



2027

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 08/06/2026. 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.



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

Esta lista de medicamentos cubiertos se actualizó el 08/06/2026. 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 01/01/2027. 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, 2027, 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 Ultimate Health Plans 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 2027 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2027 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 01/01/2027. 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 1. 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

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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 70. 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 based on specific criteria 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 tablets per prescription for alprazolam 1 mg. 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 1. 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 below 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 1 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 70.

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.
- **Cost-Sharing Tier 4 (Non-preferred Drug)** includes non-preferred brand drugs and some generic drugs.
- **Cost-Sharing Tier 5 (Specialty Tier)** includes high-cost brand drugs and generic drugs. This is the highest-cost tier.
- **Cost-Sharing Tier 6 (Select Care Drugs)** includes select generic and brand drugs.

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 C-SNP) 021				
Tier 1	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Tier 2	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Tier 3	\$15 copay	\$45 copay	\$30 copay	\$15 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 C-SNP) 026, 029				
Advantage Care COPD by Ultimate (HMO C-SNP) 023, 053				
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 C-SNP) 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

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 C-SNP) 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 antiaquecosos
Antimyasthenic Agents	Agentes antimiasténicos
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 (suprarenal 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 08/06/2026. 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. Los beneficios, el formulario, la red de farmacias y/o los copagos/coseguro pueden sufrir modificaciones a partir del 1 de enero de 2027 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 se hace efectivo. 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 2027 que estaba cubierto a principios de año, no suspenderemos ni reduciremos la cobertura del medicamento durante el año 2027, 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 beneficios para verificar si se han producido cambios en los medicamentos.

El formulario adjunto está actualizado al 08/06/2026. 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, y 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 1. 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 70. 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 basada en criterios específicos, 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 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 1. 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?" a continuación 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 al medicamento 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 los beneficios 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 1 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 70.

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 medicamentos genéricos.
- **Nivel 4 de costos compartidos (medicamento no preferido)** incluye medicamentos de marca no preferidos y algunos medicamentos genéricos.
- **Nivel 5 de costos compartidos (nivel de especialidades)** incluye medicamentos de marca y medicamentos genéricos de costo elevado. 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.

Nivel de costo compartido	Copago o coseguro por un suministro para 30 días en una farmacia minorista	Copago o coseguro 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 coseguro 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 coseguro por un suministro de cuidados a largo plazo de 31 días
Advantage Care by Ultimate (HMO C-SNP) 021				
Nivel 1	\$0 copago	\$0 copago	\$0 copago	\$0 copago
Nivel 2	\$0 copago	\$0 copago	\$0 copago	\$0 copago
Nivel 3	\$15 copago	\$45 copago	\$30 copago	\$15 copago
Nivel 4	35% de coseguro	35% de coseguro	35% de coseguro	35% de coseguro
Nivel 5	33% de coseguro	No está cubierto	No está cubierto	33% de coseguro
Nivel 6	\$10 copago	\$30 copago	\$20 copago	\$10 copago
Advantage Care by Ultimate (HMO C-SNP) 026, 029				
Advantage Care COPD by Ultimate (HMO C-SNP) 023, 053				
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 coseguro	35% de coseguro	35% de coseguro	35% de coseguro
Nivel 5	33% de coseguro	No está cubierto	No está cubierto	33% de coseguro
Nivel 6	\$10 copago	\$30 copago	\$20 copago	\$10 copago

Nivel de costo compartido	Copago o coseguro por un suministro para 30 días en una farmacia minorista	Copago o coseguro 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 coseguro 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 coseguro por un suministro de cuidados a largo plazo de 31 días
Advantage Care by Ultimate (HMO C-SNP) 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 coseguro	35% de coseguro	35% de coseguro	35% de coseguro
Nivel 5	33% de coseguro	No está cubierto	No está cubierto	33% de coseguro
Nivel 6	\$10 copago	\$30 copago	\$20 copago	\$10 copago
Advantage Care by Ultimate (HMO C-SNP) 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 coseguro	35% de coseguro	35% de coseguro	35% de coseguro
Nivel 5	33% de coseguro	No está cubierto	No está cubierto	33% de coseguro
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 coseguros 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 antiaquecosos
Antimyasthenic Agents	Agentes antimiasténicos
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		
celecoxib capsule 100mg, 200mg, 400mg, 50mg	2	QL(60 EA per 30 days); MO
diclofenac potassium tablet 50mg	3	MO
diclofenac sodium dr tablet delayed release 25mg, 50mg, 75mg	2	MO
diclofenac sodium er tablet extended release 24 hour 100mg	3	MO
diclofenac sodium topical solution 1.5%	4	QL(300 ML per 30 days); PA; MO
ec-naproxen tablet delayed release 500mg	4	MO
etodolac capsule 200mg, 300mg	3	MO
etodolac tablet 400mg, 500mg	3	MO
flurbiprofen tablet 100mg, 50mg	2	MO
ibuprofen suspension 100mg/5ml	2	MO
ibuprofen tablet 400mg, 600mg, 800mg	1	MO
ibu tablet 400mg, 600mg, 800mg	1	MO
indomethacin er capsule extended release 75mg	3	MO
indomethacin capsule 25mg, 50mg	2	MO
ketorolac tromethamine +rfid injection 30mg/ml	4	MO
ketorolac tromethamine injection 15mg/ml, 30mg/ml, 60mg/2ml	4	MO
ketorolac tromethamine tablet 10mg	4	QL(20 EA per 30 days); MO
meloxicam tablet 15mg, 7.5mg	1	MO
nabumetone tablet 500mg, 750mg	2	MO
naproxen dr tablet delayed release 375mg	2	MO
naproxen dr tablet delayed release 500mg	4	MO
naproxen sodium tablet 275mg, 550mg	3	MO
naproxen tablet 250mg, 375mg, 500mg	1	MO
oxaprozin tablet 600mg	3	MO
piroxicam capsule 10mg, 20mg	3	MO
sulindac tablet 150mg, 200mg	2	MO
Opioid Analgesics, Long-acting		
buprenorphine patch weekly 10mcg/hr, 15mcg/hr, 20mcg/hr, 5mcg/hr, 7.5mcg/hr	4	QL(4 EA per 28 days)
fentanyl patch 72 hour 100mcg/hr, 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr	4	
methadone hcl solution 5mg/5ml	3	
methadone hcl tablet 10mg, 5mg	2	
methadone hydrochloride intensol concentrate 10mg/ml	3	
methadone hydrochloride concentrate 10mg/ml	3	
methadone hydrochloride solution 10mg/5ml	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate er tablet extended release 100mg, 15mg, 200mg, 30mg, 60mg</i>	3	
Opioid Analgesics, Short-acting		
<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>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, 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, 4mg/ml, 50mg/5ml</i>	4	
<i>morphine sulfate injection 10mg/ml, 4mg/ml</i>	2	
<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	QL(90 EA per 30 days); PA; MO
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
<i>acamprosate calcium dr tablet delayed release 333mg</i>	4	MO
<i>disulfiram tablet 250mg, 500mg</i>	3	MO
<i>naltrexone hydrochloride tablet 50mg</i>	2	MO
<i>VIVITROL INJECTION 380MG</i>	5	

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Drug Name	Drug Tier	Requirements/Limits
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
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
OPVEE SOLUTION 2.7MG/0.1ML	3	MO
REXTOVY LIQUID 4MG/0.25ML	4	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
<i>varenicline starting month tablet therapy pack 0</i>	4	QL(504 EA per 365 days); MO
<i>varenicline tartrate continuing month tablet 1mg</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
ARIKAYCE SUSPENSION 590MG/8.4ML	5	QL(235.2 ML per 28 days); 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	QL(60 EA per 30 days)
<i>tobramycin sulfate injection 1.2gm/30ml, 1.2gm, 10mg/ml, 80mg/2ml</i>	4	MO
Antibacterials, Other		
<i>aztreonam injection 1gm, 2gm</i>	4	MO
<i>clindacin etz pledgets swab 1%</i>	3	QL(69 EA per 30 days); 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

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Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	3	MO
<i>clindamycin phosphate swab 1%</i>	3	QL(69 EA per 30 days); MO
<i>colistimethate sodium injection 150mg</i>	4	MO
DAPTOMYCIN/SODIUM CHLORIDE INJECTION 1000MG/100ML; 0.9%, 350MG/50ML; 0.9%, 500MG/50ML; 0.9%, 700MG/100ML; 0.9%	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>methenamine hippurate tablet 1gm</i>	4	MO
<i>metronidazole vaginal gel 0.75%</i>	3	MO
<i>metronidazole injection 500mg/100ml</i>	2	MO
<i>metronidazole tablet 250mg, 500mg</i>	1	MO
<i>nitrofurantoin macrocrystals capsule 100mg, 50mg</i>	3	MO
<i>nitrofurantoin monohydrate/macrocrystals capsule 100mg</i>	2	MO
<i>nitrofurantoin monohydrate capsule 100mg</i>	2	MO
SIVEXTRO INJECTION 200MG	5	QL(6 EA per 30 days)
SIVEXTRO TABLET 200MG	5	QL(6 EA per 30 days)
<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
Beta-lactam, Cephalosporins		
<i>cefaclor capsule 250mg, 500mg</i>	2	MO
<i>cefaclor suspension reconstituted 250mg/5ml</i>	4	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
CEFAZOLIN INJECTION 2GM, 3GM	4	MO
<i>cefazolin injection 2gm, 3gm</i>	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
CEFEPIME/DEXTROSE INJECTION 2GM/50ML; 5%	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>cefepime/dextrose injection 1gm/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>	3	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>ceftaroline fosamil injection 400mg, 600mg</i>	5	
<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 1.5gm, 750mg</i>	3	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
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 500mg; 125mg, 875mg; 125mg</i>	2	MO
<i>amoxicillin/clavulanate potassium tablet 250mg; 125mg</i>	4	MO
<i>amoxicillin/potassium clavulanate tablet chewable 200mg; 28.5mg</i>	2	MO
<i>amoxicillin capsule 250mg, 500mg</i>	1	MO
<i>amoxicillin suspension reconstituted 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml</i>	1	MO
<i>amoxicillin tablet chewable 125mg, 250mg</i>	2	MO
<i>amoxicillin tablet 500mg, 875mg</i>	1	MO
<i>ampicillin sodium injection 10gm, 1gm, 250mg, 2gm, 500mg</i>	3	MO
<i>ampicillin-sulbactam injection 10gm; 5gm, 1gm; 0.5gm, 2gm; 1gm</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin/sulbactam injection 1gm; 0.5gm, 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>	3	MO
<i>nafcillin 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 suspension reconstituted 100mg/5ml, 200mg/5ml</i>	2	MO
<i>azithromycin tablet 250mg, 500mg, 600mg</i>	1	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
<i>erythromycin dr tablet delayed release 250mg, 333mg, 500mg</i>	4	MO
<i>erythromycin ethylsuccinate suspension reconstituted 200mg/5ml</i>	4	MO
<i>fidaxomicin tablet 200mg</i>	5	QL(20 EA per 10 days)
Quinolones		
<i>ciprofloxacin hcl tablet 750mg</i>	1	MO
<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

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Drug Name	Drug Tier	Requirements/Limits
<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>	1	MO
<i>sulfamethoxazole/trimethoprim suspension 200mg/5ml; 40mg/5ml</i>	3	MO
<i>sulfamethoxazole/trimethoprim tablet 400mg; 80mg</i>	1	MO
Tetracyclines		
<i>demeclocycline hcl tablet 150mg, 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>	4	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		
<i>brivaracetam solution 10mg/ml</i>	4	QL(600 ML per 30 days); PA; MO
<i>brivaracetam tablet 10mg</i>	4	PA; MO
<i>brivaracetam tablet 100mg, 25mg, 50mg, 75mg</i>	4	QL(60 EA per 30 days); PA; MO
EPIDIOLEX SOLUTION 100MG/ML	5	PA
<i>felbamate suspension 600mg/5ml</i>	4	MO
<i>felbamate tablet 400mg, 600mg</i>	4	MO
FINTEPLA SOLUTION 2.2MG/ML	5	QL(360 ML per 30 days); PA
<i>lamotrigine er tablet extended release 24 hour 100mg, 200mg, 250mg, 25mg, 300mg, 50mg</i>	4	MO
<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>	1	MO
<i>levetiracetam er tablet extended release 24 hour 500mg, 750mg</i>	3	MO
<i>levetiracetam solution 100mg/ml</i>	2	MO
<i>levetiracetam tablet disintegrating soluble 250mg</i>	4	MO
<i>levetiracetam tablet disintegrating soluble 500mg</i>	4	QL(60 EA per 30 days); MO

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Drug Name	Drug Tier	Requirements/Limits
<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 suspension 0.5mg/ml</i>	5	
<i>perampanel tablet 10mg, 12mg, 2mg, 4mg, 6mg, 8mg</i>	4	QL(30 EA per 30 days); MO
<i>roweepra tablet 500mg</i>	2	MO
SPRITAM TABLET DISINTEGRATING SOLUBLE 250MG	4	MO
SPRITAM TABLET DISINTEGRATING SOLUBLE 500MG	4	QL(60 EA per 30 days); 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
SUBVENITE SUSPENSION 10MG/ML	4	MO
<i>subvenite tablet 100mg, 150mg, 200mg, 25mg</i>	1	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>	1	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	QL(480 ML per 30 days); MO
<i>clobazam tablet 10mg, 20mg</i>	4	QL(60 EA per 30 days); 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 gel 2.5mg, 20mg</i>	4	MO
<i>diazepam gel 10mg</i>	4	QL(5 EA per 30 days); MO
<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>	1	QL(270 EA per 30 days); MO
<i>gabapentin capsule 100mg, 300mg</i>	1	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

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Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin tablet 600mg</i>	2	QL(180 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 5MG	4	QL(60 EA per 30 days); MO
SYMPAZAN FILM 10MG, 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	QL(180 EA per 30 days); PA
<i>vigadrone packet 500mg</i>	5	PA
<i>vigadrone tablet 500mg</i>	5	QL(180 EA per 30 days); PA
VIGAFYDE SOLUTION 100MG/ML	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>	3	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
DILANTIN CAPSULE 30MG	4	MO
<i>eslicarbazepine acetate tablet 400mg</i>	4	MO
<i>eslicarbazepine acetate tablet 200mg</i>	4	QL(30 EA per 30 days); MO
<i>eslicarbazepine acetate tablet 600mg, 800mg</i>	4	QL(60 EA per 30 days); 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>	2	MO
PHENYTEK CAPSULE 200MG, 300MG	2	MO
<i>phenytoin infatabs tablet chewable 50mg</i>	2	MO
<i>phenytoin sodium extended capsule 100mg, 200mg, 300mg</i>	2	MO
<i>phenytoin suspension 125mg/5ml</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<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	QL(56 EA per 365 days); PA; MO; (14 X 12.5 MG & 14 X 25 MG)
XCOPRI TABLET THERAPY PACK 0	5	PA; 150 MG & 200 MG TABS (350 MG DAILY DOSE)
XCOPRI TABLET THERAPY PACK 0	5	QL(56 EA per 28 days); PA; (14 X 150 MG & 14 X 200 MG)
XCOPRI TABLET THERAPY PACK 0	5	QL(56 EA per 28 days); PA; 100 MG & 150 MG TABS (250 MG DAILY DOSE)
XCOPRI TABLET THERAPY PACK 0	5	QL(56 EA per 365 days); PA; (14 X 50 MG & 14 X 100 MG)
XCOPRI TABLET 100MG, 25MG, 50MG	5	QL(30 EA per 30 days); PA
XCOPRI TABLET 150MG, 200MG	5	QL(60 EA per 30 days); PA
ZONISADE SUSPENSION 100MG/5ML	4	ST; MO
<i>zonisamide capsule 100mg, 25mg, 50mg</i>	2	MO
Antidementia Agents		
<i>Antidementia Agents, Other</i>		
LEQEMBI IQLIK INJECTION 360MG/1.8ML	5	QL(7.2 ML per 28 days); PA
<i>Cholinesterase Inhibitors</i>		
<i>donepezil hcl tablet disintegrating 10mg, 5mg</i>	2	MO
<i>donepezil hcl tablet 10mg</i>	1	MO
<i>donepezil hcl tablet 23mg</i>	4	MO
<i>donepezil hydrochloride tablet 10mg, 5mg</i>	1	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>	4	MO
<i>rivastigmine transdermal system patch 24 hour 13.3mg/24hr, 4.6mg/24hr, 9.5mg/24hr</i>	4	MO
<i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i>		
<i>memantine hcl titration pak tablet 0</i>	2	MO
<i>memantine hydrochloride er capsule extended release 24 hour 14mg, 21mg, 28mg, 7mg</i>	4	QL(30 EA per 30 days); MO
<i>memantine hydrochloride tablet 10mg, 5mg</i>	2	MO
Antidepressants		
<i>Antidepressants, Other</i>		

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Drug Name	Drug Tier	Requirements/Limits
AUVELITY TITRATION PACK TABLET EXTENDED RELEASE THERAPY PACK 0; 0	4	QL(102 EA per 365 days); MO
AUVELITY TABLET EXTENDED RELEASE 105MG; 45MG	4	QL(60 EA per 30 days); 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</i>	2	QL(120 EA per 30 days); MO
<i>bupropion hydrochloride tablet 75mg</i>	2	QL(180 EA per 30 days); MO
EXXUA TITRATION PACK TABLET EXTENDED RELEASE 24 HOUR 18.2MG	5	QL(30 EA per 30 days); ST
EXXUA TABLET EXTENDED RELEASE 24 HOUR 18.2MG, 36.3MG, 54.5MG, 72.6MG	5	QL(30 EA per 30 days); ST
<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 28MG/DEVICE	5	PA
SPRAVATO 84MG DOSE SOLUTION THERAPY PACK 28MG/DEVICE	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	QL(600 ML per 30 days); MO
<i>citalopram hydrobromide tablet 10mg, 20mg, 40mg</i>	1	QL(30 EA per 30 days); MO
<i>desvenlafaxine er tablet extended release 24 hour 100mg</i>	2	QL(120 EA per 30 days); MO
<i>desvenlafaxine er tablet extended release 24 hour 25mg, 50mg</i>	2	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

