2026

elderplan®

Abriendo el camino hacia un cuidado de excelencia.℠



Formulario para 2026
(Lista de medicamentos cubiertos)

Elderplan Ayuda Extra (HMO-POS)
Elderplan Flexible (HMO-POS)
Elderplan Selecto (HMO-POS I-SNP/IE-SNP)

Lea lo siguiente: este documento contiene información acerca de los medicamentos que cubrimos en este plan

No hemos realizado cambios en el Formulario desde el 11/01/2026. Para obtener información más reciente o si tiene otras preguntas, comuníquese con Servicios para los Miembros de Elderplan al 1-800-353-3765 (los usuarios de TTY deben llamar al 711) los 7 días de la semana, de 8:00 a.m. a 8:00 p.m., o visítenos en www.elderplan.org.

HPMS Approved Formulary File Submission ID 00026084

Elderplan Ayuda Extra (HMO-POS)
Elderplan Flexible (HMO-POS)
Elderplan Selecto (HMO-POS I-SNP/IE-SNP)

Formulario para 2026
(Lista de medicamentos cubiertos o "Lista de medicamentos")

LEA LO SIGUIENTE: ESTE DOCUMENTO CONTIENE INFORMACIÓN ACERCA DE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN

HPMS Approved Formulary File Submission ID 00026084

No hemos realizado cambios en el formulario desde 11/01/2026. Para obtener información más reciente o si tiene otras preguntas, comuníquese con Servicios para los Miembros al 1-800-353-3765 (los usuarios de TTY deben llamar al 711) de 8 a.m. a 8 p.m., los 7 días de la semana, o visite www.elderplan.org.

Mensaje importante acerca del pago de las vacunas: nuestro plan cubre la mayoría de las vacunas de la Parte D sin costo alguno para usted, incluso si no ha pagado el deducible. Para obtener más información, llame a Servicios para los Miembros.

Mensaje importante acerca del pago de la insulina: usted no pagará más de $35 por un suministro para un mes de cada producto de insulina cubierto por nuestro plan, independientemente del nivel de costo compartido en el que esté, incluso si no ha pagado el deducible.

Nota para los miembros actuales: este Formulario ha cambiado con respecto al año pasado. Revise este documento para asegurarse de que aún contenga los medicamentos que toma.

Cuando esta lista de medicamentos (Formulario) menciona "nosotros", "nos" o "nuestro(a)", hace referencia a Elderplan, Inc. Cuando menciona "plan" o "nuestro plan", hace referencia a **Elderplan Ayuda Extra (HMO-POS); Elderplan Flexible (HMO-POS) y Elderplan Selecto (HMO-POS I-SNP/IE-SNP).**

Este documento incluye la Lista de medicamentos (Formulario) de nuestro plan, que estará en vigencia a partir del 11/01/2026. Para obtener una Lista de medicamentos (Formulario) actualizada, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización de la Lista de medicamentos (Formulario), aparece en las páginas de la portada y la contraportada.

Generalmente, debe concurrir a las farmacias de la red para usar el beneficio de medicamentos con receta. Los beneficios, el Formulario, la red de farmacias y/o los copagos/el coseguro pueden cambiar el 1 de enero de 2026 y periódicamente durante el año.

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11/01/2026

¿Qué es el Formulario de Elderplan?

En este documento, usamos los términos Lista de medicamentos y Formulario para hacer referencia a lo mismo. Un formulario es una lista de medicamentos cubiertos seleccionados por nuestro plan con la colaboración de un equipo de proveedores de atención médica, que representa los tratamientos con receta que se considera que son parte necesaria de un programa de tratamiento de calidad. Normalmente, nuestro plan cubrirá los medicamentos incluidos en el Formulario siempre que el medicamento sea médicamente necesario, el medicamento con receta se obtenga en una farmacia de la red del plan y se cumpla con otras normas del plan. Para obtener más información sobre cómo obtener sus medicamentos con receta, consulte la Evidencia de cobertura.

¿Puede cambiar el Formulario?

La mayoría de los cambios en la cobertura para medicamentos ocurren el 1 de enero, pero podemos agregar o retirar medicamentos de nuestro Formulario durante el año, pasarlos a un nivel de costo compartido diferente o agregar restricciones nuevas. Para realizar estos cambios, debemos cumplir con las normas de Medicare. Las actualizaciones del Formulario se publican mensualmente en nuestro sitio web: www.elderplan.org.

Cambios que pueden afectarlo este año: En los siguientes casos, usted se verá afectado por cambios de cobertura durante el año:

- **Sustituciones inmediatas de ciertas nuevas versiones de medicamentos de marca y productos biológicos originales.** Podemos eliminar el medicamento de nuestro Formulario de inmediato si lo reemplazamos con una cierta versión nueva de ese medicamento que aparecerá en el mismo nivel de costo compartido o en uno inferior y con las mismas o menos restricciones. Cuando agregamos una versión nueva de un medicamento a nuestro Formulario, podemos decidir mantener el medicamento de marca o el producto biológico original en nuestro Formulario, pero lo moveremos de inmediato a un nivel de costo compartido diferente o agregaremos nuevas restricciones.

  Solo podemos hacer estos cambios inmediatos si agregamos una nueva versión genérica de un medicamento de marca o si agregamos ciertas versiones biosimilares nuevas de un producto biológico original que ya estaba en el Formulario (por ejemplo, si agregamos un biosimilar intercambiable que puede ser sustituido por un producto biológico original en una farmacia sin una nueva receta).

  Si actualmente toma el medicamento de marca o el producto biológico original, podríamos no informarle antes de realizar un cambio inmediato, pero le proporcionaremos más adelante información sobre los cambios específicos que implementamos.

  Si incorporamos un cambio, usted o la persona autorizada a dar recetas pueden solicitarnos que hagamos una excepción y sigamos cubriendo el medicamento afectado por el cambio. Para obtener más información, consulte la siguiente sección "¿Cómo solicito una excepción al Formulario de Elderplan?".

  Algunos de estos tipos de medicamentos pueden ser nuevos para usted. Para obtener más información, consulte la siguiente sección "¿Qué son los productos biológicos originales y cómo se relacionan con los biosimilares?".
- **Medicamentos retirados del mercado.** Si el fabricante retira un medicamento de la venta o la Administración de Alimentos y Medicamentos (FDA) determina que se retira por razones de seguridad o eficacia, podemos eliminar de inmediato este medicamento de nuestro Formulario y, posteriormente, dar aviso a los miembros que toman el medicamento.

- **Otros cambios.** Podríamos introducir otros cambios que afecten a los miembros que actualmente toman un medicamento. Por ejemplo, podemos retirar un medicamento de marca del Formulario cuando agregamos un equivalente genérico o retirar un producto biológico original cuando agregamos un biosimilar. También podemos aplicar nuevas restricciones al medicamento de marca o al producto biológico original, moverlo a un nivel de costo compartido diferente, o ambos. Podríamos introducir cambios a partir de pautas clínicas nuevas. Si retiramos medicamentos de nuestro Formulario, agregamos la autorización previa, restricciones sobre límites de cantidad o tratamientos escalonados en relación con un medicamento, o lo movemos a un nivel de costo compartido más alto, debemos notificar sobre el cambio a los miembros afectados con al menos 30 días de anticipación a que entre en vigencia el cambio. Como opción, cuando un miembro solicita un resurtido del medicamento, puede recibir un suministro del medicamento para 30 días y un aviso del cambio.

  Si implementamos estos otros cambios, usted o la persona autorizada a dar recetas pueden solicitarnos que hagamos una excepción para usted y sigamos cubriendo el medicamento que ha estado tomando. El aviso que le enviemos también incluirá información sobre cómo solicitar una excepción; además, puede encontrar información en la siguiente sección "¿Cómo solicito una excepción al Formulario de Elderplan?".

Cambios que no lo afectarán si actualmente toma el medicamento. Por lo general, si usted toma un medicamento de nuestro Formulario para 2026 que estaba cubierto al comienzo del año, no discontinuaremos ni reduciremos la cobertura de ese medicamento durante el año de cobertura 2026, a menos que se trate de alguno de los casos mencionados anteriormente. Esto significa que estos medicamentos continuarán disponibles al mismo costo compartido y sin restricciones nuevas para aquellos miembros que lo tomen durante el resto del año de cobertura. Este año no recibirá un aviso directo sobre cambios que no le afecten. Sin embargo, el 1 de enero del próximo año, dichos cambios lo afectarían, y es importante consultar el Formulario del año nuevo de beneficios para ver si hay cambios en los medicamentos.

El Formulario adjunto está vigente a partir de la 11/01/2026. Para recibir información actualizada sobre los medicamentos cubiertos por nuestro plan, comuníquese con nosotros. Nuestra información de contacto aparece en las páginas de la portada y la contraportada.

En caso de que nuestro plan realice a mitad de año un cambio en el Formulario no relacionado con los medicamentos de mantenimiento, los formularios se actualizarán en nuestro sitio web con los cambios. Visite nuestro sitio web o llame a Servicios para los Miembros para obtener un Formulario impreso actualizado u obtener más información sobre el cambio en los medicamentos que no son de mantenimiento. La información de contacto aparece en las páginas de la portada y la contraportada.

¿Cómo utilizo el Formulario?

Hay dos formas para encontrar su medicamento en el Formulario:

Condición médica

El Formulario empieza en la página 1. Los medicamentos de este Formulario están agrupados en categorías según el tipo de condición médica para cuyo tratamiento se los emplea. Por ejemplo, los medicamentos utilizados para tratar una condición cardíaca se incluyen en la categoría "Cardiovascular". Si sabe para qué se utiliza su medicamento, busque el nombre de la categoría en la lista que empieza en la página 1. Luego busque su medicamento debajo del nombre de la categoría.

Listado alfabético

Si no está seguro de qué categoría consultar, debe buscar su medicamento en el Índice que comienza en la página 88. El Índice proporciona una lista alfabética de todos los medicamentos incluidos en este documento. En el Índice figuran tanto los medicamentos de marca como los genéricos. Busque en el Índice y encuentre su medicamento. Junto a su medicamento, verá el número de página donde puede encontrar información acerca de la cobertura. Vaya a la página que figura en el Índice y encuentre el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

Nuestro plan cubre tanto los medicamentos de marca como los genéricos. Un medicamento genérico está aprobado por FDA dado que se considera que tiene el mismo ingrediente activo que el medicamento de marca. Por lo general, los medicamentos genéricos funcionan igual de bien y suelen tener un costo menor que los medicamentos de marca. Existen sustitutos genéricos disponibles para muchos medicamentos de marca. Según las leyes estatales, por lo general, los medicamentos genéricos se pueden sustituir por el medicamento de marca en la farmacia sin necesidad de una nueva receta.

¿Qué son los productos biológicos originales y cómo se relacionan con los biosimilares?

En el Formulario, cuando nos referimos a medicamentos, podemos estar mencionando un medicamento o un producto biológico. Los productos biológicos son medicamentos más complejos que los medicamentos habituales. Dado que los productos biológicos son más complejos que los medicamentos habituales, en lugar de tener una forma genérica, tienen alternativas que se denominan biosimilares. En general, los biosimilares funcionan tan bien como el producto biológico original y pueden tener un costo menor. Existen alternativas biosimilares para algunos productos biológicos originales. Algunos biosimilares son biosimilares intercambiables y, según las leyes estatales, pueden ser sustituidos por el producto biológico original en la farmacia sin necesidad de una nueva receta, al igual que los medicamentos genéricos pueden ser sustituidos por medicamentos de marca.

- Para conocer sobre los tipos de medicamentos, consulte la Evidencia de cobertura, capítulo 5, sección 3.1, "La 'Lista de medicamentos' indica qué medicamentos de la Parte D están cubiertos".

¿Hay alguna restricción en mi cobertura?

Algunos medicamentos cubiertos pueden tener requisitos o límites adicionales de cobertura. Estos requisitos y límites pueden incluir los siguientes:

- **Autorización previa:** nuestro plan requiere que usted o la persona autorizada a dar recetas obtenga una autorización previa para determinados medicamentos. Esto significa que necesitará contar con la aprobación de nuestro plan antes de obtener sus medicamentos con receta. Si no consigue la autorización, es posible que nuestro plan no cubra el medicamento.
- **Límites de cantidad:** para ciertos medicamentos, nuestro plan limita la cantidad del medicamento que cubrirá. Por ejemplo, nuestro plan provee 30 comprimidos por receta de Januvia 50 mg. Esto puede ser suplementario a un suministro estándar para un mes o tres meses.
- **Tratamiento escalonado:** en algunos casos, nuestro plan requiere que usted primero pruebe ciertos medicamentos para tratar su condición médica antes de que cubramos otro medicamento para esa enfermedad. Por ejemplo, si el medicamento A y el medicamento B tratan su condición médica, es posible que nuestro plan no cubra el medicamento B, a menos que usted pruebe primero el medicamento A. Si el medicamento A no funciona para usted,

entonces nuestro plan cubrirá el medicamento B.

Puede averiguar si su medicamento tiene requisitos adicionales o límites consultando el Formulario que empieza en la página 1. También puede obtener más información sobre las restricciones que se aplican a medicamentos cubiertos específicos en nuestro sitio web. Hemos publicado documentos en línea que explican nuestra autorización previa y las restricciones en tratamientos escalonados. También puede pedirnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha de la última actualización del Formulario, aparece en las páginas de la portada y la contraportada.

Puede pedirle a nuestro plan que haga una excepción a estas restricciones o límites o puede solicitarle una lista de otros medicamentos similares que puedan tratar su condición médica. Consulte la sección "¿Cómo solicito una excepción al Formulario de Elderplan?" en la página IV para obtener información acerca de cómo solicitar una excepción.

¿Qué pasa si mi medicamento no está en el Formulario?

Si el medicamento que toma no está incluido en este Formulario (lista de medicamentos cubiertos), primero debe comunicarse con el Departamento de Servicios para los Miembros y preguntar si su medicamento está cubierto. Para obtener más información, póngase en contacto con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del Formulario, aparece en las páginas de la portada y la contraportada.

Si resulta que nuestro plan no cubre el medicamento que toma, tiene dos alternativas:

- Puede pedir al Departamento de Servicios para los Miembros una lista de medicamentos similares que cubra nuestro plan. Cuando reciba la lista, muéstresela a su médico y pídale que le recete un medicamento similar que cubra nuestro plan.
- Puede solicitarle a nuestro plan que haga una excepción y cubra el medicamento. Consulte más abajo para obtener información sobre cómo solicitar una excepción.

¿Cómo solicito una excepción al Formulario de Elderplan?

Puede solicitarle a nuestro plan que haga una excepción a nuestras normas de cobertura. Son varios los tipos de excepciones que puede solicitarnos.

- Puede pedirnos que cubramos un medicamento, incluso si no está en nuestro Formulario. Si se aprueba, este medicamento estará cubierto a un nivel de costo compartido predeterminado, y usted no podrá pedirnos que proporcionemos el medicamento a un nivel de costo compartido menor.
- Puede pedirnos que no apliquemos una restricción de cobertura, incluida la autorización previa, el tratamiento escalonado o un límite de cantidad a su medicamento. Por ejemplo, para ciertos medicamentos, nuestro plan limita la cantidad del medicamento que cubriremos. Si su medicamento tiene un límite de cantidad, puede pedirnos que hagamos una excepción al límite y cubramos una cantidad mayor.
- Puede pedirnos que cubramos un medicamento del Formulario a un nivel de costo compartido menor. Puede pedirnos que cubramos un medicamento del Formulario a un nivel de costo compartido menor, a menos que el medicamento esté incluido en el nivel de medicamentos especializados. Si se aprueba, esto reduciría el monto que usted debe pagar por su medicamento.

Por lo general, nuestro plan solo aprobará su solicitud de excepción si los medicamentos alternativos incluidos en el Formulario del plan, el medicamento de costo compartido más bajo o aplicar la restricción no sería tan efectivo para tratar su condición o le causarán efectos adversos.

Usted o la persona autorizada a dar recetas deben comunicarse con nosotros para solicitar un cambio de nivel o una excepción al Formulario, incluida una excepción a una restricción de cobertura. **Cuando solicite una excepción, la persona autorizada a dar recetas deberá explicar las razones médicas por las que necesita la excepción**. Por lo general, debemos tomar una decisión dentro de las 72 horas a partir de la fecha en la que recibamos la declaración que respalda su solicitud por parte de la persona autorizada a dar recetas. Puede solicitar una decisión acelerada (rápida) si considera que esperar 72 horas para la decisión podría perjudicar gravemente su salud y nosotros estamos de acuerdo. Si estamos de acuerdo, o si la persona autorizada a dar recetas solicita una decisión rápida, debemos comunicarle nuestra decisión en un plazo máximo de 24 horas después de haber recibido la declaración que respalda su solicitud por parte de la persona autorizada a dar recetas.

¿Qué puedo hacer si mi medicamento no está en el Formulario o tiene una restricción?

Como miembro nuevo o permanente de nuestro plan, es posible que esté tomando medicamentos que no estén incluidos en el Formulario. También es posible que esté tomando un medicamento incluido en el Formulario, pero que tenga una restricción de cobertura, como una autorización previa. Debe hablar con la persona autorizada a dar recetas para solicitar una decisión de cobertura que demuestre que cumple con los criterios para la aprobación, cambiar a un medicamento alternativo que nosotros cubramos o solicitar una excepción al Formulario para que cubramos el medicamento que toma. Mientras evalúa con su médico el procedimiento adecuado para seguir en su caso, podemos cubrir su medicamento en determinadas situaciones durante los primeros 90 días en los que usted sea miembro de nuestro plan.

Para cada uno de sus medicamentos que no esté incluido en nuestro Formulario o que tenga una restricción de cobertura, cubriremos un suministro temporal para 30 días. Si su receta está indicada para menos días, permitiremos que obtenga resurtidos de los medicamentos hasta llegar a un suministro máximo del medicamento para 30 días. Si no se aprueba la cobertura, después del primer suministro para 30 días, no pagaremos por estos medicamentos, incluso si ha sido miembro del plan durante menos de 90 días.

Si reside en un centro de atención a largo plazo y necesita un medicamento que no está en el Formulario o si su capacidad para conseguir los medicamentos es limitada, pero ya pasaron los primeros 90 días de membresía en nuestro plan, cubriremos un suministro de emergencia del medicamento para 31 días mientras solicita la excepción al Formulario.

Miembro actual de un plan con cambios en el nivel de atención

Si usted ingresa en un centro de atención a largo plazo (LTC) y provenía de un lugar (hogar) como paciente externo, de un hospital o de otro centro de LTC, cubriremos un suministro de transición temporal para 31 días (a menos que tenga una receta para menos días) para cada medicamento que no esté en nuestro Formulario o tenga restricciones o límites de cobertura.

Si deja el centro de LTC o el hospital y regresa a su hogar como paciente externo, cubriremos un suministro temporal para 30 días (a menos que tenga una receta para menos días) después del alta, para cada medicamento que no esté incluido en nuestro Formulario o que tenga restricciones o límites de cobertura.

Tenga en cuenta que nuestra política de transición se aplica únicamente a aquellos medicamentos que se

incluyen como “medicamentos de la Parte D” y que se surten en una farmacia de la red.

Para obtener más información

Para obtener información más detallada sobre la cobertura para medicamentos con receta de nuestro plan, consulte la Evidencia de cobertura y otra documentación del plan.

Si tiene alguna pregunta sobre nuestro plan, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del Formulario, aparece en las páginas de la portada y la contraportada.

Si tiene preguntas generales sobre su cobertura para medicamentos con receta de Medicare, llame a Medicare al 1-800-MEDICARE (1-800-633-4227), durante las 24 horas, los 7 días de la semana. Los usuarios de TTY deben llamar al 1-877-486-2048. O bien, visite http://www.medicare.gov.

El Formulario de nuestro plan

El Formulario que empieza en la página 1 proporciona información de cobertura acerca de los medicamentos cubiertos por nuestro plan. Si tiene dificultades para encontrar el medicamento que toma en la lista, consulte el Índice que comienza en la página 88.

En la primera columna de la tabla se menciona el nombre del medicamento. Los medicamentos de marca están en mayúsculas (p. ej., LANOXIN) y los medicamentos genéricos figuran en letra cursiva minúscula (p. ej., *digoxin*).

La información incluida en la columna de Requisitos/ Límites indica si nuestro plan tiene algún requisito especial para la cobertura del medicamento.

B/D, autorización previa de B frente a D: es posible que determinados medicamentos estén cubiertos por la Parte B o D de Medicare, según las circunstancias. Para tomar la decisión, se deberá enviar información que incluya la descripción del uso y la situación en que se administra el medicamento.

PA, autorización previa: usted o su médico deben obtener la autorización previa de nuestro plan para determinados medicamentos. Esto significa que necesitará contar con la aprobación de nuestro plan antes de obtener sus medicamentos con receta. Si no consigue la autorización, es posible que nuestro plan no cubra el medicamento.

QL, límites de cantidad: para ciertos medicamentos, nuestro plan limita la cantidad del medicamento que cubrirá. Por ejemplo, nuestro plan provee 30 comprimidos por receta de Januvia. El límite de cantidad se indica en la cantidad entregada para días de suministro.

ST, tratamiento escalonado: nuestro plan requiere que usted primero pruebe ciertos medicamentos para tratar su condición médica antes de que cubramos otro medicamento para esa condición médica. Por ejemplo, si el medicamento A y el medicamento B tratan su condición médica, es posible que nuestro plan no cubra el medicamento B, a menos que usted pruebe primero el medicamento A. Si el medicamento A no funciona para usted, nuestro plan cubrirá el medicamento B.

