



ULTIMATE
HEALTH PLANS

Good health is where you live.

2026

Prescription Drug Guide

Guía de Medicamentos Recetados



Formulary

Formulario

List of Covered Drugs | Lista de Medicamentos Cubiertos

Advantage Care by Ultimate (HMO C-SNP)

Advantage Care COPD by Ultimate (HMO C-SNP)



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

This formulary was updated on 08/06/2025. For more recent information or other questions, please contact Ultimate Health Plans Member Services at 1-888-657-4170 (TTY: 711), 8:00 am to 8:00 pm, Monday through Friday. Between October 1 and March 31, we are available Monday through Sunday from 8:00 am to 8:00 pm or visit www.ChooseUltimate.com.



LEA: ESTE DOCUMENTO CONTIENE INFORMACIÓN SOBRE LOS MEDICAMENTOS QUE CUBRE ESTE PLAN.

Esta lista de medicamentos cubiertos se actualizó el 08/06/2025. Para obtener información más reciente o si tiene otras preguntas, comuníquese con Ultimate Health Plans Servicios para Miembros al 1-888-657-4170 (TTY:711) de 8:00 am a 8:00 pm, de lunes a viernes. Entre el 1 de octubre y el 31 de marzo, estamos disponibles de lunes a domingo de 8:00 am a 8:00 pm o visite www.ChooseUltimate.com.

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

When this Drug List (formulary) refers to “we,” “us,” or “our,” it means Ultimate Health Plans. When it refers to “plan” or “our plan,” it means Premier by Ultimate (HMO).

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

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

What is the Ultimate Health Plans formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by us in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program.

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

Can the formulary change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: <https://chooseultimate.com/Home/PrescriptionDrugs>.

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

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

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

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

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the Ultimate Health Plans Formulary?”

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

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Ultimate Health Plans Formulary?”

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

The enclosed formulary is current as of 01/01/2026. To get updated information about the drugs covered by Ultimate Health Plans, please contact us. Our contact information appears on the front and back cover pages. In the event of midyear non-maintenance formulary changes, we update our printed formularies at the next printing, and we also publish a monthly summary of all drug list changes, which is available for download from our website or in printed format upon request.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 20. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular Agents. If you know what your drug is used for, look for the category

name in the list that begins below. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 88. The Index provides an alphabetical list of all the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

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

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** We require you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, we limit the amount of the drug that we will cover. For example, we provide 30 per prescription for alprazolam ER 1 mg tablets. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, we require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan will then cover Drug B.

- **Opioid Limits:** We may need to perform a closer safety review of the prescription with the prescriber if an opioid prescription exceeds a certain amount. You may be limited to a 7-day supply or less for acute pain when filling your opioid prescription. Additionally, if you are taking more than one opioid, additional limits called morphine milligram equivalent (MME) may apply. A review may be necessary to monitor safe dosing levels. If you are prescribed more than the amount, you or your prescriber can ask our plan to cover the additional amount. Please call 1-800-311-7517 to initiate the safety review.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 20. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask us to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Ultimate Health Plans formulary?” on page iv for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that we do not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by us. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Ultimate Health Plans.
- You can ask us to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Ultimate Health Plans Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, Ultimate Health Plans limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to cover a formulary drug at a lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.

Generally, we will only approve your request for an exception if the alternative drugs included on the plan’s formulary, the lower cost-sharing drug, or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

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

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

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

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

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

We will cover a Transition Supply for enrollees who have a level of care change, which is defined as when enrollees:

- Enter a Long-Term-Care (LTC) facility from a hospital or other setting
- Leave a Long-Term-Care (LTC) facility and return to the community
- Are discharged from a hospital to a home
- End a skilled nursing facility (SNF) stay covered under Medicare Part A (where all pharmacy charges are covered), and must revert to coverage under their Part D plan Formulary
- Revert from hospice status to standard Medicare Part A and Part B benefits; or
- Are discharged from a psychiatric hospital with a medication regimen that is highly individualized

For more information

For more detailed information about your Ultimate Health Plans prescription drug coverage, please review your Evidence of Coverage and other plan materials.

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

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

Ultimate Health Plans Formulary

The formulary that begins on page 20 provides coverage information about the drugs covered by us. If you have trouble finding your drug in the list, turn to the Index that begins on page 88.

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

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

B/D: This drug may be eligible for payment under Medicare Part B or Part D. Drugs covered under Medicare Part B are subject to the cost-sharing amount outlined in your Evidence of Coverage and Summary of Benefits. Authorization rules may also apply. Please call 800-311-7517 (TTY 711) for more information on cost-sharing and authorization requirements. We are available 24 hours a day, 7 days a week.

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

MO: Mail Order Drug. This prescription is available through our mail order service, as well as through our retail network pharmacies. Generally, the drugs provided through mail order are drugs that you take on a regular basis, for a chronic or long-term medical condition. Our plan's mail-order service requires you to order a 90-day supply. Usually, a mail-order pharmacy order will get to you in no more than 14 days. However, if your order is delayed, immediately contact us so we can make arrangements for you to pick up your prescription at your local pharmacy. You may contact us 24 hours a day, 7 days a week at 1-800-311-7517 (TTY users dial 711).

PA: Prior Authorization. We require you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.

QL: Quantity Limit. For certain drugs, we limit the amount of the drug that we will cover.

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

The Formulary is Divided into 6 Tiers

Every drug on the plan's Drug List is in one of 6 cost-sharing tiers with a corresponding cost-sharing amount depending on the plan as shown below. In general, the higher the cost-sharing tier, the higher your cost for the drug:

- **Cost-Sharing Tier 1 (Preferred Generic)** includes generic drugs. This tier also offers drugs at the lowest cost.
- **Cost-Sharing Tier 2 (Generic)** includes generic or brand drugs.
- **Cost-Sharing Tier 3 (Preferred Brand)** includes preferred brand drugs and some generic drugs offered at a lower cost than Non-Preferred drugs.
- **Cost-Sharing Tier 4 (Non-preferred Drug)** includes non-preferred brand drugs and some generic drugs offered at a higher cost than Preferred Brand.
- **Cost-Sharing Tier 5 (Specialty Tier)** includes high-cost drugs brand and generic drugs, which may require special handling and/or close monitoring. This is the highest-cost tier.
- **Cost-Sharing Tier 6 (Select Care Drugs)** includes select generic and brand drugs that treat Diabetes.

Cost-Sharing Tier	Copay or coinsurance for a 30-day supply at Retail Pharmacy	Copay or coinsurance for a 90-day supply at Retail Pharmacy (Up to a 100-day supply for some Tier 1 and Tier 2 drugs)	Copay or coinsurance for a 90-day supply at Mail Order Pharmacy (Up to a 100-day supply for some Tier 1 and Tier 2 drugs)	Copay or coinsurance for a 31-day long-term care supply
Advantage Care by Ultimate (HMO) 021, 026, 029				
Advantage Care COPD by Ultimate (HMO) 023, 025				
Tier 1	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Tier 2	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Tier 3	\$20 copay	\$60 copay	\$40 copay	\$20 copay
Tier 4	35% coinsurance	35% coinsurance	35% coinsurance	35% coinsurance
Tier 5	33% coinsurance	Not Covered	Not Covered	33% coinsurance
Tier 6	\$10 copay	\$30 copay	\$20 copay	\$10 copay
Advantage Care by Ultimate (HMO) 033, 051				
Tier 1	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Tier 2	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Tier 3	\$30 copay	\$90 copay	\$60 copay	\$30 copay
Tier 4	35% coinsurance	35% coinsurance	35% coinsurance	35% coinsurance
Tier 5	33% coinsurance	Not Covered	Not Covered	33% coinsurance
Tier 6	\$10 copay	\$30 copay	\$20 copay	\$10 copay
Advantage Care by Ultimate (HMO) 050, 052				
Tier 1	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Tier 2	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Tier 3	\$25 copay	\$75 copay	\$50 copay	\$25 copay
Tier 4	35% coinsurance	35% coinsurance	35% coinsurance	35% coinsurance
Tier 5	33% coinsurance	Not Covered	Not Covered	33% coinsurance
Tier 6	\$10 copay	\$30 copay	\$20 copay	\$10 copay

Please refer to your Evidence of Coverage for additional information on the applicable copays or coinsurance amounts in each formulary tier.

English / Inglés	Spanish / Español
Drug Name	Nombre del medicamento
Drug Tier	Nivel del medicamento
Requirements/Limits	Requisitos/Límites
Categories / Categorías	
English / Inglés	Spanish / Español
Analgesics	Analgésicos
Anesthetics	Anestésicos
Anti-Addiction/Substance Abuse Treatment Agents	Agentes para tratamientos antiadicción/contra la drogadicción
Antibacterials	Antibacterianos
Anticonvulsants	Anticonvulsivos
Antidementia Agents	Agentes antidemencia
Antidepressants	Antidepresivos
Antiemetics	Antieméticos
Antifungals	Antimicóticos
Antigout Agents	Agentes de antigout
Antimigraine Agents	Agentes antiataques
Antimyasthenic Agents	Agentes antimiastrénicos
Antimycobacterials	Antimicobacterianos
Antineoplastics	Antineoplásicos
Antiparasitics	Antiparasitarios
Antiparkinson Agents	Agentes antiparkinsonianos
Antipsychotics	Antipsicóticos
Antispasticity Agents	Agentes antiespásticos
Antivirals	Antivírico
Anxiolytics	Ansiolíticos
Bipolar Agents	Agentes para la bipolaridad
Blood Glucose Regulators	Reguladores de la glucemia
Blood Products and Modifiers	Productos y modificadores sanguíneos
Cardiovascular Agents	Agentes cardiovasculares
Central Nervous System Agents	Agentes del sistema nervioso central
Dental and Oral Agents	Agentes dentales y orales
Dermatological Agents	Agentes dermatológicos
Electrolytes/Minerals/Metals/Vitamins	Electrolitos/minerales/metales/vitaminas
Gastrointestinal Agents	Agentes gastrointestinales
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment	Trastorno genético, enzimático o proteico: Reemplazo, modificadores, tratamiento
Genitourinary Agents	Agentes genitourinarios
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)	Agentes hormonales, estimulación/sustitución/modificación (suprarrenal)
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)	Agentes hormonales, estimulación/sustitución/modificación (hipófisis)
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)	Agentes hormonales, estimulación/sustitución/modificación (hormonas sexuales/modificadores)
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)	Agentes hormonales, estimulación/sustitución/modificación (tiroides)
Hormonal Agents, Suppressant (Adrenal or Pituitary)	Agentes hormonales, inhibidor (suprarrenal o hipofisarios)
Hormonal Agents, Suppressant (Thyroid)	Agentes hormonales, inhibidor (tiroides)
Immunological Agents	Agentes inmunológicos
Inflammatory Bowel Disease Agents	Agentes de la enfermedad inflamatoria intestinal
Metabolic Bone Disease Agents	Agentes de las enfermedades óseas metabólicas
Miscellaneous Therapeutic Agents	Agentes Terapéuticos, Misceláneos
Ophthalmic Agents	Agentes oftálmicos
Otic Agents	Agentes óticos
Respiratory Tract/Pulmonary Agents	Agentes para vías respiratorias/pulmonares
Skeletal Muscle Relaxants	Relajantes musculares esqueléticos
Sleep Disorder Agents	Agentes del trastorno del sueño

Nota para los afiliados actuales: Este formulario ha sufrido cambios desde el año pasado. Revise este documento para asegurarse de que aún contiene los medicamentos que usted toma.

Cuando este Listado de Medicamentos (formulario) haga mención a "nosotros", "nos" o "nuestro", se entenderá que se refiere a Ultimate Health Plans. Cuando se haga mención del "plan" o "nuestro plan", se entenderá que se refiere a Premier by Ultimate (HMO).

Este documento incluye el Listado de Medicamentos (formulario) para nuestro plan, actualizado al 08/06/2025. Para obtener un Listado de Medicamentos (formulario) actualizado, póngase en contacto con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del Listado de Medicamentos (formulario), aparece en las páginas de la portada y contraportada.

Por lo general, deberá acudir a las farmacias dentro de la red para hacer uso de su prestación de medicamentos recetados. Las prestaciones, el formulario, la red de farmacias y/o los copagos/coaseguro pueden sufrir modificaciones a partir del 1 de enero de 2026 y ocasionalmente durante el año.

¿Qué es el formulario de Ultimate Health Plans?

En este documento, utilizamos los términos Listado de Medicamentos y formulario como sinónimos. Un formulario es un listado de medicamentos cubiertos que hemos seleccionado en consulta con un equipo de proveedores de atención médica, que representa las terapias recetadas que se consideran parte necesaria de un programa de tratamiento de calidad.

En general, cubriremos los medicamentos que aparecen en nuestro formulario siempre que el medicamento sea médicamente necesario, la receta se surta en una farmacia de nuestra red y se cumplan otras normas del plan. Para obtener más información sobre cómo surtir sus recetas, revise la Evidencia de Cobertura.

¿Puede modificarse el formulario?

La mayoría de las modificaciones en la cobertura de medicamentos se realizan el 1 de enero, pero podemos añadir o eliminar medicamentos del formulario a lo largo del año, cambiarlos a nivel de costos compartidos diferente o añadir nuevas restricciones. Debemos respetar las normas de Medicare al hacer estas modificaciones. Las actualizaciones en el formulario se publican mensualmente en nuestro sitio web, que puede consultar aquí: <https://chooseultimate.com/Home/PrescriptionDrugs>.

Modificaciones que pueden afectarle este año: En los siguientes casos, se verá afectado por las modificaciones de cobertura durante el año:

- **Sustituciones inmediatas de determinadas versiones nuevas de medicamentos de marca y productos biológicos originales.** Podemos eliminar inmediatamente un medicamento de nuestro formulario si lo sustituimos por una nueva versión determinada de ese medicamento que aparecerá en el mismo nivel de costos compartidos o en uno inferior y con las mismas restricciones o menos. Cuando añadimos una nueva versión de un medicamento a nuestro formulario, podemos decidir mantener el medicamento de marca o el producto biológico original en nuestro formulario, pero moverlo inmediatamente a un nivel de costos compartidos diferente o añadir nuevas restricciones.

Podemos realizar estas modificaciones inmediatas únicamente si añadimos una nueva versión genérica de un medicamento de marca o añadimos ciertas versiones biosimilares nuevas de un producto biológico original que ya estaba en el formulario (por ejemplo, añadir un biosimilar intercambiable que puede ser sustituido por un producto biológico original por una farmacia sin una nueva receta).

Si actualmente se encuentra tomando un medicamento de marca o un producto biológico original, es

posible que no le comuniquemos por adelantado antes de realizar un cambio inmediato, pero posteriormente le proporcionaremos la información sobre el cambio o los cambios específicos que realicemos.

Si realizamos dicha modificación, usted o su médico pueden solicitarnos que hagamos una excepción y sigamos cubriendo el medicamento que ha sido cambiado. Para obtener más información, consulte la sección titulada "¿Cómo solicito una excepción al formulario de Ultimate Health Plans?".

Algunos de estos tipos de medicamentos pueden ser nuevos para usted. Para obtener más información, consulte la sección siguiente titulada "¿Qué son los productos biológicos originales y qué relación guardan con los biosimilares?".

- **Medicamentos retirados del mercado.** Si un laboratorio retira un medicamento de la venta o la Administración de Alimentos y Medicamentos (FDA, por sus siglas en inglés) determina que sea retirado por motivos de seguridad o eficacia, podemos retirar inmediatamente el medicamento de nuestro formulario y comunicarlo posteriormente a los afiliados que lo toman.
- **Otras modificaciones.** Podemos hacer otras modificaciones que afecten a los afiliados que actualmente están tomando un medicamento. Por ejemplo, podemos retirar un medicamento de marca de nuestro formulario al añadir un equivalente genérico o retirar un producto biológico original al añadir un biosimilar. También podemos aplicar nuevas restricciones al medicamento de marca o al producto biológico original, o moverlo a un nivel de costos compartidos diferente, o ambas cosas. Podemos realizar modificaciones en función de nuevos lineamientos clínicos. Si retiramos medicamentos de nuestro formulario, añadimos la autorización previa, establecemos límites en cantidad y/o restricciones a la terapia escalonada de un medicamento, o movemos un medicamento a un nivel de costos compartidos más alto, debemos notificar el cambio a los afiliados afectados al menos 30 días antes de que el cambio entre en vigor. De forma alternativa, cuando uno de los afiliados solicite resurtir un medicamento, pueden recibir un suministro de 30 días del medicamento y una notificación sobre la modificación.

Si realizamos estas otras modificaciones, usted y su médico pueden solicitarnos que hagamos una excepción en su caso y continuemos cubriendo el medicamento que ha estado tomando. La notificación que le hagamos también incluirá información sobre cómo solicita una excepción y podrá encontrar más detalles en la sección titulada "¿Cómo solicito una excepción al formulario de Ultimate Health Plans?".

Modificaciones que no le afectarán si actualmente está tomando el medicamento. Usualmente, si está tomando un medicamento de nuestro formulario de 2026 que estaba cubierto a principios de año, no suspenderemos ni reduciremos la cobertura del medicamento durante el año 2026, salvo en los casos descritos anteriormente. Esto significa que estos medicamentos seguirán estando disponibles al mismo costo compartido y sin nuevas restricciones para aquellos afiliados que los tomen durante el resto del año de cobertura. No recibirá una notificación directa este año sobre las modificaciones que no le afecten. Sin embargo, el 1 de enero del siguiente año, tales modificaciones le afectarán y es importante que consulte el formulario del nuevo año de prestaciones para verificar si se han producido cambios en los medicamentos.

El formulario adjunto está actualizado al 08/06/2025. Para recibir información actualizada sobre los medicamentos cubiertos por Ultimate Health Plans, póngase en contacto con nosotros. Nuestra información de contacto aparece en las páginas de la portada y contraportada. En caso de que se produzcan

modificaciones en el formulario a mitad de año que no sean de mantenimiento, actualizamos nuestros formularios impresos en la siguiente edición. También publicamos un resumen mensual de todas las modificaciones en la lista de medicamentos, disponible para descarga desde nuestro sitio web o en formato impreso previa solicitud.

¿Cómo uso el formulario?

Existen dos formas para localizar su medicamento en el formulario:

Enfermedad

El formulario inicia en la página 20. Los medicamentos en este formulario están agrupados en categorías dependiendo del tipo de enfermedades para cuyo tratamiento se utilizan. Por ejemplo, los medicamentos usados para tratar enfermedades del corazón aparecen en la categoría "Agentes cardiovasculares". Si sabe para qué se utiliza su medicamento, busque el nombre de la categoría en el listado que comienza debajo. Luego, busque su medicamento en el nombre de la categoría.

Listado alfabético

Si no está seguro o segura en qué categoría buscar, encuentre su medicamento en el índice que comienza en la página 88. El índice contiene un listado alfabético de todos los medicamentos incluidos en este documento. En él se incluyen tanto los medicamentos de marca como los genéricos. Consulte el índice y localice su medicamento. Junto a su medicamento, podrá ver el número de la página en la que encontrará información sobre la cobertura. Vaya a la página indicada en el índice y busque el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

Ofrecemos cobertura tanto para medicamentos de marca como genéricos. Un medicamento genérico está aprobado por la FDA por tener el mismo principio activo que el medicamento de marca. Por lo general, los medicamentos genéricos funcionan igual de bien y cuestan menos que los medicamentos de marca. Existen medicamentos genéricos que sustituyen a muchos medicamentos de marca. A menudo, los medicamentos genéricos pueden sustituirse por los medicamentos de marca en la farmacia sin necesidad de una nueva receta, dependiendo de las leyes estatales.

¿Qué son los productos biológicos originales y qué relación guardan con los biosimilares?

En el formulario, cuando hablamos de medicamentos, esto puede incluir tanto a un medicamento como a un producto biológico. Los productos biológicos son medicamentos más complejos que los medicamentos típicos. Debido a esta complejidad, en lugar de tener una forma genérica, los productos biológicos tienen alternativas llamadas biosimilares. En términos generales, los biosimilares funcionan igual de bien que el producto biológico original y pueden ser más baratos. Existen alternativas biosimilares para algunos productos biológicos originales. Algunos biosimilares son intercambiables y, dependiendo de las leyes estatales, pueden sustituirse por el producto biológico original en la farmacia sin necesidad de una nueva receta, al igual que los medicamentos genéricos pueden sustituirse por medicamentos de marca.

Para más información sobre los tipos de medicamentos, consulte la Evidencia de Cobertura, Capítulo 5, Sección 3.1, "La Lista de Medicamentos", que indica qué medicamentos de la Parte D están cubiertos."

¿Hay alguna restricción a mi cobertura?

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

- **Autorización previa:** Necesitamos que usted o su médico obtengan una autorización previa para determinados medicamentos. Esto significa que debe obtener nuestra aprobación antes de surtir sus recetas. Si no obtiene la aprobación, no podemos cubrir el medicamento.
- **Límites en cantidad:** Para ciertos medicamentos, establecemos límites en la cantidad que cubrimos. Por ejemplo, ofrecemos 30 tabletas por receta de alprazolam ER de 1 mg. Esto puede ser adicional al suministro estándar de uno o tres meses.
- **Terapia escalonada:** En algunos casos, solicitamos que primero pruebe determinados medicamentos para el tratamiento de su enfermedad antes de ofrecerle cobertura de otro medicamento para ese padecimiento. Por ejemplo, si tanto el Medicamento A como el Medicamento B se usan para tratar su enfermedad, nuestro plan puede no ofrecer cobertura del Medicamento B a menos que primero pruebe el Medicamento A. Si el Medicamento A no funciona para usted, nuestro plan entonces ofrecerá cobertura del Medicamento B.
- **Límites de opiáceos:** Tal vez necesitemos realizar una revisión de seguridad más exhaustiva de la receta con el médico si una receta de opioides excede una cantidad determinada. Al surtir su receta de opioides, es posible que se limite a un suministro de 7 días o menos en caso de dolor agudo. Además, si está tomando más de un opioide, pueden aplicarse límites adicionales denominados miligramos equivalentes de morfina (MEM). Una revisión puede ser necesaria para controlar los niveles seguros de dosificación. Si le recetan una cantidad superior a la indicada, usted o su médico pueden solicitar a nuestro plan que cubra la cantidad adicional. Por favor, llame al 1-800-311-7517 para iniciar una revisión de seguridad.

Para saber si su medicamento tiene requisitos adicionales o cuenta con restricciones, consulte el formulario que inicia en la página 20. También puede obtener mayor información sobre las restricciones aplicables a determinados medicamentos cubiertos visitando nuestro sitio web. Hemos publicado en línea los documentos que explican nuestras restricciones de autorización previa y de terapia escalonada. También puede pedirnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparecen en las páginas de la portada y contraportada.

Puede solicitarnos que hagamos una excepción a estas restricciones o limitaciones, o una lista de otros medicamentos similares que puedan tratar su enfermedad. Consulte la sección "¿Cómo solicito una excepción al formulario de Ultimate Health Plans?" en la página xiii para obtener información sobre cómo solicitar una excepción.

¿Qué sucede si mi medicamento no se encuentra en el formulario?

Si su medicamento no está incluido en este formulario (lista de medicamentos cubiertos), debe contactar primero a los Servicios para Afiliados y preguntar si su medicamento está cubierto.

Si se le comunica que no cubrimos su medicamento, cuenta con dos opciones:

- Puede solicitar a Servicios para Afiliados que le proporcione una lista con los medicamentos similares

que están cubiertos por nosotros. Cuando reciba la lista, muéstresela a su médico y pídale que le recete un medicamento similar que esté cubierto por Ultimate Health Plans.

- Puede solicitarnos que le concedamos una excepción para cubrir su medicamento. Consulte la siguiente información sobre cómo solicitar una excepción.

¿Cómo solicito una excepción al formulario de Ultimate Health Plans?

Puede solicitarnos que hagamos una excepción a nuestras reglas de cobertura. Existen varios tipos de excepciones que puede solicitar:

- Puede solicitarnos que cubramos un medicamento incluso si no se encuentra en nuestro formulario. En caso de ser aprobada, este medicamento será cubierto a un nivel de costo compartido predeterminado y no podrá solicitar que le proporcionemos el medicamento a un nivel de costo compartido más bajo.
- Puede solicitarnos que dispensemos de una restricción de cobertura, incluida la autorización previa, la terapia escalonada o un límite de cantidad de su medicamento. Por ejemplo, para ciertos medicamentos, Ultimate Health Plans establece un límite en la cantidad de medicamentos que cubrimos. Si su medicamento cuenta con un límite de cantidad, puede solicitarnos que dispensemos el límite y cubramos una mayor cantidad.
- Puede solicitarnos que cubramos un medicamento del formulario con un nivel de costo compartido más bajo, salvo que el medicamento se encuentre en el nivel de especialidades. De ser aprobada, esto reducirá la cantidad que debe pagar por su medicamento.

Por lo general, únicamente aprobaremos su solicitud de excepción si los medicamentos alternativos incluidos en el formulario del plan, el medicamento de costo compartido más bajo o la aplicación de restricciones no resultan tan eficaces para usted y/o le provocan efectos adversos.

Usted o su médico deben ponerse en contacto con nosotros para solicitar una excepción de nivel o del formulario, incluyendo una excepción a una restricción de cobertura. **Cuando solicite una excepción, su médico necesitará explicar los motivos médicos por los que necesita la excepción.** Generalmente, debemos tomar nuestra decisión dentro de las 72 horas siguientes a la recepción de la declaración justificativa de su médico. Puede solicitar una decisión expedita (rápida) si considera, y nosotros estamos de acuerdo, que su salud podría verse seriamente perjudicada si espera hasta 72 horas a recibir una decisión. Si estamos de acuerdo, o si su médico solicita una decisión expedita, debemos comunicar nuestra decisión a más tardar 24 horas después de recibir la declaración justificativa de su médico.

¿Qué puedo hacer si mi medicamento no se encuentra en el formulario o cuenta con una restricción?

Como afiliado(a) nuevo(a) o que continúa en nuestro plan, es posible que esté tomando medicamentos que no están en nuestro formulario o que, aunque estén en el formulario, tengan una restricción de cobertura, como una autorización previa. Debe hablar con su médico para decidir si debe cambiar a un medicamento cubierto por nosotros o solicitar una excepción al formulario para que cubramos el medicamento que está tomando. Mientras consulta con su médico para decidir el curso de acción adecuado, es posible que cubramos su medicamento en determinados casos durante los primeros 90 días de su afiliación a nuestro plan.

Para cada uno de sus medicamentos que no está en nuestro formulario o tiene una restricción de cobertura, cubriremos un suministro temporal de 30 días. Si su receta es para menos días, le permitiremos reponer el

medicamento hasta un máximo de 30 días de suministro. Si no se aprueba la cobertura, después de su primer suministro de 30 días, no pagaremos por estos medicamentos, incluso si ha estado afiliado(a) a nuestro plan menos de 90 días.

Si es residente de un centro de cuidados a largo plazo y necesita un medicamento que no está en nuestro formulario o si su acceso a él es limitado, pero ya ha pasado los primeros 90 días de afiliación a nuestro plan, cubriremos un suministro de emergencia de 31 días de ese medicamento mientras tramita una excepción al formulario.

Cubriremos un suministro de transición para los afiliados que experimenten un cambio de nivel de atención, definido como cuando los afiliados:

- Ingresan a un centro de Atención a Largo Plazo (LTC) desde un hospital u otro centro.
- Abandonan un centro de Atención a Largo Plazo (LTC) y regresan a la comunidad.
- Son dados de alta de un hospital a un domicilio.
- Finalizan una estancia en un centro de enfermería especializada (SNF, por sus siglas en inglés) con cobertura de Medicare Parte A (donde todos los gastos farmacéuticos están cubiertos) y debe volver a la cobertura según el formulario de la parte D de su plan.
- Regresan del estado de cuidados paliativos a las prestaciones estándar de la Parte A y la Parte B de Medicare; o
- Reciben el alta de un hospital psiquiátrico con un régimen de medicamentos muy individualizado.

Para más información

Para obtener información más detallada sobre su cobertura de medicamentos recetados de Ultimate Health Plans, consulte su Evidencia de Cobertura y otros materiales del plan.

Si tiene preguntas sobre nuestro plan, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparecen en las páginas de la portada y contraportada.

Si tiene preguntas generales sobre medicamentos recetados de Medicare, comuníquese con Medicare al 1-800- MEDICARE (1-800-633-4227) disponible las 24 horas al día, los 7 días de la semana. Los usuarios de TTY deben llamar al 1-877-486-2048. También puede visitar <http://www.medicare.gov>

Formulario de Ultimate Health Plans

El formulario que se encuentra en la página 20 contiene información sobre la cobertura que ofrecemos para los medicamentos. Si tiene problemas para localizar su medicamento en la lista, consulte el índice que comienza en la página 88.

La primera columna de la tabla indica el nombre del medicamento. Los medicamentos de marca se muestran en mayúsculas (por ejemplo, JANUVIA), y los medicamentos genéricos en cursiva minúscula (por ejemplo, *lisinopril*).

La información en la columna de Requisitos/Límites indica si tenemos requisitos especiales para la cobertura de su medicamento.

B/D: Este medicamento puede ser elegible para pago bajo Medicare Parte B o Parte D. Los medicamentos cubiertos bajo Medicare Parte B están sujetos a la cantidad de costo compartido indicada en la Evidencia de Cobertura y el Resumen de Beneficios. También pueden aplicarse reglas de autorización. Por favor, llame al 800-311-7517 (TTY 711) para obtener más información sobre costos compartidos y requisitos de autorización. Estamos disponibles las 24 horas del día, los 7 días de la semana.

E: Medicamento excluido. Este medicamento recetado normalmente no se cubre en un Plan Medicare de Medicamentos Recetados. El importe que usted paga cuando surte una receta para este medicamento no cuenta para sus costos totales de medicamentos (es decir, el importe que usted paga no le ayuda a calificar para la cobertura catastrófica). Además, si está recibiendo ayuda adicional para pagar por sus recetas, no obtendrá ninguna ayuda adicional para pagar por este medicamento.

MO: Medicamento por correo. Esta receta está disponible a través de nuestro servicio de pedido por correo, así como en nuestras farmacias de la red minorista. En general, los medicamentos proporcionados a través del servicio de pedido por correo son aquellos que usted toma de manera regular, para una enfermedad crónica o a largo plazo. El servicio de pedido por correo de nuestro plan exige que solicite un suministro para 90 días. Lo más común es que un pedido de farmacia por correo lo reciba en un plazo máximo de 14 días. Sin embargo, si experimenta un retraso, contáctenos inmediatamente para que podamos hacer los trámites necesarios para que recoja su receta en su farmacia local. Puede contactarnos las 24 horas del día, los 7 días de la semana, llamando al número 1-800-311-7517 (los usuarios de TTY deben llamar al 711).

PA: Autorización previa. Requerimos que usted o su médico obtengan una autorización previa para determinados medicamentos. Esto significa que necesitará obtener nuestra aprobación antes de surtir sus recetas. Si no obtiene la aprobación, es posible que no cubramos el medicamento.

QL: Límite en cantidad. Para ciertos medicamentos, establecemos límites en la cantidad que cubrimos.

ST: Terapia escalonada. En algunos casos, solicitamos que primero pruebe determinados medicamentos para el tratamiento de su enfermedad antes de ofrecerle cobertura para otro medicamento para ese padecimiento. Por ejemplo, si tanto el Medicamento A como el Medicamento B sirven para tratar su enfermedad, es posible que no cubramos el Medicamento B a menos que primero pruebe el Medicamento A. Si el Medicamento A no funciona para usted, entonces cubriremos el Medicamento B.