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Drug Name	Drug Tier	Requirements/Limits
<i>duloxetine hydrochloride dr capsule delayed release particles 120mg, 80mg, 90mg</i>	2	QL(30 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>	3	MO
<i>escitalopram oxalate tablet 10mg, 20mg, 5mg</i>	1	MO
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>	2	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	4	MO
<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>	1	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, 150mg, 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

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Drug Name	Drug Tier	Requirements/Limits
<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
<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>meclizine hydrochloride tablet 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	PA; MO
<i>promethazine hydrochloride solution 6.25mg/5ml</i>	3	PA; MO
<i>promethazine hydrochloride suppository 25mg</i>	4	PA; MO
<i>promethazine hydrochloride tablet 12.5mg, 25mg, 50mg</i>	2	PA; MO
<i>promethazine hydrochloride tablet 12.5mg, 25mg, 50mg</i>	4	PA; MO
<i>scopolamine patch 72 hour 1mg/3days</i>	4	MO
Emetogenic Therapy Adjuncts		
<i>aprepitant capsule therapy pack 0</i>	4	QL(6 EA per 30 days); B/D; MO; (THERAPY PACK 80 & 125 MG)
<i>aprepitant capsule 40mg</i>	4	QL(1 EA per 30 days); B/D; MO
<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>	1	B/D; MO
<i>ondansetron odt tablet disintegrating 4mg, 8mg</i>	2	B/D; MO
Antifungals		
Antifungals		
<i>amphotericin b liposome injection 50mg</i>	5	B/D
<i>amphotericin b injection 50mg</i>	4	B/D; MO
<i>caspofungin acetate injection 50mg, 70mg</i>	4	MO
<i>clotrimazole cream 1%</i>	2	QL(90 GM per 30 days); MO
<i>clotrimazole solution 1%</i>	2	QL(60 ML per 30 days); MO
<i>clotrimazole troche 10mg</i>	3	MO
CRESEMBA CAPSULE 74.5MG	5	QL(175 EA per 30 days); PA
CRESEMBA CAPSULE 186MG	5	QL(70 EA per 30 days); PA

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Drug Name	Drug Tier	Requirements/Limits
<i>econazole nitrate cream 1%</i>	2	QL(85 GM per 30 days); 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
<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
<i>ketoconazole cream 2%</i>	2	QL(90 GM per 30 days); MO
<i>ketoconazole shampoo 2%</i>	2	QL(120 ML per 30 days); MO
<i>ketoconazole tablet 200mg</i>	2	MO
<i>klayesta powder 100000unit/gm</i>	2	QL(120 GM per 30 days); MO
<i>miconazole 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	QL(60 GM per 30 days); MO
<i>nystatin ointment 100000unit/gm</i>	2	QL(60 GM per 30 days); 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	QL(93 EA per 30 days); PA
<i>posaconazole suspension 40mg/ml</i>	5	QL(600 ML per 30 days); 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>	4	PA; MO
<i>voriconazole suspension reconstituted 40mg/ml</i>	5	QL(600 ML per 30 days)
<i>voriconazole tablet 200mg</i>	4	QL(120 EA per 30 days); MO
<i>voriconazole tablet 50mg</i>	4	QL(480 EA per 30 days); MO
Antigout Agents		
Antigout Agents		
<i>allopurinol tablet 100mg, 300mg</i>	1	MO
<i>colchicine tablet 0.6mg</i>	3	MO
<i>febuxostat tablet 40mg, 80mg</i>	4	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

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Drug Name	Drug Tier	Requirements/Limits
EMGALITY INJECTION 100MG/ML	5	QL(3 ML per 28 days); PA
NURTEC TABLET DISINTEGRATING 75MG	5	QL(18 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/caffeine tablet 100mg; 1mg</i>	3	QL(40 EA per 28 days); MO
Prophylactic		
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	3	MO
Serotonin (5-HT) Receptor Agonist		
<i>naratriptan hcl tablet 1mg, 2.5mg</i>	3	QL(9 EA per 30 days); MO
<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>	3	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
PRETOMANID TABLET 200MG	4	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	
Antineoplastics		
Alkylating Agents		
<i>cisplatin injection 100mg/100ml</i>	4	MO
<i>cyclophosphamide capsule 25mg, 50mg</i>	3	B/D; MO
LEUKERAN TABLET 2MG	5	
<i>lomustine capsule 100mg, 10mg, 40mg</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
MATULANE CAPSULE 50MG	5	
VALCHLOR GEL 0.016%	5	QL(60 GM per 30 days); PA
Antiandrogens		
<i>abirtega tablet 250mg</i>	4	PA; MO
<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	QL(30 EA per 30 days); PA
<i>pomalidomide capsule 1mg, 2mg, 3mg, 4mg</i>	5	QL(30 EA per 30 days); PA
POMALYST CAPSULE 1MG, 2MG, 3MG, 4MG	5	QL(30 EA per 30 days); PA
THALOMID CAPSULE 50MG	5	PA
THALOMID CAPSULE 100MG	5	QL(112 EA per 28 days); PA
Antiestrogens/Modifiers		
INLURIYO TABLET 200MG	5	PA
ORSERDU TABLET 345MG	5	QL(30 EA per 30 days); PA
ORSERDU TABLET 86MG	5	QL(90 EA per 30 days); PA
SOLTAMOX SOLUTION 10MG/5ML	5	
<i>tamoxifen citrate tablet 10mg, 20mg</i>	2	MO
<i>toremifene citrate tablet 60mg</i>	4	MO
VEPPANU TABLET 200MG	5	PA
VEPPANU TABLET 100MG	5	QL(30 EA per 30 days); PA
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 400 DOSE TABLET THERAPY PACK 2.5MG; 200MG	5	PA

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Drug Name	Drug Tier	Requirements/Limits
KISQALI FEMARA 600 DOSE TABLET THERAPY PACK 2.5MG; 200MG	5	PA
KOMZIFTI CAPSULE 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
LONSURF TABLET 6.14MG; 15MG, 8.19MG; 20MG	5	PA
LYSODREN TABLET 500MG	5	
MODEYSO CAPSULE 125MG	5	PA
OGSIVEO TABLET 100MG, 50MG	5	PA
OGSIVEO TABLET 150MG	5	QL(60 EA per 30 days); 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, 2000UNIT/ML; 80MG/ML; 40MG/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>	1	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, 500MG	5	PA
<i>bosutinib tablet 100mg, 400mg, 500mg</i>	5	PA
BRAFTOVI CAPSULE 75MG	5	PA
BRUKINSA CAPSULE 80MG	5	PA
BRUKINSA TABLET 160MG	5	PA
CABOMETYX TABLET 20MG, 60MG	5	QL(30 EA per 30 days); PA

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Drug Name	Drug Tier	Requirements/Limits
CABOMETYX TABLET 40MG	5	QL(60 EA per 30 days); PA
CALQUENCE TABLET 100MG	5	PA
CAPRELSA TABLET 300MG	5	QL(30 EA per 30 days); PA
CAPRELSA TABLET 100MG	5	QL(60 EA per 30 days); PA
CAVHANZA TABLET DISINTEGRATING 60MG, 80MG	5	PA
COMETRIQ KIT 0, 20MG	5	PA
COPIKTRA CAPSULE 15MG, 25MG	5	PA
COTELLIC TABLET 20MG	5	PA
DANZITEN TABLET 71MG, 95MG	5	PA
<i>dasatinib tablet 100mg, 140mg, 70mg</i>	5	QL(30 EA per 30 days); PA
<i>dasatinib tablet 80mg</i>	5	QL(60 EA per 30 days); PA
<i>dasatinib tablet 20mg, 50mg</i>	5	QL(90 EA per 30 days); 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
FOTIVDA CAPSULE 0.89MG, 1.34MG	5	PA
FRUZAQLA CAPSULE 5MG	5	QL(21 EA per 28 days); PA
FRUZAQLA CAPSULE 1MG	5	QL(84 EA per 28 days); 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
HYRNUO TABLET 10MG	5	PA
IBRANCE CAPSULE 100MG, 125MG, 75MG	5	PA
IBTROZI CAPSULE 200MG	5	PA
ICLUSIG TABLET 10MG, 15MG, 30MG, 45MG	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	QL(240 ML per 30 days); PA
IMBRUVICA TABLET 140MG, 280MG, 420MG	5	QL(28 EA per 28 days); PA
IMKELDI SOLUTION 80MG/ML	5	PA
INLYTA TABLET 5MG	5	QL(120 EA per 30 days); PA
INLYTA TABLET 1MG	5	QL(180 EA per 30 days); PA
INQOVI TABLET 100MG; 35MG	5	PA

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Drug Name	Drug Tier	Requirements/Limits
JAKAFI XR TABLET EXTENDED RELEASE 24 HOUR 11MG, 22MG, 33MG, 44MG, 55MG	5	QL(30 EA per 30 days); PA
JAKAFI TABLET 10MG, 15MG, 20MG, 25MG, 5MG	5	QL(60 EA per 30 days); PA
JAYPIRCA TABLET 50MG	5	QL(30 EA per 30 days); PA
JAYPIRCA TABLET 100MG	5	QL(90 EA per 30 days); PA
KISQALI TABLET THERAPY PACK 200MG	5	QL(21 EA per 21 days); PA
KISQALI TABLET THERAPY PACK 200MG	5	QL(42 EA per 21 days); PA
KISQALI TABLET THERAPY PACK 200MG	5	QL(63 EA per 21 days); PA
KOSELUGO CAPSULE SPRINKLE 5MG, 7.5MG	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
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
LIFYORLI CAPSULE THERAPY PACK 0	5	PA
LORBRENA TABLET 100MG	5	QL(30 EA per 30 days); PA
LORBRENA TABLET 25MG	5	QL(90 EA per 30 days); PA
LUMAKRAS TABLET 120MG, 240MG, 320MG	5	PA
LYNPARZA TABLET 100MG, 150MG	5	QL(120 EA per 30 days); 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 2MG	5	QL(30 EA per 30 days); PA
MEKINIST TABLET 0.5MG	5	QL(90 EA per 30 days); PA
MEKTOVI TABLET 15MG	5	PA
NERLYNX TABLET 40MG	5	QL(180 EA per 30 days); PA
<i>nilotinib hydrochloride capsule 200mg</i>	5	QL(112 EA per 28 days); PA
<i>nilotinib hydrochloride capsule 150mg</i>	5	QL(140 EA per 28 days); PA
<i>nilotinib hydrochloride capsule 50mg</i>	5	QL(420 EA per 30 days); PA
NINLARO CAPSULE 2.3MG, 3MG, 4MG	5	PA
ODOMZO CAPSULE 200MG	5	PA
OJJAARA TABLET 100MG, 150MG, 200MG	5	QL(30 EA per 30 days); PA
<i>pazopanib hydrochloride tablet 200mg, 400mg</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

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Drug Name	Drug Tier	Requirements/Limits
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 TABLET 120MG, 160MG, 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	5	QL(150 EA per 30 days); PA
ROZLYTREK CAPSULE 200MG	5	QL(90 EA per 30 days); 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
SCSEMBLIX TABLET 40MG	5	QL(240 EA per 30 days); PA
SCSEMBLIX 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, 50mg</i>	5	QL(28 EA per 28 days); PA
<i>sunitinib malate capsule 37.5mg</i>	5	QL(56 EA per 28 days); 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, 1MG	5	PA
TALZENNA CAPSULE 0.35MG, 0.5MG, 0.75MG	5	QL(30 EA per 30 days); PA
TALZENNA CAPSULE 0.25MG	5	QL(90 EA per 30 days); PA
TAZVERIK TABLET 200MG	5	PA
TEPMETKO TABLET 225MG	5	PA
TIBSOVO TABLET 250MG	5	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	QL(84 EA per 365 days); PA
VENCLEXTA TABLET 10MG	4	PA; MO
VENCLEXTA TABLET 100MG, 50MG	5	PA
VERZENIO TABLET 100MG, 150MG, 200MG, 50MG	5	QL(56 EA per 28 days); PA
VITRAKVI CAPSULE 100MG	5	QL(120 EA per 30 days); PA

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Drug Name	Drug Tier	Requirements/Limits
VITRAKVI CAPSULE 25MG	5	QL(180 EA per 30 days); PA
VITRAKVI SOLUTION 20MG/ML	5	QL(600 ML per 30 days); 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, 80MG	5	PA
<i>yulithira tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	4	QL(30 EA per 30 days); PA; MO
ZEJULA TABLET 100MG, 200MG, 300MG	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		
TEVIMBRA INJECTION 100MG/10ML, 150MG/15ML	5	PA
Retinoids		
<i>bexarotene capsule 75mg</i>	5	PA
<i>bexarotene gel 1%</i>	5	QL(60 GM per 30 days); PA
PANRETIN GEL 0.1%	5	QL(120 GM per 30 days)
<i>tretinoin capsule 10mg</i>	5	
Treatment Adjuncts		
MESNA TABLET 400MG	3	MO
VORANIGO TABLET 40MG	5	QL(30 EA per 30 days); 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>	3	PA; MO
<i>praziquantel tablet 600mg</i>	4	MO
Antiprotozoals		
<i>atovaquone/proguanil hcl tablet 62.5mg; 25mg</i>	4	MO
<i>atovaquone/proguanil hydrochloride tablet 250mg; 100mg</i>	4	MO
<i>atovaquone suspension 750mg/5ml</i>	4	QL(300 ML per 30 days); MO
<i>benznidazole tablet 100mg, 12.5mg</i>	3	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	QL(60 EA per 30 days)
<i>pentamidine isethionate injection 300mg</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<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
<i>pramipexole dihydrochloride tablet 0.125mg, 0.25mg, 0.5mg, 0.75mg, 1.5mg, 1mg</i>	2	MO
<i>ropinirole er tablet extended release 24 hour 12mg, 2mg, 4mg, 6mg, 8mg</i>	4	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
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

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Drug Name	Drug Tier	Requirements/Limits
<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 16mg, 2mg, 4mg, 8mg</i>	3	MO
<i>pimozide tablet 1mg, 2mg</i>	4	MO
<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	QL(1 EA per 30 days)
<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 441MG/1.6ML	5	QL(1.6 ML per 30 days)
ARISTADA INJECTION 662MG/2.4ML	5	QL(2.4 ML per 30 days)
ARISTADA INJECTION 882MG/3.2ML	5	QL(3.2 ML per 30 days)
ARISTADA INJECTION 1064MG/3.9ML	5	QL(3.9 ML per 60 days)
<i>asenapine maleate sl tablet sublingual 10mg, 2.5mg, 5mg</i>	4	QL(60 EA per 30 days); MO
BYSANTI TITRATION PACK A TABLET THERAPY PACK 0	4	QL(16 EA per 365 days); ST; MO
BYSANTI TITRATION PACK B TABLET THERAPY PACK 0	4	QL(24 EA per 365 days); ST; MO
BYSANTI TITRATION PACK C TABLET THERAPY PACK 0	4	QL(16 EA per 365 days); ST; MO
BYSANTI TABLET 1MG	5	QL(180 EA per 30 days); ST
BYSANTI TABLET 10MG, 12MG, 2MG, 4MG, 6MG, 8MG	5	QL(60 EA per 30 days); ST
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 2MG	4	QL(60 EA per 30 days); ST; MO
FANAPT TABLET 10MG, 12MG, 1MG, 4MG, 6MG, 8MG	5	QL(60 EA per 30 days); ST
INVEGA HAFYERA INJECTION 1560MG/5ML	5	QL(5 ML per 180 days); ST
INVEGA HAFYERA INJECTION 1092MG/3.5ML	5	ST
INVEGA SUSTENNA INJECTION 39MG/0.25ML	4	QL(0.25 ML per 30 days); MO
INVEGA SUSTENNA INJECTION 78MG/0.5ML	5	QL(0.5 ML per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INJECTION 117MG/0.75ML	5	QL(0.75 ML per 30 days)
INVEGA SUSTENNA INJECTION 156MG/ML	5	QL(1 ML per 30 days)
INVEGA SUSTENNA INJECTION 234MG/1.5ML	5	QL(1.5 ML per 30 days)
INVEGA TRINZA INJECTION 273MG/0.88ML	5	QL(0.88 ML per 84 days)
INVEGA TRINZA INJECTION 410MG/1.32ML	5	QL(1.32 ML per 84 days)
INVEGA TRINZA INJECTION 546MG/1.75ML	5	QL(1.75 ML per 84 days)
INVEGA TRINZA INJECTION 819MG/2.63ML	5	QL(2.63 ML per 84 days)
<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	QL(30 EA per 30 days); PA
NUPLAZID TABLET 10MG	5	QL(30 EA per 30 days); 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 90MG	5	
PERSERIS INJECTION 120MG	5	QL(1 EA per 30 days)
<i>quetiapine fumarate er tablet extended release 24 hour 150mg, 300mg, 400mg, 50mg</i>	2	QL(60 EA per 30 days); MO
<i>quetiapine fumarate er tablet extended release 24 hour 200mg</i>	2	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 37.5mg</i>	4	MO
<i>risperidone er injection 12.5mg, 25mg</i>	4	QL(2 EA per 28 days); MO
<i>risperidone er injection 50mg</i>	5	QL(2 EA per 28 days)
<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 0.5MG, 0.75MG, 1.5MG, 3MG, 4.5MG, 6MG	3	QL(30 EA per 30 days); MO

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Drug Name	Drug Tier	Requirements/Limits
<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, 50mg</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	QL(360 EA per 30 days)
PREVYMIS PACKET 120MG, 20MG	5	QL(120 EA per 30 days)
PREVYMIS TABLET 240MG, 480MG	5	QL(28 EA per 28 days)
<i>valganciclovir hydrochloride solution reconstituted 50mg/ml</i>	5	QL(1080 ML per 30 days)
<i>valganciclovir tablet 450mg</i>	3	QL(120 EA per 30 days); MO
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil tablet 10mg</i>	4	QL(30 EA per 30 days); 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	QL(30 EA per 30 days); 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)		

