2026

FORMULARY LIST OF COVERED DRUGS

Johns Hopkins Advantage MD Select (HMO)

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

HPMS Approved Formulary File Submission ID 00026105.

This formulary was updated on 03/01/2026. For more recent information or other questions, please contact Johns Hopkins Advantage MD (HMO) Customer Service at 1-877-293-4998 or (TTY users should call 711) 24 hours a day, 7 days a week, or visit www.hopkinsmedicare.com.

03/01/2026
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JOHNS HOPKINS
HEALTH PLANS

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

When this Drug list (formulary) refers to "we," "us," or "our," it means Johns Hopkins Advantage MD. When it refers to "plan" or "our plan," it means Johns Hopkins Advantage MD Select (HMO).

This document includes the list of the drugs (formulary) for our plan, which is current as of 03/01/2026. For updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2026, and from time to time during the year.

What is the Johns Hopkins Advantage MD Select (HMO) formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by our plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage. For a complete listing of all prescription drugs covered by our plan, please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

Can the formulary change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: What's Covered | Johns Hopkins Advantage MD

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

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

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

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

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

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

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

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary; or add a new biosimilar to replace an original biological product currently on the formulary or add new restrictions or move a drug we are keeping on the formulary to a higher cost-sharing tier or both after we add a corresponding drug. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits, and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 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 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 Johns Hopkins Advantage MD Select (HMO) formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 03/01/2026. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. In the event of any mid-year non-maintenance formulary changes, the formularies will be updated monthly and posted on our website.

How do I use the formulary?

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

Medical Condition

The formulary begins on page 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 - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS." If you know what your drug is used for, look for the category name in the list that begins 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 74. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

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

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the

pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered.”

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don’t get approval, we may not cover the drug.

- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets every 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, our 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, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 11. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask our 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 Johns Hopkins Advantage MD Select (HMO)’s formulary?" on page 5 for information about how to request an exception.

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

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. Our plan pays for certain OTC drugs our plan will provide these OTC drugs at no cost to you. The cost to our plan of these OTC drugs will not count toward your total Part D drug costs.

What if my drug is not on the formulary?

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

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

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

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

How do I request an exception to the Johns Hopkins Advantage MD Select (HMO) formulary?

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

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

- You can ask us to waive a coverage restriction, including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, our 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, we will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug, or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a formulary exception, including an exception to a coverage restriction.. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

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

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

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

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

If you experience a change in your level of care, such as a move from a hospital to a home setting, and you need a drug that is not on our formulary (or if your ability to get your drugs is limited), we will cover a onetime temporary supply for up to 30-days (or 31-days if you are a long-term care resident) from a network pharmacy. During this period, you should use the plan's exception process if you wish to have continued coverage of the drug after the temporary supply is finished.

For more information

For more detailed information about your Johns Hopkins Advantage MD Select (HMO) prescription drug coverage, please review your Evidence of Coverage and other plan materials.

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

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

Johns Hopkins Advantage MD Select (HMO) formulary

The formulary that begins on the next page provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 74.

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

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

PA – Prior Authorization. Our plan requires you or your provider to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.

QL – Drug has Quantity limit. For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per 30 days per prescription for rosuvastatin.

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

NM – Not available at mail-order pharmacies.

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

I – This drug's Tier Copay may not apply to you. Our plan covered insulin is no more than $35 for a one-month supply. Call Customer Service for your estimated cost.

EX – This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

* - Non-extended day supply. Not available for an extended (long-term) supply.

Johns Hopkins Advantage MD Select (HMO)		
Deductible: $250		
You won't pay more than $35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier, even if you haven't paid your deductible		
Cost-Sharing Tier	**Standard Retail Cost-Sharing (in-network)**	**Standard Mail Order Cost-Sharing (in-network)**
Cost-Sharing Tier 1 (Preferred Generic)	$0 copay for a 30-day supply $0 copay for a 60-day supply $0 copay for a 90-day supply	$0 copay for a 30-day supply $0 copay for a 60-day supply $0 copay for a 90-day supply
Cost-Sharing Tier 2 (Generic)	$10 copay for a 30-day supply $15 copay for a 60-day supply $20 copay for a 90-day supply	$10 copay for a 30-day supply $15 copay for a 60-day supply $20 copay for a 90-day supply
Cost-Sharing Tier 3 (Preferred Brand)	25% coinsurance for a 30-day supply 25% coinsurance for a 60-day supply 25% coinsurance for a 90-day supply	25% coinsurance for a 30-day supply 25% coinsurance for a 60-day supply 25% coinsurance for a 90-day supply
Cost-Sharing Tier 4 (Non-Preferred Drug)	25% coinsurance for a 30-day supply 25% coinsurance for a 60-day supply 25% coinsurance for a 90-day supply	25% coinsurance for a 30-day supply 25% coinsurance for a 60-day supply 25% coinsurance for a 90-day supply
Cost-Sharing Tier 5 (Specialty Tier)	30% coinsurance for a 30-day supply (only)	

NOTE:

-Drugs are provided in a Long-Term Care Facility up to a 31-day supply.
-Drugs in Tier 5 are only available for a 30-day supply.
-Mail order is available to conveniently order up to a 100-day supply of medications on Tier 1 and a 90-day supply of medications on Tier 2 through 4. Contact us by calling the phone number listed on the front and back page.
-You can find complete cost-sharing information in your Evidence of Coverage.

Coverage of additional drugs

Advantage MD covers the following prescription drugs which are not normally covered in a Medicare Prescription Drug Plan. These covered excluded drugs are covered under Tier 2 and include select prescription vitamins, cough and cold medications, and erectile dysfunction medicine.

Please note: Costs for excluded drugs not normally covered by a Medicare prescription drug plan will not count toward your Medicare prescription drug total drug costs or yearly out-of-pocket expenses.

Drug Name	Drug Tier	Requirements /Limits
Cough and Cold		
Benzonatate 150 mg Oral Capsule	2	EX
Benzonatate Cap 100mg	2	EX
Benzonatate Cap 200mg	2	EX
Brom/Pse/Dm Syp 2/30/10	2	EX
Promethazine VC Syrup 6.25-5mg/5ml	2	EX
Promethazine/Codeine Sol 6.25-10mg/5m	2	EX
Promethazine Sol DM	2	EX

Drug Name	Drug Tier	Requirements /Limits
Men's Health		
Sildenafil Tab 100mg	2	QL EX
QL (6 tabs / 30 days)		
Sildenafil Tab 25mg	2	QL EX
QL (6 tabs / 30 days)		
Sildenafil Tab 50mg	2	QL EX
QL (6 tabs / 30 days)		
Prescription Vitamins		
Folic Acid Tab 1mg	2	EX
Cyanocobalamin 1000 mcg/ml Inj	2	EX
Nascobal Spr 500mcg	2	EX
Vitamin B12 1 mg/ml Injectable Solution	2	EX
Vitamin D2 Cap 50,000IU	2	EX

Johns Hopkins Advantage MD (HMO)

Drug Name	Tier	Drug Requirements/ Limits
ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION		
GOUT - DRUGS TO TREAT GOUT		
allopurinol TABS 100mg, 300mg	1	
colchicine TABS .6mg QL (120 tabs / 30 days)	3	QL
colchicine w/ probenecid tab 0.5-500 mg	3	
probenecid TABS 500mg	3	
MISCELLANEOUS		
lidocaine hcl (local anesth.) (generic of XYLOCAINE-MPF) SOLN .5%, 1%, 1.5%	3	B/D
lidocaine hcl (local anesth.) (generic of XYLOCAINE) SOLN .5%, 1%, 2%	3	B/D
NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION		
celecoxib (generic of CELEBREX) CAPS 50mg, 100mg, 200mg QL (60 caps / 30 days)	3	QL
celecoxib (generic of CELEBREX) CAPS 400mg QL (30 caps / 30 days)	3	QL
diclofenac potassium TABS 50mg QL (120 tabs / 30 days)	2	QL
diclofenac sodium TB24 100mg	3	
diclofenac sodium TBEC 25mg, 50mg, 75mg	2	
diflunisal TABS 500mg	3	
etodolac CAPS 200mg, 300mg; TABS 500mg; TB24 400mg, 500mg, 600mg	3	
etodolac (generic of LODINE) TABS 400mg	3	
flurbiprofen TABS 100mg	3	
ibu TABS 400mg, 600mg, 800mg	1	
ibuprofen SUSP 100mg/5ml	3	
ibuprofen TABS 400mg, 600mg, 800mg	1	
meloxicam TABS 7.5mg, 15mg	1	
nabumetone TABS 500mg, 750mg	2	
naproxen TABS 250mg, 375mg, 500mg	1	
naproxen TBEC 375mg QL (120 tabs / 30 days)	2	QL
naproxen sodium TABS 275mg, 550mg	3	
piroxicam CAPS 10mg, 20mg	3	
sulindac TABS 150mg, 200mg	2	
OPIOID ANALGESICS, LONG-ACTING		
fentanyl PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr QL (10 patches / 30 days)	4	QL PA
hydrocodone bitartrate T24A 20mg, 30mg, 40mg, 60mg, 80mg QL (30 tabs / 30 days)	4	QL PA
hydrocodone bitartrate T24A 100mg, 120mg QL (30 tabs / 30 days)	5	* QL PA
methadone hcl SOLN 5mg/5ml, 10mg/5ml QL (450 mL / 30 days)	3	QL PA
methadone hcl TABS 5mg, 10mg QL (90 tabs / 30 days)	3	QL PA
methadone hydrochloride i (generic of METHADOSE) CONC 10mg/ml QL (90 mL / 30 days)	3	QL PA
morphine sulfate (generic of MS CONTIN) TBCR 15mg, 30mg, 60mg QL (90 tabs / 30 days)	3	QL PA
morphine sulfate TBCR 100mg, 200mg QL (90 tabs / 30 days)	3	QL PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D ***** - Not available as extended days supply **I** - Insulins covered at $35/ month

Drug Name	Drug Requirements/ Tier	Limits
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen w/ codeine soln 120-12 mg/5ml QL (2700 mL / 30 days)	3	QL
acetaminophen w/ codeine tab 300-15 mg QL (400 tabs / 30 days)	2	QL
acetaminophen w/ codeine tab 300-30 mg QL (360 tabs / 30 days)	2	QL
acetaminophen w/ codeine tab 300-60 mg QL (180 tabs / 30 days)	2	QL
butorphanol tartrate SOLN 1mg/ml, 2mg/ml	4	
endocet tab 2.5-325mg QL (360 tabs / 30 days)	3	QL
endocet tab 5-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	3	QL
endocet tab 7.5-325mg (generic of PERCOCET) QL (240 tabs / 30 days)	3	QL
endocet tab 10-325mg (generic of PERCOCET) QL (180 tabs / 30 days)	3	QL
hydrocodone-acetaminophen soln 7.5-325 mg/15ml QL (2700 mL / 30 days)	4	QL
hydrocodone-acetaminophen tab 5-325 mg QL (240 tabs / 30 days)	3	QL
hydrocodone-acetaminophen tab 7.5-325 mg QL (180 tabs / 30 days)	3	QL
hydrocodone-acetaminophen tab 10-325 mg QL (180 tabs / 30 days)	3	QL
hydrocodone-ibuprofen tab 7.5-200 mg QL (150 tabs / 30 days)	3	QL
hydromorphone hcl (generic of DILAUDID) LIQD 1mg/ml QL (600 mL / 30 days)	4	QL
hydromorphone hcl (generic of DILAUDID) TABS 2mg, 4mg, 8mg QL (180 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
morphine sulfate SOLN 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml	4	B/D
morphine sulfate SOLN 10mg/5ml, 20mg/5ml QL (900 mL / 30 days)	3	QL
morphine sulfate SOLN 100mg/5ml QL (180 mL / 30 days)	3	QL
morphine sulfate TABS 15mg, 30mg QL (180 tabs / 30 days)	3	QL
oxycodone hcl CONC 100mg/5ml QL (180 mL / 30 days)	4	QL
oxycodone hcl SOLN 5mg/5ml QL (900 mL / 30 days)	4	QL
oxycodone hcl TABS 5mg, 10mg, 20mg QL (180 tabs / 30 days)	3	QL
oxycodone hcl (generic of ROXICODONE) TABS 15mg, 30mg QL (180 tabs / 30 days)	3	QL
oxycodone w/ acetaminophen tab 2.5-325 mg QL (360 tabs / 30 days)	3	QL
oxycodone w/ acetaminophen tab 5-325 mg (generic of PERCOCET) QL (360 tabs / 30 days)	3	QL
oxycodone w/ acetaminophen tab 7.5-325 mg (generic of PERCOCET) QL (240 tabs / 30 days)	3	QL
oxycodone w/ acetaminophen tab 10-325 mg (generic of PERCOCET) QL (180 tabs / 30 days)	3	QL
tramadol hcl TABS 50mg QL (240 tabs / 30 days)	2	QL
tramadol-acetaminophen tab 37.5-325 mg QL (240 tabs / 30 days)	2	QL

Drug Name	Drug Tier	Requirements/ Limits
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
ANTI-INFECTIVES - MISCELLANEOUS		
albendazole TABS 200mg QL (672 tabs / year)	4	QL PA
amikacin sulfate SOLN 1gm/4ml, 500mg/2ml	4	
ARIKAYCE SUSP 590mg/8.4ml	5	* NM PA
atovaquone (generic of MEPRON) SUSP 750mg/5ml QL (300 mL / 30 days)	4	QL PA
aztreonam (generic of AZACTAM) SOLR 1gm, 2gm	4	
BLUJEPA TABS 750mg	3	
CAYSTON SOLR 75mg	5	* NM PA
clindamycin hcl (generic of CLEOCIN) CAPS 75mg, 150mg, 300mg	2	
clindamycin palmitate hydrochloride (generic of CLEOCIN PEDIATRIC GRANULE) SOLR 75mg/5ml	4	
clindamycin phosphate (generic of CLEOCIN PHOSPHATE) SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml	3	
clindamycin phosphate in d5w iv soln 300 mg/50ml	4	
clindamycin phosphate in d5w iv soln 600 mg/50ml	4	
clindamycin phosphate in d5w iv soln 900 mg/50ml	4	
CLINDMYC/NAC INJ 300/50ML	4	
CLINDMYC/NAC INJ 600/50ML	4	
CLINDMYC/NAC INJ 900/50ML	4	
colistimethate sodium (generic of COLY-MYCIN M) SOLR 150mg	4	
dapsone TABS 25mg, 100mg	3	
DAPTOMYCIN SOLR 350mg	5	*
daptomycin (generic of DAPTOMYCIN) SOLR 350mg	5	*
daptomycin SOLR 500mg	5	*
EMVERM CHEW 100mg QL (12 tabs / year)	5	* QL
ertapenem sodium SOLR 1gm	3	
fosfomycin tromethamine PACK 3gm	4	
gentamicin in saline inj 0.8 mg/ml	3	
gentamicin in saline inj 1 mg/ml	3	
gentamicin in saline inj 1.2 mg/ml	3	
gentamicin in saline inj 1.6 mg/ml	3	
gentamicin in saline inj 2 mg/ml	3	
gentamicin sulfate SOLN 10mg/ml, 40mg/ml	3	
imipenem-cilastatin intravenous for soln 250 mg	4	
imipenem-cilastatin intravenous for soln 500 mg (generic of PRIMAXIN IV)	4	
IMPAVIDO CAPS 50mg	5	* PA
ivermectin (generic of STROMECTOL) TABS 3mg QL (20 tabs / 90 days)	3	QL PA
ivermectin TABS 6mg QL (10 tabs / 90 days)	3	QL PA
linezolid (generic of ZYVOX) SOLN 600mg/300ml	4	
linezolid (generic of ZYVOX) SUSR 100mg/5ml QL (1800 mL / 30 days)	5	* QL
linezolid TABS 600mg QL (60 tabs / 30 days)	4	QL
LINEZOLID INJ 2MG/ML	4	
meropenem SOLR 1gm, 500mg	4	
meropenem (generic of MEROPENEM) SOLR 2gm	4	
methenamine hippurate (generic of HIPREX) TABS 1gm	3	
metronidazole (generic of METRONIDAZOLE) SOLN 500mg/100ml	3	

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Drug Name	Drug Tier	Requirements/ Limits
metronidazole TABS 250mg, 500mg	1	
neomycin sulfate TABS 500mg	2	
nitazoxanide TABS 500mg QL (6 tabs / 30 days)	5	* QL
nitrofurantoin macrocrystal (generic of MACRODANTIN) CAPS 50mg, 100mg	3	
nitrofurantoin monohyd macro (generic of MACROBID) CAPS 100mg	3	
pentamidine isethionate inh (generic of NEBUPENT) SOLR 300mg	4	B/D
pentamidine isethionate inj (generic of PENTAM 300) SOLR 300mg	4	
polymyxin b sulfate SOLR 500000unit	4	
praziquantel TABS 600mg	4	
pyrimethamine (generic of DARAPRIM) TABS 25mg QL (90 tabs / 30 days)	5	* QL PA
streptomycin sulfate SOLR 1gm	5	*
sulfadiazine TABS 500mg	5	*
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	4	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	3	
sulfamethoxazole-trimethoprim tab 400-80 mg (generic of BACTRIM)	1	
sulfamethoxazole-trimethoprim tab 800-160 mg (generic of BACTRIM DS)	1	
tinidazole TABS 250mg, 500mg	3	
TOBI PODHALER CAPS 28mg	5	* NM PA
tobramycin (generic of KITABIS PAK) NEBU 300mg/5ml	5	* NM PA
tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 80mg/2ml	3	

Drug Name	Drug Tier	Requirements/ Limits
trimethoprim TABS 100mg	3	
vancomycin hcl (generic of VANCOCIN) CAPS 125mg QL (80 caps / 180 days)	4	QL
vancomycin hcl (generic of VANCOCIN) CAPS 250mg QL (160 caps / 180 days)	4	QL
vancomycin hcl (generic of VANCOMYCIN HYDROCHLORIDE) SOLR 1.25gm, 750mg	4	
vancomycin hcl SOLR 1gm, 1.5gm, 5gm, 10gm, 500mg	4	
VANCOMYCIN INJ 1 GM	4	
VANCOMYCIN INJ 500MG	4	
VANCOMYCIN INJ 750MG	4	
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
amphotericin b SOLR 50mg	4	B/D
amphotericin b liposome (generic of AMBISOME) SUSR 50mg	5	* B/D
caspofungin acetate SOLR 50mg, 70mg	4	
CRESEMBA CAPS 74.5mg, 186mg	5	* PA
fluconazole SUSR 10mg/ml; TABS 50mg	3	
fluconazole (generic of DIFLUCAN) SUSR 40mg/ml	3	
fluconazole TABS 100mg, 200mg	2	
fluconazole (generic of DIFLUCAN) TABS 150mg	2	
fluconazole in nacl 0.9% inj 200 mg/100ml	3	
fluconazole in nacl 0.9% inj 400 mg/200ml	3	
flucytosine (generic of ANCOBON) CAPS 250mg, 500mg	5	* PA
griseofulvin microsize SUSP 125mg/5ml; TABS 500mg	4	
griseofulvin ultramicrosize TABS 125mg, 250mg	4	

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Drug Name	Drug Tier	Requirements/ Limits
itraconazole (generic of SPORANOX) CAPS 100mg QL (120 caps / 30 days)	4	QL
ketoconazole TABS 200mg	3	PA
micafungin sodium SOLR 50mg, 100mg	4	
nystatin TABS 500000unit	3	
posaconazole TBEC 100mg QL (93 tabs / 30 days)	5	* QL PA
terbinafine hcl TABS 250mg QL (30 tabs / 30 days) PA applies after a 90 day supply in a calendar year	2	QL PA
voriconazole (generic of VFEND IV) SOLR 200mg	4	PA
voriconazole (generic of VFEND) SUSR 40mg/ml QL (600 mL / 28 days)	5	* QL PA
voriconazole TABS 50mg QL (480 tabs / 30 days)	4	QL
voriconazole TABS 200mg QL (120 tabs / 30 days)	4	QL
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
atovaquone-proguanil hcl tab 62.5-25 mg (generic of MALARONE)	4	
atovaquone-proguanil hcl tab 250-100 mg (generic of MALARONE)	4	
chloroquine phosphate TABS 250mg, 500mg	4	
COARTEM TAB 20-120MG	4	
mefloquine hcl TABS 250mg	3	
PRIMAQUINE PHOSPHATE TABS 26.3mg	3	
primaquine phosphate (generic of PRIMAQUINE PHOSPHATE) TABS 26.3mg	3	
quinine sulfate CAPS 324mg	4	PA
ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
abacavir sulfate (generic of ZIAGEN) SOLN 20mg/ml	4	NM
abacavir sulfate TABS 300mg	4	NM
APTIVUS CAPS 250mg	5	* NM
atazanavir sulfate CAPS 150mg	4	NM

Drug Name	Drug Tier	Requirements/ Limits
atazanavir sulfate (generic of REYATAZ) CAPS 200mg, 300mg	4	NM
darunavir (generic of PREZISTA) TABS 600mg QL (60 tabs / 30 days)	4	QL NM
darunavir (generic of PREZISTA) TABS 800mg QL (30 tabs / 30 days)	4	QL NM
EDURANT TABS 25mg	5	* NM
EDURANT PED TBSO 2.5mg	5	* NM
efavirenz TABS 600mg	4	NM
emtricitabine (generic of EMTRIVA) CAPS 200mg	4	NM
EMTRIVA SOLN 10mg/ml	4	NM
etravirine (generic of INTELENCE) TABS 100mg, 200mg	5	* NM
fosamprenavir calcium TABS 700mg	5	* NM
INTELENCE TABS 25mg	4	NM
ISENTRESS CHEW 25mg	4	NM
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	5	* NM
ISENTRESS HD TABS 600mg	5	* NM
lamivudine (generic of EPIVIR) SOLN 10mg/ml; TABS 150mg, 300mg	3	NM
maraviroc (generic of SELZENTRY) TABS 150mg, 300mg	5	* NM
nevirapine SUSP 50mg/5ml; TB24 400mg	4	NM
nevirapine TABS 200mg	2	NM
NORVIR PACK 100mg	4	NM
PIFELTRO TABS 100mg	5	* NM
PREZISTA SUSP 100mg/ml QL (400 mL / 30 days)	5	* QL NM
PREZISTA TABS 75mg QL (480 tabs / 30 days)	4	QL NM
PREZISTA TABS 150mg QL (240 tabs / 30 days)	5	* QL NM
REYATAZ PACK 50mg	5	* NM
ritonavir (generic of NORVIR) TABS 100mg	3	NM
RUKOBIA TB12 600mg	5	* NM
SELZENTRY SOLN 20mg/ml	5	* NM

