Health Insurance Marketplace 4 Tier Drug List

January 2027

Please consider talking to your doctor about prescribing preferred medications, which may help reduce your out-of-pocket costs. This list may help guide you and your doctor in selecting an appropriate medication for you.

The drug list is regularly updated. Please visit **bcbstx.com** or **myprime.com** and log in to your member account for the most up-to-date information. To find a contracting pharmacy:

Shoppers: Visit https://www.myprime.com/en/plan-preview/find-pharmacy.html

Members: Log in to your plan at https://www.myprime.com/en/find-pharmacy.html

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To search for a drug name within this PDF document, use the **Control** and **F** keys on your keyboard, or go to **Edit** in the drop-down menu and select **Find/Search**. Type in the word or phrase you are looking for and click on **Search**.

Shoppers: To find drug estimates go to https://www.myprime.com/en/plan-preview/medicines/find-medicine.html
Members: Log in to your plan to find current drug pricing at https://www.myprime.com/en/medicines.html#find-medicine

Summary of Drug List Benefits

The information in this document is designed to help you understand the prescription drug benefits offered under this plan and compare these benefits to those offered by other plans. Information contained in this summary is designed to help you compare, both the value and the scope of the drug list benefits.

How to Find Information on the Cost of Prescription Drugs: Your Summary of Benefits and Coverage (SBC) document lists information about your plan, including pharmacy deductibles, tiers, out of pocket maximums, and a link to this drug list document. This drug list document lists drugs covered by your plan, the coverage tiers and any special requirements for each drug. This drug list document includes a link on the bottom of each page to the Find a Medicine web-based tool on MyPrime.com, which you may use to search for drugs for information on drug list coverage and estimate prices. Price estimates include total cost, plan and member cost share amounts (excluding any deductible requirements), and are based on the most recent actual network pricing. You may also use Pharmacy finder to review differences in estimated pricing between pharmacies.

Toll free number to obtain drug list information, including specific cost-sharing information for any drug list drug: 1-800-423-1973

Drug List by Health Benefit Plan: Some 2027 Blue Cross and Blue Shield of Texas individual plans use the Health Insurance Marketplace 4 Tier Drug List. These are Standard plans and offered on and off the Texas Health Insurance Marketplace.

These 2027 Individual Plans use the Health Insurance Marketplace 4 Tier Drug List

Plan *(Select plan name to view plan Summary of Benefits & Coverage)*	**Associated Drug List**
Blue Advantage Gold HMO - Standard - Non-Marketplace	Health Insurance Marketplace 4 Tier Drug List
Blue Advantage Gold HMO - Standard - Marketplace	Health Insurance Marketplace 4 Tier Drug List
Blue Advantage Gold HMO - Standard - Native American Zero	Health Insurance Marketplace 4 Tier Drug List
Blue Advantage Gold HMO - Standard - Native American Limited	Health Insurance Marketplace 4 Tier Drug List
Blue Advantage Silver HMO - Standard - Non-Marketplace	Health Insurance Marketplace 4 Tier Drug List
Blue Advantage Silver HMO - Standard - Marketplace	Health Insurance Marketplace 4 Tier Drug List
Blue Advantage Silver HMO - Standard - Native American Zero	Health Insurance Marketplace 4 Tier Drug List
Blue Advantage Silver HMO - Standard - Native American Limited	Health Insurance Marketplace 4 Tier Drug List

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Members: Log in to your plan to find current drug pricing at https://www.myprime.com/en/medicines.html#find-medicine

Plan *(Select plan name to view plan Summary of Benefits & Coverage)*	**Associated Drug List**
Blue Advantage Silver HMO - Standard - Marketplace 73% Actuarial Value	Health Insurance Marketplace 4 Tier Drug List
Blue Advantage Silver HMO - Standard - Marketplace 87% Actuarial Value	Health Insurance Marketplace 4 Tier Drug List
Blue Advantage Silver HMO - Standard - Marketplace 94% Actuarial Value	Health Insurance Marketplace 4 Tier Drug List
Blue Advantage Bronze HMO - Standard HSA - Non-Marketplace	Health Insurance Marketplace 4 Tier Drug List
Blue Advantage Bronze HMO - Standard HSA - Marketplace	Health Insurance Marketplace 4 Tier Drug List
Blue Advantage Bronze HMO - Standard HSA - Native American Zero	Health Insurance Marketplace 4 Tier Drug List
Blue Advantage Bronze HMO - Standard HSA - Native American Limited	Health Insurance Marketplace 4 Tier Drug List
MyBlue Health Bronze - Standard HSA - Non-Marketplace	Health Insurance Marketplace 4 Tier Drug List
MyBlue Health Bronze - Standard HSA - Marketplace	Health Insurance Marketplace 4 Tier Drug List
MyBlue Health Bronze - Standard HSA - Native American Zero	Health Insurance Marketplace 4 Tier Drug List
MyBlue Health Bronze - Standard HSA - Native American Limited	Health Insurance Marketplace 4 Tier Drug List
MyBlue Health Gold - Standard - Non-Marketplace	Health Insurance Marketplace 4 Tier Drug List
MyBlue Health Gold - Standard - Marketplace	Health Insurance Marketplace 4 Tier Drug List
MyBlue Health Gold - Standard - Native American Zero	Health Insurance Marketplace 4 Tier Drug List
MyBlue Health Gold - Standard - Native American Limited	Health Insurance Marketplace 4 Tier Drug List
MyBlue Health Silver - Standard - Non-Marketplace	Health Insurance Marketplace 4 Tier Drug List
MyBlue Health Silver - Standard - Marketplace	Health Insurance Marketplace 4 Tier Drug List

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Members: Log in to your plan to find current drug pricing at https://www.myprime.com/en/medicines.html#find-medicine

Plan *(Select plan name to view plan Summary of Benefits & Coverage)*	**Associated Drug List**
MyBlue Health Silver - Standard - Native American Zero	Health Insurance Marketplace 4 Tier Drug List
MyBlue Health Silver - Standard - Native American Limited	Health Insurance Marketplace 4 Tier Drug List
MyBlue Health Silver - Standard - Marketplace 73% Actuarial Value	Health Insurance Marketplace 4 Tier Drug List
MyBlue Health Silver - Standard - Marketplace 87% Actuarial Value	Health Insurance Marketplace 4 Tier Drug List
MyBlue Health Silver - Standard - Marketplace 94% Actuarial Value	Health Insurance Marketplace 4 Tier Drug List
Blue Advantage Plus Bronze - Standard HSA - Non-Marketplace	Health Insurance Marketplace 4 Tier Drug List
Blue Advantage Plus Bronze - Standard HSA - Marketplace	Health Insurance Marketplace 4 Tier Drug List
Blue Advantage Plus Bronze - Standard HSA - Native American Zero	Health Insurance Marketplace 4 Tier Drug List
Blue Advantage Plus Bronze - Standard HSA - Native American Limited	Health Insurance Marketplace 4 Tier Drug List
Blue Advantage Plus Gold - Standard - Non-Marketplace	Health Insurance Marketplace 4 Tier Drug List
Blue Advantage Plus Gold - Standard - Marketplace	Health Insurance Marketplace 4 Tier Drug List
Blue Advantage Plus Gold - Standard - Native American Zero	Health Insurance Marketplace 4 Tier Drug List
Blue Advantage Plus Gold - Standard - Native American Limited	Health Insurance Marketplace 4 Tier Drug List
Blue Advantage Plus Silver - Standard - Non-Marketplace	Health Insurance Marketplace 4 Tier Drug List
Blue Advantage Plus Silver - Standard - Marketplace	Health Insurance Marketplace 4 Tier Drug List
Blue Advantage Plus Silver - Standard - Native American Zero	Health Insurance Marketplace 4 Tier Drug List
Blue Advantage Plus Silver - Standard - Native American Limited	Health Insurance Marketplace 4 Tier Drug List
Blue Advantage Plus Silver - Standard - Marketplace 73% Actuarial Value	Health Insurance Marketplace 4 Tier Drug List
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Drugs by Cost-Sharing Tier:

Tier	Percentage of Drugs
ACA	2.7%
Tier 1	43.2%
Tier 2	8.3%
Tier 3	27.6%
Tier 4	18.2%

Drug List Composition: This drug list (also known as a formulary) is a closed drug list; a closed drug list is a type of benefit design in which only medicines included on the drug list are covered. You may be able to get a medicine that is not on the drug list. But, you may have to pay 100% of the cost, unless a coverage exception is submitted and your health plan approves it.

The drug list is designed to provide you and your physician with the most safe, effective drugs at the most reasonable cost. The drug list is developed by a Pharmacy and Therapeutics (P&T) committee. The P&T committee is made up of a diverse group of doctors and pharmacists. When adding or removing drugs from the drug list, the P&T committee reviews each drug for its safety, effectiveness, and uniqueness. Health plans use the drug list to provide their members with effective drug therapies at reasonable costs. For this reason, using drugs from a drug list is important for both you and your health plan. Often, many drugs are available to treat the same condition. If two drugs are equivalent in effectiveness and safety, the drug list will include the lower cost drug. You are not limited to purchasing only those drugs that appear on your health plan's drug list.

However, you may pay more out-of-pocket for a drug that is not on the drug list. You may need to pay the full cost of a drug if it is not covered by your benefit plan. Changes in a drug list result from decisions made at P&T committee meetings. The Prime P&T committee meets at least quarterly to consider changes to the drug list.

For example, if a new drug is found to be more effective than one already on the drug list, the new drug may replace the less effective drug. A drug may also be removed from a drug list for safety reasons. The Food and Drug Administration (FDA) tracks drug safety information. The FDA issues reports about side effects, warnings or contraindications. Prime monitors these reports because they may trigger a change in a drug list.

Right to Request a Coverage Determination: If a drug is not covered under the drug list or requires utilization review prior to coverage, but your physician has determined that the drug is medically necessary, you have the right to request a coverage determination. Your cost share for medicines approved through coverage determination is based on your benefit plan’s cost share for the appropriate generic, non-preferred brand, or specialty tier.

Right to Appeal: If your request for coverage is denied, but your physician has determined that the drug is medically necessary, you have the right to appeal and request coverage.

Continuation of Coverage: You have the right to continued coverage for a prescription drug at the coverage level or tier at which the drug was covered at the beginning of the plan year, until your plan renewal date, provided that the drug continues to be medically necessary and safe.

Off-Label Drug Use: Off-label use of FDA approved drugs occurs when a drug is prescribed for a reason that has not been approved by the FDA. Off-label use may be covered when all of the following apply:

- The medicine has been approved by the FDA for at least one use;
- The medicine is prescribed by a physician;
- The medicine is intended to treat chronic, disabling, or life-threatening illnesses;
- Sufficient clinical evidence is provided by your physician for the off-label use requested; and
- The services and medicine are medically necessary.

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Off-Label use of FDA approved drugs is not covered when these conditions are not met or when the FDA has determined its use to be contraindicated for treatment of the condition for which coverage is requested.

Approved off-label medicine cost share is based on the tier in which the medicine is assigned within the drug list.

Limitations and Exclusions: Pharmacy benefits are not available for:

- Drugs required by law to be labeled**: "Caution - Limited by Federal Law to Investigational Use,"** or
- **Experimental** drugs, even though a charge is made for the drugs, or
- **Legend** drugs not approved by the FDA for a particular use or purpose or when used for a purpose other than the purpose for which the FDA approval is given, except as required by law or regulation.

Experimental / Investigational means the use of any treatment, procedure, facility, equipment, drug, device or supply not accepted as Standard Medical Treatment of the condition being treated or any of such items requiring federal or other governmental agency Approval not granted at the time services were provided. "Approval" by a federal agency means that the treatment, procedure, facility, equipment, drug, device or supply has been approved for the condition being treated and, in the case of a drug, in the dosage used on the patient. Medical treatment includes medical, surgical or dental treatment. "Standard Medical Treatment" means the services or supplies that are in general use in the medical community in the United States, and:

- have been demonstrated in peer-reviewed literature to have scientifically established medical value for curing or alleviating the condition being treated;
- are appropriate for the Hospital or Participating Provider; and
- the Health Care Professional has had the appropriate training and experience to provide the treatment or procedure.

Cost-Sharing: Your deductible is listed on your Summary of Benefits and Coverage document. Your deductible is the amount of money that you and anyone covered by your plan must pay out-of-pocket each plan year for covered services before your plan starts to pay. A certain set of drugs may be covered without cost-sharing, even before meeting the deductible. The out-of-pocket cost share for your covered prescriptions applies to your deductible until your deductible is met. Your cost share details are listed on your Summary of Benefits and Coverage for each of the tiers within this drug list. Your cost share may be a copayment (an amount you pay out-of-pocket for your prescription medicines after you've met any deductible) or coinsurance (a percentage of the total cost that you pay for your medicines, after you've met any deductible).

Your drug list has the following tiers:

- ACA (Preventive Drugs Not Subject to Deductible)
- Tier 1 Generics
- Tier 2 Preferred Brand
- Tier 3 Non-Preferred Brand
- Tier 4 Specialty

Your cost share for a medicine is based on the tier in which the medicine is assigned within the drug list. Network discounts are applied to medicines dispensed at a network pharmacy, but are not available for medicines dispensed at a non-network pharmacy. You may be able to save time and money using the pharmacy mail home delivery option if you take maintenance medicine for a condition like high blood pressure, asthma or diabetes, and take your drugs for long periods of time. With home delivery pharmacy, you may get up to a three-month supply of medicines delivered to your home and, in some cases, you may pay a lower cost share.

Utilization Management Requirements: Utilization management is a process that is part of your health plan. Utilization management helps to make sure that you are getting the right drugs -- all while helping to make medicine more affordable. Health plans call for utilization management on some medicines to keep you safe, by helping to make sure the medicines you take are prescribed by your doctor and used correctly. These programs help to reduce waste, improve safety and keep medicine affordable. This drug list indicates when one of these programs applies to a drug. Utilization management is made up of programs that include:

Prior Authorization: Prior authorization (sometimes called pre-approval) means that your medicine needs to be approved by your health plan before it will be covered. Prior authorization helps improve safety and prevent misuse or overuse.

Step Therapy: This program uses a "step" approach with drugs for certain conditions. This means that you may have to first try a safe lower-cost drug, before "stepping up" to a different drug.

Dispensing Limits: This program controls how often or the amount you can get filled at once. These limits promote safe, cost-effective drug use. They also help reduce waste and overuse.

Limited Distribution: For some medications, you may need to use specified pharmacies to fill your prescription because the drug is only made available by the manufacturer to very limited pharmacies. Some of these medicines may be specialty medicines that are filled at a Specialty Pharmacy which specializes in particular classes of medication and health conditions.

Medicines requiring a health care provider to administer them and are administered in a hospital, doctor's office, or other medical setting may be covered by your medical benefits. Information on those medications may be found here:
bcbstx.com/tx/documents/rx-drugs/drug-lists/medical-drug-list-tx-2027.pdf

Shoppers: To find drug estimates go to https://www.myprime.com/en/plan-preview/medicines/find-medicine.html
Members: Log in to your plan to find current drug pricing at https://www.myprime.com/en/medicines.html#find-medicine

Introduction

Members are encouraged to show this list to their physicians and pharmacists. Physicians are encouraged to prescribe drugs on this list, when right for the member. However, decisions regarding therapy and treatment are always between members and their physician.

Drug list updates – This list is regularly updated as generic drugs become available and changes take place in the pharmaceuticals market. For the most up-to-date information, visit **myprime.com** or **bcbstx.com** and log in to your member account or call the number on your ID card. Physicians can access the list from the provider portal at **bcbstx.com**.

How drugs are selected

Drugs on this list are selected based on the recommendations of a committee made up of physicians and pharmacists from throughout the country. The committee, which includes at least one representative from BCBSTX, reviews drugs regulated by the U.S. Food and Drug Administration (FDA).

Both drugs that are newly approved by the FDA as well as those that have been on the market for some time are considered. Drugs are selected based on safety, efficacy, cost and how they compare to other drugs currently on the list. Newly marketed drugs may not be covered until the committee has had an opportunity to evaluate based on these criteria.

How member payment is determined

This list shows prescription drug products in tiers. Generally, each drug is placed into one of four member payment tiers: Generic (Tier 1), Preferred Brand (Tier 2), Non-preferred Brand (Tier 3), and Specialty (Tier 4). Some brands may be placed in generic tiers and some generics may be placed in brand tiers. Please refer to the ACA Preventive (ACA) section for drugs marked with an "AC" in the Special Requirements column. More information about other medications with $0 or reduced cost share can be found in the Coverage Considerations section. To verify your payment amount for a drug, visit **myprime.com** or **bcbstx.com** and log in to your member account or call the number on your ID card.

Your pharmacy benefit includes coverage for many prescription drugs, although some exclusions may apply. Generally, if a drug is not listed on the drug list it is not covered. For example, drugs indicated for cosmetic purposes, e.g., Propecia, for hair growth, may not be covered. Drugs that have not received FDA approval may not be covered. Prescription products that have over-the-counter (OTC) equivalents may not be covered. Drugs that are not FDA-approved for self- administration may be available through your medical benefit. Check your plan materials for details. Some medications covered under your pharmacy benefit(s) may need to be filled at a pharmacy that carries your medication.

How to use this list

Generic drugs are shown in lower-case boldface type. Most generic drugs are followed by a reference brand drug in (parentheses). Some generic products have no reference brand. Note: most reference brand drugs (in parentheses) are not covered.

Example: atorvastatin (Lipitor – brand is not covered)

Brand prescription drugs are shown in capital letters followed by the generic name.

Example: NOVOLOG - Insulin aspart inj 100 unit/ml

Drugs used to treat multiple conditions

Some drugs in the same dosage form may be used to treat more than one medical condition. In these instances, each medication is classified according to its first FDA-approved use. Please check the index if you do not find your particular medication in the class/condition section that corresponds to your use.

Please note: Drugs that need a health care provider to administer them and are often given to you in a hospital, doctor's office or other health care setting may be covered under your medical benefit. Some types of these drugs are contraceptive implants and chemo infusions. If you are taking or are prescribed a drug that is not on this drug list, call the number on your ID card to see if the drug may be covered.

Generic drugs

Using generic drugs, when right for you, can help you save on your out-of-pocket medication costs. Generic drugs must be approved by the FDA just as brand drugs are, and must meet the same standards.

There are two types of generic drugs:

- A **generic equivalent** is made with the same active ingredient(s) at the same dosage as the reference drug.
- A **generic alternative** is a drug typically used to treat the same condition, but the active ingredient(s) differs from the brand drug.

According to the FDA, compared to its brand counterpart, an FDA-approved generic drug:

- Is chemically the same
- Works just as well in the body
- Is as safe and effective
- Meets the same standards set by the FDA

The main difference between the reference brand drug and the generic equivalent is that the generic often costs much less.

Preferred brand drugs may be excluded or moved to a non-preferred brand tier after a generic equivalent becomes available. You may be responsible for the applicable member cost share payment amount (copay or coinsurance) plus the difference in cost between the brand and generic equivalent if you or your doctor requests the reference brand rather than the generic. Generic drugs usually have the lowest member payment amount.

Consider talking to your doctor about generic drugs

If your doctor writes a prescription for a brand drug that does not have a generic equivalent, consider asking if an appropriate generic alternative is available.

You can also let your pharmacist know that you would like a generic equivalent for a brand drug, whenever one is available. Your pharmacist can usually substitute a generic equivalent for its brand counterpart without a new prescription from your doctor.

Only your doctor can determine whether a generic alternative is right for you and must prescribe the medication.

Coverage considerations

Most prescription drug benefit plans provide coverage for up to a 30-day supply of medication, with some exceptions. Your plan may also provide coverage for up to a 90-day supply of maintenance medications. Maintenance medications are those drugs you may take on an ongoing basis for conditions such as high blood pressure, diabetes or high cholesterol. Also, some drugs may only be covered for members within a certain age range due to the drug being used for cosmetic purposes or for safety concerns. Drug coverage may be limited to recommendations based on FDA-approved labeling and recognized evidence-based or clinical practice guidelines.

Over-the-counter exclusions: Your benefit plan does not provide coverage for prescription medications that have an over-the-counter version. You should refer to your benefit plan materials for details about your particular benefits.

Compounded medications: Your benefit plan does not provide coverage for compounded medications. Please see your plan materials or call the number on your ID card to determine whether compounded medications are covered and/or verify your payment amount.

Repackaged medications: Repackaged versions of medications already available on the market are not covered.

Prior Authorization (PA): Your benefit plan may require prior authorization for certain drugs. This means that your doctor will need to submit a prior authorization request for coverage of these medications, and the request will need to be approved, before the medication may be covered under your plan. For the medications listed in this document, if a prior authorization is commonly required, it will generally be noted next to the medication with a “PA” under the Special Requirements column. Some plans may have prior authorization on additional medications beyond those noted in this document.

Step Therapy (ST): Your benefit plan may include a step therapy program. This means you may need to try another proven, cost-effective medication before coverage may be available for the drug included in the program. Many brand drugs have less-expensive generic or brand alternatives that might be an option for you. For the medications listed in this document, if a step therapy is commonly required it will generally be noted next to the medication with an “ST” under the Special Requirements column. Some plans may have step therapy programs on additional medications beyond those noted in this document.

Dispensing Limits (DL)/Quantity Limits (QL): Drug Dispensing limits help encourage medication use as intended by the FDA. Dispensing limits are placed on medications in certain drug categories. For the medications listed in this document, if a dispensing limit applies, it will generally be noted next to the medication with a “QL” under the Special Requirements column. Limits may include: quantity of covered medication per prescription or quantity of covered medication in a given time period. If your doctor prescribes a greater quantity of medication than what the dispensing limit allows, you can still get the medication. However, you may be responsible for the full cost of the prescription beyond what your coverage allows. * Some plans may have a dispensing limit on additional medications beyond those noted in this document. For a list of medications and their dispensing limits, visit **myprime.com or bcbstx.com.**

*Please note: For certain controlled substance medications, some state laws may not allow coverage by a health benefit plan of such medication if dispensed in a quantity beyond what the dispensing limit allows. You will be responsible for the full cost of the prescription with no benefits applied if the dispensed quantity exceeds the dispensing limit.

Limited Distribution (LD): Medicines marked as “LD” in the Special Requirements column may not be available at your network specialty pharmacy. You may need to fill your prescription at a pharmacy that carries your medication.

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Members: Log in to your plan to find current drug pricing at https://www.myprime.com/en/medicines.html#find-medicine

ACA Preventive (ACA): Medicines marked as “AC” in the Special Requirements column are under the Affordable Care Act coverage of preventive services. These products have limited or $0 member cost-sharing (copay or co-insurance), when meeting the conditions as outlined under the regulation. To see what contraceptive products may be covered, visit bcbstx.com/tx/documents/rx-drugs/member-contraceptive-list-tx.pdf. Members with a High Deductible Health Plan (HDHP), designed for use with a Health Savings Account (HSA), may need to first meet their deductible before $0 member cost-sharing begins.

You, or your prescribing health care provider, can submit a copay waiver or coverage exception request for ACA preventive medicines by calling the number on your ID card to ask for a review. Copay waiver and coverage exception forms for your provider to fill out are available at bcbstx.com/provider or myprime.com. If you meet the conditions as outlined under the ACA regulations, these products may have $0 member cost-sharing (copay or coinsurance) when obtained from a participating pharmacy. BCBSTX will let you, and your prescriber, know the coverage decision after they receive your request. If the request is denied, BCBSTX will let you and your prescriber know why it was denied and offer you a covered alternative drug (if applicable).

Remember, medication decisions are between you and your doctor. Only you and your doctor can determine which medication is right for you. Discuss any questions or concerns you have about medications you are taking or are prescribed with your doctor. BCBSTX does not provide health care services and, therefore, cannot guarantee any results or outcomes.

Specialty drugs

Specialty drugs are used in the treatment of medical conditions such as hepatitis, hemophilia, multiple sclerosis and rheumatoid arthritis. Specialty drugs may be oral, topical, or injectable medications that can either be self-administered or administered by a health care professional. Medications administered by a health care professional are not covered under the pharmacy benefit. For a current list of specialty medications, visit **myprime.com or bcbstx.com** and log in to your member account.

Note that some drug classes may be excluded by some plans and therefore may not be covered under your pharmacy benefit. If you have questions about your coverage for specialty medications or your prescription drug benefit, call the number on your ID card.

Blue Cross and Blue Shield of Texas, is a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross Blue Shield Association. Prime Therapeutics LLC, is a separate company contracted by BCBSTX to provide pharmacy solutions. BCBSTX, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

MyPrime.com is a pharmacy benefit website owned and operated by Prime Therapeutics LLC.

Abbreviation Key

aer ..... aerosol
cap ..... capsules
chew ..... chewable
conc ..... concentrate
cr ..... controlled release
dr ..... delayed release
ec ..... enteric coated
equiv ..... equivalent
er ..... extended release
gm ..... gram
inhal ..... inhaler
inj ..... injection
liqd ..... liquid
mg ..... milligram
ml ..... milliliter
nebu ..... nebulizer
odt ..... orally disintegrating tabs
oint ..... ointment
ophth ..... ophthalmic
osm ..... osmotic release
pack ..... packets
powd ..... powder
pttw ..... twice-weekly patch
sl ..... sublingual
soln ..... solution
suppos ..... suppositories
susp ..... suspension
tab ..... tablets
td ..... transdermal
w/ ..... with

Exception Process

You, or your prescribing health care provider, can ask for a Drug List exception if your drug is not on the Drug List. To request this exception, you, or your prescriber, can call the number on your ID card to ask for a review. BCBSTX will let you, your prescriber (or authorized representative), know the coverage decision within the lesser of two business days or 72 hours after they receive your request. If the coverage request is denied, BCBSTX will let you and your prescriber know why it was denied and offer you a covered alternative drug (if applicable).

If you have a health condition that may jeopardize your life, health or keep you from regaining function, or your current drug therapy uses a non-covered drug, you, or your prescriber, may be able to ask for an expedited review process. BCBSTX will let you, and your prescriber, know the coverage decision within 24 hours after they receive your request for an expedited review. If the coverage request is denied, BCBSTX will let you and your prescriber know why it was denied and offer you a covered alternative drug (if applicable).

If you or your prescriber are asking for a copay waiver or coverage exception request for an ACA preventive product, please see the ACA preventive section.

BlueCross BlueShield of Texas

Non-Discrimination Notice

Health Care Coverage Is Important For Everyone

We do not discriminate on the basis of race, color, national origin (including limited English knowledge and first language), age, disability, or sex (as understood in the applicable regulation). We provide people with disabilities with reasonable modifications and free communication aids to allow for effective communication with us. We also provide free language assistance services to people whose first language is not English.

To receive reasonable modifications, communication aids or language assistance free of charge, please call us at 855-710-6984.

If you believe we have failed to provide a service, or think we have discriminated in another way, you can file a grievance with:

Office of Civil Rights Coordinator	Phone:	855-664-7270 (voicemail)
Attn: Office of Civil Rights Coordinator	TTY/TDD:	855-661-6965
300 E. Randolph St., 35th Floor	Fax:	855-661-6960
Chicago, IL 60601	Email:	civilrightscoordinator@hcsc.com

You can file a grievance by mail, fax or email. If you need help filing a grievance, please call the toll-free phone number listed on the back of your ID card (TTY: 711).

You may file a civil rights complaint with the US Department of Health and Human Services, Office for Civil Rights, at:

US Dept of Health & Human Services	Phone:	800-368-1019
200 Independence Avenue SW	TTY/TDD:	800-537-7697
Room 509F, HHH Building	Complaint Portal:	
Washington, DC 20201	ocrportal.hhs.gov/ocr/smartscreen/main.jsf	
	Complaint Forms:	
	hhs.gov/civil-rights/filing-a-complaint/index.html	

This notice is available on our website at bcbstx.com/legal-and-privacy/non-discrimination-notice

ATTENTION: If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 855-710-6984 (TTY: 711) or speak to your provider.

Español Spanish	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 855-710-6984 (TTY: 711) o hable con su proveedor.
العربية Arabic	تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 855-710-6984 (TTY: 711) أو تحدث إلى مقدم الخدمة.

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中文 Chinese	注意：如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障得格式提供信息。致电 855-710-6984（文本电话：711）或咨询您的服务提供商。
Français French	ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 855-710-6984 (TTY : 711) ou parlez à votre fournisseur.
Deutsch German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 855-710-6984 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.
ગુજરાતી Gujarati	ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઑક્ઝિલરી સહાય અને ઍક્સેસિબલ ફૉર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 855-710-6984 (TTY: 711) પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.
हिंदी Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 855-710-6984 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।
Italiano Italian	ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'855-710-6984 (tty: 711) o parla con il tuo fornitore.
한국어 Korean	주의: 한국어 를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 855-710-6984(TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.
Diné Navajo	SHOOH: Diné bee yáníłti'gogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jiik'eh ná hóló. Bee ahił hane'go bee nida'anishí t'áá ákodaat'éhígíí dóó bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'į' ahoot'i'ígíí éí t'áá jiik'eh hóló. Kohjį' 855-710-6984 (TTY: 711) hodíilnih doodago nika'análwo'í bich'į' hanidziih.
فارسی Farsi	توجه: اگر فارسی صحبت می‌کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک‌ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب‌های قابل دسترس، به‌طور رایگان موجود می‌باشند. با شماره 855-710-6984 (تله‌تایپ: 711) تماس بگیرید یا با ارائه‌دهنده خود صحبت کنید.
Polski Polish	UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 855-710-6984 (TTY: 711) lub porozmawiaj ze swoim dostawcą.
РУССКИЙ Russian	ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 855-710-6984 (TTY: 711) или обратитесь к своему поставщику услуг.
Tagalog Tagalog	PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 855-710-6984 (TTY: 711) o makipag-usap sa iyong provider.
اردو Urdu	توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔855-710-6984 (711:TTY) پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔
Việt Vietnamese	LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 855-710-6984 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

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Drug Name	Drug Tier	Requirements/Limits
ANTI-INFECTIVE AGENTS		
PENICILLINS		
AMOXICILLIN - amoxicillin (trihydrate) chew tab 125 mg, 250 mg	3	
amoxicillin (trihydrate) cap 250 mg, 500 mg	1	
amoxicillin (trihydrate) for susp 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	1	
amoxicillin (trihydrate) tab 500 mg, 875 mg	1	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml	1	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (Augmentin es-600)	1	
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	1	
amoxicillin & k clavulanate tab 250-125 mg, 500-125 mg, 875-125 mg	1	
ampicillin cap 500 mg	1	
dicloxacillin sodium cap 250 mg, 500 mg	1	
PENICILLIN V POTASSIUM - penicillin v potassium for soln 125 mg/5ml, 250 mg/5ml	3	
penicillin v potassium tab 250 mg, 500 mg	1	
CEPHALOSPORINS		
CEFACLOR - cefaclor cap 250 mg, 500 mg	3	
cefadroxil cap 500 mg	1	
cefadroxil for susp 250 mg/5ml, 500 mg/5ml	1	
cefdinir cap 300 mg	1	
cefdinir for susp 125 mg/5ml, 250 mg/5ml	1	
CEFPODOXIME PROXETIL - cefpodoxime proxetil for susp 50 mg/5ml, 100 mg/5ml	3	
cefpodoxime proxetil tab 100 mg, 200 mg	1	
cefprozil for susp 125 mg/5ml, 250 mg/5ml	1	
cefprozil tab 250 mg, 500 mg	1	
cefuroxime axetil tab 250 mg, 500 mg	1	
cephalexin cap 250 mg, 500 mg	1	
cephalexin for susp 125 mg/5ml, 250 mg/5ml	1	
MACROLIDES		
azithromycin for susp 100 mg/5ml	1	
azithromycin for susp 200 mg/5ml (Zithromax)	1	
azithromycin tab 250 mg (Zithromax z-pak)	1	QL (60 tablets/180 days)
azithromycin tab 500 mg (Zithromax)	1	QL (60 tablets/180 days)
azithromycin tab 600 mg	1	QL (60 tablets/180 days)
CLARITHROMYCIN - clarithromycin for susp 125 mg/5ml, 250 mg/5ml	3	
clarithromycin tab er 24hr 500 mg	1	QL (28 tablets/180 days)

Shoppers: To find drug estimates go to https://www.myprime.com/en/plan-preview/medicines/find-medicine.html
Members: Log in to your plan to find current drug pricing at https://www.myprime.com/en/medicines.html#find-medicine

Drug Name	Drug Tier	Requirements/Limits
clarithromycin tab 250 mg, 500 mg	1	
DIFICID - fidaxomicin for susp 40 mg/ml	2	
ERYTHROMYCIN DR - erythromycin w/ delayed release particles cap 250 mg	3	
erythromycin ethylsuccinate for susp 200 mg/5ml (E.e.s. granules)	1	
erythromycin tab delayed release 250 mg, 333 mg, 500 mg	1	
erythromycin tab 250 mg, 500 mg	1	
fidaxomicin tab 200 mg (Dificid)	1	
TETRACYCLINES		
demeclocycline hcl tab 150 mg, 300 mg	1	
doxycycline hyclate cap 50 mg, 100 mg	1	
doxycycline hyclate tab 20 mg, 100 mg	1	
doxycycline monohydrate cap 50 mg, 100 mg	1	
doxycycline monohydrate for susp 25 mg/5ml	1	
doxycycline monohydrate tab 50 mg, 75 mg, 100 mg	1	
minocycline hcl cap 50 mg, 75 mg, 100 mg	1	
tetracycline hcl cap 250 mg, 500 mg	1	
FLUOROQUINOLONES		
ciprofloxacin hcl tab 250 mg (base equiv), 500 mg (base equiv) (Cipro)	1	
ciprofloxacin hcl tab 750 mg (base equiv)	1	
levofloxacin oral soln 25 mg/ml	1	
levofloxacin tab 250 mg, 500 mg, 750 mg	1	
moxifloxacin hcl tab 400 mg (base equiv)	1	
OFLOXACIN - ofloxacin tab 400 mg	3	
AMINOGLYCOSIDES		
ARIKAYCE - amikacin sulfate liposome inhal susp 590 mg/8.4ml (base eq)	4	LD, PA, QL (28 vials/28 days)
HUMATIN - paromomycin sulfate cap 250 mg	2	LD
neomycin sulfate tab 500 mg	1	
tobramycin nebu soln 300 mg/5ml (Tobi)	4	LD, QL (280 mls/56 days)
SULFONAMIDES		
sulfadiazine tab 500 mg	1	
ANTIMYCOBACTERIAL AGENTS		
ethambutol hcl tab 100 mg, 400 mg	1	
isoniazid syrup 50 mg/5ml	1	
isoniazid tab 100 mg, 300 mg	1	
PRETOMANID - pretomanid tab 200 mg	2	LD
PRIFTIN - rifapentine tab 150 mg	2	
pyrazinamide tab 500 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
rifabutin cap 150 mg	1	
rifampin cap 150 mg, 300 mg	1	
rifapentine tab 150 mg (Priftin)	1	
SIRTURO - bedaquiline fumarate tab 20 mg (base equiv), 100 mg (base equiv)	2	LD
ANTIFUNGALS		
fluconazole for susp 10 mg/ml	1	
fluconazole for susp 40 mg/ml (Diflucan)	1	
fluconazole tab 50 mg, 100 mg, 150 mg, 200 mg	1	
flucytosine cap 250 mg, 500 mg (Ancobon)	1	
griseofulvin microsize susp 125 mg/5ml	1	
griseofulvin microsize tab 500 mg	1	
griseofulvin ultramicrosize tab 125 mg, 250 mg	1	
itraconazole cap 100 mg (Sporanox)	1	QL (120 capsules/30 days)
itraconazole oral soln 10 mg/ml	1	QL (600 mls/30 days)
ketoconazole tab 200 mg	1	
nystatin tab 500000 unit	1	
posaconazole tab delayed release 100 mg	1	PA
terbinafine hcl tab 250 mg	1	
voriconazole for susp 40 mg/ml (Vfend)	1	PA
voriconazole tab 50 mg, 200 mg	1	PA
ANTIVIRALS		
abacavir sulfate soln 20 mg/ml (base equiv) (Ziagen)	1	QL (960 mls/30 days)
abacavir sulfate tab 300 mg (base equiv)	1	QL (60 tablets/30 days)
abacavir sulfate-lamivudine tab 600-300 mg	1	QL (30 tablets/30 days)
acyclovir cap 200 mg	1	
acyclovir susp 200 mg/5ml	1	
acyclovir tab 400 mg, 800 mg	1	
adefovir dipivoxil tab 10 mg	1	
APRETUDE - cabotegravir im extended release susp 600 mg/3ml	2	AC, LD
APTIVUS - tipranavir cap 250 mg	3	QL (120 capsules/30 days)
atazanavir sulfate cap 150 mg (base equiv)	1	QL (30 capsules/30 days)
atazanavir sulfate cap 200 mg (base equiv) (Reyataz)	1	QL (60 capsules/30 days)
atazanavir sulfate cap 300 mg (base equiv) (Reyataz)	1	QL (30 capsules/30 days)
BARACLUDE - entecavir oral soln 0.05 mg/ml	2	
BIKTARVY - bictegravir-emtricitabine-tenofovir af tab 30-120-15 mg, 50-200-25 mg	2	QL (30 tablets/30 days)
CIMDUO - lamivudine-tenofovir disoproxil fumarate tab 300-300 mg	2	QL (30 tablets/30 days)
darunavir tab 600 mg (Prezista)	1	QL (60 tablets/30 days)
darunavir tab 800 mg (Prezista)	1	QL (30 tablets/30 days)
DELSTRIGO - doravirine-lamivudine-tenofovir df tab 100-300-300 mg	2	QL (30 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
DESCOVY - emtricitabine-tenofovir alafenamide fumarate tab 120-15 mg	2	QL (30 tablets/30 days)
DESCOVY - emtricitabine-tenofovir alafenamide fumarate tab 200-25 mg	2	AC, QL (30 tablets/30 days)
DOVATO - dolutegravir sodium-lamivudine tab 50-300 mg (base eq)	2	QL (30 tablets/30 days)
EDURANT PED - rilpivirine hcl tab for oral susp 2.5 mg (base equivalent)	3	QL (180 tablets/30 days)
efavirenz tab 600 mg	1	QL (30 tablets/30 days)
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	1	QL (30 tablets/30 days)
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (Symfi)	1	QL (30 tablets/30 days)
EFAVIRENZ/LAMIVUDINE/TENO - efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	3	QL (30 tablets/30 days)
emtricitabine caps 200 mg (Emtriva)	1	QL (30 capsules/30 days)
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg (Complera)	1	QL (30 tablets/30 days)
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg (Truvada)	1	QL (30 tablets/30 days)
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (Truvada)	1	AC, QL (30 tablets/30 days)
EMTRIVA - emtricitabine soln 10 mg/ml	3	QL (720 mls/30 days)
entecavir tab 0.5 mg, 1 mg (Baraclude)	1	
EPCLUSA - sofosbuvir-velpatasvir pellet pack 150-37.5 mg, 200-50 mg	4	LD, PA, QL (28 packs/28 days)
EPCLUSA - sofosbuvir-velpatasvir tab 200-50 mg, 400-100 mg	4	LD, PA, QL (28 tablets/28 days)
etravirine tab 100 mg, 200 mg (Intelence)	1	QL (60 tablets/30 days)
EVOTAZ - atazanavir sulfate-cobicistat tab 300-150 mg (base equiv)	2	QL (30 tablets/30 days)
famciclovir tab 125 mg, 250 mg, 500 mg	1	
fosamprenavir calcium tab 700 mg (base equiv)	1	QL (120 tablets/30 days)
GENVOYA - elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg	2	QL (30 tablets/30 days)
HARVONI - ledipasvir-sofosbuvir pellet pack 33.75-150 mg, 45-200 mg	4	LD, PA, QL (28 packs/28 days)
HARVONI - ledipasvir-sofosbuvir tab 45-200 mg, 90-400 mg	4	LD, PA, QL (28 tablets/28 days)
IDVYNSO - doravirine-islatravir tab 100-0.25 mg	2	QL (30 tablets/30 days)
INTELENCE - etravirine tab 25 mg	2	QL (120 tablets/30 days)
ISENTRESS - raltegravir potassium chew tab 25 mg (base equiv), 100 mg (base equiv)	2	QL (180 tablets/30 days)
ISENTRESS - raltegravir potassium tab 400 mg (base equiv)	2	QL (60 tablets/30 days)
ISENTRESS - raltegravir potassium packet for susp 100 mg (base equiv)	2	QL (60 packets/30 days)
ISENTRESS HD - raltegravir potassium tab 600 mg (base equiv)	2	QL (60 tablets/30 days)
JULUCA - dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq)	2	QL (30 tablets/30 days)
KALETRA - lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	2	QL (480 mls/30 days)

