Alameda Alliance Wellness, HMO D-SNP

Lista de medicamentos cubiertos (*Lista de medicamentos* o formulario) de 2026

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

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Para obtener una lista completa de medicamentos o si tiene otras preguntas, comuníquese con nosotros al **1.888.88A.DSNP** (**1.888.882.3767**) (TTY: **1.800.735.2929**), los siete (7) días de la semana, de 8:00 a. m. a 8:00 p. m., o visite **www.alamedaalliance.org/alliancewellness**.

Esta *Lista de medicamentos* se actualizó el 20 de Octubre de 2026.

Para obtener información más reciente u otras preguntas, comuníquese con nosotros al **1.888.88A.DSNP** (**1.888.882.3767**) (TTY: **1.800.735.2929**), los siete (7) días de la semana, de 8:00 a. m. a 8:00 p. m., o visite **www.alamedaalliance.org/alliancewellness**.

Introducción

Este documento se llama *Lista de medicamentos cubiertos* (también conocida como *Lista de medicamentos*). Le dice qué medicamentos y artículos cubre Alameda Alliance Wellness. La *Lista de medicamentos* también le dice si hay alguna regla o restricción especial sobre algún medicamento cubierto por Alameda Alliance Wellness. Los términos clave y sus definiciones aparecen en el último capítulo del *Manual para miembros*.

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A. Exenciones de responsabilidad

Esta es una lista de medicamentos que los miembros pueden obtener en Alameda Alliance Wellness.

Alameda Alliance Wellness es un plan D-SNP de una organización para el mantenimiento de la salud (Health Maintenance Organization, HMO) con un contrato de Medicare y un contrato con el Programa Medi-Cal (Medicaid) del estado de California. La inscripción en Alameda Alliance Wellness depende de la renovación del contrato.

- Siempre puede consultar la *Lista de medicamentos cubiertos* actualizada de Alameda Alliance Wellness en línea en **www.alamedaalliance.org/alliancewellness** o llamando al **1.888.88A.DSNP** (**1.888.882.3767**) (TTY: **1.800.735.2929**). La llamada es gratuita.
- Puede obtener este documento de forma gratuita en otros formatos, como letra grande, braille o audio. Llame al **1.888.88A.DSNP** (**1.888.882.3767**) (TTY: **1.800.735.2929**) *o* a los números que aparecen en la parte inferior de esta página *o* a los números del pie de página de este documento. La llamada es gratuita.
- *Este documento está disponible de forma gratuita en español, chino, vietnamita, farsi y tagalo.*

*ATTENTION: If you need help in your language, call **1.888.88A.DSNP** (**1.888.882.3767**) (TTY: **1.800.735.2929**). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call **1.888.88A.DSNP** (**1.888.882.3767**) (TTY: **1.800.735.2929**). These services are free of charge.*

(Arabic) العربية

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中文 (Chinese – Simplified)

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تماس بگیرید. این خدمات (**1.888.882.3767** (TTY: **1.800.735.2929** رایگان ارائه می‌شوند.

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Mien

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Русский (Russian)

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ATENCIÓN: si necesita ayuda en su idioma, llame al **1.888.882.3767** (TTY: **1.800.735.2929**). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al **1.888.882.3767** (TTY: **1.800.735.2929**). Estos servicios son gratuitos.

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Українська (Ukrainian)

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Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số **1.888.882.3767** (TTY: **1.800.735.2929**). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số **1.888.882.3767** (TTY: **1.800.735.2929**). Các dịch vụ này đều miễn phí.

- Puede solicitar que siempre le enviemos información en el idioma o formato que necesite. A esto se le llama solicitud permanente. Para obtener este documento en un idioma distinto al inglés o en un formato alternativo ahora y en el futuro, llame a Servicios al Miembro de Alameda Alliance Wellness al **1.888.88A.DSNP** (**1.888.882.3767**). Los usuarios de TTY pueden llamar al **1.800.735.2929**. Atendemos los siete (7) días de la semana, de 8:00 a. m. a 8:00 p. m. Servicios al Miembro guardará su idioma y formato preferidos en archivo para futuras comunicaciones. Para hacer cualquier actualización sobre sus preferencias, comuníquese con Servicios al Miembro de Alameda Alliance Wellness.

B. Preguntas frecuentes (Frequently Asked Questions, FAQ)

Encuentre aquí respuestas a las preguntas que tenga sobre esta *Lista de medicamentos cubiertos (Lista de medicamentos)*. Puede leer todas las FAQ para obtener más información o buscar una pregunta y su respuesta.

B1. ¿Qué medicamentos recetados están en la *Lista de medicamentos cubiertos*? (A la *Lista de medicamentos cubiertos* la llamamos "*Lista de medicamentos*" para abreviar).

Los medicamentos de la *Lista de medicamentos* que comienza en la **Sección C1** son los medicamentos que cubre Alameda Alliance Wellness. Los medicamentos están disponibles en farmacias de nuestra red. Una farmacia está en nuestra red si tenemos un acuerdo con ella para que trabaje con nosotros y le brinde servicios a usted. A estas farmacias las llamamos "farmacias de la red".

Otros medicamentos, como algunos de venta libre (Over-the-Counter, OTC) y ciertas vitaminas, pueden estar cubiertos por Medi-Cal Rx. Visite el sitio web de Medi-Cal Rx (www.medi-calrx.dhcs.ca.gov) para obtener más información. También puede llamar al Centro de Servicios al Miembro de Medi-Cal Rx al 800-977-2273. Lleve su tarjeta de identificación de beneficios (Benefits Identification Card, BIC) de Medi-Cal cuando surta recetas médicas a través de Medi-Cal Rx.

- Alameda Alliance Wellness cubrirá todos los medicamentos médicamente necesarios de la *Lista de medicamentos* si:
    - su médico u otro profesional que le receta el medicamento dice que usted lo necesita para mejorar o mantenerse saludable;
    - Alameda Alliance Wellness está de acuerdo con que el medicamento es médicamente necesario para usted, **y**
    - usted surte la receta médica en una farmacia de la red de Alameda Alliance Wellness.
- En algunos casos debe hacer algo antes de poder obtener un medicamento. Consulte la pregunta B4 para obtener más información.

También puede encontrar una lista actualizada de los medicamentos que cubrimos en nuestro sitio web en **www.alamedaalliance.org/alliancewellness** o llamando a Servicio al Miembro al **1.888.88A.DSNP** (**1.888.882.3767**) (TTY: **1.800.735.2929**) *o* a los números que aparecen en la parte inferior de esta página *o* a los números del pie de página de este documento.

B2. ¿La *Lista de medicamentos* puede cambiar en algún momento?

Sí, y Alameda Alliance Wellness debe seguir las reglas de Medicare y Medi-Cal al hacer cambios. Podemos agregar o quitar medicamentos de la *Lista de medicamentos* durante el año.

También podemos cambiar nuestras reglas sobre los medicamentos. Por ejemplo, podríamos:

- Decidir exigir o no autorización previa para un medicamento. (Autorización previa es el permiso de Alameda Alliance Wellness antes de que usted pueda obtener un medicamento).
- Agregar o cambiar la cantidad que puede obtener de un medicamento (llamados límites de cantidad).
- Agregar o cambiar restricciones de terapia escalonada sobre un medicamento. (La terapia escalonada significa que debe probar un medicamento antes de que cubramos otro).

Para obtener más información sobre estas reglas sobre medicamentos, consulte la pregunta B4.

Si está tomando un medicamento que estaba cubierto al **inicio** del año, generalmente no eliminaremos ni cambiaremos la cobertura de ese medicamento **durante el resto del año** a menos que:

- salga al mercado un medicamento nuevo y más barato que sea tan eficaz como el medicamento de la *Lista de medicamentos* actual, o
- nos enteremos de que un medicamento no es seguro, o
- un medicamento salga del mercado.

Las preguntas B3 y B6 que vienen a continuación tienen más información sobre lo que sucede cuando cambia la *Lista de medicamentos*.

- Siempre puede consultar la *Lista de medicamentos* actualizada de Alameda Alliance Wellness en línea en **www.alamedaalliance.org/alliancewellness**. Las actualizaciones de la *Lista de medicamentos* se publican en el sitio web mensualmente.
- También puede llamar a Servicios al Miembro al **1.888.88A.DSNP** (**1.888.882.3767**) (TTY: **1.800.735.2929**) *o* a los números que aparecen en la parte inferior de esta página *o* a los números del pie de página de este documento para consultar la *Lista de medicamentos* actual.

B3. ¿Qué sucede cuando hay un cambio en la *Lista de medicamentos*?

Algunos cambios a la *Lista de medicamentos* se producirán **de inmediato**. Por ejemplo:

- **Sustituciones de ciertas versiones nuevas de medicamentos.** Podemos quitar inmediatamente los medicamentos de la *Lista de medicamentos* si los reemplazamos por ciertas versiones nuevas, pero el costo del nuevo medicamento seguirá siendo de $0. Cuando agregamos una nueva versión de un medicamento, también podemos decidir mantener el medicamento de marca o el producto biológico original en la lista, pero cambiar sus reglas o límites de cobertura.
    - Es posible que no le informemos de este cambio, pero le enviaremos la información sobre el cambio específico que hagamos en el momento en el que suceda.
    - Podemos hacer estos cambios solo si el medicamento que estamos agregando:
        - es una nueva versión genérica de un medicamento de marca, o

- es una nueva versión biosimilar determinada de productos biológicos originales de la *Lista de medicamentos* (por ejemplo, agregar un biosimilar intercambiable que pueda sustituir a un producto biológico original sin una nueva receta médica).

- Algunos de estos tipos de medicamentos pueden ser nuevos para usted. Para obtener más información, consulte la **Sección B14**.

  - Usted o su proveedor puede solicitar una excepción a estos cambios. Le enviaremos un aviso con los pasos que debe dar para solicitar una excepción. Consulte las preguntas B10 a B12 para obtener más información sobre las excepciones.

- **Quitar medicamentos inseguros u otros medicamentos que se retiran del mercado.** En ocasiones, se puede encontrar que un medicamento es inseguro o este es retirado del mercado por otro motivo. Si esto sucede, podemos quitarlo de inmediato de nuestra *Lista de medicamentos*. Si usted está tomando el medicamento, le enviaremos un aviso después de que hagamos el cambio. Debe comunicarse con su proveedor o farmacia si tiene preguntas sobre el desecho del medicamento.

Podríamos hacer otros cambios que afecten los medicamentos que toma. Le informaremos con antelación sobre estos cambios a la *Lista de medicamentos*. Estos cambios podrían ocurrir si:

- La Administración de Alimentos y Medicamentos (Food and Drug Administration, FDA) proporciona nueva orientación o hay nuevas pautas clínicas sobre un medicamento.
- Quitamos un medicamento de marca de la *Lista de medicamentos* cuando agregamos un medicamento genérico que no es nuevo en el mercado**,** o
- eliminamos un producto biológico original al agregar un biosimilar, o
- cambiamos las reglas o los límites de cobertura para el medicamento de marca.

Cuando se produzcan estos cambios:

- le informaremos al menos 30 días antes de que hagamos el cambio a la *Lista de Medicamentos,* **o**
- le informaremos y le daremos un suministro del medicamento para 30 días después de que pida un resurtido.

Esto le dará tiempo para hablar con su médico u otro profesional que le receta el medicamento. Este puede ayudarle a decidir:

- si hay un medicamento similar en la *Lista de medicamentos* que puede tomar en su lugar, o
- si debe solicitar una excepción a estos cambios. Para obtener más información sobre las excepciones, consulte las preguntas B10 a B12.

B4. ¿Hay alguna restricción o límite sobre la cobertura de medicamentos o alguna medida que se deba tomar para obtener determinados medicamentos?

Sí, algunos medicamentos tienen reglas de cobertura o límites en la cantidad que puede usted obtener. En algunos casos, usted, su médico u otro profesional que le receta el medicamento deben hacer algo antes de que pueda obtenerlo. Por ejemplo:

- **Autorización previa:** para algunos medicamentos, usted, su médico u otro profesional que le receta el medicamento deben obtener autorización de Alameda Alliance Wellness antes de que pueda surtir su receta médica. La autorización previa es diferente de una remisión. Es posible que Alameda Alliance Wellness no cubra el medicamento si no obtiene autorización previa.

- **Límites de cantidad:** a veces, Alameda Alliance Wellness limita la cantidad de un medicamento que puede usted obtener.

- **Terapia escalonada:** a veces, Alameda Alliance Wellness requiere que usted haga una terapia escalonada. Esto significa que tendrá que probar medicamentos en un cierto orden para su afección médica. Es posible que tenga que probar un medicamento antes de que cubramos otro. Si el profesional que le receta el medicamento considera que el primero no le funciona, entonces cubriremos el segundo.

Puede averiguar si su medicamento tiene algún requisito o límite adicional consultando las tablas de la **Sección C1.** También puede obtener más información visitando nuestro sitio web en **www.alamedaalliance.org/alliancewellness**. Publicamos documentos en línea que explican nuestras restricciones de autorización previa y terapia escalonada. También puede solicitarnos que le enviemos una copia.

Puede solicitar una excepción a estos límites. Esto le dará tiempo para hablar con su médico u otro profesional que le receta el medicamento. Este puede ayudarle a decidir si hay un medicamento similar en la *Lista de medicamentos* que pueda tomar en su lugar o si debe solicitar una excepción. Consulte las preguntas B10 a B12 para obtener más información sobre las excepciones.

B5. ¿Cómo sabré si el medicamento que quiero tiene límites o si tengo que hacer algo para obtenerlo?

La tabla de la sección titulada "Lista de medicamentos por tipo de medicamento" tiene una columna titulada "Requisitos y límites".

B6. ¿Qué sucede si Alameda Alliance Wellness cambia sus reglas sobre cómo cubre algunos medicamentos (por ejemplo, autorización previa, límites de cantidad o restricciones de terapia escalonada)?

En algunos casos, le diremos con anticipación si agregamos o cambiamos la autorización previa, los límites de cantidad o las restricciones de terapia escalonada sobre un medicamento. Consulte la pregunta B3 para obtener más información sobre este aviso anticipado y las situaciones en las que es posible que no podamos decirle con anticipación cuando cambien nuestras reglas sobre medicamentos de la *Lista de medicamentos*.

B7. ¿Cómo puedo encontrar un medicamento en la *Lista de medicamentos*?

Hay dos formas de encontrar un medicamento:

- puede buscar alfabéticamente, **o**
- puede buscar por tipo de medicamento.

Para buscar **alfabéticamente**, busque su medicamento en la sección Índice de medicamentos cubiertos. Puede encontrarlo buscando el nombre del medicamento correspondiente.

Para buscar **por tipo de medicamento**, busque la **Sección C1** titulada "Lista de medicamentos por tipo de medicamento". Los medicamentos de esta sección están agrupados en categorías por tipo. Por ejemplo, si usted está tomando un medicamento para las migrañas, debe buscar en la categoría "Agentes contra la migraña – tratamiento de las migrañas". Ahí es donde encontrará medicamentos que tratan las migrañas.

B8. ¿Qué pasa si el medicamento que quiero tomar no está en la *Lista de medicamentos*?

Si no encuentra su medicamento en la *Lista de medicamentos*, llame a Servicios al Miembro al **1.888.88A.DSNP** (**1.888.882.3767**) (TTY: **1.800.735.2929**) *o* a los números que aparecen en la parte inferior de esta página *o* a los números del pie de página de este documento y pregunte al respecto. Si se entera de que Alameda Alliance Wellness no cubrirá el medicamento, puede hacer una de estas cosas:

- Solicite a Servicios al Miembro una lista de medicamentos como el que desea tomar. Luego muestre la lista a su médico u otro profesional que le receta el medicamento. Este puede recetarle un medicamento de la *Lista de medicamentos* que sea similar al que usted desea tomar. **O**
- Pídale a Alameda Alliance Wellness que haga una excepción para cubrir su medicamento. Consulte las preguntas B10 a B12 para obtener más información sobre las excepciones.

B9. ¿Qué pasa si soy un miembro nuevo de Alameda Alliance Wellness y no encuentro mi medicamento en la *Lista de medicamentos* o tengo un problema para obtenerlo?

Podemos ayudarle. Es posible que cubramos un suministro temporal para 30 días de su medicamento durante los primeros 90 días que sea miembro de Alameda Alliance Wellness. Esto le dará tiempo para hablar con su médico u otro profesional que le receta el medicamento. Este puede ayudarle a decidir si hay un medicamento similar en la *Lista de medicamentos* que pueda tomar en su lugar o si debe solicitar una excepción.

Si su receta médica es para menos días, permitiremos varios resurtidos para proporcionarle hasta un máximo de 30 días de medicamento.

Cubriremos un suministro de 30 días de su medicamento si:

- está tomando un medicamento que no está en nuestra *Lista de medicamentos*, **o**

- las reglas de nuestro plan no le permiten obtener la cantidad que ordenó su médico, **o**
- el medicamento requiere autorización previa de Alameda Alliance Wellness, **o**
- está tomando un medicamento que es parte de una restricción de terapia escalonada.

Si está tomando un medicamento que Alameda Alliance Wellness no considera que sea un medicamento de la Parte D y el medicamento no está en la *Lista de medicamentos*, y tiene un problema para obtenerlo, es posible que esté cubierto a través de Medi-Cal Rx. Si un medicamento excluido de la Parte D requiere una excepción y usted tiene una emergencia, Medi-Cal Rx permitirá un suministro del medicamento para no menos de 72 horas. Visite el sitio web de Medi-Cal Rx (www.medi-calrx.dhcs.ca.gov) para obtener más información. También puede llamar al Centro de Servicios al Miembro de Medi-Cal Rx al 800-977-2273. Lleve su BIC de Medi-Cal cuando surta recetas médicas a través de Medi-Cal Rx.

Si se encuentra en un hogar de ancianos u otro centro de atención médica a largo plazo, y necesita un medicamento que no está en la *Lista de medicamentos* o si no puede obtener fácilmente el medicamento que necesita, podemos ayudarle. Si ha estado en el plan durante más de 90 días, vive en un centro de atención médica a largo plazo y necesita un suministro de inmediato:

- Cubriremos un suministro para 31 días del medicamento que necesita (a menos que tenga una receta médica para menos días), independientemente de si es o no un miembro nuevo de Alameda Alliance Wellness.
- Esto se suma al suministro temporal durante los primeros 90 días que sea miembro de Alameda Alliance Wellness.

B10. ¿Puedo solicitar una excepción para cubrir mi medicamento?

Sí. Puede pedir a Alameda Alliance Wellness que haga una excepción para cubrir un medicamento que no está en la *Lista de medicamentos*.

También puede solicitarnos que cambiemos las reglas sobre su medicamento.

- Por ejemplo, Alameda Alliance Wellness puede limitar la cantidad de un medicamento que cubriremos. Si su medicamento tiene un límite, puede pedirnos que cambiemos el límite y cubramos más.
- Otros ejemplos: puede pedirnos que eliminemos restricciones de terapia escalonada o requisitos de autorización previa.

B11. ¿Cómo puedo pedir una excepción?

Para pedir una excepción, llame a Servicios al Miembro. Un representante de Servicios al Miembro trabajará con usted y el profesional que le receta el medicamento para ayudarle a pedir una excepción. También puede consultar el **Capítulo 9, Sección G2** del *Manual para miembros* para obtener más información sobre las excepciones.

B12. ¿Cuánto tiempo se lleva obtener una excepción?

Después de que recibamos una declaración del profesional que le receta el medicamento que respalde su solicitud de excepción, le daremos una decisión en un máximo de 72 horas. Para solicitar una excepción, usted o el profesional que le receta el medicamento debe enviar a Alameda Alliance Wellness un formulario de Solicitud de excepción de cobertura completado, que puede encontrar en nuestro sitio web o llamando a Servicios al Miembro al **1.888.88A.DSNP** (**1.888.882.3767**) (TTY: **1.800.735.2929**). El profesional que le receta el medicamento debe presentar una declaración de respaldo al patrocinador del plan que documente la solicitud.

Números de teléfono para solicitudes de excepción	
Línea telefónica para profesionales que recetan medicamentos	**1.833.793.3767**
Solicitud por fax estándar de profesionales que recetan medicamentos	**1.855.508.1714**
Solicitud por fax urgente de profesionales que recetan medicamentos	**1.855.806.6237**

Si usted o el profesional que le receta el medicamento cree que su salud puede verse perjudicada si tiene que esperar 72 horas para recibir una decisión, puede solicitar una excepción expedita. Esta es una decisión más rápida. Si su profesional que le receta el medicamento respalda su solicitud, le daremos una decisión dentro de las 24 horas después de recibir su declaración de respaldo.

B13. ¿Qué son los medicamentos genéricos?