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Drug Name	Drug Tier	Requirements/Limits
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 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)
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate tablet 600mg; 200mg; 300mg</i>	3	QL(30 EA per 30 days); MO
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate tablet 400mg; 300mg; 300mg, 600mg; 300mg; 300mg</i>	5	QL(30 EA per 30 days)
<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)
IDVYNZO TABLET 100MG; 0.25MG	5	QL(30 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)
<i>rilpivirine hydrochloride tablet 25mg</i>	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)

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Drug Name	Drug Tier	Requirements/Limits
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	5	QL(180 EA per 30 days)
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
<i>zidovudine tablet 300mg</i>	3	QL(60 EA per 30 days); MO
Anti-HIV Agents, Other		
<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	
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

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Drug Name	Drug Tier	Requirements/Limits
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	QL(480 ML per 30 days); MO
<i>lopinavir/ritonavir tablet 200mg; 50mg</i>	4	QL(120 EA per 30 days); MO
<i>lopinavir/ritonavir tablet 100mg; 25mg</i>	4	QL(240 EA per 30 days); 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
<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	QL(1 EA per 30 days); 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</i>	3	QL(60 EA per 30 days); MO
<i>famciclovir tablet 500mg</i>	3	QL(90 EA per 30 days); 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 Pak)
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		

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Drug Name	Drug Tier	Requirements/Limits
<i>buspirone hcl tablet 15mg</i>	1	MO
<i>buspirone 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	QL(1200 ML per 30 days); 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	QL(150 ML per 30 days); 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
Bipolar Agents		
Bipolar Agents, Other		
IGALMI FILM 120MCG, 180MCG	4	PA; MO
Mood Stabilizers		
<i>lithium carbonate er tablet extended release 300mg, 450mg</i>	2	MO
<i>lithium carbonate capsule 150mg, 300mg, 600mg</i>	1	MO
<i>lithium carbonate tablet 300mg</i>	1	MO
<i>lithium solution 8meq/5ml</i>	3	MO
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose tablet 100mg, 25mg, 50mg</i>	2	MO
<i>glimepiride tablet 1mg, 2mg, 4mg</i>	6	MO
<i>glipizide er tablet extended release 24 hour 10mg, 2.5mg, 5mg</i>	6	MO
<i>glipizide xl tablet extended release 24 hour 10mg, 2.5mg, 5mg</i>	6	MO
<i>glipizide/metformin hydrochloride tablet 2.5mg; 250mg, 2.5mg; 500mg, 5mg; 500mg</i>	6	MO
<i>glipizide tablet 10mg, 2.5mg, 5mg</i>	6	MO
<i>glyburide/metformin hydrochloride tablet 1.25mg; 250mg, 2.5mg; 500mg, 5mg; 500mg</i>	6	MO
<i>glyburide tablet 1.25mg, 2.5mg, 5mg</i>	6	MO
GLYXAMBI TABLET 10MG; 5MG, 25MG; 5MG	3	QL(30 EA per 30 days); MO
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG, 1000MG; 50MG, 500MG; 50MG	3	MO

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Drug Name	Drug Tier	Requirements/Limits
JANUMET TABLET 1000MG; 50MG, 500MG; 50MG	3	MO
JANUVIA TABLET 100MG, 25MG, 50MG	3	QL(30 EA per 30 days); MO
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG	3	MO
JENTADUETO TABLET 2.5MG; 1000MG, 2.5MG; 500MG, 2.5MG; 850MG	3	MO
<i>metformin hydrochloride er tablet extended release 24 hour 1000mg, 500mg</i>	2	MO
<i>metformin hydrochloride er tablet extended release 24 hour 500mg, 750mg</i>	6	MO
<i>metformin hydrochloride tablet 1000mg, 500mg, 850mg</i>	6	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>	6	MO
OZEMPIC INJECTION 2MG/3ML, 4MG/3ML, 8MG/3ML	3	QL(3 ML per 28 days); PA; MO
OZEMPIC TABLET 4MG, 9MG	3	QL(30 EA per 30 days); PA; MO
OZEMPIC TABLET 1.5MG	3	QL(60 EA per 365 days); PA; MO
<i>pioglitazone hcl/metformin hcl tablet 500mg; 15mg, 850mg; 15mg</i>	6	MO
<i>pioglitazone hcl tablet 45mg</i>	6	MO
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	6	MO
<i>repaglinide tablet 0.5mg, 1mg, 2mg</i>	6	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	QL(15 ML per 24 days); MO
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25MG; 1000MG	3	QL(30 EA per 30 days); MO
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	3	QL(60 EA per 30 days); MO
SYNJARDY TABLET 12.5MG; 1000MG, 5MG; 500MG	3	MO
SYNJARDY TABLET 12.5MG; 500MG, 5MG; 1000MG	3	QL(60 EA per 30 days); MO
TRADJENTA TABLET 5MG	3	QL(30 EA per 30 days); MO
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	3	QL(30 EA per 30 days); MO
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	3	QL(60 EA per 30 days); 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, 5MG; 500MG	3	QL(30 EA per 30 days); MO
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG	3	QL(60 EA per 30 days); MO

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Drug Name	Drug Tier	Requirements/Limits
<i>Glycemic Agents</i>		
<i>diazoxide suspension 50mg/ml</i>	5	
<i>glucagon emergency kit for low blood sugar injection 1mg</i>	3	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 1MG/0.2ML	3	MO
<i>Insulins</i>		
HUMALOG JUNIOR KWIKPEN INJECTION 100UNIT/ML	3	MO
HUMALOG KWIKPEN INJECTION 100UNIT/ML, 200UNIT/ML	3	MO
HUMALOG MIX 50/50 KWIKPEN INJECTION 50UNIT/ML; 50UNIT/ML	3	MO
HUMALOG MIX 75/25 KWIKPEN INJECTION 25UNIT/ML; 75UNIT/ML	3	MO
HUMALOG MIX 75/25 INJECTION 25UNIT/ML; 75UNIT/ML	3	MO
HUMALOG INJECTION 100UNIT/ML	3	MO
HUMULIN 70/30 KWIKPEN INJECTION 30UNIT/ML; 70UNIT/ML	3	MO
HUMULIN 70/30 INJECTION 30UNIT/ML; 70UNIT/ML	3	MO
HUMULIN N KWIKPEN INJECTION 100UNIT/ML	3	MO
HUMULIN N INJECTION 100UNIT/ML	3	MO
HUMULIN R U-500 (CONCENTRATED) INJECTION 500UNIT/ML	3	MO
HUMULIN R U-500 KWIKPEN INJECTION 500UNIT/ML	3	MO
HUMULIN R INJECTION 100UNIT/ML	3	MO
<i>insulin lispro injection 100unit/ml</i>	3	MO
LANTUS SOLOSTAR INJECTION 100UNIT/ML	3	MO
LANTUS INJECTION 100UNIT/ML	3	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	3	MO
NOVOLIN 70/30 RELION INJECTION 30UNIT/ML; 70UNIT/ML	1	MO
NOVOLIN 70/30 INJECTION 30UNIT/ML; 70UNIT/ML	3	MO
NOVOLIN N FLEXPEN RELION INJECTION 100UNIT/ML	1	MO
NOVOLIN N FLEXPEN INJECTION 100UNIT/ML	3	MO
NOVOLIN N RELION INJECTION 100UNIT/ML	1	MO
NOVOLIN N INJECTION 100UNIT/ML	3	MO
NOVOLIN R FLEXPEN RELION INJECTION 100UNIT/ML	1	MO
NOVOLIN R FLEXPEN INJECTION 100UNIT/ML	3	MO

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Drug Name	Drug Tier	Requirements/Limits
NOVOLIN R RELION INJECTION 100UNIT/ML	1	MO
NOVOLIN R INJECTION 100UNIT/ML	3	MO
NOVOLOG FLEXPEN RELION INJECTION 100UNIT/ML	1	MO
NOVOLOG FLEXPEN INJECTION 100UNIT/ML	3	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	3	MO
NOVOLOG MIX 70/30 RELION INJECTION 30UNIT/ML; 70UNIT/ML	1	MO
NOVOLOG MIX 70/30 INJECTION 30UNIT/ML; 70UNIT/ML	3	MO
NOVOLOG PENFILL INJECTION 100UNIT/ML	3	MO
NOVOLOG RELION INJECTION 100UNIT/ML	1	MO
NOVOLOG INJECTION 100UNIT/ML	3	MO
TOUJEO MAX SOLOSTAR INJECTION 300UNIT/ML	3	MO
TOUJEO SOLOSTAR INJECTION 300UNIT/ML	3	MO
TRESIBA FLEXTOUCH INJECTION 100UNIT/ML, 200UNIT/ML	3	MO
TRESIBA INJECTION 100UNIT/ML	3	MO
Blood Products and Modifiers		
<i>Anticoagulants</i>		
<i>dabigatran etexilate capsule 110mg, 150mg, 75mg</i>	1	QL(60 EA per 30 days); MO
ELIQUIS STARTER PACK TABLET THERAPY PACK 5MG	3	QL(148 EA per 365 days); MO
ELIQUIS CAPSULE SPRINKLE 0.15MG	3	QL(84 EA per 28 days); MO
ELIQUIS TABLET SOLUBLE 0.5MG	3	QL(140 EA per 28 days); MO
ELIQUIS TABLET SOLUBLE 0.5MG	3	QL(420 EA per 28 days); MO; PACK 3 X 0.5 MG (1.5 MG)
ELIQUIS TABLET SOLUBLE 0.5MG	3	QL(560 EA per 28 days); MO; PACK 4 X 0.5 MG (2 MG)
ELIQUIS TABLET 5MG	3	MO
ELIQUIS TABLET 2.5MG	3	QL(60 EA per 30 days); MO
<i>enoxaparin sodium injection 300mg/3ml</i>	4	MO
<i>enoxaparin sodium injection 30mg/0.3ml</i>	4	QL(18 ML per 30 days); MO
<i>enoxaparin sodium injection 40mg/0.4ml</i>	4	QL(24 ML per 30 days); MO
<i>enoxaparin sodium injection 60mg/0.6ml</i>	4	QL(36 ML per 30 days); MO
<i>enoxaparin sodium injection 120mg/0.8ml, 80mg/0.8ml</i>	4	QL(48 ML per 30 days); MO
<i>enoxaparin sodium injection 100mg/ml, 150mg/ml</i>	4	QL(60 ML per 30 days); MO
<i>fondaparinux sodium injection 5mg/0.4ml</i>	4	MO
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	4	QL(15 ML per 30 days); MO
<i>fondaparinux sodium injection 7.5mg/0.6ml</i>	4	QL(18 ML per 30 days); MO
<i>fondaparinux sodium injection 10mg/0.8ml</i>	5	QL(24 ML per 30 days)
FRAGMIN INJECTION 2500UNIT/0.2ML	4	MO

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Drug Name	Drug Tier	Requirements/Limits
FRAGMIN INJECTION 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/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>rivaroxaban suspension reconstituted 1mg/ml</i>	4	QL(600 ML per 30 days); MO
<i>rivaroxaban tablet 2.5mg</i>	4	QL(360 EA per 30 days); MO
<i>warfarin sodium tablet 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg</i>	1	MO
XARELTO TABLET 10MG, 20MG	3	QL(30 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	QL(180 EA per 30 days); PA
<i>eltrombopag olamine tablet 12.5mg, 25mg</i>	5	QL(30 EA per 30 days); PA
<i>eltrombopag olamine tablet 50mg, 75mg</i>	5	QL(60 EA per 30 days); PA
LEUKINE INJECTION 250MCG	5	PA
NEULASTA ONPRO KIT INJECTION 6MG/0.6ML	5	PA
NEULASTA INJECTION 4MG/0.4ML	5	PA
NEULASTA INJECTION 6MG/0.6ML	5	QL(1.2 ML per 28 days); PA
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	QL(1.2 ML per 28 days); 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

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Drug Name	Drug Tier	Requirements/Limits
DOPTELET TABLET 20MG	5	QL(90 EA per 30 days); 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 0.05mg, 0.1mg, 0.2mg, 0.3mg</i>	1	MO
<i>clonidine patch weekly 0.1mg/24hr, 0.2mg/24hr, 0.3mg/24hr</i>	4	MO
<i>droxidopa capsule 100mg</i>	4	QL(90 EA per 30 days); PA; MO
<i>droxidopa capsule 200mg, 300mg</i>	5	QL(180 EA per 30 days); PA
<i>guanfacine hydrochloride tablet 1mg, 2mg</i>	4	MO
METHYLDOPA TABLET 250MG, 500MG	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>azilsartan medoxomil tablet 40mg, 80mg</i>	4	MO
<i>candesartan cilexetil tablet 16mg, 32mg, 4mg, 8mg</i>	6	MO
<i>irbesartan tablet 150mg, 300mg, 75mg</i>	6	MO
<i>losartan potassium tablet 100mg, 25mg, 50mg</i>	6	MO
<i>olmesartan medoxomil tablet 20mg, 40mg, 5mg</i>	6	MO
<i>telmisartan tablet 20mg, 40mg, 80mg</i>	6	MO
<i>valsartan tablet 160mg, 320mg, 40mg, 80mg</i>	6	MO
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hydrochloride tablet 10mg, 20mg, 40mg, 5mg</i>	6	MO
<i>captopril tablet 100mg, 12.5mg, 25mg, 50mg</i>	6	MO
<i>enalapril maleate tablet 10mg, 2.5mg, 20mg, 5mg</i>	6	MO
<i>fosinopril sodium tablet 10mg, 20mg, 40mg</i>	6	MO
<i>lisinopril tablet 10mg, 2.5mg, 20mg, 30mg, 40mg, 5mg</i>	6	MO
<i>moexipril hydrochloride tablet 15mg, 7.5mg</i>	6	MO
<i>perindopril erbumine tablet 2mg, 4mg, 8mg</i>	6	MO
<i>quinapril hydrochloride tablet 10mg, 20mg, 40mg, 5mg</i>	6	MO
<i>ramipril capsule 1.25mg, 10mg, 2.5mg, 5mg</i>	6	MO
<i>trandolapril tablet 1mg, 2mg, 4mg</i>	6	MO
Antiarrhythmics		
<i>amiodarone hydrochloride tablet 200mg</i>	1	MO
<i>amiodarone hydrochloride tablet 100mg, 400mg</i>	3	MO
<i>digoxin solution 0.05mg/ml</i>	4	MO
<i>digoxin tablet 125mcg, 250mcg</i>	2	MO
<i>digox tablet 125mcg, 250mcg</i>	2	MO
<i>disopyramide phosphate capsule 100mg, 150mg</i>	3	MO
<i>dofetilide capsule 125mcg, 250mcg, 500mcg</i>	4	MO
<i>flecainide acetate tablet 100mg, 150mg, 50mg</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>mexiletine hydrochloride capsule 150mg</i>	3	MO
<i>mexiletine hydrochloride capsule 200mg, 250mg</i>	4	MO
MULTAQ TABLET 400MG	3	MO
PACERONE TABLET 200MG	2	MO
PACERONE TABLET 100MG	3	MO
<i>propafenone hcl tablet 150mg, 225mg, 300mg</i>	2	MO
<i>propafenone hydrochloride er capsule extended release 12 hour 225mg, 325mg, 425mg</i>	4	MO
<i>propafenone hydrochloride tablet 150mg, 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, 160mg, 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>	3	MO
<i>bisoprolol fumarate tablet 10mg, 2.5mg, 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>	1	MO
<i>metoprolol tartrate tablet 100mg, 25mg, 37.5mg, 50mg, 75mg</i>	1	MO
<i>nadolol tablet 20mg, 40mg, 80mg</i>	2	MO
<i>nebivolol hydrochloride tablet 10mg, 2.5mg, 20mg, 5mg</i>	3	MO
<i>pindolol tablet 10mg, 5mg</i>	3	MO
<i>propranolol hcl tablet 40mg</i>	2	MO
<i>propranolol hydrochloride er capsule extended release 24 hour 120mg, 160mg, 60mg, 80mg</i>	2	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

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Drug Name	Drug Tier	Requirements/Limits
<i>dilt-xr capsule extended release 24 hour 120mg, 180mg, 240mg</i>	2	MO
<i>diltiazem hcl er capsule extended release 12 hour 120mg, 60mg, 90mg</i>	4	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 420mg</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 120mg, 180mg, 240mg, 300mg, 360mg</i>	4	MO
<i>diltiazem hydrochloride tablet 120mg, 90mg</i>	2	MO
<i>matzim la tablet extended release 24 hour 180mg, 240mg, 300mg, 360mg, 420mg</i>	4	MO
<i>tiadylt er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	2	MO
<i>verapamil hcl er capsule extended release 24 hour 120mg, 180mg, 240mg</i>	3	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>	3	MO
<i>verapamil hydrochloride er tablet extended release 180mg, 240mg</i>	2	MO
<i>verapamil hydrochloride sr capsule extended release 24 hour 240mg, 360mg</i>	3	MO
<i>verapamil hydrochloride tablet 120mg, 40mg, 80mg</i>	1	MO
Cardiovascular Agents, Other		
<i>aliskiren tablet 150mg, 300mg</i>	6	MO
<i>amiloride/hydrochlorothiazide tablet 5mg; 50mg</i>	2	MO
<i>amlodipine besylate/benazepril hydrochloride capsule 10mg; 20mg, 10mg; 40mg, 2.5mg; 10mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg</i>	6	MO
<i>amlodipine besylate/valsartan tablet 10mg; 160mg, 10mg; 320mg, 5mg; 160mg, 5mg; 320mg</i>	6	MO
<i>amlodipine/olmesartan medoxomil tablet 10mg; 20mg, 10mg; 40mg, 5mg; 20mg, 5mg; 40mg</i>	6	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>	6	MO
<i>bisoprolol fumarate/hydrochlorothiazide tablet 10mg; 6.25mg, 2.5mg; 6.25mg, 5mg; 6.25mg</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>candesartan cilexetil/hydrochlorothiazide tablet 16mg; 12.5mg, 32mg; 12.5mg, 32mg; 25mg</i>	6	MO
<i>captopril/hydrochlorothiazide tablet 25mg; 15mg, 25mg; 25mg, 50mg; 15mg, 50mg; 25mg</i>	6	MO
<i>enalapril maleate/hydrochlorothiazide tablet 10mg; 25mg, 5mg; 12.5mg</i>	6	MO
FILSPARI TABLET 200MG	5	QL(30 EA per 30 days); PA
FILSPARI TABLET 400MG	5	QL(60 EA per 30 days); PA
<i>fosinopril sodium/hydrochlorothiazide tablet 10mg; 12.5mg, 20mg; 12.5mg</i>	6	MO
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 150mg, 12.5mg; 300mg</i>	6	MO
<i>isosorbide dinitrate/hydralazine hydrochloride tablet 37.5mg; 20mg</i>	4	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>	6	MO
<i>losartan potassium/hydrochlorothiazide tablet 12.5mg; 100mg, 12.5mg; 50mg, 25mg; 100mg</i>	6	MO
<i>metyrosine capsule 250mg</i>	5	PA
<i>olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 20mg, 12.5mg; 40mg, 25mg; 40mg</i>	6	MO
<i>pentoxifylline er tablet extended release 400mg</i>	2	MO
<i>quinapril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg, 25mg; 20mg</i>	6	MO
<i>ranolazine er tablet extended release 12 hour 1000mg, 500mg</i>	3	MO
<i>sacubitril/valsartan tablet 24mg; 26mg</i>	3	QL(180 EA per 30 days); MO
<i>sacubitril/valsartan tablet 49mg; 51mg, 97mg; 103mg</i>	3	QL(60 EA per 30 days); MO
<i>spironolactone/hydrochlorothiazide tablet 25mg; 25mg</i>	2	MO
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 40mg, 12.5mg; 80mg, 25mg; 80mg</i>	6	MO
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	1	MO
<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>	6	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

