloride/dextrose/lactated ringers injection 3meq/l; 149meq/l; 5%; 28meq/l; 24meq/l; 130meq/l	2	
potassium chloride/dextrose/sodium chloride injection 5%; 0.15%; 0.225%, 5%; 10meq/l; 0.45%, 5%; 20meq/l; 0.45%, 5%; 20meq/l; 0.9%, 5%; 30meq/l; 0.45%, 5%; 40meq/l; 0.45%, 5%; 40meq/l; 0.9%	2	
potassium chloride/dextrose injection 5%; 20meq/l	2	

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You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
potassium chloride/sodium chloride injection 20meq/l; 0.45%, 20meq/l; 0.9%, 40meq/l; 0.9%	2	
potassium chloride injection 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 2meq/ml, 40meq/100ml	2	
potassium chloride packet 20meq	1	
potassium chloride packet 40meq	3	NDS
potassium chloride oral solution 10%, 20%	1	
potassium citrate er tablet extended release 1080mg, 15meq, 540mg	1	
PREMASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	3	B/D; NDS
PROSOL INJECTION 140MEQ/100ML; 2.76GM/100ML; 1.96GM/100ML; 600MG/100ML; 1.02GM/100ML; 2.06GM/100ML; 1.18GM/100ML; 1.08GM/100ML; 1.08GM/100ML; 1.35GM/100ML; 760MG/100ML; 1GM/100ML; 1.34GM/100ML; 1.02GM/100ML; 980MG/100ML; 320MG/100ML; 50MG/100ML; 1.44GM/100ML	3	B/D
sodium chloride 0.45% injection 0.45%	2	
sodium chloride injection 0.9%, 2.5meq/ml, 3%, 5%	2	
sodium fluoride solution 0.5mg/ml	1	
sodium fluoride tablet chewable 0.25mg, 0.5mg, 1mg	1	
sodium fluoride tablet 0.5mg	1	
TPN ELECTROLYTES INJECTION 29.5MEQ/20ML; 4.5MEQ/20ML; 35MEQ/20ML; 5MEQ/20ML; 20MEQ/20ML; 35MEQ/20ML	3	
TRAVASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	3	B/D
TROPHAMINE INJECTION 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	3	B/D
Electrolyte/Mineral/Metal Modifiers		
CHEMET CAPSULE 100MG	3	NDS

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Drug Name	Drug Tier	Requirements/Limits
CUVRIOR TABLET 300MG	3	PA; NDS
deferasirox packet 180mg, 360mg, 90mg	3	PA; NDS
deferasirox tablet soluble 125mg	2	PA
deferasirox tablet soluble 250mg, 500mg	3	PA; NDS
deferasirox tablet 90mg	2	PA
deferasirox tablet 180mg, 360mg	3	PA
deferiprone tablet 1000mg, 500mg	3	PA; NDS
penicillamine capsule 250mg	3	NDS; SP
penicillamine tablet 250mg	3	NDS; SP
tolvaptan tablet therapy pack 0, 15mg	3	NDS; SP
tolvaptan tablet 15mg, 30mg	3	NDS; SP
trientine hydrochloride capsule 250mg, 500mg	3	NDS; SP
Phosphate Binders		
calcium acetate capsule 667mg	1	
calcium acetate tablet 667mg	1	
lanthanum carbonate tablet chewable 1000mg, 500mg, 750mg	3	
sevelamer carbonate packet 0.8gm, 2.4gm	3	
sevelamer carbonate tablet 800mg	2	
sevelamer hydrochloride tablet 400mg, 800mg	2	
Potassium Binders		
KIONEX SUSPENSION 15GM/60ML	2	
LOKELMA PACKET 10GM, 5GM	2	
sodium polystyrene sulfonate powder 0	1	
sodium polystyrene sulfonate suspension 15gm/60ml	2	
SPS MULTIPLE ROUTES SUSPENSION 15GM/60ML, 15GM/60ML	2	
Vitamins		
prenatal tablet 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg	2	
Enhanced Covered Drugs		
Prescription Vitamins		
cyanocobalamin injection 1000mcg/ml	2	EC
folic acid tablet 1mg	2	EC
vitamin d capsule 50000unit	2	EC
Sexual Dysfunction		
sildenafil citrate tablet 100mg, 25mg, 50mg	2	QL(6 EA per 30 days); EC; CAP=72 TABS EVERY YEAR
tadalafil tablet 10mg, 20mg	2	QL(6 EA per 30 days); EC; CAP=72 TABS EVERY YEAR
Gastrointestinal Agents		
Anti-Constipation Agents		
CONSTULOSE SOLUTION 10GM/15ML	1	
ENULOSE SOLUTION 10GM/15ML	1	
GENERLAC SOLUTION 10GM/15ML	1	

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Drug Name	Drug Tier	Requirements/Limits
lactulose solution 10gm/15ml	1	
LINZESS CAPSULE 145MCG, 290MCG, 72MCG	2	QL(30 EA per 30 days)
lubiprostone capsule 24mcg, 8mcg	2	
MOVANTIK TABLET 12.5MG, 25MG	2	QL(30 EA per 30 days); PA
RELISTOR INJECTION 8MG/0.4ML	3	QL(12 ML per 30 days); PA; NDS
RELISTOR INJECTION 12MG/0.6ML	3	QL(18 ML per 30 days); PA; NDS
RELISTOR TABLET 150MG	3	QL(90 EA per 30 days); PA; NDS
Anti-Diarrheal Agents		
alosetron hydrochloride tablet 0.5mg, 1mg	3	
diphenoxylate hydrochloride/atropine sulfate tablet 0.025mg; 2.5mg	3	
loperamide hydrochloride capsule 2mg	1	
XERMELO TABLET 250MG	3	QL(90 EA per 30 days); PA; NDS
Antispasmodics, Gastrointestinal		
dicyclomine hcl solution 10mg/5ml	2	PA; PA applies if 65 years and older
dicyclomine hydrochloride capsule 10mg	1	PA; PA applies if 65 years and older
dicyclomine hydrochloride tablet 20mg	2	PA; PA applies if 65 years and older
glycopyrrolate solution 1mg/5ml	2	
glycopyrrolate tablet 1mg, 2mg	1	
methscopolamine bromide tablet 2.5mg, 5mg	3	
Gastrointestinal Agents, Other		
bismuth subcitrate pot/metronidazole/tetracycline hydrochlo capsule 140mg; 125mg; 125mg	3	
BYLVAY (PELLETS) CAPSULE SPRINKLE 200MCG, 600MCG	3	PA; NDS
BYLVAY CAPSULE 1200MCG, 400MCG	3	PA; NDS
CLENPIQ SOLUTION 12GM/175ML; 3.5GM/175ML; 10MG/175ML	2	
CTEXLI TABLET 250MG	3	QL(90 EA per 30 days); PA; NDS
GATTEX INJECTION 5MG	3	PA; NDS
GAVILYTE-C SOLUTION RECONSTITUTED 240GM; 2.98GM; 6.72GM; 5.84GM; 22.72GM	1	
GAVILYTE-G SOLUTION RECONSTITUTED 236GM; 2.97GM; 6.74GM; 5.86GM; 22.74GM	1	
GAVILYTE-N/FLAVOR PACK SOLUTION RECONSTITUTED 420GM; 1.48GM; 5.72GM; 11.2GM	1	
LIVDELZI CAPSULE 10MG	3	QL(30 EA per 30 days); PA; NDS
LIVMARLI SOLUTION 19MG/ML, 9.5MG/ML	3	PA; NDS
LIVMARLI TABLET 30MG	3	QL(30 EA per 30 days); PA; NDS
LIVMARLI TABLET 10MG, 15MG, 20MG	3	QL(60 EA per 30 days); PA; NDS
metoclopramide hcl solution 5mg/5ml	2	
metoclopramide hydrochloride tablet 10mg, 5mg	1	
nitroglycerin rectal ointment 0.4%	3	QL(30 GM per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
PEG-3350/ELECTROLYTES/ASCORBATE SOLUTION RECONSTITUTED 4.7GM; 100GM; 1.015GM; 5.9GM; 2.691GM; 7.5GM	3	
peg-3350/electrolytes solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm	1	
peg-3350/nacl/na bicarbonate/kcl solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm	1	
sodium sulfate/potassium sulfate/magnesium sulfate solution 17.5gm/177ml; 3.13gm/177ml; 1.6gm/177ml	2	
TALICIA CAPSULE DELAYED RELEASE 250MG; 10MG; 12.5MG	3	
ursodiol capsule 300mg	2	
ursodiol tablet 250mg, 500mg	3	
VOQUEZNA TABLET 10MG	3	QL(30 EA per 30 days); PA
VOQUEZNA TABLET 20MG	3	QL(60 EA per 30 days); PA
VOWST CAPSULE 0	3	PA; NDS
XIFAXAN TABLET 550MG	2	QL(60 EA per 30 days); PA
XIFAXAN TABLET 200MG	2	QL(9 EA per 28 days); PA
Histamine2 (H2) Receptor Antagonists		
cimetidine tablet 200mg, 300mg, 400mg, 800mg	2	
famotidine suspension reconstituted 40mg/5ml	3	
famotidine tablet 20mg, 40mg	1	
nizatidine capsule 150mg, 300mg	2	
Protectants		
misoprostol tablet 100mcg, 200mcg	1	
sucralfate suspension 1gm/10ml	2	
sucralfate tablet 1gm	1	
Proton Pump Inhibitors		
dexlansoprazole capsule delayed release 30mg, 60mg	3	
esomeprazole magnesium capsule delayed release 20mg, 40mg	3	
esomeprazole magnesium packet 10mg, 2.5mg, 20mg, 40mg, 5mg	3	
lansoprazole capsule delayed release 15mg, 30mg	1	
omeprazole dr capsule delayed release 10mg	1	
omeprazole/sodium bicarbonate capsule 20mg; 1100mg, 40mg; 1100mg	3	
omeprazole/sodium bicarbonate packet 20mg; 1680mg, 40mg; 1680mg	3	NDS
omeprazole capsule delayed release 20mg, 40mg	1	
pantoprazole sodium tablet delayed release 20mg, 40mg	1	
rabeprazole sodium tablet delayed release 20mg	2	
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		