El formulario se divide en 6 niveles

Cada medicamento de la Lista de Medicamentos del plan se encuentra en uno de los 6 niveles de costo compartido, con el correspondiente importe de costo compartido según el plan, como se indica a continuación. En general, cuanto más alto sea el nivel de costo compartido, mayor será el costo del medicamento:

- **Nivel 1 de costos compartidos (genéricos preferidos)** incluye medicamentos genéricos. Este nivel también ofrece medicamentos al costo más bajo.
- **Nivel 2 de costos compartidos (genéricos)** incluye medicamentos genéricos o de marca.
- **Nivel 3 de costos compartidos (marca preferida)** incluye medicamentos de marca preferida y algunos genéricos ofrecidos a un costo menor que los medicamentos no preferidos.
- **Nivel 4 de costos compartidos (medicamento no preferido)** incluye medicamentos de marca no preferidos y algunos genéricos ofrecidos a un costo mayor que los medicamentos de marca preferida.
- **Nivel 5 de costos compartidos (nivel de especialidades)** incluye medicamentos de marca y genéricos de costo elevado, que pueden requerir un manejo especial y/o estricta supervisión. Este es el nivel con el costo más alto.
- **Nivel 6 de costo compartido (medicamentos de atención especializada)** incluye medicamentos genéricos y de marca seleccionados que tratan la diabetes.

Nivel de costo compartido	Copago o coaseguro por un suministro para 30 días en una farmacia minorista	Copago o coaseguro por un suministro para 90 días en una farmacia minorista (suministro de hasta 100 días para algunos medicamentos del Nivel 1 y Nivel 2)	Copago o coaseguro por un suministro para 90 días en el servicio de farmacia por correo (suministro de hasta 100 días para algunos medicamentos del Nivel 1 y Nivel 2)	Copago o coaseguro por un suministro de cuidados a largo plazo de 31 días
Advantage Care by Ultimate (HMO) 021, 026, 029				
Advantage Care COPD by Ultimate (HMO) 023, 025				
Nivel 1	\$0 copago	\$0 copago	\$0 copago	\$0 copago
Nivel 2	\$0 copago	\$0 copago	\$0 copago	\$0 copago
Nivel 3	\$20 copago	\$60 copago	\$40 copago	\$20 copago
Nivel 4	35% de coaseguro	35% de coaseguro	35% de coaseguro	35% de coaseguro
Nivel 5	33% de coaseguro	No está cubierto	No está cubierto	33% de coaseguro
Nivel 6	\$10 copago	\$30 copago	\$20 copago	\$10 copago
Advantage Care by Ultimate (HMO) 033, 051				
Nivel 1	\$0 copago	\$0 copago	\$0 copago	\$0 copago
Nivel 2	\$0 copago	\$0 copago	\$0 copago	\$0 copago
Nivel 3	\$30 copago	\$90 copago	\$60 copago	\$30 copago
Nivel 4	35% de coaseguro	35% de coaseguro	35% de coaseguro	35% de coaseguro
Nivel 5	33% de coaseguro	No está cubierto	No está cubierto	33% de coaseguro
Nivel 6	\$10 copago	\$30 copago	\$20 copago	\$10 copago

Advantage Care by Ultimate (HMO) 050, 052				
Nivel 1	\$0 copago	\$0 copago	\$0 copago	\$0 copago
Nivel 2	\$0 copago	\$0 copago	\$0 copago	\$0 copago
Nivel 3	\$25 copago	\$75 copago	\$50 copago	\$25 copago
Nivel 4	35% de coaseguro	35% de coaseguro	35% de coaseguro	35% de coaseguro
Nivel 5	33% de coaseguro	No está cubierto	No está cubierto	33% de coaseguro
Nivel 6	\$10 copago	\$30 copago	\$20 copago	\$10 copago

Consulte la Evidencia de Cobertura para obtener información adicional sobre los importes de los copagos o coaseguros aplicables en cada nivel del formulario.

English / Inglés	Spanish / Español
Drug Name	Nombre del medicamento
Drug Tier	Nivel del medicamento
Requirements/Limits	Requisitos/Límites
Categories / Categorías	
English / Inglés	Spanish / Español
Analgesics	Analgésicos
Anesthetics	Anestésicos
Anti-Addiction/Substance Abuse Treatment Agents	Agentes para tratamientos antiadicción/contra la drogadicción
Antibacterials	Antibacterianos
Anticonvulsants	Anticonvulsivos
Antidementia Agents	Agentes antidemencia
Antidepressants	Antidepresivos
Antiemetics	Antieméticos
Antifungals	Antimicóticos
Antigout Agents	Agentes de antigout
Antimigraine Agents	Agentes antiataquecosos
Antimyasthenic Agents	Agentes antimiastrénicos
Antimycobacterials	Antimicobacterianos
Antineoplastics	Antineoplásicos
Antiparasitics	Antiparasitarios
Antiparkinson Agents	Agentes antiparkinsonianos
Antipsychotics	Antipsicóticos
Antispasticity Agents	Agentes antiespásticos
Antivirals	Antivírico
Anxiolytics	Ansiolíticos
Bipolar Agents	Agentes para la bipolaridad
Blood Glucose Regulators	Reguladores de la glucemia
Blood Products and Modifiers	Productos y modificadores sanguíneos
Cardiovascular Agents	Agentes cardiovasculares
Central Nervous System Agents	Agentes del sistema nervioso central
Dental and Oral Agents	Agentes dentales y orales
Dermatological Agents	Agentes dermatológicos
Electrolytes/Minerals/Metals/Vitamins	Electrolitos/minerales/metales/vitaminas
Gastrointestinal Agents	Agentes gastrointestinales
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment	Trastorno genético, enzimático o proteico: Reemplazo, modificadores, tratamiento
Genitourinary Agents	Agentes genitourinarios
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)	Agentes hormonales, estimulación/sustitución/modificación (suprarrenal)
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)	Agentes hormonales, estimulación/sustitución/modificación (hipófisis)
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)	Agentes hormonales, estimulación/sustitución/modificación (hormonas sexuales/modificadores)
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)	Agentes hormonales, estimulación/sustitución/modificación (tiroides)
Hormonal Agents, Suppressant (Adrenal or Pituitary)	Agentes hormonales, inhibidor (suprarrenal o hipofisarios)
Hormonal Agents, Suppressant (Thyroid)	Agentes hormonales, inhibidor (tiroides)
Immunological Agents	Agentes inmunológicos
Inflammatory Bowel Disease Agents	Agentes de la enfermedad inflamatoria intestinal
Metabolic Bone Disease Agents	Agentes de las enfermedades óseas metabólicas
Miscellaneous Therapeutic Agents	Agentes Terapéuticos, Misceláneos
Ophthalmic Agents	Agentes oftálmicos
Otic Agents	Agentes óticos
Respiratory Tract/Pulmonary Agents	Agentes para vías respiratorias/pulmonares
Skeletal Muscle Relaxants	Relajantes musculares esqueléticos
Sleep Disorder Agents	Agentes del trastorno del sueño

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Analgesics		
JOURNAVX TABLET 50MG	4	QL(30 EA per 90 days); MO
Nonsteroidal Anti-inflammatory Drugs		
<i>celecoxib capsule 100mg, 200mg, 400mg, 50mg</i>	2	QL(60 EA per 30 days); MO
<i>diclofenac sodium dr tablet delayed release 25mg, 50mg, 75mg</i>	2	MO
<i>diclofenac sodium gel 1%</i>	2	QL(1000 GM per 30 days); MO
<i>diclofenac sodium external solution 1.5%</i>	4	PA; MO
<i>ec-naproxen tablet delayed release 500mg</i>	4	MO
<i>flurbiprofen tablet 100mg, 50mg</i>	2	MO
<i>ibuprofen suspension 100mg/5ml</i>	2	MO
<i>ibuprofen tablet 400mg, 600mg, 800mg</i>	1	MO
<i>ibu tablet 400mg, 600mg, 800mg</i>	1	MO
<i>indomethacin er capsule extended release 75mg</i>	3	MO
<i>indomethacin capsule 25mg, 50mg</i>	2	MO
<i>ketorolac tromethamine injection 15mg/ml, 30mg/ml</i>	4	MO
<i>ketorolac tromethamine tablet 10mg</i>	4	QL(20 EA per 30 days); MO
<i>meloxicam tablet 15mg, 7.5mg</i>	1	MO
<i>nabumetone tablet 500mg, 750mg</i>	2	MO
<i>naproxen dr tablet delayed release 500mg</i>	4	MO
<i>naproxen tablet delayed release 500mg</i>	4	MO
<i>naproxen tablet 250mg, 375mg, 500mg</i>	1	MO
<i>oxaprozin tablet 600mg</i>	3	MO
<i>piroxicam capsule 10mg, 20mg</i>	3	MO
<i>sulindac tablet 150mg, 200mg</i>	2	MO
Opioid Analgesics, Long-acting		
<i>buprenorphine patch weekly 10mcg/hr, 15mcg/hr, 20mcg/hr, 5mcg/hr, 7.5mcg/hr</i>	4	QL(4 EA per 28 days)
<i>fentanyl patch 72 hour 100mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr</i>	4	
<i>methadone hcl solution 10mg/5ml, 5mg/5ml</i>	3	
<i>methadone hcl tablet 10mg, 5mg</i>	2	
<i>methadone hydrochloride intensol concentrate 10mg/ml</i>	3	
<i>methadone hydrochloride concentrate 10mg/ml</i>	3	
<i>morphine sulfate er tablet extended release 100mg, 15mg, 200mg, 30mg, 60mg</i>	3	
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5MG, 18MG, 27MG, 36MG, 9MG	3	
Opioid Analgesics, Short-acting		
<i>acetaminophen/codeine phosphate tablet 300mg; 60mg</i>	2	

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<i>acetaminophen/codeine solution 120mg/5ml; 12mg/5ml</i>	3	
<i>acetaminophen/codeine tablet 300mg; 15mg, 300mg; 30mg, 300mg; 60mg</i>	2	
<i>endocet tablet 325mg; 5mg</i>	2	
<i>endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg</i>	3	
<i>fentanyl citrate oral transmucosal lozenge on a handle 200mcg</i>	4	PA
<i>fentanyl citrate oral transmucosal lozenge on a handle 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	5	PA
<i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml</i>	3	
<i>hydrocodone bitartrate/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg</i>	2	
<i>hydrocodone/acetaminophen tablet 325mg; 7.5mg</i>	2	
<i>hydromorphone hcl injection 10mg/ml, 1mg/ml, 4mg/ml</i>	4	
<i>hydromorphone hcl tablet 2mg, 4mg</i>	2	
<i>hydromorphone hcl tablet 8mg</i>	4	
<i>hydromorphone hydrochloride injection 1mg/ml, 2mg/ml, 50mg/5ml</i>	4	
<i>morphine sulfate injection 10mg/ml, 4mg/ml</i>	2	
<i>morphine sulfate injection 4mg/ml</i>	4	
<i>morphine sulfate oral solution 100mg/5ml, 10mg/5ml, 20mg/5ml</i>	3	
<i>morphine sulfate tablet 15mg, 30mg</i>	3	
<i>oxycodone hydrochloride solution 5mg/5ml</i>	3	
<i>oxycodone hydrochloride tablet 10mg, 15mg, 5mg</i>	2	
<i>oxycodone hydrochloride tablet 20mg, 30mg</i>	3	
<i>oxycodone/acetaminophen tablet 325mg; 5mg</i>	2	
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg</i>	3	
<i>tramadol hydrochloride/acetaminophen tablet 325mg; 37.5mg</i>	2	
<i>tramadol hydrochloride tablet 50mg</i>	1	
Anesthetics		
Local Anesthetics		
<i>lidocaine/prilocaine cream 2.5%; 2.5%</i>	2	QL(30 GM per 30 days); PA; MO
<i>lidocaine ointment 5%</i>	3	QL(150 GM per 30 days); PA; MO
<i>lidocaine patch 5%</i>	4	PA; MO
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
<i>acamprosate calcium dr tablet delayed release 333mg</i>	4	MO

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<i>disulfiram tablet 250mg, 500mg</i>	3	MO
<i>naltrexone hydrochloride tablet 50mg</i>	2	MO
VIVITROL INJECTION 380MG	5	
Opioid Dependence		
<i>buprenorphine hcl/naloxone hcl tablet sublingual 2mg; 0.5mg, 8mg; 2mg</i>	2	MO
<i>buprenorphine hcl tablet sublingual 2mg, 8mg</i>	2	MO
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg</i>	3	MO
<i>buprenorphine hydrochloride/naloxone hydrochloride tablet sublingual 2mg; 0.5mg</i>	2	MO
Opioid Reversal Agents		
KLOXXADO LIQUID 8MG/0.1ML	4	MO
<i>naloxone hcl injection 4mg/10ml</i>	2	MO
<i>naloxone hydrochloride injection 0.4mg/ml</i>	2	MO
<i>naloxone hydrochloride injection 2mg/2ml</i>	3	MO
<i>naloxone hydrochloride liquid 4mg/0.1ml</i>	4	MO
OPVEE SOLUTION 2.7MG/0.1ML	3	MO
Smoking Cessation Agents		
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	2	QL(60 EA per 30 days); MO
NICOTROL NS SOLUTION 10MG/ML	4	QL(360 ML per 365 days); MO
TYRVAYA SOLUTION 0.03MG/ACT	4	QL(8.4 ML per 30 days); MO
<i>varenicline starting month tablet therapy pack 0</i>	4	QL(504 EA per 365 days); MO
<i>varenicline tartrate tablet 0.5mg, 1mg</i>	4	QL(504 EA per 365 days); MO
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate injection 1gm/4ml, 500mg/2ml</i>	4	MO
<i>arikayce suspension 590mg/8.4ml</i>	5	PA
<i>gentamicin sulfate pediatric injection 10mg/ml</i>	3	MO
<i>gentamicin sulfate cream 0.1%</i>	3	MO
<i>gentamicin sulfate injection 40mg/ml</i>	3	MO
<i>gentamicin sulfate ointment 0.1%</i>	3	MO
HUMATIN CAPSULE 250MG	5	
<i>neomycin sulfate tablet 500mg</i>	2	MO
<i>streptomycin sulfate injection 1gm</i>	5	
<i>tobramycin sulfate injection 1.2gm/30ml, 1.2gm, 10mg/ml, 40mg/ml, 80mg/2ml</i>	4	MO
Antibacterials, Other		
<i>aztreonam injection 1gm, 2gm</i>	4	MO
<i>clindacin etz pledgets swab 1%</i>	3	MO

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<i>clindacin-p swab 1%</i>	3	MO
<i>clindamycin hcl capsule 300mg</i>	2	MO
<i>clindamycin hydrochloride capsule 150mg, 75mg</i>	2	MO
<i>clindamycin palmitate hydrochloride solution reconstituted 75mg/5ml</i>	4	MO
<i>clindamycin phosphate cream 2%</i>	4	MO
<i>clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	3	MO
<i>clindamycin phosphate swab 1%</i>	3	MO
<i>colistimethate sodium injection 150mg</i>	4	MO
DAPTOMYCIN/SODIUM CHLORIDE INJECTION 350MG/50ML; 0.9%, 500MG/50ML; 0.9%, 700MG/100ML; 0.9%	4	MO
<i>daptomycin/sodium chloride injection 1000mg/100ml; 0.9%</i>	4	MO
<i>daptomycin injection 350mg, 500mg</i>	4	MO
<i>fosfomycin tromethamine packet 3gm</i>	4	MO
IMPAVIDO CAPSULE 50MG	5	
<i>linezolid injection 600mg/300ml</i>	4	MO
<i>linezolid suspension reconstituted 100mg/5ml</i>	5	QL(1800 ML per 28 days)
<i>linezolid tablet 600mg</i>	4	QL(56 EA per 28 days); MO
<i>metronidazole vaginal gel 0.75%</i>	3	MO
<i>metronidazole injection 500mg/100ml</i>	2	MO
<i>metronidazole tablet 250mg, 500mg</i>	2	MO
<i>nitrofurantoin macrocrystals capsule 100mg, 50mg</i>	4	MO
<i>nitrofurantoin monohydrate/macrocrystals capsule 100mg</i>	2	MO
<i>nitrofurantoin monohydrate capsule 100mg</i>	2	MO
<i>tigecycline injection 50mg</i>	4	MO
<i>tinidazole tablet 250mg, 500mg</i>	4	MO
<i>trimethoprim tablet 100mg</i>	2	MO
<i>vancomycin hcl injection 10gm</i>	3	MO
<i>vancomycin hydrochloride capsule 125mg</i>	4	QL(120 EA per 30 days); MO
<i>vancomycin hydrochloride capsule 250mg</i>	4	QL(240 EA per 30 days); MO
VANCOMYCIN HYDROCHLORIDE INJECTION 1.75GM, 2GM	3	MO
<i>vancomycin hydrochloride injection 1gm, 500mg, 750mg</i>	3	MO
VOQUEZNA DUAL PAK THERAPY PACK 500MG; 20MG	4	PA; MO
VOQUEZNA TRIPLE PAK THERAPY PACK 500MG; 500MG; 20MG	4	PA; MO
Beta-lactam, Cephalosporins		
<i>cefaclor capsule 250mg, 500mg</i>	2	MO
<i>cefadroxil capsule 500mg</i>	2	MO
<i>cefadroxil suspension reconstituted 250mg/5ml, 500mg/5ml</i>	2	MO
<i>cefazolin sodium injection 10gm, 1gm, 500mg</i>	4	MO

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CEFAZOLIN INJECTION 2GM, 3GM	4	MO
<i>cefdinir capsule 300mg</i>	2	MO
<i>cefdinir suspension reconstituted 125mg/5ml, 250mg/5ml</i>	2	MO
<i>cefepime hydrochloride injection 100gm, 2gm</i>	4	MO
<i>cefepime/dextrose injection 2gm/50ml; 5%</i>	4	MO
<i>cefepime injection 1gm/50ml, 1gm, 2gm/100ml, 2gm</i>	4	MO
<i>cefixime capsule 400mg</i>	4	MO
<i>cefotaxime sodium injection 1gm, 2gm</i>	2	MO
<i>cefotetan injection 1gm, 2gm</i>	4	MO
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	3	MO
<i>cefpodoxime proxetil suspension reconstituted 100mg/5ml, 50mg/5ml</i>	4	MO
<i>cefpodoxime proxetil tablet 100mg, 200mg</i>	4	MO
<i>cefprozil suspension reconstituted 125mg/5ml, 250mg/5ml</i>	3	MO
<i>cefprozil tablet 250mg, 500mg</i>	2	MO
<i>ceftazidime injection 1gm, 2gm, 6gm</i>	3	MO
<i>ceftriaxone sodium injection 10gm, 1gm, 250mg, 2gm, 500mg</i>	3	MO
<i>cefuroxime axetil tablet 250mg, 500mg</i>	2	MO
<i>cefuroxime sodium injection 750mg</i>	3	MO
<i>cefuroxime sodium injection 1.5gm</i>	4	MO
<i>cephalexin capsule 250mg, 500mg</i>	2	MO
<i>cephalexin suspension reconstituted 125mg/5ml, 250mg/5ml</i>	2	MO
TAZICEF INJECTION 6GM	3	MO
<i>tazicef injection 1gm, 2gm</i>	3	MO
TEFLARO INJECTION 400MG, 600MG	5	
Beta-lactam, Penicillins		
<i>amoxicillin/clavulanate potassium er tablet extended release 12 hour 1000mg; 62.5mg</i>	4	MO
<i>amoxicillin/clavulanate potassium suspension reconstituted 200mg/5ml; 28.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml</i>	2	MO
<i>amoxicillin/clavulanate potassium suspension reconstituted 250mg/5ml; 62.5mg/5ml</i>	4	MO
<i>amoxicillin/clavulanate potassium tablet chewable 200mg; 28.5mg, 400mg; 57mg</i>	2	MO
<i>amoxicillin/clavulanate potassium tablet 500mg; 125mg, 875mg; 125mg</i>	2	MO
<i>amoxicillin/clavulanate potassium tablet 250mg; 125mg</i>	4	MO
<i>amoxicillin capsule 250mg, 500mg</i>	2	MO

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<i>amoxicillin suspension reconstituted 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml</i>	2	MO
<i>amoxicillin tablet chewable 125mg, 250mg</i>	2	MO
<i>amoxicillin tablet 500mg, 875mg</i>	2	MO
<i>ampicillin sodium injection 10gm, 125mg, 1gm</i>	3	MO
<i>ampicillin-sulbactam injection 10gm; 5gm, 1gm; 0.5gm, 2gm; 1gm</i>	3	MO
<i>ampicillin/sulbactam injection 2gm; 1gm</i>	3	MO
<i>ampicillin capsule 500mg</i>	2	MO
AUGMENTIN SUSPENSION RECONSTITUTED 125MG/5ML; 31.25MG/5ML	4	MO
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	4	MO
<i>dicloxacillin sodium capsule 250mg, 500mg</i>	2	MO
<i>naftillin sodium injection 10gm, 1gm, 2gm</i>	4	MO
<i>penicillin g sodium injection 5000000unit</i>	5	
<i>penicillin v potassium solution reconstituted 125mg/5ml, 250mg/5ml</i>	2	MO
<i>penicillin v potassium tablet 250mg, 500mg</i>	2	MO
<i>piperacillin sodium/tazobactam sodium injection 2gm; 0.25gm, 36gm; 4.5gm, 3gm; 0.375gm, 4gm; 0.5gm</i>	4	MO
Carbapenems		
<i>ertapenem sodium injection 1gm</i>	4	MO
<i>imipenem/cilastatin injection 250mg; 250mg, 500mg; 500mg</i>	3	MO
<i>meropenem injection 1gm, 2gm, 500mg</i>	3	MO
Macrolides		
<i>azithromycin injection 500mg</i>	3	MO
<i>azithromycin packet 1gm</i>	2	MO
<i>azithromycin suspension reconstituted 100mg/5ml, 200mg/5ml</i>	2	MO
<i>azithromycin tablet 250mg, 500mg, 600mg</i>	2	MO
<i>clarithromycin er tablet extended release 24 hour 500mg</i>	4	MO
<i>clarithromycin suspension reconstituted 125mg/5ml, 250mg/5ml</i>	4	MO
<i>clarithromycin tablet 250mg, 500mg</i>	2	MO
DIFICID TABLET 200MG	5	
<i>erythromycin dr tablet delayed release 250mg, 333mg, 500mg</i>	4	MO
<i>fidaxomicin tablet 200mg</i>	5	
Quinolones		
<i>ciprofloxacin hcl tablet 750mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	1	MO
<i>ciprofloxacin i.v.-in d5w injection 200mg/100ml; 5%, 400mg/200ml; 5%</i>	3	MO
<i>levofloxacin in d5w injection 5%; 250mg/50ml, 5%; 500mg/100ml, 5%; 750mg/150ml</i>	4	MO
<i>levofloxacin injection 25mg/ml</i>	4	MO
<i>levofloxacin oral solution 25mg/ml</i>	4	MO
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	2	MO
<i>moxifloxacin hydrochloride/sodium hydrochloride injection 400mg/250ml; 0.8%</i>	4	MO
<i>moxifloxacin hydrochloride tablet 400mg</i>	3	MO
Sulfonamides		
<i>sulfadiazine tablet 500mg</i>	5	
<i>sulfamethoxazole/trimethoprim ds tablet 800mg; 160mg</i>	2	MO
<i>sulfamethoxazole/trimethoprim suspension 200mg/5ml; 40mg/5ml</i>	3	MO
<i>sulfamethoxazole/trimethoprim tablet 400mg; 80mg</i>	2	MO
Tetracyclines		
<i>demeclocycline hcl tablet 150mg, 300mg</i>	4	MO
<i>demeclocycline hydrochloride tablet 300mg</i>	4	MO
<i>doxycycline hyclate capsule 100mg, 50mg</i>	2	MO
<i>doxycycline hyclate injection 100mg</i>	4	MO
<i>doxycycline hyclate tablet 100mg</i>	2	MO
<i>doxycycline monohydrate capsule 100mg, 50mg</i>	2	MO
<i>doxycycline monohydrate tablet 100mg, 50mg</i>	2	MO
<i>doxycycline monohydrate tablet 150mg, 75mg</i>	3	MO
<i>doxycycline suspension reconstituted 25mg/5ml</i>	3	MO
<i>minocycline hcl capsule 75mg</i>	3	MO
<i>minocycline hydrochloride capsule 100mg, 50mg</i>	3	MO
<i>tetracycline hydrochloride capsule 250mg, 500mg</i>	3	MO
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT SOLUTION 10MG/ML	5	PA
BRIVIACT TABLET 100MG, 10MG, 25MG, 50MG, 75MG	5	PA
EPIDIOLEX SOLUTION 100MG/ML	5	PA
EPRONTIA SOLUTION 25MG/ML	4	MO
<i>felbamate suspension 600mg/5ml</i>	4	MO
<i>felbamate tablet 400mg, 600mg</i>	4	MO
FINTEPLA SOLUTION 2.2MG/ML	5	PA
FYCOMPA SUSPENSION 0.5MG/ML	5	
FYCOMPA TABLET 2MG	4	MO

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FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG	5	
<i>lamotrigine starter kit/blue kit 25mg</i>	4	MO
<i>lamotrigine starter kit/green kit 0</i>	4	MO
<i>lamotrigine starter kit/orange kit 0</i>	4	MO
<i>lamotrigine tablet chewable 25mg, 5mg</i>	2	MO
<i>lamotrigine tablet 100mg, 150mg, 200mg, 25mg</i>	2	MO
<i>levetiracetam er tablet extended release 24 hour 500mg, 750mg</i>	3	MO
<i>levetiracetam solution 100mg/ml</i>	2	MO
LEVETIRACETAM TABLET DISINTEGRATING SOLUBLE 250MG	4	MO
<i>levetiracetam tablet 1000mg, 250mg, 500mg, 750mg</i>	2	MO
NAYZILAM SOLUTION 5MG/0.1ML	4	QL(10 EA per 30 days); MO
<i>perampanel tablet 2mg</i>	4	MO
<i>perampanel tablet 10mg, 12mg, 4mg, 6mg, 8mg</i>	5	
<i>roweepra tablet 500mg</i>	2	MO
SPRITAM TABLET DISINTEGRATING SOLUBLE 1000MG, 250MG, 500MG, 750MG	4	MO
<i>subvenite starter kit/blue kit 25mg</i>	4	MO
<i>subvenite starter kit/green kit 0</i>	4	MO
<i>subvenite starter kit/orange kit 0</i>	4	MO
<i>subvenite tablet 100mg, 150mg, 200mg, 25mg</i>	2	MO
<i>topiramate capsule sprinkle 15mg, 25mg, 50mg</i>	3	MO
<i>topiramate solution 25mg/ml</i>	4	MO
<i>topiramate tablet 100mg, 200mg, 25mg, 50mg</i>	2	MO
<i>valproic acid capsule 250mg</i>	2	MO
<i>valproic acid solution 250mg/5ml</i>	2	MO
Calcium Channel Modifying Agents		
<i>ethosuximide capsule 250mg</i>	3	MO
<i>ethosuximide solution 250mg/5ml</i>	3	MO
<i>methsuximide capsule 300mg</i>	4	MO
Gamma-aminobutyric Acid (GABA) Modulating Agents		
<i>clobazam suspension 2.5mg/ml</i>	4	MO
<i>clobazam tablet 10mg, 20mg</i>	4	MO
<i>clonazepam odt tablet disintegrating 2mg</i>	4	QL(300 EA per 30 days); MO
<i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg</i>	4	QL(90 EA per 30 days); MO
<i>clonazepam tablet 2mg</i>	1	QL(300 EA per 30 days); MO
<i>clonazepam tablet 0.5mg, 1mg</i>	1	QL(90 EA per 30 days); MO
DIACOMIT CAPSULE 250MG, 500MG	5	PA
DIACOMIT PACKET 250MG, 500MG	5	PA
<i>diazepam rectal gel gel 10mg, 2.5mg, 20mg</i>	4	MO

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<i>divalproex sodium dr capsule delayed release sprinkle 125mg</i>	2	MO
<i>divalproex sodium dr tablet delayed release 125mg, 250mg, 500mg</i>	2	MO
<i>divalproex sodium er tablet extended release 24 hour 250mg, 500mg</i>	2	MO
<i>gabapentin capsule 400mg</i>	2	QL(270 EA per 30 days); MO
<i>gabapentin capsule 100mg, 300mg</i>	2	QL(360 EA per 30 days); MO
<i>gabapentin solution 250mg/5ml</i>	4	QL(2160 ML per 30 days); MO
<i>gabapentin tablet 800mg</i>	2	QL(150 EA per 30 days); MO
<i>gabapentin tablet 600mg</i>	2	QL(180 EA per 30 days); MO
LIBERVANT FILM 10MG, 12.5MG, 15MG, 5MG, 7.5MG	4	QL(10 EA per 30 days); MO
<i>phenobarbital elixir 20mg/5ml</i>	4	MO
<i>phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	4	MO
<i>pregabalin capsule 300mg</i>	2	QL(60 EA per 30 days); MO
<i>pregabalin capsule 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg</i>	2	QL(90 EA per 30 days); MO
<i>pregabalin solution 20mg/ml</i>	4	QL(900 ML per 30 days); MO
<i>primidone tablet 125mg, 250mg, 50mg</i>	2	MO
SYMPAZAN FILM 10MG, 5MG	4	MO
SYMPAZAN FILM 20MG	5	
<i>tiagabine hydrochloride tablet 12mg, 16mg, 2mg, 4mg</i>	4	MO
VALTOCO 10 MG DOSE LIQUID 10MG/0.1ML	5	QL(10 EA per 30 days)
VALTOCO 15 MG DOSE LIQUID THERAPY PACK 7.5MG/0.1ML	5	QL(10 EA per 30 days)
VALTOCO 20 MG DOSE LIQUID THERAPY PACK 10MG/0.1ML	5	QL(10 EA per 30 days)
VALTOCO 5 MG DOSE LIQUID 5MG/0.1ML	5	QL(10 EA per 30 days)
<i>vigabatrin packet 500mg</i>	5	PA
<i>vigabatrin tablet 500mg</i>	5	PA
<i>vigadrone packet 500mg</i>	5	PA
<i>vigadrone tablet 500mg</i>	5	PA
VIGAFYDE SOLUTION 100MG/ML	5	PA
<i>vigpoder packet 500mg</i>	5	PA
ZTALMY SUSPENSION 50MG/ML	5	PA
Sodium Channel Agents		
<i>carbamazepine er capsule extended release 12 hour 100mg, 200mg, 300mg</i>	4	MO
<i>carbamazepine er tablet extended release 12 hour 100mg, 200mg, 400mg</i>	4	MO
<i>carbamazepine suspension 100mg/5ml</i>	3	MO
<i>carbamazepine tablet chewable 100mg, 200mg</i>	2	MO
<i>carbamazepine tablet 200mg</i>	3	MO

