MEDICARE FORMULARY

LIST OF COVERED DRUGS

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

2026

METROPLUS PLATINUM PLAN (HMO)
METROPLUS ULTRACARE (HMO D-SNP)

This formulary was updated on 10/20/2026.
We have made no changes to this formulary since 10/20/2026.

MetroPlus Health

For more recent information or other questions, please contact MetroPlus Health Plan Member Services: 866.986.0356 (TTY: 711. Call Monday - Friday, 8am - 8pm | Saturday, 9am - 5pm. After-hours answering service: 800.442.2560 or visit metroplusmedicare.org

MetroPlus Health Plan
2026 Formulary
(List of Covered Drugs or "Drug List")

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

00026112, Version Number 16

This formulary was updated on 10/20/2026. For more recent information or other questions, please contact MetroPlus Health Plan Member Services at 866.986.0356 (TTY users should call 711). Hours are Monday through Friday, 8am to 8pm, and Saturday, 9am to 5pm. After-hours answering service: 800.442.2560. Or, visit **metroplusmedicare.org**.

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

When this drug list (formulary) refers to "we," "us", or "our," it means MetroPlus Health Plan. When it refers to "plan" or "our plan," it means MetroPlus UltraCare (HMO D-SNP), and MetroPlus Platinum Plan (HMO).

This document includes a list of the drugs (formulary) for our plan which is current as of November 1. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What is the MetroPlus Health Plan formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by MetroPlus Health Plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. MetroPlus Health Plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a MetroPlus Health Plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

Can the formulary (drug list) change?

Most changes in drug coverage happen on January 1, but MetroPlus Health Plan may add or remove drugs on the Drug List during the year, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: **metroplus.org/members/pharmacy**.

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

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

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

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

  If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled "How do I request an exception to the MetroPlus Health Plan formulary? Some of these drug types may be new to you. For more information, see the section below titled "What are original biological products and how are they related to biosimilars?"

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, and quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

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

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

The enclosed formulary is current as of November 1. To get updated information about the drugs covered by MetroPlus Health Plan, please contact us. Our contact information appears on the front and back cover pages. We will send you a letter in the event of mid-year non-maintenance formulary changes which tells you where to find the updated formulary on our website.

How do I use the formulary?

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

Medical Condition

The formulary begins on page 25. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular". If you know what your drug is used for, look for the category name in the list that begins on page 25. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 108. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

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

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that

are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

- For discussion of drug types, please see the *Evidence of Coverage*, Chapter 5, Section 3.1, "The 'Drug List' tells which Part D drugs are covered."

Are there any restrictions on my coverage?

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

- **Prior Authorization:** MetroPlus Health Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from MetroPlus Health Plan before you fill your prescriptions. If you don't get approval, MetroPlus Health Plan may not cover the drug.

- **Quantity Limits:** For certain drugs, MetroPlus Health Plan limits the amount of the drug that MetroPlus Health Plan will cover. For example, MetroPlus Health Plan provides 120 pills per prescription for Colcrys. This may be in addition to a standard one-month or three-month supply.

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 25. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask MetroPlus Health Plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the MetroPlus Health Plan formulary?" below for information about how to request an exception.

What if my drug is not on the formulary?

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

If you learn that MetroPlus Health Plan does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by MetroPlus Health Plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by MetroPlus Health Plan.

- You can ask MetroPlus Health Plan to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the MetroPlus Health Plan formulary?

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

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

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

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

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

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

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

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

If your level of care changes after the first 90 days that you are a member, we may provide you with an emergency supply of up to 31-day (unless your prescription is for less). Oral brand solid medications are limited to a 14-day supply with exception as required by CMS guidance.

For more information

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

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

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (800.633.4227) 24 hours a day/7 days a week. TTY users should call 877.486.2048. Or, visit **medicare.gov**.

MetroPlus Health Plan formulary

The formulary below provides coverage information about the drugs covered by MetroPlus Health Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 108.

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

The information in the Requirements/Limits column tells you if MetroPlus Health Plan has any special requirements for coverage of your drug.

- **PA**: MetroPlus requires your physician to get prior authorization for certain drugs. This means you will need to get approval from MetroPlus before you fill your prescriptions. If you don't get approval, MetroPlus may not cover the drug.
- **QL**: For certain drugs, MetroPlus limits the amount of the drug that MetroPlus will cover. For example, MetroPlus provides one unit per day per prescription for pantoprazole. This may be in addition to a standard one-month or three-month supply.
- **ST**: In some cases, MetroPlus requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, MetroPlus may not cover Drug B unless you try Drug A first. If Drug A does not work for you, MetroPlus will then cover Drug B.
- **LA**: Limited Access. This prescription may be available only at certain pharmacies. For more information consult your Provider/Pharmacy Directory or call Member Services at 866.693.4615, 24 hours a day, 7 days a week. TTY users should call 800.881.2812.
- **B/D**: This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the

drug to make the determination.

- **NM**: This drug is not available via mail order and not available for a long-term supply.

MetroPlus Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

MetroPlusHealth Plan
Formulario 2026
(Lista de medicamentos cubiertos o Lista de medicamentos)

IMPORTANTE: ESTE DOCUMENTO CONTIENE INFORMACIÓN SOBRE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN

00026112, Versión Número 16

Este Formulario se actualizó el 20.° de octubre de 2026. Para obtener información más reciente o si tiene otras preguntas, comuníquese con Servicios al Miembro de MetroPlusHealth Plan al 866.986.0356 (los usuarios de TTY pueden llamar al 711). El horario de atención es de lunes a viernes, de 8 a.m. a 8 p.m., y los sábados, de 9 a.m. a 5 p.m. Servicio de respuesta fuera del horario de atención: 800.442.2560. O bien, visite **metroplusmedicare.org**.

Nota dirigida a los miembros activos: Este Formulario ha cambiado desde el año pasado. Por favor, revise este documento para asegurarse de que todavía contiene los medicamentos que usted toma.

Cuando esta lista de medicamentos (Formulario) diga “nosotros” o “nuestro”, significa MetroPlusHealth Plan. Cuando dice “plan” o “nuestro plan” significa MetroPlus UltraCare Plan (HMO D-SNP) y MetroPlus Platinum Plan (HMO).

Este documento incluye una lista de medicamentos (Formulario) de nuestro plan actualizada al 1.° de noviembre. Para obtener un Formulario actualizado, póngase en contacto con nosotros. Nuestra información de contacto, junto con la fecha más reciente de actualización del Formulario, aparece en las portadas delanteras y traseras.

Por lo general, debe acudir a las farmacias de la red para utilizar su beneficio de los medicamentos recetados. Los beneficios, el Formulario, la red de farmacias y/o los copagos/coaseguros pueden cambiar el 1.° de enero del 2026 y de vez en cuando durante el año.

¿Qué es el Formulario de MetroPlusHealth Plan?

En este documento, utilizamos los términos Lista de medicamentos y Formulario para referirnos a lo mismo. Un Formulario es una lista de medicamentos cubiertos seleccionados por MetroPlusHealth Plan después de consultar a un equipo de proveedores de atención médica, el cual representa las terapias a base de medicamentos de venta con receta que se creen necesarias para llevar a cabo un programa de tratamiento de calidad. MetroPlusHealth Plan por lo general cubre los medicamentos que aparecen en nuestro Formulario siempre y cuando el medicamento sea necesario en términos médicos, los medicamentos recetados se despachen en una farmacia de la red de MetroPlusHealth Plan, y se sigan otras reglas del plan. Para más información sobre cómo obtener los medicamentos de venta con receta, por favor revise su *Evidencia de cobertura*.

¿Puede cambiar el Formulario (lista de medicamentos)?

La mayoría de los cambios en la cobertura de medicamentos ocurren el 1.° de enero, pero MetroPlusHealth Plan puede agregar o eliminar medicamentos en la Lista de Medicamentos durante el año o agregar nuevas restricciones. Debemos seguir las normas de Medicare al hacer estos cambios. Las actualizaciones del Formulario se publican mensualmente en nuestro sitio web aquí: **metroplus.org/members/pharmacy**.

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

- **Sustituciones inmediatas de ciertas versiones nuevas de medicamentos de marca y productos biológicos originales.** Podemos eliminar inmediatamente un medicamento de nuestro Formulario si lo reemplazamos con una nueva versión determinada de ese medicamento que aparecerá con las mismas restricciones o con menos. Cuando agregamos una nueva versión de un medicamento a nuestro Formulario, podemos decidir mantener el medicamento de marca o el producto biológico original en nuestro Formulario, pero agregar inmediatamente nuevas restricciones.

  Podemos realizar estos cambios inmediatos solo si estamos agregando una nueva versión genérica de un medicamento de marca, o agregando ciertas nuevas versiones biosimilares de un producto biológico original, que ya estaba en el Formulario (por ejemplo, agregando un biosimilar intercambiable que pueda ser sustituido por un producto biológico original por una farmacia sin una nueva receta).

  Si actualmente está tomando el medicamento de marca o el producto biológico original, es posible que no se lo informemos con anticipación antes de realizar un cambio inmediato, pero más adelante le brindaremos información sobre los cambios específicos que hemos realizado.

  Si realizamos dicho cambio, usted o el profesional que receta pueden solicitarnos que hagamos una excepción y continuemos cubriendo el medicamento que se está modificando. Para obtener más información, consulte la sección a continuación titulada "¿Cómo solicito una excepción al Formulario de MetroPlusHealth Plan? Algunos de estos tipos de medicamentos pueden ser nuevos para usted. Para obtener más información, consulte la sección a continuación titulada "¿Qué son los productos biológicos originales y cómo se relacionan con los biosimilares?"

- **Medicamentos retirados del mercado.** Si el fabricante retira un medicamento de la venta o la Administración de Alimentos y Medicamentos (Food and Drug Administration, FDA) determina que debe retirarse por razones de seguridad o eficacia, podemos eliminar de inmediato el medicamento de nuestro formulario y, luego, notificar a los miembros que toman el medicamento.

- **Otros cambios.** Es posible que hagamos otros cambios que afecten a los miembros que actualmente toman un medicamento. Por ejemplo, podemos eliminar un medicamento de marca del Formulario cuando agregamos un equivalente genérico o eliminar un producto biológico

original cuando agregamos un biosimilar. También podremos aplicar nuevas restricciones al medicamento de marca o al producto biológico original. Podemos realizar cambios según nuevas pautas clínicas. Si eliminamos medicamentos de nuestro Formulario, agregamos autorización previa y límites de cantidad y/o restricciones de terapia escalonada en un medicamento, debemos notificar a los miembros afectados sobre el cambio al menos 30 días antes de que el cambio entre en vigencia. Alternativamente, cuando un miembro solicita una recarga del medicamento, puede recibir un suministro de 30 días del medicamento y una notificación del cambio.

- Si realizamos estos otros cambios, usted o el profesional que receta pueden solicitarnos que hagamos una excepción para usted y continuemos cubriendo el medicamento que ha estado tomando. El aviso que le proporcionamos también incluirá información sobre cómo solicitar una excepción, y también puede encontrar información en la sección a continuación titulada "¿Cómo solicito una excepción al Formulario de MetroPlusHealth Plan?"

Cambios que no lo afectarán si actualmente está tomando el medicamento. Por lo general, si usted está tomando un medicamento que está dentro de nuestro Formulario 2026 que estaba cubierto al comienzo del año, no suspenderemos ni reduciremos la cobertura del medicamento durante el año de cobertura 2026, excepto como se describió anteriormente. Esto significa que estos medicamentos permanecerán disponibles con el mismo costo compartido y sin nuevas restricciones para aquellos miembros que los toman por el resto del año de cobertura. Este año no recibirá un aviso directo sobre cambios que no lo afecten. Sin embargo, los cambios le afectarán a partir del 1.° de enero del año próximo y es importante que consulte el Formulario del nuevo año de beneficios para ver si hay algún cambio en los medicamentos.

El Formulario adjunto está actualizado al 1.° de noviembre. Para obtener información actualizada sobre los medicamentos cubiertos por MetroPlusHealth Plan, por favor póngase en contacto con nosotros. Nuestra información de contacto aparece en las portadas delanteras y traseras. Le enviaremos una carta en caso de cambios en el Formulario a mitad de año que no sean de mantenimiento, que le indicará dónde encontrar el Formulario actualizado en nuestro sitio web.

¿Cómo utilizo el Formulario?

Hay dos maneras de encontrar su medicamento dentro del Formulario:

Enfermedad

El Formulario comienza en la página 25. Los medicamentos en este Formulario están agrupados en categorías dependiendo del tipo de enfermedades para las que se utilizan. Por ejemplo, los medicamentos utilizados para tratar una enfermedad cardíaca están listados bajo la categoría “Cardiovascular”. Si sabe para qué se utiliza su medicamento, busque el nombre de la categoría en la lista que comienza en la página 25. Luego busque su medicamento bajo el nombre de la categoría.

Lista en orden alfabético

Si no sabe en qué categoría buscar, debería buscar su medicamento en el Índice que comienza en la página 108. El Índice contiene una lista en orden alfabético de todos los medicamentos incluidos en este documento. Tanto los medicamentos de marca como los genéricos están listados en este Índice. Busque en el Índice y encuentre su medicamento. Al lado de su medicamento, verá el número de la página donde puede encontrar la información sobre la cobertura. Vaya a la página listada en el Índice y encontrará el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

MetroPlusHealth Plan cubre tanto medicamentos de marca como medicamentos genéricos. Un medicamento genérico es aquel que contiene los mismos ingredientes activos que el medicamento de marca según la aprobación de la FDA (Administración de Alimentos y Medicamentos). Generalmente, los medicamentos genéricos funcionan igual de bien y suelen costar menos que los de marca. Hay medicamentos genéricos de remplazo disponibles para muchos medicamentos de marca. Los medicamentos genéricos generalmente pueden sustituir al medicamento de marca en la farmacia sin necesidad de una nueva receta, dependiendo de las leyes estatales.