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Drug Name	Drug Tier	Requirements/Limits
LAGEVRIO - molnupiravir cap 200 mg	2	QL (40 capsules/90 days)
lamivudine oral soln 10 mg/ml (Epivir)	1	QL (960 mls/30 days)
lamivudine tab 100 mg (hbv)	1	
lamivudine tab 150 mg (Epivir)	1	QL (60 tablets/30 days)
lamivudine tab 300 mg (Epivir)	1	QL (30 tablets/30 days)
lamivudine-zidovudine tab 150-300 mg	1	QL (60 tablets/30 days)
LEDIPASVIR/SOFOSBUVIR - ledipasvir-sofosbuvir tab 90-400 mg	3	PA, QL (28 tablets/28 days)
lopinavir-ritonavir tab 100-25 mg (Kaletra)	1	QL (180 tablets/30 days)
lopinavir-ritonavir tab 200-50 mg (Kaletra)	1	QL (120 tablets/30 days)
maraviroc tab 150 mg (Selzentry)	1	QL (60 tablets/30 days)
maraviroc tab 300 mg (Selzentry)	1	QL (120 tablets/30 days)
MAVYRET - glecaprevir-pibrentasvir tab 100-40 mg	4	LD, PA, QL (90 tablets/30 days)
MAVYRET - glecaprevir-pibrentasvir pellet pack 50-20 mg	4	LD, PA, QL (140 packs/28 days)
NEVIRAPINE - nevirapine susp 50 mg/5ml	3	QL (1200 mls/30 days)
nevirapine tab er 24hr 400 mg	1	QL (30 tablets/30 days)
nevirapine tab 200 mg	1	QL (60 tablets/30 days)
NORVIR - ritonavir powder packet 100 mg	3	QL (360 packets/30 days)
ODEFSEY - emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg	2	QL (30 tablets/30 days)
oseltamivir phosphate cap 30 mg (base equiv)	1	QL (40 capsules/120 days)
oseltamivir phosphate cap 45 mg (base equiv), 75 mg (base equiv) (Tamiflu)	1	QL (20 capsules/120 days)
oseltamivir phosphate for susp 6 mg/ml (base equiv) (Tamiflu)	1	QL (300 mls/120 days)
PAXLOVID - nirmatrelvir tab 6 x 150 mg & ritonavir tab 5 x 100 mg pak	2	QL (11 tablets/90 days)
PAXLOVID - nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak	2	QL (20 tablets/90 days)
PAXLOVID - nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak	2	QL (30 tablets/90 days)
PEGASYS - peginterferon alfa-2a soln prefilled syr 180 mcg/0.5ml	4	LD, PA
PEGASYS - peginterferon alfa-2a inj 180 mcg/ml	4	LD, PA
PREZCOBIX - darunavir-cobicistat tab 675-150 mg, 800-150 mg	2	QL (30 tablets/30 days)
PREZISTA - darunavir oral susp 100 mg/ml	2	QL (400 mls/30 days)
PREZISTA - darunavir tab 75 mg	2	QL (300 tablets/30 days)
PREZISTA - darunavir tab 150 mg	2	QL (180 tablets/30 days)
RELENZA DISKHALER - zanamivir aerosol powder breath activated 5 mg/act	3	QL (40 blisters/120 days)
REYATAZ - atazanavir sulfate oral powder packet 50 mg (base equiv)	3	QL (240 packets/30 days)
RIBAVIRIN - ribavirin cap 200 mg	4	LD
RIBAVIRIN - ribavirin tab 200 mg	4	LD
rilpivirine hcl tab 25 mg (base equivalent) (Edurant)	1	QL (30 tablets/30 days)
ritonavir tab 100 mg (Norvir)	1	QL (360 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
RUKOBIA - fostemsavir tromethamine tab er 12hr 600 mg	3	QL (60 tablets/30 days)
SOFOSBUVIR/VELPATASVIR - sofosbuvir-velpatasvir tab 400-100 mg	4	LD, PA, QL (28 tablets/28 days)
SOVALDI - sofosbuvir tab 200 mg, 400 mg	4	LD, PA, QL (30 tablets/30 days)
SOVALDI - sofosbuvir pellet pack 150 mg, 200 mg	4	LD, PA, QL (28 packs/28 days)
SUNLENCA - lenacapavir sodium tab therapy pack 5 x 300 mg	3	LD, QL (5 tablets/365 days)
SUNLENCA - lenacapavir sodium tab 300 mg	3	LD, QL (4 tablets/365 days)
SYMTUZA - darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg	2	QL (30 tablets/30 days)
tenofovir disoproxil fumarate tab 300 mg (Viread)	1	QL (30 tablets/30 days)
TIVICAY - dolutegravir sodium tab 50 mg (base equiv)	2	QL (60 tablets/30 days)
TIVICAY PD - dolutegravir sodium tab for oral susp 5 mg (base equiv)	2	QL (360 tablets/30 days)
TRIUMEQ - abacavir-dolutegravir-lamivudine tab 600-50-300 mg	2	QL (30 tablets/30 days)
TRIUMEQ PD - abacavir-dolutegravir-lamivudine tab for oral sus 60-5-30 mg	2	QL (180 tablets/30 days)
valacyclovir hcl tab 500 mg, 1 gm (Valtrex)	1	
valganciclovir hcl for soln 50 mg/ml (base equiv) (Valcyte)	1	
valganciclovir hcl tab 450 mg (base equivalent)	1	
VEMLIDY - tenofovir alafenamide fumarate tab 25 mg	2	
VIRACEPT - nelfinavir mesylate tab 250 mg	3	QL (270 tablets/30 days)
VIRACEPT - nelfinavir mesylate tab 625 mg	3	QL (120 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate tab 150 mg, 200 mg, 250 mg	2	QL (30 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate oral powder 40 mg/gm	2	QL (240 grams/30 days)
VOSEVI - sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg	4	LD, PA, QL (30 tablets/30 days)
XOFLUZA - baloxavir marboxil tab therapy pack 1 x 40 mg (40 mg dose), 1 x 80 mg (80 mg dose)	3	QL (2 tablets/120 days)
YEZTUGO - lenacapavir sodium subcut soln 463.5 mg/1.5ml (prophylaxis)	2	
YEZTUGO - lenacapavir sodium tab 300 mg (prophylaxis)	2	QL (4 tablets/365 days)
zidovudine cap 100 mg (Retrovir)	1	QL (180 capsules/30 days)
zidovudine syrup 10 mg/ml (Retrovir)	1	QL (1920 mls/30 days)
zidovudine tab 300 mg	1	QL (60 tablets/30 days)
ANTIMALARIALS		
atovaquone-proguanil hcl tab 62.5-25 mg, 250-100 mg (Malarone)	1	QL (30 tablets/90 days)
CHLOROQUINE PHOSPHATE - chloroquine phosphate tab 250 mg	3	
COARTEM - artemether-lumefantrine tab 20-120 mg	3	
HYDROXYCHLOROQUINE SULFAT - hydroxychloroquine sulfate tab 100 mg, 300 mg, 400 mg	1	
hydroxychloroquine sulfate tab 200 mg (Plaquenil)	1	
KRINTAFEL - tafenoquine succinate tab 150 mg (base equivalent)	3	
mefloquine hcl tab 250 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
primaquine phosphate tab 26.3 mg (15 mg base) (Primaquine phosphate)	1	
pyrimethamine tab 25 mg (Daraprim)	1	PA, QL (116 tablets/180 days)
quinine sulfate cap 324 mg	1	
ANTHELMINTICS		
albendazole tab 200 mg	1	
BENZNIDAZOLE - benznidazole tab 12.5 mg, 100 mg	2	LD
EMVERM - mebendazole chew tab 100 mg	3	PA
ivermectin tab 3 mg (Stromectol)	1	
praziquantel tab 600 mg (Biltricide)	1	
ANTI-INFECTIVE AGENTS - MISC.		
atovaquone susp 750 mg/5ml (Mepron)	1	
CAYSTON - aztreonam lysine for inhal soln 75 mg (base equivalent)	4	LD, QL (1 kit/56 days)
clindamycin hcl cap 75 mg, 150 mg, 300 mg (Cleocin)	1	
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) (Cleocin pediatric gr)	1	
dapsone tab 25 mg, 100 mg	1	
IMPAVIDO - miltefosine cap 50 mg	2	
LAMPIT - nifurtimox tab 30 mg, 120 mg	3	LD
linezolid for susp 100 mg/5ml (Zyvox)	1	QL (600 mls/180 days)
linezolid tab 600 mg	1	QL (56 tablets/180 days)
methenamine hippurate tab 1 gm (Hiprex)	1	
metronidazole tab 250 mg, 500 mg	1	
nitazoxanide tab 500 mg	1	QL (6 tablets/30 days)
nitrofurantoin macrocrystalline cap 50 mg, 100 mg (Macrodantin)	1	
nitrofurantoin monohydrate macrocrystalline cap 100 mg (Macrobid)	1	
nitrofurantoin susp 25 mg/5ml	1	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim tab 400-80 mg (Bactrim)	1	
sulfamethoxazole-trimethoprim tab 800-160 mg (Bactrim ds)	1	
tinidazole tab 250 mg, 500 mg	1	
trimethoprim tab 100 mg (Trimethoprim)	1	
vancomycin hcl cap 125 mg (base equivalent), 250 mg (base equivalent) (Vancocin)	1	QL (120 capsules/30 days)
vancomycin hcl for oral soln 25 mg/ml (base equivalent), 50 mg/ml (base equivalent) (Firvanq)	1	
XIFAXAN - rifaximin tab 200 mg	3	QL (9 tablets/30 days)
XIFAXAN - rifaximin tab 550 mg	2	PA, QL (60 tablets/30 days)
BIOLOGICALS		
VACCINES		

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Drug Name	Drug Tier	Requirements/Limits
ABRYSVO - rsv pre-fusion f a&b vac recomb for im soln 120 mcg/0.5ml	2	AC
ACTHIB - haemophilus b polysaccharide conjugate vaccine for inj	2	AC
AREXVY - rsvpref3 vaccine recomb adjuvanted for im susp 120 mcg/0.5ml	2	AC
BEXSERO - meningococcal vac b (recomb omv adjuv) inj prefilled syringe	2	AC
CAPVAXIVE - pneumococcal 21-valent conjugate vaccine soln pref syr 0.5ml	2	AC
COMIRNATY 2026-27 - covid-19 mrna vac tris-pfizer im susp pref syr 30 mcg/0.3ml	2	AC
COMIRNATY/5-11Y/2026-27 - covid-19 mrna vac tris-s 5-11y-pfizer im susp 10 mcg/0.3ml	2	AC
ENGERIX-B - hepatitis b vaccine (recombinant) susp pref syr 10 mcg/0.5ml, 20 mcg/ml	2	AC
ENGERIX-B - hepatitis b vaccine (recombinant) susp 20 mcg/ml	2	AC
FLUAD 2026-2027 - influenza vac type a&b surface ant adj susp pref syr 0.5 ml	2	AC
FLUARIX 2026-2027 - influenza virus vaccine split pf susp pref syringe 0.5 ml	2	AC
FLUBLOK 2026-2027 - influenza virus vacc recombinant ha pf soln pref syr 0.5 ml	2	AC
FLUCELVAX 2026-2027 - influenza virus vac tiss-cult subunit susp pref syr 0.5 ml	2	AC
FLULAVAL 2026-2027 - influenza virus vaccine split pf susp pref syringe 0.5 ml	2	AC
FLUMIST NASAL VACCINE 202 - influenza virus vaccine live intranasal liquid	2	AC
FLUZONE HIGH-DOSE 2026-20 - influenza virus vac split high-dose pf susp pref syr 0.5ml	2	AC
FLUZONE 2026-2027 - influenza virus vaccine split im susp	2	
FLUZONE 2026-2027 - influenza virus vaccine split pf susp pref syringe 0.5 ml	2	AC
GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac susp pref syr	2	AC
GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac im susp	2	AC
HAVRIX - hepatitis a vaccine susp prefilled syr 720 el unit/0.5ml, 1440 el unit/ml	2	AC
HEPLISAV-B - hepatitis b vaccine recomb adjuvanted pref syr 20 mcg/0.5ml	2	AC
HIBERIX - haemophilus b polysaccharide conjugate vac for inj 10 mcg	2	AC
IPOL INACTIVATED IPV - poliovirus vaccine, ipv inj susp	2	AC

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Drug Name	Drug Tier	Requirements/Limits
JYNNEOS - smallpox & monkeypox vac, live, non-replicating inj 0.5 ml	2	AC
M-M-R II - measles-mumps-rubella virus vaccines for inj soln	2	AC
MENQUADFI - meningococcal (a, c, y, and w-135) tetanus conjugate vaccine	2	AC
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac im soln	2	AC
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac for inj	2	AC
MFLUSIVA 2026-27 - influenza virus vac type a&b mrna susp pref syr 0.38 ml	2	
MNEXSPIKE COVID-19 VACCIN - covid-19 mrna vaccine-moderna im susp pref syr 10 mcg/0.2ml	2	AC
MRESVIA - rsv mrna pre-f vaccine im susp pref syr 50 mcg/0.5ml	2	AC
NUVAXOVID COVID-19 VACCIN - covid-19 subunit vacc-novavax im susp pref syr 5 mcg/0.5ml	2	AC
PEDVAXHIB - haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml	3	AC
PENBRAYA - meningococcal acyw (tet conj)-mening b (rcmb) vacc for inj	2	AC
PENMENVY - meningococcal acwy (oligo conj)-mening b (rcmb) vacc for inj	2	AC
PNEUMOVAX 23 - pneumococcal vaccine polyvalent soln pref syr 25 mcg/0.5ml	3	AC
PREVNAR 20 - pneumococcal 20-valent conjugate vaccine sus pref syr 0.5 ml	2	AC
PRIORIX - measles-mumps-rubella virus vaccines for subcutaneous susp	2	AC
PROQUAD - measles-mumps-rubella-varicella virus vaccines for susp	3	AC
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp pref syr 5 mcg/0.5ml, 10 mcg/ml	3	AC
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml, 10 mcg/ml, 40 mcg/ml	3	AC
ROTARIX - rotavirus vaccine, live oral susp	3	AC
ROTATEQ - rotavirus vaccine, live oral pentavalent soln	3	AC
SHINGRIX - zoster vac recomb adjuvanted im susp pref syr 50 mcg/0.5ml	2	AC
SPIKEVAX COVID-19 VACCINE - covid-19 mrna vac 6mo-11yr-moderna im susp pfs 25 mcg/0.25ml	2	AC
SPIKEVAX COVID-19 VACCINE - covid-19 mrna vaccine-moderna im susp pref syr 50 mcg/0.5ml	2	AC
TRUMENBA - meningococcal group b vac (recomb) im susp prefilled syr	3	AC
TWINRIX - hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml	3	AC
VAQTA - hepatitis a vaccine inj susp 25 unit/0.5ml, 50 unit/ml	3	AC

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Drug Name	Drug Tier	Requirements/Limits
VAQTA - hepatitis a vaccine susp prefilled syr 25 unit/0.5ml, 50 unit/ml	3	AC
VARIVAX - varicella virus vac live for inj 1350 pfu/0.5ml	3	AC
VAXNEUVANCE - pneumococcal 15-valent conjugate vaccine sus pref syr 0.5 ml	2	AC
VIVOTIF - typhoid vaccine cap delayed release	3	
TOXOIDS		
ADACEL - tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-lf-mcg/0.5ml	2	AC
ADACEL - tet-diph-acell pertuss ad pref syr 5-2-15.5 lf-mcg/0.5ml	2	AC
BOOSTRIX - tet-diph-acell pertuss ad pref syr 5-2.5-18.5 lf-mcg/0.5ml	2	AC
DAPTACEL - diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml	2	AC
INFANRIX - diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml	2	AC
KINRIX - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	2	AC
PEDIARIX - diph-tet tox-acell pert-hep b-polio ipv vac susp pref syr	3	AC
PENTACEL - diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp	3	AC
QUADRACEL - diph-tetanus tox ad-acell pert & polio virus, ipv vac inj	3	AC
QUADRACEL - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	3	AC
TENIVAC - tetanus-diphtheria toxoids (td) inj 5-2 lf/0.5ml	3	AC
VAXELIS - diph-tet tox-ac pert ad-polio ipv-hib-hep b rec susp pre syr	2	AC
ANTINEOPLASTIC AGENTS		
ANTINEOPLASTICS		
abiraterone acetate tab 250 mg (Zytiga)	4	LD, PA, QL (120 tablets/30 days)
ACTIMMUNE - interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)	4	LD
AKEEGA - niraparib tosylate-abiraterone acetate tab 50-500 mg, 100-500 mg	4	LD, PA, QL (60 tablets/30 days)
ALECENSA - alectinib hcl cap 150 mg (base equivalent)	4	LD, PA, QL (240 capsules/30 days)
ALUNBRIG - brigatinib tab initiation therapy pack 90 mg & 180 mg	4	LD, PA, QL (30 tablets/180 days)
ALUNBRIG - brigatinib tab 30 mg	4	LD, PA, QL (120 tablets/30 days)
ALUNBRIG - brigatinib tab 90 mg, 180 mg	4	LD, PA, QL (30 tablets/30 days)
anastrozole tab 1 mg (Arimidex)	1	AC
AUGTYRO - repotrectinib cap 40 mg	4	LD, PA, QL (240 capsules/30 days)
AUGTYRO - repotrectinib cap 160 mg	4	LD, PA, QL (60 capsules/30 days)
AVMAPKI FAKZYNJA CO-PACK - avutometinib cap 0.8 mg & defactinib tab 200 mg therapy pack	4	LD, PA, QL (66 tablets/28 days)
AYVAKIT - avapritinib tab 25 mg, 50 mg, 100 mg, 200 mg, 300 mg	4	LD, PA, QL (30 tablets/30 days)
BALVERSA - erdafitinib tab 3 mg	4	LD, PA, QL (90 tablets/30 days)
BALVERSA - erdafitinib tab 4 mg	4	LD, PA, QL (60 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
BALVERSA - erdafitinib tab 5 mg	4	LD, PA, QL (30 tablets/30 days)
BESREMI - ropeginterferon alfa-2b-njft soln prefilled syr 500 mcg/ml	4	LD, PA, QL (2 syringes/28 days)
BESREMI PEN - ropeginterferon alfa-2b-njft soln pen inj 500 mcg/0.5ml	4	LD, PA, QL (2 pens/28 days)
bexarotene cap 75 mg (Targretin)	4	LD, PA
bicalutamide tab 50 mg (Casodex)	1	
BOSULIF - bosutinib cap 50 mg	4	LD, PA, QL (30 capsules/30 days)
BOSULIF - bosutinib cap 100 mg	4	LD, PA, QL (150 capsules/30 days)
BOSULIF - bosutinib tab 100 mg	4	LD, PA, QL (90 tablets/30 days)
BOSULIF - bosutinib tab 400 mg, 500 mg	4	LD, PA, QL (30 tablets/30 days)
bosutinib tab 100 mg (Bosulif)	4	LD, PA, QL (90 tablets/30 days)
bosutinib tab 400 mg, 500 mg (Bosulif)	4	LD, PA, QL (30 tablets/30 days)
BRAFTOVI - encorafenib cap 75 mg	4	LD, PA, QL (180 capsules/30 days)
BRUKINSA - zanubrutinib cap 80 mg	4	LD, PA, QL (120 capsules/30 days)
BRUKINSA - zanubrutinib tab 160 mg	4	LD, PA, QL (60 tablets/30 days)
CABOMETYX - cabozantinib s-malate tab 20 mg (base equivalent), 40 mg (base equivalent), 60 mg (base equivalent)	4	LD, PA, QL (30 tablets/30 days)
CALQUENCE - acalabrutinib maleate tab 100 mg	4	LD, PA, QL (60 tablets/30 days)
capecitabine tab 150 mg, 500 mg	4	LD
CAPRELSA - vandetanib tab 100 mg	4	LD, PA, QL (60 tablets/30 days)
CAPRELSA - vandetanib tab 300 mg	4	LD, PA, QL (30 tablets/30 days)
COMETRIQ - cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit	4	LD, PA, QL (1 kit/28 days)
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit	4	LD, PA, QL (1 kit/28 days)
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit	4	LD, PA, QL (1 kit/28 days)
COPIKTRA - duvelisib cap 15 mg, 25 mg	4	LD, PA, QL (56 capsules/28 days)
COTELLIC - cobimetinib fumarate tab 20 mg (base equivalent)	4	LD, PA, QL (63 tablets/28 days)
CYCLOPHOSPHAMIDE - cyclophosphamide tab 50 mg	1	
cyclophosphamide cap 25 mg, 50 mg (Cyclophosphamide)	1	
dasatinib tab 20 mg (Sprycel)	4	LD, PA, QL (90 tablets/30 days)
dasatinib tab 50 mg, 70 mg, 80 mg, 100 mg, 140 mg (Sprycel)	4	LD, PA, QL (30 tablets/30 days)
DAURISMO - glasdegib maleate tab 25 mg (base equivalent)	4	LD, PA, QL (60 tablets/30 days)
DAURISMO - glasdegib maleate tab 100 mg (base equivalent)	4	LD, PA, QL (30 tablets/30 days)
ENSACOVE - ensartinib hcl cap 25 mg (base equivalent)	4	LD, PA, QL (30 capsules/30 days)
ENSACOVE - ensartinib hcl cap 100 mg (base equivalent)	4	LD, PA, QL (60 capsules/30 days)
ERIVEDGE - vismodegib cap 150 mg	4	LD, PA, QL (30 capsules/30 days)
ERLEADA - apalutamide tab 60 mg	4	LD, PA, QL (120 tablets/30 days)
ERLEADA - apalutamide tab 240 mg	4	LD, PA, QL (30 tablets/30 days)
erlotinib hcl tab 25 mg (base equivalent)	4	LD, PA, QL (60 tablets/30 days)
erlotinib hcl tab 100 mg (base equivalent), 150 mg (base equivalent)	4	LD, PA, QL (30 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
ETOPOSIDE - etoposide cap 50 mg	4	LD
everolimus tab for oral susp 2 mg, 5 mg (Afinitor disperz)	4	LD, PA, QL (60 tablets/30 days)
everolimus tab for oral susp 3 mg (Afinitor disperz)	4	LD, PA, QL (90 tablets/30 days)
everolimus tab 2.5 mg, 5 mg, 7.5 mg, 10 mg (Afinitor)	4	LD, PA, QL (30 tablets/30 days)
exemestane tab 25 mg (Aromasin)	1	
FOTIVDA - tivozanib hcl cap 0.89 mg (base equivalent), 1.34 mg (base equivalent)	4	LD, PA, QL (21 capsules/28 days)
FRUZAQLA - fruquintinib cap 1 mg	4	LD, PA, QL (84 capsules/28 days)
FRUZAQLA - fruquintinib cap 5 mg	4	LD, PA, QL (21 capsules/28 days)
GAVRETO - pralsetinib cap 100 mg	4	LD, PA, QL (120 capsules/30 days)
gefitinib tab 250 mg (Iressa)	4	LD, PA, QL (30 tablets/30 days)
GILOTRIF - afatinib dimaleate tab 20 mg (base equivalent), 30 mg (base equivalent), 40 mg (base equivalent)	4	LD, PA, QL (30 tablets/30 days)
GOMEKLI - mirdametinib tab for oral susp 1 mg	4	LD, PA, QL (168 tablets/28 days)
GOMEKLI - mirdametinib cap 1 mg	4	LD, PA, QL (168 capsules/28 days)
GOMEKLI - mirdametinib cap 2 mg	4	LD, PA, QL (84 capsules/28 days)
HERNEXEOS - zongertinib tab 60 mg	4	LD, PA, QL (180 tablets/60 days)
HYCAMTIN - topotecan hcl cap 0.25 mg (base equiv), 1 mg (base equiv)	4	LD, PA
hydroxyurea cap 500 mg (Hydrea)	1	
HYRNUO - sevabertinib tab 10 mg	4	LD, PA, QL (120 tablets/30 days)
IBRANCE - palbociclib cap 125 mg	4	LD, PA, QL (21 capsules/28 days)
IBRANCE - palbociclib tab 75 mg, 100 mg, 125 mg	4	LD, PA, QL (21 tablets/28 days)
IBTROZI - taletrectinib adipate cap 200 mg	4	LD, PA, QL (90 capsules/30 days)
ICLUSIG - ponatinib hcl tab 10 mg (base equiv), 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv)	4	LD, PA, QL (30 tablets/30 days)
IDHIFA - enasidenib mesylate tab 50 mg (base equivalent), 100 mg (base equivalent)	4	LD, PA, QL (30 tablets/30 days)
imatinib mesylate tab 100 mg (base equivalent) (Gleevec)	4	LD, PA, QL (90 tablets/30 days)
imatinib mesylate tab 400 mg (base equivalent) (Gleevec)	4	LD, PA, QL (60 tablets/30 days)
IMBRUVICA - ibrutinib tab 140 mg, 280 mg, 420 mg	4	LD, PA, QL (30 tablets/30 days)
IMBRUVICA - ibrutinib cap 70 mg	4	LD, PA, QL (30 capsules/30 days)
IMBRUVICA - ibrutinib cap 140 mg	4	LD, PA, QL (90 capsules/30 days)
IMBRUVICA - ibrutinib oral susp 70 mg/ml	4	LD, PA, QL (216 mls/30 days)
INLURIYO - imlunestrant tosylate tab 200 mg	4	LD, PA, QL (56 tablets/28 days)
INLYTA - axitinib tab 1 mg	4	LD, PA, QL (180 tablets/30 days)
INLYTA - axitinib tab 5 mg	4	LD, PA, QL (120 tablets/30 days)
INQOVI - decitabine-cedazuridine tab 35-100 mg	4	LD, PA, QL (5 tablets/28 days)
INREBIC - fedratinib hcl cap 100 mg	4	LD, PA, QL (120 capsules/30 days)
ITOVEBI - inavolisib tab 3 mg	4	LD, PA, QL (56 tablets/28 days)
ITOVEBI - inavolisib tab 9 mg	4	LD, PA, QL (28 tablets/28 days)
IWILFIN - eflornithine hcl tab 192 mg	4	LD, PA, QL (240 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
JAKAFI - ruxolitinib phosphate tab 5 mg (base equivalent), 10 mg (base equivalent), 15 mg (base equivalent), 20 mg (base equivalent), 25 mg (base equivalent)	4	LD, PA, QL (60 tablets/30 days)
JAKAFI XR - ruxolitinib phosphate tab er 24hr 11 mg (base equivalent), 22 mg (base equivalent), 33 mg (base equivalent), 44 mg (base equivalent), 55 mg (base equivalent)	4	LD, PA, QL (30 tablets/30 days)
JAYPIRCA - pirtobrutinib tab 50 mg	4	LD, PA, QL (30 tablets/30 days)
JAYPIRCA - pirtobrutinib tab 100 mg	4	LD, PA, QL (60 tablets/30 days)
KISQALI - ribociclib succinate tab pack 200 mg daily dose	4	LD, PA, QL (21 tablets/28 days)
KISQALI - ribociclib succinate tab pack 400 mg daily dose (200 mg tab)	4	LD, PA, QL (42 tablets/28 days)
KISQALI - ribociclib succinate tab pack 600 mg daily dose (200 mg tab)	4	LD, PA, QL (63 tablets/28 days)
KOMZIFTI - ziftomenib cap 200 mg	4	LD, PA, QL (90 capsules/30 days)
KOSELUGO - selumetinib sulfate cap 10 mg	4	LD, PA, QL (240 capsules/30 days)
KOSELUGO - selumetinib sulfate cap 25 mg	4	LD, PA, QL (120 capsules/30 days)
KOSELUGO - selumetinib sulfate cap sprinkle 5 mg	4	LD, PA, QL (420 capsules/30 days)
KOSELUGO - selumetinib sulfate cap sprinkle 7.5 mg	4	LD, PA, QL (240 capsules/30 days)
KRAZATI - adagrasib tab 200 mg	4	LD, PA, QL (180 tablets/30 days)
lapatinib ditosylate tab 250 mg (base equiv) (Tykerb)	4	LD, PA, QL (180 tablets/30 days)
LAZCLUZE - lazertinib mesylate tab 80 mg	4	LD, PA, QL (60 tablets/30 days)
LAZCLUZE - lazertinib mesylate tab 240 mg	4	LD, PA, QL (30 tablets/30 days)
LENVIMA 10 MG DAILY DOSE - lenvatinib cap therapy pack 10 mg (10 mg daily dose)	4	LD, PA, QL (30 capsules/30 days)
LENVIMA 12MG DAILY DOSE - lenvatinib cap therapy pack 3 x 4 mg (12 mg daily dose)	4	LD, PA, QL (90 capsules/30 days)
LENVIMA 14 MG DAILY DOSE - lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose)	4	LD, PA, QL (60 capsules/30 days)
LENVIMA 18 MG DAILY DOSE - lenvatinib cap ther pack 10 mg & 2 x 4 mg (18 mg daily dose)	4	LD, PA, QL (90 capsules/30 days)
LENVIMA 20 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 10 mg (20 mg daily dose)	4	LD, PA, QL (60 capsules/30 days)
LENVIMA 24 MG DAILY DOSE - lenvatinib cap ther pack 2 x 10 mg & 4 mg (24 mg daily dose)	4	LD, PA, QL (90 capsules/30 days)
LENVIMA 4 MG DAILY DOSE - lenvatinib cap therapy pack 4 mg (4 mg daily dose)	4	LD, PA, QL (30 capsules/30 days)
LENVIMA 8 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 4 mg (8 mg daily dose)	4	LD, PA, QL (60 capsules/30 days)
letrozole tab 2.5 mg (Femara)	1	
leucovorin calcium tab 5 mg	1	PA, QL (120 tablets/30 days)
leucovorin calcium tab 15 mg, 25 mg	1	PA, QL (30 tablets/30 days)
LEUKERAN - chlorambucil tab 2 mg	4	LD
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	4	LD

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Drug Name	Drug Tier	Requirements/Limits
LIFYORLI - relacorilant cap pak 1 x 25 mg & 1 x 100 mg (125 mg dose), 2 x 25 mg & 1 x 100 mg (150 mg dose)	4	LD, PA, QL (3 packs/28 days)
lomustine cap 10 mg, 40 mg, 100 mg (Gleostine)	4	LD
LONSURF - trifluridine-tipiracil tab 15-6.14 mg	4	LD, PA, QL (60 tablets/28 days)
LONSURF - trifluridine-tipiracil tab 20-8.19 mg	4	LD, PA, QL (80 tablets/28 days)
LORBRENA - lorlatinib tab 25 mg	4	LD, PA, QL (120 tablets/30 days)
LORBRENA - lorlatinib tab 100 mg	4	LD, PA, QL (30 tablets/30 days)
LUMAKRAS - sotorasib tab 120 mg	4	LD, PA, QL (240 tablets/30 days)
LUMAKRAS - sotorasib tab 240 mg	4	LD, PA, QL (120 tablets/30 days)
LUMAKRAS - sotorasib tab 320 mg	4	LD, PA, QL (90 tablets/30 days)
LYNPARZA - olaparib tab 100 mg, 150 mg	4	LD, PA, QL (120 tablets/30 days)
LYSODREN - mitotane tab 500 mg	4	LD, PA
LYTGOBI - futibatinib tab therapy pack 4 mg (12 mg daily dose)	4	LD, PA, QL (84 tablets/28 days)
LYTGOBI - futibatinib tab therapy pack 4 mg (16 mg daily dose)	4	LD, PA, QL (112 tablets/28 days)
LYTGOBI - futibatinib tab therapy pack 4 mg (20 mg daily dose)	4	LD, PA, QL (140 tablets/28 days)
MATULANE - procarbazine hcl cap 50 mg	4	LD, PA
megestrol acetate susp 40 mg/ml	1	
megestrol acetate tab 20 mg, 40 mg	1	
MEKINIST - trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq)	4	LD, PA, QL (13 bottles/28 days)
MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent)	4	LD, PA, QL (90 tablets/30 days)
MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent)	4	LD, PA, QL (30 tablets/30 days)
MEKTOVI - binimetinib tab 15 mg	4	LD, PA, QL (180 tablets/30 days)
mercaptopurine susp 2000 mg/100ml (20 mg/ml) (Purixan)	4	LD
mercaptopurine tab 50 mg	1	
mesna tab 400 mg (Mesnex)	1	
METHOTREXATE SODIUM - methotrexate sodium inj 50 mg/2ml (25 mg/ml)	3	
methotrexate sodium for inj 1 gm	1	
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml)	1	
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml) (Methotrexate sodium)	1	
methotrexate sodium tab 2.5 mg (base equiv)	1	
MODEYSO - dordaviprone hcl cap 125 mg	4	LD, PA, QL (20 capsules/28 days)
MYLERAN - busulfan tab 2 mg	4	LD
nilotinib hcl cap 50 mg (base equivalent), 150 mg (base equivalent), 200 mg (base equivalent) (Tasigna)	4	LD, PA, QL (120 capsules/30 days)
NILUTAMIDE - nilutamide tab 150 mg	4	LD
NINLARO - ixazomib citrate cap 2.3 mg (base equivalent), 3 mg (base equivalent), 4 mg (base equivalent)	4	LD, PA, QL (3 capsules/28 days)

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Drug Name	Drug Tier	Requirements/Limits
NUBEQA - darolutamide tab 300 mg	4	LD, PA, QL (120 tablets/30 days)
ODOMZO - sonidegib phosphate cap 200 mg (base equivalent)	4	LD, PA, QL (30 capsules/30 days)
OGSIVEO - nirogacestat hydrobromide tab 100 mg, 150 mg	4	LD, PA, QL (56 tablets/28 days)
OJEMDA - tovorafenib tab 100 mg	4	LD, PA, QL (24 tablets/28 days)
OJEMDA - tovorafenib for oral susp 25 mg/ml	4	LD, PA, QL (8 bottles/28 days)
OJJAARA - momelotinib dihydrochloride tab 100 mg, 150 mg, 200 mg	4	LD, PA, QL (30 tablets/30 days)
ONUREG - azacitidine tab 200 mg, 300 mg	4	LD, PA, QL (14 tablets/28 days)
ORGOVYX - relugolix tab 120 mg	4	LD, PA, QL (30 tablets/28 days)
ORSERDU - elacestrant hydrochloride tab 86 mg	4	LD, PA, QL (90 tablets/30 days)
ORSERDU - elacestrant hydrochloride tab 345 mg	4	LD, PA, QL (30 tablets/30 days)
pazopanib hcl tab 200 mg (base equiv) (Votrient)	4	LD, PA, QL (120 tablets/30 days)
PEMAZYRE - pemigatinib tab 4.5 mg, 9 mg, 13.5 mg	4	LD, PA, QL (14 tablets/21 days)
PIQRAY 200MG DAILY DOSE - alpelisib tab therapy pack 200 mg daily dose	4	LD, PA, QL (28 tablets/28 days)
PIQRAY 250MG DAILY DOSE - alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)	4	LD, PA, QL (56 tablets/28 days)
PIQRAY 300MG DAILY DOSE - alpelisib tab pack 300 mg daily dose (2x150 mg tab)	4	LD, PA, QL (56 tablets/28 days)
pomalidomide cap 1 mg, 2 mg, 3 mg, 4 mg (Pomalyst)	4	LD, PA, QL (21 capsules/28 days)
QINLOCK - ripretinib tab 50 mg	4	LD, PA, QL (90 tablets/30 days)
RETEVMO - selpercatinib tab 40 mg	4	LD, PA, QL (90 tablets/30 days)
RETEVMO - selpercatinib tab 80 mg, 120 mg, 160 mg	4	LD, PA, QL (60 tablets/30 days)
REVUFORJ - revumenib citrate tab 25 mg	4	LD, PA, QL (240 tablets/30 days)
REVUFORJ - revumenib citrate tab 110 mg	4	LD, PA, QL (120 tablets/30 days)
REVUFORJ - revumenib citrate tab 160 mg	4	LD, PA, QL (60 tablets/30 days)
REZLIDHIA - olutasidenib cap 150 mg	4	LD, PA, QL (60 capsules/30 days)
ROMVIMZA - vimseltinib cap 14 mg, 20 mg, 30 mg	4	LD, PA, QL (8 capsules/28 days)
ROZLYTREK - entrectinib pellet pack 50 mg	4	LD, PA, QL (336 packets/28 days)
ROZLYTREK - entrectinib cap 100 mg	4	LD, PA, QL (30 capsules/30 days)
ROZLYTREK - entrectinib cap 200 mg	4	LD, PA, QL (90 capsules/30 days)
RUBRACA - rucaparib camsylate tab 200 mg (base equivalent), 250 mg (base equivalent), 300 mg (base equivalent)	4	LD, PA, QL (120 tablets/30 days)
RYDAPT - midostaurin cap 25 mg	4	LD, PA, QL (240 capsules/30 days)
SCEMBLIX - asciminib hcl tab 20 mg	4	LD, PA, QL (60 tablets/30 days)
SCEMBLIX - asciminib hcl tab 40 mg	4	LD, PA, QL (240 tablets/30 days)
SCEMBLIX - asciminib hcl tab 100 mg	4	LD, PA, QL (120 tablets/30 days)
sorafenib tosylate tab 200 mg (base equivalent) (Nexavar)	4	LD, PA, QL (120 tablets/30 days)
STIVARGA - regorafenib tab 40 mg	4	LD, PA, QL (84 tablets/28 days)
sunitinib malate cap 12.5 mg (base equivalent) (Sutent)	4	LD, PA, QL (90 capsules/30 days)
sunitinib malate cap 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent) (Sutent)	4	LD, PA, QL (30 capsules/30 days)