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Drug Name	Drug Requirements/ Tier	Limits
SUNLENCA TABS 300mg; TBPK 300mg	5	* NM
tenofovir disoproxil fumarate (generic of VIREAD) TABS 300mg	4	NM
TIVICAY TABS 50mg	5	* NM
TIVICAY PD TBSO 5mg	5	* NM
TROGARZO SOLN 200mg/1.33ml	5	* NM
TYBOST TABS 150mg	3	NM
VIRACEPT TABS 250mg, 625mg	5	* NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	5	* NM
zidovudine (generic of RETROVIR) CAPS 100mg	4	NM
zidovudine (generic of RETROVIR) SYRP 50mg/5ml	3	NM
zidovudine TABS 300mg	3	NM
ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
abacavir sulfate-lamivudine tab 600-300 mg	4	NM
BIKTARVY TAB 30-120-15 MG	5	* NM
BIKTARVY TAB 50-200-25 MG	5	* NM
CIMDUO TAB 300-300	5	* NM
DELSTRIGO TAB	5	* NM
DESCOVY TAB 120-15MG	5	* NM
DESCOVY TAB 200/25MG	5	* NM
DOVATO TAB 50-300MG	5	* NM
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	4	NM
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	5	* NM
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (generic of SYMFI)	5	* NM
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg (generic of COMPLERA)	5	* NM
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg (generic of TRUVADA)	4	NM
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg (generic of TRUVADA)	5	* NM
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg (generic of TRUVADA)	4	NM
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (generic of TRUVADA)	4	NM
EVOTAZ TAB 300-150	5	* NM
GENVOYA TAB	5	* NM
JULUCA TAB 50-25MG	5	* NM
KALETRA SOL	4	NM
lamivudine-zidovudine tab 150-300 mg	4	NM
lopinavir-ritonavir tab 100-25 mg (generic of KALETRA)	4	NM
lopinavir-ritonavir tab 200-50 mg (generic of KALETRA)	4	NM
ODEFSEY TAB	5	* NM
PREZCOBIX TAB 675/150	5	* NM
PREZCOBIX TAB 800-150	5	* NM
STRIBILD TAB	5	* NM
SYMTUZA TAB	5	* NM
TRIUMEQ PD TAB	4	NM
TRIUMEQ TAB	5	* NM
ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS		
cycloserine CAPS 250mg	5	*
ethambutol hcl TABS 100mg, 400mg	3	
isoniazid SYRP 50mg/5ml	4	
isoniazid TABS 100mg, 300mg	1	
PRIFTIN TABS 150mg	4	
pyrazinamide TABS 500mg	4	
rifabutin CAPS 150mg	4	
rifampin CAPS 150mg, 300mg	3	
rifampin (generic of RIFADIN) SOLR 600mg	4	
SIRTURO TABS 20mg, 100mg	5	* NM PA

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Drug Name	Drug Tier	Requirements/ Limits
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
acyclovir CAPS 200mg; TABS 400mg, 800mg	2	
acyclovir SUSP 200mg/5ml	4	
acyclovir sodium SOLN 50mg/ml	4	B/D
adefovir dipivoxil TABS 10mg	4	NM
BARACLUDE SOLN .05mg/ml	5	* NM ST
entecavir (generic of BARACLUDE) TABS .5mg, 1mg	4	NM
EPCLUSA PAK 150-37.5	5	* NM PA
EPCLUSA PAK 200-50MG	5	* NM PA
EPCLUSA TAB 200-50MG	5	* NM PA
EPCLUSA TAB 400-100	5	* NM PA
famciclovir TABS 125mg, 250mg, 500mg	3	
ganciclovir sodium SOLR 500mg	4	B/D
lamivudine (hbv) TABS 100mg	3	NM
LIVTENCITY TABS 200mg QL (336 tabs / 28 days)	5	* QL NM PA
MAVYRET PAK 50-20MG	5	* NM PA
MAVYRET TAB 100-40MG	5	* NM PA
oseltamivir phosphate CAPS 30mg QL (168 caps / year)	3	QL
oseltamivir phosphate (generic of TAMIFLU) CAPS 45mg, 75mg QL (84 caps / year)	3	QL
oseltamivir phosphate (generic of TAMIFLU) SUSR 6mg/ml QL (1080 mL / year)	3	QL
PAXLOVID PAK QL (22 tabs / 90 days)	2	QL
PAXLOVID TAB 150-100 QL (40 tabs / 90 days)	2	QL
PAXLOVID TAB 300-100 QL (60 tabs / 90 days)	2	QL
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	5	* NM PA
PREVYMIS TABS 240mg, 480mg QL (28 tabs / 28 days)	5	* QL PA
RELENZA DISKHALER AEPB 5mg/blister QL (6 inhalers / year)	3	QL
ribavirin (hepatitis c) CAPS 200mg; TABS 200mg	3	NM
rimantadine hydrochloride TABS 100mg	4	
valacyclovir hcl (generic of VALTREX) TABS 1gm, 500mg	3	
valganciclovir hcl (generic of VALCYTE) SOLR 50mg/ml	5	*
valganciclovir hcl TABS 450mg	3	
VOSEVI TAB	5	* NM PA
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS		
cefaclor CAPS 250mg, 500mg	3	
cefadroxil CAPS 500mg	2	
cefadroxil SUSR 250mg/5ml, 500mg/5ml	3	
CEFAZOLIN SOLR 2gm, 3gm	4	
CEFAZOLIN INJ 1GM/50ML	4	
cefazolin sodium SOLR 1gm, 2gm, 3gm, 10gm, 500mg	3	
CEFAZOLIN SOLN 2GM/100ML-4%	4	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	4	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	4	
CEFAZOLIN/DEX SOL 3GM/50ML-2%	4	
CEFAZOLIN/DEX SOL 3GM/150ML-4%	4	
cefdinir CAPS 300mg	2	
cefdinir SUSR 125mg/5ml, 250mg/5ml	3	
cefepime hcl SOLR 1gm, 2gm	4	
cefixime CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	4	

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Drug Name	Drug Tier	Requirements/ Limits
cefotetan disodium (generic of CEFOTAN) SOLR 1gm, 2gm	4	
cefoxitin sodium SOLR 1gm, 2gm, 10gm	4	
cefpodoxime proxetil SUSR 50mg/5ml, 100mg/5ml	4	
cefpodoxime proxetil TABS 100mg, 200mg	3	
cefprozil SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	3	
ceftazidime SOLR 1gm, 2gm, 6gm	4	
ceftriaxone sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	4	
cefuroxime axetil TABS 250mg, 500mg	2	
cefuroxime sodium SOLR 1.5gm, 750mg	3	
cephalexin CAPS 250mg, 500mg	1	
cephalexin SUSR 125mg/5ml, 250mg/5ml	3	
tazicef SOLR 1gm, 2gm, 6gm	4	
TEFLARO SOLR 400mg, 600mg	5	*
ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS		
azithromycin (generic of ZITHROMAX) SOLR 500mg; SUSR 200mg/5ml	3	
azithromycin SUSR 100mg/5ml	3	
azithromycin (generic of ZITHROMAX) TABS 250mg, 500mg	1	
azithromycin TABS 600mg	1	
clarithromycin SUSR 125mg/5ml, 250mg/5ml	4	
clarithromycin TABS 250mg, 500mg	3	
clarithromycin (generic of BIAXIN XL) TB24 500mg	4	
DIFICID SUSR 40mg/ml	5	*
e.e.s. 400 TABS 400mg	4	

Drug Name	Drug Tier	Requirements/ Limits
ERYTHROCIN LACTOBIONATE SOLR 500mg	4	
erythromycin base CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	4	
erythromycin ethylsuccinate TABS 400mg	4	
erythromycin lactobionate (generic of ERYTHROCIN LACTOBIONATE) SOLR 500mg	4	
fidaxomicin (generic of DIFICID) TABS 200mg	5	*
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS		
ciprofloxacin 200 mg/100ml in d5w	3	
ciprofloxacin 400 mg/200ml in d5w	3	
ciprofloxacin hcl (generic of CIPRO) TABS 250mg, 500mg	1	
ciprofloxacin hcl TABS 750mg	1	
levofloxacin SOLN 25mg/ml	4	
levofloxacin TABS 250mg, 500mg, 750mg	1	
levofloxacin in d5w iv soln 250 mg/50ml	3	
levofloxacin in d5w iv soln 500 mg/100ml	3	
levofloxacin in d5w iv soln 750 mg/150ml	3	
moxifloxacin hcl TABS 400mg	3	
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj	4	
PENICILLINS - DRUGS TO TREAT INFECTIONS		
amoxicillin CAPS 250mg, 500mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	
amoxicillin CHEW 125mg, 250mg	2	

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Drug Name	Tier	Drug Requirements/ Limits
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	3	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	4	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	3	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (generic of AUGMENTIN ES-600)	3	
amoxicillin & k clavulanate tab 250-125 mg	3	
amoxicillin & k clavulanate tab 500-125 mg	2	
amoxicillin & k clavulanate tab 875-125 mg	2	
ampicillin CAPS 500mg	2	
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm (generic of UNASYN)	4	
ampicillin & sulbactam sodium for inj 3 (2-1) gm (generic of UNASYN)	4	
ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm	4	
ampicillin & sulbactam sodium for iv soln 3 (2-1) gm	4	
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm (generic of UNASYN BULK PACK)	4	
ampicillin sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	4	
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	4	
dicloxacillin sodium CAPS 250mg, 500mg	3	
nafcillin sodium SOLR 1gm, 2gm	4	
nafcillin sodium SOLR 10gm	5	*
oxacillin sodium SOLR 1gm, 2gm, 10gm	4	
penicillin g potassium SOLR 5000000unit, 20000000unit	4	
penicillin g sodium SOLR 5000000unit	4	

Drug Name	Tier	Drug Requirements/ Limits
penicillin v potassium SOLR 125mg/5ml, 250mg/5ml	2	
penicillin v potassium TABS 250mg, 500mg	1	
pfizerpen SOLR 5000000unit, 20000000unit	4	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	4	
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	4	
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	4	
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)	4	
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	4	
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
doxy 100 SOLR 100mg	4	
doxycycline (monohydrate) CAPS 50mg, 100mg	2	
doxycycline (monohydrate) SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg	3	
doxycycline hyclate CAPS 50mg, 100mg; TABS 20mg, 100mg	3	
doxycycline hyclate SOLR 100mg	4	
minocycline hcl CAPS 50mg, 75mg, 100mg	3	
NUZYRA SOLR 100mg	5	* NM
NUZYRA TABS 150mg QL (30 tabs / 14 days)	5	* QL NM
tetracycline hcl CAPS 250mg, 500mg	4	
tigecycline (generic of TYGACIL) SOLR 50mg	4	
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER		
ALKYLATING AGENTS		
BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	5	* B/D NM
BENDEKA SOLN 100mg/4ml	5	* B/D NM

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Drug Name	Tier	Drug Requirements/ Limits
carboplatin SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	3	B/D
cisplatin SOLN 50mg/50ml, 100mg/100ml	3	B/D
cisplatin (generic of CISPLATIN) SOLN 200mg/200ml	3	B/D
cyclophosphamide CAPS 25mg, 50mg	3	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	5	* B/D NM
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml	5	* B/D
cyclophosphamide SOLR 1gm, 500mg	4	B/D
cyclophosphamide SOLR 2gm	5	* B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	4	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	5	* B/D
FRINDOVYX SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	5	* B/D NM
GLEOSTINE CAPS 10mg, 40mg	4	NM
GLEOSTINE CAPS 100mg	5	* NM
LEUKERAN TABS 2mg	5	* PA
lomustine (generic of GLEOSTINE) CAPS 10mg, 40mg	4	NM
lomustine (generic of GLEOSTINE) CAPS 100mg	5	* NM
oxaliplatin SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml	4	B/D
oxaliplatin SOLR 50mg, 100mg	5	* B/D
VIVIMUSTA SOLN 100mg/4ml	5	* B/D NM
ANTIMETABOLITES		
azacitidine (generic of VIDAZA) SUSR 100mg	5	* B/D NM
cytarabine SOLN 20mg/ml	3	B/D

Drug Name	Tier	Drug Requirements/ Limits
fluorouracil SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	3	B/D
gemcitabine hcl (generic of GEMCITABINE HYDROCHLORIDE) SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml	4	B/D
gemcitabine hcl SOLR 1gm, 2gm, 200mg	4	B/D
INQOVI TAB 35-100MG QL (5 tabs / 28 days)	5	* QL NM PA
LONSURF TAB 15-6.14 QL (100 tabs / 28 days)	5	* QL NM PA
LONSURF TAB 20-8.19 QL (80 tabs / 28 days)	5	* QL NM PA
mercaptopurine (generic of PURIXAN) SUSP 2000mg/100ml	5	* NM
mercaptopurine TABS 50mg	3	
methotrexate sodium SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	2	B/D
ONUREG TABS 200mg, 300mg QL (14 tabs / 28 days)	5	* QL NM PA
pemetrexed disodium (generic of ALIMTA) SOLR 100mg, 500mg	5	* B/D
pemetrexed disodium SOLR 750mg, 1000mg	5	* B/D
TABLOID TABS 40mg	5	* PA
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate (generic of ZYTIGA) TABS 250mg QL (120 tabs / 30 days)	5	* QL NM PA
abiraterone acetate (generic of ZYTIGA) TABS 500mg QL (60 tabs / 30 days)	5	* QL NM PA
abirtega (generic of ZYTIGA) TABS 250mg QL (120 tabs / 30 days)	4	QL NM PA
AKEEGA TAB 50/500MG QL (60 tabs / 30 days)	5	* QL NM PA
AKEEGA TAB 100/500 QL (60 tabs / 30 days)	5	* QL NM PA
anastrozole (generic of ARIMIDEX) TABS 1mg	2	

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Drug Name	Tier	Requirements/ Limits
bicalutamide (generic of CASODEX) TABS 50mg	2	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	4	NM PA
ERLEADA TABS 60mg QL (120 tabs / 30 days)	5	* QL NM PA
ERLEADA TABS 240mg QL (30 tabs / 30 days)	5	* QL NM PA
EULEXIN CAPS 125mg	5	*
exemestane (generic of AROMASIN) TABS 25mg	4	
FIRMAGON SOLR 80mg	4	NM PA
FIRMAGON SOLR 120mg/vial	5	* NM PA
fulvestrant (generic of FASLODEX) SOSY 250mg/5ml	5	* B/D
INLURIYO TABS 200mg QL (56 tabs / 28 days)	5	* QL NM PA
letrozole (generic of FEMARA) TABS 2.5mg	2	
leuprolide acetate KIT 1mg/0.2ml	4	NM PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	5	* NM PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	5	* NM PA
LYSODREN TABS 500mg	5	* NM
megestrol acetate TABS 20mg, 40mg	3	
nilutamide TABS 150mg	5	*
NUBEQA TABS 300mg QL (120 tabs / 30 days)	5	* QL NM PA
ORGOVYX TABS 120mg	5	* NM PA
ORSERDU TABS 86mg QL (90 tabs / 30 days)	5	* QL NM PA
ORSERDU TABS 345mg QL (30 tabs / 30 days)	5	* QL NM PA
SOLTAMOX SOLN 10mg/5ml	5	*
tamoxifen citrate TABS 10mg, 20mg	2	
toremifene citrate (generic of FARESTON) TABS 60mg	4	PA
XTANDI CAPS 40mg QL (120 caps / 30 days)	5	* QL NM PA
XTANDI TABS 40mg QL (120 tabs / 30 days)	5	* QL NM PA
XTANDI TABS 80mg QL (60 tabs / 30 days)	5	* QL NM PA
YONSA TABS 125mg QL (120 tabs / 30 days)	5	* QL NM PA
IMMUNOMODULATORS		
lenalidomide CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	5	* QL NM PA
lenalidomide CAPS 20mg, 25mg QL (21 caps / 28 days)	5	* QL NM PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg QL (21 caps / 28 days)	5	* QL NM PA
THALOMID CAPS 50mg QL (84 caps / 28 days)	5	* QL NM PA
THALOMID CAPS 100mg QL (112 caps / 28 days)	5	* QL NM PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml QL (2 syringes / 28 days)	5	* QL NM PA
bexarotene (generic of TARGRETIN) CAPS 75mg QL (300 caps / 30 days)	5	* QL NM PA
doxorubicin hcl (generic of DOXORUBICIN HYDROCHLORIDE) SOLN 2mg/ml	4	B/D
doxorubicin hcl liposomal (generic of DOXIL) SUSP 2mg/ml	5	* B/D
hydroxyurea (generic of HYDREA) CAPS 500mg	2	
irinotecan hcl (generic of CAMPTOSAR) SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml	4	B/D
irinotecan hcl SOLN 500mg/25ml	4	B/D
IWILFIN TABS 192mg QL (240 tabs / 30 days)	5	* QL NM PA
leucovorin calcium SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	4	B/D
leucovorin calcium TABS 5mg, 10mg, 15mg, 25mg	3	
MATULANE CAPS 50mg	5	* NM

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Drug Name	Tier	Requirements/ Limits
mesna (generic of MESNEX) TABS 400mg	5	*
MODEYSO CAPS 125mg QL (20 caps / 28 days)	5	* QL NM PA
tretinoin (chemotherapy) CAPS 10mg	5	*
WELIREG TABS 40mg QL (90 tabs / 30 days)	5	* QL NM PA
MITOTIC INHIBITORS		
docetaxel (generic of DOCETAXEL) CONC 20mg/ml	4	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	* B/D
docetaxel (generic of DOCETAXEL) CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	* B/D
DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	* B/D NM
etoposide SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	3	B/D
paclitaxel CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	4	B/D
paclitaxel inj 100mg (generic of ABRAXANE)	5	* B/D NM
vincristine sulfate SOLN 1mg/ml	2	B/D
vinorelbine tartrate SOLN 10mg/ml, 50mg/5ml	4	B/D
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg QL (240 caps / 30 days)	5	* QL NM PA
ALUNBRIG TABS 30mg QL (120 tabs / 30 days)	5	* QL NM PA
ALUNBRIG TABS 90mg, 180mg QL (30 tabs / 30 days)	5	* QL NM PA
ALUNBRIG PAK QL (30 tabs / 30 days)	5	* QL NM PA
AUGTYRO CAPS 40mg QL (240 caps / 30 days)	5	* QL NM PA
AUGTYRO CAPS 160mg QL (60 caps / 30 days)	5	* QL NM PA

Drug Name	Tier	Requirements/ Limits
AVMAPKI PAK FAKZYNJA QL (1 pack / 28 days)	5	* QL NM PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg QL (30 tabs / 30 days)	5	* QL NM PA
BALVERSA TABS 3mg QL (84 tabs / 28 days)	5	* QL NM PA
BALVERSA TABS 4mg QL (56 tabs / 28 days)	5	* QL NM PA
BALVERSA TABS 5mg QL (28 tabs / 28 days)	5	* QL NM PA
BORTEZOMIB SOLR 1mg, 2.5mg	4	NM PA
bortezomib (generic of VELCADE) SOLR 3.5mg	5	* NM PA
BOSULIF CAPS 50mg QL (30 caps / 30 days)	5	* QL NM PA
BOSULIF CAPS 100mg QL (300 caps / 30 days)	5	* QL NM PA
BOSULIF TABS 100mg QL (180 tabs / 30 days)	5	* QL NM PA
BOSULIF TABS 400mg, 500mg QL (30 tabs / 30 days)	5	* QL NM PA
BRAFTOVI CAPS 75mg QL (180 caps / 30 days)	5	* QL NM PA
BRUKINSA CAPS 80mg QL (120 caps / 30 days)	5	* QL NM PA
BRUKINSA TABS 160mg QL (60 tabs / 30 days)	5	* QL NM PA
CABOMETYX TABS 20mg, 40mg, 60mg QL (30 tabs / 30 days)	5	* QL NM PA
CALQUENCE TABS 100mg QL (60 tabs / 30 days)	5	* QL NM PA
CAPRELSA TABS 100mg QL (60 tabs / 30 days)	5	* QL NM PA
CAPRELSA TABS 300mg QL (30 tabs / 30 days)	5	* QL NM PA
COMETRIQ (60MG DOSE) KIT 20mg QL (84 caps / 28 days)	5	* QL NM PA
COMETRIQ KIT 100MG QL (56 caps / 28 days)	5	* QL NM PA
COMETRIQ KIT 140MG QL (112 caps / 28 days)	5	* QL NM PA
COPIKTRA CAPS 15mg, 25mg QL (56 caps / 28 days)	5	* QL NM PA

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Drug Name	Tier	Drug Requirements/ Limits
COTELLIC TABS 20mg QL (63 tabs / 28 days)	5	* QL NM PA
DANZITEN TABS 71mg, 95mg QL (112 tabs / 28 days)	5	* QL NM PA
dasatinib (generic of SPRYCEL) TABS 20mg QL (90 tabs / 30 days)	5	* QL NM PA
dasatinib (generic of SPRYCEL) TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days)	5	* QL NM PA
DAURISMO TABS 25mg QL (60 tabs / 30 days)	5	* QL NM PA
DAURISMO TABS 100mg QL (30 tabs / 30 days)	5	* QL NM PA
ENSACOVE CAPS 25mg QL (270 caps / 30 days)	5	* QL NM PA
ENSACOVE CAPS 100mg QL (60 caps / 30 days)	5	* QL NM PA
ERIVEDGE CAPS 150mg QL (30 caps / 30 days)	5	* QL NM PA
erlotinib hcl TABS 25mg QL (90 tabs / 30 days)	5	* QL NM PA
erlotinib hcl TABS 100mg, 150mg QL (30 tabs / 30 days)	5	* QL NM PA
everolimus (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	5	* QL NM PA
everolimus (generic of AFINITOR DISPERZ) TBSO 2mg, 5mg QL (60 tabs / 30 days)	5	* QL NM PA
everolimus (generic of AFINITOR DISPERZ) TBSO 3mg QL (90 tabs / 30 days)	5	* QL NM PA
FOTIVDA CAPS .89mg, 1.34mg QL (21 caps / 28 days)	5	* QL NM PA
FRUZAQLA CAPS 1mg QL (84 caps / 28 days)	5	* QL NM PA
FRUZAQLA CAPS 5mg QL (21 caps / 28 days)	5	* QL NM PA
GAVRETO CAPS 100mg QL (120 caps / 30 days)	5	* QL NM PA

Drug Name	Tier	Drug Requirements/ Limits
gefitinib (generic of IRESSA) TABS 250mg QL (60 tabs / 30 days)	5	* QL NM PA
GILOTRIF TABS 20mg, 30mg, 40mg QL (30 tabs / 30 days)	5	* QL NM PA
GOMEKLI CAPS 1mg QL (168 caps / 28 days)	5	* QL NM PA
GOMEKLI CAPS 2mg QL (84 caps / 28 days)	5	* QL NM PA
GOMEKLI TBSO 1mg QL (168 tabs / 28 days)	5	* QL NM PA
HERCEP HYLEC SOL 60-10000	5	* NM PA
HERCEPTIN SOLR 150mg	5	* NM PA
HERCESSI SOLR 150mg, 420mg	5	* NM PA
HERNEXEOS TABS 60mg QL (120 tabs / 30 days)	5	* QL NM PA
HERZUMA SOLR 150mg, 420mg	5	* NM PA
IBRANCE CAPS 75mg, 100mg, 125mg QL (21 caps / 28 days)	5	* QL NM PA
IBRANCE TABS 75mg, 100mg, 125mg QL (21 tabs / 28 days)	5	* QL NM PA
IBTROZI CAPS 200mg QL (90 caps / 30 days)	5	* QL NM PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg QL (30 tabs / 30 days)	5	* QL NM PA
IDHIFA TABS 50mg, 100mg QL (30 tabs / 30 days)	5	* QL NM PA
imatinib mesylate (generic of GLEEVEC) TABS 100mg QL (90 tabs / 30 days)	4	QL NM PA
imatinib mesylate (generic of GLEEVEC) TABS 400mg QL (60 tabs / 30 days)	5	* QL NM PA
IMBRUVICA CAPS 70mg QL (30 caps / 30 days)	5	* QL NM PA
IMBRUVICA CAPS 140mg QL (120 caps / 30 days)	5	* QL NM PA
IMBRUVICA SUSP 70mg/ml QL (216 mL / 27 days)	5	* QL NM PA
IMBRUVICA TABS 140mg, 280mg, 420mg QL (30 tabs / 30 days)	5	* QL NM PA