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DILANTIN CAPSULE 30MG	4	MO
<i>epitol tablet 200mg</i>	3	MO
<i>eslicarbazepine acetate tablet 200mg, 400mg, 600mg, 800mg</i>	4	MO
<i>lacosamide solution 10mg/ml</i>	4	MO
<i>lacosamide tablet 100mg, 150mg, 200mg, 50mg</i>	4	MO
<i>oxcarbazepine suspension 300mg/5ml</i>	4	MO
<i>oxcarbazepine tablet 150mg, 300mg, 600mg</i>	3	MO
PHENYTEK CAPSULE 200MG, 300MG	2	MO
<i>phenytoin sodium extended capsule 100mg, 200mg, 300mg</i>	2	MO
<i>phenytoin suspension 125mg/5ml</i>	2	MO
<i>phenytoin tablet chewable 50mg</i>	2	MO
<i>rufinamide suspension 40mg/ml</i>	5	
<i>rufinamide tablet 200mg</i>	4	MO
<i>rufinamide tablet 400mg</i>	5	
XCOPRI TABLET THERAPY PACK 0	4	PA; MO; (12.5mg-25mg)
XCOPRI TABLET THERAPY PACK 0	5	PA; (100mg - 150mg)
XCOPRI TABLET THERAPY PACK 0	5	PA; (150mg - 200mg)
XCOPRI TABLET THERAPY PACK 0	5	PA; (50mg - 100mg)
XCOPRI TABLET 100MG, 150MG, 200MG, 25MG, 50MG	5	PA
ZONISADE SUSPENSION 100MG/5ML	4	ST; MO
<i>zonisamide capsule 100mg, 25mg, 50mg</i>	2	MO
Antidementia Agents		
Antidementia Agents, Other		
<i>ergoloid mesylates tablet 1mg</i>	4	MO
<i>memantine/donepezil hydrochloride er capsule extended release 24 hour 10mg; 14mg, 10mg; 21mg, 10mg; 28mg</i>	3	QL(30 EA per 30 days); MO
Cholinesterase Inhibitors		
<i>donepezil hcl tablet disintegrating 10mg, 5mg</i>	2	MO
<i>donepezil hcl tablet 10mg</i>	2	MO
<i>donepezil hydrochloride tablet 10mg, 5mg</i>	2	MO
<i>galantamine hydrobromide er capsule extended release 24 hour 16mg, 24mg, 8mg</i>	4	MO
<i>galantamine hydrobromide solution 4mg/ml</i>	4	MO
<i>galantamine hydrobromide tablet 12mg, 4mg, 8mg</i>	4	MO
<i>rivastigmine tartrate capsule 1.5mg, 3mg, 4.5mg, 6mg</i>	3	MO
<i>rivastigmine transdermal system patch 24 hour 13.3mg/24hr, 4.6mg/24hr, 9.5mg/24hr</i>	4	MO
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
<i>memantine hcl titration pak tablet 0</i>	2	MO
<i>memantine hydrochloride tablet 10mg, 5mg</i>	2	MO
Antidepressants		

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Drug Name	Drug Tier	Requirements/Limits
Antidepressants, Other		
AUVELITY TABLET EXTENDED RELEASE 105MG; 45MG	4	QL(60 EA per 30 days); ST; MO
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg, 200mg</i>	2	QL(60 EA per 30 days); MO
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg</i>	2	QL(90 EA per 30 days); MO
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 300mg</i>	2	QL(30 EA per 30 days); MO
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg</i>	2	QL(90 EA per 30 days); MO
<i>bupropion hydrochloride tablet 100mg, 75mg</i>	2	MO
<i>mirtazapine odt tablet disintegrating 15mg, 30mg, 45mg</i>	3	MO
<i>mirtazapine tablet 15mg, 30mg, 45mg, 7.5mg</i>	2	MO
SPRAVATO 56MG DOSE SOLUTION THERAPY PACK 0	5	PA
SPRAVATO 84MG DOSE SOLUTION THERAPY PACK 0	5	PA
ZURZUVAE CAPSULE 30MG	5	QL(14 EA per 14 days); PA
ZURZUVAE CAPSULE 20MG, 25MG	5	QL(28 EA per 14 days); PA
Monoamine Oxidase Inhibitors		
EMSAM PATCH 24 HOUR 12MG/24HR, 6MG/24HR, 9MG/24HR	5	QL(30 EA per 30 days); ST
MARPLAN TABLET 10MG	4	MO
<i>phenelzine sulfate tablet 15mg</i>	3	MO
<i>tranylcypromine sulfate tablet 10mg</i>	4	MO
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)		
<i>citalopram hydrobromide solution 10mg/5ml</i>	4	MO
<i>citalopram hydrobromide tablet 10mg, 20mg, 40mg</i>	1	MO
<i>desvenlafaxine er tablet extended release 24 hour 100mg</i>	3	QL(120 EA per 30 days); MO
<i>desvenlafaxine er tablet extended release 24 hour 25mg, 50mg</i>	3	QL(30 EA per 30 days); MO
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 60MG	4	QL(60 EA per 30 days); MO
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30MG, 40MG	4	QL(90 EA per 30 days); MO
<i>duloxetine hydrochloride dr capsule delayed release particles 20mg, 60mg</i>	2	QL(60 EA per 30 days); MO
<i>duloxetine hydrochloride dr capsule delayed release particles 30mg</i>	2	QL(90 EA per 30 days); MO
<i>escitalopram oxalate solution 5mg/5ml</i>	4	MO
<i>escitalopram oxalate tablet 10mg, 20mg, 5mg</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
FETZIMA TITRATION PACK CAPSULE ER 24 HOUR THERAPY PACK 0	4	QL(56 EA per 365 days); ST; MO
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 20MG, 40MG, 80MG	4	QL(30 EA per 30 days); ST; MO
<i>fluoxetine hydrochloride capsule 10mg, 20mg, 40mg</i>	1	MO
<i>fluoxetine hydrochloride solution 20mg/5ml</i>	4	MO
<i>fluvoxamine maleate tablet 100mg, 25mg, 50mg</i>	3	MO
<i>nefazodone hydrochloride tablet 100mg, 150mg, 200mg, 250mg, 50mg</i>	4	MO
<i>paroxetine hcl tablet 30mg, 40mg</i>	2	MO
<i>paroxetine hydrochloride suspension 10mg/5ml</i>	4	MO
<i>paroxetine hydrochloride tablet 10mg, 20mg</i>	2	MO
RALDESY SOLUTION 10MG/ML	5	
<i>sertraline hcl concentrate 20mg/ml</i>	3	MO
<i>sertraline hcl tablet 50mg</i>	1	MO
<i>sertraline hydrochloride tablet 100mg, 25mg</i>	1	MO
<i>trazodone hydrochloride tablet 100mg, 150mg, 50mg</i>	2	MO
TRINTELLIX TABLET 10MG, 20MG, 5MG	4	QL(30 EA per 30 days); MO
<i>venlafaxine hydrochloride er capsule extended release 24 hour 150mg, 37.5mg, 75mg</i>	2	MO
<i>venlafaxine hydrochloride tablet 100mg, 25mg, 37.5mg, 50mg, 75mg</i>	2	MO
<i>vilazodone hydrochloride tablet 10mg, 20mg, 40mg</i>	4	QL(30 EA per 30 days); MO
Tricyclics		
<i>amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg</i>	3	MO
<i>amitriptyline hydrochloride tablet 100mg, 10mg, 25mg, 50mg, 75mg</i>	3	MO
<i>amoxapine tablet 100mg, 150mg, 25mg, 50mg</i>	4	MO
<i>clomipramine hydrochloride capsule 25mg, 50mg, 75mg</i>	4	MO
<i>desipramine hydrochloride tablet 100mg, 10mg, 150mg, 25mg, 50mg, 75mg</i>	4	MO
<i>doxepin hcl capsule 75mg</i>	3	MO
<i>doxepin hcl concentrate 10mg/ml</i>	4	MO
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	3	MO
<i>imipramine hcl tablet 25mg, 50mg</i>	4	MO
<i>imipramine hydrochloride tablet 10mg</i>	4	MO
<i>nortriptyline hcl capsule 25mg, 75mg</i>	2	MO
<i>nortriptyline hcl solution 10mg/5ml</i>	4	MO
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	2	MO
<i>protriptyline hcl tablet 10mg, 5mg</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>trimipramine maleate capsule 100mg, 25mg, 50mg</i>	4	MO
Antiemetics		
Antiemetics, Other		
<i>compro suppository 25mg</i>	4	MO
<i>meclizine hcl tablet 12.5mg, 25mg</i>	4	MO
<i>prochlorperazine maleate tablet 10mg, 5mg</i>	2	MO
<i>prochlorperazine suppository 25mg</i>	4	MO
<i>promethazine hcl suppository 12.5mg</i>	4	MO
<i>promethazine hydrochloride plain solution 6.25mg/5ml</i>	3	MO
<i>promethazine hydrochloride suppository 25mg</i>	4	MO
<i>promethazine hydrochloride tablet 12.5mg, 25mg, 50mg</i>	3	MO
<i>promethegan suppository 12.5mg, 25mg</i>	4	MO
<i>scopolamine patch 72 hour 1mg/3days</i>	4	MO
Emetogenic Therapy Adjuncts		
<i>aprepitant capsule 40mg</i>	4	QL(1 EA per 30 days); B/D; MO
<i>aprepitant capsule 0</i>	4	QL(6 EA per 30 days); B/D; MO; (PAK 125MG & 80MG)
<i>aprepitant capsule 80mg</i>	4	QL(8 EA per 30 days); B/D; MO
<i>aprepitant capsule 125mg</i>	5	QL(2 EA per 30 days); B/D
<i>dronabinol capsule 10mg, 2.5mg, 5mg</i>	4	QL(60 EA per 30 days); PA; MO
<i>ondansetron hcl solution 4mg/5ml</i>	4	QL(450 ML per 30 days); B/D; MO
<i>ondansetron hydrochloride tablet 4mg, 8mg</i>	2	B/D; MO
<i>ondansetron odt tablet disintegrating 4mg, 8mg</i>	2	B/D; MO
Antifungals		
Antifungals		
ABELCET INJECTION 5MG/ML	4	B/D; MO
<i>amphotericin b liposome injection 50mg</i>	5	B/D
<i>amphotericin b injection 50mg</i>	4	B/D; MO
CASPOFUNGIN ACETATE INJECTION 70MG	4	MO
<i>casposfungin acetate injection 50mg</i>	4	MO
<i>clotrimazole cream 1%</i>	2	QL(90 GM per 30 days); MO
<i>clotrimazole solution 1%</i>	3	QL(60 ML per 30 days); MO
<i>clotrimazole troche 10mg</i>	3	MO
CRESEMBA CAPSULE 186MG, 74.5MG	5	PA
<i>econazole nitrate cream 1%</i>	2	MO
<i>fluconazole in sodium chloride injection 200mg/100ml; 0.9%, 400mg/200ml; 0.9%</i>	3	MO
<i>fluconazole suspension reconstituted 10mg/ml, 40mg/ml</i>	3	MO
<i>fluconazole tablet 100mg, 150mg, 200mg, 50mg</i>	2	MO
<i>flucytosine capsule 250mg, 500mg</i>	5	
<i>griseofulvin microsize suspension 125mg/5ml</i>	4	MO

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<i>griseofulvin microsize tablet 500mg</i>	4	MO
<i>griseofulvin ultramicrosize tablet 125mg, 250mg</i>	4	MO
<i>itraconazole capsule 100mg</i>	4	PA; MO
JUBLIA SOLUTION 10%	5	
<i>ketoconazole cream 2%</i>	2	QL(90 GM per 30 days); MO
<i>ketoconazole shampoo 2%</i>	2	MO
<i>ketoconazole tablet 200mg</i>	2	MO
<i>klayesta powder 100000unit/gm</i>	2	QL(120 GM per 30 days); MO
<i>micafungin injection 100mg, 50mg</i>	4	MO
<i>nyamyc powder 100000unit/gm</i>	2	QL(120 GM per 30 days); MO
<i>nystatin cream 100000unit/gm</i>	2	MO
<i>nystatin ointment 100000unit/gm</i>	2	MO
<i>nystatin powder 100000unit/gm</i>	2	QL(120 GM per 30 days); MO
<i>nystatin suspension 100000unit/ml</i>	2	MO
<i>nystatin tablet 500000unit</i>	3	MO
<i>nystop powder 100000unit/gm</i>	2	QL(120 GM per 30 days); MO
<i>posaconazole dr tablet delayed release 100mg</i>	5	PA
<i>posaconazole suspension 40mg/ml</i>	5	PA
<i>terbinafine hcl tablet 250mg</i>	2	QL(84 EA per 180 days); MO
<i>terconazole cream 0.4%, 0.8%</i>	3	MO
<i>voriconazole injection 200mg</i>	5	PA
<i>voriconazole suspension reconstituted 40mg/ml</i>	5	
<i>voriconazole tablet 200mg, 50mg</i>	4	MO
Antigout Agents		
Antigout Agents		
<i>allopurinol tablet 100mg, 300mg</i>	2	MO
<i>colchicine tablet 0.6mg</i>	3	MO
<i>probenecid/colchicine tablet 0.5mg; 500mg</i>	2	MO
<i>probenecid tablet 500mg</i>	2	MO
Antimigraine Agents		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists		
AIMOVIG INJECTION 140MG/ML	3	QL(1 ML per 28 days); PA; MO
AIMOVIG INJECTION 70MG/ML	3	QL(2 ML per 28 days); PA; MO
EMGALITY INJECTION 120MG/ML	3	QL(2 ML per 28 days); PA; MO
EMGALITY INJECTION 100MG/ML	5	QL(3 ML per 28 days); PA
QULIPTA TABLET 10MG, 30MG, 60MG	5	QL(30 EA per 30 days); PA
UBRELVY TABLET 100MG, 50MG	5	QL(16 EA per 30 days); PA
Ergot Alkaloids		
<i>dihydroergotamine mesylate solution 4mg/ml</i>	4	QL(8 ML per 30 days); PA; MO
<i>ergotamine tartrate/cafeine tablet 100mg; 1mg</i>	3	QL(24 EA per 28 days); MO
Prophylactic		

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<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	3	MO
Serotonin (5-HT) Receptor Agonist		
<i>rizatriptan benzoate odt tablet disintegrating 10mg, 5mg</i>	3	QL(18 EA per 30 days); MO
<i>rizatriptan benzoate tablet 10mg, 5mg</i>	2	QL(18 EA per 30 days); MO
<i>sumatriptan succinate injection 6mg/0.5ml</i>	4	QL(5 ML per 30 days); MO
<i>sumatriptan succinate tablet 100mg, 25mg, 50mg</i>	2	QL(9 EA per 30 days); MO
<i>sumatriptan solution 20mg/act, 5mg/act</i>	4	QL(12 EA per 30 days); MO
<i>zolmitriptan tablet 2.5mg, 5mg</i>	4	QL(12 EA per 30 days); MO
Antimyasthenic Agents		
Parasympathomimetics		
<i>pyridostigmine bromide tablet 60mg</i>	2	MO
VYVGART HYTRULO INJECTION 180MG/ML; 2000UNIT/ML	5	PA
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone tablet 100mg, 25mg</i>	3	MO
<i>rifabutin capsule 150mg</i>	4	MO
Antituberculars		
<i>cycloserine capsule 250mg</i>	5	
<i>ethambutol hydrochloride tablet 100mg, 400mg</i>	2	MO
ISONIAZID INJECTION 100MG/ML	4	MO
<i>isoniazid syrup 50mg/5ml</i>	4	MO
<i>isoniazid tablet 100mg, 300mg</i>	1	MO
PRIFTIN TABLET 150MG	4	MO
<i>pyrazinamide tablet 500mg</i>	3	MO
<i>rifampin capsule 150mg, 300mg</i>	3	MO
<i>rifampin injection 600mg</i>	4	MO
SIRTURO TABLET 100MG, 20MG	5	
TRECTOR TABLET 250MG	4	MO
Antineoplastics		
Alkylating Agents		
<i>cisplatin injection 100mg/100ml</i>	4	MO
<i>cyclophosphamide capsule 25mg, 50mg</i>	3	B/D; MO
GLEOSTINE CAPSULE 10MG, 40MG	4	MO
GLEOSTINE CAPSULE 100MG	5	
LEUKERAN TABLET 2MG	5	
MATULANE CAPSULE 50MG	5	
VALCHLOR GEL 0.016%	5	PA
Antiandrogens		
<i>abiraterone acetate tablet 250mg</i>	4	PA; MO
<i>abiraterone acetate tablet 500mg</i>	5	PA
<i>abirtega tablet 250mg</i>	4	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>bicalutamide tablet 50mg</i>	2	MO
ERLEADA TABLET 240MG, 60MG	5	PA
EULEXIN CAPSULE 125MG	4	MO
<i>nilutamide tablet 150mg</i>	5	
NUBEQA TABLET 300MG	5	PA
XTANDI CAPSULE 40MG	5	PA
XTANDI TABLET 40MG, 80MG	5	PA
YONSA TABLET 125MG	5	PA
Antiangiogenic Agents		
<i>lenalidomide capsule 10mg, 15mg, 2.5mg, 20mg, 25mg, 5mg</i>	5	PA
POMALYST CAPSULE 3MG, 4MG	5	PA
POMALYST CAPSULE 1MG, 2MG	5	QL(30 EA per 30 days); PA
THALOMID CAPSULE 100MG, 150MG, 200MG, 50MG	5	PA
Antiestrogens/Modifiers		
EMCYT CAPSULE 140MG	5	
ORSERDU TABLET 345MG, 86MG	5	PA
SOLTAMOX SOLUTION 10MG/5ML	5	
<i>tamoxifen citrate tablet 10mg, 20mg</i>	2	MO
<i>toremifene citrate tablet 60mg</i>	4	MO
Antimetabolites		
DROXIA CAPSULE 200MG, 300MG, 400MG	3	MO
<i>hydroxyurea capsule 500mg</i>	2	MO
<i>mercaptopurine suspension 2000mg/100ml</i>	5	
<i>mercaptopurine tablet 50mg</i>	3	MO
TABLOID TABLET 40MG	5	
Antineoplastics, Other		
AKEEGA TABLET 500MG; 100MG, 500MG; 50MG	5	PA
IBRANCE TABLET 100MG, 125MG, 75MG	5	PA
INREBIC CAPSULE 100MG	5	PA
ITOVEBI TABLET 9MG	5	PA
ITOVEBI TABLET 3MG	5	QL(60 EA per 30 days); PA
IWILFIN TABLET 192MG	5	PA
KISQALI FEMARA 200 DOSE TABLET THERAPY PACK 2.5MG; 200MG	5	PA
KISQALI FEMARA 400 DOSE TABLET THERAPY PACK 2.5MG; 200MG	5	PA
KISQALI FEMARA 600 DOSE TABLET THERAPY PACK 2.5MG; 200MG	5	PA
LAZCLUZE TABLET 240MG	5	PA
LAZCLUZE TABLET 80MG	5	QL(60 EA per 30 days); PA
<i>leucovorin calcium tablet 10mg, 15mg, 25mg, 5mg</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
LONSURF TABLET 6.14MG; 15MG, 8.19MG; 20MG	5	PA
LYSODREN TABLET 500MG	5	
MODEYSO CAPSULE 125MG	5	PA
OGSIVEO TABLET 100MG, 150MG, 50MG	5	PA
OJEMDA SUSPENSION RECONSTITUTED 25MG/ML	5	PA
OJEMDA TABLET 100MG	5	PA
ONUREG TABLET 200MG, 300MG	5	PA
PHESGO INJECTION 2000UNIT/ML; 60MG/ML; 60MG/ML	5	PA
REVUFORJ TABLET 110MG, 160MG, 25MG	5	PA
VONJO CAPSULE 100MG	5	PA
ZOLINZA CAPSULE 100MG	5	PA
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole tablet 1mg</i>	2	MO
<i>exemestane tablet 25mg</i>	4	MO
<i>letrozole tablet 2.5mg</i>	2	MO
Enzyme Inhibitors		
AVMAPKI FAKZYNJA CO-PACK THERAPY PACK 0.8MG; 200MG	5	PA
<i>topotecan hcl injection 4mg</i>	5	
<i>topotecan hydrochloride injection 4mg/4ml</i>	5	
Molecular Target Inhibitors		
ALECENSA CAPSULE 150MG	5	PA
ALUNBRIG TABLET THERAPY PACK 0	5	QL(60 EA per 365 days); PA
ALUNBRIG TABLET 30MG	5	QL(120 EA per 30 days); PA
ALUNBRIG TABLET 180MG, 90MG	5	QL(30 EA per 30 days); PA
AUGTYRO CAPSULE 160MG, 40MG	5	PA
AYVAKIT TABLET 100MG, 200MG, 25MG, 300MG, 50MG	5	QL(30 EA per 30 days); PA
BALVERSA TABLET 3MG, 4MG, 5MG	5	PA
BOSULIF CAPSULE 100MG, 50MG	5	PA
BOSULIF TABLET 100MG, 400MG, 500MG	5	PA
BRAFTOVI CAPSULE 75MG	5	PA
BRUKINSA CAPSULE 80MG	5	PA
BRUKINSA TABLET 160MG	5	PA
CABOMETYX TABLET 40MG, 60MG	5	PA
CABOMETYX TABLET 20MG	5	QL(30 EA per 30 days); PA
CALQUENCE CAPSULE 100MG	5	PA
CALQUENCE TABLET 100MG	5	PA
CAPRELSA TABLET 300MG	5	PA
CAPRELSA TABLET 100MG	5	QL(60 EA per 30 days); PA
COMETRIQ KIT 0, 20MG	5	PA
COPIKTRA CAPSULE 15MG, 25MG	5	PA
COTELLIC TABLET 20MG	5	PA

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Drug Name	Drug Tier	Requirements/Limits
DANZITEN TABLET 71MG, 95MG	5	PA
<i>dasatinib tablet 100mg, 140mg, 20mg, 50mg, 70mg, 80mg</i>	5	PA
DAURISMO TABLET 100MG, 25MG	5	PA
ENSACOVE CAPSULE 100MG, 25MG	5	PA
ERIVEDGE CAPSULE 150MG	5	PA
<i>erlotinib hydrochloride tablet 100mg, 150mg, 25mg</i>	4	PA; MO
<i>everolimus tablet soluble 2mg, 3mg, 5mg</i>	5	PA
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	5	QL(30 EA per 30 days); PA
EXKIVITY CAPSULE 40MG	5	
FOTIVDA CAPSULE 0.89MG, 1.34MG	5	PA
FRUZAQLA CAPSULE 1MG, 5MG	5	PA
GAVRETO CAPSULE 100MG	5	PA
<i>gefitinib tablet 250mg</i>	5	PA
GILOTRIF TABLET 20MG, 30MG, 40MG	5	QL(30 EA per 30 days); PA
GOMEKLI CAPSULE 1MG, 2MG	5	PA
GOMEKLI TABLET SOLUBLE 1MG	5	PA
HERNEXEOS TABLET 60MG	5	PA
IBRANCE CAPSULE 100MG, 125MG, 75MG	5	PA
IBTROZI CAPSULE 200MG	5	PA
ICLUSIG TABLET 30MG, 45MG	5	PA
ICLUSIG TABLET 10MG, 15MG	5	QL(30 EA per 30 days); PA
IDHIFA TABLET 100MG, 50MG	5	QL(30 EA per 30 days); PA
<i>imatinib mesylate tablet 100mg</i>	3	PA; MO
<i>imatinib mesylate tablet 400mg</i>	4	PA; MO
IMBRUVICA CAPSULE 140MG	5	QL(120 EA per 30 days); PA
IMBRUVICA CAPSULE 70MG	5	QL(28 EA per 28 days); PA
IMBRUVICA SUSPENSION 70MG/ML	5	PA
IMBRUVICA TABLET 420MG	5	PA
IMBRUVICA TABLET 140MG, 280MG	5	QL(28 EA per 28 days); PA
IMKELDI SOLUTION 80MG/ML	5	PA
INLYTA TABLET 1MG, 5MG	5	PA
INQOVI TABLET 100MG; 35MG	5	PA
JAKAFI TABLET 15MG, 20MG, 25MG, 5MG	5	PA
JAKAFI TABLET 10MG	5	QL(60 EA per 30 days); PA
JAYPIRCA TABLET 100MG	5	PA
JAYPIRCA TABLET 50MG	5	QL(30 EA per 30 days); PA
KISQALI TABLET THERAPY PACK 200MG	5	PA
KOSELUGO CAPSULE 10MG, 25MG	5	PA
KRAZATI TABLET 200MG	5	PA
<i>lapatinib ditosylate tablet 250mg</i>	5	PA
LENVIMA 10 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	5	PA

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LENVIMA 12MG DAILY DOSE CAPSULE THERAPY PACK 4MG	5	PA
LENVIMA 14 MG DAILY DOSE CAPSULE THERAPY PACK 0	5	PA
LENVIMA 18 MG DAILY DOSE CAPSULE THERAPY PACK 0	5	PA
LENVIMA 20 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	5	PA
LENVIMA 24 MG DAILY DOSE CAPSULE THERAPY PACK 0	5	PA
LENVIMA 4 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	5	PA
LENVIMA 8 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	5	PA
LORBRENA TABLET 100MG, 25MG	5	PA
LUMAKRAS TABLET 120MG, 240MG, 320MG	5	PA
LYNPARZA TABLET 100MG, 150MG	5	PA
LYTGOBI TABLET THERAPY PACK 4MG	5	PA; 12 MG DAILY DOSE
LYTGOBI TABLET THERAPY PACK 4MG	5	PA; 16 MG DAILY DOSE
LYTGOBI TABLET THERAPY PACK 4MG	5	PA; 20 MG DAILY DOSE
MEKINIST SOLUTION RECONSTITUTED 0.05MG/ML	5	PA
MEKINIST TABLET 0.5MG, 2MG	5	PA
MEKTOVI TABLET 15MG	5	PA
NERLYNX TABLET 40MG	5	QL(180 EA per 30 days); PA
<i>nilotinib hydrochloride capsule 150mg, 200mg, 50mg</i>	5	PA
NILOTINIB CAPSULE 150MG, 200MG, 50MG	5	PA
NINLARO CAPSULE 2.3MG, 3MG, 4MG	5	PA
ODOMZO CAPSULE 200MG	5	PA
OJJAARA TABLET 100MG, 200MG	5	PA
OJJAARA TABLET 150MG	5	QL(30 EA per 30 days); PA
<i>pazopanib hydrochloride tablet 200mg</i>	5	PA
PEMAZYRE TABLET 13.5MG, 4.5MG, 9MG	5	QL(30 EA per 30 days); PA
PIQRAY 200MG DAILY DOSE TABLET THERAPY PACK 200MG	5	PA
PIQRAY 250MG DAILY DOSE TABLET THERAPY PACK 0	5	PA
PIQRAY 300MG DAILY DOSE TABLET THERAPY PACK 150MG	5	PA
QINLOCK TABLET 50MG	5	PA
RETEVMO CAPSULE 40MG, 80MG	5	PA
RETEVMO TABLET 120MG, 160MG	5	PA
RETEVMO TABLET 80MG	5	QL(60 EA per 30 days); PA
RETEVMO TABLET 40MG	5	QL(90 EA per 30 days); PA
REZLIDHIA CAPSULE 150MG	5	PA
ROMVIMZA CAPSULE 14MG, 20MG, 30MG	5	PA
ROZLYTREK CAPSULE 100MG, 200MG	5	PA
ROZLYTREK PACKET 50MG	5	PA
RUBRACA TABLET 250MG, 300MG	5	PA
RUBRACA TABLET 200MG	5	QL(120 EA per 30 days); PA
RYDAPT CAPSULE 25MG	5	PA
SCSEMBLIX TABLET 100MG	5	QL(120 EA per 30 days); PA

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Drug Name	Drug Tier	Requirements/Limits
SCEMBLIX TABLET 40MG	5	QL(240 EA per 30 days); PA
SCEMBLIX TABLET 20MG	5	QL(60 EA per 30 days); PA
<i>sorafenib tosylate tablet 200mg</i>	5	PA
<i>sorafenib tablet 200mg</i>	5	PA
STIVARGA TABLET 40MG	5	PA
<i>sunitinib malate capsule 12.5mg, 25mg, 37.5mg, 50mg</i>	5	PA
TABRECTA TABLET 150MG, 200MG	5	QL(120 EA per 30 days); PA
TAFINLAR CAPSULE 50MG, 75MG	5	PA
TAFINLAR TABLET SOLUBLE 10MG	5	PA
TAGRISSO TABLET 80MG	5	PA
TAGRISSO TABLET 40MG	5	QL(30 EA per 30 days); PA
TALZENNA CAPSULE 0.1MG, 0.25MG, 0.35MG, 0.5MG, 0.75MG, 1MG	5	PA
TAZVERIK TABLET 200MG	5	PA
TEPMETKO TABLET 225MG	5	PA
TIBSOVO TABLET 250MG	5	PA
TORPENZ TABLET 10MG, 2.5MG, 5MG, 7.5MG	5	QL(30 EA per 30 days); PA
TRUQAP TABLET THERAPY PACK 160MG, 200MG	5	PA
TRUQAP TABLET 160MG, 200MG	5	PA
TUKYSA TABLET 150MG, 50MG	5	PA
TURALIO CAPSULE 125MG	5	PA
VANFLYTA TABLET 17.7MG, 26.5MG	5	PA
VENCLEXTA STARTING PACK TABLET THERAPY PACK 0	5	PA
VENCLEXTA TABLET 10MG	4	PA; MO
VENCLEXTA TABLET 100MG, 50MG	5	PA
VERZENIO TABLET 100MG, 150MG, 200MG, 50MG	5	PA
VITRAKVI CAPSULE 100MG, 25MG	5	PA
VITRAKVI SOLUTION 20MG/ML	5	PA
VIZIMPRO TABLET 15MG, 30MG, 45MG	5	PA
XALKORI CAPSULE SPRINKLE 150MG, 20MG, 50MG	5	PA
XALKORI CAPSULE 200MG, 250MG	5	PA
XOSPATA TABLET 40MG	5	PA
XPOVIO 60 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	5	PA
XPOVIO 80 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	5	PA
XPOVIO TABLET THERAPY PACK 10MG, 40MG, 50MG, 60MG	5	PA
ZEJULA TABLET 200MG, 300MG	5	PA
ZEJULA TABLET 100MG	5	QL(30 EA per 30 days); PA
ZELBORAF TABLET 240MG	5	PA
ZYDELIG TABLET 100MG, 150MG	5	PA
ZYKADIA TABLET 150MG	5	PA
Monoclonal Antibodies/Antibody-Drug Conjugates		

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Drug Name	Drug Tier	Requirements/Limits
TEVIMBRA INJECTION 100MG/10ML	5	PA
Retinoids		
<i>bexarotene capsule 75mg</i>	5	PA
<i>bexarotene gel 1%</i>	5	PA
PANRETIN GEL 0.1%	5	
<i>tretinoin capsule 10mg</i>	5	
Treatment Adjuncts		
<i>mesna tablet 400mg</i>	5	
VORANIGO TABLET 40MG	5	PA
VORANIGO TABLET 10MG	5	QL(60 EA per 30 days); PA
Antiparasitics		
Anthelmintics		
<i>albendazole tablet 200mg</i>	4	MO
<i>ivermectin tablet 3mg, 6mg</i>	2	PA; MO
<i>praziquantel tablet 600mg</i>	4	MO
Antiprotozoals		
ALINIA SUSPENSION RECONSTITUTED 100MG/5ML	5	
<i>atovaquone/proguanil hcl tablet 62.5mg; 25mg</i>	3	MO
<i>atovaquone/proguanil hydrochloride tablet 250mg; 100mg</i>	3	MO
<i>atovaquone suspension 750mg/5ml</i>	4	MO
<i>benznidazole tablet 100mg, 12.5mg</i>	4	MO
<i>chloroquine phosphate tablet 250mg, 500mg</i>	3	MO
COARTEM TABLET 20MG; 120MG	4	MO
<i>hydroxychloroquine sulfate tablet 100mg, 200mg</i>	2	MO
<i>mefloquine hydrochloride tablet 250mg</i>	2	MO
<i>nitazoxanide tablet 500mg</i>	5	
<i>pentamidine isethionate injection 300mg</i>	3	MO
<i>pentamidine isethionate inhalation solution reconstituted 300mg</i>	3	B/D; MO
<i>primaquine phosphate tablet 26.3mg</i>	3	MO
<i>pyrimethamine tablet 25mg</i>	5	PA
<i>quinine sulfate capsule 324mg</i>	3	PA; MO
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate tablet 0.5mg, 1mg, 2mg</i>	2	MO
<i>trihexyphenidyl hydrochloride tablet 2mg, 5mg</i>	4	MO
Antiparkinson Agents, Other		
<i>entacapone tablet 200mg</i>	3	MO
Dopamine Agonists		
<i>bromocriptine mesylate capsule 5mg</i>	4	MO
<i>bromocriptine mesylate tablet 2.5mg</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>pramipexole dihydrochloride tablet 0.125mg, 0.25mg, 0.5mg, 0.75mg, 1.5mg, 1mg</i>	2	MO
<i>ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	2	MO
<i>ropinirole hydrochloride tablet 0.25mg, 3mg</i>	2	MO
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa/levodopa er tablet extended release 25mg; 100mg, 50mg; 200mg</i>	3	MO
<i>carbidopa/levodopa odt tablet disintegrating 10mg; 100mg, 25mg; 100mg, 25mg; 250mg</i>	4	MO
<i>carbidopa/levodopa tablet 10mg; 100mg, 25mg; 100mg, 25mg; 250mg</i>	2	MO
<i>carbidopa tablet 25mg</i>	4	MO
INBRIJA CAPSULE 42MG	5	PA
RYTARY CAPSULE EXTENDED RELEASE 23.75MG; 95MG, 36.25MG; 145MG, 48.75MG; 195MG, 61.25MG; 245MG	4	ST; MO
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate tablet 0.5mg, 1mg</i>	4	MO
<i>selegiline hcl capsule 5mg</i>	3	MO
<i>selegiline hcl tablet 5mg</i>	3	MO
Antipsychotics		
1st Generation/Typical		
<i>chlorpromazine hydrochloride concentrate 100mg/ml, 30mg/ml</i>	4	MO
<i>chlorpromazine hydrochloride tablet 100mg, 10mg, 200mg, 25mg, 50mg</i>	4	MO
<i>fluphenazine decanoate injection 25mg/ml</i>	4	MO
<i>fluphenazine hcl concentrate 5mg/ml</i>	4	MO
<i>fluphenazine hydrochloride elixir 2.5mg/5ml</i>	4	MO
<i>fluphenazine hydrochloride injection 2.5mg/ml</i>	4	MO
<i>fluphenazine hydrochloride tablet 10mg, 1mg, 2.5mg, 5mg</i>	4	MO
<i>haloperidol decanoate injection 100mg/ml, 50mg/ml</i>	3	MO
<i>haloperidol lactate injection 5mg/ml</i>	2	MO
<i>haloperidol concentrate 2mg/ml</i>	2	MO
<i>haloperidol tablet 0.5mg, 10mg, 1mg, 2mg, 5mg</i>	2	MO
<i>haloperidol tablet 20mg</i>	3	MO
<i>loxapine capsule 10mg, 25mg, 50mg, 5mg</i>	2	MO
<i>molindone hydrochloride tablet 10mg, 25mg, 5mg</i>	4	MO
<i>perphenazine tablet 2mg, 4mg</i>	3	MO
<i>perphenazine tablet 16mg, 8mg</i>	4	MO
<i>pimozide tablet 1mg, 2mg</i>	4	MO