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Drug Name	Drug Tier	Requirements/Limits
TABLOID - thioguanine tab 40 mg	4	LD
TABRECTA - capmatinib hcl tab 150 mg, 200 mg	4	LD, PA, QL (112 tablets/28 days)
TAFINLAR - dabrafenib mesylate cap 50 mg (base equivalent), 75 mg (base equivalent)	4	LD, PA, QL (120 capsules/30 days)
TAFINLAR - dabrafenib mesylate tab for oral susp 10 mg (base equiv)	4	LD, PA, QL (4 bottles/28 days)
TAGRISSO - osimertinib mesylate tab 40 mg (base equivalent), 80 mg (base equivalent)	4	LD, PA, QL (30 tablets/30 days)
TALZENNA - talazoparib tosylate cap 0.1 mg (base equivalent), 0.35 mg (base equivalent), 0.5 mg (base equivalent), 0.75 mg (base equivalent), 1 mg (base equivalent)	4	LD, PA, QL (30 capsules/30 days)
TALZENNA - talazoparib tosylate cap 0.25 mg (base equivalent)	4	LD, PA, QL (90 capsules/30 days)
tamoxifen citrate tab 10 mg (base equivalent), 20 mg (base equivalent)	1	AC
temozolomide cap 5 mg, 20 mg, 100 mg, 140 mg, 180 mg, 250 mg	4	LD, PA
TEPMETKO - tepotinib hcl tab 225 mg	4	LD, PA, QL (60 tablets/30 days)
TIBSOVO - ivosidenib tab 250 mg	4	LD, PA, QL (60 tablets/30 days)
toremifene citrate tab 60 mg (base equivalent) (Fareston)	4	LD
tretinoin cap 10 mg	4	LD, PA
TRUQAP - capivasertib tab therapy pack 160 mg, 200 mg	4	LD, PA, QL (64 tablets/28 days)
TRUQAP - capivasertib tab 200 mg	4	LD, PA, QL (64 tablets/28 days)
TUKYSA - tucatinib tab 50 mg	4	LD, PA, QL (300 tablets/30 days)
TUKYSA - tucatinib tab 150 mg	4	LD, PA, QL (120 tablets/30 days)
TURALIO - pexidartinib hcl cap 125 mg (base equivalent)	4	LD, PA, QL (120 capsules/30 days)
VANFLYTA - quizartinib dihydrochloride tab 17.7 mg	4	LD, PA, QL (28 tablets/28 days)
VANFLYTA - quizartinib dihydrochloride tab 26.5 mg	4	LD, PA, QL (56 tablets/28 days)
VENCLEXTA - venetoclax tab 10 mg	4	LD, PA, QL (60 tablets/30 days)
VENCLEXTA - venetoclax tab 50 mg	4	LD, PA, QL (30 tablets/30 days)
VENCLEXTA - venetoclax tab 100 mg	4	LD, PA, QL (180 tablets/30 days)
VENCLEXTA STARTING PACK - venetoclax tab therapy starter pack 10 & 50 & 100 mg	4	LD, PA, QL (1 pack/180 days)
VERZENIO - abemaciclib tab 50 mg, 100 mg, 150 mg, 200 mg	4	LD, PA, QL (60 tablets/30 days)
VITRAKVI - larotrectinib sulfate oral soln 20 mg/ml (base equivalent)	4	LD, PA, QL (300 mls/30 days)
VITRAKVI - larotrectinib sulfate cap 25 mg (base equivalent)	4	LD, PA, QL (180 capsules/30 days)
VITRAKVI - larotrectinib sulfate cap 100 mg (base equivalent)	4	LD, PA, QL (60 capsules/30 days)
VONJO - pacritinib citrate cap 100 mg	4	LD, PA, QL (120 capsules/30 days)
VORANIGO - vorasidenib tab 10 mg	4	LD, PA, QL (60 tablets/30 days)
VORANIGO - vorasidenib tab 40 mg	4	LD, PA, QL (30 tablets/30 days)
WELIREG - belzutifan tab 40 mg	4	LD, PA, QL (90 tablets/30 days)
XALKORI - crizotinib cap 200 mg, 250 mg	4	LD, PA, QL (120 capsules/30 days)
XALKORI - crizotinib cap sprinkle 20 mg, 50 mg	4	LD, PA, QL (120 capsules/30 days)
XALKORI - crizotinib cap sprinkle 150 mg	4	LD, PA, QL (180 capsules/30 days)

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Drug Name	Drug Tier	Requirements/Limits
XOSPATA - gilteritinib fumarate tablet 40 mg (base equivalent)	4	LD, PA, QL (90 tablets/30 days)
XPOVIO - selinexor tab therapy pack 10 mg (40 mg once weekly)	4	LD, PA, QL (16 tablets/28 days)
XPOVIO - selinexor tab therapy pack 40 mg (40 mg twice weekly), 40 mg (80 mg once weekly), 50 mg (100 mg once weekly)	4	LD, PA, QL (8 tablets/28 days)
XPOVIO - selinexor tab therapy pack 60 mg (60 mg once weekly), 80 mg (80 mg once weekly)	4	LD, PA, QL (4 tablets/28 days)
XPOVIO 60 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (60 mg twice weekly)	4	LD, PA, QL (24 tablets/28 days)
XPOVIO 80 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (80 mg twice weekly)	4	LD, PA, QL (32 tablets/28 days)
XTANDI - enzalutamide cap 40 mg	4	LD, PA, QL (120 capsules/30 days)
XTANDI - enzalutamide tab 40 mg	4	LD, PA, QL (120 tablets/30 days)
XTANDI - enzalutamide tab 80 mg	4	LD, PA, QL (60 tablets/30 days)
ZEJULA - niraparib tosylate tab 100 mg (base equivalent), 200 mg (base equivalent), 300 mg (base equivalent)	4	LD, PA, QL (30 tablets/30 days)
ZELBORAF - vemurafenib tab 240 mg	4	LD, PA, QL (240 tablets/30 days)
ZOLINZA - vorinostat cap 100 mg	4	LD, PA, QL (120 capsules/30 days)
ZYDELIG - idelalisib tab 100 mg, 150 mg	4	LD, PA, QL (60 tablets/30 days)
ZYKADIA - ceritinib tab 150 mg	4	LD, PA, QL (90 tablets/30 days)
ENDOCRINE AND METABOLIC DRUGS		
CORTICOSTEROIDS		
budesonide delayed release particles cap 3 mg	1	
DEXAMETHASONE - dexamethasone soln 0.5 mg/5ml	3	
dexamethasone elixir 0.5 mg/5ml	1	
DEXAMETHASONE INTENSOL - dexamethasone conc 1 mg/ml	3	
dexamethasone tab 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	1	
fludrocortisone acetate tab 0.1 mg	1	
hydrocortisone tab 5 mg, 10 mg, 20 mg (Cortef)	1	
methylprednisolone tab therapy pack 4 mg (21) (Medrol dosepak)	1	
methylprednisolone tab 4 mg, 8 mg, 16 mg (Medrol)	1	
methylprednisolone tab 32 mg	1	
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	1	
PREDNISONE - prednisone oral soln 5 mg/5ml	2	
prednisone tab therapy pack 5 mg (21), 5 mg (48), 10 mg (21), 10 mg (48)	1	
prednisone tab 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg, 50 mg	1	
ANDROGEN-ANABOLIC		
danazol cap 50 mg, 100 mg, 200 mg	1	
METHITEST - methyltestosterone oral tab 10 mg	3	PA, QL (600 tablets/30 days)
testosterone cypionate im inj in oil 100 mg/ml	1	QL (1 vial/28 days)

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Drug Name	Drug Tier	Requirements/Limits
testosterone cypionate im inj in oil 200 mg/ml	1	QL (10 mls/28 days)
TESTOSTERONE ENANTHATE - testosterone enanthate im inj in oil 200 mg/ml	3	PA, QL (5 mls/28 days)
testosterone td gel 25 mg/2.5gm (1%)	1	PA, QL (60 packets/30 days)
testosterone td gel 50 mg/5gm (1%) (Testim)	1	PA, QL (60 tubes/30 days)
testosterone td gel 12.5 mg/act (1%)	1	PA, QL (4 bottles/30 days)
testosterone td gel 20.25 mg/act (1.62%) (Androgel pump)	1	PA, QL (2 bottles/30 days)
testosterone td soln 30 mg/act	1	PA, QL (2 bottles/30 days)
ESTROGENS		
BIJUVA - estradiol-progesterone cap 0.5-100 mg, 1-100 mg	3	
CLIMARA PRO - estradiol-levonorgestrel td patch weekly 0.045-0.015 mg/day	2	
COMBIPATCH - estradiol-norethindrone ace td pttw 0.05-0.14 mg/day, 0.05-0.25 mg/day	3	
DEPO-ESTRADIOL - estradiol cypionate im in oil 5 mg/ml	3	
DUAVEE - conjugated estrogens-bazedoxifene tab 0.45-20 mg	2	
estradiol & norethindrone acetate tab 0.5-0.1 mg	1	
estradiol & norethindrone acetate tab 1-0.5 mg (Activella)	1	
estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump) (Estrogel)	1	
estradiol tab 0.5 mg, 1 mg, 2 mg	1	
estradiol td gel 0.25 mg/0.25gm (0.1%), 0.5 mg/0.5gm (0.1%), 0.75 mg/0.75gm (0.1%), 1 mg/gm (0.1%), 1.25 mg/1.25gm (0.1%) (Divigel)	1	
estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr (Vivelle-dot)	1	QL (30 patches/30 days)
estradiol td patch weekly 0.025 mg/24hr, 0.0375 mg/24hr (37.5 mcg/24hr), 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr (Climara)	1	QL (30 patches/30 days)
estradiol valerate im in oil 20 mg/ml (Delestrogen)	1	
estradiol valerate im in oil 40 mg/ml	1	
estrogens, conjugated tab 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg (Premarin)	1	
MYFEMBREE - relugolix-estradiol-norethindrone acetate tab 40-1-0.5 mg	2	PA, QL (30 tablets/30 days)
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg, 1 mg-5 mcg	1	
ORIAHNN - elagolix-estrad-noreth 300-1-0.5mg & elagolix 300mg cap pack	2	PA, QL (56 capsules/28 days)
PREMPHASE - conj est 0.625(14)/conj est-medroxypro ac tab 0.625-5mg(14)	2	
PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.3-1.5 mg, 0.45-1.5 mg, 0.625-2.5 mg, 0.625-5 mg	2	
CONTRACEPTIVES		

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Drug Name	Drug Tier	Requirements/Limits
ANNOVERA - segesterone ace-ethinyl estradiol va ring 0.15-0.013 mg/24hr	3	AC, QL (1 ring/365 days)
ARANELLE - norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg	3	AC
DEPO-SUBQ PROVERA 104 - medroxyprogesterone acetate susp pref syr 104 mg/0.65ml	3	AC
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	1	AC, QL (28 tablets/21 days)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1	AC, QL (28 tablets/21 days)
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (Beyaz)	1	AC, QL (28 tablets/21 days)
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (Safyral)	1	AC, QL (28 tablets/21 days)
drospirenone-ethinyl estradiol tab 3-0.02 mg (Yaz)	1	AC, QL (28 tablets/21 days)
drospirenone-ethinyl estradiol tab 3-0.03 mg (Yasmin 28)	1	AC, QL (28 tablets/21 days)
ELLA - ulipristal acetate tab 30 mg	2	AC, QL (2 tablets/365 days)
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	1	AC, QL (28 tablets/21 days)
FEMLYV - norethindrone ace & ethinyl estradiol tab disint 1 mg-20 mcg	3	AC, QL (28 tablets/21 days)
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg	1	AC, QL (28 tablets/21 days)
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	1	AC, QL (28 tablets/21 days)
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	1	AC, QL (28 tablets/21 days)
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	1	AC, QL (28 tablets/21 days)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg, 0.15 mg-30 mcg	1	AC, QL (28 tablets/21 days)
levonorgestrel tab 1.5 mg	1	AC, QL (2 tablets/365 days)
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	1	AC, QL (28 tablets/21 days)
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	1	AC, QL (28 tablets/21 days)
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21) (Balcoltra)	1	AC, QL (28 tablets/21 days)
LO LOESTRIN FE - norethin-eth estradiol-fe tab 1 mg-10 mcg (24)/10 mcg (2)	2	AC, QL (28 tablets/21 days)
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml (Depo-provera contrac)	1	AC
medroxyprogesterone acetate im susp 150 mg/ml (Depo-provera contrac)	1	AC
NATAZIA - estradiol valerate-dienogest tab 3 mg /2-2 mg/2-3 mg/1 mg	3	AC, QL (28 tablets/21 days)
NEXTSTELLIS - drospirenone-estetrol tab 3-14.2 mg	3	AC, QL (28 tablets/21 days)
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	1	AC, QL (3 patches/21 days)
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg, 0.5 mg-35 mcg, 1 mg-35 mcg	1	AC, QL (28 tablets/21 days)
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg, 0.8 mg-25 mcg	1	AC, QL (28 tablets/21 days)
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	1	AC, QL (28 tablets/21 days)

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Drug Name	Drug Tier	Requirements/Limits
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg, 1.5 mg-30 mcg	1	AC, QL (28 tablets/21 days)
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg, 1.5 mg-30 mcg	1	AC, QL (28 doses/21 days)
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	1	AC, QL (28 doses/21 days)
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Taytulla)	1	AC, QL (28 doses/21 days)
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	1	AC, QL (28 doses/21 days)
norethindrone tab 0.35 mg	1	AC, QL (28 tablets/21 days)
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	1	AC, QL (28 tablets/21 days)
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	1	AC, QL (28 tablets/21 days)
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg, 0.18-35/0.215-35/0.25-35 mg-mcg	1	AC, QL (28 tablets/21 days)
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	1	AC, QL (28 tablets/21 days)
NUVARING - etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	1	AC, QL (1 ring/21 days)
OPILL - norgestrel tab 0.075 mg	3	AC, QL (28 tablets/21 days)
SLYND - drospirenone tab 4 mg	3	AC, QL (28 tablets/21 days)
TWIRLA - levonorgestrel-ethinyl estradiol td ptwk 120-30 mcg/24hr	3	AC, QL (3 patches/21 days)
TYBLUME - levonorgestrel & ethinyl estradiol chew tab 0.1 mg-20 mcg	3	AC, QL (28 tablets/21 days)
VALTYA 1/50 - ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	1	AC, QL (28 tablets/21 days)
VELIVET - desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg	3	AC
PROGESTINS		
medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg (Provera)	1	
norethindrone acetate tab 5 mg	1	
progesterone cap 100 mg, 200 mg (Prometrium)	1	
progesterone im in oil 50 mg/ml	1	
ANTIDIABETICS		
acarbose tab 25 mg, 50 mg, 100 mg	1	
BAQSIMI ONE PACK - glucagon nasal powder 3 mg/dose	2	
BAQSIMI TWO PACK - glucagon nasal powder 3 mg/dose	2	
dapagliflozin tab 5 mg, 10 mg (Farxiga)	1	
dapagliflozin-metformin hcl tab er 24hr 5-500 mg, 5-1000 mg, 10-500 mg, 10-1000 mg (Xigduo xr)	1	
diazoxide susp 50 mg/ml (Proglycem)	1	
glimepiride tab 1 mg, 2 mg, 4 mg	1	
glipizide tab er 24hr 2.5 mg, 10 mg	1	
glipizide tab er 24hr 5 mg (Glucotrol xl)	1	
glipizide tab 5 mg, 10 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
glipizide-metformin hcl tab 2.5-250 mg, 2.5-500 mg, 5-500 mg	1	
GLUCAGON EMERGENCY KIT FO - glucagon hcl for inj 1 mg	2	
glucagon for inj 1 mg	1	
glucose chew tab 4 gm (rounded)	1	
glyburide tab 1.25 mg, 2.5 mg, 5 mg	1	
glyburide-metformin tab 1.25-250 mg, 2.5-500 mg, 5-500 mg	1	
GLYXAMBI - empagliflozin-linagliptin tab 10-5 mg, 25-5 mg	2	QL (30 tablets/30 days)
GVOKE HYPOPEN 1-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml	2	
GVOKE HYPOPEN 2-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml	2	
GVOKE KIT - glucagon subcutaneous soln 1 mg/0.2ml	2	
GVOKE PFS - glucagon subcutaneous soln pref syringe 1 mg/0.2ml	2	
JARDIANCE - empagliflozin tab 10 mg, 25 mg	2	QL (30 tablets/30 days)
metformin hcl tab er 24hr 500 mg, 750 mg	1	
metformin hcl tab 500 mg, 850 mg, 1000 mg	1	
MOUNJARO - tirzepatide soln auto-injector 2.5 mg/0.5ml	2	PA, QL (4 pens/180 days)
MOUNJARO - tirzepatide soln auto-injector 5 mg/0.5ml, 7.5 mg/0.5ml, 10 mg/0.5ml, 12.5 mg/0.5ml, 15 mg/0.5ml	2	PA, QL (4 pens/28 days)
nateglinide tab 60 mg, 120 mg	1	
OZEMPIC - semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/3ml), 1 mg/dose (4 mg/3ml), 2 mg/dose (8 mg/3ml)	2	PA, QL (1 pen/28 days)
OZEMPIC - semaglutide tab 1.5 mg	2	PA, QL (30 tablets/180 days)
OZEMPIC - semaglutide tab 4 mg, 9 mg	2	PA, QL (30 tablets/30 days)
pioglitazone hcl tab 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv) (Actos)	1	
pioglitazone hcl-metformin hcl tab 15-500 mg	1	
pioglitazone hcl-metformin hcl tab 15-850 mg (Actoplus met)	1	
repaglinide tab 0.5 mg, 1 mg, 2 mg	1	
RYBELSUS - semaglutide tab 3 mg	2	PA, QL (30 tablets/180 days)
RYBELSUS - semaglutide tab 7 mg, 14 mg	2	PA, QL (30 tablets/30 days)
sitagliptin phosphate tab 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv) (Januvia)	1	QL (30 tablets/30 days)
sitagliptin phosphate-metformin hcl tab er 24hr 50-500 mg, 100-1000 mg (Janumet xr)	1	QL (30 tablets/30 days)
sitagliptin phosphate-metformin hcl tab er 24hr 50-1000 mg (Janumet xr)	1	QL (60 tablets/30 days)
sitagliptin phosphate-metformin hcl tab 50-500 mg, 50-1000 mg (Janumet)	1	QL (60 tablets/30 days)
SOLIQUA 100/33 - insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml	2	QL (6 pens/30 days)
SYNJARDY - empagliflozin-metformin hcl tab 5-500 mg, 5-1000 mg, 12.5-500 mg, 12.5-1000 mg	2	QL (60 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 5-1000 mg, 10-1000 mg, 12.5-1000 mg	2	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 25-1000 mg	2	QL (30 tablets/30 days)
TRIJARDY XR - empagliflozin-linagliptin-metformin tab er 24hr 5-2.5-1000mg	2	QL (60 tablets/30 days)
TRIJARDY XR - empagliflozin-linagliptin-metformin tab er 24hr 10-5-1000 mg, 25-5-1000 mg	2	QL (30 tablets/30 days)
TRIJARDY XR - empagliflozin-linaglip-metformin tab er 24hr 12.5-2.5-1000mg	2	QL (60 tablets/30 days)
TRULICITY - dulaglutide soln auto-injector 0.75 mg/0.5ml, 1.5 mg/0.5ml, 3 mg/0.5ml, 4.5 mg/0.5ml	2	PA, QL (4 pens/28 days)
XIGDUO XR - dapagliflozin-metformin hcl tab er 24hr 2.5-1000 mg, 5-500 mg, 5-1000 mg, 10-500 mg, 10-1000 mg	2	
XULTOPHY 100/3.6 - insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml	2	QL (5 pens/30 days)
Rapid-Acting Insulins		
FIASP - insulin aspart (with niacinamide) inj 100 unit/ml	1	QL (100 mls/30 days)
FIASP FLEXTOUCH - insulin aspart (with niacinamide) sol pen-inj 100 unit/ml	1	QL (100 mls/30 days)
FIASP PENFILL - insulin aspart (with niacinamide) soln cartridge 100 unit/ml	1	QL (100 mls/30 days)
FIASP PUMPCART - insulin aspart (with niacinamide) soln cartridge 100 unit/ml	1	QL (100 mls/30 days)
HUMALOG - insulin lispro soln cartridge 100 unit/ml	1	QL (100 mls/30 days)
HUMALOG - insulin lispro inj soln 100 unit/ml	1	QL (100 mls/30 days)
HUMALOG JUNIOR KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)	1	QL (100 mls/30 days)
HUMALOG KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (1 unit dial), 200 unit/ml	1	QL (100 mls/30 days)
LYUMJEV - insulin lispro-aabc inj 100 unit/ml	1	QL (100 mls/30 days)
LYUMJEV KWIKPEN - insulin lispro-aabc soln pen-inj 100 unit/ml (1 unit dial)	1	QL (100 mls/30 days)
LYUMJEV KWIKPEN - insulin lispro-aabc soln pen-injector 200 unit/ml	1	QL (100 mls/30 days)
NOVOLOG - insulin aspart inj soln 100 unit/ml	1	QL (100 mls/30 days)
NOVOLOG FLEXPEN - insulin aspart soln pen-injector 100 unit/ml	1	QL (100 mls/30 days)
NOVOLOG FLEXPEN RELION - insulin aspart soln pen-injector 100 unit/ml	1	QL (100 mls/30 days)
NOVOLOG PENFILL - insulin aspart soln cartridge 100 unit/ml	1	QL (100 mls/30 days)
NOVOLOG RELION - insulin aspart inj soln 100 unit/ml	1	QL (100 mls/30 days)
Short-Acting Insulins		
HUMULIN R - insulin regular (human) inj 100 unit/ml	1	QL (100 mls/30 days)

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Drug Name	Drug Tier	Requirements/Limits
HUMULIN R U-500 KWIKPEN - insulin regular (human) soln pen-injector 500 unit/ml	2	QL (100 mls/30 days)
NOVOLIN R - insulin regular (human) inj 100 unit/ml	1	QL (100 mls/30 days)
NOVOLIN R FLEXPEN - insulin regular (human) soln pen-injector 100 unit/ml	1	QL (100 mls/30 days)
NOVOLIN R FLEXPEN RELION - insulin regular (human) soln pen-injector 100 unit/ml	1	QL (100 mls/30 days)
NOVOLIN R RELION - insulin regular (human) inj 100 unit/ml	1	QL (100 mls/30 days)
Intermediate-Acting Insulins		
HUMALOG MIX 50/50 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50)	1	QL (100 mls/30 days)
HUMALOG MIX 75/25 - insulin lispro prot & lispro inj 100 unit/ml (75-25)	1	QL (100 mls/30 days)
HUMALOG MIX 75/25 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)	1	QL (100 mls/30 days)
HUMULIN N - insulin nph (human) (isophane) inj 100 unit/ml	1	QL (100 mls/30 days)
HUMULIN N KWIKPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	1	QL (100 mls/30 days)
HUMULIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30)	1	QL (100 mls/30 days)
HUMULIN 70/30 KWIKPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	1	QL (100 mls/30 days)
NOVOLIN N - insulin nph (human) (isophane) inj 100 unit/ml	1	QL (100 mls/30 days)
NOVOLIN N FLEXPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	1	QL (100 mls/30 days)
NOVOLIN N FLEXPEN RELION - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	1	QL (100 mls/30 days)
NOVOLIN N RELION - insulin nph (human) (isophane) inj 100 unit/ml	1	QL (100 mls/30 days)
NOVOLIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30)	1	QL (100 mls/30 days)
NOVOLIN 70/30 FLEXPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	1	QL (100 mls/30 days)
NOVOLIN 70/30 FLEXPEN REL - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	1	QL (100 mls/30 days)
NOVOLIN 70/30 RELION - insulin nph isophane & regular human inj 100 unit/ml (70-30)	1	QL (100 mls/30 days)
NOVOLOG MIX 70/30 - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	1	QL (100 mls/30 days)
NOVOLOG MIX 70/30 PREFILL - insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	1	QL (100 mls/30 days)
NOVOLOG MIX 70/30 RELION - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	1	QL (100 mls/30 days)
Basal Insulins		

Drug Name	Drug Tier	Requirements/Limits
INSULIN GLARGINE-YFGN - insulin glargine-yfgn soln pen-injector 100 unit/ml	2	QL (33 pens/30 days)
INSULIN GLARGINE-YFGN - insulin glargine-yfgn inj 100 unit/ml	2	QL (10 vials/30 days)
SEMGLEE - insulin glargine-yfgn soln pen-injector 100 unit/ml	2	QL (33 pens/30 days)
SEMGLEE - insulin glargine-yfgn inj 100 unit/ml	2	QL (10 vials/30 days)
TOUJEO MAX SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (2 unit dial)	2	QL (100 mls/30 days)
TOUJEO SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (1 unit dial)	2	QL (100 mls/30 days)
TRESIBA - insulin degludec inj 100 unit/ml	2	QL (10 vials/30 days)
TRESIBA FLEXTOUCH - insulin degludec soln pen-injector 100 unit/ml, 200 unit/ml	2	QL (33 pens/30 days)
THYROID AGENTS		
AMERITHROID - thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 90 mg (1 1/2 grain), 120 mg (2 grain), 180 mg (3 grain), 240 mg (4 grain), 300 mg (5 grain)	3	
ARMOUR THYROID - thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 90 mg (1 1/2 grain), 120 mg (2 grain), 180 mg (3 grain), 240 mg (4 grain), 300 mg (5 grain)	3	
EVEXITHROID - thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 45 mg (3/4 grain), 90 mg (1 1/2 grain), 75 mg (1 1/4 grain), 120 mg (2 grain), 180 mg (3 grain)	3	
levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg (Synthroid)	1	
liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg (Cytomel)	1	
methimazole tab 5 mg, 10 mg	1	
NIVA THYROID - thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 90 mg (1 1/2 grain), 120 mg (2 grain)	3	
NP THYROID 120 - thyroid tab 120 mg (2 grain)	3	
NP THYROID 15 - thyroid tab 15 mg (1/4 grain)	3	
NP THYROID 30 - thyroid tab 30 mg (1/2 grain)	3	
NP THYROID 60 - thyroid tab 60 mg (1 grain)	3	
NP THYROID 90 - thyroid tab 90 mg (1 1/2 grain)	3	
propylthiouracil tab 50 mg	1	
RENTHYROID - thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 45 mg (3/4 grain), 90 mg (1 1/2 grain), 75 mg (1 1/4 grain), 120 mg (2 grain)	3	
SYNTHROID - levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg	3	
THYQUIDITY - levothyroxine sodium oral solution 100 mcg/5ml	3	
THYROID - thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 90 mg (1 1/2 grain), 120 mg (2 grain)	3	

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Drug Name	Drug Tier	Requirements/Limits
OXYTOCICS		
methylergonovine maleate tab 0.2 mg	1	
ENDOCRINE and METABOLIC AGENTS - MISC.		
ACTHAR - corticotropin inj gel 80 unit/ml	4	LD, PA
alendronate sodium tab 10 mg, 35 mg	1	
alendronate sodium tab 70 mg (Fosamax)	1	
betaine powder for oral solution (Cystadane)	4	LD
cabergoline tab 0.5 mg	1	
calcitonin (salmon) nasal soln 200 unit/act	1	
calcitriol cap 0.25 mcg, 0.5 mcg (Rocaltrol)	1	
carglumic acid soluble tab 200 mg (Carbaglu)	4	LD
cinacalcet hcl tab 30 mg (base equiv), 60 mg (base equiv), 90 mg (base equiv) (Sensipar)	1	
clomiphene citrate tab 50 mg	1	
CRENESSITY - crinecerfont cap 25 mg, 50 mg, 100 mg	4	LD, PA, QL (60 capsules/30 days)
CRENESSITY - crinecerfont oral soln 50 mg/ml	4	LD, PA, QL (120 mls/30 days)
DESMOPRESSIN ACETATE - desmopressin acetate nasal spray soln 0.01%	3	
desmopressin acetate tab 0.1 mg, 0.2 mg (Ddavp)	1	
GALAFOLD - migalastat hcl cap 123 mg (base equivalent)	4	LD, PA, QL (14 capsules/28 days)
GENOTROPIN - somatropin for subcutaneous inj cartridge 5 mg, 12 mg (36 unit)	4	LD, PA
GENOTROPIN MINIQUICK - somatropin for subcutaneous inj prefilled syr 0.2 mg, 0.4 mg, 0.6 mg, 0.8 mg, 1 mg, 1.2 mg, 1.4 mg, 1.6 mg, 1.8 mg, 2 mg	4	LD, PA
ibandronate sodium tab 150 mg (base equivalent)	1	
IMCIVREE - setmelanotide acetate subcutaneous soln 10 mg/ml	4	LD, PA, QL (10 vials/30 days)
INCRELEX - mecasermin inj 40 mg/4ml (10 mg/ml)	4	LD
JYNARQUE - tolvaptan tab therapy pack 15 mg, 30 & 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg	4	LD, PA, QL (56 tablets/28 days)
JYNARQUE - tolvaptan tab 15 mg, 30 mg	4	LD, PA
KERENDIA - finerenone tab 10 mg, 20 mg, 40 mg	2	QL (30 tablets/30 days), ST
KYGEVVI - doxecitine-doxribtimine powder pack 2-2 gm	4	LD
levocarnitine oral soln 1 gm/10ml (10%) (Carnitor)	1	
levocarnitine tab 330 mg (Carnitor)	1	
MYALEPT - metreleptin for subcutaneous inj 11.3 mg	4	LD, PA
nitisinone cap 2 mg, 5 mg, 10 mg, 20 mg (Orfadin)	4	LD
NULIBRY - fosdenopterin hydrobromide for iv soln 9.5 mg	4	LD
OCTREOTIDE ACETATE - octreotide acetate subcutaneous soln pref syr 50 mcg/ml, 100 mcg/ml, 500 mcg/ml	4	LD
octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml), 500 mcg/ml (0.5 mg/ml) (Sandostatin)	4	LD

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Drug Name	Drug Tier	Requirements/Limits
octreotide acetate inj 200 mcg/ml (0.2 mg/ml), 1000 mcg/ml (1 mg/ml)	4	LD
OMNITROPE - somatropin solution cartridge 5 mg/1.5ml, 10 mg/1.5ml	4	LD, PA
OMNITROPE - somatropin for inj 5.8 mg	4	LD, PA
OPFOLDA - miglustat (gaa deficiency) cap 65 mg	4	LD, PA, QL (8 capsules/28 days)
ORFADIN - nitisinone susp 4 mg/ml	4	LD
ORILISSA - elagolix sodium tab 150 mg (base equiv)	2	PA, QL (30 tablets/30 days)
ORILISSA - elagolix sodium tab 200 mg (base equiv)	2	PA, QL (60 tablets/30 days)
PALYNZIQ - pegvaliase-pqpz subcutaneous soln pref syringe 2.5 mg/0.5ml, 10 mg/0.5ml, 20 mg/ml	4	LD, PA
PHEBURANE - sodium phenylbutyrate oral pellets 483 mg/gm	4	LD, PA
raloxifene hcl tab 60 mg (Evista)	1	AC
REDEMPLO - plozasiran sodium subcut soln pref syr 25 mg/0.5ml (base eq)	4	LD, PA
REVCOVI - elapegademase-lvlr im soln 2.4 mg/1.5ml (1.6 mg/ml)	4	LD
risedronate sodium tab 30 mg	1	
risedronate sodium tab 35 mg, 150 mg (Actonel)	1	
sapropterin dihydrochloride powder packet 100 mg, 500 mg (Kuvan)	4	LD, PA
sapropterin dihydrochloride tab 100 mg (Kuvan)	4	LD, PA
SEPHIENCE - sepiapterin powder packet 250 mg, 1000 mg	4	LD, PA
SIGNIFOR - pasireotide diaspartate inj 0.3 mg/ml (base equiv), 0.6 mg/ml (base equiv), 0.9 mg/ml (base equiv)	4	LD
SKYTROFA - lonapegsomatropin-tcgd for subcutaneous inj cartridge 0.7 mg, 1.4 mg, 1.8 mg, 2.1 mg, 2.5 mg, 3 mg, 3.6 mg, 4.3 mg, 5.2 mg, 6.3 mg, 7.6 mg, 9.1 mg, 11 mg	4	LD, PA
SKYTROFA - lonapegsomatropin-tcgd for subcutaneous inj cart 13.3 mg	4	LD, PA
sodium phenylbutyrate oral powder 3 gm/teaspoonful (Buphenyl)	4	LD, PA
sodium phenylbutyrate tab 500 mg (Buphenyl)	4	LD, PA
SOMAVERT - pegvisomant for inj 10 mg (as protein), 15 mg (as protein), 20 mg (as protein), 25 mg (as protein), 30 mg (as protein)	4	LD, PA, QL (30 vials/30 days)
STRENSIQ - asfotase alfa subcutaneous inj 18 mg/0.45ml, 28 mg/0.7ml, 40 mg/ml, 80 mg/0.8ml	4	LD, PA
teriparatide soln pen-inj 560 mcg/2.24ml (Forteo)	4	LD, PA, QL (2.24 mls/28 days)
tolvaptan (hyponatremia) tab 15 mg (Samsca)	4	LD, QL (30 tablets/180 days)
tolvaptan (hyponatremia) tab 30 mg (Samsca)	4	LD, QL (60 tablets/180 days)
TRYNGOLZA - olezarsen sod subcut soln auto-inject 50 mg/0.8ml (base eq), auto-inject 80 mg/0.8ml (base eq)	4	LD, PA, QL (1 injection device/28 days)
TYMLOS - abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml	4	LD, PA, QL (1.56 mls/30 days)

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Drug Name	Drug Tier	Requirements/Limits
VOXZOGO - vosoritide for subcutaneous inj 0.4 mg, 0.56 mg, 1.2 mg	4	LD, PA, QL (30 vials/30 days)
VYKAT XR - diazoxide choline tab er 24hr 25 mg	4	LD, PA, QL (120 tablets/30 days)
VYKAT XR - diazoxide choline tab er 24hr 75 mg	4	LD, PA, QL (210 tablets/30 days)
VYKAT XR - diazoxide choline tab er 24hr 150 mg	4	LD, PA, QL (90 tablets/30 days)
YORVIPATH - palopegteriparatide pen-inj 168 mcg/0.56ml (teriparatide eq), 294 mcg/0.98ml (teriparatide eq), 420 mcg/1.4ml (teriparatide eq)	4	LD, PA, QL (2 pens/28 days)
CARDIOVASCULAR AGENTS		
CARDIOTONICS		
digoxin oral soln 0.05 mg/ml (Digoxin)	1	
digoxin tab 125 mcg (0.125 mg), 250 mcg (0.25 mg) (Lanoxin)	1	
ANTIANGINAL AGENTS		
isosorbide dinitrate tab 5 mg, 10 mg, 20 mg, 30 mg	1	
isosorbide mononitrate tab er 24hr 30 mg, 60 mg, 120 mg	1	
isosorbide mononitrate tab 10 mg, 20 mg	1	
NITRO-TIME - nitroglycerin cap er 2.5 mg, 6.5 mg, 9 mg	3	
nitroglycerin oint 2%	1	
nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6 mg (Nitrostat)	1	
nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr (Nitro-dur)	1	
ranolazine tab er 12hr 500 mg, 1000 mg	1	
BETA BLOCKERS		
acebutolol hcl cap 200 mg, 400 mg	1	
atenolol tab 25 mg, 50 mg, 100 mg (Tenormin)	1	
betaxolol hcl tab 10 mg, 20 mg	1	
bisoprolol fumarate tab 5 mg, 10 mg	1	
carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg (Coreg)	1	
labetalol hcl tab 100 mg, 200 mg, 300 mg	1	
metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv) (Toprol xl)	1	
metoprolol tartrate tab 25 mg	1	
metoprolol tartrate tab 50 mg, 100 mg (Lopressor)	1	
nadolol tab 20 mg, 40 mg, 80 mg	1	
nebivolol hcl tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent), 20 mg (base equivalent) (Bystolic)	1	
pindolol tab 5 mg, 10 mg	1	
PROPRANOLOL HCL - propranolol hcl oral soln 40 mg/5ml	2	
propranolol hcl cap er 24hr 60 mg, 80 mg, 120 mg, 160 mg (Inderal la)	1	