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Drug Name	Tier	Drug Requirements/ Limits
IMKELDI SOLN 80mg/ml QL (280 mL / 28 days)	5	* QL NM PA
INLYTA TABS 1mg QL (180 tabs / 30 days)	5	* QL NM PA
INLYTA TABS 5mg QL (120 tabs / 30 days)	5	* QL NM PA
INREBIC CAPS 100mg QL (120 caps / 30 days)	5	* QL NM PA
ITOVEBI TABS 3mg QL (56 tabs / 28 days)	5	* QL NM PA
ITOVEBI TABS 9mg QL (28 tabs / 28 days)	5	* QL NM PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg QL (60 tabs / 30 days)	5	* QL NM PA
JAYPIRCA TABS 50mg QL (30 tabs / 30 days)	5	* QL NM PA
JAYPIRCA TABS 100mg QL (60 tabs / 30 days)	5	* QL NM PA
KADCYLA SOLR 100mg, 160mg	5	* B/D NM
KANJINTI SOLR 150mg, 420mg	5	* NM PA
KEYTRUDA SOLN 100mg/4ml	5	* NM PA
KEYTRUDA INJ QLEX 395-4800 MG-UNIT/2.4ML QL (1 vial / 21 days)	5	* QL NM PA
KEYTRUDA INJ QLEX 790-9600 MG-UNIT/4.8ML QL (1 vial / 42 days)	5	* QL NM PA
KISQALI 200 DOSE TBPK 200mg QL (21 tabs / 28 days)	5	* QL NM PA
KISQALI 400 DOSE TBPK 200mg QL (42 tabs / 28 days)	5	* QL NM PA
KISQALI 400 PAK FEMARA QL (70 tabs / 28 days)	5	* QL NM PA
KISQALI 600 DOSE TBPK 200mg QL (63 tabs / 28 days)	5	* QL NM PA
KISQALI 600 PAK FEMARA QL (91 tabs / 28 days)	5	* QL NM PA
KOMZIFTI CAPS 200mg QL (90 caps / 30 days)	5	* QL NM PA
KOSELUGO CAPS 10mg QL (240 caps / 30 days)	5	* QL NM PA

Drug Name	Tier	Drug Requirements/ Limits
KOSELUGO CAPS 25mg QL (120 caps / 30 days)	5	* QL NM PA
KOSELUGO CPSP 5mg QL (600 caps / 30 days)	5	* QL NM PA
KOSELUGO CPSP 7.5mg QL (360 caps / 30 days)	5	* QL NM PA
KRAZATI TABS 200mg QL (180 tabs / 30 days)	5	* QL NM PA
lapatinib ditosylate (generic of TYKERB) TABS 250mg QL (180 tabs / 30 days)	5	* QL NM PA
LAZCLUZE TABS 80mg QL (60 tabs / 30 days)	5	* QL NM PA
LAZCLUZE TABS 240mg QL (30 tabs / 30 days)	5	* QL NM PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg QL (30 caps / 30 days)	5	* QL NM PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg QL (60 caps / 30 days)	5	* QL NM PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg QL (30 caps / 30 days)	5	* QL NM PA
LENVIMA 12MG DAILY DOSE CPPK 4mg QL (90 caps / 30 days)	5	* QL NM PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg QL (60 caps / 30 days)	5	* QL NM PA
LENVIMA CAP 14 MG QL (60 caps / 30 days)	5	* QL NM PA
LENVIMA CAP 18 MG QL (90 caps / 30 days)	5	* QL NM PA
LENVIMA CAP 24 MG QL (90 caps / 30 days)	5	* QL NM PA
LORBRENA TABS 25mg QL (90 tabs / 30 days)	5	* QL NM PA
LORBRENA TABS 100mg QL (30 tabs / 30 days)	5	* QL NM PA
LUMAKRAS TABS 120mg QL (240 tabs / 30 days)	5	* QL NM PA
LUMAKRAS TABS 240mg QL (120 tabs / 30 days)	5	* QL NM PA
LUMAKRAS TABS 320mg QL (90 tabs / 30 days)	5	* QL NM PA
LYNPARZA TABS 100mg, 150mg QL (120 tabs / 30 days)	5	* QL NM PA

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Drug Name	Tier	Drug Requirements/ Limits
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg QL (84 tabs / 28 days)	5	* QL NM PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg QL (112 tabs / 28 days)	5	* QL NM PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg QL (140 tabs / 28 days)	5	* QL NM PA
MEKINIST SOLR .05mg/ml QL (1260 mL / 30 days)	5	* QL NM PA
MEKINIST TABS 2mg QL (30 tabs / 30 days)	5	* QL NM PA
MEKINIST TABS .5mg QL (90 tabs / 30 days)	5	* QL NM PA
MEKTOVI TABS 15mg QL (180 tabs / 30 days)	5	* QL NM PA
MONJUVI SOLR 200mg	5	* NM PA
NERLYNX TABS 40mg QL (180 tabs / 30 days)	5	* QL NM PA
nilotinib hcl (generic of TASIGNA) CAPS 50mg QL (120 caps / 30 days)	5	* QL NM PA
nilotinib hcl (generic of TASIGNA) CAPS 150mg, 200mg QL (112 caps / 28 days)	5	* QL NM PA
NINLARO CAPS 2.3mg, 3mg, 4mg QL (3 caps / 28 days)	5	* QL NM PA
ODOMZO CAPS 200mg QL (30 caps / 30 days)	5	* QL NM PA
OGIVRI SOLR 150mg, 420mg	5	* NM PA
OGSIVEO TABS 100mg, 150mg QL (56 tabs / 28 days)	5	* QL NM PA
OJEMDA SUSR 25mg/ml QL (96 mL / 28 days)	5	* QL NM PA
OJEMDA TABS 100mg QL (24 tabs / 28 days)	5	* QL NM PA
OJJAARA TABS 100mg, 150mg, 200mg QL (30 tabs / 30 days)	5	* QL NM PA
ONTRUZANT SOLR 150mg, 420mg	5	* NM PA
pazopanib hcl (generic of VOTRIENT) TABS 200mg QL (120 tabs / 30 days)	5	* QL NM PA
pazopanib hcl TABS 400mg QL (60 tabs / 30 days)	5	* QL PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg QL (28 tabs / 28 days)	5	* QL NM PA
PHESGO SOL	5	* NM PA
PIQRAY 200MG DAILY DOSE TBPK 200mg QL (28 tabs / 28 days)	5	* QL NM PA
PIQRAY 250MG TAB DOSE QL (56 tabs / 28 days)	5	* QL NM PA
PIQRAY 300MG DAILY DOSE TBPK 150mg QL (56 tabs / 28 days)	5	* QL NM PA
QINLOCK TABS 50mg QL (90 tabs / 30 days)	5	* QL NM PA
RETEVMO TABS 40mg QL (90 tabs / 30 days)	5	* QL NM PA
RETEVMO TABS 80mg QL (120 tabs / 30 days)	5	* QL NM PA
RETEVMO TABS 120mg, 160mg QL (60 tabs / 30 days)	5	* QL NM PA
REVUFORJ TABS 25mg QL (240 tabs / 30 days)	5	* QL NM PA
REVUFORJ TABS 110mg QL (120 tabs / 30 days)	5	* QL NM PA
REVUFORJ TABS 160mg QL (60 tabs / 30 days)	5	* QL NM PA
REZLIDHIA CAPS 150mg QL (60 caps / 30 days)	5	* QL NM PA
ROMVIMZA CAPS 14mg, 20mg, 30mg QL (8 caps / 28 days)	5	* QL NM PA
ROZLYTREK CAPS 100mg QL (180 caps / 30 days)	5	* QL NM PA
ROZLYTREK CAPS 200mg QL (90 caps / 30 days)	5	* QL NM PA
ROZLYTREK PACK 50mg QL (336 packets / 28 days)	5	* QL NM PA
RUBRACA TABS 200mg, 250mg, 300mg QL (120 tabs / 30 days)	5	* QL NM PA
RYDAPT CAPS 25mg QL (224 caps / 28 days)	5	* QL NM PA
SCEMBLIX TABS 20mg QL (60 tabs / 30 days)	5	* QL NM PA

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Drug Name	Tier	Drug Requirements/ Limits
SCEMBLIX TABS 40mg QL (300 tabs / 30 days)	5	* QL NM PA
SCEMBLIX TABS 100mg QL (120 tabs / 30 days)	5	* QL NM PA
sorafenib tosylate (generic of NEXAVAR) TABS 200mg QL (120 tabs / 30 days)	5	* QL NM PA
STIVARGA TABS 40mg QL (84 tabs / 28 days)	5	* QL NM PA
sunitinib malate (generic of SUTENT) CAPS 12.5mg, 25mg, 37.5mg, 50mg QL (30 caps / 30 days)	5	* QL NM PA
TABRECTA TABS 150mg, 200mg QL (112 tabs / 28 days)	5	* QL NM PA
TAFINLAR CAPS 50mg, 75mg QL (120 caps / 30 days)	5	* QL NM PA
TAFINLAR TBSO 10mg QL (840 tabs / 28 days)	5	* QL NM PA
TAGRISSO TABS 40mg, 80mg QL (30 tabs / 30 days)	5	* QL NM PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg QL (30 caps / 30 days)	5	* QL NM PA
TALZENNA CAPS .25mg QL (90 caps / 30 days)	5	* QL NM PA
TAZVERIK TABS 200mg QL (240 tabs / 30 days)	5	* QL NM PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	5	* NM PA
TECENTRIQ INJ HYBREZA QL (1 vial / 21 days)	5	* QL NM PA
TEPMETKO TABS 225mg QL (60 tabs / 30 days)	5	* QL NM PA
TIBSOVO TABS 250mg QL (60 tabs / 30 days)	5	* QL NM PA
torpenz (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	5	* QL NM PA
TRAZIMERA SOLR 150mg, 420mg	5	* NM PA
TRUQAP TABS 160mg, 200mg QL (64 tabs / 28 days)	5	* QL NM PA

Drug Name	Tier	Drug Requirements/ Limits
TRUQAP TBPK 160mg, 200mg QL (4 packs / 28 days)	5	* QL NM PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	5	* NM PA
TUKYSA TABS 50mg, 150mg QL (120 tabs / 30 days)	5	* QL NM PA
TURALIO CAPS 125mg QL (120 caps / 30 days)	5	* QL NM PA
VANFLYTA TABS 17.7mg, 26.5mg QL (56 tabs / 28 days)	5	* QL NM PA
VENCLEXTA TABS 10mg QL (112 tabs / 28 days)	3	QL NM PA
VENCLEXTA TABS 50mg QL (112 tabs / 28 days)	5	* QL NM PA
VENCLEXTA TABS 100mg QL (180 tabs / 30 days)	5	* QL NM PA
VENCLEXTA TAB START PK QL (42 tabs / 28 days)	5	* QL NM PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg QL (56 tabs / 28 days)	5	* QL NM PA
VITRAKVI CAPS 25mg QL (180 caps / 30 days)	5	* QL NM PA
VITRAKVI CAPS 100mg QL (60 caps / 30 days)	5	* QL NM PA
VITRAKVI SOLN 20mg/ml QL (300 mL / 30 days)	5	* QL NM PA
VIZIMPRO TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	5	* QL NM PA
VONJO CAPS 100mg QL (120 caps / 30 days)	5	* QL NM PA
VORANIGO TABS 10mg QL (60 tabs / 30 days)	5	* QL NM PA
VORANIGO TABS 40mg QL (30 tabs / 30 days)	5	* QL NM PA
XALKORI CAPS 200mg, 250mg; CPSP 20mg, 50mg QL (120 caps / 30 days)	5	* QL NM PA
XALKORI CPSP 150mg QL (180 caps / 30 days)	5	* QL NM PA
XOSPATA TABS 40mg QL (90 tabs / 30 days)	5	* QL NM PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 10mg QL (16 tabs / 28 days)	5	* QL NM PA

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Drug Name	Drug Tier	Requirements/ Limits
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 40mg QL (4 tabs / 28 days)	5	* QL NM PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg QL (8 tabs / 28 days)	5	* QL NM PA
XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg QL (4 tabs / 28 days)	5	* QL NM PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg QL (24 tabs / 28 days)	5	* QL NM PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg QL (8 tabs / 28 days)	5	* QL NM PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 80mg QL (4 tabs / 28 days)	5	* QL NM PA
XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg QL (32 tabs / 28 days)	5	* QL NM PA
XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg QL (8 tabs / 28 days)	5	* QL NM PA
ZEJULA TABS 100mg, 200mg, 300mg QL (30 tabs / 30 days)	5	* QL NM PA
ZELBORAF TABS 240mg QL (240 tabs / 30 days)	5	* QL NM PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	5	* NM PA
ZOLINZA CAPS 100mg QL (120 caps / 30 days)	5	* QL NM PA
ZYDELIG TABS 100mg, 150mg QL (60 tabs / 30 days)	5	* QL NM PA
ZYKADIA TABS 150mg QL (84 tabs / 28 days)	5	* QL NM PA
CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS ***ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE***		
amlodipine besylate-benazepril hcl cap 2.5-10 mg QL (30 caps / 30 days)	1	QL

Drug Name	Drug Tier	Requirements/ Limits
amlodipine besylate-benazepril hcl cap 5-10 mg (generic of LOTREL) QL (30 caps / 30 days)	1	QL
amlodipine besylate-benazepril hcl cap 5-20 mg (generic of LOTREL) QL (30 caps / 30 days)	1	QL
amlodipine besylate-benazepril hcl cap 5-40 mg QL (30 caps / 30 days)	1	QL
amlodipine besylate-benazepril hcl cap 10-20 mg (generic of LOTREL) QL (30 caps / 30 days)	1	QL
amlodipine besylate-benazepril hcl cap 10-40 mg (generic of LOTREL) QL (30 caps / 30 days)	1	QL
benazepril & hydrochlorothiazide tab 5-6.25mg	1	
benazepril & hydrochlorothiazide tab 10-12.5 mg (generic of LOTENSIN HCT)	1	
benazepril & hydrochlorothiazide tab 20-12.5 mg (generic of LOTENSIN HCT)	1	
benazepril & hydrochlorothiazide tab 20-25 mg (generic of LOTENSIN HCT)	1	
captopril & hydrochlorothiazide tab 25-15 mg	1	
captopril & hydrochlorothiazide tab 25-25 mg	1	
captopril & hydrochlorothiazide tab 50-15 mg	1	
captopril & hydrochlorothiazide tab 50-25 mg	1	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1	

Drug Name	Drug Tier	Requirements/ Limits
enalapril maleate & hydrochlorothiazide tab 10-25 mg (generic of VASERETIC)	1	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	1	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 10-12.5 mg (generic of ZESTORETIC)	1	
lisinopril & hydrochlorothiazide tab 20-12.5 mg (generic of ZESTORETIC)	1	
lisinopril & hydrochlorothiazide tab 20-25 mg (generic of ZESTORETIC)	1	
ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
benazepril hcl TABS 5mg	1	
benazepril hcl (generic of LOTENSIN) TABS 10mg, 20mg, 40mg	1	
captopril TABS 12.5mg, 25mg, 50mg, 100mg	1	
enalapril maleate (generic of VASOTEC) TABS 2.5mg, 5mg, 10mg, 20mg	1	
fosinopril sodium TABS 10mg, 20mg, 40mg	1	
lisinopril (generic of ZESTRIL) TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1	
moexipril hcl TABS 7.5mg, 15mg	1	
perindopril erbumine TABS 2mg, 4mg, 8mg	1	
quinapril hcl TABS 5mg, 10mg, 20mg, 40mg	1	
ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg	1	
trandolapril TABS 1mg, 2mg, 4mg	1	

Drug Name	Drug Tier	Requirements/ Limits
ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
eplerenone TABS 25mg, 50mg	3	
KERENDIA TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	3	QL
spironolactone (generic of ALDACTONE) TABS 25mg, 50mg, 100mg	1	
ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
doxazosin mesylate (generic of CARDURA) TABS 1mg, 2mg, 4mg, 8mg	2	
prazosin hcl CAPS 1mg, 2mg, 5mg	3	
terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
amlodipine besylate-olmesartan medoxomil tab 5-20 mg (generic of AMLODIPINE/OLMESARTAN MED) QL (30 tabs / 30 days)	1	QL
amlodipine besylate-olmesartan medoxomil tab 5-40 mg (generic of AMLODIPINE/OLMESARTAN MED) QL (30 tabs / 30 days)	1	QL
amlodipine besylate-olmesartan medoxomil tab 10-20 mg (generic of AMLODIPINE/OLMESARTAN MED) QL (30 tabs / 30 days)	1	QL
amlodipine besylate-olmesartan medoxomil tab 10-40 mg (generic of AMLODIPINE/OLMESARTAN MED) QL (30 tabs / 30 days)	1	QL

Drug Name	Drug Tier	Requirements/ Limits
amlodipine besylate-valsartan tab 5-160 mg (generic of EXFORGE) QL (30 tabs / 30 days)	1	QL
amlodipine besylate-valsartan tab 5-320 mg (generic of EXFORGE) QL (30 tabs / 30 days)	1	QL
amlodipine besylate-valsartan tab 10-160 mg (generic of EXFORGE) QL (30 tabs / 30 days)	1	QL
amlodipine besylate-valsartan tab 10-320 mg (generic of EXFORGE) QL (30 tabs / 30 days)	1	QL
ENTRESTO CAP 6-6MG QL (240 caps / 30 days)	3	QL
ENTRESTO CAP 15-16MG QL (240 caps / 30 days)	3	QL
irbesartan-hydrochlorothiazide tab 150-12.5 mg (generic of AVALIDE) QL (60 tabs / 30 days)	1	QL
irbesartan-hydrochlorothiazide tab 300-12.5 mg (generic of AVALIDE) QL (30 tabs / 30 days)	1	QL
losartan potassium & hydrochlorothiazide tab 50-12.5 mg (generic of HYZAAR)	1	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg (generic of HYZAAR)	1	
losartan potassium & hydrochlorothiazide tab 100-25 mg (generic of HYZAAR)	1	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg (generic of BENICAR HCT) QL (30 tabs / 30 days)	1	QL
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg (generic of BENICAR HCT) QL (30 tabs / 30 days)	1	QL

Drug Name	Drug Tier	Requirements/ Limits
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg (generic of BENICAR HCT) QL (30 tabs / 30 days)	1	QL
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg (generic of TRIBENZOR) QL (30 tabs / 30 days)	1	QL
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg (generic of TRIBENZOR) QL (30 tabs / 30 days)	1	QL
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg (generic of TRIBENZOR) QL (30 tabs / 30 days)	1	QL
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg (generic of TRIBENZOR) QL (30 tabs / 30 days)	1	QL
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg (generic of TRIBENZOR) QL (30 tabs / 30 days)	1	QL
sacubitril-valsartan tab 24-26 mg (generic of ENTRESTO) QL (60 tabs / 30 days)	3	QL
sacubitril-valsartan tab 49-51 mg (generic of ENTRESTO) QL (60 tabs / 30 days)	3	QL
sacubitril-valsartan tab 97-103 mg (generic of ENTRESTO) QL (60 tabs / 30 days)	3	QL
valsartan-hydrochlorothiazide tab 80-12.5 mg (generic of DIOVAN HCT) QL (30 tabs / 30 days)	1	QL
valsartan-hydrochlorothiazide tab 160-12.5 mg (generic of DIOVAN HCT) QL (30 tabs / 30 days)	1	QL

Drug Name	Tier	Requirements/ Limits
valsartan-hydrochlorothiazide tab 160-25 mg (generic of DIOVAN HCT) QL (30 tabs / 30 days)	1	QL
valsartan-hydrochlorothiazide tab 320-12.5 mg (generic of DIOVAN HCT) QL (30 tabs / 30 days)	1	QL
valsartan-hydrochlorothiazide tab 320-25 mg (generic of DIOVAN HCT) QL (30 tabs / 30 days)	1	QL
ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
candesartan cilexetil (generic of ATACAND) TABS 4mg, 8mg, 16mg QL (60 tabs / 30 days)	1	QL
candesartan cilexetil (generic of ATACAND) TABS 32mg QL (30 tabs / 30 days)	1	QL
irbesartan TABS 75mg QL (30 tabs / 30 days)	1	QL
irbesartan (generic of AVAPRO) TABS 150mg, 300mg QL (30 tabs / 30 days)	1	QL
losartan potassium (generic of COZAAR) TABS 25mg, 50mg, 100mg	1	
olmesartan medoxomil (generic of BENICAR) TABS 5mg QL (60 tabs / 30 days)	1	QL
olmesartan medoxomil (generic of BENICAR) TABS 20mg, 40mg QL (30 tabs / 30 days)	1	QL
telmisartan TABS 20mg QL (30 tabs / 30 days)	1	QL
telmisartan (generic of MICARDIS) TABS 40mg, 80mg QL (30 tabs / 30 days)	1	QL
valsartan (generic of DIOVAN) TABS 40mg, 80mg, 160mg QL (60 tabs / 30 days)	1	QL
valsartan (generic of DIOVAN) TABS 320mg QL (30 tabs / 30 days)	1	QL
ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM		
amiodarone hcl SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 400mg	4	
amiodarone hcl TABS 200mg	1	
disopyramide phosphate (generic of NORPACE) CAPS 100mg, 150mg	4	
dofetilide (generic of TIKOSYN) CAPS 125mcg, 250mcg, 500mcg	4	NM
flecainide acetate TABS 50mg, 100mg, 150mg	3	
MULTAQ TABS 400mg QL (60 tabs / 30 days)	4	QL
pacerone TABS 100mg, 400mg	4	
pacerone TABS 200mg	1	
propafenone hcl CP12 225mg, 325mg, 425mg	4	
propafenone hcl TABS 150mg, 225mg, 300mg	3	
quinidine sulfate TABS 200mg, 300mg	4	
sotalol hcl (generic of BETAPACE) TABS 80mg, 120mg, 160mg	2	
sotalol hcl TABS 240mg	2	
sotalol hcl (afib/afl) (generic of BETAPACE AF) TABS 80mg, 120mg, 160mg	3	
ANTILIPEMICS, FIBRATES		
fenofibrate TABS 48mg, 54mg, 160mg	2	
fenofibrate (generic of TRICOR) TABS 145mg	2	
fenofibrate micronized CAPS 67mg, 134mg, 200mg	3	
gemfibrozil (generic of LOPID) TABS 600mg	2	

Drug Name	Drug Requirements/ Tier	Limits
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL		
atorvastatin calcium (generic of LIPITOR) TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
lovastatin TABS 10mg, 20mg, 40mg QL (60 tabs / 30 days)	1	QL
pravastatin sodium TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
rosuvastatin calcium (generic of CRESTOR) TABS 5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	QL
simvastatin TABS 5mg, 80mg QL (30 tabs / 30 days)	1	QL
simvastatin (generic of ZOCOR) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	QL
ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL		
cholestyramine (generic of QUESTRAN) PACK 4gm; POWD 4gm/dose	3	
cholestyramine light PACK 4gm	3	
cholestyramine light (generic of QUESTRAN LIGHT) POWD 4gm/dose	3	
colesevelam hcl (generic of WELCHOL) PACK 3.75gm; TABS 625mg	4	
colestipol hcl (generic of COLESTID) GRAN 5gm	4	
colestipol hcl PACK 5gm	4	
colestipol hcl (generic of COLESTID) TABS 1gm	3	
ezetimibe (generic of ZETIA) TABS 10mg QL (30 tabs / 30 days)	2	QL
ezetimibe-simvastatin tab 10-10 mg (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL
ezetimibe-simvastatin tab 10-20 mg (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL
ezetimibe-simvastatin tab 10-40 mg (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL
ezetimibe-simvastatin tab 10-80 mg (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL
NEXLETOL TABS 180mg QL (30 tabs / 30 days)	3	QL
NEXLIZET TAB 180/10MG QL (30 tabs / 30 days)	3	QL
niacin (antihyperlipidemic) TBCR 500mg, 750mg, 1000mg QL (60 tabs / 30 days)	3	QL
omega-3-acid ethyl esters cap 1 gm (generic of LOVAZA)	3	PA
prevalite PACK 4gm	3	
prevalite (generic of QUESTRAN LIGHT) POWD 4gm/dose	3	
REPATHA SOSY 140mg/ml QL (6 syringes / 28 days)	3	QL NM PA
REPATHA SURECLICK SOAJ 140mg/ml QL (6 autoinjectors / 28 days)	3	QL NM PA
VASCEPA CAPS .5gm, 1gm	3	
BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
atenolol & chlorthalidone tab 50-25 mg (generic of TENORETIC 50)	2	
atenolol & chlorthalidone tab 100-25 mg (generic of TENORETIC 100)	2	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	2	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	2	