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Drug Name	Drug Tier	Requirements/Limits
<i>furosemide oral solution 10mg/ml, 40mg/5ml</i>	1	MO
<i>furosemide tablet 20mg, 40mg, 80mg</i>	1	MO
<i>torsemide tablet 100mg, 10mg, 20mg, 5mg</i>	1	MO
Diuretics, Potassium-sparing		
<i>amiloride hcl tablet 5mg</i>	1	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>	1	MO
<i>metolazone tablet 10mg, 2.5mg, 5mg</i>	2	MO
Dyslipidemics, Fibrin Acid Derivatives		
<i>fenofibrate micronized capsule 134mg, 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>	6	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>	6	MO
<i>pitavastatin calcium tablet 1mg, 2mg, 4mg</i>	4	MO
<i>pravastatin sodium tablet 10mg, 20mg, 40mg, 80mg</i>	6	MO
<i>rosuvastatin calcium tablet 10mg, 20mg, 40mg, 5mg</i>	6	MO
<i>simvastatin tablet 10mg, 20mg, 40mg, 5mg, 80mg</i>	6	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>	3	MO
<i>cholestyramine powder 4gm/dose</i>	3	MO
<i>colesevelam hydrochloride tablet 625mg</i>	4	MO
<i>colestipol hydrochloride tablet 1gm</i>	3	MO
<i>ezetimibe/simvastatin tablet 10mg; 10mg, 10mg; 20mg, 10mg; 40mg, 10mg; 80mg</i>	6	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>	3	MO
<i>omega-3-acid ethyl esters capsule 375mg; 465mg; 1gm</i>	3	MO
<i>prevalite packet 4gm</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>prevalite powder 4gm/dose</i>	4	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 50MG/0.8ML, 80MG/0.8ML	5	QL(0.8 ML per 28 days); PA
Mineralocorticoid Receptor Antagonists		
<i>eplerenone tablet 25mg, 50mg</i>	4	MO
KERENDIA TABLET 10MG, 20MG, 40MG	4	QL(30 EA per 30 days); PA; MO
<i>spironolactone tablet 100mg, 25mg, 50mg</i>	1	MO
Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)		
<i>dapagliflozin tablet 10mg, 5mg</i>	3	QL(30 EA per 30 days); MO
FARXIGA TABLET 10MG, 5MG	3	QL(30 EA per 30 days); ST; MO
JARDIANCE TABLET 10MG, 25MG	3	QL(30 EA per 30 days); MO
Vasodilators, Direct-acting Arterial/Venous		
<i>isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg</i>	2	MO
<i>isosorbide mononitrate er tablet extended release 24 hour 120mg, 30mg, 60mg</i>	1	MO
<i>isosorbide mononitrate tablet 10mg, 20mg</i>	2	MO
NITRO-BID OINTMENT 2%	4	MO
<i>nitroglycerin transdermal patch 24 hour 0.1mg/hr, 0.2mg/hr, 0.4mg/hr, 0.6mg/hr</i>	2	MO
<i>nitroglycerin transdermal ointment 2%</i>	4	MO
<i>nitroglycerin solution 0.4mg/spray</i>	4	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>	1	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>	3	QL(60 EA per 30 days); MO; Extended-release capsule 10mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	3	QL(60 EA per 30 days); MO; Extended-release capsule 15mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 5mg; 5mg; 5mg; 5mg</i>	3	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>	3	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>	3	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>	3	QL(60 EA per 30 days); MO; Extended-release capsule 5mg

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Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine/dextroamphetamine tablet 1.25mg; 1.25mg; 1.25mg; 1.25mg, 1.875mg; 1.875mg; 1.875mg; 1.875mg, 2.5mg; 2.5mg; 2.5mg; 2.5mg, 3.125mg; 3.125mg; 3.125mg; 3.125mg, 3.75mg; 3.75mg; 3.75mg; 3.75mg, 5mg; 5mg; 5mg; 5mg, 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	3	QL(90 EA per 30 days); MO
<i>dextroamphetamine sulfate tablet 10mg</i>	4	QL(180 EA per 30 days); MO
<i>dextroamphetamine sulfate tablet 5mg</i>	4	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>dexmethylphenidate hcl tablet 10mg, 5mg</i>	3	QL(60 EA per 30 days); MO
<i>dexmethylphenidate hydrochloride tablet 2.5mg</i>	3	QL(60 EA per 30 days); MO
<i>guanfacine hydrochloride er tablet extended release 24 hour 1mg, 2mg, 3mg, 4mg</i>	3	MO
<i>methylphenidate hydrochloride er (dif) tablet extended release 27mg, 54mg</i>	4	QL(30 EA per 30 days); MO
<i>methylphenidate hydrochloride er (dif) tablet extended release 36mg</i>	4	QL(60 EA per 30 days); MO
<i>methylphenidate hydrochloride er (osm) tablet extended release 18mg, 27mg, 54mg</i>	4	QL(30 EA per 30 days); MO
<i>methylphenidate hydrochloride er (osm) tablet extended release 36mg</i>	4	QL(60 EA per 30 days); MO
<i>methylphenidate hydrochloride er tablet extended release 24 hour 27mg, 54mg</i>	4	QL(30 EA per 30 days); MO
<i>methylphenidate hydrochloride er tablet extended release 24 hour 36mg</i>	4	QL(60 EA per 30 days); 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)
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/cafeine tablet 325mg; 50mg; 40mg</i>	3	MO
COBENFY STARTER PACK CAPSULE THERAPY PACK 20MG; 0	5	QL(112 EA per 365 days); PA

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Drug Name	Drug Tier	Requirements/Limits
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
NUEDEXTA CAPSULE 20MG; 10MG	5	QL(60 EA per 30 days); PA
<i>riluzole tablet 50mg</i>	4	MO
<i>tetrabenazine tablet 12.5mg</i>	4	QL(90 EA per 30 days); PA; MO
<i>tetrabenazine tablet 25mg</i>	5	QL(120 EA per 30 days); 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		
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	4	QL(24 EA per 365 days); PA; MO; (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
VUMERITY CAPSULE DELAYED RELEASE 231MG	5	QL(120 EA per 30 days); PA
ZEPOSIA 7-DAY STARTER PACK CAPSULE THERAPY PACK 0	5	QL(14 EA per 365 days); PA
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0	5	QL(56 EA per 365 days); PA; (28 Capsules Pack)
ZEPOSIA CAPSULE 0.92MG	5	QL(30 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>lidocaine hydrochloride viscous solution 2%</i>	2	MO
<i>lidocaine viscous solution 2%</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<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>clindamycin phosphate/benzoyl peroxide gel 5%; 1.2%</i>	2	MO
<i>erythromycin/benzoyl peroxide gel 5%; 3%</i>	4	MO
<i>FINACEA FOAM 15%</i>	3	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		
<i>ala-cort cream 1%</i>	2	MO
<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
<i>betamethasone dipropionate augmented lotion 0.05%</i>	2	MO
<i>betamethasone dipropionate augmented ointment 0.05%</i>	3	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>	2	MO
<i>clobetasol propionate e cream 0.05%</i>	2	QL(120 GM per 30 days); MO
<i>clobetasol propionate cream 0.05%</i>	2	MO
<i>clobetasol propionate foam 0.05%</i>	2	MO
<i>clobetasol propionate gel 0.05%</i>	3	MO
<i>clobetasol propionate ointment 0.05%</i>	2	QL(120 GM per 30 days); MO
<i>clobetasol propionate shampoo 0.05%</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<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
EBGLYSS INJECTION 250MG/2ML	5	PA
EUCRISA OINTMENT 2%	4	PA; MO
<i>fluocinolone acetonide cream 0.01%, 0.025%</i>	3	QL(120 GM per 30 days); MO
<i>fluocinolone acetonide ointment 0.025%</i>	3	QL(120 GM per 30 days); MO
<i>fluocinolone acetonide solution 0.01%</i>	3	QL(60 ML per 30 days); 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	QL(100 GM per 30 days); 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	QL(100 GM per 30 days); MO
<i>triamcinolone acetonide cream 0.025%, 0.1%, 0.5%</i>	1	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%</i>	1	MO
<i>triamcinolone acetonide ointment 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

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Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium gel 3%</i>	4	QL(300 GM per 30 days); ST; MO
<i>fluorouracil cream 5%</i>	2	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 cream 100000unit/gm; 1mg/gm</i>	2	MO
<i>nystatin/triamcinolone acetonide ointment 100000unit/gm; 0.1%</i>	2	MO
<i>nystatin/triamcinolone cream 100000unit/gm; 1mg/gm</i>	2	MO
<i>nystatin/triamcinolone ointment 100000unit/gm; 0.1%</i>	2	MO
OTZLA XR TABLET EXTENDED RELEASE 24 HOUR 75MG	5	QL(30 EA per 30 days); PA
OTZLA TABLET 20MG, 30MG	5	QL(60 EA per 30 days); PA
<i>podofilox solution 0.5%</i>	3	MO
SANTYL OINTMENT 250UNIT/GM	4	QL(180 GM per 30 days); 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	QL(59 ML per 30 days); MO
<i>permethrin cream 5%</i>	3	QL(60 GM per 30 days); MO
Topical Anti-infectives		
<i>acyclovir ointment 5%</i>	4	QL(60 GM per 30 days); MO
<i>ciclodan solution 8%</i>	2	QL(13.2 ML per 30 days); PA; MO
<i>ciclopirox nail lacquer solution 8%</i>	2	QL(13.2 ML per 30 days); PA; MO
<i>ciclopirox olamine cream 0.77%</i>	2	QL(90 GM per 30 days); MO
<i>ciclopirox gel 0.77%</i>	2	QL(100 GM per 30 days); MO
<i>ciclopirox shampoo 1%</i>	3	QL(120 ML per 30 days); MO
<i>ciclopirox suspension 0.77%</i>	3	QL(120 ML per 30 days); MO
<i>clindamycin phosphate lotion 1%</i>	4	QL(75 ML per 30 days); MO
<i>clindamycin phosphate topical solution 1%</i>	2	QL(60 ML per 30 days); MO
<i>ery pad 2%</i>	3	QL(60 EA per 30 days); MO
<i>erythromycin gel 2%</i>	3	QL(60 GM per 30 days); MO
<i>erythromycin solution 2%</i>	2	QL(60 ML per 30 days); MO
<i>mupirocin cream 2%</i>	4	MO
<i>mupirocin ointment 2%</i>	2	QL(110 GM per 30 days); MO
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		

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Drug Name	Drug Tier	Requirements/Limits
AMINOSYN II INJECTION 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
<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</i>	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>	2	MO
<i>klor-con m20 tablet extended release 20meq</i>	2	MO
<i>klor-con packet 20meq</i>	4	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
<i>potassium chloride er tablet extended release 10meq, 15meq, 20meq, 8meq</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride injection 10meq/100ml, 20meq/100ml, 40meq/100ml</i>	2	MO
<i>potassium chloride packet 20meq</i>	4	MO
<i>potassium chloride oral solution 10%, 20%</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
<i>penicillamine tablet 250mg</i>	5	
<i>tolvaptan tablet 15mg, 30mg</i>	5	QL(120 EA per 30 days); PA; (Generic for Jynarque)
<i>trientine hydrochloride capsule 250mg, 500mg</i>	5	PA
Phosphate Binders		
<i>calcium acetate capsule 667mg</i>	4	MO
<i>calcium acetate tablet 667mg</i>	3	MO
<i>sevelamer hydrochloride tablet 400mg, 800mg</i>	4	MO
VELPHORO TABLET CHEWABLE 500MG	5	
Potassium Binders		
<i>kionex suspension 15gm/60ml</i>	3	MO
LOKELMA PACKET 10GM, 5GM	4	QL(90 EA per 30 days); MO
<i>sodium polystyrene sulfonate powder 0</i>	3	MO
<i>sodium polystyrene sulfonate suspension 15gm/60ml</i>	3	MO
SPS SUSPENSION 15GM/60ML	3	MO
VELTASSA PACKET 1GM	4	QL(120 EA per 30 days); MO
VELTASSA PACKET 16.8GM, 25.2GM, 8.4GM	4	QL(30 EA per 30 days); 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

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Drug Name	Drug Tier	Requirements/Limits
<i>generlac solution 10gm/15ml</i>	2	MO
<i>lactulose solution 10gm/15ml</i>	2	MO
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
MOVANTIK TABLET 12.5MG, 25MG	3	QL(30 EA per 30 days); MO
Anti-Diarrheal Agents		
<i>alosetron hydrochloride tablet 0.5mg</i>	4	QL(120 EA per 30 days); PA; MO
<i>alosetron hydrochloride tablet 1mg</i>	5	QL(60 EA per 30 days); 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		
<i>bismuth subcitrate pot/metronidazole/tetracycline hydrochloride capsule 140mg; 125mg; 125mg</i>	4	MO
BYLVAY (PELLETS) CAPSULE SPRINKLE 200MCG, 600MCG	5	PA
BYLVAY CAPSULE 1200MCG, 400MCG	5	PA
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
<i>gavilyte-n/flavor pack solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm</i>	2	MO
<i>metoclopramide hcl solution 5mg/5ml</i>	2	MO
<i>metoclopramide hydrochloride tablet 10mg, 5mg</i>	1	MO
<i>nitroglycerin rectal ointment 0.4%</i>	4	QL(30 GM per 30 days); 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
TALICIA CAPSULE DELAYED RELEASE 250MG; 10MG; 12.5MG	4	MO
<i>ursodiol capsule 300mg</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>ursodiol tablet 250mg, 500mg</i>	3	MO
VOWST CAPSULE 0	5	QL(12 EA per 3 days); PA
XIFAXAN TABLET 200MG, 550MG	3	QL(90 EA per 30 days); PA; MO
Histamine2 (H2) Receptor Antagonists		
<i>famotidine suspension reconstituted 40mg/5ml</i>	4	MO
<i>famotidine tablet 20mg, 40mg</i>	1	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>	2	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>	1	QL(60 EA per 30 days); MO
<i>omeprazole capsule delayed release 20mg, 40mg</i>	1	QL(60 EA per 30 days); MO
<i>pantoprazole sodium tablet delayed release 20mg, 40mg</i>	1	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	
CHOLBAM CAPSULE 250MG, 50MG	5	PA
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 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	QL(90 EA per 30 days); 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
REVCovi INJECTION 2.4MG/1.5ML	5	PA
<i>sapropterin dihydrochloride packet 100mg, 500mg</i>	5	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>sapropterin dihydrochloride tablet 100mg</i>	5	PA
<i>sodium phenylbutyrate powder 3gm/tsp</i>	5	
STRENSIQ INJECTION 18MG/0.45ML, 28MG/0.7ML, 40MG/ML, 80MG/0.8ML	5	PA
SUCRAID SOLUTION 8500UNIT/ML	5	PA
WELIREG TABLET 40MG	5	PA
<i>yargesa capsule 100mg</i>	5	QL(90 EA per 30 days); PA
ZELVYSIA PACKET 100MG	5	PA
<i>zelvysia packet 500mg</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>		
<i>fesoterodine fumarate er tablet extended release 24 hour 4mg, 8mg</i>	4	MO
GEMTESA TABLET 75MG	4	QL(30 EA per 30 days); MO
MYRBETRIQ SUSPENSION RECONSTITUTED ER 8MG/ML	3	QL(300 ML per 30 days); MO
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 25MG, 50MG	3	QL(30 EA per 30 days); 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>tolterodine tartrate er capsule extended release 24 hour 2mg, 4mg</i>	3	MO
<i>tolterodine tartrate tablet 1mg, 2mg</i>	3	MO
<i>trospium chloride er capsule extended release 24 hour 60mg</i>	4	MO
<i>trospium chloride tablet 20mg</i>	3	MO
<i>Benign Prostatic Hypertrophy Agents</i>		
<i>alfuzosin hcl er tablet extended release 24 hour 10mg</i>	2	QL(30 EA per 30 days); 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>	1	MO
<i>silodosin capsule 4mg, 8mg</i>	4	QL(30 EA per 30 days); MO
<i>tadalafil tablet 2.5mg, 5mg</i>	3	QL(30 EA per 30 days); PA; MO
<i>tamsulosin hydrochloride capsule 0.4mg</i>	1	QL(60 EA per 30 days); MO