NM: estos medicamentos NO se encuentran disponibles a través del pedido por correo.

NDS: suministro en días no extendido. Ciertos medicamentos especializados estarán limitados a un suministro para 30 días como máximo por surtido.

Montos de costos compartidos de la Parte D

Consulte su Evidencia de cobertura (EOC) para obtener información adicional sobre el **deducible** o la **prima de la Parte D** que pueden aplicarse a su Parte D.

Elderplan Extra Help (HMO-POS) H3347-009

Niveles (nombre del nivel)	Deducible	Costo de la farmacia minorista (suministro para 30 días) Ω	Costo de la farmacia minorista (suministro para 90 días como máximo) *† Ω	Costo de la farmacia de pedidos por correo (suministro para 90 días como máximo) † Ω
Nivel 1 *(medicamentos genéricos preferidos)*	$0	$0	$0	$0
Nivel 2 *(medicamentos genéricos)*		$10.00	$30.00	$20.00
Nivel 3 *(medicamentos de marca preferidos)*		$47.00	$141.00	$94.00
Nivel 4 *(medicamentos de marca no preferidos)*	$375	$100.00	$300.00	$200.00
Nivel 5 *(medicamentos especializados)*		28%	28%	28%

* También está disponible un suministro para 60 días para el costo minorista estándar.

† NDS: suministro en días no extendido. Ciertos medicamentos especializados estarán limitados a un suministro para 30 días como máximo por surtido.

Ω Usted no pagará más de $35 por un suministro para un mes de cada producto de insulina cubierto por nuestro plan, independientemente del nivel de costo compartido de los medicamentos de la parte B y D, incluso si no ha pagado el deducible.

Elderplan Flexible (HMO-POS) H3347-016

Niveles (nombre del nivel)	Deducible	Costo de la farmacia minorista (suministro para 30 días) Ω	Costo de la farmacia minorista (suministro para 90 días como máximo) *† Ω	Costo de la farmacia de pedidos por correo (suministro para 90 días como máximo)† Ω
Nivel 1 *(medicamentos genéricos preferidos)*	$0	$0	$0	$0
Nivel 2 *(medicamentos genéricos)*		$10.00	$30.00	$20.00
Nivel 3 *(medicamentos de marca preferidos)*		$47.00	$141.00	$94.00
Nivel 4 *(medicamentos de marca no preferidos)*	$375	$100.00	$300.00	$200.00
Nivel 5 *(medicamentos especializados)*		28%	28%	28%

* También está disponible un suministro para 60 días para el costo minorista estándar.

† NDS: suministro en días no extendido. Ciertos medicamentos especializados estarán limitados a un suministro para 30 días como máximo por surtido.

Ω Usted no pagará más de $35 por un suministro para un mes de cada producto de insulina cubierto por nuestro plan, independientemente del nivel de costo compartido de los medicamentos de la parte B y D, incluso si no ha pagado el deducible.

Elderplan Select (HMO-POS I-SNP/IE-SNP) H3347-018

Niveles (nombre del nivel)	Deducible	Costo de la farmacia minorista (suministro para 30 días) Ω	Costo de la farmacia minorista (suministro para 90 días como máximo) *† Ω	Costo de la farmacia de pedidos por correo (suministro para 90 días como máximo) † Ω
Nivel 1 *(medicamentos genéricos preferidos)*	$0	$0	$0	$0
Nivel 2 *(medicamentos genéricos)*		$2.00	$6.00	$4.00
Nivel 3 *(medicamentos de marca preferidos)*		$25.00	$75.00	$50.00
Nivel 4 *(medicamentos de marca no preferidos)*		$100.00	$300.00	$200.00
Nivel 5 *(medicamentos especializados)*		25%	25%	25%

* También está disponible un suministro para 60 días para el costo minorista estándar.

† NDS: suministro en días no extendido. Ciertos medicamentos especializados estarán limitados a un suministro para 30 días como máximo por surtido.

Ω Usted no pagará más de $35 por un suministro para un mes de cada producto de insulina cubierto por nuestro plan, independientemente del nivel de costo compartido de los medicamentos de la parte B y D, incluso si no ha pagado el deducible.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services
45 CFR 92.11

English: Elderplan, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATTENTION: If you speak a non-English language or require interpretation assistance, language assistance services and appropriate auxiliary aids are available to you free of charge. If you need these services or have questions about our plan, call 1-800-353-3765 (TTY: 711).

Spanish: Elderplan, Inc. cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. ATENCIÓN: Si usted habla en un idioma que no es inglés o requiere asistencia de interpretación, tiene a su disposición servicios de asistencia lingüística y las ayudas auxiliares adecuadas de forma gratuita. Si necesita estos servicios o tiene preguntas sobre nuestro plan, llame al 1-800-353-3765 (TTY: 711).

Chinese: Elderplan, Inc. 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障情況或性別而歧視任何人。請注意：如果您說英語以外的語言或需要口譯協助，我們將免費為您提供語言協助服務和適當的輔助工具。如果您需要這些服務或對我們的計劃有疑問，請致電 1-800-353-3765 (TTY: 711)。

Albanian: Elderplan, Inc. u përmbahet ligjeve të zbatueshme federale për të drejtat civile, ndaj nuk ju diskriminon në bazë të racës, ngjyrës, origjinës kombëtare, moshës, aftësive të kufizuara ose seksit. VËMENDJE: Nëse flisni një gjuhë tjetër që nuk është anglisht ose nëse keni nevojë për shërbime përkthimi, për ju ofrohen falas shërbime të ndihmës gjuhësore dhe mjete ndihmëse të përshtatshme. Nëse keni nevojë për këto shërbime ose nëse keni pyetje rreth planit tonë, telefononi 1-800-353-3765 (TTY: 711).

Arabic

لقوانين الحقوق المدنية الفيدرالية المعمول بها ولا تميّز على أساس العِرق أو اللون أو الأصل القومي .Elderplan Incتمتثل أو العمر أو الإعاقة أو الجنس. تنبيه: إذا كنت تتحدث لغة غير الإنجليزية أو تحتاج إلى مساعدة في الترجمة الفورية، فإن خدمات المساعدة اللغوية والمساعدات المعينة المناسبة متاحة لك مجانًا. إذا كنت بحاجة إلى هذه الخدمات أو كانت لديك أسئلة حول خطتنا، فاتصل بالرقم 1-800-353-3765 (TTY: 711).

Bengali: Elderplan, Inc. প্রযোজ্য ফেডারেল নাগরিক অধিকার আইন মেনে চলে এবং জাতি, বর্ণ, জাতীগত উৎপত্তি, বয়স, অক্ষমতা বা লিঙ্গের ভিত্তিতে বৈষম্য করে না। লক্ষ্য করুন: যদি আপনি ইংরেজি ছাড়া অন্য কোনো ভাষায় কথা বলেন বা দোভাষী সহায়তার প্রয়োজন হয়, আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবা এবং প্রয়োজনীয় সহায়ক উপকরণ উপলব্ধ আছে। আপনার যদি এই পরিষেবাগুলির প্রয়োজন হয় বা আমাদের পরিকল্পনা সম্পর্কে প্রশ্ন থাকে তবে 1-800-353-3765 (TTY: 711) নম্বরে ফোন করুন।

French: Elderplan, Inc. se conforme aux lois fédérales applicables en matière de droits civils et ne fait aucune discrimination fondée sur la race, la couleur, l'origine nationale, l'âge, le handicap ou le sexe. ATTENTION : Si vous parlez une langue autre que l'anglais ou si vous avez besoin d'une assistance d'interprétation, des services d'assistance linguistique et des aides auxiliaires appropriées sont à votre disposition gratuitement. Si vous avez besoin de ces services ou si vous avez des questions sur notre régime d'assurance maladie, appelez le 1-800-353-3765 (TTY : 711).

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services
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German: Elderplan, Inc. hält alle geltenden Bundesbürgerrechtsgesetze ein und diskriminiert nicht aufgrund von Ethnie, Hautfarbe, nationaler Herkunft, Alter, Behinderung oder Geschlecht. HINWEIS: Wenn Sie eine andere als die englische Sprache sprechen oder einen Dolmetscher benötigen, stehen Ihnen Sprachassistenzdienste und geeignete Hilfsmittel kostenlos zur Verfügung. Falls Sie solche Dienste benötigen oder Fragen zu unserem Plan haben, rufen Sie uns bitte unter der Nummer +1-800-353-3765 (TTY: 711) an.

Greek: Η Elderplan, Inc. συμμορφώνεται με τους ισχύοντες ομοσπονδιακούς νόμους περί πολιτικών δικαιωμάτων και δεν κάνει διακρίσεις με βάση τη φυλή, το χρώμα, την εθνική καταγωγή, την ηλικία, την αναπηρία ή το φύλο. ΠΡΟΣΟΧΗ: Αν μιλάτε άλλη γλώσσα εκτός από τα αγγλικά ή χρειάζεστε τη βοήθεια διερμηνείας, παρέχονται δωρεάν υπηρεσίες γλωσσικής υποστήριξης και κατάλληλα βοηθητικά μέσα. Εάν χρειάζεστε αυτές τις υπηρεσίες ή έχετε ερωτήσεις σχετικά με το πρόγραμμά μας, καλέστε στο 1-800-353-3765 (TTY: 711).

Haitian Creole: Elderplan, Inc. konfòme l avèk lwa Federal sou dwa sivil ki aplikab yo epi li pa fè diskriminasyon sou baz ras, koulè, orijin nasyonal, laj, andikap oswa sèks. ATANSYON: Si ou pale yon lang ki pa Angle oswa ou bezwen asistans entèprèt, sèvis asistans lang ak èd oksilyè ki apwopriye yo disponib pou ou gratis. Si ou bezwen sèvis sa yo oswa ou gen kesyon sou plan nou an, rele 1-800-353-3765 (TTY: 711).

Hindi: Elderplan, Inc. लागू संघीय नागरिक अधिकार कानूनों का अनुपालन करता है और नस्ल, रंग, राष्ट्रीय मूल, उम्र, विकलांगता या लिंग के आधार पर भेदभाव नहीं करता है। ध्यान दें: यदि आप एक गैर-अंग्रेज़ी भाषा बोलते हैं या आपको भाषांतरण सहायता की आवश्यकता है, तो भाषा सहायता सेवाएँ और उपयुक्त सहायक उपकरण आपके लिए निःशुल्क उपलब्ध हैं। यदि आपको इन सेवाओं की आवश्यकता है या हमारी योजना के बारे में प्रश्न हैं, तो 1-800-353-3765 (TTY: 711) पर कॉल करें।

Italian: Elderplan, Inc. è conforme a tutte le leggi federali vigenti in materia di diritti civili e non pone in essere discriminazioni sulla base di razza, colore, origine nazionale, età, disabilità o sesso. ATTENZIONE: Se parla una lingua diversa dall'inglese o ha bisogno dell’assistenza di un interprete, può usufruire gratuitamente di servizi di assistenza linguistica e di appositi supporti ausiliari. Se necessita di questi servizi o ha domande sul nostro piano, chiami il numero 1-800-353-3765 (TTY: 711).

Japanese: Elderplan, Inc. は適用される連邦公民権法を遵守し、人種、肌の色、出身国、年齢、障害、性別に基づいて差別しません。注意：英語以外の言語を話す場合や通訳のサポートが必要な場合は、言語サポートサービスと適切な補助器具を無料でご利用いただけます。これらのサービスが必要な場合、または当社のプランについてご質問がある場合は、1-800-353-3765 (TTY: 711) までお電話ください。

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Korean: Elderplan, Inc.는 해당 연방 민권법을 준수하며 인종, 피부색, 출신 국가, 연령, 장애 또는 성별을 근거로 차별하지 않습니다. 주의: 영어 이외의 언어를 구사하거나 통역 지원이 필요한 경우 언어 지원 서비스 및 적절한 보조 장치를 무료로 이용할 수 있습니다. 이러한 서비스가 필요하거나 플랜에 대해 질문이 있는 경우 1-800-353-3765 (TTY: 711) 로 전화하십시오.

Polish: Elderplan, Inc. przestrzega obowiązujących federalnych przepisów dotyczących praw obywatelskich i nie dyskryminuje ze względu na rasę, kolor skóry, pochodzenie narodowe, wiek, niepełnosprawność ani płeć. UWAGA: Jeśli mówisz w języku innym niż angielski lub potrzebujesz pomocy tłumacza, możesz bezpłatnie skorzystać z usług pomocy językowej i odpowiednich narzędzi pomocniczych. Jeśli potrzebujesz tych usług lub masz pytania dotyczące naszego planu, zadzwoń pod numer 1-800-353-3765 (TTY: 711).

Portuguese: A Elderplan, Inc. cumpre as leis federais de direitos civis aplicáveis e não discrimina com base em raça, cor, nacionalidade, idade, deficiência ou sexo. ATENÇÃO: Se fala uma língua diferente do inglês ou necessita de assistência de interpretação, estão disponíveis gratuitamente serviços de assistência linguística e recursos auxiliares apropriados. Se precisar destes serviços ou tiver dúvidas sobre o nosso plano, ligue para 1-800-353-3765 (TTY: 711).

Punjabi: Elderplan, Inc. ਲਾਗੂ ਸੰਘੀ ਨਾਗਰਿਕ ਅਧਿਕਾਰ ਕਾਨੂੰਨਾਂ ਦੀ ਪਾਲਣਾ ਕਰਦਾ ਹੈ ਅਤੇ ਨਸਲ, ਰੰਗ, ਰਾਸ਼ਟਰੀ ਮੂਲ, ਉਮਰ, ਅਪਾਹਜਤਾ, ਜਾਂ ਲਿੰਗ ਦੇ ਆਧਾਰ 'ਤੇ ਵਿਤਕਰਾ ਨਹੀਂ ਕਰਦਾ ਹੈ। ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਕੋਈ ਅੰਗਰੇਜ਼ੀ ਤੋਂ ਬਿਨ੍ਹਾਂ ਕੋਈ ਹੋਰ ਭਾਸ਼ਾ ਬੋਲਦੇ ਹੋ ਜਾਂ ਵਿਆਖਿਆ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੁੰਦੀ ਹੈ, ਤਾਂ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਅਤੇ ਉਚਿਤ ਸਹਾਇਕ ਸਹਾਇਤਾਵਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫ਼ਤ ਉਪਲਬਧ ਹਨ। ਜੇ ਤੁਹਾਨੂੰ ਇਹਨਾਂ ਸੇਵਾਵਾਂ ਦੀ ਲੋੜ ਹੈ ਜਾਂ ਸਾਡੀ ਯੋਜਨਾ ਬਾਰੇ ਤੁਹਾਡੇ ਕੋਈ ਸਵਾਲ ਹਨ, ਤਾਂ 1-800-353-3765 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

Russian: Компания Elderplan, Inc. соблюдает применимое федеральное законодательство в области гражданских прав и не допускает дискриминации по признакам расы, цвета кожи, национальной принадлежности, возраста, инвалидности или пола. ВНИМАНИЕ: Если вы не говорите на английском языке или вам нужна помощь переводчика, вам будут бесплатно предоставлены услуги языковой помощи и соответствующие вспомогательные средства. Если вам нужны такие услуги или у вас есть вопросы о нашем плане, позвоните по номеру 1-800-353-3765 (TTY: 711).

Tagalog: Sumusunod ang Elderplan, Inc. sa naaangkop na mga batas sa Pederal na mga karapatang sibil at hindi nandidiskrimina batay sa lahi, kulay, bansang pinagmulan, edad, kapansanan, o kasarian. ATENSYON: Kung nagsasalita ka ng wikang hindi Ingles o nangangailangan ng tulong sa interpretasyon, ang mga serbisyo ng tulong sa wika at naaangkop na mga pantulong na tulong ay magagamit mo nang walang bayad. Kung kailangan mo ang mga serbisyong ito o may mga tanong tungkol sa aming plano, tawagan ang 1-800-353-3765 (TTY: 711).

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Urdu

Elderplan/HomeFirst قابل اطلاق وفاقی شہری حقوق کے قوانین کی تعمیل کرتا ہے اور نسل، رنگ، قومیت، عمر، معذوری، یا جنس کی بنیاد پر امتیازی سلوک نہیں کرتا۔ توجہ: اگر آپ غیر انگریزی زبان بولتے ہیں یا تشریح میں مدد کی ضرورت ہے تو ، زبان کی مدد کی خدمات اور مناسب معاون امداد آپ کے لئے مفت دستیاب ہیں۔ اگر آپ کو ان خدمات کی ضرورت ہے یا ہمارے منصوبے کے بارے میں سوالات ہیں تو،(TTY: 711) 1-800-353-3765 پر کال کریں.

Vietnamese: Elderplan, Inc. tuân thủ luật dân quyền Liên bang hiện hành và không phân biệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, tình trạng khuyết tật hoặc giới tính. CHÚ Ý: Nếu quý vị nói ngôn ngữ không phải tiếng Anh hoặc cần được hỗ trợ thông dịch thì chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ và các phương tiện phụ trợ phù hợp miễn phí cho quý vị. Nếu quý vị cần những dịch vụ này hoặc có thắc mắc về chương trình của chúng tôi, hãy gọi số 1-800-353-3765 (TTY: 711).

Yiddish

Elderplan, Inc. פֿאָלגט די אָנוועndלעכע פעדעראלע ציווילע רעכט געזעצן און דיסקרימינירט נישט אויף דער באַזע פון ראַסע, קאָליר, נאַציאָנאַלער אָפּשטאַם, עלטער, דיסאַביליטי, אָדער געשלעכט. ופמערקזאַמקייַט: אויב איר רעדט אַ נישט-ענגלישע שפּראַך אָדער דאַרפֿט הילף מיט איבערזעצונג, זענען שפּראַך הילף באַדינונגען און פּאַסיק הילפסמיטלען בנימצא פֿאַר אייַך אָן קיין אָפּצאָל. אויב איר דאַרפט די סערוויסעס אדער האָט פֿראַגעס וועגן אונדזער פּלאַן, רופֿט אָן 1-800-353-3765 (TTY: 711)

ELDERPLAN_CY26_5T_SNP eff 11/01/2026

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
GOUT		
allopurinol TABS 100mg, 300mg	1	
colchicine TABS .6mg	3	QL (120 tabs / 30 days)
colchicine w/ probenecid tab 0.5-500 mg	3	
probenecid TABS 500mg	3	
MISCELLANEOUS		
JOURNAVX TABS 50mg	3	QL (29 tabs / 14 days), PA
lidocaine hcl (local anesth.) SOLN .5%, 1%, 1.5%, 2%	3	B/D
NSAIDS		
celecoxib CAPS 50mg, 100mg, 200mg	3	QL (60 caps / 30 days)
celecoxib CAPS 400mg	3	QL (30 caps / 30 days)
diclofenac potassium TABS 50mg	2	QL (120 tabs / 30 days)
diclofenac sodium TB24 100mg	3	
diclofenac sodium TBEC 25mg, 50mg, 75mg	2	
diflunisal TABS 500mg	3	
etodolac CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	3	
flurbiprofen TABS 100mg	3	
ibu TABS 400mg, 600mg, 800mg	1	
ibuprofen SUSP 100mg/5ml	3	
ibuprofen TABS 400mg, 600mg, 800mg	1	
meloxicam TABS 7.5mg, 15mg	1	
nabumetone TABS 500mg, 750mg	2	
naproxen TABS 250mg, 375mg, 500mg	1	
naproxen TBEC 375mg	2	QL (120 tabs / 30 days)
naproxen sodium TABS 275mg, 550mg	3	
piroxicam CAPS 10mg, 20mg	3	
sulindac TABS 150mg, 200mg	2	
OPIOID ANALGESICS, LONG-ACTING		
buprenorphine PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	4	QL (4 patches / 28 days), PA
fentanyl PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	4	QL (10 patches / 30 days), PA
hydrocodone bitartrate T24A 20mg, 30mg, 40mg, 60mg, 80mg	4	QL (30 tabs / 30 days), PA
hydrocodone bitartrate T24A 100mg, 120mg	5	NDS, QL (30 tabs / 30 days), PA

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

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

ANTI-INFECTIVES

ANTI-INFECTIVES - MISCELLANEOUS

albendazole TABS 200mg	4	QL (672 tabs / year), PA
amikacin sulfate SOLN 1gm/4ml, 500mg/2ml	4	
ARIKAYCE SUSP 590mg/8.4ml	5	NDS, NM, PA
atovaquone SUSP 750mg/5ml	4	QL (300 mL / 30 days), PA
aztreonam SOLR 1gm, 2gm	4	
BLUJEPA TABS 750mg	3	
CAYSTON SOLR 75mg	5	NDS, NM, PA
clindamycin hcl CAPS 75mg, 150mg, 300mg	2	
clindamycin palmitate hydrochloride SOLR 75mg/5ml	4	
clindamycin phosphate SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml	3	
clindamycin phosphate in d5w iv soln 300 mg/50ml	4	
clindamycin phosphate in d5w iv soln 600 mg/50ml	4	
clindamycin phosphate in d5w iv soln 900 mg/50ml	4	
CLINDMYC/NAC INJ 300/50ML	4	
CLINDMYC/NAC INJ 600/50ML	4	
CLINDMYC/NAC INJ 900/50ML	4	
colistimethate sodium SOLR 150mg	4	
dapsone TABS 25mg, 100mg	3	
DAPTOMYCIN SOLR 350mg	5	NDS
daptomycin SOLR 350mg, 500mg	5	NDS
EMVERM CHEW 100mg	5	NDS, QL (12 tabs / year)
ertapenem sodium SOLR 1gm	3	
fosfomycin tromethamine PACK 3gm	4	
gentamicin in saline inj 0.8 mg/ml	3	
gentamicin in saline inj 1 mg/ml	3	
gentamicin in saline inj 1.2 mg/ml	3	
gentamicin in saline inj 1.6 mg/ml	3	
gentamicin in saline inj 2 mg/ml	3	