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Drug Name	Drug Tier	Requirements/ Limits
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	2	
metoprolol & hydrochlorothiazide tab 50-25 mg	3	
metoprolol & hydrochlorothiazide tab 100-25 mg	3	
metoprolol & hydrochlorothiazide tab 100-50 mg	3	
BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
acebutolol hcl CAPS 200mg, 400mg	3	
atenolol (generic of TENORMIN) TABS 25mg, 50mg, 100mg	1	
bisoprolol fumarate TABS 5mg, 10mg	2	
carvedilol (generic of COREG) TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	
labetalol hcl TABS 100mg, 200mg, 300mg	2	
metoprolol succinate (generic of TOPROL XL) TB24 25mg, 50mg, 100mg, 200mg	1	
metoprolol tartrate SOLN 5mg/5ml	4	
metoprolol tartrate TABS 25mg	1	
metoprolol tartrate (generic of LOPRESSOR) TABS 50mg, 100mg	1	
nadolol TABS 20mg, 40mg, 80mg	3	
nebivolol hcl (generic of BYSTOLIC) TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	3	QL
nebivolol hcl (generic of BYSTOLIC) TABS 20mg QL (60 tabs / 30 days)	3	QL
pindolol TABS 5mg, 10mg	3	

Drug Name	Drug Tier	Requirements/ Limits
propranolol hcl (generic of INDERAL LA) CP24 60mg, 80mg, 120mg, 160mg	3	
propranolol hcl SOLN 20mg/5ml, 40mg/5ml	3	
propranolol hcl TABS 10mg, 20mg, 40mg, 60mg, 80mg	2	
timolol maleate TABS 5mg, 10mg, 20mg	3	
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
amlodipine besylate (generic of NORVASC) TABS 2.5mg, 5mg, 10mg	1	
cartia xt (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg	2	
dilt-xr CP24 120mg, 180mg, 240mg	2	
diltiazem hcl CP12 60mg, 90mg, 120mg	4	
diltiazem hcl SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml	3	
diltiazem hcl (generic of CARDIZEM) TABS 30mg, 60mg, 120mg	2	
diltiazem hcl TABS 90mg	2	
diltiazem hcl coated beads (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg	2	
diltiazem hcl coated beads (generic of CARDIZEM CD) CP24 360mg	4	
diltiazem hcl extended release beads (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
felodipine TB24 2.5mg, 5mg, 10mg	2	
nifedipine (generic of PROCARDIA XL) TB24 30mg, 60mg	3	
nifedipine TB24 30mg, 60mg, 90mg	3	

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Drug Name	Drug Tier	Requirements/ Limits
nimodipine CAPS 30mg	4	
tiadylt er (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
verapamil hcl CP24 100mg, 200mg, 300mg, 360mg; SOLN 2.5mg/ml	4	
verapamil hcl CP24 120mg, 180mg, 240mg	3	
verapamil hcl TABS 40mg, 80mg, 120mg	1	
verapamil hcl TBCR 120mg, 180mg, 240mg	2	
DIURETICS - DRUGS TO TREAT HEART CONDITIONS		
acetazolamide CP12 500mg; TABS 125mg, 250mg	3	
amiloride & hydrochlorothiazide tab 5-50 mg	2	
amiloride hcl TABS 5mg	2	
bumetanide SOLN .25mg/ml; TABS 1mg, 2mg	3	
bumetanide (generic of BUMEX) TABS .5mg	3	
chlorthalidone TABS 25mg, 50mg	2	
furosemide SOLN 10mg/ml, 40mg/5ml	2	
furosemide (generic of LASIX) TABS 20mg, 40mg, 80mg	1	
furosemide inj SOLN 10mg/ml	3	
hydrochlorothiazide CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
indapamide TABS 1.25mg, 2.5mg	1	
methazolamide TABS 25mg, 50mg	4	
metolazone TABS 2.5mg, 5mg, 10mg	2	
spironolactone & hydrochlorothiazide tab 25-25 mg	2	
torsemide TABS 5mg, 10mg, 20mg, 100mg	2	

Drug Name	Drug Tier	Requirements/ Limits
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 75-50 mg	1	
MISCELLANEOUS		
aliskiren fumarate (generic of TEKTURNA) TABS 150mg, 300mg QL (30 tabs / 30 days)	1	QL
clonidine (generic of CATAPRES-TTS-1) PTWK .1mg/24hr	3	
clonidine (generic of CATAPRES-TTS-2) PTWK .2mg/24hr	3	
clonidine (generic of CATAPRES-TTS-3) PTWK .3mg/24hr	3	
clonidine hcl TABS .1mg, .2mg, .3mg	1	
CORLANOR SOLN 5mg/5ml QL (450 mL / 30 days)	4	QL
digoxin SOLN .05mg/ml	4	
digoxin (generic of LANOXIN) SOLN .25mg/ml	4	
digoxin (generic of LANOXIN) TABS 125mcg, 250mcg QL (30 tabs / 30 days)	2	QL
droxidopa (generic of NORTHERA) CAPS 100mg QL (90 caps / 30 days)	4	QL NM PA
droxidopa (generic of NORTHERA) CAPS 200mg, 300mg QL (180 caps / 30 days)	5	* QL NM PA
epinephrine (anaphylaxis) (generic of ADRENALIN) SOLN 1mg/ml	4	
guanfacine hcl TABS 1mg, 2mg PA applies if 65 years and older	3	PA
hydralazine hcl SOLN 20mg/ml	4	

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Drug Name	Tier	Drug Requirements/ Limits
hydralazine hcl TABS 10mg, 25mg, 50mg, 100mg	1	
ivabradine hcl (generic of CORLANOR) TABS 5mg, 7.5mg QL (60 tabs / 30 days)	4	QL
metyrosine CAPS 250mg	5	* NM PA
midodrine hcl TABS 2.5mg, 5mg	3	
midodrine hcl TABS 10mg	4	
minoxidil TABS 2.5mg, 10mg	2	
ranolazine TB12 500mg, 1000mg	4	
VERQUVO TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	3	QL PA
NITRATES - DRUGS TO TREAT HEART CONDITIONS		
isosorbide dinitrate TABS 5mg, 10mg, 20mg, 30mg	3	
isosorbide mononitrate TB24 30mg, 60mg, 120mg	1	
NITRO-BID OINT 2%	3	
nitroglycerin PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	3	
nitroglycerin (generic of NITROSTAT) SUBL .3mg, .4mg, .6mg	2	
PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg QL (90 tabs / 30 days)	5	* QL NM PA
alyq (generic of ADCIRCA) TABS 20mg QL (60 tabs / 30 days)	5	* QL NM PA
ambrisentan (generic of LETAIRIS) TABS 5mg, 10mg QL (30 tabs / 30 days)	5	* QL NM PA
bosentan (generic of TRACLEER) TABS 62.5mg, 125mg QL (60 tabs / 30 days)	5	* QL NM PA
bosentan (generic of TRACLEER) TBSO 32mg QL (120 tabs / 30 days)	5	* QL NM PA
OPSUMIT TABS 10mg QL (30 tabs / 30 days)	5	* QL NM PA
sildenafil citrate (pulmonary hypertension) (generic of REVATIO) TABS 20mg QL (360 tabs / 30 days)	3	QL NM PA
tadalafil (pulmonary hypertension) (generic of ADCIRCA) TABS 20mg QL (60 tabs / 30 days)	4	QL NM PA
treprostinil SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	5	* NM PA
UPTRAVI TABS 200mcg QL (140 tabs / 28 days)	5	* QL NM PA
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg QL (60 tabs / 30 days)	5	* QL NM PA
UPTRAVI PACK TAB 200/800 QL (1 pack / 28 days)	5	* QL NM PA
WINREVAIR KIT 45mg, 60mg QL (2 vials / 21 days)	5	* QL NM PA
WINREVAIR INJ 45MG QL (2 vials / 21 days)	5	* QL NM PA
WINREVAIR INJ 60MG QL (2 vials / 21 days)	5	* QL NM PA
YUTREPIA CAPS 26.5mcg, 53mcg, 79.5mcg QL (140 caps / 28 days)	5	* QL NM PA
YUTREPIA CAPS 106mcg QL (224 caps / 28 days)	5	* QL NM PA
CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS		
ANTIANXIETY - DRUGS TO TREAT ANXIETY		
alprazolam (generic of XANAX) TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	2	QL
buspirone hcl TABS 5mg, 10mg, 15mg	1	
buspirone hcl TABS 7.5mg, 30mg	3	
fluvoxamine maleate TABS 25mg, 50mg, 100mg	3	

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

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

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Drug Name	Drug Tier	Requirements/ Limits
tranylcypromine sulfate (generic of PARNATE) TABS 10mg	4	
trazodone hcl TABS 50mg, 100mg, 150mg	1	
trimipramine maleate CAPS 25mg, 50mg QL (120 caps / 30 days)	4	QL
trimipramine maleate CAPS 100mg QL (60 caps / 30 days)	4	QL
TRINTELLIX TABS 5mg, 10mg, 20mg QL (30 tabs / 30 days)	4	QL PA
venlafaxine hcl (generic of EFFEXOR XR) CP24 37.5mg, 75mg, 150mg	2	
venlafaxine hcl TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	3	
vilazodone hcl (generic of VIIBRYD) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	4	QL
ZURZUVAE CAPS 20mg, 25mg QL (28 caps / 14 days)	5	* QL NM PA
ZURZUVAE CAPS 30mg QL (14 caps / 14 days)	5	* QL NM PA
ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE		
amantadine hcl CAPS 100mg QL (120 caps / 30 days)	3	QL
amantadine hcl SOLN 50mg/5ml	3	
amantadine hcl TABS 100mg	4	
benztropine mesylate SOLN 1mg/ml	4	
benztropine mesylate TABS .5mg, 1mg, 2mg PA applies if 65 years and older	2	PA
bromocriptine mesylate (generic of PARLODEL) CAPS 5mg; TABS 2.5mg	4	
carb/levo orally disintegrating tab 10-100mg	3	
carb/levo orally disintegrating tab 25-100mg	3	
carb/levo orally disintegrating tab 25-250mg	3	
carbidopa & levodopa tab 10-100 mg (generic of SINEMET)	2	
carbidopa & levodopa tab 25-100 mg (generic of SINEMET)	2	
carbidopa & levodopa tab 25-250 mg	2	
carbidopa & levodopa tab er 25-100 mg	3	
carbidopa & levodopa tab er 50-200 mg	3	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	4	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	4	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	4	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	4	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	4	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	4	
entacapone TABS 200mg	4	
INBRIJA CAPS 42mg QL (300 caps / 30 days)	5	* QL NM PA
pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	2	
rasagiline mesylate (generic of AZILECT) TABS .5mg, 1mg QL (30 tabs / 30 days)	4	QL
ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	2	
selegiline hcl CAPS 5mg; TABS 5mg	3	
trihexyphenidyl hcl SOLN .4mg/ml	3	
trihexyphenidyl hcl TABS 2mg, 5mg	2	

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Drug Name	Tier	Drug Requirements/ Limits
ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES		
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml QL (1 syringe / 56 days)	5	* QL
ABILIFY MAINTENA PRSY 300mg, 400mg QL (1 syringe / 28 days)	5	* QL
ABILIFY MAINTENA SRER 300mg, 400mg QL (1 injection / 28 days)	5	* QL
aripiprazole SOLN 1mg/ml QL (900 mL / 30 days)	4	QL
aripiprazole (generic of ABILIFY) TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	4	QL
aripiprazole TBDP 10mg, 15mg QL (60 tabs / 30 days)	4	QL ST
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 syringe / 28 days)	5	* QL
ARISTADA PRSY 1064mg/3.9ml QL (1 syringe / 56 days)	5	* QL
ARISTADA INITIO PRSY 675mg/2.4ml	5	*
asenapine maleate (generic of SAPHRIS) SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	4	QL
CAPLYTA CAPS 10.5mg, 21mg, 42mg QL (30 caps / 30 days)	5	* QL
chlorpromazine hcl CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	4	
clozapine (generic of CLOZARIL) TABS 25mg	3	
clozapine TABS 50mg	3	
clozapine (generic of CLOZARIL) TABS 100mg QL (270 tabs / 30 days)	3	QL
clozapine TABS 200mg QL (120 tabs / 30 days)	3	QL
clozapine TBDP 12.5mg, 25mg	4	PA
clozapine TBDP 100mg QL (270 tabs / 30 days)	4	QL PA
clozapine TBDP 150mg QL (180 tabs / 30 days)	4	QL PA
clozapine TBDP 200mg QL (120 tabs / 30 days)	4	QL PA
COBENFY CAP 50-20MG QL (60 caps / 30 days)	5	* QL PA
COBENFY CAP 100-20MG QL (60 caps / 30 days)	5	* QL PA
COBENFY CAP 125-30MG QL (60 caps / 30 days)	5	* QL PA
COBENFY STRT CAP PACK QL (2 packs / year)	5	* QL PA
ERZOFRI SUSY 39mg/0.25ml QL (1 syringe / 28 days)	4	QL
ERZOFRI SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days)	5	* QL
ERZOFRI SUSY 351mg/2.25ml QL (2 syringes / year)	5	* QL
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg QL (60 tabs / 30 days)	5	* QL PA
FANAPT PAK PACK A QL (2 packs / year)	4	QL PA
FANAPT PAK PACK B QL (2 packs / year)	4	QL PA
FANAPT PAK PACK C QL (2 packs / year)	4	QL PA
fluphenazine decanoate SOLN 25mg/ml	4	
fluphenazine hcl CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	4	
haloperidol TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	3	
haloperidol decanoate SOLN 50mg/ml, 100mg/ml	3	
haloperidol lactate CONC 2mg/ml; SOLN 5mg/ml	3	

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Drug Name	Drug Requirements/ Tier	Limits
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml QL (1 injection / 180 days)	5	* QL
INVEGA SUSTENNA SUSY 39mg/0.25ml QL (1 syringe / 28 days)	4	QL
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days)	5	* QL
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml QL (1 syringe / 90 days)	5	* QL
loxapine succinate CAPS 5mg, 10mg, 25mg, 50mg	3	
lurasidone hcl (generic of LATUDA) TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	4	QL
lurasidone hcl (generic of LATUDA) TABS 80mg QL (60 tabs / 30 days)	4	QL
LYBALVI TAB 5-10MG QL (30 tabs / 30 days)	5	* QL
LYBALVI TAB 10-10MG QL (30 tabs / 30 days)	5	* QL
LYBALVI TAB 15-10MG QL (30 tabs / 30 days)	5	* QL
LYBALVI TAB 20-10MG QL (30 tabs / 30 days)	5	* QL
molindone hcl TABS 5mg, 10mg, 25mg	4	
NUPLAZID CAPS 34mg QL (30 caps / 30 days)	5	* QL NM PA
NUPLAZID TABS 10mg QL (30 tabs / 30 days)	5	* QL NM PA
olanzapine (generic of ZYPREXA) SOLR 10mg QL (3 vials / 1 day)	4	QL
olanzapine (generic of ZYPREXA) TABS 2.5mg, 5mg QL (60 tabs / 30 days)	2	QL
olanzapine TABS 7.5mg, 15mg QL (30 tabs / 30 days)	2	QL
olanzapine TABS 10mg QL (60 tabs / 30 days)	2	QL
olanzapine (generic of ZYPREXA) TABS 20mg QL (30 tabs / 30 days)	2	QL
olanzapine TBDP 5mg, 15mg, 20mg QL (30 tabs / 30 days)	4	QL ST
olanzapine TBDP 10mg QL (60 tabs / 30 days)	4	QL ST
OPIPZA FILM 2mg, 5mg QL (30 films / 30 days)	5	* QL PA
OPIPZA FILM 10mg QL (90 films / 30 days)	5	* QL PA
paliperidone TB24 1.5mg QL (30 tabs / 30 days)	4	QL
paliperidone (generic of INVEGA) TB24 3mg, 9mg QL (30 tabs / 30 days)	4	QL
paliperidone (generic of INVEGA) TB24 6mg QL (60 tabs / 30 days)	4	QL
perphenazine TABS 2mg, 4mg, 8mg, 16mg	3	
pimozide TABS 1mg, 2mg	4	
quetiapine fumarate (generic of SEROQUEL) TABS 25mg QL (180 tabs / 30 days)	2	QL
quetiapine fumarate (generic of SEROQUEL) TABS 50mg, 100mg, 200mg QL (90 tabs / 30 days)	2	QL
quetiapine fumarate TABS 150mg QL (90 tabs / 30 days)	2	QL
quetiapine fumarate (generic of SEROQUEL) TABS 300mg, 400mg QL (60 tabs / 30 days)	2	QL
quetiapine fumarate (generic of SEROQUEL XR) TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	4	QL PA
quetiapine fumarate (generic of SEROQUEL XR) TB24 150mg, 200mg QL (30 tabs / 30 days)	4	QL PA
REXULTI TABS 3mg, 4mg QL (30 tabs / 30 days)	5	* QL

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Drug Name	Tier	Drug Requirements/ Limits
REXULTI TABS .25mg, .5mg, 1mg, 2mg QL (60 tabs / 30 days)	5	* QL
risperidone (generic of RISPERDAL) SOLN 1mg/ml QL (240 mL / 30 days)	3	QL
risperidone (generic of RISPERDAL) TABS .5mg, 1mg, 2mg, 3mg, 4mg	2	
risperidone TABS .25mg	2	
risperidone TBDP 1mg, 2mg, 3mg QL (60 tabs / 30 days)	4	QL ST
risperidone TBDP 4mg QL (120 tabs / 30 days)	4	QL ST
risperidone TBDP .25mg, .5mg QL (90 tabs / 30 days)	4	QL ST
risperidone microspheres (generic of RISPERDAL CONSTA) SRER 12.5mg, 25mg QL (2 injections / 28 days)	4	QL
risperidone microspheres (generic of RISPERDAL CONSTA) SRER 37.5mg, 50mg QL (2 injections / 28 days)	5	* QL
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr QL (30 patches / 30 days)	5	* QL
thioridazine hcl TABS 10mg, 25mg, 50mg, 100mg	3	
thiothixene CAPS 1mg, 2mg, 5mg, 10mg	4	
trifluoperazine hcl TABS 1mg, 2mg, 5mg, 10mg	3	
VERSACLOZ SUSP 50mg/ml QL (600 mL / 30 days)	5	* QL PA
VRAYLAR CAPS 1.5mg QL (60 caps / 30 days)	5	* QL
VRAYLAR CAPS .5mg, .75mg, 3mg, 4.5mg, 6mg QL (30 caps / 30 days)	5	* QL

Drug Name	Tier	Drug Requirements/ Limits
ziprasidone hcl (generic of GEODON) CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days)	4	QL
ziprasidone mesylate (generic of GEODON) SOLR 20mg QL (6 injections / 3 days)	4	QL
ZYPREXA RELPREVV SUSR 210mg QL (2 vials / 28 days)	4	QL NM PA
ZYPREXA RELPREVV SUSR 300mg QL (2 vials / 28 days)	5	* QL NM PA
ZYPREXA RELPREVV SUSR 405mg QL (1 vial / 28 days)	5	* QL NM PA
ANTISEIZURE AGENTS		
APTIOM TABS 200mg, 400mg QL (30 tabs / 30 days)	5	* QL
APTIOM TABS 600mg, 800mg QL (60 tabs / 30 days)	5	* QL
BRIVIACT SOLN 10mg/ml QL (600 mL / 30 days)	5	* QL PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg QL (60 tabs / 30 days)	5	* QL PA
carbamazepine CHEW 100mg	3	
carbamazepine CHEW 200mg	4	
carbamazepine (generic of CARBATROL) CP12 100mg, 200mg, 300mg	4	
carbamazepine (generic of TEGRETOL) SUSP 100mg/5ml	4	
carbamazepine (generic of TEGRETOL) TABS 200mg	3	
carbamazepine (generic of TEGRETOL-XR) TB12 100mg, 200mg, 400mg	4	
clobazam (generic of ONFI) SUSP 2.5mg/ml QL (480 mL / 30 days)	4	QL PA

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clobazam (generic of ONFI) TABS 10mg, 20mg QL (60 tabs / 30 days)	4	QL PA
clonazepam (generic of KLONOPIN) TABS 2mg QL (300 tabs / 30 days)	2	QL
clonazepam (generic of KLONOPIN) TABS .5mg, 1mg QL (90 tabs / 30 days)	2	QL
clonazepam TBDP 2mg QL (300 tabs / 30 days)	3	QL
clonazepam TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	3	QL
clorazepate dipotassium TABS 3.75mg, 7.5mg, 15mg QL (180 tabs / 30 days) PA applies if 65 years and older	4	QL PA
DIACOMIT CAPS 250mg QL (360 caps / 30 days)	5	* QL NM PA
DIACOMIT CAPS 500mg QL (180 caps / 30 days)	5	* QL NM PA
DIACOMIT PACK 250mg QL (360 packets / 30 days)	5	* QL NM PA
DIACOMIT PACK 500mg QL (180 packets / 30 days)	5	* QL NM PA
diazepam SOLN 5mg/5ml QL (1200 mL / 30 days) PA applies if 65 years and older when greater than 5 day supply	3	QL PA
diazepam (generic of VALIUM) TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA applies if 65 years and older when greater than 5 day supply	2	QL PA
diazepam (anticonvulsant) GEL 2.5mg, 10mg, 20mg	4	
diazepam inj SOLN 5mg/ml	4	

Drug Name	Drug Requirements/ Tier	Limits
diazepam intensol CONC 5mg/ml QL (240 mL / 30 days) PA applies if 65 years and older when greater than 5 day supply	3	QL PA
DILANTIN CAPS 30mg	4	
divalproex sodium (generic of DEPAKOTE SPRINKLES) CSDR 125mg	4	
divalproex sodium (generic of DEPAKOTE ER) TB24 250mg, 500mg	3	
divalproex sodium (generic of DEPAKOTE) TBEC 125mg, 250mg, 500mg	2	
EPIDIOLEX SOLN 100mg/ml QL (600 mL / 30 days)	5	* QL NM PA
eslicarbazepine acetate (generic of APTIOM) TABS 200mg, 400mg QL (30 tabs / 30 days)	4	QL
eslicarbazepine acetate (generic of APTIOM) TABS 600mg, 800mg QL (60 tabs / 30 days)	4	QL
ethosuximide (generic of ZARONTIN) CAPS 250mg; SOLN 250mg/5ml	3	
felbamate SUSP 600mg/5ml	4	
felbamate (generic of FELBATOL) TABS 400mg, 600mg	4	
FINTEPLA SOLN 2.2mg/ml QL (360 mL / 30 days)	5	* QL NM PA
FYCOMPA SUSP .5mg/ml QL (680 mL / 28 days)	5	* QL PA
FYCOMPA TABS 2mg QL (60 tabs / 30 days)	4	QL PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days)	5	* QL PA
gabapentin (generic of NEURONTIN) CAPS 100mg, 300mg QL (360 caps / 30 days)	2	QL
gabapentin (generic of NEURONTIN) CAPS 400mg QL (270 caps / 30 days)	2	QL