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Drug Name	Drug Tier	Requirements/Limits
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>	1	MO
<i>terazosin hydrochloride capsule 2mg</i>	1	MO
Genitourinary Agents, Other		
<i>acetic acid 0.25% solution 0.25%</i>	1	MO
<i>bethanechol chloride tablet 10mg, 25mg, 50mg, 5mg</i>	2	MO
ELMIRON CAPSULE 100MG	4	QL(90 EA per 30 days); 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
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<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>	3	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)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>desmopressin acetate solution 0.01%</i>	4	MO
<i>desmopressin acetate tablet 0.1mg, 0.2mg</i>	3	MO
GENOTROPIN MINISQUICK INJECTION 0.2MG	4	PA; MO
GENOTROPIN MINISQUICK 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)		
Androgens		
<i>danazol capsule 100mg, 200mg, 50mg</i>	4	MO
<i>testosterone cypionate injection 100mg/ml, 200mg/ml</i>	2	QL(10 ML per 28 days); PA; MO
<i>testosterone enanthate injection 200mg/ml</i>	3	QL(5 ML per 28 days); PA; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>testosterone pump gel 1.62%</i>	3	QL(150 GM per 30 days); PA; MO
<i>testosterone pump gel 12.5mg/act</i>	4	QL(300 GM per 30 days); PA; MO
<i>testosterone gel 20.25mg/1.25gm, 40.5mg/2.5gm</i>	3	QL(150 GM per 30 days); PA; MO
<i>testosterone gel 25mg/2.5gm, 50mg/5gm</i>	4	QL(300 GM per 30 days); PA; MO
Estrogens		
<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
<i>alyacen 7/7/7 tablet 35mcg; 0</i>	3	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>brielllyn 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
<i>climara pro patch weekly 0.045mg/day; 0.015mg/day</i>	4	QL(4 EA per 28 days); MO
<i>conjugated estrogens tablet 0.3mg, 0.45mg, 0.625mg, 0.9mg, 1.25mg</i>	4	QL(30 EA per 30 days); MO
<i>cryselle-28 tablet 30mcg; 0.3mg</i>	3	MO
<i>cryselle 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
<i>DOTTI PATCH TWICE WEEKLY 0.025MG/24HR, 0.0375MG/24HR, 0.05MG/24HR, 0.075MG/24HR, 0.1MG/24HR</i>	4	QL(8 EA per 28 days); MO

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Drug Name	Drug Tier	Requirements/Limits
<i>elinest tablet 30mcg; 0.3mg</i>	3	MO
<i>eluryng ring 0.015mg/24hr; 0.12mg/24hr</i>	4	QL(1 EA per 28 days); MO
<i>enilloring ring 0.015mg/24hr; 0.12mg/24hr</i>	4	QL(1 EA per 28 days); 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>	2	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
<i>estradiol patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>	4	QL(8 EA per 28 days); 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	QL(4 EA per 28 days); 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	QL(1 EA per 28 days); 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
FYAVOLV TABLET 2.5MCG; 0.5MG, 5MCG; 1MG	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>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>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

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Drug Name	Drug Tier	Requirements/Limits
<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
<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>luizza 1.5/30 tablet 30mcg; 1.5mg</i>	3	MO
<i>luizza 1/20 tablet 20mcg; 1mg</i>	3	MO
<i>luteria 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	QL(8 EA per 28 days); MO
<i>marlissa tablet 0.03mg; 0.15mg</i>	3	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-lynyah 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 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

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Drug Name	Drug Tier	Requirements/Limits
<i>portia-28 tablet 0.03mg; 0.15mg</i>	3	MO
PREMARIN CREAM 0.625MG/GM	4	MO
PREMPHASE TABLET 0.625MG; 5MG	4	QL(28 EA per 28 days); MO
PREMPRO TABLET 0.3MG; 1.5MG, 0.45MG; 1.5MG, 0.625MG; 2.5MG, 0.625MG; 5MG	4	QL(28 EA per 28 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-sprintec tablet 0; 0</i>	3	MO
<i>tri-vylibra tablet 0; 0</i>	3	MO
<i>turqoz tablet 30mcg; 0.3mg</i>	3	MO
VALTYA 1/35 TABLET 35MCG; 1MG	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>yuvaferm 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>	2	MO
<i>deblitane tablet 0.35mg</i>	2	MO
DEPO-SUBQ PROVERA 104 INJECTION 104MG/0.65ML	3	QL(0.65 ML per 90 days); MO
<i>emzakh tablet 0.35mg</i>	2	MO
<i>errin tablet 0.35mg</i>	2	MO
<i>gallifrey tablet 5mg</i>	2	MO
<i>heather tablet 0.35mg</i>	2	MO
<i>incassia tablet 0.35mg</i>	2	MO
<i>jencycla tablet 0.35mg</i>	2	MO
LILETTA INTRAUTERINE DEVICE 20.1MCG/DAY	3	MO
<i>lyleq tablet 0.35mg</i>	2	MO
<i>lyza tablet 0.35mg</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<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 suspension 625mg/5ml</i>	4	MO
<i>megestrol acetate tablet 20mg, 40mg</i>	2	MO
<i>meleya tablet 0.35mg</i>	2	MO
NEXPLANON INJECTION 68MG	3	MO
<i>nora-be tablet 0.35mg</i>	2	MO
<i>norethindrone acetate tablet 5mg</i>	2	MO
<i>norethindrone tablet 0.35mg</i>	2	MO
<i>norlyroc tablet 0.35mg</i>	2	MO
<i>orquidea tablet 0.35mg</i>	2	MO
<i>progesterone capsule 100mg, 200mg</i>	2	MO
<i>sharobel tablet 0.35mg</i>	2	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)		
LEVO-T TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	3	MO
<i>levothyroxine sodium tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	1	MO
LEVOXYL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	2	MO
<i>liomny tablet 25mcg, 50mcg, 5mcg</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
SYNTHROID TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	3	MO
UNITHROID TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	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

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Drug Name	Drug Tier	Requirements/Limits
<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
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	QL(30 EA per 30 days); PA
TRELSTAR MIXJECT INJECTION 11.25MG	4	QL(1 EA per 84 days); PA; MO
TRELSTAR MIXJECT INJECTION 22.5MG	5	QL(1 EA per 168 days); PA
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	QL(36 ML per 30 days); 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

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Drug Name	Drug Tier	Requirements/Limits
EBGLYSS INJECTION 250MG/2ML	5	PA
EMPAVELI INJECTION 1080MG/20ML	5	PA
ENTYVIO PEN INJECTION 108MG/0.68ML	5	QL(1.36 ML per 28 days); PA
KINERET INJECTION 100MG/0.67ML	5	PA
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/OTEZLA XR 28 DAY TREATMENT INITIATION PACK TABLET THERAPY PACK 0	5	QL(82 EA per 365 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 55MG/0.37ML	5	QL(0.37 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
STARJEMZA INJECTION 45MG/0.5ML, 90MG/ML	3	QL(3 ML per 84 days); PA; MO
STARJEMZA INJECTION 130MG/26ML	4	QL(104 ML per 365 days); PA; MO
STEQEYMA INJECTION 45MG/0.5ML, 90MG/ML	3	QL(3 ML per 84 days); PA; MO
STEQEYMA INJECTION 130MG/26ML	4	QL(104 ML per 365 days); PA; MO
TAVNEOS CAPSULE 10MG	5	QL(180 EA per 30 days); PA
<i>tofacitinib citrate er tablet extended release 24 hour 11mg, 22mg</i>	5	QL(30 EA per 30 days); PA
<i>tofacitinib citrate solution 1mg/ml</i>	5	QL(300 ML per 30 days); PA
<i>tofacitinib citrate tablet 10mg, 5mg</i>	5	QL(60 EA per 30 days); PA
TREMFYA INDUCTION PACK FOR CROHNS DISEASE/ULCERATIVE COLITIS INJECTION 200MG/2ML	5	QL(4 ML per 28 days); PA
TREMFYA PEN INJECTION 100MG/ML	5	QL(2 ML per 56 days); PA
TREMFYA INJECTION 200MG/20ML	5	PA
TREMFYA INJECTION 100MG/ML	5	QL(2 ML per 56 days); PA
TREMFYA INJECTION 200MG/2ML	5	QL(4 ML per 28 days); PA
TYENNE INJECTION 162MG/0.9ML	5	QL(3.6 ML per 28 days); PA
VEOPOZ INJECTION 400MG/2ML	5	PA
VYVGART HYTRULO INJECTION 1000MG/5ML; 10000UNIT/5ML	5	QL(20 ML per 28 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

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Drug Name	Drug Tier	Requirements/Limits
YESINTEK INJECTION 45MG/0.5ML, 90MG/ML	3	QL(3 ML per 84 days); PA; MO
YESINTEK INJECTION 130MG/26ML	4	QL(104 ML per 365 days); PA; MO
Immunostimulants		
ACTIMMUNE INJECTION 100MCG/0.5ML	5	PA
BESREMI PEN INJECTION 500MCG/0.5ML	5	PA
BESREMI INJECTION 500MCG/ML	5	PA
PEGASYS INJECTION 180MCG/ML	5	QL(4 ML per 28 days); 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
ADALIMUMAB-AATY 2-PEN KIT INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA
ADALIMUMAB-AATY 2-SYRINGE INJECTION 20MG/0.2ML	5	QL(2 EA per 28 days); PA
ADALIMUMAB-AATY 2-SYRINGE INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA
<i>adalimumab-aaty cd/uc/hs starter injection 80mg/0.8ml</i>	5	QL(3 EA per 28 days); PA
ADALIMUMAB-ADBIM INJECTION 10MG/0.2ML, 20MG/0.4ML	5	QL(2 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-ADBIM INJECTION 40MG/0.4ML, 40MG/0.8ML	5	QL(6 EA per 28 days); PA; Boehringer Ingelheim labeled products only
ADALIMUMAB-FKJP INJECTION 20MG/0.4ML	5	QL(2 EA per 28 days); PA
ADALIMUMAB-FKJP INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
<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
ENVARUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75MG, 1MG	4	B/D; MO
ENVARUS XR TABLET EXTENDED RELEASE 24 HOUR 4MG	5	B/D
<i>everolimus tablet 0.25mg, 0.5mg, 0.75mg</i>	4	B/D; MO
<i>everolimus tablet 1mg</i>	5	B/D
<i>gengraf capsule 100mg, 25mg</i>	4	B/D; MO
INFLIXIMAB INJECTION 100MG	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

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Drug Name	Drug Tier	Requirements/Limits
<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	QL(2 ML per 28 days); PA
PROGRAF PACKET 0.2MG, 1MG	4	B/D; MO
REZUROCK TABLET 200MG	5	QL(60 EA per 30 days); PA
<i>sirolimus solution 1mg/ml</i>	4	B/D; MO
<i>sirolimus tablet 0.5mg, 1mg, 2mg</i>	4	B/D; MO
<i>tacrolimus er capsule extended release 24 hour 0.5mg, 1mg, 5mg</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
ZYMFENTRA 2-PEN INJECTION 120MG/ML	5	QL(2 EA per 28 days); PA
ZYMFENTRA 2-SYRINGE INJECTION 120MG/ML	5	QL(2 EA per 28 days); PA
Vaccines		
ABRYVO INJECTION 120MCG/0.5ML	1	QL(1 EA per 252 days); MO
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
DENGVAIXA INJECTION 0	3	MO
ENGRIX-B INJECTION 10MCG/0.5ML, 20MCG/ML	1	B/D; MO
GARDASIL 9 INJECTION 0.5ML	1	MO
HAVRIX INJECTION 1440UNIT/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
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

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Drug Name	Drug Tier	Requirements/Limits
M-M-R II INJECTION 0; 0; 0	1	MO
MENQUADFI INJECTION 0.5ML	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
PEDVAXHIB 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
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
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	MO; Single-dose vial
RABAVERT 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	QL(2 EA per 999 days); MO; (vial)
<i>shingrix injection 50mcg/0.5ml</i>	1	MO; (syringe)
TENIVAC INJECTION 2LFU; 5LFU	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	QL(4 EA per 999 days); MO
YF-VAX INJECTION 0	1	MO
Inflammatory Bowel Disease Agents		
<i>Aminosalicylates</i>		
<i>balsalazide disodium capsule 750mg</i>	4	MO
<i>mesalamine dr tablet delayed release 1.2gm</i>	4	QL(120 EA per 30 days); MO

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Drug Name	Drug Tier	Requirements/Limits
<i>mesalamine er capsule extended release 24 hour 0.375gm</i>	4	QL(120 EA per 30 days); MO
<i>mesalamine er capsule extended release 500mg</i>	4	QL(240 EA per 30 days); MO
<i>mesalamine enema 4gm</i>	4	QL(1800 ML per 30 days); MO
<i>mesalamine kit 4gm</i>	5	
<i>mesalamine suppository 1000mg</i>	4	QL(30 EA per 30 days); 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	QL(300 GM per 30 days); MO
<i>hydrocortisone enema 100mg/60ml</i>	4	MO
<i>procto-med hc cream 2.5%</i>	2	QL(300 GM per 30 days); MO
TARPEYO CAPSULE DELAYED RELEASE 4MG	5	QL(120 EA per 30 days); PA
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate sodium tablet 10mg, 35mg</i>	6	MO
<i>alendronate sodium tablet 70mg</i>	6	QL(4 EA per 28 days); MO
BONSITY INJECTION 560MCG/2.24ML	5	QL(2.24 ML per 28 days); 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
<i>ibandronate sodium tablet 150mg</i>	6	QL(1 EA per 28 days); MO
JUBBONTI INJECTION 60MG/ML	4	QL(2 ML per 365 days); MO
OSENVILT INJECTION 120MG/1.7ML	5	PA
<i>paricalcitol capsule 1mcg, 2mcg, 4mcg</i>	4	MO
RAYALDEE CAPSULE EXTENDED RELEASE 30MCG	5	QL(60 EA per 30 days)
<i>risedronate sodium tablet 5mg</i>	4	MO
<i>risedronate sodium tablet 150mg</i>	4	QL(1 EA per 28 days); MO
<i>risedronate sodium tablet 35mg</i>	4	QL(4 EA per 28 days); MO
<i>stoboclo injection 60mg/ml</i>	4	QL(2 ML per 365 days); MO
<i>teriparatide injection 560mcg/2.24ml</i>	5	QL(2.24 ML per 28 days); PA
TYMLOS INJECTION 3120MCG/1.56ML	5	QL(1.56 ML per 30 days); PA
WYOST INJECTION 120MG/1.7ML	5	PA
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ALCOHOL PREP PADS PAD 70%	1	MO
CURITY GAUZE PADS 2"X2" 12 PLY PAD	1	MO
ELLA TABLET 30MG	3	MO
INSULIN SYRINGES, NEEDLES MISCELLANEOUS	1	QL(200 EA per 30 days); MO
KYGEVVI PACKET 2GM; 2GM	5	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>levocarnitine solution 1gm/10ml</i>	4	MO
<i>levocarnitine tablet 330mg</i>	4	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 LIBRE INTRO KIT KIT	3	QL(1 EA per 365 days); MO
OMNIPOD 5 LIBRE PODS 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
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
WEGOVY INJECTION 0.25MG/0.5ML, 0.5MG/0.5ML, 1MG/0.5ML	3	QL(2 ML per 28 days); PA; MO
WEGOVY INJECTION 1.7MG/0.75ML, 2.4MG/0.75ML	3	QL(3 ML per 28 days); PA; MO
WEGOVY TABLET 25MG, 4MG, 9MG	3	QL(30 EA per 30 days); PA; MO
WEGOVY TABLET 1.5MG	3	QL(60 EA per 365 days); PA; MO
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>	2	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	QL(60 EA per 30 days); MO
CYSTARAN SOLUTION 0.44%	5	QL(60 ML per 28 days)
<i>dorzolamide hcl/timolol maleate solution 20mg/ml; 5mg/ml</i>	2	MO
<i>dorzolamide hydrochloride/timolol maleate pf solution 2%; 0.5%</i>	2	MO
MIEBO SOLUTION 1.338GM/ML	4	QL(12 ML per 30 days); MO
<i>neomycin/polymyxin/bacitracin zinc ointment 400unit/gm; 3.5mg/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/bacitracin ointment 400unit/gm; 5mg/gm; 10000unit/gm</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<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>polymyxin b sulfate/trimethoprim sulfate solution 10000unit/ml; 0.1%</i>	1	MO
RESTASIS MULTIDOSE EMULSION 0.05%	3	QL(5.5 ML per 25 days); MO
RESTASIS EMULSION 0.05%	3	QL(60 EA per 30 days); 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 OINTMENT 0.1%; 0.3%	4	MO
<i>tobramycin/dexamethasone suspension 0.1%; 0.3%</i>	4	MO
TYRVAYA SOLUTION 0.03MG/ACT	4	QL(8.4 ML per 30 days); MO
XIIDRA SOLUTION 5%	4	QL(60 EA per 30 days); MO
Ophthalmic Anti-allergy Agents		
<i>azelastine hcl solution 0.05%</i>	2	MO
<i>cromolyn sodium solution 4%</i>	2	MO
<i>olopatadine hydrochloride solution 0.2%</i>	3	MO
Ophthalmic Anti-Infectives		
<i>bacitracin ointment 500unit/gm</i>	4	QL(7 GM per 28 days); 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
LEVOFLOXACIN OPHTHALMIC SOLUTION 0.5%	3	MO
<i>levofloxacin ophthalmic solution 1.5%</i>	3	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 solution 10%</i>	2	MO
<i>tobramycin solution 0.3%</i>	1	MO
<i>trifluridine solution 1%</i>	4	MO
XDEMYVY SOLUTION 0.25%	5	QL(10 ML per 42 days)
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