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

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

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

Drug Name	Drug Tier	Requirements/Limits
RUKOBIA TB12 600mg	5	NDS, NM
SELZENTRY SOLN 20mg/ml	5	NDS, NM
SUNLENCA TABS 300mg; TBPK 300mg	5	NDS, NM
tenofovir disoproxil fumarate TABS 300mg	4	NM
TIVICAY TABS 50mg	5	NDS, NM
TIVICAY PD TBSO 5mg	5	NDS, NM
TROGARZO SOLN 200mg/1.33ml	5	NDS, NM
TYBOST TABS 150mg	3	NM
VIRACEPT TABS 250mg, 625mg	5	NDS, NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	5	NDS, NM
zidovudine CAPS 100mg	4	NM
zidovudine SYRP 50mg/5ml; TABS 300mg	3	NM
ANTIRETROVIRAL COMBINATION AGENTS		
abacavir sulfate-lamivudine tab 600-300 mg	4	NM
BIKTARVY TAB 30-120-15 MG	5	NDS, NM
BIKTARVY TAB 50-200-25 MG	5	NDS, NM
CIMDUO TAB 300-300	5	NDS, NM
DELSTRIGO TAB	5	NDS, NM
DESCOVY TAB 120-15MG	5	NDS, NM
DESCOVY TAB 200/25MG	5	NDS, NM
DOVATO TAB 50-300MG	5	NDS, NM
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	4	NM
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	5	NDS, NM
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	5	NDS, NM
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	5	NDS, NM
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	4	NM
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	5	NDS, NM
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	4	NM
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	4	NM
EVOTAZ TAB 300-150	5	NDS, NM
GENVOYA TAB	5	NDS, NM
IDVYNSO TAB 100-0.25	5	NDS, NM
JULUCA TAB 50-25MG	5	NDS, NM
KALETRA SOL	4	NM
lamivudine-zidovudine tab 150-300 mg	4	NM

Drug Name	Drug Tier	Requirements/Limits
lopinavir-ritonavir tab 100-25 mg	4	NM
lopinavir-ritonavir tab 200-50 mg	4	NM
ODEFSEY TAB	5	NDS, NM
PREZCOBIX TAB 675/150	5	NDS, NM
PREZCOBIX TAB 800-150	5	NDS, NM
STRIBILD TAB	5	NDS, NM
SYMTUZA TAB	5	NDS, NM
TRIUMEQ PD TAB	4	NM
TRIUMEQ TAB	5	NDS, NM
ANTITUBERCULAR AGENTS		
cycloserine CAPS 250mg	5	NDS
ethambutol hcl TABS 100mg, 400mg	3	
isoniazid SYRP 50mg/5ml	4	
isoniazid TABS 100mg, 300mg	1	
PRIFTIN TABS 150mg	4	
pyrazinamide TABS 500mg	4	
rifabutin CAPS 150mg	4	
rifampin CAPS 150mg, 300mg	3	
rifampin SOLR 600mg	4	
rifapentine TABS 150mg	4	
SIRTURO TABS 20mg, 100mg	5	NDS, NM, PA
ANTIVIRALS		
acyclovir CAPS 200mg; TABS 400mg, 800mg	2	
acyclovir SUSP 200mg/5ml	4	
acyclovir sodium SOLN 50mg/ml	4	B/D
adefovir dipivoxil TABS 10mg	4	NM
BARACLUDE SOLN .05mg/ml	5	NDS, NM, ST
entecavir TABS .5mg, 1mg	4	NM
EPCLUSA PAK 150-37.5	5	NDS, NM, PA
EPCLUSA PAK 200-50MG	5	NDS, NM, PA
EPCLUSA TAB 200-50MG	5	NDS, NM, PA
EPCLUSA TAB 400-100	5	NDS, NM, PA
famciclovir TABS 125mg, 250mg, 500mg	3	
ganciclovir sodium SOLR 500mg	4	B/D
lamivudine (hbv) TABS 100mg	3	NM
LIVTENCITY TABS 200mg	5	NDS, QL (336 tabs / 28 days), NM, PA
MAVYRET PAK 50-20MG	5	NDS, NM, PA
MAVYRET TAB 100-40MG	5	NDS, NM, PA
oseltamivir phosphate CAPS 30mg	3	QL (168 caps / year)
oseltamivir phosphate CAPS 45mg, 75mg	3	QL (84 caps / year)
oseltamivir phosphate SUSR 6mg/ml	3	QL (1080 mL / year)
PAXLOVID PAK	2	QL (22 tabs / 90 days)

Drug Name	Drug Tier	Requirements/Limits
PAXLOVID TAB 150-100	2	QL (40 tabs / 90 days)
PAXLOVID TAB 300-100	2	QL (60 tabs / 90 days)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	5	NDS, NM, PA
PREVYMIS TABS 240mg, 480mg	5	NDS, QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	3	QL (6 inhalers / year)
ribavirin (hepatitis c) CAPS 200mg; TABS 200mg	3	NM
rimantadine hydrochloride TABS 100mg	4	
valacyclovir hcl TABS 1gm, 500mg	3	
valganciclovir hcl SOLR 50mg/ml	5	NDS
valganciclovir hcl TABS 450mg	3	
VOSEVI TAB	5	NDS, NM, PA
XOFLUZA TBPK 40mg, 80mg	4	QL (1 tab / 180 days)
CEPHALOSPORINS		
cefaclor CAPS 250mg, 500mg	3	
cefadroxil CAPS 500mg	2	
cefadroxil SUSR 250mg/5ml, 500mg/5ml	3	
CEFAZOLIN SOLR 2gm, 3gm	4	
CEFAZOLIN INJ 1GM/50ML	4	
cefazolin sodium SOLR 1gm, 2gm, 3gm, 10gm, 500mg	3	
CEFAZOLIN SOLN 2GM/100ML-4%	4	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	4	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	4	
CEFAZOLIN/DEX SOL 3GM/50ML-2%	4	
CEFAZOLIN/DEX SOL 3GM/150ML-4%	4	
cefdinir CAPS 300mg	2	
cefdinir SUSR 125mg/5ml, 250mg/5ml	3	
cefepime hcl SOLR 1gm, 2gm	4	
cefixime CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	4	
cefotetan disodium SOLR 1gm, 2gm	4	
cefoxitin sodium SOLR 1gm, 2gm, 10gm	4	
cefpodoxime proxetil SUSR 50mg/5ml, 100mg/5ml	4	
cefpodoxime proxetil TABS 100mg, 200mg	3	
cefprozil SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	3	
ceftaroline fosamil SOLR 400mg, 600mg	5	NDS
ceftazidime SOLR 1gm, 2gm, 6gm	4	
ceftriaxone sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	4	
cefuroxime axetil TABS 250mg, 500mg	2	

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

Drug Name	Drug Tier	Requirements/Limits
amoxicillin & k clavulanate for susp 400-57 mg/5ml	3	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	3	
amoxicillin & k clavulanate tab 250-125 mg	3	
amoxicillin & k clavulanate tab 500-125 mg	2	
amoxicillin & k clavulanate tab 875-125 mg	2	
ampicillin CAPS 500mg	2	
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm	4	
ampicillin & sulbactam sodium for inj 3 (2-1) gm	4	
ampicillin & sulbactam sodium for iv soln 3 (2-1) gm	4	
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm	4	
ampicillin sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	4	
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	4	
dicloxacillin sodium CAPS 250mg, 500mg	3	
nafcillin sodium SOLR 1gm, 2gm	4	
nafcillin sodium SOLR 10gm	5	NDS
oxacillin sodium SOLR 1gm, 2gm, 10gm	4	
penicillin g potassium SOLR 5000000unit, 20000000unit	4	
penicillin g sodium SOLR 5000000unit	4	
penicillin v potassium SOLR 125mg/5ml, 250mg/5ml	2	
penicillin v potassium TABS 250mg, 500mg	1	
pfizerpen SOLR 5000000unit, 20000000unit	4	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	4	
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	4	
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	4	
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)	4	
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	4	
TETRACYCLINES		
doxy 100 SOLR 100mg	4	

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

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

Drug Name	Drug Tier	Requirements/Limits
exemestane TABS 25mg	4	
FIRMAGON SOLR 80mg	4	NM, PA
FIRMAGON SOLR 120mg/vial	5	NDS, NM, PA
fulvestrant SOSY 250mg/5ml	5	NDS, B/D
INLURIYO TABS 200mg	5	NDS, QL (56 tabs / 28 days), NM, PA
letrozole TABS 2.5mg	2	
leuprolide acetate KIT 1mg/0.2ml	4	NM, PA
LIFYORLI CAP 125MG DS	5	NDS, QL (18 caps / 28 days), NM, PA
LIFYORLI CAP 150MG DS	5	NDS, QL (27 caps / 28 days), NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	5	NDS, NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	5	NDS, NM, PA
LYSODREN TABS 500mg	5	NDS, NM
megestrol acetate TABS 20mg, 40mg	3	
nilutamide TABS 150mg	5	NDS
NUBEQA TABS 300mg	5	NDS, QL (120 tabs / 30 days), NM, PA
ORGOVYX TABS 120mg	5	NDS, NM, PA
ORSERDU TABS 86mg	5	NDS, QL (90 tabs / 30 days), NM, PA
ORSERDU TABS 345mg	5	NDS, QL (30 tabs / 30 days), NM, PA
SOLTAMOX SOLN 10mg/5ml	5	NDS
tamoxifen citrate TABS 10mg, 20mg	2	
toremifene citrate TABS 60mg	4	PA
VEPPANU TABS 100mg	5	NDS, QL (90 tabs / 30 days), NM, PA
VEPPANU TABS 200mg	5	NDS, QL (30 tabs / 30 days), NM, PA
XTANDI CAPS 40mg	5	NDS, QL (120 caps / 30 days), NM, PA
XTANDI TABS 40mg	5	NDS, QL (120 tabs / 30 days), NM, PA
XTANDI TABS 80mg	5	NDS, QL (60 tabs / 30 days), NM, PA
YONSA TABS 125mg	5	NDS, QL (120 tabs / 30 days), NM, PA
IMMUNOMODULATORS		
lenalidomide CAPS 2.5mg, 5mg, 10mg, 15mg	5	NDS, QL (28 caps / 28 days), NM, PA
lenalidomide CAPS 20mg, 25mg	5	NDS, QL (21 caps / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
pomalidomide CAPS 1mg, 2mg, 3mg, 4mg	5	NDS, QL (21 caps / 28 days), NM, PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	5	NDS, QL (21 caps / 28 days), NM, PA
THALOMID CAPS 50mg	5	NDS, QL (84 caps / 28 days), NM, PA
THALOMID CAPS 100mg	5	NDS, QL (112 caps / 28 days), NM, PA
ZENBEXUS CAPS .75mg, 1mg	5	NDS, QL (21 caps / 28 days), NM, PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml	5	NDS, QL (2 syringes / 28 days), NM, PA
BESREMI PEN SOPN 500mcg/0.5ml	5	NDS, QL (2 pens / 28 days), NM, PA
bexarotene CAPS 75mg	5	NDS, QL (300 caps / 30 days), NM, PA
doxorubicin hcl SOLN 2mg/ml	4	B/D
doxorubicin hcl liposomal SUSP 2mg/ml	5	NDS, B/D
hydroxyurea CAPS 500mg	2	
irinotecan hcl SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	4	B/D
IWILFIN TABS 192mg	5	NDS, QL (240 tabs / 30 days), NM, PA
leucovorin calcium SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	4	B/D
leucovorin calcium TABS 5mg, 10mg, 15mg, 25mg	3	
MATULANE CAPS 50mg	5	NDS, NM
mesna TABS 400mg	5	NDS
MODEYSO CAPS 125mg	5	NDS, QL (20 caps / 28 days), NM, PA
tretinoin (chemotherapy) CAPS 10mg	5	NDS
WELIREG TABS 40mg	5	NDS, QL (90 tabs / 30 days), NM, PA
MITOTIC INHIBITORS		
docetaxel CONC 20mg/ml	4	B/D
docetaxel CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	NDS, B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	NDS, B/D
DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	NDS, B/D, NM