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Drug Name	Drug Tier	Requirements/Limits
propranolol hcl oral soln 20 mg/5ml	1	
propranolol hcl tab 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
sotalol hcl (afib/afl) tab 80 mg, 120 mg, 160 mg (Betapace af)	1	
sotalol hcl tab 80 mg, 120 mg, 160 mg (Betapace)	1	
sotalol hcl tab 240 mg	1	
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent) (Norvasc)	1	
CARDAMYST - etripamil nasal soln 2 x 70 mg/dose	3	PA, QL (3 cartons/180 days)
diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg	1	
diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg (Cardizem cd)	1	
diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg (Tiazac)	1	
diltiazem hcl tab er 24hr 120 mg (Cardizem la)	1	
diltiazem hcl tab 30 mg, 60 mg, 120 mg (Cardizem)	1	
diltiazem hcl tab 90 mg	1	
felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg	1	
nifedipine cap 10 mg, 20 mg	1	
nifedipine tab er 24hr 30 mg, 60 mg, 90 mg	1	
nifedipine tab er 24hr osmotic release 30 mg, 60 mg (Procardia xl)	1	
nifedipine tab er 24hr osmotic release 90 mg	1	
NIMODIPINE - nimodipine oral soln 60 mg/20ml (3 mg/ml)	3	
nimodipine cap 30 mg	1	
NISOLDIPINE ER - nisoldipine tab er 24hr 8.5 mg	1	
nisoldipine tab er 24hr 8.5 mg	1	
NYMALIZE - nimodipine oral soln 6 mg/ml	3	
verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg	1	
verapamil hcl tab er 120 mg, 180 mg, 240 mg	1	
verapamil hcl tab 40 mg, 80 mg, 120 mg	1	
ANTIARRHYTHMICS		
amiodarone hcl tab 100 mg, 200 mg	1	
disopyramide phosphate cap 100 mg, 150 mg (Norpace)	1	
dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25 mg), 500 mcg (0.5 mg) (Tikosyn)	1	
flecainide acetate tab 50 mg, 100 mg, 150 mg	1	
mexiletine hcl cap 150 mg, 200 mg, 250 mg	1	
MULTAQ - dronedarone hcl tab 400 mg (base equivalent)	2	
propafenone hcl cap er 12hr 225 mg, 325 mg, 425 mg	1	
propafenone hcl tab 150 mg, 225 mg, 300 mg	1	
quinidine gluconate tab er 324 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
QUINIDINE SULFATE - quinidine sulfate tab 200 mg, 300 mg	3	
ANTIHYPERTENSIVES		
amlodipine besylate-benazepril hcl cap 2.5-10 mg, 5-20 mg, 5-40 mg, 10-20 mg	1	
amlodipine besylate-benazepril hcl cap 5-10 mg, 10-40 mg (Lotrel)	1	
amlodipine besylate-valsartan tab 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg (Exforge)	1	
atenolol & chlorthalidone tab 50-25 mg (Tenoretic 50)	1	
atenolol & chlorthalidone tab 100-25 mg (Tenoretic 100)	1	
benazepril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Lotensin hct)	1	
benazepril hcl tab 5 mg	1	
benazepril hcl tab 10 mg, 20 mg, 40 mg (Lotensin)	1	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg, 5-6.25 mg, 10-6.25 mg	1	
candesartan cilexetil tab 4 mg, 8 mg, 16 mg, 32 mg (Atacand)	1	
captopril tab 12.5 mg, 25 mg, 50 mg, 100 mg	1	
clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg	1	
clonidine td patch weekly 0.1 mg/24hr (Catapres-tts-1)	1	
clonidine td patch weekly 0.2 mg/24hr (Catapres-tts-2)	1	
clonidine td patch weekly 0.3 mg/24hr (Catapres-tts-3)	1	
doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg (Cardura)	1	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1	
enalapril maleate & hydrochlorothiazide tab 10-25 mg (Vaseretic)	1	
enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg (Vasotec)	1	
eplerenone tab 25 mg, 50 mg	1	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg	1	
fosinopril sodium tab 10 mg, 20 mg, 40 mg	1	
guanfacine hcl tab 1 mg, 2 mg	1	
hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg	1	
irbesartan tab 75 mg	1	
irbesartan tab 150 mg, 300 mg (Avapro)	1	
irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg (Avalide)	1	
lisinopril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Zestoretic)	1	
lisinopril tab 2.5 mg, 5 mg, 10 mg, 20 mg, 30 mg, 40 mg (Zestril)	1	
losartan potassium & hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg (Hyzaar)	1	
losartan potassium tab 25 mg, 50 mg, 100 mg (Cozaar)	1	

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Drug Name	Drug Tier	Requirements/Limits
METHYLDOPA - methyldopa tab 500 mg	3	
methyldopa tab 250 mg	1	
metoprolol & hydrochlorothiazide tab 50-25 mg, 100-25 mg, 100-50 mg	1	
minoxidil tab 2.5 mg, 10 mg	1	
moexipril hcl tab 7.5 mg, 15 mg	1	
olmesartan medoxomil tab 5 mg, 20 mg, 40 mg (Benicar)	1	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg (Benicar hct)	1	
PERINDOPRIL ERBUMINE - perindopril erbumine tab 2 mg, 8 mg	3	
perindopril erbumine tab 4 mg	1	
phenoxybenzamine hcl cap 10 mg	1	
prazosin hcl cap 1 mg, 2 mg, 5 mg	1	
quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg	1	
QUINAPRIL/HYDROCHLOROTHIA - quinapril-hydrochlorothiazide tab 20-12.5 mg, 20-25 mg	3	
ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg	1	
telmisartan tab 20 mg	1	
telmisartan tab 40 mg, 80 mg (Micardis)	1	
terazosin hcl cap 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)	1	
trandolapril tab 1 mg, 2 mg, 4 mg	1	
valsartan tab 40 mg, 80 mg, 160 mg, 320 mg (Diovan)	1	
valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg (Diovan hct)	1	
VECAMYL - mecamylamine hcl tab 2.5 mg	3	LD
DIURETICS		
acetazolamide cap er 12hr 500 mg	1	
acetazolamide tab 125 mg, 250 mg	1	
amiloride hcl tab 5 mg	1	
AMILORIDE/HYDROCHLOROTHIA - amiloride & hydrochlorothiazide tab 5-50 mg	3	
bumetanide tab 0.5 mg (Bumex)	1	
bumetanide tab 1 mg, 2 mg	1	
chlorthalidone tab 25 mg, 50 mg	1	
FUROSCIX - furosemide subcutaneous cartridge kit 80 mg/10ml	3	LD, PA, QL (8 kits/180 days)
FUROSCIX READYFLOW - furosemide subcutaneous soln auto-injector 80 mg/ml	3	LD, PA, QL (8 injection devices/180 days)
FUROSEMIDE - furosemide oral soln 10 mg/ml	3	
furosemide tab 20 mg, 40 mg, 80 mg (Lasix)	1	
hydrochlorothiazide cap 12.5 mg	1	
hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
indapamide tab 1.25 mg, 2.5 mg	1	
LASIX ONYU - furosemide subcutaneous cartridge kit 80 mg/2.67ml	4	LD, PA, QL (8 kits/180 days)
methazolamide tab 25 mg, 50 mg	1	
metolazone tab 2.5 mg, 5 mg, 10 mg	1	
spironolactone & hydrochlorothiazide tab 25-25 mg	1	
spironolactone tab 25 mg, 50 mg, 100 mg (Aldactone)	1	
torsemide tab 5 mg, 10 mg, 20 mg, 100 mg	1	
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 37.5-25 mg, 75-50 mg	1	
VASOPRESSORS		
AUVI-Q - epinephrine solution auto-injector 0.1 mg/0.1ml	2	
droxidopa cap 100 mg, 200 mg, 300 mg (Northera)	1	
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) (Epipen-jr 2-pak)	1	
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (Epipen 2-pak)	1	
midodrine hcl tab 2.5 mg, 5 mg, 10 mg	1	
ANTIHYPERLIPIDEMICS		
atorvastatin calcium tab 10 mg (base equivalent), 20 mg (base equivalent), 40 mg (base equivalent), 80 mg (base equivalent) (Lipitor)	1	AC
cholestyramine light powder 4 gm/dose (Questran light)	1	
cholestyramine powder 4 gm/dose (Questran)	1	
colesevelam hcl tab 625 mg (Welchol)	1	
colestipol hcl granule packets 5 gm	1	
colestipol hcl granules 5 gm (Colestid)	1	
colestipol hcl tab 1 gm (Colestid)	1	
ezetimibe tab 10 mg (Zetia)	1	
ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg (Vytorin)	1	
fenofibrate micronized cap 67 mg, 134 mg, 200 mg	1	
fenofibrate tab 48 mg, 54 mg, 145 mg, 160 mg	1	
fluvastatin sodium tab er 24 hr 80 mg (base equivalent) (Lescol xl)	1	
gemfibrozil tab 600 mg (Lopid)	1	
icosapent ethyl cap 0.5 gm (Vascepa)	1	PA, QL (240 capsules/30 days)
icosapent ethyl cap 1 gm (Vascepa)	1	PA, QL (120 capsules/30 days)
lovastatin tab 10 mg	1	
lovastatin tab 20 mg, 40 mg	1	AC
NEXLETOL - bempedoic acid tab 180 mg	2	PA, QL (30 tablets/30 days)
NEXLIZET - bempedoic acid-ezetimibe tab 180-10 mg	2	PA, QL (30 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
niacin tab er 500 mg (antihyperlipidemic), 750 mg (antihyperlipidemic), 1000 mg (antihyperlipidemic)	1	
pravastatin sodium tab 10 mg, 20 mg, 40 mg, 80 mg	1	AC
REPATHA SURECLICK - evolocumab subcutaneous soln auto-injector 140 mg/ml	2	PA, QL (6 pens/28 days)
rosuvastatin calcium tab 5 mg, 10 mg, 20 mg, 40 mg (Crestor)	1	
simvastatin tab 5 mg, 80 mg	1	
simvastatin tab 10 mg, 20 mg, 40 mg (Zocor)	1	
CARDIOVASCULAR AGENTS - MISC.		
ADEMPAS - riociguat tab 0.5 mg, 1 mg, 1.5 mg, 2 mg, 2.5 mg	4	LD, PA, QL (90 tablets/30 days)
ambrisentan tab 5 mg, 10 mg (Letairis)	4	LD, PA, QL (30 tablets/30 days)
ATTRUBY - acoramidis hcl tab pack 356 mg (712 mg twice daily)	4	LD, PA, QL (112 tablets/28 days)
bosentan tab for oral susp 32 mg (Tracleer)	4	LD, PA, QL (120 tablets/30 days)
bosentan tab 62.5 mg, 125 mg (Tracleer)	4	LD, PA, QL (60 tablets/30 days)
CAMZYOS - mavacamten cap 2.5 mg, 10 mg, 15 mg	4	LD, PA, QL (30 capsules/30 days)
CAMZYOS - mavacamten cap 5 mg	4	LD, PA, QL (30 capsule/30 days)
CORLANOR - ivabradine hcl oral soln 5 mg/5ml (base equiv)	2	LD, PA, QL (600 mls/30 days)
ENTRESTO - sacubitril-valsartan sprinkle cap 6-6 mg, 15-16 mg	2	PA, QL (240 capsules/30 days)
ivabradine hcl tab 5 mg (base equiv), 7.5 mg (base equiv) (Corlanor)	1	PA, QL (60 tablets/30 days)
macitentan tab 10 mg (Opsumit)	4	LD, PA, QL (30 tablets/30 days)
MYQORZO - aficamten tab 5 mg, 10 mg, 15 mg, 20 mg	4	LD, PA, QL (30 tablets/30 days)
ORENITRAM - treprostinil diolamine tab er 0.125 mg (base equiv), 0.25 mg (base equiv), 1 mg (base equiv), 2.5 mg (base equiv), 5 mg (base equiv)	4	LD, PA, QL (300 tablets/30 days)
ORENITRAM TITRATION KIT M - treprostinil tab er titr pk (mo1) 126 x0.125mg & 42 x0.25mg, titr pk (mo2) 126 x0.125mg & 210 x0.25mg, titr pk(mo3)126x0.125mg&42x0.25mg&84x1mg	4	LD, PA, QL (1 pack/180 days)
sacubitril-valsartan tab 24-26 mg, 49-51 mg, 97-103 mg (Entresto)	1	
sildenafil citrate for suspension 10 mg/ml	4	LD, PA, QL (224 mls/30 days)
sildenafil citrate tab 20 mg (Revatio)	4	LD, QL (90 tablets/30 days)
tadalafil tab 20 mg (pah) (Adcirca)	4	LD, PA, QL (60 tablets/30 days)
tadalafil tab 2.5 mg	1	QL (30 tablets/30 days)
tadalafil tab 5 mg (Cialis)	1	QL (30 tablets/30 days)
TYVASO - treprostinil inhalation solution 0.6 mg/ml	4	LD, PA, QL (81.2 mls/28 days)
TYVASO DPI INSTITUTIONAL - treprostinil inh powder 16 mcg/cartridge, 32 mcg/cartridge, 48 mcg/cartridge, 64 mcg/cartridge	4	LD, PA, QL (112 cartridges/28 days)
TYVASO DPI MAINTENANCE KI - treprostinil inh powder 16 mcg/cartridge, 32 mcg/cartridge, 48 mcg/cartridge, 64 mcg/cartridge, 80 mcg/cartridge	4	LD, PA, QL (112 cartridges/28 days)

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Drug Name	Drug Tier	Requirements/Limits
TYVASO DPI MAINTENANCE KI - treprostinil inh powder 112 x 32mcg & 112 x 64mcg, 112 x 48mcg & 112 x 64mcg, 112 x 48mcg & 112 x 80mcg	4	LD, PA, QL (224 cartridges/28 days)
TYVASO DPI TITRATION KIT - treprostinil inh powd 112 x 16mcg & 112 x 32mcg & 28 x 48mcg	4	LD, PA, QL (252 cartridges/180 days)
TYVASO REFILL KIT - treprostinil inhalation solution 0.6 mg/ml	4	LD, PA, QL (81.2 mls/28 days)
TYVASO STARTER KIT - treprostinil inhalation solution 0.6 mg/ml	4	LD, PA, QL (1 kit/180 days)
UPTRAVI - selexipag tab 100 mcg	4	LD, PA, QL (3 bottles/180 days)
UPTRAVI - selexipag tab 150 mcg	4	LD, PA, QL (6 bottles/180 days)
UPTRAVI - selexipag tab 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1000 mcg, 1200 mcg, 1400 mcg, 1600 mcg	4	LD, PA, QL (60 tablets/30 days)
UPTRAVI - selexipag tab 200 mcg	4	LD, PA, QL (140 tablets/180 days)
UPTRAVI TITRATION PACK - selexipag tab therapy pack 200 mcg (140) & 800 mcg (60)	4	LD, PA, QL (1 pack/180 days)
VERQUVO - vericiguat tab 2.5 mg, 5 mg, 10 mg	2	PA, QL (30 tablets/30 days)
VYNDAMAX - tafamidis cap 61 mg	4	LD, PA, QL (30 capsules/30 days)
WINREVAIR - sotatercept-csrk for subcutaneous soln kit 45 mg, 60 mg, 2 x 45 mg, 2 x 60 mg	4	LD, PA, QL (1 kit/21 days)
YUTREPIA - treprostinil sodium inhal cap 26.5 mcg, 53 mcg, 79.5 mcg, 106 mcg	4	LD, PA, QL (112 capsules/28 days)
tadalafil tab 2.5 mg	1	QL (30 tablets/30 days)
tadalafil tab 5 mg (Cialis)	1	QL (30 tablets/30 days)
RESPIRATORY AGENTS		
ANTIHISTAMINES		
carbinoxamine maleate tab 4 mg	1	
cyproheptadine hcl syrup 2 mg/5ml	1	
cyproheptadine hcl tab 4 mg	1	
desloratadine tab 5 mg (Clarinex)	1	
levocetirizine dihydrochloride tab 5 mg	1	
promethazine hcl oral soln 6.25 mg/5ml	1	
promethazine hcl suppos 12.5 mg, 25 mg	1	
promethazine hcl tab 12.5 mg, 25 mg, 50 mg	1	
NASAL AGENTS - SYSTEMIC and TOPICAL		
azelastine hcl nasal spray 0.1% (137 mcg/spray)	1	
fluticasone propionate nasal susp 50 mcg/act	1	
ipratropium bromide nasal soln 0.03% (21 mcg/spray), 0.06% (42 mcg/spray)	1	
XHANCE - fluticasone propionate nasal exhaler susp 93 mcg/act	3	PA, QL (2 bottles/30 days)
COUGH/COLD/ALLERGY		
acetylcysteine inhal soln 10%, 20%	1	
HYDROCODONE POLISTIREX/CH - hydrocod polst-chlorphen polst er susp 10-8 mg/5ml	3	
HYPERSAL - sodium chloride soln nebu 7%	3	

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Drug Name	Drug Tier	Requirements/Limits
NEBUSAL - sodium chloride soln nebu 3%	3	
PULMOSAL - sodium chloride soln nebu 7%	3	
SODIUM CHLORIDE - sodium chloride soln nebu 3%, 7%	3	
ANTIASTHMATIC and BRONCHODILATOR AGENTS		
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 45-21 mcg/act, 115-21 mcg/act, 230-21 mcg/act	2	QL (1 inhaler/30 days)
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	1	QL (2 inhalers/30 days)
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv)	1	QL (125 vials/30 days)
albuterol sulfate soln nebu 0.5% (5 mg/ml)	1	QL (120 vials/30 days)
albuterol sulfate soln nebu 0.5% (5 mg/ml)	1	QL (60 mls/30 days)
albuterol sulfate syrup 2 mg/5ml	1	
albuterol sulfate tab 2 mg, 4 mg	1	
ANORO ELLIPTA - umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act	2	QL (1 inhaler/30 days)
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 50 mcg/act, 100 mcg/act, 200 mcg/act	2	QL (30 blisters/30 days)
ASMANEX HFA - mometasone furoate inhal aerosol suspension 50 mcg/act, 100 mcg/act, 200 mcg/act	2	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 120 ME - mometasone furoate inhal powd 220 mcg/act (breath activated)	2	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 30 MET - mometasone furoate inhal powd 110 mcg/act (breath activated), 220 mcg/act (breath activated)	2	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 60 MET - mometasone furoate inhal powd 220 mcg/act (breath activated)	2	QL (1 inhaler/30 days)
ATROVENT HFA - ipratropium bromide hfa inhal aerosol 17 mcg/act	3	QL (2 inhalers/30 days)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 50-25 mcg/act	2	QL (1 inhaler/30 days)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act, 200-25 mcg/act	2	QL (60 blisters/30 days)
BREZTRI AEROSPHERE - budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act	2	QL (1 inhaler/30 days)
BREZTRI AEROSPHERE - budesonide-glycopyrrolate-formoterol aers 160-18-4.8 mcg/act	2	QL (1 inhaler/30 days)
budesonide inhalation susp 0.25 mg/2ml, 0.5 mg/2ml (Pulmicort)	1	QL (120 mls/30 days)
budesonide inhalation susp 1 mg/2ml (Pulmicort)	1	QL (240 mls/30 days)
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 160-4.5 mcg/act (Symbicort)	1	QL (3 inhalers/30 days)
COMBIVENT RESPIMAT - ipratropium-albuterol inhal aerosol soln 20-100 mcg/act	2	QL (2 inhalers/30 days)
cromolyn sodium soln nebu 20 mg/2ml	1	QL (240 mls/30 days)

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Drug Name	Drug Tier	Requirements/Limits
DULERA - mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act, 100-5 mcg/act, 200-5 mcg/act	2	QL (3 inhalers/30 days)
FASENRA PEN - benralizumab subcutaneous soln auto-injector 30 mg/ml	4	LD, PA, QL (1 pen/28 days)
FLUTICASONE PROPIONATE/SA - fluticasone-salmeterol aer powder ba 55-14 mcg/act, 113-14 mcg/act, 232-14 mcg/act	1	
fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act (Advair diskus)	1	QL (60 blisters/30 days)
INCRUSE ELLIPTA - umeclidinium br aero powd breath act 62.5 mcg/act (base eq)	2	QL (30 blisters/30 days)
ipratropium bromide hfa inhal aerosol 17 mcg/act (Atrovent hfa)	1	QL (2 inhalers/30 days)
ipratropium bromide inhal soln 0.02%	1	QL (150 vials/30 days)
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	1	QL (540 mls/30 days)
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	1	QL (90 vials/30 days)
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv)	1	QL (97 vials/30 days)
montelukast sodium chew tab 4 mg (base equiv), 5 mg (base equiv) (Singulair)	1	
montelukast sodium tab 10 mg (base equiv) (Singulair)	1	
NUCALA - mepolizumab subcutaneous solution auto-injector 100 mg/ml	4	LD, PA, QL (3 pens/28 days)
NUCALA - mepolizumab subcutaneous solution pref syringe 40 mg/0.4ml	4	LD, PA, QL (1 syringe/28 days)
NUCALA - mepolizumab subcutaneous solution pref syringe 100 mg/ml	4	LD, PA, QL (3 syringes/28 days)
QVAR REDIHALER - beclomethasone diprop hfa breath act inh aer 40 mcg/act	2	QL (1 inhaler/30 days)
QVAR REDIHALER - beclomethasone diprop hfa breath act inh aer 80 mcg/act	2	QL (2 inhalers/30 days)
roflumilast tab 250 mcg, 500 mcg (Daliresp)	1	
SEREVENT DISKUS - salmeterol xinafoate aer pow ba 50 mcg/act (base equiv)	2	QL (60 blisters/30 days)
SPIRIVA RESPIMAT - tiotropium bromide inhal aerosol 1.25 mcg/act, 2.5 mcg/act	2	QL (1 inhaler/30 days)
STIOLTO RESPIMAT - tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act	2	QL (1 inhaler/30 days)
STRIVERDI RESPIMAT - olodaterol hcl inhal aerosol soln 2.5 mcg/act (base equiv)	2	QL (1 inhaler/30 days)
terbutaline sulfate tab 2.5 mg, 5 mg	1	
TEZSPIRE - tezepelumab-ekko subcutaneous soln auto-inj 210 mg/1.91ml	4	LD, PA, QL (1 pen/28 days)
THEO-24 - theophylline cap er 24hr 100 mg, 200 mg, 300 mg	3	
theophylline elixir 80 mg/15ml	1	
theophylline soln 80 mg/15ml	1	

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Drug Name	Drug Tier	Requirements/Limits
theophylline tab er 12hr 300 mg, 450 mg	1	
theophylline tab er 24hr 400 mg, 600 mg	1	
TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/act, 200-62.5-25 mcg/act	2	QL (1 inhaler/30 days)
VENTOLIN HFA - albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	2	QL (2 inhalers/30 days)
XOLAIR - omalizumab subcutaneous soln auto-injector 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml	4	LD, PA
XOLAIR - omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml	4	LD, PA
zafirlukast tab 10 mg, 20 mg	1	
zileuton tab er 12hr 600 mg	1	
RESPIRATORY AGENTS - MISC.		
ALYFTREK - vanzacaftor-tezacaftor-deutivacaftor tab 4-20-50 mg	4	LD, PA, QL (84 tablets/28 days)
ALYFTREK - vanzacaftor-tezacaftor-deutivacaftor tab 10-50-125 mg	4	LD, PA, QL (56 tablets/28 days)
BRINSUPRI - brensocatib tab 10 mg, 25 mg	4	LD, PA, QL (30 tablets/30 days)
GLASSIA - alpha1-proteinase inhibitor (human) inj 1000 mg/50ml	4	LD, PA
GLASSIA - alpha1-proteinase inhibitor (human) iv soln 4 gm/200ml, 5 gm/250ml	4	LD, PA
JASCAYD - nerandomilast tab 9 mg, 18 mg	4	LD, PA, QL (60 tablets/30 days)
KALYDECO - ivacaftor tab 150 mg	4	LD, PA, QL (60 tablets/30 days)
KALYDECO - ivacaftor packet 5.8 mg, 13.4 mg, 25 mg, 50 mg, 75 mg	4	LD, PA, QL (60 packets/30 days)
nintedanib esylate cap 100 mg (base equivalent), 150 mg (base equivalent) (Ofev)	4	LD, PA, QL (60 capsules/30 days)
ORKAMBI - lumacaftor-ivacaftor tab 100-125 mg, 200-125 mg	4	LD, PA, QL (120 tablets/30 days)
ORKAMBI - lumacaftor-ivacaftor granules packet 75-94 mg, 100-125 mg, 150-188 mg	4	LD, PA, QL (60 packets/30 days)
PIRFENIDONE - pirfenidone tab 534 mg	4	LD, PA, QL (21 tablets/180 days)
pirfenidone cap 267 mg	4	LD, PA, QL (180 capsules/30 days)
pirfenidone tab 267 mg (Esbriet)	4	LD, PA, QL (180 tablets/30 days)
pirfenidone tab 801 mg (Esbriet)	4	LD, PA, QL (90 tablets/30 days)
PULMOZYME - dornase alfa inhal soln 2.5 mg/2.5ml	4	LD
SYMDEKO - tezacaftor-ivacaftor 50-75 mg & ivacaftor 75 mg tab tbpk	4	LD, PA, QL (56 tablets/28 days)
SYMDEKO - tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk	4	LD, PA, QL (56 tablets/28 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 80-40-60 mg& ivacaf 59.5mg thpk gran	4	LD, PA, QL (56 packets/28 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg& ivacaf 75mg thpk gran	4	LD, PA, QL (56 packets/28 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 50-25-37.5 mg & ivacaftor 75 mg tbpk	4	LD, PA, QL (84 tablets/28 days)

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Drug Name	Drug Tier	Requirements/Limits
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg &ivacaftor 150 mg tbpk	4	LD, PA, QL (84 tablets/28 days)
GASTROINTESTINAL AGENTS		
LAXATIVES		
CLENPIQ - sod picosulfate-mg ox-citric ac sol 10 mg-3.5 gm-12 gm/175ml	3	
GAVILYTE-C - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	3	
lactulose solution 10 gm/15ml	1	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Golytely)	1	AC
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm (Moviprep)	1	AC
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	1	AC
PEG-PREP - bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit	3	
SUTAB - sod sulfate-mg sulfate-pot chloride tab 1479-225-188 mg	3	
ANTIDIARRHEALS		
diphenoxylate w/ atropine tab 2.5-0.025 mg (Lomotil)	1	
ULCER DRUGS		
cimetidine hcl soln 300 mg/5ml	1	
dexlansoprazole cap delayed release 30 mg (Dexilant)	1	QL (60 capsules/30 days)
dexlansoprazole cap delayed release 60 mg (Dexilant)	1	QL (30 capsules/30 days)
dicyclomine hcl cap 10 mg	1	
dicyclomine hcl oral soln 10 mg/5ml	1	
dicyclomine hcl tab 20 mg	1	
esomeprazole magnesium cap delayed release 20 mg (base eq), 40 mg (base eq) (Nexium)	1	QL (60 capsules/30 days)
esomeprazole magnesium for delayed release susp packet 5 mg, 10 mg, 20 mg, 40 mg (Nexium)	1	PA, QL (60 packets/30 days)
esomeprazole magnesium for delayed release susp pack 2.5 mg (Nexium)	1	PA, QL (60 packets/30 days)
famotidine for susp 40 mg/5ml	1	
famotidine tab 20 mg, 40 mg (Pepcid)	1	
glycopyrrolate oral soln 1 mg/5ml (Cuvposa)	1	PA
glycopyrrolate tab 1 mg, 2 mg	1	
lansoprazole cap delayed release 15 mg	1	QL (60 capsules/30 days)
lansoprazole cap delayed release 30 mg (Prevacid)	1	QL (60 capsules/30 days)
methscopolamine bromide tab 2.5 mg, 5 mg	1	
misoprostol tab 100 mcg, 200 mcg (Cytotec)	1	
NIZATIDINE - nizatidine cap 300 mg	3	
nizatidine cap 150 mg	1	
omeprazole cap delayed release 10 mg, 20 mg, 40 mg	1	QL (60 capsules/30 days)

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Drug Name	Drug Tier	Requirements/Limits
pantoprazole sodium ec tab 20 mg (base equiv), 40 mg (base equiv) (Protonix)	1	QL (60 tablets/30 days)
rabeprazole sodium ec tab 20 mg (Aciphex)	1	QL (60 tablets/30 days)
sucralfate tab 1 gm (Carafate)	1	
ANTIEMETICS		
aprepitant capsule therapy pack 80 & 125 mg (Emend tripack)	1	QL (3 packs/30 days)
aprepitant capsule 40 mg	1	QL (2 capsules/30 days)
aprepitant capsule 80 mg (Emend bipack)	1	QL (6 capsules/30 days)
aprepitant capsule 125 mg	1	QL (3 capsules/30 days)
dronabinol cap 2.5 mg (Marinol)	1	
dronabinol cap 5 mg, 10 mg	1	
granisetron hcl tab 1 mg	1	
meclizine hcl tab 25 mg	1	
ondansetron hcl oral soln 4 mg/5ml	1	
ondansetron hcl tab 4 mg, 8 mg	1	
ondansetron orally disintegrating tab 4 mg, 8 mg	1	
scopolamine td patch 72hr 1 mg/3days (Transderm scop)	1	
trimethobenzamide hcl cap 300 mg	1	
VARUBI - rolapitant hcl tab therapy pack 2 x 90 mg (base equiv)	2	LD
DIGESTIVE AIDS		
CREON - pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit, 6000-19000-30000 unit, 12000-38000-60000 unit, 24000-76000-120000 unit, 36000-114000-180000 unit	2	PA
SUCRAID - sacrosidase soln 8500 unit/ml	4	LD, PA, QL (300 mls/30 days)
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit, 5000-17000-24000 unit, 10000-32000-42000 unit, 15000-47000-63000 unit, 20000-63000-84000 unit, 25000-79000-105000 unit, 40000-126000-168000 unit, 60000-189600-252600 unit	2	PA
GASTROINTESTINAL AGENTS- MISC.		
alosetron hcl tab 0.5 mg (base equiv), 1 mg (base equiv) (Lotronex)	1	QL (60 tablets/30 days)
balsalazide disodium cap 750 mg	1	
BYLVAY - odevixibat cap 400 mcg, 1200 mcg	4	LD, PA
BYLVAY (PELLETS) - odevixibat pellets cap sprinkle 200 mcg, 600 mcg	4	LD, PA
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	1	
calcium acetate (phosphate binder) tab 667 mg	1	
CIMZIA (1 SYRINGE) - certolizumab pegol prefilled syringe kit 200 mg/ml	4	LD, PA, QL (4 syringes/28 days)
CIMZIA (2 SYRINGE) - certolizumab pegol prefilled syringe kit 200 mg/ml	4	LD, PA, QL (4 syringes/28 days)

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Drug Name	Drug Tier	Requirements/Limits
CIMZIA STARTER KIT - certolizumab pegol prefilled syringe kit 200 mg/ml	4	LD, PA, QL (1 kit/180 days)
cromolyn sodium oral conc 100 mg/5ml (Gastrocrom)	1	
CTEXLI - chenodiol (basds) tab 250 mg	4	LD, PA, QL (90 tablets/30 days)
DIPENTUM - olsalazine sodium cap 250 mg	3	PA
ENTYVIO PEN - vedolizumab soln auto-injector 108 mg/0.68ml	4	LD, PA, QL (2 pens/28 days)
GATTEX - teduglutide (rdna) for inj kit 5 mg	4	LD, PA
IQIRVO - elafibranor tab 80 mg	4	LD, PA, QL (30 tablets/30 days)
lactulose (encephalopathy) solution 10 gm/15ml	1	
lanthanum carbonate chew tab 500 mg (elemental) (Fosrenol)	1	QL (270 tablets/30 days)
lanthanum carbonate chew tab 750 mg (elemental) (Fosrenol)	1	QL (180 tablets/30 days)
lanthanum carbonate chew tab 1000 mg (elemental) (Fosrenol)	1	QL (120 tablets/30 days)
LIVDELZI - seladelpar lysine cap 10 mg	4	LD, PA, QL (30 tablets/30 days)
LIVMARLI - maralixibat chloride tab 10 mg, 15 mg, 20 mg, 30 mg	4	LD, PA
LIVMARLI - maralixibat chloride oral soln 9.5 mg/ml, 19 mg/ml	4	LD, PA
mesalamine cap er 24hr 0.375 gm (Apriso)	1	
MESALAMINE DR - mesalamine cap dr 400 mg	3	QL (180 capsules/30 days)
mesalamine enema 4 gm	1	QL (1800 mls/30 days)
mesalamine suppos 1000 mg (Canasa)	1	QL (30 suppository/30 days)
mesalamine tab delayed release 800 mg	1	QL (180 tablets/30 days)
mesalamine tab delayed release 1.2 gm (Lialda)	1	QL (120 tablets/30 days)
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	1	
metoclopramide hcl tab 5 mg (base equivalent), 10 mg (base equivalent) (Reglan)	1	
MOVANTIK - naloxegol oxalate tab 12.5 mg (base equivalent), 25 mg (base equivalent)	2	QL (30 tablets/30 days)
OMVOH - mirikizumab-mrkz subcutaneous soln auto-injector 200 mg/2ml	4	LD, PA, QL (1 pen/28 days)
OMVOH - mirikizumab-mrkz subcutaneous auto-inj 100 mg/ml & 200mg/2ml	4	LD, QL (2 pens/28 days)
OMVOH - mirikizumab-mrkz subcutaneous sol prefill syringe 200 mg/2ml	4	LD, PA, QL (1 syringe/28 days)
OMVOH - mirikizumab-mrkz subcutaneous pref syr 100 mg/ml & 200mg/2ml	4	LD, PA, QL (2 syringes/28 days)
sevelamer carbonate tab 800 mg (Renvela)	1	QL (510 tablets/30 days)
SKYRIZI - risankizumab-rzaa subcutaneous soln cartridge 180 mg/1.2ml, 360 mg/2.4ml	4	LD, PA, QL (1 cartridge/56 days)
sulfasalazine tab delayed release 500 mg (Azulfidine en-tabs)	1	
sulfasalazine tab 500 mg (Azulfidine)	1	
SYMPROIC - naldemedine tosylate tab 0.2 mg (base equivalent)	2	QL (30 tablets/30 days)
TREMFYA - guselkumab soln prefilled syringe 200 mg/2ml	4	LD, PA, QL (1 syringe/28 days)
TREMFYA - guselkumab soln auto-injector 200 mg/2ml	4	LD, PA, QL (1 pen/28 days)

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Drug Name	Drug Tier	Requirements/Limits
TREMFYA INDUCTION PACK FO - guselkumab soln auto-injector 200 mg/2ml	4	LD, PA, QL (3 kits/180 days)
TRULANCE - plecanatide tab 3 mg	2	QL (30 tablets/30 days)
ursodiol cap 300 mg	1	
ursodiol tab 250 mg	1	
ursodiol tab 500 mg (Urso forte)	1	
VIBERZI - eluxadoline tab 75 mg, 100 mg	2	QL (60 tablets/30 days)
VOWST - fecal microbiota spores, live-brpk caps	4	LD, PA, QL (12 capsules/12 months)
ZYMFENTRA 1-PEN - infliximab-dyyb soln auto-injector kit 120 mg/ml	4	LD, PA, QL (2 pens/28 days)
ZYMFENTRA 2-PEN - infliximab-dyyb soln auto-injector kit 120 mg/ml	4	LD, PA, QL (2 pens/28 days)
ZYMFENTRA 2-SYRINGE - infliximab-dyyb soln prefilled syringe kit 120 mg/ml	4	LD, PA, QL (2 syringes/28 days)
GENITOURINARY AGENTS		
URINARY ANTISPASMODICS		
bethanechol chloride tab 5 mg, 10 mg, 25 mg, 50 mg	1	
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv), 15 mg (base equiv)	1	
flavoxate hcl tab 100 mg	1	
mirabegron granules for oral extended release susp 8 mg/ml (Myrbetriq)	1	
MYRBETRIQ - mirabegron granules for oral extended release susp 8 mg/ml	2	
MYRBETRIQ - mirabegron tab er 24 hr 25 mg, 50 mg	2	
oxybutynin chloride solution 5 mg/5ml	1	
oxybutynin chloride tab er 24hr 5 mg, 10 mg, 15 mg	1	
oxybutynin chloride tab 5 mg	1	
solifenacin succinate tab 5 mg, 10 mg (Vesicare)	1	
tolterodine tartrate cap er 24hr 2 mg, 4 mg	1	
tolterodine tartrate tab 1 mg, 2 mg	1	
trospium chloride tab 20 mg	1	
VAGINAL PRODUCTS		
clindamycin phosphate vaginal cream 2% (Cleocin)	1	
CLINDESSE - clindamycin phosphate (one dose) vaginal cream 2%	3	
ENCARE - nonoxynol-9 vaginal suppos 100 mg	2	AC
estradiol vaginal cream 0.01% (Estrace)	1	
estradiol vaginal tab 10 mcg (Vagifem)	1	
ESTRING - estradiol vaginal ring 2 mg (7.5 mcg/24hrs)	2	
GYNAZOLE-1 - butoconazole nitrate (one dose) vaginal cream 2%	3	
metronidazole vaginal gel 0.75%	1	