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Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium ophthalmic solution 0.1%</i>	2	MO
FLAREX SUSPENSION 0.1%	3	MO
<i>fluorometholone suspension 0.1%</i>	3	MO
<i>flurbiprofen sodium solution 0.03%</i>	2	MO
ILEVRO SUSPENSION 0.3%	3	QL(4 ML per 30 days); MO
<i>ketorolac tromethamine ophthalmic solution 0.5%</i>	2	MO
<i>ketorolac tromethamine ophthalmic solution 0.4%</i>	3	MO
<i>loteprednol etabonate gel 0.5%</i>	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>	3	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>brinzolamide suspension 1%</i>	4	MO
<i>dorzolamide hydrochloride solution 2%</i>	2	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 Prostamide Analogs		
<i>latanoprost solution 0.005%</i>	1	MO
LUMIGAN SOLUTION 0.01%	3	QL(2.5 ML per 25 days); MO
<i>travoprost solution 0.004%</i>	4	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>ciprofloxacin/dexamethasone suspension 0.3%; 0.1%</i>	4	MO
<i>hydrocortisone/acetic acid solution 2%; 1%</i>	4	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

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Drug Name	Drug Tier	Requirements/Limits
ASMANEX HFA AEROSOL 100MCG/ACT, 200MCG/ACT, 50MCG/ACT	4	QL(13 GM per 30 days); MO
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>flunisolide solution 0.025%</i>	4	QL(50 ML per 30 days); MO
<i>fluticasone propionate suspension 50mcg/act</i>	1	QL(16 GM per 30 days); 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 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	PA; MO
<i>hydroxyzine hydrochloride syrup 10mg/5ml</i>	4	PA; MO
<i>hydroxyzine hydrochloride tablet 10mg, 25mg</i>	3	PA; MO
<i>hydroxyzine pamoate capsule 100mg, 25mg, 50mg</i>	4	PA; MO
<i>levocetirizine dihydrochloride tablet 5mg</i>	2	QL(30 EA per 30 days); MO
Antileukotrienes		
<i>montelukast sodium packet 4mg</i>	2	MO
<i>montelukast sodium tablet chewable 4mg, 5mg</i>	2	QL(30 EA per 30 days); MO
<i>montelukast sodium tablet 10mg</i>	1	QL(30 EA per 30 days); MO
<i>zafirlukast tablet 10mg, 20mg</i>	4	QL(60 EA per 30 days); MO
Bronchodilators, Anticholinergic		
INCRUSE ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5MCG/INH	3	QL(30 EA per 30 days); MO
<i>ipratropium bromide hfa aerosol solution 17mcg/act</i>	4	QL(25.8 GM per 30 days); MO
<i>ipratropium bromide nasal solution 0.03%</i>	2	QL(30 ML per 28 days); MO
<i>ipratropium bromide inhalation solution 0.02%</i>	2	QL(312.5 ML per 30 days); B/D; MO
<i>ipratropium bromide nasal solution 0.06%</i>	2	QL(45 ML per 30 days); MO
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT, 2.5MCG/ACT	3	QL(4 GM per 30 days); MO
<i>tiotropium bromide capsule 18mcg</i>	4	QL(30 EA per 30 days); MO
YUPELRI NEBULIZATION SOLUTION 175MCG/3ML	5	QL(90 ML per 30 days); B/D

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Drug Name	Drug Tier	Requirements/Limits
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	2	QL(13.4 GM per 30 days); MO; (6.7 GM Pack Size)
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	2	QL(17 GM per 30 days); MO; (8.5 GM Pack Size)
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	2	QL(48 GM per 30 days); MO; (18 GM Pack Size)
<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	QL(4 EA per 30 days); MO
<i>levalbuterol hcl nebulization solution 0.63mg/3ml</i>	4	QL(540 ML per 30 days); B/D; 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	QL(84 ML per 28 days); 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
TOBI PODHALER CAPSULE 28MG	5	QL(224 EA per 56 days)
<i>tobramycin nebulization solution 300mg/5ml</i>	5	QL(280 ML per 28 days); B/D
TRIKAFTA TABLET THERAPY PACK 100MG; 0; 50MG, 50MG; 0; 25MG	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 500mcg</i>	4	QL(30 EA per 30 days); PA; MO
<i>roflumilast tablet 250mcg</i>	4	QL(56 EA per 365 days); 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

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Drug Name	Drug Tier	Requirements/Limits
<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
<i>macitentan tablet 10mg</i>	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
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
WINREVAIR INJECTION 0, 45MG, 60MG	5	QL(1 EA per 21 days); PA
Pulmonary Fibrosis Agents		
<i>nintedanib esylate capsule 100mg, 150mg</i>	5	QL(60 EA per 30 days); PA
OFEV CAPSULE 100MG, 150MG	5	QL(60 EA per 30 days); PA
<i>pirfenidone capsule 267mg</i>	5	QL(270 EA per 30 days); PA
<i>pirfenidone tablet 534mg</i>	5	PA
<i>pirfenidone tablet 267mg</i>	5	QL(270 EA per 30 days); PA
<i>pirfenidone tablet 801mg</i>	5	QL(90 EA per 30 days); 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>breyana 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; 18MCG/ACT	3	QL(10.7 GM per 30 days); MO
BREZTRI AEROSPHERE AEROSOL 160MCG/ACT; 4.8MCG/ACT; 9MCG/ACT	3	QL(23.6 GM per 28 days); MO
<i>budesonide/formoterol fumarate dihydrate aerosol 160mcg/act; 4.5mcg/act, 80mcg/act; 4.5mcg/act</i>	4	QL(10.3 GM per 30 days); MO
COMBIVENT RESPIMAT AEROSOL SOLUTION 100MCG/ACT; 20MCG/ACT	3	QL(8 GM per 30 days); MO

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Drug Name	Drug Tier	Requirements/Limits
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
FLUTICASONE FUROATE/VILANTEROL ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/INH; 25MCG/INH, 200MCG/INH; 25MCG/INH	3	QL(60 EA per 30 days); MO
<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
<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	QL(90 EA per 30 days); 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
<i>eszopiclone tablet 1mg, 2mg, 3mg</i>	4	QL(30 EA per 30 days); MO
<i>ramelteon tablet 8mg</i>	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

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Wakefulness Promoting Agents		
<i>armodafinil tablet 150mg, 200mg, 250mg</i>	4	QL(30 EA per 30 days); PA; MO
<i>armodafinil tablet 50mg</i>	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>amitriptyline hydrochloride</i>	12
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			<i>amoxicillin/clavulanate potassium er</i>	5
			<i>amoxicillin/potassium clavulanate</i>	5
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<i>budesonide</i>	65	<i>carbidopa/levodopa</i>	22
<i>budesonide er</i>	61	<i>carbidopa/levodopa er</i>	22
<i>budesonide/formoterol fumarate dihydrate</i>	67	<i>carbidopa/levodopa odt</i>	22
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<i>buprenorphine hcl/naloxone hcl</i>	3	<i>carvedilol</i>	35
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<i>ceftaroline fosamil</i>	5	<i>clindamycin phosphate/benzoyl peroxide</i>	42
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<i>ceftriaxone sodium</i>	5	<i>clobetasol propionate</i>	42
<i>cefuroxime axetil</i>	5	<i>clobetasol propionate e</i>	42
<i>cefuroxime sodium</i>	5	<i>clomipramine hydrochloride</i>	12
<i>celecoxib</i>	1	<i>clonazepam</i>	8
<i>cephalexin</i>	5	<i>clonazepam odt</i>	8
<i>cetirizine hydrochloride</i>	65	<i>clonidine</i>	34
<i>chateal eq</i>	51	<i>clonidine hydrochloride</i>	34
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<i>chlorhexidine gluconate</i>	41	<i>clorazepate dipotassium</i>	29
<i>chloroquine phosphate</i>	21	<i>clotrimazole</i>	13
<i>chlorpromazine hydrochloride</i>	22	<i>clotrimazole/betamethasone dipropionate</i>	43
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<i>ciprofloxacin/dexamethasone</i>	64	<i>cortisone acetate</i>	50
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<i>cryselle-28</i>	51	<i>dexamethasone sodium phosphate</i>	63
CTEXLI	47	<i>dexmethylphenidate hcl</i>	40
CURITY GAUZE PADS 2"X2" 12 PLY	61	<i>dexmethylphenidate hydrochloride</i>	40
<i>cyclobenzaprine hydrochloride</i>	68	<i>dextroamphetamine sulfate</i>	40
<i>cyclophosphamide</i>	15	<i>dextrose 5%</i>	45
<i>cycloserine</i>	15	<i>dextrose 5%/sodium chloride 0.45%</i>	45
<i>cyclosporine</i>	58	<i>dextrose 5%/sodium chloride 0.9%</i>	45
<i>cyclosporine</i>	62	DIACOMIT	8
<i>cyclosporine modified</i>	58	<i>diazepam</i>	8
<i>cyproheptadine hydrochloride</i>	65	<i>diazepam</i>	29
CYSTAGON	48	<i>diazepam intensol</i>	29
CYSTARAN	62	<i>diazoxide</i>	31
<i>dabigatran etexilate</i>	32	<i>diclofenac potassium</i>	1
<i>dalfampridine er</i>	41	<i>diclofenac sodium</i>	1
<i>danazol</i>	50	<i>diclofenac sodium</i>	44
<i>dantrolene sodium</i>	25	<i>diclofenac sodium</i>	64
DANZITEN	18	<i>diclofenac sodium dr</i>	1
<i>dapagliflozin</i>	39	<i>diclofenac sodium er</i>	1
<i>dapsone</i>	15	<i>dicloxacillin sodium</i>	6
DAPTACEL	59	<i>dicyclomine hydrochloride</i>	47
<i>daptomycin</i>	4	<i>digox</i>	34
DAPTOMYCIN/SODIUM CHLORIDE	4	<i>digoxin</i>	34
<i>darunavir</i>	27	<i>dihydroergotamine mesylate</i>	15
<i>dasatinib</i>	18	DILANTIN	9
<i>dasetta 1/35</i>	51	<i>diltiazem hcl</i>	36
<i>dasetta 7/7/7</i>	51	<i>diltiazem hcl er</i>	36
DAURISMO	18	<i>diltiazem hydrochloride</i>	36
<i>daysee</i>	51	<i>diltiazem hydrochloride er</i>	36
<i>deblitane</i>	54	<i>dilt-xr</i>	36
<i>deferasirox</i>	46	<i>dimethyl fumarate</i>	41
DELSTRIGO	26	<i>dimethyl fumarate starterpack</i>	41
<i>delyla</i>	51	<i>diphenhydramine hydrochloride</i>	65
<i>demeclocycline hcl</i>	7	<i>diphenoxylate hydrochloride/atropine sulfate</i>	47
DENG VAXIA	59	<i>disopyramide phosphate</i>	34
DEPO-SUBQ PROVERA 104	54	<i>disulfiram</i>	2
DESCOVY	27	<i>divalproex sodium dr</i>	8
<i>desipramine hydrochloride</i>	12	<i>divalproex sodium er</i>	8
<i>desmopressin acetate</i>	50	<i>dofetilide</i>	34
<i>desogestrel/ethinyl estradiol</i>	51	<i>dolishale</i>	51
<i>desonide</i>	43	<i>donepezil hcl</i>	10

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Drug Name	Page #	Drug Name	Page #
<i>donepezil hydrochloride</i>	10	<i>emtricitabine</i>	27
DOPTelet	34	<i>emtricitabine/rilpivirine/tenofovir disoproxil fumarate</i>	26
<i>dorzolamide hcl/timolol maleate</i>	62		
<i>dorzolamide hydrochloride</i>	64	<i>emtricitabine/tenofovir disoproxil fumarate</i>	27
<i>dorzolamide hydrochloride/timolol maleate pf</i>	62	<i>emtricitabine/tenofovir disoproxil fumarate</i>	27
DOTTI	51	EMTRIVA	27
DOVATO	26	<i>emzahh</i>	54
<i>doxazosin mesylate</i>	49	<i>enalapril maleate</i>	34
<i>doxepin hcl</i>	12	<i>enalapril maleate/hydrochlorothiazide</i>	37
<i>doxepin hydrochloride</i>	13	ENBREL	58
<i>doxycycline</i>	7	ENBREL MINI	58
<i>doxycycline hyclate</i>	7	ENBREL SURECLICK	58
<i>doxycycline hyclate</i>	41	<i>endocet</i>	2
<i>doxycycline monohydrate</i>	7	ENERGIX-B	59
DRIZALMA SPRINKLE	11	<i>enilloring</i>	52
<i>dronabinol</i>	13	<i>enoxaparin sodium</i>	32
DROXIA	16	<i>enpresse-28</i>	52
<i>droxidopa</i>	34	ENSACOVE	18
DULERA	68	<i>entacapone</i>	22
<i>duloxetine hydrochloride dr</i>	12	<i>entecavir</i>	25
DUPIXENT	56	ENTYVIO PEN	57
<i>dutasteride</i>	49	<i>enulose</i>	46
EBGLYSS	43	ENVARSUS XR	58
EBGLYSS	57	EPIDIOLEX	7
<i>ec-naproxen</i>	1	<i>epinephrine</i>	66
<i>econazole nitrate</i>	14	<i>eplerenone</i>	39
EDURANT PED	26	<i>ergotamine tartrate/caffeine</i>	15
<i>efavirenz</i>	26	ERIVEDGE	18
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	26	ERLEADA	16
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	26	<i>erlotinib hydrochloride</i>	18
<i>effek</i>	45	<i>errin</i>	54
<i>elinest</i>	52	<i>ertapenem sodium</i>	6
ELIQUIS	32	<i>ery</i>	44
ELIQUIS STARTER PACK	32	<i>erythromycin</i>	44
ELLA	61	<i>erythromycin</i>	63
ELMIRON	50	<i>erythromycin dr</i>	6
<i>eltrombopag olamine</i>	33	<i>erythromycin ethylsuccinate</i>	6
<i>eluryng</i>	52	<i>erythromycin/benzoyl peroxide</i>	42
EMGALITY	14	<i>escitalopram oxalate</i>	12
EMPAVELI	57	<i>eslicarbazepine acetate</i>	9
EMSAM	11	<i>esomeprazole magnesium</i>	48
		<i>estarylla</i>	52
		<i>estradiol</i>	52

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<i>estradiol/norethindrone acetate</i>	52	<i>fidaxomicin</i>	6
ESTRING	52	FILSPARI	37
<i>eszopiclone</i>	68	FINACEA	42
<i>ethambutol hydrochloride</i>	15	<i>finasteride</i>	49
<i>ethosuximide</i>	8	<i>fingolimod hydrochloride</i>	41
<i>ethynodiol diacetate/ethinyl estradiol</i>	52	FINTEPLA	7
<i>etodolac</i>	1	FIRMAGON	55
<i>etonogestrel/ethinyl estradiol</i>	52	FLAREX	64
<i>etravirine</i>	26	<i>flecainide acetate</i>	34
EUCRISA	43	<i>fluconazole</i>	14
EULEXIN	16	<i>fluconazole in sodium chloride</i>	14
<i>everolimus</i>	18	<i>flucytosine</i>	14
<i>everolimus</i>	58	<i>fludrocortisone acetate</i>	50
EVOTAZ	28	<i>flunisolide</i>	65
EVRYSDI	48	<i>fluocinolone acetonide</i>	43
<i>exemestane</i>	17	<i>fluocinonide</i>	43
EXXUA	11	<i>fluorometholone</i>	64
EXXUA TITRATION PACK	11	<i>fluorouracil</i>	44
<i>ezetimibe</i>	38	<i>fluoxetine hydrochloride</i>	12
<i>ezetimibe/simvastatin</i>	38	<i>fluphenazine decanoate</i>	22
FABRAZYME	48	<i>fluphenazine hcl</i>	22
<i>falmina</i>	52	<i>fluphenazine hydrochloride</i>	23
<i>famciclovir</i>	28	<i>flurbiprofen</i>	1
<i>famotidine</i>	48	<i>flurbiprofen sodium</i>	64
FANAPT	23	FLUTICASONE FUROATE/VILANTEROL ELLIPTA	68
FANAPT TITRATION PACK A	23	<i>fluticasone propionate</i>	43
FANAPT TITRATION PACK B	23	<i>fluticasone propionate</i>	65
FANAPT TITRATION PACK C	23	<i>fluticasone propionate/salmeterol</i>	68
FARXIGA	39	<i>fluticasone propionate/salmeterol diskus</i>	68
FASENRA	68	<i>fluvastatin</i>	38
FASENRA PEN	68	<i>fluvastatin sodium er</i>	38
<i>febuxostat</i>	14	<i>fluvoxamine maleate</i>	12
<i>feirza 1.5/30</i>	52	<i>folic acid</i>	46
<i>feirza 1/20</i>	52	<i>fondaparinux sodium</i>	32
<i>felbamate</i>	7	<i>fosamprenavir calcium</i>	28
<i>felodipine er</i>	35	<i>fosfomycin tromethamine</i>	4
<i>fenofibrate</i>	38	<i>fosinopril sodium</i>	34
<i>fenofibrate micronized</i>	38	<i>fosinopril sodium/hydrochlorothiazide</i>	37
<i>fenofibric acid dr</i>	38	FOTIVDA	18
<i>fentanyl</i>	1	FRAGMIN	32
<i>fesoterodine fumarate er</i>	49	FRUZAQLA	18
FETZIMA	12	<i>furosemide</i>	37
FETZIMA TITRATION PACK	12	FYAVOLV	52