Drug Name	Drug Tier	Requirements/Limits
etoposide SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	3	B/D
paclitaxel CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	4	B/D
paclitaxel inj 100mg	5	NDS, B/D, NM
vincristine sulfate SOLN 1mg/ml	2	B/D
vinorelbine tartrate SOLN 10mg/ml, 50mg/5ml	4	B/D
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg	5	NDS, QL (240 caps / 30 days), NM, PA
ALUNBRIG TABS 30mg	5	NDS, QL (120 tabs / 30 days), NM, PA
ALUNBRIG TABS 90mg, 180mg	5	NDS, QL (30 tabs / 30 days), NM, PA
ALUNBRIG PAK	5	NDS, QL (30 tabs / 30 days), NM, PA
AUGTYRO CAPS 40mg	5	NDS, QL (240 caps / 30 days), NM, PA
AUGTYRO CAPS 160mg	5	NDS, QL (60 caps / 30 days), NM, PA
AVMAPKI PAK FAKZYNJA	5	NDS, QL (1 pack / 28 days), NM, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	5	NDS, QL (30 tabs / 30 days), NM, PA
BALVERSA TABS 3mg	5	NDS, QL (84 tabs / 28 days), NM, PA
BALVERSA TABS 4mg	5	NDS, QL (56 tabs / 28 days), NM, PA
BALVERSA TABS 5mg	5	NDS, QL (28 tabs / 28 days), NM, PA
BORTEZOMIB SOLR 1mg, 2.5mg	4	NM, PA
bortezomib SOLR 3.5mg	5	NDS, NM, PA
BOSULIF CAPS 50mg	5	NDS, QL (30 caps / 30 days), NM, PA
BOSULIF CAPS 100mg	5	NDS, QL (300 caps / 30 days), NM, PA
BOSULIF TABS 100mg	5	NDS, QL (180 tabs / 30 days), NM, PA
BOSULIF TABS 400mg, 500mg	5	NDS, QL (30 tabs / 30 days), NM, PA
bosutinib TABS 100mg	5	NDS, QL (180 tabs / 30 days), NM, PA
bosutinib TABS 400mg, 500mg	5	NDS, QL (30 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
BRAFTOVI CAPS 75mg	5	NDS, QL (180 caps / 30 days), NM, PA
BRUKINSA CAPS 80mg	5	NDS, QL (120 caps / 30 days), NM, PA
BRUKINSA TABS 160mg	5	NDS, QL (60 tabs / 30 days), NM, PA
CABOMETYX TABS 20mg, 40mg, 60mg	5	NDS, QL (30 tabs / 30 days), NM, PA
CALQUENCE TABS 100mg	5	NDS, QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 100mg	5	NDS, QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 300mg	5	NDS, QL (30 tabs / 30 days), NM, PA
CAVHANZA TBDP 60mg, 80mg	5	NDS, QL (112 tabs / 28 days), NM, PA
COMETRIQ (60MG DOSE) KIT 20mg	5	NDS, QL (84 caps / 28 days), NM, PA
COMETRIQ KIT 100MG	5	NDS, QL (56 caps / 28 days), NM, PA
COMETRIQ KIT 140MG	5	NDS, QL (112 caps / 28 days), NM, PA
COPIKTRA CAPS 15mg, 25mg	5	NDS, QL (56 caps / 28 days), NM, PA
COTELLIC TABS 20mg	5	NDS, QL (63 tabs / 28 days), NM, PA
DANZITEN TABS 71mg, 95mg	5	NDS, QL (112 tabs / 28 days), NM, PA
dasatinib TABS 20mg	5	NDS, QL (90 tabs / 30 days), NM, PA
dasatinib TABS 50mg, 70mg, 80mg, 100mg, 140mg	5	NDS, QL (30 tabs / 30 days), NM, PA
DAURISMO TABS 25mg	5	NDS, QL (60 tabs / 30 days), NM, PA
DAURISMO TABS 100mg	5	NDS, QL (30 tabs / 30 days), NM, PA
ENSACOVE CAPS 25mg	5	NDS, QL (270 caps / 30 days), NM, PA
ENSACOVE CAPS 100mg	5	NDS, QL (60 caps / 30 days), NM, PA
ERIVEDGE CAPS 150mg	5	NDS, QL (30 caps / 30 days), NM, PA
erlotinib hcl TABS 25mg	5	NDS, QL (90 tabs / 30 days), NM, PA
erlotinib hcl TABS 100mg, 150mg	5	NDS, QL (30 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
everolimus TABS 2.5mg, 5mg, 7.5mg, 10mg	5	NDS, QL (30 tabs / 30 days), NM, PA
everolimus TBSO 2mg, 5mg	5	NDS, QL (60 tabs / 30 days), NM, PA
everolimus TBSO 3mg	5	NDS, QL (90 tabs / 30 days), NM, PA
FOTIVDA CAPS .89mg, 1.34mg	5	NDS, QL (21 caps / 28 days), NM, PA
FRUZAQLA CAPS 1mg	5	NDS, QL (84 caps / 28 days), NM, PA
FRUZAQLA CAPS 5mg	5	NDS, QL (21 caps / 28 days), NM, PA
GAVRETO CAPS 100mg	5	NDS, QL (120 caps / 30 days), NM, PA
gefitinib TABS 250mg	5	NDS, QL (60 tabs / 30 days), NM, PA
GILOTRIF TABS 20mg, 30mg, 40mg	5	NDS, QL (30 tabs / 30 days), NM, PA
GOMEKLI CAPS 1mg	5	NDS, QL (168 caps / 28 days), NM, PA
GOMEKLI CAPS 2mg	5	NDS, QL (84 caps / 28 days), NM, PA
GOMEKLI TBSO 1mg	5	NDS, QL (168 tabs / 28 days), NM, PA
HERCEP HYLEC SOL 60-10000	5	NDS, NM, PA
HERCEPTIN SOLR 150mg	5	NDS, NM, PA
HERCESSI SOLR 150mg, 420mg	5	NDS, NM, PA
HERNEXEOS TABS 60mg	5	NDS, QL (120 tabs / 30 days), NM, PA
HERZUMA SOLR 150mg, 420mg	5	NDS, NM, PA
HYRNUO TABS 10mg	5	NDS, QL (120 tabs / 30 days), NM, PA
IBRANCE CAPS 75mg, 100mg, 125mg	5	NDS, QL (21 caps / 28 days), NM, PA
IBRANCE TABS 75mg, 100mg, 125mg	5	NDS, QL (21 tabs / 28 days), NM, PA
IBTROZI CAPS 200mg	5	NDS, QL (90 caps / 30 days), NM, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	5	NDS, QL (30 tabs / 30 days), NM, PA
IDHIFA TABS 50mg, 100mg	5	NDS, QL (30 tabs / 30 days), NM, PA
imatinib mesylate TABS 100mg	4	QL (90 tabs / 30 days), NM, PA
imatinib mesylate TABS 400mg	5	NDS, QL (60 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA CAPS 70mg	5	NDS, QL (30 caps / 30 days), NM, PA
IMBRUVICA CAPS 140mg	5	NDS, QL (120 caps / 30 days), NM, PA
IMBRUVICA SUSP 70mg/ml	5	NDS, QL (216 mL / 27 days), NM, PA
IMBRUVICA TABS 140mg, 280mg, 420mg	5	NDS, QL (30 tabs / 30 days), NM, PA
IMKELDI SOLN 80mg/ml	5	NDS, QL (280 mL / 28 days), NM, PA
INLYTA TABS 1mg	5	NDS, QL (180 tabs / 30 days), NM, PA
INLYTA TABS 5mg	5	NDS, QL (120 tabs / 30 days), NM, PA
INREBIC CAPS 100mg	5	NDS, QL (120 caps / 30 days), NM, PA
ITOVEBI TABS 3mg	5	NDS, QL (56 tabs / 28 days), NM, PA
ITOVEBI TABS 9mg	5	NDS, QL (28 tabs / 28 days), NM, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	5	NDS, QL (60 tabs / 30 days), NM, PA
JAYPIRCA TABS 50mg	5	NDS, QL (30 tabs / 30 days), NM, PA
JAYPIRCA TABS 100mg	5	NDS, QL (60 tabs / 30 days), NM, PA
JIDEYTRO TABS 25mg	5	NDS, QL (90 tabs / 30 days), NM, PA
JIDEYTRO TABS 100mg	5	NDS, QL (30 tabs / 30 days), NM, PA
KADCYLA SOLR 100mg, 160mg	5	NDS, B/D, NM
KANJINTI SOLR 150mg, 420mg	5	NDS, NM, PA
KEYTRUDA SOLN 100mg/4ml	5	NDS, NM, PA
KEYTRUDA INJ QLEX 395-4800 MG-UNIT/2.4ML	5	NDS, QL (1 vial / 21 days), NM, PA
KEYTRUDA INJ QLEX 790-9600 MG-UNIT/4.8ML	5	NDS, QL (1 vial / 42 days), NM, PA
KISQALI 200 DOSE TBPK 200mg	5	NDS, QL (21 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPK 200mg	5	NDS, QL (42 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPK 200mg	5	NDS, QL (63 tabs / 28 days), NM, PA
KOMZIFTI CAPS 200mg	5	NDS, QL (90 caps / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
KOSELUGO CAPS 10mg	5	NDS, QL (240 caps / 30 days), NM, PA
KOSELUGO CAPS 25mg	5	NDS, QL (120 caps / 30 days), NM, PA
KOSELUGO CPSP 5mg	5	NDS, QL (600 caps / 30 days), NM, PA
KOSELUGO CPSP 7.5mg	5	NDS, QL (360 caps / 30 days), NM, PA
KRAZATI TABS 200mg	5	NDS, QL (180 tabs / 30 days), NM, PA
lapatinib ditosylate TABS 250mg	5	NDS, QL (180 tabs / 30 days), NM, PA
LAZCLUZE TABS 80mg	5	NDS, QL (60 tabs / 30 days), NM, PA
LAZCLUZE TABS 240mg	5	NDS, QL (30 tabs / 30 days), NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	5	NDS, QL (30 caps / 30 days), NM, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	5	NDS, QL (60 caps / 30 days), NM, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	5	NDS, QL (30 caps / 30 days), NM, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	5	NDS, QL (90 caps / 30 days), NM, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	5	NDS, QL (60 caps / 30 days), NM, PA
LENVIMA CAP 14 MG	5	NDS, QL (60 caps / 30 days), NM, PA
LENVIMA CAP 18 MG	5	NDS, QL (90 caps / 30 days), NM, PA
LENVIMA CAP 24 MG	5	NDS, QL (90 caps / 30 days), NM, PA
LORBRENA TABS 25mg	5	NDS, QL (90 tabs / 30 days), NM, PA
LORBRENA TABS 100mg	5	NDS, QL (30 tabs / 30 days), NM, PA
LUMAKRAS TABS 120mg	5	NDS, QL (240 tabs / 30 days), NM, PA
LUMAKRAS TABS 240mg	5	NDS, QL (120 tabs / 30 days), NM, PA
LUMAKRAS TABS 320mg	5	NDS, QL (90 tabs / 30 days), NM, PA
LYNPARZA TABS 100mg, 150mg	5	NDS, QL (120 tabs / 30 days), NM, PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	5	NDS, QL (84 tabs / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	5	NDS, QL (112 tabs / 28 days), NM, PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	5	NDS, QL (140 tabs / 28 days), NM, PA
MEKINIST SOLR .05mg/ml	5	NDS, QL (1260 mL / 30 days), NM, PA
MEKINIST TABS 2mg	5	NDS, QL (30 tabs / 30 days), NM, PA
MEKINIST TABS .5mg	5	NDS, QL (90 tabs / 30 days), NM, PA
MEKTOVI TABS 15mg	5	NDS, QL (180 tabs / 30 days), NM, PA
MONJUVI SOLR 200mg	5	NDS, NM, PA
NERLYNX TABS 40mg	5	NDS, QL (180 tabs / 30 days), NM, PA
nilotinib hcl CAPS 50mg	5	NDS, QL (120 caps / 30 days), NM, PA
nilotinib hcl CAPS 150mg, 200mg	5	NDS, QL (112 caps / 28 days), NM, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	5	NDS, QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	5	NDS, QL (30 caps / 30 days), NM, PA
OGIVRI SOLR 150mg, 420mg	5	NDS, NM, PA
OGSIVEO TABS 100mg, 150mg	5	NDS, QL (56 tabs / 28 days), NM, PA
OJEMDA SUSR 25mg/ml	5	NDS, QL (96 mL / 28 days), NM, PA
OJEMDA TABS 100mg	5	NDS, QL (24 tabs / 28 days), NM, PA
OJJAARA TABS 100mg, 150mg, 200mg	5	NDS, QL (30 tabs / 30 days), NM, PA
ONTRUZANT SOLR 150mg, 420mg	5	NDS, NM, PA
pazopanib hcl TABS 200mg	5	NDS, QL (120 tabs / 30 days), NM, PA
pazopanib hcl TABS 400mg	5	NDS, QL (60 tabs / 30 days), NM, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	5	NDS, QL (28 tabs / 28 days), NM, PA
PHESGO SOL	5	NDS, NM, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	5	NDS, QL (28 tabs / 28 days), NM, PA
PIQRAY 250MG TAB DOSE	5	NDS, QL (56 tabs / 28 days), NM, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	5	NDS, QL (56 tabs / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
QINLOCK TABS 50mg	5	NDS, QL (90 tabs / 30 days), NM, PA
RETEVMO TABS 40mg	5	NDS, QL (90 tabs / 30 days), NM, PA
RETEVMO TABS 80mg	5	NDS, QL (120 tabs / 30 days), NM, PA
RETEVMO TABS 120mg, 160mg	5	NDS, QL (60 tabs / 30 days), NM, PA
REVUFORJ TABS 25mg	5	NDS, QL (240 tabs / 30 days), NM, PA
REVUFORJ TABS 110mg	5	NDS, QL (120 tabs / 30 days), NM, PA
REVUFORJ TABS 160mg	5	NDS, QL (60 tabs / 30 days), NM, PA
REZLIDHIA CAPS 150mg	5	NDS, QL (60 caps / 30 days), NM, PA
ROMVIMZA CAPS 14mg, 20mg, 30mg	5	NDS, QL (8 caps / 28 days), NM, PA
ROZLYTREK CAPS 100mg	5	NDS, QL (180 caps / 30 days), NM, PA
ROZLYTREK CAPS 200mg	5	NDS, QL (90 caps / 30 days), NM, PA
ROZLYTREK PACK 50mg	5	NDS, QL (336 packets / 28 days), NM, PA
RUBRACA TABS 200mg, 250mg, 300mg	5	NDS, QL (120 tabs / 30 days), NM, PA
RYDAPT CAPS 25mg	5	NDS, QL (224 caps / 28 days), NM, PA
SCEMBLIX TABS 20mg	5	NDS, QL (60 tabs / 30 days), NM, PA
SCEMBLIX TABS 40mg	5	NDS, QL (300 tabs / 30 days), NM, PA
SCEMBLIX TABS 100mg	5	NDS, QL (120 tabs / 30 days), NM, PA
sorafenib tosylate TABS 200mg	5	NDS, QL (120 tabs / 30 days), NM, PA
STIVARGA TABS 40mg	5	NDS, QL (84 tabs / 28 days), NM, PA
sunitinib malate CAPS 12.5mg, 25mg, 37.5mg, 50mg	5	NDS, QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	5	NDS, QL (112 tabs / 28 days), NM, PA
TAFINLAR CAPS 50mg, 75mg	5	NDS, QL (120 caps / 30 days), NM, PA
TAFINLAR TBSO 10mg	5	NDS, QL (840 tabs / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
TAGRISSO TABS 40mg, 80mg	5	NDS, QL (30 tabs / 30 days), NM, PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	5	NDS, QL (30 caps / 30 days), NM, PA
TALZENNA CAPS .25mg	5	NDS, QL (90 caps / 30 days), NM, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	5	NDS, NM, PA
TECENTRIQ INJ HYBREZA	5	NDS, QL (1 vial / 21 days), NM, PA
TEPMETKO TABS 225mg	5	NDS, QL (60 tabs / 30 days), NM, PA
TIBSOVO TABS 250mg	5	NDS, QL (60 tabs / 30 days), NM, PA
torpenz TABS 2.5mg, 5mg, 7.5mg, 10mg	5	NDS, QL (30 tabs / 30 days), NM, PA
TRAZIMERA SOLR 150mg, 420mg	5	NDS, NM, PA
TRUQAP TABS 160mg, 200mg	5	NDS, QL (64 tabs / 28 days), NM, PA
TRUQAP TBPK 160mg, 200mg	5	NDS, QL (4 packs / 28 days), NM, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	5	NDS, NM, PA
TUKYSA TABS 50mg, 150mg	5	NDS, QL (120 tabs / 30 days), NM, PA
TURALIO CAPS 125mg	5	NDS, QL (120 caps / 30 days), NM, PA
VANFLYTA TABS 17.7mg, 26.5mg	5	NDS, QL (56 tabs / 28 days), NM, PA
VENCLEXTA TABS 10mg	3	QL (112 tabs / 28 days), NM, PA
VENCLEXTA TABS 50mg	5	NDS, QL (112 tabs / 28 days), NM, PA
VENCLEXTA TABS 100mg	5	NDS, QL (180 tabs / 30 days), NM, PA
VENCLEXTA TAB START PK	5	NDS, QL (42 tabs / 28 days), NM, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	5	NDS, QL (56 tabs / 28 days), NM, PA
VITRAKVI CAPS 25mg	5	NDS, QL (180 caps / 30 days), NM, PA
VITRAKVI CAPS 100mg	5	NDS, QL (60 caps / 30 days), NM, PA
VITRAKVI SOLN 20mg/ml	5	NDS, QL (300 mL / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
VIZIMPRO TABS 15mg, 30mg, 45mg	5	NDS, QL (30 tabs / 30 days), NM, PA
VONJO CAPS 100mg	5	NDS, QL (120 caps / 30 days), NM, PA
VORANIGO TABS 10mg	5	NDS, QL (60 tabs / 30 days), NM, PA
VORANIGO TABS 40mg	5	NDS, QL (30 tabs / 30 days), NM, PA
XALKORI CAPS 200mg, 250mg; CPSP 20mg, 50mg	5	NDS, QL (120 caps / 30 days), NM, PA
XALKORI CPSP 150mg	5	NDS, QL (180 caps / 30 days), NM, PA
XOSPATA TABS 40mg	5	NDS, QL (90 tabs / 30 days), NM, PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 10mg	5	NDS, QL (16 tabs / 28 days), NM, PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 40mg	5	NDS, QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg	5	NDS, QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg	5	NDS, QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg	5	NDS, QL (24 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg	5	NDS, QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 80mg	5	NDS, QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg	5	NDS, QL (32 tabs / 28 days), NM, PA
XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg	5	NDS, QL (8 tabs / 28 days), NM, PA
yulithira TABS 2.5mg, 5mg, 7.5mg, 10mg	4	QL (30 tabs / 30 days), NM, PA
ZEJULA TABS 100mg, 200mg, 300mg	5	NDS, QL (30 tabs / 30 days), NM, PA
ZELBORAF TABS 240mg	5	NDS, QL (240 tabs / 30 days), NM, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	5	NDS, NM, PA
ZOLINZA CAPS 100mg	5	NDS, QL (120 caps / 30 days), NM, PA
ZYDELIG TABS 100mg, 150mg	5	NDS, QL (60 tabs / 30 days), NM, PA
ZYKADIA TABS 150mg	5	NDS, QL (84 tabs / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
amlodipine besylate-benazepril hcl cap 2.5-10 mg	1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-10 mg	1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-20 mg	1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-40 mg	1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 10-20 mg	1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 10-40 mg	1	QL (30 caps / 30 days)
benazepril & hydrochlorothiazide tab 5-6.25mg	1	
benazepril & hydrochlorothiazide tab 10-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-25 mg	1	
captopril & hydrochlorothiazide tab 25-15 mg	1	
captopril & hydrochlorothiazide tab 25-25 mg	1	
captopril & hydrochlorothiazide tab 50-15 mg	1	
captopril & hydrochlorothiazide tab 50-25 mg	1	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1	
enalapril maleate & hydrochlorothiazide tab 10-25 mg	1	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	1	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 10-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-25 mg	1	

Drug Name	Drug Tier	Requirements/Limits
ACE INHIBITORS		
benazepril hcl TABS 5mg, 10mg, 20mg, 40mg	1	
captopril TABS 12.5mg, 25mg, 50mg, 100mg	1	
enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg	1	
fosinopril sodium TABS 10mg, 20mg, 40mg	1	
lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1	
moexipril hcl TABS 7.5mg, 15mg	1	
perindopril erbumine TABS 2mg, 4mg, 8mg	1	
quinapril hcl TABS 5mg, 10mg, 20mg, 40mg	1	
ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg	1	
trandolapril TABS 1mg, 2mg, 4mg	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
eplerenone TABS 25mg, 50mg	3	
KERENDIA TABS 10mg, 20mg, 40mg	3	QL (30 tabs / 30 days)
spironolactone TABS 25mg, 50mg, 100mg	1	
ALPHA BLOCKERS		
doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg	1	
prazosin hcl CAPS 1mg, 2mg, 5mg	3	
terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 5-160 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 5-320 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 10-160 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 10-320 mg	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	1	QL (60 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	1	QL (30 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	1	QL (30 tabs / 30 days)
ENTRESTO CAP 6-6MG	3	QL (240 caps / 30 days)
ENTRESTO CAP 15-16MG	3	QL (240 caps / 30 days)
irbesartan-hydrochlorothiazide tab 150-12.5 mg	1	QL (60 tabs / 30 days)
irbesartan-hydrochlorothiazide tab 300-12.5 mg	1	QL (30 tabs / 30 days)
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100-25 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	1	QL (30 tabs / 30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	1	QL (30 tabs / 30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	1	QL (30 tabs / 30 days)
sacubitril-valsartan tab 24-26 mg	3	QL (180 tabs / 30 days)
sacubitril-valsartan tab 49-51 mg	3	QL (60 tabs / 30 days)
sacubitril-valsartan tab 97-103 mg	3	QL (60 tabs / 30 days)
telmisartan-amlodipine tab 40-5 mg	1	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 40-10 mg	1	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 80-5 mg	1	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 80-10 mg	1	QL (30 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 40-12.5 mg	1	QL (30 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 80-12.5 mg	1	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
telmisartan-hydrochlorothiazide tab 80-25 mg	1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 80-12.5 mg	1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 160-12.5 mg	1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 160-25 mg	1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 320-12.5 mg	1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 320-25 mg	1	QL (30 tabs / 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil TABS 4mg, 8mg, 16mg	1	QL (60 tabs / 30 days)
candesartan cilexetil TABS 32mg	1	QL (30 tabs / 30 days)
irbesartan TABS 75mg, 150mg, 300mg	1	QL (30 tabs / 30 days)
losartan potassium TABS 25mg, 50mg, 100mg	1	
olmesartan medoxomil TABS 5mg	1	QL (60 tabs / 30 days)
olmesartan medoxomil TABS 20mg, 40mg	1	QL (30 tabs / 30 days)
telmisartan TABS 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
valsartan TABS 40mg, 80mg, 160mg	1	QL (60 tabs / 30 days)
valsartan TABS 320mg	1	QL (30 tabs / 30 days)
ANTIARRHYTHMICS		
amiodarone hcl SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 400mg	4	
amiodarone hcl TABS 200mg	1	
disopyramide phosphate CAPS 100mg, 150mg	4	
dofetilide CAPS 125mcg, 250mcg, 500mcg	4	NM
flecainide acetate TABS 50mg, 100mg, 150mg	3	
MULTAQ TABS 400mg	4	QL (60 tabs / 30 days)
pacerone TABS 100mg, 400mg	4	
pacerone TABS 200mg	1	
propafenone hcl CP12 225mg, 325mg, 425mg	4	
propafenone hcl TABS 150mg, 225mg, 300mg	3	
quinidine sulfate TABS 200mg, 300mg	4	
sotalol hcl TABS 80mg, 120mg, 160mg, 240mg	2	

Drug Name	Drug Tier	Requirements/Limits
sotalol hcl (afib/afl) TABS 80mg, 120mg, 160mg	3	
ANTILIPEMICS, FIBRATES		
fenofibrate TABS 48mg, 54mg, 145mg, 160mg	2	
fenofibrate micronized CAPS 67mg, 134mg, 200mg	3	
gemfibrozil TABS 600mg	2	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
atorvastatin calcium TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
lovastatin TABS 10mg, 20mg, 40mg	1	QL (60 tabs / 30 days)
pravastatin sodium TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
rosuvastatin calcium TABS 5mg, 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
simvastatin TABS 5mg, 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS		
cholestyramine PACK 4gm; POWD 4gm/dose	3	
cholestyramine light PACK 4gm; POWD 4gm/dose	3	
colesevelam hcl PACK 3.75gm; TABS 625mg	4	
colestipol hcl GRAN 5gm; PACK 5gm	4	
colestipol hcl TABS 1gm	3	
ezetimibe TABS 10mg	2	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-10 mg	1	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-20 mg	1	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-40 mg	1	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-80 mg	1	QL (30 tabs / 30 days)
NEXLETOL TABS 180mg	3	QL (30 tabs / 30 days)
NEXLIZET TAB 180/10MG	3	QL (30 tabs / 30 days)
niacin (antihyperlipidemic) TBCR 500mg, 750mg, 1000mg	3	QL (60 tabs / 30 days)
omega-3-acid ethyl esters cap 1 gm	3	
prevalite PACK 4gm; POWD 4gm/dose	3	
REPATHA SOSY 140mg/ml	3	QL (6 syringes / 28 days), NM, PA
REPATHA SURECLICK SOAJ 140mg/ml	3	QL (6 autoinjectors / 28 days), NM, PA
VASCEPA CAPS .5gm, 1gm	3	
BETA-BLOCKER/DIURETIC COMBINATIONS		
atenolol & chlorthalidone tab 50-25 mg	1	

Drug Name	Drug Tier	Requirements/Limits
atenolol & chlorthalidone tab 100-25 mg	1	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	2	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	2	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	2	
metoprolol & hydrochlorothiazide tab 50-25 mg	3	
metoprolol & hydrochlorothiazide tab 100-25 mg	3	
metoprolol & hydrochlorothiazide tab 100-50 mg	3	
BETA-BLOCKERS		
acebutolol hcl CAPS 200mg, 400mg	3	
atenolol TABS 25mg, 50mg, 100mg	1	
betaxolol hcl TABS 10mg, 20mg	3	
bisoprolol fumarate TABS 5mg, 10mg	2	
carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	
labetalol hcl TABS 100mg, 200mg, 300mg	2	
metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg	1	
metoprolol tartrate SOLN 5mg/5ml	4	
metoprolol tartrate TABS 25mg, 50mg, 100mg	1	
nadolol TABS 20mg, 40mg, 80mg	3	
nebivolol hcl TABS 2.5mg, 5mg, 10mg	3	QL (30 tabs / 30 days)
nebivolol hcl TABS 20mg	3	QL (60 tabs / 30 days)
pindolol TABS 5mg, 10mg	3	
propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml	3	
propranolol hcl TABS 10mg, 20mg, 40mg, 60mg, 80mg	2	
timolol maleate TABS 5mg, 10mg, 20mg	3	
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate TABS 2.5mg, 5mg, 10mg	1	
cartia xt CP24 120mg, 180mg, 240mg, 300mg	2	
dilt-xr CP24 120mg, 180mg, 240mg	2	
diltiazem hcl CP12 60mg, 90mg, 120mg	4	
diltiazem hcl CP24 120mg, 180mg, 240mg; TABS 30mg, 60mg, 90mg, 120mg	2	

Drug Name	Drug Tier	Requirements/Limits
diltiazem hcl SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml	3	
diltiazem hcl coated beads CP24 120mg, 180mg, 240mg, 300mg	2	
diltiazem hcl coated beads CP24 360mg	4	
diltiazem hcl extended release beads CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
felodipine TB24 2.5mg, 5mg, 10mg	2	
isradipine CAPS 2.5mg, 5mg	4	
nicardipine hcl CAPS 20mg, 30mg	4	
nifedipine TB24 30mg, 60mg, 90mg	3	
nimodipine CAPS 30mg	4	
tiadylt er 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		
acetazolamide CP12 500mg; TABS 125mg, 250mg	3	
amiloride & hydrochlorothiazide tab 5-50 mg	2	
amiloride hcl TABS 5mg	2	
bumetanide SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	3	
chlorthalidone TABS 25mg, 50mg	2	
FUROSCIX CTKT 80mg/10ml	5	NDS
furosemide SOLN 10mg/ml, 40mg/5ml	2	
furosemide TABS 20mg, 40mg, 80mg	1	
furosemide inj SOLN 10mg/ml	3	
hydrochlorothiazide CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
indapamide TABS 1.25mg, 2.5mg	1	
methazolamide TABS 25mg, 50mg	4	
metolazone TABS 2.5mg, 5mg, 10mg	2	
spironolactone & hydrochlorothiazide tab 25-25 mg	2	
torsemide TABS 5mg, 10mg, 20mg, 100mg	2	

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 TABS 150mg, 300mg	1	QL (30 tabs / 30 days)
clonidine PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	3	
clonidine hcl TABS .1mg, .2mg, .3mg	1	
CORLANOR SOLN 5mg/5ml	4	QL (450 mL / 30 days)
digoxin SOLN .05mg/ml, .25mg/ml	4	
digoxin TABS 125mcg, 250mcg	2	QL (30 tabs / 30 days)
droxidopa CAPS 100mg	4	QL (90 caps / 30 days), NM, PA
droxidopa CAPS 200mg, 300mg	5	NDS, QL (180 caps / 30 days), NM, PA
epinephrine SOLN 1mg/ml	4	
guanfacine hcl TABS 1mg, 2mg	3	PA; PA applies if 65 years and older
hydralazine hcl SOLN 20mg/ml	4	
hydralazine hcl TABS 10mg, 25mg, 50mg, 100mg	1	
ivabradine hcl TABS 5mg, 7.5mg	4	QL (60 tabs / 30 days)
metyrosine CAPS 250mg	5	NDS, NM, PA
midodrine hcl TABS 2.5mg, 5mg	3	
midodrine hcl TABS 10mg	4	
minoxidil TABS 2.5mg, 10mg	2	
ranolazine TB12 500mg, 1000mg	4	
VERQUVO TABS 2.5mg, 5mg, 10mg	3	QL (30 tabs / 30 days), PA
VYNDAMAX CAPS 61mg	5	NDS, QL (30 caps / 30 days), NM, PA
NITRATES		
isosorbide dinitrate TABS 5mg, 10mg, 20mg, 30mg	3	
isosorbide mononitrate TB24 30mg, 60mg, 120mg	1	
nitro-bid OINT 2%	3	
nitroglycerin OINT 2%; PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	3	
nitroglycerin SOLN .4mg/spray	4	
nitroglycerin SUBL .3mg, .4mg, .6mg	2	