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

En el Formulario, cuando nos referimos a medicamentos, esto podría significar un fármaco o un producto biológico. Los productos biológicos son medicamentos más complejos que los medicamentos típicos. Como los productos biológicos son más complejos que los medicamentos típicos, en lugar de tener una forma genérica, tienen alternativas que se llaman biosimilares. Generalmente, los biosimilares funcionan tan bien como el producto biológico original y pueden costar menos. Existen alternativas biosimilares a 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, al igual que los medicamentos genéricos pueden sustituir a los medicamentos de marca.

- Para obtener información sobre los tipos de medicamentos, consulte la *Evidencia de cobertura*, Capítulo 5, Sección 3.1, "La 'Lista de medicamentos' indica qué medicamentos de la Parte D están cubiertos".

¿Existe alguna restricción en mi cobertura?

Algunos medicamentos cubiertos podrían tener requerimientos adicionales o límites de cobertura. Estos requerimientos o límites podrían incluir:

- **Autorización previa:** MetroPlusHealth Plan requiere que usted o su médico obtengan una autorización previa para ciertos medicamentos. Esto significa que usted necesitará una aprobación por parte de MetroPlusHealth Plan antes de obtener su medicamento de venta con receta. Si no obtiene esta aprobación, MetroPlusHealth Plan podría no cubrir el medicamento.

- **Límites de cantidad:** Para ciertos medicamentos, MetroPlusHealth Plan limita la cantidad del medicamento que cubrirá MetroPlusHealth Plan. Por ejemplo, MetroPlusHealth Plan proporciona 120 píldoras por receta de Colcrys. Esto podría ser en adición a un suministro estándar para uno o tres meses.

- **Terapia escalonada:** En algunos casos, MetroPlusHealth Plan exige que usted primero pruebe algunos medicamentos para tratar su enfermedad antes de que cubramos otro medicamento para esa enfermedad. Por ejemplo, si el medicamento A y el medicamento B sirven para el tratamiento de su enfermedad, MetroPlusHealth Plan puede no cubrir el medicamento B, a menos que pruebe el medicamento A primero. Si el medicamento A no le sirve, entonces MetroPlusHealth Plan cubrirá el medicamento B.

Puede averiguar si su medicamento tiene requisitos adicionales o límites buscando en el Formulario que comienza en la página 25. También puede obtener más información sobre las restricciones aplicadas a medicamentos cubiertos específicos al visitar nuestro sitio web. Hemos publicado en línea los documentos que explican nuestras restricciones de autorización previa y terapia escalonada. También puede pedirnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha más reciente de actualización del Formulario, aparece en las portadas delanteras y

traseras.

Puede pedirle a MetroPlusHealth Plan que haga una excepción en cuanto a estas restricciones o límites o pedirle una lista de otros medicamentos similares que puedan servir para tratar su enfermedad. Vea la sección "¿Cómo solicito una excepción al Formulario de MetroPlusHealth Plan?" a continuación para obtener información sobre cómo solicitar una excepción.

¿Qué ocurre si mi medicamento no se encuentra en el Formulario?

Si su medicamento no está incluido en este Formulario (lista de medicamentos cubiertos), primero debe ponerse en contacto con Servicios al Miembro y preguntar si su medicamento está cubierto. Si se entera de que MetroPlusHealth Plan no cubre su medicamento, tiene dos opciones:

- Puede pedirle a Servicios al Miembro una lista de medicamentos similares que estén cubiertos por MetroPlusHealth Plan. Cuando reciba la lista, muéstresela a su médico y pídale que le recete un medicamento similar que esté cubierto por MetroPlusHealth Plan.

- Puede pedirle a MetroPlusHealth Plan que haga una excepción y cubra su medicamento. Revise más abajo para obtener información sobre cómo solicitar una excepción.

¿Cómo solicito una excepción al Formulario de MetroPlusHealth Plan?

Puede solicitarle a MetroPlusHealth Plan que haga una excepción en cuanto a nuestras reglas para la cobertura. Existen varios tipos de excepciones que nos puede pedir que hagamos.

- Puede pedirnos que cubramos un medicamento aún si este no está en nuestro Formulario. De aprobarse, este medicamento será cubierto a un nivel predeterminado de costo compartido y no podrá pedirnos que proporcionemos el medicamento a un nivel de costo compartido más bajo.
- Puede solicitarnos que eliminemos una restricción de cobertura, incluida la autorización previa, la terapia escalonada o un límite de cantidad en su medicamento. Por ejemplo, para ciertos medicamentos, MetroPlusHealth Plan limita la cantidad del medicamento que cubriremos. Si su medicamento tiene un límite de cantidad, puede solicitarnos que no apliquemos el límite y cubramos una cantidad mayor.

Generalmente, MetroPlusHealth Plan solo aprobará su solicitud de excepción si los medicamentos alternativos incluidos en el Formulario del plan, el medicamento con menor costo compartido o la aplicación de la restricción no serían tan efectivos para usted y/o le causarían efectos adversos.

Usted o el profesional que receta deben comunicarse con nosotros para solicitar una excepción al Formulario, incluida una excepción a una restricción de cobertura. **Cuando solicita una excepción, el profesional que receta deberá explicar las razones médicas que justifiquen por qué usted necesita que se apruebe la excepción.** Por lo general, debemos tomar nuestra decisión dentro de las primeras 72 horas de haber recibido la declaración de apoyo del profesional que receta. Puede solicitar una decisión acelerada (rápida) si cree, y estamos de acuerdo, que su salud podría verse gravemente perjudicada si espera hasta 72 horas para recibir una decisión. Si estamos de acuerdo, o si el profesional que receta solicita una decisión rápida, debemos darle una decisión a más tardar 24 horas después de que recibamos su declaración de respaldo.

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

Como miembro nuevo o regular de nuestro plan, podría estar tomando medicamentos que no están dentro de nuestro Formulario. O es posible que esté tomando un medicamento que está en nuestro Formulario pero tiene una restricción de cobertura, como una autorización previa. Debe hablar con el profesional que receta sobre cómo solicitar una decisión de cobertura para demostrar que cumple con los criterios de aprobación, cambiar a un medicamento alternativo que cubramos o solicitar una excepción al Formulario para que cubramos el medicamento que toma. Mientras habla con el profesional que receta para determinar qué debe hacer, podríamos cubrir su medicamento en algunos casos durante los primeros 90 días en los que usted es miembro de nuestro plan.

Por cada uno de sus medicamentos que no esté en nuestro Formulario o tenga una restricción de cobertura, cubriremos un suministro temporal de 30 días. Si su receta está hecha por menos días, permitiremos surtidos para proporcionarle hasta un máximo de 30 días de suministro del medicamento. Si no se aprueba la cobertura, después del primer suministro de 30 días, no pagaremos por estos medicamentos, incluso si usted ha sido miembro del plan por menos de 90 días.

Si usted es un residente de un centro de cuidados de largo plazo y necesita un medicamento que no está en nuestro Formulario o si su capacidad de obtener los medicamentos es limitada, pero ya pasó los primeros 90 días de membresía en nuestro plan, cubriremos un suministro de emergencia por 31 días para este medicamento mientras tramita una excepción al Formulario.

Si su nivel de atención cambia después de los primeros 90 días de ser miembro, podemos proporcionarle un suministro de emergencia de hasta 31 días (a menos que su receta sea por menos). Los medicamentos sólidos de marca por vía oral están limitados a un suministro de 14 días, con excepción de lo requerido por la guía de CMS.

Para más información

Para más información sobre la cobertura de medicamentos recetados de MetroPlusHealth Plan, por favor revise su *Evidencia de cobertura* y otros materiales sobre el plan.

Si tiene preguntas sobre MetroPlusHealth Plan, por favor póngase en contacto con nosotros. Nuestra información de contacto, junto con la fecha más reciente de actualización del Formulario, aparece en las portadas delanteras y traseras.

Si tiene preguntas generales sobre la cobertura de medicamentos recetados de Medicare, llame a Medicare al 1-800-MEDICARE (800.633.4227) las 24 horas del día, los 7 días de la semana. Los usuarios de TTY deben llamar al 877.486.2048. O bien, visite **medicare.gov**.

Formulario de MetroPlusHealth Plan

El Formulario a continuación proporciona información sobre la cobertura de medicamentos por parte de MetroPlusHealth Plan. Si tiene dificultades para encontrar su medicamento en la lista, pase al Índice que comienza en la página 108.

La primera columna del cuadro lista el nombre del medicamento. Los medicamentos de marca están en mayúscula (por ejemplo, LIPITOR) y los medicamentos genéricos están en minúscula y cursiva (por ejemplo, *atorvastatina*).

La información en la columna de Requerimientos/Límites le dice si MetroPlusHealth Plan tiene algún requerimiento especial para la cobertura de su medicamento.

- **PA** (siglas en inglés de "aprobación previa"): MetroPlus requiere que su médico obtenga una autorización previa para ciertos medicamentos. Esto significa que usted necesitará una aprobación de MetroPlus antes de obtener su medicamento de venta con receta. Si no obtiene esta aprobación, puede que no cubramos el medicamento.
- **QL** (siglas en inglés de "límites a la cantidad"): Para ciertos medicamentos, MetroPlus limita la cantidad del medicamento que cubre. Por ejemplo, MetroPlus proporciona una unidad por día por receta de pantoprazol. Esto podría ser en adición a un suministro estándar para uno o tres meses.
- **ST**: En algunos casos, MetroPlus exige que usted primero pruebe algunos medicamentos para tratar su enfermedad antes de que cubramos otro medicamento para esa enfermedad. Por ejemplo, si el medicamento A y el medicamento B sirven para el tratamiento de su enfermedad, MetroPlus podría no cubrir el medicamento B, a menos que pruebe el medicamento A primero. Si el medicamento A no le sirve, entonces MetroPlus cubrirá el medicamento B.
- **LA** (siglas en inglés de "disponibilidad limitada"): Estos medicamentos de venta con receta pueden estar disponibles solo en algunas farmacias. Para obtener más información, consulte su Directorio de proveedores/farmacias o llame a Servicios al Miembro al 866.693.4615, las 24 horas del día, los 7 días de la semana. Los usuarios de TTY pueden llamar al 800.881.2812.
- **B/D**: Este medicamento recetado debe ser autorizado previamente por vía administrativa como Parte B o D. El medicamento podría estar cubierto bajo la Parte B o D de Medicare según las circunstancias. Podría ser necesario enviar información donde se describa el uso y tipo de medicamento para llevar a cabo la determinación.
- **NM** (siglas en inglés de "no disponible por correo"): Este medicamento no está disponible mediante el pedido por correo y no está disponible para un suministro a largo plazo.

MetroPlusHealth Plan cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, país de origen, edad, discapacidad o sexo.

MetroPlusHealth Plan
2026年《處方一覽表》
（承保藥物清單或「藥物清單」）

請閱讀：本文件包含有關我們在此計劃中承保藥物的資訊

00026112，版本號16

本處方一覽表更新於2026年10月20日。要獲得最新資訊或提出其他問題，請致電MetroPlusHealth Plan會員服務部：866.986.0356（聽力障礙電傳使用者應致電711）。工作時間為週一至週五，早8點至晚8點，週六，早9點至下午5點。非工作時段，請致電：800.442.2560。或者，瀏覽**metr oplusmedicare.org**。

現有會員注意：此處方一覽表自去年以來發生了變更。請閱覽此文件，確保處方一覽表仍然包含您服用的藥物。

本藥物清單（處方一覽表）中的「我們」或「我們的」指代MetroPlusHealth Plan。本文件中的「計劃」或「我們的計劃」指代MetroPlus UltraCare (HMO D-SNP)和MetroPlus Platinum Plan (HMO)。

本文件包含一份用於我們的計劃的藥物清單（處方一覽表），最後更新日期為11月1日。如需獲得最新處方一覽表，請聯絡我們。我們的聯絡方式和處方一覽表最新更新日期會分別出現在封面和封底。
一般情況下，您必須使用網絡內藥店來使用您的處方藥福利。福利、處方一覽表、藥房網絡和/或自付費用/共同保險費可能會在2026年1月1日發生變更，並在當年中不時發生變更。

何謂MetroPlusHealth Plan處方一覽表？

在本文件中，我們使用「藥物清單」和「處方一覽表」這兩個術語來表示相同的意思。處方一覽表是MetroPlusHealth Plan在諮詢醫療保健提供者團隊後選擇的承保藥物清單，這個清單上列出了有效的治療計劃所必須的處方療法。MetroPlusHealth Plan一般會承保處方一覽表內列出的藥物，只要這些藥物屬於醫療必需藥物，且處方由MetroPlusHealth Plan網絡內的藥方開出，也符合其他的計劃規則。如想獲得關於如何開處方藥的更多資訊，請查閱您的*《承保福利說明》*　。

處方一覽表（藥物清單）會發生變更嗎？

大部分藥物承保變更發生在1月1日，但在一年當中MetroPlusHealth Plan可能會新增或移除藥物清單中的藥物，或增加新的限制。在進行這些變更時，我們須遵循Medicare的規定。我們會每月在網站上發佈處方一覽表更新，網址為：**metroplus.org/members/pharmacy**。

當年可影響您的變更：在以下案例中，您將因目前年度的承保變更受到影響：

- **立即取代某些新版本的品牌藥和原始生物仿製劑。**如果我們要用某藥物的某個新版本來替換它，而該新版本將具有相同或更少的限制，我們可立即將該藥物從我們的處方一覽表上移除。當我們將一種藥物的新版本添加到我們的處方一覽表中時，我們也可能決定將品牌藥或原始生物製劑繼續保留在我們的處方一覽表中，但可立即添加新的限制。

  只有當我們正在添加一個新學名版本的品牌藥名稱，或者添加已經在處方一覽表上的原始生物製劑的某些新生物仿製藥版本時，我們才會做出這些變更（例如，添加一種可互換的生物仿製藥，可以在藥房取代原生物製品，而不需要新的處方）。