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<i>thioridazine hydrochloride tablet 100mg, 10mg, 25mg, 50mg</i>	3	MO
<i>thiothixene capsule 10mg, 1mg, 2mg, 5mg</i>	4	MO
<i>trifluoperazine hcl tablet 10mg, 2mg, 5mg</i>	3	MO
<i>trifluoperazine hydrochloride tablet 1mg</i>	3	MO
2nd Generation/Atypical		
ABILIFY MAINTENA INJECTION 300MG, 400MG	5	
<i>aripiprazole odt tablet disintegrating 10mg, 15mg</i>	4	QL(60 EA per 30 days); MO
<i>aripiprazole solution 1mg/ml</i>	4	QL(750 ML per 30 days); MO
<i>aripiprazole tablet 10mg, 15mg, 20mg, 2mg, 30mg, 5mg</i>	2	QL(30 EA per 30 days); MO
ARISTADA INITIO INJECTION 675MG/2.4ML	5	
ARISTADA INJECTION 1064MG/3.9ML, 441MG/1.6ML, 662MG/2.4ML, 882MG/3.2ML	5	
<i>asenapine maleate sl tablet sublingual 10mg, 2.5mg, 5mg</i>	4	QL(60 EA per 30 days); MO
CAPLYTA CAPSULE 10.5MG, 21MG, 42MG	5	QL(30 EA per 30 days); PA
FANAPT TITRATION PACK A TABLET 0	4	QL(16 EA per 365 days); ST; MO
FANAPT TITRATION PACK B TABLET 0	4	QL(24 EA per 365 days); ST; MO
FANAPT TITRATION PACK C TABLET 0	4	QL(16 EA per 365 days); ST; MO
FANAPT TABLET 10MG, 12MG, 1MG, 2MG, 4MG, 6MG, 8MG	5	QL(60 EA per 30 days); ST
INVEGA HAFYERA INJECTION 1092MG/3.5ML, 1560MG/5ML	5	ST
INVEGA SUSTENNA INJECTION 39MG/0.25ML	4	MO
INVEGA SUSTENNA INJECTION 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	5	
INVEGA TRINZA INJECTION 273MG/0.88ML, 410MG/1.32ML, 546MG/1.75ML, 819MG/2.63ML	5	
<i>lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg</i>	4	QL(30 EA per 30 days); MO
<i>lurasidone hydrochloride tablet 80mg</i>	4	QL(60 EA per 30 days); MO
LYBALVI TABLET 10MG; 10MG, 15MG; 10MG, 20MG; 10MG, 5MG; 10MG	5	QL(30 EA per 30 days); ST
NUPLAZID CAPSULE 34MG	5	PA
NUPLAZID TABLET 10MG	5	PA
<i>olanzapine odt tablet disintegrating 10mg, 15mg, 20mg, 5mg</i>	3	QL(30 EA per 30 days); MO
<i>olanzapine injection 10mg</i>	4	MO
<i>olanzapine tablet 10mg, 15mg, 2.5mg, 20mg, 5mg, 7.5mg</i>	2	QL(30 EA per 30 days); MO
OPIPZA FILM 2MG	5	QL(30 EA per 30 days); PA
OPIPZA FILM 10MG, 5MG	5	QL(90 EA per 30 days); PA
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	4	QL(30 EA per 30 days); MO
<i>paliperidone er tablet extended release 24 hour 6mg</i>	4	QL(60 EA per 30 days); MO
PERSERIS INJECTION 120MG, 90MG	5	
<i>quetiapine fumarate er tablet extended release 24 hour 150mg, 300mg, 400mg, 50mg</i>	3	QL(60 EA per 30 days); MO

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Drug Name	Drug Tier	Requirements/Limits
<i>quetiapine fumarate er tablet extended release 24 hour 200mg</i>	3	QL(90 EA per 30 days); MO
<i>quetiapine fumarate tablet 300mg, 400mg</i>	2	QL(60 EA per 30 days); MO
<i>quetiapine fumarate tablet 100mg, 150mg, 200mg, 25mg, 50mg</i>	2	QL(90 EA per 30 days); MO
REXULTI TABLET 0.25MG, 0.5MG, 1MG, 2MG, 3MG, 4MG	5	QL(30 EA per 30 days)
<i>risperidone er injection 12.5mg, 25mg</i>	4	MO
<i>risperidone er injection 37.5mg, 50mg</i>	5	
<i>risperidone odt tablet disintegrating 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg</i>	4	QL(60 EA per 30 days); MO
<i>risperidone solution 1mg/ml</i>	2	QL(240 ML per 30 days); MO
<i>risperidone tablet 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg</i>	1	QL(60 EA per 30 days); MO
SECUADO PATCH 24 HOUR 3.8MG/24HR, 5.7MG/24HR, 7.6MG/24HR	5	QL(30 EA per 30 days); ST
VRAYLAR CAPSULE 1.5MG, 3MG, 4.5MG, 6MG	5	QL(30 EA per 30 days)
<i>ziprasidone hcl capsule 20mg, 40mg, 60mg, 80mg</i>	3	QL(60 EA per 30 days); MO
<i>ziprasidone mesylate injection 20mg</i>	4	QL(60 EA per 30 days); MO
ZYPREXA RELPREVV INJECTION 210MG	4	MO
ZYPREXA RELPREVV INJECTION 300MG, 405MG	5	
Treatment-Resistant		
<i>clozapine odt tablet disintegrating 200mg</i>	4	QL(120 EA per 30 days); MO
<i>clozapine odt tablet disintegrating 150mg</i>	4	QL(180 EA per 30 days); MO
<i>clozapine odt tablet disintegrating 100mg, 25mg</i>	4	QL(270 EA per 30 days); MO
<i>clozapine odt tablet disintegrating 12.5mg</i>	4	QL(90 EA per 30 days); MO
<i>clozapine tablet 50mg</i>	3	QL(180 EA per 30 days); MO
<i>clozapine tablet 25mg</i>	3	QL(270 EA per 30 days); MO
<i>clozapine tablet 200mg</i>	4	QL(120 EA per 30 days); MO
<i>clozapine tablet 100mg</i>	4	QL(270 EA per 30 days); MO
VERSACLOZ SUSPENSION 50MG/ML	5	QL(540 ML per 30 days)
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen tablet 10mg, 20mg</i>	2	MO
<i>baclofen tablet 5mg</i>	3	MO
<i>dantrolene sodium capsule 100mg, 25mg</i>	4	MO
<i>tizanidine hcl tablet 2mg</i>	2	MO
<i>tizanidine hydrochloride tablet 4mg</i>	2	MO
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
<i>ganciclovir injection 500mg/10ml, 500mg</i>	2	B/D; MO
LIVTENCITY TABLET 200MG	5	
PREVYMIS PACKET 120MG, 20MG	5	

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Drug Name	Drug Tier	Requirements/Limits
PREVYMIS TABLET 240MG, 480MG	5	
<i>valganciclovir hydrochloride solution reconstituted 50mg/ml</i>	5	
<i>valganciclovir tablet 450mg</i>	3	MO
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil tablet 10mg</i>	4	MO
BARACLUDE SOLUTION 0.05MG/ML	5	QL(600 ML per 30 days)
<i>entecavir tablet 0.5mg, 1mg</i>	4	QL(30 EA per 30 days); MO
<i>lamivudine tablet 100mg</i>	3	MO
Anti-hepatitis C (HCV) Agents		
MAVYRET PACKET 50MG; 20MG	5	QL(560 EA per 365 days); PA
MAVYRET TABLET 100MG; 40MG	5	QL(336 EA per 365 days); PA
<i>ribavirin tablet 200mg</i>	3	MO
<i>sofosbuvir/velpatasvir tablet 400mg; 100mg</i>	5	QL(84 EA per 365 days); PA
VOSEVI TABLET 400MG; 100MG; 100MG	5	QL(84 EA per 365 days); PA
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY TABLET 30MG; 120MG; 15MG, 50MG; 200MG; 25MG	5	QL(30 EA per 30 days)
CABENUVA INJECTION 400MG/2ML; 600MG/2ML, 600MG/3ML; 900MG/3ML	5	
DOVATO TABLET 50MG; 300MG	5	QL(30 EA per 30 days)
GENVOYA TABLET 150MG; 150MG; 200MG; 10MG	5	QL(30 EA per 30 days)
ISENTRESS HD TABLET 600MG	5	QL(60 EA per 30 days)
ISENTRESS PACKET 100MG	5	QL(60 EA per 30 days)
ISENTRESS TABLET CHEWABLE 25MG	3	QL(180 EA per 30 days); MO
ISENTRESS TABLET CHEWABLE 100MG	5	QL(180 EA per 30 days)
ISENTRESS TABLET 400MG	5	QL(60 EA per 30 days)
JULUCA TABLET 50MG; 25MG	5	QL(30 EA per 30 days)
STRIBILD TABLET 150MG; 150MG; 200MG; 300MG	5	QL(30 EA per 30 days)
TIVICAY PD TABLET SOLUBLE 5MG	4	QL(180 EA per 30 days); MO
TIVICAY TABLET 10MG	4	QL(30 EA per 30 days); MO
TIVICAY TABLET 25MG	5	QL(30 EA per 30 days)
TIVICAY TABLET 50MG	5	QL(60 EA per 30 days)
VOCABRIA TABLET 30MG	5	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
DELSTRIGO TABLET 100MG; 300MG; 300MG	5	QL(30 EA per 30 days)
EDURANT PED TABLET SOLUBLE 2.5MG	5	QL(180 EA per 30 days)
EDURANT TABLET 25MG	5	QL(30 EA per 30 days)
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate tablet 600mg; 200mg; 300mg</i>	3	QL(30 EA per 30 days); MO

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<i>efavirenz/lamivudine/tenofovir disoproxil fumarate tablet 400mg; 300mg; 300mg, 600mg; 300mg; 300mg</i>	5	QL(30 EA per 30 days)
<i>efavirenz capsule 200mg, 50mg</i>	4	QL(90 EA per 30 days); MO
<i>efavirenz tablet 600mg</i>	4	QL(30 EA per 30 days); MO
<i>emtricitabine/rilpivirine/tenofovir disoproxil fumarate tablet 200mg; 25mg; 300mg</i>	5	QL(30 EA per 30 days)
<i>etravirine tablet 100mg</i>	4	QL(60 EA per 30 days); MO
<i>etravirine tablet 200mg</i>	5	QL(60 EA per 30 days)
INTELENCE TABLET 25MG	4	QL(120 EA per 30 days); MO
<i>nevirapine er tablet extended release 24 hour 400mg</i>	4	QL(30 EA per 30 days); MO
<i>nevirapine suspension 50mg/5ml</i>	3	QL(1200 ML per 30 days); MO
<i>nevirapine tablet 200mg</i>	2	QL(60 EA per 30 days); MO
PIFELTRO TABLET 100MG	5	QL(30 EA per 30 days)
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir sulfate/lamivudine tablet 600mg; 300mg</i>	4	QL(30 EA per 30 days); MO
<i>abacavir solution 20mg/ml</i>	4	QL(960 ML per 30 days); MO
<i>abacavir tablet 300mg</i>	3	QL(60 EA per 30 days); MO
CIMDUO TABLET 300MG; 300MG	5	QL(30 EA per 30 days)
DESCOVY TABLET 120MG; 15MG, 200MG; 25MG	5	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg</i>	2	QL(30 EA per 30 days); MO
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg</i>	4	QL(30 EA per 30 days); MO
<i>emtricitabine/tenofovir disoproxil fumarate tablet 133mg; 200mg</i>	5	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil tablet 167mg; 250mg</i>	4	QL(30 EA per 30 days); MO
<i>emtricitabine capsule 200mg</i>	4	QL(30 EA per 30 days); MO
EMTRIVA SOLUTION 10MG/ML	4	QL(850 ML per 30 days); MO
<i>lamivudine/zidovudine tablet 150mg; 300mg</i>	3	QL(60 EA per 30 days); MO
<i>lamivudine solution 10mg/ml</i>	3	QL(960 ML per 30 days); MO
<i>lamivudine tablet 150mg</i>	2	QL(60 EA per 30 days); MO
<i>lamivudine tablet 300mg</i>	3	QL(30 EA per 30 days); MO
ODEFSEY TABLET 200MG; 25MG; 25MG	5	QL(30 EA per 30 days)
<i>tenofovir disoproxil fumarate tablet 300mg</i>	4	QL(30 EA per 30 days); MO
TRIUMEQ PD TABLET SOLUBLE 60MG; 5MG; 30MG	4	QL(180 EA per 30 days); MO
TRIUMEQ TABLET 600MG; 50MG; 300MG	5	QL(30 EA per 30 days)
VIREAD POWDER 40MG/GM	5	QL(240 GM per 30 days)
VIREAD TABLET 150MG, 200MG, 250MG	5	QL(30 EA per 30 days)
<i>zidovudine capsule 100mg</i>	3	QL(180 EA per 30 days); MO
<i>zidovudine syrup 50mg/5ml</i>	3	QL(1920 ML per 30 days); MO

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<i>zidovudine tablet 300mg</i>	3	QL(60 EA per 30 days); MO
Anti-HIV Agents, Other		
FUZEON INJECTION 90MG	5	
<i>maraviroc tablet 300mg</i>	5	QL(120 EA per 30 days)
<i>maraviroc tablet 150mg</i>	5	QL(60 EA per 30 days)
RUKOBIA TABLET EXTENDED RELEASE 12 HOUR 600MG	5	QL(60 EA per 30 days)
SELZENTRY SOLUTION 20MG/ML	5	
SELZENTRY TABLET 25MG	4	QL(480 EA per 30 days); MO
SELZENTRY TABLET 75MG	5	QL(60 EA per 30 days)
SUNLENCA INJECTION 463.5MG/1.5ML	5	
SUNLENCA TABLET THERAPY PACK 300MG	5	QL(10 EA per 365 days); (5 x 300 MG Pack)
SUNLENCA TABLET THERAPY PACK 300MG	5	QL(8 EA per 365 days); (4 x 300 MG Pack)
SUNLENCA TABLET 300MG	5	QL(24 EA per 168 days)
TYBOST TABLET 150MG	3	QL(30 EA per 30 days); MO
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS CAPSULE 250MG	5	QL(120 EA per 30 days)
<i>atazanavir sulfate capsule 300mg</i>	4	QL(30 EA per 30 days); MO
<i>atazanavir capsule 150mg</i>	4	MO
<i>atazanavir capsule 200mg</i>	4	QL(60 EA per 30 days); MO
<i>darunavir tablet 800mg</i>	4	QL(30 EA per 30 days); MO
<i>darunavir tablet 600mg</i>	4	QL(60 EA per 30 days); MO
EVOTAZ TABLET 300MG; 150MG	5	QL(30 EA per 30 days)
<i>fosamprenavir calcium tablet 700mg</i>	5	QL(120 EA per 30 days)
KALETRA SOLUTION 400MG/5ML; 100MG/5ML	4	MO
LEXIVA SUSPENSION 50MG/ML	4	QL(1800 ML per 30 days); MO
<i>lopinavir/ritonavir solution 400mg/5ml; 100mg/5ml</i>	4	MO
<i>lopinavir/ritonavir tablet 100mg; 25mg, 200mg; 50mg</i>	4	MO
NORVIR PACKET 100MG	4	QL(360 EA per 30 days); MO
PREZCOBIX TABLET 150MG; 675MG, 150MG; 800MG	5	QL(30 EA per 30 days)
PREZISTA SUSPENSION 100MG/ML	5	QL(400 ML per 30 days)
PREZISTA TABLET 75MG	4	QL(300 EA per 30 days); MO
PREZISTA TABLET 150MG	5	QL(180 EA per 30 days)
REYATAZ PACKET 50MG	5	QL(180 EA per 30 days)
<i>ritonavir tablet 100mg</i>	3	QL(360 EA per 30 days); MO
SYM TUZA TABLET 150MG; 800MG; 200MG; 10MG	5	QL(30 EA per 30 days)
VIRACEPT TABLET 625MG	5	QL(120 EA per 30 days)
VIRACEPT TABLET 250MG	5	QL(300 EA per 30 days)
Anti-influenza Agents		
<i>amantadine hcl capsule 100mg</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>amantadine hcl solution 50mg/5ml</i>	2	MO
<i>oseltamivir phosphate capsule 75mg</i>	2	QL(110 EA per 365 days); MO
<i>oseltamivir phosphate capsule 30mg</i>	2	QL(168 EA per 365 days); MO
<i>oseltamivir phosphate capsule 45mg</i>	2	QL(84 EA per 365 days); MO
<i>oseltamivir phosphate suspension reconstituted 6mg/ml</i>	3	QL(1080 ML per 365 days); MO
XOFLUZA TABLET THERAPY PACK 40MG, 80MG	3	MO
Antiherpetic Agents		
<i>acyclovir sodium injection 50mg/ml</i>	4	B/D; MO
<i>acyclovir capsule 200mg</i>	2	MO
<i>acyclovir suspension 200mg/5ml</i>	4	MO
<i>acyclovir tablet 400mg, 800mg</i>	2	MO
<i>famciclovir tablet 125mg, 250mg, 500mg</i>	3	MO
<i>valacyclovir hydrochloride tablet 1gm, 500mg</i>	3	QL(120 EA per 30 days); MO
VYJUVEK GEL 0	5	PA
Antiviral, Coronavirus Agents		
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(11 EA per 5 days); MO; (300mg-100mg Day 1; 150mg-100mg Days 2-5)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(20 EA per 5 days); MO; (150mg-100mg Pak)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(30 EA per 5 days); MO; (300mg-100mg Pak)
Anxiolytics		
Anxiolytics, Other		
<i>bupirone hcl tablet 15mg</i>	1	MO
<i>bupirone hydrochloride tablet 10mg, 30mg, 5mg, 7.5mg</i>	1	MO
Benzodiazepines		
<i>alprazolam tablet 0.25mg, 0.5mg, 1mg</i>	2	QL(120 EA per 30 days); MO
<i>alprazolam tablet 2mg</i>	2	QL(150 EA per 30 days); MO
<i>clorazepate dipotassium tablet 15mg</i>	4	QL(180 EA per 30 days); MO
<i>clorazepate dipotassium tablet 7.5mg</i>	4	QL(360 EA per 30 days); MO
<i>clorazepate dipotassium tablet 3.75mg</i>	4	QL(720 EA per 30 days); MO
<i>diazepam intensol concentrate 5mg/ml</i>	2	MO
<i>diazepam concentrate 5mg/ml</i>	2	MO
<i>diazepam solution 5mg/5ml</i>	2	MO
<i>diazepam tablet 10mg</i>	2	QL(120 EA per 30 days); MO
<i>diazepam tablet 5mg</i>	2	QL(240 EA per 30 days); MO
<i>diazepam tablet 2mg</i>	2	QL(300 EA per 30 days); MO
<i>lorazepam intensol concentrate 2mg/ml</i>	3	MO
<i>lorazepam tablet 2mg</i>	2	QL(150 EA per 30 days); MO
<i>lorazepam tablet 0.5mg, 1mg</i>	2	QL(90 EA per 30 days); MO

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Drug Name	Drug Tier	Requirements/Limits
Bipolar Agents		
<i>Bipolar Agents, Other</i>		
IGALMI FILM 120MCG, 180MCG	4	PA; MO
<i>Mood Stabilizers</i>		
<i>lithium carbonate er tablet extended release 300mg, 450mg</i>	2	MO
<i>lithium carbonate capsule 150mg, 300mg</i>	1	MO
<i>lithium carbonate capsule 600mg</i>	2	MO
<i>lithium carbonate tablet 300mg</i>	2	MO
<i>lithium solution 8meq/5ml</i>	2	MO
Blood Glucose Regulators		
<i>Antidiabetic Agents</i>		
<i>acarbose tablet 100mg, 25mg, 50mg</i>	2	MO
<i>glimepiride tablet 1mg, 2mg, 4mg</i>	1	MO
<i>glipizide er tablet extended release 24 hour 10mg, 2.5mg, 5mg</i>	1	MO
<i>glipizide xl tablet extended release 24 hour 10mg, 2.5mg, 5mg</i>	1	MO
<i>glipizide/metformin hydrochloride tablet 2.5mg; 250mg, 2.5mg; 500mg, 5mg; 500mg</i>	1	MO
<i>glipizide tablet 10mg, 2.5mg, 5mg</i>	1	MO
<i>glyburide/metformin hydrochloride tablet 1.25mg; 250mg, 2.5mg; 500mg, 5mg; 500mg</i>	2	MO
<i>glyburide tablet 1.25mg, 2.5mg, 5mg</i>	2	MO
GLYXAMBI TABLET 10MG; 5MG, 25MG; 5MG	3	MO
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG, 1000MG; 50MG, 500MG; 50MG	6	MO
JANUMET TABLET 1000MG; 50MG, 500MG; 50MG	6	MO
JANUVIA TABLET 100MG, 25MG, 50MG	6	QL(30 EA per 30 days); MO
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG	6	MO
JENTADUETO TABLET 2.5MG; 1000MG, 2.5MG; 500MG, 2.5MG; 850MG	6	MO
<i>metformin hydrochloride er tablet extended release 24 hour 500mg, 750mg</i>	1	MO
<i>metformin hydrochloride tablet 1000mg, 500mg, 850mg</i>	1	MO
MOUNJARO INJECTION 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML	3	QL(2 ML per 28 days); PA; MO
<i>nateglinide tablet 120mg, 60mg</i>	1	MO
OZEMPIC INJECTION 2MG/3ML, 4MG/3ML, 8MG/3ML	3	QL(3 ML per 28 days); PA; MO
<i>pioglitazone hcl/metformin hcl tablet 500mg; 15mg, 850mg; 15mg</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>pioglitazone hcl tablet 45mg</i>	1	MO
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	1	MO
<i>repaglinide tablet 0.5mg, 1mg, 2mg</i>	1	MO
RYBELSUS TABLET 14MG, 7MG	3	QL(30 EA per 30 days); PA; MO
RYBELSUS TABLET 3MG	3	QL(60 EA per 365 days); PA; MO
SOLIQUA 100/33 INJECTION 100UNIT/ML; 33MCG/ML	3	MO
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 12.5MG; 1000MG, 25MG; 1000MG, 5MG; 1000MG	6	MO
SYNJARDY TABLET 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG, 5MG; 500MG	6	MO
TRADJENTA TABLET 5MG	6	QL(30 EA per 30 days); MO
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG, 12.5MG; 2.5MG; 1000MG, 25MG; 5MG; 1000MG, 5MG; 2.5MG; 1000MG	3	MO
TRULICITY INJECTION 0.75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	3	QL(2 ML per 28 days); PA; MO
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 10MG; 500MG, 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	6	MO
Glycemic Agents		
BAQSIMI ONE PACK POWDER 3MG/DOSE	3	MO
BAQSIMI TWO PACK POWDER 3MG/DOSE	3	MO
<i>diazoxide suspension 50mg/ml</i>	5	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJECTION 1MG	6	MO
GLUCAGON EMERGENCY KIT INJECTION 1MG	6	MO
GVOKE HYPOPEN 1-PACK INJECTION 0.5MG/0.1ML, 1MG/0.2ML	3	MO
GVOKE HYPOPEN 2-PACK INJECTION 0.5MG/0.1ML, 1MG/0.2ML	3	MO
GVOKE KIT INJECTION 1MG/0.2ML	3	MO
GVOKE PFS INJECTION 0.5MG/0.1ML, 1MG/0.2ML	3	MO
Insulins		
FIASP FLEXTOUCH INJECTION 100UNIT/ML	6	MO
FIASP PENFILL INJECTION 100UNIT/ML	6	MO
FIASP INJECTION 100UNIT/ML	6	MO
HUMALOG JUNIOR KWIKPEN INJECTION 100UNIT/ML	6	MO
HUMALOG KWIKPEN INJECTION 100UNIT/ML, 200UNIT/ML	6	MO
HUMALOG MIX 50/50 KWIKPEN INJECTION 50UNIT/ML; 50UNIT/ML	6	MO
HUMALOG MIX 50/50 INJECTION 50UNIT/ML; 50UNIT/ML	6	MO

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HUMALOG MIX 75/25 KWIKPEN INJECTION 25UNIT/ML; 75UNIT/ML	6	MO
HUMALOG MIX 75/25 INJECTION 25UNIT/ML; 75UNIT/ML	6	MO
HUMALOG INJECTION 100UNIT/ML	6	MO
HUMULIN 70/30 KWIKPEN INJECTION 30UNIT/ML; 70UNIT/ML	6	MO
HUMULIN 70/30 INJECTION 30UNIT/ML; 70UNIT/ML	6	MO
HUMULIN N KWIKPEN INJECTION 100UNIT/ML	6	MO
HUMULIN N INJECTION 100UNIT/ML	6	MO
HUMULIN R U-500 (CONCENTRATED) INJECTION 500UNIT/ML	6	MO
HUMULIN R U-500 KWIKPEN INJECTION 500UNIT/ML	6	MO
HUMULIN R INJECTION 100UNIT/ML	6	MO
INSULIN ASPART FLEXPEN INJECTION 100UNIT/ML	6	MO
INSULIN ASPART PENFILL INJECTION 100UNIT/ML	6	MO
INSULIN ASPART INJECTION 100UNIT/ML	6	MO
<i>insulin lispro injection 100unit/ml</i>	6	MO
LANTUS SOLOSTAR INJECTION 100UNIT/ML	6	MO
LANTUS INJECTION 100UNIT/ML	6	MO
LYUMJEV KWIKPEN INJECTION 100UNIT/ML, 200UNIT/ML	3	MO
LYUMJEV INJECTION 100UNIT/ML	3	MO
NOVOLIN 70/30 FLEXPEN RELION INJECTION 30UNIT/ML; 70UNIT/ML	1	MO
NOVOLIN 70/30 FLEXPEN INJECTION 30UNIT/ML; 70UNIT/ML	6	MO
NOVOLIN 70/30 RELION INJECTION 30UNIT/ML; 70UNIT/ML	1	MO
NOVOLIN 70/30 INJECTION 30UNIT/ML; 70UNIT/ML	6	MO
NOVOLIN N FLEXPEN RELION INJECTION 100UNIT/ML	1	MO
NOVOLIN N FLEXPEN INJECTION 100UNIT/ML	6	MO
NOVOLIN N RELION INJECTION 100UNIT/ML	1	MO
NOVOLIN N INJECTION 100UNIT/ML	6	MO
NOVOLIN R FLEXPEN RELION INJECTION 100UNIT/ML	1	MO
NOVOLIN R FLEXPEN INJECTION 100UNIT/ML	6	MO
NOVOLIN R RELION INJECTION 100UNIT/ML	1	MO
NOVOLIN R INJECTION 100UNIT/ML	6	MO
NOVOLOG FLEXPEN RELION INJECTION 100UNIT/ML	1	MO
NOVOLOG FLEXPEN INJECTION 100UNIT/ML	6	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION INJECTION 30UNIT/ML; 70UNIT/ML	1	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN INJECTION 30UNIT/ML; 70UNIT/ML	6	MO
NOVOLOG MIX 70/30 RELION INJECTION 30UNIT/ML; 70UNIT/ML	1	MO

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Drug Name	Drug Tier	Requirements/Limits
NOVOLOG MIX 70/30 INJECTION 30UNIT/ML; 70UNIT/ML	6	MO
NOVOLOG PENFILL INJECTION 100UNIT/ML	6	MO
NOVOLOG RELION INJECTION 100UNIT/ML	1	MO
NOVOLOG INJECTION 100UNIT/ML	6	MO
TOUJEO MAX SOLOSTAR INJECTION 300UNIT/ML	6	MO
TOUJEO SOLOSTAR INJECTION 300UNIT/ML	6	MO
TRESIBA FLEXTOUCH INJECTION 100UNIT/ML, 200UNIT/ML	6	MO
TRESIBA INJECTION 100UNIT/ML	6	MO
Blood Products and Modifiers		
Anticoagulants		
<i>dabigatran etexilate capsule 110mg, 150mg, 75mg</i>	6	QL(60 EA per 30 days); MO
ELIQUIS STARTER PACK TABLET THERAPY PACK 5MG	3	QL(148 EA per 365 days); MO
ELIQUIS TABLET 2.5MG	3	QL(60 EA per 30 days); MO
ELIQUIS TABLET 5MG	3	QL(90 EA per 30 days); MO
<i>enoxaparin sodium injection 100mg/ml, 120mg/0.8ml, 150mg/ml, 300mg/3ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml</i>	4	MO
<i>fondaparinux sodium injection 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	4	MO
<i>fondaparinux sodium injection 10mg/0.8ml</i>	5	
FRAGMIN INJECTION 2500UNIT/0.2ML	4	MO
FRAGMIN INJECTION 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	5	
<i>heparin sodium injection 5000unit/ml</i>	3	MO
<i>jantoven tablet 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg</i>	1	MO
<i>warfarin sodium tablet 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg</i>	1	MO
XARELTO STARTER PACK TABLET THERAPY PACK 0	3	QL(102 EA per 365 days); MO
XARELTO SUSPENSION RECONSTITUTED 1MG/ML	3	QL(600 ML per 30 days); MO
XARELTO TABLET 10MG, 20MG	3	QL(30 EA per 30 days); MO
XARELTO TABLET 2.5MG	3	QL(360 EA per 30 days); MO
XARELTO TABLET 15MG	3	QL(60 EA per 30 days); MO
Blood Products and Modifiers, Other		
<i>anagrelide hydrochloride capsule 0.5mg, 1mg</i>	3	MO
<i>eltrombopag olamine packet 12.5mg, 25mg</i>	5	PA
<i>eltrombopag olamine tablet 12.5mg, 25mg, 50mg, 75mg</i>	5	PA
NEULASTA ONPRO KIT INJECTION 6MG/0.6ML	5	PA
NEULASTA INJECTION 6MG/0.6ML	5	PA