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Drug Name	Drug Tier	Requirements/Limits
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
AQVESME TABLET 100MG	3	QL(56 EA per 28 days); PA; NDS
ARALAST NP INJECTION 1000MG, 500MG	3	PA; NDS
betaine anhydrous powder 0	3	NDS; SP
CERDELGA CAPSULE 84MG	3	PA; NDS; SP
CEREZYME INJECTION 400UNIT	3	PA; NDS; SP
CHOLBAM CAPSULE 250MG, 50MG	3	PA; NDS
CRENESSITY CAPSULE 100MG, 25MG, 50MG	3	PA; NDS
CRENESSITY SOLUTION 50MG/ML	3	PA; NDS
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	2	
cromolyn sodium concentrate 100mg/5ml	3	
CYSTAGON CAPSULE 150MG, 50MG	3	PA
DAYBUE SOLUTION 200MG/ML	3	QL(3600 ML per 30 days); PA; NDS
dichlorphenamide tablet 50mg	3	PA; NDS; SP
DOJOLVI LIQUID 100%	3	NDS
EVRYSDI SOLUTION RECONSTITUTED 0.75MG/ML	3	PA; NDS
EVRYSDI TABLET 5MG	3	PA; NDS
FABRAZYME INJECTION 35MG, 5MG	3	PA; NDS; SP
glycerol phenylbutyrate liquid 1.1gm/ml	3	PA; NDS; SP
HARLIKU TABLET 2MG	3	QL(30 EA per 30 days); PA; NDS
JAVYGTOR PACKET 100MG, 500MG	3	PA; NDS
JAVYGTOR TABLET 100MG	3	PA; NDS
JOENJA TABLET 70MG	3	QL(60 EA per 30 days); PA; NDS
l-glutamine packet 5gm	3	NDS
LUMIZYME INJECTION 50MG	3	PA; NDS; SP
miglustat capsule 100mg	3	QL(90 EA per 30 days); PA; NDS; SP
MIPLYFFA CAPSULE 124MG, 47MG, 62MG, 93MG	3	QL(90 EA per 30 days); PA; NDS
nitisinone capsule 10mg, 20mg, 2mg, 5mg	3	PA; NDS
OLPRUVA THERAPY PACK 2GM, 3GM, 4GM, 5GM, 6.67GM, 6GM	3	PA; NDS
OPFOLDA CAPSULE 65MG	3	QL(8 EA per 28 days)
ORFADIN SUSPENSION 4MG/ML	3	PA; NDS
ORMALVI TABLET 50MG	3	PA; NDS
PALYNZIQ INJECTION 10MG/0.5ML, 2.5MG/0.5ML, 20MG/ML	3	PA; NDS
PROLASTIN-C INJECTION 1000MG/20ML	3	PA; NDS
PYRUKYND TAPER PACK TABLET THERAPY PACK 0	3	QL(14 EA per 14 days); PA; NDS
PYRUKYND TAPER PACK TABLET THERAPY PACK 5MG	3	QL(7 EA per 7 days); PA; NDS

Drug Name	Drug Tier	Requirements/Limits
PYRUKYND TABLET 20MG, 50MG, 5MG	3	QL(56 EA per 28 days); PA; NDS
REVCOVI INJECTION 2.4MG/1.5ML	3	NDS
sapropterin dihydrochloride packet 100mg, 500mg	3	PA; NDS
sapropterin dihydrochloride tablet 100mg	3	PA; NDS
SEPHIENCE PACKET 1000MG, 250MG	3	PA; NDS
sodium phenylbutyrate powder 3gm/tsp	3	PA; NDS; SP
sodium phenylbutyrate tablet 500mg	3	PA; NDS; SP
STRENSIQ INJECTION 18MG/0.45ML, 28MG/0.7ML, 40MG/ML, 80MG/0.8ML	3	PA; NDS
SUCRAID SOLUTION 8500UNIT/ML	3	NDS
WAINUA INJECTION 45MG/0.8ML	3	QL(0.8 ML per 28 days); PA; NDS
WELIREG TABLET 40MG	3	PA; NDS
YARGESA CAPSULE 100MG	3	QL(90 EA per 30 days); PA; NDS
zelvysia packet 100mg, 500mg	3	PA; NDS
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	2	
Genitourinary Agents		
Antispasmodics, Urinary		
darifenacin hydrobromide er tablet extended release 24 hour 15mg, 7.5mg	2	
fesoterodine fumarate er tablet extended release 24 hour 4mg, 8mg	3	QL(30 EA per 30 days)
GEMTESA TABLET 75MG	3	
MYRBETRIQ SUSPENSION RECONSTITUTED ER 8MG/ML	2	QL(300 ML per 28 days)
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 25MG, 50MG	2	QL(30 EA per 30 days)
oxybutynin chloride er tablet extended release 24 hour 10mg, 15mg, 5mg	1	
oxybutynin chloride solution 5mg/5ml	2	
oxybutynin chloride tablet 5mg	1	
solifenacin succinate tablet 10mg, 5mg	2	
tolterodine tartrate er capsule extended release 24 hour 2mg, 4mg	3	
tolterodine tartrate tablet 1mg, 2mg	2	
trospium chloride er capsule extended release 24 hour 60mg	2	
trospium chloride tablet 20mg	2	
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er tablet extended release 24 hour 10mg	1	
doxazosin mesylate tablet 1mg, 2mg, 4mg, 8mg	1	

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Drug Name	Drug Tier	Requirements/Limits
dutasteride/tamsulosin hydrochloride capsule 0.5mg; 0.4mg	2	
dutasteride capsule 0.5mg	1	
finasteride tablet 5mg	1	
silodosin capsule 4mg, 8mg	2	
tadalafil tablet 2.5mg, 5mg	2	QL(30 EA per 30 days); PA
tamsulosin hydrochloride capsule 0.4mg	1	
terazosin hcl capsule 10mg, 1mg, 5mg	1	
terazosin hydrochloride capsule 2mg	1	
Genitourinary Agents, Other		
bethanechol chloride tablet 10mg, 25mg, 50mg, 5mg	1	
ELMIRON CAPSULE 100MG	3	NDS
tiopronin dr tablet delayed release 100mg, 300mg	3	NDS; SP
tiopronin tablet 100mg	3	NDS; SP
vanrafia tablet 0.75mg	3	QL(30 EA per 30 days); PA; NDS
VENXXIVA TABLET DELAYED RELEASE 100MG, 300MG	3	NDS
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
AGAMREE SUSPENSION 40MG/ML	3	PA; NDS
CORTROPHIN INJECTION 40UNIT/0.5ML, 80UNIT/ML	3	PA; NDS; SP
deflazacort suspension 22.75mg/ml	3	PA; NDS
deflazacort tablet 18mg, 30mg, 36mg, 6mg	3	PA; NDS; SP
DEXAMETHASONE INTENSOL CONCENTRATE 1MG/ML	3	
dexamethasone elixir 0.5mg/5ml	2	
dexamethasone solution 0.5mg/5ml	2	
dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg	1	
fludrocortisone acetate tablet 0.1mg	1	
hydrocortisone tablet 10mg, 20mg, 5mg	2	
jaythari suspension 22.75mg/ml	3	PA; NDS
jaythari tablet 18mg, 30mg, 36mg, 6mg	3	PA; NDS
kymbee tablet 18mg, 30mg, 36mg, 6mg	3	PA; NDS
MEDROL TABLET 2MG	3	
methylprednisolone dose pack tablet therapy pack 4mg	1	
methylprednisolone tablet 16mg, 32mg, 4mg, 8mg	1	
prednisolone sodium phosphate oral solution 10mg/5ml, 15mg/5ml, 20mg/5ml	1	
prednisolone sodium phosphate oral solution 25mg/5ml, 5mg/5ml	2	
prednisolone solution 15mg/5ml	1	
prednisolone tablet 5mg	2	
PREDNISONE INTENSOL CONCENTRATE 5MG/ML	3	
prednisone solution 5mg/5ml	3	
prednisone tablet therapy pack 10mg, 5mg	2	

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Drug Name	Drug Tier	Requirements/Limits
prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg	1	
pyquvi suspension 22.75mg/ml	3	PA; NDS
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
DESMODA SOLUTION 0.05MG/ML	3	PA; NDS
desmopressin acetate solution 0.01%	2	
desmopressin acetate tablet 0.1mg, 0.2mg	1	
EGRIFTA SV INJECTION 2MG	3	PA; NDS; SP
EGRIFTA WR INJECTION 11.6MG	3	PA; NDS; SP
GENOTROPIN MINIQUICK INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	3	PA; NDS; SP
GENOTROPIN MINIQUICK INJECTION 0.2MG	3	PA; SP
GENOTROPIN INJECTION 12MG, 5MG	3	PA; NDS; SP
HUMATROPE INJECTION 12MG, 24MG, 6MG	3	PA; NDS; SP
INCRELEX INJECTION 40MG/4ML	3	PA; NDS
ISTURISA TABLET 1MG, 5MG	3	PA; NDS
NGENLA INJECTION 24MG/1.2ML, 60MG/1.2ML	3	PA; NDS; SP
NORDITROPIN FLEXPRO INJECTION 10MG/1.5ML, 15MG/1.5ML, 5MG/1.5ML	3	PA; NDS; SP
NUTROPIN AQ NUSPIN 10 INJECTION 10MG/2ML	3	PA; NDS; SP
NUTROPIN AQ NUSPIN 20 INJECTION 20MG/2ML	3	PA; NDS; SP
NUTROPIN AQ NUSPIN 5 INJECTION 5MG/2ML	3	PA; NDS; SP
OMNITROPE INJECTION 10MG/1.5ML, 5.8MG, 5MG/1.5ML	3	PA; NDS; SP
SEROSTIM INJECTION 4MG, 5MG, 6MG	3	PA; NDS; SP
SOGROYA INJECTION 10MG/1.5ML, 15MG/1.5ML, 5MG/1.5ML	3	PA; NDS; SP
ZOMACTON INJECTION 10MG, 5MG	3	PA; SP
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
danazol capsule 100mg, 200mg, 50mg	3	
DEPO-TESTOSTERONE INJECTION 100MG/ML, 200MG/ML	2	QL(10 ML per 28 days); PA
methyltestosterone capsule 10mg	3	NDS
testosterone cypionate injection 100mg/ml, 200mg/ml	2	QL(10 ML per 28 days); PA
testosterone enanthate injection 200mg/ml	2	QL(5 ML per 28 days); PA
testosterone pump gel 1%, 1.62%	3	QL(300 GM per 30 days); PA
testosterone gel 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm	3	QL(300 GM per 30 days); PA
testosterone solution 30mg/act	3	QL(180 ML per 30 days); PA
Estrogens		
abigale lo tablet 0.5mg; 0.1mg	1	
abigale tablet 1mg; 0.5mg	1	
ALTAVERA TABLET 30MCG; 0.15MG	1	