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gabapentin (generic of NEURONTIN) SOLN 250mg/5ml, 300mg/6ml QL (2160 mL / 30 days)	3	QL
gabapentin (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days)	2	QL
gabapentin (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days)	2	QL
lacosamide (generic of VIMPAT) SOLN 200mg/20ml	4	
lacosamide (generic of VIMPAT) TABS 50mg QL (120 tabs / 30 days)	4	QL
lacosamide (generic of VIMPAT) TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	4	QL
lacosamide oral (generic of VIMPAT) SOLN 10mg/ml QL (1200 mL / 30 days)	4	QL
lamotrigine (generic of LAMICTAL CHEWABLE DISPERS) CHEW 5mg, 25mg	3	
lamotrigine (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	1	
lamotrigine (generic of LAMICTAL XR) TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	4	ST
levetiracetam (generic of KEPPRA) SOLN 100mg/ml	3	
levetiracetam (generic of KEPPRA) SOLN 500mg/5ml	4	
levetiracetam (generic of KEPPRA) TABS 250mg, 500mg, 750mg, 1000mg	2	
LEVETIRACETAM TB3D 250mg QL (360 tabs / 30 days)	4	QL
levetiracetam (generic of KEPPRA XR) TB24 500mg, 750mg	3	

Drug Name	Drug Requirements/ Tier	Limits
levetiracetam in sodium chloride iv soln 500 mg/100ml (generic of LEVETIRACETAM/SODIUM CHLO)	4	
levetiracetam in sodium chloride iv soln 1000 mg/100ml (generic of LEVETIRACETAM/SODIUM CHLO)	4	
levetiracetam in sodium chloride iv soln 1500 mg/100ml (generic of LEVETIRACETAM/SODIUM CHLO)	4	
methsuximide (generic of CELONTIN) CAPS 300mg	4	
NAYZILAM SOLN 5mg/0.1ml QL (10 nasal units / 30 days)	4	QL
oxcarbazepine (generic of TRILEPTAL) SUSP 300mg/5ml	4	
oxcarbazepine (generic of TRILEPTAL) TABS 150mg, 300mg, 600mg	3	
perampanel (generic of FYCOMPA) SUSP .5mg/ml QL (680 mL / 28 days)	5	* QL PA
perampanel (generic of FYCOMPA) TABS 2mg QL (60 tabs / 30 days)	4	QL PA
perampanel (generic of FYCOMPA) TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days)	4	QL PA
phenobarbital ELIX 20mg/5ml QL (1500 mL / 30 days) PA applies if 65 years and older	4	QL PA
phenobarbital TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg QL (120 tabs / 30 days) PA applies if 65 years and older	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
phenobarbital sodium SOLN 65mg/ml, 130mg/ml PA applies if 65 years and older	4	PA
phenytek CAPS 200mg, 300mg	3	
phenytoin (generic of DILANTIN INFATABS) CHEW 50mg	3	
phenytoin (generic of DILANTIN-125) SUSP 125mg/5ml	3	
phenytoin sodium SOLN 50mg/ml	4	
phenytoin sodium extended (generic of DILANTIN) CAPS 100mg	3	
phenytoin sodium extended CAPS 200mg, 300mg	3	
pregabalin (generic of LYRICA) CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days) PA applies if 65 years and older	3	QL PA
pregabalin (generic of LYRICA) CAPS 200mg QL (90 caps / 30 days) PA applies if 65 years and older	3	QL PA
pregabalin (generic of LYRICA) CAPS 225mg, 300mg QL (60 caps / 30 days) PA applies if 65 years and older	3	QL PA
pregabalin (generic of LYRICA) SOLN 20mg/ml QL (900 mL / 30 days) PA applies if 65 years and older	4	QL PA
primidone (generic of MYSOLINE) TABS 50mg, 250mg	2	
primidone TABS 125mg	2	
roweepra (generic of KEPPRA) TABS 500mg	2	

Drug Name	Drug Requirements/ Tier	Limits
rufinamide (generic of BANZEL) SUSP 40mg/ml QL (2400 mL / 30 days)	5	* QL PA
rufinamide (generic of BANZEL) TABS 200mg QL (480 tabs / 30 days)	4	QL PA
rufinamide (generic of BANZEL) TABS 400mg QL (240 tabs / 30 days)	5	* QL PA
SPRITAM TB3D 250mg QL (360 tabs / 30 days)	4	QL
SPRITAM TB3D 500mg QL (180 tabs / 30 days)	4	QL
SPRITAM TB3D 750mg QL (120 tabs / 30 days)	4	QL
SPRITAM TB3D 1000mg QL (90 tabs / 30 days)	4	QL
SUBVENITE SUSP 10mg/ml	5	* ST
subvenite (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	1	
SYMPAZAN FILM 5mg, 10mg, 20mg QL (60 films / 30 days)	5	* QL PA
tiagabine hcl TABS 2mg, 4mg, 12mg, 16mg	4	
topiramate (generic of TOPAMAX SPRINKLE) CPSP 15mg, 25mg	3	
topiramate CPSP 50mg	4	
topiramate (generic of EPRONTIA) SOLN 25mg/ml QL (480 mL / 30 days)	4	QL PA
topiramate (generic of TOPAMAX) TABS 25mg, 50mg, 100mg, 200mg	2	
valproate sodium SOLN 100mg/ml	4	
valproate sodium SOLN 250mg/5ml	3	
valproic acid CAPS 250mg	2	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml QL (10 blister packs / 30 days)	4	QL
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml QL (10 blister packs / 30 days)	4	QL

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Drug Name	Tier	Requirements/ Limits
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml QL (10 blister packs / 30 days)	4	QL
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml QL (10 blister packs / 30 days)	4	QL
vigabatrin (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	5	* QL NM PA
vigabatrin (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	5	* QL NM PA
vigadrone (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	5	* QL NM PA
vigadrone (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	5	* QL NM PA
VIGAFYDE SOLN 100mg/ml QL (900 mL / 30 days)	5	* QL NM PA
XCOPRI TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	5	* QL
XCOPRI TABS 150mg, 200mg QL (60 tabs / 30 days)	5	* QL
XCOPRI PAK 12.5-25 QL (28 tabs / 28 days)	4	QL
XCOPRI PAK 50-100MG QL (28 tabs / 28 days)	5	* QL
XCOPRI PAK 100-150 QL (56 tabs / 28 days)	5	* QL
XCOPRI PAK 150-200MG (MAINTENANCE) QL (56 tabs / 28 days)	5	* QL
XCOPRI PAK 150-200MG (TITRATION) QL (28 tabs / 28 days)	5	* QL
ZONISADE SUSP 100mg/5ml QL (900 mL / 30 days)	5	* QL PA
zonisamide (generic of ZONEGRAN) CAPS 25mg, 100mg	2	
zonisamide CAPS 50mg	2	

Drug Name	Tier	Requirements/ Limits
ZTALMY SUSP 50mg/ml QL (1100 mL / 30 days)	5	* QL NM PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD		
amphetamine-dextroamphetamine cap er 24hr 5 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	4	QL PA
amphetamine-dextroamphetamine cap er 24hr 10 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	4	QL PA
amphetamine-dextroamphetamine cap er 24hr 15 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	4	QL PA
amphetamine-dextroamphetamine cap er 24hr 20 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	4	QL PA
amphetamine-dextroamphetamine cap er 24hr 25 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	4	QL PA
amphetamine-dextroamphetamine cap er 24hr 30 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	4	QL PA
amphetamine-dextroamphetamine tab 5 mg (generic of ADDERALL) QL (60 tabs / 30 days)	3	QL PA
amphetamine-dextroamphetamine tab 7.5 mg (generic of ADDERALL) QL (60 tabs / 30 days)	3	QL PA
amphetamine-dextroamphetamine tab 10 mg (generic of ADDERALL) QL (60 tabs / 30 days)	3	QL PA

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Drug Name	Tier	Drug Requirements/ Limits
amphetamine-dextroamphetamine tab 12.5 mg (generic of ADDERALL) QL (60 tabs / 30 days)	3	QL PA
amphetamine-dextroamphetamine tab 15 mg (generic of ADDERALL) QL (60 tabs / 30 days)	3	QL PA
amphetamine-dextroamphetamine tab 20 mg (generic of ADDERALL) QL (90 tabs / 30 days)	3	QL PA
amphetamine-dextroamphetamine tab 30 mg (generic of ADDERALL) QL (60 tabs / 30 days)	3	QL PA
atomoxetine hcl CAPS 10mg, 18mg, 25mg QL (120 caps / 30 days)	4	QL
atomoxetine hcl CAPS 40mg QL (60 caps / 30 days)	4	QL
atomoxetine hcl CAPS 60mg, 80mg, 100mg QL (30 caps / 30 days)	4	QL
dexmethylphenidate hcl (generic of FOCALIN) TABS 2.5mg, 5mg QL (120 tabs / 30 days)	3	QL PA
dexmethylphenidate hcl (generic of FOCALIN) TABS 10mg QL (60 tabs / 30 days)	3	QL PA
guanfacine hcl (adhd) (generic of INTUNIV) TB24 1mg, 2mg, 4mg QL (30 tabs / 30 days) PA applies if 65 years and older	3	QL PA
guanfacine hcl (adhd) (generic of INTUNIV) TB24 3mg QL (60 tabs / 30 days) PA applies if 65 years and older	3	QL PA
methylphenidate hcl (generic of METHYLIN) SOLN 5mg/5ml QL (1800 mL / 30 days)	4	QL PA
methylphenidate hcl (generic of METHYLIN) SOLN 10mg/5ml QL (900 mL / 30 days)	4	QL PA
methylphenidate hcl (generic of RITALIN) TABS 5mg, 10mg QL (180 tabs / 30 days)	3	QL PA
methylphenidate hcl (generic of RITALIN) TABS 20mg QL (90 tabs / 30 days)	3	QL PA
methylphenidate hcl TBCR 10mg, 20mg QL (90 tabs / 30 days)	4	QL PA
HYPNOTICS - DRUGS TO TREAT INSOMNIA		
DAYVIGO TABS 5mg, 10mg QL (30 tabs / 30 days)	3	QL
doxepin hcl (sleep) (generic of SILENOR) TABS 3mg, 6mg QL (30 tabs / 30 days)	3	QL
ramelteon (generic of ROZEREM) TABS 8mg QL (30 tabs / 30 days)	3	QL
tasimelteon (generic of HETLIOZ) CAPS 20mg QL (30 caps / 30 days)	5	* QL NM PA
temazepam (generic of RESTORIL) CAPS 7.5mg, 30mg QL (30 caps / 30 days) PA applies if 65 years and older	4	QL PA
temazepam (generic of RESTORIL) CAPS 15mg QL (60 caps / 30 days) PA applies if 65 years and older	4	QL PA
zolpidem tartrate (generic of AMBIEN) TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA
MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES		
AIMOVIG SOAJ 70mg/ml, 140mg/ml QL (1 pen / 30 days)	3	QL NM PA

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Drug Name	Tier	Drug Requirements/ Limits
dihydroergotamine mesylate SOLN 4mg/ml QL (8 mL / 30 days)	5	* QL PA
EMGALITY SOAJ 120mg/ml QL (2 pens / 30 days)	3	QL NM PA
EMGALITY SOSY 100mg/ml QL (3 syringes / 30 days)	3	QL NM PA
EMGALITY SOSY 120mg/ml QL (2 syringes / 30 days)	3	QL NM PA
ergotamine w/ caffeine tab 1-100 mg QL (40 tabs / 28 days)	3	QL PA
naratriptan hcl TABS 1mg, 2.5mg QL (12 tabs / 30 days)	3	QL
NURTEC TBDP 75mg QL (16 tabs / 30 days)	3	QL PA
QULIPTA TABS 10mg, 30mg, 60mg QL (30 tabs / 30 days)	3	QL PA
rizatriptan benzoate TABS 5mg; TBDP 5mg QL (18 tabs / 30 days)	3	QL
rizatriptan benzoate (generic of MAXALT) TABS 10mg QL (18 tabs / 30 days)	3	QL
rizatriptan benzoate (generic of MAXALT-MLT) TBDP 10mg QL (18 tabs / 30 days)	3	QL
sumatriptan SOLN 5mg/act QL (24 units / 30 days)	4	QL
sumatriptan SOLN 20mg/act QL (12 units / 30 days)	4	QL
sumatriptan succinate (generic of IMITREX STATDOSE SYSTEM) SOAJ 6mg/0.5ml QL (12 injections / 30 days)	4	QL
sumatriptan succinate SOLN 6mg/0.5ml QL (12 injections / 30 days)	4	QL
sumatriptan succinate (generic of IMITREX) TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	2	QL
UBRELVY TABS 50mg, 100mg QL (16 tabs / 30 days)	3	QL PA
MISCELLANEOUS		
AUSTEDO TABS 6mg QL (60 tabs / 30 days)	5	* QL NM PA
AUSTEDO TABS 9mg, 12mg QL (120 tabs / 30 days)	5	* QL NM PA
AUSTEDO XR TB24 6mg QL (90 tabs / 30 days)	5	* QL NM PA
AUSTEDO XR TB24 12mg QL (120 tabs / 30 days)	5	* QL NM PA
AUSTEDO XR TB24 18mg, 30mg, 36mg, 42mg, 48mg QL (30 tabs / 30 days)	5	* QL NM PA
AUSTEDO XR TB24 24mg QL (60 tabs / 30 days)	5	* QL NM PA
AUSTEDO XR TAB TITR KIT QL (2 packs / year)	5	* QL NM PA
lithium SOLN 8meq/5ml	4	
lithium carbonate CAPS 150mg, 300mg, 600mg; TABS 300mg	1	
lithium carbonate (generic of LITHOBID) TBCR 300mg	2	
lithium carbonate TBCR 450mg	2	
NUEDEXTA CAP 20-10MG QL (60 caps / 30 days)	5	* QL PA
pyridostigmine bromide (generic of MESTINON) TABS 60mg	3	
riluzole TABS 50mg	4	
tetrabenazine (generic of XENAZINE) TABS 12.5mg QL (90 tabs / 30 days)	4	QL NM PA
tetrabenazine (generic of XENAZINE) TABS 25mg QL (120 tabs / 30 days)	5	* QL NM PA
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS		
BAFIERTAM CPDR 95mg QL (120 caps / 30 days)	5	* QL NM PA

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Drug Name	Tier	Drug Requirements/ Limits
BETASERON KIT .3mg QL (14 kits / 28 days)	5	* QL NM PA
COPAXONE SOSY 20mg/ml QL (30 syringes / 30 days)	5	* QL NM PA
COPAXONE SOSY 40mg/ml QL (12 syringes / 28 days)	5	* QL NM PA
dalfampridine (generic of AMPYRA) TB12 10mg QL (60 tabs / 30 days)	3	QL NM PA
fingolimod hcl (generic of GILENYA) CAPS .5mg QL (30 caps / 30 days)	5	* QL NM PA
glatiramer acetate (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	5	* QL NM PA
glatiramer acetate (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	5	* QL NM PA
glatopa (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	5	* QL NM PA
glatopa (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	5	* QL NM PA
KESIMPTA SOAJ 20mg/0.4ml QL (16 pens / 365 days)	5	* QL NM PA
MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS		
baclofen TABS 5mg QL (90 tabs / 30 days)	2	QL
baclofen TABS 10mg, 20mg	2	
cyclobenzaprine hcl TABS 5mg, 10mg QL (90 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	QL PA
dantrolene sodium (generic of DANTRIUM) CAPS 25mg	4	
dantrolene sodium CAPS 50mg, 100mg	4	
tizanidine hcl TABS 2mg	2	
tizanidine hcl (generic of ZANAFLEX) TABS 4mg	2	
NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS		
armodafinil (generic of NUVIGIL) TABS 50mg QL (60 tabs / 30 days)	4	QL PA
armodafinil (generic of NUVIGIL) TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	4	QL PA
modafinil (generic of PROVIGIL) TABS 100mg QL (30 tabs / 30 days)	3	QL PA
modafinil (generic of PROVIGIL) TABS 200mg QL (60 tabs / 30 days)	3	QL PA
SODIUM OXYBATE SOLN 500mg/ml QL (540 mL / 30 days)	5	* QL NM PA
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium TBEC 333mg	4	
buprenorphine hcl SUBL 2mg QL (180 tabs / 30 days)	3	QL
buprenorphine hcl SUBL 8mg QL (120 tabs / 30 days)	3	QL
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) (generic of SUBOXONE) QL (180 films / 30 days)	4	QL
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) (generic of SUBOXONE) QL (90 films / 30 days)	4	QL
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) (generic of SUBOXONE) QL (120 films / 30 days)	4	QL
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) (generic of SUBOXONE) QL (90 films / 30 days)	4	QL
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv) QL (180 tabs / 30 days)	2	QL

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Drug Name	Drug Requirements/ Tier	Limits
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv) QL (120 tabs / 30 days)	2	QL
bupropion hcl (smoking deterrent) TB12 150mg QL (60 tabs / 30 days)	2	QL
disulfiram TABS 250mg, 500mg	3	
KLOXXADO LIQD 8mg/0.1ml	3	
naloxone hcl LIQD 4mg/0.1ml	3	
naloxone hcl SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	2	
naltrexone hcl TABS 50mg	3	
NICOTROL NS SOLN 10mg/ml	4	
varenicline tartrate (generic of CHANTIX) TABS .5mg, 1mg QL (56 tabs / 28 days)	4	QL
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack QL (2 packs / year)	4	QL
VIVITROL SUSR 380mg	5	* NM
ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES		
ANDROGENS - DRUGS TO REGULATE MALE HORMONES		
danazol CAPS 50mg, 100mg, 200mg	4	
depo-testosterone SOLN 100mg/ml, 200mg/ml	3	PA
testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm QL (300 gm / 30 days)	4	QL PA
testosterone cypionate SOLN 100mg/ml, 200mg/ml	3	PA
testosterone enanthate SOLN 200mg/ml	3	PA
testosterone pump (generic of ANDROGEL PUMP) GEL 1.62% QL (150 gm / 30 days)	4	QL PA
ANTIDIABETICS		
acarbose TABS 25mg, 50mg, 100mg	2	

Drug Name	Drug Requirements/ Tier	Limits
dapagliflozin propanediol TABS 5mg, 10mg QL (30 tabs / 30 days)	3	QL
FARXIGA TABS 5mg, 10mg QL (30 tabs / 30 days)	3	QL
glimepiride TABS 1mg, 2mg QL (90 tabs / 30 days)	1	QL
glimepiride TABS 4mg QL (60 tabs / 30 days)	1	QL
glipizide TABS 5mg QL (240 tabs / 30 days)	1	QL
glipizide TABS 10mg QL (120 tabs / 30 days)	1	QL
glipizide TB24 2.5mg QL (90 tabs / 30 days)	1	QL
glipizide (generic of GLUCOTROL XL) TB24 5mg QL (90 tabs / 30 days)	1	QL
glipizide TB24 10mg QL (60 tabs / 30 days)	1	QL
glipizide-metformin hcl tab 2.5-250 mg QL (240 tabs / 30 days)	1	QL
glipizide-metformin hcl tab 2.5-500 mg QL (120 tabs / 30 days)	1	QL
glipizide-metformin hcl tab 5-500 mg QL (120 tabs / 30 days)	1	QL
GLYXAMBI TAB 10-5 MG QL (30 tabs / 30 days)	3	QL
GLYXAMBI TAB 25-5 MG QL (30 tabs / 30 days)	3	QL
JANUMET TAB 50-500MG QL (60 tabs / 30 days)	3	QL
JANUMET TAB 50-1000 QL (60 tabs / 30 days)	3	QL
JANUMET XR TAB 50-500MG QL (60 tabs / 30 days)	3	QL
JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	3	QL
JANUMET XR TAB 100-1000 QL (30 tabs / 30 days)	3	QL
JANUVIA TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
JARDIANCE TABS 10mg, 25mg QL (30 tabs / 30 days)	3	QL
JENTADUETO TAB 2.5-500 QL (60 tabs / 30 days)	3	QL
JENTADUETO TAB 2.5-850 QL (60 tabs / 30 days)	3	QL
JENTADUETO TAB 2.5-1000 QL (60 tabs / 30 days)	3	QL
JENTADUETO TAB XR 2.5-1000MG QL (60 tabs / 30 days)	3	QL
JENTADUETO TAB XR 5-1000MG QL (30 tabs / 30 days)	3	QL
metformin hcl TABS 500mg QL (150 tabs / 30 days)	1	QL
metformin hcl TABS 850mg QL (90 tabs / 30 days)	1	QL
metformin hcl TABS 1000mg QL (75 tabs / 30 days)	1	QL
metformin hcl TB24 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL
metformin hcl TB24 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL
MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml QL (4 pens / 28 days)	3	QL PA
nateglinide TABS 60mg, 120mg QL (90 tabs / 30 days)	1	QL
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml QL (1 pen / 28 days)	3	QL PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml QL (1 pen / 28 days)	3	QL PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml QL (1 pen / 28 days)	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
pioglitazone hcl (generic of ACTOS) TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	1	QL
pioglitazone hcl-metformin hcl tab 15-500 mg QL (90 tabs / 30 days)	1	QL
pioglitazone hcl-metformin hcl tab 15-850 mg (generic of ACTOPLUS MET) QL (90 tabs / 30 days)	1	QL
repaglinide TABS 2mg QL (240 tabs / 30 days)	1	QL
repaglinide TABS .5mg, 1mg QL (120 tabs / 30 days)	1	QL
RYBELSUS TABS 3mg, 7mg, 14mg QL (30 tabs / 30 days)	3	QL PA
TRADJENTA TABS 5mg QL (30 tabs / 30 days)	3	QL
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG QL (60 tabs / 30 days)	3	QL
TRIJARDY XR TAB ER 24HR 10-5-1000MG QL (30 tabs / 30 days)	3	QL
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG QL (60 tabs / 30 days)	3	QL
TRIJARDY XR TAB ER 24HR 25-5-1000MG QL (30 tabs / 30 days)	3	QL
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml QL (4 pens / 28 days)	3	QL PA
XIGDUO XR TAB 2.5-1000 QL (60 tabs / 30 days)	3	QL
XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days)	3	QL
XIGDUO XR TAB 5-1000MG QL (60 tabs / 30 days)	3	QL
XIGDUO XR TAB 10-500MG QL (30 tabs / 30 days)	3	QL
XIGDUO XR TAB 10-1000 QL (30 tabs / 30 days)	3	QL
ANTIDIABETICS, INSULINS		
ADMELOG SOLN 100unit/ml	3	I B/D