  如果您目前正在服用該品牌藥或原始生物製劑，我們可能不會在立即進行變更之前提前告知您，但我們之後會向您提供有關我們所做出的具體變更的資訊。

  如果我們做出此類變更，您或您的處方醫生可以要求我們例外對待並繼續為您承保發生變更的藥物。如需更多資訊，請參閱以下標題為「如何向MetroPlusHealth Plan請求處方一覽表特例處理？」的部分。您可能首次聽說某些藥物類型。欲瞭解更多資訊，請參閱以下標題為「什麼是原始生物製劑，與生物仿製藥有何關係？」的部分。

- **退市的藥物。**如果製造商停止銷售某種藥物，或者食品藥物監督管理局(FDA)出於安全或有效性原因決定停止銷售某種藥物，我們可能會立即將該藥物從我們的處方一覽表中刪除，並在稍後通知服用該藥物的會員。

- **其他變動。**我們可能會進行影響目前服用藥物的會員的其他變動。例如，我們可能會在添加同等效力學名藥時從處方一覽表刪除某種品牌藥，或者在添加生物仿製藥時刪除某種原始生物製劑。我們也可能對品牌藥或原始生物製劑施加新的限制。我們可以根據新的臨床指導原則進行變更。如果我們將藥物從處方一覽表中移除，增加了一種藥物的事前核准、數量限制以及/或者分步治療限制，我們必須在變更生效前至少30天內通知受影

響的會員這一變更情況。或者，在會員要求續開藥物時，可能會收到30天的藥物供應量和變更通知。

- 如果我們做出此類變更，您或您的處方醫生可以要求我們進行特例處理並繼續為您承保您一直服用的藥物。我們為您提供的通知還將包含您如何請求例外對待的資訊，您還可以在下面標題為「如何向MetroPlusHealth Plan處方一覽表請求特例處理？」部分中找到相關資訊。

如果您目前正在服用該藥物，則您將不會受到影響的變化。一般情況下，如果您正在服用我們的2026年處方一覽表上的藥物，且此藥物年初屬於承保藥物，我們不會在2026年保險年期間中斷或減少藥物承保。這意味著正在服用該藥物的會員能夠在該保險年的剩餘時間以相同的分攤費用取得該藥物，且無需受到新的限制。您當年不會受到任何對您不產生影響的變化的直接通知。但是，自下一年的1月1日開始，這些變更的影響就會生效，因此請務必查看新福利年度處方一覽表上的藥物是否有任何變化。

隨信附上的處方一覽表最後更新日期為11月1日。如想獲得MetroPlusHealth Plan藥物保險的最新資訊，請聯絡我們。我們的聯絡資料在封面和封底。如果年中並未出現處方一覽表維護變更，我們將向您郵寄一封信，告知您在我們網站的什麼位置尋找最新處方一覽表。

如何使用處方一覽表？

有兩個方法可以在處方一覽表中尋找您的藥物：

醫療狀況

處方一覽表從第25頁開始。此處方一覽表中的藥物根據它們用於治療的醫療狀況類型劃分為不同種類。例如，用於治療心臟狀況的藥物被列於「心血管」種類之下。如果您知道自己藥物的作用，則可從第25頁開始的清單中查詢種類名稱。然後在這一種類下方查詢您的藥物。

字母排列

如果您不確定應該在哪個種類下方查詢，您應該在從第108頁開始的索引中尋找您的藥物 。索引提供了一份清單，將本文件包含的所有藥物按照字母順序進行排列。品牌藥和學
名藥都列於此索引之中。查詢索引，找到您的藥物。在您的藥物旁邊，您將看到承保資訊所在頁面的頁碼。翻至索引中所列頁面，並在清單第一欄找到您的藥物名稱。

什麼是學名藥？

MetroPlusHealth Plan承保品牌藥和學名藥。學名藥是透過FDA審核的與品牌藥具有相同活性成分的藥物。一般來說，學名藥和品牌藥效果一樣好，而且通常比品牌藥便宜。我們為多種品牌藥提供了可替代的學名藥。根據州法律，在藥房，學名藥通常可以取代品牌藥，而不需要新的處方。

什麼是原始生物製劑，與生物仿製藥有何關係？

在處方一覽表上，我們所說的「藥物」是指一種藥物或一種生物製劑。生物製品是比典型藥物更複雜的藥物。由於生物製劑比一般藥物更為複雜，不能完全複製，因此其替代形式被稱為生物仿製劑。一般來說，生物仿製藥和原始生物產品一樣有效，而且價格更低。某些生物製劑可以採用原始生物仿製劑作為替代。一些生物仿製藥是可互換的生物仿製藥，根據州法律，可以在藥房取代原生物製品，而不需要新的處方，就像學名藥可以取代品牌藥一樣。

- 有關藥物類型的討論，請參閱*《承保福利說明》*，第5章，第3.1節，「『藥物清單』說明有哪些D部分藥物享受保險。」

我的受保範圍是否有約束或限制？

部分承保藥物可能有額外承保要求或限制。這些要求和限制可能包括：

- **事前核准**：MetroPlusHealth Plan要求您或您的醫生為某些藥物獲得事前核准。這意味著您領取處方藥之前需要獲得MetroPlusHealth Plan的核准。若您未獲得核准，MetroPlusHealth Plan可能不承保此藥物。

- **數量限制**：對於某些藥物，MetroPlusHealth Plan的承保藥量有限。例如，MetroPlusHealth Plan將秋水仙鹼(Colcrys)的單次處方量限制為120片。這可能是對標準一個月或三個月供應量的補充。

- **分步治療**：在某些情況下，MetroPlusHealth Plan會要求您在其承保治療您所患病症的藥物前先試用某些藥物。例如，如果藥物A和藥物B都可治療您的疾病情況，MetroPlusHealth Plan可能會要求您先試用藥物A，否則就不承保藥物B。如果藥物A對您無效，MetroPlusHealth Plan將承保藥物B。

如想瞭解您的藥物是否有其他額外要求或限制，您可從第25頁開始檢視處方一覽表。您也可以瀏覽我們的網站，瞭解有關特定承保藥物所受約束的詳細資訊。我們已在網上發佈文件，解釋我們的事先核准和逐步治療限制。您也可以要求我們向您傳送一份副本。我們的聯絡方式和處方一覽表最新更新日期會分別出現在封面和封底。

您可以要求MetroPlusHealth

Plan對這些約束和限製作出特例處理，或對也許能夠治療您的健康狀況的其他類似藥物清單作出特例處理。參見下方的「如何向MetroPlusHealth
Plan處方一覽表請求特例處理？」部分，瞭解請求特例處理的方法。

如果我的藥物未納入此處方一覽表該怎麼辦？

如果您的藥物未納入此處方一覽表（承保藥物清單），您首先應該聯絡會員服務部，詢問您的藥物是否在承保範圍內。

如果您瞭解到MetroPlusHealth Plan不承保您的藥物，您有兩個選項：

- 您可以向會員服務部要求一份MetroPlusHealth
  Plan承保的類似藥物清單。當您收到這份清單之後，將這份清單給您的醫生檢視並要求他們開一種與MetroPlusHealth Plan的承保藥物類似的藥物。

- 您可以向MetroPlusHealth
  Plan請求特例處理並要求承保您的藥物。參見下方資訊，瞭解如何請求特例處理。

如何向MetroPlusHealth Plan處方一覽表請求特例處理？

您可以向MetroPlusHealth
Plan請求對我們的承保規則進行特例處理。您可以向我們請求進行幾類特例處理。

- 即使一種藥物不在我們的處方一覽表之上，您也可以向我們請求承保此藥物。如果請求被核准，此藥物將以事先決定的費用分攤水準被承保，而您無法要求我們提供更低的費用分攤水準。
- 您可以要求我們免除承保範圍限制，包括事前核准、分步治療或您藥物的數量限制。例如，對於某些藥物，MetroPlusHealth
  Plan限制我們承保的藥量。如果您的藥物有藥量限制，您可以向我們請求撤銷此限制並承保更大藥量。

一般情況下，只有當計劃處方一覽表上包含的替代藥物、分攤費用更低的藥物或採取限制對您的治療效果不佳以及/或者可能對您產生副作用，MetroPlusHealth
Plan才會核准您的特例請求。

您或您的處方醫生應聯絡我們，申請處方一覽表特例處理，包括承保範圍限制的特例處理。**當您要求例外處理，您的開藥醫生將需要解釋您為什麼需要該項例外處獲得核准的醫療理由**。一般情況下，我們必須在收到您的開藥醫生出具的支持性聲明後的72小時內作出決定。如

果您或您的醫生認為（而我們也同意）等待72小時才能裁定可能會對您的健康造成嚴重傷害，您可以請求加急（快速）裁定。如果我們同意，或者如果您的處方醫生要求快速做出決定，我們必須在收到您的處方醫生的支援性聲明後24小時內做出決定。

如果我的藥物不在處方一覽表上或有限制，我該怎麼辦？

作為我們的計劃的新會員或持續會員，您可能正在服用不在我們的處方一覽表上的藥物。或者，您可能正在服用我們處方一覽表上的藥物，但該藥物有承保範圍限制，例如事前核准。您應與您的處方醫生討論請求承保範圍裁定，以證明您符合核准標準，改用我們承保的替代藥物，或請求處方一覽表特例處理，以便我們承保您服用的藥物。在您和您的醫生決定正確的處理措施之時，我們可能會在特定情況下在您成為我們的計劃會員的最初90天內承保您的藥物。

對於您的每種不在我們的處方一覽表上或有承保限制的藥物，我們將承保30天的臨時供應量。如果您所開的處方藥用量天數較少，我們將允許再次配藥，以便提供最多30天供應的藥物。如果保險未獲核准，結束您最初30天的供應藥量之後，我們不會為這些藥物支付費用，即使您成為本計劃會員的時間不超過90天亦如此。

如果您是一家長期護理機構的住院病患且您需要的藥物並不在我們的處方一覽表上或者如果您獲得藥物的能力有限，而您加入我們計劃成為會員已經超過90天，在您尋求處方一覽表例外處理期間，我們將承保31天的急救用藥用量。

如果您在成為會員的頭90天后護理等級發生變化，我們可以為您提供長達31天的緊急藥物供應（除非您的處方用量少於該期限）。品牌口服固體製劑藥量控制在14天用量，例外情況依照CMS指導要求。

更多資訊

為獲得關於您的MetroPlusHealth Plan處方藥物承保的詳細資訊，請閱覽您的*《承保福利說明》*和其他計劃材料。

如果您對MetroPlusHealth Plan有疑問，請聯絡我們。我們的聯絡方式和處方一覽表最新更新日期會分別出現在封面和封底。

如果您對Medicare處方藥物承保有一般性問題，請致電Medicare，電話是1-800-MEDICARE (800.633.4227)，每週7天、每天24小時開通。聽力障礙電傳使用者應致電877.486.2048。或瀏覽**medicare.gov**。

MetroPlusHealth Plan處方一覽表

下方的處方一覽表向您提供MetroPlusHealth Plan承保的藥物資訊。如果您在藥物清單上找藥物有困難，請翻至位於第108頁上的索引部分。

圖表第一列是藥物名稱。*品牌藥名稱大寫（如：LIPITOR），學名藥為斜體小寫（如：atorvastatin）*。

要求/限制欄中的資訊告知您MetroPlusHealth Plan對您的藥物承保是否有任何特殊要求。

- **PA**：MetroPlus要求您的醫生為某些藥物獲得事前核准。這意味著您領取處方藥之前需要獲得MetroPlus的核准。若您未獲得核准，MetroPlus可能不承保此藥物。
- **QL**：對於某些藥物，MetroPlus限制承保的藥量。例如，MetroPlus每天為每一處方的泮托拉唑（pantoprazole）提供一個單位的藥量。這可能是對標準一個月或三個月供應量的補充。
- **ST**：在某些情況下，MetroPlus會要求您在其承保治療您所患病症的藥物前先試用其他藥物。例如，如果藥物A和藥物B都可治療您的疾病情況，MetroPlus可能會要求您先試用藥物A，否則就不承保藥物B。如果藥物A對您無效，MetroPlus將承保藥物B。
- **LA**：獲得管道有限。該處方可能只允許在一些藥房配藥。欲瞭解更多訊息，請諮詢您的醫療服務提供者/參閱《藥房名錄》或致電會員服務部：866.693.4615，工作時間為每週7天，每天24小時。聽力障礙電傳使用者應致電800.881.2812。
- **B/D**：此處方藥物在核准要求之前有一個B部分與D部分的行政問題。視不同情況而定，此藥物可能根據Medicare B部分或D部分進行承保。可能需要提交資訊，說明此藥物的用途和治療情況，以便作出決定。
- **NM**：此藥物不能郵購，也不提供長期用量配藥。

MetroPlusHealth Plan
遵守適用的聯邦民權法律，沒有種族、膚色、原國籍、年齡、殘障或性別方面的歧視。

METRO_PLUS_CY26_1T_SNP eff 11/01/2026

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
GOUT		
allopurinol TABS 100mg, 300mg	Tier 1	
colchicine TABS .6mg	Tier 1	QL (120 tabs / 30 days)
colchicine w/ probenecid tab 0.5-500 mg	Tier 1	
probenecid TABS 500mg	Tier 1	
MISCELLANEOUS		
JOURNAVX TABS 50mg	Tier 1	QL (29 tabs / 14 days), PA
lidocaine hcl (local anesth.) SOLN .5%, 1%, 1.5%, 2%	Tier 1	B/D
NSAIDS		
celecoxib CAPS 50mg, 100mg, 200mg	Tier 1	QL (60 caps / 30 days)
celecoxib CAPS 400mg	Tier 1	QL (30 caps / 30 days)
diclofenac potassium TABS 50mg	Tier 1	QL (120 tabs / 30 days)
diclofenac sodium TB24 100mg; TBEC 25mg, 50mg, 75mg	Tier 1	
diflunisal TABS 500mg	Tier 1	
etodolac CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	Tier 1	
flurbiprofen TABS 100mg	Tier 1	
ibu TABS 400mg, 600mg, 800mg	Tier 1	
ibuprofen SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	Tier 1	
meloxicam TABS 7.5mg, 15mg	Tier 1	
nabumetone TABS 500mg, 750mg	Tier 1	
naproxen TABS 250mg, 375mg, 500mg	Tier 1	
naproxen TBEC 375mg	Tier 1	QL (120 tabs / 30 days)
naproxen sodium TABS 275mg, 550mg	Tier 1	
piroxicam CAPS 10mg, 20mg	Tier 1	
sulindac TABS 150mg, 200mg	Tier 1	
OPIOID ANALGESICS, LONG-ACTING		
buprenorphine PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	Tier 1	QL (4 patches / 28 days), PA
fentanyl PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	Tier 1	QL (10 patches / 30 days), PA
hydrocodone bitartrate T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	Tier 1	QL (30 tabs / 30 days), PA
methadone hcl SOLN 5mg/5ml, 10mg/5ml	Tier 1	QL (450 mL / 30 days), PA