Los medicamentos genéricos están compuestos de los mismos ingredientes activos que los medicamentos de marca. Por lo general, cuestan menos que el medicamento de marca y generalmente funcionan igual de bien. Generalmente no tienen nombres conocidos. Los medicamentos genéricos están aprobados por la Administración de Alimentos y Medicamentos (FDA). Hay medicamentos genéricos disponibles para muchos medicamentos de marca. Los medicamentos genéricos generalmente pueden sustituir a los medicamentos de marca en la farmacia sin necesidad de una nueva receta médica, dependiendo de las leyes estatales.

Alameda Alliance Wellness cubre tanto medicamentos de marca como medicamentos genéricos.

B14. ¿Qué son los productos biológicos originales y cómo se relacionan con los biosimilares?

Cuando nos referimos a medicamentos, esto podría referirse a un medicamento o a un producto biológico. Los productos biológicos son medicamentos más complejos que los medicamentos típicos. Dado que los productos biológicos son más complejos que los medicamentos típicos, en lugar de tener una forma genérica, tienen formas llamadas biosimilares. Generalmente, los biosimilares funcionan tan bien como el producto biológico original y pueden costar menos. Hay alternativas biosimilares para algunos productos biológicos originales. Algunos biosimilares son intercambiables y, dependiendo de las leyes estatales, pueden sustituir al producto biológico original en la farmacia sin necesidad de una nueva receta médica, al igual que los medicamentos genéricos pueden sustituir a los medicamentos de marca.

Para obtener más información sobre los tipos de medicamentos, consulte el **Capítulo 5** del *Manual para miembros*.

B15. ¿Qué son los medicamentos OTC?

OTC significa "de venta libre". Algunos medicamentos de venta libre (OTC) y ciertas vitaminas pueden estar cubiertos por Medi-Cal Rx. Visite el sitio web de Medi-Cal Rx (www.medi-calrx.dhcs.ca.gov) para obtener más información. También puede llamar al Centro de Servicios al Miembro de Medi-Cal Rx al 800-977-2273. Lleve su tarjeta de identificación de beneficios (Benefits Identification Card, BIC) de Medi-Cal cuando surta recetas médicas a través de Medi-Cal Rx.

B16. ¿Alameda Alliance Wellness cubre productos OTC que no son medicamentos?

Vea en el Capítulo 4 del Manual para miembros más información sobre los productos OTC que cubre Alameda Alliance Wellness.

B17. ¿Alameda Alliance Wellness cubre suministros de recetas médicas a largo plazo?

- **Programas de pedido por correo.** Ofrecemos un programa de pedido por correo que le permite recibir un suministro hasta para 90 días de sus medicamentos que se envían directamente a su hogar. Un suministro para 90 días tiene el mismo copago que un suministro para un mes.
- **Programas de farmacias minoristas de 90 días.** Algunas farmacias minoristas también pueden ofrecer un suministro hasta para 90 días de medicamentos cubiertos. Un suministro para 90 días tiene el mismo copago que un suministro para un mes.

B18. ¿Puedo pedir que mi farmacia local entregue mis medicamentos en mi domicilio?

Es posible que su farmacia local pueda entregarle sus medicamentos en su domicilio. Puede llamar a su farmacia para averiguar si ofrece entrega a domicilio.

B19. ¿Cuál es mi copago?

Los miembros de Alameda Alliance Wellness tienen copagos por medicamentos recetados, y medicamentos y productos que no son medicamentos OTC si siguen las reglas del plan. Consulte las preguntas B15 y B16 para obtener más información sobre medicamentos y productos que no son medicamentos OTC.

Los niveles son grupos de medicamentos de nuestra *Lista de medicamentos*.

Farmacia minorista (suministro para 30 días de medicamentos cubiertos de la Parte D)			
Nivel Ayuda Adicional	Nivel 1, medicamentos genéricos	Nivel 1, medicamentos de marca	Nivel 1, medicamentos biosimilares
Nivel 1	$1.60	$5.10	$5.10
Nivel 2	$5.10	$12.65	$12.65
Nivel 3	$0	$0	$0

Farmacia de pedido por correo (suministro hasta para 90 días de medicamentos cubiertos de la Parte D)			
Nivel Ayuda Adicional	Nivel 1, medicamentos genéricos	Nivel 1, medicamentos de marca	Nivel 1, medicamentos biosimilares
Nivel 1	$1.60	$5.10	$5.10
Nivel 2	$5.10	$12.65	$12.65
Nivel 3	$0	$0	$0

Si tiene preguntas, llame a Servicios al Miembro al **1.888.88A.DSNP** (**1.888.882.3767**) (TTY: **1.800.735.2929**) *o* a los números que aparecen en la parte inferior de esta página *o* a los números del pie de página de este documento.

C. Descripción general de la *Lista de medicamentos cubiertos*

La *Lista de medicamentos cubiertos* le da información sobre los medicamentos que cubre Alameda Alliance Wellness. Si tiene problemas para encontrar su medicamento en la lista, consulte el índice de medicamentos cubiertos que comienza en la **Sección D**. El índice enumera alfabéticamente todos los medicamentos que cubre Alameda Alliance Wellness.

Otros medicamentos, como algunos de venta libre (OTC) y ciertas vitaminas, pueden estar cubiertos por Medi-Cal Rx. Visite el sitio web de Medi-Cal Rx (www.medi-calrx.dhcs.ca.gov) para obtener más información. También puede llamar al Centro de Servicios al Miembro de Medi-Cal Rx al 800-977-2273. Lleve su tarjeta de identificación de beneficios (BIC) de Medi-Cal cuando surta recetas médicas a través de Medi-Cal Rx.

Apelaciones de la Parte D

- Una apelación es una manera formal de pedirnos que revisemos una decisión que tomamos sobre su cobertura y que la cambiemos si cree que cometimos un error.
- Por ejemplo, podríamos decidir que un medicamento que usted desea no está cubierto o ya no está cubierto por Medicare o Medi-Cal.
- Si usted o el profesional que le receta el medicamento no está de acuerdo con nuestra decisión, pueden apelar. Si tiene alguna pregunta, llame a Servicios al Miembro al **1.888.88A.DSNP** (**1.888.882.3767**) (TTY: **1.800.735.2929**) *o* a los números que aparecen en la parte inferior de esta página *o* a los números del pie de página de este documento.
- También puede leer el **Capítulo 9** del *Manual para Miembros* para saber cómo apelar una decisión.
- Los medicamentos que no son de la Parte D tienen diferentes reglas para las apelaciones.

C1. Lista de medicamentos por tipo de medicamento

Los medicamentos de esta sección están agrupados en categorías por tipo. Por ejemplo, si usted tiene una afección cardiaca, debe buscar en la categoría "Agentes cardiovasculares". Ahí es donde encontrará medicamentos que tratan las afecciones cardiacas.

Los siguientes son los significados de los códigos que se usan en la columna “Requisitos/límites”:

B/D = Es posible que el medicamento esté cubierto por el beneficio de la Parte A o la Parte B de Medicare.

MME = (Miligram Morphine Equivalent) equivalente de miligramos de morfina.

PA = (Prior Authorization) autorización previa: debe tener autorización del plan antes de poder obtener este medicamento.

QL = (Quantity Limit) límite de cantidad.

ST = (Step Therapy) terapia escalonada: debe probar otro medicamento antes de poder obtener este.

La primera columna de la tabla indica el nombre del medicamento. Los medicamentos genéricos se enumeran en cursiva minúscula (por ejemplo, *cefadroxilo, cápsula oral de 500 mg*) y los medicamentos de marca aparecen en mayúsculas (por ejemplo, PARCHE EXTERNO ZTLIDO 1.8 %). La información de la columna "Requisitos/límites" le indica si Alameda Alliance Wellness tiene alguna regla para cubrir su medicamento.

Drug Name	Drug Tier	Requirements/Limits
Analgesics - Treatment Of Pain		
Analgesics		
bac (butalbital-acetamin-caff) oral tablet 50-325-40 mg	1	PA
butalbital-acetaminophen oral tablet 50-325 mg	1	PA
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1	PA; MME
butalbital-apap-caffeine oral capsule 50-325-40 mg	1	PA
butalbital-apap-caffeine oral solution 50-325-40 mg/15ml	1	PA
butalbital-apap-caffeine oral tablet 50-325-40 mg	1	PA
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	1	PA; MME
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	1	PA
nalbuphine hcl injection solution 10 mg/ml	1	MME
Nonsteroidal Anti-Inflammatory Drugs		
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	1	
diclofenac epolamine external patch 1.3 %	1	
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium er oral tablet extended release 24 hour 100 mg	1	
diclofenac sodium external gel 3 %	1	
diclofenac sodium external solution 1.5 %	1	
diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg	1	

Drug Name	Drug Tier	Requirements/Limits
diflunisal oral tablet 500 mg	1	
etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg	1	
etodolac oral capsule 200 mg, 300 mg	1	
etodolac oral tablet 400 mg, 500 mg	1	
flurbiprofen oral tablet 100 mg	1	
ibu oral tablet 400 mg, 600 mg, 800 mg	1	
ibuprofen oral suspension 100 mg/5ml	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin er oral capsule extended release 75 mg	1	
indomethacin oral capsule 25 mg, 50 mg	1	PA
ketorolac tromethamine oral tablet 10 mg	1	PA; QL (20 EA per 30 days)
meclofenamate sodium oral capsule 100 mg, 50 mg	1	
meloxicam oral tablet 15 mg, 7.5 mg	1	
nabumetone oral tablet 500 mg, 750 mg	1	
naproxen dr oral tablet delayed release 500 mg	1	
naproxen oral suspension 125 mg/5ml	1	
naproxen oral tablet 250 mg, 375 mg, 500 mg	1	
naproxen oral tablet delayed release 375 mg, 500 mg	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
piroxicam oral capsule 10 mg, 20 mg	1	
sulindac oral tablet 150 mg, 200 mg	1	
Opioid Analgesics, Long-Acting		
buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr	1	QL (4 EA per 28 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr	1	MME; QL (10 EA per 30 days)
methadone hcl oral solution 10 mg/5ml	1	MME; QL (1200 ML per 30 days)
methadone hcl oral solution 5 mg/5ml	1	MME; QL (2400 ML per 30 days)

Drug Name	Drug Tier	Requirements/Limits
methadone hcl oral tablet 10 mg	1	MME; QL (240 EA per 30 days)
methadone hcl oral tablet 5 mg	1	MME; QL (180 EA per 30 days)
morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	1	MME; QL (60 EA per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG	1	PA; MME; QL (90 EA per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 60 MG, 80 MG	1	PA; MME; QL (60 EA per 30 days)
Opioid Analgesics, Short-Acting		
acetaminophen-codeine oral solution 120-12 mg/5ml	1	MME
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	1	MME
butorphanol tartrate nasal solution 10 mg/ml	1	MME; QL (5 ML per 30 days)
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	MME
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	MME
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1	MME
hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg	1	MME; QL (120 EA per 30 days)
hydromorphone hcl pf injection solution 1 mg/ml, 10 mg/ml, 4 mg/ml, 50 mg/5ml, 500 mg/50ml	1	MME
morphine sulfate (concentrate) oral solution 100 mg/5ml	1	MME
morphine sulfate oral tablet 15 mg, 30 mg	1	MME; QL (120 EA per 30 days)
oxycodone hcl oral solution 5 mg/5ml	1	MME; QL (5400 ML per 30 days)
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1	MME; QL (120 EA per 30 days)
oxycodone hcl oral tablet abuse-deterrent 15 mg	1	MME; QL (120 EA per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	MME
pentazocine-naloxone hcl oral tablet 50-0.5 mg	1	MME
tramadol hcl oral tablet 50 mg	1	MME; QL (240 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
tramadol-acetaminophen oral tablet 37.5-325 mg	1	MME
Anesthetics - Local Treatment Of Pain		
Local Anesthetics		
lidocaine external ointment 5 %	1	QL (50 GM per 30 days)
lidocaine external patch 5 %	1	PA; QL (90 EA per 30 days)
lidocaine hcl external solution 4 %	1	
lidocaine viscous hcl mouth/throat solution 2 %	1	
lidocaine-prilocaine external cream 2.5-2.5 %	1	
ZTLIDO EXTERNAL PATCH 1.8 %	1	PA; QL (90 EA per 30 days)
Anti-Addiction/Substance Abuse Treatment Agents - Treatment Of Substance Abuse Disorders		
Alcohol Deterrents/Anti-Craving		
acamprosate calcium oral tablet delayed release 333 mg	1	
disulfiram oral tablet 250 mg, 500 mg	1	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	1	QL (1 EA per 28 days)
Opioid Dependence		
buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg	1	
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg	1	QL (90 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg	1	QL (150 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual film 4-1 mg, 8-2 mg	1	QL (120 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg	1	QL (120 EA per 30 days)
lofexidine hcl oral tablet 0.18 mg	1	PA; QL (224 EA per 14 days)
naloxone hcl injection solution prefilled syringe 0.4 mg/ml	1	
naltrexone hcl oral tablet 50 mg	1	

Drug Name	Drug Tier	Requirements/Limits
ZURNAI INJECTION SOLUTION AUTO-INJECTOR 1.5 MG/0.5ML	1	
Opioid Reversal Agents		
KLOXXADO NASAL LIQUID 8 MG/0.1ML	1	
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	1	
naloxone hcl injection solution cartridge 0.4 mg/ml	1	
naloxone hcl injection solution prefilled syringe 2 mg/2ml	1	
OPVEE NASAL SOLUTION 2.7 MG/0.1ML	1	
REXTOVY NASAL LIQUID 4 MG/0.25ML	1	
REZENOPY NASAL LIQUID 10 MG/0.11ML	1	
Smoking Cessation Agents		
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	1	
NICOTROL NS NASAL SOLUTION 10 MG/ML	1	
varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42	1	QL (56 EA per 28 days)
varenicline tartrate oral tablet 0.5 mg, 1 mg, 1 mg (56 pack)	1	QL (56 EA per 28 days)
varenicline tartrate(continue) oral tablet 1 mg	1	QL (56 EA per 28 days)
Antibacterials - Treatment Of Bacterial Infections		
Aminoglycosides		
amikacin sulfate injection solution 500 mg/2ml	1	
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML	1	PA
gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-%	1	
gentamicin sulfate injection solution 40 mg/ml	1	
neomycin sulfate oral tablet 500 mg	1	

Drug Name	Drug Tier	Requirements/Limits
streptomycin sulfate intramuscular solution reconstituted 1 gm	1	
tobramycin sulfate injection solution 1.2 gm/30ml, 10 mg/ml, 2 gm/50ml, 80 mg/2ml	1	
tobramycin sulfate injection solution reconstituted 1.2 gm	1	
Antibacterials, Other		
aztreonam injection solution reconstituted 1 gm, 2 gm	1	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	1	
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	1	
clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml	1	
clindamycin phosphate in nacl intravenous solution 300-0.9 mg/50ml-%, 600-0.9 mg/50ml-%, 900-0.9 mg/50ml-%	1	
clindamycin phosphate injection solution 300 mg/2ml, 900 mg/6ml	1	
clindamycin phosphate vaginal cream 2 %	1	
colistimethate sodium (cba) injection solution reconstituted 150 mg	1	
daptomycin intravenous solution reconstituted 350 mg, 500 mg	1	
fosfomycin tromethamine oral packet 3 gm	1	
linezolid intravenous solution 600 mg/300ml	1	
linezolid oral suspension reconstituted 100 mg/5ml	1	
linezolid oral tablet 600 mg	1	
methenamine hippurate oral tablet 1 gm	1	
metronidazole intravenous solution 500 mg/100ml	1	
metronidazole oral capsule 375 mg	1	
metronidazole oral tablet 250 mg, 500 mg	1	

Drug Name	Drug Tier	Requirements/Limits
metronidazole vaginal gel 0.75 %	1	
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	1	
nitrofurantoin monohyd macro oral capsule 100 mg	1	
polymyxin b sulfate injection solution reconstituted 500000 unit	1	
PRIMAXIN IV INTRAVENOUS SOLUTION RECONSTITUTED 500-500 MG	1	
sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5ml	1	
tigecycline intravenous solution reconstituted 50 mg	1	PA
tinidazole oral tablet 250 mg, 500 mg	1	
trimethoprim oral tablet 100 mg	1	
TYZAVAN INTRAVENOUS SOLUTION 1000 MG/200ML, 1250 MG/250ML, 1500 MG/300ML, 1750 MG/350ML, 2000 MG/400ML, 500 MG/100ML, 750 MG/150ML	1	
vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%, 750-0.9 mg/150ml-%	1	
vancomycin hcl intravenous solution 1000 mg/200ml, 1250 mg/250ml, 1500 mg/300ml, 1750 mg/350ml, 2000 mg/400ml, 500 mg/100ml, 750 mg/150ml	1	
vancomycin hcl intravenous solution reconstituted 1 gm, 1.25 gm, 1.5 gm, 1.75 gm, 10 gm, 2 gm, 5 gm, 500 mg, 750 mg	1	
vancomycin hcl oral capsule 125 mg, 250 mg	1	
ZOSYN INTRAVENOUS SOLUTION 2-0.25 GM/50ML	1	
Beta-Lactam, Cephalosporins		
cefaclor er oral tablet extended release 12 hour 500 mg	1	
cefaclor oral capsule 250 mg, 500 mg	1	

Drug Name	Drug Tier	Requirements/Limits
cefadroxil oral capsule 500 mg	1	
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml	1	
cefadroxil oral tablet 1 gm	1	
cefazolin sodium injection solution reconstituted 1 gm, 2 gm, 3 gm, 500 mg	1	
cefazolin sodium intravenous solution reconstituted 1 gm, 2 gm, 3 gm	1	
cefdinir oral capsule 300 mg	1	
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
cefepime hcl injection solution reconstituted 1 gm	1	
cefepime hcl intravenous solution 1 gm/50ml, 2 gm/100ml	1	
cefepime hcl intravenous solution reconstituted 2 gm	1	
cefepime-dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)	1	
cefixime oral capsule 400 mg	1	
cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm	1	
cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml	1	
cefpodoxime proxetil oral tablet 100 mg, 200 mg	1	
cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
cefprozil oral tablet 250 mg, 500 mg	1	
ceftaroline fosamil intravenous solution reconstituted 400 mg, 600 mg	1	
ceftazidime injection solution reconstituted 1 gm, 6 gm	1	
ceftazidime intravenous solution reconstituted 2 gm	1	
ceftriaxone sodium in dextrose intravenous solution 20 mg/ml, 40 mg/ml	1	

Drug Name	Drug Tier	Requirements/Limits
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	1	
ceftriaxone sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm	1	
ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%(50ml), 2-2.22 gm-%(50ml)	1	
cefuroxime axetil oral tablet 250 mg, 500 mg	1	
cefuroxime sodium injection solution reconstituted 750 mg	1	
cefuroxime sodium intravenous solution reconstituted 1.5 gm	1	
cephalexin oral capsule 250 mg, 500 mg	1	
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
cephalexin oral tablet 250 mg, 500 mg	1	
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	1	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 2 GM, 6 GM	1	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	1	
Beta-Lactam, Penicillins		
amoxicillin oral capsule 250 mg, 500 mg	1	
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	1	
amoxicillin oral tablet 500 mg, 875 mg	1	
amoxicillin oral tablet chewable 125 mg, 250 mg	1	
amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg	1	
amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	1	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	1	
ampicillin oral capsule 500 mg	1	

Drug Name	Drug Tier	Requirements/Limits
ampicillin sodium injection solution reconstituted 1 gm, 2 gm	1	
ampicillin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm	1	
ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm	1	
ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm, 15 (10-5) gm, 3 (2-1) gm	1	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	1	
dicloxacillin sodium oral capsule 250 mg, 500 mg	1	
nafcillin sodium injection solution reconstituted 1 gm, 2 gm	1	
oxacillin sodium in dextrose intravenous solution 2 gm/50ml	1	
penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml	1	
penicillin g sodium injection solution reconstituted 5000000 unit	1	
penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml	1	
penicillin v potassium oral tablet 250 mg, 500 mg	1	
piperacillin sod-tazobactam so intravenous solution reconstituted 13.5 (12-1.5) gm, 2.25 (2-0.25) gm, 3-0.375 gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm	1	
piperacillin-tazobactam-nacl intravenous solution reconstituted 2-0.25 gm/50ml, 3-0.375 gm/50ml, 4-0.5 gm/100ml	1	
Carbapenems		
ertapenem sodium injection solution reconstituted 1 gm	1	
imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg	1	

Drug Name	Drug Tier	Requirements/Limits
meropenem intravenous solution reconstituted 1 gm, 500 mg	1	
meropenem-sodium chloride intravenous solution reconstituted 1 gm/50ml, 500 mg/50ml	1	
Macrolides		
azithromycin intravenous solution reconstituted 500 mg	1	
azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	1	
azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg	1	
clarithromycin er oral tablet extended release 24 hour 500 mg	1	
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
clarithromycin oral tablet 250 mg, 500 mg	1	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML	1	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	1	
erythromycin base oral tablet 250 mg, 500 mg	1	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	1	
erythromycin ethylsuccinate oral tablet 400 mg	1	
erythromycin lactobionate intravenous solution reconstituted 500 mg	1	
fidaxomicin oral tablet 200 mg	1	
ZITHROMAX INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	1	
Quinolones		
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	1	
ciprofloxacin in d5w intravenous solution 200 mg/100ml	1	