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PROCRIT INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA; MO
PROCRIT INJECTION 20000UNIT/ML, 40000UNIT/ML	5	PA
RETACRIT INJECTION 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA; MO
RETACRIT INJECTION 40000UNIT/ML	5	PA
UDENYCA ONBODY INJECTION 6MG/0.6ML	5	PA
UDENYCA INJECTION 6MG/0.6ML	5	PA
XOLREMDI CAPSULE 100MG	5	QL(120 EA per 30 days); PA
ZARXIO INJECTION 300MCG/0.5ML, 480MCG/0.8ML	5	
Hemostasis Agents		
<i>tranexamic acid tablet 650mg</i>	3	MO
Platelet Modifying Agents		
<i>aspirin/dipyridamole er capsule extended release 12 hour 25mg; 200mg</i>	4	MO
<i>aspirin/dipyridamole capsule extended release 12 hour 25mg; 200mg</i>	4	MO
CABLIVI INJECTION 11MG	5	QL(30 EA per 30 days); PA
<i>cilostazol tablet 100mg, 50mg</i>	2	MO
<i>clopidogrel tablet 75mg</i>	1	MO
<i>clopidogrel tablet 300mg</i>	2	MO
DOPTELET TABLET 20MG	5	PA
<i>prasugrel hydrochloride tablet 10mg, 5mg</i>	2	MO
<i>ticagrelor tablet 60mg, 90mg</i>	3	MO
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine hydrochloride tablet 0.1mg, 0.2mg, 0.3mg</i>	1	MO
<i>droxidopa capsule 100mg</i>	4	PA; MO
<i>droxidopa capsule 200mg, 300mg</i>	5	PA
<i>methyldopa tablet 250mg, 500mg</i>	4	MO
<i>midodrine hydrochloride tablet 10mg, 2.5mg, 5mg</i>	2	MO
Alpha-adrenergic Blocking Agents		
<i>prazosin hydrochloride capsule 1mg, 2mg, 5mg</i>	2	MO
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil tablet 16mg, 32mg, 4mg, 8mg</i>	2	MO
<i>irbesartan tablet 150mg, 300mg, 75mg</i>	1	MO
<i>losartan potassium tablet 100mg, 25mg, 50mg</i>	1	MO
<i>olmesartan medoxomil tablet 20mg, 40mg, 5mg</i>	2	MO
<i>telmisartan tablet 20mg, 40mg, 80mg</i>	2	MO
<i>valsartan tablet 160mg, 320mg, 40mg, 80mg</i>	2	MO
Angiotensin-converting Enzyme (ACE) Inhibitors		

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<i>benazepril hydrochloride tablet 10mg, 20mg, 40mg, 5mg</i>	1	MO
<i>captopril tablet 100mg, 12.5mg, 25mg, 50mg</i>	2	MO
<i>enalapril maleate tablet 10mg, 2.5mg, 20mg, 5mg</i>	1	MO
<i>fosinopril sodium tablet 10mg, 20mg, 40mg</i>	1	MO
<i>lisinopril tablet 10mg, 2.5mg, 20mg, 30mg, 40mg, 5mg</i>	1	MO
<i>moexipril hydrochloride tablet 15mg, 7.5mg</i>	2	MO
<i>perindopril erbumine tablet 2mg, 4mg, 8mg</i>	2	MO
<i>quinapril hydrochloride tablet 10mg, 20mg, 40mg, 5mg</i>	1	MO
<i>ramipril capsule 1.25mg, 10mg, 2.5mg, 5mg</i>	1	MO
<i>trandolapril tablet 1mg, 2mg, 4mg</i>	1	MO
Antiarrhythmics		
<i>amiodarone hydrochloride tablet 200mg</i>	2	MO
<i>amiodarone hydrochloride tablet 100mg</i>	4	MO
<i>digoxin solution 0.05mg/ml</i>	4	MO
<i>digoxin tablet 125mcg, 250mcg</i>	2	MO
<i>dofetilide capsule 125mcg, 250mcg, 500mcg</i>	4	MO
<i>flecainide acetate tablet 100mg, 150mg, 50mg</i>	2	MO
<i>mexiletine hydrochloride capsule 150mg</i>	3	MO
<i>mexiletine hydrochloride capsule 200mg, 250mg</i>	4	MO
PACERONE TABLET 200MG	2	MO
PACERONE TABLET 100MG	4	MO
<i>propafenone hcl tablet 150mg, 225mg, 300mg</i>	2	MO
<i>propafenone hydrochloride tablet 225mg, 300mg</i>	2	MO
<i>quinidine sulfate tablet 200mg, 300mg</i>	4	MO
<i>sotalol hcl tablet 120mg, 160mg, 240mg</i>	2	MO
<i>sotalol hydrochloride (af) tablet 120mg, 160mg, 80mg</i>	2	MO
<i>sotalol hydrochloride tablet 120mg, 80mg</i>	2	MO
Beta-adrenergic Blocking Agents		
<i>acebutolol hydrochloride capsule 200mg, 400mg</i>	2	MO
<i>atenolol tablet 100mg, 25mg, 50mg</i>	1	MO
<i>betaxolol hcl tablet 10mg, 20mg</i>	4	MO
<i>bisoprolol fumarate tablet 10mg, 5mg</i>	2	MO
<i>carvedilol tablet 12.5mg, 25mg, 3.125mg, 6.25mg</i>	1	MO
<i>labetalol hydrochloride tablet 100mg, 200mg, 300mg</i>	2	MO
<i>metoprolol succinate er tablet extended release 24 hour 100mg, 200mg, 25mg, 50mg</i>	2	MO
<i>metoprolol tartrate tablet 100mg, 25mg, 37.5mg, 50mg</i>	1	MO
<i>metoprolol tartrate tablet 75mg</i>	2	MO
<i>nadolol tablet 20mg, 40mg, 80mg</i>	3	MO
<i>nebivolol hydrochloride tablet 10mg, 2.5mg, 20mg, 5mg</i>	4	MO
<i>pindolol tablet 10mg, 5mg</i>	3	MO

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<i>propranolol hcl tablet 40mg</i>	2	MO
<i>propranolol hydrochloride er capsule extended release 24 hour 120mg, 160mg, 60mg, 80mg</i>	3	MO
<i>propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg</i>	2	MO
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate tablet 10mg, 2.5mg, 5mg</i>	1	MO
<i>felodipine er tablet extended release 24 hour 10mg, 2.5mg, 5mg</i>	2	MO
<i>nifedipine er tablet extended release 24 hour 30mg, 60mg, 90mg</i>	2	MO
<i>nimodipine capsule 30mg</i>	4	MO
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>cartia xt capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg</i>	2	MO
<i>dilt-xr capsule extended release 24 hour 120mg, 180mg, 240mg</i>	2	MO
<i>diltiazem hcl cd capsule extended release 24 hour 360mg</i>	2	MO
<i>diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 420mg</i>	2	MO
<i>diltiazem hcl er tablet extended release 24 hour 240mg, 300mg, 360mg</i>	4	MO
<i>diltiazem hcl tablet 30mg, 60mg</i>	2	MO
<i>diltiazem hydrochloride er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i>	2	MO
<i>diltiazem hydrochloride er tablet extended release 24 hour 240mg, 300mg, 360mg</i>	4	MO
<i>diltiazem hydrochloride tablet 120mg, 90mg</i>	2	MO
<i>taztia xt capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i>	2	MO
<i>tiadylt er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	2	MO
<i>verapamil hcl er tablet extended release 120mg</i>	2	MO
<i>verapamil hcl sr capsule extended release 24 hour 120mg, 180mg, 240mg, 360mg</i>	4	MO
<i>verapamil hcl tablet 40mg, 80mg</i>	2	MO
<i>verapamil hydrochloride er tablet extended release 180mg, 240mg</i>	2	MO
<i>verapamil hydrochloride tablet 120mg</i>	2	MO
Cardiovascular Agents, Other		
<i>aliskiren tablet 150mg, 300mg</i>	2	MO
<i>amiloride/hydrochlorothiazide tablet 5mg; 50mg</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate/benazepril hydrochloride capsule 10mg; 20mg, 10mg; 40mg, 2.5mg; 10mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg</i>	1	MO
<i>amlodipine besylate/valsartan tablet 10mg; 160mg, 10mg; 320mg, 5mg; 160mg, 5mg; 320mg</i>	2	MO
<i>atenolol/chlorthalidone tablet 100mg; 25mg, 50mg; 25mg</i>	2	MO
<i>benazepril hydrochloride/hydrochlorothiazide tablet 10mg; 12.5mg, 20mg; 12.5mg, 20mg; 25mg, 5mg; 6.25mg</i>	2	MO
<i>bisoprolol fumarate/hydrochlorothiazide tablet 10mg; 6.25mg, 2.5mg; 6.25mg, 5mg; 6.25mg</i>	2	MO
<i>candesartan cilexetil/hydrochlorothiazide tablet 16mg; 12.5mg, 32mg; 12.5mg, 32mg; 25mg</i>	2	MO
<i>captopril/hydrochlorothiazide tablet 25mg; 15mg, 25mg; 25mg, 50mg; 15mg, 50mg; 25mg</i>	2	MO
<i>enalapril maleate/hydrochlorothiazide tablet 10mg; 25mg, 5mg; 12.5mg</i>	1	MO
ENTRESTO CAPSULE SPRINKLE 15MG; 16MG, 6MG; 6MG	3	QL(240 EA per 30 days); MO
ENTRESTO TABLET 24MG; 26MG, 49MG; 51MG, 97MG; 103MG	3	QL(60 EA per 30 days); MO
<i>fosinopril sodium/hydrochlorothiazide tablet 10mg; 12.5mg, 20mg; 12.5mg</i>	2	MO
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 150mg, 12.5mg; 300mg</i>	2	MO
<i>ivabradine hydrochloride tablet 5mg, 7.5mg</i>	4	QL(60 EA per 30 days); MO
<i>lisinopril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg, 25mg; 20mg</i>	1	MO
<i>losartan potassium/hydrochlorothiazide tablet 12.5mg; 100mg, 12.5mg; 50mg, 25mg; 100mg</i>	1	MO
<i>metyrosine capsule 250mg</i>	5	PA
<i>olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 20mg, 12.5mg; 40mg, 25mg; 40mg</i>	2	MO
<i>pentoxifylline er tablet extended release 400mg</i>	2	MO
<i>quinapril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg, 25mg; 20mg</i>	2	MO
<i>ranolazine er tablet extended release 12 hour 1000mg, 500mg</i>	3	MO
<i>spironolactone/hydrochlorothiazide tablet 25mg; 25mg</i>	2	MO
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 40mg, 12.5mg; 80mg, 25mg; 80mg</i>	2	MO
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>triamterene/hydrochlorothiazide tablet 25mg; 37.5mg, 50mg; 75mg</i>	1	MO
<i>valsartan/hydrochlorothiazide tablet 12.5mg; 160mg, 12.5mg; 320mg, 12.5mg; 80mg, 25mg; 160mg, 25mg; 320mg</i>	1	MO
VYNDAMAX CAPSULE 61MG	5	QL(30 EA per 30 days); PA
Diuretics, Loop		
<i>bumetanide injection 0.25mg/ml</i>	2	MO
<i>bumetanide tablet 0.5mg, 1mg, 2mg</i>	2	MO
<i>furosemide injection 10mg/ml</i>	2	MO
<i>furosemide oral solution 10mg/ml, 40mg/5ml</i>	1	MO
<i>furosemide tablet 20mg, 40mg, 80mg</i>	1	MO
<i>toremide tablet 100mg, 10mg, 20mg, 5mg</i>	2	MO
Diuretics, Potassium-sparing		
<i>amiloride hcl tablet 5mg</i>	2	MO
<i>triamterene capsule 100mg, 50mg</i>	4	MO
Diuretics, Thiazide		
<i>chlorthalidone tablet 25mg, 50mg</i>	2	MO
<i>hydrochlorothiazide capsule 12.5mg</i>	1	MO
<i>hydrochlorothiazide tablet 12.5mg, 25mg, 50mg</i>	1	MO
<i>indapamide tablet 1.25mg, 2.5mg</i>	2	MO
<i>metolazone tablet 10mg, 2.5mg, 5mg</i>	2	MO
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized capsule 134mg, 200mg, 67mg</i>	2	MO
<i>fenofibrate capsule 200mg, 67mg</i>	2	MO
<i>fenofibrate tablet 145mg, 160mg, 48mg, 54mg</i>	2	MO
<i>fenofibric acid dr capsule delayed release 135mg, 45mg</i>	3	MO
<i>gemfibrozil tablet 600mg</i>	2	MO
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium tablet 10mg, 20mg, 40mg, 80mg</i>	1	MO
<i>fluvastatin sodium er tablet extended release 24 hour 80mg</i>	4	MO
<i>fluvastatin capsule 20mg, 40mg</i>	4	MO
<i>lovastatin tablet 10mg, 20mg, 40mg</i>	1	MO
<i>pitavastatin calcium tablet 1mg, 2mg, 4mg</i>	4	MO
<i>pravastatin sodium tablet 10mg, 20mg, 40mg, 80mg</i>	1	MO
<i>rosuvastatin calcium tablet 10mg, 20mg, 40mg, 5mg</i>	1	MO
<i>simvastatin tablet 10mg, 20mg, 40mg, 5mg, 80mg</i>	1	MO
Dyslipidemics, Other		
<i>cholestyramine light packet 4gm</i>	4	MO
<i>cholestyramine light powder 4gm/dose</i>	4	MO
<i>cholestyramine packet 4gm</i>	4	MO
<i>cholestyramine powder 4gm/dose</i>	4	MO

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<i>colestipol hydrochloride granules 5gm</i>	4	MO
<i>colestipol hydrochloride tablet 1gm</i>	3	MO
<i>ezetimibe/simvastatin tablet 10mg; 10mg, 10mg; 20mg, 10mg; 40mg, 10mg; 80mg</i>	2	MO
<i>ezetimibe tablet 10mg</i>	2	MO
<i>icosapent ethyl capsule 0.5gm, 1gm</i>	4	MO
NEXLETOL TABLET 180MG	4	QL(30 EA per 30 days); PA; MO
NEXLIZET TABLET 180MG; 10MG	4	QL(30 EA per 30 days); PA; MO
<i>niacin er tablet extended release 1000mg, 500mg, 750mg</i>	4	MO
<i>omega-3-acid ethyl esters capsule 375mg; 465mg; 1gm</i>	4	MO
PRALUENT INJECTION 150MG/ML, 75MG/ML	3	QL(2 ML per 28 days); PA; MO
<i>prevalite packet 4gm</i>	4	MO
<i>prevalite powder 4gm/dose</i>	4	MO
REPATHA PUSHTRONEX SYSTEM INJECTION 420MG/3.5ML	3	QL(7 ML per 28 days); PA; MO
REPATHA SURECLICK INJECTION 140MG/ML	3	QL(3 ML per 28 days); PA; MO
REPATHA INJECTION 140MG/ML	3	QL(3 ML per 28 days); PA; MO
TRYNGOLZA INJECTION 80MG/0.8ML	5	QL(0.8 ML per 28 days); PA
Mineralocorticoid Receptor Antagonists		
<i>eplerenone tablet 25mg, 50mg</i>	3	MO
KERENDIA TABLET 10MG, 20MG, 40MG	4	QL(30 EA per 30 days); PA; MO
<i>spironolactone tablet 100mg, 25mg, 50mg</i>	2	MO
Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)		
<i>dapagliflozin propanediol tablet 10mg, 5mg</i>	6	QL(30 EA per 30 days); MO
FARXIGA TABLET 10MG, 5MG	6	QL(30 EA per 30 days); MO
JARDIANCE TABLET 10MG, 25MG	6	QL(30 EA per 30 days); MO
Vasodilators, Direct-acting Arterial/Venous		
<i>isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg</i>	3	MO
<i>isosorbide mononitrate er tablet extended release 24 hour 120mg, 30mg, 60mg</i>	2	MO
<i>isosorbide mononitrate tablet 10mg, 20mg</i>	2	MO
<i>nitroglycerin transdermal patch 24 hour 0.1mg/hr, 0.2mg/hr, 0.4mg/hr, 0.6mg/hr</i>	2	MO
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	2	MO
VERQUVO TABLET 10MG, 2.5MG, 5MG	3	QL(30 EA per 30 days); PA; MO
Vasodilators, Direct-acting Arterial		
<i>hydralazine hydrochloride tablet 100mg, 10mg, 25mg, 50mg</i>	2	MO
<i>minoxidil tablet 10mg, 2.5mg</i>	2	MO
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	4	QL(60 EA per 30 days); MO; Extended-release capsule 10mg

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Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	4	QL(60 EA per 30 days); MO; Extended-release capsule 15mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 5mg; 5mg; 5mg; 5mg</i>	4	QL(60 EA per 30 days); MO; Extended-release capsule 20mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 6.25mg; 6.25mg; 6.25mg; 6.25mg</i>	4	QL(60 EA per 30 days); MO; Extended-release capsule 25mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	4	QL(60 EA per 30 days); MO; Extended-release capsule 30mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	4	QL(60 EA per 30 days); MO; Extended-release capsule 5mg
<i>amphetamine/dextroamphetamine tablet 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	3	QL(90 EA per 30 days); MO; 10mg tablet
<i>amphetamine/dextroamphetamine tablet 3.125mg; 3.125mg; 3.125mg; 3.125mg</i>	3	QL(90 EA per 30 days); MO; 12.5mg tablet
<i>amphetamine/dextroamphetamine tablet 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	3	QL(90 EA per 30 days); MO; 15mg tablet
<i>amphetamine/dextroamphetamine tablet 5mg; 5mg; 5mg; 5mg</i>	3	QL(90 EA per 30 days); MO; 20mg tablet
<i>amphetamine/dextroamphetamine tablet 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	3	QL(90 EA per 30 days); MO; 30mg tablet
<i>amphetamine/dextroamphetamine tablet 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	3	QL(90 EA per 30 days); MO; 5mg tablet
<i>amphetamine/dextroamphetamine tablet 1.875mg; 1.875mg; 1.875mg; 1.875mg</i>	3	QL(90 EA per 30 days); MO; 7.5mg tablet
<i>dextroamphetamine sulfate tablet 10mg</i>	3	QL(180 EA per 30 days); MO
<i>dextroamphetamine sulfate tablet 5mg</i>	3	QL(90 EA per 30 days); MO
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine hydrochloride capsule 25mg</i>	4	QL(30 EA per 30 days); MO
<i>atomoxetine hydrochloride capsule 10mg</i>	4	QL(60 EA per 30 days); MO
<i>atomoxetine capsule 100mg, 18mg, 25mg, 40mg, 60mg, 80mg</i>	4	QL(30 EA per 30 days); MO
<i>atomoxetine capsule 10mg</i>	4	QL(60 EA per 30 days); MO
<i>guanfacine hydrochloride er tablet extended release 24 hour 1mg, 2mg, 3mg, 4mg</i>	4	MO
<i>methylphenidate hydrochloride solution 5mg/5ml</i>	4	MO
<i>methylphenidate hydrochloride tablet 10mg, 20mg, 5mg</i>	2	QL(90 EA per 30 days); MO
Central Nervous System, Other		
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 0	5	QL(56 EA per 365 days); PA; (12mg & 18mg & 24mg & 30mg Pack)

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Drug Name	Drug Tier	Requirements/Limits
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 0	5	QL(84 EA per 365 days); PA; (6mg & 12mg & 24mg Pack)
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12MG, 18MG, 24MG, 30MG, 36MG, 42MG, 48MG, 6MG	5	QL(30 EA per 30 days); PA
AUSTEDO TABLET 12MG, 6MG, 9MG	5	QL(120 EA per 30 days); PA
<i>butalbital/acetaminophen/caffeine tablet 325mg; 50mg; 40mg</i>	3	MO
COBENFY STARTER PACK CAPSULE THERAPY PACK 20MG; 0	5	QL(112 EA per 365 days); PA
COBENFY CAPSULE 20MG; 100MG, 20MG; 50MG, 30MG; 125MG	5	QL(60 EA per 30 days); PA
INGREZZA CAPSULE SPRINKLE 60MG, 80MG	5	QL(30 EA per 30 days); PA
INGREZZA CAPSULE SPRINKLE 40MG	5	QL(60 EA per 30 days); PA
INGREZZA CAPSULE THERAPY PACK 0	5	QL(56 EA per 365 days); PA
INGREZZA CAPSULE 60MG, 80MG	5	QL(30 EA per 30 days); PA
INGREZZA CAPSULE 40MG	5	QL(60 EA per 30 days); PA
NUDEXTA CAPSULE 20MG; 10MG	5	PA
<i>riluzole tablet 50mg</i>	4	MO
<i>tetrabenazine tablet 12.5mg</i>	4	PA; MO
<i>tetrabenazine tablet 25mg</i>	5	PA
VEOZAH TABLET 45MG	4	QL(30 EA per 30 days); PA; MO
Fibromyalgia Agents		
SAVELLA TITRATION PACK MISCELLANEOUS 0	3	QL(110 EA per 365 days); MO
SAVELLA TABLET 100MG, 12.5MG, 25MG, 50MG	3	QL(60 EA per 30 days); MO
Multiple Sclerosis Agents		
AVONEX PEN INJECTION 30MCG/0.5ML	5	QL(4 EA per 28 days); PA
AVONEX INJECTION 30MCG/0.5ML	5	QL(4 EA per 28 days); PA
BETASERON INJECTION 0.3MG	5	QL(15 EA per 30 days); PA
<i>dalfampridine er tablet extended release 12 hour 10mg</i>	3	QL(60 EA per 30 days); PA; MO
<i>dimethyl fumarate starterpack capsule delayed release therapy pack 0</i>	4	QL(120 EA per 365 days); PA; MO
<i>dimethyl fumarate capsule delayed release 120mg, 240mg</i>	4	QL(60 EA per 30 days); PA; MO
<i>fingolimod hydrochloride capsule 0.5mg</i>	5	QL(30 EA per 30 days); PA
<i>glatiramer acetate injection 40mg/ml</i>	5	QL(12 ML per 28 days); PA
<i>glatiramer acetate injection 20mg/ml</i>	5	QL(30 ML per 30 days); PA
KESIMPTA INJECTION 20MG/0.4ML	5	QL(0.4 ML per 28 days); PA
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	4	QL(14 EA per 365 days); PA; MO; (7 tablet Starter Pack)
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	5	QL(24 EA per 365 days); PA; (12 tablet Starter Pack)
MAYZENT TABLET 0.25MG	5	QL(120 EA per 30 days); PA
MAYZENT TABLET 1MG, 2MG	5	QL(30 EA per 30 days); PA

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Drug Name	Drug Tier	Requirements/Limits
REBIF REBIDOSE TITRATION PACK INJECTION 0	5	QL(8.4 ML per 365 days); PA
REBIF REBIDOSE INJECTION 22MCG/0.5ML, 44MCG/0.5ML	5	QL(6 ML per 28 days); PA
REBIF TITRATION PACK INJECTION 0	5	QL(8.4 ML per 365 days); PA
REBIF INJECTION 22MCG/0.5ML, 44MCG/0.5ML	5	QL(6 ML per 28 days); PA
VUMERITY CAPSULE DELAYED RELEASE 231MG	5	QL(120 EA per 30 days); PA
Dental and Oral Agents		
Dental and Oral Agents		
<i>chlorhexidine gluconate solution 0.12%</i>	1	MO
<i>doxycycline hyclate tablet 20mg</i>	3	MO
<i>kourzeq paste 0.1%</i>	3	MO
<i>lidocaine hydrochloride viscous solution 2%</i>	2	MO
<i>lidocaine viscous solution 2%</i>	2	MO
<i>oralone dental paste paste 0.1%</i>	3	MO
<i>periogard solution 0.12%</i>	1	MO
<i>pilocarpine hydrochloride tablet 5mg, 7.5mg</i>	4	MO
<i>triamcinolone acetonide dental paste paste 0.1%</i>	3	MO
Dermatological Agents		
Acne and Rosacea Agents		
<i>acitretin capsule 10mg, 17.5mg, 25mg</i>	4	MO
<i>amnesteem capsule 10mg, 20mg, 30mg, 40mg</i>	4	MO
<i>azelaic acid gel 15%</i>	4	QL(100 GM per 30 days); MO
<i>claravis capsule 10mg, 20mg, 30mg, 40mg</i>	4	MO
<i>erythromycin/benzoyl peroxide gel 5%; 3%</i>	4	MO
FINACEA FOAM 15%	4	QL(50 GM per 30 days); MO
<i>isotretinoin capsule 10mg, 20mg, 30mg, 40mg</i>	4	MO
<i>metronidazole cream 0.75%</i>	2	MO
<i>metronidazole gel 0.75%</i>	3	MO
<i>metronidazole gel 1%</i>	4	MO
<i>tazarotene cream 0.1%</i>	4	QL(60 GM per 30 days); MO
<i>tretinoin cream 0.025%</i>	3	PA; MO
<i>tretinoin cream 0.05%</i>	4	PA; MO
<i>zenatane capsule 10mg, 20mg, 30mg, 40mg</i>	4	MO
Dermatitis and Pruritus Agents		
ADBRY INJECTION 150MG/ML	5	QL(6 ML per 28 days); PA
ADBRY INJECTION 300MG/2ML	5	QL(8 ML per 28 days); PA
<i>alclometasone dipropionate cream 0.05%</i>	2	MO
<i>alclometasone dipropionate ointment 0.05%</i>	2	MO
<i>ammonium lactate cream 12%</i>	2	MO
<i>ammonium lactate lotion 12%</i>	2	MO
<i>betamethasone dipropionate augmented cream 0.05%</i>	2	MO
<i>betamethasone dipropionate augmented gel 0.05%</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate augmented ointment 0.05%</i>	4	MO
<i>betamethasone dipropionate cream 0.05%</i>	3	MO
<i>betamethasone dipropionate lotion 0.05%</i>	3	MO
<i>betamethasone dipropionate ointment 0.05%</i>	4	MO
<i>betamethasone valerate cream 0.1%</i>	3	MO
<i>betamethasone valerate lotion 0.1%</i>	3	MO
<i>betamethasone valerate ointment 0.1%</i>	3	MO
<i>clobetasol propionate e cream 0.05%</i>	4	MO
<i>clobetasol propionate cream 0.05%</i>	2	MO
<i>clobetasol propionate gel 0.05%</i>	3	MO
<i>clobetasol propionate ointment 0.05%</i>	2	MO
<i>clobetasol propionate solution 0.05%</i>	3	MO
<i>desonide cream 0.05%</i>	3	MO
<i>desonide ointment 0.05%</i>	2	QL(120 GM per 30 days); MO
<i>desoximetasone cream 0.25%</i>	3	QL(100 GM per 30 days); MO
<i>desoximetasone ointment 0.25%</i>	3	MO
EUCRISA OINTMENT 2%	4	PA; MO
<i>fluocinolone acetonide cream 0.01%, 0.025%</i>	3	MO
<i>fluocinolone acetonide ointment 0.025%</i>	3	MO
<i>fluocinolone acetonide solution 0.01%</i>	3	MO
<i>fluocinonide cream 0.1%</i>	2	QL(120 GM per 30 days); MO
<i>fluocinonide cream 0.05%</i>	2	QL(60 GM per 30 days); MO
<i>fluocinonide gel 0.05%</i>	2	QL(60 GM per 30 days); MO
<i>fluocinonide ointment 0.05%</i>	2	QL(60 GM per 30 days); MO
<i>fluocinonide solution 0.05%</i>	2	QL(60 ML per 30 days); MO
<i>fluticasone propionate cream 0.05%</i>	2	MO
<i>fluticasone propionate ointment 0.005%</i>	2	MO
<i>halobetasol propionate cream 0.05%</i>	3	MO
<i>halobetasol propionate ointment 0.05%</i>	4	MO
<i>hydrocortisone valerate cream 0.2%</i>	3	QL(60 GM per 30 days); MO
<i>hydrocortisone cream 1%, 2.5%</i>	2	MO
<i>hydrocortisone lotion 2.5%</i>	2	MO
<i>hydrocortisone ointment 2.5%</i>	2	MO
<i>hydrocortisone ointment 1%</i>	2	QL(100 GM per 30 days); MO
<i>mometasone furoate cream 0.1%</i>	2	MO
<i>mometasone furoate ointment 0.1%</i>	2	MO
<i>mometasone furoate solution 0.1%</i>	2	MO
<i>pimecrolimus cream 1%</i>	4	MO
<i>selenium sulfide lotion 2.5%</i>	2	MO
SPEVIGO INJECTION 150MG/ML, 300MG/2ML	5	QL(4 ML per 28 days); PA
<i>tacrolimus ointment 0.03%, 0.1%</i>	4	MO

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<i>triamcinolone acetonide cream 0.025%, 0.1%, 0.5%</i>	2	MO
<i>triamcinolone acetonide lotion 0.1%</i>	2	MO
<i>triamcinolone acetonide lotion 0.025%</i>	3	MO
<i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i>	2	MO
<i>triderm cream 0.5%</i>	2	MO
Dermatological Agents, Other		
<i>calcipotriene cream 0.005%</i>	4	QL(120 GM per 30 days); MO
<i>calcipotriene ointment 0.005%</i>	4	QL(120 GM per 30 days); MO
<i>calcipotriene solution 0.005%</i>	3	QL(60 ML per 30 days); MO
<i>clotrimazole/betamethasone dipropionate cream 0.05%; 1%</i>	2	QL(90 GM per 30 days); MO
<i>diclofenac sodium gel 3%</i>	4	QL(300 GM per 30 days); ST; MO
<i>fluorouracil cream 5%</i>	4	QL(40 GM per 30 days); MO
<i>fluorouracil solution 2%, 5%</i>	3	MO
<i>imiquimod cream 5%</i>	3	QL(48 EA per 30 days); MO
<i>nystatin/triamcinolone acetonide ointment 100000unit/gm; 0.1%</i>	2	MO
<i>nystatin/triamcinolone cream 100000unit/gm; 1mg/gm</i>	3	MO
<i>nystatin/triamcinolone ointment 100000unit/gm; 0.1%</i>	2	MO
OTEZLA TABLET 20MG, 30MG	5	QL(60 EA per 30 days); PA
<i>podofilox solution 0.5%</i>	3	MO
SANTYL OINTMENT 250UNIT/GM	4	MO
<i>silver sulfadiazine cream 1%</i>	2	MO
<i>ssd cream 1%</i>	2	MO
<i>urea lotion 40%</i>	4	MO
Pediculicides/Scabicides		
<i>malathion lotion 0.5%</i>	4	MO
<i>permethrin cream 5%</i>	3	MO
Topical Anti-infectives		
<i>acyclovir ointment 5%</i>	4	QL(60 GM per 30 days); MO
<i>ciclodan solution 8%</i>	2	PA; MO
<i>ciclopirox nail lacquer solution 8%</i>	2	PA; MO
<i>ciclopirox olamine cream 0.77%</i>	2	MO
<i>ciclopirox gel 0.77%</i>	2	MO
<i>ciclopirox shampoo 1%</i>	3	MO
<i>ciclopirox suspension 0.77%</i>	3	MO
<i>clindamycin phosphate external solution 1%</i>	3	QL(60 ML per 30 days); MO
<i>ery pad 2%</i>	3	MO
<i>erythromycin gel 2%</i>	3	MO
<i>erythromycin solution 2%</i>	2	MO
<i>mupirocin cream 2%</i>	3	MO
<i>mupirocin ointment 2%</i>	2	QL(110 GM per 30 days); MO