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Drug Name	Drug Tier	Requirements/Limits
MICONAZOLE 3 - miconazole nitrate vaginal suppos 200 mg	3	
OPTIONS GYNOL II VAGINAL - nonoxynol-9 gel 3%	2	AC
PHEXX - lactic acid-citric acid-potassium bitartrate gel 1.8-1-0.4%	3	AC
PREMARIN - estrogens, conjugated vaginal cream 0.625 mg/gm	3	
terconazole vaginal cream 0.4%, 0.8%	1	
terconazole vaginal suppos 80 mg	1	
TODAY SPONGE - nonoxynol-9 vaginal sponge 1000 mg	3	AC
VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 foam 12.5%	3	AC
VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 gel 4%	3	AC
VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 film 28%	3	AC
GENITOURINARY AGENTS - MISC.		
alfuzosin hcl tab er 24hr 10 mg (Uroxatral)	1	
CYSTAGON - cysteamine bitartrate cap 50 mg, 150 mg	4	LD
dutasteride cap 0.5 mg (Avodart)	1	
ELMIRON - pentosan polysulfate sodium caps 100 mg	3	
FILSPARI - sparsentan tab 200 mg	4	LD, PA, QL (30 tablets/30 days)
FILSPARI - sparsentan tab 400 mg	4	LD, PA, QL (60 tablets/30 days)
finasteride tab 5 mg (Proscar)	1	
K-PHOS NO 2 - potassium & sodium acid phosphates tab 305-700 mg	2	
LITHOSTAT - acetohydroxamic acid tab 250 mg	3	
potassium citrate tab er 5 meq (540 mg)	1	
potassium citrate tab er 10 meq (1080 mg) (Urocit-k 10)	1	
potassium citrate tab er 15 meq (1620 mg) (Urocit-k 15)	1	
silodosin cap 4 mg, 8 mg	1	
tamsulosin hcl cap 0.4 mg	1	
tiopronin tab 100 mg (Thiola)	4	LD
VANRAFIA - atrasentan hcl tab 0.75 mg	4	LD, PA
CENTRAL NERVOUS SYSTEM DRUGS		
ANTIANXIETY AGENTS		
alprazolam tab er 24hr 0.5 mg, 1 mg, 3 mg	1	
alprazolam tab er 24hr 2 mg (Xanax xr)	1	
alprazolam tab 0.25 mg, 0.5 mg, 1 mg, 2 mg (Xanax)	1	
buspirone hcl tab 5 mg, 10 mg, 15 mg, 30 mg	1	
chlordiazepoxide hcl cap 5 mg, 10 mg, 25 mg	1	
clorazepate dipotassium tab 3.75 mg, 7.5 mg, 15 mg	1	
diazepam conc 5 mg/ml	1	
diazepam oral soln 1 mg/ml	1	
diazepam tab 2 mg, 5 mg, 10 mg (Valium)	1	
hydroxyzine hcl syrup 10 mg/5ml	1	
hydroxyzine hcl tab 10 mg, 25 mg, 50 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
hydroxyzine pamoate cap 50 mg	1	
lorazepam conc 2 mg/ml	1	
lorazepam tab 0.5 mg, 1 mg, 2 mg (Ativan)	1	QL (150 tablets/30 days)
meprobamate tab 200 mg, 400 mg	1	
oxazepam cap 10 mg, 15 mg, 30 mg	1	
ANTIDEPRESSANTS		
amitriptyline hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg	1	
bupropion hcl tab er 12hr 100 mg, 150 mg, 200 mg (Wellbutrin sr)	1	
bupropion hcl tab er 24hr 150 mg, 300 mg (Wellbutrin xl)	1	
bupropion hcl tab 75 mg, 100 mg	1	
citalopram hydrobromide oral soln 10 mg/5ml	1	
citalopram hydrobromide tab 10 mg (base equiv), 20 mg (base equiv), 40 mg (base equiv) (Celexa)	1	
clomipramine hcl cap 25 mg, 50 mg, 75 mg (Anafranil)	1	
desipramine hcl tab 10 mg, 25 mg (Norpramin)	1	
desipramine hcl tab 50 mg, 75 mg, 100 mg, 150 mg	1	
desvenlafaxine succinate tab er 24hr 25 mg (base equiv), 50 mg (base equiv) (Pristiq)	1	QL (60 tablets/30 days)
desvenlafaxine succinate tab er 24hr 100 mg (base equiv) (Pristiq)	1	QL (120 tablets/30 days)
DOXEPIN HCL - doxepin hcl conc 10 mg/ml	3	
doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 mg	1	
DOXEPIN HYDROCHLORIDE - doxepin hcl cap 150 mg	1	
duloxetine hcl enteric coated pellets cap 20 mg (base eq)	1	QL (180 capsules/30 days)
duloxetine hcl enteric coated pellets cap 30 mg (base eq)	1	QL (120 capsules/30 days)
duloxetine hcl enteric coated pellets cap 60 mg (base eq)	1	QL (60 capsules/30 days)
escitalopram oxalate soln 5 mg/5ml (base equiv)	1	
escitalopram oxalate tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv) (Lexapro)	1	
FETZIMA - levomilnacipran hcl cap er 24hr 20 mg (base equivalent), 40 mg (base equivalent), 80 mg (base equivalent), 120 mg (base equivalent)	3	ST
FETZIMA TITRATION PACK - levomilnacipran hcl cap er 24hr 20 & 40 mg therapy pack	3	ST
fluoxetine hcl cap 10 mg, 20 mg, 40 mg	1	
fluoxetine hcl solution 20 mg/5ml	1	
fluoxetine hcl tab 10 mg, 20 mg	1	
fluvoxamine maleate tab 25 mg, 50 mg, 100 mg	1	
imipramine hcl tab 10 mg, 25 mg, 50 mg	1	
MARPLAN - isocarboxazid tab 10 mg	3	

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Drug Name	Drug Tier	Requirements/Limits
mirtazapine orally disintegrating tab 15 mg, 30 mg, 45 mg (Remeron soltab)	1	
mirtazapine tab 15 mg, 30 mg (Remeron)	1	
mirtazapine tab 45 mg	1	
nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg (Pamelor)	1	
nortriptyline hcl soln 10 mg/5ml	1	
paroxetine hcl tab 10 mg, 20 mg, 30 mg, 40 mg (Paxil)	1	
PHENELZINE SULFATE - phenelzine sulfate tab 15 mg	3	
sertraline hcl oral concentrate for solution 20 mg/ml (Zoloft)	1	
sertraline hcl tab 25 mg, 50 mg, 100 mg (Zoloft)	1	
tranylcypromine sulfate tab 10 mg (Parnate)	1	
trazodone hcl tab 50 mg, 100 mg, 150 mg	1	
trimipramine maleate cap 25 mg, 50 mg, 100 mg	1	
TRINTELLIX - vortioxetine hbr tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv)	3	ST
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent), 75 mg (base equivalent), 150 mg (base equivalent) (Effexor xr)	1	
venlafaxine hcl tab 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent), 75 mg (base equivalent), 100 mg (base equivalent)	1	
vilazodone hcl tab 10 mg, 20 mg, 40 mg (Viibryd)	1	
ZURZUVAE - zuranolone cap 20 mg, 25 mg	2	QL (28 capsules/365 days)
ZURZUVAE - zuranolone cap 30 mg	2	QL (14 capsules/365 days)
ANTIPSYCHOTICS		
aripiprazole oral solution 1 mg/ml	1	QL (900 mls/30 days)
aripiprazole tab 2 mg, 5 mg (Abilify)	1	QL (60 tablets/30 days)
aripiprazole tab 10 mg, 15 mg, 20 mg, 30 mg (Abilify)	1	QL (30 tablets/30 days)
asenapine maleate sl tab 2.5 mg (base equiv), 5 mg (base equiv), 10 mg (base equiv) (Saphris)	1	QL (60 tablets/30 days)
clozapine tab 25 mg, 100 mg (Clozaril)	1	QL (90 tablets/30 days)
clozapine tab 50 mg	1	QL (90 tablets/30 days)
clozapine tab 200 mg	1	QL (120 tablets/30 days)
FANAPT - iloperidone tab 1 mg, 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg	3	QL (60 tablets/30 days), ST
FANAPT TITRATION PACK A - iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak	3	QL (1 pack/180 days), ST
FANAPT TITRATION PACK B - iloperidone tab 1 mg & 2 mg & 6 mg & 8 mg titration pak	3	QL (1 pack/180 days), ST
FANAPT TITRATION PACK C - iloperidone tab 1 mg & 2 mg & 6 mg titration pak	3	QL (1 pack/180 days), ST
FLUPHENAZINE HCL - fluphenazine hcl oral conc 5 mg/ml	3	
fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
FLUPHENAZINE HYDROCHLORID - fluphenazine hcl elixir 2.5 mg/5ml	3	
haloperidol lactate oral conc 2 mg/ml	1	
haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg, 20 mg	1	
LITHIUM CARBONATE - lithium carbonate cap 150 mg, 300 mg, 600 mg	3	
lithium carbonate cap 150 mg, 300 mg, 600 mg (Lithium carbonate)	1	
lithium carbonate tab er 300 mg (Lithobid)	1	
lithium carbonate tab er 450 mg	1	
lithium carbonate tab 300 mg	1	
lithium oral solution 8 meq/5ml	1	
loxapine succinate cap 5 mg, 10 mg, 25 mg, 50 mg	1	
lurasidone hcl tab 20 mg, 40 mg, 60 mg, 120 mg (Latuda)	1	QL (30 tablets/30 days)
lurasidone hcl tab 80 mg (Latuda)	1	QL (60 tablets/30 days)
MOLINDONE HYDROCHLORIDE - molindone hcl tab 5 mg, 10 mg	3	
olanzapine tab 2.5 mg, 5 mg (Zyprexa)	1	QL (60 tablets/30 days)
olanzapine tab 7.5 mg, 10 mg	1	QL (60 tablets/30 days)
olanzapine tab 15 mg	1	QL (30 tablets/30 days)
olanzapine tab 20 mg (Zyprexa)	1	QL (30 tablets/30 days)
paliperidone tab er 24hr 1.5 mg	1	QL (30 tablets/30 days)
paliperidone tab er 24hr 3 mg, 9 mg (Invega)	1	QL (30 tablets/30 days)
paliperidone tab er 24hr 6 mg (Invega)	1	QL (60 tablets/30 days)
perphenazine tab 2 mg, 4 mg, 8 mg, 16 mg	1	
prochlorperazine maleate tab 5 mg (base equivalent), 10 mg (base equivalent)	1	
prochlorperazine suppos 25 mg	1	
quetiapine fumarate tab er 24hr 50 mg, 300 mg, 400 mg (Seroquel xr)	1	QL (60 tablets/30 days)
quetiapine fumarate tab er 24hr 150 mg, 200 mg (Seroquel xr)	1	QL (30 tablets/30 days)
quetiapine fumarate tab 25 mg, 50 mg (Seroquel)	1	QL (180 tablets/30 days)
quetiapine fumarate tab 100 mg (Seroquel)	1	QL (120 tablets/30 days)
quetiapine fumarate tab 200 mg (Seroquel)	1	QL (90 tablets/30 days)
quetiapine fumarate tab 300 mg, 400 mg (Seroquel)	1	QL (60 tablets/30 days)
REXULTI - brexpiprazole tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	2	QL (30 tablets/30 days)
risperidone soln 1 mg/ml (Risperdal)	1	QL (480 mls/30 days)
risperidone tab 0.25 mg	1	QL (120 tablets/30 days)
risperidone tab 0.5 mg, 1 mg, 2 mg, 4 mg (Risperdal)	1	QL (120 tablets/30 days)
risperidone tab 3 mg (Risperdal)	1	QL (60 tablets/30 days)
thiothixene cap 1 mg, 2 mg, 5 mg, 10 mg	1	
trifluoperazine hcl tab 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)	1	

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Drug Name	Drug Tier	Requirements/Limits
VRAYLAR - cariprazine hcl cap 0.5 mg (base equivalent), 0.75 mg (base equivalent), 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent)	2	QL (30 capsules/30 days)
ziprasidone hcl cap 20 mg, 40 mg, 60 mg, 80 mg (Geodon)	1	QL (60 capsules/30 days)
HYPNOTICS		
doxepin hcl (sleep) tab 3 mg (base equiv), 6 mg (base equiv) (Silenor)	1	QL (30 tablets/30 days)
estazolam tab 1 mg, 2 mg	1	
eszopiclone tab 1 mg, 2 mg, 3 mg (Lunesta)	1	QL (30 tablets/30 days)
FLURAZEPAM HYDROCHLORIDE - flurazepam hcl cap 15 mg, 30 mg	3	
HETLIOZ LQ - tasimelteon oral susp 4 mg/ml	4	LD, PA, QL (158 mls/30 days)
PHENOBARBITAL - phenobarbital tab 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg, 100 mg	3	
PHENOBARBITAL - phenobarbital elixir 20 mg/5ml	3	
tasimelteon capsule 20 mg (Hetlioz)	4	LD, PA, QL (30 capsules/30 days)
temazepam cap 15 mg, 30 mg (Restoril)	1	
zaleplon cap 5 mg, 10 mg	1	QL (30 capsules/30 days)
zolpidem tartrate tab er 6.25 mg, 12.5 mg (Ambien cr)	1	QL (30 tablets/30 days)
zolpidem tartrate tab 5 mg, 10 mg (Ambien)	1	QL (30 tablets/30 days)
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
amphetamine-dextroamphetamine cap er 24hr 5 mg (Adderall xr)	1	QL (60 capsule/30 days)
amphetamine-dextroamphetamine cap er 24hr 10 mg, 15 mg, 20 mg (Adderall xr)	1	QL (60 capsules/30 days)
amphetamine-dextroamphetamine cap er 24hr 25 mg, 30 mg (Adderall xr)	1	QL (30 capsules/30 days)
amphetamine-dextroamphetamine tab 5 mg, 10 mg (Adderall)	1	QL (180 tablets/30 days)
amphetamine-dextroamphetamine tab 7.5 mg, 20 mg (Adderall)	1	QL (90 tablets/30 days)
amphetamine-dextroamphetamine tab 12.5 mg, 15 mg (Adderall)	1	QL (120 tablets/30 days)
amphetamine-dextroamphetamine tab 30 mg (Adderall)	1	QL (60 tablets/30 days)
armodafinil tab 50 mg, 150 mg, 200 mg, 250 mg (Nuvigil)	1	
atomoxetine hcl cap 10 mg (base equiv), 40 mg (base equiv)	1	QL (60 capsules/30 days)
atomoxetine hcl cap 18 mg (base equiv), 25 mg (base equiv)	1	QL (120 capsules/30 days)
atomoxetine hcl cap 60 mg (base equiv), 80 mg (base equiv), 100 mg (base equiv)	1	QL (30 capsules/30 days)
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	1	
clonidine hcl tab er 12hr 0.1 mg	1	QL (120 tablets/30 days)
dexmethylphenidate hcl cap er 24 hr 5 mg, 10 mg, 15 mg, 20 mg (Focalin xr)	1	QL (60 capsules/30 days)
dexmethylphenidate hcl cap er 24 hr 25 mg, 30 mg, 35 mg, 40 mg (Focalin xr)	1	QL (30 capsules/30 days)

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Drug Name	Drug Tier	Requirements/Limits
dexmethylphenidate hcl tab 2.5 mg (Focalin)	1	QL (240 tablets/30 days)
dexmethylphenidate hcl tab 5 mg (Focalin)	1	QL (120 tablets/30 days)
dexmethylphenidate hcl tab 10 mg (Focalin)	1	QL (60 tablets/30 days)
dextroamphetamine sulfate cap er 24hr 5 mg	1	QL (90 capsules/30 days)
dextroamphetamine sulfate cap er 24hr 10 mg, 15 mg (Dexedrine)	1	QL (120 capsules/30 days)
dextroamphetamine sulfate oral solution 5 mg/5ml	1	QL (1800 mls/30 days)
dextroamphetamine sulfate tab 5 mg	1	QL (360 tablets/30 days)
dextroamphetamine sulfate tab 10 mg	1	QL (180 tablets/30 days)
guanfacine hcl tab er 24hr 1 mg (base equiv), 4 mg (base equiv) (Intuniv)	1	QL (30 tablets/30 days)
guanfacine hcl tab er 24hr 2 mg (base equiv) (Intuniv)	1	QL (90 tablets/30 days)
guanfacine hcl tab er 24hr 3 mg (base equiv) (Intuniv)	1	QL (60 tablets/30 days)
lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg (Vyvanse)	1	QL (30 capsules/30 days)
lisdexamfetamine dimesylate chew tab 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg (Vyvanse)	1	QL (30 tablets/30 days)
methamphetamine hcl tab 5 mg	1	QL (150 tablets/30 days)
methylphenidate hcl cap er 10 mg (cd), 20 mg (cd), 30 mg (cd) (Metadate cd)	1	QL (60 capsules/30 days)
methylphenidate hcl cap er 40 mg (cd), 50 mg (cd), 60 mg (cd) (Metadate cd)	1	QL (30 capsules/30 days)
methylphenidate hcl cap er 24hr 10 mg (la), 40 mg (la) (Ritalin la)	1	QL (30 capsules/30 days)
methylphenidate hcl cap er 24hr 20 mg (la)	1	QL (90 capsules/30 days)
methylphenidate hcl cap er 24hr 30 mg (la) (Ritalin la)	1	QL (60 capsules/30 days)
methylphenidate hcl soln 5 mg/5ml (Methylin)	1	QL (450 mls/30 days)
methylphenidate hcl soln 10 mg/5ml (Methylin)	1	QL (900 mls/30 days)
methylphenidate hcl tab er osmotic release (osm) 18 mg, 27 mg, 36 mg (Concerta)	1	QL (60 tablets/30 days)
methylphenidate hcl tab er osmotic release (osm) 54 mg (Concerta)	1	QL (30 tablets/30 days)
methylphenidate hcl tab er 10 mg, 20 mg	1	QL (90 tablets/30 days)
methylphenidate hcl tab 5 mg (Ritalin)	1	QL (360 tablets/30 days)
methylphenidate hcl tab 10 mg (Ritalin)	1	QL (180 tablets/30 days)
methylphenidate hcl tab 20 mg (Ritalin)	1	QL (90 tablets/30 days)
METHYLPHENIDATE HYDROCHLO - methylphenidate hcl tab er 24hr 18 mg, 27 mg, 54 mg	3	QL (30 tablets/30 days)
METHYLPHENIDATE HYDROCHLO - methylphenidate hcl tab er 24hr 36 mg	3	QL (60 tablets/30 days)
modafinil tab 100 mg, 200 mg (Provigil)	1	
SUNOSI - solriamfetol hcl tab 75 mg (base equiv), 150 mg (base equiv)	2	PA, QL (30 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
WAKIX - pitolisant hcl tab 4.45 mg (base equivalent), 17.8 mg (base equivalent)	4	LD, PA, QL (60 tablets/30 days)
PSYCHOTHERAPEUTIC and NEUROLOGICAL AGENTS - MISC.		
acamprosate calcium tab delayed release 333 mg	1	
AQNEURSA - levacetylleucine for susp packet 1 gm	4	LD, PA, QL (120 packets/30 days)
AVONEX - interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml	4	LD, PA, QL (1 kit/28 days)
AVONEX PEN - interferon beta-1a im auto-injector kit 30 mcg/0.5ml	4	LD, PA, QL (1 kit/28 days)
BETASERON - interferon beta-1b for inj kit 0.3 mg	4	LD, PA, QL (15 vials/28 days)
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	1	AC
CHLORDIAZEPOXIDE/AMITRIPT - chlordiazepoxide-amitriptyline tab 5-12.5 mg, 10-25 mg	3	
cladribine tab therapy pack 10 mg (4 tabs), 10 mg (8 tabs) (Mavenclad)	4	LD, PA, QL (8 tablets/301 days)
cladribine tab therapy pack 10 mg (5 tabs) (Mavenclad)	4	LD, PA, QL (10 tablets/301 days)
cladribine tab therapy pack 10 mg (6 tabs) (Mavenclad)	4	LD, PA, QL (12 tablets/301 days)
cladribine tab therapy pack 10 mg (7 tabs) (Mavenclad)	4	LD, PA, QL (14 tablets/301 days)
cladribine tab therapy pack 10 mg (9 tabs) (Mavenclad)	4	LD, PA, QL (9 tablets/301 days)
cladribine tab therapy pack 10 mg (10 tabs) (Mavenclad)	4	LD, PA, QL (20 tablets/301 days)
dalfampridine tab er 12hr 10 mg (Ampyra)	4	LD
dimethyl fumarate capsule delayed release 120 mg (Tecfidera)	1	QL (56 capsules/180 days)
dimethyl fumarate capsule delayed release 240 mg (Tecfidera)	1	QL (60 capsules/30 days)
disulfiram tab 250 mg, 500 mg	1	
donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg	1	
donepezil hydrochloride tab 5 mg, 10 mg, 23 mg (Aricept)	1	
fingolimod hcl cap 0.5 mg (base equiv) (Gilenya)	4	LD, QL (30 capsules/30 days)
galantamine hydrobromide cap er 24hr 8 mg, 16 mg, 24 mg	1	
galantamine hydrobromide tab 4 mg, 8 mg, 12 mg	1	
GILENYA - fingolimod hcl cap 0.25 mg (base equiv)	4	LD, PA, QL (30 capsules/30 days)
glatiramer acetate soln prefilled syringe 20 mg/ml (Copaxone)	4	LD, QL (30 syringes/30 days)
glatiramer acetate soln prefilled syringe 40 mg/ml (Copaxone)	4	LD, QL (12 syringes/28 days)
INGREZZA - valbenazine tosylate cap therapy pack 40 mg (7) & 80 mg (21)	4	LD, PA, QL (28 capsules/180 days)
INGREZZA - valbenazine tosylate cap 40 mg (base equiv)	4	LD, PA, QL (60 capsules/30 days)
INGREZZA - valbenazine tosylate cap 60 mg (base equiv), 80 mg (base equiv)	4	LD, PA, QL (30 capsules/30 days)
INGREZZA - valbenazine tosylate capsule sprinkle 40 mg (base equiv), 60 mg (base equiv), 80 mg (base equiv)	4	LD, PA, QL (30 capsules/30 days)
KESIMPTA - ofatumumab soln auto-injector 20 mg/0.4ml	4	LD, PA, QL (1 pen/28 days)
LEQEMBI IQLIK - lecanemab-irmb soln auto-inj 2 x 250 mg/1.25ml (500 mg dose)	4	LD, PA, QL (8 pens/28 days)
LEQEMBI IQLIK - lecanemab-irmb soln auto-inj 360 mg/1.8ml	4	LD, PA, QL (4 pens/28 days)
LUMRYZ - sodium oxybate pack for oral er susp 4.5 gm, 6 gm, 7.5 gm, 9 gm	4	LD, PA, QL (30 packets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
LUMRYZ STARTER PACK - sodium oxybate pack for er susp 4.5 & 6 & 7.5 gm starter pak	4	LD, PA, QL (28 packets/180 days)
MAYZENT - siponimod fumarate tab 0.25 mg (base equiv)	4	LD, PA, QL (120 tablets/30 days)
MAYZENT - siponimod fumarate tab 1 mg (base equiv), 2 mg (base equiv)	4	LD, PA, QL (30 tablets/30 days)
MAYZENT STARTER PACK - siponimod fumarate tab 0.25 mg (7) starter pack	4	LD, PA, QL (7 tablets/180 days)
MAYZENT STARTER PACK - siponimod fumarate tab 0.25 mg (12) starter pack	4	LD, PA, QL (12 tablets/180 days)
memantine hcl tab 5 mg, 10 mg	1	
MEMANTINE HCL TITRATION P - memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	3	
milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak (Savella titration pa)	1	QL (1 pack/180 days)
milnacipran hcl tab 12.5 mg, 25 mg, 50 mg, 100 mg (Savella)	1	QL (60 tablets/30 days)
nicotine polacrilex gum 2 mg, 4 mg	1	AC
nicotine polacrilex lozenge 2 mg, 4 mg	1	AC
nicotine td patch 24hr 7 mg/24hr, 14 mg/24hr, 21 mg/24hr	1	AC
NICOTINE TRANSDERMAL SYST - nicotine td patch 24 hr kit 21-14-7 mg/24hr	2	AC
NICOTROL NS - nicotine nasal spray 10 mg/ml (0.5 mg/spray)	2	AC
PERPHENAZINE/AMITRIPTYLIN - perphenazine-amitriptyline tab 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	3	
pimozide tab 1 mg, 2 mg	1	
PLEGRIDY - peginterferon beta-1a soln auto-injector 125 mcg/0.5ml	4	LD, PA, QL (2 pens/28 days)
PLEGRIDY - peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml	4	LD, PA, QL (2 syringes/28 days)
PLEGRIDY - peginterferon beta-1a im soln prefilled syr 125 mcg/0.5ml	4	LD, PA, QL (2 syringes/28 days)
PLEGRIDY STARTER PACK - peginterferon beta-1a soln auto-inj 63 & 94 mcg/0.5ml pack	4	LD, PA, QL (1 kit/180 days)
PLEGRIDY STARTER PACK - peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack	4	LD, PA, QL (1 kit/180 days)
REBIF - interferon beta-1a soln pref syr 22 mcg/0.5ml, 44 mcg/0.5ml	4	LD, PA, QL (12 syringes/28 days)
REBIF REBIDOSE - interferon beta-1a soln auto-inj 22 mcg/0.5ml, 44 mcg/0.5ml	4	LD, PA, QL (12 syringes/28 days)
REBIF REBIDOSE TITRATION - interferon beta-1a auto-inj 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	4	LD, PA, QL (1 kit/180 days)
REBIF TITRATION PACK - interferon beta-1a pref syr 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	4	LD, PA, QL (1 kit/180 days)
rivastigmine tartrate cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent)	1	
rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr (Exelon)	1	

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Drug Name	Drug Tier	Requirements/Limits
sodium oxybate oral solution 500 mg/ml (Xyrem)	4	LD, PA, QL (540 mls/30 days)
teriflunomide tab 7 mg, 14 mg (Aubagio)	1	QL (30 tablets/30 days)
tetrabenazine tab 12.5 mg (Xenazine)	4	LD, PA, QL (240 tablets/30 days)
tetrabenazine tab 25 mg (Xenazine)	4	LD, PA, QL (120 tablets/30 days)
varenicline tartrate tab 0.5 mg (base equiv), 1 mg (base equiv) (Chantix)	1	AC
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack (Chantix starting mon)	1	AC
VUMERITY - diroximel fumarate capsule delayed release 231 mg	4	LD, PA, QL (120 capsules/30 days)
WAINUA - eplontersen sodium subcutaneous soln auto-inj 45 mg/0.8ml	4	LD, PA, QL (1 pen/28 days)
XYWAV - calcium, mag, potassium, & sod oxybates oral soln 500 mg/ml	4	LD, PA, QL (540 mls/30 days)
ZEPOSIA - ozanimod hcl cap 0.92 mg	4	LD, PA, QL (30 capsules/30 days)
ZEPOSIA STARTER KIT - ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg & 21 x 0.92 mg	4	LD, PA, QL (28 capsules/180 days)
ZEPOSIA 7-DAY STARTER PAC - ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg	4	LD, PA, QL (7 capsules/180 days)
ANALGESICS AND ANESTHETICS		
ANALGESICS - NON-NARCOTIC		
aspirin chew tab 81 mg	1	AC
aspirin tab delayed release 81 mg	1	AC
butalbital-acetaminophen tab 50-325 mg	1	
butalbital-acetaminophen-caffeine tab 50-325-40 mg	1	
butalbital-aspirin-caffeine cap 50-325-40 mg	1	
diflunisal tab 500 mg	1	
ANALGESICS - NARCOTIC		
acetaminophen w/ codeine tab 300-15 mg, 300-30 mg, 300-60 mg	1	
ACETAMINOPHEN/CODEINE - acetaminophen w/ codeine soln 120-12 mg/5ml	3	
BELBUCA - buprenorphine hcl buccal film 75 mcg (base equivalent), 150 mcg (base equivalent), 300 mcg (base equivalent), 450 mcg (base equivalent), 600 mcg (base equivalent), 750 mcg (base equivalent), 900 mcg (base equivalent)	2	QL (60 films/30 days)
buprenorphine hcl sl tab 2 mg (base equiv), 8 mg (base equiv)	1	
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv), 4-1 mg (base equiv), 8-2 mg (base equiv), 12-3 mg (base equiv) (Suboxone)	1	
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv), 8-2 mg (base equiv)	1	
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	1	
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
codeine sulfate tab 30 mg (Codeine sulfate)	1	
fentanyl td patch 72hr 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr	1	QL (15 patches/30 days)
HYDROCODONE BITARTRATE ER - hydrocodone bitartrate cap er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg	3	QL (60 capsules/30 days)
HYDROCODONE BITARTRATE/AC - hydrocodone-acetaminophen tab 2.5-325 mg	2	
HYDROCODONE BITARTRATE/AC - hydrocodone-acetaminophen soln 10-300 mg/15ml	3	
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	1	
hydrocodone-acetaminophen tab 10-325 mg, 5-325 mg, 7.5-325 mg	1	
hydrocodone-ibuprofen tab 7.5-200 mg	1	
HYDROCODONE/IBUPROFEN - hydrocodone-ibuprofen tab 5-200 mg	3	
hydromorphone hcl liqd 1 mg/ml (Dilaudid)	1	
hydromorphone hcl tab er 24hr 8 mg, 12 mg, 16 mg, 32 mg	1	QL (30 tablets/30 days)
hydromorphone hcl tab 2 mg, 4 mg, 8 mg (Dilaudid)	1	
methadone hcl conc 10 mg/ml (Methadose)	1	
methadone hcl soln 5 mg/5ml (Methadone hcl)	1	
methadone hcl soln 10 mg/5ml (Methadone hydrochlor)	1	
methadone hcl tab for oral susp 40 mg (Diskets)	1	
methadone hcl tab 5 mg, 10 mg	1	
MORPHINE SULFATE - morphine sulfate tab 15 mg, 30 mg	2	
MORPHINE SULFATE - morphine sulfate oral soln 10 mg/5ml, 20 mg/5ml	2	
morphine sulfate oral soln 10 mg/5ml, 20 mg/5ml, 100 mg/5ml (20 mg/ml) (Morphine sulfate)	1	
morphine sulfate tab er 15 mg, 30 mg, 60 mg (Ms contin)	1	QL (90 tablets/30 days)
morphine sulfate tab er 100 mg, 200 mg	1	QL (90 tablets/30 days)
morphine sulfate tab 15 mg, 30 mg (Morphine sulfate)	1	
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	1	
oxycodone hcl soln 5 mg/5ml	1	
oxycodone hcl tab 5 mg, 10 mg, 20 mg	1	
oxycodone hcl tab 15 mg, 30 mg (Roxicodone)	1	
oxycodone w/ acetaminophen tab 2.5-325 mg	1	
oxycodone w/ acetaminophen tab 5-325 mg, 7.5-325 mg, 10-325 mg (Percocet)	1	
oxymorphone hcl tab 5 mg, 10 mg	1	
OXYMORPHONE HYDROCHLORIDE - oxymorphone hcl tab er 12hr 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg, 30 mg, 40 mg	3	QL (60 tablets/30 days)
tramadol hcl tab er 24hr 100 mg, 200 mg, 300 mg	1	QL (30 tablets/30 days)
tramadol hcl tab 50 mg	1	QL (240 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
tramadol-acetaminophen tab 37.5-325 mg	1	
XTAMPZA ER - oxycodone cap er 12hr abuse-deterrent 9 mg, 13.5 mg, 18 mg, 27 mg, 36 mg	2	QL (240 capsules/30 days)
ANALGESICS - ANTI-INFLAMMATORY		
ADALIMUMAB-AATY CD/UC/HS - adalimumab-aaty auto-injector kit 80 mg/0.8ml	4	LD, PA, QL (1 kit/180 days)
ADALIMUMAB-AATY 1-PEN KIT - adalimumab-aaty auto-injector kit 40 mg/0.4ml, 80 mg/0.8ml	4	LD, PA, QL (2 pens/28 days)
ADALIMUMAB-AATY 2-PEN KIT - adalimumab-aaty auto-injector kit 40 mg/0.4ml	4	LD, PA, QL (2 pens/28 days)
ADALIMUMAB-AATY 2-SYRINGE - adalimumab-aaty prefilled syringe kit 20 mg/0.2ml, 40 mg/0.4ml	4	LD, PA, QL (2 syringes/28 days)
ADALIMUMAB-ADBM - adalimumab-adbm prefilled syringe kit 40 mg/0.4ml, 40 mg/0.8ml	4	LD, PA, QL (2 syringes/28 days)
ADALIMUMAB-ADBM - adalimumab-adbm auto-injector kit 40 mg/0.4ml	4	LD, PA, QL (2 pens/28 days)
ADALIMUMAB-ADBM - adalimumab-adbm auto-injector kit 40 mg/0.8ml	4	LD, PA, QL (1 kit/28 days)
ARCALYST - rilonacept for inj 220 mg	4	LD, PA, QL (8 vials/28 days)
AVTOZMA - tocilizumab-anoh subcutaneous soln auto-inj 162 mg/0.9ml	4	LD, PA, QL (4 pens/28 days)
AVTOZMA - tocilizumab-anoh subcutaneous soln pref syr 162 mg/0.9ml	4	LD, PA, QL (4 syringes/28 days)
celecoxib cap 50 mg, 100 mg, 200 mg (Celebrex)	1	QL (60 capsules/30 days)
celecoxib cap 400 mg (Celebrex)	1	QL (30 capsules/30 days)
diclofenac potassium tab 50 mg	1	
diclofenac sodium tab delayed release 25 mg, 50 mg, 75 mg	1	
diclofenac w/ misoprostol tab delayed release 50-0.2 mg (Arthrotec 50)	1	
diclofenac w/ misoprostol tab delayed release 75-0.2 mg (Arthrotec 75)	1	
ENBREL - etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml, 50 mg/ml	4	LD, PA, QL (4 syringes/28 days)
ENBREL - etanercept subcutaneous inj 25 mg/0.5ml	4	LD, PA, QL (8 vials/28 days)
ENBREL MINI - etanercept subcutaneous solution cartridge 50 mg/ml	4	LD, PA, QL (4 cartridges/28 days)
ENBREL SURECLICK - etanercept subcutaneous solution auto-injector 50 mg/ml	4	LD, PA, QL (4 pens/28 days)
etodolac cap 200 mg, 300 mg	1	
etodolac tab 400 mg (Lodine)	1	
etodolac tab 500 mg	1	
FLURBIPROFEN - flurbiprofen tab 50 mg	3	
ibuprofen tab 400 mg, 600 mg, 800 mg	1	
indomethacin cap er 75 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
indomethacin cap 25 mg, 50 mg	1	
ketorolac tromethamine tab 10 mg	1	QL (20 tablets/30 days)
KEVZARA - sarilumab subcutaneous solution auto-injector 150 mg/1.14ml, 200 mg/1.14ml	4	LD, PA, QL (2 pens/28 days)
KEVZARA - sarilumab subcutaneous soln prefilled syringe 200 mg/1.14ml	4	LD, PA, QL (2 syringes/28 days)
leflunomide tab 10 mg, 20 mg (Arava)	1	
MECLOFENAMATE SODIUM - meclofenamate sodium cap 50 mg, 100 mg	3	
mefenamic acid cap 250 mg	1	PA, QL (120 capsules/30 days)
meloxicam tab 7.5 mg, 15 mg	1	
nabumetone tab 500 mg, 750 mg	1	
naproxen sodium tab 550 mg	1	
naproxen tab 250 mg, 375 mg, 500 mg	1	
OLUMIANT - baricitinib tab 1 mg, 2 mg, 4 mg	4	LD, PA, QL (30 tablets/30 days)
ORENCIA - abatacept subcutaneous soln prefilled syringe 50 mg/0.4ml, 87.5 mg/0.7ml, 125 mg/ml	4	LD, PA, QL (4 syringes/28 days)
ORENCIA CLICKJECT - abatacept subcutaneous soln auto-injector 125 mg/ml	4	LD, PA, QL (4 syringes/28 days)
OTEZLA - apremilast tab 20 mg, 30 mg	4	LD, PA, QL (60 tablets/30 days)
OTEZLA - apremilast tab starter therapy pack 4 x 10 mg & 51 x 20 mg	4	LD, PA, QL (1 pack/180 days)
OTEZLA - apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg	4	LD, PA, QL (1 kit/180 days)
OTEZLA XR - apremilast tab er 24hr 75 mg	4	LD, PA, QL (30 tablets/30 days)
OTEZLA/OTEZLA XR 28 DAY T - apremilast tab start pack 10 mg & 20 mg & 30 mg & (er) 75 mg	4	LD, PA, QL (1 pack/180 days)
oxaprozin tab 600 mg	1	
piroxicam cap 10 mg, 20 mg	1	
RASUVO - methotrexate soln pf auto-injector 7.5 mg/0.15ml, 10 mg/0.2ml, 12.5 mg/0.25ml, 15 mg/0.3ml, 17.5 mg/0.35ml, 20 mg/0.4ml, 22.5 mg/0.45ml, 25 mg/0.5ml, 30 mg/0.6ml	2	
RINVOQ - upadacitinib tab er 24hr 15 mg, 30 mg	4	LD, PA, QL (30 tablets/30 days)
RINVOQ - upadacitinib tab er 24hr 45 mg	4	LD, PA, QL (84 tablets/365 days)
RINVOQ LQ - upadacitinib oral soln 1 mg/ml	4	LD, PA, QL (360 mls/30 days)
SIMPONI - golimumab subcutaneous soln auto-injector 100 mg/ml	4	LD, PA, QL (1 syringe/28 days)
SIMPONI - golimumab subcutaneous soln prefilled syringe 100 mg/ml	4	LD, PA, QL (1 syringe/28 days)
sulindac tab 150 mg, 200 mg	1	
tofacitinib citrate oral soln 1 mg/ml (base equivalent) (Xeljanz)	4	LD, PA, QL (240 mls/30 days)
tofacitinib citrate tab er 24hr 11 mg (base equivalent) (Xeljanz xr)	4	LD, PA, QL (30 tablets/30 days)
tofacitinib citrate tab er 24hr 22 mg (base equivalent) (Xeljanz xr)	4	LD, PA, QL (120 tablets/365 days)