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<i>gabapentin</i>	8	GVOKE PFS	31
<i>galantamine hydrobromide</i>	10	<i>hailey 1.5/30</i>	52
<i>galantamine hydrobromide er</i>	10	<i>hailey fe 1.5/30</i>	52
<i>gallifrey</i>	54	<i>hailey fe 1/20</i>	52
GAMASTAN	56	<i>halobetasol propionate</i>	43
<i>ganciclovir</i>	25	<i>haloperidol</i>	23
GARDASIL 9	59	<i>haloperidol decanoate</i>	23
<i>gatifloxacin</i>	63	<i>haloperidol lactate</i>	23
<i>gavilyte-c</i>	47	HAVRIX	59
<i>gavilyte-g</i>	47	<i>heather</i>	54
<i>gavilyte-n/flavor pack</i>	47	<i>heparin sodium</i>	33
GAVRETO	18	HEPLISAV-B	59
<i>gefitinib</i>	18	HERNEXEOS	18
<i>gemfibrozil</i>	38	HIBERIX	59
GEMTESA	49	HIZENTRA	56
<i>generlac</i>	47	HUMALOG	31
<i>engraf</i>	58	HUMALOG JUNIOR KWIKPEN	31
GENOTROPIN	50	HUMALOG KWIKPEN	31
GENOTROPIN MINIQUICK	50	HUMALOG MIX 50/50 KWIKPEN	31
<i>gentamicin sulfate</i>	3	HUMALOG MIX 75/25	31
<i>gentamicin sulfate</i>	63	HUMALOG MIX 75/25 KWIKPEN	31
<i>gentamicin sulfate pediatric</i>	3	HUMATIN	3
GENVOYA	26	HUMULIN 70/30	31
GILOTRIF	18	HUMULIN 70/30 KWIKPEN	31
<i>glatiramer acetate</i>	41	HUMULIN N	31
<i>glimepiride</i>	29	HUMULIN N KWIKPEN	31
<i>glipizide</i>	29	HUMULIN R	31
<i>glipizide er</i>	29	HUMULIN R U-500 (CONCENTRATED)	31
<i>glipizide xl</i>	29	HUMULIN R U-500 KWIKPEN	31
<i>glipizide/metformin hydrochloride</i>	29	<i>hydralazine hydrochloride</i>	39
<i>glucagon emergency kit for low blood sugar</i>	31	<i>hydrochlorothiazide</i>	38
<i>glyburide</i>	29	<i>hydrocodone bitartrate/acetaminophen</i>	2
<i>glyburide/metformin hydrochloride</i>	29	<i>hydrocodone/acetaminophen</i>	2
<i>glycopyrrolate</i>	47	<i>hydrocortisone</i>	43
GLYXAMBI	29	<i>hydrocortisone</i>	50
GOMEKLI	18	<i>hydrocortisone</i>	61
<i>griseofulvin microsize</i>	14	<i>hydrocortisone valerate</i>	43
<i>griseofulvin ultramicrosize</i>	14	<i>hydrocortisone/acetic acid</i>	64
<i>guanfacine hydrochloride</i>	34	<i>hydromorphone hcl</i>	2
<i>guanfacine hydrochloride er</i>	40	<i>hydromorphone hydrochloride</i>	2
GVOKE HYPOPEN 1-PACK	31	<i>hydroxychloroquine sulfate</i>	21
GVOKE HYPOPEN 2-PACK	31	<i>hydroxyurea</i>	16
GVOKE KIT	31	<i>hydroxyzine hcl</i>	65

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<i>hydroxyzine hydrochloride</i>	65	INTELENCE	26
<i>hydroxyzine pamoate</i>	65	<i>introvale</i>	52
HYPERHEP B	56	INVEGA HAFYERA	23
HYRNUO	18	INVEGA SUSTENNA	23
<i>ibandronate sodium</i>	61	INVEGA TRINZA	24
IBRANCE	16	IPOL INACTIVATED IPV	59
IBRANCE	18	<i>ipratropium bromide</i>	65
IBTROZI	18	<i>ipratropium bromide hfa</i>	65
<i>ibu</i>	1	<i>ipratropium bromide/albuterol sulfate</i>	68
<i>ibuprofen</i>	1	<i>irbesartan</i>	34
<i>icatibant acetate</i>	56	<i>irbesartan/hydrochlorothiazide</i>	37
<i>iclevia</i>	52	ISENTRESS	26
ICLUSIG	18	ISENTRESS HD	26
<i>icosapent ethyl</i>	38	ISONIAZID	15
IDHIFA	18	<i>isosorbide dinitrate</i>	39
IDVYNZO	26	<i>isosorbide dinitrate/hydralazine hydrochloride</i>	37
IGALMI	29	<i>isosorbide mononitrate</i>	39
ILEVRO	64	<i>isosorbide mononitrate er</i>	39
<i>imatinib mesylate</i>	18	<i>isotretinoin</i>	42
IMBRUVICA	18	ISTURISA	50
<i>imipenem/cilastatin</i>	6	ITOVEBI	16
<i>imipramine hcl</i>	13	<i>itraconazole</i>	14
<i>imipramine hydrochloride</i>	13	<i>ivabradine hydrochloride</i>	37
<i>imiquimod</i>	44	<i>ivermectin</i>	21
IMKELDI	18	IWILFIN	16
IMOVAX RABIES (H.D.C.V.)	59	IXIARO	59
IMPAVIDO	4	<i>jaimiess</i>	52
INBRIJA	22	JAKAFI	19
<i>incassia</i>	54	JAKAFI XR	19
INCRELEX	50	<i>jantoven</i>	33
INCRUSE ELLIPTA	65	JANUMET	30
<i>indapamide</i>	38	JANUMET XR	29
<i>indomethacin</i>	1	JANUVIA	30
<i>indomethacin er</i>	1	JARDIANCE	39
INFANRIX	59	JAYPIRCA	19
INFLIXIMAB	58	<i>jencycla</i>	54
INGREZZA	41	JENTADUETO	30
INLURIYO	16	JENTADUETO XR	30
INLYTA	18	<i>jinteli</i>	52
INQOVI	18	<i>jolessa</i>	52
INREBIC	16	JOURNAVX	1
<i>insulin lispro</i>	31	JUBBONTI	61
INSULIN SYRINGES, NEEDLES	61	JULUCA	26

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<i>junel 1.5/30</i>	52	<i>lamotrigine starter kit/blue</i>	7
<i>junel 1/20</i>	52	<i>lamotrigine starter kit/green</i>	7
<i>junel fe 1.5/30</i>	52	<i>lamotrigine starter kit/orange</i>	7
<i>junel fe 1/20</i>	52	<i>lansoprazole</i>	48
JYLAMVO	58	LANTUS	31
JYNNEOS	59	LANTUS SOLOSTAR	31
KALETRA	28	<i>lapatinib ditosylate</i>	19
KALYDECO	66	<i>larin 1.5/30</i>	52
<i>kariva</i>	52	<i>larin 1/20</i>	52
<i>kelnor 1/35</i>	52	<i>larin fe 1.5/30</i>	53
KERENDIA	39	<i>larin fe 1/20</i>	53
KESIMPTA	41	<i>latanoprost</i>	64
<i>ketoconazole</i>	14	LAZCLUZE	17
<i>ketorolac tromethamine</i>	1	<i>leflunomide</i>	58
<i>ketorolac tromethamine</i>	64	<i>lenalidomide</i>	16
<i>ketorolac tromethamine +rfid</i>	1	LENVIMA 10 MG DAILY DOSE	19
KINERET	57	LENVIMA 12MG DAILY DOSE	19
KINRIX	59	LENVIMA 14 MG DAILY DOSE	19
<i>kionex</i>	46	LENVIMA 18 MG DAILY DOSE	19
KISQALI	19	LENVIMA 20 MG DAILY DOSE	19
KISQALI FEMARA 400 DOSE	16	LENVIMA 24 MG DAILY DOSE	19
KISQALI FEMARA 600 DOSE	17	LENVIMA 4 MG DAILY DOSE	19
<i>klayesta</i>	14	LENVIMA 8 MG DAILY DOSE	19
<i>klor-con</i>	45	LEQEMBI IQLIK	10
<i>klor-con 10</i>	45	<i>lessina</i>	53
<i>klor-con 8</i>	45	<i>letrozole</i>	17
<i>klor-con m10</i>	45	<i>leucovorin calcium</i>	17
<i>klor-con m15</i>	45	LEUKERAN	15
<i>klor-con m20</i>	45	LEUKINE	33
KLOXXADO	3	<i>leuprolide acetate</i>	56
KOMZIFTI	17	<i>levalbuterol hcl</i>	66
KOSELUGO	19	<i>levalbuterol hydrochloride</i>	66
KRAZATI	19	<i>levalbuterol tartrate hfa</i>	66
<i>kurvelo</i>	52	<i>levetiracetam</i>	7
KYGEVVI	61	<i>levetiracetam er</i>	7
<i>labetalol hydrochloride</i>	35	<i>levobunolol hcl</i>	64
<i>lacosamide</i>	9	<i>levocarnitine</i>	62
<i>lactulose</i>	47	<i>levocetirizine dihydrochloride</i>	65
<i>lamivudine</i>	25	<i>levofloxacin</i>	6
<i>lamivudine</i>	27	LEVOFLOXACIN	63
<i>lamivudine/zidovudine</i>	27	<i>levofloxacin in d5w</i>	6
<i>lamotrigine</i>	7	<i>levonest</i>	53
<i>lamotrigine er</i>	7	<i>levonorgestrel and ethinyl estradiol</i>	53

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<i>levonorgestrel/ethinyl estradiol</i>	53	LUPRON DEPOT (3-MONTH)	56
<i>levora 0.15/30-28</i>	53	LUPRON DEPOT (4-MONTH)	56
LEVO-T	55	LUPRON DEPOT (6-MONTH)	56
<i>levothyroxine sodium</i>	55	LUPRON DEPOT-PED (1-MONTH)	56
LEVOXYL	55	LUPRON DEPOT-PED (3-MONTH)	56
<i>l-glutamine</i>	48	<i>lurasidone hydrochloride</i>	24
<i>lidocaine</i>	2	<i>lutera</i>	53
<i>lidocaine hydrochloride viscous</i>	41	LYBALVI	24
<i>lidocaine viscous</i>	41	<i>lyleq</i>	54
<i>lidocaine/prilocaine</i>	2	<i>lyllana</i>	53
LIFYORLI	19	LYNPARZA	19
LILETTA	54	LYSODREN	17
<i>linezolid</i>	4	LYTGOBI	19
LINZESS	47	LYUMJEV	31
<i>liomny</i>	55	LYUMJEV KWIKPEN	31
<i>liothyronine sodium</i>	55	<i>lyza</i>	54
<i>lisinopril</i>	34	<i>macitentan</i>	67
<i>lisinopril/hydrochlorothiazide</i>	37	<i>magnesium sulfate</i>	45
<i>lithium</i>	29	<i>malathion</i>	44
<i>lithium carbonate</i>	29	<i>maraviroc</i>	27
<i>lithium carbonate er</i>	29	<i>marlissa</i>	53
LIVTENCITY	25	MARPLAN	11
<i>lojaimiess</i>	53	MATULANE	16
LOKELMA	46	<i>matzim la</i>	36
<i>lomustine</i>	15	MAVYRET	25
LONSURF	17	MAYZENT	41
<i>loperamide hydrochloride</i>	47	MAYZENT STARTER PACK	41
<i>lopinavir/ritonavir</i>	28	<i>meclizine hcl</i>	13
<i>lorazepam</i>	29	<i>meclizine hydrochloride</i>	13
<i>lorazepam intensol</i>	29	<i>medroxyprogesterone acetate</i>	55
LORBRENA	19	<i>mefloquine hydrochloride</i>	21
<i>losartan potassium</i>	34	<i>megestrol acetate</i>	55
<i>losartan potassium/hydrochlorothiazide</i>	37	MEKINIST	19
<i>loteprednol etabonate</i>	64	MEKTOVI	19
<i>lovastatin</i>	38	<i>meleya</i>	55
<i>low-ogestrel</i>	53	<i>meloxicam</i>	1
<i>loxapine</i>	23	<i>memantine hcl titration pak</i>	10
<i>lubiprostone</i>	47	<i>memantine hydrochloride</i>	10
<i>luizza 1.5/30</i>	53	<i>memantine hydrochloride er</i>	10
<i>luizza 1/20</i>	53	MENQUADFI	60
LUMAKRAS	19	MENVEO	60
LUMIGAN	64	<i>mercaptopurine</i>	16
LUPRON DEPOT (1-MONTH)	56	<i>meropenem</i>	6

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<i>mesalamine</i>	61	<i>minocycline hcl</i>	7
<i>mesalamine dr</i>	60	<i>minocycline hydrochloride</i>	7
<i>mesalamine er</i>	61	<i>minoxidil</i>	39
MESNA	21	<i>mirtazapine</i>	11
<i>metformin hydrochloride</i>	30	<i>mirtazapine odt</i>	11
<i>metformin hydrochloride er</i>	30	<i>misoprostol</i>	48
<i>methadone hcl</i>	1	M-M-R II	60
<i>methadone hydrochloride</i>	1	<i>modafinil</i>	69
<i>methadone hydrochloride intensol</i>	1	MODEYSO	17
<i>methenamine hippurate</i>	4	<i>moexipril hydrochloride</i>	34
<i>methimazole</i>	56	<i>molindone hydrochloride</i>	23
<i>methocarbamol</i>	68	<i>mometasone furoate</i>	43
<i>methotrexate</i>	59	<i>mometasone furoate</i>	65
<i>methotrexate sodium</i>	58	<i>mono-lynyah</i>	53
<i>methsuximide</i>	8	<i>montelukast sodium</i>	65
METHYLDOPA	34	<i>morphine sulfate</i>	2
<i>methylphenidate hydrochloride</i>	40	<i>morphine sulfate er</i>	2
<i>methylphenidate hydrochloride er</i>	40	MOUNJARO	30
<i>methylphenidate hydrochloride er (dif)</i>	40	MOVANTIK	47
<i>methylphenidate hydrochloride er (osm)</i>	40	<i>moxifloxacin hydrochloride/sodium</i>	7
<i>methylprednisolone</i>	50	<i>hydrochloride</i>	
<i>methylprednisolone dose pack</i>	50	<i>moxifloxacin hydrochloride</i>	7
<i>metoclopramide hcl</i>	47	<i>moxifloxacin hydrochloride</i>	63
<i>metoclopramide hydrochloride</i>	47	MRESVIA	60
<i>metolazone</i>	38	MULTAQ	35
<i>metoprolol succinate er</i>	35	<i>mupirocin</i>	44
<i>metoprolol tartrate</i>	35	<i>mycophenolate mofetil</i>	59
<i>metronidazole</i>	4	<i>mycophenolic acid dr</i>	59
<i>metronidazole</i>	42	MYRBETRIQ	49
<i>metronidazole vaginal</i>	4	<i>nabumetone</i>	1
<i>metyrosine</i>	37	<i>nadolol</i>	35
<i>mexiletine hydrochloride</i>	35	<i>nafcillin sodium</i>	6
<i>micafungin</i>	14	<i>naloxone hcl</i>	3
<i>microgestin 1.5/30</i>	53	<i>naloxone hydrochloride</i>	3
<i>microgestin 1/20</i>	53	<i>naltrexone hydrochloride</i>	2
<i>microgestin fe 1.5/30</i>	53	<i>naproxen</i>	1
<i>microgestin fe 1/20</i>	53	<i>naproxen dr</i>	1
<i>midodrine hydrochloride</i>	34	<i>naproxen sodium</i>	1
MIEBO	62	<i>naratriptan hcl</i>	15
<i>mifepristone</i>	56	NATACYN	63
<i>miglustat</i>	48	<i>nateglinide</i>	30
<i>mili</i>	53	NAYZILAM	8
<i>mimvey</i>	53	<i>nebivolol hydrochloride</i>	35

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<i>necon 0.5/35-28</i>	53	<i>norethindrone acetate/ethinyl</i>	53
<i>nefazodone hydrochloride</i>	12	<i>estradiol/ferrous fumarate</i>	
<i>neomycin sulfate</i>	3	<i>norgestimate/ethinyl estradiol</i>	53
<i>neomycin/polymyxin/bacitracin</i>	62	<i>norlyroc</i>	55
<i>neomycin/polymyxin/bacitracin zinc</i>	62	<i>nortrel 0.5/35 (28)</i>	53
<i>neomycin/polymyxin/bacitracin/hydrocortiso</i>	62	<i>nortrel 1/35</i>	53
<i>ne</i>		<i>nortrel 7/7/7</i>	53
<i>neomycin/polymyxin/dexamethasone</i>	63	<i>nortriptyline hcl</i>	13
<i>neomycin/polymyxin/gramicidin</i>	63	<i>nortriptyline hydrochloride</i>	13
<i>neomycin/polymyxin/hc</i>	64	NORVIR	28
<i>neomycin/polymyxin/hydrocortisone</i>	64	NOVOLIN 70/30	31
NERLYNX	19	NOVOLIN 70/30 FLEXPEN	31
NEULASTA	33	NOVOLIN 70/30 FLEXPEN RELION	31
NEULASTA ONPRO KIT	33	NOVOLIN 70/30 RELION	31
<i>nevirapine</i>	26	NOVOLIN N	31
<i>nevirapine er</i>	26	NOVOLIN N FLEXPEN	31
NEXLETOL	38	NOVOLIN N FLEXPEN RELION	31
NEXLIZET	38	NOVOLIN N RELION	31
NEXPLANON	55	NOVOLIN R	32
<i>niacin er</i>	38	NOVOLIN R FLEXPEN	31
NICOTROL NS	3	NOVOLIN R FLEXPEN RELION	31
<i>nifedipine er</i>	35	NOVOLIN R RELION	32
<i>nilotinib hydrochloride</i>	19	NOVOLOG	32
<i>nilutamide</i>	16	NOVOLOG FLEXPEN	32
<i>nimodipine</i>	35	NOVOLOG FLEXPEN RELION	32
NINLARO	19	NOVOLOG MIX 70/30	32
<i>nintedanib esylate</i>	67	NOVOLOG MIX 70/30 PREFILLED FLEXPEN	32
<i>nitazoxanide</i>	21	NOVOLOG MIX 70/30 PREFILLED FLEXPEN	32
<i>nitisinone</i>	48	RELION	
NITRO-BID	39	NOVOLOG MIX 70/30 RELION	32
<i>nitrofurantoin macrocrystals</i>	4	NOVOLOG PENFILL	32
<i>nitrofurantoin monohydrate</i>	4	NOVOLOG RELION	32
<i>nitrofurantoin monohydrate/macrocrystals</i>	4	NUBEQA	16
<i>nitroglycerin</i>	39	NUCALA	68
<i>nitroglycerin</i>	47	NUDEXTA	41
<i>nitroglycerin transdermal</i>	39	NUPLAZID	24
<i>nizatidine</i>	48	NURTEC	15
<i>nora-be</i>	55	NUTRILIPID	62
<i>norelgestromin/ethinyl estradiol</i>	53	<i>nyamyc</i>	14
<i>norethindrone</i>	55	<i>nylia 1/35</i>	53
<i>norethindrone acetate</i>	55	<i>nylia 7/7/7</i>	53
<i>norethindrone acetate/ethinyl estradiol</i>	53	<i>nystatin</i>	14
		<i>nystatin/triamcinolone</i>	44