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Drug Name	Drug Tier	Requirements/ Limits
ADMELOG SOLOSTAR SOPN 100unit/ml	3	I
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY	3	PA
CEQUR SIMPL KIT PATCH 2U (3-DAY) QL (10 patches / 30 days)	4	QL PA
CEQUR SIMPL KIT PATCH 2U (4-DAY) QL (8 patches / 24 days)	4	QL PA
CEQUR SIMPL MIS INSERTER QL (2 inserters / year)	4	QL PA
FIASP SOLN 100unit/ml	3	I B/D
FIASP FLEXTOUCH SOPN 100unit/ml	3	I
FIASP PENFILL SOCT 100unit/ml	3	I
FIASP PUMPCART SOCT 100unit/ml	3	B/D
GAUZE PADS 2" X 2"	3	PA
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	5	I * B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	5	I *
INSULIN PEN NEEDLES: EMBECTA-BD	3	PA
INSULIN SAFETY NEEDLES: EMBECTA-BD	3	PA
INSULIN SYRINGES: EMBECTA-BD	3	PA
LANTUS SOLN 100unit/ml	3	I
LANTUS SOLOSTAR SOPN 100unit/ml	3	I
NOVOLIN INJ 70/30 (brand RELION not covered)	3	I
NOVOLIN INJ 70/30 FP (brand RELION not covered)	3	I
NOVOLIN N SUSP 100unit/ml (brand RELION not covered)	3	I
NOVOLIN N FLEXPEN SUPN 100unit/ml (brand RELION not covered)	3	I
NOVOLIN R SOLN 100unit/ml (brand RELION not covered)	3	I B/D
NOVOLIN R FLEXPEN SOPN 100unit/ml (brand RELION not covered)	3	I
NOVOLOG SOLN 100unit/ml	3	I B/D
NOVOLOG FLEXPEN SOPN 100unit/ml	3	I
NOVOLOG FLEXPEN RELION SOPN 100unit/ml	3	I
NOVOLOG MIX INJ 70/30 (brand RELION not covered)	3	I
NOVOLOG MIX INJ FLEXPEN (brand RELION not covered)	3	I
NOVOLOG PENFILL SOCT 100unit/ml	3	I
NOVOLOG RELION SOLN 100unit/ml	3	B/D
OMNIPOD 5 DX KIT INT G7G6 QL (1 kit / year)	4	QL PA
OMNIPOD 5 DX MIS POD G7G6 QL (15 pods / 30 days)	4	QL PA
OMNIPOD 5 L2 KIT INTRO G6 QL (1 kit / year)	4	QL PA
OMNIPOD 5 L2 MIS PODS G6 QL (15 pods / 30 days)	4	QL PA
OMNIPOD DASH KIT INTRO QL (1 kit / year)	4	QL PA
OMNIPOD DASH MIS PODS QL (15 pods / 30 days)	4	QL PA
SOLIQUA INJ 100/33 QL (5 pens / 25 days)	3	I QL
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	3	I

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TOUJEO SOLOSTAR SOPN 300unit/ml	3	I
XULTOPHY INJ 100/3.6 QL (5 pens / 30 days)	3	I QL
CALCIUM REGULATORS		
alendronate sodium TABS 10mg, 35mg	1	
alendronate sodium (generic of FOSAMAX) TABS 70mg	1	
BILDYOS SOSY 60mg/ml QL (1 syringe / 180 days)	4	QL NM
BONSITY SOPN 560mcg/2.24ml QL (1 pen / 28 days)	5	* QL NM PA
calcitonin (salmon) spray SOLN 200unit/act	3	B/D
ibandronate sodium TABS 150mg	2	B/D
OSPOMYV SOSY 60mg/ml QL (1 syringe / 180 days)	4	QL NM
PAMIDRONATE DISODIUM SOLN 6mg/ml	3	B/D
pamidronate disodium SOLN 30mg/10ml, 90mg/10ml	3	B/D
PROLIA SOSY 60mg/ml QL (1 syringe / 180 days)	4	QL NM
TERIPARATIDE SOPN 560mcg/2.24ml QL (1 pen / 28 days) (ALVOGEN product)	5	* QL NM PA
teriparatide (generic of FORTEO) SOPN 560mcg/2.24ml QL (1 pen / 28 days)	5	* QL NM PA
WYOST SOLN 120mg/1.7ml	5	* NM PA
XTRENBO SOLN 120mg/1.7ml	4	PA
zoledronic acid CONC 4mg/5ml	4	B/D NM
zoledronic acid (generic of RECLAST) SOLN 5mg/100ml	4	B/D NM
CHELATING AGENTS		
CHEMET CAPS 100mg	5	*
deferasirox (generic of JADENU) TABS 90mg	3	NM PA
deferasirox (generic of JADENU) TABS 180mg, 360mg	4	NM PA
deferasirox (generic of EXJADE) TBSO 125mg	4	NM PA
deferasirox (generic of EXJADE) TBSO 250mg, 500mg	5	* NM PA
kionex SUSP 15gm/60ml	4	
LOKELMA PACK 5gm, 10gm	3	
penicillamine (generic of DEPEN TITRATABS) TABS 250mg	5	* NM
sodium polystyrene sulfonate powder	3	
sps SUSP 15gm/60ml	4	
sps rectal SUSP 15gm/60ml	4	
trientine hcl (generic of SYPRINE) CAPS 250mg	5	* NM PA
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL		
afirmelle	2	
altavera	2	
alyacen 1/35	2	
alyacen 7/7/7	2	
apri	2	
aranelle	2	
aubra eq	2	
aurovela 1/20	2	
aurovela fe 1.5/30	2	
aurovela fe 1/20	2	
aviane	2	
ayuna	2	
azurette	2	
balziva	2	
blisovi fe 1.5/30	2	
briellyn	2	
camila TABS .35mg	2	
chateal eq	2	
cryselle	2	
cyred eq	2	
dasetta 1/35	2	
dasetta 7/7/7	2	
deblitane TABS .35mg	2	

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Drug Name	Drug Requirements/ Tier	Limits
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	3	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	2	
drospirenone-ethinyl estradiol tab 3-0.02 mg (generic of YAZ)	2	
drospirenone-ethinyl estradiol tab 3-0.03 mg (generic of YASMIN 28)	2	
elinest	2	
eluryng (generic of NUVARING)	3	
emzahh TABS .35mg	2	
enilloring (generic of NUVARING)	3	
enskyce	2	
errin TABS .35mg	2	
estarylla	2	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	2	
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (generic of NUVARING)	3	
falmina	2	
feirza 1.5/30	2	
feirza 1/20	2	
hailey 1.5/30	2	
haloette (generic of NUVARING)	3	
heather TABS .35mg	2	
iclevia	2	
incassia TABS .35mg	2	
introvale	2	
isibloom	2	
jasmiel (generic of YAZ)	2	
jolessa	2	
juleber	2	
junel 1.5/30	2	
junel 1/20	2	
junel fe 1.5/30	2	
junel fe 1/20	2	
kariva	2	
kelnor 1/35	2	
kurvelo	2	

Drug Name	Drug Requirements/ Tier	Limits
larin 1.5/30	2	
larin 1/20	2	
larin fe 1.5/30	2	
larin fe 1/20	2	
lessina	2	
levonest	2	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	2	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	2	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	2	
levora 0.15/30-28	2	
LILETTA IUD 20.1mcg/day	3	NM
loestrin 1.5/30-21	2	
loestrin 1/20-21	2	
loestrin fe 1.5/30	2	
loestrin fe 1/20	2	
loryna (generic of YAZ)	2	
low-ogestrel	2	
luizza 1.5/30	2	
luizza 1/20	2	
lutera	2	
lyleq TABS .35mg	2	
lyza TABS .35mg	2	
marlissa	2	
medroxyprogesterone acetate (contraceptive) (generic of DEPO-PROVERA CONTRACEPTIV) SUSP 150mg/ml; SUSY 150mg/ml	3	
meleya TABS .35mg	2	
microgestin 1.5/30	2	
microgestin 1/20	2	
microgestin fe 1.5/30	2	
microgestin fe 1/20	2	
mili	2	
mono-linyah	2	
necon 0.5/35-28	2	
NEXPLANON IMPL 68mg	3	NM
nikki (generic of YAZ)	2	
nora-be TABS .35mg	2	

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Drug Name	Drug Requirements/ Tier	Limits
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	3	
norethindrone (contraceptive) TABS .35mg	2	
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	2	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	2	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	2	
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	2	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	2	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	2	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	2	
norlyroc TABS .35mg	2	
nortrel 0.5/35 (28)	2	
nortrel 1/35 (21)	2	
nortrel 1/35 (28)	2	
nortrel 7/7/7	2	
nylia 1/35	2	
nylia 7/7/7	2	
orquidea TABS .35mg	2	
philith	2	
pimtrea	2	
portia-28	2	
reclipsen	2	
setlakin	2	
sharobel TABS .35mg	2	
simliya	2	
sprintec 28	2	
sronyx	2	
syeda (generic of YASMIN 28)	2	
tarina fe 1/20 eq	2	
tilia fe	2	
tri-estarylla	2	
tri-legest fe	2	
tri-linyah	2	
tri-lo-estarylla	2	

Drug Name	Drug Requirements/ Tier	Limits
tri-lo-marzia	2	
tri-lo-mili	2	
tri-lo-sprintec	2	
tri-mili	2	
tri-sprintec	2	
tri-vylibra	2	
tri-vylibra lo	2	
turqoz	2	
valtya 1/35	2	
valtya 1/50	2	
velivet	2	
vestura (generic of YAZ)	2	
vienva	2	
viorele	2	
vyfemla	2	
vylibra	2	
wera	2	
xarah fe	2	
xulane	3	
zafemy	3	
zovia 1/35	2	
zumandimine (generic of YASMIN 28)	2	
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
abigale (generic of ACTIVELLA)	3	
abigale lo	3	
dotti (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
estradiol (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
estradiol (generic of CLIMARA) PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	3	
estradiol TABS .5mg, 1mg, 2mg	2	
estradiol & norethindrone acetate tab 0.5-0.1 mg	3	

Drug Name	Drug Tier	Requirements/ Limits
estradiol & norethindrone acetate tab 1-0.5 mg (generic of ACTIVELLA)	3	
estradiol vaginal (generic of ESTRACE) CREA .1mg/gm	3	
estradiol vaginal (generic of VAGIFEM) TABS 10mcg	4	
estradiol valerate (generic of DELESTROGEN) OIL 10mg/ml, 20mg/ml	4	
estradiol valerate OIL 40mg/ml	4	
fyavolv tab 0.5mg-2.5mcg	3	
fyavolv tab 1mg-5mcg	3	
jinteli	3	
lyllana (generic of MINIVELLE) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
mimvey (generic of ACTIVELLA)	3	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	3	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	3	
yuvafem (generic of VAGIFEM) TABS 10mcg	4	
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	3	
DEXAMETHASONE INTENSOL CONC 1mg/ml	4	
dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 10mg/ml	3	
fludrocortisone acetate TABS .1mg	2	
hydrocortisone (generic of CORTEF) TABS 5mg, 10mg, 20mg	3	

Drug Name	Drug Tier	Requirements/ Limits
hydrocortisone sod succinate (generic of SOLU-CORTEF) SOLR 100mg	4	
methylprednisolone (generic of MEDROL) TABS 4mg, 8mg, 16mg	3	B/D
methylprednisolone TABS 32mg	3	B/D
methylprednisolone (generic of MEDROL DOSEPAK) TBPK 4mg	2	
methylprednisolone acetate (generic of DEPO-MEDROL) SUSP 40mg/ml, 80mg/ml	3	B/D
methylprednisolone sod succ SOLR 40mg, 125mg	3	B/D
methylprednisolone sod succ (generic of SOLU-MEDROL) SOLR 500mg, 1000mg	3	B/D
prednisolone SOLN 15mg/5ml	2	B/D
prednisolone sodium phosphate SOLN 5mg/5ml, 25mg/5ml	4	B/D
prednisolone sodium phosphate SOLN 15mg/5ml	2	B/D
prednisone SOLN 5mg/5ml	4	B/D
prednisone TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
prednisone TBPK 5mg, 10mg	2	
PREDNISONE INTENSOL CONC 5mg/ml	4	B/D
SOLU-CORTEF SOLR 250mg, 500mg, 1000mg	4	
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR		
diazoxide (generic of PROGLYCEM) SUSP 50mg/ml	5	*
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	3	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	5	* NM PA
betaine powder for oral solution (generic of CYSTADANE)	5	* NM

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Drug Name	Drug Tier	Requirements/ Limits
cabergoline TABS .5mg	3	
carglumic acid (generic of CARBAGLU) TBSO 200mg	5	* NM PA
CERDELGA CAPS 84mg	5	* NM PA
CEREZYME SOLR 400unit	5	* NM PA
cinacalcet hcl (generic of SENSIPAR) TABS 30mg, 60mg QL (60 tabs / 30 days)	4	B/D QL NM
cinacalcet hcl (generic of SENSIPAR) TABS 90mg QL (120 tabs / 30 days)	4	B/D QL NM
CYSTAGON CAPS 50mg, 150mg	4	NM PA
desmopressin acetate (generic of DDAVP) SOLN 4mcg/ml	5	*
desmopressin acetate (generic of DDAVP) TABS .1mg, .2mg	3	
desmopressin acetate spray SOLN .01%	4	
desmopressin acetate spray refrigerated SOLN .01%	4	
FABRAZYME SOLR 5mg, 35mg	5	* NM PA
GENOTROPIN CART 5mg, 12mg	5	* NM PA
GENOTROPIN MINIQUICK PRSY .2mg	3	NM PA
GENOTROPIN MINIQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	* NM PA
INCRELEX SOLN 40mg/4ml	5	* NM PA
javygtor (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	5	* NM PA
lanreotide acetate SOLN 120mg/0.5ml	5	* NM PA
levocarnitine (metabolic modifiers) (generic of CARNITOR) SOLN 1gm/10ml; TABS 330mg	4	B/D
LUMIZYME SOLR 50mg	5	* NM PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	5	* NM PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	5	* NM PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg	5	* NM PA
mifepristone (hyperglycemia) (generic of KORLYM) TABS 300mg	5	* NM PA
NAGLAZYME SOLN 1mg/ml	5	* NM PA
nitisinone (generic of ORFADIN) CAPS 2mg, 5mg, 10mg, 20mg	5	* NM PA
octreotide acetate (generic of SANDOSTATIN) SOLN 50mcg/ml, 100mcg/ml	4	NM PA
octreotide acetate SOLN 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	4	NM PA
octreotide acetate (generic of SANDOSTATIN) SOLN 500mcg/ml	5	* NM PA
octreotide acetate SOLN 1000mcg/ml; SOSY 500mcg/ml	5	* NM PA
raloxifene hcl (generic of EVISTA) TABS 60mg	3	
REVCOVI SOLN 2.4mg/1.5ml	5	* NM PA
REZDIFFRA TABS 60mg, 80mg, 100mg QL (30 tabs / 30 days)	5	* QL NM PA
sapropterin dihydrochloride (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	5	* NM PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	5	* NM PA
sodium phenylbutyrate (generic of BUPHENYL) POWD 3gm/tsp; TABS 500mg	5	* NM PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml	5	* NM PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	5	* NM PA
SYNAREL SOLN 2mg/ml	5	* PA
tolvaptan (generic of JYNARQUE) TABS 15mg, 30mg (generic of JYNARQUE)	5	* NM PA
tolvaptan (generic of JYNARQUE) TBPK 15mg	5	* NM PA

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Drug Name	Tier	Drug Requirements/ Limits
tolvaptan tab therapy pack 30 & 15 mg	5	* NM PA
tolvaptan tab therapy pack 45 & 15 mg	5	* NM PA
tolvaptan tab therapy pack 60 & 30 mg	5	* NM PA
tolvaptan tab therapy pack 90 & 30 mg	5	* NM PA
zelvysia (generic of KUVAN) PACK 100mg, 500mg	5	* NM PA
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
gallifrey TABS 5mg	3	
medroxyprogesterone acetate (generic of PROVERA) TABS 2.5mg, 5mg, 10mg	1	
megestrol acetate SUSP 40mg/ml	3	
megestrol acetate (appetite) SUSP 625mg/5ml	4	PA
norethindrone acetate TABS 5mg	3	
progesterone (generic of PROMETRIUM) CAPS 100mg, 200mg	3	
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS		
levo-t (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	
levothyroxine sodium (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	
levoxyl (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	2	
liomny (generic of CYTOMEL) TABS 5mcg, 25mcg, 50mcg	3	
liothyronine sodium (generic of CYTOMEL) TABS 5mcg, 25mcg, 50mcg	3	
methimazole TABS 5mg, 10mg	1	
propylthiouracil TABS 50mg	3	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	4	
unithroid (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	
VITAMIN D ANALOGS		
calcitriol (generic of ROCALTROL) CAPS .25mcg, .5mcg	2	B/D
calcitriol (oral) (generic of ROCALTROL) SOLN 1mcg/ml	4	B/D
paricalcitol (generic of ZEMPLAR) CAPS 1mcg, 2mcg	4	B/D
paricalcitol CAPS 4mcg	4	B/D
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING		
aprepitant CAPS 40mg, 125mg	4	B/D
aprepitant (generic of EMEND BIPACK) CAPS 80mg	4	B/D
aprepitant capsule therapy pack 80 & 125 mg	4	B/D
compro SUPP 25mg	4	
dronabinol (generic of MARINOL) CAPS 2.5mg QL (60 caps / 30 days)	4	B/D QL
dronabinol CAPS 5mg, 10mg QL (60 caps / 30 days)	4	B/D QL
granisetron hcl SOLN 1mg/ml, 4mg/4ml	4	
granisetron hcl TABS 1mg	4	B/D

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Drug Name	Drug Requirements/ Tier	Limits
meclizine hcl TABS 12.5mg, 25mg PA applies if 65 years and older after a 30 day supply in a calendar year	2	PA
metoclopramide hcl SOLN 5mg/5ml, 5mg/ml	3	
metoclopramide hcl (generic of REGLAN) TABS 5mg, 10mg	1	
ondansetron TBDP 4mg, 8mg	3	B/D
ondansetron hcl SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	3	
ondansetron hcl SOLN 4mg/5ml	4	B/D
ondansetron hcl TABS 4mg, 8mg	3	B/D
prochlorperazine SUPP 25mg	4	
prochlorperazine edisylate SOLN 10mg/2ml	4	
prochlorperazine maleate TABS 5mg, 10mg	2	
promethazine hcl SOLN 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg PA applies if 65 years and older after a 30 day supply in a calendar year	3	PA
promethazine hcl (generic of PHENERGAN) SOLN 25mg/ml, 50mg/ml PA applies if 65 years and older after a 30 day supply in a calendar year	3	PA
scopolamine (generic of TRANSDERM SCOP) PT72 1mg/3days QL (10 patches / 30 days)	4	QL
ANTISPASMODICS - DRUGS FOR STOMACH SPASMS		
dicyclomine hcl CAPS 10mg; TABS 20mg PA applies if 65 years and older	3	PA
dicyclomine hcl SOLN 10mg/5ml PA applies if 65 years and older	4	PA
glycopyrrolate TABS 1mg QL (90 tabs / 30 days)	3	QL
glycopyrrolate TABS 2mg QL (120 tabs / 30 days)	3	QL
H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID		
famotidine SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	3	
famotidine SUSR 40mg/5ml	4	
famotidine (generic of PEPCID) TABS 20mg, 40mg	1	
famotidine in nacl 0.9% iv soln 20 mg/50ml	3	
nizatidine CAPS 150mg, 300mg	4	
INFLAMMATORY BOWEL DISEASE		
balsalazide disodium CAPS 750mg	3	
budesonide CPEP 3mg QL (90 caps / 30 days)	4	QL
budesonide (generic of UCERIS) TB24 9mg QL (30 tabs / 30 days)	5	* QL PA
hydrocortisone (intrarectal) (generic of CORTENEMA) ENEM 100mg/60ml	4	
mesalamine (generic of APRISO) CP24 .375gm QL (120 caps / 30 days)	4	QL
mesalamine CPDR 400mg QL (180 caps / 30 days)	4	QL
mesalamine ENEM 4gm QL (1680 mL / 28 days)	4	QL
mesalamine (generic of CANASA) SUPP 1000mg QL (30 suppositories / 30 days)	4	QL
mesalamine (generic of LIALDA) TBEC 1.2gm QL (120 tabs / 30 days)	4	QL
mesalamine w/ cleanser (generic of ROWASA) KIT 4gm QL (28 bottles / 28 days)	4	QL

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Drug Name	Drug Requirements/ Tier	Limits
sulfasalazine (generic of AZULFIDINE) TABS 500mg	2	
sulfasalazine (generic of AZULFIDINE EN-TABS) TBEC 500mg	3	
LAXATIVES		
constulose SOLN 10gm/15ml	2	
enulose SOLN 10gm/15ml	2	
gavilyte-c	2	
gavilyte-g (generic of GOLYTELY)	2	
gavilyte-n/flavor pack	2	
generlac SOLN 10gm/15ml	2	
lactulose SOLN 10gm/15ml	2	
lactulose (encephalopathy) SOLN 10gm/15ml	2	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (generic of GOLYTELY)	2	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	2	
PLENVU SOL	4	
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml (generic of SUPREP BOWEL PREP KIT)	3	
MISCELLANEOUS		
alosetron hcl (generic of LOTRONEX) TABS 1mg QL (60 tabs / 30 days)	5	* QL PA
alosetron hcl (generic of LOTRONEX) TABS .5mg QL (60 tabs / 30 days)	4	QL PA
CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	3	
cromolyn sodium (mastocytosis) (generic of GASTROCROM) CONC 100mg/5ml	4	
diphenoxylate w/ atropine tab 2.5-0.025 mg (generic of LOMOTIL)	4	
GATTEX KIT 5mg	5	* NM PA

Drug Name	Drug Requirements/ Tier	Limits
LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days)	3	QL
loperamide hcl CAPS 2mg	2	
misoprostol (generic of CYTOTEC) TABS 100mcg, 200mcg	3	
MOVANTIK TABS 12.5mg, 25mg QL (30 tabs / 30 days)	3	QL
RELISTOR SOLN 12mg/0.6ml QL (28 vials / 28 days)	5	* QL PA
RELISTOR SOSY 8mg/0.4ml, 12mg/0.6ml QL (28 syringes / 28 days)	5	* QL PA
sucralfate (generic of CARAFATE) TABS 1gm	3	
ursodiol CAPS 300mg	4	
ursodiol TABS 250mg	3	
ursodiol (generic of URSO FORTE) TABS 500mg	3	
VOQUEZNA PAK DUAL PAK QL (2 kits / year)	3	QL PA
VOQUEZNA PAK TRIP PK QL (2 kits / year)	3	QL PA
VOWST CAP QL (12 caps / 30 days)	5	* QL NM PA
XERMELO TABS 250mg QL (84 tabs / 28 days)	5	* QL NM PA
XIFAXAN TABS 550mg	5	* PA
ZENPEP CAP 3000UNIT	4	
ZENPEP CAP 5000UNIT	4	
ZENPEP CAP 10000UNT	4	
ZENPEP CAP 15000UNT	4	
ZENPEP CAP 20000UNT	4	
ZENPEP CAP 25000UNT	4	
ZENPEP CAP 40000UNT	4	
ZENPEP CAP 60000UNT	4	
PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID		
esomeprazole magnesium (generic of NEXIUM) CPDR 20mg, 40mg QL (30 caps / 30 days)	3	QL ST

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Drug Name	Drug Requirements/ Tier	Limits
lansoprazole CPDR 15mg QL (60 caps / 30 days)	3	QL
lansoprazole (generic of PREVACID) CPDR 30mg QL (60 caps / 30 days)	3	QL
omeprazole CPDR 10mg, 20mg, 40mg	1	
pantoprazole sodium (generic of PANTOPRAZOLE SODIUM) SOLR 40mg	4	
pantoprazole sodium (generic of PROTONIX) TBEC 20mg, 40mg	1	
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS		
BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE		
alfuzosin hcl (generic of UROXATRAL) TB24 10mg QL (30 tabs / 30 days)	2	QL
dutasteride (generic of AVODART) CAPS .5mg QL (30 caps / 30 days)	3	QL
dutasteride-tamsulosin hcl cap 0.5-0.4 mg (generic of JALYN) QL (30 caps / 30 days)	3	QL
finasteride (generic of PROSCAR) TABS 5mg QL (30 tabs / 30 days)	1	QL
tadalafil (generic of CIALIS) TABS 5mg QL (30 tabs / 30 days)	3	QL PA
tamsulosin hcl CAPS .4mg QL (60 caps / 30 days)	1	QL
MISCELLANEOUS		
acetic acid SOLN .25%	2	
bethanechol chloride TABS 5mg, 10mg, 25mg, 50mg	3	
potassium citrate (alkalinizer) (generic of UROCIT-K 15) TBCR 15meq	3	
potassium citrate (alkalinizer) TBCR 540mg	3	
potassium citrate (alkalinizer) (generic of UROCIT-K 10) TBCR 1080mg	3	