Drug Name	Drug Tier	Requirements/Limits
levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml	1	
levofloxacin intravenous solution 25 mg/ml	1	
levofloxacin oral solution 25 mg/ml	1	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	1	
moxifloxacin hcl in nacl intravenous solution 400 mg/250ml	1	
moxifloxacin hcl intravenous solution 400 mg/250ml	1	
moxifloxacin hcl oral tablet 400 mg	1	
ofloxacin oral tablet 400 mg	1	
Sulfonamides		
sulfacetamide sodium (acne) external lotion 10 %	1	
sulfadiazine oral tablet 500 mg	1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	1	
Tetracyclines		
doxy 100 intravenous solution reconstituted 100 mg	1	
doxycycline hyclate intravenous solution reconstituted 100 mg	1	
doxycycline hyclate oral capsule 100 mg, 50 mg	1	
doxycycline hyclate oral tablet 100 mg, 20 mg	1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg	1	
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg	1	
minocycline hcl oral tablet 100 mg, 50 mg, 75 mg	1	
tetracycline hcl oral capsule 250 mg, 500 mg	1	

Drug Name	Drug Tier	Requirements/Limits
Anticonvulsants - Treatment Of Seizures		
Anticonvulsants, Other		
brivaracetam oral solution 10 mg/ml	1	QL (600 ML per 30 days)
brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg	1	QL (60 EA per 30 days)
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	1	PA
DIACOMIT ORAL PACKET 250 MG, 500 MG	1	PA
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	1	
divalproex sodium oral capsule delayed release sprinkle 125 mg	1	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	1	PA
felbamate oral suspension 600 mg/5ml	1	
felbamate oral tablet 400 mg, 600 mg	1	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	1	PA
lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	1	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
lamotrigine oral tablet chewable 25 mg, 5 mg	1	
lamotrigine starter kit-blue oral kit 35 x 25 mg	1	
lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg	1	
lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	1	
levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg	1	
levetiracetam oral solution 100 mg/ml, 500 mg/5ml	1	
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	1	

Drug Name	Drug Tier	Requirements/Limits
levetiracetam oral tablet disintegrating soluble 250 mg, 500 mg	1	ST; QL (60 EA per 30 days)
perampanel oral suspension 0.5 mg/ml	1	ST; QL (720 ML per 30 days)
perampanel oral tablet 10 mg, 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	1	ST; QL (30 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG, 500 MG	1	ST; QL (60 EA per 30 days)
SUBVENITE ORAL SUSPENSION 10 MG/ML	1	
topiramate oral capsule sprinkle 15 mg, 25 mg, 50 mg	1	
topiramate oral solution 25 mg/ml	1	PA
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	
valproic acid oral capsule 250 mg	1	
valproic acid oral solution 250 mg/5ml	1	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	1	ST
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	1	ST
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	1	ST
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	1	ST
Calcium Channel Modifying Agents		
ethosuximide oral capsule 250 mg	1	
ethosuximide oral solution 250 mg/5ml	1	
methsuximide oral capsule 300 mg	1	
Gamma-Aminobutyric Acid (Gaba) Augmenting Agents		
clobazam oral suspension 2.5 mg/ml	1	QL (480 ML per 30 days)
clobazam oral tablet 10 mg, 20 mg	1	QL (60 EA per 30 days)
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	1	
gabapentin oral capsule 100 mg, 400 mg	1	QL (270 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
gabapentin oral capsule 200 mg	1	QL (120 EA per 30 days)
gabapentin oral capsule 300 mg	1	QL (360 EA per 30 days)
gabapentin oral solution 250 mg/5ml, 300 mg/6ml	1	QL (2160 ML per 30 days)
gabapentin oral tablet 600 mg	1	QL (180 EA per 30 days)
gabapentin oral tablet 800 mg	1	QL (120 EA per 30 days)
midazolam intramuscular solution auto-injector 10 mg/0.7ml	1	QL (2.8 ML per 30 days)
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	1	PA; QL (10 EA per 30 days)
phenobarbital oral elixir 20 mg/5ml, 30 mg/7.5ml, 60 mg/15ml	1	PA
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	1	PA
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	1	QL (90 EA per 30 days)
pregabalin oral capsule 225 mg, 300 mg	1	QL (60 EA per 30 days)
pregabalin oral solution 20 mg/ml	1	QL (900 ML per 30 days)
primidone oral tablet 250 mg, 50 mg	1	
RELGAABI ORAL CAPSULE 200 MG	1	ST; QL (120 EA per 30 days)
RELGAABI ORAL CAPSULE 300 MG	1	ST; QL (360 EA per 30 days)
RELGAABI ORAL CAPSULE 400 MG	1	ST; QL (270 EA per 30 days)
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	1	ST; QL (60 EA per 30 days)
tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg	1	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	1	PA; QL (10 EA per 30 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML	1	PA; QL (10 EA per 30 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML	1	PA; QL (10 EA per 30 days)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	1	PA; QL (10 EA per 30 days)
vigabatrin oral packet 500 mg	1	PA; QL (180 EA per 30 days)
vigabatrin oral tablet 500 mg	1	PA; QL (180 EA per 30 days)
VIGAFYDE ORAL SOLUTION 100 MG/ML	1	PA

Drug Name	Drug Tier	Requirements/Limits
ZTALMY ORAL SUSPENSION 50 MG/ML	1	PA
Sodium Channel Agents		
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	1	
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	1	
carbamazepine oral suspension 100 mg/5ml	1	
carbamazepine oral tablet 200 mg	1	
carbamazepine oral tablet chewable 100 mg, 200 mg	1	
DILANTIN ORAL CAPSULE 30 MG	1	
eslicarbazepine acetate oral tablet 200 mg, 400 mg	1	QL (30 EA per 30 days)
eslicarbazepine acetate oral tablet 600 mg, 800 mg	1	QL (60 EA per 30 days)
lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml	1	QL (1200 ML per 30 days)
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	1	QL (60 EA per 30 days)
oxcarbazepine er oral tablet extended release 24 hour 150 mg, 300 mg, 600 mg	1	
oxcarbazepine oral suspension 300 mg/5ml	1	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	1	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	1	
phenytoin infatabs oral tablet chewable 50 mg	1	
phenytoin oral suspension 125 mg/5ml	1	
phenytoin oral tablet chewable 50 mg	1	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	1	
rufinamide oral suspension 40 mg/ml	1	PA; QL (2400 ML per 30 days)
rufinamide oral tablet 200 mg, 400 mg	1	PA; QL (240 EA per 30 days)
ZONISADE ORAL SUSPENSION 100 MG/5ML	1	ST

Drug Name	Drug Tier	Requirements/Limits
zonisamide oral capsule 100 mg, 25 mg, 50 mg	1	
Antidementia Agents - Management Of Dementia		
Antidementia Agents, Other		
memantine hcl-donepezil hcl er oral capsule extended release 24 hour 14-10 mg, 21-10 mg, 28-10 mg	1	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG	1	
Cholinesterase Inhibitors		
donepezil hcl oral tablet 10 mg, 23 mg, 5 mg	1	
donepezil hcl oral tablet dispersible 10 mg, 5 mg	1	
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg	1	
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg	1	
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	1	QL (60 EA per 30 days)
rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr	1	QL (30 EA per 30 days)
N-Methyl-D-Aspartate (Nmda) Receptor Antagonist		
memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg	1	QL (30 EA per 30 days)
memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg	1	
Antidepressants - Treatment Of Depression		
Antidepressants, Other		
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG	1	PA
AUVELITY TITRATION PACK ORAL TABLET EXTENDED RELEASE THERAPY PACK 30-105 MG & 45-105 MG	1	PA

Drug Name	Drug Tier	Requirements/Limits
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg, 450 mg	1	
bupropion hcl oral tablet 100 mg, 75 mg	1	
duloxetine hcl oral capsule delayed release particles 120 mg, 80 mg, 90 mg	1	QL (30 EA per 30 days)
EXXUA ORAL TABLET EXTENDED RELEASE 24 HOUR 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG	1	ST
EXXUA TITRATION PACK ORAL TABLET EXTENDED RELEASE 24 HOUR 18.2 MG	1	ST
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	1	
mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg	1	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	1	PA
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG	1	PA
Monoamine Oxidase Inhibitors		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	1	PA
MARPLAN ORAL TABLET 10 MG	1	
phenelzine sulfate oral tablet 15 mg	1	
tranylcypromine sulfate oral tablet 10 mg	1	
Ssri/Snri (Selective Serotonin Reuptake Inhibitor/Serotonin And Norepinephrine Reuptake Inhibitor)		
citalopram hydrobromide oral solution 10 mg/5ml	1	
citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg	1	
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg	1	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg	1	QL (30 EA per 30 days)
escitalopram oxalate oral solution 10 mg/10ml, 5 mg/5ml	1	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	1	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	1	ST; QL (30 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	1	ST; QL (28 EA per 180 days)
fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg	1	
fluoxetine hcl oral capsule delayed release 90 mg	1	
fluoxetine hcl oral solution 20 mg/5ml	1	
fluoxetine hcl oral tablet 10 mg, 20 mg, 60 mg	1	
fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg	1	
nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	1	
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg	1	
paroxetine hcl oral suspension 10 mg/5ml	1	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	1	
RALDESY ORAL SOLUTION 10 MG/ML	1	
sertraline hcl oral concentrate 20 mg/ml	1	
sertraline hcl oral tablet 100 mg, 25 mg, 50 mg	1	
trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg	1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	1	QL (30 EA per 30 days)
venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg	1	
venlafaxine hcl er oral tablet extended release 24 hour 225 mg	1	

Drug Name	Drug Tier	Requirements/Limits
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg	1	
Tricyclics		
amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	PA
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	1	PA
clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg	1	PA
desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	
doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	
doxepin hcl oral concentrate 10 mg/ml	1	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	1	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	1	
nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg	1	PA
nortriptyline hcl oral solution 10 mg/5ml	1	PA
protriptyline hcl oral tablet 10 mg, 5 mg	1	
trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg	1	
Antiemetics - Treatment Of Vomiting Or Nausea		
Antiemetics, Other		
chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml	1	
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	1	
meclizine hcl oral tablet 12.5 mg, 25 mg	1	
metoclopramide hcl oral solution 5 mg/5ml	1	
metoclopramide hcl oral tablet 10 mg, 5 mg	1	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	1	

Drug Name	Drug Tier	Requirements/Limits
prochlorperazine maleate oral tablet 10 mg, 5 mg	1	
prochlorperazine rectal suppository 25 mg	1	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	1	PA
promethazine hcl rectal suppository 12.5 mg, 25 mg	1	PA
promethegan rectal suppository 50 mg	1	PA
scopolamine transdermal patch 72 hour 1 mg/3days	1	
trimethobenzamide hcl oral capsule 300 mg	1	
Emetogenic Therapy Adjuncts		
aprepitant oral capsule 125 mg, 40 mg, 80 mg	1	B/D
aprepitant oral capsule therapy pack 80 & 125 mg	1	B/D
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	1	B/D
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML	1	B/D
granisetron hcl oral tablet 1 mg	1	B/D
ondansetron hcl oral solution 4 mg/5ml	1	B/D
ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg	1	B/D
ondansetron oral tablet dispersible 4 mg, 8 mg	1	B/D
Antifungals - Treatment Of Fungal Or Yeast Infections		
Antifungals		
amphotericin b intravenous solution reconstituted 50 mg	1	B/D
amphotericin b liposome intravenous suspension reconstituted 50 mg	1	B/D
caspofungin acetate intravenous solution reconstituted 50 mg, 70 mg	1	PA
clotrimazole external cream 1 %	1	QL (45 GM per 28 days)
clotrimazole external solution 1 %	1	QL (30 ML per 28 days)
clotrimazole mouth/throat troche 10 mg	1	

Drug Name	Drug Tier	Requirements/Limits
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	1	PA
econazole nitrate external cream 1 %	1	
fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	1	
fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml	1	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	1	
flucytosine oral capsule 250 mg, 500 mg	1	PA
griseofulvin microsize oral suspension 125 mg/5ml	1	
itraconazole oral capsule 100 mg	1	
itraconazole oral solution 10 mg/ml	1	
ketoconazole external cream 2 %	1	
ketoconazole external shampoo 2 %	1	
ketoconazole oral tablet 200 mg	1	
klayesta external powder 100000 unit/gm	1	
micafungin sodium intravenous solution reconstituted 100 mg, 50 mg	1	
nyamyc external powder 100000 unit/gm	1	
nystatin external cream 100000 unit/gm	1	
nystatin external ointment 100000 unit/gm	1	
nystatin external powder 100000 unit/gm	1	
nystatin mouth/throat suspension 100000 unit/ml	1	
nystatin oral tablet 500000 unit	1	
nystop external powder 100000 unit/gm	1	
posaconazole intravenous solution 300 mg/16.7ml	1	
posaconazole oral suspension 40 mg/ml	1	PA
posaconazole oral tablet delayed release 100 mg	1	PA
terbinafine hcl oral tablet 250 mg	1	
terconazole vaginal cream 0.4 %, 0.8 %	1	
terconazole vaginal suppository 80 mg	1	

Drug Name	Drug Tier	Requirements/Limits
voriconazole intravenous solution 200 mg/20ml	1	PA
voriconazole intravenous solution reconstituted 200 mg	1	PA
voriconazole oral suspension reconstituted 40 mg/ml	1	
voriconazole oral tablet 200 mg, 50 mg	1	
Antigout Agents - Treatment Or Prevention Of Gouty Arthritis		
Antigout Agents		
allopurinol oral tablet 100 mg, 300 mg	1	
colchicine oral capsule 0.6 mg	1	
colchicine oral tablet 0.6 mg	1	
colchicine-probenecid oral tablet 0.5-500 mg	1	
febuxostat oral tablet 40 mg, 80 mg	1	ST
probenecid oral tablet 500 mg	1	
Antimigraine Agents - Treatment Of Migraine Headaches		
Antimigraine Agents		
NURTEC ORAL TABLET DISPERSIBLE 75 MG	1	PA; QL (18 EA per 30 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	1	PA; QL (16 EA per 30 days)
ZAVZPRET NASAL SOLUTION 10 MG/ACT	1	PA; QL (8 EA per 30 days)
Ergot Alkaloids		
dihydroergotamine mesylate nasal solution 4 mg/ml	1	PA; QL (8 ML per 30 days)
ergotamine-caffeine oral tablet 1-100 mg	1	PA
Prophylactic		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	1	PA; QL (1 ML per 30 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	1	PA; QL (3 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	1	PA; QL (2 ML per 30 days)

Drug Name	Drug Tier	Requirements/Limits
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	1	PA; QL (2 ML per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	1	PA; QL (30 EA per 30 days)
Serotonin (5-Ht) Receptor Agonist		
naratriptan hcl oral tablet 1 mg, 2.5 mg	1	QL (9 EA per 28 days)
rizatriptan benzoate oral tablet 10 mg, 5 mg	1	QL (12 EA per 30 days)
rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg	1	QL (12 EA per 30 days)
sumatriptan nasal solution 20 mg/act, 5 mg/act	1	QL (12 EA per 30 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	1	QL (9 EA per 30 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	1	QL (4 ML per 30 days)
sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml	1	QL (4 ML per 30 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	1	QL (9 EA per 28 days)
zolmitriptan oral tablet dispersible 2.5 mg, 5 mg	1	QL (9 EA per 28 days)
Antimyasthenic Agents - Treatment Of Myasthenia		
Parasympathomimetics		
pyridostigmine bromide er oral tablet extended release 180 mg	1	
pyridostigmine bromide er oral tablet extended release 24 hour 105 mg	1	
pyridostigmine bromide oral tablet 60 mg	1	
Antimycobacterials - Treatment For Infections By Tuberculosis-Type Organisms		
Antimycobacterials, Other		
dapsone oral tablet 100 mg, 25 mg	1	
rifabutin oral capsule 150 mg	1	
Antituberculars		
ethambutol hcl oral tablet 100 mg, 400 mg	1	

Drug Name	Drug Tier	Requirements/Limits
isoniazid oral tablet 100 mg, 300 mg	1	
pretomanid oral tablet 200 mg	1	PA
PRIFTIN ORAL TABLET 150 MG	1	
pyrazinamide oral tablet 500 mg	1	
rifampin intravenous solution reconstituted 600 mg	1	
rifampin oral capsule 150 mg, 300 mg	1	
rifapentine oral tablet 150 mg	1	
SIRTURO ORAL TABLET 100 MG, 20 MG	1	PA
Antineoplastics - Treatment Of Cancer		
Alkylating Agents		
cyclophosphamide oral capsule 25 mg, 50 mg	1	B/D
cyclophosphamide oral tablet 25 mg, 50 mg	1	B/D
LEUKERAN ORAL TABLET 2 MG	1	PA
lomustine oral capsule 10 mg, 100 mg, 40 mg	1	
MATULANE ORAL CAPSULE 50 MG	1	
VALCHLOR EXTERNAL GEL 0.016 %	1	PA
Antiandrogens		
abiraterone acetate oral tablet 250 mg, 500 mg	1	PA
ABIRTEGA ORAL TABLET 250 MG	1	PA; QL (120 EA per 30 days)
bicalutamide oral tablet 50 mg	1	
ERLEADA ORAL TABLET 240 MG, 60 MG	1	PA
EULEXIN ORAL CAPSULE 125 MG	1	PA
nilutamide oral tablet 150 mg	1	PA
NUBEQA ORAL TABLET 300 MG	1	PA
XTANDI ORAL CAPSULE 40 MG	1	PA
XTANDI ORAL TABLET 40 MG, 80 MG	1	PA
YONSA ORAL TABLET 125 MG	1	PA
Antiangiogenic Agents		
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	1	PA

Drug Name	Drug Tier	Requirements/Limits
pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg	1	PA
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	1	PA
THALOMID ORAL CAPSULE 100 MG, 50 MG	1	PA
Antiestrogens/Modifiers		
SOLTAMOX ORAL SOLUTION 10 MG/5ML	1	PA
tamoxifen citrate oral tablet 10 mg, 20 mg	1	
toremifene citrate oral tablet 60 mg	1	PA
VEPPANU ORAL TABLET 100 MG, 200 MG	1	PA; QL (30 EA per 30 days)
Antimetabolites		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	1	
hydroxyurea oral capsule 500 mg	1	
INQOVI ORAL TABLET 35-100 MG	1	PA
mercaptopurine oral suspension 2000 mg/100ml	1	PA
mercaptopurine oral tablet 50 mg	1	
ONUREG ORAL TABLET 200 MG, 300 MG	1	PA
SIKLOS ORAL TABLET 100 MG, 1000 MG	1	
TABLOID ORAL TABLET 40 MG	1	PA
XROMI ORAL SOLUTION 100 MG/ML	1	
Antineoplastics, Other		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	1	PA
AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK 0.8 & 200 MG	1	PA; QL (66 EA per 28 days)
BESREMI PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 MCG/0.5ML	1	PA
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	1	PA
DANZITEN ORAL TABLET 71 MG, 95 MG	1	PA
GOMEKLI ORAL CAPSULE 1 MG, 2 MG	1	PA
GOMEKLI ORAL TABLET SOLUBLE 1 MG	1	PA

Drug Name	Drug Tier	Requirements/Limits
IDHIFA ORAL TABLET 100 MG, 50 MG	1	PA
INLURIYO ORAL TABLET 200 MG	1	PA
IWILFIN ORAL TABLET 192 MG	1	PA
JYLAMVO ORAL SOLUTION 2 MG/ML	1	PA
KOMZIFTI ORAL CAPSULE 200 MG	1	PA
KRAZATI ORAL TABLET 200 MG	1	PA
LAZCLUZE ORAL TABLET 240 MG, 80 MG	1	PA
LIFYORLI (125 MG DOSE) ORAL CAPSULE THERAPY PACK 1 X 25 MG & 1 X 100 MG	1	PA
LIFYORLI (150 MG DOSE) ORAL CAPSULE THERAPY PACK 2 X 25 MG & 1 X 100 MG	1	PA
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	1	PA
LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG	1	PA
LYSODREN ORAL TABLET 500 MG	1	
MODEYSO ORAL CAPSULE 125 MG	1	PA; QL (20 EA per 28 days)
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	1	PA
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	1	PA
ORSERDU ORAL TABLET 345 MG, 86 MG	1	PA
REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG	1	PA
REZLIDHIA ORAL CAPSULE 150 MG	1	PA
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	1	PA; QL (8 EA per 28 days)
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5ML	1	PA
TIBSOVO ORAL TABLET 250 MG	1	PA
VORANIGO ORAL TABLET 10 MG, 40 MG	1	PA
WELIREG ORAL TABLET 40 MG	1	PA
XATMEP ORAL SOLUTION 2.5 MG/ML	1	PA
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	1	PA