Drug Name	Drug Tier	Requirements/Limits
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	5	NDS, QL (90 tabs / 30 days), NM, PA
alyq TABS 20mg	5	NDS, QL (60 tabs / 30 days), NM, PA
ambrisentan TABS 5mg, 10mg	5	NDS, QL (30 tabs / 30 days), NM, PA
bosentan TABS 62.5mg, 125mg	5	NDS, QL (60 tabs / 30 days), NM, PA
bosentan TBSO 32mg	5	NDS, QL (120 tabs / 30 days), NM, PA
macitentan TABS 10mg	5	NDS, QL (30 tabs / 30 days), NM, PA
OPSUMIT TABS 10mg	5	NDS, QL (30 tabs / 30 days), NM, PA
sildenafil citrate (pulmonary hypertension) TABS 20mg	3	QL (360 tabs / 30 days), NM, PA
tadalafil (pulmonary hypertension) TABS 20mg	4	QL (60 tabs / 30 days), NM, PA
treprostinil SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	5	NDS, NM, PA
UPTRAVI TABS 100mcg, 150mcg	5	NDS, QL (280 tabs / 28 days), NM, PA
UPTRAVI TABS 200mcg	5	NDS, QL (140 tabs / 28 days), NM, PA
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	5	NDS, QL (60 tabs / 30 days), NM, PA
UPTRAVI PACK TAB 200/800	5	NDS, QL (1 pack / 28 days), NM, PA
WINREVAIR KIT 45mg, 60mg	5	NDS, QL (2 vials / 21 days), NM, PA
YUTREPIA CAPS 26.5mcg, 53mcg, 79.5mcg	5	NDS, QL (140 caps / 28 days), NM, PA
YUTREPIA CAPS 106mcg	5	NDS, QL (224 caps / 28 days), NM, PA
CENTRAL NERVOUS SYSTEM		
ANTIANXIETY		
alprazolam TABS .25mg, .5mg, 1mg, 2mg	2	QL (150 tabs / 30 days)
buspirone hcl TABS 5mg, 10mg, 15mg	1	
buspirone hcl TABS 7.5mg, 30mg	3	
fluvoxamine maleate TABS 25mg, 50mg, 100mg	3	
lorazepam CONC 2mg/ml	3	QL (150 mL / 30 days)
lorazepam SOLN 4mg/ml, 20mg/10ml	2	
lorazepam TABS .5mg, 1mg, 2mg	2	QL (150 tabs / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
desipramine hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	4	PA; PA applies if 65 years and older
desvenlafaxine succinate TB24 25mg, 50mg, 100mg	3	QL (30 tabs / 30 days)
doxepin hcl CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	3	PA; PA applies if 65 years and older
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	4	QL (60 caps / 30 days), PA
duloxetine hcl CPEP 20mg	3	QL (120 caps / 30 days)
duloxetine hcl CPEP 30mg	3	QL (90 caps / 30 days)
duloxetine hcl CPEP 60mg	3	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	5	NDS, QL (30 patches / 30 days), PA
escitalopram oxalate SOLN 5mg/5ml	4	
escitalopram oxalate TABS 5mg, 10mg, 20mg	1	
EXXUA TB24 18.2mg, 36.3mg, 54.5mg, 72.6mg	5	NDS, QL (30 tabs / 30 days), PA
EXXUA TITRATION PACK TB24 18.2mg	5	NDS, QL (2 packs / year), PA
FETZIMA CP24 20mg, 40mg	4	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	4	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	4	QL (2 packs / year), PA
fluoxetine hcl CAPS 10mg, 20mg, 40mg	1	
fluoxetine hcl SOLN 20mg/5ml	3	
imipramine hcl TABS 10mg, 25mg, 50mg	2	PA; PA applies if 65 years and older
MARPLAN TABS 10mg	4	QL (180 tabs / 30 days)
mirtazapine TABS 7.5mg; TBDP 15mg, 30mg, 45mg	3	
mirtazapine TABS 15mg, 30mg, 45mg	2	
nefazodone hcl TABS 50mg, 100mg, 150mg, 200mg, 250mg	4	
nortriptyline hcl CAPS 10mg, 25mg, 50mg, 75mg	2	
nortriptyline hcl SOLN 10mg/5ml	4	
paroxetine hcl SUSP 10mg/5ml	4	QL (900 mL / 30 days), PA; PA applies if 65 years and older
paroxetine hcl TABS 10mg, 20mg, 30mg, 40mg	2	PA; PA applies if 65 years and older
phenelzine sulfate TABS 15mg	3	
protriptyline hcl TABS 5mg, 10mg	4	

Drug Name	Drug Tier	Requirements/Limits
RALDESY SOLN 10mg/ml	4	QL (1800 mL / 30 days), PA
sertraline hcl CONC 20mg/ml	3	
sertraline hcl TABS 25mg, 50mg, 100mg	1	
tranylcypromine sulfate TABS 10mg	4	
trazodone hcl TABS 50mg, 100mg, 150mg	1	
trimipramine maleate CAPS 25mg, 50mg	4	QL (120 caps / 30 days)
trimipramine maleate CAPS 100mg	4	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg, 10mg, 20mg	4	QL (30 tabs / 30 days), PA
venlafaxine hcl CP24 37.5mg, 75mg, 150mg	2	
venlafaxine hcl TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	3	
vilazodone hcl TABS 10mg, 20mg, 40mg	4	QL (30 tabs / 30 days)
ZURZUVAE CAPS 20mg, 25mg	5	NDS, QL (28 caps / 14 days), NM, PA
ZURZUVAE CAPS 30mg	5	NDS, QL (14 caps / 14 days), NM, PA
ANTIPARKINSONIAN AGENTS		
amantadine hcl CAPS 100mg	3	QL (120 caps / 30 days)
amantadine hcl SOLN 50mg/5ml	3	
amantadine hcl TABS 100mg	4	
benztropine mesylate SOLN 1mg/ml	4	
benztropine mesylate TABS .5mg, 1mg, 2mg	2	PA; PA applies if 65 years and older
bromocriptine mesylate CAPS 5mg; TABS 2.5mg	4	
carb/levo orally disintegrating tab 10-100mg	3	
carb/levo orally disintegrating tab 25-100mg	3	
carb/levo orally disintegrating tab 25-250mg	3	
carbidopa & levodopa tab 10-100 mg	2	
carbidopa & levodopa tab 25-100 mg	2	
carbidopa & levodopa tab 25-250 mg	2	
carbidopa & levodopa tab er 25-100 mg	3	
carbidopa & levodopa tab er 50-200 mg	3	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	4	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	4	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	4	

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

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

Drug Name	Drug Tier	Requirements/Limits
loxapine succinate CAPS 5mg, 10mg, 25mg, 50mg	3	
lurasidone hcl TABS 20mg, 40mg, 60mg, 120mg	4	QL (30 tabs / 30 days)
lurasidone hcl TABS 80mg	4	QL (60 tabs / 30 days)
LYBALVI TAB 5-10MG	5	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 10-10MG	5	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 15-10MG	5	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 20-10MG	5	NDS, QL (30 tabs / 30 days)
molindone hcl TABS 5mg, 10mg, 25mg	4	
NUPLAZID CAPS 34mg	5	NDS, QL (30 caps / 30 days), NM, PA
NUPLAZID TABS 10mg	5	NDS, QL (30 tabs / 30 days), NM, PA
olanzapine SOLR 10mg	4	QL (3 vials / 1 day)
olanzapine TABS 2.5mg, 5mg, 10mg	2	QL (60 tabs / 30 days)
olanzapine TABS 7.5mg, 15mg, 20mg	2	QL (30 tabs / 30 days)
olanzapine TBDP 5mg, 15mg, 20mg	4	QL (30 tabs / 30 days), ST
olanzapine TBDP 10mg	4	QL (60 tabs / 30 days), ST
OPIPZA FILM 2mg, 5mg	5	NDS, QL (30 films / 30 days), PA
OPIPZA FILM 10mg	5	NDS, QL (90 films / 30 days), PA
paliperidone TB24 1.5mg, 3mg, 9mg	4	QL (30 tabs / 30 days)
paliperidone TB24 6mg	4	QL (60 tabs / 30 days)
perphenazine TABS 2mg, 4mg, 8mg, 16mg	3	
pimozide TABS 1mg, 2mg	4	
quetiapine fumarate TABS 25mg	2	QL (180 tabs / 30 days)
quetiapine fumarate TABS 50mg, 100mg, 150mg, 200mg	2	QL (90 tabs / 30 days)
quetiapine fumarate TABS 300mg, 400mg	2	QL (60 tabs / 30 days)
quetiapine fumarate TB24 50mg, 300mg, 400mg	4	QL (60 tabs / 30 days), PA
quetiapine fumarate TB24 150mg, 200mg	4	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	5	NDS, QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	5	NDS, QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
risperidone SOLN 1mg/ml	3	QL (240 mL / 30 days)
risperidone TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	2	
risperidone TBDP 1mg, 2mg, 3mg	4	QL (60 tabs / 30 days), ST
risperidone TBDP 4mg	4	QL (120 tabs / 30 days), ST
risperidone TBDP .25mg, .5mg	4	QL (90 tabs / 30 days), ST
risperidone microspheres SRER 12.5mg, 25mg	4	QL (2 injections / 28 days)
risperidone microspheres SRER 37.5mg, 50mg	5	NDS, QL (2 injections / 28 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	5	NDS, QL (30 patches / 30 days)
thioridazine hcl TABS 10mg, 25mg, 50mg, 100mg	3	
thiothixene CAPS 1mg, 2mg, 5mg, 10mg	4	
trifluoperazine hcl TABS 1mg, 2mg, 5mg, 10mg	3	
VERSACLOZ SUSP 50mg/ml	5	NDS, QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	5	NDS, QL (60 caps / 30 days)
VRAYLAR CAPS .5mg, .75mg, 3mg, 4.5mg, 6mg	5	NDS, QL (30 caps / 30 days)
ziprasidone hcl CAPS 20mg, 40mg, 60mg, 80mg	4	QL (60 caps / 30 days)
ziprasidone mesylate SOLR 20mg	4	QL (6 injections / 3 days)
ZYPREXA RELPREVV SUSR 210mg	4	QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 300mg	5	NDS, QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 405mg	5	NDS, QL (1 vial / 28 days), NM, PA
ANTISEIZURE AGENTS		
APTIOM TABS 200mg, 400mg	5	NDS, QL (30 tabs / 30 days)
APTIOM TABS 600mg, 800mg	5	NDS, QL (60 tabs / 30 days)
brivaracetam SOLN 10mg/ml	4	QL (600 mL / 30 days), PA
brivaracetam TABS 10mg, 25mg, 50mg, 75mg, 100mg	4	QL (60 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
BRIVIACT SOLN 10mg/ml	5	NDS, QL (600 mL / 30 days), PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	5	NDS, QL (60 tabs / 30 days), PA
carbamazepine CHEW 100mg; TABS 200mg	3	
carbamazepine CHEW 200mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TB12 100mg, 200mg, 400mg	4	
clobazam SUSP 2.5mg/ml	4	QL (480 mL / 30 days), PA
clobazam TABS 10mg, 20mg	4	QL (60 tabs / 30 days), PA
clonazepam TABS 2mg	2	QL (300 tabs / 30 days)
clonazepam TABS .5mg, 1mg	2	QL (90 tabs / 30 days)
clonazepam TBDP 2mg	3	QL (300 tabs / 30 days)
clonazepam TBDP .125mg, .25mg, .5mg, 1mg	3	QL (90 tabs / 30 days)
clorazepate dipotassium TABS 3.75mg, 7.5mg, 15mg	4	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
DIACOMIT CAPS 250mg	5	NDS, QL (360 caps / 30 days), NM, PA
DIACOMIT CAPS 500mg	5	NDS, QL (180 caps / 30 days), NM, PA
DIACOMIT PACK 250mg	5	NDS, QL (360 packets / 30 days), NM, PA
DIACOMIT PACK 500mg	5	NDS, QL (180 packets / 30 days), NM, PA
diazepam SOLN 5mg/5ml	3	QL (1200 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
diazepam TABS 2mg, 5mg, 10mg	2	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
diazepam (anticonvulsant) GEL 2.5mg, 10mg, 20mg	4	
diazepam inj SOLN 5mg/ml	4	
diazepam intensol CONC 5mg/ml	3	QL (240 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply

Drug Name	Drug Tier	Requirements/Limits
DILANTIN CAPS 30mg	4	
divalproex sodium CSDR 125mg	4	
divalproex sodium TB24 250mg, 500mg	3	
divalproex sodium TBEC 125mg, 250mg, 500mg	2	
EPIDIOLEX SOLN 100mg/ml	5	NDS, QL (600 mL / 30 days), NM, PA
eslicarbazepine acetate TABS 200mg, 400mg	4	QL (30 tabs / 30 days)
eslicarbazepine acetate TABS 600mg, 800mg	4	QL (60 tabs / 30 days)
ethosuximide CAPS 250mg; SOLN 250mg/5ml	3	
felbamate SUSP 600mg/5ml; TABS 400mg, 600mg	4	
FINTEPLA SOLN 2.2mg/ml	5	NDS, QL (360 mL / 30 days), NM, PA
FYCOMPA SUSP .5mg/ml	5	NDS, QL (680 mL / 28 days), PA
FYCOMPA TABS 2mg	4	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	5	NDS, QL (30 tabs / 30 days), PA
gabapentin CAPS 100mg, 300mg	2	QL (360 caps / 30 days)
gabapentin CAPS 400mg	2	QL (270 caps / 30 days)
gabapentin SOLN 250mg/5ml, 300mg/6ml	3	QL (2160 mL / 30 days)
gabapentin TABS 600mg	2	QL (180 tabs / 30 days)
gabapentin TABS 800mg	2	QL (120 tabs / 30 days)
lacosamide SOLN 200mg/20ml	4	
lacosamide TABS 50mg	4	QL (120 tabs / 30 days)
lacosamide TABS 100mg, 150mg, 200mg	4	QL (60 tabs / 30 days)
lacosamide oral SOLN 10mg/ml	4	QL (1200 mL / 30 days)
lamotrigine CHEW 5mg, 25mg	3	
lamotrigine TABS 25mg, 100mg, 150mg, 200mg	1	
lamotrigine TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	4	ST
levetiracetam SOLN 100mg/ml; TB24 500mg, 750mg	3	
levetiracetam SOLN 500mg/5ml	4	
levetiracetam TABS 250mg, 500mg, 750mg, 1000mg	2	
levetiracetam TB3D 250mg	4	QL (360 tabs / 30 days)
levetiracetam TB3D 500mg	4	QL (180 tabs / 30 days)
levetiracetam in sodium chloride iv soln 500 mg/100ml	4	

Drug Name	Drug Tier	Requirements/Limits
levetiracetam in sodium chloride iv soln 1000 mg/100ml	4	
levetiracetam in sodium chloride iv soln 1500 mg/100ml	4	
methsuximide CAPS 300mg	4	
NAYZILAM SOLN 5mg/0.1ml	4	QL (10 nasal units / 30 days)
oxcarbazepine SUSP 300mg/5ml	4	
oxcarbazepine TABS 150mg, 300mg, 600mg	3	
perampanel SUSP .5mg/ml	5	NDS, QL (680 mL / 28 days), PA
perampanel TABS 2mg	4	QL (60 tabs / 30 days), PA
perampanel TABS 4mg, 6mg, 8mg, 10mg, 12mg	4	QL (30 tabs / 30 days), PA
phenobarbital ELIX 20mg/5ml	4	QL (1500 mL / 30 days), PA; PA applies if 65 years and older
phenobarbital TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	3	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
phenobarbital sodium SOLN 65mg/ml, 130mg/ml	4	PA; PA applies if 65 years and older
phenytek CAPS 200mg, 300mg	3	
phenytoin CHEW 50mg; SUSP 125mg/5ml	3	
phenytoin sodium SOLN 50mg/ml	4	
phenytoin sodium extended CAPS 100mg, 200mg, 300mg	3	
pregabalin CAPS 25mg, 50mg, 75mg, 100mg, 150mg	3	QL (120 caps / 30 days)
pregabalin CAPS 200mg	3	QL (90 caps / 30 days)
pregabalin CAPS 225mg, 300mg	3	QL (60 caps / 30 days)
pregabalin SOLN 20mg/ml	4	QL (900 mL / 30 days), PA; PA applies if 65 years and older
primidone TABS 50mg, 125mg, 250mg	2	
relgaabi CAPS 300mg	2	QL (360 caps / 30 days)
relgaabi CAPS 400mg	2	QL (270 caps / 30 days)
roweepra TABS 500mg	2	
rufinamide SUSP 40mg/ml	5	NDS, QL (2400 mL / 30 days), PA
rufinamide TABS 200mg	4	QL (480 tabs / 30 days), PA
rufinamide TABS 400mg	5	NDS, QL (240 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
SPRITAM TB3D 250mg	4	QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	4	QL (180 tabs / 30 days)
SPRITAM TB3D 750mg	4	QL (120 tabs / 30 days)
SPRITAM TB3D 1000mg	4	QL (90 tabs / 30 days)
SUBVENITE SUSP 10mg/ml	5	NDS, ST
subvenite TABS 25mg, 100mg, 150mg, 200mg	1	
SYMPAZAN FILM 5mg, 10mg, 20mg	5	NDS, QL (60 films / 30 days), PA
tiagabine hcl TABS 2mg, 4mg, 12mg, 16mg	4	
topiramate CPSP 15mg, 25mg	3	
topiramate CPSP 50mg	4	
topiramate SOLN 25mg/ml	4	QL (480 mL / 30 days), PA
topiramate TABS 25mg, 50mg, 100mg, 200mg	2	
valproate sodium SOLN 100mg/ml	4	
valproate sodium SOLN 250mg/5ml	3	
valproic acid CAPS 250mg	2	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	4	QL (10 blister packs / 30 days)
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	4	QL (10 blister packs / 30 days)
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	4	QL (10 blister packs / 30 days)
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	4	QL (10 blister packs / 30 days)
vigabatrin PACK 500mg	5	NDS, QL (180 packets / 30 days), NM, PA
vigabatrin TABS 500mg	5	NDS, QL (180 tabs / 30 days), NM, PA
vigadrone PACK 500mg	5	NDS, QL (180 packets / 30 days), NM, PA
vigadrone TABS 500mg	5	NDS, QL (180 tabs / 30 days), NM, PA
VIGAFYDE SOLN 100mg/ml	5	NDS, QL (900 mL / 30 days), NM, PA
XCOPRI TABS 25mg, 50mg, 100mg	5	NDS, QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	5	NDS, QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	4	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	5	NDS, QL (28 tabs / 28 days)

Drug Name	Drug Tier	Requirements/Limits
XCOPRI PAK 100-150	5	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	5	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	5	NDS, QL (28 tabs / 28 days)
ZONISADE SUSP 100mg/5ml	5	NDS, QL (900 mL / 30 days), PA
zonisamide CAPS 25mg, 50mg, 100mg	2	
ZTALMY SUSP 50mg/ml	5	NDS, QL (1100 mL / 30 days), NM, PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
amphetamine-dextroamphetamine cap er 24hr 5 mg	4	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 10 mg	4	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 15 mg	4	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 20 mg	4	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 25 mg	4	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 30 mg	4	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine tab 5 mg	3	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 7.5 mg	3	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 10 mg	3	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 12.5 mg	3	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 15 mg	3	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 20 mg	3	QL (90 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 30 mg	3	QL (60 tabs / 30 days), PA
atomoxetine hcl CAPS 10mg, 18mg, 25mg	4	QL (120 caps / 30 days)
atomoxetine hcl CAPS 40mg	4	QL (60 caps / 30 days)
atomoxetine hcl CAPS 60mg, 80mg, 100mg	4	QL (30 caps / 30 days)
dexmethylphenidate hcl TABS 2.5mg, 5mg	3	QL (120 tabs / 30 days), PA
dexmethylphenidate hcl TABS 10mg	3	QL (60 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg	3	QL (30 tabs / 30 days), PA; PA applies if 65 years and older
guanfacine hcl (adhd) TB24 3mg	3	QL (60 tabs / 30 days), PA; PA applies if 65 years and older
methylphenidate hcl CHEW 2.5mg, 5mg, 10mg	4	QL (180 tabs / 30 days), PA
methylphenidate hcl SOLN 5mg/5ml	4	QL (1800 mL / 30 days), PA
methylphenidate hcl SOLN 10mg/5ml	4	QL (900 mL / 30 days), PA
methylphenidate hcl TABS 5mg, 10mg	3	QL (180 tabs / 30 days), PA
methylphenidate hcl TABS 20mg	3	QL (90 tabs / 30 days), PA
methylphenidate hcl TBCR 10mg, 20mg	4	QL (90 tabs / 30 days), PA
HYPNOTICS		
DAYVIGO TABS 5mg, 10mg	3	QL (30 tabs / 30 days)
doxepin hcl (sleep) TABS 3mg, 6mg	3	QL (30 tabs / 30 days)
eszopiclone TABS 1mg, 2mg, 3mg	4	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
ramelteon TABS 8mg	3	QL (30 tabs / 30 days)
tasimelteon CAPS 20mg	5	NDS, QL (30 caps / 30 days), NM, PA
temazepam CAPS 7.5mg, 30mg	4	QL (30 caps / 30 days), PA; PA applies if 65 years and older
temazepam CAPS 15mg	4	QL (60 caps / 30 days), PA; PA applies if 65 years and older
zaleplon CAPS 5mg	3	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
zaleplon CAPS 10mg	3	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