Drug Name	Drug Requirements/ Tier	Limits
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE		
GEMTESA TABS 75mg QL (30 tabs / 30 days)	3	QL
MYRBETRIQ SRER 8mg/ml QL (300 mL / 28 days)	3	QL
MYRBETRIQ TB24 25mg, 50mg QL (30 tabs / 30 days)	3	QL
oxybutynin chloride SOLN 5mg/5ml QL (600 mL / 30 days)	3	QL
oxybutynin chloride TABS 5mg QL (120 tabs / 30 days)	3	QL
oxybutynin chloride TB24 5mg QL (30 tabs / 30 days)	3	QL
oxybutynin chloride TB24 10mg, 15mg QL (60 tabs / 30 days)	3	QL
solifenacin succinate (generic of VESICARE) TABS 5mg, 10mg QL (30 tabs / 30 days)	4	QL
tolterodine tartrate CP24 2mg, 4mg QL (30 caps / 30 days)	4	QL
tolterodine tartrate TABS 1mg, 2mg QL (60 tabs / 30 days)	4	QL
trospium chloride TABS 20mg QL (60 tabs / 30 days)	3	QL
VAGINAL ANTI-INFECTIVES		
clindamycin phosphate vaginal (generic of CLEOCIN) CREA 2%	3	
metronidazole vaginal GEL .75%	3	
terconazole vaginal CREA .4%, .8%; SUPP 80mg	3	

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Drug Name	Drug Tier	Requirements/ Limits
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS		
ANTICOAGULANTS - BLOOD THINNERS		
dabigatran etexilate mesylate (generic of PRADAXA) CAPS 75mg, 150mg QL (60 caps / 30 days)	3	QL
dabigatran etexilate mesylate (generic of PRADAXA) CAPS 110mg QL (120 caps / 30 days)	3	QL
ELIQUIS CPSP .15mg QL (56 caps / 21 days)	3	QL
ELIQUIS TABS 2.5mg QL (60 tabs / 30 days)	3	QL
ELIQUIS TABS 5mg QL (74 tabs / 30 days)	3	QL
ELIQUIS TBSO .5mg QL (588 tabs / 29 days)	3	QL
ELIQUIS (1.5MG PACK) 3 X TBSO .5mg QL (591 tabs / 29 days)	3	QL
ELIQUIS (2MG PACK) 4 X TBSO .5mg QL (592 tabs / 30 days)	3	QL
ELIQUIS STARTER PACK TBPK 5mg QL (74 tabs / 30 days)	3	QL
enoxaparin sodium (generic of LOVENOX) SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	4	
fondaparinux sodium (generic of ARIXTRA) SOLN 2.5mg/0.5ml	4	
fondaparinux sodium (generic of ARIXTRA) SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	*
HEP SOD/NACL INJ 25000UNT	3	
heparin sodium (porcine) SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	3	B/D
jantoven TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
rivaroxaban (generic of XARELTO) SUSR 1mg/ml QL (620 mL / 30 days)	3	QL
rivaroxaban (generic of XARELTO) TABS 2.5mg QL (60 tabs / 30 days)	3	QL
warfarin sodium TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO TABS 2.5mg QL (60 tabs / 30 days)	3	QL
XARELTO TABS 10mg, 15mg, 20mg QL (30 tabs / 30 days)	3	QL
XARELTO STAR TAB 15/20MG QL (51 tabs / 30 days)	3	QL
HEMATOPOIETIC GROWTH FACTORS		
FULPHILA SOSY 6mg/0.6ml QL (2 syringes / 28 days)	5	* QL NM PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	5	* NM PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	* NM PA
MISCELLANEOUS		
ALVAIZ TABS 9mg, 54mg QL (60 tabs / 30 days)	5	* QL NM PA
ALVAIZ TABS 18mg, 36mg QL (90 tabs / 30 days)	5	* QL NM PA
anagrelide hcl CAPS 1mg	4	
anagrelide hcl (generic of AGRYLIN) CAPS .5mg	4	
BERINERT KIT 500unit QL (24 boxes / 30 days)	5	* QL NM PA
cilostazol TABS 50mg, 100mg	2	
DOPTELET TABS 20mg	5	* NM PA
DOPTELET SPRINKLE CPSP 10mg	5	* NM PA
DROXIA CAPS 200mg, 300mg, 400mg	4	

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Drug Name	Tier	Drug Requirements/ Limits
HAEGARDA SOLR 2000unit QL (30 vials / 30 days)	5	* QL NM PA
HAEGARDA SOLR 3000unit QL (20 vials / 30 days)	5	* QL NM PA
icatibant acetate (generic of FIRAZYR) SOSY 30mg/3ml QL (9 syringes / 30 days)	5	* QL NM PA
l-glutamine (sickle cell) (generic of ENDARI) PACK 5gm	5	* NM PA
pentoxifylline TBCR 400mg	2	
sajazir (generic of FIRAZYR) SOSY 30mg/3ml QL (9 syringes / 30 days)	5	* QL NM PA
SIKLOS TABS 100mg	4	
SIKLOS TABS 1000mg	5	*
TAVNEOS CAPS 10mg QL (180 caps / 30 days)	5	* QL NM PA
tranexamic acid (generic of CYKLOKAPRON) SOLN 1000mg/10ml	4	
tranexamic acid TABS 650mg	3	
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole cap er 12hr 25-200 mg	4	
clopidogrel bisulfate (generic of PLAVIX) TABS 75mg	1	
dipyridamole TABS 25mg, 50mg, 75mg PA applies if 65 years and older	3	PA
prasugrel hcl (generic of EFFIENT) TABS 5mg, 10mg	3	
ticagrelor (generic of BRILINTA) TABS 60mg, 90mg	3	
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM		
AUTOIMMUNE AGENTS		
ADALIMUMAB-BWWD SOAJ 40mg/0.4ml QL (6 autoinjectors / 28 days)	5	* QL NM PA
ADALIMUMAB-BWWD SOSY 40mg/0.4ml QL (6 syringes / 28 days)	5	* QL NM PA
BIMZELX SOAJ 160mg/ml, 320mg/2ml QL (2 pens / 28 days)	5	* QL NM PA
BIMZELX SOSY 160mg/ml, 320mg/2ml QL (2 syringes / 28 days)	5	* QL NM PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml QL (4 pens / 28 days)	5	* QL NM PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml QL (4 syringes / 28 days)	5	* QL NM PA
ENBREL SOLN 25mg/0.5ml QL (16 vials / 28 days)	5	* QL NM PA
ENBREL SOSY 25mg/0.5ml QL (16 syringes / 28 days)	5	* QL NM PA
ENBREL SOSY 50mg/ml QL (8 syringes / 28 days)	5	* QL NM PA
ENBREL MINI SOCT 50mg/ml QL (8 cartridges / 28 days)	5	* QL NM PA
ENBREL SURECLICK SOAJ 50mg/ml QL (8 pens / 28 days)	5	* QL NM PA
HADLIMA SOSY 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days)	5	* QL NM PA
HADLIMA PUSHTOUCH SOAJ 40mg/0.4ml, 40mg/0.8ml QL (6 autoinjectors / 28 days)	5	* QL NM PA
HUMIRA PSKT 10mg/0.1ml QL (2 syringes / 28 days)	5	* QL NM PA
HUMIRA PSKT 20mg/0.2ml QL (4 syringes / 28 days)	5	* QL NM PA

Drug Name	Tier	Drug Requirements/ Limits
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days)	5	* QL NM PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml QL (6 pens / 28 days)	5	* QL NM PA
HUMIRA PEN AJKT 80mg/0.8ml QL (4 pens / 28 days)	5	* QL NM PA
HUMIRA PEN KIT PS/UV QL (3 pens / 28 days)	5	* QL NM PA
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml QL (3 pens / 28 days)	5	* QL NM PA
INFLIXIMAB SOLR 100mg	5	* NM PA
KINERET SOSY 100mg/0.67ml QL (28 syringes / 28 days)	5	* QL NM PA
PYZCHIVA SOAJ 45mg/0.5ml QL (1 pen / 28 days)	3	QL NM PA
PYZCHIVA SOAJ 90mg/ml QL (1 pen / 28 days)	5	* QL NM PA
PYZCHIVA SOLN 45mg/0.5ml QL (1 vial / 28 days)	3	QL NM PA
PYZCHIVA SOLN 130mg/26ml	5	* NM PA
PYZCHIVA SOSY 45mg/0.5ml QL (1 syringe / 28 days)	3	QL NM PA
PYZCHIVA SOSY 90mg/ml QL (1 syringe / 28 days)	5	* QL NM PA
REMICADE SOLR 100mg	5	* NM PA
RENFLEXIS SOLR 100mg	5	* NM PA
RINVOQ TB24 15mg, 30mg QL (30 tabs / 30 days)	5	* QL NM PA
RINVOQ TB24 45mg QL (168 tabs / year)	5	* QL NM PA
RINVOQ LQ SOLN 1mg/ml QL (360 mL / 30 days)	5	* QL NM PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml QL (1 cartridge / 56 days)	5	* QL NM PA
SKYRIZI SOLN 600mg/10ml	5	* NM PA
SKYRIZI SOSY 150mg/ml QL (6 syringes / 365 days)	5	* QL NM PA
SKYRIZI PEN SOAJ 150mg/ml QL (6 pens / 365 days)	5	* QL NM PA
SOTYKTU TABS 6mg QL (30 tabs / 30 days)	5	* QL NM PA
STELARA SOLN 45mg/0.5ml QL (1 vial / 28 days)	5	* QL NM PA
STELARA SOLN 130mg/26ml	5	* NM PA
STELARA SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	5	* QL NM PA
TREMFYA SOAJ 200mg/2ml QL (2 pens / 28 days)	5	* QL NM PA
TREMFYA SOLN 200mg/20ml	5	* NM PA
TREMFYA SOPN 100mg/ml QL (1 pen / 28 days)	5	* QL NM PA
TREMFYA SOSY 100mg/ml QL (1 syringe / 28 days)	5	* QL NM PA
TREMFYA SOSY 200mg/2ml QL (2 syringes / 28 days)	5	* QL NM PA
TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml QL (2 pens / 28 days)	5	* QL NM PA
TREMFYA PEN SOAJ 100mg/ml QL (1 pen / 28 days)	5	* QL NM PA
TYENNE SOAJ 162mg/0.9ml QL (4 pens / 28 days)	5	* QL NM PA
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	5	* NM PA
TYENNE SOSY 162mg/0.9ml QL (4 syringes / 28 days)	5	* QL NM PA
USTEKINUMAB SOLN 45mg/0.5ml QL (1 vial / 28 days)	5	* QL NM PA
USTEKINUMAB SOLN 130mg/26ml	5	* NM PA
USTEKINUMAB SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	5	* QL NM PA
VELSIPITY TABS 2mg QL (30 tabs / 30 days)	5	* QL NM PA

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

Drug Name	Tier	Drug Requirements/ Limits
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	5	* NM PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	* NM PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	5	* NM PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	* NM PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	* NM PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml	5	* NM PA
ARCALYST SOLR 220mg	5	* NM PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	5	* B/D NM
ASTAGRAF XL CP24 .5mg, 1mg	4	B/D NM
azathioprine (generic of IMURAN) TABS 50mg	3	B/D
BENLYSTA SOAJ 200mg/ml QL (8 pens / 28 days)	5	* QL NM PA
BENLYSTA SOLR 120mg, 400mg	5	* NM PA
BENLYSTA SOSY 200mg/ml QL (8 syringes / 28 days)	5	* QL NM PA
cyclosporine (generic of SANDIMMUNE) CAPS 25mg, 100mg	4	B/D NM
cyclosporine modified (for microemulsion) (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	4	B/D NM
cyclosporine modified (for microemulsion) CAPS 50mg	4	B/D NM

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Drug Name	Drug Tier	Requirements/ Limits
everolimus (immunosuppressant) (generic of ZORTRESS) TABS .5mg, .75mg, 1mg	5	* B/D NM
everolimus (immunosuppressant) (generic of ZORTRESS) TABS .25mg	4	B/D NM
gengraf (generic of NEORAL) CAPS 25mg, 100mg	4	B/D NM
mycophenolate mofetil (generic of CELLCEPT) CAPS 250mg; TABS 500mg	3	B/D NM
mycophenolate mofetil (generic of CELLCEPT) SUSR 200mg/ml	5	* B/D NM
mycophenolate sodium (generic of MYFORTIC) TBEC 180mg, 360mg	4	B/D NM
NULOJIX SOLR 250mg	5	* B/D NM
PROGRAF PACK .2mg, 1mg	4	B/D NM
REZUROCK TABS 200mg QL (30 tabs / 30 days)	5	* QL NM PA
sirolimus SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	4	B/D NM
tacrolimus (generic of PROGRAF) CAPS .5mg, 1mg, 5mg	4	B/D NM
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	1	PA
ACTHIB INJ	1	
ADACEL INJ	1	
AREXVY SUSR 120mcg/0.5ml	1	PA
BCG VACCINE SOLR 50mg	1	
BEXSERO SUSY .5ml	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
DENGVAXIA SUS	1	
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 SUSP .5ml; SUSY .5ml	1	
HAVRIX SUSY 720elu/0.5ml, 1440unit/ml	1	

Drug Name	Drug Tier	Requirements/ Limits
HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D
HIBERIX SOLR 10mcg	1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D
INFANRIX INJ	1	
IPOL INJ INACTIVE	1	
IXIARO INJ	1	
JYNNEOS SUSP .5ml	1	B/D
KINRIX INJ	1	
M-M-R II INJ	1	
MENQUADFI SOLN .5ml	1	
MENVEO INJ	1	
MENVEO SOL	1	
MRESVIA SUSY 50mcg/0.5ml	1	PA
PEDIARIX INJ 0.5ML	1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	
PENBRAYA INJ	1	
PENMENVY INJ	1	
PENTACEL INJ	1	
PRIORIX INJ	1	
PROQUAD INJ	1	
QUADRACEL INJ 0.5ML	1	
RABAVERT INJ	1	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	B/D
ROTARIX SUS	1	
ROTATEQ SOL	1	
SHINGRIX SUSR 50mcg/0.5ml QL (2 vials per lifetime)	1	QL
TENIVAC INJ 5-2LF	1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	
TRUMENBA SUSY .5ml	1	
TWINRIX INJ	1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml; SUSY 25unit/0.5ml, 50unit/ml	1	

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Drug Name	Drug Requirements/ Tier	Limits
VARIVAX SUSR 1350pfu/0.5ml	1	
VAXCHORA SUS	1	
VIMKUNYA SUSY 40mcg/0.8ml	1	
VIVOTIF CAP EC	1	
YF-VAX INJ	1	
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS *ELECTROLYTES/MINERALS, INJECTABLE*		
D2.5W/NACL INJ 0.45%	4	
D5W/NACL INJ 0.2%	3	
D5W/NACL INJ 0.45%	3	
D10W/NACL INJ 0.2%	3	
D10W/NACL INJ 0.45%	3	
dextrose 2.5% w/ sodium chloride 0.45% (generic of DEXTROSE 2.5%/SODIUM CHLO)	3	
dextrose 5% in lactated ringers	3	
dextrose 5% w/ sodium chloride 0.3% (generic of DEXTROSE 5%/SODIUM CHLORI)	3	
dextrose 5% w/ sodium chloride 0.9% (generic of DEXTROSE 5%/SODIUM CHLORI)	3	
dextrose 5% w/ sodium chloride 0.45% (generic of DEXTROSE 5%/SODIUM CHLORI)	3	
dextrose 5% w/ sodium chloride 0.225% (generic of DEXTROSE/SODIUM CHLORIDE)	3	
ISOLYTE-P INJ /D5W	4	
ISOLYTE-S INJ PH 7.4	4	
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj (generic of KCL 0.075%/D5W/NACL 0.45%)	3	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	3	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	3	
kcl 20 meq/l (0.15%) in nacl 0.9% inj (generic of POTASSIUM CHLORIDE/SODIUM)	3	
kcl 20 meq/l (0.15%) in nacl 0.45% inj (generic of POTASSIUM CHLORIDE/SODIUM)	3	
kcl 20 meq/l (0.149%) in nacl 0.9% inj	3	
kcl 20 meq/l (0.149%) in nacl 0.45% inj	3	
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj (generic of POTASSIUM CHLORIDE/DEXTRO)	3	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj (generic of KCL 0.3%/D5W/NACL 0.9%)	3	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj (generic of KCL 0.3%/D5W/NACL 0.45%)	3	
kcl 40 meq/l (0.3%) in nacl 0.9% inj (generic of POTASSIUM CHLORIDE/SODIUM)	3	
kcl 40 meq/l (0.298%) in nacl 0.9% inj	3	
KCL/D5W/NACL INJ 0.3/0.9%	4	
KCL/D5W/NACL INJ 0.15/0.2	3	
LACTATED RIN INJ	4	
lactated ringer's solution	3	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3	
magnesium sulfate (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	3	

Drug Name	Drug Requirements/ Tier	Limits
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml (generic of MAGNESIUM SULFATE IN D5W)	3	
multiple electrolytes ph 5.5 (generic of PLASMA-LYTE A)	4	
POT CHL 20MEQ/L IN NACL 0.9% INJ	4	
POT CHL 20MEQ/L IN NACL 0.45% INJ	4	
POT CHL 40MEQ/L IN NACL 0.9% INJ	4	
potassium chloride SOLN 2meq/ml	3	
potassium chloride (generic of POTASSIUM CHLORIDE) SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	3	
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj (generic of POTASSIUM CHLORIDE/DEXTRO)	3	
sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	3	
TPN ELECTROL INJ	4	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
klor-con PACK 20meq	4	
KLOR-CON 8 TBCR 8meq	2	
klor-con 10 TBCR 10meq	2	
KLOR-CON 10 TBCR 10meq	2	
klor-con m10 TBCR 10meq	2	
klor-con m15 TBCR 15meq	2	
klor-con m20 TBCR 20meq	2	
M-NATAL PLUS TAB	3	
potassium chloride CPCR 8meq, 10meq; TBCR 10meq, 20meq	2	
potassium chloride PACK 20meq; SOLN 10%, 20%	4	
potassium chloride (generic of KLOR-CON 8) TBCR 8meq	2	
potassium chloride microencapsulated crystals er TBCR 10meq, 15meq, 20meq	2	

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

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Drug Name	Drug Requirements/ Tier	Limits
neomycin-polymyxin-dexamethasone ophth oint 0.1% (generic of MAXITROL)	2	
neomycin-polymyxin-dexamethasone ophth susp 0.1% (generic of MAXITROL)	2	
neomycin-polymyxin-hc ophth susp	4	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	2	
TOBRADEX OIN 0.3-0.1%	3	
tobramycin-dexamethasone ophth susp 0.3-0.1%	3	
ZYLET SUS 0.5-0.3%	3	
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
bacitracin (ophthalmic) OINT 500unit/gm	3	
bacitracin-polymyxin b ophth oint	2	
besifloxacin hcl SUSP .6%	3	
BESIVANCE SUSP .6%	3	
CILOXAN OINT .3%	3	
ciprofloxacin hcl (ophth) SOLN .3%	2	
erythromycin (ophth) OINT 5mg/gm	2	
gatifloxacin (ophth) SOLN .5%	3	
gentamicin sulfate (ophth) SOLN .3%	2	
moxifloxacin hcl (ophth) (generic of VIGAMOX) SOLN .5% QL (12 mL / 30 days)	3	QL
NATACYN SUSP 5%	4	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	3	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	3	
ofloxacin (ophth) (generic of OCUFLOX) SOLN .3%	2	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	1	

Drug Name	Drug Requirements/ Tier	Limits
sulfacetamide sodium (ophth) SOLN 10%	3	
tobramycin (ophth) SOLN .3%	1	
trifluridine SOLN 1%	4	
XDEMVY SOLN .25%	5	* NM PA
ZIRGAN GEL .15%	4	
ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION		
dexamethasone sodium phosphate (ophth) SOLN .1%	3	
diclofenac sodium (ophth) SOLN .1%	2	
fluorometholone (ophth) (generic of FML LIQUIFILM) SUSP .1%	3	
flurbiprofen sodium SOLN .03%	3	
ketorolac tromethamine (ophth) (generic of ACULAR LS) SOLN .4%	3	
ketorolac tromethamine (ophth) (generic of ACULAR) SOLN .5%	2	
LOTEMAX OINT .5%	3	
prednisolone acetate (ophth) (generic of PRED FORTE) SUSP 1%	3	
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES		
azelastine hcl (ophth) SOLN .05%	2	
cromolyn sodium (ophth) SOLN 4%	2	
ZERVIATE SOLN .24%	4	
ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA		
betaxolol hcl (ophth) SOLN .5%	3	
brimonidine tartrate SOLN .2%	1	
brinzolamide (generic of AZOPT) SUSP 1%	4	ST
carteolol hcl (ophth) SOLN 1%	2	

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Drug Name	Drug Tier	Requirements/ Limits
COMBIGAN SOL 0.2/0.5%	3	
dorzolamide hcl SOLN 2%	2	
dorzolamide hcl-timolol maleate ophth soln 2-0.5% (generic of COSOPT)	2	
latanoprost (generic of XALATAN) SOLN .005%	1	
levobunolol hcl SOLN .5%	2	
LUMIGAN SOLN .01%	3	
pilocarpine hcl SOLN 1%, 2%, 4%	3	
RHOPRESSA SOLN .02%	4	
ROCKLATAN DRO	4	
SIMBRINZA SUS 1-0.2%	4	
timolol maleate (ophth) SOLG .25%, .5%	3	
timolol maleate (ophth) SOLN .25%, .5%	1	
VYZULTA SOLN .024%	4	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	3	
atropine sulfate (ophthalmic) SOLN 1%	3	
CYSTADROPS SOLN .37%	5	* NM PA
CYSTARAN SOLN .44%	5	* NM PA
EYSUVIS SUSP .25%	4	
MIEBO SOLN 1.338gm/ml	3	
proparacaine hcl (generic of ALCAINE) SOLN .5%	3	
RESTASIS EMUL .05%	3	
RESTASIS MULTIDOSE EMUL .05%	3	
XIIDRA SOLN 5%	3	
OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR		
OTIC AGENTS		
acetic acid (otic) SOLN 2%	3	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	4	
flac (generic of DERMOTIC) OIL .01%	3	
fluocinolone acetonide (otic) (generic of DERMOTIC) OIL .01%	3	
hydrocortisone w/ acetic acid otic soln 1-2%	4	
neomycin-polymyxin-hc otic soln 1%	3	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	3	
ofloxacin (otic) SOLN .3%	4	
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD		
ANORO ELLIPT AER 62.5-25 QL (60 blisters / 30 days)	3	QL
BEVESPI AER 9-4.8MCG QL (1 inhaler / 30 days)	3	QL
BREZTRI AERO AER SPHERE QL (1 inhaler / 30 days)	3	QL
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) QL (4 inhalers / 28 days)	3	QL
COMBIVENT AER 20-100 QL (2 inhalers / 30 days)	4	QL
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	3	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG QL (60 blisters / 30 days)	3	QL
TRELEGY AER ELLIPTA 200-62.5-25 MCG QL (60 blisters / 30 days)	3	QL
ANTICHOLINERGICS - DRUGS TO TREAT COPD		
ATROVENT HFA AERS 17mcg/act QL (2 inhalers / 30 days)	4	QL
INCRUSE ELLIPTA AEPB 62.5mcg/inh QL (30 blisters / 30 days)	3	QL
ipratropium bromide SOLN .02%	2	B/D
ipratropium bromide (nasal) SOLN .03%, .06%	3	