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Drug Name	Drug Tier	Requirements/Limits
Electrolytes/Minerals/Metals/Vitamins		
<i>Electrolyte/Mineral Replacement</i>		
AMINOSYN II INJECTION 107.6MEQ/L; 1490MG/100ML; 1527MG/100ML; 1050MG/100ML; 1107MG/100ML; 750MG/100ML; 450MG/100ML; 990MG/100ML; 1500MG/100ML; 1575MG/100ML; 258MG/100ML; 405MG/100ML; 447MG/100ML; 1083MG/100ML; 795MG/100ML; 50MEQ/L; 600MG/100ML; 300MG/100ML; 750MG/100ML, 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 270MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 400MG/100ML; 200MG/100ML; 500MG/100ML	4	B/D; MO
AMINOSYN-PF INJECTION 46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	4	B/D; MO
<i>carglumic acid tablet soluble 200mg</i>	5	
<i>dextrose 5%/sodium chloride 0.45% injection 5%; 0.45%</i>	4	MO
<i>dextrose 5%/sodium chloride 0.9% injection 5%; 0.9%</i>	4	MO
<i>dextrose 5% injection 5%</i>	2	MO
<i>effer-k tablet effervescent 25meq</i>	2	MO
<i>klor-con 10 tablet extended release 10meq</i>	2	MO
<i>klor-con 8 tablet extended release 8meq</i>	2	MO
<i>klor-con m10 tablet extended release 10meq</i>	2	MO
<i>klor-con m15 tablet extended release 15meq</i>	3	MO
<i>klor-con m20 tablet extended release 20meq</i>	2	MO
<i>klor-con/ef tablet effervescent 25meq</i>	2	MO
<i>magnesium sulfate injection 50%</i>	3	MO
PLENAMINE INJECTION 147.4MEQ/L; 2.17GM/100ML; 1.47GM/100ML; 434MG/100ML; 749MG/100ML; 1.04GM/100ML; 894MG/100ML; 749MG/100ML; 1.04GM/100ML; 1.18GM/100ML; 749MG/100ML; 1.04GM/100ML; 894MG/100ML; 592MG/100ML; 749MG/100ML; 250MG/100ML; 39MG/100ML; 960MG/100ML	4	B/D; MO
<i>potassium chloride er capsule extended release 10meq, 8meq</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride er tablet extended release 10meq, 15meq, 20meq, 8meq</i>	2	MO
<i>potassium chloride er tablet extended release 15meq</i>	3	MO
<i>potassium chloride injection 10meq/100ml, 20meq/100ml, 40meq/100ml</i>	2	MO
<i>potassium chloride oral solution 10%</i>	4	MO
<i>potassium citrate er tablet extended release 1080mg, 15meq, 540mg</i>	4	MO
<i>sodium chloride 0.45% injection 0.45%</i>	3	MO
<i>sodium chloride injection 0.45%, 0.9%</i>	3	MO
Electrolyte/Mineral/Metal Modifiers		
CHEMET CAPSULE 100MG	5	
<i>deferasirox packet 180mg, 360mg, 90mg</i>	5	PA
<i>deferasirox tablet soluble 125mg, 250mg</i>	4	PA; MO
<i>deferasirox tablet soluble 500mg</i>	5	PA
<i>deferasirox tablet 90mg</i>	3	PA; MO
<i>deferasirox tablet 180mg, 360mg</i>	4	PA; MO
JYNARQUE TABLET 15MG, 30MG	5	QL(120 EA per 30 days); PA
<i>penicillamine tablet 250mg</i>	5	
<i>trientine hydrochloride capsule 250mg</i>	5	PA
Phosphate Binders		
<i>calcium acetate tablet 667mg</i>	3	MO
VELPHORO TABLET CHEWABLE 500MG	5	
Potassium Binders		
KIONEX SUSPENSION 15GM/60ML	3	MO
LOKELMA PACKET 10GM, 5GM	4	QL(90 EA per 30 days); MO
<i>sodium polystyrene sulfonate powder 0</i>	3	MO
<i>sps suspension 15gm/60ml</i>	3	MO
VELTASSA PACKET 16.8GM, 1GM, 25.2GM, 8.4GM	4	MO
Vitamins		
<i>folic acid tablet 1mg</i>	1	MO; E
<i>phytonadione tablet 5mg</i>	1	MO; E
<i>prenatal tablet 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	2	MO
Gastrointestinal Agents		
Anti-Constipation Agents		
<i>constulose solution 10gm/15ml</i>	2	MO
<i>enulose solution 10gm/15ml</i>	2	MO
<i>generlac solution 10gm/15ml</i>	2	MO
<i>lactulose solution 10gm/15ml</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
LINZESS CAPSULE 145MCG, 290MCG, 72MCG	3	QL(30 EA per 30 days); MO
<i>lubiprostone capsule 24mcg, 8mcg</i>	4	QL(60 EA per 30 days); MO
<i>prucalopride tablet 1mg, 2mg</i>	3	QL(30 EA per 30 days); MO
RELISTOR INJECTION 8MG/0.4ML	5	QL(12 ML per 30 days); ST
RELISTOR INJECTION 12MG/0.6ML	5	QL(18 ML per 30 days); ST
RELISTOR TABLET 150MG	5	QL(90 EA per 30 days); ST
Anti-Diarrheal Agents		
<i>alosetron hydrochloride tablet 0.5mg</i>	4	PA; MO
<i>alosetron hydrochloride tablet 1mg</i>	5	PA
<i>diphenoxylate hydrochloride/atropine sulfate tablet 0.025mg; 2.5mg</i>	3	MO
<i>loperamide hydrochloride capsule 2mg</i>	2	MO
XERMELO TABLET 250MG	5	QL(90 EA per 30 days); PA
Antispasmodics, Gastrointestinal		
<i>dicyclomine hydrochloride capsule 10mg</i>	2	MO
<i>dicyclomine hydrochloride tablet 20mg</i>	2	MO
<i>glycopyrrolate tablet 1mg, 2mg</i>	3	PA; MO
Gastrointestinal Agents, Other		
CLENPIQ SOLUTION 12GM/175ML; 3.5GM/175ML; 10MG/175ML	3	MO
CTEXLI TABLET 250MG	5	PA
<i>gavilyte-c solution reconstituted 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm</i>	2	MO
<i>gavilyte-g solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	2	MO
LIVMARLI SOLUTION 19MG/ML	5	QL(60 ML per 30 days); PA
LIVMARLI SOLUTION 9.5MG/ML	5	QL(90 ML per 30 days); PA
LIVMARLI TABLET 30MG	5	QL(30 EA per 30 days); PA
LIVMARLI TABLET 10MG, 15MG, 20MG	5	QL(60 EA per 30 days); PA
<i>metoclopramide hcl solution 5mg/5ml</i>	2	MO
<i>metoclopramide hydrochloride tablet 10mg, 5mg</i>	1	MO
<i>nitroglycerin ointment 0.4%</i>	4	MO
<i>peg-3350/electrolytes solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	2	MO
<i>peg-3350/nacl/na bicarbonate/kcl solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm</i>	2	MO
<i>sodium sulfate/potassium sulfate/magnesium sulfate solution 1.6gm/177ml; 3.13gm/177ml; 17.5gm/177ml</i>	3	MO
SUTAB TABLET 225MG; 188MG; 1479MG	3	MO
<i>ursodiol tablet 250mg, 500mg</i>	3	MO
VOQUEZNA TABLET 10MG	4	QL(30 EA per 30 days); PA; MO

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Drug Name	Drug Tier	Requirements/Limits
VOQUEZNA TABLET 20MG	4	QL(60 EA per 30 days); PA; MO
VOWST CAPSULE 0	5	PA
XIFAXAN TABLET 200MG	4	PA; MO
XIFAXAN TABLET 550MG	5	PA
Histamine2 (H2) Receptor Antagonists		
<i>famotidine tablet 20mg, 40mg</i>	2	MO
<i>nizatidine capsule 150mg, 300mg</i>	4	MO
Protectants		
<i>misoprostol tablet 100mcg, 200mcg</i>	3	MO
<i>sucralfate tablet 1gm</i>	2	MO
Proton Pump Inhibitors		
<i>esomeprazole magnesium capsule delayed release 20mg, 40mg</i>	3	QL(60 EA per 30 days); MO
<i>lansoprazole capsule delayed release 15mg, 30mg</i>	2	QL(60 EA per 30 days); MO
<i>omeprazole dr capsule delayed release 10mg</i>	2	QL(60 EA per 30 days); MO
<i>omeprazole capsule delayed release 10mg, 20mg, 40mg</i>	2	QL(60 EA per 30 days); MO
<i>pantoprazole sodium tablet delayed release 20mg, 40mg</i>	2	QL(60 EA per 30 days); MO
<i>rabeprazole sodium tablet delayed release 20mg</i>	3	QL(60 EA per 30 days); MO
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
<i>betaine anhydrous powder 0</i>	5	
CERDELGA CAPSULE 84MG	5	PA
CHOLBAM CAPSULE 250MG, 50MG	5	PA
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 18000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	MO
<i>cromolyn sodium concentrate 100mg/5ml</i>	4	MO
CYSTAGON CAPSULE 150MG, 50MG	4	MO
EVRYSDI SOLUTION RECONSTITUTED 0.75MG/ML	5	QL(240 ML per 30 days); PA
FABRAZYME INJECTION 35MG, 5MG	5	PA
<i>l-glutamine packet 5gm</i>	5	PA
<i>miglustat capsule 100mg</i>	5	PA
<i>nitisinone capsule 10mg, 20mg, 2mg, 5mg</i>	5	
ONPATTRO INJECTION 10MG/5ML	5	PA
PROLASTIN-C INJECTION 1000MG/20ML	5	PA
PYRUKYND TAPER PACK TABLET THERAPY PACK 0, 5MG	5	QL(30 EA per 30 days); PA
PYRUKYND TABLET 50MG	5	QL(120 EA per 30 days); PA
PYRUKYND TABLET 20MG, 5MG	5	QL(60 EA per 30 days); PA

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Drug Name	Drug Tier	Requirements/Limits
REVCOVI INJECTION 2.4MG/1.5ML	5	PA
<i>sapropterin dihydrochloride packet 100mg, 500mg</i>	5	PA
<i>sapropterin dihydrochloride tablet 100mg</i>	5	PA
<i>sodium phenylbutyrate powder 3gm/tsp</i>	5	
SUCRAID SOLUTION 8500UNIT/ML	5	PA
WELIREG TABLET 40MG	5	PA
<i>yargesa capsule 100mg</i>	5	PA
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	3	MO
Genitourinary Agents		
<i>Antispasmodics, Urinary</i>		
GEMTESA TABLET 75MG	4	MO
MYRBETRIQ SUSPENSION RECONSTITUTED ER 8MG/ML	3	MO
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 25MG, 50MG	3	MO
<i>oxybutynin chloride er tablet extended release 24 hour 10mg, 15mg, 5mg</i>	2	MO
<i>oxybutynin chloride solution 5mg/5ml</i>	2	MO
<i>oxybutynin chloride tablet 5mg</i>	2	MO
<i>solifenacin succinate tablet 10mg, 5mg</i>	2	MO
<i>Benign Prostatic Hypertrophy Agents</i>		
<i>alfuzosin hcl er tablet extended release 24 hour 10mg</i>	2	MO
<i>doxazosin mesylate tablet 1mg, 2mg, 4mg, 8mg</i>	2	MO
<i>dutasteride capsule 0.5mg</i>	2	MO
<i>finasteride tablet 5mg</i>	2	MO
<i>tadalafil tablet 2.5mg, 5mg</i>	3	QL(30 EA per 30 days); PA; MO
<i>tamsulosin hydrochloride capsule 0.4mg</i>	2	MO
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>	2	MO
<i>terazosin hydrochloride capsule 2mg</i>	2	MO
<i>Genitourinary Agents, Other</i>		
<i>acetic acid 0.25% solution 0.25%</i>	2	MO
<i>bethanechol chloride tablet 10mg, 25mg, 50mg, 5mg</i>	3	MO
ELMIRON CAPSULE 100MG	4	MO
<i>sildenafil citrate tablet 100mg, 50mg</i>	1	QL(12 EA per 30 days); MO; E
<i>sildenafil tablet 25mg</i>	1	QL(12 EA per 30 days); MO; E
<i>tadalafil tablet 10mg, 20mg</i>	1	QL(10 EA per 30 days); MO; E

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Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</i>		
<i>cortisone acetate tablet 25mg</i>	5	
<i>dexamethasone elixir 0.5mg/5ml</i>	3	MO
<i>dexamethasone solution 0.5mg/5ml</i>	2	MO
<i>dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	2	MO
<i>fludrocortisone acetate tablet 0.1mg</i>	2	MO
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	2	MO
<i>methylprednisolone dose pack tablet therapy pack 4mg</i>	2	MO
<i>methylprednisolone tablet 16mg, 32mg, 4mg, 8mg</i>	2	MO
<i>prednisolone sodium phosphate solution 15mg/5ml</i>	2	MO
<i>prednisolone sodium phosphate solution 25mg/5ml, 5mg/5ml</i>	4	MO
<i>prednisolone solution 15mg/5ml</i>	2	MO
<i>prednisone tablet therapy pack 10mg, 5mg</i>	2	MO
<i>prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	MO
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
<i>desmopressin acetate solution 0.01%</i>	4	MO
<i>desmopressin acetate tablet 0.1mg, 0.2mg</i>	3	MO
GENOTROPIN MINIQUICK INJECTION 0.2MG	4	PA; MO
GENOTROPIN MINIQUICK INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	5	PA
GENOTROPIN INJECTION 12MG, 5MG	5	PA
INCRELEX INJECTION 40MG/4ML	5	PA
ISTURISA TABLET 1MG	5	QL(240 EA per 30 days); PA
ISTURISA TABLET 5MG	5	QL(360 EA per 30 days); PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>Androgens</i>		
<i>danazol capsule 100mg, 200mg, 50mg</i>	4	MO
<i>testosterone cypionate injection 100mg/ml, 200mg/ml</i>	2	PA; MO
<i>testosterone enanthate injection 200mg/ml</i>	3	PA; MO
<i>testosterone pump gel 1%, 1.62%</i>	4	PA; MO
<i>testosterone gel 25mg/2.5gm, 50mg/5gm</i>	4	PA; MO
<i>Estrogens</i>		
<i>abigale lo tablet 0.5mg; 0.1mg</i>	4	MO
<i>abigale tablet 1mg; 0.5mg</i>	4	MO
<i>afirmelle tablet 20mcg; 0.1mg</i>	3	MO
<i>altavera tablet 30mcg; 0.15mg</i>	3	MO
<i>alyacen 1/35 tablet 35mcg; 1mg</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>alyacen 7/7/7 tablet 35mcg; 0</i>	3	MO
<i>amabelz tablet 0.5mg; 0.1mg, 1mg; 0.5mg</i>	4	MO
<i>amethia tablet 0; 0</i>	4	QL(91 EA per 91 days); MO
<i>amethyst tablet 20mcg; 90mcg</i>	3	MO
<i>ashlyna tablet 0; 0</i>	4	QL(91 EA per 91 days); MO
<i>aubra eq tablet 20mcg; 0.1mg</i>	3	MO
<i>aurovela 1.5/30 tablet 30mcg; 1.5mg</i>	3	MO
<i>aurovela 1/20 tablet 20mcg; 1mg</i>	3	MO
<i>aurovela fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	3	MO
<i>aurovela fe 1/20 tablet 20mcg; 75mg; 1mg</i>	3	MO
<i>aviane tablet 20mcg; 0.1mg</i>	3	MO
<i>ayuna tablet 0.03mg; 0.15mg</i>	3	MO
<i>azurette tablet 0; 0</i>	3	MO
<i>balziva tablet 35mcg; 0.4mg</i>	3	MO
<i>blisovi fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	3	MO
<i>blisovi fe 1/20 tablet 20mcg; 75mg; 1mg</i>	3	MO
<i>briellyn tablet 35mcg; 0.4mg</i>	3	MO
<i>camrese lo tablet 0; 0</i>	4	QL(91 EA per 91 days); MO
<i>camrese tablet 0; 0</i>	4	QL(91 EA per 91 days); MO
<i>chateal eq tablet 30mcg; 0.15mg</i>	3	MO
CLIMARA PRO PATCH WEEKLY 0.045MG/DAY; 0.015MG/DAY	4	MO
<i>cryselle-28 tablet 30mcg; 0.3mg</i>	3	MO
<i>dasetta 1/35 tablet 35mcg; 1mg</i>	3	MO
<i>dasetta 7/7/7 tablet 35mcg; 0</i>	3	MO
<i>daysee tablet 0; 0</i>	4	QL(91 EA per 91 days); MO
<i>delyla tablet 20mcg; 0.1mg</i>	3	MO
<i>desogestrel/ethinyl estradiol tablet 0; 0</i>	3	MO
<i>dolishale tablet 20mcg; 90mcg</i>	3	MO
DOTTI PATCH TWICE WEEKLY 0.075MG/24HR, 0.1MG/24HR	4	MO
<i>dotti patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr</i>	4	MO
<i>elimest tablet 30mcg; 0.3mg</i>	3	MO
<i>eluryng ring 0.015mg/24hr; 0.12mg/24hr</i>	4	MO
<i>enilloring ring 0.015mg/24hr; 0.12mg/24hr</i>	4	MO
<i>enpresse-28 tablet 0; 0</i>	3	MO
<i>estarylla tablet 35mcg; 0.25mg</i>	3	MO
<i>estradiol/norethindrone acetate tablet 0.5mg; 0.1mg, 1mg; 0.5mg</i>	4	MO
<i>estradiol cream 0.1mg/gm</i>	3	MO
<i>estradiol gel 0.06%, 0.25mg/0.25gm, 0.5mg/0.5gm, 0.75mg/0.75gm, 1.25mg/1.25gm, 1mg/gm</i>	4	MO

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<i>estradiol patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>	4	MO
<i>estradiol patch weekly 0.025mg/24hr, 0.05mg/24hr, 0.06mg/24hr, 0.075mg/24hr, 0.1mg/24hr, 37.5mcg/24hr</i>	3	MO
<i>estradiol oral tablet 0.5mg, 1mg, 2mg</i>	2	MO
<i>estradiol vaginal tablet 10mcg</i>	4	MO
ESTRING RING 7.5MCG/24HR	4	QL(1 EA per 90 days); MO
<i>ethynodiol diacetate/ethinyl estradiol tablet 35mcg; 1mg, 50mcg; 1mg</i>	3	MO
<i>etonogestrel/ethinyl estradiol ring 0.015mg/24hr; 0.12mg/24hr</i>	3	MO
<i>falmina tablet 20mcg; 0.1mg</i>	3	MO
<i>feirza 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	3	MO
<i>feirza 1/20 tablet 20mcg; 75mg; 1mg</i>	3	MO
<i>fyavolv tablet 2.5mcg; 0.5mg, 5mcg; 1mg</i>	4	MO
<i>hailey 1.5/30 tablet 30mcg; 1.5mg</i>	3	MO
<i>hailey fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	3	MO
<i>hailey fe 1/20 tablet 20mcg; 75mg; 1mg</i>	3	MO
<i>haloette ring 0.015mg/24hr; 0.12mg/24hr</i>	4	MO
<i>iclevia tablet 0.03mg; 0.15mg</i>	4	QL(91 EA per 91 days); MO
<i>introvale tablet 0.03mg; 0.15mg</i>	4	QL(91 EA per 91 days); MO
<i>jaimiess tablet 0; 0</i>	4	QL(91 EA per 91 days); MO
<i>jinteli tablet 5mcg; 1mg</i>	4	MO
<i>jolessa tablet 0.03mg; 0.15mg</i>	4	QL(91 EA per 91 days); MO
<i>junel 1.5/30 tablet 30mcg; 1.5mg</i>	3	MO
<i>junel 1/20 tablet 20mcg; 1mg</i>	3	MO
<i>junel fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	3	MO
<i>junel fe 1/20 tablet 20mcg; 75mg; 1mg</i>	3	MO
<i>kariva tablet 0; 0</i>	3	MO
<i>kelnor 1/35 tablet 35mcg; 1mg</i>	3	MO
<i>kelnor 1/50 tablet 50mcg; 1mg</i>	3	MO
<i>kurvelo tablet 0.03mg; 0.15mg</i>	3	MO
<i>larin 1.5/30 tablet 30mcg; 1.5mg</i>	3	MO
<i>larin 1/20 tablet 20mcg; 1mg</i>	3	MO
<i>larin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	3	MO
<i>larin fe 1/20 tablet 20mcg; 75mg; 1mg</i>	3	MO
<i>lessina tablet 20mcg; 0.1mg</i>	3	MO
<i>levonest tablet 0; 0</i>	3	MO
<i>levonorgestrel and ethinyl estradiol tablet 20mcg; 90mcg</i>	3	MO
<i>levonorgestrel and ethinyl estradiol tablet 0; 0</i>	4	QL(91 EA per 91 days); MO

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Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg</i>	3	MO
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0</i>	4	QL(91 EA per 91 days); MO
<i>levora 0.15/30-28 tablet 0.03mg; 0.15mg</i>	3	MO
<i>lojaimiess tablet 0; 0</i>	4	QL(91 EA per 91 days); MO
<i>low-ogestrel tablet 30mcg; 0.3mg</i>	3	MO
<i>lutera tablet 20mcg; 0.1mg</i>	3	MO
<i>lyllana patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>	4	MO
<i>marlissa tablet 0.03mg; 0.15mg</i>	3	MO
MENEST TABLET 2.5MG	4	MO
<i>microgestin 1.5/30 tablet 30mcg; 1.5mg</i>	3	MO
<i>microgestin 1/20 tablet 20mcg; 1mg</i>	3	MO
<i>microgestin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	3	MO
<i>microgestin fe 1/20 tablet 20mcg; 75mg; 1mg</i>	3	MO
<i>mili tablet 35mcg; 0.25mg</i>	3	MO
<i>mimvey tablet 1mg; 0.5mg</i>	4	MO
<i>mono-linyah tablet 35mcg; 0.25mg</i>	3	MO
<i>necon 0.5/35-28 tablet 35mcg; 0.5mg</i>	3	MO
<i>norelgestromin/ethinyl estradiol patch weekly 35mcg/24hr; 150mcg/24hr</i>	4	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 20mcg; 75mg; 1mg, 30mcg; 75mg; 1.5mg</i>	3	MO
<i>norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg, 30mcg; 1.5mg</i>	3	MO
<i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg, 5mcg; 1mg</i>	4	MO
<i>norgestimate/ethinyl estradiol tablet 0; 0, 35mcg; 0.25mg</i>	3	MO
<i>nortrel 0.5/35 (28) tablet 35mcg; 0.5mg</i>	3	MO
<i>nortrel 1/35 tablet 35mcg; 1mg</i>	3	MO
<i>nortrel 7/7/7 tablet 35mcg; 0</i>	3	MO
<i>nylia 1/35 tablet 35mcg; 1mg</i>	3	MO
<i>nylia 7/7/7 tablet 35mcg; 0</i>	3	MO
<i>philith tablet 35mcg; 0.4mg</i>	3	MO
<i>pimtrea tablet 0; 0</i>	3	MO
<i>portia-28 tablet 0.03mg; 0.15mg</i>	3	MO
PREMARIN CREAM 0.625MG/GM	4	MO
PREMARIN TABLET 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	4	MO
PREMPHASE TABLET 0.625MG; 5MG	4	MO

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Drug Name	Drug Tier	Requirements/Limits
PREMPRO TABLET 0.3MG; 1.5MG, 0.45MG; 1.5MG, 0.625MG; 2.5MG, 0.625MG; 5MG	4	MO
<i>rivelsa tablet 0; 0</i>	4	QL(91 EA per 91 days); MO
<i>rosyrah tablet 0; 0</i>	4	QL(91 EA per 91 days); MO
<i>setlakin tablet 0.03mg; 0.15mg</i>	4	QL(91 EA per 91 days); MO
<i>simliya tablet 0; 0</i>	3	MO
<i>simpesse tablet 0; 0</i>	4	QL(91 EA per 91 days); MO
<i>sprintec 28 tablet 35mcg; 0.25mg</i>	3	MO
<i>sronyx tablet 20mcg; 0.1mg</i>	3	MO
<i>tarina fe 1/20 eq tablet 20mcg; 75mg; 1mg</i>	3	MO
<i>tri-estarylla tablet 0; 0</i>	3	MO
<i>tri-linyah tablet 0; 0</i>	3	MO
<i>tri-mili tablet 0; 0</i>	3	MO
<i>tri-nymyo tablet 0; 0</i>	3	MO
<i>tri-sprintec tablet 0; 0</i>	3	MO
<i>tri-vylibra tablet 0; 0</i>	3	MO
<i>trivora-28 tablet 0; 0</i>	3	MO
<i>turqoz tablet 30mcg; 0.3mg</i>	3	MO
<i>valtya 1/50 tablet 50mcg; 1mg</i>	3	MO
<i>vienva tablet 20mcg; 0.1mg</i>	3	MO
<i>viorele tablet 0; 0</i>	3	MO
<i>volnea tablet 0; 0</i>	3	MO
<i>vyfemla tablet 35mcg; 0.4mg</i>	3	MO
<i>vylibra tablet 35mcg; 0.25mg</i>	3	MO
<i>wera tablet 35mcg; 0.5mg</i>	3	MO
<i>xulane patch weekly 35mcg/24hr; 150mcg/24hr</i>	3	MO
<i>yuvafem tablet 10mcg</i>	4	MO
<i>zafemy patch weekly 35mcg/24hr; 150mcg/24hr</i>	4	MO
<i>zovia 1/35 tablet 35mcg; 1mg</i>	3	MO
Progestins		
<i>camila tablet 0.35mg</i>	3	MO
<i>deblitane tablet 0.35mg</i>	3	MO
DEPO-SUBQ PROVERA 104 INJECTION 104MG/0.65ML	3	QL(0.65 ML per 90 days); MO
<i>emzahh tablet 0.35mg</i>	3	MO
<i>errin tablet 0.35mg</i>	3	MO
<i>gallifrey tablet 5mg</i>	2	MO
<i>heather tablet 0.35mg</i>	3	MO
<i>incassia tablet 0.35mg</i>	3	MO
<i>jencycla tablet 0.35mg</i>	3	MO
LILETTA INTRAUTERINE DEVICE 20.1MCG/DAY	3	MO
<i>lyleq tablet 0.35mg</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>lyza tablet 0.35mg</i>	3	MO
<i>medroxyprogesterone acetate injection 150mg/ml</i>	2	QL(1 ML per 90 days); MO
<i>medroxyprogesterone acetate tablet 10mg, 2.5mg, 5mg</i>	1	MO
<i>megestrol acetate suspension 40mg/ml</i>	3	MO
<i>megestrol acetate tablet 20mg, 40mg</i>	2	MO
<i>meleya tablet 0.35mg</i>	3	MO
NEXPLANON INJECTION 68MG	3	MO
<i>nora-be tablet 0.35mg</i>	3	MO
<i>norethindrone acetate tablet 5mg</i>	2	MO
<i>norethindrone tablet 0.35mg</i>	3	MO
<i>norlyroc tablet 0.35mg</i>	3	MO
<i>orquidea tablet 0.35mg</i>	3	MO
<i>progesterone capsule 100mg, 200mg</i>	2	MO
<i>sharobel tablet 0.35mg</i>	3	MO
Selective Estrogen Receptor Modifying Agents		
OSPHENA TABLET 60MG	3	QL(30 EA per 30 days); PA; MO
<i>raloxifene hydrochloride tablet 60mg</i>	2	MO
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>euthyrox tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	2	MO
<i>levo-t tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	4	MO
<i>levothyroxine sodium tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	1	MO
<i>levoxyl tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	2	MO
<i>liothyronine sodium tablet 25mcg, 50mcg, 5mcg</i>	2	MO
REZDIFFRA TABLET 100MG, 60MG, 80MG	5	QL(30 EA per 30 days); PA
<i>unithroid tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	2	MO
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
<i>cabergoline tablet 0.5mg</i>	3	MO
FIRMAGON INJECTION 80MG	4	QL(1 EA per 28 days); PA; MO
FIRMAGON INJECTION 120MG/VIAL	5	QL(4 EA per 365 days); PA
<i>leuprolide acetate injection 1mg/0.2ml</i>	4	PA; MO
LUPRON DEPOT (1-MONTH) INJECTION 3.75MG, 7.5MG	5	QL(1 EA per 28 days); PA
LUPRON DEPOT (3-MONTH) INJECTION 11.25MG, 22.5MG	5	QL(1 EA per 84 days); PA
LUPRON DEPOT (4-MONTH) INJECTION 30MG	5	QL(1 EA per 112 days); PA

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Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT (6-MONTH) INJECTION 45MG	5	QL(1 EA per 168 days); PA
LUPRON DEPOT-PED (1-MONTH) INJECTION 11.25MG, 15MG, 7.5MG	5	QL(1 EA per 28 days); PA
LUPRON DEPOT-PED (3-MONTH) INJECTION 11.25MG, 30MG	5	QL(1 EA per 84 days); PA
<i>mifepristone tablet 200mg</i>	4	MO
<i>mifepristone tablet 300mg</i>	5	QL(120 EA per 30 days); PA
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	4	PA; MO
<i>octreotide acetate injection 1000mcg/ml, 500mcg/ml</i>	5	PA
ORGOVYX TABLET 120MG	5	PA
SIGNIFOR INJECTION 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	5	QL(60 ML per 30 days); PA
SOMAVERT INJECTION 10MG, 15MG, 20MG, 25MG, 30MG	5	PA
TRELSTAR MIXJECT INJECTION 22.5MG	4	QL(1 EA per 168 days); PA; MO
TRELSTAR MIXJECT INJECTION 11.25MG	4	QL(1 EA per 84 days); PA; MO
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
<i>methimazole tablet 10mg, 5mg</i>	2	MO
<i>propylthiouracil tablet 50mg</i>	2	MO
Immunological Agents		
<i>Angioedema Agents</i>		
CINRYZE INJECTION 500UNIT	5	PA
<i>icatibant acetate injection 30mg/3ml</i>	5	PA
<i>Immunoglobulins</i>		
BIVIGAM INJECTION 10%, 5GM/50ML	5	PA
GAMASTAN INJECTION 0	3	PA; MO
HIZENTRA INJECTION 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML	5	PA
HYPERHEP B INJECTION 110UNIT/0.5ML	4	B/D; MO
PRIVIGEN INJECTION 10GM/100ML, 20GM/200ML, 40GM/400ML, 5GM/50ML	5	PA
<i>Immunological Agents, Other</i>		
BENLYSTA INJECTION 200MG/ML	5	PA
COSENTYX SENSOREADY PEN INJECTION 150MG/ML	5	QL(10 ML per 28 days); PA
COSENTYX UNOREADY INJECTION 300MG/2ML	5	QL(10 ML per 28 days); PA
COSENTYX INJECTION 125MG/5ML	5	PA
COSENTYX INJECTION 150MG/ML, 75MG/0.5ML	5	QL(10 ML per 28 days); PA
DUPIXENT INJECTION 200MG/1.14ML	5	QL(4.56 ML per 28 days); PA
DUPIXENT INJECTION 300MG/2ML	5	QL(8 ML per 28 days); PA
EMPAVELI INJECTION 1080MG/20ML	5	PA
KINERET INJECTION 100MG/0.67ML	5	PA
ODACTRA TABLET SUBLINGUAL 0; 0	3	QL(30 EA per 30 days); PA; MO