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

Drug Name	Drug Tier	Requirements/Limits
tramadol hcl TABS 50mg	Tier 1	QL (240 tabs / 30 days)
tramadol-acetaminophen tab 37.5-325 mg	Tier 1	QL (240 tabs / 30 days)
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
albendazole TABS 200mg	Tier 1	QL (672 tabs / year), PA
amikacin sulfate SOLN 1gm/4ml, 500mg/2ml	Tier 1	
ARIKAYCE SUSP 590mg/8.4ml	Tier 1	NM, PA
atovaquone SUSP 750mg/5ml	Tier 1	QL (300 mL / 30 days), PA
aztreonam SOLR 1gm, 2gm	Tier 1	
BLUJEPA TABS 750mg	Tier 1	
CAYSTON SOLR 75mg	Tier 1	NM, PA
clindamycin hcl CAPS 75mg, 150mg, 300mg	Tier 1	
clindamycin palmitate hydrochloride SOLR 75mg/5ml	Tier 1	
clindamycin phosphate SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml	Tier 1	
clindamycin phosphate in d5w iv soln 300 mg/50ml	Tier 1	
clindamycin phosphate in d5w iv soln 600 mg/50ml	Tier 1	
clindamycin phosphate in d5w iv soln 900 mg/50ml	Tier 1	
CLINDMYC/NAC INJ 300/50ML	Tier 1	
CLINDMYC/NAC INJ 600/50ML	Tier 1	
CLINDMYC/NAC INJ 900/50ML	Tier 1	
colistimethate sodium SOLR 150mg	Tier 1	
dapsone TABS 25mg, 100mg	Tier 1	
DAPTOMYCIN SOLR 350mg	Tier 1	
daptomycin SOLR 350mg, 500mg	Tier 1	
EMVERM CHEW 100mg	Tier 1	QL (12 tabs / year)
ertapenem sodium SOLR 1gm	Tier 1	
fosfomycin tromethamine PACK 3gm	Tier 1	
gentamicin in saline inj 0.8 mg/ml	Tier 1	
gentamicin in saline inj 1 mg/ml	Tier 1	
gentamicin in saline inj 1.2 mg/ml	Tier 1	
gentamicin in saline inj 1.6 mg/ml	Tier 1	
gentamicin in saline inj 2 mg/ml	Tier 1	
gentamicin sulfate SOLN 10mg/ml, 40mg/ml	Tier 1	
imipenem-cilastatin intravenous for soln 250 mg	Tier 1	
imipenem-cilastatin intravenous for soln 500 mg	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
ivermectin TABS 3mg	Tier 1	QL (20 tabs / 90 days), PA
ivermectin TABS 6mg	Tier 1	QL (10 tabs / 90 days), PA
linezolid SOLN 600mg/300ml	Tier 1	
linezolid SUSR 100mg/5ml	Tier 1	QL (1800 mL / 30 days)
linezolid TABS 600mg	Tier 1	QL (60 tabs / 30 days)
LINEZOLID INJ 2MG/ML	Tier 1	
meropenem SOLR 1gm, 2gm, 500mg	Tier 1	
methenamine hippurate TABS 1gm	Tier 1	
metronidazole SOLN 500mg/100ml; TABS 250mg, 500mg	Tier 1	
neomycin sulfate TABS 500mg	Tier 1	
nitazoxanide TABS 500mg	Tier 1	QL (6 tabs / 30 days)
nitrofurantoin macrocrystal CAPS 50mg, 100mg	Tier 1	
nitrofurantoin monohyd macro CAPS 100mg	Tier 1	
pentamidine isethionate inh SOLR 300mg	Tier 1	B/D
pentamidine isethionate inj SOLR 300mg	Tier 1	
polymyxin b sulfate SOLR 500000unit	Tier 1	
praziquantel TABS 600mg	Tier 1	
pyrimethamine TABS 25mg	Tier 1	QL (90 tabs / 30 days), PA
streptomycin sulfate SOLR 1gm	Tier 1	
sulfadiazine TABS 500mg	Tier 1	
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	Tier 1	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	Tier 1	
sulfamethoxazole-trimethoprim tab 400-80 mg	Tier 1	
sulfamethoxazole-trimethoprim tab 800-160 mg	Tier 1	
tinidazole TABS 250mg, 500mg	Tier 1	
TOBI PODHALER CAPS 28mg	Tier 1	NM, PA
tobramycin NEBU 300mg/5ml	Tier 1	NM, PA
tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 80mg/2ml	Tier 1	
trimethoprim TABS 100mg	Tier 1	
vancomycin hcl CAPS 125mg	Tier 1	QL (80 caps / 180 days)
vancomycin hcl CAPS 250mg	Tier 1	QL (160 caps / 180 days)
vancomycin hcl SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	Tier 1	
VANCOMYCIN INJ 1 GM	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
VANCOMYCIN INJ 500MG	Tier 1	
VANCOMYCIN INJ 750MG	Tier 1	
ANTIFUNGALS		
amphotericin b SOLR 50mg	Tier 1	B/D
amphotericin b liposome SUSR 50mg	Tier 1	B/D
caspofungin acetate SOLR 50mg, 70mg	Tier 1	
CRESEMBA CAPS 74.5mg, 186mg	Tier 1	PA
fluconazole SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	Tier 1	
fluconazole in nacl 0.9% inj 200 mg/100ml	Tier 1	
fluconazole in nacl 0.9% inj 400 mg/200ml	Tier 1	
flucytosine CAPS 250mg, 500mg	Tier 1	PA
griseofulvin microsize SUSP 125mg/5ml; TABS 500mg	Tier 1	
griseofulvin ultramicrosize TABS 125mg, 250mg	Tier 1	
itraconazole CAPS 100mg	Tier 1	QL (120 caps / 30 days)
ketoconazole TABS 200mg	Tier 1	PA
micafungin sodium SOLR 50mg, 100mg	Tier 1	
nystatin TABS 500000unit	Tier 1	
posaconazole TBEC 100mg	Tier 1	QL (93 tabs / 30 days), PA
terbinafine hcl TABS 250mg	Tier 1	QL (30 tabs / 30 days), PA; PA applies after a 90 day supply in a calendar year
voriconazole SOLR 200mg	Tier 1	PA
voriconazole SUSR 40mg/ml	Tier 1	QL (600 mL / 28 days), PA
voriconazole TABS 50mg	Tier 1	QL (480 tabs / 30 days)
voriconazole TABS 200mg	Tier 1	QL (120 tabs / 30 days)
ANTIMALARIALS		
atovaquone-proguanil hcl tab 62.5-25 mg	Tier 1	
atovaquone-proguanil hcl tab 250-100 mg	Tier 1	
chloroquine phosphate TABS 250mg, 500mg	Tier 1	
COARTEM TAB 20-120MG	Tier 1	
mefloquine hcl TABS 250mg	Tier 1	
primaquine phosphate TABS 26.3mg	Tier 1	
PRIMAQUINE PHOSPHATE TABS 26.3mg	Tier 1	
quinine sulfate CAPS 324mg	Tier 1	PA
ANTIRETROVIRAL AGENTS		
abacavir sulfate SOLN 20mg/ml; TABS 300mg	Tier 1	
APTIVUS CAPS 250mg	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
atazanavir sulfate CAPS 150mg, 200mg, 300mg	Tier 1	
darunavir TABS 600mg	Tier 1	QL (60 tabs / 30 days)
darunavir TABS 800mg	Tier 1	QL (30 tabs / 30 days)
EDURANT TABS 25mg	Tier 1	
EDURANT PED TBSO 2.5mg	Tier 1	
efavirenz TABS 600mg	Tier 1	
emtricitabine CAPS 200mg	Tier 1	
EMTRIVA SOLN 10mg/ml	Tier 1	
etravirine TABS 100mg, 200mg	Tier 1	
fosamprenavir calcium TABS 700mg	Tier 1	
INTELENCE TABS 25mg	Tier 1	
ISENTRESS CHEW 25mg, 100mg; PACK 100mg; TABS 400mg	Tier 1	
ISENTRESS HD TABS 600mg	Tier 1	
lamivudine SOLN 10mg/ml; TABS 150mg, 300mg	Tier 1	
maraviroc TABS 150mg, 300mg	Tier 1	
nevirapine SUSP 50mg/5ml; TABS 200mg; TB24 400mg	Tier 1	
NORVIR PACK 100mg	Tier 1	
PIFELTRO TABS 100mg	Tier 1	
PREZISTA SUSP 100mg/ml	Tier 1	QL (400 mL / 30 days)
PREZISTA TABS 75mg	Tier 1	QL (480 tabs / 30 days)
PREZISTA TABS 150mg	Tier 1	QL (240 tabs / 30 days)
REYATAZ PACK 50mg	Tier 1	
rilpivirine hcl TABS 25mg	Tier 1	
ritonavir TABS 100mg	Tier 1	
RUKOBIA TB12 600mg	Tier 1	
SELZENTRY SOLN 20mg/ml	Tier 1	
SUNLENCA TABS 300mg; TBPK 300mg	Tier 1	
tenofovir disoproxil fumarate TABS 300mg	Tier 1	
TIVICAY TABS 50mg	Tier 1	
TIVICAY PD TBSO 5mg	Tier 1	
TROGARZO SOLN 200mg/1.33ml	Tier 1	
TYBOST TABS 150mg	Tier 1	
VIRACEPT TABS 250mg, 625mg	Tier 1	
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	Tier 1	
zidovudine CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	Tier 1	
ANTIRETROVIRAL COMBINATION AGENTS		
abacavir sulfate-lamivudine tab 600-300 mg	Tier 1	
BIKTARVY TAB 30-120-15 MG	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
BIKTARVY TAB 50-200-25 MG	Tier 1	
CIMDUO TAB 300-300	Tier 1	
DELSTRIGO TAB	Tier 1	
DESCOVY TAB 120-15MG	Tier 1	
DESCOVY TAB 200/25MG	Tier 1	
DOVATO TAB 50-300MG	Tier 1	
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	Tier 1	
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	Tier 1	
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	Tier 1	
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	Tier 1	
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	Tier 1	
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	Tier 1	
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	Tier 1	
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	Tier 1	
EVOTAZ TAB 300-150	Tier 1	
GENVOYA TAB	Tier 1	
IDVYNSO TAB 100-0.25	Tier 1	
JULUCA TAB 50-25MG	Tier 1	
KALETRA SOL	Tier 1	
lamivudine-zidovudine tab 150-300 mg	Tier 1	
lopinavir-ritonavir tab 100-25 mg	Tier 1	
lopinavir-ritonavir tab 200-50 mg	Tier 1	
ODEFSEY TAB	Tier 1	
PREZCOBIX TAB 675/150	Tier 1	
PREZCOBIX TAB 800-150	Tier 1	
STRIBILD TAB	Tier 1	
SYMTUZA TAB	Tier 1	
TRIUMEQ PD TAB	Tier 1	
TRIUMEQ TAB	Tier 1	
ANTITUBERCULAR AGENTS		
cycloserine CAPS 250mg	Tier 1	
ethambutol hcl TABS 100mg, 400mg	Tier 1	
isoniazid SYRP 50mg/5ml; TABS 100mg, 300mg	Tier 1	
PRIFTIN TABS 150mg	Tier 1	
pyrazinamide TABS 500mg	Tier 1	
rifabutin CAPS 150mg	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
rifampin CAPS 150mg, 300mg; SOLR 600mg	Tier 1	
rifapentine TABS 150mg	Tier 1	
SIRTURO TABS 20mg, 100mg	Tier 1	NM, PA
ANTIVIRALS		
acyclovir CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	Tier 1	
acyclovir sodium SOLN 50mg/ml	Tier 1	B/D
adefovir dipivoxil TABS 10mg	Tier 1	
BARACLUDE SOLN .05mg/ml	Tier 1	ST
entecavir TABS .5mg, 1mg	Tier 1	
EPCLUSA PAK 150-37.5	Tier 1	NM, PA
EPCLUSA PAK 200-50MG	Tier 1	NM, PA
EPCLUSA TAB 200-50MG	Tier 1	NM, PA
EPCLUSA TAB 400-100	Tier 1	NM, PA
famciclovir TABS 125mg, 250mg, 500mg	Tier 1	
ganciclovir sodium SOLR 500mg	Tier 1	B/D
lamivudine (hbv) TABS 100mg	Tier 1	
LIVTENCITY TABS 200mg	Tier 1	QL (336 tabs / 28 days), NM, PA
MAVYRET PAK 50-20MG	Tier 1	NM, PA
MAVYRET TAB 100-40MG	Tier 1	NM, PA
oseltamivir phosphate CAPS 30mg	Tier 1	QL (168 caps / year)
oseltamivir phosphate CAPS 45mg, 75mg	Tier 1	QL (84 caps / year)
oseltamivir phosphate SUSR 6mg/ml	Tier 1	QL (1080 mL / year)
PAXLOVID PAK	Tier 1	QL (22 tabs / 90 days)
PAXLOVID TAB 150-100	Tier 1	QL (40 tabs / 90 days)
PAXLOVID TAB 300-100	Tier 1	QL (60 tabs / 90 days)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	Tier 1	NM, PA
PREVYMIS TABS 240mg, 480mg	Tier 1	QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	Tier 1	QL (6 inhalers / year)
ribavirin (hepatitis c) CAPS 200mg; TABS 200mg	Tier 1	NM
rimantadine hydrochloride TABS 100mg	Tier 1	
valacyclovir hcl TABS 1gm, 500mg	Tier 1	
valganciclovir hcl SOLR 50mg/ml; TABS 450mg	Tier 1	
VOSEVI TAB	Tier 1	NM, PA
XOFLUZA TBPK 40mg, 80mg	Tier 1	QL (1 tab / 180 days)
CEPHALOSPORINS		
cefaclor CAPS 250mg, 500mg	Tier 1	
cefadroxil CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
CEFAZOLIN SOLR 2gm, 3gm	Tier 1	
CEFAZOLIN INJ 1GM/50ML	Tier 1	
cefazolin sodium SOLR 1gm, 2gm, 3gm, 10gm, 500mg	Tier 1	
CEFAZOLIN SOLN 2GM/100ML-4%	Tier 1	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	Tier 1	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	Tier 1	
CEFAZOLIN/DEX SOL 3GM/50ML-2%	Tier 1	
CEFAZOLIN/DEX SOL 3GM/150ML-4%	Tier 1	
cefdinir CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	Tier 1	
cefepime hcl SOLR 1gm, 2gm	Tier 1	
cefixime CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	Tier 1	
cefotetan disodium SOLR 1gm, 2gm	Tier 1	
cefoxitin sodium SOLR 1gm, 2gm, 10gm	Tier 1	
cefpodoxime proxetil SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	Tier 1	
cefprozil SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	Tier 1	
ceftaroline fosamil SOLR 400mg, 600mg	Tier 1	
ceftazidime SOLR 1gm, 2gm, 6gm	Tier 1	
ceftriaxone sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	Tier 1	
cefuroxime axetil TABS 250mg, 500mg	Tier 1	
cefuroxime sodium SOLR 1.5gm, 750mg	Tier 1	
cephalexin CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml	Tier 1	
tazicef SOLR 1gm, 2gm, 6gm	Tier 1	
TEFLARO SOLR 400mg, 600mg	Tier 1	
ERYTHROMYCINS/MACROLIDES		
azithromycin SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg	Tier 1	
clarithromycin SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	Tier 1	
DIFICID SUSR 40mg/ml	Tier 1	
e.e.s. 400 TABS 400mg	Tier 1	
ERYTHROCIN LACTOBIONATE SOLR 500mg	Tier 1	
erythromycin base CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	Tier 1	
erythromycin ethylsuccinate TABS 400mg	Tier 1	
erythromycin lactobionate SOLR 500mg	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
fidaxomicin TABS 200mg	Tier 1	
FLUOROQUINOLONES		
ciprofloxacin 200 mg/100ml in d5w	Tier 1	
ciprofloxacin 400 mg/200ml in d5w	Tier 1	
ciprofloxacin hcl TABS 250mg, 500mg, 750mg	Tier 1	
levofloxacin SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	Tier 1	
levofloxacin in d5w iv soln 250 mg/50ml	Tier 1	
levofloxacin in d5w iv soln 500 mg/100ml	Tier 1	
levofloxacin in d5w iv soln 750 mg/150ml	Tier 1	
moxifloxacin hcl TABS 400mg	Tier 1	
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj	Tier 1	
PENICILLINS		
amoxicillin CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	Tier 1	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	Tier 1	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	Tier 1	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	Tier 1	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	Tier 1	
amoxicillin & k clavulanate tab 250-125 mg	Tier 1	
amoxicillin & k clavulanate tab 500-125 mg	Tier 1	
amoxicillin & k clavulanate tab 875-125 mg	Tier 1	
ampicillin CAPS 500mg	Tier 1	
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm	Tier 1	
ampicillin & sulbactam sodium for inj 3 (2-1) gm	Tier 1	
ampicillin & sulbactam sodium for iv soln 3 (2-1) gm	Tier 1	
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm	Tier 1	
ampicillin sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	Tier 1	
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	Tier 1	
dicloxacillin sodium CAPS 250mg, 500mg	Tier 1	
nafcillin sodium SOLR 1gm, 2gm, 10gm	Tier 1	
oxacillin sodium SOLR 1gm, 2gm, 10gm	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
penicillin g potassium SOLR 5000000unit, 20000000unit	Tier 1	
penicillin g sodium SOLR 5000000unit	Tier 1	
penicillin v potassium SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	Tier 1	
pfizerpen SOLR 5000000unit, 20000000unit	Tier 1	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	Tier 1	
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	Tier 1	
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	Tier 1	
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)	Tier 1	
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	Tier 1	
TETRACYCLINES		
doxy 100 SOLR 100mg	Tier 1	
doxycycline (monohydrate) CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg	Tier 1	
doxycycline hyclate CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg	Tier 1	
minocycline hcl CAPS 50mg, 75mg, 100mg	Tier 1	
NUZYRA SOLR 100mg	Tier 1	NM
NUZYRA TABS 150mg	Tier 1	QL (30 tabs / 14 days), NM
tetracycline hcl CAPS 250mg, 500mg	Tier 1	
tigecycline SOLR 50mg	Tier 1	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	Tier 1	B/D, NM
BENDEKA SOLN 100mg/4ml	Tier 1	B/D, NM
carboplatin SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	Tier 1	B/D
cisplatin SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	Tier 1	B/D
cyclophosphamide CAPS 25mg, 50mg; SOLN 1gm/5ml, 500mg/2.5ml; SOLR 1gm, 2gm, 500mg	Tier 1	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	Tier 1	B/D, NM