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Drug Name	Drug Tier	Requirements/Limits
ALYACEN 1/35 TABLET 35MCG; 1MG	1	
APRI TABLET 0.15MG; 30MCG	1	
ARANELLE TABLET 0; 0	1	
ASHLYNA TABLET 0; 0	1	
AUBRA EQ TABLET 20MCG; 0.1MG	1	
AVIANE TABLET 20MCG; 0.1MG	1	
AZURETTE TABLET 0; 0	1	
BALZIVA TABLET 35MCG; 0.4MG	1	
BLISOVI FE 1.5/30 TABLET 30MCG; 75MG; 1.5MG	1	
BRIELLYN TABLET 35MCG; 0.4MG	1	
conjugated estrogens tablet 0.3mg, 0.45mg, 0.625mg, 0.9mg, 1.25mg	3	
CRYSELLE TABLET 30MCG; 0.3MG	1	
CYRED EQ TABLET 0.15MG; 30MCG	1	
desogestrel/ethinyl estradiol tablet 0; 0	1	
DOTTI PATCH TWICE WEEKLY 0.025MG/24HR, 0.0375MG/24HR, 0.05MG/24HR, 0.075MG/24HR, 0.1MG/24HR	2	
drospirenone/ethinyl estradiol tablet 3mg; 0.02mg, 3mg; 0.03mg	1	
ELURYNG RING 0.015MG/24HR; 0.12MG/24HR	1	
ENILLORING RING 0.015MG/24HR; 0.12MG/24HR	1	
ENPRESSE-28 TABLET 0; 0	1	
ENSKYCE TABLET 0.15MG; 0.03MG	1	
ESTARYLLA TABLET 35MCG; 0.25MG	1	
estradiol valerate injection 10mg/ml, 20mg/ml, 40mg/ml	2	
estradiol/norethindrone acetate tablet 0.5mg; 0.1mg, 1mg; 0.5mg	1	
estradiol cream 0.1mg/gm	2	
estradiol gel 0.25mg/0.25gm, 0.5mg/0.5gm, 0.75mg/0.75gm, 1mg/gm	2	
estradiol patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr	2	
estradiol patch weekly 0.025mg/24hr, 0.05mg/24hr, 0.06mg/24hr, 0.075mg/24hr, 0.1mg/24hr, 37.5mcg/24hr	2	
estradiol oral tablet 0.5mg, 1mg, 2mg	1	
estradiol vaginal tablet 10mcg	2	
ESTRING RING 7.5MCG/24HR	2	
ethynodiol diacetate/ethinyl estradiol tablet 35mcg; 1mg, 50mcg; 1mg	1	
etonogestrel/ethinyl estradiol ring 0.015mg/24hr; 0.12mg/24hr	1	
FALMINA TABLET 20MCG; 0.1MG	1	
femlyv tablet disintegrating 0.02mg; 1mg	1	
FEMRING RING 0.05MG/24HR, 0.1MG/24HR	2	

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Drug Name	Drug Tier	Requirements/Limits
FYAVOLV TABLET 2.5MCG; 0.5MG, 5MCG; 1MG	2	
galbriela tablet chewable 25mcg; 75mg; 0.8mg	1	
HAILEY FE 1/20 TABLET 20MCG; 75MG; 1MG	1	
ICLEVIA TABLET 0.03MG; 0.15MG	1	
IMVEXXY MAINTENANCE PACK INSERT 10MCG, 4MCG	2	PA
IMVEXXY STARTER PACK INSERT 10MCG, 4MCG	2	PA
INTROVALE TABLET 0.03MG; 0.15MG	1	
ISIBLOOM TABLET 0.15MG; 30MCG	1	
JASMIEL TABLET 3MG; 0.02MG	1	
JINTELI TABLET 5MCG; 1MG	2	
JULEBER TABLET 0.15MG; 30MCG	1	
JUNEL 1.5/30 TABLET 30MCG; 1.5MG	1	
JUNEL 1/20 TABLET 20MCG; 1MG	1	
JUNEL FE 1.5/30 TABLET 30MCG; 75MG; 1.5MG	1	
JUNEL FE 1/20 TABLET 20MCG; 75MG; 1MG	1	
JUNEL FE 24 TABLET 20MCG; 75MG; 1MG	1	
KARIVA TABLET 0; 0	1	
KELNOR 1/35 TABLET 35MCG; 1MG	1	
KURVELO TABLET 0.03MG; 0.15MG	1	
LARIN 1.5/30 TABLET 30MCG; 1.5MG	1	
LARIN 1/20 TABLET 20MCG; 1MG	1	
LARIN FE 1.5/30 TABLET 30MCG; 75MG; 1.5MG	1	
LARIN FE 1/20 TABLET 20MCG; 75MG; 1MG	1	
LESSINA TABLET 20MCG; 0.1MG	1	
LEVONEST TABLET 0; 0	1	
levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg	1	
LOESTRIN 1.5/30-21 TABLET 30MCG; 1.5MG	1	
LOESTRIN 1/20-21 TABLET 20MCG; 1MG	1	
LOESTRIN FE 1.5/30 TABLET 30MCG; 75MG; 1.5MG	1	
LOESTRIN FE 1/20 TABLET 20MCG; 75MG; 1MG	1	
lojaimiess tablet 0; 0	1	
LORYNA TABLET 3MG; 0.02MG	1	
LOW-OGESTREL TABLET 30MCG; 0.3MG	1	
luizza 1.5/30 tablet 30mcg; 1.5mg	1	
luizza 1/20 tablet 20mcg; 1mg	1	
LUTERA TABLET 20MCG; 0.1MG	1	
LYLLANA PATCH TWICE WEEKLY 0.025MG/24HR, 0.0375MG/24HR, 0.05MG/24HR, 0.075MG/24HR, 0.1MG/24HR	2	
MARLISSA TABLET 0.03MG; 0.15MG	1	
MICROGESTIN 1.5/30 TABLET 30MCG; 1.5MG	1	
MICROGESTIN 1/20 TABLET 20MCG; 1MG	1	

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Drug Name	Drug Tier	Requirements/Limits
MICROGESTIN FE 1.5/30 TABLET 30MCG; 75MG; 1.5MG	1	
MICROGESTIN FE 1/20 TABLET 20MCG; 75MG; 1MG	1	
MILI TABLET 35MCG; 0.25MG	1	
MIMVEY TABLET 1MG; 0.5MG	1	
NECON 0.5/35-28 TABLET 35MCG; 0.5MG	1	
NIKKI TABLET 3MG; 0.02MG	1	
norelgestromin/ethinyl estradiol patch weekly 35mcg/24hr; 150mcg/24hr	2	
norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg, 30mcg; 1.5mg	1	
norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg, 5mcg; 1mg	2	
norgestimate/ethinyl estradiol tablet 0; 0, 35mcg; 0.25mg	1	
NORTREL 0.5/35 (28) TABLET 35MCG; 0.5MG	1	
NORTREL 1/35 TABLET 35MCG; 1MG	1	
NORTREL 7/7/7 TABLET 35MCG; 0	1	
NYLIA 1/35 TABLET 35MCG; 1MG	1	
NYLIA 7/7/7 TABLET 35MCG; 0	1	
PIMTREA TABLET 0; 0	1	
PORTIA-28 TABLET 0.03MG; 0.15MG	1	
PREMARIN CREAM 0.625MG/GM	2	
PREMPHASE TABLET 0.625MG; 5MG	3	
PREMPRO TABLET 0.3MG; 1.5MG, 0.45MG; 1.5MG, 0.625MG; 2.5MG, 0.625MG; 5MG	3	
RECLIPSEN TABLET 0.15MG; 0.03MG	1	
rosyrah tablet 0; 0	1	
SETLAKIN TABLET 0.03MG; 0.15MG	1	
SIMLIYA TABLET 0; 0	1	
SPRINTEC 28 TABLET 35MCG; 0.25MG	1	
SRONYX TABLET 20MCG; 0.1MG	1	
SYEDA TABLET 3MG; 0.03MG	1	
TARINA FE 1/20 EQ TABLET 20MCG; 75MG; 1MG	1	
TILIA FE TABLET 0; 75MG; 1MG	1	
TRI-ESTARYLLA TABLET 0; 0	1	
TRI-LEGEST FE TABLET 0; 75MG; 1MG	1	
TRI-LO-ESTARYLLA TABLET 0; 0	1	
TRI-LO-MARZIA TABLET 0; 0	1	
TRI-LO-MILI TABLET 0; 0	1	
TRI-LO-SPRINTEC TABLET 0; 0	1	
TRI-MILI TABLET 0; 0	1	
TRI-SPRINTEC TABLET 0; 0	1	
TRI-VYLIBRA LO TABLET 0; 0	1	
TRI-VYLIBRA TABLET 0; 0	1	
tydemy tablet 3mg; 0.03mg; 0.451mg	1	

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Drug Name	Drug Tier	Requirements/Limits
valtya 1/35 tablet 35mcg; 1mg	1	
VELIVET TABLET 0; 0	1	
VESTURA TABLET 3MG; 0.02MG	1	
VIENVA TABLET 20MCG; 0.1MG	1	
VIORELE TABLET 0; 0	1	
VYFEMLA TABLET 35MCG; 0.4MG	1	
VYLIBRA TABLET 35MCG; 0.25MG	1	
WERA TABLET 35MCG; 0.5MG	1	
xelria fe tablet chewable 35mcg; 75mg; 0.4mg	1	
XULANE PATCH WEEKLY 35MCG/24HR; 150MCG/24HR	2	
YUVAFEM TABLET 10MCG	2	
ZAFEMY PATCH WEEKLY 35MCG/24HR; 150MCG/24HR	2	
ZOVIA 1/35 TABLET 35MCG; 1MG	1	
ZUMANDIMINE TABLET 3MG; 0.03MG	1	
Progestins		
CAMILA TABLET 0.35MG	1	
CRINONE GEL 4%, 8%	3	PA
DEBLITANE TABLET 0.35MG	1	
DEPO-SUBQ PROVERA 104 INJECTION 104MG/0.65ML	2	
ERRIN TABLET 0.35MG	1	
gallifrey tablet 5mg	1	
INCASSIA TABLET 0.35MG	1	
KYLEENA INTRAUTERINE DEVICE 19.5MG	2	
LILETTA INTRAUTERINE DEVICE 20.1MCG/DAY	2	
LYLEQ TABLET 0.35MG	1	
LYZA TABLET 0.35MG	1	
medroxyprogesterone acetate injection 150mg/ml	2	
medroxyprogesterone acetate tablet 10mg, 2.5mg, 5mg	1	
megestrol acetate suspension 40mg/ml, 625mg/5ml	2	
megestrol acetate tablet 20mg, 40mg	2	
MIRENA INTRAUTERINE DEVICE 21MCG/DAY	2	
NEXPLANON INJECTION 68MG	2	
NORA-BE TABLET 0.35MG	1	
norethindrone acetate tablet 5mg	1	
norethindrone tablet 0.35mg	1	
progesterone capsule 100mg, 200mg	1	
SHAROBEL TABLET 0.35MG	1	
SKYLA INTRAUTERINE DEVICE 13.5MG	2	
Selective Estrogen Receptor Modifying Agents		
DUAVEE TABLET 20MG; 0.45MG	3	
OSPHENA TABLET 60MG	3	PA
raloxifene hydrochloride tablet 60mg	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		

Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
ARMOUR THYROID TABLET 120MG, 15MG, 180MG, 240MG, 300MG, 30MG, 60MG, 90MG	2	
levo-t tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg	1	
levothyroxine sodium tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg	1	
LEVOXYL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	1	
liomny tablet 25mcg, 50mcg, 5mcg	1	
liothyronine sodium tablet 25mcg, 50mcg, 5mcg	1	
NIVA THYROID TABLET 120MG, 15MG, 30MG, 60MG, 90MG	2	
NP THYROID 120 TABLET 120MG	2	
NP THYROID 15 TABLET 15MG	2	
NP THYROID 30 TABLET 30MG	2	
NP THYROID 60 TABLET 60MG	2	
NP THYROID 90 TABLET 90MG	2	
REZDIFFRA TABLET 100MG, 60MG, 80MG	3	QL(30 EA per 30 days); PA; NDS
SYNTHROID TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	3	
THYROID TABLET 120MG, 15MG, 30MG, 60MG, 90MG	2	
UNITHROID TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	1	
YORVIPATH INJECTION 168MCG/0.56ML	3	QL(1.12 ML per 28 days); PA; NDS
YORVIPATH INJECTION 294MCG/0.98ML	3	QL(1.96 ML per 28 days); PA; NDS
YORVIPATH INJECTION 420MCG/1.4ML	3	QL(2.8 ML per 28 days); PA; NDS
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
cabergoline tablet 0.5mg	2	
ELIGARD INJECTION 22.5MG, 30MG, 45MG, 7.5MG	3	PA; SP
FIRMAGON INJECTION 80MG	2	PA; SP
FIRMAGON INJECTION 120MG/VIAL	3	PA; NDS; SP
lanreotide acetate injection 120mg/0.5ml	3	PA; NDS; SP
leuprolide acetate injection 1mg/0.2ml	3	PA; NDS; SP
LUPRON DEPOT (1-MONTH) INJECTION 3.75MG, 7.5MG	3	PA; NDS; SP
LUPRON DEPOT (3-MONTH) INJECTION 11.25MG, 22.5MG	3	PA; NDS; SP
LUPRON DEPOT (4-MONTH) INJECTION 30MG	3	PA; NDS; SP
LUPRON DEPOT (6-MONTH) INJECTION 45MG	3	PA; NDS; SP

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Drug Name	Drug Tier	Requirements/Limits
mifepristone tablet 300mg	3	QL(120 EA per 30 days); PA; NDS
MYCAPSSA CAPSULE DELAYED RELEASE 20MG	3	PA; NDS
MYFEMBREE TABLET 1MG; 0.5MG; 40MG	3	QL(28 EA per 28 days); PA; NDS
octreotide acetate injection 1000mcg/ml, 500mcg/ml	3	PA; NDS; SP
octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml	3	PA; SP
ORGOVYX TABLET 120MG	3	PA; NDS
ORIAHNN CAPSULE THERAPY PACK 300MG; 1MG; 0.5MG	3	QL(56 EA per 28 days); PA; NDS
PALSONIFY TABLET 20MG, 30MG	3	QL(60 EA per 30 days); PA; NDS
RECORLEV TABLET 150MG	3	QL(240 EA per 30 days); PA; NDS
SIGNIFOR INJECTION 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	3	QL(60 ML per 30 days); PA; NDS
SOMAVERT INJECTION 10MG, 15MG, 20MG, 25MG, 30MG	3	PA; NDS; SP
SYNAREL SOLUTION 2MG/ML	3	NDS
TRELSTAR MIXJECT INJECTION 22.5MG	3	PA; NDS; SP
TRELSTAR MIXJECT INJECTION 11.25MG, 3.75MG	3	PA; SP
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
methimazole tablet 10mg, 5mg	1	
propylthiouracil tablet 50mg	1	
Immunological Agents		
Angioedema Agents		
CINRYZE INJECTION 500UNIT	3	PA; NDS; SP
icatibant acetate injection 30mg/3ml	3	QL(27 ML per 30 days); PA; NDS; SP
SAJAZIR INJECTION 30MG/3ML	3	QL(27 ML per 30 days); PA; NDS
Immunoglobulins		
ALYGLO INJECTION 10GM/100ML, 20GM/200ML, 5GM/50ML	3	B/D; NDS
BIVIGAM INJECTION 10%, 5GM/50ML	3	B/D; NDS
FLEBOGAMMA DIF INJECTION 10GM/200ML, 20GM/400ML, 5GM/100ML	3	B/D; NDS; SP
GAMASTAN INJECTION 0	3	PA; SP
GAMMAGARD LIQUID ERC INJECTION 10GM/100ML, 5GM/50ML	3	B/D; NDS
GAMMAGARD LIQUID INJECTION 10GM/100ML, 1GM/10ML, 2.5GM/25ML, 20GM/200ML, 30GM/300ML, 5GM/50ML	3	B/D; NDS; SP
GAMMAGARD S/D IGA LESS THAN 1MCG/ML INJECTION 10GM, 5GM	3	B/D; NDS; SP
GAMMAKED INJECTION 10GM/100ML, 1GM/10ML, 20GM/200ML, 5GM/50ML	3	B/D; NDS
GAMMAPLEX INJECTION 10GM/100ML, 10GM/200ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	3	B/D; NDS; SP

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Drug Name	Drug Tier	Requirements/Limits
GAMUNEX-C INJECTION 10GM/100ML, 1GM/10ML, 2.5GM/25ML, 20GM/200ML, 40GM/400ML, 5GM/50ML	3	B/D; NDS
OCTAGAM INJECTION 10GM/100ML, 10GM/200ML, 2.5GM/50ML, 20GM/200ML, 2GM/20ML, 30GM/300ML, 5GM/100ML, 5GM/50ML	3	B/D; NDS; SP
OCTAGAM INJECTION 1GM/20ML	3	B/D; SP
PANZYGA INJECTION 10GM/100ML, 1GM/10ML, 2.5GM/25ML, 20GM/200ML, 30GM/300ML, 5GM/50ML	3	B/D; NDS
PRIVIGEN INJECTION 10GM/100ML, 20GM/200ML, 40GM/400ML, 5GM/50ML	3	B/D; NDS; SP
QIVIGY INJECTION 10GM/100ML, 5GM/50ML	3	B/D; NDS
Immunological Agents, Other		
ARCALYST INJECTION 220MG	3	PA; NDS
BENLYSTA INJECTION 200MG/ML	3	QL(8 ML per 28 days); PA; NDS; SP
CIBINQO TABLET 100MG, 200MG, 50MG	3	QL(30 EA per 30 days); PA; NDS; SP
COSENTYX SENSOREADY PEN INJECTION 150MG/ML	3	QL(10 ML per 28 days); PA; NDS; SP
COSENTYX UNOREADY INJECTION 300MG/2ML	3	QL(10 ML per 28 days); PA; NDS; SP
COSENTYX INJECTION 150MG/ML, 75MG/0.5ML	3	QL(10 ML per 28 days); PA; NDS; SP
DUPIXENT INJECTION 200MG/1.14ML	3	QL(4.56 ML per 28 days); PA; NDS; SP
DUPIXENT INJECTION 300MG/2ML	3	QL(8 ML per 28 days); PA; NDS; SP
EBGLYSS INJECTION 250MG/2ML	3	QL(8 ML per 28 days); PA; NDS; SP
ENTYVIO PEN INJECTION 108MG/0.68ML	3	QL(1.36 ML per 28 days); PA; NDS; SP
KEVZARA INJECTION 150MG/1.14ML, 200MG/1.14ML	3	QL(2.28 ML per 28 days); PA; NDS; SP
KINERET INJECTION 100MG/0.67ML	3	QL(30 ML per 28 days); PA; NDS
NEMLUVIO INJECTION 30MG	3	QL(2 EA per 28 days); PA; NDS; SP
OTEZLA TABLET THERAPY PACK 0	3	QL(110 EA per 365 days); PA; NDS; SP
RHAPSIDO TABLET 25MG	3	QL(60 EA per 30 days); PA; NDS; SP
RINVOQ LQ SOLUTION 1MG/ML	3	QL(360 ML per 30 days); PA; NDS; SP
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15MG, 30MG, 45MG	3	QL(30 EA per 30 days); PA; NDS; SP
SKYRIZI PEN INJECTION 150MG/ML	3	QL(1 ML per 28 days); PA; NDS; SP

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Drug Name	Drug Tier	Requirements/Limits
SKYRIZI INJECTION 55MG/0.37ML	3	QL(0.37 ML per 28 days); PA; NDS; SP
SKYRIZI INJECTION 150MG/ML	3	QL(1 ML per 28 days); PA; NDS; SP
SKYRIZI INJECTION 180MG/1.2ML	3	QL(1.2 ML per 56 days); PA; NDS; SP
SKYRIZI INJECTION 360MG/2.4ML	3	QL(2.4 ML per 56 days); PA; NDS; SP
STARJEMZA INJECTION 45MG/0.5ML, 90MG/ML	3	QL(3 ML per 84 days); PA; SP
STEQEYMA INJECTION 45MG/0.5ML	2	QL(3 ML per 84 days); PA; SP
STEQEYMA INJECTION 90MG/ML	3	QL(3 ML per 84 days); PA; NDS; SP
TAVNEOS CAPSULE 10MG	3	QL(180 EA per 30 days); PA; NDS
tofacitinib citrate er tablet extended release 24 hour 11mg, 22mg	3	QL(30 EA per 30 days); PA; NDS; SP
tofacitinib citrate solution 1mg/ml	3	QL(480 ML per 24 days); PA; NDS; SP
tofacitinib citrate tablet 10mg, 5mg	3	QL(60 EA per 30 days); PA; NDS; SP
TREMFYA INDUCTION PACK FOR CROHNS DISEASE/ULCERATIVE COLITIS INJECTION 200MG/2ML	3	QL(4 ML per 28 days); PA; NDS; SP
TREMFYA INJECTION 200MG/2ML	3	QL(2 ML per 28 days); PA; NDS; SP
TREMFYA INJECTION 100MG/ML	3	QL(2 ML per 56 days); PA; NDS; SP
TYENNE INJECTION 162MG/0.9ML	3	QL(3.6 ML per 28 days); PA; NDS; SP
VYVGART HYTRULO INJECTION 1000MG/5ML; 10000UNIT/5ML	3	PA; NDS
XOLAIR INJECTION 150MG	3	QL(8 EA per 28 days); PA; NDS; SP
XOLAIR INJECTION 150MG/ML, 300MG/2ML, 75MG/0.5ML	3	QL(8 ML per 28 days); PA; NDS; SP
YESINTEK INJECTION 45MG/0.5ML, 90MG/ML	3	QL(3 ML per 84 days); PA; NDS; SP
ZILBRYSQ INJECTION 16.6MG/0.416ML, 23MG/0.574ML, 32.4MG/0.81ML	3	PA; NDS
Immunostimulants		
ACTIMMUNE INJECTION 100MCG/0.5ML	3	PA; NDS; SP
BESREMI PEN INJECTION 500MCG/0.5ML	3	PA; NDS
BESREMI INJECTION 500MCG/ML	3	PA; NDS
PEGASYS INJECTION 180MCG/ML	3	PA; NDS; SP
Immunosuppressants		
ADALIMUMAB-AATY 1-PEN KIT INJECTION 80MG/0.8ML	3	QL(3 EA per 28 days); PA; NDS; SP