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Drug Name	Drug Tier	Requirements/Limits
tofacitinib citrate tab 5 mg (base equivalent) (Xeljanz)	4	LD, PA, QL (60 tablets/30 days)
tofacitinib citrate tab 10 mg (base equivalent) (Xeljanz)	4	LD, PA, QL (240 tablets/365 days)
TYENNE - tocilizumab-aazg subcutaneous soln auto-inj 162 mg/0.9ml	4	LD, PA, QL (4 pens/28 days)
TYENNE - tocilizumab-aazg subcutaneous soln pref syr 162 mg/0.9ml	4	LD, PA, QL (4 syringes/28 days)
MIGRAINE PRODUCTS		
AIMOVIG - erenumab-aooe subcutaneous soln auto-injector 70 mg/ml, 140 mg/ml	2	PA, QL (1 injection device/28 days)
AJOVY - fremanezumab-vfrm subcutaneous soln auto-inj 225 mg/1.5ml	2	PA, QL (3 injection devices/84 days)
AJOVY - fremanezumab-vfrm subcutaneous soln pref syr 225 mg/1.5ml	2	PA, QL (3 syringes/84 days)
almotriptan malate tab 6.25 mg, 12.5 mg	1	QL (18 tablets/30 days)
dihydroergotamine mesylate inj 1 mg/ml	1	
eletriptan hydrobromide tab 20 mg (base equivalent), 40 mg (base equivalent) (Relpax)	1	QL (18 tablets/30 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml	2	PA, QL (1 injection device/28 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml	2	PA, QL (9 syringes/180 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml	2	PA, QL (1 syringe/28 days)
ERGOTAMINE TARTRATE/CAFFE - ergotamine w/ caffeine tab 1-100 mg	3	PA, QL (40 tablets/28 days)
frovatriptan succinate tab 2.5 mg (base equivalent)	1	QL (18 tablets/30 days)
IMITREX STATDOSE SYSTEM - sumatriptan succinate solution auto-injector 4 mg/0.5ml	3	QL (12 doses/30 days)
naratriptan hcl tab 1 mg (base equiv), 2.5 mg (base equiv)	1	QL (18 tablets/30 days)
NURTEC - rimegepant sulfate tab disint 75 mg	2	PA, QL (54 tablets/90 days)
QULIPTA - atogepant tab 10 mg, 30 mg, 60 mg	2	PA, QL (30 tablets/30 days)
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	1	QL (18 tablets/30 days)
rizatriptan benzoate oral disintegrating tab 10 mg (base eq) (Maxalt-mlt)	1	QL (18 tablets/30 days)
rizatriptan benzoate tab 5 mg (base equivalent)	1	QL (18 tablets/30 days)
rizatriptan benzoate tab 10 mg (base equivalent) (Maxalt)	1	QL (18 tablets/30 days)
sumatriptan nasal spray 5 mg/act, 20 mg/act	1	QL (12 inhalers/30 days)
sumatriptan succinate inj 6 mg/0.5ml	1	QL (12 vials/30 days)
sumatriptan succinate solution auto-injector 6 mg/0.5ml (Imitrex statdose sys)	1	QL (12 doses/30 days)
sumatriptan succinate tab 25 mg, 50 mg, 100 mg (Imitrex)	1	QL (18 tablets/30 days)
UBRELVY - ubrogepant tab 50 mg, 100 mg	2	PA, QL (16 tablets/30 days)
zolmitriptan tab 2.5 mg, 5 mg	1	QL (18 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
GOUT AGENTS		
allopurinol tab 100 mg, 300 mg	1	
colchicine tab 0.6 mg	1	
colchicine w/ probenecid tab 0.5-500 mg	1	
febuxostat tab 40 mg, 80 mg (Uloric)	1	
probenecid tab 500 mg	1	
NEUROMUSCULAR DRUGS		
ANTICONVULSANTS		
carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg (Carbatrol)	1	
carbamazepine chew tab 100 mg	1	
carbamazepine susp 100 mg/5ml (Tegretol)	1	
carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg (Tegretol-xr)	1	
carbamazepine tab 200 mg (Tegretol)	1	
clobazam suspension 2.5 mg/ml (Onfi)	1	
clobazam tab 10 mg, 20 mg (Onfi)	1	
clonazepam tab 0.5 mg, 1 mg, 2 mg (Klonopin)	1	
DIACOMIT - stiripentol cap 250 mg, 500 mg	3	
DIACOMIT - stiripentol packet 250 mg, 500 mg	3	
diazepam rectal gel delivery system 2.5 mg, 10 mg, 20 mg	1	
DILANTIN - phenytoin sodium extended cap 30 mg	3	
divalproex sodium cap delayed release sprinkle 125 mg (Depakote sprinkles)	1	
divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg (Depakote)	1	
divalproex sodium tab er 24 hr 250 mg, 500 mg (Depakote er)	1	
EPIDIOLEX - cannabidiol soln 100 mg/ml	2	LD, PA, QL (1000 mls/30 days)
ethosuximide cap 250 mg (Zarontin)	1	
ethosuximide soln 250 mg/5ml (Zarontin)	1	
felbamate susp 600 mg/5ml	1	
felbamate tab 400 mg, 600 mg (Felbatol)	1	
gabapentin cap 100 mg, 300 mg, 400 mg (Neurontin)	1	
gabapentin oral soln 250 mg/5ml (Neurontin)	1	
gabapentin tab 600 mg, 800 mg (Neurontin)	1	
lacosamide oral solution 10 mg/ml (Vimpat)	1	
lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg (Vimpat)	1	
lamotrigine tab chewable dispersible 5 mg, 25 mg (Lamictal chewable di)	1	
lamotrigine tab er 24hr 25 mg, 50 mg, 100 mg, 200 mg, 250 mg, 300 mg (Lamictal xr)	1	
lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg (Lamictal)	1	
levetiracetam oral soln 100 mg/ml (Keppra)	1	

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Drug Name	Drug Tier	Requirements/Limits
levetiracetam tab er 24hr 500 mg, 750 mg (Keppra xr)	1	
levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg (Keppra)	1	
methsuximide cap 300 mg (Celontin)	1	
NAYZILAM - midazolam nasal spray soln 5 mg/0.1 ml	3	
oxcarbazepine susp 300 mg/5ml (60 mg/ml) (Trileptal)	1	
oxcarbazepine tab 150 mg, 300 mg, 600 mg (Trileptal)	1	
perampanel susp 0.5 mg/ml (Fycompa)	1	
perampanel tab 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg (Fycompa)	1	
phenytoin chew tab 50 mg (Dilantin infatabs)	1	
phenytoin sodium extended cap 100 mg (Dilantin)	1	
phenytoin sodium extended cap 200 mg, 300 mg	1	
phenytoin susp 125 mg/5ml (Dilantin-125)	1	
pregabalin cap 25 mg (Lyrica)	1	QL (360 capsules/30 days)
pregabalin cap 50 mg (Lyrica)	1	QL (270 capsules/30 days)
pregabalin cap 75 mg, 100 mg (Lyrica)	1	QL (180 capsules/30 days)
pregabalin cap 150 mg, 200 mg (Lyrica)	1	QL (90 capsules/30 days)
pregabalin cap 225 mg, 300 mg (Lyrica)	1	QL (60 capsules/30 days)
pregabalin soln 20 mg/ml (Lyrica)	1	QL (900 mls/30 days)
PRIMIDONE - primidone tab 125 mg	3	
primidone tab 50 mg, 250 mg (Mysoline)	1	
rufinamide susp 40 mg/ml (Banzel)	1	
rufinamide tab 200 mg, 400 mg (Banzel)	1	
tiagabine hcl tab 2 mg, 4 mg	1	
TIAGABINE HYDROCHLORIDE - tiagabine hcl tab 12 mg, 16 mg	3	
topiramate sprinkle cap 15 mg, 25 mg (Topamax sprinkle)	1	
topiramate tab 25 mg, 50 mg, 100 mg, 200 mg (Topamax)	1	
valproate sodium oral soln 250 mg/5ml (base equiv)	1	
valproic acid cap 250 mg	1	
VALTOCO 10 MG DOSE - diazepam nasal spray 10 mg/0.1 ml	3	
VALTOCO 15 MG DOSE - diazepam nasal spray ther pack 2 x 7.5 mg/0.1ml (15 mg dose)	3	
VALTOCO 20 MG DOSE - diazepam nasal spray ther pack 2 x 10 mg/0.1ml (20 mg dose)	3	
VALTOCO 5 MG DOSE - diazepam nasal spray 5 mg/0.1 ml	3	
vigabatrin powd pack 500 mg (Sabril)	1	LD
vigabatrin tab 500 mg (Sabril)	1	LD
XCOPRI - cenobamate tab 25 mg, 50 mg, 100 mg, 150 mg, 200 mg	3	
XCOPRI - cenobamate tab titration pack 14 x 12.5 mg & 14 x 25 mg, 14 x 50 mg & 14 x 100 mg, 14 x 150 mg & 14 x 200 mg	3	
XCOPRI - cenobamate tab pack 100 mg & 150 mg tabs (250 mg daily dose)	3	

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Drug Name	Drug Tier	Requirements/Limits
XCOPRI - cenobamate tab pack 150 mg & 200 mg tabs (350 mg daily dose)	3	
zonisamide cap 25 mg, 100 mg (Zonegran)	1	
zonisamide cap 50 mg	1	
ZTALMY - ganaxolone susp 50 mg/ml	3	LD
ANTIPARKINSON AGENTS		
amantadine hcl cap 100 mg	1	
amantadine hcl soln 50 mg/5ml	1	
APOKYN - apomorphine hcl soln cartridge 30 mg/3ml	4	LD
apomorphine hcl soln cartridge 30 mg/3ml (Apokyn)	4	LD
benztropine mesylate tab 0.5 mg, 1 mg, 2 mg	1	
bromocriptine mesylate cap 5 mg (base equivalent) (Parlodel)	1	
bromocriptine mesylate tab 2.5 mg (base equivalent) (Parlodel)	1	
carbidopa & levodopa orally disintegrating tab 10-100 mg, 25-100 mg, 25-250 mg	1	
carbidopa & levodopa tab er 25-100 mg, 50-200 mg	1	
carbidopa & levodopa tab 10-100 mg, 25-100 mg (Sinemet)	1	
carbidopa & levodopa tab 25-250 mg	1	
carbidopa tab 25 mg (Lodosyn)	1	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	1	
entacapone tab 200 mg	1	
INBRIJA - levodopa inhal powder cap 42 mg	4	LD
ONAPGO - apomorphine hcl soln cartridge 98 mg/20ml	4	LD
pramipexole dihydrochloride tab 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1	
rasagiline mesylate tab 0.5 mg (base equiv), 1 mg (base equiv) (Azilect)	1	
ropinirole hydrochloride tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	1	
selegiline hcl cap 5 mg	1	
tolcapone tab 100 mg (Tasmar)	1	
trihexyphenidyl hcl oral soln 0.4 mg/ml	1	
trihexyphenidyl hcl tab 2 mg, 5 mg	1	
VYALEV - foscarbidopa-foslevodopa subcutaneous inj 12-240 mg/ml	4	LD
NEUROMUSCULAR AGENTS		
DAYBUE - trofinetide oral soln 200 mg/ml	4	LD, PA, QL (8 bottles/30 days)
DAYBUE STIX - trofinetide oral powder packet 5000 mg, 6000 mg	4	LD, PA, QL (120 packets/30 days)
DAYBUE STIX - trofinetide oral powder packet 8000 mg	4	LD, PA, QL (60 packets/30 days)
DUVYZAT - givinostat hcl oral susp 8.86 mg/ml	4	LD, PA, QL (3 bottles/30 days)

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Drug Name	Drug Tier	Requirements/Limits
EVRYSDI - risdiplam tab 5 mg	4	LD, PA, QL (30 tablets/30 days)
EVRYSDI - risdiplam for soln 0.75 mg/ml	4	LD, PA, QL (3 bottles/30 days)
RADICAVA ORS - edaravone oral susp 105 mg/5ml	4	LD, PA, QL (50 mls/28 days)
RADICAVA ORS STARTER KIT - edaravone oral susp 105 mg/5ml	4	LD, PA, QL (70 mls/180 days)
riluzole tab 50 mg	1	
SKYCLARYS - omaveloxolone cap 50 mg	4	LD, PA, QL (90 capsules/30 days)
MUSCULOSKELETAL THERAPY AGENTS		
baclofen tab 10 mg, 20 mg	1	
chlorzoxazone tab 500 mg	1	
cyclobenzaprine hcl tab 5 mg, 10 mg	1	
methocarbamol tab 500 mg, 750 mg	1	
orphenadrine citrate tab er 12hr 100 mg	1	
SOHONOS - palovarotene cap 1 mg, 1.5 mg	4	LD, PA, QL (120 capsules/30 days)
SOHONOS - palovarotene cap 2.5 mg	4	LD, PA, QL (150 capsules/30 days)
SOHONOS - palovarotene cap 5 mg	4	LD, PA, QL (90 capsules/30 days)
SOHONOS - palovarotene cap 10 mg	4	LD, PA, QL (60 capsules/30 days)
tizanidine hcl tab 2 mg (base equivalent)	1	QL (180 tablets/30 days)
tizanidine hcl tab 4 mg (base equivalent) (Zanaflex)	1	QL (180 tablets/30 days)
ANTIMYASTHENIC AGENTS		
pyridostigmine bromide oral soln 60 mg/5ml (Mestinon)	1	
pyridostigmine bromide tab 60 mg (Mestinon)	1	
NUTRITIONAL PRODUCTS		
VITAMINS		
cholecalciferol cap 1.25 mg (50000 unit)	1	
ergocalciferol cap 1.25 mg (50000 unit) (Drisdol)	1	
phytonadione tab 5 mg	1	
ACTIVNUTRIENTS W/O COPPER - multiple vitamins w/ minerals powder	3	
ATP IGNITE WORKOUT - multiple vitamins w/ minerals powder	3	
BOOSTNOW IMMUNE SUPPORT - multiple vitamins w/ minerals powder	3	
C-BUFF - multiple vitamins w/ minerals powder	3	
NANOVM ADULT - multiple vitamins w/ minerals powder	3	
NANOVM SENIOR 71+ - multiple vitamins w/ minerals powder	3	
PHLEXY-VITS - multiple vitamins w/ minerals powder	3	
PRENATABS RX - prenatal vit w/ iron carbonyl-fa tab 29-1 mg	2	
PRENATAL 19 - prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	2	
PRENATAL 19 - prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg	2	
PRENATAL-U - prenatal w/o a vit w/ fe fumarate-fa cap 106.5-1 mg	2	
TRINATE - prenatal vit w/ fe fumarate-fa tab 28-1 mg	2	
VITEYES CLASSIC+MULTI - multiple vitamins w/ minerals powder	3	

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Drug Name	Drug Tier	Requirements/Limits
MINERALS and ELECTROLYTES		
FLUORIDE - sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf), 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)	2	AC
K-PHOS - potassium phosphate monobasic tab 500 mg	3	
K-PHOS NEUTRAL - pot phos monobasic w/sod phos di & monobas tab 155-852-130mg	3	
PHOSPHO-TRIN K500 - potassium phosphate monobasic tab 500 mg	3	
potassium chloride cap er 8 meq, 10 meq	1	
POTASSIUM CHLORIDE ER - potassium chloride tab er 15 meq	3	
potassium chloride microencapsulated crys er tab 10 meq, 15 meq, 20 meq	1	
potassium chloride oral soln 10% (20 meq/15ml), 20% (40 meq/15ml)	1	
potassium chloride powder packet 20 meq	1	
potassium chloride tab er 8 meq (600 mg) (Klor-con 8)	1	
potassium chloride tab er 10 meq, 20 meq (1500 mg)	1	
SODIUM FLUORIDE - sodium fluoride tab 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)	2	AC
SODIUM FLUORIDE - sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf), 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)	2	AC
SODIUM FLUORIDE - sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	2	AC
ZYCUBO - copper histidinate for subcutaneous soln 2.9 mg	4	LD, QL (30 vials/30 days)
NUTRIENTS		
ADRENAMAX - amino acids cap	3	
amino acids bar	1	
amino acids oral liquid	1	
amino acids oral powder	1	
amino acids pack	1	
amino acids tab	1	
protein oral liquid	1	
ACERFLEX - nutritional supplement powder	3	
ADVANTAGE INFANT FORMULA/ - infant foods powder	3	
ADVERA - nutritional supplement liquid	3	
ALFAMINO INFANT - infant foods powder	3	
ALFAMINO JUNIOR - nutritional supplement powder	3	
ALITRAQ - nutritional supplement pack	3	
ALSOY SOY FORMULA - infant foods powder	3	
ARGINAID - nutritional supplement pack	3	
BABY'S BIG SUPPORT - nutritional supplement powder	3	
BABYS ONLY ORGANIC/DAIRY - infant foods powder	3	
BABYS ONLY ORGANIC/DHA & - infant foods powder	3	

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Drug Name	Drug Tier	Requirements/Limits
BABYS ONLY ORGANIC/GENTLE - infant foods powder	3	
BABYS ONLY ORGANIC/SENSIT - infant foods powder	3	
BABYS ONLY ORGANIC/SOY - infant foods powder	3	
BALANCED NUTRITIONAL DRIN - nutritional supplement liquid	3	
BALANCED NUTRITIONAL SHAK - nutritional supplement liquid	3	
BCAD 1 - nutritional supplement powder	3	
BCAD 2 - nutritional supplement powder	3	
BENECALORIE - nutritional supplement liquid	3	
BOOST - nutritional supplement liquid	3	
BOOST BREEZE - nutritional supplement liquid	3	
BOOST BREEZE 2-FLAVOR VAR - nutritional supplement liquid	3	
BOOST GLUCOSE CONTROL - nutritional supplement liquid	3	
BOOST GLUCOSE CONTROL MAX - nutritional supplement liquid	3	
BOOST HIGH PROTEIN - nutritional supplement liquid	3	
BOOST KID ESSENTIALS 1.0 - nutritional supplement liquid	3	
BOOST KID ESSENTIALS 1.5 - nutritional supplement liquid	3	
BOOST MAX 30G PROTEIN - nutritional supplement liquid	3	
BOOST ORIGINAL - nutritional supplement liquid	3	
BOOST PLUS - nutritional supplement liquid	3	
BOOST VERY HIGH CALORIE - nutritional supplement liquid	3	
BOOST VHC - nutritional supplement liquid	3	
BOOST WOMEN - nutritional supplement liquid	3	
BRAINSUSTAIN - nutritional supplement pack	3	
BRAINSUSTAIN FOR KIDS - nutritional supplement powder	3	
BRIGHT BEGINNINGS PEDIATR - nutritional supplement liquid	3	
CALCILO XD - infant foods powder	3	
CARNATION BREAKFAST ESSEN - nutritional supplement liquid	3	
CARNATION BREAKFAST ESSEN - nutritional supplement pack	3	
CFPREOP - nutritional supplement liquid	3	
CHICKEN/PEAS/CARROTS - nutritional supplement powder	3	
CHICKEN/PEAS/CARROTS PLUS - nutritional supplement powder	3	
CHOLEXTRA - nutritional supplement powder	3	
CLICK ESPRESSO PROTEIN DR - nutritional supplement powder	3	
COMPLEAT - nutritional supplement liquid	3	
COMPLEAT - nutritional supplement liquid (enteral)	3	
COMPLEAT ORGANIC BLENDS - nutritional supplement liquid	3	
COMPLEAT ORGANIC BLENDS 1 - nutritional supplement liquid	3	
COMPLEAT ORIGINAL PLANT-B - nutritional supplement liquid (enteral)	3	
COMPLEAT PEDIATRIC - nutritional supplement liquid	3	
COMPLEAT PEDIATRIC ORGANI - nutritional supplement liquid	3	

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Drug Name	Drug Tier	Requirements/Limits
COMPLEAT PEDIATRIC ORIGIN - nutritional supplement liquid (enteral)	3	
COMPLEAT PEDIATRIC PEPTID - nutritional supplement liquid	3	
COMPLEAT PEDIATRIC PEPTID - nutritional supplement liquid (enteral)	3	
COMPLEAT PEDIATRIC REDUCE - nutritional supplement liquid	3	
COMPLEAT PEDIATRIC STANDA - nutritional supplement liquid	3	
COMPLEAT PEPTIDE 1.0 - nutritional supplement liquid (enteral)	3	
COMPLEAT PEPTIDE 1.5 - nutritional supplement liquid	3	
COMPLEAT PEPTIDE 1.5 - nutritional supplement liquid (enteral)	3	
COMPLEAT STANDARD 1.4 - nutritional supplement liquid	3	
COMPLEAT STANDARD 1.4 - nutritional supplement liquid (enteral)	3	
COMPLEX ESSENTIAL MSD - nutritional supplement powder	3	
CVS ADVANTAGE/IRON - infant foods powder	3	
CVS GENTLE INFANT FORMULA - infant foods powder	3	
CVS INFANT FORMULA/IRON - infant foods powder	3	
CVS NUTRITION LIQUID - nutritional supplement liquid	3	
CVS NUTRITION PLUS - nutritional supplement liquid	3	
CVS NUTRITIONAL SHAKE - nutritional supplement liquid	3	
CVS SENSITIVITY/IRON - infant foods powder	3	
CVS TENDER/IRON - infant foods powder	3	
CVS TODDLER & INFANT FORM - infant foods powder	3	
CVS TODDLER BEGINNINGS/IR - infant foods powder	3	
CYCLINEX-1 - nutritional supplement powder	3	
CYCLINEX-2 - nutritional supplement powder	3	
DIABETISOURCE AC - nutritional supplement liquid	3	
DIABETISOURCE AC - nutritional supplement liquid (enteral)	3	
DIARESQ CHILDRENS SOOTHIN - nutritional supplement pack	3	
DIARESQ GENTLE RELIEF TOD - nutritional supplement pack	3	
DIARESQ RAPID RECOVERY - nutritional supplement pack	3	
DPP DIPEPTIDE POWER - nutritional supplement liquid	3	
DR BROWNS GOOD START GENT - infant foods powder	3	
DR BROWNS GOOD START SOOT - infant foods powder	3	
DR BROWNS GOOD START SOY- - infant foods powder	3	
DUOCAL - nutritional supplement powder	3	
EAA SUPPLEMENT - nutritional supplement pack	3	
EGG/PRO - nutritional supplement powder	3	
ELECARE - nutritional supplement powder	3	
ELECARE DHA/ARA INFANT - nutritional supplement powder	3	
ELECARE DHA/ARA/IRON INFA - infant foods powder	3	
ELECARE JR - nutritional supplement powder	3	
ELECARE/DHA/ARA - nutritional supplement powder	3	

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Drug Name	Drug Tier	Requirements/Limits
ENCALA - nutritional supplement powder	3	
ENCALA - nutritional supplement pack	3	
ENFAGROW PREMIUM LIPIL - infant foods powder	3	
ENFAGROW PREMIUM OLDER TO - infant foods powder	3	
ENFAGROW PREMIUM TODDLER - infant foods powder	3	
ENFAMIL A.R. INFANT - infant foods powder	3	
ENFAMIL AR/SPIT-UP - infant foods powder	3	
ENFAMIL ENSPIRE GENTLEASE - infant foods powder	3	
ENFAMIL ENSPIRE INFANT FO - infant foods powder	3	
ENFAMIL ENSPIRE OPTIMUM - infant foods powder	3	
ENFAMIL GENTLEASE FUSSINE - infant foods powder	3	
ENFAMIL GENTLEASE/FUSSINE - infant foods powder	3	
ENFAMIL HUMAN MILK FORTIF - infant foods packet	3	
ENFAMIL INFANT - infant foods powder	3	
ENFAMIL INFANT FORMULA MI - infant foods powder	3	
ENFAMIL NEUROPRO ENFACARE - infant foods powder	3	
ENFAMIL NEUROPRO GENTLEAS - infant foods powder	3	
ENFAMIL NEUROPRO GENTLEAS - infant foods packet	3	
ENFAMIL NEUROPRO INFANT - infant foods powder	3	
ENFAMIL NEUROPRO INFANT - infant foods packet	3	
ENFAMIL NEUROPRO SENSITIV - infant foods powder	3	
ENFAMIL NUTRAMIGEN TODDLE - infant foods powder	3	
ENFAMIL NUTRAMIGEN W/PROB - infant foods powder	3	
ENFAMIL PREMIUM INFANT - infant foods powder	3	
ENFAMIL PREMIUM NEWBORN - infant foods powder	3	
ENFAMIL PROSOBEE SOY - infant foods powder	3	
ENFAMIL REGULINE/IRON - infant foods powder	3	
ENLIVE - nutritional supplement liquid	3	
ENSURE - nutritional supplement liquid	3	
ENSURE - nutritional supplement powder	3	
ENSURE - nutritional supplement bar	3	
ENSURE ACTIVE - nutritional supplement liquid	3	
ENSURE ACTIVE HEART HEALT - nutritional supplement liquid	3	
ENSURE ACTIVE HIGH PROTEI - nutritional supplement liquid	3	
ENSURE ACTIVE LIGHT - nutritional supplement liquid	3	
ENSURE BONE HEALTH REVIGO - nutritional supplement liquid	3	
ENSURE CLEAR - nutritional supplement liquid	3	
ENSURE CLINICAL STRENGTH - nutritional supplement liquid	3	
ENSURE COMPACT - nutritional supplement liquid	3	
ENSURE COMPLETE - nutritional supplement liquid	3	
ENSURE COMPLETE NUTRITION - nutritional supplement liquid	3	

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Drug Name	Drug Tier	Requirements/Limits
ENSURE ENLIVE - nutritional supplement liquid	3	
ENSURE HARVEST 1.2 CAL - nutritional supplement liquid (enteral)	3	
ENSURE HEALTHY MOM - nutritional supplement liquid	3	
ENSURE HEALTHY MOM - nutritional supplement bar	3	
ENSURE HIGH CALCIUM - nutritional supplement liquid	3	
ENSURE HIGH PROTEIN - nutritional supplement liquid	3	
ENSURE HIGH PROTEIN - nutritional supplement powder	3	
ENSURE HIGH PROTEIN - nutritional supplement pudding	3	
ENSURE IMMUNE HEALTH - nutritional supplement liquid	3	
ENSURE MAX PROTEIN - nutritional supplement liquid	3	
ENSURE MAX PROTEIN WITH C - nutritional supplement liquid	3	
ENSURE MUSCLE HEALTH REVI - nutritional supplement liquid	3	
ENSURE NUTRA SHAKE HI-CAL - nutritional supplement liquid	3	
ENSURE NUTRITION SHAKE - nutritional supplement liquid	3	
ENSURE ORIGINAL - nutritional supplement liquid	3	
ENSURE ORIGINAL - nutritional supplement powder	3	
ENSURE ORIGINAL THERAPEUT - nutritional supplement liquid	3	
ENSURE ORIGINAL/FIBER - nutritional supplement liquid	3	
ENSURE PLANT-BASED PROTEI - nutritional supplement liquid	3	
ENSURE PLUS - nutritional supplement liquid	3	
ENSURE PLUS HIGH PROTEIN - nutritional supplement liquid	3	
ENSURE PLUS HN - nutritional supplement liquid	3	
ENSURE PLUS/FIBER - nutritional supplement liquid	3	
ENSURE PRE-SURGERY - nutritional supplement liquid	3	
ENSURE PUDDING - nutritional supplement pudding	3	
ENSURE SURGERY IMMUNONUTR - nutritional supplement liquid	3	
ENSURE SURGICAL NUTRITION - nutritional supplement liquid	3	
ENSURE/FIBER - nutritional supplement liquid	3	
ENTERADE - nutritional supplement liquid	3	
ENTERADE IBS-D - nutritional supplement liquid	3	
ENU COMPLETE NUTRITION SH - nutritional supplement liquid	3	
ENU NUTRITIONAL SHAKE - nutritional supplement liquid	3	
EO28 SPLASH - nutritional supplement liquid	3	
EQ NUTRITIONAL SHAKE - nutritional supplement liquid	3	
EQ NUTRITIONAL SHAKE PLUS - nutritional supplement liquid	3	
EQ WEIGHT LOSS SHAKE ULTR - nutritional supplement liquid	3	
EQUATE - nutritional supplement liquid	3	
EQUATE PLUS - nutritional supplement liquid	3	
EXPEDITE - nutritional supplement liquid	3	
EXTENSIVE HA - infant foods powder	3	
FIBER FLOW - nutritional supplement liquid	3	

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Drug Name	Drug Tier	Requirements/Limits
FIBERSOURCE HN - nutritional supplement liquid	3	
FIBERSOURCE HN - nutritional supplement liquid (enteral)	3	
FITFOOD LEAN COMPLETE - nutritional supplement pack	3	
FLAVOR PACKETS - nutritional supplement flavor pack	3	
folic acid-pyridoxine-cyanocobalamin tab 2.5-25-2 mg	1	
FORTA DRINK - nutritional supplement powder	3	
FORTA SHAKE - nutritional supplement powder	3	
FRUITIVITS - nutritional supplement pack	3	
GA - nutritional supplement powder	3	
GA EXPRESS15 - nutritional supplement pack	3	
GA GEL - nutritional supplement pack	3	
GA-1 ANAMIX EARLY YEARS - nutritional supplement powder	3	
GELATEIN MCT - nutritional supplement liquid	3	
GERBER GOOD START A2/IRON - infant foods powder	3	
GERBER GOOD START A2/TODD - infant foods powder	3	
GERBER GOOD START GENTLE - infant foods powder	3	
GERBER GOOD START GENTLE/ - infant foods powder	3	
GERBER GOOD START GENTLEP - infant foods powder	3	
GERBER GOOD START GROW 3 - infant foods powder	3	
GERBER GOOD START NOURISH - infant foods powder	3	
GERBER GOOD START PROTECT - infant foods powder	3	
GERBER GOOD START SOOTHE - infant foods powder	3	
GERBER GOOD START SOOTHEP - infant foods powder	3	
GERBER GOOD START SOY 2 - infant foods powder	3	
GERBER GOOD START SOY/IRO - infant foods powder	3	
GERBER GOOD START SUPREM - infant foods powder	3	
GERBER GOOD START SUPREME - infant foods powder	3	
GERBER GRADUATES GENTLE/I - infant foods powder	3	
GERBER GRADUATES PROTECT/ - infant foods powder	3	
GERBER GRADUATES SOOTHE - infant foods powder	3	
GERBER GRADUATES SOY/IRON - infant foods powder	3	
GERBER NATURA/STAGE 1/BIR - infant foods powder	3	
GERBER NATURA/STAGE 2/6 T - infant foods powder	3	
GERBER NATURA/STAGE 3/12 - infant foods powder	3	
GLUCERNA - nutritional supplement liquid	3	
GLUCERNA - nutritional supplement liquid (enteral)	3	
GLUCERNA - nutritional supplement bar	3	
GLUCERNA ADVANCE SHAKE - nutritional supplement liquid	3	
GLUCERNA CARBSTEADY - nutritional supplement liquid	3	
GLUCERNA CEREAL CRUNCHY F - nutritional supplement misc	3	
GLUCERNA CRISPY DELIGHTS - nutritional supplement bar	3	

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Drug Name	Drug Tier	Requirements/Limits
GLUCERNA HUNGER SMART SHA - nutritional supplement liquid	3	
GLUCERNA MEAL - nutritional supplement bar	3	
GLUCERNA MEAL REPLACEMENT - nutritional supplement bar	3	
GLUCERNA MINI SNACK - nutritional supplement bar	3	
GLUCERNA MINI SNACKS - nutritional supplement bar	3	
GLUCERNA OS - nutritional supplement liquid	3	
GLUCERNA SELECT - nutritional supplement liquid	3	
GLUCERNA SHAKE - nutritional supplement liquid	3	
GLUCERNA SNACK - nutritional supplement bar	3	
GLUCERNA SNACK BARS - nutritional supplement bar	3	
GLUCERNA SNACK SHAKE - nutritional supplement liquid	3	
GLUCERNA WEIGHT LOSS SHAK - nutritional supplement liquid	3	
GLUCERNA WITH CARBSTEADY/ - nutritional supplement liquid	3	
GLUCERNA 1.0 CAL - nutritional supplement liquid	3	
GLUCERNA 1.0 CAL/FIBER - nutritional supplement liquid	3	
GLUCERNA 1.0 WITH CARBSTE - nutritional supplement liquid	3	
GLUCERNA 1.2 CAL - nutritional supplement liquid	3	
GLUCERNA 1.2 CAL - nutritional supplement liquid (enteral)	3	
GLUCERNA 1.5 CAL - nutritional supplement liquid	3	
GLUCERNA 1.5 CAL - nutritional supplement liquid (enteral)	3	
GLUTAREX-1 - nutritional supplement powder	3	
GLUTAREX-2 - nutritional supplement powder	3	
GLYCOSADE - nutritional supplement pack	3	
GOOD START - infant foods powder	3	
GOOD START ESSENTIALS SOY - infant foods powder	3	
GOOD START ESSENTIALS W/I - infant foods powder	3	
GOOD START GENTLE PLUS - infant foods powder	3	
GOOD START SOY PLUS 2 - infant foods powder	3	
GOOD START SUPREME NATURA - infant foods powder	3	
GOOD START SUPREME W/IRON - infant foods powder	3	
GOOD START W/FE - infant foods powder	3	
GOOD START 2 ESSENTIALS S - infant foods powder	3	
GOOD START 2 SUPREME W/IR - infant foods powder	3	
GOODSENSE NUTRISURE ORIGI - nutritional supplement liquid	3	
GOODSENSE NUTRISURE PLUS - nutritional supplement liquid	3	
HAELAN HTPI FERMENTED ORG - nutritional supplement liquid	3	
HAELAN 951 FERMENTED ORGA - nutritional supplement liquid	3	
HCU ANAMIX EARLY YEARS - nutritional supplement powder	3	
HCU ANAMIX NEXT - nutritional supplement powder	3	
HCU COOLER - nutritional supplement liquid	3	
HCU COOLER15 - nutritional supplement liquid	3	

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Drug Name	Drug Tier	Requirements/Limits
HCU GEL - nutritional supplement pack	3	
HCU LOPHLEX LQ - nutritional supplement liquid	3	
HCU MAXAMUM - nutritional supplement powder	3	
HCY 1 - nutritional supplement powder	3	
HCY 2 - nutritional supplement powder	3	
HEALTH SOURCE SOY PROTEIN - nutritional supplement powder	3	
HEALTHY ACCENTS NUTRA FIT - nutritional supplement liquid	3	
HI-CAL - nutritional supplement liquid	3	
HIGH-PROTEIN NUTRITIONAL - nutritional supplement liquid	3	
HOM 2 - nutritional supplement powder	3	
HOMINEX-1 - nutritional supplement powder	3	
HOMINEX-2 - nutritional supplement powder	3	
I-VALEX-1 - nutritional supplement powder	3	
I-VALEX-2 - nutritional supplement powder	3	
IMMULIFE - nutritional supplement powder	3	
IMPACT ADVANCED RECOVERY - nutritional supplement liquid	3	
IMPACT PEPTIDE 1.5 - nutritional supplement liquid (enteral)	3	
INNOVACIN - nutritional supplement liquid	3	
ISOMIL SOY W/IRON - infant foods powder	3	
ISOMIL 2 - infant foods powder	3	
ISOMIL/IRON - infant foods powder	3	
ISOSOURCE HN - nutritional supplement liquid	3	
ISOSOURCE HN - nutritional supplement liquid (enteral)	3	
ISOSOURCE 1.5 CAL - nutritional supplement liquid	3	
ISOSOURCE 1.5 CAL - nutritional supplement liquid (enteral)	3	
IVA ANAMIX EARLY YEARS - nutritional supplement powder	3	
IVA ANAMIX NEXT - nutritional supplement powder	3	
IVA MAXAMUM - nutritional supplement powder	3	
JEVITY 1 CAL - nutritional supplement liquid	3	
JEVITY 1 CAL - nutritional supplement liquid (enteral)	3	
JEVITY 1 CAL/FIBER - nutritional supplement liquid	3	
JEVITY 1 CAL/FIBER - nutritional supplement liquid (enteral)	3	
JEVITY 1.2 CAL - nutritional supplement liquid	3	
JEVITY 1.2 CAL - nutritional supplement liquid (enteral)	3	
JEVITY 1.2 CAL/FIBER - nutritional supplement liquid (enteral)	3	
JEVITY 1.5 CAL/FIBER - nutritional supplement liquid	3	
JEVITY 1.5 CAL/FIBER - nutritional supplement liquid (enteral)	3	
JUICE PLUS FIBRE - nutritional supplement liquid	3	
JUVEN - nutritional supplement powder	3	
JUVEN - nutritional supplement pack	3	
JUVEN NUTRIVIGOR - nutritional supplement pack	3	

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Drug Name	Drug Tier	Requirements/Limits
JUVEN REVIGOR - nutritional supplement pack	3	
K-PAX IMMUNE BOOSTER PROT - nutritional supplement powder	3	
KALE/QUINOA/BERRIES - nutritional supplement powder	3	
KALE/QUINOA/BERRIES PLUS - nutritional supplement powder	3	
KATE FARMS BLENDED MEALS - nutritional supplement misc	3	
KATE FARMS GLUCOSE SUPPOR - nutritional supplement liquid	3	
KATE FARMS GLUCOSE SUPPOR - nutritional supplement liquid (enteral)	3	
KATE FARMS HIGH PROTEIN - nutritional supplement liquid	3	
KATE FARMS KIDS NUTRITION - nutritional supplement liquid	3	
KATE FARMS PEPTIDE 1.0 - nutritional supplement liquid	3	
KATE FARMS PEPTIDE 1.0 PE - nutritional supplement liquid	3	
KATE FARMS PEPTIDE 1.5 - nutritional supplement liquid	3	
KATE FARMS PEPTIDE 1.5 - nutritional supplement liquid (enteral)	3	
KATE FARMS PEPTIDE 1.5 PE - nutritional supplement liquid	3	
KATE FARMS RENAL SUPPORT - nutritional supplement liquid	3	
KATE FARMS RENAL SUPPORT - nutritional supplement liquid (enteral)	3	
KATE FARMS STANDARD 1.0 - nutritional supplement liquid	3	
KATE FARMS STANDARD 1.0 P - nutritional supplement liquid	3	
KATE FARMS STANDARD 1.2 P - nutritional supplement liquid	3	
KATE FARMS STANDARD 1.4 - nutritional supplement liquid	3	
KATE FARMS STANDARD 1.4 - nutritional supplement liquid (enteral)	3	
KENDAKIDS - nutritional supplement liquid	3	
KENDAMIL - infant foods powder	3	
KENDAMIL GOAT - infant foods powder	3	
KENDAMIL ORGANIC - infant foods powder	3	
KETO - nutritional supplement liquid	3	
KETOCAL 2.5:1 LQ - nutritional supplement liquid	3	
KETOCAL 3:1 - nutritional supplement powder	3	
KETOCAL 4:1 - nutritional supplement liquid	3	
KETOCAL 4:1 - nutritional supplement powder	3	
KETOCAL 4:1 LQ MULTI FIBE - nutritional supplement liquid	3	
KETOCAL 4:1 LQ MULTI-FIBE - nutritional supplement liquid	3	
KETOGEN - nutritional supplement powder	3	
KETONEX-1 - nutritional supplement powder	3	
KETONEX-2 - nutritional supplement powder	3	
KFLO - nutritional supplement liquid	3	
KIDS PLANT PROTEIN ORGANI - nutritional supplement liquid	3	
KIDS PROTEIN ORGANIC NUTR - nutritional supplement liquid	3	
KINDERSPROUT PLANT PROTEI - nutritional supplement liquid	3	