Drug Name	Drug Tier	Requirements/Limits
zolpidem tartrate TABS 5mg, 10mg	2	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
MIGRAINE		
AIMOVIG SOAJ 70mg/ml, 140mg/ml	3	QL (1 pen / 30 days), NM, PA
dihydroergotamine mesylate SOLN 4mg/ml	5	NDS, QL (8 mL / 30 days), PA
EMGALITY SOAJ 120mg/ml	3	QL (2 pens / 30 days), NM, PA
EMGALITY SOSY 100mg/ml	3	QL (3 syringes / 30 days), NM, PA
EMGALITY SOSY 120mg/ml	3	QL (2 syringes / 30 days), NM, PA
ergotamine w/ caffeine tab 1-100 mg	3	QL (40 tabs / 28 days), PA
naratriptan hcl TABS 1mg, 2.5mg	3	QL (12 tabs / 30 days)
NURTEC TBDP 75mg	3	QL (16 tabs / 30 days), PA
QULIPTA TABS 10mg, 30mg, 60mg	3	QL (30 tabs / 30 days), PA
rizatriptan benzoate TABS 5mg, 10mg; TBDP 5mg, 10mg	3	QL (18 tabs / 30 days)
sumatriptan SOLN 5mg/act	4	QL (24 units / 30 days)
sumatriptan SOLN 20mg/act	4	QL (12 units / 30 days)
sumatriptan succinate SOAJ 6mg/0.5ml; SOLN 6mg/0.5ml	4	QL (12 injections / 30 days)
sumatriptan succinate TABS 25mg, 50mg, 100mg	2	QL (12 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	3	QL (16 tabs / 30 days), PA
MISCELLANEOUS		
AUSTEDO TABS 6mg	5	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO TABS 9mg, 12mg	5	NDS, QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 6mg	5	NDS, QL (90 tabs / 30 days), NM, PA
AUSTEDO XR TB24 12mg	5	NDS, QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 18mg, 30mg, 36mg, 42mg, 48mg	5	NDS, QL (30 tabs / 30 days), NM, PA
AUSTEDO XR TB24 24mg	5	NDS, QL (60 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
AUSTEDO XR TAB TITR KIT	5	NDS, QL (2 packs / year), NM, PA
dextromethorphan hbr-quinidine sulfate cap 20-10 mg	5	NDS, QL (60 caps / 30 days), PA
lithium SOLN 8meq/5ml	4	
lithium carbonate CAPS 150mg, 300mg, 600mg; TABS 300mg	1	
lithium carbonate TBCR 300mg, 450mg	2	
NUEDEXTA CAP 20-10MG	5	NDS, QL (60 caps / 30 days), PA
pyridostigmine bromide TABS 60mg	3	
riluzole TABS 50mg	4	
tetrabenazine TABS 12.5mg	4	QL (90 tabs / 30 days), NM, PA
tetrabenazine TABS 25mg	5	NDS, QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS		
BAFIERTAM CPDR 95mg	5	NDS, QL (120 caps / 30 days), NM, PA
BETASERON KIT .3mg	5	NDS, QL (14 kits / 28 days), NM, PA
COPAXONE SOSY 20mg/ml	5	NDS, QL (30 syringes / 30 days), NM, PA
COPAXONE SOSY 40mg/ml	5	NDS, QL (12 syringes / 28 days), NM, PA
dalfampridine TB12 10mg	3	QL (60 tabs / 30 days), NM, PA
fingolimod hcl CAPS .5mg	5	NDS, QL (30 caps / 30 days), NM, PA
glatiramer acetate SOSY 20mg/ml	5	NDS, QL (30 syringes / 30 days), NM, PA
glatiramer acetate SOSY 40mg/ml	5	NDS, QL (12 syringes / 28 days), NM, PA
glatopa SOSY 20mg/ml	5	NDS, QL (30 syringes / 30 days), NM, PA
glatopa SOSY 40mg/ml	5	NDS, QL (12 syringes / 28 days), NM, PA
KESIMPTA SOAJ 20mg/0.4ml	5	NDS, QL (16 pens / 365 days), NM, PA
MUSCULOSKELETAL THERAPY AGENTS		
baclofen TABS 5mg	2	QL (90 tabs / 30 days)
baclofen TABS 10mg, 20mg	2	

Drug Name	Drug Tier	Requirements/Limits
carisoprodol TABS 350mg	3	QL (120 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
cyclobenzaprine hcl TABS 5mg, 10mg	3	QL (90 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
dantrolene sodium CAPS 25mg, 50mg, 100mg	4	
methocarbamol TABS 500mg	3	QL (360 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
methocarbamol TABS 750mg	3	QL (240 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
tizanidine hcl TABS 2mg, 4mg	2	
NARCOLEPSY/CATAPLEXY		
armodafinil TABS 50mg	4	QL (60 tabs / 30 days), PA
armodafinil TABS 150mg, 200mg, 250mg	4	QL (30 tabs / 30 days), PA
modafinil TABS 100mg	3	QL (30 tabs / 30 days), PA
modafinil TABS 200mg	3	QL (60 tabs / 30 days), PA
sodium oxybate SOLN 500mg/ml	5	NDS, QL (540 mL / 30 days), NM, PA
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium TBEC 333mg	4	
buprenorphine hcl SUBL 2mg	3	QL (180 tabs / 30 days)
buprenorphine hcl SUBL 8mg	3	QL (120 tabs / 30 days)
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	4	QL (180 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	4	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	4	QL (120 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	4	QL (90 films / 30 days)

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

ENDOCRINE AND METABOLIC

ANDROGENS

danazol CAPS 50mg, 100mg, 200mg	4	
depo-testosterone SOLN 100mg/ml, 200mg/ml	3	PA
testosterone GEL 12.5mg/act, 25mg/2.5gm, 50mg/5gm	4	QL (300 gm / 30 days), PA
testosterone cypionate SOLN 100mg/ml, 200mg/ml	3	PA
testosterone enanthate SOLN 200mg/ml	3	PA
testosterone pump GEL 20.25mg/act	4	QL (150 gm / 30 days), PA

ANTIDIABETICS

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

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

Drug Name	Drug Tier	Requirements/Limits
RYBELSUS TABS 3mg, 7mg, 14mg	3	QL (30 tabs / 30 days), PA
sitagliptin phosphate TABS 25mg, 50mg, 100mg	1	QL (30 tabs / 30 days)
sitagliptin phosphate-metformin hcl tab 50-500 mg	1	QL (60 tabs / 30 days)
sitagliptin phosphate-metformin hcl tab 50-1000 mg	1	QL (60 tabs / 30 days)
sitagliptin phosphate-metformin hcl tab er 24hr 50-500 mg	1	QL (60 tabs / 30 days)
sitagliptin phosphate-metformin hcl tab er 24hr 50-1000 mg	1	QL (60 tabs / 30 days)
sitagliptin phosphate-metformin hcl tab er 24hr 100-1000 mg	1	QL (30 tabs / 30 days)
TRADJENTA TABS 5mg	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	3	QL (30 tabs / 30 days)
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	3	QL (4 pens / 28 days), PA
XIGDUO XR TAB 2.5-1000	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	3	QL (30 tabs / 30 days)
ANTIDIABETICS, INSULINS		
ADMELOG SOLN 100unit/ml	3	B/D
ADMELOG SOLOSTAR SOPN 100unit/ml	3	
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY	3	PA
CEQUR EXT WR MIS INSERTER	4	QL (2 inserters / year), PA
CEQUR SIMPL KIT 1U EXTND	4	QL (8 patches / 24 days), PA
CEQUR SIMPL KIT 2U EXTND	4	QL (10 patches / 30 days), PA
CEQUR SIMPL KIT PATCH 2U (3-DAY)	4	QL (10 patches / 30 days), PA
CEQUR SIMPL KIT PATCH 2U (4-DAY)	4	QL (8 patches / 24 days), PA
CEQUR SIMPL MIS INSERTER	4	QL (2 inserters / year), PA
FIASP SOLN 100unit/ml	3	B/D
FIASP FLEXTOUCH SOPN 100unit/ml	3	

Drug Name	Drug Tier	Requirements/Limits
FIASP PENFILL SOCT 100unit/ml	3	
FIASP PUMPCART SOCT 100unit/ml	3	B/D
GAUZE PADS 2" X 2"	3	PA
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	5	NDS
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	
LANTUS SOLOSTAR SOPN 100unit/ml	3	
NOVOLIN INJ 70/30	3	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	3	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	3	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	3	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	3	B/D; (brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	3	(brand RELION not covered)
NOVOLOG SOLN 100unit/ml	3	B/D
NOVOLOG FLEXPEN SOPN 100unit/ml	3	
NOVOLOG FLEXPEN RELION SOPN 100unit/ml	3	
NOVOLOG MIX INJ 70/30	3	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	3	(brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	3	
NOVOLOG RELION SOLN 100unit/ml	3	B/D
OMNIPOD5 LIB KIT INTRO	4	QL (1 kit / year), PA
OMNIPOD5 LIB MIS PODS	4	QL (15 pods / 30 days), PA
OMNIPOD 5 DX KIT INT G7G6	4	QL (1 kit / year), PA
OMNIPOD 5 DX MIS POD G7G6	4	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	4	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	4	QL (15 pods / 30 days), PA
SOLIQUA INJ 100/33	3	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	3	
TOUJEO SOLOSTAR SOPN 300unit/ml	3	
XULTOPHY INJ 100/3.6	3	QL (5 pens / 30 days)

Drug Name	Drug Tier	Requirements/Limits
CALCIUM REGULATORS		
alendronate sodium SOLN 70mg/75ml	4	ST
alendronate sodium TABS 10mg, 35mg, 70mg	1	
BILDYOS SOSY 60mg/ml	4	QL (1 syringe / 180 days), NM
BONSITY SOPN 560mcg/2.24ml	5	NDS, QL (1 pen / 28 days), NM, PA
calcitonin (salmon) spray SOLN 200unit/act	3	B/D
ibandronate sodium TABS 150mg	2	B/D
OSPOMYV SOSY 60mg/ml	4	QL (1 syringe / 180 days), NM
PAMIDRONATE DISODIUM SOLN 6mg/ml	3	B/D
pamidronate disodium SOLN 30mg/10ml, 90mg/10ml	3	B/D
PROLIA SOSY 60mg/ml	4	QL (1 syringe / 180 days), NM
risedronate sodium TABS 5mg, 35mg, 150mg	3	
risedronate sodium TBEC 35mg	4	ST
teriparatide SOPN 560mcg/2.24ml	5	NDS, QL (1 pen / 28 days), NM, PA
TERIPARATIDE SOPN 560mcg/2.24ml	5	NDS, QL (1 pen / 28 days), NM, PA; (ALVOGEN product)
TYMLOS SOPN 3120mcg/1.56ml	5	NDS, QL (1 pen / 30 days), NM, PA
WYOST SOLN 120mg/1.7ml	5	NDS, NM, PA
XTRENBO SOLN 120mg/1.7ml	4	NM, PA
zoledronic acid CONC 4mg/5ml; SOLN 5mg/100ml	4	B/D, NM
CHELATING AGENTS		
CHEMET CAPS 100mg	5	NDS
deferasirox TABS 90mg	3	NM, PA
deferasirox TABS 180mg, 360mg; TBSO 125mg	4	NM, PA
deferasirox TBSO 250mg, 500mg	5	NDS, NM, PA
kionex SUSP 15gm/60ml	4	
LOKELMA PACK 5gm, 10gm	3	
penicillamine TABS 250mg	5	NDS, NM
sodium polystyrene sulfonate SUSP 15gm/60ml	4	
sodium polystyrene sulfonate powder	3	
sps SUSP 15gm/60ml	4	

Drug Name	Drug Tier	Requirements/Limits
sps rectal SUSP 15gm/60ml	4	
trientine hcl CAPS 250mg	5	NDS, NM, PA
CONTRACEPTIVES		
afirmelle	2	
altavera	2	
alyacen 1/35	2	
alyacen 7/7/7	2	
amethyst	2	
apri	2	
aranelle	2	
ashlyna	2	
aubra eq	2	
aurovela 1/20	2	
aurovela 24 fe	2	
aurovela fe 1.5/30	2	
aurovela fe 1/20	2	
aviane	2	
ayuna	2	
azurette	2	
balziva	2	
blisovi 24 fe	2	
blisovi fe 1.5/30	2	
blisovi fe 1/20	2	
briellyn	2	
camila TABS .35mg	2	
camrese	2	
camrese lo	2	
chateal eq	2	
cryselle	2	
cyred eq	2	
dasetta 1/35	2	
dasetta 7/7/7	2	
daysee	2	
deblitane TABS .35mg	2	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	3	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	2	
dolishale	2	
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	2	
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	2	

Drug Name	Drug Tier	Requirements/Limits
drospirenone-ethinyl estradiol tab 3-0.02 mg	2	
drospirenone-ethinyl estradiol tab 3-0.03 mg	2	
elinest	2	
eluryng	3	
emzahh TABS .35mg	2	
enilloring	3	
enskyce	2	
errin TABS .35mg	2	
estarylla	2	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	2	
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	3	
falmina	2	
feirza 1.5/30	2	
feirza 1/20	2	
finzala	2	
galbriela	2	
hailey 1.5/30	2	
hailey 24 fe	2	
hailey fe 1/20	2	
heather TABS .35mg	2	
iclevia	2	
incassia TABS .35mg	2	
introvale	2	
isibloom	2	
jaimiess	2	
jasmiel	2	
jencycla TABS .35mg	2	
jolessa	2	
juleber	2	
junel 1.5/30	2	
junel 1/20	2	
junel fe 1.5/30	2	
junel fe 1/20	2	
junel fe 24	2	
kaitlib fe	2	
kariva	2	
kelnor 1/35	2	
kurvelo	2	
larin 1.5/30	2	
larin 1/20	2	

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

Drug Name	Drug Tier	Requirements/Limits
nikki	2	
nora-be TABS .35mg	2	
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	
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	2	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	2	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	2	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	2	
norlyroc TABS .35mg	2	
nortrel 0.5/35 (28)	2	
nortrel 1/35 (21)	2	
nortrel 1/35 (28)	2	
nortrel 7/7/7	2	
nylia 1/35	2	
nylia 7/7/7	2	
orquidea TABS .35mg	2	
philith	2	
pimtrea	2	
portia-28	2	
reclipsen	2	
rivelsa	2	
rosyrah	2	
setlakin	2	
sharobel TABS .35mg	2	
simliya	2	
simpesse	2	
sprintec 28	2	
sronyx	2	
syeda	2	
tarina 24 fe	2	
tarina fe 1/20 eq	2	

Drug Name	Drug Tier	Requirements/Limits
tilia fe	2	
tri-estarylla	2	
tri-legest fe	2	
tri-linyah	2	
tri-lo-estarylla	2	
tri-lo-marzia	2	
tri-lo-mili	2	
tri-lo-sprintec	2	
tri-mili	2	
tri-sprintec	2	
tri-vylibra	2	
tri-vylibra lo	2	
turqoz	2	
tydemy	2	
valtya 1/35	2	
valtya 1/50	2	
velivet	2	
vestura	2	
vienva	2	
viorele	2	
vyfemla	2	
vylibra	2	
wera	2	
wymzya fe	2	
xarah fe	2	
xelria fe	2	
xulane	3	
zafemy	3	
zovia 1/35	2	
zumandimine	2	
ESTROGENS		
abigale	3	
abigale lo	3	
dotti PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
estradiol PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	3	
estradiol TABS .5mg, 1mg, 2mg	2	
estradiol & norethindrone acetate tab 0.5-0.1 mg	3	

Drug Name	Drug Tier	Requirements/Limits
estradiol & norethindrone acetate tab 1-0.5 mg	3	
estradiol vaginal CREA .1mg/gm	3	
estradiol vaginal TABS 10mcg	4	
estradiol valerate OIL 10mg/ml, 20mg/ml, 40mg/ml	4	
fyavolv tab 0.5mg-2.5mcg	3	
fyavolv tab 1mg-5mcg	3	
jinteli	3	
lyllana PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
mimvey	3	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	3	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	3	
yuvafem TABS 10mcg	4	
GLUCOCORTICOIDS		
dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	3	
DEXAMETHASONE INTENSOL CONC 1mg/ml	4	
dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 10mg/ml	3	
fludrocortisone acetate TABS .1mg	2	
hydrocortisone TABS 5mg, 10mg, 20mg	3	
hydrocortisone sod succinate SOLR 100mg	4	
methylprednisolone TABS 4mg, 8mg, 16mg, 32mg	3	B/D
methylprednisolone TBPK 4mg	2	
methylprednisolone acetate SUSP 40mg/ml, 80mg/ml	3	B/D
methylprednisolone sod succ SOLR 40mg, 125mg, 500mg, 1000mg	3	B/D
prednisolone SOLN 15mg/5ml	2	B/D
prednisolone sodium phosphate SOLN 5mg/5ml, 25mg/5ml	4	B/D
prednisolone sodium phosphate SOLN 15mg/5ml	2	B/D
prednisone SOLN 5mg/5ml	4	B/D
prednisone TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
prednisone TBPK 5mg, 10mg	2	

Drug Name	Drug Tier	Requirements/Limits
PREDNISONE INTENSOL CONC 5mg/ml	4	B/D
SOLU-CORTEF SOLR 250mg, 500mg, 1000mg	4	
GLUCOSE ELEVATING AGENTS		
diazoxide SUSP 50mg/ml	5	NDS
GVOKE HYPOPEN 1-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	3	
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	3	
GVOKE KIT SOLN 1mg/0.2ml	3	
GVOKE PFS SOSY 1mg/0.2ml	3	
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	3	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	5	NDS, NM, PA
betaine powder for oral solution	5	NDS, NM
cabergoline TABS .5mg	3	
carglumic acid TBSO 200mg	5	NDS, NM, PA
CERDELGA CAPS 84mg	5	NDS, NM, PA
CEREZYME SOLR 400unit	5	NDS, NM, PA
cinacalcet hcl TABS 30mg, 60mg	4	B/D, QL (60 tabs / 30 days), NM
cinacalcet hcl TABS 90mg	4	B/D, QL (120 tabs / 30 days), NM
CYSTAGON CAPS 50mg, 150mg	4	NM, PA
desmopressin acetate SOLN 4mcg/ml	5	NDS
desmopressin acetate TABS .1mg, .2mg	3	
desmopressin acetate spray SOLN .01%	4	
desmopressin acetate spray refrigerated SOLN .01%	4	
FABRAZYME SOLR 5mg, 35mg	5	NDS, NM, PA
GENOTROPIN CART 5mg, 12mg	5	NDS, 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	NDS, NM, PA
INCRELEX SOLN 40mg/4ml	5	NDS, NM, PA
javygtor PACK 100mg, 500mg; TABS 100mg	5	NDS, NM, PA
lanreotide acetate SOLN 120mg/0.5ml	5	NDS, NM, PA
levocarnitine (metabolic modifiers) SOLN 1gm/10ml; TABS 330mg	4	B/D
LUMIZYME SOLR 50mg	5	NDS, NM, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	5	NDS, NM, PA

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	5	NDS, NM, PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg	5	NDS, NM, PA
mifepristone (hyperglycemia) TABS 300mg	5	NDS, NM, PA
NAGLAZYME SOLN 1mg/ml	5	NDS, NM, PA
nitisinone CAPS 2mg, 5mg, 10mg, 20mg	5	NDS, NM, PA
octreotide acetate SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	4	NM, PA
octreotide acetate SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	5	NDS, NM, PA
raloxifene hcl TABS 60mg	3	
REVCOVI SOLN 2.4mg/1.5ml	5	NDS, NM, PA
REZDIFFRA TABS 60mg, 80mg, 100mg	5	NDS, QL (30 tabs / 30 days), NM, PA
sapropterin dihydrochloride PACK 100mg, 500mg; TABS 100mg	5	NDS, NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	5	NDS, NM, PA
sodium phenylbutyrate POWD 3gm/tsp; TABS 500mg	5	NDS, NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml	5	NDS, NM, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	5	NDS, NM, PA
SYNAREL SOLN 2mg/ml	5	NDS, PA
tolvaptan TABS 15mg, 30mg	5	NDS, NM, PA; (generic of JYNARQUE)
tolvaptan TBPK 15mg	5	NDS, NM, PA
tolvaptan tab therapy pack 30 & 15 mg	5	NDS, NM, PA
tolvaptan tab therapy pack 45 & 15 mg	5	NDS, NM, PA
tolvaptan tab therapy pack 60 & 30 mg	5	NDS, NM, PA
tolvaptan tab therapy pack 90 & 30 mg	5	NDS, NM, PA
zelvysia PACK 100mg, 500mg	5	NDS, NM, PA
PROGESTINS		
gallifrey TABS 5mg	3	
medroxyprogesterone acetate TABS 2.5mg, 5mg, 10mg	1	
megestrol acetate SUSP 40mg/ml	3	
megestrol acetate (appetite) SUSP 625mg/5ml	4	PA
norethindrone acetate TABS 5mg	3	
progesterone CAPS 100mg, 200mg	3	