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Drug Name	Drug Tier	Requirements/Limits
ADALIMUMAB-AATY 1-PEN KIT INJECTION 40MG/0.4ML	3	QL(6 EA per 28 days); PA; NDS; SP
ADALIMUMAB-AATY 2-PEN KIT INJECTION 40MG/0.4ML	3	QL(6 EA per 28 days); PA; NDS; SP
ADALIMUMAB-AATY 2-SYRINGE INJECTION 20MG/0.2ML	3	QL(4 EA per 28 days); PA; NDS; SP
ADALIMUMAB-AATY 2-SYRINGE INJECTION 40MG/0.4ML	3	QL(6 EA per 28 days); PA; NDS; SP
adalimumab-aaty cd/uc/hs starter injection 80mg/0.8ml	3	QL(3 EA per 28 days); PA; NDS; SP
ADALIMUMAB-FKJP INJECTION 20MG/0.4ML, 40MG/0.8ML	3	QL(6 EA per 28 days); PA; NDS; SP
AZASAN TABLET 100MG, 75MG	2	B/D
azathioprine tablet 100mg, 50mg, 75mg	2	B/D
cyclosporine modified capsule 100mg, 25mg, 50mg	2	B/D
cyclosporine modified solution 100mg/ml	2	B/D
cyclosporine capsule 100mg, 25mg	2	B/D
ENBREL MINI INJECTION 50MG/ML	3	QL(8 ML per 28 days); PA; NDS; SP
ENBREL SURECLICK INJECTION 50MG/ML	3	QL(8 ML per 28 days); PA; NDS; SP
ENBREL INJECTION 25MG/0.5ML, 50MG/ML	3	QL(8 ML per 28 days); PA; NDS; SP
ENVARSUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75MG, 1MG	3	B/D
ENVARSUS XR TABLET EXTENDED RELEASE 24 HOUR 4MG	3	B/D; NDS
everolimus tablet 0.25mg, 0.5mg	3	QL(60 EA per 30 days); B/D
everolimus tablet 0.75mg, 1mg	3	QL(60 EA per 30 days); B/D; NDS
GENGRAF CAPSULE 100MG, 25MG	2	B/D
HULIO INJECTION 20MG/0.4ML, 40MG/0.8ML	3	QL(6 EA per 28 days); PA; NDS; SP
infliximab injection 100mg	3	PA; NDS; SP
JYLAMVO SOLUTION 2MG/ML	3	PA
leflunomide tablet 10mg, 20mg	2	QL(30 EA per 30 days)
LUPKYNIS CAPSULE 7.9MG	3	PA; NDS
methotrexate sodium injection 1gm/40ml, 250mg/10ml, 50mg/2ml	2	
methotrexate sodium tablet 2.5mg	1	
methotrexate injection preservative free 50mg/2ml	2	
mycophenolate mofetil capsule 250mg	1	B/D
mycophenolate mofetil suspension reconstituted 200mg/ml	3	B/D; NDS
mycophenolate mofetil tablet 500mg	1	B/D
mycophenolic acid dr tablet delayed release 180mg, 360mg	3	B/D
MYHIBBIN SUSPENSION 200MG/ML	3	B/D; NDS
PEGASYS INJECTION 180MCG/0.5ML	3	PA; NDS; SP
PROGRAF PACKET 0.2MG, 1MG	3	B/D

Drug Name	Drug Tier	Requirements/Limits
RASUVO INJECTION 10MG/0.2ML, 12.5MG/0.25ML, 15MG/0.3ML, 17.5MG/0.35ML, 20MG/0.4ML, 22.5MG/0.45ML, 25MG/0.5ML, 30MG/0.6ML, 7.5MG/0.15ML	3	
REMICADE INJECTION 100MG	3	PA; NDS; SP
RENFLEXIS INJECTION 100MG	3	PA; NDS; SP
REZUROCK TABLET 200MG	3	QL(60 EA per 30 days); PA; NDS
sirolimus solution 1mg/ml	3	B/D
sirolimus tablet 0.5mg, 1mg, 2mg	3	B/D
tacrolimus er capsule extended release 24 hour 0.5mg, 1mg, 5mg	3	B/D
tacrolimus capsule 0.5mg, 1mg, 5mg	1	B/D
TREXALL TABLET 10MG, 15MG, 5MG, 7.5MG	3	
VOYXACT INJECTION 400MG/2ML	3	QL(8 ML per 28 days); PA; NDS
XATMEP SOLUTION 2.5MG/ML	3	PA
YUFLYMA 1-PEN KIT INJECTION 80MG/0.8ML	3	QL(3 EA per 28 days); PA; NDS; SP
YUFLYMA 1-PEN KIT INJECTION 40MG/0.4ML	3	QL(6 EA per 28 days); PA; NDS; SP
YUFLYMA 2-SYRINGE KIT INJECTION 20MG/0.2ML	3	QL(4 EA per 28 days); PA; NDS; SP
YUFLYMA 2-SYRINGE KIT INJECTION 40MG/0.4ML	3	QL(6 EA per 28 days); PA; NDS; SP
YUFLYMA CD/UC/HS STARTER INJECTION 80MG/0.8ML	3	QL(3 EA per 180 days); PA; NDS; SP
ZYMFENTRA 2-PEN INJECTION 120MG/ML	3	QL(2 EA per 28 days); PA; NDS; SP
ZYMFENTRA 2-SYRINGE INJECTION 120MG/ML	3	QL(2 EA per 28 days); PA; NDS; SP
Vaccines		
ABRYSVO INJECTION 120MCG/0.5ML	2	IRA
ACTHIB INJECTION 0	2	
ADACEL INJECTION 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	2	IRA
AREXVY INJECTION 120MCG/0.5ML	2	IRA
bcg vaccine injection 50mg	2	IRA
BEXSERO INJECTION 0.5ML	2	IRA
BOOSTRIX INJECTION 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	2	IRA
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	2	
DENGVAXIA INJECTION 0	2	
ENGERIX-B INJECTION 10MCG/0.5ML, 20MCG/ML	2	B/D; IRA
GARDASIL 9 INJECTION 0.5ML	2	IRA
HAVRIX INJECTION 720ELU/0.5ML	2	
HAVRIX INJECTION 1440UNIT/ML	2	IRA
HEPLISAV-B INJECTION 20MCG/0.5ML	2	B/D; IRA
HIBERIX INJECTION 10MCG	2	
IMOVAX RABIES (H.D.C.V.) INJECTION 2.5UNIT/ML	2	B/D; IRA
INFANRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	2	

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Drug Name	Drug Tier	Requirements/Limits
IPOL INACTIVATED IPV INJECTION 0	2	IRA
IXIARO INJECTION 0	2	IRA
JYNNEOS INJECTION 0.5ML	2	IRA
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	2	
M-M-R II INJECTION 0; 0; 0	2	IRA
MENQUADFI INJECTION 0.5ML	2	IRA
MENVEO INJECTION 0	2	IRA
MRESVIA INJECTION 50MCG/0.5ML	2	IRA
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	2	
PEDVAXHIB INJECTION 7.5MCG/0.5ML	2	
PENBRAYA INJECTION 0; 0	2	IRA
PENMENVY INJECTION 0; 0	2	IRA
PENTACEL INJECTION 15LFU/0.5ML; 0; 48MCG/0.5ML; 0; 5LFU/0.5ML	2	
PRIORIX INJECTION 0; 0; 0	2	IRA
PROQUAD INJECTION 0; 0; 0; 0	2	
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	2	
RABAVERT INJECTION 0	2	B/D; IRA
RECOMBIVAX HB INJECTION 10MCG/ML, 40MCG/ML, 5MCG/0.5ML	2	B/D; IRA
ROTARIX SUSPENSION 0	2	
ROTATEQ SOLUTION 0	2	
SHINGRIX INJECTION PRE-FILLED SYRINGE 50MCG/0.5ML	2	QL(1 ML per 999 days); IRA
SHINGRIX INJECTION VIAL 50MCG/0.5ML	2	QL(2 EA per 999 days); IRA
TENIVAC INJECTION 2LFU; 5LFU	2	IRA
TICOVAC INJECTION 1.2MCG/0.25ML	2	
TICOVAC INJECTION 2.4MCG/0.5ML	2	IRA
TRUMENBA INJECTION 0.5ML	2	IRA
TWINRIX INJECTION 720ELU/ML; 20MCG/ML	2	IRA
TYPHIM VI INJECTION 25MCG/0.5ML	2	IRA
VAQTA INJECTION 25UNIT/0.5ML	2	
VAQTA INJECTION 50UNIT/ML	2	IRA
VARIVAX INJECTION 1350PFU/0.5ML	2	IRA
VAXCHORA SUSPENSION RECONSTITUTED 0	2	IRA
VIMKUNYA INJECTION 40MCG/0.8ML	2	IRA
VIVOTIF CAPSULE DELAYED RELEASE 0	2	IRA
YF-VAX INJECTION 0	2	IRA
Inflammatory Bowel Disease Agents		
Aminosalicylates		
balsalazide disodium capsule 750mg	3	
mesalamine dr capsule delayed release 400mg	3	QL(180 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
mesalamine dr tablet delayed release 1.2gm	3	QL(120 EA per 30 days)
mesalamine dr tablet delayed release 800mg	3	QL(180 EA per 30 days)
mesalamine er capsule extended release 24 hour 0.375gm	3	QL(120 EA per 30 days)
mesalamine er capsule extended release 500mg	3	QL(240 EA per 30 days)
mesalamine enema 4gm	3	QL(1680 ML per 28 days)
mesalamine suppository 1000mg	3	QL(30 EA per 30 days)
sulfasalazine tablet delayed release 500mg	1	
sulfasalazine tablet 500mg	1	
Glucocorticoids		
budesonide er tablet extended release 24 hour 9mg	3	NDS
budesonide capsule delayed release particles 3mg	2	
budesonide foam 2mg	3	
EOHILIA SUSPENSION 2MG/10ML	3	PA; NDS
hydrocortisone rectal cream 1%, 2.5%	1	
hydrocortisone enema 100mg/60ml	2	
PROCTO-MED HC CREAM 2.5%	1	
PROCTOSOL HC CREAM 2.5%	1	
PROCTOZONE-HC CREAM 2.5%	1	
TARPEYO CAPSULE DELAYED RELEASE 4MG	3	QL(120 EA per 30 days); PA; NDS
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
alendronate sodium solution 70mg/75ml	3	
alendronate sodium tablet 10mg, 35mg, 70mg	1	
calcitonin salmon injection 200unit/ml	3	NDS
calcitonin-salmon solution 200unit/act	2	
calcitriol capsule 0.25mcg, 0.5mcg	1	
calcitriol solution 1mcg/ml	2	
cinacalcet hydrochloride tablet 30mg, 60mg, 90mg	3	
doxercalciferol capsule 0.5mcg, 1mcg, 2.5mcg	3	
EVENITY INJECTION 105MG/1.17ML	3	PA; NDS; SP
ibandronate sodium tablet 150mg	1	
JUBBONTI INJECTION 60MG/ML	3	PA; SP
OSENVELT INJECTION 120MG/1.7ML	3	PA; NDS; SP
paricalcitol capsule 1mcg, 2mcg, 4mcg	3	
RAYALDEE CAPSULE EXTENDED RELEASE 30MCG	3	NDS
risedronate sodium dr tablet delayed release 35mg	2	
risedronate sodium tablet 150mg, 30mg, 35mg, 5mg	2	
STOBOCLO INJECTION 60MG/ML	3	PA; SP
teriparatide injection 560mcg/2.24ml	3	PA; NDS; SP
WYOST INJECTION 120MG/1.7ML	3	PA; NDS; SP
zoledronic acid injection 4mg/100ml, 4mg/5ml, 5mg/100ml	3	SP
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
alcohol prep pads pad 70%	1	PA
CEQUR SIMPLICITY 1U EXTND WEAR DEVICE	2	QL(4 EA per 28 days); PA