Drug Name	Drug Tier	Requirements/Limits
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG, 40 MG	1	PA
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	1	PA
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	1	PA
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	1	PA
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG, 80 MG	1	PA
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	1	PA
ZOLINZA ORAL CAPSULE 100 MG	1	PA
Aromatase Inhibitors, 3Rd Generation		
anastrozole oral tablet 1 mg	1	
exemestane oral tablet 25 mg	1	
letrozole oral tablet 2.5 mg	1	
Molecular Target Inhibitors		
ALECENSA ORAL CAPSULE 150 MG	1	PA
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	1	PA
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	1	PA
AUGTYRO ORAL CAPSULE 160 MG, 40 MG	1	PA
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	1	PA
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	1	PA
BOSULIF ORAL CAPSULE 100 MG, 50 MG	1	PA
BOSULIF ORAL TABLET 100 MG, 500 MG	1	PA
bosutinib oral tablet 100 mg, 400 mg, 500 mg	1	PA
BRAFTOVI ORAL CAPSULE 75 MG	1	PA
BRUKINSA ORAL CAPSULE 80 MG	1	PA
BRUKINSA ORAL TABLET 160 MG	1	PA

Drug Name	Drug Tier	Requirements/Limits
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	1	PA
CALQUENCE ORAL TABLET 100 MG	1	PA
CAPRELSA ORAL TABLET 100 MG, 300 MG	1	PA
CAVHANZA ORAL TABLET DISPERSIBLE 60 MG, 80 MG	1	PA
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	1	PA
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	1	PA
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	1	PA
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	1	PA
COTELLIC ORAL TABLET 20 MG	1	PA
dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg	1	PA
DAURISMO ORAL TABLET 100 MG, 25 MG	1	PA
ENSACOVE ORAL CAPSULE 100 MG, 25 MG	1	PA; QL (30 EA per 30 days)
ERIVEDGE ORAL CAPSULE 150 MG	1	PA
erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg	1	PA
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1	PA
everolimus oral tablet soluble 2 mg, 3 mg, 5 mg	1	PA
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	1	PA
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG	1	PA
GAVRETO ORAL CAPSULE 100 MG	1	PA
gefitinib oral tablet 250 mg	1	PA
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	1	PA
HERNEXEOS ORAL TABLET 60 MG	1	PA; QL (90 EA per 30 days)
HYRNUO ORAL TABLET 10 MG	1	PA; QL (120 EA per 30 days)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	1	PA
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	1	PA

Drug Name	Drug Tier	Requirements/Limits
IBTROZI ORAL CAPSULE 200 MG	1	PA
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	1	PA
imatinib mesylate oral tablet 100 mg, 400 mg	1	PA
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	1	PA
IMBRUVICA ORAL SUSPENSION 70 MG/ML	1	PA
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	1	PA
IMKELDI ORAL SOLUTION 80 MG/ML	1	PA
INLYTA ORAL TABLET 1 MG, 5 MG	1	PA
INREBIC ORAL CAPSULE 100 MG	1	PA
ITOVEBI ORAL TABLET 3 MG, 9 MG	1	PA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	1	PA
JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG, 33 MG, 44 MG, 55 MG	1	PA
JAYPIRCA ORAL TABLET 100 MG, 50 MG	1	PA
JIDEYTRO ORAL TABLET 100 MG, 25 MG	1	PA
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	1	PA
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	1	PA
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	1	PA
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	1	PA
KOSELUGO ORAL CAPSULE SPRINKLE 5 MG, 7.5 MG	1	PA
lapatinib ditosylate oral tablet 250 mg	1	PA
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	1	PA
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	1	PA

Drug Name	Drug Tier	Requirements/Limits
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	1	PA
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	1	PA
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	1	PA
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	1	PA
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	1	PA
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	1	PA
LORBRENA ORAL TABLET 100 MG, 25 MG	1	PA
LYNPARZA ORAL TABLET 100 MG, 150 MG	1	PA
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	1	PA
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	1	PA
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	1	PA
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML	1	PA
MEKINIST ORAL TABLET 0.5 MG, 2 MG	1	PA
MEKTOVI ORAL TABLET 15 MG	1	PA
NERLYNX ORAL TABLET 40 MG	1	PA
nilotinib d-tartrate oral capsule 150 mg, 200 mg, 50 mg	1	PA
nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg	1	PA
ODOMZO ORAL CAPSULE 200 MG	1	PA
OGSIVEO ORAL TABLET 100 MG, 150 MG	1	PA
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML	1	PA
OJEMDA ORAL TABLET 100 MG, 100 MG (16 PACK), 100 MG (24 PACK)	1	PA

Drug Name	Drug Tier	Requirements/Limits
pazopanib hcl oral tablet 200 mg, 400 mg	1	PA
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	1	PA
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	1	PA
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	1	PA
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	1	PA
QINLOCK ORAL TABLET 50 MG	1	PA
RASONQUE ORAL TABLET 100 MG, 150 MG	1	PA
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG	1	PA
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	1	PA
ROZLYTREK ORAL PACKET 50 MG	1	PA
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	1	PA
RYDAPT ORAL CAPSULE 25 MG	1	PA
SCEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG	1	PA
sorafenib tosylate oral tablet 200 mg	1	PA
STIVARGA ORAL TABLET 40 MG	1	PA
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	1	PA
TABRECTA ORAL TABLET 150 MG, 200 MG	1	PA
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	1	PA
TAFINLAR ORAL TABLET SOLUBLE 10 MG	1	PA
TAGRISSO ORAL TABLET 40 MG, 80 MG	1	PA
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	1	PA
TAZVERIK ORAL TABLET 200 MG	1	PA
TEPMETKO ORAL TABLET 225 MG	1	PA
TRUQAP ORAL TABLET 200 MG	1	PA

Drug Name	Drug Tier	Requirements/Limits
TRUQAP ORAL TABLET THERAPY PACK 160 MG, 200 MG	1	PA
TUKYSA ORAL TABLET 150 MG, 50 MG	1	PA
TURALIO ORAL CAPSULE 125 MG	1	PA
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	1	PA
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	1	PA
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	1	PA
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	1	PA
VIJOICE ORAL PACKET 50 MG	1	PA
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 200 & 50 MG, 50 MG	1	PA
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	1	PA
VITRAKVI ORAL SOLUTION 20 MG/ML	1	PA
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	1	PA
VONJO ORAL CAPSULE 100 MG	1	PA
XALKORI ORAL CAPSULE 200 MG, 250 MG	1	PA
XALKORI ORAL CAPSULE SPRINKLE 150 MG, 20 MG, 50 MG	1	PA
XOSPATA ORAL TABLET 40 MG	1	PA
YULITHIRA ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	1	PA
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	1	PA
ZELBORAF ORAL TABLET 240 MG	1	PA
ZENBEXUS ORAL CAPSULE 0.75 MG, 1 MG	1	PA
ZYDELIG ORAL TABLET 100 MG, 150 MG	1	PA
ZYKADIA ORAL TABLET 150 MG	1	PA
Retinoids		
bexarotene external gel 1 %	1	PA

Drug Name	Drug Tier	Requirements/Limits
bexarotene oral capsule 75 mg	1	PA
PANRETIN EXTERNAL GEL 0.1 %	1	PA
tretinoin oral capsule 10 mg	1	PA
Treatment Adjuncts		
lederle leucovorin oral tablet 5 mg	1	
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	1	
mesna oral tablet 400 mg	1	
Antiparasitics - Treatment Of Infections From Parasites		
Anthelmintics		
albendazole oral tablet 200 mg	1	
ivermectin oral tablet 3 mg	1	
praziquantel oral tablet 600 mg	1	
Antiprotozoals		
atovaquone oral suspension 750 mg/5ml	1	
atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg	1	
chloroquine phosphate oral tablet 250 mg, 500 mg	1	
COARTEM ORAL TABLET 20-120 MG	1	
hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg	1	
mefloquine hcl oral tablet 250 mg	1	
nitazoxanide oral tablet 500 mg	1	
pentamidine isethionate inhalation solution reconstituted 300 mg	1	B/D
pentamidine isethionate injection solution reconstituted 300 mg	1	
primaquine phosphate oral tablet 26.3 (15 base) mg	1	
pyrimethamine oral tablet 25 mg	1	QL (90 EA per 30 days)
quinine sulfate oral capsule 324 mg	1	

Drug Name	Drug Tier	Requirements/Limits
Antiparkinson Agents - Treatment Of Parkinson's Disease		
Anticholinergics		
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	1	PA
trihexyphenidyl hcl oral solution 0.4 mg/ml	1	
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	1	
Antiparkinson Agents, Other		
amantadine hcl oral capsule 100 mg	1	
amantadine hcl oral solution 50 mg/5ml	1	
amantadine hcl oral tablet 100 mg	1	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	1	
entacapone oral tablet 200 mg	1	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG	1	PA
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	1	ST
Dopamine Agonists		
apomorphine hcl subcutaneous solution cartridge 30 mg/3ml	1	PA
bromocriptine mesylate oral capsule 5 mg	1	
bromocriptine mesylate oral tablet 2.5 mg	1	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	1	
pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg	1	
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1	
ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	1	

Drug Name	Drug Tier	Requirements/Limits
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	1	
Dopamine Precursors And/Or L-Amino Acid Decarboxylase Inhibitors		
carbidopa oral tablet 25 mg	1	
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	1	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	1	
carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg	1	
Monoamine Oxidase B (Mao-B) Inhibitors		
rasagiline mesylate oral tablet 0.5 mg, 1 mg	1	
selegiline hcl oral capsule 5 mg	1	
selegiline hcl oral tablet 5 mg	1	
Antipsychotics - Treatment Of Behavioral And Emotional Disorders		
1St Generation/Typical		
fluphenazine decanoate injection solution 25 mg/ml	1	
fluphenazine hcl injection solution 2.5 mg/ml	1	
fluphenazine hcl oral concentrate 5 mg/ml	1	
fluphenazine hcl oral elixir 2.5 mg/5ml	1	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	1	
haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)	1	
haloperidol lactate injection solution 5 mg/ml	1	
haloperidol lactate oral concentrate 2 mg/ml	1	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	1	
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	1	

Drug Name	Drug Tier	Requirements/Limits
molindone hcl oral tablet 10 mg, 25 mg, 5 mg	1	
pimozide oral tablet 1 mg, 2 mg	1	
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg	1	
2Nd Generation/Atypical		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	1	QL (2.4 ML per 56 days)
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	1	QL (3.2 ML per 56 days)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	1	QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	1	QL (1 EA per 28 days)
aripiprazole oral solution 1 mg/ml	1	QL (900 ML per 30 days)
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	1	QL (30 EA per 30 days)
aripiprazole oral tablet dispersible 10 mg, 15 mg	1	QL (60 EA per 30 days)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML	1	PA; QL (4.8 ML per 365 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	1	PA; QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	1	PA; QL (1.6 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	1	PA; QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	1	PA; QL (3.2 ML per 28 days)
asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg	1	QL (60 EA per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	1	PA

Drug Name	Drug Tier	Requirements/Limits
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	1	PA; QL (0.75 ML per 28 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	1	PA; QL (1 ML per 28 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	1	PA; QL (1.5 ML per 28 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 351 MG/2.25ML	1	PA; QL (2.25 ML per 28 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	1	PA; QL (0.25 ML per 28 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	1	PA; QL (0.5 ML per 28 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	1	PA; QL (60 EA per 30 days)
FANAPT TITRATION PACK A ORAL TABLET 1 & 2 & 4 & 6 MG	1	PA; QL (8 EA per 180 days)
FANAPT TITRATION PACK B ORAL TABLET 1 & 2 & 6 & 8 MG	1	PA; QL (12 EA per 180 days)
FANAPT TITRATION PACK C ORAL TABLET 1 & 2 & 6 MG	1	PA; QL (8 EA per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	1	QL (3.5 ML per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	1	QL (5 ML per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	1	QL (0.75 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	1	QL (1 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	1	QL (1.5 ML per 28 days)

Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	1	QL (0.25 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	1	QL (0.5 ML per 28 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	1	QL (0.88 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	1	QL (1.32 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	1	QL (1.75 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	1	QL (2.63 ML per 84 days)
lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg	1	QL (30 EA per 30 days)
lurasidone hcl oral tablet 80 mg	1	QL (60 EA per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	1	PA
NUPLAZID ORAL CAPSULE 34 MG	1	PA; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 10 MG	1	PA; QL (30 EA per 30 days)
olanzapine intramuscular solution reconstituted 10 mg	1	QL (90 EA per 30 days)
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	1	QL (30 EA per 30 days)
olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg	1	QL (30 EA per 30 days)
OPIPZA ORAL FILM 10 MG, 5 MG	1	PA; QL (90 EA per 30 days)
OPIPZA ORAL FILM 2 MG	1	PA; QL (30 EA per 30 days)
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg	1	QL (30 EA per 30 days)
paliperidone er oral tablet extended release 24 hour 6 mg	1	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	1	PA; QL (1 EA per 28 days)
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg	1	QL (30 EA per 30 days)
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg	1	QL (60 EA per 30 days)
quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 300 mg, 400 mg	1	QL (60 EA per 30 days)
quetiapine fumarate oral tablet 25 mg, 50 mg	1	QL (90 EA per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	1	PA; QL (30 EA per 30 days)
risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg, 50 mg	1	QL (2 EA per 28 days)
risperidone oral solution 1 mg/ml	1	QL (360 ML per 30 days)
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	QL (60 EA per 30 days)
risperidone oral tablet 3 mg	1	QL (120 EA per 30 days)
risperidone oral tablet 4 mg	1	QL (90 EA per 30 days)
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	QL (60 EA per 30 days)
risperidone oral tablet dispersible 3 mg	1	QL (120 EA per 30 days)
risperidone oral tablet dispersible 4 mg	1	QL (90 EA per 30 days)
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG	1	PA; QL (2 EA per 28 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	1	PA; QL (30 EA per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	1	PA; QL (0.28 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML	1	PA; QL (0.35 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML	1	PA; QL (0.42 ML per 56 days)

Drug Name	Drug Tier	Requirements/Limits
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML	1	PA; QL (0.56 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML	1	PA; QL (0.7 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML	1	PA; QL (0.14 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML	1	PA; QL (0.21 ML per 28 days)
VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG	1	PA; QL (30 EA per 30 days)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	1	QL (60 EA per 30 days)
ziprasidone mesylate intramuscular solution reconstituted 20 mg	1	QL (6 EA per 3 days)
Treatment-Resistant		
clozapine oral tablet 100 mg	1	QL (270 EA per 30 days)
clozapine oral tablet 200 mg	1	QL (120 EA per 30 days)
clozapine oral tablet 25 mg, 50 mg	1	QL (90 EA per 30 days)
clozapine oral tablet dispersible 100 mg	1	QL (270 EA per 30 days)
clozapine oral tablet dispersible 12.5 mg	1	
clozapine oral tablet dispersible 150 mg	1	QL (180 EA per 30 days)
clozapine oral tablet dispersible 200 mg	1	QL (120 EA per 30 days)
clozapine oral tablet dispersible 25 mg	1	QL (90 EA per 30 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	1	QL (600 ML per 30 days)
Antispasticity Agents - Treatment Of Muscle Spasms		
Antispasticity Agents		
baclofen oral tablet 10 mg, 20 mg, 5 mg	1	
dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg	1	
tizanidine hcl oral tablet 2 mg, 4 mg	1	
Antivirals - Treatment Of Infections By Viruses		
Anti-Cytomegalovirus (Cmv) Agents		

Drug Name	Drug Tier	Requirements/Limits
LIVTENCITY ORAL TABLET 200 MG	1	PA
PREVYMIS ORAL PACKET 120 MG, 20 MG	1	PA
PREVYMIS ORAL TABLET 240 MG, 480 MG	1	PA
valganciclovir hcl oral solution reconstituted 50 mg/ml	1	
valganciclovir hcl oral tablet 450 mg	1	
Anti-Hepatitis B (Hbv) Agents		
adefovir dipivoxil oral tablet 10 mg	1	QL (30 EA per 30 days)
BARACLUDE ORAL SOLUTION 0.05 MG/ML	1	
entecavir oral tablet 0.5 mg, 1 mg	1	QL (30 EA per 30 days)
HEPCLUDEX SUBCUTANEOUS SOLUTION RECONSTITUTED 8.5 MG	1	PA; QL (30 EA per 30 days)
lamivudine oral solution 10 mg/ml, 300 mg/30ml	1	QL (960 ML per 30 days)
lamivudine oral tablet 100 mg, 300 mg	1	QL (30 EA per 30 days)
lamivudine oral tablet 150 mg	1	QL (60 EA per 30 days)
tenofovir disoproxil fumarate oral tablet 300 mg	1	QL (30 EA per 30 days)
VEMLIDY ORAL TABLET 25 MG	1	PA; QL (30 EA per 30 days)
VIREAD ORAL POWDER 40 MG/GM	1	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	1	QL (30 EA per 30 days)
Anti-Hepatitis C (Hcv) Agents		
MAVYRET ORAL PACKET 50-20 MG	1	PA
MAVYRET ORAL TABLET 100-40 MG	1	PA
ribavirin oral capsule 200 mg	1	
ribavirin oral tablet 200 mg	1	
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	1	PA
VOSEVI ORAL TABLET 400-100-100 MG	1	PA
Antiherpetic Agents		
acyclovir oral capsule 200 mg	1	
acyclovir oral suspension 200 mg/5ml	1	
acyclovir oral tablet 400 mg, 800 mg	1	
acyclovir sodium intravenous solution 50 mg/ml	1	B/D