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

Drug Name	Drug Tier	Requirements/Limits
ondansetron hcl SOLN 4mg/5ml	4	B/D
ondansetron hcl TABS 4mg, 8mg	3	B/D
prochlorperazine SUPP 25mg	4	
prochlorperazine edisylate SOLN 10mg/2ml	4	
prochlorperazine maleate TABS 5mg, 10mg	2	
promethazine hcl SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml; TABS 12.5mg, 25mg, 50mg	3	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
scopolamine PT72 1mg/3days	4	QL (10 patches / 30 days)
ANTISPASMODICS		
dicyclomine hcl CAPS 10mg; TABS 20mg	3	PA; PA applies if 65 years and older
dicyclomine hcl SOLN 10mg/5ml	4	PA; PA applies if 65 years and older
glycopyrrolate TABS 1mg	3	QL (90 tabs / 30 days)
glycopyrrolate TABS 2mg	3	QL (120 tabs / 30 days)
H2-RECEPTOR ANTAGONISTS		
famotidine SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	3	
famotidine SUSR 40mg/5ml	4	
famotidine TABS 20mg, 40mg	1	
famotidine in nacl 0.9% iv soln 20 mg/50ml	3	
nizatidine CAPS 150mg, 300mg	4	
INFLAMMATORY BOWEL DISEASE		
balsalazide disodium CAPS 750mg	3	
budesonide CPEP 3mg	4	QL (90 caps / 30 days)
budesonide TB24 9mg	5	NDS, QL (30 tabs / 30 days), PA
hydrocortisone (intrarectal) ENEM 100mg/60ml	4	
mesalamine CP24 .375gm	4	QL (120 caps / 30 days)
mesalamine CPDR 400mg	4	QL (180 caps / 30 days)
mesalamine ENEM 4gm	4	QL (1680 mL / 28 days)
mesalamine SUPP 1000mg	4	QL (30 suppositories / 30 days)
mesalamine TBEC 1.2gm	4	QL (120 tabs / 30 days)
mesalamine w/ cleanser KIT 4gm	4	QL (28 bottles / 28 days)
sulfasalazine TABS 500mg	2	
sulfasalazine TBEC 500mg	3	

Drug Name	Drug Tier	Requirements/Limits
LAXATIVES		
constulose SOLN 10gm/15ml	2	
enulose SOLN 10gm/15ml	2	
gavilyte-c	2	
gavilyte-g	2	
gavilyte-n/flavor pack	2	
generlac SOLN 10gm/15ml	2	
lactulose SOLN 10gm/15ml	2	
lactulose (encephalopathy) SOLN 10gm/15ml	2	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	2	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	2	
PLENVU SOL	4	
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	3	
MISCELLANEOUS		
alosetron hcl TABS 1mg	5	NDS, QL (60 tabs / 30 days), PA
alosetron hcl TABS .5mg	4	QL (60 tabs / 30 days), PA
CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	3	
cromolyn sodium (mastocytosis) CONC 100mg/5ml	4	
diphenoxylate w/ atropine tab 2.5-0.025 mg	4	
GATTEX KIT 5mg	5	NDS, NM, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	3	QL (30 caps / 30 days)
loperamide hcl CAPS 2mg	2	
lubiprostone CAPS 8mcg, 24mcg	3	QL (60 caps / 30 days)
misoprostol TABS 100mcg, 200mcg	3	
MOVANTIK TABS 12.5mg, 25mg	3	QL (30 tabs / 30 days)
RELISTOR SOLN 12mg/0.6ml	5	NDS, QL (28 vials / 28 days), PA
RELISTOR SOSY 8mg/0.4ml, 12mg/0.6ml	5	NDS, QL (28 syringes / 28 days), PA
sucralfate TABS 1gm	3	
ursodiol CAPS 300mg	4	
ursodiol TABS 250mg, 500mg	3	
VOQUEZNA PAK DUAL PAK	3	QL (2 kits / year), PA

Drug Name	Drug Tier	Requirements/Limits
VOQUEZNA PAK TRIP PK	3	QL (2 kits / year), PA
VOWST CAP	5	NDS, QL (12 caps / 30 days), NM, PA
XERMELO TABS 250mg	5	NDS, QL (84 tabs / 28 days), NM, PA
XIFAXAN TABS 550mg	5	NDS, 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		
esomeprazole magnesium CPDR 20mg, 40mg	3	QL (30 caps / 30 days), ST
lansoprazole CPDR 15mg, 30mg	3	QL (60 caps / 30 days)
omeprazole CPDR 10mg, 20mg, 40mg	1	
omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg	5	NDS, QL (30 packets / 30 days), PA
omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg	5	NDS, QL (30 packets / 30 days), PA
pantoprazole sodium SOLR 40mg	4	
pantoprazole sodium TBEC 20mg, 40mg	1	
rabeprazole sodium TBEC 20mg	3	QL (30 tabs / 30 days)
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
alfuzosin hcl TB24 10mg	2	QL (30 tabs / 30 days)
dutasteride CAPS .5mg	3	QL (30 caps / 30 days)
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	3	QL (30 caps / 30 days)
finasteride TABS 5mg	1	QL (30 tabs / 30 days)
tadalafil TABS 5mg	3	QL (30 tabs / 30 days), PA
tamsulosin hcl CAPS .4mg	1	QL (60 caps / 30 days)
MISCELLANEOUS		
acetic acid SOLN .25%	2	
bethanechol chloride TABS 5mg, 10mg, 25mg, 50mg	3	
potassium citrate (alkalinizer) TBCR 15meq, 540mg, 1080mg	3	
URINARY ANTISPASMODICS		
fesoterodine fumarate TB24 4mg, 8mg	4	QL (30 tabs / 30 days)
GEMTESA TABS 75mg	3	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
MYRBETRIQ SRER 8mg/ml	3	QL (300 mL / 28 days)
MYRBETRIQ TB24 25mg, 50mg	3	QL (30 tabs / 30 days)
oxybutynin chloride SOLN 5mg/5ml	3	QL (600 mL / 30 days)
oxybutynin chloride TABS 5mg	3	QL (120 tabs / 30 days)
oxybutynin chloride TB24 5mg	3	QL (30 tabs / 30 days)
oxybutynin chloride TB24 10mg, 15mg	3	QL (60 tabs / 30 days)
solifenacin succinate TABS 5mg, 10mg	4	QL (30 tabs / 30 days)
tolterodine tartrate CP24 2mg, 4mg	4	QL (30 caps / 30 days)
tolterodine tartrate TABS 1mg, 2mg	4	QL (60 tabs / 30 days)
trospium chloride TABS 20mg	3	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
clindamycin phosphate vaginal CREA 2%	3	
metronidazole vaginal GEL .75%	3	
terconazole vaginal CREA .4%, .8%; SUPP 80mg	3	
HEMATOLOGIC		
ANTICOAGULANTS		
dabigatran etexilate mesylate CAPS 75mg, 150mg	3	QL (60 caps / 30 days)
dabigatran etexilate mesylate CAPS 110mg	3	QL (120 caps / 30 days)
ELIQUIS CPSP .15mg	3	QL (56 caps / 21 days)
ELIQUIS TABS 2.5mg	3	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	3	QL (74 tabs / 30 days)
ELIQUIS TBSO .5mg	3	QL (588 tabs / 29 days)
ELIQUIS (1.5MG PACK) 3 X TBSO .5mg	3	QL (591 tabs / 29 days)
ELIQUIS (2MG PACK) 4 X TBSO .5mg	3	QL (592 tabs / 30 days)
ELIQUIS STARTER PACK TBPK 5mg	3	QL (74 tabs / 30 days)
enoxaparin sodium SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	4	
fondaparinux sodium SOLN 2.5mg/0.5ml	4	
fondaparinux sodium SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	NDS
HEP SOD/NACL INJ 25000UNT	3	
heparin sodium (porcine) SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	3	B/D
jantoven TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
rivaroxaban SUSR 1mg/ml	3	QL (620 mL / 30 days)
rivaroxaban TABS 2.5mg	3	QL (60 tabs / 30 days)
warfarin sodium TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	

Drug Name	Drug Tier	Requirements/Limits
XARELTO TABS 2.5mg	3	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	3	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	3	QL (51 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
FULPHILA SOSY 6mg/0.6ml	5	NDS, QL (2 syringes / 28 days), NM, PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM, PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	5	NDS, NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NDS, NM, PA
MISCELLANEOUS		
ALVAIZ TABS 9mg, 54mg	5	NDS, QL (60 tabs / 30 days), NM, PA
ALVAIZ TABS 18mg, 36mg	5	NDS, QL (90 tabs / 30 days), NM, PA
anagrelide hcl CAPS .5mg, 1mg	4	
BERINERT KIT 500unit	5	NDS, QL (24 boxes / 30 days), NM, PA
cilostazol TABS 50mg, 100mg	2	
DOPTELET TABS 20mg	5	NDS, NM, PA
DOPTELET SPRINKLE CPSP 10mg	5	NDS, NM, PA
DROXIA CAPS 200mg, 300mg, 400mg	4	
HAEGARDA SOLR 2000unit	5	NDS, QL (30 vials / 30 days), NM, PA
HAEGARDA SOLR 3000unit	5	NDS, QL (20 vials / 30 days), NM, PA
icatibant acetate SOSY 30mg/3ml	5	NDS, QL (9 syringes / 30 days), NM, PA
l-glutamine (sickle cell) PACK 5gm	5	NDS, NM, PA
pentoxifylline TBCR 400mg	2	
sajazir SOSY 30mg/3ml	5	NDS, QL (9 syringes / 30 days), NM, PA
SIKLOS TABS 100mg	4	
SIKLOS TABS 1000mg	5	NDS
TAVNEOS CAPS 10mg	5	NDS, QL (180 caps / 30 days), NM, PA
tranexamic acid SOLN 1000mg/10ml	4	
tranexamic acid TABS 650mg	3	
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole cap er 12hr 25-200 mg	4	
clopidogrel bisulfate TABS 75mg	1	

Drug Name	Drug Tier	Requirements/Limits
dipyridamole TABS 25mg, 50mg, 75mg	3	PA; PA applies if 65 years and older
prasugrel hcl TABS 5mg, 10mg	3	
ticagrelor TABS 60mg, 90mg	3	

IMMUNOLOGIC AGENTS

AUTOIMMUNE AGENTS

ADALIMUMAB-BWWD SOAJ 40mg/0.4ml	5	NDS, QL (6 autoinjectors / 28 days), NM, PA
ADALIMUMAB-BWWD SOSY 40mg/0.4ml	5	NDS, QL (6 syringes / 28 days), NM, PA
BIMZELX SOAJ 160mg/ml, 320mg/2ml	5	NDS, QL (2 pens / 28 days), NM, PA
BIMZELX SOSY 160mg/ml, 320mg/2ml	5	NDS, QL (2 syringes / 28 days), NM, PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml	5	NDS, QL (4 pens / 28 days), NM, PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml	5	NDS, QL (4 syringes / 28 days), NM, PA
EBGLYSS SOAJ 250mg/2ml	5	NDS, QL (20 pens / 365 days), NM, PA
EBGLYSS SOSY 250mg/2ml	5	NDS, QL (20 syringes / 365 days), NM, PA
ENBREL SOLN 25mg/0.5ml	5	NDS, QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	5	NDS, QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	5	NDS, QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	5	NDS, QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	5	NDS, QL (8 pens / 28 days), NM, PA
HADLIMA SOSY 40mg/0.4ml, 40mg/0.8ml	5	NDS, QL (6 syringes / 28 days), NM, PA
HADLIMA PUSHTOUCH SOAJ 40mg/0.4ml, 40mg/0.8ml	5	NDS, QL (6 autoinjectors / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml	5	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 20mg/0.2ml	5	NDS, QL (4 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	5	NDS, QL (6 syringes / 28 days), NM, PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml	5	NDS, QL (6 pens / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN AJKT 80mg/0.8ml	5	NDS, QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	5	NDS, QL (3 pens / 28 days), NM, PA
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml	5	NDS, QL (3 pens / 28 days), NM, PA
INFLIXIMAB SOLR 100mg	5	NDS, NM, PA
KINERET SOSY 100mg/0.67ml	5	NDS, QL (28 syringes / 28 days), NM, PA
PYZCHIVA SOAJ 45mg/0.5ml	3	QL (1 pen / 28 days), NM, PA
PYZCHIVA SOAJ 90mg/ml	5	NDS, QL (1 pen / 28 days), NM, PA
PYZCHIVA SOLN 45mg/0.5ml	3	QL (1 vial / 28 days), NM, PA
PYZCHIVA SOLN 130mg/26ml	5	NDS, NM, PA
PYZCHIVA SOSY 45mg/0.5ml	3	QL (1 syringe / 28 days), NM, PA
PYZCHIVA SOSY 90mg/ml	5	NDS, QL (1 syringe / 28 days), NM, PA
REMICADE SOLR 100mg	5	NDS, NM, PA
RENFLEXIS SOLR 100mg	5	NDS, NM, PA
RINVOQ TB24 15mg, 30mg	5	NDS, QL (30 tabs / 30 days), NM, PA
RINVOQ TB24 45mg	5	NDS, QL (168 tabs / year), NM, PA
RINVOQ LQ SOLN 1mg/ml	5	NDS, QL (360 mL / 30 days), NM, PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	5	NDS, QL (1 cartridge / 56 days), NM, PA
SKYRIZI SOLN 600mg/10ml	5	NDS, NM, PA
SKYRIZI SOSY 55mg/0.37ml, 150mg/ml	5	NDS, QL (6 syringes / 365 days), NM, PA
SKYRIZI PEN SOAJ 150mg/ml	5	NDS, QL (6 pens / 365 days), NM, PA
SOTYKTU TABS 6mg	5	NDS, QL (30 tabs / 30 days), NM, PA
STELARA SOLN 45mg/0.5ml	5	NDS, QL (1 vial / 28 days), NM, PA
STELARA SOLN 130mg/26ml	5	NDS, NM, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	5	NDS, QL (1 syringe / 28 days), NM, PA
tofacitinib citrate SOLN 1mg/ml	5	NDS, QL (480 mL / 24 days), NM, PA
tofacitinib citrate TABS 5mg, 10mg	5	NDS, QL (60 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
tofacitinib citrate TB24 11mg, 22mg	5	NDS, QL (30 tabs / 30 days), NM, PA
TREMFYA SOAJ 200mg/2ml	5	NDS, QL (2 pens / 28 days), NM, PA
TREMFYA SOLN 200mg/20ml	5	NDS, NM, PA
TREMFYA SOPN 100mg/ml	5	NDS, QL (1 pen / 28 days), NM, PA
TREMFYA SOSY 100mg/ml	5	NDS, QL (1 syringe / 28 days), NM, PA
TREMFYA SOSY 200mg/2ml	5	NDS, QL (2 syringes / 28 days), NM, PA
TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml	5	NDS, QL (2 pens / 28 days), NM, PA
TREMFYA PEN SOAJ 100mg/ml	5	NDS, QL (1 pen / 28 days), NM, PA
TYENNE SOAJ 162mg/0.9ml	5	NDS, QL (4 pens / 28 days), NM, PA
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	5	NDS, NM, PA
TYENNE SOSY 162mg/0.9ml	5	NDS, QL (4 syringes / 28 days), NM, PA
USTEKINUMAB SOLN 45mg/0.5ml	5	NDS, QL (1 vial / 28 days), NM, PA
USTEKINUMAB SOLN 130mg/26ml	5	NDS, NM, PA
USTEKINUMAB SOSY 45mg/0.5ml, 90mg/ml	5	NDS, QL (1 syringe / 28 days), NM, PA
VELSIPITY TABS 2mg	5	NDS, QL (30 tabs / 30 days), NM, PA
XELJANZ SOLN 1mg/ml	5	NDS, QL (480 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	5	NDS, QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	5	NDS, QL (30 tabs / 30 days), NM, PA
YESINTEK SOLN 45mg/0.5ml	3	QL (1 vial / 28 days), NM, PA
YESINTEK SOLN 130mg/26ml	3	NM, PA
YESINTEK SOSY 45mg/0.5ml	3	QL (1 syringe / 28 days), NM, PA
YESINTEK SOSY 90mg/ml	5	NDS, QL (1 syringe / 28 days), NM, PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
hydroxychloroquine sulfate TABS 200mg	3	
JYLAMVO SOLN 2mg/ml	4	B/D
leflunomide TABS 10mg, 20mg	3	QL (30 tabs / 30 days)
methotrexate sodium TABS 2.5mg	3	

Drug Name	Drug Tier	Requirements/Limits
XATMEP SOLN 2.5mg/ml	4	B/D
IMMUNOGLOBULINS		
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	5	NDS, NM, PA
BIVIGAM SOLN 5gm/50ml, 10%	5	NDS, NM, PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	5	NDS, 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	NDS, NM, PA
GAMMAGARD LIQUID ERC SOLN 5gm/50ml, 10gm/100ml	5	NDS, NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	5	NDS, NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	5	NDS, NM, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	5	NDS, NM, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NDS, NM, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	5	NDS, NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NDS, NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NDS, NM, PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml	5	NDS, NM, PA
ARCALYST SOLR 220mg	5	NDS, NM, PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	5	NDS, B/D, NM
ASTAGRAF XL CP24 .5mg, 1mg	4	B/D, NM
azathioprine TABS 50mg	3	B/D
BENLYSTA SOAJ 200mg/ml	5	NDS, QL (8 pens / 28 days), NM, PA
BENLYSTA SOLR 120mg, 400mg	5	NDS, NM, PA
BENLYSTA SOSY 200mg/ml	5	NDS, QL (8 syringes / 28 days), NM, PA
cyclosporine CAPS 25mg, 100mg	4	B/D, NM

Drug Name	Drug Tier	Requirements/Limits
cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	4	B/D, NM
everolimus (immunosuppressant) TABS .5mg, .75mg, 1mg	5	NDS, B/D, NM
everolimus (immunosuppressant) TABS .25mg	4	B/D, NM
gengraf CAPS 25mg, 100mg	4	B/D, NM
mycophenolate mofetil CAPS 250mg; TABS 500mg	3	B/D, NM
mycophenolate mofetil SUSR 200mg/ml	5	NDS, B/D, NM
mycophenolate sodium TBEC 180mg, 360mg	4	B/D, NM
NULOJIX SOLR 250mg	5	NDS, B/D, NM
PROGRAF PACK .2mg, 1mg	4	B/D, NM
REZUROCK TABS 200mg	5	NDS, QL (30 tabs / 30 days), NM, PA
sirolimus SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	4	B/D, NM
tacrolimus CAPS .5mg, 1mg, 5mg; CP24 .5mg, 1mg	4	B/D, NM
tacrolimus CP24 5mg	5	NDS, 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	
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 SUSP .5ml; SUSY .5ml	1	
HAVRIX SUSY 720elu/0.5ml, 1440unit/ml	1	
HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D
HIBERIX SOLR 10mcg	1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D
INFANRIX INJ	1	
IPOL INJ INACTIVE	1	
IXIARO INJ	1	
JYNNEOS SUSP .5ml	1	B/D
KINRIX INJ	1	
M-M-R II INJ	1	

Drug Name	Drug Tier	Requirements/Limits
MENQUADFI SOLN .5ml	1	
MENVEO INJ	1	
MENVEO SOL	1	
MRESVIA SUSY 50mcg/0.5ml	1	PA
PEDIARIX INJ 0.5ML	1	
PEDVAXHIB SUSP 7.5mcg/0.5ml	1	
PENBRAYA INJ	1	
PENMENVY INJ	1	
PENTACEL INJ	1	
PRIORIX INJ	1	
PROQUAD INJ	1	
QUADRACEL INJ 0.5ML	1	
RABAVERT INJ	1	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	B/D
ROTARIX SUS	1	
ROTATEQ SOL	1	
SHINGRIX SUSR 50mcg/0.5ml	1	QL (2 vials per lifetime)
SHINGRIX SUSY 50mcg/0.5ml	1	QL (2 syringes per lifetime)
TENIVAC INJ 5-2LF	1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	
TRUMENBA SUSY .5ml	1	
TWINRIX INJ	1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml; SUSY 25unit/0.5ml, 50unit/ml	1	
VARIVAX SUSR 1350pfu/0.5ml	1	
VAXCHORA SUS	1	
VIMKUNYA SUSY 40mcg/0.8ml	1	
VIVOTIF CAP EC	1	
YF-VAX INJ	1	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D2.5W/NACL INJ 0.45%	4	
D5W/NACL INJ 0.2%	3	
D5W/NACL INJ 0.45%	3	
D10W/NACL INJ 0.2%	3	
D10W/NACL INJ 0.45%	3	
dextrose 2.5% w/ sodium chloride 0.45%	3	
dextrose 5% in lactated ringers	3	