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Drug Name	Drug Tier	Requirements/Limits
CEQUR SIMPLICITY 2U EXTND WEAR DEVICE	2	QL(4 EA per 28 days); PA
CEQUR SIMPLICITY 2U DEVICE	2	QL(10 EA per 30 days); PA
CEQUR SIMPLICITY EXTENDED WEAR INSERTER MISCELLANEOUS	2	QL(2 EA per 365 days); PA
CEQUR SIMPLICITY INSERTER MISCELLANEOUS	2	QL(2 EA per 365 days); PA
curity gauze pads 2"x2" 12 ply pad	1	PA
insulin syringes, needles miscellaneous	1	PA
INTRALIPID INJECTION 20GM/100ML, 30GM/100ML	3	B/D
levocarnitine solution 1gm/10ml	3	
levocarnitine tablet 330mg	3	
NUTRILIPID INJECTION 20GM/100ML	3	B/D
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5) KIT	3	QL(1 EA per 365 days); PA
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5) MISCELLANEOUS	3	QL(15 EA per 30 days); PA
OMNIPOD 5 LIBRE INTRO KIT KIT	3	QL(1 EA per 365 days); PA
OMNIPOD 5 LIBRE PODS MISCELLANEOUS	3	QL(15 EA per 30 days); PA
OMNIPOD DASH INTRO KIT (GEN 4) KIT	3	QL(1 EA per 365 days); PA
OMNIPOD DASH PDM KIT (GEN 4) KIT	3	QL(1 EA per 365 days); PA
OMNIPOD DASH PODS (GEN 4) MISCELLANEOUS	3	QL(15 EA per 30 days); PA
PAXLOVID TABLET THERAPY PACK (300MG-100MG DAY 1; 150MG-100MG DAYS 2-5)	2	QL(11 EA per 5 days)
PAXLOVID TABLET THERAPY PACK (150MG-100MG)	2	QL(20 EA per 5 days)
PAXLOVID TABLET THERAPY PACK (300MG-100MG)	2	QL(30 EA per 5 days)
RIVFLOZA INJECTION 160MG/ML, 80MG/0.5ML	3	QL(1 ML per 28 days); PA; NDS
RIVFLOZA INJECTION 128MG/0.8ML	3	QL(1.6 ML per 28 days); PA; NDS
SKYCLARYS CAPSULE 50MG	3	QL(90 EA per 30 days); PA; NDS
sodium chloride 0.9% solution 0.9%	1	
sterile water for irrigation solution 0	1	
V-GO 20 KIT	3	QL(30 EA per 30 days); PA
V-GO 30 KIT	3	QL(30 EA per 30 days); PA
V-GO 40 KIT	3	QL(30 EA per 30 days); PA
VYKAT XR TABLET EXTENDED RELEASE 24 HOUR 150MG, 25MG, 75MG	3	PA; NDS
WEGOVY INJECTION 0.25MG/0.5ML, 0.5MG/0.5ML, 1MG/0.5ML	2	QL(2 ML per 28 days); PA
WEGOVY INJECTION 1.7MG/0.75ML, 2.4MG/0.75ML	2	QL(3 ML per 28 days); PA
WEGOVY TABLET 1.5MG, 25MG, 4MG, 9MG	2	QL(30 EA per 30 days); PA
Ophthalmic Agents		
Ophthalmic Agents, Other		
atropine sulfate solution 1%	1	
bacitracin/polymyxin b ointment 500unit/gm; 10000unit/gm	1	
brimonidine tartrate/timolol maleate solution 0.2%; 0.5%	2	
CYSTADROPS SOLUTION 0.37%	3	PA; NDS
CYSTARAN SOLUTION 0.44%	3	PA; NDS
dorzolamide hcl/timolol maleate solution 2%; 0.5%	1	

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Drug Name	Drug Tier	Requirements/Limits
dorzolamide hydrochloride/timolol maleate pf solution 2%; 0.5%	2	
ENSPRYNG INJECTION 120MG/ML	3	PA; NDS; SP
loteprednol etabonate/tobramycin suspension 0.5%; 0.3%	2	
neomycin/polymyxin/bacitracin/hydrocortisone ointment 400unit/gm; 1%; 0.5%; 10000unit/gm	1	
neomycin/polymyxin/bacitracin ointment 400unit/gm; 5mg/gm; 10000unit/gm	1	
neomycin/polymyxin/dexamethasone ointment 0.1%; 3.5mg/gm; 10000unit/gm	1	
neomycin/polymyxin/dexamethasone suspension 0.1%; 3.5mg/ml; 10000unit/ml	1	
neomycin/polymyxin/gramicidin solution 0.025mg/ml; 1.75mg/ml; 10000unit/ml	2	
neomycin/polymyxin/hydrocortisone ophthalmic suspension 1%; 3.5mg/ml; 10000unit/ml	2	
polymyxin b sulfate/trimethoprim sulfate solution 10000unit/ml; 0.1%	1	
proparacaine hcl solution 0.5%	1	
RESTASIS MULTIDOSE EMULSION 0.05%	2	
RESTASIS EMULSION 0.05%	2	
ROCKLATAN SOLUTION 0.005%; 0.02%	3	
SIMBRINZA SUSPENSION 0.2%; 1%	3	
sulfacetamide sodium/prednisolone sodium phosphate solution 0.23%; 10%	1	
TOBRADEX ST SUSPENSION 0.05%; 0.3%	2	
TOBRADEX OINTMENT 0.1%; 0.3%	2	
tobramycin/dexamethasone suspension 0.1%; 0.3%	2	
XIIDRA SOLUTION 5%	3	
Ophthalmic Anti-allergy Agents		
azelastine hcl solution 0.05%	1	
bepotastine besilate solution 1.5%	3	
cromolyn sodium solution 4%	1	
epinastine hcl solution 0.05%	3	
olopatadine hydrochloride solution 0.2%	2	
ZERVIATE SOLUTION 0.24%	3	
Ophthalmic Anti-Infectives		
AZASITE SOLUTION 1%	3	
bacitracin ointment 500unit/gm	3	
BESIVANCE SUSPENSION 0.6%	2	
ciprofloxacin hydrochloride solution 0.3%	1	
erythromycin ointment 5mg/gm	1	
gatifloxacin solution 0.5%	3	
gentamicin sulfate ophthalmic solution 0.3%	1	
levofloxacin ophthalmic solution 0.5%	2	

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Drug Name	Drug Tier	Requirements/Limits
moxifloxacin hydrochloride solution 0.5%	2	
ofloxacin ophthalmic solution 0.3%	1	
sulfacetamide sodium solution 10%	2	
tobramycin solution 0.3%	1	
trifluridine solution 1%	3	
XDEMVY SOLUTION 0.25%	3	QL(10 ML per 42 days); NDS
ZIRGAN GEL 0.15%	3	
Ophthalmic Anti-inflammatories		
bromfenac sodium solution 0.07%, 0.075%	3	
bromfenac solution 0.09%	3	
dexamethasone sodium phosphate solution 0.1%	1	
diclofenac sodium ophthalmic solution 0.1%	1	
difluprednate emulsion 0.05%	2	
EYSUVIS SUSPENSION 0.25%	3	
FLAREX SUSPENSION 0.1%	3	
fluorometholone suspension 0.1%	1	
flurbiprofen sodium solution 0.03%	1	
ILEVRO SUSPENSION 0.3%	2	
ketorolac tromethamine solution 0.4%, 0.5%	2	
LOTEMAX SM GEL 0.38%	2	
LOTEMAX OINTMENT 0.5%	2	
loteprednol etabonate gel 0.5%	2	
loteprednol etabonate suspension 0.2%, 0.5%	2	
prednisolone acetate suspension 1%	2	
prednisolone sodium phosphate ophthalmic solution 1%	1	
Ophthalmic Beta-Adrenergic Blocking Agents		
betaxolol hcl solution 0.5%	2	
carteolol hcl solution 1%	1	
levobunolol hcl solution 0.5%	1	
timolol hemihydrate solution 0.5%	3	
timolol maleate ophthalmic gel forming solution 0.25%, 0.5%	2	
timolol maleate solution 0.25%, 0.5%	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
acetazolamide er capsule extended release 12 hour 500mg	2	
acetazolamide tablet 125mg, 250mg	1	
apraclonidine solution 0.5%	2	
brimonidine tartrate solution 0.2%	1	
brimonidine tartrate solution 0.1%	2	
brimonidine tartrate solution 0.15%	3	
brinzolamide suspension 1%	3	
dorzolamide hydrochloride solution 2%	1	
methazolamide tablet 25mg, 50mg	3	
pilocarpine hydrochloride solution 1%, 2%, 4%	2	
RHOPRESSA SOLUTION 0.02%	3	
Ophthalmic Prostaglandin and Prostamide Analogs		

Drug Name	Drug Tier	Requirements/Limits
bimatoprost solution 0.03%	1	
latanoprost solution 0.005%	1	
LUMIGAN SOLUTION 0.01%	2	
travoprost solution 0.004%	2	
VYZULTA SOLUTION 0.024%	3	
Otic Agents		
Otic Agents		
acetic acid solution 2%	1	
ciprofloxacin/dexamethasone suspension 0.3%; 0.1%	3	
fluocinolone acetonide oil 0.01%	2	
hydrocortisone/acetic acid solution 2%; 1%	1	
neomycin/polymyxin/hc solution 1%; 3.5mg/ml; 10000unit/ml	2	
neomycin/polymyxin/hydrocortisone otic suspension 1%; 3.5mg/ml; 10000unit/ml	2	
ofloxacin otic solution 0.3%	1	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT, 200MCG/ACT, 50MCG/ACT	2	QL(30 EA per 30 days)
budesonide suspension 0.25mg/2ml, 0.5mg/2ml	2	B/D
budesonide suspension 1mg/2ml	3	B/D
flunisolide solution 0.025%	2	QL(75 ML per 30 days)
fluticasone propionate diskus aerosol powder breath activated 50mcg/act	2	QL(180 EA per 30 days)
fluticasone propionate diskus aerosol powder breath activated 100mcg/act, 250mcg/act	2	QL(240 EA per 30 days)
fluticasone propionate suspension 50mcg/act	1	QL(16 GM per 30 days)
mometasone furoate suspension 50mcg/act	3	QL(34 GM per 30 days)
PULMICORT FLEXHALER AEROSOL POWDER BREATH ACTIVATED 180MCG/ACT	3	QL(2 EA per 30 days)
PULMICORT FLEXHALER AEROSOL POWDER BREATH ACTIVATED 90MCG/ACT	3	QL(3 EA per 30 days)
XHANCE EXHALER SUSPENSION 93MCG/ACT	3	QL(32 ML per 30 days)
Antihistamines		
azelastine hydrochloride solution 0.1%	1	QL(60 ML per 30 days)
cetirizine hydrochloride solution 5mg/5ml	1	
cyproheptadine hcl syrup 2mg/5ml	1	PA; PA applies if 65 years and older
cyproheptadine hydrochloride tablet 4mg	1	PA; PA applies if 65 years and older
desloratadine tablet 5mg	1	
hydroxyzine hcl tablet 50mg	2	PA; PA applies if 65 years and older
hydroxyzine hydrochloride syrup 10mg/5ml	2	PA; PA applies if 65 years and older
hydroxyzine hydrochloride tablet 10mg, 25mg	2	PA; PA applies if 65 years and older
hydroxyzine pamoate capsule 100mg, 25mg, 50mg	2	PA; PA applies if 65 years and older
levocetirizine dihydrochloride solution 2.5mg/5ml	2	
levocetirizine dihydrochloride tablet 5mg	2	