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Drug Name	Drug Tier	Requirements/Limits
LANAFLEX - nutritional supplement pack	3	
LIL MIXINS/EGG 4-12 MONTH - nutritional supplement powder	3	
LIL MIXINS/PEANUT 4-12 MO - nutritional supplement powder	3	
LIPISTART - nutritional supplement powder	3	
LIQUID HOPE - nutritional supplement liquid	3	
LIQUID HOPE PEPTIDE - nutritional supplement liquid	3	
LIQUID HOPE PEPTIDE BERRY - nutritional supplement liquid	3	
LIQUID HOPE PEPTIDE HIGH - nutritional supplement liquid (enteral)	3	
LMD - nutritional supplement powder	3	
LOPHLEX - nutritional supplement pack	3	
LOPHLEX LQ 20 - nutritional supplement liquid	3	
LPS CRITICAL CARE SUGAR F - nutritional supplement liquid	3	
LPS SUGAR FREE - nutritional supplement liquid	3	
LUTRISH CHOCOLATE SHAKE - nutritional supplement pack	3	
LUTRISH VANILLA SHAKE - nutritional supplement pack	3	
MALTOCARB - nutritional supplement powder	3	
MBIOTA ELEMENTAL DIET - nutritional supplement pack	3	
MCT PRO-CAL - nutritional supplement pack	3	
METHIONAID - nutritional supplement powder	3	
MMA/PA ANAMIX EARLY YEARS - nutritional supplement powder	3	
MMA/PA ANAMIX NEXT - nutritional supplement powder	3	
MMA/PA COOLER15 - nutritional supplement liquid	3	
MMA/PA EXPRESS 15 - nutritional supplement pack	3	
MMA/PA GEL - nutritional supplement pack	3	
MMA/PA MAXAMUM - nutritional supplement powder	3	
MONOGEN - nutritional supplement powder	3	
MSUD AID - nutritional supplement powder	3	
MSUD ANALOG - infant foods powder	3	
MSUD ANAMIX EARLY YEARS - nutritional supplement powder	3	
MSUD COOLER - nutritional supplement liquid	3	
MSUD COOLER15 - nutritional supplement liquid	3	
MSUD EXPRESS 15 PLUS - nutritional supplement pack	3	
MSUD EXPRESS 20 PLUS - nutritional supplement pack	3	
MSUD GEL - nutritional supplement pack	3	
MSUD LOPHLEX LQ - nutritional supplement liquid	3	
MSUD MAXAMAID - nutritional supplement powder	3	
MSUD MAXAMUM - nutritional supplement powder	3	
MSUD 2 - nutritional supplement powder	3	
NEOCATE INFANT DHA/ARA - nutritional supplement powder	3	
NEOCATE INFANT HYPOALLERG - infant foods powder	3	

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Drug Name	Drug Tier	Requirements/Limits
NEOCATE JUNIOR - nutritional supplement powder	3	
NEOCATE JUNIOR/PREBIOTICS - nutritional supplement powder	3	
NEOCATE SPLASH JUNIOR - nutritional supplement liquid	3	
NEOCATE SPOON - nutritional supplement powder	3	
NEOCATE SYNEO INFANT - infant foods powder	3	
NEOCATE SYNEO JUNIOR - nutritional supplement powder	3	
NEPRO - nutritional supplement liquid	3	
NEPRO - nutritional supplement liquid (enteral)	3	
NEPRO WITH CARB STEADY - nutritional supplement liquid	3	
NEPRO WITH CARB STEADY - nutritional supplement liquid (enteral)	3	
NEPRO WITH CARBSTEADY - nutritional supplement liquid	3	
NOURISH - nutritional supplement liquid	3	
NOURISH PEPTIDE BERRY MED - nutritional supplement liquid (enteral)	3	
NOURISH PEPTIDE FORMULA - nutritional supplement liquid	3	
NOVASOURCE RENAL - nutritional supplement liquid	3	
NOVASOURCE RENAL - nutritional supplement liquid (enteral)	3	
NUTRA BALANCE DIABETIC NU - nutritional supplement bar	3	
NUTRA BALANCE FIBER COOKI - nutritional supplement misc	3	
NUTRA BALANCE PROTEIN FOR - nutritional supplement misc	3	
NUTRA SHAKE - nutritional supplement liquid (frozen)	3	
NUTRA SHAKE/SUPREME - nutritional supplement liquid (frozen)	3	
NUTRA/BALANCE RE/GEN - nutritional supplement liquid (frozen)	3	
NUTRA/BALANCE RE/GEN FREE - nutritional supplement liquid (frozen)	3	
NUTRA/SHAKE - nutritional supplement liquid (frozen)	3	
NUTRA/SHAKE FRUIT PLUS - nutritional supplement liquid (frozen)	3	
NUTRA/SHAKE SUPREME - nutritional supplement liquid	3	
NUTRA/SHAKE SUPREME - nutritional supplement liquid (frozen)	3	
NUTRAMINE - nutritional supplement pack	3	
NUTRAMINE APPLE AMINO BIT - nutritional supplement pack	3	
NUTRAMINE BANANA AMINO B - nutritional supplement pack	3	
NUTRAMINE CHOCOLATE AMINO - nutritional supplement pack	3	
NUTRAMINE MANGO AMINO BI - nutritional supplement pack	3	
NUTRAMINE MIXED FLAVORS A - nutritional supplement pack	3	
NUTRAMINE PEACHES & CREAM - nutritional supplement pack	3	
NUTRAMINE PINEAPPLE AMINO - nutritional supplement pack	3	
NUTREN JUNIOR - nutritional supplement liquid (enteral)	3	
NUTREN JUNIOR 1.0 - nutritional supplement liquid	3	
NUTREN JUNIOR/FIBER - nutritional supplement liquid	3	
NUTREN JUNIOR/FIBER - nutritional supplement liquid (enteral)	3	

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Drug Name	Drug Tier	Requirements/Limits
NUTREN 1.5 - nutritional supplement liquid (enteral)	3	
NUTREN 1.5 CAL - nutritional supplement liquid (enteral)	3	
NUTREN 2.0 - nutritional supplement liquid	3	
NUTREN 2.0 CAL - nutritional supplement liquid (enteral)	3	
NUTRICIA PREOP - nutritional supplement pack	3	
NUTRIFOCUS - nutritional supplement liquid	3	
NUTRITIONAL DRINK - nutritional supplement liquid	3	
NUTRITIONAL DRINK MIX - nutritional supplement powder	3	
NUTRITIONAL DRINK PLUS - nutritional supplement liquid	3	
NUTRITIONAL DRINK SHAKE M - nutritional supplement powder	3	
NUTRITIONAL SHAKE - nutritional supplement liquid	3	
NUTRITIONAL SHAKE COMPLET - nutritional supplement liquid	3	
NUTRITIONAL SHAKE HIGH PR - nutritional supplement liquid	3	
NUTRITIONAL SHAKE PLUS - nutritional supplement liquid	3	
NUTRITIONAL SHAKE PLUS PR - nutritional supplement liquid	3	
NUTRITIONAL SUPPLEMENT - nutritional supplement liquid	3	
NUTRITIONAL SUPPLEMENT PL - nutritional supplement liquid	3	
OA 1 - nutritional supplement powder	3	
OA 2 - nutritional supplement powder	3	
OPTICLEANSE GHI - nutritional supplement pack	3	
OPTICLEANSE PLUS - nutritional supplement pack	3	
OPTIMENTAL - nutritional supplement liquid	3	
OPTIMENTAL - nutritional supplement liquid (enteral)	3	
OPTIMETABOLIX - nutritional supplement pack	3	
OPTIMETABOLIX 2:1 - nutritional supplement pack	3	
ORGAIN KIDS PROTEIN ORGAN - nutritional supplement liquid	3	
ORGANIC MIX-INS STAGE 1/S - nutritional supplement pack	3	
ORGANIC NUTRITION ALL-IN- - nutritional supplement liquid	3	
ORGANIC NUTRITION COMPLET - nutritional supplement liquid	3	
ORGANIC NUTRITION PLANT B - nutritional supplement liquid	3	
ORGANIC NUTRITION VEGAN-A - nutritional supplement liquid	3	
ORGANIC PEDIA SMART - nutritional supplement powder	3	
OS 2 - nutritional supplement powder	3	
OSAPLEX MK-7 - nutritional supplement pack	3	
OSMOLITE - nutritional supplement liquid	3	
OSMOLITE HN - nutritional supplement liquid	3	
OSMOLITE 1 CAL - nutritional supplement liquid	3	
OSMOLITE 1 CAL - nutritional supplement liquid (enteral)	3	
OSMOLITE 1.0 CAL - nutritional supplement liquid	3	
OSMOLITE 1.2 CAL - nutritional supplement liquid	3	
OSMOLITE 1.2 CAL - nutritional supplement liquid (enteral)	3	

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Drug Name	Drug Tier	Requirements/Limits
OSMOLITE 1.5 CAL - nutritional supplement liquid	3	
OSMOLITE 1.5 CAL - nutritional supplement liquid (enteral)	3	
OXEPA - nutritional supplement liquid	3	
OXEPA 1.5 - nutritional supplement liquid	3	
PEDIASMART PEA PROTEIN - nutritional supplement powder	3	
PEDIASURE - nutritional supplement liquid	3	
PEDIASURE ENTERAL 1.0 CAL - nutritional supplement liquid (enteral)	3	
PEDIASURE GROW & GAIN - nutritional supplement liquid	3	
PEDIASURE GROW & GAIN ORG - nutritional supplement liquid	3	
PEDIASURE GROW & GAIN SHA - nutritional supplement powder	3	
PEDIASURE GROW & GAIN/FIB - nutritional supplement liquid	3	
PEDIASURE HARVEST 1.0 CAL - nutritional supplement liquid	3	
PEDIASURE HARVEST 1.0 CAL - nutritional supplement liquid (enteral)	3	
PEDIASURE NUTRIPALS - nutritional supplement liquid	3	
PEDIASURE NUTRIPALS - nutritional supplement bar	3	
PEDIASURE PEDIATRIC - nutritional supplement liquid	3	
PEDIASURE PEPTIDE 1.0 CAL - nutritional supplement liquid	3	
PEDIASURE PEPTIDE 1.0 CAL - nutritional supplement liquid (enteral)	3	
PEDIASURE PEPTIDE 1.5 CAL - nutritional supplement liquid	3	
PEDIASURE PEPTIDE 1.5 CAL - nutritional supplement liquid (enteral)	3	
PEDIASURE REDUCED CALORIE - nutritional supplement liquid	3	
PEDIASURE SHAKE MIX - nutritional supplement powder	3	
PEDIASURE SHAKE WITH FIBE - nutritional supplement liquid	3	
PEDIASURE SIDEKICKS - nutritional supplement liquid	3	
PEDIASURE SIDEKICKS - nutritional supplement powder	3	
PEDIASURE SIDEKICKS CLEAR - nutritional supplement liquid	3	
PEDIASURE SIDEKICKS SHAKE - nutritional supplement liquid	3	
PEDIASURE WITH FIBER - nutritional supplement liquid	3	
PEDIASURE 1.0 CAL - nutritional supplement liquid	3	
PEDIASURE 1.0 CAL/FIBER - nutritional supplement liquid	3	
PEDIASURE 1.5 CAL - nutritional supplement liquid	3	
PEDIASURE 1.5 CAL WITH FI - nutritional supplement liquid	3	
PEDIASURE 1.5 CAL/FIBER - nutritional supplement liquid	3	
PEDIASURE 1.5 CAL/FIBER - nutritional supplement liquid (enteral)	3	
PEDIATRIC DRINK - nutritional supplement liquid	3	
PEPTAMEN - nutritional supplement liquid	3	
PEPTAMEN AF - nutritional supplement liquid	3	
PEPTAMEN AF - nutritional supplement liquid (enteral)	3	

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Drug Name	Drug Tier	Requirements/Limits
PEPTAMEN INTENSE VHP - nutritional supplement liquid	3	
PEPTAMEN INTENSE VHP - nutritional supplement liquid (enteral)	3	
PEPTAMEN JUNIOR FIBER - nutritional supplement liquid	3	
PEPTAMEN JUNIOR HP - nutritional supplement liquid	3	
PEPTAMEN JUNIOR 1 CAL - nutritional supplement liquid	3	
PEPTAMEN JUNIOR 1.5 - nutritional supplement liquid	3	
PEPTAMEN JUNIOR 1.5 CAL - nutritional supplement liquid	3	
PEPTAMEN 1.5 CAL - nutritional supplement liquid	3	
PEPTAMEN 1.5 CAL - nutritional supplement liquid (enteral)	3	
PEPTAMEN 1.5 CAL/PREBIO1 - nutritional supplement liquid	3	
PEPTAMEN 1.5 CAL/PREBIO1 - nutritional supplement liquid (enteral)	3	
PEPTAMEN/PREBIO1 - nutritional supplement liquid	3	
PEPTICATE - infant foods powder	3	
PERATIVE - nutritional supplement liquid	3	
PERATIVE 1.3 CAL - nutritional supplement liquid	3	
PERIFLEX ADVANCE - nutritional supplement powder	3	
PERIFLEX INFANT - infant foods powder	3	
PERIFLEX JUNIOR - nutritional supplement powder	3	
PFD TODDLER - nutritional supplement powder	3	
PFD 2 - nutritional supplement powder	3	
PHENEX-1 - nutritional supplement powder	3	
PHENEX-2 - nutritional supplement powder	3	
PHENYL-FREE 1 - infant foods powder	3	
PHENYL-FREE 2 - nutritional supplement powder	3	
PHENYL-FREE 2HP - nutritional supplement powder	3	
PHENYLADE DRINK MIX - nutritional supplement powder	3	
PHENYLADE ESSENTIAL DRINK - nutritional supplement powder	3	
PHENYLADE ESSENTIAL DRINK - nutritional supplement pack	3	
PHENYLADE GMP - nutritional supplement powder	3	
PHENYLADE GMP - nutritional supplement pack	3	
PHENYLADE GMP DRINK MIX/D - nutritional supplement powder	3	
PHENYLADE GMP MIX-IN - nutritional supplement powder	3	
PHENYLADE GMP MIX-IN - nutritional supplement pack	3	
PHENYLADE GMP READY - nutritional supplement liquid	3	
PHENYLADE GMP ULTRA - nutritional supplement pack	3	
PHENYLADE RTD PKU 10 - nutritional supplement liquid	3	
PHENYLADE60 DRINK MIX - nutritional supplement powder	3	
PHENYLADE60 DRINK MIX - nutritional supplement pack	3	
PHLEXY-10 - nutritional supplement pack	3	
PIVOT 1.5 CAL - nutritional supplement liquid	3	

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Drug Name	Drug Tier	Requirements/Limits
PIVOT 1.5 CAL - nutritional supplement liquid (enteral)	3	
PKU AIR20 GOLD - nutritional supplement liquid	3	
PKU AIR20 GREEN - nutritional supplement liquid	3	
PKU AIR20 YELLOW - nutritional supplement liquid	3	
PKU COOLER 10 - nutritional supplement liquid	3	
PKU COOLER 15 - nutritional supplement liquid	3	
PKU COOLER 20 - nutritional supplement liquid	3	
PKU EASY SHAKE & GO - nutritional supplement powder	3	
PKU EXPLORE10 - nutritional supplement pack	3	
PKU EXPLORE5 - nutritional supplement pack	3	
PKU GEL - nutritional supplement pack	3	
PKU LOPHLEX LQ 20 - nutritional supplement liquid	3	
PKU PERIFLEX EARLY YEARS - nutritional supplement powder	3	
PKU PERIFLEX JUNIOR PLUS - nutritional supplement powder	3	
PKU SPHERE NEXT 15 - nutritional supplement liquid	3	
PKU SPHERE 15 - nutritional supplement pack	3	
PKU SPHERE 20 - nutritional supplement liquid	3	
PKU SPHERE 20 - nutritional supplement pack	3	
PKU START - nutritional supplement powder	3	
PKU TRIO - nutritional supplement powder	3	
PKU 2 - nutritional supplement powder	3	
PKU 3 - nutritional supplement powder	3	
POLYCAL - nutritional supplement powder	3	
PORTAGEN - nutritional supplement powder	3	
PREGESTIMIL - infant foods powder	3	
PREMIUM INFANT FORMULA/IR - infant foods powder	3	
PRO-PHREE - nutritional supplement powder	3	
PROMOD - nutritional supplement liquid	3	
PROMOD - nutritional supplement powder	3	
PROMOTE - nutritional supplement liquid	3	
PROMOTE - nutritional supplement liquid (enteral)	3	
PROMOTE WITH FIBER - nutritional supplement liquid	3	
PROMOTE WITH FIBER - nutritional supplement liquid (enteral)	3	
PROMOTE 1.0 - nutritional supplement liquid	3	
PROMOTE 1.0 WITH FIBER - nutritional supplement liquid	3	
PROMOTE/FIBER - nutritional supplement liquid (enteral)	3	
PROPIMEX-1 - nutritional supplement powder	3	
PROPIMEX-2 - nutritional supplement powder	3	
PROSOURCE - nutritional supplement liquid	3	
PROSOURCE - nutritional supplement powder	3	
PROSOURCE PLUS - nutritional supplement liquid	3	

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Drug Name	Drug Tier	Requirements/Limits
PROSOURCE TF - nutritional supplement liquid	3	
PROSOURCE XTRACAL - nutritional supplement liquid	3	
PROSOURCE ZAC - nutritional supplement liquid	3	
PROSURE - nutritional supplement liquid	3	
PROTALITY - nutritional supplement liquid	3	
PROTEIN FORTIFIED COOKIE - nutritional supplement misc	3	
PROVIMIN - nutritional supplement powder	3	
PULMOCARE - nutritional supplement liquid	3	
PULMOCARE - nutritional supplement liquid (enteral)	3	
PULMOCARE 1.5 - nutritional supplement liquid	3	
PURAMINO DHA/ARA - infant foods powder	3	
PURAMINO JR - infant foods powder	3	
PURE BLISS ORGANIC/A2 MIL - infant foods powder	3	
PURE BLISS ORGANIC/IRON - infant foods powder	3	
PURECARB - nutritional supplement powder	3	
PUSH 20+ ADVANCED - nutritional supplement liquid	3	
RE/GEN PROTEIN FORTIFIED - nutritional supplement misc	3	
RE/NEPH - nutritional supplement liquid	3	
RE/NEPH LP/HC - nutritional supplement liquid	3	
RE/NEPH REDUCED SUGAR - nutritional supplement liquid	3	
REAL FOOD BLENDS - nutritional supplement liquid (enteral)	3	
REAL FOOD BLENDS BEEF/POT - nutritional supplement liquid (enteral)	3	
REAL FOOD BLENDS CHICKEN/ - nutritional supplement liquid (enteral)	3	
REAL FOOD BLENDS EGGS/APP - nutritional supplement liquid (enteral)	3	
REAL FOOD BLENDS MINI/PRU - nutritional supplement liquid (enteral)	3	
REAL FOOD BLENDS QUINOA/K - nutritional supplement liquid (enteral)	3	
REAL FOOD BLENDS SALMON/O - nutritional supplement liquid (enteral)	3	
REAL FOOD BLENDS TURKEY/P - nutritional supplement liquid (enteral)	3	
REAL FOOD BLENDS TURKEY/S - nutritional supplement liquid (enteral)	3	
REASON - nutritional supplement liquid	3	
REASON PEPTIDE 1.5 - nutritional supplement liquid	3	
REGULAR NUTRITIONAL SHAKE - nutritional supplement liquid	3	
RENASTART - nutritional supplement powder	3	
RENASTEP - nutritional supplement liquid	3	
RESTORE FUSION RENAL SUPP - nutritional supplement powder	3	

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Drug Name	Drug Tier	Requirements/Limits
RESTORE RENAL SUPPORT - nutritional supplement powder	3	
RESURGEX - nutritional supplement pack	3	
RESURGEX PLUS - nutritional supplement pack	3	
RESURGEX SELECT - nutritional supplement pack	3	
S.O.S. 25 - nutritional supplement pack	3	
SB COMPLETE NUTRITION - nutritional supplement liquid	3	
SB COMPLETE NUTRITION PLU - nutritional supplement liquid	3	
SCANDICAL - nutritional supplement powder	3	
SCANDISHAKE - nutritional supplement powder	3	
SERACAL - nutritional supplement powder	3	
SERACAL - nutritional supplement pack	3	
SIMILAC - infant foods powder	3	
SIMILAC ADVANCE COMPLETE - infant foods powder	3	
SIMILAC ADVANCE EARLY SHI - infant foods powder	3	
SIMILAC ADVANCE LAMEHADRI - infant foods powder	3	
SIMILAC ADVANCE NON-GMO - infant foods powder	3	
SIMILAC ADVANCE OPTIGRO/I - infant foods powder	3	
SIMILAC ADVANCE ORGANIC E - infant foods powder	3	
SIMILAC ADVANCE/IRON - infant foods powder	3	
SIMILAC ADVANCE/IRON - infant foods packet	3	
SIMILAC ALIMENTUM TODDLER - infant foods powder	3	
SIMILAC ALIMENTUM-IRON - infant foods powder	3	
SIMILAC EXPERT CARE ALIME - infant foods powder	3	
SIMILAC FOR SPIT-UP EARLY - infant foods powder	3	
SIMILAC FOR SPIT-UP/OPTIG - infant foods powder	3	
SIMILAC FOR SUPPLEMENTATI - infant foods powder	3	
SIMILAC GO & GROW EARLY S - infant foods powder	3	
SIMILAC GO & GROW FOR LAC - infant foods powder	3	
SIMILAC GO & GROW HMO - infant foods powder	3	
SIMILAC GO & GROW MIX-INS - infant foods packet	3	
SIMILAC GO & GROW NON-GMO - infant foods powder	3	
SIMILAC GO & GROW TODDLER - infant foods powder	3	
SIMILAC HUMAN MILK FORTIF - infant foods powder	3	
SIMILAC LACTOSE FREE - infant foods powder	3	
SIMILAC LACTOSE FREE ADVA - infant foods powder	3	
SIMILAC LOW-IRON - infant foods powder	3	
SIMILAC NEOSURE - infant foods powder	3	
SIMILAC NEOSURE OPTIGRO - infant foods powder	3	
SIMILAC ORGANIC/A2 MILK/I - infant foods powder	3	
SIMILAC ORGANIC/IRON - infant foods powder	3	
SIMILAC PM 60/40 - infant foods powder	3	

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Drug Name	Drug Tier	Requirements/Limits
SIMILAC PRO-ADVANCE OPTIG - infant foods powder	3	
SIMILAC PRO-ADVANCE/IRON - infant foods powder	3	
SIMILAC PRO-SENSITIVE OPT - infant foods powder	3	
SIMILAC PRO-SENSITIVE/IRO - infant foods powder	3	
SIMILAC PRO-TOTAL COMFORT - infant foods powder	3	
SIMILAC PURE BLISS INFANT - infant foods powder	3	
SIMILAC PURE BLISS TODDLE - infant foods powder	3	
SIMILAC SENSITIVE EARLY S - infant foods powder	3	
SIMILAC SENSITIVE FOR FUS - infant foods powder	3	
SIMILAC SENSITIVE NON-GMO - infant foods powder	3	
SIMILAC SENSITIVE OPTIGRO - infant foods powder	3	
SIMILAC SENSITIVE SOY ISO - infant foods powder	3	
SIMILAC SENSITIVE SOY ISO - infant foods packet	3	
SIMILAC SENSITIVE/FUSSINE - infant foods powder	3	
SIMILAC SOY ISOMIL/FUSSIN - infant foods powder	3	
SIMILAC SPIT-UP OPTIGRO/I - infant foods powder	3	
SIMILAC TOTAL COMFORT OPT - infant foods powder	3	
SIMILAC 2 ADVANCE - infant foods powder	3	
SIMILAC 2/IRON - infant foods powder	3	
SIMILAC 360 TOTAL CARE - infant foods powder	3	
SIMILAC 360 TOTAL CARE GE - infant foods powder	3	
SIMILAC 360 TOTAL CARE SE - infant foods powder	3	
SIMILAC 360 TOTAL CARE 5 - infant foods powder	3	
SIMILAC/IRON - infant foods powder	3	
SIMILAC/IRON - infant foods packet	3	
SOD ANAMIX EARLY YEARS - nutritional supplement powder	3	
SOL CARB - nutritional supplement powder	3	
SUPLENA - nutritional supplement liquid	3	
SUPLENA RTU - nutritional supplement liquid	3	
SUPLENA WITH CARB STEADY - nutritional supplement liquid	3	
SUPLENA 1.8 WITH CARBSTEA - nutritional supplement liquid	3	
THICK-IT BEEF LASAGNA PUR - nutritional supplement misc	3	
THICK-IT CHICKEN A LA KIN - nutritional supplement misc	3	
THICK-IT MAPLE CINNAMON F - nutritional supplement misc	3	
THICK-IT MIXED FRUIT AND - nutritional supplement misc	3	
THICK-IT SEASONED CHICKEN - nutritional supplement misc	3	
THICK-IT SWEET CORN PUREE - nutritional supplement misc	3	
THICK-IT THICKENED CRANBE - nutritional supplement liquid	3	
TOLEREX - nutritional supplement pack	3	
TRUHARVEST PEPTIDE 1.5 - nutritional supplement liquid	3	
TWOCAL HN - nutritional supplement liquid	3	

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Drug Name	Drug Tier	Requirements/Limits
TWOCAL HN - nutritional supplement liquid (enteral)	3	
TWOCAL HN 2.0 - nutritional supplement liquid	3	
TYR ANAMIX EARLY YEARS - nutritional supplement powder	3	
TYR ANAMIX NEXT - nutritional supplement powder	3	
TYR COOLER - nutritional supplement liquid	3	
TYR COOLER15 - nutritional supplement liquid	3	
TYR GEL - nutritional supplement pack	3	
TYR GOLIKE - nutritional supplement bar	3	
TYR GOLIKE PLUS - nutritional supplement pack	3	
TYR LOPHLEX GMP MIX-IN - nutritional supplement pack	3	
TYR LOPHLEX LQ - nutritional supplement liquid	3	
TYREX-1 - nutritional supplement powder	3	
TYREX-2 - nutritional supplement powder	3	
TYROS 1 - nutritional supplement powder	3	
TYROS 2 - nutritional supplement powder	3	
UCD ANAMIX INFANT - infant foods powder	3	
UCD ANAMIX JUNIOR - nutritional supplement powder	3	
UCD TRIO - nutritional supplement powder	3	
UCD 2 - nutritional supplement powder	3	
ULTRAMINO SOY PROTEIN - nutritional supplement powder	3	
ULTRIENT 1.5 SAFE-T FEED - nutritional supplement liquid	3	
UTYMAX - nutritional supplement pack	3	
VITAL AF 1.2 CAL - nutritional supplement liquid	3	
VITAL AF 1.2 CAL - nutritional supplement liquid (enteral)	3	
VITAL AF 1.2 CAL ADVANCED - nutritional supplement liquid	3	
VITAL HN - nutritional supplement pack	3	
VITAL HP 1.0 CAL - nutritional supplement liquid	3	
VITAL HP 1.0 CAL - nutritional supplement liquid (enteral)	3	
VITAL JR - nutritional supplement liquid	3	
VITAL PEPTIDE 1.5 CAL - nutritional supplement liquid	3	
VITAL 1.0 CAL - nutritional supplement liquid	3	
VITAL 1.0 CAL - nutritional supplement liquid (enteral)	3	
VITAL 1.5 CAL - nutritional supplement liquid	3	
VITAL 1.5 CAL - nutritional supplement liquid (enteral)	3	
VIVONEX PEDIATRIC - nutritional supplement powder	3	
VIVONEX PLUS - nutritional supplement pack	3	
VIVONEX RTF - nutritional supplement liquid	3	
VIVONEX T.E.N. - nutritional supplement pack	3	
WELLNESS ESSENTIALS - nutritional supplement kit	3	
WELLNESS ESSENTIALS AI - nutritional supplement kit	3	
WELLNESS ESSENTIALS BLOOD - nutritional supplement kit	3	

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Drug Name	Drug Tier	Requirements/Limits
WELLNESS ESSENTIALS FOR J - nutritional supplement kit	3	
WELLNESS ESSENTIALS FOR M - nutritional supplement kit	3	
WELLNESS ESSENTIALS FOR P - nutritional supplement kit	3	
WELLNESS ESSENTIALS FOR W - nutritional supplement kit	3	
WND 1 - nutritional supplement powder	3	
WND 2 - nutritional supplement powder	3	
XLEU ANALOG - infant foods powder	3	
XLEU MAXAMAID - nutritional supplement powder	3	
XLYS XTRP ANALOG - infant foods powder	3	
XLYS-XTRP MAXAMAID - nutritional supplement powder	3	
XLYS-XTRP MAXAMUM - nutritional supplement powder	3	
XMET ANALOG - infant foods powder	3	
XMET MAXAMAID - nutritional supplement powder	3	
XMET XCYS MAXAMAID - nutritional supplement powder	3	
XMTVI ANALOG - infant foods powder	3	
XMTVI MAXAMAID - nutritional supplement powder	3	
XPHE MAXAMAID - nutritional supplement powder	3	
XPHE-XTYR ANALOG - infant foods powder	3	
XPHE-XTYR MAXAMAID - nutritional supplement powder	3	
XPTM ANALOG - infant foods powder	3	
XTRACAL PLUS - nutritional supplement liquid	3	
3232A INFANT FORMULA & ME - nutritional supplement powder	3	
HEMATOLOGICAL AGENTS		
HEMATOPOIETIC AGENTS		
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 10 mcg/0.4ml, 25 mcg/0.42ml, 40 mcg/0.4ml, 60 mcg/0.3ml, 100 mcg/0.5ml, 150 mcg/0.3ml, 200 mcg/0.4ml, 300 mcg/0.6ml, 500 mcg/ml	4	LD, PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 25 mcg/ml, 40 mcg/ml, 60 mcg/ml, 100 mcg/ml, 200 mcg/ml	4	LD, PA
carbonyl iron susp 15 mg/1.25ml (elemental iron)	1	AC
CERDELGA - eliglustat tartrate cap 84 mg (base equivalent)	4	LD, PA, QL (60 capsules/30 days)
cyanocobalamin inj 1000 mcg/ml	1	
DOPTELET - avatrombopag maleate tab 20 mg (base equiv)	4	LD, PA, QL (60 tablets/30 days)
DOPTELET SPRINKLE - avatrombopag maleate cap sprinkle 10 mg (base equiv)	4	LD, PA, QL (60 capsules/30 days)
eltrombopag olamine powder pack for susp 25 mg (base equiv), 12.5 mg (base eq) (Promacta)	4	LD, PA, QL (30 packets/30 days)
eltrombopag olamine tab 12.5 mg (base equiv), 25 mg (base equiv) (Promacta)	4	LD, PA, QL (30 tablets/30 days)
eltrombopag olamine tab 50 mg (base equiv), 75 mg (base equiv) (Promacta)	4	LD, PA, QL (60 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
EPOGEN - epoetin alfa inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml	4	LD, PA
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe), 220 mg/5ml (44 mg/5ml elemental fe), 300 mg/5ml (60 mg/5ml elemental fe)	1	AC
folic acid cap 0.8 mg	1	AC
folic acid tab 400 mcg, 800 mcg	1	AC
folic acid tab 1 mg	1	
FULPHILA - pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6ml	4	LD
glutamine (sickle cell) powd pack 5 gm (Endari)	4	LD, PA
HYDROXOCOBALAMIN - hydroxocobalamin acetate inj 1000 mcg/ml (base equivalent)	3	
IRON UP - polysaccharide iron complex liquid 15 mg/0.5ml (fe equiv)	2	AC
LEUKINE - sargramostim lyophilized for inj 250 mcg	4	LD
MIRCERA - methoxy peg-epoetin beta soln prefilled syr 30 mcg/0.3ml, 50 mcg/0.3ml, 75 mcg/0.3ml, 100 mcg/0.3ml, 120 mcg/0.3ml, 150 mcg/0.3ml, 200 mcg/0.3ml	3	PA
MULPLETA - lusutrombopag tab 3 mg	4	LD, PA, QL (7 tablets/7 days)
NIVESTYM - filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	4	LD
NOVAFERRUM PEDIATRIC DROP - polysaccharide iron complex liquid 15 mg/ml (fe equiv)	2	AC
PROCRIT - epoetin alfa inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml, 40000 unit/ml	4	LD, PA
RETACRIT - epoetin alfa-epbx inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml, 40000 unit/ml	4	LD, PA
UDENYCA - pegfilgrastim-cbqv soln auto-injector 6 mg/0.6ml	4	LD
UDENYCA - pegfilgrastim-cbqv soln prefilled syringe 6 mg/0.6ml	4	LD
UDENYCA ONBODY - pegfilgrastim-cbqv soln prefill syr/infusion dev 6 mg/0.6ml	4	LD
XOLREMDI - mavorixafor cap 100 mg	4	LD, PA, QL (120 capsules/30 days)
ZARXIO - filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	4	LD
ANTICOAGULANTS		
dabigatran etexilate mesylate cap 75 mg (etexilate base eq), 150 mg (etexilate base eq) (Pradaxa)	1	QL (60 capsules/30 days)
dabigatran etexilate mesylate cap 110 mg (etexilate base eq) (Pradaxa)	1	QL (120 capsules/30 days)
ELIQUIS - apixaban cap sprinkle 0.15 mg	2	QL (74 capsules/30 days)
ELIQUIS - apixaban tab 2.5 mg	2	QL (60 tablets/30 days)
ELIQUIS - apixaban tab 5 mg	2	QL (74 tablets/30 days)
ELIQUIS - apixaban tab for oral susp 0.5 mg	2	QL (5 boxes/28 days)

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Drug Name	Drug Tier	Requirements/Limits
ELIQUIS - apixaban tab for oral susp pack 3 x 0.5 mg (1.5 mg), 4 x 0.5 mg (2 mg)	2	QL (5 boxes/28 days)
ELIQUIS STARTER PACK - apixaban tab starter pack 5 mg	2	QL (1 pack/180 days)
enoxaparin sodium inj soln pref syr 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml, 100 mg/ml, 120 mg/0.8ml, 150 mg/ml (Lovenox)	1	
enoxaparin sodium inj 300 mg/3ml (Lovenox)	1	
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml (Arixtra)	1	
HEPARIN SODIUM - heparin sodium (porcine) pf inj 5000 unit/ml	3	
heparin sodium (porcine) inj 1000 unit/ml, 5000 unit/ml, 10000 unit/ml, 20000 unit/ml	1	
heparin sodium (porcine) pf inj 1000 unit/ml, 5000 unit/0.5ml	1	
PRADAXA - dabigatran etexilate mesylate pellet pack 20 mg, 150 mg	3	QL (60 packets/30 days)
PRADAXA - dabigatran etexilate mesylate pellet pack 30 mg, 40 mg, 50 mg, 110 mg	3	QL (120 packets/30 days)
rivaroxaban for susp 1 mg/ml (Xarelto)	1	QL (620 mls/30 days)
rivaroxaban tab 2.5 mg (Xarelto)	1	QL (60 tablets/30 days)
warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg	1	
XARELTO - rivaroxaban for susp 1 mg/ml	2	QL (620 mls/30 days)
XARELTO - rivaroxaban tab 2.5 mg, 15 mg	2	QL (60 tablets/30 days)
XARELTO - rivaroxaban tab 10 mg, 20 mg	2	QL (30 tablets/30 days)
XARELTO STARTER PACK - rivaroxaban tab starter therapy pack 15 mg & 20 mg	2	QL (51 tablets/30 days)
HEMOSTATICS		
tranexamic acid tab 650 mg	1	
HEMATOLOGICAL AGENTS - MISC.		
ADVATE - antihemophilic factor recomb (rahf-pfm) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit, 4000 unit	4	LD, PA, QL (1 ml/30 days)
ADYNOVATE - antihemophilic factor recomb pegylated for inj 250 unit, 500 unit, 750 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	4	LD, PA, QL (1 ml/30 days)
AFSTYLA - antihemophilic fact rcmb single chain for inj kit 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 2500 unit, 3000 unit	4	LD, PA, QL (1 ml/30 days)
ALPHANATE - antihemophilic factor/vwf (human) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit	4	LD, PA, QL (1 ml/30 days)
ALPHANINE SD - coagulation factor ix for inj 500 unit	4	LD, PA
ALPHANINE SD - coagulation factor ix for inj 1000 unit, 1500 unit	4	LD, PA, QL (1 ml/30 days)
ALPROLIX - coagulation factor ix (recomb) (rfixfc) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit, 4000 unit	4	LD, PA, QL (1 ml/30 days)
ALTUVIIIO - antihemophilic fact rcmb fc-vwf-xten-ehtl for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit, 4000 unit	4	LD, PA, QL (1 ml/30 days)
anagrelide hcl cap 0.5 mg (Agrylin)	1	

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Drug Name	Drug Tier	Requirements/Limits
anagrelide hcl cap 1 mg	1	
ANDEMBRY - garadacimab-gxii soln auto-injector 200 mg/1.2ml	4	LD, PA, QL (1 pen/30 days)
AQVESME - mitapivat sulfate tab 100 mg	4	LD, PA, QL (60 tablets/30 days)
aspirin-dipyridamole cap er 12hr 25-200 mg	1	
BENEFIX - coagulation factor ix (recombinant) for inj kit 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	4	LD, PA, QL (1 ml/30 days)
cilostazol tab 50 mg, 100 mg	1	
clopidogrel bisulfate tab 75 mg (base equiv) (Plavix)	1	
COAGADEX - coagulation factor x (human) for inj 250 unit, 500 unit	4	LD
CORIFACT - factor xiii concentrate (human) for inj kit 1000-1600 unit	4	LD
DAWNZERA - donidalorsen sodium subcutaneous soln auto-inj 80 mg/0.8ml	4	LD, PA, QL (1 pen/28 days)
dipyridamole tab 25 mg, 50 mg, 75 mg	1	
ELOCTATE - antihemophilic factor rcmb (bdd-rfviiifc) for inj 250 unit, 500 unit, 750 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit, 4000 unit, 5000 unit, 6000 unit	4	LD, PA, QL (1 ml/30 days)
EMPAVELI - pegcetacoplan subcutaneous soln 1080 mg/20ml (54 mg/ml)	4	LD, PA, QL (8 vials/28 days)
ESPEROCT - antihemophilic factor recomb glycopeg-exei for inj 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit, 4000 unit	4	LD, PA, QL (1 ml/30 days)
FABHALTA - iptacopan hcl cap 200 mg	4	LD, PA, QL (60 capsules/30 days)
FEIBA - antiinhibitor coagulant complex for iv soln 500 unit, 1000 unit, 2500 unit	4	LD
FIBRYGA - fibrinogen concentrate (human) for iv soln 1 gm, 2 gm	4	LD
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 2000 unit	4	LD, PA, QL (27 vials/28 days)
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 3000 unit	4	LD, PA, QL (18 vials/28 days)
HEMLIBRA - emicizumab-kxwh subcutaneous soln 12 mg/0.4ml (30 mg/ml), 30 mg/ml, 60 mg/0.4ml (150 mg/ml), 105 mg/0.7ml (150 mg/ml), 150 mg/ml, 300 mg/2ml (150 mg/ml)	4	LD, PA, QL (1 ml/30 days)
HEMOFIL M - antihemophilic factor (human) for inj 250 unit, 500 unit, 1000 unit, 1700 unit	4	LD, PA, QL (1 ml/30 days)
HUMATE-P - antihemophilic factor/vwf (human) for inj 250-600 unit, 500-1200 unit, 1000-2400 unit	4	LD, PA, QL (1 ml/30 days)
HYMPAVZI - marstacimab-hncq subcutaneous soln auto-inj 75 mg/0.5ml	4	LD, PA, QL (4 pens/28 days)
HYMPAVZI - marstacimab-hncq subcutaneous soln auto-inj 150 mg/ml	4	LD, PA, QL (8 pens/28 days)
icatibant acetate subcutaneous soln pref syr 30 mg/3ml (Firazyr)	4	LD, PA, QL (6 syringes/30 days)
IDELVION - coagulation factor ix (recomb) (rix-fp) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3500 unit	4	LD, PA, QL (1 ml/30 days)
JIVI - antihemophil fact rcmb(bdd-rfviii peg-aucl) for inj 500 unit	4	LD, PA, QL (1 ml/30 days)