Drug Name	Drug Tier	Requirements/Limits
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml; TABS 25mg, 50mg	Tier 1	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	Tier 1	B/D
FRINDOVYX SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	Tier 1	B/D, NM
GLEOSTINE CAPS 10mg, 40mg, 100mg	Tier 1	NM
LEUKERAN TABS 2mg	Tier 1	PA
lomustine CAPS 10mg, 40mg, 100mg	Tier 1	NM
oxaliplatin SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg, 100mg	Tier 1	B/D
VIVIMUSTA SOLN 100mg/4ml	Tier 1	B/D, NM
ANTIMETABOLITES		
azacitidine SUSR 100mg	Tier 1	B/D, NM
cytarabine SOLN 20mg/ml	Tier 1	B/D
fluorouracil SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	Tier 1	B/D
gemcitabine hcl SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	Tier 1	B/D
INQOVI TAB 35-100MG	Tier 1	QL (5 tabs / 28 days), NM, PA
LONSURF TAB 15-6.14	Tier 1	QL (100 tabs / 28 days), NM, PA
LONSURF TAB 20-8.19	Tier 1	QL (80 tabs / 28 days), NM, PA
mercaptopurine SUSP 2000mg/100ml	Tier 1	NM
mercaptopurine TABS 50mg	Tier 1	
methotrexate sodium SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	Tier 1	B/D
ONUREG TABS 200mg, 300mg	Tier 1	QL (14 tabs / 28 days), NM, PA
pemetrexed disodium SOLR 100mg, 500mg, 750mg, 1000mg	Tier 1	B/D
TABLOID TABS 40mg	Tier 1	PA
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate TABS 250mg	Tier 1	QL (120 tabs / 30 days), NM, PA
abiraterone acetate TABS 500mg	Tier 1	QL (60 tabs / 30 days), NM, PA
abirtega TABS 250mg	Tier 1	QL (120 tabs / 30 days), NM, PA
AKEEGA TAB 50/500MG	Tier 1	QL (60 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
AKEEGA TAB 100/500	Tier 1	QL (60 tabs / 30 days), NM, PA
anastrozole TABS 1mg	Tier 1	
bicalutamide TABS 50mg	Tier 1	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	Tier 1	NM, PA
ERLEADA TABS 60mg	Tier 1	QL (120 tabs / 30 days), NM, PA
ERLEADA TABS 240mg	Tier 1	QL (30 tabs / 30 days), NM, PA
EULEXIN CAPS 125mg	Tier 1	
exemestane TABS 25mg	Tier 1	
FIRMAGON SOLR 80mg, 120mg/vial	Tier 1	NM, PA
fulvestrant SOSY 250mg/5ml	Tier 1	B/D
INLURIYO TABS 200mg	Tier 1	QL (56 tabs / 28 days), NM, PA
letrozole TABS 2.5mg	Tier 1	
leuprolide acetate KIT 1mg/0.2ml	Tier 1	NM, PA
LIFYORLI CAP 125MG DS	Tier 1	QL (18 caps / 28 days), NM, PA
LIFYORLI CAP 150MG DS	Tier 1	QL (27 caps / 28 days), NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	Tier 1	NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	Tier 1	NM, PA
LYSODREN TABS 500mg	Tier 1	NM
megestrol acetate TABS 20mg, 40mg	Tier 1	
nilutamide TABS 150mg	Tier 1	
NUBEQA TABS 300mg	Tier 1	QL (120 tabs / 30 days), NM, PA
ORGOVYX TABS 120mg	Tier 1	NM, PA
ORSERDU TABS 86mg	Tier 1	QL (90 tabs / 30 days), NM, PA
ORSERDU TABS 345mg	Tier 1	QL (30 tabs / 30 days), NM, PA
SOLTAMOX SOLN 10mg/5ml	Tier 1	
tamoxifen citrate TABS 10mg, 20mg	Tier 1	
toremifene citrate TABS 60mg	Tier 1	PA
VEPPANU TABS 100mg	Tier 1	QL (90 tabs / 30 days), NM, PA
VEPPANU TABS 200mg	Tier 1	QL (30 tabs / 30 days), NM, PA
XTANDI CAPS 40mg	Tier 1	QL (120 caps / 30 days), NM, PA
XTANDI TABS 40mg	Tier 1	QL (120 tabs / 30 days), NM, PA
XTANDI TABS 80mg	Tier 1	QL (60 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
YONSA TABS 125mg	Tier 1	QL (120 tabs / 30 days), NM, PA
IMMUNOMODULATORS		
lenalidomide CAPS 2.5mg, 5mg, 10mg, 15mg	Tier 1	QL (28 caps / 28 days), NM, PA
lenalidomide CAPS 20mg, 25mg	Tier 1	QL (21 caps / 28 days), NM, PA
pomalidomide CAPS 1mg, 2mg, 3mg, 4mg	Tier 1	QL (21 caps / 28 days), NM, PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	Tier 1	QL (21 caps / 28 days), NM, PA
THALOMID CAPS 50mg	Tier 1	QL (84 caps / 28 days), NM, PA
THALOMID CAPS 100mg	Tier 1	QL (112 caps / 28 days), NM, PA
ZENBEXUS CAPS .75mg, 1mg	Tier 1	QL (21 caps / 28 days), PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml	Tier 1	QL (2 syringes / 28 days), NM, PA
BESREMI PEN SOPN 500mcg/0.5ml	Tier 1	QL (2 pens / 28 days), NM, PA
bexarotene CAPS 75mg	Tier 1	QL (300 caps / 30 days), NM, PA
doxorubicin hcl SOLN 2mg/ml	Tier 1	B/D
doxorubicin hcl liposomal SUSP 2mg/ml	Tier 1	B/D
hydroxyurea CAPS 500mg	Tier 1	
irinotecan hcl SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	Tier 1	B/D
IWILFIN TABS 192mg	Tier 1	QL (240 tabs / 30 days), NM, PA
leucovorin calcium SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	Tier 1	B/D
leucovorin calcium TABS 5mg, 10mg, 15mg, 25mg	Tier 1	
MATULANE CAPS 50mg	Tier 1	NM
mesna TABS 400mg	Tier 1	
MODEYSO CAPS 125mg	Tier 1	QL (20 caps / 28 days), NM, PA
tretinoin (chemotherapy) CAPS 10mg	Tier 1	
WELIREG TABS 40mg	Tier 1	QL (90 tabs / 30 days), NM, PA
MITOTIC INHIBITORS		
docetaxel CONC 20mg/ml, 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	Tier 1	B/D