Drug Name	Drug Tier	Requirements/Limits
dextrose 5% w/ sodium chloride 0.3%	3	
dextrose 5% w/ sodium chloride 0.9%	3	
dextrose 5% w/ sodium chloride 0.45%	3	
dextrose 5% w/ sodium chloride 0.225%	3	
ISOLYTE-P INJ /D5W	4	
ISOLYTE-S INJ PH 7.4	4	
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	3	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	3	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	3	
kcl 20 meq/l (0.15%) in nacl 0.9% inj	3	
kcl 20 meq/l (0.15%) in nacl 0.45% inj	3	
kcl 20 meq/l (0.149%) in nacl 0.9% inj	3	
kcl 20 meq/l (0.149%) in nacl 0.45% inj	3	
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	3	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj	3	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	3	
kcl 40 meq/l (0.3%) in nacl 0.9% inj	3	
kcl 40 meq/l (0.298%) in nacl 0.9% inj	3	
KCL/D5W/NACL INJ 0.3/0.9%	4	
KCL/D5W/NACL INJ 0.15/0.2	3	
LACTATED RIN INJ	4	
lactated ringer's solution	3	
magnesium sulfate SOLN 2gm/50ml, 3gm/100ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	3	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 20gm/500ml, 40gm/1000ml	3	
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	3	
multiple electrolytes ph 5.5	4	
POT CHL 20MEQ/L IN NACL 0.9% INJ	4	
POT CHL 20MEQ/L IN NACL 0.45% INJ	4	
POT CHL 40MEQ/L IN NACL 0.9% INJ	4	
potassium chloride SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	3	
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	3	

Drug Name	Drug Tier	Requirements/Limits
sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	3	
TPN ELECTROL INJ	4	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
klor-con PACK 20meq	4	
klor-con 8 TBCR 8meq	2	
KLOR-CON 8 TBCR 8meq	2	
klor-con 10 TBCR 10meq	2	
KLOR-CON 10 TBCR 10meq	2	
klor-con m10 TBCR 10meq	2	
klor-con m15 TBCR 15meq	2	
klor-con m20 TBCR 20meq	2	
M-NATAL PLUS TAB	3	
potassium chloride CPCR 8meq, 10meq; TBCR 8meq, 10meq, 20meq	2	
potassium chloride PACK 20meq; SOLN 10%, 20%	4	
potassium chloride microencapsulated crystals er TBCR 10meq, 15meq, 20meq	2	
PRENATAL TAB 27-1MG	3	
PRENATAL TAB PLUS	3	
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	2	
WESTAB PLUS TAB 27-1MG	3	
IV NUTRITION		
aminosyn ii soln 15%	4	B/D
AMINOSYN INJ 10%	4	B/D
AMINOSYN-PF INJ 10%	4	B/D
CLINIMIX INJ 4.25/D5W	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
CLINIMIX INJ 5%/D15W	4	B/D
CLINIMIX INJ 5%/D20W	4	B/D
CLINIMIX INJ 6/5	4	B/D
CLINIMIX INJ 8/10	4	B/D
CLINIMIX INJ 8/14	4	B/D
clinisol sf 15%	4	B/D
CLINOLIPID EMU 20%	4	B/D
dextrose SOLN 5%, 10%	3	
dextrose SOLN 50%	3	B/D
DEXTROSE 10% SOLN 10%	3	
DEXTROSE 70% SOLN 70%	3	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	4	B/D
NUTRILIPID EMUL 20gm/100ml	4	B/D

Drug Name	Drug Tier	Requirements/Limits
plenamine	4	B/D
PREMASOL SOL 10%	5	NDS, B/D
PROSOL INJ 20%	4	B/D
TRAVASOL INJ 10%	4	B/D
TROPHAMINE INJ 10%	4	B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	3	
loteprednol etabonate-tobramycin ophth susp 0.5-0.3%	3	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	2	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	2	
neomycin-polymyxin-hc ophth susp	4	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	2	
TOBRADEX OIN 0.3-0.1%	3	
tobramycin-dexamethasone ophth susp 0.3-0.1%	3	
ZYLET SUS 0.5-0.3%	3	
ANTI-INFECTIVES		
bacitracin-polymyxin b ophth oint	2	
besifloxacin hcl SUSP .6%	3	
BESIVANCE SUSP .6%	3	
CILOXAN OINT .3%	3	
ciprofloxacin hcl (ophth) SOLN .3%	2	
erythromycin (ophth) OINT 5mg/gm	2	
gatifloxacin (ophth) SOLN .5%	3	
gentamicin sulfate (ophth) SOLN .3%	2	
moxifloxacin hcl (ophth) SOLN .5%	3	QL (12 mL / 30 days)
NATACYN SUSP 5%	4	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	3	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	3	
ofloxacin (ophth) SOLN .3%	2	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	1	
sulfacetamide sodium (ophth) SOLN 10%	3	
tobramycin (ophth) SOLN .3%	1	
trifluridine SOLN 1%	4	
XDEMVY SOLN .25%	5	NDS, NM, PA
ZIRGAN GEL .15%	4	

Drug Name	Drug Tier	Requirements/Limits
ANTI-INFLAMMATORIES		
dexamethasone sodium phosphate (ophth) SOLN .1%	3	
diclofenac sodium (ophth) SOLN .1%	2	
difluprednate EMUL .05%	4	
fluorometholone (ophth) SUSP .1%	3	
flurbiprofen sodium SOLN .03%	3	
ketorolac tromethamine (ophth) SOLN .4%	3	
ketorolac tromethamine (ophth) SOLN .5%	2	
LOTEMAX OINT .5%	3	
prednisolone acetate (ophth) SUSP 1%	3	
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	
ANTIALLERGICS		
azelastine hcl (ophth) SOLN .05%	2	
cromolyn sodium (ophth) SOLN 4%	2	
ZERVIATE SOLN .24%	4	
ANTIGLAUCOMA		
betaxolol hcl (ophth) SOLN .5%	3	
brimonidine tartrate SOLN .2%	1	
brinzolamide SUSP 1%	4	ST
carteolol hcl (ophth) SOLN 1%	2	
COMBIGAN SOL 0.2/0.5%	3	
dorzolamide hcl SOLN 2%	1	
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	1	
latanoprost SOLN .005%	1	
levobunolol hcl SOLN .5%	2	
LUMIGAN SOLN .01%	3	
pilocarpine hcl SOLN 1%, 2%, 4%	3	
RHOPRESSA SOLN .02%	4	
ROCKLATAN DRO	4	
SIMBRINZA SUS 1-0.2%	4	
timolol maleate (ophth) SOLG .25%, .5%	3	
timolol maleate (ophth) SOLN .25%, .5%	1	
travoprost SOLN .004%	2	
VYZULTA SOLN .024%	4	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	3	
atropine sulfate (ophthalmic) SOLN 1%	3	
CYSTADROPS SOLN .37%	5	NDS, NM, PA
CYSTARAN SOLN .44%	5	NDS, NM, PA
EYSUVIS SUSP .25%	4	

Drug Name	Drug Tier	Requirements/Limits
MIEBO SOLN 1.338gm/ml	3	
proparacaine hcl SOLN .5%	3	
RESTASIS EMUL .05%	3	
RESTASIS MULTIDOSE EMUL .05%	3	
XIIDRA SOLN 5%	3	

OTIC

OTIC AGENTS

acetic acid (otic) SOLN 2%	3	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	4	
flac OIL .01%	3	
fluocinolone acetonide (otic) OIL .01%	3	
hydrocortisone w/ acetic acid otic soln 1-2%	4	
neomycin-polymyxin-hc otic soln 1%	3	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	3	
ofloxacin (otic) SOLN .3%	4	

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

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

ANTICHOLINERGICS

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

Drug Name	Drug Tier	Requirements/Limits
SPIRIVA RESPIMAT AERS 1.25mcg/act	4	QL (1 inhaler / 30 days)
ANTIHISTAMINES		
azelastine hcl SOLN .1%	2	
cetirizine hcl SOLN 5mg/5ml	2	QL (300 mL / 30 days)
cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg	3	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
diphenhydramine hcl SOLN 50mg/ml	3	
hydroxyzine hcl SOLN 25mg/ml, 50mg/ml	4	PA; PA applies if 65 years and older
hydroxyzine hcl SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	3	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
hydroxyzine pamoate CAPS 25mg, 50mg	3	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
levocetirizine dihydrochloride SOLN 2.5mg/5ml	4	QL (300 mL / 30 days)
levocetirizine dihydrochloride TABS 5mg	2	QL (30 tabs / 30 days)
BETA AGONISTS		
albuterol sulfate AERS 108mcg/act	3	QL (2 inhalers / 30 days); (generic of Proair HFA)
albuterol sulfate AERS 108mcg/act	3	QL (2 inhalers / 30 days); (generic of Proventil HFA)
albuterol sulfate AERS 108mcg/act	3	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
albuterol sulfate NEBU .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	3	B/D
albuterol sulfate NEBU .083%	2	B/D
albuterol sulfate SYRP 2mg/5ml	3	
albuterol sulfate TABS 2mg, 4mg	4	
levalbuterol hcl NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	4	B/D
levalbuterol tartrate AERO 45mcg/act	3	QL (2 inhalers / 30 days), ST
SEREVENT DISKUS AEPB 50mcg/dose	3	QL (60 inhalations / 30 days)
terbutaline sulfate TABS 2.5mg, 5mg	4	
VENTOLIN HFA AERS 108mcg/act	3	QL (2 inhalers / 30 days)

Drug Name	Drug Tier	Requirements/Limits
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	3	QL (6 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
montelukast sodium CHEW 4mg, 5mg	2	
montelukast sodium PACK 4mg	4	
montelukast sodium TABS 10mg	1	
zafirlukast TABS 10mg, 20mg	3	
MISCELLANEOUS		
acetylcysteine SOLN 10%, 20%	4	B/D
ALYFTREK TAB 4-20-50	5	NDS, QL (84 tabs / 28 days), NM, PA
ALYFTREK TAB 10-50-125	5	NDS, QL (56 tabs / 28 days), NM, PA
ARALAST NP SOLR 500mg, 1000mg	5	NDS, NM, PA
cromolyn sodium NEBU 20mg/2ml	3	B/D
epinephrine (anaphylaxis) SOAJ .15mg/0.3ml, .3mg/0.3ml	3	(generic of EpiPen)
epinephrine (anaphylaxis) SOAJ .15mg/0.15ml, .3mg/0.3ml	3	(generic of Adrenaclick)
FASENRA SOSY 10mg/0.5ml, 30mg/ml	5	NDS, QL (1 syringe / 28 days), NM, PA
FASENRA PEN SOAJ 30mg/ml	5	NDS, QL (1 pen / 28 days), NM, PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	5	NDS, QL (56 packets / 28 days), NM, PA
KALYDECO TABS 150mg	5	NDS, QL (60 tabs / 30 days), NM, PA
nintedanib esylate CAPS 100mg, 150mg	5	NDS, QL (60 caps / 30 days), NM, PA
OFEV CAPS 100mg, 150mg	5	NDS, QL (60 caps / 30 days), NM, PA
ORKAMBI GRA 75-94MG	5	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 100-125	5	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 150-188	5	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI TAB 100-125	5	NDS, QL (112 tabs / 28 days), NM, PA
ORKAMBI TAB 200-125	5	NDS, QL (112 tabs / 28 days), NM, PA
pirfenidone CAPS 267mg	5	NDS, QL (270 caps / 30 days), NM, PA
pirfenidone TABS 267mg	5	NDS, QL (270 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
pirfenidone TABS 534mg, 801mg	5	NDS, QL (90 tabs / 30 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml	5	NDS, NM, PA
PULMOZYME SOLN 2.5mg/2.5ml	5	NDS, NM, PA
roflumilast TABS 250mcg	4	QL (56 tabs / year)
roflumilast TABS 500mcg	4	QL (30 tabs / 30 days)
SYMDEKO TAB 50-75MG	5	NDS, QL (56 tabs / 28 days), NM, PA
SYMDEKO TAB 100-150	5	NDS, QL (56 tabs / 28 days), NM, PA
theophylline ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg	4	
theophylline TB24 400mg, 600mg	3	
TRIKAFTA PAK 59.5MG	5	NDS, QL (56 packs / 28 days), NM, PA
TRIKAFTA PAK 75MG	5	NDS, QL (56 packs / 28 days), NM, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	5	NDS, QL (84 tabs / 28 days), NM, PA
TRIKAFTA TAB 100-50-75MG & 150MG	5	NDS, QL (84 tabs / 28 days), NM, PA
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml	5	NDS, QL (4 pens / 28 days), NM, PA
XOLAIR SOAJ 150mg/ml	5	NDS, QL (8 pens / 28 days), NM, PA
XOLAIR SOLR 150mg	5	NDS, QL (8 vials / 28 days), NM, PA
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml	5	NDS, QL (4 syringes / 28 days), NM, PA
XOLAIR SOSY 150mg/ml	5	NDS, QL (8 syringes / 28 days), NM, PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	5	NDS, NM, PA
NASAL STEROIDS		
flunisolide (nasal) SOLN .025%	3	QL (3 bottles / 30 days)
fluticasone propionate (nasal) SUSP 50mcg/act	2	QL (1 bottle / 30 days)
XHANCE EXHU 93mcg/act	4	QL (32 mL / 30 days), PA
STEROID INHALANTS		
ALVESCO AERS 80mcg/act	4	QL (3 inhalers / 30 days)
ALVESCO AERS 160mcg/act	4	QL (2 inhalers / 30 days)

Drug Name	Drug Tier	Requirements/Limits
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	3	QL (30 inhalations / 30 days)
budesonide (inhalation) SUSP .25mg/2ml, .5mg/2ml	4	B/D
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR HFA AER 45/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	3	QL (1 inhaler / 30 days)
AIRSUPRA AER 90-80MCG	3	QL (3 inhalers / 30 days)
BREO ELLIPTA INH 50-25MCG	3	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	3	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	3	QL (60 blisters / 30 days)
breyna	3	QL (3 inhalers / 30 days)
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	3	QL (3 inhalers / 30 days)
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	3	QL (3 inhalers / 30 days)
DULERA AER 50-5MCG	4	QL (3 inhalers / 30 days)
DULERA AER 100-5MCG	4	QL (3 inhalers / 30 days)
DULERA AER 200-5MCG	4	QL (3 inhalers / 30 days)
fluticasone-salmeterol aer powder ba 100-50 mcg/act	3	QL (60 inhalations / 30 days)
fluticasone-salmeterol aer powder ba 250-50 mcg/act	3	QL (60 inhalations / 30 days)
fluticasone-salmeterol aer powder ba 500-50 mcg/act	3	QL (60 inhalations / 30 days)
wixela inhub	3	QL (60 inhalations / 30 days)
TOPICAL		
DERMATOLOGY, ACNE		
accutane CAPS 10mg, 20mg, 30mg, 40mg	4	PA
amnesteem CAPS 10mg, 20mg, 30mg, 40mg	4	PA
benzoyl peroxide-erythromycin gel 5-3%	4	QL (46.6 gm / 30 days)
claravis CAPS 10mg, 20mg, 30mg, 40mg	4	PA
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	3	QL (45 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
clindamycin phosphate (topical) GEL 1%	3	QL (75 mL / 30 days), PA
clindamycin phosphate (topical) LOTN 1%; SOLN 1%	3	QL (60 mL / 30 days)
ery PADS 2%	3	QL (60 pledgets / 30 days)
erythromycin (acne aid) GEL 2%	3	QL (60 gm / 30 days)
erythromycin (acne aid) SOLN 2%	3	QL (60 mL / 30 days)
isotretinoin CAPS 10mg, 20mg, 30mg, 40mg	4	PA
neuac	3	QL (45 gm / 30 days)
sulfacetamide sodium (acne) LOTN 10%	4	QL (118 mL / 30 days)
tretinoin CREA .025%, .05%, .1%; GEL .01%, .025%	4	QL (45 gm / 30 days), PA
twice-daily clindamycin phosphate (topical) GEL 1%	3	QL (60 gm / 30 days)
zenatane CAPS 10mg, 20mg, 30mg, 40mg	4	PA
DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate (topical) CREA .1%; OINT .1%	3	QL (30 gm / 30 days)
mupirocin OINT 2%	2	QL (220 gm / 30 days)
silver sulfadiazine CREA 1%	2	
ssd CREA 1%	2	
SULFAMYLON CREA 85mg/gm	4	QL (453.6 gm / 30 days)
DERMATOLOGY, ANTIFUNGALS		
ciclopirox SHAM 1%	3	QL (120 mL / 30 days)
ciclopirox olamine CREA .77%	3	QL (90 gm / 30 days)
ciclopirox olamine SUSP .77%	3	QL (60 mL / 30 days)
clotrimazole (topical) CREA 1%	2	QL (45 gm / 30 days)
clotrimazole (topical) SOLN 1%	3	QL (60 mL / 30 days)
clotrimazole w/ betamethasone cream 1-0.05%	3	QL (45 gm / 30 days)
econazole nitrate CREA 1%	3	QL (85 gm / 30 days)
ketoconazole (topical) CREA 2%	3	QL (60 gm / 30 days)
ketoconazole (topical) SHAM 2%	2	QL (120 mL / 30 days)
klayesta POWD 100000unit/gm	3	QL (60 gm / 30 days)
nyamyc POWD 100000unit/gm	3	QL (60 gm / 30 days)
nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm	2	QL (30 gm / 30 days)
nystatin (topical) POWD 100000unit/gm	3	QL (60 gm / 30 days)
nystop POWD 100000unit/gm	3	QL (60 gm / 30 days)
selenium sulfide LOTN 2.5%	2	
DERMATOLOGY, ANTIPSORIATICS		
acitretin CAPS 10mg, 17.5mg, 25mg	4	PA

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

Drug Name	Drug Tier	Requirements/Limits
fluocinonide emulsified base CREA .05%	4	QL (120 gm / 30 days)
fluticasone propionate CREA .05%; OINT .005%	3	
halobetasol propionate CREA .05%; OINT .05%	4	QL (50 gm / 30 days)
hydrocortisone (topical) CREA 1%	1	
hydrocortisone (topical) CREA 2.5%; LOTN 2.5%; OINT 2.5%	2	
hydrocortisone (topical) OINT 1%	2	QL (30 gm / 30 days)
hydrocortisone valerate CREA .2%	3	QL (60 gm / 30 days)
mometasone furoate CREA .1%; OINT .1%; SOLN .1%	3	
triamcinolone acetonide (topical) CREA .025%, .1%, .5%	2	QL (454 gm / 30 days)
triamcinolone acetonide (topical) LOTN .025%, .1%	3	
triamcinolone acetonide (topical) OINT .025%, .1%, .5%	2	
triderm CREA .5%	2	QL (454 gm / 30 days)
DERMATOLOGY, LOCAL ANESTHETICS		
glydo PRSY 2%	3	QL (60 mL / 30 days), PA
lidocaine OINT 5%	4	QL (50 gm / 30 days), PA
lidocaine PTCH 5%	4	QL (3 patches / 1 day), PA
lidocaine hcl PRSY 2%	3	QL (60 mL / 30 days), PA
lidocaine hcl SOLN 4%	3	QL (50 mL / 30 days), PA
lidocaine-prilocaine cream 2.5-2.5%	2	B/D, QL (30 gm / 30 days)
lidocan PTCH 5%	4	QL (3 patches / 1 day), PA
tridacaine iii PTCH 5%	4	QL (3 patches / 1 day), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
bexarotene (topical) GEL 1%	5	NDS, QL (60 gm / 30 days), NM, PA
diclofenac sodium (topical) SOLN 1.5%	3	QL (300 mL / 28 days)
doxepin hcl (antipruritic) CREA 5%	4	QL (45 gm / 30 days), PA
EUCRISA OINT 2%	4	QL (120 gm / 30 days), PA
fluorouracil (topical) CREA 5%	4	QL (40 gm / 30 days)
fluorouracil (topical) SOLN 2%, 5%	3	QL (10 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
hydrocortisone (rectal) CREA 1%, 2.5%	3	
imiquimod CREA 5%	3	QL (24 packets / 30 days)
lactic acid (ammonium lactate) CREA 12%; LOTN 12%	2	
metronidazole (topical) CREA .75%; GEL .75%	3	QL (45 gm / 30 days)
metronidazole (topical) LOTN .75%	4	QL (59 mL / 30 days)
nitroglycerin (intra-anal) OINT .4%	4	QL (30 gm / 30 days)
PANRETIN GEL .1%	5	NDS, QL (60 gm / 30 days), PA
pimecrolimus CREA 1%	4	QL (100 gm / 30 days), PA
podofilox SOLN .5%	3	QL (7 mL / 28 days)
procto-med hc CREA 2.5%	3	
proctocort CREA 1%	3	
proctosol hc CREA 2.5%	3	
proctozone-hc CREA 2.5%	3	
tacrolimus (topical) OINT .03%, .1%	4	QL (100 gm / 30 days), PA
VALCHLOR GEL .016%	5	NDS, QL (60 gm / 30 days), NM, PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
malathion LOTN .5%	4	QL (59 mL / 30 days)
permethrin CREA 5%	3	QL (60 gm / 30 days)
DERMATOLOGY, WOUND CARE AGENTS		
SANTYL OINT 250unit/gm	4	QL (180 gm / 30 days), PA
sodium chloride (gu irrigant) SOLN .9%	3	
water for irrigation, sterile irrigation soln	2	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl CAPS 30mg	4	
chlorhexidine gluconate (mouth-throat) SOLN .12%	1	
clotrimazole TROC 10mg	3	QL (150 lozenges / 30 days)
kourzeq PSTE .1%	3	
lidocaine hcl (mouth-throat) SOLN 2%	2	
nystatin (mouth-throat) SUSP 100000unit/ml	2	
periogard SOLN .12%	1	
pilocarpine hcl (oral) TABS 5mg, 7.5mg	3	
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No hemos realizado cambios en el Formulario desde el 11/01/2026. Para obtener información más reciente o si tiene otras preguntas, comuníquese con Servicios para los Miembros de Elderplan al 1-800-353-3765 (los usuarios de TTY deben llamar al 711) los 7 días de la semana, de 8:00 a.m. a 8:00 p.m., o visítenos en www.elderplan.org.