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Drug Name	Drug Tier	Requirements/Limits
JIVI - antihemophil fact rcmb(bdd-rfviii peg-aucl)for inj 1000 unit, 2000 unit, 3000 unit, 4000 unit	4	LD, PA, QL (1 ml/30 days)
KOATE - antihemophilic factor (human) for inj 250 unit, 500 unit, 1000 unit	4	LD, PA, QL (1 ml/30 days)
KOATE-DVI - antihemophilic factor (human) for inj 1000 unit	4	LD, PA, QL (1 ml/30 days)
KOVALTRY - antihemophilic factor recomb (rahf-pfm) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	4	LD, PA, QL (1 ml/30 days)
NOVOEIGHT - antihemophilic fact rcmb (bd trunc-rfviii) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	4	LD, PA, QL (1 ml/30 days)
NOVOSEVEN RT - coagulation factor viia (recomb) for inj 1 mg (1000 mcg), 2 mg (2000 mcg), 5 mg (5000 mcg), 8 mg (8000 mcg)	4	LD, PA, QL (1 ml/30 days)
NUWIQ - antihemophilic factor rcmb (bdd-rfviii,sim) for inj 250 unit, 500 unit	4	LD, PA, QL (1 ml/30 days)
NUWIQ - antihemophilic fact rcmb (bdd-rfviii,sim) for inj 1000 unit, 1500 unit, 2000 unit, 2500 unit, 3000 unit, 4000 unit	4	LD, PA, QL (1 ml/30 days)
NUWIQ - antihemophil fact rcmb (bdd-rfviii,sim) for inj kit 250 unit, 500 unit	4	LD, PA, QL (1 ml/30 days)
NUWIQ - antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 1000 unit, 1500 unit, 2000 unit, 2500 unit, 3000 unit, 4000 unit	4	LD, PA, QL (1 ml/30 days)
OBIZUR - antihemophilic factor (recomb porc) rpfviii for inj 500 unit	4	LD
ORLADEYO - berotralstat hcl cap 110 mg, 150 mg	4	LD, PA, QL (30 capsules/30 days)
ORLADEYO - berotralstat hcl pellet pack 72 mg, 96 mg, 108 mg, 132 mg	4	LD, PA, QL (28 packets/28 days)
pentoxifylline tab er 400 mg	1	
prasugrel hcl tab 5 mg (base equiv), 10 mg (base equiv) (Effient)	1	
PROFILNINE - factor ix complex for inj 500 unit, 1000 unit, 1500 unit	4	LD, PA, QL (1 ml/30 days)
PYRUKYND - mitapivat sulfate tab 5 mg, 20 mg, 50 mg	4	LD, PA, QL (56 tablets/28 days)
PYRUKYND TAPER PACK - mitapivat sulfate tab therapy pack 5 mg	4	LD, PA, QL (7 tablets/365 days)
PYRUKYND TAPER PACK - mitapivat sulfate tab therapy pack 7 x 20 mg & 7 x 5 mg, 7 x 50 mg & 7 x 20 mg	4	LD, PA, QL (14 tablets/365 days)
REBINYN - coagulation factor ix recomb glycopegylated for inj 500 unt, 1000 unt, 2000 unt, 3000 unt	4	LD, PA, QL (1 ml/30 days)
RECOMBINATE - antihemophilic factor recomb (rfviii) for inj 220-400 unit, 401-800 unit, 801-1240 unit, 1241-1800 unit, 1801-2400 unit	4	LD, PA, QL (1 ml/30 days)
RIASTAP - fibrinogen concentrate (human) for iv soln 1 gm	4	LD
RIXUBIS - coagulation factor ix (recombinant) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	4	LD, PA, QL (1 ml/30 days)
SEVENFACT - coagulation factor viia (recom)-jncw for inj 1 mg (1000 mcg), 2 mg (2000 mcg), 5 mg (5000 mcg)	4	LD, PA, QL (1 ml/30 days)
TAKHZYRO - lanadelumab-flyo soln pref syringe 150 mg/ml, 300 mg/2ml (150 mg/ml)	4	LD, PA, QL (2 syringes/28 days)
ticagrelor tab 60 mg, 90 mg (Brilinta)	1	
TRETTEN - coagulation factor xiii a-subunit for inj 2500 unit	4	LD

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Drug Name	Drug Tier	Requirements/Limits
VONVENDI - von willebrand factor (recombinant) for inj 650 unit, 1300 unit	4	LD, PA, QL (1 ml/30 days)
WILATE - antihemophilic factor/vwf (human) for inj 500-500 unit kit	4	LD, PA, QL (1 ml/30 days)
WILATE - antihemophilic factor/vwf (human) for inj 1000-1000 unit kit	4	LD, PA, QL (1 ml/30 days)
XYNTHA - antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit, 500 unit	4	LD, PA, QL (1 ml/30 days)
XYNTHA - antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit, 2000 unit	4	LD, PA, QL (1 ml/30 days)
XYNTHA SOLOFUSE - antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit, 500 unit	4	LD, PA, QL (1 ml/30 days)
XYNTHA SOLOFUSE - antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit, 2000 unit, 3000 unit	4	LD, PA, QL (1 ml/30 days)
ZONTIVITY - vorapaxar sulfate tab 2.08 mg (base equivalent)	3	
TOPICAL PRODUCTS		
OPHTHALMIC AGENTS		
APRACLONIDINE - apraclonidine hcl ophth soln 0.5% (base equivalent)	3	
ATROPINE SULFATE - atropine sulfate ophth soln 1%	3	
atropine sulfate ophth soln 1%	1	
azelastine hcl ophth soln 0.05%	1	
BACITRACIN/POLYMYXIN B - bacitracin-polymyxin b ophth oint	3	
bepotastine besilate ophth soln 1.5% (Bepreve)	1	
BESIVANCE - besifloxacin hcl ophth susp 0.6% (base equiv)	2	
BETAXOLOL HCL - betaxolol hcl ophth soln 0.5%	3	
bimatoprost ophth soln 0.01% (Lumigan)	1	QL (2.5 mls/20 days)
brimonidine tartrate ophth soln 0.2%	1	
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5% (Combigan)	1	
CARTEOLOL HCL - carteolol hcl ophth soln 1%	3	
ciprofloxacin hcl ophth soln 0.3% (base equivalent)	1	
CROMOLYN SODIUM - cromolyn sodium ophth soln 4%	3	
CYCLOGYL - cyclopentolate hcl ophth soln 0.5%, 2%	3	
CYCLOMYDRIL - cyclopentolate w/ phenylephrine ophth soln 0.2-1%	3	
cyclopentolate hcl ophth soln 1% (Cyclogyl)	1	
CYSTADROPS - cysteamine hcl ophth soln 0.37% (base equivalent)	4	LD
CYSTARAN - cysteamine hcl ophth soln 0.44% (base equivalent)	4	LD
DEXAMETHASONE SODIUM PHOS - dexamethasone sodium phosphate ophth soln 0.1%	3	
diclofenac sodium ophth soln 0.1%	1	
difluprednate ophth emulsion 0.05% (Durezol)	1	
dorzolamide hcl ophth soln 2%	1	

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Drug Name	Drug Tier	Requirements/Limits
dorzolamide hcl-timolol maleate ophth soln 2-0.5% (Cosopt)	1	
epinastine hcl ophth soln 0.05%	1	
erythromycin ophth oint 5 mg/gm	1	
FLAREX - fluorometholone acetate ophth susp 0.1%	3	
fluorometholone ophth susp 0.1% (Fml liquifilm)	1	
FLURBIPROFEN SODIUM - flurbiprofen sodium ophth soln 0.03%	3	
gatifloxacin ophth soln 0.5%	1	
gentamicin sulfate ophth soln 0.3%	1	
KETOROLAC TROMETHAMINE - ketorolac tromethamine ophth soln 0.4%	1	
ketorolac tromethamine ophth soln 0.5% (Acular)	1	
latanoprost ophth soln 0.005% (Xalatan)	1	QL (2.5 mls/20 days)
LEVOBUNOLOL HCL - levobunolol hcl ophth soln 0.5%	3	
loteprednol etabonate-tobramycin ophth susp 0.5-0.3% (Zylet)	1	
LUMIGAN - bimatoprost ophth soln 0.01%	3	QL (2.5 mls/20 days), ST
MAXIDEX - dexamethasone ophth susp 0.1%	3	
moxifloxacin hcl ophth soln 0.5% (base equiv) (Vigamox)	1	
NATACYN - natamycin ophth susp 5%	2	
neomycin-polymyxin-dexamethasone ophth oint 0.1% (Maxitrol)	1	
neomycin-polymyxin-dexamethasone ophth susp 0.1% (Maxitrol)	1	
NEOMYCIN/POLYMYXIN/BACITR - neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	3	
NEOMYCIN/POLYMYXIN/BACITR - bacitracin-polymyxin-neomycin-hc ophth oint 1%	3	
NEOMYCIN/POLYMYXIN/GRAMIC - neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	3	
ofloxacin ophth soln 0.3% (Ocuflox)	1	
pilocarpine hcl ophth soln 1%, 2%, 4%	1	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	1	
prednisolone acetate ophth susp 1% (Pred forte)	1	
PREDNISOLONE SODIUM PHOSP - prednisolone sodium phosphate ophth soln 1%	3	
SIMBRINZA - brinzolamide-brimonidine tartrate ophth susp 1-0.2%	2	
SULFACETAMIDE SODIUM - sulfacetamide sodium ophth soln 10%	3	
SULFACETAMIDE SODIUM/PRED - sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	2	
timolol maleate ophth soln 0.25%, 0.5%	1	
tobramycin ophth soln 0.3%	1	QL (15 mls/30 days)
tobramycin-dexamethasone ophth susp 0.3-0.1%	1	
travoprost ophth soln 0.004% (benzalkonium free) (bak free) (Travatan z)	1	QL (2.5 mls/20 days)

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Drug Name	Drug Tier	Requirements/Limits
TRIFLURIDINE - trifluridine ophth soln 1%	2	
VYZULTA - latanoprostene bunod ophth soln 0.024%	3	QL (5 mls/20 days), ST
ZERVIATE - cetirizine hcl ophth soln 0.24% (base equiv)	3	PA
OTIC AGENTS		
acetic acid otic soln 2%	1	
ciprofloxacin hcl otic soln 0.2% (base equivalent) (Cetraxal)	1	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	1	
CIPROFLOXACIN/FLUOCINOLON - ciprofloxacin-fluocinolone aceton (pf) otic soln 0.3-0.025%	3	PA
fluocinolone acetonide (otic) oil 0.01% (Dermotic)	1	
hydrocortisone w/ acetic acid otic soln 1-2%	1	
neomycin-polymyxin-hc otic soln 1%	1	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	1	
ofloxacin otic soln 0.3%	1	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl cap 30 mg (Evoxac)	1	
chlorhexidine gluconate soln 0.12% (Peridex)	1	
CLINPRO 5000 - sodium fluoride paste 1.1%	2	AC
clotrimazole troche 10 mg	1	
DENTA 5000 PLUS - sodium fluoride cream 1.1%	2	AC
DENTA 5000 PLUS SENSITIVE - sodium fluoride-potassium nitrate gel 1.1-5%	2	AC
DENTAGEL - sodium fluoride gel 1.1% (0.5% f)	2	AC
EASYGEL - stannous fluoride gel 0.4%	2	AC
FLUORIDEX DAILY DEFENSE - sodium fluoride paste 1.1%	2	AC
FLUORIDEX DAILY RENEWAL - stannous fluoride conc 0.63%	2	AC
FLUORIDEX ENHANCED WHITEN - sodium fluoride paste 1.1%	2	AC
FLUORIDEX SENSITIVITY REL - sodium fluoride-potassium nitrate gel 1.1-5%	2	AC
FLUORIMAX 5000 - sodium fluoride paste 1.1%	2	AC
FLUORIMAX 5000 SENSITIVE - sodium fluoride-potassium nitrate gel 1.1-5%	2	AC
JUST RIGHT 5000 - sodium fluoride paste 1.1%	2	AC
lidocaine hcl viscous soln 2%	1	
nystatin susp 100000 unit/ml (Nystatin)	1	
pilocarpine hcl tab 5 mg, 7.5 mg (Salagen)	1	
PREVIDENT FLUORIDE - sodium fluoride gel 1.1% (0.5% f)	2	AC
PREVIDENT RINSE - sodium fluoride rinse 0.2%	2	AC
PREVIDENT 5000 BOOSTER PL - sodium fluoride paste 1.1%	2	AC
PREVIDENT 5000 DRY MOUTH - sodium fluoride gel 1.1% (0.5% f)	2	AC
PREVIDENT 5000 ENAMEL PRO - sodium fluoride-potassium nitrate gel 1.1-5%	2	AC

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Drug Name	Drug Tier	Requirements/Limits
PREVIDENT 5000 KIDS - sodium fluoride paste 1.1%	2	AC
PREVIDENT 5000 ORTHO DEFE - sodium fluoride paste 1.1%	2	AC
PREVIDENT 5000 PLUS - sodium fluoride cream 1.1%	2	AC
PREVIDENT 5000 SENSITIVE - sodium fluoride-potassium nitrate gel 1.1-5%	2	AC
SF - sodium fluoride gel 1.1% (0.5% f)	2	AC
SF 5000 PLUS - sodium fluoride cream 1.1%	2	AC
SODIUM FLUORIDE - sodium fluoride rinse 0.2%	2	AC
SODIUM FLUORIDE - sodium fluoride cream 1.1%	2	AC
SODIUM FLUORIDE - sodium fluoride gel 1.1% (0.5% f)	2	AC
SODIUM FLUORIDE 5000 PLUS - sodium fluoride cream 1.1%	2	AC
SODIUM FLUORIDE 5000 PPM - sodium fluoride gel 1.1% (0.5% f)	2	AC
SODIUM FLUORIDE 5000 PPM - sodium fluoride paste 1.1%	2	AC
SODIUM FLUORIDE 5000 PPM - sodium fluoride-potassium nitrate gel 1.1-5%	2	AC
SODIUM FLUORIDE/POTASSIUM - sodium fluoride-potassium nitrate gel 1.1-5%	2	AC
triamcinolone acetonide dental paste 0.1%	1	
ANORECTAL AGENTS		
ANALPRAM HC - hydrocortisone acetate w/ pramoxine perianal cream 2.5-1%	3	
ANALPRAM HC - hydrocortisone acetate w/ pramoxine perianal lotn 2.5-1%	3	
ANUCORT-HC - hydrocortisone acetate suppos 25 mg	3	
ANUSOL-HC - hydrocortisone acetate suppos 25 mg	3	
HEMMOREX-HC - hydrocortisone acetate suppos 25 mg	3	
HYDROCORTISONE - hydrocortisone perianal cream 1%	3	
HYDROCORTISONE ACETATE - hydrocortisone acetate suppos 25 mg	3	
hydrocortisone enema 100 mg/60ml (Cortenema)	1	
hydrocortisone perianal cream 2.5% (Anusol-hc)	1	
nitroglycerin oint 0.4% (Rectiv)	1	
PROCTOCORT - hydrocortisone perianal cream 1%	3	
PROCTOFOAM HC - hydrocortisone acetate w/ pramoxine perianal foam 1-1%	3	
DERMATOLOGICALS		
acitretin cap 10 mg, 25 mg	1	
acyclovir oint 5% (Zovirax)	1	
ADBRY - tralokinumab-ldrm subcutaneous soln auto-injector 300 mg/2ml	4	LD, PA, QL (2 pens/28 days)
ADBRY - tralokinumab-ldrm subcutaneous soln prefilled syr 150 mg/ml	4	LD, PA, QL (4 syringes/28 days)

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Drug Name	Drug Tier	Requirements/Limits
ALCLOMETASONE DIPROPIONAT - alclometasone dipropionate cream 0.05%	1	
ALCLOMETASONE DIPROPIONAT - alclometasone dipropionate oint 0.05%	3	
ALTRENO - tretinoin lotion 0.05%	3	PA
azelaic acid gel 15%	1	
BETAMETHASONE DIPROPIONAT - betamethasone dipropionate augmented gel 0.05%	3	QL (180 grams/90 days)
betamethasone dipropionate augmented cream 0.05%	1	QL (100 grams/30 days)
betamethasone dipropionate cream 0.05%	1	QL (100 grams/30 days)
betamethasone dipropionate lotion 0.05%	1	QL (100 mls/30 days)
BETAMETHASONE VALERATE - betamethasone valerate lotion 0.1% (base equivalent)	3	QL (120 mls/30 days)
betamethasone valerate cream 0.1% (base equivalent)	1	
betamethasone valerate oint 0.1% (base equivalent)	1	
BIMZELX - bimekizumab-bkzx subcutaneous soln auto-injector 160 mg/ml	4	LD, PA, QL (2 pens/56 days)
BIMZELX - bimekizumab-bkzx subcutaneous soln auto-injector 320 mg/2ml	4	LD, PA, QL (1 pen/56 days)
BIMZELX - bimekizumab-bkzx subcutaneous soln prefilled syr 160 mg/ml	4	LD, PA, QL (2 syringes/56 days)
BIMZELX - bimekizumab-bkzx subcutaneous soln prefilled syr 320 mg/2ml	4	LD, PA
BRIMONIDINE TARTRATE - brimonidine tartrate gel 0.33% (base equivalent)	1	
CALCIPOTRIENE - calcipotriene soln 0.005% (50 mcg/ml)	3	
calcipotriene cream 0.005%	1	
CIBINQO - abrocitinib tab 50 mg, 100 mg, 200 mg	4	LD, PA, QL (30 tablets/30 days)
ciclopirox gel 0.77%	1	QL (180 grams/30 days)
ciclopirox olamine cream 0.77% (base equiv)	1	QL (180 grams/30 days)
ciclopirox olamine susp 0.77% (base equiv)	1	QL (180 mls/30 days)
ciclopirox shampoo 1%	1	
ciclopirox solution 8% (Penlac Nail Lacquer)	1	PA, QL (6.6 mls/30 days)
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	1	
clindamycin phosphate gel 1% (twice-daily)	1	
clindamycin phosphate lotion 1% (Cleocin-t)	1	
clindamycin phosphate soln 1%	1	QL (180 mls/30 days)
clindamycin phosphate swab 1%	1	
clobetasol propionate cream 0.05%	1	QL (180 grams/90 days)
clobetasol propionate emollient base cream 0.05%	1	
clobetasol propionate oint 0.05%	1	QL (180 grams/90 days)
clobetasol propionate soln 0.05%	1	QL (180 mls/90 days)
clotrimazole w/ betamethasone cream 1-0.05%	1	

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Drug Name	Drug Tier	Requirements/Limits
COSENTYX - secukinumab subcutaneous soln prefilled syringe 75 mg/0.5ml, 150 mg/ml	4	LD, PA, QL (1 syringe/28 days)
COSENTYX - secukinumab subcutaneous pref syr 150 mg/ml (300 mg dose)	4	LD, PA, QL (2 syringes/28 days)
COSENTYX SENSOREADY PEN - secukinumab subcutaneous soln auto-injector 150 mg/ml	4	LD, PA, QL (1 pen/28 days)
COSENTYX SENSOREADY PEN - secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose)	4	LD, PA, QL (2 pens/28 days)
COSENTYX UNOREADY - secukinumab subcutaneous soln auto-injector 300 mg/2ml	4	LD, PA, QL (1 pen/28 days)
CROTAN - crotamiton lotion 10%	3	PA, QL (454 grams/30 days)
desonide cream 0.05%	1	
desonide oint 0.05%	1	
desoximetasone cream 0.25%	1	QL (100 grams/30 days)
desoximetasone oint 0.25% (Topicort)	1	QL (100 grams/30 days)
diclofenac sodium soln 1.5%	1	QL (2 bottles/30 days)
diflorasone diacetate oint 0.05%	1	PA, QL (100 grams/30 days)
DUPIXENT - dupilumab subcutaneous soln auto-injector 200 mg/1.14ml	4	LD, PA, QL (2 pens/28 days)
DUPIXENT - dupilumab subcutaneous soln auto-injector 300 mg/2ml	4	LD, PA, QL (4 pens/28 days)
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml	4	LD, PA, QL (2 syringes/28 days)
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 300 mg/2ml	4	LD, PA, QL (4 syringes/28 days)
EBGLYSS - lebrikizumab-lbkz subcutaneous soln auto-inject 250 mg/2ml	4	LD, PA, QL (1 pen/28 days)
EBGLYSS - lebrikizumab-lbkz solution prefilled syringe 250 mg/2ml	4	LD, PA, QL (1 syringe/28 days)
econazole nitrate cream 1%	1	QL (170 grams/30 days)
ENSTILAR - calcipotriene-betamethasone dipropionate foam 0.005-0.064%	2	QL (120 grams/30 days)
ERY - erythromycin pads 2%	3	
ERYTHROMYCIN - erythromycin gel 2%	3	QL (180 grams/30 days)
erythromycin soln 2%	1	QL (180 mls/30 days)
FILSUVEZ - birch triterpenes gel 10%	4	LD, PA
fluocinolone acetonide oil 0.01% (body oil) (Derma-smoothe/fs bod)	1	
fluocinolone acetonide oil 0.01% (scalp oil) (Derma-smoothe/fs sca)	1	
fluocinolone acetonide oint 0.025% (Synalar)	1	
fluocinolone acetonide soln 0.01%	1	
fluocinonide cream 0.05%	1	QL (100 grams/30 days)
fluocinonide emulsified base cream 0.05%	1	QL (100 grams/30 days)
fluocinonide oint 0.05%	1	QL (100 grams/30 days)

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Drug Name	Drug Tier	Requirements/Limits
fluocinonide soln 0.05%	1	QL (100 mls/30 days)
FLUOROURACIL - fluorouracil soln 2%	3	
fluorouracil cream 5%	1	PA, QL (240 grams/84 days)
fluorouracil soln 5%	1	
fluticasone propionate cream 0.05%	1	
fluticasone propionate oint 0.005%	1	
gentamicin sulfate cream 0.1%	1	QL (120 grams/90 days)
gentamicin sulfate oint 0.1%	1	QL (120 grams/90 days)
halobetasol propionate cream 0.05%	1	QL (180 grams/90 days)
hydrocortisone cream 2.5%	1	
hydrocortisone oint 2.5%	1	
hydrocortisone valerate cream 0.2%	1	
HYFTOR - sirolimus gel 0.2%	3	LD, PA, QL (7 tubes/84 days)
ICOTYDE - icotrokinra hcl tab 200 mg	4	LD, PA, QL (30 tablets/30 days)
imiquimod cream 5%	1	QL (48 packets/112 days)
isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg (Absorica)	1	QL (60 capsules/30 days)
ivermectin cream 1% (Soolantra)	1	QL (45 grams/30 days)
ketoconazole cream 2%	1	QL (180 grams/30 days)
ketoconazole shampoo 2%	1	
lactic acid (ammonium lactate) lotion 12%	1	
LEQSELVI - deuruxolitinib phosphate tab 8 mg (base equiv)	4	LD, QL (60 tablets/30 days)
lidocaine hcl soln 4%	1	QL (150 mls/30 days)
lidocaine oint 5%	1	PA, QL (100 grams/30 days)
lidocaine patch 5% (Lidoderm)	1	PA, QL (90 patches/30 days)
lidocaine-prilocaine cream 2.5-2.5%	1	QL (60 grams/30 days)
LITFULO - ritlecitinib tosylate cap 50 mg (base equiv)	4	LD, PA, QL (28 capsules/28 days)
malathion lotion 0.5% (Ovide)	1	
METHOXSALEN - methoxsalen rapid cap 10 mg	3	
metronidazole cream 0.75% (Metrocream)	1	
metronidazole gel 1% (Metrogel)	1	QL (60 grams/30 days)
mometasone furoate cream 0.1%	1	
mometasone furoate oint 0.1%	1	QL (100 grams/30 days)
mometasone furoate solution 0.1% (lotion)	1	
mupirocin oint 2%	1	
NATROBA - spinosad susp 0.9%	3	
NEMLUVIO - nemolizumab-ilto for subcutaneous auto-injector 30 mg	4	LD, PA, QL (1 pen/28 days)
nystatin cream 100000 unit/gm	1	
nystatin oint 100000 unit/gm	1	
nystatin topical powder 100000 unit/gm	1	
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	1	

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Drug Name	Drug Tier	Requirements/Limits
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	1	
oxiconazole nitrate cream 1%	1	PA, QL (120 grams/30 days)
permethrin cream 5% (Permethrin)	1	
pimecrolimus cream 1%	1	ST
PODOFILOX - podofilox soln 0.5%	3	
SANTYL - collagenase oint 250 unit/gm	3	PA
SELENIUM SULFIDE - selenium sulfide lotion 2.5%	3	
silver sulfadiazine cream 1% (Silvadene)	1	
SKYRIZI - risankizumab-rzaa soln prefilled syringe 55 mg/0.37ml, 150 mg/ml	4	LD, PA, QL (1 syringe/84 days)
SKYRIZI PEN - risankizumab-rzaa soln auto-injector 150 mg/ml	4	LD, PA, QL (1 pen/84 days)
SOTYKTU - deucravacitinib tab 6 mg	4	LD, PA, QL (30 tablets/30 days)
SPEVIGO - spesolimab-sbzo subcutaneous soln pref syr 150 mg/ml	4	LD, PA, QL (2 syringes/28 days)
SPEVIGO - spesolimab-sbzo subcutaneous soln pref syr 300 mg/2ml	4	LD, PA, QL (1 syringe/28 days)
SPINOSAD - spinosad susp 0.9%	3	
STEQEYMA - ustekinumab-stba subcutaneous soln 45 mg/0.5ml	4	LD, PA, QL (1 vial/84 days)
STEQEYMA - ustekinumab-stba soln prefilled syringe 45 mg/0.5ml	4	LD, PA, QL (1 syringe/84 days)
STEQEYMA - ustekinumab-stba soln prefilled syringe 90 mg/ml	4	LD, PA, QL (1 syringe/56 days)
SULCONAZOLE NITRATE - sulconazole nitrate cream 1%	3	PA, QL (60 grams/30 days)
sulfacetamide sodium lotion 10% (acne) (Klaron)	1	
SULFAMYLON - mafenide acetate cream 85 mg/gm	3	
tacrolimus oint 0.03%, 0.1%	1	ST
tazarotene cream 0.05% (Tazorac)	1	
tazarotene cream 0.1% (Tazorac)	1	PA
TREMFYA - guselkumab soln pen-injector 100 mg/ml	4	LD, PA, QL (1 pen/56 days)
TREMFYA - guselkumab soln prefilled syringe 100 mg/ml	4	LD, PA, QL (1 syringe/56 days)
TREMFYA PEN - guselkumab soln auto-injector 100 mg/ml	4	LD, PA, QL (1 pen/56 days)
tretinoin cream 0.025%, 0.05%, 0.1% (Retin-a)	1	PA
TRIAMCINOLONE ACETONIDE - triamcinolone acetonide lotion 0.025%	3	
triamcinolone acetonide cream 0.025%, 0.1%, 0.5%	1	
triamcinolone acetonide lotion 0.1%	1	
triamcinolone acetonide oint 0.025%, 0.1%, 0.5%	1	
VALCHLOR - mechlorethamine hcl gel 0.016% (base equivalent)	4	LD
YESINTEK - ustekinumab-kfce subcutaneous soln 45 mg/0.5ml	4	LD, PA, QL (1 vial/84 days)
YESINTEK - ustekinumab-kfce soln prefilled syringe 45 mg/0.5ml	4	LD, PA, QL (1 syringe/84 days)
YESINTEK - ustekinumab-kfce soln prefilled syringe 90 mg/ml	4	LD, PA, QL (1 syringe/56 days)
MISCELLANEOUS PRODUCTS		
ANTIDOTES		
CHEMET - succimer cap 100 mg	2	
deferasirox tab for oral susp 125 mg, 250 mg (Exjade)	4	LD, PA, QL (30 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
deferasirox tab for oral susp 500 mg (Exjade)	4	LD, PA, QL (90 tablets/30 days)
deferiprone tab 500 mg	4	LD, PA, QL (540 tablets/30 days)
deferiprone tab 1000 mg (Ferriprox)	4	LD, PA, QL (270 tablets/30 days)
FERRIPROX - deferiprone oral soln 100 mg/ml	4	LD, PA, QL (2700 mls/30 days)
KLOXXADO - naloxone hcl nasal spray 8 mg/0.1ml	2	
naloxone hcl inj 0.4 mg/ml, 4 mg/10ml	1	
naloxone hcl nasal spray 4 mg/0.1ml	1	
naloxone hcl soln prefilled syringe 0.4 mg/ml, 2 mg/2ml	1	
NALOXONE HYDROCHLORIDE - naloxone hcl soln cartridge 0.4 mg/ml	3	
naltrexone hcl tab 50 mg	1	
OPVEE - nalmefene hcl nasal spray 2.7 mg/0.1ml (base equiv)	2	
REXTOVY - naloxone hcl nasal spray 4 mg/0.25ml	2	
REZENOPY - naloxone hcl nasal spray 10 mg/0.11ml	2	
ZURNAI - nalmefene hcl soln auto-injector 1.5 mg/0.5ml (base equiv)	2	
DIAGNOSTIC PRODUCTS		
CONTOUR BLOOD GLUCOSE TES - glucose blood test strip	1	QL (204 strips/30 days)
CONTOUR NEXT BLOOD GLUCOS - glucose blood test strip	1	QL (204 strips/30 days)
CONTOUR PLUS BLOOD GLUCOS - glucose blood test strip	1	QL (204 strips/30 days)
FREESTYLE INSULINX BLOOD - glucose blood test strip	1	QL (204 strips/30 days)
FREESTYLE LITE TEST STRIP - glucose blood test strip	1	QL (204 strips/30 days)
FREESTYLE PRECISION NEO B - glucose blood test strip	1	QL (204 strips/30 days)
FREESTYLE TEST STRIPS - glucose blood test strip	1	QL (204 strips/30 days)
OPTIUMEZ TEST STRIPS - glucose blood test strip	1	QL (204 strips/30 days)
PRECISION XTRA BLOOD GLUC - glucose blood test strip	1	QL (204 strips/30 days)
MEDICAL DEVICES		
CAYA - diaphragm arc-spring	2	AC
CONDOMS-MALE-VARIOUS	2	AC
DEXCOM G6 RECEIVER - continuous glucose system receiver	2	PA, QL (1 receiver/365 days)
DEXCOM G6 SENSOR - continuous glucose system sensor	2	PA, QL (3 sensors/30 days)
DEXCOM G6 TRANSMITTER - continuous glucose system transmitter	2	PA, QL (1 transmitter/90 days)
DEXCOM G7 RECEIVER - continuous glucose system receiver	2	PA, QL (1 receiver/365 days)
DEXCOM G7 SENSOR - continuous glucose system sensor	2	PA, QL (3 sensors/30 days)
DEXCOM G7 15 DAY SENSOR - continuous glucose system sensor	2	PA, QL (2 sensors/30 days)
FC2 FEMALE CONDOM - condoms - female	2	AC
FEMCAP - cervical cap 22 mm, 26 mm, 30 mm	2	AC
ILET INSULIN INFUSION KIT - insulin infusion pump supplies	2	PA, QL (1 kit/30 days)
ILET INSULIN INFUSION KIT - insulin infusion pump supplies	2	PA, QL (15 kits/30 days)
ILET INSULIN PUMP - insulin infusion pump - device	2	PA, QL (1 kit/720 days)
ILET STARTER KIT - CONTAC - insulin infusion pump supplies	2	PA, QL (1 kit/720 days)

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Drug Name	Drug Tier	Requirements/Limits
ILET STARTER KIT - INSET - insulin infusion pump supplies	2	PA, QL (1 kit/720 days)
INSULIN PEN NEEDLES - VARIOUS	1	QL (300 insulin pen needles/30 days)
INSULIN SYRINGES - VARIOUS	1	QL (300 syringes/30 days)
LANCETS - VARIOUS	1	
LANCING DEVICE - VARIOUS	1	
MISC NEEDLES/SYRINGES - VARIOUS	2	
OMNIFLEX DIAPHRAGM - diaphragms	2	AC
OMNIPOD DASH INTRO KIT (G - insulin infusion disposable pump kit	2	PA, QL (1 kit/720 days)
OMNIPOD DASH PODS (GEN 4) - insulin infusion disposable pump reservoir	2	PA, QL (30 pods/30 days)
OMNIPOD 5 DEXCOM G7G6 INT - insulin infusion disposable pump kit	2	PA, QL (1 kit/720 days)
OMNIPOD 5 DEXCOM G7G6 POD - insulin infusion disposable pump reservoir	2	PA, QL (30 pods/30 days)
OMNIPOD 5 LIBRE INTRO KIT - insulin infusion disposable pump kit	2	PA, QL (1 kit/720 days)
OMNIPOD 5 LIBRE PODS - insulin infusion disposable pump reservoir	2	PA, QL (30 pods/30 days)
TWIIST REFILL KIT - insulin infusion disposable pump reservoir kit	2	PA, QL (1 kit/30 days)
TWIIST REFILL KIT/INFUSIO - insulin infusion disposable pump reservoir/infus set kit	2	PA, QL (1 kit/30 days)
TWIIST STARTER KIT - insulin infusion disposable pump kit	2	PA, QL (1 kit/720 days)
WIDE-SEAL SILICONE DIAPHR - diaphragm wide seal 60 mm, 65 mm, 70 mm, 75 mm, 80 mm, 85 mm, 90 mm, 95 mm	2	AC
ASSORTED CLASSES		
ASTAGRAF XL - tacrolimus cap er 24hr 0.5 mg, 1 mg, 5 mg	3	
azathioprine tab 50 mg (Imuran)	1	
azathioprine tab 75 mg, 100 mg	1	
BENLYSTA - belimumab subcutaneous solution auto-injector 200 mg/ml	4	LD, PA, QL (4 syringes/28 days)
BENLYSTA - belimumab subcutaneous solution prefilled syringe 200 mg/ml	4	LD, PA, QL (4 syringes/28 days)
cyclosporine cap 25 mg, 100 mg (Sandimmune)	1	
cyclosporine modified cap 25 mg, 100 mg (Neoral)	1	
cyclosporine modified cap 50 mg	1	
cyclosporine modified oral soln 100 mg/ml (Neoral)	1	
ENSPRYNG - satralizumab-mwge subcutaneous soln pref syringe 120 mg/ml	4	LD, PA, QL (1 syringe/28 days)
ENVARSUS XR - tacrolimus tab er 24hr 0.75 mg, 1 mg, 4 mg	3	
everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg (Zortress)	1	
JOENJA - leniolisib phosphate tab 40 mg, 50 mg, 70 mg	4	LD

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Drug Name	Drug Tier	Requirements/Limits
lenalidomide caps 2.5 mg (Revlimid)	4	LD, PA, QL (30 capsules/30 days)
lenalidomide cap 5 mg, 10 mg (Revlimid)	4	LD, PA, QL (30 capsules/30 days)
lenalidomide cap 15 mg, 20 mg, 25 mg (Revlimid)	4	LD, PA, QL (21 capsules/28 days)
LOKELMA - sodium zirconium cyclosilicate for susp packet 5 gm	2	QL (96 packets/30 days)
LOKELMA - sodium zirconium cyclosilicate for susp packet 10 gm	2	QL (34 packets/30 days)
mycophenolate mofetil cap 250 mg (Cellcept)	1	
mycophenolate mofetil for oral susp 200 mg/ml (Cellcept)	1	
mycophenolate mofetil tab 500 mg (Cellcept)	1	
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv) (Myfortic)	1	
MYHIBBIN - mycophenolate mofetil oral susp 200 mg/ml	2	
penicillamine tab 250 mg (Depen titratabs)	4	LD
PROGRAF - tacrolimus packet for susp 0.2 mg, 1 mg	3	
REZUROCK - belumosudil mesylate tab 200 mg	4	LD, PA, QL (60 tablets/30 days)
RHAPSIDO - remibrutinib tab 25 mg	4	LD, PA, QL (60 tablets/30 days)
SAPHNELO - anifrolumab-fnia soln prefilled syringe 120 mg/0.8ml	4	LD, PA, QL (4 syringes/28 days)
SAPHNELO PEN - anifrolumab-fnia soln auto-injector 120 mg/0.8ml	4	LD, PA, QL (4 pens/28 days)
sirolimus oral soln 1 mg/ml	1	
sirolimus tab 0.5 mg, 1 mg, 2 mg	1	
sodium polystyrene sulfonate powder	1	
sodium polystyrene sulfonate susp 15 gm/60ml	1	
SPS - sodium polystyrene sulfonate rectal susp 30 gm/120ml	3	
tacrolimus cap er 24hr 0.5 mg, 1 mg, 5 mg (Astagraf xl)	1	
tacrolimus cap 0.5 mg, 1 mg, 5 mg (Prograf)	1	
THALOMID - thalidomide cap 50 mg	4	LD, PA, QL (90 capsules/30 days)
THALOMID - thalidomide cap 100 mg	4	LD, PA, QL (120 capsules/30 days)
trientine hcl cap 250 mg (Syprine)	4	LD
TRIENTINE HYDROCHLORIDE - trientine hcl cap 500 mg	4	LD
VIJOICE - alpelisib (pros) oral granules packet 50 mg	4	LD, PA, QL (28 packets/28 days)
VIJOICE - alpelisib (pros) tab therapy pack 50 mg daily dose, 125 mg daily dose	4	LD, PA, QL (28 tablets/28 days)
VIJOICE - alpelisib (pros) pak 250 mg daily dose (200 mg & 50 mg tabs)	4	LD, PA, QL (56 tablets/28 days)
VYVGART HYTRULO - efgartigimod alf-hyalur-qvfc pref syr 1000-10000 mg-unit/5ml	4	LD, PA, QL (4 syringes/28 days)
ZOKINVY - lonafarnib cap 50 mg, 75 mg	4	LD, PA, QL (120 capsules/30 days)

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