Drug Name	Drug Tier	Requirements/Limits
famciclovir oral tablet 125 mg, 250 mg, 500 mg	1	
trifluridine ophthalmic solution 1 %	1	
valacyclovir hcl oral tablet 1 gm, 500 mg	1	
Anti-Hiv Agents, Integrase Inhibitors (Insti)		
ISENTRESS HD ORAL TABLET 600 MG	1	QL (60 EA per 30 days)
ISENTRESS ORAL PACKET 100 MG	1	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET 400 MG	1	QL (120 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	1	QL (180 EA per 30 days)
TIVICAY ORAL TABLET 50 MG	1	QL (60 EA per 30 days)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	1	QL (180 EA per 30 days)
Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)		
EDURANT PED ORAL TABLET SOLUBLE 2.5 MG	1	QL (180 EA per 30 days)
efavirenz oral tablet 600 mg	1	QL (30 EA per 30 days)
etravirine oral tablet 100 mg	1	QL (120 EA per 30 days)
etravirine oral tablet 200 mg	1	QL (60 EA per 30 days)
IDVYNSO ORAL TABLET 100-0.25 MG	1	QL (30 EA per 30 days)
INTELENCE ORAL TABLET 25 MG	1	QL (120 EA per 30 days)
nevirapine er oral tablet extended release 24 hour 400 mg	1	QL (30 EA per 30 days)
nevirapine oral suspension 50 mg/5ml	1	QL (1200 ML per 30 days)
nevirapine oral tablet 200 mg	1	QL (60 EA per 30 days)
PIFELTRO ORAL TABLET 100 MG	1	QL (30 EA per 30 days)
rilpivirine hcl oral tablet 25 mg	1	QL (30 EA per 30 days)
Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)		
abacavir sulfate oral solution 20 mg/ml	1	QL (960 ML per 30 days)
abacavir sulfate oral tablet 300 mg	1	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
abacavir sulfate-lamivudine oral tablet 600-300 mg	1	QL (30 EA per 30 days)
CIMDUO ORAL TABLET 300-300 MG	1	QL (30 EA per 30 days)
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	1	QL (30 EA per 30 days)
emtricitabine oral capsule 200 mg	1	QL (30 EA per 30 days)
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg	1	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	1	
lamivudine-zidovudine oral tablet 150-300 mg	1	QL (60 EA per 30 days)
zidovudine oral capsule 100 mg	1	QL (180 EA per 30 days)
zidovudine oral syrup 50 mg/5ml	1	QL (1920 ML per 30 days)
zidovudine oral tablet 300 mg	1	QL (90 EA per 30 days)
Anti-Hiv Agents, Other		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	1	QL (30 EA per 30 days)
BIXLENVO ORAL TABLET 75-50 MG	1	QL (30 EA per 30 days)
DELSTRIGO ORAL TABLET 100-300-300 MG	1	QL (30 EA per 30 days)
DOVATO ORAL TABLET 50-300 MG	1	QL (30 EA per 30 days)
efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg	1	QL (30 EA per 30 days)
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg	1	QL (30 EA per 30 days)
emtricitab-rilpivir-tenofov df oral tablet 200-25-300 mg	1	QL (30 EA per 30 days)
EVOTAZ ORAL TABLET 300-150 MG	1	QL (30 EA per 30 days)
GENVOYA ORAL TABLET 150-150-200-10 MG	1	QL (30 EA per 30 days)
JULUCA ORAL TABLET 50-25 MG	1	QL (30 EA per 30 days)
maraviroc oral tablet 150 mg	1	QL (60 EA per 30 days)
maraviroc oral tablet 300 mg	1	QL (120 EA per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	1	QL (30 EA per 30 days)
PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG	1	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	1	QL (60 EA per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML	1	QL (1840 ML per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	1	QL (30 EA per 30 days)
SUNLENCA ORAL TABLET 300 MG	1	QL (10 EA per 365 days)
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG	1	QL (8 EA per 365 days)
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG	1	QL (10 EA per 365 days)
SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML	1	QL (6 ML per 365 days)
SYMTUZA ORAL TABLET 800-150-200-10 MG	1	QL (30 EA per 30 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	1	QL (30 EA per 30 days)
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	1	QL (180 EA per 30 days)
TYBOST ORAL TABLET 150 MG	1	QL (30 EA per 30 days)
Anti-Hiv Agents, Protease Inhibitors (Pi)		
APTIVUS ORAL CAPSULE 250 MG	1	QL (120 EA per 30 days)
atazanavir sulfate oral capsule 150 mg, 300 mg	1	QL (30 EA per 30 days)
atazanavir sulfate oral capsule 200 mg	1	QL (60 EA per 30 days)
darunavir oral tablet 600 mg	1	QL (60 EA per 30 days)
darunavir oral tablet 800 mg	1	QL (30 EA per 30 days)
fosamprenavir calcium oral tablet 700 mg	1	QL (120 EA per 30 days)
KALETRA ORAL SOLUTION 400-100 MG/5ML	1	QL (390 ML per 30 days)
lopinavir-ritonavir oral tablet 100-25 mg	1	QL (300 EA per 30 days)
lopinavir-ritonavir oral tablet 200-50 mg	1	QL (120 EA per 30 days)
NORVIR ORAL PACKET 100 MG	1	QL (360 EA per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	1	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	1	QL (180 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	1	QL (300 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
REYATAZ ORAL PACKET 50 MG	1	
ritonavir oral tablet 100 mg	1	QL (360 EA per 30 days)
VIRACEPT ORAL TABLET 250 MG	1	QL (300 EA per 30 days)
VIRACEPT ORAL TABLET 625 MG	1	QL (120 EA per 30 days)
Anti-Influenza Agents		
oseltamivir phosphate oral capsule 30 mg	1	QL (84 EA per 180 days)
oseltamivir phosphate oral capsule 45 mg, 75 mg	1	QL (42 EA per 180 days)
oseltamivir phosphate oral suspension reconstituted 6 mg/ml	1	QL (540 ML per 180 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	1	QL (60 EA per 180 days)
rimantadine hcl oral tablet 100 mg	1	
Antiviral, Coronavirus Agents		
LAGEVRIO ORAL CAPSULE 200 MG	1	QL (40 EA per 5 days)
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG	1	QL (20 EA per 5 days)
paxlovid (300/100 & 150/100) oral tablet therapy pack 6 x 150 mg & 5 x 100mg	1	QL (11 EA per 5 days)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG	1	QL (30 EA per 5 days)
Anxiolytics - Treatment Of Anxiety Or Nervousness		
Anxiolytics, Other		
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	1	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	1	PA
Benzodiazepines		
alprazolam intensol oral concentrate 1 mg/ml	1	QL (300 ML per 30 days)
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg	1	QL (120 EA per 30 days)
alprazolam oral tablet 2 mg	1	QL (150 EA per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	1	QL (90 EA per 30 days)
clonazepam oral tablet 2 mg	1	QL (300 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	1	QL (90 EA per 30 days)
clonazepam oral tablet dispersible 2 mg	1	QL (300 EA per 30 days)
clorazepate dipotassium oral tablet 15 mg	1	QL (180 EA per 30 days)
clorazepate dipotassium oral tablet 3.75 mg, 7.5 mg	1	QL (90 EA per 30 days)
diazepam intensol oral concentrate 5 mg/ml	1	QL (240 ML per 30 days)
diazepam oral concentrate 5 mg/ml	1	QL (240 ML per 30 days)
diazepam oral solution 5 mg/5ml	1	QL (1200 ML per 30 days)
diazepam oral tablet 10 mg, 2 mg, 5 mg	1	QL (120 EA per 30 days)
lorazepam intensol oral concentrate 2 mg/ml	1	QL (150 ML per 30 days)
lorazepam oral concentrate 2 mg/ml	1	QL (150 ML per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg	1	QL (90 EA per 30 days)
lorazepam oral tablet 2 mg	1	QL (150 EA per 30 days)
Bipolar Agents - Treatment For Bipolar Illnesses		
Mood Stabilizers		
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG	1	
lithium carbonate er oral tablet extended release 300 mg, 450 mg	1	
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	1	
lithium carbonate oral tablet 300 mg	1	
lithium oral solution 8 meq/5ml	1	
Blood Glucose Regulators - Control Of Diabetes		
Antidiabetic Agents		
acarbose oral tablet 100 mg, 25 mg, 50 mg	1	QL (90 EA per 30 days)
dapagliflozin oral tablet 10 mg, 5 mg	1	QL (30 EA per 30 days)
dapagliflozin-metformin hcl er oral tablet extended release 24 hour 10-1000 mg, 10-500 mg	1	QL (30 EA per 30 days)
dapagliflozin-metformin hcl er oral tablet extended release 24 hour 5-1000 mg, 5-500 mg	1	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
glimepiride oral tablet 1 mg	1	QL (240 EA per 30 days)
glimepiride oral tablet 2 mg	1	QL (120 EA per 30 days)
glimepiride oral tablet 4 mg	1	QL (60 EA per 30 days)
glipizide er oral tablet extended release 24 hour 10 mg	1	QL (60 EA per 30 days)
glipizide er oral tablet extended release 24 hour 2.5 mg	1	QL (240 EA per 30 days)
glipizide er oral tablet extended release 24 hour 5 mg	1	QL (120 EA per 30 days)
glipizide oral tablet 10 mg	1	QL (120 EA per 30 days)
glipizide oral tablet 15 mg, 2.5 mg	1	QL (60 EA per 30 days)
glipizide oral tablet 5 mg	1	QL (240 EA per 30 days)
glipizide-metformin hcl oral tablet 2.5-250 mg	1	QL (240 EA per 30 days)
glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg	1	QL (120 EA per 30 days)
glyburide micronized oral tablet 3 mg	1	PA; QL (90 EA per 30 days)
glyburide micronized oral tablet 6 mg	1	PA; QL (60 EA per 30 days)
glyburide oral tablet 1.25 mg, 2.5 mg	1	PA; QL (60 EA per 30 days)
glyburide oral tablet 5 mg	1	PA; QL (120 EA per 30 days)
glyburide-metformin oral tablet 1.25-250 mg	1	PA; QL (240 EA per 30 days)
glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg	1	PA; QL (120 EA per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	1	QL (30 EA per 30 days)
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	1	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	1	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	1	QL (60 EA per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	1	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	1	QL (30 EA per 30 days)
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG	1	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	1	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	1	QL (30 EA per 30 days)
liraglutide subcutaneous solution pen-injector 18 mg/3ml	1	PA; QL (9 ML per 30 days)
metformin hcl er oral tablet extended release 24 hour 500 mg	1	QL (120 EA per 30 days)
metformin hcl er oral tablet extended release 24 hour 750 mg	1	QL (60 EA per 30 days)
metformin hcl oral tablet 1000 mg	1	QL (75 EA per 30 days)
metformin hcl oral tablet 500 mg	1	QL (150 EA per 30 days)
metformin hcl oral tablet 850 mg	1	QL (90 EA per 30 days)
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	1	PA; QL (2 ML per 28 days)
nateglinide oral tablet 120 mg, 60 mg	1	QL (90 EA per 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	1	PA; QL (3 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	1	PA; QL (3 ML per 28 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	1	PA; QL (3 ML per 28 days)
OZEMPIC ORAL TABLET 1.5 MG, 4 MG, 9 MG	1	PA; QL (30 EA per 30 days)
pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg	1	QL (30 EA per 30 days)
pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg	1	QL (90 EA per 30 days)
repaglinide oral tablet 0.5 mg, 1 mg	1	QL (120 EA per 30 days)
repaglinide oral tablet 2 mg	1	QL (240 EA per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	1	PA; QL (30 EA per 30 days)
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	1	

Drug Name	Drug Tier	Requirements/Limits
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	1	
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	1	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG	1	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG	1	QL (30 EA per 30 days)
TRADJENTA ORAL TABLET 5 MG	1	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	1	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	1	QL (60 EA per 30 days)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	1	PA; QL (2 ML per 28 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG	1	QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	1	QL (60 EA per 30 days)
Glycemic Agents		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE	1	QL (4 EA per 30 days)
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE	1	QL (4 EA per 30 days)
diazoxide oral suspension 50 mg/ml	1	
glucagon emergency injection solution reconstituted 1 mg, 1 mg/ml	1	QL (4 EA per 30 days)
mifepristone oral tablet 300 mg	1	PA
Insulins		
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	

Drug Name	Drug Tier	Requirements/Limits
FIASP INJECTION SOLUTION 100 UNIT/ML	1	
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	1	
gauze pad 2"x2"	1	
HUMALOG INJECTION SOLUTION 100 UNIT/ML	1	
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	1	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML	1	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML	1	
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML	1	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	1	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	1	
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	1	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	1	
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1	
HUMULIN R INJECTION SOLUTION 100 UNIT/ML	1	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	1	

Drug Name	Drug Tier	Requirements/Limits
insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml	1	
INSULIN ASPART FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	
INSULIN ASPART INJECTION SOLUTION 100 UNIT/ML	1	
insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml	1	
INSULIN LISPRO (1 UNIT DIAL) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	
INSULIN LISPRO INJECTION SOLUTION 100 UNIT/ML	1	
INSULIN LISPRO JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	
INSULIN LISPRO PROT & LISPRO SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML	1	
insulin syringe 27g x 1/2" 0.5 ml, 27g x 1/2" 1 ml, 27g x 5/8" 1 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g 0.3 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 29g x 5/16" 1 ml, 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 1/2" 0.3 ml, 31g x 1/4" 0.3 ml, 31g x 1/4" 0.5 ml, 31g x 1/4" 1 ml, 31g x 15/64" 0.3 ml, 31g x 15/64" 0.5 ml, 31g x 15/64" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml, 31g x 6mm 0.5 ml, u-100 1 ml	1	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	1	

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	1	
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	1	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	1	
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	1	
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	1	
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	1	
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	1	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	1	
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML	1	
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	1	
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	
NOVOLOG INJECTION SOLUTION 100 UNIT/ML	1	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	1	

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	1	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	1	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	1	
NOVOLOG RELION INJECTION SOLUTION 100 UNIT/ML	1	
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	1	
OMNIPOD 5 DEXG7G6 PODS GEN 5	1	
OMNIPOD 5 G7 INTRO (GEN 5) KIT	1	
OMNIPOD 5 G7 PODS (GEN 5)	1	
OMNIPOD 5 LIBRE INTRO KIT	1	
OMNIPOD 5 LIBRE PODS	1	
OMNIPOD DASH INTRO (GEN 4) KIT	1	
OMNIPOD DASH PODS (GEN 4)	1	
pen needles 29g x 12.7mm , 29g x 12mm , 29g x 4mm , 30g x 5 mm , 30g x 8 mm , 31g x 4 mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 32g x 8 mm	1	
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	1	QL (15 ML per 25 days)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	1	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	1	
Blood Products And Modifiers - Prevention Of Clotting And Increasing Blood Cell Production		
Anticoagulants		
dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg	1	QL (60 EA per 30 days)
ELIQUIS (1.5 MG PACK) ORAL TABLET SOLUBLE 3 X 0.5 MG	1	

Drug Name	Drug Tier	Requirements/Limits
ELIQUIS (2 MG PACK) ORAL TABLET SOLUBLE 4 X 0.5 MG	1	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	1	QL (148 EA per 365 days)
ELIQUIS ORAL CAPSULE SPRINKLE 0.15 MG	1	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	1	QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	1	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET SOLUBLE 0.5 MG	1	
enoxaparin sodium injection solution 300 mg/3ml	1	
enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml	1	
fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml	1	
heparin sodium (porcine) injection solution 10000 unit/ml, 5000 unit/ml	1	
heparin sodium (porcine) pf injection solution 1000 unit/ml	1	
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML	1	QL (900 ML per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	1	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	1	QL (60 EA per 30 days)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	1	QL (102 EA per 365 days)
Blood Products And Modifiers, Other		
anagrelide hcl oral capsule 0.5 mg, 1 mg	1	
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	1	PA

Drug Name	Drug Tier	Requirements/Limits
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML	1	PA
eltrombopag olamine oral packet 12.5 mg	1	PA; QL (360 EA per 30 days)
eltrombopag olamine oral packet 25 mg	1	PA; QL (180 EA per 30 days)
eltrombopag olamine oral tablet 12.5 mg, 25 mg	1	PA; QL (30 EA per 30 days)
eltrombopag olamine oral tablet 50 mg, 75 mg	1	PA; QL (60 EA per 30 days)
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	1	PA
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	1	PA
FYLNETRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	1	PA
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG	1	PA
NEULASTA ONPRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	1	PA
NEULASTA SUBCUTANEOUS SOLUTION 4 MG/0.4ML	1	PA
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	1	PA
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	1	PA
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	1	PA
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG, 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG	1	PA

Drug Name	Drug Tier	Requirements/Limits
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	1	PA
TAVNEOS ORAL CAPSULE 10 MG	1	PA
tranexamic acid oral tablet 650 mg	1	
XOLREMDI ORAL CAPSULE 100 MG	1	PA
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	1	PA
Platelet Modifying Agents		
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	1	
BRILINTA ORAL TABLET 90 MG	1	
cilostazol oral tablet 100 mg, 50 mg	1	
clopidogrel bisulfate oral tablet 75 mg	1	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	1	PA
DOPTELET ORAL TABLET 20 MG, 20 MG (10 PACK), 20 MG(15 PACK)	1	PA
DOPTELET SPRINKLE ORAL CAPSULE SPRINKLE 10 MG	1	PA
prasugrel hcl oral tablet 10 mg, 5 mg	1	
ticagrelor oral tablet 60 mg, 90 mg	1	
Cardiovascular Agents - Treatment Of Conditions Affecting The Heart And Blood Vessels		
Alpha-Adrenergic Agonists		
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	1	
droxidopa oral capsule 100 mg, 200 mg, 300 mg	1	
guanfacine hcl oral tablet 1 mg, 2 mg	1	PA
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg	1	
Alpha-Adrenergic Blocking Agents		

Drug Name	Drug Tier	Requirements/Limits
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	1	
phenoxybenzamine hcl oral capsule 10 mg	1	PA
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	1	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
Angiotensin Ii Receptor Antagonists		
candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	1	
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	1	
olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg	1	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	1	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	1	
Angiotensin-Converting Enzyme (Ace) Inhibitors		
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	1	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	1	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	
moexipril hcl oral tablet 15 mg, 7.5 mg	1	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	1	
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
trandolapril oral tablet 1 mg, 2 mg, 4 mg	1	
Antiarrhythmics		
amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg	1	
disopyramide phosphate oral capsule 100 mg, 150 mg	1	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	1	
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg	1	
mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg	1	
MULTAQ ORAL TABLET 400 MG	1	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG	1	
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg	1	
quinidine gluconate er oral tablet extended release 324 mg	1	
quinidine sulfate oral tablet 200 mg, 300 mg	1	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	1	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
Beta-Adrenergic Blocking Agents		
acebutolol hcl oral capsule 200 mg, 400 mg	1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	
betaxolol hcl oral tablet 10 mg, 20 mg	1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	

Drug Name	Drug Tier	Requirements/Limits
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	
nebivolol hcl oral tablet 10 mg, 2.5 mg, 5 mg	1	QL (30 EA per 30 days)
nebivolol hcl oral tablet 20 mg	1	QL (60 EA per 30 days)
pindolol oral tablet 10 mg, 5 mg	1	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	1	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	
Calcium Channel Blocking Agents, Dihydropyridines		
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	1	
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	
isradipine oral capsule 2.5 mg, 5 mg	1	
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	
nifedipine oral capsule 10 mg, 20 mg	1	PA
nimodipine oral capsule 30 mg	1	
Calcium Channel Blocking Agents, Nondihydropyridines		
CARDAMYST NASAL SOLUTION 2 X 70 MG/DOSE	1	PA; QL (4 EA per 30 days)
cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	1	
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	

Drug Name	Drug Tier	Requirements/Limits
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	1	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1	
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg	1	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	1	
Cardiovascular Agents, Other		
acetazolamide oral tablet 125 mg, 250 mg	1	
aliskiren fumarate oral tablet 150 mg, 300 mg	1	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	1	
amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	1	
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	1	
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	1	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	1	
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	1	

Drug Name	Drug Tier	Requirements/Limits
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	1	PA; QL (30 EA per 30 days)
candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	1	
CORLANOR ORAL SOLUTION 5 MG/5ML	1	PA; QL (450 ML per 30 days)
digoxin oral solution 0.05 mg/ml	1	QL (150 ML per 30 days)
digoxin oral tablet 125 mcg, 250 mcg	1	QL (30 EA per 30 days)
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	1	
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG	1	QL (240 EA per 30 days)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	1	QL (60 EA per 30 days)
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	1	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	1	
ivabradine hcl oral tablet 5 mg, 7.5 mg	1	PA
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG	1	PA; QL (30 EA per 30 days)
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
LODOCO ORAL TABLET 0.5 MG	1	PA
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	1	
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	1	
metyrosine oral capsule 250 mg	1	PA
MYQORZO ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	1	PA; QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
NEXLETOL ORAL TABLET 180 MG	1	PA; QL (30 EA per 30 days)
NEXLIZET ORAL TABLET 180-10 MG	1	PA; QL (30 EA per 30 days)
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	1	
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	1	
pentoxifylline er oral tablet extended release 400 mg	1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg	1	
spironolactone-hctz oral tablet 25-25 mg	1	
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	1	
triamterene-hctz oral capsule 37.5-25 mg	1	
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	1	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	1	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	1	QL (30 EA per 30 days)
WEGOVY ORAL TABLET 1.5 MG, 25 MG, 4 MG, 9 MG	1	PA; QL (30 EA per 30 days)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML	1	PA; QL (2 ML per 28 days)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML, 2.4 MG/0.75ML	1	PA; QL (3 ML per 28 days)
Diuretics, Loop		
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	1	
furosemide injection solution 10 mg/ml	1	
furosemide oral solution 10 mg/ml, 8 mg/ml	1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	1	

Drug Name	Drug Tier	Requirements/Limits
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	1	
Diuretics, Potassium-Sparing		
amiloride hcl oral tablet 5 mg	1	
eplerenone oral tablet 25 mg, 50 mg	1	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	
Diuretics, Thiazide		
chlorthalidone oral tablet 25 mg, 50 mg	1	
hydrochlorothiazide oral capsule 12.5 mg	1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	1	
indapamide oral tablet 1.25 mg, 2.5 mg	1	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	1	
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	1	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	
fenofibric acid oral capsule delayed release 135 mg, 45 mg	1	
gemfibrozil oral tablet 600 mg	1	
Dyslipidemics, Hmg Coa Reductase Inhibitors		
atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	
lovastatin oral tablet 10 mg, 20 mg, 40 mg	1	
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	
rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg	1	
Dyslipidemics, Other		
cholestyramine light oral packet 4 gm	1	

Drug Name	Drug Tier	Requirements/Limits
cholestyramine light oral powder 4 gm/dose	1	
cholestyramine oral packet 4 gm	1	
cholestyramine oral powder 4 gm/dose	1	
colesevelam hcl oral packet 3.75 gm	1	
colesevelam hcl oral tablet 625 mg	1	
colestipol hcl oral granules 5 gm	1	
colestipol hcl oral packet 5 gm	1	
colestipol hcl oral tablet 1 gm	1	
ezetimibe oral tablet 10 mg	1	
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	1	
icosapent ethyl oral capsule 0.5 gm, 1 gm	1	
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg	1	
omega-3-acid ethyl esters oral capsule 1 gm	1	
prevalite oral packet 4 gm	1	
prevalite oral powder 4 gm/dose	1	
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	1	PA; QL (3 ML per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	1	PA; QL (3 ML per 28 days)
Vasodilators, Direct-Acting Arterial		
hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	
isosorb dinitrate-hydralazine oral tablet 20-37.5 mg	1	
minoxidil oral tablet 10 mg, 2.5 mg	1	
Vasodilators, Direct-Acting Arterial/ Venous		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg	1	
isosorbide mononitrate oral tablet 10 mg, 20 mg	1	