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<i>nystatin/triamcinolone acetonide</i>	44	<i>orphenadrine citrate er</i>	68
<i>nystop</i>	14	<i>orquidea</i>	55
<i>octreotide acetate</i>	56	ORSERDU	16
ODEFSEY	27	<i>oseltamivir phosphate</i>	28
ODOMZO	19	OSENVLT	61
OFEV	67	OSPHENA	55
<i>ofloxacin</i>	63	OTEZLA	44
<i>ofloxacin</i>	64	OTEZLA	57
OGSIVEO	17	OTEZLA XR	44
OJEMDA	17	OTEZLA/OTEZLA XR 28 DAY TREATMENT	57
OJJAARA	19	INITIATION PACK	
<i>olanzapine</i>	24	<i>oxaprozin</i>	1
<i>olanzapine odt</i>	24	<i>oxcarbazepine</i>	9
<i>olmesartan medoxomil</i>	34	<i>oxybutynin chloride</i>	49
<i>olmesartan medoxomil/hydrochlorothiazide</i>	37	<i>oxybutynin chloride er</i>	49
<i>olopatadine hydrochloride</i>	63	<i>oxycodone hydrochloride</i>	2
<i>omega-3-acid ethyl esters</i>	38	<i>oxycodone/acetaminophen</i>	2
<i>omeprazole</i>	48	OZEMPIC	30
<i>omeprazole dr</i>	48	PACERONE	35
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5)	62	<i>paliperidone er</i>	24
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5)	62	PANRETIN	21
OMNIPOD 5 LIBRE INTRO KIT	62	<i>pantoprazole sodium</i>	48
OMNIPOD 5 LIBRE PODS	62	<i>paricalcitol</i>	61
OMNIPOD DASH INTRO KIT (GEN 4)	62	<i>paroxetine hcl</i>	12
OMNIPOD DASH PDM KIT (GEN 4)	62	<i>paroxetine hydrochloride</i>	12
OMNIPOD DASH PODS (GEN 4)	62	PAXLOVID	28
<i>ondansetron hcl</i>	13	<i>pazopanib hydrochloride</i>	19
<i>ondansetron hydrochloride</i>	13	PEDIARIX	60
<i>ondansetron odt</i>	13	PEDVAXHIB	60
ONPATTRO	48	<i>peg-3350/electrolytes</i>	47
ONUREG	17	<i>peg-3350/nacl/na bicarbonate/kcl</i>	47
OPIPZA	24	PEGASYS	58
OPVEE	3	PEGASYS	59
ORENCIA	57	PEMAZYRE	19
ORENCIA	59	PENBRAYA	60
ORENCIA CLICKJECT	57	<i>penicillamine</i>	46
ORENITRAM	67	<i>penicillin g sodium</i>	6
ORENITRAM TITRATION KIT MONTH 1	67	<i>penicillin v potassium</i>	6
ORENITRAM TITRATION KIT MONTH 2	67	PENMENVY	60
ORENITRAM TITRATION KIT MONTH 3	67	PENTACEL	60
ORGOVYX	56	<i>pentamidine isethionate</i>	21
ORKAMBI	66	<i>pentoxifylline er</i>	37
		<i>perampanel</i>	8

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<i>periogard</i>	42	<i>pravastatin sodium</i>	38
<i>permethrin</i>	44	<i>praziquantel</i>	21
<i>perphenazine</i>	23	<i>prazosin hydrochloride</i>	34
PERSERIS	24	<i>prednisolone</i>	50
<i>phenelzine sulfate</i>	11	<i>prednisolone acetate</i>	64
<i>phenobarbital</i>	9	<i>prednisolone sodium phosphate</i>	50
PHENYTEK	9	<i>prednisone</i>	50
<i>phenytoin</i>	9	<i>pregabalin</i>	9
<i>phenytoin infatabs</i>	9	PREMARIN	54
<i>phenytoin sodium extended</i>	9	PREMPHASE	54
PHESGO	17	PREMPRO	54
<i>philith</i>	53	<i>prenatal</i>	46
<i>phytonadione</i>	46	PRETOMANID	15
PIFELTRO	26	<i>prevalite</i>	38
<i>pilocarpine hydrochloride</i>	42	PREVYMIS	25
<i>pilocarpine hydrochloride</i>	64	PREZCOBIX	28
<i>pimecrolimus</i>	43	PREZISTA	28
<i>pimozide</i>	23	PRIFTIN	15
<i>pimtrea</i>	53	<i>primaquine phosphate</i>	22
<i>pindolol</i>	35	<i>primidone</i>	9
<i>pioglitazone hcl</i>	30	PRIORIX	60
<i>pioglitazone hcl/metformin hcl</i>	30	PRIVIGEN	56
<i>pioglitazone hydrochloride</i>	30	PROAIR RESPICLICK	66
<i>piperacillin sodium/tazobactam sodium</i>	6	<i>probenecid</i>	14
PIQRAY 200MG DAILY DOSE	19	<i>probenecid/colchicine</i>	14
PIQRAY 250MG DAILY DOSE	20	<i>prochlorperazine</i>	13
PIQRAY 300MG DAILY DOSE	20	<i>prochlorperazine maleate</i>	13
<i>pirfenidone</i>	67	PROCRIT	33
<i>piroxicam</i>	1	<i>procto-med hc</i>	61
<i>pitavastatin calcium</i>	38	<i>progesterone</i>	55
PLENAMINE	45	PROGRAF	59
<i>podofilox</i>	44	PROLASTIN-C	48
<i>polymyxin b sulfate/trimethoprim sulfate</i>	63	<i>promethazine hcl</i>	13
<i>pomalidomide</i>	16	<i>promethazine hydrochloride</i>	13
POMALYST	16	<i>promethegan</i>	13
<i>portia-28</i>	54	<i>propafenone hcl</i>	35
<i>posaconazole</i>	14	<i>propafenone hydrochloride</i>	35
<i>posaconazole dr</i>	14	<i>propafenone hydrochloride er</i>	35
<i>potassium chloride</i>	46	<i>propranolol hcl</i>	35
<i>potassium chloride er</i>	45	<i>propranolol hydrochloride</i>	35
<i>potassium citrate er</i>	46	<i>propranolol hydrochloride er</i>	35
<i>pramipexole dihydrochloride</i>	22	<i>propylthiouracil</i>	56

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PROQUAD	60	<i>ribavirin</i>	25
<i>protriptyline hcl</i>	13	<i>rifabutin</i>	15
PULMOZYME	66	<i>rifampin</i>	15
<i>pyrazinamide</i>	15	<i>rilpivirine hydrochloride</i>	26
<i>pyridostigmine bromide</i>	15	<i>riluzole</i>	41
<i>pyrimethamine</i>	22	RINVOQ	57
PYRUKYND	48	RINVOQ LQ	57
PYRUKYND TAPER PACK	48	<i>risedronate sodium</i>	61
QINLOCK	20	<i>risperidone</i>	24
QUADRACEL	60	<i>risperidone er</i>	24
<i>quetiapine fumarate</i>	24	<i>risperidone odt</i>	24
<i>quetiapine fumarate er</i>	24	<i>ritonavir</i>	28
<i>quinapril hydrochloride</i>	34	<i>rivaroxaban</i>	33
<i>quinapril/hydrochlorothiazide</i>	37	<i>rivastigmine tartrate</i>	10
<i>quinidine sulfate</i>	35	<i>rivastigmine transdermal system</i>	10
<i>quinine sulfate</i>	22	RIVFLOZA	62
QVAR REDIHALER	65	<i>rizatriptan benzoate</i>	15
RABAVERT	60	<i>rizatriptan benzoate odt</i>	15
<i>rabeprazole sodium</i>	48	ROCKLATAN	63
RALDESY	12	<i>roflumilast</i>	66
<i>raloxifene hydrochloride</i>	55	ROMVIMZA	20
<i>ramelteon</i>	68	<i>ropinirole er</i>	22
<i>ramipril</i>	34	<i>ropinirole hcl</i>	22
<i>ranolazine er</i>	37	<i>ropinirole hydrochloride</i>	22
<i>rasagiline mesylate</i>	22	<i>rosuvastatin calcium</i>	38
RAYALDEE	61	ROTARIX	60
RECOMBIVAX HB	60	ROTATEQ	60
<i>repaglinide</i>	30	<i>roweepra</i>	8
REPATHA	39	ROZLYTREK	20
REPATHA SURECLICK	39	RUBRACA	20
RESTASIS	63	<i>rufinamide</i>	10
RESTASIS MULTIDOSE	63	RUKOBIA	27
RETACRIT	33	RYBELSUS	30
RETEVMO	20	RYDAPT	20
REVCOVI	48	<i>sacubitril/valsartan</i>	37
REVUFORJ	17	SANTYL	44
REXTOVY	3	<i>sapropterin dihydrochloride</i>	48
REXULTI	24	SAVELLA	41
REYATAZ	28	SAVELLA TITRATION PACK	41
REZDIFFRA	55	SCSEMBLIX	20
REZLIDHIA	20	<i>scopolamine</i>	13
REZUROCK	59	SECUADO	24
RHOPRESSA	64	<i>selegiline hcl</i>	22

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SELZENTRY	27	SPEVIGO	43
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<i>sertraline hcl</i>	12	<i>spironolactone</i>	39
<i>sertraline hydrochloride</i>	12	<i>spironolactone/hydrochlorothiazide</i>	37
<i>setlakin</i>	54	SPRAVATO 56MG DOSE	11
<i>sevelamer hydrochloride</i>	46	SPRAVATO 84MG DOSE	11
SFROWASA	61	<i>sprintec 28</i>	54
<i>sharobel</i>	55	SPRITAM	8
SHINGRIX	60	SPS	46
SIGNIFOR	56	<i>sronyx</i>	54
<i>sildenafil</i>	50	<i>ssd</i>	44
<i>sildenafil citrate</i>	50	STARJEMZA	57
<i>sildenafil citrate</i>	67	STEQEYMA	57
<i>silodosin</i>	49	STIOLTO RESPIMAT	68
<i>silver sulfadiazine</i>	44	STIVARGA	20
SIMBRINZA	63	<i>stoboclo</i>	61
<i>simliya</i>	54	STRENSIQ	49
<i>simpesse</i>	54	<i>streptomycin sulfate</i>	3
<i>simvastatin</i>	38	STRIBILD	26
<i>sirolimus</i>	59	SUBVENITE	8
SIRTURO	15	<i>subvenite starter kit/blue</i>	8
SIVEXTRO	4	<i>subvenite starter kit/green</i>	8
SKYCLARYS	62	<i>subvenite starter kit/orange</i>	8
SKYRIZI	57	SUCRAID	49
SKYRIZI PEN	57	<i>sucrafate</i>	48
<i>sodium chloride</i>	46	<i>sulfacetamide sodium</i>	63
<i>sodium chloride 0.45%</i>	46	<i>sulfacetamide sodium/prednisolone sodium</i>	63
<i>sodium chloride 0.9%</i>	62	<i>phosphate</i>	
<i>sodium oxybate</i>	69	<i>sulfadiazine</i>	7
<i>sodium phenylbutyrate</i>	49	<i>sulfamethoxazole/trimethoprim</i>	7
<i>sodium polystyrene sulfonate</i>	46	<i>sulfamethoxazole/trimethoprim ds</i>	7
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	47	<i>sulfasalazine</i>	61
<i>sofosbuvir/velpatasvir</i>	25	<i>sulindac</i>	1
<i>solifenacin succinate</i>	49	<i>sumatriptan</i>	15
SOLQUA 100/33	30	<i>sumatriptan succinate</i>	15
SOLTAMOX	16	<i>sunitinib malate</i>	20
SOMAVERT	56	SUNLENCA	27
<i>sorafenib</i>	20	SUTAB	47
<i>sorafenib tosylate</i>	20	SYMPAZAN	9
<i>sotalol hcl</i>	35	SYMTUZA	28
<i>sotalol hydrochloride</i>	35	SYNJARDY	30
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TABRECTA	20	TIBSOVO	20
<i>tacrolimus</i>	43	<i>ticagrelor</i>	34
<i>tacrolimus</i>	59	TICOVAC	60
<i>tacrolimus er</i>	59	<i>tigecycline</i>	4
<i>tadalafil</i>	49	<i>timolol maleate</i>	15
<i>tadalafil</i>	50	<i>timolol maleate</i>	64
<i>tadalafil</i>	67	<i>tinidazole</i>	4
TAFINLAR	20	<i>tiotropium bromide</i>	65
TAGRISSO	20	TIVICAY	26
TALICIA	47	TIVICAY PD	26
TALZENNA	20	<i>tizanidine hcl</i>	25
<i>tamoxifen citrate</i>	16	<i>tizanidine hydrochloride</i>	25
<i>tamsulosin hydrochloride</i>	49	TOBI PODHALER	66
<i>tarina fe 1/20 eq</i>	54	TOBRADEX	63
TARPEYO	61	<i>tobramycin</i>	63
TAVNEOS	57	<i>tobramycin</i>	66
<i>tazarotene</i>	42	<i>tobramycin sulfate</i>	3
TAZICEF	5	<i>tobramycin/dexamethasone</i>	63
TAZVERIK	20	<i>tofacitinib citrate</i>	57
<i>telmisartan</i>	34	<i>tofacitinib citrate er</i>	57
<i>telmisartan/hydrochlorothiazide</i>	37	<i>tolterodine tartrate</i>	49
<i>temazepam</i>	68	<i>tolterodine tartrate er</i>	49
TENIVAC	60	<i>tolvaptan</i>	46
<i>tenofovir disoproxil fumarate</i>	27	<i>topiramate</i>	8
TEPMETKO	20	<i>topotecan hcl</i>	17
<i>terazosin hcl</i>	50	<i>topotecan hydrochloride</i>	17
<i>terazosin hydrochloride</i>	50	<i>toremifene citrate</i>	16
<i>terbinafine hcl</i>	14	<i>torsemide</i>	38
<i>terconazole</i>	14	TOUJEO MAX SOLOSTAR	32
<i>teriparatide</i>	61	TOUJEO SOLOSTAR	32
<i>testosterone</i>	51	TRADJENTA	30
<i>testosterone cypionate</i>	50	<i>tramadol hydrochloride</i>	2
<i>testosterone enanthate</i>	50	<i>tramadol hydrochloride/acetaminophen</i>	2
<i>testosterone pump</i>	51	<i>trandolapril</i>	34
<i>tetrabenazine</i>	41	<i>tranexamic acid</i>	33
<i>tetracycline hydrochloride</i>	7	<i>tranylcypromine sulfate</i>	11
TEVIMBRA	21	<i>travoprost</i>	64
THALOMID	16	<i>trazodone hydrochloride</i>	12
<i>theophylline er</i>	66	TRELEGY ELLIPTA	68
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<i>thiothixene</i>	23	TREMFYA	57

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TREMFYA PEN	57	UBRELVY	15
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TRESIBA FLEXTOUCH	32	UDENYCA ONBODY	33
<i>tretinoin</i>	21	UNITHROID	55
<i>tretinoin</i>	42	<i>urea</i>	44
<i>triamcinolone acetonide</i>	43	<i>ursodiol</i>	47
<i>triamcinolone acetonide dental paste</i>	42	<i>valacyclovir hydrochloride</i>	28
<i>triamterene</i>	38	VALCHLOR	16
<i>triamterene/hydrochlorothiazide</i>	37	<i>valganciclovir</i>	25
<i>triderm</i>	43	<i>valganciclovir hydrochloride</i>	25
<i>trientine hydrochloride</i>	46	<i>valproic acid</i>	8
<i>tri-estarylla</i>	54	<i>valsartan</i>	34
<i>trifluoperazine hcl</i>	23	<i>valsartan/hydrochlorothiazide</i>	37
<i>trifluoperazine hydrochloride</i>	23	VALTOCO 10 MG DOSE	9
<i>trifluridine</i>	63	VALTOCO 15 MG DOSE	9
<i>trihexyphenidyl hydrochloride</i>	22	VALTOCO 20 MG DOSE	9
TRIJARDY XR	30	VALTOCO 5 MG DOSE	9
TRIKAFTA	66	VALTYA 1/35	54
<i>tri-lynyah</i>	54	<i>valtya 1/50</i>	54
<i>trimethoprim</i>	4	<i>vancomycin hcl</i>	4
<i>tri-mili</i>	54	<i>vancomycin hydrochloride</i>	4
<i>trimipramine maleate</i>	13	VANFLYTA	20
TRINTELLIX	12	VAQTA	60
<i>tri-sprintec</i>	54	<i>varenicline starting month</i>	3
TRIUMEQ	27	<i>varenicline tartrate</i>	3
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<i>tri-vylibra</i>	54	VARIVAX	60
<i>trospium chloride</i>	49	VAXCHORA	60
<i>trospium chloride er</i>	49	VAXELIS	60
TRULICITY	30	VELPHORO	46
TRUMENBA	60	VELTASSA	46
TRUQAP	20	VENCLEXTA	20
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<i>vigadrone</i>	9	XOFLUZA	28
VIGAFYDE	9	XOLAIR	57
<i>vilazodone hydrochloride</i>	12	XOLREMDI	33
VIMKUNYA	60	XOSPATA	21
<i>viorele</i>	54	XPOVIO	21
VIRACEPT	28	XPOVIO 60 MG TWICE WEEKLY	21
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VITRAKVI	20	XTANDI	16
VIVITROL	2	<i>xulane</i>	54
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<i>volnea</i>	54	YONSA	16
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PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN.

This formulary was updated on 08/06/2026. 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.



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

Esta lista de medicamentos cubiertos se actualizó el 08/06/2026. 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.