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Drug Name	Drug Tier	Requirements/Limits
ORENCIA CLICKJECT INJECTION 125MG/ML	5	QL(4 ML per 28 days); PA
ORENCIA INJECTION 50MG/0.4ML	5	QL(1.6 ML per 28 days); PA
ORENCIA INJECTION 87.5MG/0.7ML	5	QL(2.8 ML per 28 days); PA
ORENCIA INJECTION 125MG/ML	5	QL(4 ML per 28 days); PA
OTEZLA TABLET THERAPY PACK 0	5	QL(110 EA per 365 days); PA
RINVOQ LQ SOLUTION 1MG/ML	5	QL(360 ML per 30 days); PA
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15MG, 30MG, 45MG	5	QL(30 EA per 30 days); PA
SKYRIZI PEN INJECTION 150MG/ML	5	QL(1 ML per 28 days); PA
SKYRIZI INJECTION 150MG/ML	5	QL(1 ML per 28 days); PA
SKYRIZI INJECTION 180MG/1.2ML	5	QL(1.2 ML per 56 days); PA
SKYRIZI INJECTION 360MG/2.4ML	5	QL(2.4 ML per 56 days); PA
SKYRIZI INJECTION 600MG/10ML	5	QL(60 ML per 365 days); PA
STELARA INJECTION 130MG/26ML	5	QL(104 ML per 365 days); PA
STELARA INJECTION 45MG/0.5ML, 90MG/ML	5	QL(3 ML per 84 days); PA
STEQEYMA INJECTION 45MG/0.5ML	3	QL(3 ML per 84 days); PA; MO
STEQEYMA INJECTION 130MG/26ML	5	QL(104 ML per 365 days); PA
STEQEYMA INJECTION 90MG/ML	5	QL(3 ML per 84 days); PA
TAVNEOS CAPSULE 10MG	5	QL(180 EA per 30 days); PA
TYENNE INJECTION 162MG/0.9ML	5	QL(3.6 ML per 28 days); PA
<i>ustekinumab injection 130mg/26ml</i>	5	QL(104 ML per 365 days); PA
<i>ustekinumab injection 45mg/0.5ml, 90mg/ml</i>	5	QL(3 ML per 84 days); PA
VEOPOZ INJECTION 400MG/2ML	5	PA
VYVGART HYTRULO INJECTION 1000MG/5ML; 10000UNIT/5ML	5	QL(20 ML per 28 days); PA
WEZLANA INJECTION 130MG/26ML	5	QL(104 ML per 365 days); PA
WEZLANA INJECTION 45MG/0.5ML, 90MG/ML	5	QL(3 ML per 84 days); PA
XELJANZ XR TABLET EXTENDED RELEASE 24 HOUR 11MG, 22MG	5	QL(30 EA per 30 days); PA
XELJANZ SOLUTION 1MG/ML	5	QL(300 ML per 30 days); PA
XELJANZ TABLET 10MG, 5MG	5	QL(60 EA per 30 days); PA
XOLAIR INJECTION 75MG/0.5ML	5	QL(1 ML per 28 days); PA
XOLAIR INJECTION 150MG	5	QL(8 EA per 28 days); PA
XOLAIR INJECTION 150MG/ML, 300MG/2ML	5	QL(8 ML per 28 days); PA
Immunostimulants		
ACTIMMUNE INJECTION 100MCG/0.5ML	5	PA
BESREMI INJECTION 500MCG/ML	5	PA
PEGASYS INJECTION 180MCG/ML	5	PA
Immunosuppressants		
ADALIMUMAB-AATY 1-PEN KIT INJECTION 80MG/0.8ML	5	QL(3 EA per 28 days); PA
ADALIMUMAB-AATY 1-PEN KIT INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA

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Drug Name	Drug Tier	Requirements/Limits
ADALIMUMAB-AATY 2-PEN KIT INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA
ADALIMUMAB-AATY 2-SYRINGE KIT INJECTION 20MG/0.2ML	5	QL(2 EA per 28 days); PA
ADALIMUMAB-AATY 2-SYRINGE KIT INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA
ADALIMUMAB-AATY CD/UC/HS STARTER INJECTION 80MG/0.8ML	5	QL(3 EA per 28 days); PA
ADALIMUMAB-ADBM CROHNS/UC/HS STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBM PSORIASIS/UVEITIS STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBM STARTER PACKAGE FOR CROHNS DISEASE/UC/HS INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBM STARTER PACKAGE FOR PSORIASIS/UVEITIS INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBM INJECTION 10MG/0.2ML, 20MG/0.4ML	5	QL(2 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBM INJECTION 40MG/0.4ML, 40MG/0.8ML	5	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
<i>adalimumab-adbm injection 40mg/0.4ml</i>	5	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
<i>azathioprine tablet 50mg</i>	2	B/D; MO
<i>cyclosporine modified capsule 100mg, 25mg, 50mg</i>	4	B/D; MO
<i>cyclosporine modified solution 100mg/ml</i>	4	B/D; MO
<i>cyclosporine capsule 100mg, 25mg</i>	4	B/D; MO
ENBREL MINI INJECTION 50MG/ML	5	QL(8 ML per 28 days); PA
ENBREL SURECLICK INJECTION 50MG/ML	5	QL(8 ML per 28 days); PA
ENBREL INJECTION 25MG/0.5ML	5	QL(4 ML per 28 days); PA
ENBREL INJECTION 50MG/ML	5	QL(8 ML per 28 days); PA
ENVARUSUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75MG, 1MG	4	B/D; MO
ENVARUSUS XR TABLET EXTENDED RELEASE 24 HOUR 4MG	5	B/D
<i>everolimus tablet 0.25mg</i>	4	B/D; MO
<i>everolimus tablet 0.5mg, 0.75mg, 1mg</i>	5	B/D
<i>gengraf capsule 100mg, 25mg</i>	4	B/D; MO
<i>gengraf solution 100mg/ml</i>	4	B/D; MO

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 0	5	QL(4 EA per 365 days); PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 80MG/0.8ML	5	QL(6 EA per 365 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA
HUMIRA PEN-PS/UV STARTER INJECTION 0	5	QL(6 EA per 365 days); PA
HUMIRA PEN INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA; Abbvie labeled products only
HUMIRA PEN INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA; Abbvie labeled products only
HUMIRA INJECTION 10MG/0.1ML, 20MG/0.2ML	5	QL(2 EA per 28 days); PA; Abbvie labeled products only
HUMIRA INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA; Abbvie labeled products only
<i>infliximab injection 100mg</i>	5	PA
JYLAMVO SOLUTION 2MG/ML	4	PA; MO
<i>leflunomide tablet 10mg, 20mg</i>	2	MO
<i>methotrexate sodium injection 1gm/40ml, 1gm, 250mg/10ml, 50mg/2ml</i>	2	MO
<i>methotrexate sodium tablet 2.5mg</i>	2	MO
<i>methotrexate injection 50mg/2ml</i>	2	MO
<i>mycophenolate mofetil capsule 250mg</i>	4	B/D; MO
<i>mycophenolate mofetil suspension reconstituted 200mg/ml</i>	5	B/D
<i>mycophenolate mofetil tablet 500mg</i>	4	B/D; MO
<i>mycophenolic acid dr tablet delayed release 180mg, 360mg</i>	4	B/D; MO
ORENCIA INJECTION 250MG	5	PA
PEGASYS INJECTION 180MCG/0.5ML	5	PA
PROGRAF PACKET 0.2MG, 1MG	4	B/D; MO
REZUROCK TABLET 200MG	5	QL(60 EA per 30 days); PA
SANDIMMUNE SOLUTION 100MG/ML	4	B/D; MO
<i>sirolimus solution 1mg/ml</i>	4	B/D; MO
<i>sirolimus tablet 0.5mg, 1mg, 2mg</i>	4	B/D; MO
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	4	B/D; MO
XATMEP SOLUTION 2.5MG/ML	4	PA; MO
Vaccines		
ABRYSVO INJECTION 120MCG/0.5ML	1	QL(1 EA per 252 days); MO

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Drug Name	Drug Tier	Requirements/Limits
ACTHIB INJECTION 0	1	MO
ADACEL INJECTION 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	1	MO
AREXVY INJECTION 120MCG/0.5ML	1	QL(1 EA per 999 days); MO
<i>bcg vaccine injection 50mg</i>	1	MO
BEXSERO INJECTION 0.5ML	1	MO
BOOSTRIX INJECTION 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	1	MO
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	3	MO
DENGVAXIA INJECTION 0	3	MO
ENGERIX-B INJECTION 10MCG/0.5ML, 20MCG/ML	1	B/D; MO
GARDASIL 9 INJECTION 0.5ML	1	MO
HAVRIX INJECTION 1440ELU/ML	1	MO
HAVRIX INJECTION 720ELU/0.5ML	3	MO
HEPLISAV-B INJECTION 20MCG/0.5ML	1	B/D; MO
HIBERIX INJECTION 10MCG	1	MO
IMOVAX RABIES (H.D.C.V.) INJECTION 2.5UNIT/ML	1	B/D; MO
INFANRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	3	MO
IPOL INACTIVATED IPV INJECTION 0	1	MO
IXCHIQ INJECTION 0	1	MO
IXIARO INJECTION 0	1	MO
JYNNEOS INJECTION 0.5ML	1	MO
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	MO
M-M-R II INJECTION 0; 0; 0	1	MO
MENACTRA INJECTION 0	1	MO
<i>menquadfi injection 0.5ml</i>	1	MO
MENVEO INJECTION 0	1	MO
MRESVIA INJECTION 50MCG/0.5ML	1	QL(0.5 ML per 999 days); MO
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	MO
PEDVAX HIB INJECTION 7.5MCG/0.5ML	3	MO
PENBRAYA INJECTION 0; 0	1	MO
PENMENVY INJECTION 0; 0	1	MO
PENTACEL INJECTION 15LFU/0.5ML; 0; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	MO
PREHEVBRIO INJECTION 10MCG/ML	1	B/D; MO
PRIORIX INJECTION 0; 0; 0	1	MO
PROQUAD INJECTION 0; 0; 0; 0	3	MO
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	MO; Pre-Filled Syringe

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Drug Name	Drug Tier	Requirements/Limits
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	MO; Single-dose vial
RABAERT INJECTION 0	1	B/D; MO
RECOMBIVAX HB INJECTION 10MCG/ML, 40MCG/ML, 5MCG/0.5ML	1	B/D; MO
ROTARIX SUSPENSION 0	3	MO
ROTATEQ SOLUTION 0	3	MO
SHINGRIX INJECTION 50MCG/0.5ML	1	MO
STAMARIL INJECTION 0	1	MO
TDVAX INJECTION 2LF/0.5ML; 2LF/0.5ML	1	MO
TENIVAC INJECTION 2LFU; 5LFU	1	MO
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT INJECTION 2LF/0.5ML; 2LF/0.5ML	1	MO
TICOVAC INJECTION 2.4MCG/0.5ML	1	MO
TICOVAC INJECTION 1.2MCG/0.25ML	3	MO
TRUMENBA INJECTION 0.5ML	1	MO
TWINRIX INJECTION 720ELU/ML; 20MCG/ML	1	MO
TYPHIM VI INJECTION 25MCG/0.5ML	1	MO
VAQTA INJECTION 50UNIT/ML	1	MO
VAQTA INJECTION 25UNIT/0.5ML	3	MO
VARIVAX INJECTION 1350PFU/0.5ML	1	MO
VAXCHORA SUSPENSION RECONSTITUTED 0	1	MO
VAXELIS INJECTION 0; 0; 0; 0; 0; 0	3	MO
VIMKUNYA INJECTION 40MCG/0.8ML	1	MO
VIVOTIF CAPSULE DELAYED RELEASE 0	1	MO
YF-VAX INJECTION 0	1	MO
Inflammatory Bowel Disease Agents		
Aminosalicylates		
<i>balsalazide disodium capsule 750mg</i>	4	MO
<i>mesalamine er capsule extended release 500mg</i>	4	MO
<i>mesalamine enema 4gm</i>	4	MO
<i>mesalamine kit 4gm</i>	5	
<i>mesalamine suppository 1000mg</i>	4	MO
SFROWASA ENEMA 4GM/60ML	5	
<i>sulfasalazine tablet delayed release 500mg</i>	2	MO
<i>sulfasalazine tablet 500mg</i>	2	MO
Glucocorticoids		
<i>budesonide er tablet extended release 24 hour 9mg</i>	5	
<i>budesonide capsule delayed release particles 3mg</i>	4	MO
<i>hydrocortisone cream 2.5%</i>	2	MO
<i>hydrocortisone enema 100mg/60ml</i>	4	MO

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<i>procto-med hc cream 2.5%</i>	2	MO
<i>proctosol hc cream 2.5%</i>	2	MO
<i>proctozone-hc cream 2.5%</i>	2	MO
Metabolic Bone Disease Agents		
<i>Metabolic Bone Disease Agents</i>		
<i>alendronate sodium tablet 10mg, 35mg, 5mg</i>	1	MO
<i>alendronate sodium tablet 70mg</i>	1	QL(4 EA per 28 days); MO
BONSITY INJECTION 560MCG/2.24ML	5	PA
<i>calcitonin-salmon solution 200unit/act</i>	3	QL(3.7 ML per 30 days); MO
<i>calcitriol capsule 0.25mcg, 0.5mcg</i>	2	MO
<i>cinacalcet hydrochloride tablet 30mg, 60mg, 90mg</i>	4	MO
FORTEO INJECTION 560MCG/2.24ML	5	PA
<i>ibandronate sodium tablet 150mg</i>	2	QL(1 EA per 28 days); MO
JUBBONTI INJECTION 60MG/ML	4	QL(2 ML per 365 days); MO
<i>paricalcitol capsule 1mcg, 2mcg</i>	3	MO
<i>paricalcitol capsule 4mcg</i>	4	MO
RAYALDEE CAPSULE EXTENDED RELEASE 30MCG	5	
<i>risedronate sodium tablet 35mg</i>	4	QL(4 EA per 28 days); MO
<i>teriparatide injection 560mcg/2.24ml</i>	5	PA
TYMLOS INJECTION 3120MCG/1.56ML	5	PA
WYOST INJECTION 120MG/1.7ML	5	PA
Miscellaneous Therapeutic Agents		
<i>Miscellaneous Therapeutic Agents</i>		
ALCOHOL PREP PADS PAD 70%	1	MO
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16" MISCELLANEOUS	1	QL(200 EA per 30 days); MO
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2" MISCELLANEOUS	1	QL(200 EA per 30 days); MO
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM MISCELLANEOUS	1	QL(200 EA per 30 days); MO
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM MISCELLANEOUS	1	QL(200 EA per 30 days); MO
BD INSULIN SYRINGE/1ML/29G X 12.7MM MISCELLANEOUS	1	QL(200 EA per 30 days); MO
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM MISCELLANEOUS	1	QL(200 EA per 30 days); MO
BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 6MM MISCELLANEOUS	1	QL(200 EA per 30 days); MO
CURITY GAUZE PADS 2"X2" 12 PLY PAD	1	MO
EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 1/2" MISCELLANEOUS	1	QL(200 EA per 30 days); MO
EASY COMFORT PEN NEEDLES 29GX4MM MISCELLANEOUS	1	QL(200 EA per 30 days); MO

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Drug Name	Drug Tier	Requirements/Limits
ELLA TABLET 30MG	3	MO
NUTRILIPID INJECTION 20GM/100ML	4	B/D; MO
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5) KIT	3	QL(1 EA per 365 days); MO
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5) MISCELLANEOUS	3	QL(30 EA per 30 days); MO
OMNIPOD 5 G7 INTRO KIT (GEN 5) KIT	3	QL(1 EA per 365 days); MO
OMNIPOD 5 G7 PODS (GEN 5) MISCELLANEOUS	3	QL(30 EA per 30 days); MO
OMNIPOD 5 LIBRE2 PLUS G6 INTRO GEN 5 KIT	3	QL(1 EA per 365 days); MO
OMNIPOD 5 LIBRE2 PLUS G6 PODS MISCELLANEOUS	3	QL(30 EA per 30 days); MO
OMNIPOD CLASSIC PODS (GEN 3) MISCELLANEOUS	3	QL(30 EA per 30 days); MO
OMNIPOD DASH INTRO KIT (GEN 4) KIT	3	QL(1 EA per 365 days); MO
OMNIPOD DASH PDM KIT (GEN 4) KIT	3	QL(1 EA per 365 days); MO
OMNIPOD DASH PODS (GEN 4) MISCELLANEOUS	3	QL(30 EA per 30 days); MO
OMNIPOD GO 10 UNITS/DAY KIT	3	QL(10 EA per 30 days); MO
OMNIPOD GO 15 UNITS/DAY KIT	3	QL(10 EA per 30 days); MO
OMNIPOD GO 20 UNITS/DAY KIT	3	QL(10 EA per 30 days); MO
OMNIPOD GO 25 UNITS/DAY KIT	3	QL(10 EA per 30 days); MO
OMNIPOD GO 30 UNITS/DAY KIT	3	QL(10 EA per 30 days); MO
OMNIPOD GO 35 UNITS/DAY KIT	3	QL(10 EA per 30 days); MO
OMNIPOD GO 40 UNITS/DAY KIT	3	QL(10 EA per 30 days); MO
RIVFLOZA INJECTION 128MG/0.8ML	5	QL(0.8 ML per 28 days); PA
RIVFLOZA INJECTION 160MG/ML, 80MG/0.5ML	5	QL(1 ML per 28 days); PA
SKYCLARYS CAPSULE 50MG	5	QL(90 EA per 30 days); PA
<i>sodium chloride 0.9% solution 0.9%</i>	2	MO
V-GO 20 KIT	3	MO
V-GO 30 KIT	3	MO
V-GO 40 KIT	3	MO
VISTOGARD PACKET 10GM	5	
ZOKINVY CAPSULE 50MG, 75MG	5	QL(120 EA per 30 days); PA
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
<i>atropine sulfate solution 1%</i>	3	MO
<i>bacitracin/polymyxin b ointment 500unit/gm; 10000unit/gm</i>	2	MO
<i>brimonidine tartrate/timolol maleate solution 0.2%; 0.5%</i>	3	MO
COMBIGAN SOLUTION 0.2%; 0.5%	3	MO
<i>cyclosporine emulsion 0.05%</i>	3	MO
CYSTARAN SOLUTION 0.44%	5	QL(60 ML per 28 days)
<i>dorzolamide hcl/timolol maleate solution 22.3mg/ml; 6.8mg/ml</i>	2	MO
<i>neo-polycin hc ointment 400unit/gm; 1%; 3.5mg/gm; 10000unit/gm</i>	3	MO
<i>neo-polycin ointment 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	3	MO

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<i>neomycin/bacitracin/polymyxin ointment 400unit/gm; 5mg/gm; 10000unit/gm</i>	3	MO
<i>neomycin/polymyxin/bacitracin/hydrocortisone ointment 400unit/gm; 1%; 0.5%; 10000unit/gm</i>	3	MO
<i>neomycin/polymyxin/dexamethasone ointment 0.1%; 3.5mg/gm; 10000unit/gm</i>	2	MO
<i>neomycin/polymyxin/dexamethasone suspension 0.1%; 3.5mg/ml; 10000unit/ml</i>	2	MO
<i>neomycin/polymyxin/gramicidin solution 0.025mg/ml; 1.75mg/ml; 10000unit/ml</i>	3	MO
<i>polycin ointment 500unit/gm; 10000unit/gm</i>	2	MO
<i>polymyxin b sulfate/trimethoprim sulfate solution 10000unit/ml; 0.1%</i>	2	MO
RESTASIS MULTIDOSE EMULSION 0.05%	3	MO
RESTASIS EMULSION 0.05%	3	MO
ROCKLATAN SOLUTION 0.005%; 0.02%	3	QL(2.5 ML per 25 days); MO
SIMBRINZA SUSPENSION 0.2%; 1%	3	MO
<i>sulfacetamide sodium/prednisolone sodium phosphate solution 0.23%; 10%</i>	2	MO
TOBRADEX ST SUSPENSION 0.05%; 0.3%	4	MO
<i>tobramycin/dexamethasone suspension 0.1%; 0.3%</i>	4	MO
XIIDRA SOLUTION 5%	4	QL(60 EA per 30 days); MO
ZYLET SUSPENSION 0.5%; 0.3%	4	MO
Ophthalmic Anti-allergy Agents		
<i>azelastine hcl ophthalmic solution 0.05%</i>	2	MO
<i>cromolyn sodium solution 4%</i>	2	MO
Ophthalmic Anti-Infectives		
<i>bacitracin ointment 500unit/gm</i>	4	MO
BESIVANCE SUSPENSION 0.6%	4	MO
<i>ciprofloxacin hydrochloride solution 0.3%</i>	2	MO
<i>erythromycin ointment 5mg/gm</i>	2	MO
<i>gatifloxacin solution 0.5%</i>	4	MO
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	2	MO
<i>moxifloxacin hydrochloride solution 0.5%</i>	2	MO
NATACYN SUSPENSION 5%	4	MO
<i>ofloxacin ophthalmic solution 0.3%</i>	2	MO
<i>sulfacetamide sodium ointment 10%</i>	3	MO
<i>sulfacetamide sodium solution 10%</i>	2	MO
<i>tobramycin solution 0.3%</i>	2	MO
<i>trifluridine solution 1%</i>	4	MO
XDEMZY SOLUTION 0.25%	5	QL(10 ML per 42 days)

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Drug Name	Drug Tier	Requirements/Limits
ZIRGAN GEL 0.15%	4	MO
Ophthalmic Anti-inflammatories		
<i>bromfenac sodium solution 0.07%</i>	4	QL(12 ML per 365 days); MO
<i>dexamethasone sodium phosphate solution 0.1%</i>	3	MO
<i>diclofenac sodium ophthalmic solution 0.1%</i>	2	MO
FLAREX SUSPENSION 0.1%	3	MO
<i>flurbiprofen sodium solution 0.03%</i>	2	MO
<i>ketorolac tromethamine ophthalmic solution 0.5%</i>	2	MO
LOTEMAX SM GEL 0.38%	4	QL(20 GM per 365 days); MO
<i>prednisolone acetate suspension 1%</i>	3	MO
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol hcl solution 0.5%</i>	4	MO
<i>carteolol hcl solution 1%</i>	2	MO
<i>levobunolol hcl solution 0.5%</i>	2	MO
<i>timolol maleate solution 0.25%, 0.5%</i>	1	MO
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide er capsule extended release 12 hour 500mg</i>	3	MO
<i>acetazolamide tablet 125mg, 250mg</i>	3	MO
BRIMONIDINE TARTRATE SOLUTION 0.1%	3	MO
<i>brimonidine tartrate solution 0.2%</i>	2	MO
<i>dorzolamide hydrochloride solution 2%</i>	2	MO
<i>pilocarpine hcl solution 1%, 2%, 4%</i>	3	MO
<i>pilocarpine hydrochloride solution 1%, 2%, 4%</i>	3	MO
RHOPRESSA SOLUTION 0.02%	3	QL(2.5 ML per 25 days); MO
Ophthalmic Prostaglandin and Prostanamide Analogs		
<i>latanoprost solution 0.005%</i>	1	MO
LUMIGAN SOLUTION 0.01%	3	QL(2.5 ML per 25 days); MO
VYZULTA SOLUTION 0.024%	4	QL(5 ML per 25 days); MO
Otic Agents		
Otic Agents		
<i>acetic acid solution 2%</i>	2	MO
<i>neomycin/polymyxin/hc solution 1%; 3.5mg/ml; 10000unit/ml</i>	3	MO
<i>neomycin/polymyxin/hydrocortisone suspension 1%; 3.5mg/ml; 10000unit/ml</i>	3	MO
<i>ofloxacin otic solution 0.3%</i>	2	MO
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT, 200MCG/ACT, 50MCG/ACT	3	QL(30 EA per 30 days); MO
ASMANEX HFA AEROSOL 100MCG/ACT, 200MCG/ACT, 50MCG/ACT	4	QL(13 GM per 30 days); MO

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Drug Name	Drug Tier	Requirements/Limits
ASMANEX TWISTHALER 120 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	4	QL(1 EA per 30 days); MO
ASMANEX TWISTHALER 14 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	4	QL(1 EA per 30 days); MO
ASMANEX TWISTHALER 30 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 110MCG/INH, 220MCG/INH	4	QL(1 EA per 30 days); MO
ASMANEX TWISTHALER 60 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	4	QL(1 EA per 30 days); MO
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	4	QL(120 ML per 30 days); B/D; MO
<i>fluticasone propionate suspension 50mcg/act</i>	2	MO
<i>mometasone furoate suspension 50mcg/act</i>	4	QL(34 GM per 30 days); MO
QVAR REDHALER AEROSOL BREATH ACTIVATED 40MCG/ACT, 80MCG/ACT	3	QL(21.2 GM per 30 days); MO
Antihistamines		
<i>azelastine hcl nasal solution 0.15%</i>	2	QL(60 ML per 30 days); MO
<i>azelastine hydrochloride solution 0.1%</i>	2	QL(60 ML per 30 days); MO
<i>cetirizine hydrochloride solution 5mg/5ml</i>	2	MO
<i>cyproheptadine hydrochloride tablet 4mg</i>	4	MO
<i>diphenhydramine hydrochloride injection 50mg/ml</i>	4	MO
<i>hydroxyzine hcl tablet 50mg</i>	3	MO
<i>hydroxyzine hydrochloride syrup 10mg/5ml</i>	4	MO
<i>hydroxyzine hydrochloride tablet 10mg, 25mg</i>	3	MO
<i>hydroxyzine pamoate capsule 100mg, 25mg, 50mg</i>	4	MO
<i>levocetirizine dihydrochloride tablet 5mg</i>	2	MO
Antileukotrienes		
<i>montelukast sodium packet 4mg</i>	2	MO
<i>montelukast sodium tablet chewable 4mg, 5mg</i>	2	MO
<i>montelukast sodium tablet 10mg</i>	2	MO
<i>zafirlukast tablet 10mg, 20mg</i>	4	MO
Bronchodilators, Anticholinergic		
ATROVENT HFA AEROSOL SOLUTION 17MCG/ACT	4	QL(25.8 GM per 30 days); MO
INCRUSE ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5MCG/INH	3	QL(30 EA per 30 days); MO
<i>ipratropium bromide nasal solution 0.03%, 0.06%</i>	2	MO
<i>ipratropium bromide inhalation solution 0.02%</i>	2	QL(312.5 ML per 30 days); B/D; MO
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT	3	MO
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT	3	QL(8 GM per 30 days); MO
<i>tiotropium bromide capsule 18mcg</i>	4	QL(30 EA per 30 days); MO
YUPELRI SOLUTION 175MCG/3ML	5	QL(90 ML per 30 days); B/D
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	2	QL(13.4 GM per 30 days); MO

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<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	2	QL(17 GM per 30 days); MO
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	2	QL(48 GM per 30 days); MO
<i>albuterol sulfate nebulization solution 2.5mg/0.5ml</i>	2	QL(100 EA per 30 days); B/D; MO
<i>albuterol sulfate nebulization solution 0.083%</i>	2	QL(525 ML per 30 days); B/D; MO
<i>albuterol sulfate nebulization solution 0.63mg/3ml, 1.25mg/3ml</i>	4	QL(375 ML per 30 days); B/D; MO
<i>arformoterol tartrate nebulization solution 15mcg/2ml</i>	4	QL(120 ML per 30 days); PA; MO
<i>epinephrine injection 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	3	MO
<i>levalbuterol hydrochloride nebulization solution 0.63mg/3ml</i>	4	QL(540 ML per 30 days); B/D; MO
<i>levalbuterol tartrate hfa aerosol 45mcg/act</i>	3	QL(30 GM per 30 days); MO
PROAIR RESPICLICK AEROSOL POWDER BREATH ACTIVATED 108MCG/ACT	3	QL(2 EA per 30 days); MO
SEREVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 50MCG/DOSE	3	QL(60 EA per 30 days); MO
Cystic Fibrosis Agents		
CAYSTON SOLUTION RECONSTITUTED 75MG	5	PA
KALYDECO PACKET 13.4MG, 25MG, 5.8MG, 50MG, 75MG	5	QL(56 EA per 28 days); PA
KALYDECO TABLET 150MG	5	QL(60 EA per 30 days); PA
ORKAMBI TABLET 125MG; 100MG, 125MG; 200MG	5	QL(112 EA per 28 days); PA
PULMOZYME SOLUTION 2.5MG/2.5ML	5	PA
<i>tobramycin nebulization solution 300mg/5ml</i>	5	B/D
TRIKAFTA TABLET THERAPY PACK 100MG-50MG-75MG/150MG	5	QL(84 EA per 28 days); PA
Mast Cell Stabilizers		
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	3	B/D; MO
Phosphodiesterase Inhibitors, Airways Disease		
<i>roflumilast tablet 250mcg, 500mcg</i>	4	PA; MO
<i>theophylline er tablet extended release 12 hour 300mg, 450mg</i>	4	MO
<i>theophylline er tablet extended release 24 hour 400mg, 600mg</i>	2	MO
Pulmonary Antihypertensives		
ADEMPAS TABLET 0.5MG, 1.5MG, 1MG, 2.5MG, 2MG	5	QL(90 EA per 30 days); PA
<i>alyq tablet 20mg</i>	4	QL(60 EA per 30 days); PA; MO
<i>ambrisentan tablet 10mg, 5mg</i>	5	QL(30 EA per 30 days); PA
OPSUMIT TABLET 10MG	5	QL(30 EA per 30 days); PA
ORENITRAM TITRATION KIT MONTH 1 TABLET EXTENDED RELEASE THERAPY PACK 0	5	QL(336 EA per 365 days); PA
ORENITRAM TITRATION KIT MONTH 2 TABLET EXTENDED RELEASE THERAPY PACK 0	5	QL(672 EA per 365 days); PA

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ORENITRAM TITRATION KIT MONTH 3 TABLET EXTENDED RELEASE THERAPY PACK 0	5	QL(504 EA per 365 days); PA
ORENITRAM TABLET EXTENDED RELEASE 0.125MG	4	PA; MO
ORENITRAM TABLET EXTENDED RELEASE 0.25MG, 1MG, 2.5MG, 5MG	5	PA
<i>sildenafil citrate tablet 20mg</i>	3	QL(90 EA per 30 days); PA; MO; (20mg)
<i>tadalafil tablet 20mg</i>	4	QL(60 EA per 30 days); PA; MO
VENTAVIS SOLUTION 10MCG/ML, 20MCG/ML	5	QL(270 ML per 30 days); PA
WINREVAIR INJECTION 0, 45MG, 60MG	5	QL(1 EA per 21 days); PA
Pulmonary Fibrosis Agents		
OFEV CAPSULE 100MG, 150MG	5	PA
<i>pirfenidone capsule 267mg</i>	5	PA
PIRFENIDONE TABLET 534MG	5	PA
<i>pirfenidone tablet 267mg, 801mg</i>	5	PA
Respiratory Tract Agents, Other		
ADVAIR HFA AEROSOL 115MCG/ACT; 21MCG/ACT, 230MCG/ACT; 21MCG/ACT, 45MCG/ACT; 21MCG/ACT	3	QL(24 GM per 30 days); MO
AIRSUPRA AEROSOL 90MCG/ACT; 80MCG/ACT	3	QL(32.1 GM per 30 days); MO
ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5MCG/ACT; 25MCG/ACT	3	QL(60 EA per 30 days); MO
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT; 25MCG/ACT, 200MCG/INH; 25MCG/INH, 50MCG/INH; 25MCG/INH	3	QL(60 EA per 30 days); MO
<i>breyna aerosol 160mcg/act; 4.5mcg/act, 80mcg/act; 4.5mcg/act</i>	4	QL(10.3 GM per 30 days); MO
BREZTRI AEROSPHERE AEROSOL 160MCG/ACT; 4.8MCG/ACT; 9MCG/ACT	3	QL(23.6 GM per 28 days); MO
BRONCHITOL CAPSULE 40MG	5	QL(560 EA per 28 days); PA
COMBIVENT RESPIMAT AEROSOL SOLUTION 100MCG/ACT; 20MCG/ACT	3	QL(8 GM per 30 days); MO
DULERA AEROSOL 5MCG/ACT; 50MCG/ACT	4	QL(13 GM per 30 days); PA; MO
DULERA AEROSOL 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT	4	QL(17.6 GM per 30 days); PA; MO
FASENRA PEN INJECTION 30MG/ML	5	QL(1 ML per 28 days); PA
FASENRA INJECTION 10MG/0.5ML	4	QL(0.5 ML per 28 days); PA; MO
FASENRA INJECTION 30MG/ML	5	QL(1 ML per 28 days); PA
<i>fluticasone propionate/salmeterol diskus aerosol powder breath activated 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act</i>	2	QL(60 EA per 30 days); MO