Drug Name	Drug Tier	Requirements/Limits
NITRO-BID TRANSDERMAL OINTMENT 2 %	1	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	1	
nitroglycerin rectal ointment 0.4 %	1	
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	1	
nitroglycerin transdermal ointment 2 %	1	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	1	
nitroglycerin translingual solution 0.4 mg/spray	1	
Central Nervous System Agents - Treatment Of Disorders Of The Brain And Spinal Column		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	1	QL (30 EA per 30 days)
amphetamine-dextroamphetamine oral tablet 10 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	1	QL (60 EA per 30 days)
amphetamine-dextroamphetamine oral tablet 12.5 mg	1	QL (120 EA per 30 days)
amphetamine-dextroamphetamine oral tablet 15 mg	1	QL (90 EA per 30 days)
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg	1	QL (150 EA per 30 days)
dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg	1	QL (120 EA per 30 days)
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	1	QL (90 EA per 30 days)
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	1	QL (180 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines		

Drug Name	Drug Tier	Requirements/Limits
atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	1	
clonidine hcl er oral tablet extended release 12 hour 0.1 mg	1	QL (120 EA per 30 days)
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	1	QL (30 EA per 30 days)
dexmethylphenidate hcl oral tablet 10 mg	1	QL (60 EA per 30 days)
dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg	1	QL (90 EA per 30 days)
guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 4 mg	1	PA; QL (30 EA per 30 days)
guanfacine hcl er oral tablet extended release 24 hour 3 mg	1	PA; QL (60 EA per 30 days)
methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	1	QL (30 EA per 30 days)
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 60 mg	1	QL (30 EA per 30 days)
methylphenidate hcl er (osm) oral tablet extended release 18 mg	1	QL (120 EA per 30 days)
methylphenidate hcl er (osm) oral tablet extended release 27 mg, 54 mg, 72 mg	1	QL (30 EA per 30 days)
methylphenidate hcl er (osm) oral tablet extended release 36 mg	1	QL (60 EA per 30 days)
methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	1	QL (30 EA per 30 days)
methylphenidate hcl er oral tablet extended release 10 mg	1	QL (30 EA per 30 days)
methylphenidate hcl er oral tablet extended release 20 mg	1	QL (90 EA per 30 days)
methylphenidate hcl er oral tablet extended release 24 hour 18 mg	1	QL (120 EA per 30 days)
methylphenidate hcl er(diffus) oral tablet extended release 27 mg, 54 mg	1	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
methylphenidate hcl er(diffus) oral tablet extended release 36 mg	1	QL (60 EA per 30 days)
methylphenidate hcl oral solution 10 mg/5ml	1	QL (900 ML per 30 days)
methylphenidate hcl oral solution 5 mg/5ml	1	QL (1800 ML per 30 days)
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	1	QL (90 EA per 30 days)
methylphenidate hcl oral tablet chewable 10 mg	1	QL (180 EA per 30 days)
methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg	1	QL (90 EA per 30 days)
Central Nervous System, Other		
AQNEURSA ORAL PACKET 1 GM	1	PA; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	1	PA
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG	1	PA
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	1	PA
BYSANTI ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	1	PA; QL (60 EA per 30 days)
BYSANTI TITRATION PACK A ORAL TABLET THERAPY PACK 1 & 2 & 4 & 6 MG	1	PA; QL (8 EA per 180 days)
BYSANTI TITRATION PACK B ORAL TABLET THERAPY PACK 1 & 2 & 6 & 8 MG	1	PA; QL (12 EA per 180 days)
BYSANTI TITRATION PACK C ORAL TABLET THERAPY PACK 1 & 2 & 6 MG	1	PA; QL (8 EA per 180 days)
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	1	PA; QL (56 EA per 28 days)
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG	1	PA; QL (56 EA per 180 days)
dextromethorphan-quinidine oral capsule 20-10 mg	1	PA
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML	1	PA
EVRYSDI ORAL TABLET 5 MG	1	PA

Drug Name	Drug Tier	Requirements/Limits
FIRDAPSE ORAL TABLET 10 MG	1	PA
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	1	PA; QL (30 EA per 30 days)
INGREZZA ORAL CAPSULE SPRINKLE 40 MG, 60 MG, 80 MG	1	PA; QL (30 EA per 30 days)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG	1	PA; QL (56 EA per 365 days)
LEQEMBI IQLIK (500 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 2 X 250 MG/1.25ML	1	PA
LEQEMBI IQLIK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 360 MG/1.8ML	1	PA
NUEDEXTA ORAL CAPSULE 20-10 MG	1	PA
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML	1	PA
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML	1	PA
riluzole oral tablet 50 mg	1	
tetrabenazine oral tablet 12.5 mg, 25 mg	1	PA
VEOZAH ORAL TABLET 45 MG	1	PA
Fibromyalgia Agents		
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	1	ST
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	1	QL (60 EA per 30 days)
milnacipran hcl oral 12.5 & 25 & 50 mg	1	
milnacipran hcl oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	1	
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	1	ST
Multiple Sclerosis Agents		
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG	1	PA
BETASERON SUBCUTANEOUS KIT 0.3 MG	1	PA

Drug Name	Drug Tier	Requirements/Limits
cladribine (10 tabs) oral tablet therapy pack 10 mg	1	PA
cladribine (4 tabs) oral tablet therapy pack 10 mg	1	PA
cladribine (5 tabs) oral tablet therapy pack 10 mg	1	PA
cladribine (6 tabs) oral tablet therapy pack 10 mg	1	PA
cladribine (7 tabs) oral tablet therapy pack 10 mg	1	PA
cladribine (8 tabs) oral tablet therapy pack 10 mg	1	PA
cladribine (9 tabs) oral tablet therapy pack 10 mg	1	PA
cladribine 10 mg tablet therapy pack oral oral tablet therapy pack 10 mg	1	PA
dalfampridine er oral tablet extended release 12 hour 10 mg	1	PA
dimethyl fumarate oral capsule delayed release 120 mg	1	PA; QL (56 EA per 28 days)
dimethyl fumarate oral capsule delayed release 240 mg	1	PA; QL (60 EA per 30 days)
dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg	1	PA
fingolimod hcl oral capsule 0.5 mg	1	PA; QL (30 EA per 30 days)
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	1	PA; QL (30 ML per 30 days)
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	1	PA; QL (12 ML per 28 days)
glatopa subcutaneous solution prefilled syringe 20 mg/ml	1	PA; QL (30 ML per 30 days)
glatopa subcutaneous solution prefilled syringe 40 mg/ml	1	PA; QL (12 ML per 28 days)
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	1	PA
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	1	PA
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG, 7 X 0.25 MG	1	PA
PONVORY ORAL TABLET 20 MG	1	PA
PONVORY STARTER PACK ORAL TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG	1	PA

Drug Name	Drug Tier	Requirements/Limits
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML	1	PA
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG	1	PA
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML	1	PA
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG	1	PA
TASCENSO ODT ORAL TABLET DISPERSIBLE 0.25 MG, 0.5 MG	1	PA
teriflunomide oral tablet 14 mg, 7 mg	1	PA; QL (30 EA per 30 days)
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG	1	PA
ZEPOSIA ORAL CAPSULE 0.92 MG	1	PA
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG &0.46MG 0.92MG(21)	1	PA
Dental And Oral Agents - Treatment Of Mouth And Gum Disorders		
Dental And Oral Agents		
cevimeline hcl oral capsule 30 mg	1	
chlorhexidine gluconate mouth/throat solution 0.12 %	1	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	1	
triamcinolone acetonide mouth/throat paste 0.1 %	1	
Dermatological Agents - Treatment Of Skin Conditions		
Acne And Rosacea Agents		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	1	PA
adapalene external gel 0.3 %	1	

Drug Name	Drug Tier	Requirements/Limits
adapalene-benzoyl peroxide external gel 0.1-2.5 %	1	
amnesteem oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
benzoyl peroxide-erythromycin external gel 5-3 %	1	
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %	1	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
tazarotene external cream 0.05 %, 0.1 %	1	
tazarotene external gel 0.05 %, 0.1 %	1	
tretinoin external cream 0.025 %, 0.05 %, 0.1 %	1	
tretinoin external gel 0.01 %, 0.025 %	1	
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
Dermatitis And Pruritus Agents		
alclometasone dipropionate external cream 0.05 %	1	
alclometasone dipropionate external ointment 0.05 %	1	
ammonium lactate external cream 12 %	1	
ammonium lactate external lotion 12 %	1	
betamethasone dipropionate aug external cream 0.05 %	1	
betamethasone dipropionate aug external gel 0.05 %	1	
betamethasone dipropionate aug external lotion 0.05 %	1	
betamethasone dipropionate aug external ointment 0.05 %	1	
betamethasone dipropionate external cream 0.05 %	1	
betamethasone dipropionate external lotion 0.05 %	1	

Drug Name	Drug Tier	Requirements/Limits
betamethasone dipropionate external ointment 0.05 %	1	
betamethasone valerate external cream 0.1 %	1	
betamethasone valerate external lotion 0.1 %	1	
betamethasone valerate external ointment 0.1 %	1	
clobetasol prop emollient base external cream 0.05 %	1	QL (60 GM per 30 days)
clobetasol propionate e external cream 0.05 %	1	
clobetasol propionate external cream 0.05 %	1	QL (60 GM per 30 days)
clobetasol propionate external gel 0.05 %	1	QL (60 GM per 30 days)
clobetasol propionate external ointment 0.05 %	1	QL (60 GM per 30 days)
clobetasol propionate external solution 0.05 %	1	QL (50 ML per 30 days)
desonide external cream 0.05 %	1	
desonide external lotion 0.05 %	1	
desonide external ointment 0.05 %	1	
desoximetasone external cream 0.05 %, 0.25 %	1	
desoximetasone external gel 0.05 %	1	
desoximetasone external ointment 0.05 %, 0.25 %	1	
doxepin hcl external cream 5 %	1	PA; QL (45 GM per 30 days)
EUCRISA EXTERNAL OINTMENT 2 %	1	PA
fluocinolone acetonide external cream 0.01 %, 0.025 %	1	
fluocinolone acetonide external ointment 0.025 %	1	
fluocinolone acetonide external solution 0.01 %	1	
fluocinonide emulsified base external cream 0.05 %	1	
fluocinonide external cream 0.05 %	1	QL (120 GM per 30 days)
fluocinonide external gel 0.05 %	1	QL (120 GM per 30 days)
fluocinonide external ointment 0.05 %	1	QL (60 GM per 30 days)
fluocinonide external solution 0.05 %	1	QL (60 ML per 30 days)
fluticasone propionate external cream 0.05 %	1	
fluticasone propionate external lotion 0.05 %	1	
fluticasone propionate external ointment 0.005 %	1	

Drug Name	Drug Tier	Requirements/Limits
halobetasol propionate external cream 0.05 %	1	
halobetasol propionate external ointment 0.05 %	1	
hydrocortisone (perianal) external cream 1 %, 2.5 %	1	
hydrocortisone butyrate external cream 0.1 %	1	
hydrocortisone butyrate external ointment 0.1 %	1	
hydrocortisone butyrate external solution 0.1 %	1	
hydrocortisone external cream 1 %, 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone valerate external cream 0.2 %	1	
hydrocortisone valerate external ointment 0.2 %	1	
HYFTOR EXTERNAL GEL 0.2 %	1	PA
mometasone furoate external cream 0.1 %	1	
mometasone furoate external ointment 0.1 %	1	
mometasone furoate external solution 0.1 %	1	
pimecrolimus external cream 1 %	1	ST
selenium sulfide external lotion 2.5 %	1	
tacrolimus external ointment 0.03 %, 0.1 %	1	ST
triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide external lotion 0.025 %, 0.1 %	1	
triamcinolone acetonide external ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %	1	
triamcinolone in absorbase external ointment 0.05 %	1	
Dermatological Agents, Other		
alcohol pad , 70 %	1	
alcohol sheet , 70 %	1	
calcipotriene external cream 0.005 %	1	QL (120 GM per 30 days)
calcipotriene external ointment 0.005 %	1	QL (120 GM per 30 days)
calcipotriene external solution 0.005 %	1	QL (120 ML per 30 days)

Drug Name	Drug Tier	Requirements/Limits
calcitriol external ointment 3 mcg/gm	1	
clotrimazole-betamethasone external cream 1-0.05 %	1	QL (45 GM per 28 days)
clotrimazole-betamethasone external lotion 1-0.05 %	1	QL (60 ML per 28 days)
fluorouracil external cream 5 %	1	QL (40 GM per 30 days)
fluorouracil external solution 2 %, 5 %	1	
imiquimod external cream 5 %	1	
methoxsalen rapid oral capsule 10 mg	1	
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	1	
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	1	
OTEZLA ORAL TABLET 20 MG, 30 MG	1	PA
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X20 MG	1	PA
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 75 MG	1	PA
OTEZLA/OTEZLA XR INITIATION PK ORAL TABLET THERAPY PACK 10&20&30&(ER)75 MG	1	PA
podofilox external solution 0.5 %	1	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	1	QL (90 GM per 30 days)
silver sulfadiazine external cream 1 %	1	
sodium chloride irrigation solution 0.9 %	1	
Pediculicides/Scabicides		
malathion external lotion 0.5 %	1	
permethrin external cream 5 %	1	QL (60 GM per 30 days)
Topical Anti-Infectives		
acyclovir external cream 5 %	1	
acyclovir external ointment 5 %	1	
ciclopirox external solution 8 %	1	
ciclopirox olamine external cream 0.77 %	1	

Drug Name	Drug Tier	Requirements/Limits
ciclopirox olamine external suspension 0.77 %	1	
clindamycin phos (once-daily) external gel 1 %	1	
clindamycin phos (twice-daily) external gel 1 %	1	
clindamycin phosphate external lotion 1 %	1	
clindamycin phosphate external solution 1 %	1	
clindamycin phosphate external swab 1 %	1	
ery external pad 2 %	1	
erythromycin external gel 2 %	1	
erythromycin external solution 2 %	1	
gentamicin sulfate external cream 0.1 %	1	
gentamicin sulfate external ointment 0.1 %	1	
metronidazole external cream 0.75 %	1	
metronidazole external gel 0.75 %, 1 %	1	
metronidazole external lotion 0.75 %	1	
mupirocin external ointment 2 %	1	QL (88 GM per 30 days)
penciclovir external cream 1 %	1	
Electrolytes/Minerals/ Metals/ Vitamins - Products That Supplement Or Replace Electrolytes, Minerals, Metals Or Vitamins		
Electrolyte/ Mineral Replacement		
carglumic acid oral tablet soluble 200 mg	1	PA
ISOLYTE-S INTRAVENOUS SOLUTION	1	
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	1	
kcl in dextrose-nacl intravenous solution 20-5-0.45 meq/l-%-%	1	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	
klor-con m10 oral tablet extended release 10 meq	1	
klor-con m15 oral tablet extended release 15 meq	1	
klor-con m20 oral tablet extended release 20 meq	1	

Drug Name	Drug Tier	Requirements/Limits
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	1	
magnesium sulfate injection solution 50 %, 50 % (10ml syringe)	1	
potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq	1	
potassium chloride er oral capsule extended release 10 meq, 8 meq	1	
potassium chloride er oral tablet extended release 10 meq, 15 meq, 20 meq, 8 meq	1	
potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml), 40 meq/100ml	1	
potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)	1	
potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)	1	
sodium chloride (pf) injection solution 0.9 %	1	
sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %	1	
sodium fluoride oral tablet 2.2 (1 f) mg	1	
Electrolyte/Mineral/Metal Modifiers		
CUVRIOR ORAL TABLET 300 MG	1	PA
deferasirox granules oral packet 180 mg, 360 mg, 90 mg	1	PA
deferasirox oral packet 180 mg, 360 mg, 90 mg	1	PA
deferasirox oral tablet 180 mg, 360 mg, 90 mg	1	PA
deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg	1	PA
deferiprone oral tablet 1000 mg, 500 mg	1	PA
penicillamine oral tablet 250 mg	1	PA
tolvaptan (hyponatremia) oral tablet 15 mg, 30 mg	1	PA
tolvaptan oral tablet 15 mg, 30 mg	1	PA

Drug Name	Drug Tier	Requirements/Limits
tolvaptan oral tablet therapy pack 15 mg, 30 & 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg	1	PA
trientine hcl oral capsule 250 mg	1	PA
Electrolytes/Minerals/Metals/Vitamins		
clinisol sf intravenous solution 15 %	1	B/D
dextrose intravenous solution 10 %, 5 %	1	
dextrose-sodium chloride intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %	1	
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	1	B/D
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	1	
levocarnitine oral solution 1 gm/10ml	1	
levocarnitine oral tablet 330 mg	1	
levocarnitine sf oral solution 1 gm/10ml	1	
NUTRILIPID INTRAVENOUS EMULSION 20 %	1	B/D
plenamine intravenous solution 15 %	1	B/D
pnv 27-ca/fe/fa oral tablet 60-1 mg	1	
prenatal oral tablet 27-1 mg	1	
Phosphate Binders		
calcium acetate (phos binder) oral capsule 667 mg	1	
lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg	1	
sevelamer carbonate oral packet 0.8 gm, 2.4 gm	1	
sevelamer carbonate oral tablet 800 mg	1	
Potassium Binders		
LOKELMA ORAL PACKET 10 GM, 5 GM	1	
sodium polystyrene sulfonate combination suspension 15 gm/60ml	1	
sodium polystyrene sulfonate oral powder	1	

Drug Name	Drug Tier	Requirements/Limits
sps (sodium polystyrene sulf) combination suspension 15 gm/60ml	1	
sps (sodium polystyrene sulf) rectal suspension 30 gm/120ml	1	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM	1	QL (30 EA per 30 days)
VELTASSA ORAL PACKET 8.4 GM	1	QL (90 EA per 30 days)
Vitamins		
trinatal rx 1 oral tablet 60-1 mg	1	
Gastrointestinal Agents - Treatment Of Stomach And Intestinal Conditions		
Anti-Constipation Agents		
constulose oral solution 10 gm/15ml	1	
enulose oral solution 10 gm/15ml	1	
gavilyte-c oral solution reconstituted 240 gm	1	
gavilyte-g oral solution reconstituted 236 gm	1	
gavilyte-n with flavor pack oral solution reconstituted 420 gm	1	
generlac oral solution 10 gm/15ml	1	
lactulose encephalopathy oral solution 10 gm/15ml	1	
lactulose oral solution 10 gm/15ml, 20 gm/30ml	1	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	1	QL (30 EA per 30 days)
lubiprostone oral capsule 24 mcg, 8 mcg	1	QL (60 EA per 30 days)
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	1	QL (30 EA per 30 days)
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	1	
peg-3350/electrolytes oral solution reconstituted 236 gm	1	
RELISTOR ORAL TABLET 150 MG	1	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE)	1	PA

Drug Name	Drug Tier	Requirements/Limits
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12 MG/0.6ML, 8 MG/0.4ML	1	PA
TRULANCE ORAL TABLET 3 MG	1	QL (30 EA per 30 days)
Anti-Diarrheal Agents		
alosetron hcl oral tablet 0.5 mg, 1 mg	1	QL (60 EA per 30 days)
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml	1	PA
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	PA
loperamide hcl oral capsule 2 mg	1	
XERMELO ORAL TABLET 250 MG	1	PA
XIFAXAN ORAL TABLET 200 MG, 550 MG	1	PA
Antispasmodics, Gastrointestinal		
dicyclomine hcl oral capsule 10 mg	1	
dicyclomine hcl oral solution 10 mg/5ml	1	
dicyclomine hcl oral tablet 20 mg	1	
glycopyrrolate oral solution 1 mg/5ml	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
Gastrointestinal Agents, Other		
GATTEX SUBCUTANEOUS KIT 5 MG	1	PA
LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML	1	PA
LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG	1	PA
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet 250 mg, 500 mg	1	
VOQUEZNA DUAL PAK ORAL THERAPY PACK 500-20 MG	1	QL (112 EA per 14 days)
VOQUEZNA ORAL TABLET 10 MG, 20 MG	1	QL (30 EA per 30 days)
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG	1	QL (112 EA per 14 days)
VOWST ORAL CAPSULE	1	PA
Histamine2 (H2) Receptor Antagonists		

Drug Name	Drug Tier	Requirements/Limits
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	1	
famotidine oral tablet 20 mg, 40 mg	1	
Protectants		
misoprostol oral tablet 100 mcg, 200 mcg	1	
sucralfate oral tablet 1 gm	1	
Proton Pump Inhibitors		
esomeprazole magnesium oral capsule delayed release 20 mg	1	QL (30 EA per 30 days)
esomeprazole magnesium oral capsule delayed release 40 mg	1	QL (60 EA per 30 days)
lansoprazole oral capsule delayed release 15 mg, 30 mg	1	
omeprazole oral capsule delayed release 10 mg, 20 mg	1	QL (30 EA per 30 days)
omeprazole oral capsule delayed release 40 mg	1	QL (60 EA per 30 days)
pantoprazole sodium oral tablet delayed release 20 mg	1	QL (30 EA per 30 days)
pantoprazole sodium oral tablet delayed release 40 mg	1	QL (60 EA per 30 days)
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment - Products That Replace, Modify, Or Treat Genetic Or Enzyme Disorders		
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG	1	PA
betaine oral powder	1	
CERDELGA ORAL CAPSULE 84 MG	1	PA
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	1	PA