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Drug Name	Drug Requirements/ Tier	Limits
SPIRIVA RESPIMAT AERS 1.25mcg/act QL (1 inhaler / 30 days)	4	QL
ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES		
azelastine hcl SOLN .1%	2	
cetirizine hcl SOLN 5mg/5ml QL (300 mL / 30 days)	2	QL
cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg PA applies if 65 years and older after a 30 day supply in a calendar year	3	PA
diphenhydramine hcl SOLN 50mg/ml	3	
hydroxyzine hcl SOLN 25mg/ml, 50mg/ml PA applies if 65 years and older	4	PA
hydroxyzine hcl SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg PA applies if 65 years and older after a 30 day supply in a calendar year	3	PA
hydroxyzine pamoate CAPS 25mg, 50mg PA applies if 65 years and older after a 30 day supply in a calendar year	3	PA
levocetirizine dihydrochloride SOLN 2.5mg/5ml QL (300 mL / 30 days)	4	QL
levocetirizine dihydrochloride TABS 5mg QL (30 tabs / 30 days)	2	QL
BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD		
albuterol sulfate AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proair HFA)	3	QL
albuterol sulfate AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proventil HFA)	3	QL
albuterol sulfate AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Ventolin HFA)	3	QL
albuterol sulfate NEBU .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	3	B/D
albuterol sulfate NEBU .083%	2	B/D
albuterol sulfate SYRP 2mg/5ml	3	
albuterol sulfate TABS 2mg, 4mg	4	
levalbuterol tartrate AERO 45mcg/act QL (2 inhalers / 30 days)	3	QL ST
SEREVENT DISKUS AEPB 50mcg/dose QL (60 inhalations / 30 days)	3	QL
terbutaline sulfate TABS 2.5mg, 5mg	4	
VENTOLIN HFA AERS 108mcg/act QL (2 inhalers / 30 days)	3	QL
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act QL (6 inhalers / 30 days)	3	QL
LEUKOTRIENE MODULATORS		
montelukast sodium (generic of SINGULAIR) CHEW 4mg, 5mg	2	
montelukast sodium (generic of SINGULAIR) PACK 4mg	4	
montelukast sodium (generic of SINGULAIR) TABS 10mg	1	
zafirlukast (generic of ACCOLATE) TABS 10mg, 20mg	3	
MISCELLANEOUS		
acetylcysteine SOLN 10%, 20%	4	B/D
ALYFTREK TAB 4-20-50 QL (84 tabs / 28 days)	5	* QL NM PA
ALYFTREK TAB 10-50-125 QL (56 tabs / 28 days)	5	* QL NM PA
ARALAST NP SOLR 500mg, 1000mg	5	* NM PA

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Drug Name	Tier	Drug Requirements/ Limits
cromolyn sodium NEBU 20mg/2ml	3	B/D
epinephrine (anaphylaxis) (generic of EPIPEN 2-PAK) SOAJ .3mg/0.3ml (generic of EpiPen)	3	
epinephrine (anaphylaxis) (generic of EPIPEN-JR 2-PAK) SOAJ .15mg/0.3ml (generic of EpiPen)	3	
epinephrine (anaphylaxis) SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	3	
FASENRA SOSY 10mg/0.5ml, 30mg/ml QL (1 syringe / 28 days)	5	* QL NM PA
FASENRA PEN SOAJ 30mg/ml QL (1 pen / 28 days)	5	* QL NM PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg QL (56 packets / 28 days)	5	* QL NM PA
KALYDECO TABS 150mg QL (60 tabs / 30 days)	5	* QL NM PA
OFEV CAPS 100mg, 150mg QL (60 caps / 30 days)	5	* QL NM PA
ORKAMBI GRA 75-94MG QL (56 packets / 28 days)	5	* QL NM PA
ORKAMBI GRA 100-125 QL (56 packets / 28 days)	5	* QL NM PA
ORKAMBI GRA 150-188 QL (56 packets / 28 days)	5	* QL NM PA
ORKAMBI TAB 100-125 QL (112 tabs / 28 days)	5	* QL NM PA
ORKAMBI TAB 200-125 QL (112 tabs / 28 days)	5	* QL NM PA
pirfenidone CAPS 267mg QL (270 caps / 30 days)	5	* QL NM PA
pirfenidone (generic of ESBRIET) TABS 267mg QL (270 tabs / 30 days)	5	* QL NM PA
pirfenidone TABS 534mg QL (90 tabs / 30 days)	5	* QL NM PA
pirfenidone (generic of ESBRIET) TABS 801mg QL (90 tabs / 30 days)	5	* QL NM PA
PROLASTIN-C SOLN 1000mg/20ml	5	* NM PA
PULMOZYME SOLN 2.5mg/2.5ml	5	* NM PA
roflumilast (generic of DALIRESP) TABS 250mcg QL (56 tabs / year)	4	QL
roflumilast (generic of DALIRESP) TABS 500mcg QL (30 tabs / 30 days)	4	QL
SYMDEKO TAB 50-75MG QL (56 tabs / 28 days)	5	* QL NM PA
SYMDEKO TAB 100-150 QL (56 tabs / 28 days)	5	* QL NM PA
theophylline ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg	4	
theophylline TB24 400mg, 600mg	3	
TRIKAFTA PAK 59.5MG QL (56 packs / 28 days)	5	* QL NM PA
TRIKAFTA PAK 75MG QL (56 packs / 28 days)	5	* QL NM PA
TRIKAFTA TAB 50-25-37.5MG & 75MG QL (84 tabs / 28 days)	5	* QL NM PA
TRIKAFTA TAB 100-50-75MG & 150MG QL (84 tabs / 28 days)	5	* QL NM PA
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml QL (4 pens / 28 days)	5	* QL NM PA
XOLAIR SOAJ 150mg/ml QL (8 pens / 28 days)	5	* QL NM PA
XOLAIR SOLR 150mg QL (8 vials / 28 days)	5	* QL NM PA
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml QL (4 syringes / 28 days)	5	* QL NM PA
XOLAIR SOSY 150mg/ml QL (8 syringes / 28 days)	5	* QL NM PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	5	* NM PA

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Drug Name	Drug Tier	Requirements/ Limits
NASAL STEROIDS - DRUGS TO TREAT ALLERGIES		
flunisolide (nasal) SOLN .025% QL (3 bottles / 30 days)	3	QL
fluticasone propionate (nasal) SUSP 50mcg/act QL (1 bottle / 30 days)	2	QL
XHANCE EXHU 93mcg/act QL (32 mL / 30 days)	4	QL PA
STEROID INHALANTS - DRUGS TO TREAT ASTHMA		
ALVESCO AERS 80mcg/act QL (3 inhalers / 30 days)	4	QL
ALVESCO AERS 160mcg/act QL (2 inhalers / 30 days)	4	QL
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act QL (30 inhalations / 30 days)	3	QL
budesonide (inhalation) (generic of PULMICORT) SUSP .25mg/2ml, .5mg/2ml	4	B/D
STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD		
ADVAIR HFA AER 45/21 QL (1 inhaler / 30 days)	3	QL
ADVAIR HFA AER 115/21 QL (1 inhaler / 30 days)	3	QL
ADVAIR HFA AER 230/21 QL (1 inhaler / 30 days)	3	QL
AIRSUPRA AER 90-80MCG QL (3 inhalers / 30 days)	3	QL
BREO ELLIPTA INH 50-25MCG QL (60 blisters / 30 days)	3	QL
BREO ELLIPTA INH 100-25 QL (60 blisters / 30 days)	3	QL
BREO ELLIPTA INH 200-25 QL (60 blisters / 30 days)	3	QL
breyna (generic of SYMBICORT) QL (3 inhalers / 30 days)	3	QL
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act (generic of SYMBICORT) QL (3 inhalers / 30 days)	3	QL
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act (generic of SYMBICORT) QL (3 inhalers / 30 days)	3	QL
DULERA AER 50-5MCG QL (3 inhalers / 30 days)	4	QL
DULERA AER 100-5MCG QL (3 inhalers / 30 days)	4	QL
DULERA AER 200-5MCG QL (3 inhalers / 30 days)	4	QL
fluticasone-salmeterol aer powder ba 100-50 mcg/act (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered)	3	QL
fluticasone-salmeterol aer powder ba 250-50 mcg/act (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered)	3	QL
fluticasone-salmeterol aer powder ba 500-50 mcg/act (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days) (generic PRASCO not covered)	3	QL
wixela inhub (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days)	3	QL
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS		
DERMATOLOGY, ACNE		
accutane CAPS 10mg, 20mg, 30mg, 40mg	4	PA
amnesteem CAPS 10mg, 20mg, 30mg, 40mg	4	PA

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Drug Name	Drug Requirements/ Tier	Limits
benzoyl peroxide-erythromycin gel 5-3% (generic of BENZAMYCIN) QL (46.6 gm / 30 days)	4	QL
claravis CAPS 10mg, 20mg, 30mg, 40mg	4	PA
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% QL (45 gm / 30 days)	3	QL
clindamycin phosphate (topical) (generic of CLINDAGEL) GEL 1% QL (75 mL / 30 days)	3	QL PA
clindamycin phosphate (topical) (generic of CLEOCIN-T) LOTN 1% QL (60 mL / 30 days)	3	QL
clindamycin phosphate (topical) SOLN 1% QL (60 mL / 30 days)	3	QL
ery PADS 2% QL (60 pledgets / 30 days)	3	QL
erythromycin (acne aid) GEL 2% QL (60 gm / 30 days)	3	QL
erythromycin (acne aid) SOLN 2% QL (60 mL / 30 days)	3	QL
isotretinoin CAPS 10mg, 20mg, 30mg, 40mg	4	PA
neuac QL (45 gm / 30 days)	3	QL
sulfacetamide sodium (acne) (generic of KLARON) LOTN 10% QL (118 mL / 30 days)	4	QL
tretinoin (generic of RETIN-A) CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days)	4	QL PA
twice-daily clindamycin phosphate (topical) GEL 1% QL (60 gm / 30 days)	3	QL
zenatane CAPS 10mg, 20mg, 30mg, 40mg	4	PA

Drug Name	Drug Requirements/ Tier	Limits
DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate (topical) CREA .1%; OINT .1% QL (30 gm / 30 days)	3	QL
mupirocin OINT 2% QL (220 gm / 30 days)	2	QL
silver sulfadiazine (generic of SILVADENE) CREA 1%	2	
ssd (generic of SILVADENE) CREA 1%	2	
SULFAMYLON CREA 85mg/gm QL (453.6 gm / 30 days)	4	QL
DERMATOLOGY, ANTIFUNGALS		
ciclopirox SHAM 1% QL (120 mL / 30 days)	3	QL
ciclopirox olamine CREA .77% QL (90 gm / 30 days)	3	QL
ciclopirox olamine SUSP .77% QL (60 mL / 30 days)	3	QL
clotrimazole (topical) CREA 1% QL (45 gm / 30 days)	2	QL
clotrimazole (topical) SOLN 1% QL (60 mL / 30 days)	3	QL
clotrimazole w/ betamethasone cream 1-0.05% QL (45 gm / 30 days)	3	QL
econazole nitrate CREA 1% QL (85 gm / 30 days)	3	QL
ketoconazole (topical) CREA 2% QL (60 gm / 30 days)	3	QL
ketoconazole (topical) SHAM 2% QL (120 mL / 30 days)	2	QL
klayesta POWD 100000unit/gm QL (60 gm / 30 days)	3	QL
nyamyc POWD 100000unit/gm QL (60 gm / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm QL (30 gm / 30 days)	2	QL
nystatin (topical) POWD 100000unit/gm QL (60 gm / 30 days)	3	QL
nystop POWD 100000unit/gm QL (60 gm / 30 days)	3	QL
selenium sulfide LOTN 2.5%	2	
DERMATOLOGY, ANTIPSORIATICS		
acitretin CAPS 10mg, 17.5mg, 25mg	4	PA
calcipotriene CREA .005%; OINT .005% QL (120 gm / 30 days)	4	QL PA
calcipotriene SOLN .005% QL (120 mL / 30 days)	3	QL PA
calcitrene OINT .005% QL (120 gm / 30 days)	4	QL PA
ENSTILAR AER QL (120 gm / 30 days)	5	* QL PA
tazarotene (generic of TAZORAC) CREA .05%, .1% QL (60 gm / 30 days)	3	QL PA
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort CREA 1%	1	
alclometasone dipropionate CREA .05%; OINT .05% QL (60 gm / 30 days)	3	QL
betamethasone dipropionate (topical) CREA .05% QL (120 gm / 30 days)	3	QL
betamethasone dipropionate (topical) LOTN .05% QL (120 mL / 30 days)	3	QL
betamethasone dipropionate (topical) OINT .05% QL (120 gm / 30 days)	4	QL
betamethasone dipropionate augmented CREA .05% QL (120 gm / 30 days)	2	QL
betamethasone dipropionate augmented GEL .05% QL (120 gm / 30 days)	4	QL
betamethasone dipropionate augmented LOTN .05% QL (120 mL / 30 days)	4	QL

Drug Name	Drug Requirements/ Tier	Limits
betamethasone dipropionate augmented (generic of DIPROLENE) OINT .05% QL (120 gm / 30 days)	4	QL
betamethasone valerate CREA .1%; OINT .1% QL (120 gm / 30 days)	3	QL
betamethasone valerate LOTN .1% QL (120 mL / 30 days)	3	QL
clobetasol propionate CREA .05%; GEL .05%; OINT .05% QL (120 gm / 30 days)	4	QL
clobetasol propionate (generic of CLOBEX) SHAM .05% QL (236 mL / 30 days)	4	QL
clobetasol propionate SOLN .05% QL (100 mL / 30 days)	4	QL
clobetasol propionate e CREA .05% QL (120 gm / 30 days)	4	QL
clodan (generic of CLOBEX) SHAM .05% QL (236 mL / 30 days)	4	QL
fluocinolone acetonide CREA .01% QL (60 gm / 30 days)	4	QL
fluocinolone acetonide (generic of SYNALAR) CREA .025% QL (120 gm / 30 days)	4	QL
fluocinolone acetonide (generic of DERMA-SMOOTHE/FS BODY) OIL .01% QL (118.28 mL / 30 days)	3	QL
fluocinolone acetonide (generic of DERMA-SMOOTHE/FS SCALP) OIL .01% QL (118.28 mL / 30 days)	3	QL
fluocinolone acetonide (generic of SYNALAR) OINT .025% QL (120 gm / 30 days)	3	QL

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Drug Name	Tier	Drug Requirements/ Limits
fluocinolone acetonide SOLN .01% QL (60 mL / 30 days)	4	QL
fluocinonide (generic of VANOS) CREA .1% QL (120 gm / 30 days)	3	QL
fluocinonide CREA .05% QL (120 gm / 30 days)	3	QL
fluocinonide GEL .05%; OINT .05% QL (60 gm / 30 days)	4	QL
fluocinonide SOLN .05% QL (60 mL / 30 days)	3	QL
fluocinonide emulsified base CREA .05% QL (120 gm / 30 days)	4	QL
fluticasone propionate CREA .05%; OINT .005%	3	
halobetasol propionate CREA .05%; OINT .05% QL (50 gm / 30 days)	4	QL
hydrocortisone (topical) CREA 1%	1	
hydrocortisone (topical) CREA 2.5%; LOTN 2.5%; OINT 2.5%	2	
hydrocortisone (topical) OINT 1% QL (30 gm / 30 days)	2	QL
hydrocortisone valerate CREA .2% QL (60 gm / 30 days)	3	QL
mometasone furoate CREA .1%; OINT .1%; SOLN .1%	3	
triamcinolone acetonide (topical) CREA .025%, .1%, .5% QL (454 gm / 30 days)	2	QL
triamcinolone acetonide (topical) LOTN .025%, .1%	3	
triamcinolone acetonide (topical) OINT .025%, .1%, .5%	2	
triderm CREA .5% QL (454 gm / 30 days)	2	QL
DERMATOLOGY, LOCAL ANESTHETICS		
glydo PRSY 2% QL (60 mL / 30 days)	3	QL PA
lidocaine OINT 5% QL (50 gm / 30 days)	4	QL PA
lidocaine (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	4	QL PA
lidocaine hcl SOLN 4% QL (50 mL / 30 days)	3	QL PA
lidocaine-prilocaine cream 2.5-2.5% QL (30 gm / 30 days)	2	B/D QL
lidocan (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	4	QL PA
tridacaine ii (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	4	QL PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
bexarotene (topical) (generic of TARGRETIN) GEL 1% QL (60 gm / 30 days)	5	* QL NM PA
diclofenac sodium (topical) SOLN 1.5% QL (300 mL / 28 days)	3	QL
EUCRISA OINT 2% QL (120 gm / 30 days)	4	QL PA
fluorouracil (topical) CREA 5% QL (40 gm / 30 days)	4	QL
fluorouracil (topical) SOLN 2%, 5% QL (10 mL / 30 days)	3	QL
hydrocortisone (rectal) CREA 1%	3	
hydrocortisone (rectal) (generic of ANUSOL-HC) CREA 2.5%	3	
imiquimod CREA 5% QL (24 packets / 30 days)	3	QL
lactic acid (ammonium lactate) CREA 12%; LOTN 12%	2	
metronidazole (topical) (generic of METROCREAM) CREA .75% QL (45 gm / 30 days)	3	QL
metronidazole (topical) GEL .75% QL (45 gm / 30 days)	3	QL

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Drug Name	Drug Requirements/ Tier	Limits
metronidazole (topical) LOTN .75% QL (59 mL / 30 days)	4	QL
nitroglycerin (intra-anal) (generic of RECTIV) OINT .4% QL (30 gm / 30 days)	4	QL
PANRETIN GEL .1% QL (60 gm / 30 days)	5	* QL PA
pimecrolimus CREA 1% QL (100 gm / 30 days)	4	QL PA
podofilox SOLN .5% QL (7 mL / 28 days)	3	QL
procto-med hc (generic of ANUSOL-HC) CREA 2.5%	3	
proctocort CREA 1%	3	
proctosol hc (generic of ANUSOL-HC) CREA 2.5%	3	
proctozone-hc (generic of ANUSOL-HC) CREA 2.5%	3	
tacrolimus (topical) OINT .03%, .1% QL (100 gm / 30 days)	4	QL PA
VALCHLOR GEL .016% QL (60 gm / 30 days)	5	* QL NM PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
malathion LOTN .5% QL (59 mL / 30 days)	4	QL
permethrin (generic of PERMETHRIN) CREA 5% QL (60 gm / 30 days)	3	QL
DERMATOLOGY, WOUND CARE AGENTS		
SANTYL OINT 250unit/gm QL (180 gm / 30 days)	4	QL PA
sodium chloride (gu irrigant) SOLN .9%	3	
water for irrigation, sterile irrigation soln	2	
MOUTH/THROAT/DENTAL AGENTS		
chlorhexidine gluconate (mouth-throat) (generic of PERIDEX) SOLN .12%	1	
clotrimazole TROC 10mg QL (150 lozenges / 30 days)	3	QL
kourzeq PSTE .1%	3	

Drug Name	Drug Requirements/ Tier	Limits
lidocaine hcl (mouth-throat) SOLN 2%	2	
nystatin (mouth-throat) (generic of NYSTATIN) SUSP 100000unit/ml	2	
periogard (generic of PERIDEX) SOLN .12%	1	
pilocarpine hcl (oral) (generic of SALAGEN) TABS 5mg, 7.5mg	3	
triamcinolone acetonide (mouth) PSTE .1%	3	

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Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English
ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-877-293-5325 (TTY: 711) or speak to your provider.

Spanish (Español)
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-877-293-5325 (TTY 711) o hable con su proveedor.

Portuguese (Português do Brasil)
ATENÇÃO: Se você fala Português, serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-877-293-5325 (TTY 711) ou fale com seu provedor.

German (Deutsch)
ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-877-293-5325 (TTY 711) an oder sprechen Sie mit Ihrem Provider.

French (Français)
ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-877-293-5325 (TTY : 711) ou parlez à votre fournisseur.

French/Haitian Creole (Kreyòl Ayisyen)
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòma aksesib yo disponib gratis tou. Rele nan 1-877-293-5325 (TTY : 711) oswa pale avèk founisè w la.

Farsi

فارسي

توجه: اگر [وارد کردن زبان] صحبت می‌کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک‌ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب‌های قابل دسترس، به‌طور رایگان موجود می‌باشند. با شماره 1-877-293-5325 (تله‌تایپ: 711) تماس بگیرید یا با ارائه‌دهنده خود صحبت کنید.

Simplified Chinese 中文

注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-877-293-5325（文本电话：711）或咨询您的服务提供商。

Traditional Chinese 台語

注意：如果您說[台語]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-877-293-5325（TTY：711）或與您的提供者討論。」

Korean 한국어

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-877-293-5325 (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Vietnamese Việt

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-877-293-5325 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

Tagalog

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-877-293-5325 (TTY: 711) o makipag-usap sa iyong provider.

Russian РУССКИЙ

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-877-293-5325 (TTY: 711) или обратитесь к своему поставщику услуг.

Gujarati ગુજરાતી

ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઑક્ઝિલરી સહાય અને ઍક્સેસિબલ ફૉર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 1-877-293-5325 (TTY: 711) પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

Arabic

العربية

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم -1-877 293-5325 (711) أو تحدث إلى مقدم الخدمة".

Hindi हिंदी

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-877-293-5325 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

Japanese 日本語

注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-877-293-5325（TTY：711）までお電話ください。または、ご利用の事業者にご相談ください。

Urdu

اردو

توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔-1-800-293-5325 (TTY: 711) پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔"

Thai ไทย

หมายเหตุ: หากคุณใช้ภาษา ไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-877-293-5325 (TTY:711) หรือปรึกษาผู้ให้บริการของคุณ

Notice of Nondiscrimination

Johns Hopkins Advantage MD (HMO) and Johns Hopkins Advantage MD (PPO) comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, (including limited English proficiency and primary language) age, disability, or sex (consistent with the scope of sex discrimination described in the Code of Federal Regulations Title 45 §92.101(a)(2)). Johns Hopkins Advantage MD does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Johns Hopkins Advantage MD:

- Provides reasonable modifications for individuals with disabilities, and appropriate auxiliary aids and services, including qualified interpreters for individuals with disabilities and information in alternate formats, such as braille or large print, free of charge and in a timely manner, when such modifications, aids, and services are necessary to ensure accessibility and an equal opportunity to participate to individuals with disabilities.

- Provides language assistance services, including electronic and written translated documents and oral interpretation, free of charge and in a timely manner, when such services are a reasonable step to provide meaningful access to an individual with limited English proficiency.

If you need these services, please contact our Customer Service Department at 1-877-293-5325 (TTY: 711) or visit www.HopkinsMedicare.com.

If you believe Johns Hopkins Advantage MD has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Johns Hopkins Attn: Compliance at 7231 Parkway Dr., Suite 100, Hanover, MD 21076, phone: 1-844-422-6957 (TTY: 711) Monday – Friday 8 a.m. to 5 p.m. or 1-844-SPEAK2US (1-844-773-2528, available 24/7), fax: 1-410-762-1527 or by email: compliance@jhhp.org.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Johns Hopkins Advantage MD Compliance team member is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at https://www.hhs.gov/ocr/complaints/index.html.

This formulary was updated on 03/01/2026. For more recent information or other questions, please contact Johns Hopkins Advantage MD Select (HMO) Customer Service at 1-877-293-4998 or, for TTY users, 711, 24 hours a day, 7 days a week, or visit www.hopkinsmedicare.com.