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<i>fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act</i>	2	QL(60 EA per 30 days); MO
<i>ipratropium bromide/albuterol sulfate solution 2.5mg/3ml; 0.5mg/3ml</i>	2	QL(540 ML per 30 days); B/D; MO
NUCALA INJECTION 40MG/0.4ML	5	QL(0.4 ML per 28 days); PA
NUCALA INJECTION 100MG	5	QL(3 EA per 28 days); PA
NUCALA INJECTION 100MG/ML	5	QL(3 ML per 28 days); PA
STIOLTO RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT; 2.5MCG/ACT	3	QL(24 GM per 30 days); MO
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT; 62.5MCG/ACT; 25MCG/ACT, 200MCG/INH; 62.5MCG/INH; 25MCG/INH	3	QL(60 EA per 30 days); MO
<i>wixela inhub aerosol powder breath activated 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act</i>	2	QL(60 EA per 30 days); MO
Skeletal Muscle Relaxants		
<i>Skeletal Muscle Relaxants</i>		
<i>cyclobenzaprine hydrochloride tablet 10mg, 5mg</i>	3	PA; MO
<i>methocarbamol tablet 500mg, 750mg</i>	2	MO
<i>orphenadrine citrate er tablet extended release 12 hour 100mg</i>	3	MO
Sleep Disorder Agents		
<i>Sleep Promoting Agents</i>		
BELSOMRA TABLET 10MG, 15MG, 20MG, 5MG	3	QL(30 EA per 30 days); MO
ESZOPICLONE TABLET 1MG, 2MG, 3MG	4	QL(30 EA per 30 days); MO
<i>temazepam capsule 15mg, 30mg</i>	3	QL(30 EA per 30 days); MO
<i>zaleplon capsule 5mg</i>	4	QL(30 EA per 30 days); MO
<i>zaleplon capsule 10mg</i>	4	QL(60 EA per 30 days); MO
<i>zolpidem tartrate er tablet extended release 12.5mg, 6.25mg</i>	4	QL(30 EA per 30 days); MO
<i>zolpidem tartrate tablet 10mg, 5mg</i>	2	QL(30 EA per 30 days); MO
<i>Wakefulness Promoting Agents</i>		
ARMODAFINIL TABLET 150MG, 200MG, 250MG	4	QL(30 EA per 30 days); PA; MO
ARMODAFINIL TABLET 50MG	4	QL(60 EA per 30 days); PA; MO
<i>modafinil tablet 100mg, 200mg</i>	3	QL(30 EA per 30 days); PA; MO
<i>sodium oxybate solution 500mg/ml</i>	5	QL(540 ML per 30 days); PA

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	<i>acebutolol hydrochloride</i>	53	ALINIA	40
	<i>acetaminophen/codeine</i>	21	<i>aliskiren</i>	54
	<i>acetaminophen/codeine phosphate</i>	20	<i>allopurinol</i>	33
	<i>acetazolamide</i>	83	<i>alosetron hydrochloride</i>	65
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	ACTIMMUNE	75	<i>alyq</i>	85
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<i>amphetamine/dextroamphetamine</i>	57	<i>atovaquone/proguanil hydrochloride</i>	40
<i>amphotericin b</i>	32	<i>atropine sulfate</i>	81
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<i>anastrozole</i>	36	<i>aurovela fe 1.5/30</i>	69
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<i>asenapine maleate sl</i>	42	<i>azelaic acid</i>	60
<i>ashlyna</i>	69	<i>azelastine hcl</i>	82
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II/0.3ML/31G X 5/16"		BREZTRI AEROSPHERE	86
BD INSULIN SYRINGE ULTRA-	80	<i>briellyn</i>	69
FINE/0.5ML/30G X 12.7MM		BRIMONIDINE TARTRATE	83
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G	80	<i>brimonidine tartrate/timolol maleate</i>	81
X 8MM		BRIVIACT	26
BD INSULIN SYRINGE/1ML/29G X 12.7MM	80	<i>bromfenac sodium</i>	83
BD PEN NEEDLE/ORIGINAL/ULTRA-	80	<i>bromocriptine mesylate</i>	40
FINE/29G X 12.7MM		BRONCHITOL	86
BD VEO INSULIN SYRINGE ULTRA-	80	BRUKINSA	36
FINE/0.3ML/31G X 6MM		<i>budesonide</i>	79
BELSOMRA	87	<i>budesonide</i>	84
<i>benazepril hydrochloride</i>	53	<i>budesonide er</i>	79
<i>benazepril</i>	55	<i>bumetanide</i>	56
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<i>benznidazole</i>	40	<i>buprenorphine hcl/naloxone hcl</i>	22
<i>benztropine mesylate</i>	40	<i>buprenorphine hydrochloride/naloxone</i>	22
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BESREMI	75	<i>bupropion hydrochloride</i>	30
<i>betaine anhydrous</i>	66	<i>bupropion hydrochloride er (sr)</i>	22
<i>betamethasone dipropionate</i>	61	<i>bupropion hydrochloride er (sr)</i>	30
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<i>betamethasone valerate</i>	61	<i>bupirone hcl</i>	47
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<i>betaxolol hcl</i>	53	<i>butalbital/acetaminophen/caffeine</i>	59
<i>betaxolol hcl</i>	83	CABENUVA	44
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BICILLIN L-A	25	<i>calcitonin-salmon</i>	80
BIKTARVY	44	<i>calcitriol</i>	80
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<i>bisoprolol fumarate/hydrochlorothiazide</i>	55	CALQUENCE	36
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<i>blisovi fe 1/20</i>	69	<i>camrese lo</i>	69
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<i>carvedilol</i>	53	<i>ciprofloxacin hydrochloride</i>	26
CASPOFUNGIN ACETATE	32	<i>ciprofloxacin hydrochloride</i>	82
CAYSTON	85	<i>ciprofloxacin i.v.-in d5w</i>	26
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<i>cefotaxime sodium</i>	24	<i>clindamycin hcl</i>	23
<i>cefotetan</i>	24	<i>clindamycin hydrochloride</i>	23
<i>cefoxitin sodium</i>	24	<i>clindamycin palmitate hydrochloride</i>	23
<i>cefpodoxime proxetil</i>	24	<i>clindamycin phosphate</i>	23
<i>cefprozil</i>	24	<i>clindamycin phosphate</i>	62
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JUBLIA	33	<i>lamivudine/zidovudine</i>	45
JULUCA	44	<i>lamotrigine</i>	27
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<i>junel fe 1.5/30</i>	70	<i>lamotrigine starter kit/orange</i>	27
<i>junel fe 1/20</i>	70	<i>lansoprazole</i>	66
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<i>memantine hcl titration pak</i>	29	<i>miglustat</i>	66
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<i>mesna</i>	40	MODEYSO	36
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<i>metformin hydrochloride er</i>	48	<i>molindone hydrochloride</i>	41
<i>methadone hcl</i>	20	<i>mometasone furoate</i>	61
<i>methadone hydrochloride</i>	20	<i>mometasone furoate</i>	84
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NUTRILIPID	81	<i>ondansetron hcl</i>	32
<i>nyamyc</i>	33	<i>ondansetron hydrochloride</i>	32
<i>nylia 1/35</i>	71	<i>ondansetron odt</i>	32
<i>nylia 7/7/7</i>	71	ONPATTRO	66
<i>nystatin</i>	33	ONUREG	36
<i>nystatin/triamcinolone</i>	62	OPIPZA	42
<i>nystatin/triamcinolone acetamide</i>	62	OPSUMIT	85
<i>nystop</i>	33	OPVEE	22
<i>octreotide acetate</i>	74	<i>oralone dental paste</i>	60
ODACTRA	74	ORENCIA	75
ODEFSEY	45	ORENCIA	77
ODOMZO	38	ORENCIA CLICKJECT	75
OFEV	86	ORENITRAM	86
<i>ofloxacin</i>	82	ORENITRAM TITRATION KIT MONTH 1	85
<i>ofloxacin</i>	83	ORENITRAM TITRATION KIT MONTH 2	85
OGSIVEO	36	ORENITRAM TITRATION KIT MONTH 3	86
OJEMDA	36	ORGOVYX	74
OJJAARA	38	ORKAMBI	85
<i>olanzapine</i>	42	<i>orphenadrine citrate er</i>	87
<i>olanzapine odt</i>	42	<i>orquidea</i>	73
<i>olmesartan medoxomil</i>	52	ORSERDU	35
<i>olmesartan medoxomil/hydrochlorothiazide</i>	55	<i>oseltamivir phosphate</i>	47
<i>omega-3-acid ethyl esters</i>	57	OSPHENA	73
<i>omeprazole</i>	66	OTEZLA	62
<i>omeprazole dr</i>	66	OTEZLA	75
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5)	81	<i>oxaprozin</i>	20
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5)	81	<i>oxcarbazepine</i>	29
OMNIPOD 5 G7 INTRO KIT (GEN 5)	81	<i>oxybutynin chloride</i>	67
OMNIPOD 5 G7 PODS (GEN 5)	81	<i>oxybutynin chloride er</i>	67
OMNIPOD 5 LIBRE2 PLUS G6 INTRO GEN 5	81	<i>oxycodone hydrochloride</i>	21
OMNIPOD 5 LIBRE2 PLUS G6 PODS	81	<i>oxycodone/acetaminophen</i>	21
OMNIPOD CLASSIC PODS (GEN 3)	81	OZEMPIC	48
OMNIPOD DASH INTRO KIT (GEN 4)	81	PACERONE	53
OMNIPOD DASH PDM KIT (GEN 4)	81	<i>paliperidone er</i>	42
OMNIPOD DASH PODS (GEN 4)	81	PANRETIN	40
OMNIPOD GO 10 UNITS/DAY	81	<i>pantoprazole sodium</i>	66
OMNIPOD GO 15 UNITS/DAY	81	<i>paricalcitol</i>	80
OMNIPOD GO 20 UNITS/DAY	81	<i>paroxetine hcl</i>	31
OMNIPOD GO 25 UNITS/DAY	81	<i>paroxetine hydrochloride</i>	31
OMNIPOD GO 30 UNITS/DAY	81	PAXLOVID	47
OMNIPOD GO 35 UNITS/DAY	81	<i>pazopanib hydrochloride</i>	38
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<i>peg-3350/electrolytes</i>	65	<i>piroxicam</i>	20
<i>peg-3350/nacl/na bicarbonate/kcl</i>	65	<i>pitavastatin calcium</i>	56
PEGASYS	75	PLENAMINE	63
PEGASYS	77	<i>podofilox</i>	62
PEMAZYRE	38	<i>polycin</i>	82
PENBRAYA	78	<i>polymyxin b sulfate/trimethoprim sulfate</i>	82
<i>penicillamine</i>	64	POMALYST	35
<i>penicillin g sodium</i>	25	<i>portia-28</i>	71
<i>penicillin v potassium</i>	25	<i>posaconazole</i>	33
PENMENVY	78	<i>posaconazole dr</i>	33
PENTACEL	78	<i>potassium chloride</i>	64
<i>pentamidine isethionate</i>	40	<i>potassium chloride er</i>	63
<i>pentoxifylline er</i>	55	<i>potassium citrate er</i>	64
<i>perampanel</i>	27	PRALUENT	57
<i>perindopril erbumine</i>	53	<i>pramipexole dihydrochloride</i>	41
<i>periogard</i>	60	<i>prasugrel hydrochloride</i>	52
<i>permethrin</i>	62	<i>pravastatin sodium</i>	56
<i>perphenazine</i>	41	<i>praziquantel</i>	40
PERSERIS	42	<i>prazosin hydrochloride</i>	52
<i>phenelzine sulfate</i>	30	<i>prednisolone</i>	68
<i>phenobarbital</i>	28	<i>prednisolone acetate</i>	83
PHENYTEK	29	<i>prednisolone sodium phosphate</i>	68
<i>phenytoin</i>	29	<i>prednisone</i>	68
<i>phenytoin sodium extended</i>	29	<i>pregabalin</i>	28
PHESGO	36	PREHEVBRIO	78
<i>philith</i>	71	PREMARIN	71
<i>phytonadione</i>	64	PREMPHASE	71
PIFELTRO	45	PREMPRO	72
<i>pilocarpine hcl</i>	83	<i>prenatal</i>	64
<i>pilocarpine hydrochloride</i>	60	<i>prevalite</i>	57
<i>pilocarpine hydrochloride</i>	83	PREVYMIS	43
<i>pimecrolimus</i>	61	PREZCOBIX	46
<i>pimozide</i>	41	PREZISTA	46
<i>pimtreea</i>	71	PRIFTIN	34
<i>pindolol</i>	53	<i>primaquine phosphate</i>	40
<i>pioglitazone hcl</i>	49	<i>primidone</i>	28
<i>pioglitazone hcl/metformin hcl</i>	48	PRIORIX	78
<i>pioglitazone hydrochloride</i>	49	PRIVIGEN	74
<i>piperacillin sodium/tazobactam sodium</i>	25	PROAIR RESPICLICK	85
PIQRAY 200MG DAILY DOSE	38	<i>probenecid</i>	33
PIQRAY 250MG DAILY DOSE	38	<i>probenecid/colchicine</i>	33
PIQRAY 300MG DAILY DOSE	38	<i>prochlorperazine</i>	32
<i>pirfenidone</i>	86	<i>prochlorperazine maleate</i>	32

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PROCRIT	52	RAYALDEE	80
<i>procto-med hc</i>	80	REBIF	60
<i>proctosol hc</i>	80	REBIF REBIDOSE	60
<i>proctozone-hc</i>	80	REBIF REBIDOSE TITRATION PACK	60
<i>progesterone</i>	73	REBIF TITRATION PACK	60
PROGRAF	77	RECOMBIVAX HB	79
PROLASTIN-C	66	RELISTOR	65
<i>promethazine hcl</i>	32	<i>repaglinide</i>	49
<i>promethazine hydrochloride</i>	32	REPATHA	57
<i>promethazine hydrochloride plain</i>	32	REPATHA PUSHTRONEX SYSTEM	57
<i>promethegan</i>	32	REPATHA SURECLICK	57
<i>propafenone hcl</i>	53	RESTASIS	82
<i>propafenone hydrochloride</i>	53	RESTASIS MULTIDOSE	82
<i>propranolol hcl</i>	54	RETACRIT	52
<i>propranolol hydrochloride</i>	54	RETEVMO	38
<i>propranolol hydrochloride er</i>	54	REVCOVI	67
<i>propylthiouracil</i>	74	REVUFORJ	36
PROQUAD	78	REXULTI	43
<i>protriptyline hcl</i>	31	REYATAZ	46
<i>prucalopride</i>	65	REZDIFFRA	73
PULMOZYME	85	REZLIDHIA	38
<i>pyrazinamide</i>	34	REZUROCK	77
<i>pyridostigmine bromide</i>	34	RHOPRESSA	83
<i>pyrimethamine</i>	40	<i>ribavirin</i>	44
PYRUKYND	66	<i>rifabutin</i>	34
PYRUKYND TAPER PACK	66	<i>rifampin</i>	34
QINLOCK	38	<i>riluzole</i>	59
QUADRACEL	78	RINVOQ	75
<i>quetiapine fumarate</i>	43	RINVOQ LQ	75
<i>quetiapine fumarate er</i>	42	<i>risedronate sodium</i>	80
<i>quinapril hydrochloride</i>	53	<i>risperidone</i>	43
<i>quinapril/hydrochlorothiazide</i>	55	<i>risperidone er</i>	43
<i>quinidine sulfate</i>	53	<i>risperidone odt</i>	43
<i>quinine sulfate</i>	40	<i>ritonavir</i>	46
QULIPTA	33	<i>rivastigmine tartrate</i>	29
QVAR REDIHALER	84	<i>rivastigmine transdermal system</i>	29
RABAVERT	79	<i>rivelsa</i>	72
<i>rabeprazole sodium</i>	66	RIVFLOZA	81
RALDESY	31	<i>rizatriptan benzoate</i>	34
<i>raloxifene hydrochloride</i>	73	<i>rizatriptan benzoate odt</i>	34
<i>ramipril</i>	53	ROCKLATAN	82
<i>ranolazine er</i>	55	<i>roflumilast</i>	85
<i>rasagiline mesylate</i>	41	ROMVIMZA	38

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<i>ropinirole hcl</i>	41	SKYCLARYS	81
<i>ropinirole hydrochloride</i>	41	SKYRIZI	75
<i>rosuvastatin calcium</i>	56	SKYRIZI PEN	75
<i>rosyrah</i>	72	<i>sodium chloride</i>	64
ROTARIX	79	<i>sodium chloride 0.45%</i>	64
ROTATEQ	79	<i>sodium chloride 0.9%</i>	81
<i>roweepira</i>	27	<i>sodium oxybate</i>	87
ROZLYTREK	38	<i>sodium phenylbutyrate</i>	67
RUBRACA	38	<i>sodium polystyrene sulfonate</i>	64
<i>rufinamide</i>	29	<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	65
RUKOBIA	46	<i>sofosbuvir/velpatasvir</i>	44
RYBELSUS	49	<i>solifenacin succinate</i>	67
RYDAPT	38	SOLQUA 100/33	49
RYTARY	41	SOLTAMOX	35
SANDIMMUNE	77	SOMAVERT	74
SANTYL	62	<i>sorafenib</i>	39
<i>sapropterin dihydrochloride</i>	67	<i>sorafenib tosylate</i>	39
SAVELLA	59	<i>sotalol hcl</i>	53
SAVELLA TITRATION PACK	59	<i>sotalol hydrochloride</i>	53
SCSEMBLIX	38	<i>sotalol hydrochloride (af)</i>	53
<i>scopolamine</i>	32	SPEVIGO	61
SECUADO	43	SPIRIVA RESPIMAT	84
<i>selegiline hcl</i>	41	<i>spironolactone</i>	57
<i>selenium sulfide</i>	61	<i>spironolactone/hydrochlorothiazide</i>	55
SELZENTRY	46	SPRAVATO 56MG DOSE	30
SEREVENT DISKUS	85	SPRAVATO 84MG DOSE	30
<i>sertraline hcl</i>	31	<i>sprintec 28</i>	72
<i>sertraline hydrochloride</i>	31	SPRITAM	27
<i>setlakin</i>	72	<i>sps</i>	64
SFROWASA	79	<i>sronyx</i>	72
<i>sharobel</i>	73	<i>ssd</i>	62
SHINGRIX	79	STAMARIL	79
SIGNIFOR	74	STELARA	75
<i>sildenafil</i>	67	STEQEYMA	75
<i>sildenafil citrate</i>	67	STIOLTO RESPIMAT	87
<i>sildenafil citrate</i>	86	STIVARGA	39
<i>silver sulfadiazine</i>	62	<i>streptomycin sulfate</i>	22
SIMBRINZA	82	STRIBILD	44
<i>simliya</i>	72	<i>subvenite</i>	27
<i>simpesse</i>	72	<i>subvenite starter kit/blue</i>	27
<i>simvastatin</i>	56	<i>subvenite starter kit/green</i>	27
<i>sirolimus</i>	77	<i>subvenite starter kit/orange</i>	27
SIRTURO	34		

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SUCRAID	67	<i>tenofovir disoproxil fumarate</i>	45
<i>sucralfate</i>	66	TEPMETKO	39
<i>sulfacetamide sodium</i>	82	<i>terazosin hcl</i>	67
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	82	<i>terazosin hydrochloride</i>	67
<i>sulfadiazine</i>	26	<i>terbinafine hcl</i>	33
<i>sulfamethoxazole/trimethoprim</i>	26	<i>terconazole</i>	33
<i>sulfamethoxazole/trimethoprim ds</i>	26	<i>teriparatide</i>	80
<i>sulfasalazine</i>	79	<i>testosterone</i>	68
<i>sulindac</i>	20	<i>testosterone cypionate</i>	68
<i>sumatriptan</i>	34	<i>testosterone enanthate</i>	68
<i>sumatriptan succinate</i>	34	<i>testosterone pump</i>	68
<i>sunitinib malate</i>	39	TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT	79
SUNLENCA	46	<i>tetrabenazine</i>	59
SUTAB	65	<i>tetracycline hydrochloride</i>	26
SYMPAZAN	28	TEVIMBRA	40
SYMTUZA	46	THALOMID	35
SYNJARDY	49	<i>theophylline er</i>	85
SYNJARDY XR	49	<i>thioridazine hydrochloride</i>	42
TABLOID	35	<i>thiothixene</i>	42
TABRECTA	39	<i>tiadylt er</i>	54
<i>tacrolimus</i>	61	<i>tiagabine hydrochloride</i>	28
<i>tacrolimus</i>	77	TIBSOVO	39
<i>tadalafil</i>	67	<i>ticagrelor</i>	52
<i>tadalafil</i>	67	TICOVAC	79
<i>tadalafil</i>	86	<i>tigecycline</i>	23
TAFINLAR	39	<i>timolol maleate</i>	34
TAGRISSO	39	<i>timolol maleate</i>	83
TALZENNA	39	<i>tinidazole</i>	23
<i>tamoxifen citrate</i>	35	<i>tiotropium bromide</i>	84
<i>tamsulosin hydrochloride</i>	67	TIVICAY	44
<i>tarina fe 1/20 eq</i>	72	TIVICAY PD	44
TAVNEOS	75	<i>tizanidine hcl</i>	43
<i>tazarotene</i>	60	<i>tizanidine hydrochloride</i>	43
TAZICEF	24	TOBRADEX ST	82
<i>taztia xt</i>	54	<i>tobramycin</i>	82
TAZVERIK	39	<i>tobramycin</i>	85
TDVAX	79	<i>tobramycin sulfate</i>	22
TEFLARO	24	<i>tobramycin/dexamethasone</i>	82
<i>telmisartan</i>	52	<i>topiramate</i>	27
<i>telmisartan/hydrochlorothiazide</i>	55	<i>topotecan hcl</i>	36
<i>temazepam</i>	87	<i>topotecan hydrochloride</i>	36
TENIVAC	79	<i>toremifene citrate</i>	35

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TORPENZ	39	TRUMENBA	79
<i>torseamide</i>	56	TRUQAP	39
TOUJEO MAX SOLOSTAR	51	TRYNGOLZA	57
TOUJEO SOLOSTAR	51	TUKYSA	39
TRADJENTA	49	TURALIO	39
<i>tramadol hydrochloride</i>	21	<i>turqoz</i>	72
<i>tramadol hydrochloride/acetaminophen</i>	21	TWINRIX	79
<i>trandolapril</i>	53	TYBOST	46
<i>tranexamic acid</i>	52	TYENNE	75
<i>tranylcypromine sulfate</i>	30	TYMLOS	80
<i>trazodone hydrochloride</i>	31	TYPHIM VI	79
TRECTOR	34	TYRVAYA	22
TRELEGY ELLIPTA	87	UBRELVY	33
TRELSTAR MIXJECT	74	UDENYCA	52
TRESIBA	51	UDENYCA ONBODY	52
TRESIBA FLEXTOUCH	51	<i>unithroid</i>	73
<i>tretinoin</i>	40	<i>urea</i>	62
<i>tretinoin</i>	60	<i>ursodiol</i>	65
<i>triamcinolone acetonide</i>	62	<i>ustekinumab</i>	75
<i>triamcinolone acetonide dental paste</i>	60	<i>valacyclovir hydrochloride</i>	47
<i>triamterene</i>	56	VALCHLOR	34
<i>triamterene/hydrochlorothiazide</i>	55	<i>valganciclovir</i>	44
<i>triderm</i>	62	<i>valganciclovir hydrochloride</i>	44
<i>trientine hydrochloride</i>	64	<i>valproic acid</i>	27
<i>tri-estarylla</i>	72	<i>valsartan</i>	52
<i>trifluoperazine hcl</i>	42	<i>valsartan/hydrochlorothiazide</i>	56
<i>trifluoperazine hydrochloride</i>	42	VALTOCO 10 MG DOSE	28
<i>trifluridine</i>	82	VALTOCO 15 MG DOSE	28
<i>trihexyphenidyl hydrochloride</i>	40	VALTOCO 20 MG DOSE	28
TRIJARDY XR	49	VALTOCO 5 MG DOSE	28
TRIKAFTA	85	<i>valtya 1/50</i>	72
<i>tri-lynyah</i>	72	<i>vancomycin hcl</i>	23
<i>trimethoprim</i>	23	<i>vancomycin hydrochloride</i>	23
<i>tri-mili</i>	72	VANFLYTA	39
<i>trimipramine maleate</i>	32	VAQTA	79
TRINTELLIX	31	<i>varenicline starting month</i>	22
<i>tri-nymyo</i>	72	<i>varenicline tartrate</i>	22
<i>tri-sprintec</i>	72	VARIVAX	79
TRIUMEQ	45	VAXCHORA	79
TRIUMEQ PD	45	VAXELIS	79
<i>trivora-28</i>	72	VELPHORO	64
<i>tri-vylibra</i>	72	VELTASSA	64
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VENCLEXTA STARTING PACK	39	VUMERITY	60
<i>venlafaxine hydrochloride</i>	31	<i>vyfemla</i>	72
<i>venlafaxine hydrochloride er</i>	31	VYJUVEK	47
VENTAVIS	86	<i>vylibra</i>	72
VEOPOZ	75	VYNDAMAX	56
VEOZAH	59	VYVGART HYTRULO	34
<i>verapamil hcl</i>	54	VYVGART HYTRULO	75
<i>verapamil hcl er</i>	54	VYZULTA	83
<i>verapamil hcl sr</i>	54	<i>warfarin sodium</i>	51
<i>verapamil hydrochloride</i>	54	WELIREG	67
<i>verapamil hydrochloride er</i>	54	<i>wera</i>	72
VERQUVO	57	WEZLANA	75
VERSACLOZ	43	WINREVAIR	86
VERZENIO	39	<i>wixela inhub</i>	87
V-GO 20	81	WYOST	80
V-GO 30	81	XALKORI	39
V-GO 40	81	XARELTO	51
<i>vienva</i>	72	XARELTO STARTER PACK	51
<i>vigabatrin</i>	28	XATMEP	77
<i>vigadrone</i>	28	XCOPRI	29
VIGAFYDE	28	XDEMVI	82
<i>vigpoder</i>	28	XELJANZ	75
<i>vilazodone hydrochloride</i>	31	XELJANZ XR	75
VIMKUNYA	79	XERMELO	65
<i>viorele</i>	72	XIFAXAN	66
VIRACEPT	46	XIGDUO XR	49
VIREAD	45	XIIDRA	82
VISTOGARD	81	XOFLUZA	47
VITRAKVI	39	XOLAIR	75
VIVITROL	22	XOLREMDI	52
VIVOTIF	79	XOSPATA	39
VIZIMPRO	39	XPOVIO	39
VOCABRIA	44	XPOVIO 60 MG TWICE WEEKLY	39
<i>volnea</i>	72	XPOVIO 80 MG TWICE WEEKLY	39
VONJO	36	XTAMPZA ER	20
VOQUEZNA	65	XTANDI	35
VOQUEZNA DUAL PAK	23	<i>xulane</i>	72
VOQUEZNA TRIPLE PAK	23	<i>yargesa</i>	67
VORANIGO	40	YF-VAX	79
<i>voriconazole</i>	33	YONSA	35
VOSEVI	44	YUPELRI	84
VOWST	66	<i>yuvafem</i>	72
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<i>zaleplon</i>	87
ZARXIO	52
ZEJULA	39
ZELBORAF	39
<i>zenatane</i>	60
ZENPEP	67
<i>zidovudine</i>	45
<i>ziprasidone hcl</i>	43
<i>ziprasidone mesylate</i>	43
ZIRGAN	83
ZOKINVY	81
ZOLINZA	36
<i>zolmitriptan</i>	34
<i>zolpidem tartrate</i>	87
<i>zolpidem tartrate er</i>	87
ZONISADE	29
<i>zonisamide</i>	29
<i>zovia 1/35</i>	72
ZTALMY	28
ZURZUVAE	30
ZYDELIG	39
ZYKADIA	39
ZYLET	82
ZYPREXA RELPREVV	43

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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 888-657-4170 (TTY: 711) o hable con su proveedor.

العربية

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 888-657-4170 (711) أو تحدث إلى مقدم الخدمة".

Français

D'avis de disponibilité des services d'assistance linguistique et des aides et services auxiliaires

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 888-657-4170 (TTY: 711) ou parlez à votre fournisseur. »

Deutsch

Bekanntmachung über die Verfügbarkeit von Sprachassistentendiensten und Hilfsmitteln und -diensten
ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 888-657-4170 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

Kreyòl Ayisyen

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòm aksèsib yo disponib gratis tou. Rele nan 888-657-4170 (TTY: 711) oswa pale avèk founisè w la.

हिंदी

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 888-657-4170 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

Italiano

Di avviso di disponibilità di servizi di assistenza linguistica e di ausili e servizi ausiliari

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'888-657-4170 (TTY: 711) o parla con il tuo fornitore.

日本語

注: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル(誰もが利用できるよう配慮された)な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。888-657-4170 (TTY: 711) までお電話ください。または、ご利用の事業者にご相談ください。

한국어

주의: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 888-657-4170 (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

POLSKI

UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 888-657-4170 (TTY: 711) lub porozmawiaj ze swoim dostawcą.

Português do Brasil

De aviso de disponibilidade de serviços de assistência linguística e auxílios e serviços auxiliares
ATENÇÃO: Se você fala Português do Brasil, serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 888-657-4170 (TTY: 711) ou fale com seu provedor.

РУССКИЙ

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 888-657-4170 (TTY: 711) или обратитесь к своему поставщику услуг.

中文

注意: 如果您说

中文, 我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务, 以无障碍格式提供信息。致电 888-657-4170 (文本电话: 711) 或咨询您的服务提供商。

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 888-657-4170 (TTY: 711) o makipag-usap sa iyong provider.

台語

注意: 如果您說

台語, 我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務, 以無障礙格式提供資訊。請致電 888-657-4170 (TTY: 711) 或與您的提供者討論。」

Việt

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp

miễn phí. Vui lòng gọi theo số 888-657-4170 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

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To learn more, call

1-855-858-7526 (TTY 711)

October 1 - March 31: Monday - Sunday, 8 a.m. - 8 p.m.

April 1 - September 30: Monday - Friday, 8 a.m. - 8 p.m.

Para obtener mas información, llame

1-855-858-7526 (TTY 711)

Octubre 1 - Marzo 31: Lunes - Domingo 8 a.m. - 8 p.m.

Abril 1 - Septiembre 30: Lunes - Viernes 8 a.m. - 8 p.m.



Visit our website at www.ChooseUltimate.com
or stop into one of our local offices.

Visite nuestro sitio web en www.ChooseUltimate.com
o pasa por una de nuestras Oficinas locales.

Community Outreach Offices
Oficinas de Extensión Comunitaria

2713 Forest Rd
Spring Hill, FL 34606

303 SE 17th St, STE 305
Ocala, FL 34471

600 N US Highway 1, STE A
Fort Pierce, FL 34950



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

This formulary was updated on 08/06/2025. For more recent information or other questions, please contact Ultimate Health Plans Member Services at 1-888-657-4170 (TTY: 711), 8:00 am to 8:00 pm, Monday through Friday. Between October 1 and March 31, we are available Monday through Sunday from 8:00 am to 8:00 pm or visit www.ChooseUltimate.com.



LEA: ESTE DOCUMENTO CONTIENE INFORMACIÓN SOBRE LOS MEDICAMENTOS QUE CUBRE ESTE PLAN.

Esta lista de medicamentos cubiertos se actualizó el 08/06/2025. Para obtener información más reciente o si tiene otras preguntas, comuníquese con Ultimate Health Plans Servicios para Miembros al 1-888-657-4170 (TTY:711) de 8:00 am a 8:00 pm, de lunes a viernes. Entre el 1 de octubre y el 31 de marzo, estamos disponibles de lunes a domingo de 8:00 am a 8:00 pm o visite www.ChooseUltimate.com.