Drug Name	Drug Tier	Requirements/Limits
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	Tier 1	B/D
DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	Tier 1	B/D, NM
etoposide SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	Tier 1	B/D
paclitaxel CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	Tier 1	B/D
paclitaxel inj 100mg	Tier 1	B/D, NM
vincristine sulfate SOLN 1mg/ml	Tier 1	B/D
vinorelbine tartrate SOLN 10mg/ml, 50mg/5ml	Tier 1	B/D
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg	Tier 1	QL (240 caps / 30 days), NM, PA
ALUNBRIG TABS 30mg	Tier 1	QL (120 tabs / 30 days), NM, PA
ALUNBRIG TABS 90mg, 180mg	Tier 1	QL (30 tabs / 30 days), NM, PA
ALUNBRIG PAK	Tier 1	QL (30 tabs / 30 days), NM, PA
AUGTYRO CAPS 40mg	Tier 1	QL (240 caps / 30 days), NM, PA
AUGTYRO CAPS 160mg	Tier 1	QL (60 caps / 30 days), NM, PA
AVMAPKI PAK FAKZYNJA	Tier 1	QL (1 pack / 28 days), NM, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	Tier 1	QL (30 tabs / 30 days), NM, PA
BALVERSA TABS 3mg	Tier 1	QL (84 tabs / 28 days), NM, PA
BALVERSA TABS 4mg	Tier 1	QL (56 tabs / 28 days), NM, PA
BALVERSA TABS 5mg	Tier 1	QL (28 tabs / 28 days), NM, PA
BORTEZOMIB SOLR 1mg, 2.5mg	Tier 1	NM, PA
bortezomib SOLR 3.5mg	Tier 1	NM, PA
BOSULIF CAPS 50mg	Tier 1	QL (30 caps / 30 days), NM, PA
BOSULIF CAPS 100mg	Tier 1	QL (300 caps / 30 days), NM, PA
BOSULIF TABS 100mg	Tier 1	QL (180 tabs / 30 days), NM, PA
BOSULIF TABS 400mg, 500mg	Tier 1	QL (30 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
bosutinib TABS 100mg	Tier 1	QL (180 tabs / 30 days), NM, PA
bosutinib TABS 400mg, 500mg	Tier 1	QL (30 tabs / 30 days), NM, PA
BRAFTOVI CAPS 75mg	Tier 1	QL (180 caps / 30 days), NM, PA
BRUKINSA CAPS 80mg	Tier 1	QL (120 caps / 30 days), NM, PA
BRUKINSA TABS 160mg	Tier 1	QL (60 tabs / 30 days), NM, PA
CABOMETYX TABS 20mg, 40mg, 60mg	Tier 1	QL (30 tabs / 30 days), NM, PA
CALQUENCE TABS 100mg	Tier 1	QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 100mg	Tier 1	QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 300mg	Tier 1	QL (30 tabs / 30 days), NM, PA
CAVHANZA TBDP 60mg, 80mg	Tier 1	QL (112 tabs / 28 days), NM, PA
COMETRIQ (60MG DOSE) KIT 20mg	Tier 1	QL (84 caps / 28 days), NM, PA
COMETRIQ KIT 100MG	Tier 1	QL (56 caps / 28 days), NM, PA
COMETRIQ KIT 140MG	Tier 1	QL (112 caps / 28 days), NM, PA
COPIKTRA CAPS 15mg, 25mg	Tier 1	QL (56 caps / 28 days), NM, PA
COTELLIC TABS 20mg	Tier 1	QL (63 tabs / 28 days), NM, PA
DANZITEN TABS 71mg, 95mg	Tier 1	QL (112 tabs / 28 days), NM, PA
dasatinib TABS 20mg	Tier 1	QL (90 tabs / 30 days), NM, PA
dasatinib TABS 50mg, 70mg, 80mg, 100mg, 140mg	Tier 1	QL (30 tabs / 30 days), NM, PA
DAURISMO TABS 25mg	Tier 1	QL (60 tabs / 30 days), NM, PA
DAURISMO TABS 100mg	Tier 1	QL (30 tabs / 30 days), NM, PA
ENSACOVE CAPS 25mg	Tier 1	QL (270 caps / 30 days), NM, PA
ENSACOVE CAPS 100mg	Tier 1	QL (60 caps / 30 days), NM, PA
ERIVEDGE CAPS 150mg	Tier 1	QL (30 caps / 30 days), NM, PA
erlotinib hcl TABS 25mg	Tier 1	QL (90 tabs / 30 days), NM, PA

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

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

Drug Name	Drug Tier	Requirements/Limits
KOSELUGO CAPS 10mg	Tier 1	QL (240 caps / 30 days), NM, PA
KOSELUGO CAPS 25mg	Tier 1	QL (120 caps / 30 days), NM, PA
KOSELUGO CPSP 5mg	Tier 1	QL (600 caps / 30 days), NM, PA
KOSELUGO CPSP 7.5mg	Tier 1	QL (360 caps / 30 days), NM, PA
KRAZATI TABS 200mg	Tier 1	QL (180 tabs / 30 days), NM, PA
lapatinib ditosylate TABS 250mg	Tier 1	QL (180 tabs / 30 days), NM, PA
LAZCLUZE TABS 80mg	Tier 1	QL (60 tabs / 30 days), NM, PA
LAZCLUZE TABS 240mg	Tier 1	QL (30 tabs / 30 days), NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	Tier 1	QL (30 caps / 30 days), NM, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	Tier 1	QL (60 caps / 30 days), NM, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	Tier 1	QL (30 caps / 30 days), NM, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	Tier 1	QL (90 caps / 30 days), NM, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	Tier 1	QL (60 caps / 30 days), NM, PA
LENVIMA CAP 14 MG	Tier 1	QL (60 caps / 30 days), NM, PA
LENVIMA CAP 18 MG	Tier 1	QL (90 caps / 30 days), NM, PA
LENVIMA CAP 24 MG	Tier 1	QL (90 caps / 30 days), NM, PA
LORBRENA TABS 25mg	Tier 1	QL (90 tabs / 30 days), NM, PA
LORBRENA TABS 100mg	Tier 1	QL (30 tabs / 30 days), NM, PA
LUMAKRAS TABS 120mg	Tier 1	QL (240 tabs / 30 days), NM, PA
LUMAKRAS TABS 240mg	Tier 1	QL (120 tabs / 30 days), NM, PA
LUMAKRAS TABS 320mg	Tier 1	QL (90 tabs / 30 days), NM, PA
LYNPARZA TABS 100mg, 150mg	Tier 1	QL (120 tabs / 30 days), NM, PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	Tier 1	QL (84 tabs / 28 days), NM, PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	Tier 1	QL (112 tabs / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	Tier 1	QL (140 tabs / 28 days), NM, PA
MEKINIST SOLR .05mg/ml	Tier 1	QL (1260 mL / 30 days), NM, PA
MEKINIST TABS 2mg	Tier 1	QL (30 tabs / 30 days), NM, PA
MEKINIST TABS .5mg	Tier 1	QL (90 tabs / 30 days), NM, PA
MEKTOVI TABS 15mg	Tier 1	QL (180 tabs / 30 days), NM, PA
MONJUVI SOLR 200mg	Tier 1	NM, PA
NERLYNX TABS 40mg	Tier 1	QL (180 tabs / 30 days), NM, PA
nilotinib hcl CAPS 50mg	Tier 1	QL (120 caps / 30 days), NM, PA
nilotinib hcl CAPS 150mg, 200mg	Tier 1	QL (112 caps / 28 days), NM, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	Tier 1	QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	Tier 1	QL (30 caps / 30 days), NM, PA
OGIVRI SOLR 150mg, 420mg	Tier 1	NM, PA
OGSIVEO TABS 100mg, 150mg	Tier 1	QL (56 tabs / 28 days), NM, PA
OJEMDA SUSR 25mg/ml	Tier 1	QL (96 mL / 28 days), NM, PA
OJEMDA TABS 100mg	Tier 1	QL (24 tabs / 28 days), NM, PA
OJJAARA TABS 100mg, 150mg, 200mg	Tier 1	QL (30 tabs / 30 days), NM, PA
ONTRUZANT SOLR 150mg, 420mg	Tier 1	NM, PA
pazopanib hcl TABS 200mg	Tier 1	QL (120 tabs / 30 days), NM, PA
pazopanib hcl TABS 400mg	Tier 1	QL (60 tabs / 30 days), NM, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	Tier 1	QL (28 tabs / 28 days), NM, PA
PHESGO SOL	Tier 1	NM, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	Tier 1	QL (28 tabs / 28 days), NM, PA
PIQRAY 250MG TAB DOSE	Tier 1	QL (56 tabs / 28 days), NM, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	Tier 1	QL (56 tabs / 28 days), NM, PA
QINLOCK TABS 50mg	Tier 1	QL (90 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
RETEVMO TABS 40mg	Tier 1	QL (90 tabs / 30 days), NM, PA
RETEVMO TABS 80mg	Tier 1	QL (120 tabs / 30 days), NM, PA
RETEVMO TABS 120mg, 160mg	Tier 1	QL (60 tabs / 30 days), NM, PA
REVUFORJ TABS 25mg	Tier 1	QL (240 tabs / 30 days), NM, PA
REVUFORJ TABS 110mg	Tier 1	QL (120 tabs / 30 days), NM, PA
REVUFORJ TABS 160mg	Tier 1	QL (60 tabs / 30 days), NM, PA
REZLIDHIA CAPS 150mg	Tier 1	QL (60 caps / 30 days), NM, PA
ROMVIMZA CAPS 14mg, 20mg, 30mg	Tier 1	QL (8 caps / 28 days), NM, PA
ROZLYTREK CAPS 100mg	Tier 1	QL (180 caps / 30 days), NM, PA
ROZLYTREK CAPS 200mg	Tier 1	QL (90 caps / 30 days), NM, PA
ROZLYTREK PACK 50mg	Tier 1	QL (336 packets / 28 days), NM, PA
RUBRACA TABS 200mg, 250mg, 300mg	Tier 1	QL (120 tabs / 30 days), NM, PA
RYDAPT CAPS 25mg	Tier 1	QL (224 caps / 28 days), NM, PA
SCEMBLIX TABS 20mg	Tier 1	QL (60 tabs / 30 days), NM, PA
SCEMBLIX TABS 40mg	Tier 1	QL (300 tabs / 30 days), NM, PA
SCEMBLIX TABS 100mg	Tier 1	QL (120 tabs / 30 days), NM, PA
sorafenib tosylate TABS 200mg	Tier 1	QL (120 tabs / 30 days), NM, PA
STIVARGA TABS 40mg	Tier 1	QL (84 tabs / 28 days), NM, PA
sunitinib malate CAPS 12.5mg, 25mg, 37.5mg, 50mg	Tier 1	QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	Tier 1	QL (112 tabs / 28 days), NM, PA
TAFINLAR CAPS 50mg, 75mg	Tier 1	QL (120 caps / 30 days), NM, PA
TAFINLAR TBSO 10mg	Tier 1	QL (840 tabs / 28 days), NM, PA
TAGRISSO TABS 40mg, 80mg	Tier 1	QL (30 tabs / 30 days), NM, PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	Tier 1	QL (30 caps / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
TALZENNA CAPS .25mg	Tier 1	QL (90 caps / 30 days), NM, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	Tier 1	NM, PA
TECENTRIQ INJ HYBREZA	Tier 1	QL (1 vial / 21 days), NM, PA
TEPMETKO TABS 225mg	Tier 1	QL (60 tabs / 30 days), NM, PA
TIBSOVO TABS 250mg	Tier 1	QL (60 tabs / 30 days), NM, PA
torpenz TABS 2.5mg, 5mg, 7.5mg, 10mg	Tier 1	QL (30 tabs / 30 days), NM, PA
TRAZIMERA SOLR 150mg, 420mg	Tier 1	NM, PA
TRUQAP TABS 160mg, 200mg	Tier 1	QL (64 tabs / 28 days), NM, PA
TRUQAP TBPK 160mg, 200mg	Tier 1	QL (4 packs / 28 days), NM, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	Tier 1	NM, PA
TUKYSA TABS 50mg, 150mg	Tier 1	QL (120 tabs / 30 days), NM, PA
TURALIO CAPS 125mg	Tier 1	QL (120 caps / 30 days), NM, PA
VANFLYTA TABS 17.7mg, 26.5mg	Tier 1	QL (56 tabs / 28 days), NM, PA
VENCLEXTA TABS 10mg, 50mg	Tier 1	QL (112 tabs / 28 days), NM, PA
VENCLEXTA TABS 100mg	Tier 1	QL (180 tabs / 30 days), NM, PA
VENCLEXTA TAB START PK	Tier 1	QL (42 tabs / 28 days), NM, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	Tier 1	QL (56 tabs / 28 days), NM, PA
VITRAKVI CAPS 25mg	Tier 1	QL (180 caps / 30 days), NM, PA
VITRAKVI CAPS 100mg	Tier 1	QL (60 caps / 30 days), NM, PA
VITRAKVI SOLN 20mg/ml	Tier 1	QL (300 mL / 30 days), NM, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	Tier 1	QL (30 tabs / 30 days), NM, PA
VONJO CAPS 100mg	Tier 1	QL (120 caps / 30 days), NM, PA
VORANIGO TABS 10mg	Tier 1	QL (60 tabs / 30 days), NM, PA
VORANIGO TABS 40mg	Tier 1	QL (30 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
XALKORI CAPS 200mg, 250mg; CPSP 20mg, 50mg	Tier 1	QL (120 caps / 30 days), NM, PA
XALKORI CPSP 150mg	Tier 1	QL (180 caps / 30 days), NM, PA
XOSPATA TABS 40mg	Tier 1	QL (90 tabs / 30 days), NM, PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 10mg	Tier 1	QL (16 tabs / 28 days), NM, PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 40mg	Tier 1	QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg	Tier 1	QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg	Tier 1	QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg	Tier 1	QL (24 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg	Tier 1	QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 80mg	Tier 1	QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg	Tier 1	QL (32 tabs / 28 days), NM, PA
XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg	Tier 1	QL (8 tabs / 28 days), NM, PA
yulithira TABS 2.5mg, 5mg, 7.5mg, 10mg	Tier 1	QL (30 tabs / 30 days), NM, PA
ZEJULA TABS 100mg, 200mg, 300mg	Tier 1	QL (30 tabs / 30 days), NM, PA
ZELBORAF TABS 240mg	Tier 1	QL (240 tabs / 30 days), NM, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	Tier 1	NM, PA
ZOLINZA CAPS 100mg	Tier 1	QL (120 caps / 30 days), NM, PA
ZYDELIG TABS 100mg, 150mg	Tier 1	QL (60 tabs / 30 days), NM, PA
ZYKADIA TABS 150mg	Tier 1	QL (84 tabs / 28 days), NM, PA

Antidiabetics

Testing

CONTOUR KIT NEXT	PART B
CONTOUR KIT NEXT EZ	PART B
CONTOUR KIT NEXT LNK	PART B
CONTOUR MIS MONITOR	PART B
CONTOUR NEXT KIT GEN	PART B
CONTOUR NEXT KIT ONE	PART B
CONTOUR NXT KIT LINK 2.4	PART B
CONTOUR PLUS KIT BLUE	PART B