Drug Name	Drug Tier	Requirements/Limits
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	1	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	1	PA
GALAFOLD ORAL CAPSULE 123 MG	1	PA
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML, 4 GM/200ML, 5 GM/250ML	1	PA
glycerol phenylbutyrate oral liquid 1.1 gm/ml	1	PA
l-glutamine oral packet 5 gm	1	PA
miglustat oral capsule 100 mg	1	PA
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	1	PA
ORFADIN ORAL SUSPENSION 4 MG/ML	1	PA
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML	1	PA
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5ML	1	PA
sapropterin dihydrochloride oral packet 100 mg, 500 mg	1	PA
sapropterin dihydrochloride oral tablet 100 mg	1	PA
sodium phenylbutyrate oral powder 3 gm/tsp	1	PA
sodium phenylbutyrate oral tablet 500 mg	1	PA
SUCRAID ORAL SOLUTION 8500 UNIT/ML	1	PA
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 4000 MG, 5000 MG	1	PA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	1	
Genitourinary Agents - Treatment Of Urinary Tract And Prostate Conditions		
Antispasmodics, Urinary		

Drug Name	Drug Tier	Requirements/Limits
darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg	1	ST
fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg	1	QL (30 EA per 30 days)
flavoxate hcl oral tablet 100 mg	1	
GEMTESA ORAL TABLET 75 MG	1	QL (30 EA per 30 days)
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML	1	QL (300 ML per 30 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	1	QL (30 EA per 30 days)
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg	1	QL (60 EA per 30 days)
oxybutynin chloride er oral tablet extended release 24 hour 5 mg	1	QL (30 EA per 30 days)
oxybutynin chloride oral solution 5 mg/5ml	1	
oxybutynin chloride oral tablet 5 mg	1	
solifenacin succinate oral tablet 10 mg, 5 mg	1	QL (30 EA per 30 days)
tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg	1	
tolterodine tartrate oral tablet 1 mg, 2 mg	1	
trospium chloride er oral capsule extended release 24 hour 60 mg	1	ST
trospium chloride oral tablet 20 mg	1	
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	1	
dutasteride oral capsule 0.5 mg	1	
finasteride oral tablet 5 mg	1	
tadalafil oral tablet 5 mg	1	PA
tamsulosin hcl oral capsule 0.4 mg	1	
Genitourinary Agents, Other		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	1	
ELMIRON ORAL CAPSULE 100 MG	1	

Drug Name	Drug Tier	Requirements/Limits
FILSPARI ORAL TABLET 200 MG, 400 MG	1	PA
tiopronin oral tablet 100 mg	1	PA
tiopronin oral tablet delayed release 100 mg, 300 mg	1	PA
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal) - Treatment Of Conditions Requiring Steroids		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
CORTROPHIN GEL SUBCUTANEOUS PREFILLED SYRINGE 40 UNIT/0.5ML, 80 UNIT/ML	1	PA
CORTROPHIN INJECTION GEL 80 UNIT/ML	1	PA
dexamethasone oral solution 0.5 mg/5ml	1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	1	
fludrocortisone acetate oral tablet 0.1 mg	1	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	1	
KYMBEE ORAL SUSPENSION 22.75 MG/ML	1	PA
KYMBEE ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG	1	PA
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	
methylprednisolone oral tablet therapy pack 4 mg	1	
prednisolone oral solution 15 mg/5ml	1	
prednisolone sodium phosphate oral solution 25 mg/5ml, 5 mg/5ml	1	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary) - Treatment Of Pituitary Gland Conditions		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		

Drug Name	Drug Tier	Requirements/Limits
desmopressin ace spray refrig nasal solution 0.01 %	1	
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	1	
desmopressin acetate spray nasal solution 0.01 %	1	
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED 2 MG	1	PA
EGRIFTA WR SUBCUTANEOUS KIT 11.6 MG	1	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	1	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG	1	PA
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	1	PA
NGENLA SUBCUTANEOUS SOLUTION PEN-INJECTOR 24 MG/1.2ML, 60 MG/1.2ML	1	PA
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML	1	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	1	PA
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	1	PA
SKYTROFA SUBCUTANEOUS CARTRIDGE 0.7 MG, 1.4 MG, 1.8 MG, 11 MG, 13.3 MG, 2.1 MG, 2.5 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	1	PA
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers) - For The Replacement Or Modification Of Sex Hormones		
Androgens		
danazol oral capsule 100 mg, 200 mg, 50 mg	1	
methyltestosterone oral capsule 10 mg	1	PA

Drug Name	Drug Tier	Requirements/Limits
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)	1	
testosterone enanthate intramuscular solution 200 mg/ml	1	
testosterone transdermal gel 1.62 %, 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	1	PA
testosterone transdermal solution 30 mg/act	1	PA
Estrogens		
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	1	
estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	1	QL (8 EA per 28 days)
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	1	QL (4 EA per 28 days)
estradiol vaginal cream 0.01 %	1	
estradiol vaginal tablet 10 mcg	1	
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml	1	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	1	
PREMARIN VAGINAL CREAM 0.625 MG/GM	1	
yuvafem vaginal tablet 10 mcg	1	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
abigale lo oral tablet 0.5-0.1 mg	1	
abigale oral tablet 1-0.5 mg	1	
afirmelle oral tablet 0.1-20 mg-mcg	1	
altavera oral tablet 0.15-30 mg-mcg	1	
alyacen 1/35 oral tablet 1-35 mg-mcg	1	
apri oral tablet 0.15-30 mg-mcg	1	
aranelle oral tablet 0.5/1/0.5-35 mg-mcg	1	

Drug Name	Drug Tier	Requirements/Limits
ashlyna oral tablet 0.15-0.03 &0.01 mg	1	
aubra eq oral tablet 0.1-20 mg-mcg	1	
aurovela 1.5/30 oral tablet 1.5-30 mg-mcg	1	
aurovela 1/20 oral tablet 1-20 mg-mcg	1	
aurovela 24 fe oral tablet 1-20 mg-mcg(24)	1	
aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	
aurovela fe 1/20 oral tablet 1-20 mg-mcg	1	
aviane oral tablet 0.1-20 mg-mcg	1	
ayuna oral tablet 0.15-30 mg-mcg	1	
azurette oral tablet 0.15-0.02/0.01 mg (21/5)	1	
balziva oral tablet 0.4-35 mg-mcg	1	
blisovi 24 fe oral tablet 1-20 mg-mcg(24)	1	
blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	
blisovi fe 1/20 oral tablet 1-20 mg-mcg	1	
briellyn oral tablet 0.4-35 mg-mcg	1	
charlotte 24 fe oral tablet chewable 1-20 mg-mcg(24)	1	
chateal eq oral tablet 0.15-30 mg-mcg	1	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY	1	
cryselle oral tablet 0.3-30 mg-mcg	1	
cryselle-28 oral tablet 0.3-30 mg-mcg	1	
cyred eq oral tablet 0.15-30 mg-mcg	1	
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	1	
dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	
daysee oral tablet 0.15-0.03 &0.01 mg	1	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	1	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 150 MG/ML	1	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	1	

Drug Name	Drug Tier	Requirements/Limits
elinest oral tablet 0.3-30 mg-mcg	1	
eluryng vaginal ring 0.12-0.015 mg/24hr	1	
emzahh oral tablet 0.35 mg	1	
enilloring vaginal ring 0.12-0.015 mg/24hr	1	
enskyce oral tablet 0.15-30 mg-mcg	1	
estarylla oral tablet 0.25-35 mg-mcg	1	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	1	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	1	
falmina oral tablet 0.1-20 mg-mcg	1	
finzala oral tablet chewable 1-20 mg-mcg(24)	1	
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	
hailey 1.5/30 oral tablet 1.5-30 mg-mcg	1	
hailey 24 fe oral tablet 1-20 mg-mcg(24)	1	
hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	
hailey fe 1/20 oral tablet 1-20 mg-mcg	1	
haloette vaginal ring 0.12-0.015 mg/24hr	1	
heather oral tablet 0.35 mg	1	
iclevia oral tablet 0.15-0.03 mg	1	
introvale oral tablet 0.15-0.03 mg	1	
isibloom oral tablet 0.15-30 mg-mcg	1	
jaimiess oral tablet 0.15-0.03 &0.01 mg	1	
jasmiel oral tablet 3-0.02 mg	1	
jencycla oral tablet 0.35 mg	1	
jinteli oral tablet 1-5 mg-mcg	1	
jolessa oral tablet 0.15-0.03 mg	1	
juleber oral tablet 0.15-30 mg-mcg	1	
junel 1.5/30 oral tablet 1.5-30 mg-mcg	1	
junel 1/20 oral tablet 1-20 mg-mcg	1	
junel fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	
junel fe 1/20 oral tablet 1-20 mg-mcg	1	
junel fe 24 oral tablet 1-20 mg-mcg(24)	1	

Drug Name	Drug Tier	Requirements/Limits
kalliga oral tablet 0.15-30 mg-mcg	1	
kariva oral tablet 0.15-0.02/0.01 mg (21/5)	1	
kelnor 1/35 oral tablet 1-35 mg-mcg	1	
kurvelo oral tablet 0.15-30 mg-mcg	1	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG	1	
larin 1.5/30 oral tablet 1.5-30 mg-mcg	1	
larin 1/20 oral tablet 1-20 mg-mcg	1	
larin 24 fe oral tablet 1-20 mg-mcg(24)	1	
larin fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	
larin fe 1/20 oral tablet 1-20 mg-mcg	1	
lessina oral tablet 0.1-20 mg-mcg	1	
levonest oral tablet 50-30/75-40/ 125-30 mcg	1	
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 &0.01 mg, 0.15-0.03 mg	1	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg	1	
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	1	
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	1	
lojaimiess oral tablet 0.1-0.02 & 0.01 mg	1	
loryna oral tablet 3-0.02 mg	1	
low-ogestrel oral tablet 0.3-30 mg-mcg	1	
lo-zumandimine oral tablet 3-0.02 mg	1	
luizza 1.5/30 oral tablet 1.5-30 mg-mcg	1	
luizza 1/20 oral tablet 1-20 mg-mcg	1	
lutera oral tablet 0.1-20 mg-mcg	1	
lyleq oral tablet 0.35 mg	1	
marlissa oral tablet 0.15-30 mg-mcg	1	
mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24)	1	
microgestin 1.5/30 oral tablet 1.5-30 mg-mcg	1	
microgestin 1/20 oral tablet 1-20 mg-mcg	1	

Drug Name	Drug Tier	Requirements/Limits
microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	
microgestin fe 1/20 oral tablet 1-20 mg-mcg	1	
mili oral tablet 0.25-35 mg-mcg	1	
mimvey oral tablet 1-0.5 mg	1	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/DAY	1	
mono-linyah oral tablet 0.25-35 mg-mcg	1	
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG	1	
nikki oral tablet 3-0.02 mg	1	
norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr	1	
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	1	
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg	1	
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg	1	
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	
nortrel 1/35 (21) oral tablet 1-35 mg-mcg	1	
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	1	
nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	
nylia 1/35 oral tablet 1-35 mg-mcg	1	
nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	
philith oral tablet 0.4-35 mg-mcg	1	
pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)	1	
portia-28 oral tablet 0.15-30 mg-mcg	1	
PREMPHASE ORAL TABLET 0.625-5 MG	1	

Drug Name	Drug Tier	Requirements/Limits
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	1	
reclipsen oral tablet 0.15-30 mg-mcg	1	
setlakin oral tablet 0.15-0.03 mg	1	
simliya oral tablet 0.15-0.02/0.01 mg (21/5)	1	
simpesse oral tablet 0.15-0.03 &0.01 mg	1	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG	1	
sprintec 28 oral tablet 0.25-35 mg-mcg	1	
syeda oral tablet 3-0.03 mg	1	
tarina 24 fe oral tablet 1-20 mg-mcg(24)	1	
tarina fe 1/20 eq oral tablet 1-20 mg-mcg	1	
tilia fe oral tablet 1-20/1-30/1-35 mg-mcg	1	
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg	1	
tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg	1	
tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg	1	
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg	1	
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg	1	
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg	1	
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	1	
tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg	1	
tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg	1	
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg	1	
tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg	1	
turqoz oral tablet 0.3-30 mg-mcg	1	
velivet oral tablet 0.1/0.125/0.15 -0.025 mg	1	
vestura oral tablet 3-0.02 mg	1	
vienva oral tablet 0.1-20 mg-mcg	1	

Drug Name	Drug Tier	Requirements/Limits
viorele oral tablet 0.15-0.02/0.01 mg (21/5)	1	
volnea oral tablet 0.15-0.02/0.01 mg (21/5)	1	
vyfemla oral tablet 0.4-35 mg-mcg	1	
vylibra oral tablet 0.25-35 mg-mcg	1	
wera oral tablet 0.5-35 mg-mcg	1	
wymzya fe oral tablet chewable 0.4-35 mg-mcg	1	
xulane transdermal patch weekly 150-35 mcg/24hr	1	
zafemy transdermal patch weekly 150-35 mcg/24hr	1	
zovia 1/35 (28) oral tablet 1-35 mg-mcg	1	
zumandimine oral tablet 3-0.03 mg	1	
Progestins		
camila oral tablet 0.35 mg	1	
deblitane oral tablet 0.35 mg	1	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML	1	
errin oral tablet 0.35 mg	1	
incassia oral tablet 0.35 mg	1	
lyza oral tablet 0.35 mg	1	
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	1	
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	1	
medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	1	
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 625 mg/5ml	1	PA
megestrol acetate oral tablet 20 mg, 40 mg	1	PA
meleya oral tablet 0.35 mg	1	
nora-be oral tablet 0.35 mg	1	
norethindrone acetate oral tablet 5 mg	1	
norethindrone oral tablet 0.35 mg	1	

Drug Name	Drug Tier	Requirements/Limits
norlyroc oral tablet 0.35 mg	1	
orquidea oral tablet 0.35 mg	1	
progesterone oral capsule 100 mg, 200 mg	1	
sharobel oral tablet 0.35 mg	1	
Selective Estrogen Receptor Modifying Agents		
DUAVEE ORAL TABLET 0.45-20 MG	1	
raloxifene hcl oral tablet 60 mg	1	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid) - Treatment Of Thyroid Conditions		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	
levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	1	
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	1	
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	1	PA; QL (30 EA per 30 days)
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	

Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Suppressant (Pituitary) - Treatment Of Or Modification Of Pituitary Hormone Secretion		
Hormonal Agents, Suppressant (Pituitary)		
cabergoline oral tablet 0.5 mg	1	
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	1	PA
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL	1	PA
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	1	PA
leuprolide acetate (3 month) intramuscular injectable 22.5 mg	1	PA
leuprolide acetate injection kit 1 mg/0.2ml	1	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG	1	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG	1	PA
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	1	PA
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	1	PA
LUTRATE DEPOT INTRAMUSCULAR INJECTABLE 22.5 MG	1	PA
MYFEMBREE ORAL TABLET 40-1-0.5 MG	1	PA
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	1	PA
octreotide acetate intramuscular kit 10 mg, 20 mg, 30 mg	1	PA
octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	1	
ORGOVYX ORAL TABLET 120 MG	1	PA

Drug Name	Drug Tier	Requirements/Limits
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG	1	PA
ORILISSA ORAL TABLET 150 MG, 200 MG	1	PA
RECORLEV ORAL TABLET 150 MG	1	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	1	PA
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1	PA
SYNAREL NASAL SOLUTION 2 MG/ML	1	PA
TARPEYO ORAL CAPSULE DELAYED RELEASE 4 MG	1	PA
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG	1	PA
Hormonal Agents, Suppressant (Thyroid) - Treatment For Overactive Thyroid		
Antithyroid Agents		
methimazole oral tablet 10 mg, 5 mg	1	
propylthiouracil oral tablet 50 mg	1	
Immunological Agents - Medications That Alter The Immune System Including Vaccinations		
Angioedema Agents		
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	1	PA
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT	1	PA
icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml	1	PA
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	1	PA
ORLADEYO ORAL PACKET 108 MG, 132 MG, 72 MG, 96 MG	1	PA

Drug Name	Drug Tier	Requirements/Limits
Immunoglobulins		
GAMMAGARD ERC INJECTION SOLUTION 10 GM/100ML, 5 GM/50ML	1	B/D
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	1	B/D
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM	1	B/D
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	1	B/D
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	1	B/D
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	1	B/D
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML	1	B/D
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	1	B/D
Immunological Agents, Other		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	1	PA; QL (3.6 ML per 28 days)
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	1	PA; QL (3.6 ML per 28 days)
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	1	PA
AVTOZMA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	1	PA; QL (3.6 ML per 30 days)
AVTOZMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	1	PA; QL (3.6 ML per 30 days)

Drug Name	Drug Tier	Requirements/Limits
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	1	PA
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	1	PA
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	1	PA; QL (30 EA per 30 days)
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	1	PA; QL (10 ML per 28 days)
COSENTYX INTRAVENOUS SOLUTION 125 MG/5ML	1	PA
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	1	PA; QL (10 ML per 28 days)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	1	PA; QL (10 ML per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	1	PA; QL (10 ML per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	1	PA; QL (2.5 ML per 28 days)
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	1	PA; QL (10 ML per 28 days)
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 108 MG/0.68ML	1	PA
FABHALTA ORAL CAPSULE 200 MG	1	PA
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML	1	PA
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	1	PA
IMULDOSA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	1	PA; QL (0.5 ML per 28 days)
IMULDOSA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	1	PA; QL (1 ML per 28 days)
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML	1	PA; QL (2.28 ML per 28 days)

Drug Name	Drug Tier	Requirements/Limits
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML	1	PA; QL (2.28 ML per 28 days)
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	1	PA
LEQSELVI ORAL TABLET 8 MG	1	PA; QL (60 EA per 30 days)
LITFULO ORAL CAPSULE 50 MG	1	PA
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML	1	PA; QL (4 ML per 28 days)
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	1	PA; QL (4 EA per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	1	PA; QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML	1	PA; QL (1.6 ML per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML	1	PA; QL (2.8 ML per 28 days)
SELARSDI INTRAVENOUS SOLUTION 130 MG/26ML	1	PA; QL (104 ML per 180 days)
SELARSDI SUBCUTANEOUS SOLUTION 45 MG/0.5ML	1	PA; QL (0.5 ML per 28 days)
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	1	PA; QL (0.5 ML per 28 days)
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	1	PA; QL (1 ML per 28 days)
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML	1	PA; QL (4.5 ML per 28 days)
SOTYKTU ORAL TABLET 6 MG	1	PA
STARJEMZA INTRAVENOUS SOLUTION 130 MG/26ML	1	PA; QL (104 ML per 180 days)
STARJEMZA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	1	PA; QL (0.5 ML per 28 days)
STARJEMZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	1	PA; QL (0.5 ML per 28 days)
STARJEMZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	1	PA; QL (1 ML per 28 days)

Drug Name	Drug Tier	Requirements/Limits
STELARA INTRAVENOUS SOLUTION 130 MG/26ML	1	PA; QL (104 ML per 180 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	1	PA; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	1	PA; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	1	PA; QL (1 ML per 28 days)
STEQEYMA INTRAVENOUS SOLUTION 130 MG/26ML	1	PA; QL (104 ML per 180 days)
STEQEYMA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	1	PA; QL (0.5 ML per 28 days)
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	1	PA; QL (0.5 ML per 28 days)
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	1	PA; QL (1 ML per 28 days)
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML	1	PA; QL (3 ML per 28 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML	1	PA; QL (0.75 ML per 28 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.5ML	1	PA; QL (1.5 ML per 28 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	1	PA; QL (3 ML per 28 days)
tofacitinib citrate er oral tablet extended release 24 hour 11 mg, 22 mg	1	PA; QL (30 EA per 30 days)
tofacitinib citrate oral solution 1 mg/ml	1	PA; QL (480 ML per 24 days)
tofacitinib citrate oral tablet 10 mg, 5 mg	1	PA; QL (60 EA per 30 days)
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML	1	PA; QL (1 ML per 28 days)
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	1	PA; QL (1 ML per 28 days)
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	1	PA; QL (4 ML per 28 days)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	1	PA; QL (1 ML per 28 days)