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Drug Name	Drug Tier	Requirements/Limits
olopatadine hcl solution 0.6%	2	QL(30.5 GM per 30 days)
Antileukotrienes		
montelukast sodium packet 4mg	3	
montelukast sodium tablet chewable 4mg, 5mg	2	
montelukast sodium tablet 10mg	1	
zafirlukast tablet 10mg, 20mg	2	
zileuton er tablet extended release 12 hour 600mg	3	NDS
Bronchodilators, Anticholinergic		
INCRUSE ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5MCG/INH	2	QL(30 EA per 30 days)
ipratropium bromide hfa aerosol solution 17mcg/act	3	QL(25.8 GM per 30 days)
ipratropium bromide inhalation solution 0.02%	1	B/D
ipratropium bromide nasal solution 0.06%	1	QL(30 ML per 30 days)
ipratropium bromide nasal solution 0.03%	1	QL(60 ML per 30 days)
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT, 2.5MCG/ACT	3	QL(4 GM per 30 days)
tiotropium bromide capsule 18mcg	3	QL(30 EA per 30 days)
YUPELRI NEBULIZATION SOLUTION 175MCG/3ML	3	B/D; NDS
Bronchodilators, Sympathomimetic		
albuterol sulfate hfa aerosol solution 108mcg/act x 6.7gm (generic of proventil hfa)	1	QL(13.4 GM per 30 days)
albuterol sulfate hfa aerosol solution 108mcg/act x 8.5gm (generic of proair hfa)	1	QL(17 GM per 30 days)
albuterol sulfate hfa aerosol solution 108mcg/act x 18gm (generic of ventolin hfa)	1	QL(36 GM per 30 days)
albuterol sulfate nebulization solution 0.083%, 0.63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	1	B/D
albuterol sulfate syrup 2mg/5ml	1	
albuterol sulfate tablet 2mg, 4mg	2	
arformoterol tartrate nebulization solution 15mcg/2ml	2	B/D
epinephrine injection 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml	2	
formoterol fumarate nebulization solution 20mcg/2ml	3	B/D
levalbuterol hcl nebulization solution 0.31mg/3ml, 1.25mg/3ml	2	B/D
levalbuterol hydrochloride nebulization solution 0.63mg/3ml	2	B/D
levalbuterol tartrate hfa aerosol 45mcg/act	2	QL(30 GM per 30 days)
levalbuterol nebulization solution 1.25mg/0.5ml	2	B/D
STRIVERDI RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT	2	QL(60 GM per 30 days)
terbutaline sulfate tablet 2.5mg, 5mg	2	
Cystic Fibrosis Agents		
ALYFTREK TABLET 125MG; 50MG; 10MG	3	QL(56 EA per 28 days); PA; NDS; SP

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You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
ALYFTREK TABLET 50MG; 20MG; 4MG	3	QL(84 EA per 28 days); PA; NDS; SP
CAYSTON SOLUTION RECONSTITUTED 75MG	3	PA; NDS
KALYDECO PACKET 13.4MG, 25MG, 5.8MG, 50MG, 75MG	3	QL(56 EA per 28 days); PA; NDS; SP
KALYDECO TABLET 150MG	3	QL(60 EA per 30 days); PA; NDS; SP
ORKAMBI PACKET 125MG; 100MG, 188MG; 150MG, 94MG; 75MG	3	QL(56 EA per 28 days); PA; NDS; SP
ORKAMBI TABLET 125MG; 100MG, 125MG; 200MG	3	QL(112 EA per 28 days); PA; NDS; SP
PULMOZYME SOLUTION 2.5MG/2.5ML	3	B/D; NDS; SP
TOBI PODHALER CAPSULE 28MG	3	PA; NDS; SP
tobramycin nebulization solution 300mg/4ml, 300mg/5ml	3	B/D; NDS; SP
TRIKAFTA TABLET THERAPY PACK 100MG; 0; 50MG, 50MG; 0; 25MG	3	QL(84 EA per 28 days); PA; NDS; SP
TRIKAFTA THERAPY PACK 100MG; 0; 50MG, 80MG; 0; 40MG	3	QL(84 EA per 28 days); PA; NDS; SP
Mast Cell Stabilizers		
cromolyn sodium nebulization solution 20mg/2ml	2	B/D
Phosphodiesterase Inhibitors, Airways Disease		
elixophyllin elixir 80mg/15ml	3	
OHTUVAYRE SUSPENSION 3MG/2.5ML	3	QL(150 ML per 30 days); B/D; NDS
roflumilast tablet 250mcg, 500mcg	2	
theophylline er tablet extended release 12 hour 100mg, 200mg, 300mg, 450mg	2	
theophylline er tablet extended release 24 hour 400mg, 600mg	2	
theophylline elixir 80mg/15ml	3	
theophylline solution 80mg/15ml	2	
Pulmonary Antihypertensives		
ADEMPAS TABLET 0.5MG, 1.5MG, 1MG, 2.5MG, 2MG	3	QL(90 EA per 30 days); PA; NDS
ALYQ TABLET 20MG	3	QL(60 EA per 30 days); PA; SP
ambrisentan tablet 10mg, 5mg	3	QL(30 EA per 30 days); PA; NDS; SP
bosentan tablet soluble 32mg	3	QL(120 EA per 30 days); PA; NDS; SP
bosentan tablet 125mg, 62.5mg	3	QL(60 EA per 30 days); PA; NDS; SP
ORENITRAM TITRATION KIT MONTH 1 TABLET EXTENDED RELEASE THERAPY PACK 0	3	QL(336 EA per 28 days); PA; NDS
ORENITRAM TITRATION KIT MONTH 2 TABLET EXTENDED RELEASE THERAPY PACK 0	3	QL(672 EA per 28 days); PA; NDS
ORENITRAM TITRATION KIT MONTH 3 TABLET EXTENDED RELEASE THERAPY PACK 0	3	QL(504 EA per 28 days); PA; NDS
ORENITRAM TABLET EXTENDED RELEASE 0.125MG	3	PA

Drug Name	Drug Tier	Requirements/Limits
ORENITRAM TABLET EXTENDED RELEASE 0.25MG, 1MG, 2.5MG, 5MG	3	PA; NDS
sildenafil citrate suspension reconstituted 10mg/ml	3	QL(180 ML per 30 days); PA; NDS; SP
sildenafil citrate tablet 20mg	2	QL(360 EA per 30 days); PA; SP
tadalafil tablet 20mg	3	QL(60 EA per 30 days); PA; SP
UPTRAVI TITRATION PACK TABLET THERAPY PACK 0	3	QL(200 EA per 28 days); PA; NDS
UPTRAVI TABLET 200MCG	3	QL(140 EA per 28 days); PA; NDS
UPTRAVI TABLET 1000MCG, 100MCG, 1200MCG, 1400MCG, 150MCG, 1600MCG, 400MCG, 600MCG, 800MCG	3	QL(60 EA per 30 days); PA; NDS
WINREVAIR INJECTION 0, 45MG, 60MG	3	QL(2 EA per 21 days); PA; NDS
Pulmonary Fibrosis Agents		
JASCAYD TABLET 18MG, 9MG	3	QL(60 EA per 30 days); PA; NDS; SP
nintedanib esylate capsule 100mg, 150mg	3	QL(60 EA per 30 days); PA; NDS; SP
OFEV CAPSULE 100MG, 150MG	3	QL(60 EA per 30 days); PA; NDS; SP
pirfenidone capsule 267mg	3	QL(270 EA per 30 days); PA; NDS; SP
pirfenidone tablet 267mg	3	QL(270 EA per 30 days); PA; NDS; SP
pirfenidone tablet 534mg, 801mg	3	QL(90 EA per 30 days); PA; NDS; SP
Respiratory Tract Agents, Other		
acetylcysteine solution 10%, 20%	1	B/D
AIRSUPRA AEROSOL 90MCG/ACT; 80MCG/ACT	2	QL(32.1 GM per 30 days)
ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5MCG/ACT; 25MCG/ACT	2	QL(60 EA per 30 days)
BEVESPI AEROSPHERE AEROSOL 4.8MCG/ACT; 9MCG/ACT	2	QL(10.7 GM per 30 days)
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT; 25MCG/ACT, 200MCG/INH; 25MCG/INH, 50MCG/INH; 25MCG/INH	2	QL(60 EA per 30 days)
BREYNA AEROSOL 160MCG/ACT; 4.5MCG/ACT, 80MCG/ACT; 4.5MCG/ACT	2	QL(30.9 GM per 30 days)
BREZTRI AEROSPHERE AEROSOL 160MCG/ACT; 4.8MCG/ACT; 18MCG/ACT, 160MCG/ACT; 4.8MCG/ACT; 9MCG/ACT	2	QL(10.7 GM per 30 days)
BRINSUPRI TABLET 10MG, 25MG	3	QL(30 EA per 30 days); PA; NDS
budesonide/formoterol fumarate dihydrate aerosol 160mcg/act; 4.5mcg/act, 80mcg/act; 4.5mcg/act	2	QL(30.6 GM per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
COMBIVENT RESPIMAT AEROSOL SOLUTION 100MCG/ACT; 20MCG/ACT	3	QL(8 GM per 30 days)
FASENRA PEN INJECTION 30MG/ML	3	QL(1 ML per 28 days); PA; NDS; SP
FASENRA INJECTION 10MG/0.5ML	3	QL(0.5 ML per 28 days); PA; NDS; SP
FASENRA INJECTION 30MG/ML	3	QL(1 ML per 28 days); PA; NDS; SP
fluticasone furoate/vilanterol ellipta aerosol powder breath activated 100mcg/inh; 25mcg/inh, 200mcg/inh; 25mcg/inh	2	QL(60 EA per 30 days)
fluticasone propionate/salmeterol diskus aerosol powder breath activated 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act	1	QL(60 EA per 30 days)
fluticasone propionate/salmeterol hfa aerosol 115mcg/act; 21mcg/act, 230mcg/act; 21mcg/act, 45mcg/act; 21mcg/act	2	QL(12 GM per 30 days)
fluticasone propionate/salmeterol aerosol powder breath activated 113mcg/act; 14mcg/act, 232mcg/act; 14mcg/act, 55mcg/act; 14mcg/act	1	QL(1 EA per 30 days)
fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act	1	QL(60 EA per 30 days)
ipratropium bromide/albuterol sulfate solution 2.5mg/3ml; 0.5mg/3ml	1	B/D
NUCALA INJECTION 40MG/0.4ML	3	QL(0.4 ML per 28 days); PA; NDS; SP
NUCALA INJECTION (VIAL) 100MG	3	QL(3 EA per 28 days); PA; NDS; SP
NUCALA INJECTION 100MG/ML	3	QL(3 ML per 28 days); PA; NDS; SP
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT; 62.5MCG/ACT; 25MCG/ACT, 200MCG/INH; 62.5MCG/INH; 25MCG/INH	2	QL(60 EA per 30 days)
TRYVIO TABLET 12.5MG	3	PA
WIXELA INHUB AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT; 50MCG/ACT, 250MCG/ACT; 50MCG/ACT, 500MCG/ACT; 50MCG/ACT	1	QL(60 EA per 30 days)
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
cyclobenzaprine hydrochloride tablet 10mg, 5mg	2	QL(90 EA per 30 days); PA; PA applies if 65 years and older
methocarbamol tablet 750mg	2	QL(240 EA per 30 days); PA; PA applies if 65 years and older
methocarbamol tablet 500mg	2	QL(360 EA per 30 days); PA; PA applies if 65 years and older
Sleep Disorder Agents		
Sleep Promoting Agents		
BELSOMRA TABLET 10MG, 15MG, 20MG, 5MG	3	QL(30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
doxepin hydrochloride tablet 3mg, 6mg	2	QL(30 EA per 30 days)
eszopiclone tablet 1mg, 2mg, 3mg	2	QL(30 EA per 30 days); PA; PA applies if 65 years and older
flurazepam hydrochloride capsule 15mg, 30mg	2	QL(30 EA per 30 days)
HETLIOZ LQ SUSPENSION 4MG/ML	3	QL(150 ML per 30 days); PA; NDS; SP
ramelteon tablet 8mg	2	QL(30 EA per 30 days)
tasimelteon capsule 20mg	3	QL(30 EA per 30 days); PA; NDS; SP
temazepam capsule 22.5mg, 30mg, 7.5mg	2	QL(30 EA per 30 days); PA; PA applies if 65 years and older
temazepam capsule 15mg	2	QL(60 EA per 30 days); PA; PA applies if 65 years and older
triazolam tablet 0.125mg, 0.25mg	1	QL(30 EA per 30 days)
zaleplon capsule 10mg, 5mg	1	QL(30 EA per 30 days); PA; PA applies if 65 years and older
zolpidem tartrate er tablet extended release 12.5mg, 6.25mg	2	QL(30 EA per 30 days); PA; PA applies if 65 years and older
zolpidem tartrate tablet 10mg, 5mg	1	QL(30 EA per 30 days); PA; PA applies if 65 years and older
Wakefulness Promoting Agents		
armodafinil tablet 150mg, 200mg, 250mg	2	QL(30 EA per 30 days); PA
armodafinil tablet 50mg	2	QL(60 EA per 30 days); PA
modafinil tablet 100mg	3	QL(30 EA per 30 days); PA
modafinil tablet 200mg	3	QL(60 EA per 30 days); PA
sodium oxybate solution 500mg/ml	3	QL(540 ML per 30 days); PA; NDS
SUNOSI TABLET 150MG, 75MG	2	QL(30 EA per 30 days); PA