Drug Name	Drug Tier	Requirements/Limits
CONTOUR PLUS TES BLD GLUC	PART B	QL of 100/90 days for non-insulin users and 300/90 days for insulin users
CONTOUR TES BLD GLUC	PART B	QL of 100/90 days for non-insulin users and 300/90 days for insulin users
CONTOUR TES NEXT	PART B	QL of 100/90 days for non-insulin users and 300/90 days for insulin users
FREESTYLE KIT FREE LIT	PART B	
FREESTYLE KIT LITE	PART B	
FREESTYLE KIT PREC NEO	PART B	
FREESTYLE TES	PART B	QL of 100/90 days for non-insulin users and 300/90 days for insulin users
FREESTYLE TES INSULINX	PART B	QL of 100/90 days for non-insulin users and 300/90 days for insulin users
FREESTYLE TES LITE	PART B	QL of 100/90 days for non-insulin users and 300/90 days for insulin users
FREESTYLE TES PREC NEO	PART B	QL of 100/90 days for non-insulin users and 300/90 days for insulin users
PRECISION TES XTRA	PART B	QL of 100/90 days for non-insulin users and 300/90 days for insulin users

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

amlodipine besylate-benazepril hcl cap 2.5-10 mg	Tier 1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-10 mg	Tier 1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-20 mg	Tier 1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-40 mg	Tier 1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 10-20 mg	Tier 1	QL (30 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
amlodipine besylate-benazepril hcl cap 10-40 mg	Tier 1	QL (30 caps / 30 days)
benazepril & hydrochlorothiazide tab 5-6.25mg	Tier 1	
benazepril & hydrochlorothiazide tab 10-12.5 mg	Tier 1	
benazepril & hydrochlorothiazide tab 20-12.5 mg	Tier 1	
benazepril & hydrochlorothiazide tab 20-25 mg	Tier 1	
captopril & hydrochlorothiazide tab 25-15 mg	Tier 1	
captopril & hydrochlorothiazide tab 25-25 mg	Tier 1	
captopril & hydrochlorothiazide tab 50-15 mg	Tier 1	
captopril & hydrochlorothiazide tab 50-25 mg	Tier 1	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	Tier 1	
enalapril maleate & hydrochlorothiazide tab 10-25 mg	Tier 1	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	Tier 1	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	Tier 1	
lisinopril & hydrochlorothiazide tab 10-12.5 mg	Tier 1	
lisinopril & hydrochlorothiazide tab 20-12.5 mg	Tier 1	
lisinopril & hydrochlorothiazide tab 20-25 mg	Tier 1	
ACE INHIBITORS		
benazepril hcl TABS 5mg, 10mg, 20mg, 40mg	Tier 1	
captopril TABS 12.5mg, 25mg, 50mg, 100mg	Tier 1	
enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg	Tier 1	
fosinopril sodium TABS 10mg, 20mg, 40mg	Tier 1	
lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	Tier 1	
moexipril hcl TABS 7.5mg, 15mg	Tier 1	
perindopril erbumine TABS 2mg, 4mg, 8mg	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
quinapril hcl TABS 5mg, 10mg, 20mg, 40mg	Tier 1	
ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg	Tier 1	
trandolapril TABS 1mg, 2mg, 4mg	Tier 1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
eplerenone TABS 25mg, 50mg	Tier 1	
KERENDIA TABS 10mg, 20mg, 40mg	Tier 1	QL (30 tabs / 30 days)
spironolactone TABS 25mg, 50mg, 100mg	Tier 1	
ALPHA BLOCKERS		
doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg	Tier 1	
prazosin hcl CAPS 1mg, 2mg, 5mg	Tier 1	
terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg	Tier 1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	Tier 1	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	Tier 1	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	Tier 1	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	Tier 1	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 5-160 mg	Tier 1	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 5-320 mg	Tier 1	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 10-160 mg	Tier 1	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 10-320 mg	Tier 1	QL (30 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	Tier 1	QL (60 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	Tier 1	QL (30 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	Tier 1	QL (30 tabs / 30 days)
ENTRESTO CAP 6-6MG	Tier 1	QL (240 caps / 30 days)
ENTRESTO CAP 15-16MG	Tier 1	QL (240 caps / 30 days)
irbesartan-hydrochlorothiazide tab 150-12.5 mg	Tier 1	QL (60 tabs / 30 days)
irbesartan-hydrochlorothiazide tab 300-12.5 mg	Tier 1	QL (30 tabs / 30 days)
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	Tier 1	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
losartan potassium & hydrochlorothiazide tab 100-25 mg	Tier 1	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	Tier 1	QL (30 tabs / 30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	Tier 1	QL (30 tabs / 30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	Tier 1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	Tier 1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	Tier 1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	Tier 1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	Tier 1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	Tier 1	QL (30 tabs / 30 days)
sacubitril-valsartan tab 24-26 mg	Tier 1	QL (180 tabs / 30 days)
sacubitril-valsartan tab 49-51 mg	Tier 1	QL (60 tabs / 30 days)
sacubitril-valsartan tab 97-103 mg	Tier 1	QL (60 tabs / 30 days)
telmisartan-amlodipine tab 40-5 mg	Tier 1	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 40-10 mg	Tier 1	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 80-5 mg	Tier 1	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 80-10 mg	Tier 1	QL (30 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 40-12.5 mg	Tier 1	QL (30 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 80-12.5 mg	Tier 1	QL (60 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 80-25 mg	Tier 1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 80-12.5 mg	Tier 1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 160-12.5 mg	Tier 1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 160-25 mg	Tier 1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 320-12.5 mg	Tier 1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 320-25 mg	Tier 1	QL (30 tabs / 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil TABS 4mg, 8mg, 16mg	Tier 1	QL (60 tabs / 30 days)
candesartan cilexetil TABS 32mg	Tier 1	QL (30 tabs / 30 days)
irbesartan TABS 75mg, 150mg, 300mg	Tier 1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
losartan potassium TABS 25mg, 50mg, 100mg	Tier 1	
olmesartan medoxomil TABS 5mg	Tier 1	QL (60 tabs / 30 days)
olmesartan medoxomil TABS 20mg, 40mg	Tier 1	QL (30 tabs / 30 days)
telmisartan TABS 20mg, 40mg, 80mg	Tier 1	QL (30 tabs / 30 days)
valsartan TABS 40mg, 80mg, 160mg	Tier 1	QL (60 tabs / 30 days)
valsartan TABS 320mg	Tier 1	QL (30 tabs / 30 days)
ANTIARRHYTHMICS		
amiodarone hcl SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 200mg, 400mg	Tier 1	
disopyramide phosphate CAPS 100mg, 150mg	Tier 1	
dofetilide CAPS 125mcg, 250mcg, 500mcg	Tier 1	
flecainide acetate TABS 50mg, 100mg, 150mg	Tier 1	
MULTAQ TABS 400mg	Tier 1	QL (60 tabs / 30 days)
pacerone TABS 100mg, 200mg, 400mg	Tier 1	
propafenone hcl CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	Tier 1	
quinidine sulfate TABS 200mg, 300mg	Tier 1	
sotalol hcl TABS 80mg, 120mg, 160mg, 240mg	Tier 1	
sotalol hcl (afib/afl) TABS 80mg, 120mg, 160mg	Tier 1	
ANTILIPEMICS, FIBRATES		
fenofibrate TABS 48mg, 54mg, 145mg, 160mg	Tier 1	
fenofibrate micronized CAPS 67mg, 134mg, 200mg	Tier 1	
gemfibrozil TABS 600mg	Tier 1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
atorvastatin calcium TABS 10mg, 20mg, 40mg, 80mg	Tier 1	QL (30 tabs / 30 days)
lovastatin TABS 10mg, 20mg, 40mg	Tier 1	QL (60 tabs / 30 days)
pravastatin sodium TABS 10mg, 20mg, 40mg, 80mg	Tier 1	QL (30 tabs / 30 days)
rosuvastatin calcium TABS 5mg, 10mg, 20mg, 40mg	Tier 1	QL (30 tabs / 30 days)
simvastatin TABS 5mg, 10mg, 20mg, 40mg, 80mg	Tier 1	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS		
cholestyramine PACK 4gm; POWD 4gm/dose	Tier 1	
cholestyramine light PACK 4gm; POWD 4gm/dose	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
colesevelam hcl PACK 3.75gm; TABS 625mg	Tier 1	
colestipol hcl GRAN 5gm; PACK 5gm; TABS 1gm	Tier 1	
ezetimibe TABS 10mg	Tier 1	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-10 mg	Tier 1	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-20 mg	Tier 1	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-40 mg	Tier 1	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-80 mg	Tier 1	QL (30 tabs / 30 days)
NEXLETOL TABS 180mg	Tier 1	QL (30 tabs / 30 days)
NEXLIZET TAB 180/10MG	Tier 1	QL (30 tabs / 30 days)
niacin (antihyperlipidemic) TBCR 500mg, 750mg, 1000mg	Tier 1	QL (60 tabs / 30 days)
omega-3-acid ethyl esters cap 1 gm	Tier 1	
prevalite PACK 4gm; POWD 4gm/dose	Tier 1	
REPATHA SOSY 140mg/ml	Tier 1	QL (6 syringes / 28 days), NM, PA
REPATHA SURECLICK SOAJ 140mg/ml	Tier 1	QL (6 autoinjectors / 28 days), NM, PA
VASCEPA CAPS .5gm, 1gm	Tier 1	
BETA-BLOCKER/DIURETIC COMBINATIONS		
atenolol & chlorthalidone tab 50-25 mg	Tier 1	
atenolol & chlorthalidone tab 100-25 mg	Tier 1	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	Tier 1	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	Tier 1	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	Tier 1	
metoprolol & hydrochlorothiazide tab 50-25 mg	Tier 1	
metoprolol & hydrochlorothiazide tab 100-25 mg	Tier 1	
metoprolol & hydrochlorothiazide tab 100-50 mg	Tier 1	
BETA-BLOCKERS		
acebutolol hcl CAPS 200mg, 400mg	Tier 1	
atenolol TABS 25mg, 50mg, 100mg	Tier 1	
betaxolol hcl TABS 10mg, 20mg	Tier 1	
bisoprolol fumarate TABS 5mg, 10mg	Tier 1	
carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg	Tier 1	
labetalol hcl TABS 100mg, 200mg, 300mg	Tier 1	
metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
metoprolol tartrate SOLN 5mg/5ml; TABS 25mg, 50mg, 100mg	Tier 1	
nadolol TABS 20mg, 40mg, 80mg	Tier 1	
nebivolol hcl TABS 2.5mg, 5mg, 10mg	Tier 1	QL (30 tabs / 30 days)
nebivolol hcl TABS 20mg	Tier 1	QL (60 tabs / 30 days)
pindolol TABS 5mg, 10mg	Tier 1	
propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	Tier 1	
timolol maleate TABS 5mg, 10mg, 20mg	Tier 1	
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate TABS 2.5mg, 5mg, 10mg	Tier 1	
cartia xt CP24 120mg, 180mg, 240mg, 300mg	Tier 1	
dilt-xr CP24 120mg, 180mg, 240mg	Tier 1	
diltiazem hcl CP12 60mg, 90mg, 120mg; CP24 120mg, 180mg, 240mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg	Tier 1	
diltiazem hcl coated beads CP24 120mg, 180mg, 240mg, 300mg, 360mg	Tier 1	
diltiazem hcl extended release beads CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	Tier 1	
felodipine TB24 2.5mg, 5mg, 10mg	Tier 1	
isradipine CAPS 2.5mg, 5mg	Tier 1	
nicardipine hcl CAPS 20mg, 30mg	Tier 1	
nifedipine TB24 30mg, 60mg, 90mg	Tier 1	
nimodipine CAPS 30mg	Tier 1	
tiadylt er CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	Tier 1	
verapamil hcl CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	Tier 1	
DIURETICS		
acetazolamide CP12 500mg; TABS 125mg, 250mg	Tier 1	
amiloride & hydrochlorothiazide tab 5-50 mg	Tier 1	
amiloride hcl TABS 5mg	Tier 1	
bumetanide SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	Tier 1	
chlorthalidone TABS 25mg, 50mg	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
furosemide SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	Tier 1	
furosemide inj SOLN 10mg/ml	Tier 1	
hydrochlorothiazide CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	Tier 1	
indapamide TABS 1.25mg, 2.5mg	Tier 1	
methazolamide TABS 25mg, 50mg	Tier 1	
metolazone TABS 2.5mg, 5mg, 10mg	Tier 1	
spironolactone & hydrochlorothiazide tab 25-25 mg	Tier 1	
torsemide TABS 5mg, 10mg, 20mg, 100mg	Tier 1	
triamterene & hydrochlorothiazide cap 37.5-25 mg	Tier 1	
triamterene & hydrochlorothiazide tab 37.5-25 mg	Tier 1	
triamterene & hydrochlorothiazide tab 75-50 mg	Tier 1	
MISCELLANEOUS		
aliskiren fumarate TABS 150mg, 300mg	Tier 1	QL (30 tabs / 30 days)
clonidine PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	Tier 1	
clonidine hcl TABS .1mg, .2mg, .3mg	Tier 1	
CORLANOR SOLN 5mg/5ml	Tier 1	QL (450 mL / 30 days)
digoxin SOLN .05mg/ml, .25mg/ml	Tier 1	
digoxin TABS 125mcg, 250mcg	Tier 1	QL (30 tabs / 30 days)
droxidopa CAPS 100mg	Tier 1	QL (90 caps / 30 days), NM, PA
droxidopa CAPS 200mg, 300mg	Tier 1	QL (180 caps / 30 days), NM, PA
epinephrine SOLN 1mg/ml	Tier 1	
guanfacine hcl TABS 1mg, 2mg	Tier 1	PA; PA applies if 65 years and older
hydralazine hcl SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	Tier 1	
ivabradine hcl TABS 5mg, 7.5mg	Tier 1	QL (60 tabs / 30 days)
metyrosine CAPS 250mg	Tier 1	NM, PA
midodrine hcl TABS 2.5mg, 5mg, 10mg	Tier 1	
minoxidil TABS 2.5mg, 10mg	Tier 1	
ranolazine TB12 500mg, 1000mg	Tier 1	
VERQUVO TABS 2.5mg, 5mg, 10mg	Tier 1	QL (30 tabs / 30 days), PA
VYNDAMAX CAPS 61mg	Tier 1	QL (30 caps / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
NITRATES		
isosorbide dinitrate TABS 5mg, 10mg, 20mg, 30mg	Tier 1	
isosorbide mononitrate TB24 30mg, 60mg, 120mg	Tier 1	
nitro-bid OINT 2%	Tier 1	
nitroglycerin OINT 2%; PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg	Tier 1	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	Tier 1	QL (90 tabs / 30 days), NM, PA
alyq TABS 20mg	Tier 1	QL (60 tabs / 30 days), NM, PA
ambrisentan TABS 5mg, 10mg	Tier 1	QL (30 tabs / 30 days), NM, PA
bosentan TABS 62.5mg, 125mg	Tier 1	QL (60 tabs / 30 days), NM, PA
bosentan TBSO 32mg	Tier 1	QL (120 tabs / 30 days), NM, PA
macitentan TABS 10mg	Tier 1	QL (30 tabs / 30 days), NM, PA
OPSUMIT TABS 10mg	Tier 1	QL (30 tabs / 30 days), NM, PA
sildenafil citrate (pulmonary hypertension) TABS 20mg	Tier 1	QL (360 tabs / 30 days), NM, PA
tadalafil (pulmonary hypertension) TABS 20mg	Tier 1	QL (60 tabs / 30 days), NM, PA
treprostinil SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	Tier 1	NM, PA
UPTRAVI TABS 100mcg, 150mcg	Tier 1	QL (280 tabs / 28 days), NM, PA
UPTRAVI TABS 200mcg	Tier 1	QL (140 tabs / 28 days), NM, PA
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	Tier 1	QL (60 tabs / 30 days), NM, PA
UPTRAVI PACK TAB 200/800	Tier 1	QL (1 pack / 28 days), NM, PA
WINREVAIR KIT 45mg, 60mg	Tier 1	QL (2 vials / 21 days), NM, PA
YUTREPIA CAPS 26.5mcg, 53mcg, 79.5mcg	Tier 1	QL (140 caps / 28 days), NM, PA
YUTREPIA CAPS 106mcg	Tier 1	QL (224 caps / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
CENTRAL NERVOUS SYSTEM		
ANTIANXIETY		
alprazolam TABS .25mg, .5mg, 1mg, 2mg	Tier 1	QL (150 tabs / 30 days)
buspirone hcl TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	Tier 1	
fluvoxamine maleate TABS 25mg, 50mg, 100mg	Tier 1	
lorazepam CONC 2mg/ml	Tier 1	QL (150 mL / 30 days)
lorazepam SOLN 4mg/ml, 20mg/10ml	Tier 1	
lorazepam TABS .5mg, 1mg, 2mg	Tier 1	QL (150 tabs / 30 days)
lorazepam intensol CONC 2mg/ml	Tier 1	QL (150 mL / 30 days)
ANTIDEMENTIA		
donepezil hydrochloride TABS 5mg; TBDP 5mg	Tier 1	QL (30 tabs / 30 days)
donepezil hydrochloride TABS 10mg; TBDP 10mg	Tier 1	
galantamine hydrobromide CP24 8mg, 16mg, 24mg	Tier 1	QL (30 caps / 30 days)
galantamine hydrobromide SOLN 4mg/ml	Tier 1	QL (200 mL / 30 days)
galantamine hydrobromide TABS 4mg, 8mg, 12mg	Tier 1	QL (60 tabs / 30 days)
memantine hcl CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	Tier 1	PA; PA applies if 29 years and younger
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	Tier 1	PA; PA applies if 29 years and younger
memantine hcl-donepezil hcl cap er 24hr 14-10 mg	Tier 1	
memantine hcl-donepezil hcl cap er 24hr 21-10 mg	Tier 1	
memantine hcl-donepezil hcl cap er 24hr 28-10 mg	Tier 1	
NAMZARIC CAP 7-10MG	Tier 1	
rivastigmine PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	Tier 1	QL (30 patches / 30 days)
rivastigmine tartrate CAPS 1.5mg, 3mg, 4.5mg, 6mg	Tier 1	QL (60 caps / 30 days)
ANTIDEPRESSANTS		
amitriptyline hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	Tier 1	PA; PA applies if 65 years and older
amoxapine TABS 25mg, 50mg, 100mg, 150mg	Tier 1	PA; PA applies if 65 years and older
AUVELITY TAB 45-105MG	Tier 1	QL (60 tabs / 30 days)
AUVELITY TAB TITRATIO	Tier 1	QL (2 packs / year)
bupropion hcl TABS 75mg, 100mg	Tier 1	
bupropion hcl TB12 100mg, 150mg, 200mg; TB24 150mg	Tier 1	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
bupropion hcl TB24 300mg	Tier 1	QL (30 tabs / 30 days)
citalopram hydrobromide SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg	Tier 1	
clomipramine hcl CAPS 25mg, 50mg, 75mg	Tier 1	PA
desipramine hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	Tier 1	PA; PA applies if 65 years and older
desvenlafaxine succinate TB24 25mg, 50mg, 100mg	Tier 1	QL (30 tabs / 30 days)
doxepin hcl CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	Tier 1	PA; PA applies if 65 years and older
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	Tier 1	QL (60 caps / 30 days), PA
duloxetine hcl CPEP 20mg	Tier 1	QL (120 caps / 30 days)
duloxetine hcl CPEP 30mg	Tier 1	QL (90 caps / 30 days)
duloxetine hcl CPEP 60mg	Tier 1	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	Tier 1	QL (30 patches / 30 days), PA
escitalopram oxalate SOLN 5mg/5ml; TABS 5mg, 10mg, 20mg	Tier 1	
EXXUA TB24 18.2mg, 36.3mg, 54.5mg, 72.6mg	Tier 1	QL (30 tabs / 30 days), PA
EXXUA TITRATION PACK TB24 18.2mg	Tier 1	QL (2 packs / year), PA
FETZIMA CP24 20mg, 40mg	Tier 1	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	Tier 1	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	Tier 1	QL (2 packs / year), PA
fluoxetine hcl CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml	Tier 1	
imipramine hcl TABS 10mg, 25mg, 50mg	Tier 1	PA; PA applies if 65 years and older
MARPLAN TABS 10mg	Tier 1	QL (180 tabs / 30 days)
mirtazapine TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg	Tier 1	
nefazodone hcl TABS 50mg, 100mg, 150mg, 200mg, 250mg	Tier 1	
nortriptyline hcl CAPS 10mg, 25mg, 50mg, 75mg; SOLN 10mg/5ml	Tier 1	
paroxetine hcl SUSP 10mg/5ml	Tier 1	QL (900 mL / 30 days), PA; PA applies if 65 years and older
paroxetine hcl TABS 10mg, 20mg, 30mg, 40mg	Tier 1	PA; PA applies if 65 years and older
phenelzine sulfate TABS 15mg	Tier 1	
protriptyline hcl TABS 5mg, 10mg	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
RALDESY SOLN 10mg/ml	Tier 1	QL (1800 mL / 30 days), PA
sertraline hcl CONC 20mg/ml; TABS 25mg, 50mg, 100mg	Tier 1	
tranylcypromine sulfate TABS 10mg	Tier 1	
trazodone hcl TABS 50mg, 100mg, 150mg	Tier 1	
trimipramine maleate CAPS 25mg, 50mg	Tier 1	QL (120 caps / 30 days)
trimipramine maleate CAPS 100mg	Tier 1	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg, 10mg, 20mg	Tier 1	QL (30 tabs / 30 days), PA
venlafaxine hcl CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	Tier 1	
vilazodone hcl TABS 10mg, 20mg, 40mg	Tier 1	QL (30 tabs / 30 days)
ZURZUVAE CAPS 20mg, 25mg	Tier 1	QL (28 caps / 14 days), PA
ZURZUVAE CAPS 30mg	Tier 1	QL (14 caps / 14 days), PA
ANTIPARKINSONIAN AGENTS		
amantadine hcl CAPS 100mg	Tier 1	QL (120 caps / 30 days)
amantadine hcl SOLN 50mg/5ml; TABS 100mg	Tier 1	
benztropine mesylate SOLN 1mg/ml	Tier 1	
benztropine mesylate TABS .5mg, 1mg, 2mg	Tier 1	PA; PA applies if 65 years and older
bromocriptine mesylate CAPS 5mg; TABS 2.5mg	Tier 1	
carb/levo orally disintegrating tab 10-100mg	Tier 1	
carb/levo orally disintegrating tab 25-100mg	Tier 1	
carb/levo orally disintegrating tab 25-250mg	Tier 1	
carbidopa & levodopa tab 10-100 mg	Tier 1	
carbidopa & levodopa tab 25-100 mg	Tier 1	
carbidopa & levodopa tab 25-250 mg	Tier 1	
carbidopa & levodopa tab er 25-100 mg	Tier 1	
carbidopa & levodopa tab er 50-200 mg	Tier 1	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	Tier 1	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	Tier 1	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	Tier 1	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	Tier 1	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	Tier 1	
entacapone TABS 200mg	Tier 1	
INBRIJA CAPS 42mg	Tier 1	QL (300 caps / 30 days), NM, PA
pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	Tier 1	
rasagiline mesylate TABS .5mg, 1mg	Tier 1	QL (30 tabs / 30 days)
ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	Tier 1	
selegiline hcl CAPS 5mg; TABS 5mg	Tier 1	
trihexyphenidyl hcl SOLN .4mg/ml; TABS 2mg, 5mg	Tier 1	
ANTIPSYCHOTICS		
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml	Tier 1	QL (1 syringe / 56 days)
ABILIFY MAINTENA PRSY 300mg, 400mg	Tier 1	QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	Tier 1	QL (1 injection / 28 days)
aripiprazole SOLN 1mg/ml	Tier 1	QL (900 mL / 30 days)
aripiprazole TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	Tier 1	QL (30 tabs / 30 days)
aripiprazole TBDP 10mg, 15mg	Tier 1	QL (60 tabs / 30 days), ST
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	Tier 1	QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	Tier 1	QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	Tier 1	
asenapine maleate SUBL 2.5mg, 5mg, 10mg	Tier 1	QL (60 tabs / 30 days)
BYSANTI TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	Tier 1	QL (60 tabs / 30 days), PA
BYSANTI TAB PACK A	Tier 1	QL (2 packs / year), PA
BYSANTI TAB PACK B	Tier 1	QL (2 packs / year), PA
BYSANTI TAB PACK C	Tier 1	QL (2 packs / year), PA
CAPLYTA CAPS 10.5mg, 21mg, 42mg	Tier 1	QL (30 caps / 30 days)
chlorpromazine hcl CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	Tier 1	
clozapine TABS 25mg, 50mg	Tier 1	
clozapine TABS 100mg	Tier 1	QL (270 tabs / 30 days)
clozapine TABS 200mg	Tier 1	QL (120 tabs / 30 days)
clozapine TBDP 12.5mg, 25mg	Tier 1	PA