Drug Name	Drug Tier	Requirements/Limits
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	1	PA; QL (4 ML per 28 days)
TREMFYA-CD/UC INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	1	PA
ustekinumab subcutaneous solution 45 mg/0.5ml	1	PA; QL (0.5 ML per 28 days)
ustekinumab subcutaneous solution prefilled syringe 45 mg/0.5ml	1	PA; QL (0.5 ML per 28 days)
ustekinumab subcutaneous solution prefilled syringe 90 mg/ml	1	PA; QL (1 ML per 28 days)
ustekinumab-aauz subcutaneous solution prefilled syringe 45 mg/0.5ml	1	PA; QL (0.5 ML per 28 days)
ustekinumab-aauz subcutaneous solution prefilled syringe 90 mg/ml	1	PA; QL (1 ML per 28 days)
ustekinumab-aekn subcutaneous solution prefilled syringe 45 mg/0.5ml	1	PA; QL (0.5 ML per 28 days)
ustekinumab-aekn subcutaneous solution prefilled syringe 90 mg/ml	1	PA; QL (1 ML per 28 days)
YESINTEK INTRAVENOUS SOLUTION 130 MG/26ML	1	PA; QL (104 ML per 180 days)
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML	1	PA; QL (0.5 ML per 28 days)
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	1	PA; QL (0.5 ML per 28 days)
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	1	PA; QL (1 ML per 28 days)
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML, 23 MG/0.574ML, 32.4 MG/0.81ML	1	PA
Immunostimulants		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML	1	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	1	PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	1	PA

Drug Name	Drug Tier	Requirements/Limits
Immunosuppressants		
adalimumab-fkjp (2 pen) subcutaneous auto-injector kit 40 mg/0.8ml	1	PA; QL (6 EA per 28 days)
adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.4ml	1	PA; QL (4 EA per 28 days)
adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.8ml	1	PA; QL (6 EA per 28 days)
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG	1	B/D
azathioprine oral tablet 50 mg	1	B/D
CIMZIA (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	1	PA; QL (2 EA per 28 days)
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	1	PA; QL (2 EA per 28 days)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	1	PA; QL (2 EA per 28 days)
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	1	PA; QL (3 EA per 28 days)
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	1	B/D
cyclosporine modified oral solution 100 mg/ml	1	B/D
cyclosporine oral capsule 100 mg, 25 mg	1	B/D
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	1	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	1	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	1	PA; QL (8 ML per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	1	PA; QL (8 ML per 28 days)
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG	1	B/D
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1	B/D
gengraf oral capsule 100 mg, 25 mg	1	B/D
leflunomide oral tablet 10 mg, 20 mg	1	

Drug Name	Drug Tier	Requirements/Limits
LUPKYNIS ORAL CAPSULE 7.9 MG	1	PA
methotrexate sodium (pf) injection solution 50 mg/2ml	1	
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	1	
methotrexate sodium oral tablet 2.5 mg	1	
mycophenolate mofetil oral capsule 250 mg	1	B/D
mycophenolate mofetil oral suspension reconstituted 200 mg/ml	1	B/D
mycophenolate mofetil oral tablet 500 mg	1	B/D
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	1	B/D
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	1	B/D
PROGRAF ORAL PACKET 0.2 MG, 1 MG	1	B/D
REZUROCK ORAL TABLET 200 MG	1	PA
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	1	PA; QL (6 EA per 28 days)
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	1	PA; QL (3 EA per 28 days)
SIMLANDI (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	1	PA; QL (3 EA per 28 days)
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	1	PA; QL (6 EA per 28 days)
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	1	PA; QL (4 EA per 28 days)
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	1	PA; QL (6 EA per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML	1	PA
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML	1	PA
sirolimus oral solution 1 mg/ml	1	B/D
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	1	B/D

Drug Name	Drug Tier	Requirements/Limits
tacrolimus er oral capsule extended release 24 hour 0.5 mg, 1 mg, 5 mg	1	B/D
tacrolimus intravenous solution 5 mg/ml	1	B/D
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	1	B/D
Vaccines		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML	1	
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	1	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	1	
ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2-15.5 LF-MCG/0.5	1	
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML	1	
BCG VACCINE INJECTION SOLUTION RECONSTITUTED 50 MG	1	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	1	
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML	1	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	1	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	1	
ENFLONSIA INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 105 MG/0.7ML	1	
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	1	B/D
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML	1	B/D
ERVEBO INTRAMUSCULAR SUSPENSION	1	

Drug Name	Drug Tier	Requirements/Limits
GARDASIL 9 INTRAMUSCULAR SUSPENSION 0.5 ML	1	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	1	
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1440 EL U/ML, 720 EL U/0.5ML	1	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	1	B/D
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	1	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML	1	B/D
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	1	
IPOL INJECTION SUSPENSION	1	
IXIARO INTRAMUSCULAR SUSPENSION	1	
JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML	1	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	1	
MENQUADFI INTRAMUSCULAR SOLUTION 0.5 ML	1	
MENVEO INTRAMUSCULAR SOLUTION	1	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	1	
M-M-R II INJECTION SOLUTION RECONSTITUTED	1	
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML	1	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
PEDVAXHIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	1	

Drug Name	Drug Tier	Requirements/Limits
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	
PENMENVY INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	
QUADRACEL INTRAMUSCULAR SUSPENSION	1	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	1	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	B/D
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	1	B/D
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML	1	B/D
ROTARIX ORAL SUSPENSION	1	
ROTATEQ ORAL SOLUTION	1	
SHINGRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML	1	QL (2 ML per 999 days)
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	1	QL (2 EA per 999 days)
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU (INJECTION)	1	B/D
TENIVAC INTRAMUSCULAR SUSPENSION 5-2 LF/0.5ML	1	B/D
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML, 2.4 MCG/0.5ML	1	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	1	

Drug Name	Drug Tier	Requirements/Limits
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	1	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	1	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	1	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML	1	
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 UNIT/0.5ML, 50 UNIT/ML	1	
VARIVAX INJECTION SUSPENSION RECONSTITUTED 1350 PFU/0.5ML	1	
VAXCHORA ORAL SUSPENSION RECONSTITUTED	1	
VIMKUNYA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 40 MCG/0.8ML	1	
VIVOTIF ORAL CAPSULE DELAYED RELEASE	1	
YF-VAX SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	
Inflammatory Bowel Disease Agents - Treatment Of Ulcerative Colitis Or Crohn's Disease		
Aminosalicylates		
balsalazide disodium oral capsule 750 mg	1	
mesalamine er oral capsule extended release 24 hour 0.375 gm	1	
mesalamine oral capsule delayed release 400 mg	1	
mesalamine oral tablet delayed release 1.2 gm	1	
mesalamine rectal enema 4 gm	1	
mesalamine rectal suppository 1000 mg	1	
sulfasalazine oral tablet 500 mg	1	

Drug Name	Drug Tier	Requirements/Limits
sulfasalazine oral tablet delayed release 500 mg	1	
Glucocorticoids		
budesonide er oral tablet extended release 24 hour 9 mg	1	
budesonide oral capsule delayed release particles 3 mg	1	
dexamethasone intensol oral concentrate 1 mg/ml	1	
dexamethasone oral elixir 0.5 mg/5ml	1	
dexamethasone sodium phosphate injection solution 120 mg/30ml, 20 mg/5ml, 4 mg/ml	1	
hydrocortisone rectal enema 100 mg/60ml	1	
methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	1	
prednisolone sodium phosphate oral solution 15 mg/5ml	1	
prednisone intensol oral concentrate 5 mg/ml	1	
prednisone oral solution 5 mg/5ml	1	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	1	
prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)	1	
Metabolic Bone Disease Agents - Treatment Of Bone Diseases Including Osteoporosis		
Metabolic Bone Disease Agents		
alendronate sodium oral tablet 10 mg	1	QL (30 EA per 30 days)
alendronate sodium oral tablet 35 mg, 70 mg	1	QL (4 EA per 28 days)
BONSITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML	1	PA
calcitonin (salmon) nasal solution 200 unit/act	1	
calcitriol oral capsule 0.25 mcg, 0.5 mcg	1	
calcitriol oral solution 1 mcg/ml	1	
cinacalcet hcl oral tablet 30 mg, 60 mg	1	QL (60 EA per 30 days)
cinacalcet hcl oral tablet 90 mg	1	QL (120 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	1	
ENOBY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	1	QL (1 ML per 180 days)
ibandronate sodium oral tablet 150 mg	1	
JUBBONTI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	1	
OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7ML	1	
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	1	
risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 35 mg (12 pack), 35 mg (4 pack), 5 mg	1	
STOBOCLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	1	
teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml	1	PA
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	1	PA
WYOST SUBCUTANEOUS SOLUTION 120 MG/1.7ML	1	
XTRENBO SUBCUTANEOUS SOLUTION 120 MG/1.7ML	1	
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 168 MCG/0.56ML, 294 MCG/0.98ML, 420 MCG/1.4ML	1	PA
Ophthalmic Agents - Treatment Of Eye Conditions		
Ophthalmic Agents, Other		
atropine sulfate ophthalmic solution 1 %	1	
brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %	1	
cyclosporine (pf) ophthalmic emulsion 0.05 %	1	QL (60 EA per 30 days)
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	1	PA
dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %	1	

Drug Name	Drug Tier	Requirements/Limits
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	1	ST
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	1	
neomycin-polymyxin-dexameth ophthalmic suspension 0.1 %, 3.5-10000-0.1	1	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	1	
OXERVATE OPHTHALMIC SOLUTION 0.002 %	1	PA
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	1	
TEPEZZA INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	1	PA
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	1	
XDEMVY OPHTHALMIC SOLUTION 0.25 %	1	PA
Ophthalmic Anti-Allergy Agents		
azelastine hcl ophthalmic solution 0.05 %	1	
cromolyn sodium ophthalmic solution 4 %	1	
Ophthalmic Anti-Infectives		
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	1	
ciprofloxacin hcl ophthalmic solution 0.3 %	1	
erythromycin ophthalmic ointment 5 mg/gm	1	
gentamicin sulfate ophthalmic solution 0.3 %	1	
moxifloxacin hcl ophthalmic solution 0.5 %	1	
NATACYN OPHTHALMIC SUSPENSION 5 %	1	
ofloxacin ophthalmic solution 0.3 %	1	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	1	
sulfacetamide sodium ophthalmic solution 10 %	1	
tobramycin ophthalmic solution 0.3 %	1	
Ophthalmic Anti-Inflammatories		

Drug Name	Drug Tier	Requirements/Limits
dexamethasone sodium phosphate ophthalmic solution 0.1 %	1	
diclofenac sodium ophthalmic solution 0.1 %	1	
difluprednate ophthalmic emulsion 0.05 %	1	
fluorometholone ophthalmic suspension 0.1 %	1	
flurbiprofen sodium ophthalmic solution 0.03 %	1	
ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %	1	
prednisolone acetate ophthalmic suspension 1 %	1	
prednisolone sodium phosphate ophthalmic solution 1 %	1	
Ophthalmic Beta-Adrenergic Blocking Agents		
carteolol hcl ophthalmic solution 1 %	1	
levobunolol hcl ophthalmic solution 0.5 %	1	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
acetazolamide er oral capsule extended release 12 hour 500 mg	1	
brimonidine tartrate ophthalmic solution 0.1 %, 0.2 %	1	
brinzolamide ophthalmic suspension 1 %	1	ST
dorzolamide hcl ophthalmic solution 2 %	1	
methazolamide oral tablet 25 mg, 50 mg	1	
pilocarpine hcl ophthalmic solution 1 %, 1.25 %, 2 %, 4 %	1	
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	1	ST
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %	1	ST
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	1	

Drug Name	Drug Tier	Requirements/Limits
Ophthalmic Prostaglandin And Prostamide Analogs		
latanoprost ophthalmic solution 0.005 %	1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	1	
travoprost (bak free) ophthalmic solution 0.004 %	1	
Otic Agents - Treatment Of Ear Conditions		
Otic Agents		
acetic acid otic solution 2 %	1	
hydrocortisone-acetic acid otic solution 1-2 %	1	
neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1	1	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	1	
ofloxacin otic solution 0.3 %	1	
Respiratory Tract/ Pulmonary Agents - Treatment Of Breathing Conditions		
Antihistamines		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	
cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml	1	
clemastine fumarate oral tablet 2.68 mg	1	
cyproheptadine hcl oral syrup 2 mg/5ml	1	PA
cyproheptadine hcl oral tablet 4 mg	1	PA
hydroxyzine hcl oral syrup 10 mg/5ml	1	PA
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	1	PA
levocetirizine dihydrochloride oral solution 2.5 mg/5ml	1	
levocetirizine dihydrochloride oral tablet 5 mg	1	
promethazine hcl oral solution 6.25 mg/5ml	1	PA
Anti-Inflammatories, Inhaled Corticosteroids		

Drug Name	Drug Tier	Requirements/Limits
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	1	
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml	1	B/D; QL (120 ML per 30 days)
budesonide inhalation suspension 1 mg/2ml	1	B/D; QL (60 ML per 30 days)
flunisolide nasal solution 25 mcg/act (0.025%)	1	
fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 250 mcg/act, 50 mcg/act	1	
fluticasone propionate hfa inhalation aerosol 110 mcg/act	1	QL (12 GM per 30 days)
fluticasone propionate hfa inhalation aerosol 220 mcg/act	1	QL (24 GM per 30 days)
fluticasone propionate hfa inhalation aerosol 44 mcg/act	1	QL (10.6 GM per 30 days)
fluticasone propionate nasal suspension 50 mcg/act	1	QL (16 GM per 30 days)
mometasone furoate nasal suspension 50 mcg/act	1	
Bronchodilators, Anticholinergic		
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	1	QL (30 EA per 30 days)
ipratropium bromide hfa inhalation aerosol solution 17 mcg/act	1	
ipratropium bromide inhalation solution 0.02 %	1	B/D
ipratropium bromide nasal solution 0.03 %, 0.06 %	1	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	1	QL (4 GM per 30 days)
tiotropium bromide inhalation capsule 18 mcg	1	QL (90 EA per 90 days)
Bronchodilators, Sympathomimetic		
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act, 108 (90 base) mcg/act (nda020503), 108 (90 base) mcg/act (nda020983)	1	QL (36 GM per 30 days)

Drug Name	Drug Tier	Requirements/Limits
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	B/D
albuterol sulfate oral syrup 2 mg/5ml	1	
albuterol sulfate oral tablet 2 mg, 4 mg	1	
epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml	1	QL (2 EA per 30 days)
formoterol fumarate inhalation nebulization solution 20 mcg/2ml	1	B/D
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml	1	B/D
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	1	QL (60 EA per 30 days)
terbutaline sulfate oral tablet 2.5 mg, 5 mg	1	
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	1	QL (36 GM per 30 days)
Cystic Fibrosis Agents		
ALYFTREK ORAL TABLET 10-50-125 MG	1	PA; QL (56 EA per 28 days)
ALYFTREK ORAL TABLET 4-20-50 MG	1	PA; QL (84 EA per 28 days)
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	1	PA
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	1	PA
KALYDECO ORAL TABLET 150 MG	1	PA
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG	1	PA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	1	PA
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	1	B/D
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	1	PA
TOBI PODHALER INHALATION CAPSULE 28 MG	1	PA; QL (224 EA per 56 days)

Drug Name	Drug Tier	Requirements/Limits
tobramycin inhalation nebulization solution 300 mg/4ml	1	B/D
tobramycin inhalation nebulization solution 300 mg/5ml	1	B/D; QL (280 ML per 56 days)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG	1	PA
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG	1	PA
Mast Cell Stabilizers		
cromolyn sodium inhalation nebulization solution 20 mg/2ml	1	B/D
cromolyn sodium oral concentrate 100 mg/5ml	1	
Phosphodiesterase Inhibitors, Airways Disease		
roflumilast oral tablet 250 mcg, 500 mcg	1	
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg	1	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	1	
theophylline oral solution 80 mg/15ml	1	
Pulmonary Antihypertensives		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	1	PA
ambrisentan oral tablet 10 mg, 5 mg	1	PA
bosentan oral tablet 125 mg, 62.5 mg	1	PA
macitentan oral tablet 10 mg	1	PA; QL (30 EA per 30 days)
OPSUMIT ORAL TABLET 10 MG	1	PA; QL (30 EA per 30 days)
sildenafil citrate oral suspension reconstituted 10 mg/ml	1	PA
sildenafil citrate oral tablet 20 mg	1	PA
tadalafil (pah) oral tablet 20 mg	1	PA
TADLIQ ORAL SUSPENSION 20 MG/5ML	1	PA

Drug Name	Drug Tier	Requirements/Limits
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 112 X 32MCG & 112 X64MCG, 112 X 48MCG & 112 X64MCG, 112 X 48MCG & 112 X80MCG, 16 MCG, 32 MCG, 48 MCG, 64 MCG, 80 MCG	1	PA
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG	1	PA
UPTRAVI ORAL TABLET 100 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 150 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	1	PA
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG	1	PA
WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG	1	PA
YUTREPIA INHALATION CAPSULE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG	1	PA
Pulmonary Fibrosis Agents		
nintedanib esylate oral capsule 100 mg, 150 mg	1	PA
OFEV ORAL CAPSULE 100 MG, 150 MG	1	PA
pirfenidone oral capsule 267 mg	1	PA
pirfenidone oral tablet 267 mg, 534 mg, 801 mg	1	PA
Respiratory Tract Agents, Other		
acetylcysteine inhalation solution 10 %, 20 %	1	B/D
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	1	QL (12 GM per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	1	QL (60 EA per 30 days)
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT	1	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	1	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
BREZTRI AEROSPHERE INHALATION AEROSOL 160-18-4.8 MCG/ACT, 160-9-4.8 MCG/ACT	1	QL (10.7 GM per 30 days)
BRINSUPRI ORAL TABLET 10 MG, 25 MG	1	PA; QL (30 EA per 30 days)
BUDESONIDE-FORMOTEROL FUMARATE INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	1	QL (10.2 GM per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	1	QL (8 GM per 30 days)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML, 300 MG/2ML	1	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	1	PA
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	1	PA
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 30 MG/ML	1	PA
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 113-14 mcg/act, 232-14 mcg/act, 250-50 mcg/act, 500-50 mcg/act, 55-14 mcg/act	1	QL (60 EA per 30 days)
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	1	B/D
montelukast sodium oral packet 4 mg	1	
montelukast sodium oral tablet 10 mg	1	
montelukast sodium oral tablet chewable 4 mg, 5 mg	1	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	1	PA
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 40 MG/0.4ML	1	PA
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	1	PA

Drug Name	Drug Tier	Requirements/Limits
promethazine-phenylephrine oral syrup 6.25-5 mg/5ml	1	PA
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	1	QL (4 GM per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	1	QL (60 EA per 30 days)
wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	QL (60 EA per 30 days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	1	PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	1	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	1	PA
Skeletal Muscle Relaxants - Treatment Of Muscle Tightness		
Skeletal Muscle Relaxants		
carisoprodol oral tablet 250 mg, 350 mg	1	PA; QL (90 EA per 30 days)
chlorzoxazone oral tablet 500 mg	1	PA; QL (180 EA per 30 days)
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	PA; QL (90 EA per 30 days)
metaxalone oral tablet 800 mg	1	PA; QL (120 EA per 30 days)
methocarbamol oral tablet 500 mg, 750 mg	1	PA
orphenadrine citrate er oral tablet extended release 12 hour 100 mg	1	PA
Sleep Disorder Agents - Treatment Of Insomnia		
Sleep Promoting Agents		
doxepin hcl oral tablet 3 mg, 6 mg	1	QL (30 EA per 30 days)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	1	PA; QL (30 EA per 30 days)
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	1	PA
ramelteon oral tablet 8 mg	1	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
tasimelteon oral capsule 20 mg	1	PA
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	1	PA; QL (30 EA per 30 days)
zaleplon oral capsule 10 mg	1	PA; QL (60 EA per 30 days)
zaleplon oral capsule 5 mg	1	PA; QL (30 EA per 30 days)
ZEPBOUND KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/0.6ML, 12.5 MG/0.6ML, 15 MG/0.6ML, 2.5 MG/0.6ML, 5 MG/0.6ML, 7.5 MG/0.6ML	1	PA; QL (2.4 ML per 28 days)
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	1	PA; QL (2 ML per 28 days)
zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg	1	PA; QL (30 EA per 30 days)
zolpidem tartrate oral tablet 10 mg	1	PA; QL (30 EA per 30 days)
zolpidem tartrate oral tablet 5 mg	1	QL (30 EA per 30 days)
Wakefulness Promoting Agents		
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	1	PA
modafinil oral tablet 100 mg, 200 mg	1	PA
sodium oxybate oral solution 500 mg/ml	1	PA; QL (540 ML per 30 days)
XYWAV ORAL SOLUTION 500 MG/ML	1	PA

D. Índice de medicamentos cubiertos

En esta sección puede encontrar un medicamento buscando su nombre alfabéticamente. Esto le indicará el número de página donde puede encontrar información de cobertura adicional para su medicamento.

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