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Mass General Brigham
Health Plan

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Kreyòl Ayisyen (Hatian/French Creole): ATANSYON: 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, pa egzanp an gwo karaktè, bray oswa odyo. Rele nan **1-855-833-3668 (TTY: 711)** oswa pale avèk founisè w la.

Tiếng Việt (Vietnamese): CHÚ Ý: Dịch vụ hỗ trợ ngôn ngữ miễn phí được cung cấp cho quý vị. Các dịch vụ và thiết bị hỗ trợ bổ sung thích hợp để cung cấp thông tin ở các định dạng dễ tiếp cận, ví dụ như chữ in lớn, chữ nổi hoặc âm thanh, cũng được cung cấp miễn phí. Hãy gọi **1-855-833-3668 (TTY: 711)** hoặc nói chuyện với nhà cung cấp của quý vị.

ةUTSالع (Arabic): تöبáه: خدمات المسـ عدة اللغñóة المجانáة متاحة لك مجانًا. üما تتوفر مجانًا الوسائ والخدما المسـ عدة الـ نا ©ة
لتوف´™ المعلومات بتÖ áقا Øسهل استخدامها، مثل الـ ©اعة ¥حروف الÿبـ´™ة أو ط–óقة براªل أو الصوت. اتصل ع½ الـ قم
1-855-833-3668 (TTY: 711) أو تحدث إ¬ مقدم الرعاªة الصحáة الـ تابع لك.

Русский (Russian): ВНИМАНИЕ! Вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах, например, крупным шрифтом, шрифтом Брайля или в аудиоформате, также доступны бесплатно. Позвоните по телефону **1-855-833-3668 (TTY: 711)** или обратитесь к своему поставщику услуг.

!हंद% (Hindi): !यान द': आपके -लए 0नःशु4क भाषा सहायता सेवाएँ उपल=ध ह?। सुलभ फॉमDES म' जानकारH उपल=ध कराने के -लए उपयुात सहायक उपकरण और सेवाएं, उदाहरण के -लए बड़े PQ◌ंट, S◌ेल या ऑUडयो, भी 0नःशु4क उपल=ध ह?। **1-855-833-3668 (TTY: 711)** पर कॉल कर' या अपने Qदाता से बात कर'।

한국국어어 (Korean): 수신: 무료 언어 지원 서비스를 이용하실 수 있습니다. 큰 활자, 점자 또는 오디오와 같이 접근 가능한 형식으로 정보를 제공하기 위한 적절한 보조 도구 및 서비스도 무료로 이용할 수 있습니다. **1-855-833-3668 (TTY: 711)** 번으로 전화하거나 서비스 제공자와 상의하십시오.

Italiano (Italian): ATTENZIONE: Sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente adeguati servizi e supporti ausiliari per fornire informazioni in formati accessibili, ad esempio caratteri grandi, braille o audio. Chiama il numero **1-855-833-3668 (TTY: 711)** o parla con il tuo fornitore.

Ελληνικά (Greek): ΠΡΟΣΟΧΗ: Διατίθενται για εσάς δωρεάν υπηρεσίες γλωσσικής υποστήριξης. Διατίθενται επίσης δωρεάν κατάλληλα βοηθήματα και υπηρεσίες που παρέχουν πληροφορίες σε προσβάσιμες μορφές, για παράδειγμα μεγάλη γραμματοσειρά, μπράιγ ή ήχο. Καλέστε το **1-855-833-3668 (TTY: 711)** ή μιλήστε με τον πάροχό σας.

ែ◌◌ខ#រ (Khmer/Cambodian) ស# ល់៖ "នផ*ល់ជូនដល់អ/ កនូវេស3ជំនួយែផ/ក89េ◌:យឥតគិតៃថA។ ជំនួយ ែបនD ម និងេស3ែបនD ែមដល"នលកG ណ:សមÌសប េ◌ដKមីLផ*ល់ព័ត៌"នេQកR Sងទរមង់ែ◌ដលUចេÌបKJWស់Wន ដូចX YរÌពីនអក[រធំ អក[រ9] ប ឬសំេ◌ឡង ក៏"នផ*ល់ជូនេ:យឥតគិតៃថAែ◌ដរ។ ទូរសព]េ◌aេ◌លខ
1-855-833-3668 (TTY: 711) ឬ និcយេaYន់អ/កផ*ល់េ◌ស3កមdរបស់អ/ក។

Deutsch (German): ACHTUNG: Kostenlose Sprachunterstützung steht Ihnen zur Verfügung. Geeignete Hilfsmittel und Dienstleistungen zur Bereitstellung von Informationen in zugänglichen Formaten, z. B. Großdruck, Blindenschrift oder Audio, sind ebenfalls kostenlos erhältlich. Rufen Sie **1-855-833-3668 (TTY: 711)** an oder sprechen Sie mit Ihrem Anbieter.

Polski (Polish): UWAGA: Dostępne są bezpłatne usługi pomocy językowej. Odpowiednie pomoce i usługi w celu dostarczania informacji w dostępnych formatach, na przykład dużym drukiem, alfabetem Braille’a lub audio, są również dostępne bezpłatnie. Zadzwoń pod numer **1-855-833-3668 (TTY: 711)** lub porozmawiaj ze swoim świadczeniodawcą.

Soomaali (Somali): FIIRO GAAR AH: Waxaad heli kartaa adeeg bilaash ah oo la xiriira taageerada luuqadda. Sidoo kale waxaa bilaash lagu heli karaa taageerada iyo adeegyo habboon oo bilaash ah kuwaasoo la xiriira helitaanka qaababka xogta macluumaadka, tusaale ahaan sida daabacaadda waaweyn, nooca daabacaadda ee loogu talo-galey indhoolayaasha, ama maqalka. Fadlan soo wac lanbarkal **1-855-833-3668 (TTY: 711)** ama la hadal bixiyaha qaabbilsan adeegga daryeelkaaga.

!ુજરાતી **(Gujarati):** !યાન આપો: તમારા માટે -ન:/ુ1ક ભાષા સહાય સેવાઓ ઉપલ;ધ છે. મોટ> ?@Aટ, Bેઇલ અથવા ઑGડઓ જેવા Jુલભ ફોમાટમાં માGહતી Oૂર> પાડવા માટે યોQય સહાયક સહાય અને સેવાઓ પણ -ન:/ુ1ક ઉપલ;ધ છે. **1-855-833-3668 (TTY: 711)** પર કૉલ કરો અથવા તમારા @દાતા સાથે વાત કરો.

Tagalog (Tagalog): ATENSYON: Available ang mga libreng serbisyong tulong sa wika para sa iyo. Available din ang mga libreng naaangkop na auxiliary na tulong at serbisyo upang makapagbigay ng impormasyon sa mga naa-access na format, halimbawa malalaking print, braille, o audio. Tumawag sa **1-855-833-3668 (TTY: 711)** o makipag-usap sa iyong tagapagbigay ng serbisyo.

ພາສາລາວ (Laotian): ກະລຸນາຮັບຊາບ: ມີບໍລິການພາສາແບບບໍ່ເສຍຄ່າໃຫ້ແກ່ທ່ານ. ເຄື່ອງຊ່ວຍເຫຼືອ ແລະ ບໍລິການເສີມທີ່ເໝາະສົມ ໃນການໃຫ້ຂໍ້ມູນໃນຮູບແບບເຂົ້າເຖິງໄດ້ ເຊັ່ນ: ຕົວອັກສອນຂະໜາດໃຫຍ່, ຕົວໜັງສືນູນ ຫຼ ສຽງ ກ່ມີໃຫ້ແບບບໍ່ເສຍຄ່າເຊັ່ນກັນ. ໂທຫາເບີ **1-855-833-3668 (TTY: 711)** ຫ ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

日本語 (Japanese): 注意：無料の言語サポートサービスをご利用いただけます。大きい活字、点字、音声など、アクセスしやすい形で情報を提供するための適切な補助器具やサービスも無料でご利用いただけます。**1-855-833-3668 (TTY: 711)** までお電話いただくか、ご利用のプロバイダーにお問い合わせください。

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This Formulary was updated on October 1, 2026. For more recent information or other questions, please contact Mass General Brigham Health Plan Member Services.

For Medicare Advantage members:

855-833-3668 (TTY: 711)
October 1-March 31, 8 a.m. to 8 p.m. ET, Monday through Sunday April 1-September 30, 8 a.m. to 8 p.m. ET, Monday through Friday

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