Drug Name	Drug Tier	Requirements/Limits
clozapine TBDP 100mg	Tier 1	QL (270 tabs / 30 days), PA
clozapine TBDP 150mg	Tier 1	QL (180 tabs / 30 days), PA
clozapine TBDP 200mg	Tier 1	QL (120 tabs / 30 days), PA
COBENFY CAP 50-20MG	Tier 1	QL (60 caps / 30 days)
COBENFY CAP 100-20MG	Tier 1	QL (60 caps / 30 days)
COBENFY CAP 125-30MG	Tier 1	QL (60 caps / 30 days)
COBENFY STRT CAP PACK	Tier 1	QL (2 packs / year)
ERZOFRI SUSY 39mg/0.25ml, 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	Tier 1	QL (1 syringe / 28 days)
ERZOFRI SUSY 351mg/2.25ml	Tier 1	QL (2 syringes / year)
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	Tier 1	QL (60 tabs / 30 days), PA
FANAPT PAK PACK A	Tier 1	QL (2 packs / year), PA
FANAPT PAK PACK B	Tier 1	QL (2 packs / year), PA
FANAPT PAK PACK C	Tier 1	QL (2 packs / year), PA
fluphenazine decanoate SOLN 25mg/ml	Tier 1	
fluphenazine hcl CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	Tier 1	
haloperidol TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	Tier 1	
haloperidol decanoate SOLN 50mg/ml, 100mg/ml	Tier 1	
haloperidol lactate CONC 2mg/ml; SOLN 5mg/ml	Tier 1	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	Tier 1	QL (1 injection / 180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml, 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	Tier 1	QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	Tier 1	QL (1 syringe / 90 days)
loxapine succinate CAPS 5mg, 10mg, 25mg, 50mg	Tier 1	
lurasidone hcl TABS 20mg, 40mg, 60mg, 120mg	Tier 1	QL (30 tabs / 30 days)
lurasidone hcl TABS 80mg	Tier 1	QL (60 tabs / 30 days)
LYBALVI TAB 5-10MG	Tier 1	QL (30 tabs / 30 days)
LYBALVI TAB 10-10MG	Tier 1	QL (30 tabs / 30 days)
LYBALVI TAB 15-10MG	Tier 1	QL (30 tabs / 30 days)
LYBALVI TAB 20-10MG	Tier 1	QL (30 tabs / 30 days)
molindone hcl TABS 5mg, 10mg, 25mg	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
NUPLAZID CAPS 34mg	Tier 1	QL (30 caps / 30 days), NM, PA
NUPLAZID TABS 10mg	Tier 1	QL (30 tabs / 30 days), NM, PA
olanzapine SOLR 10mg	Tier 1	QL (3 vials / 1 day)
olanzapine TABS 2.5mg, 5mg, 10mg	Tier 1	QL (60 tabs / 30 days)
olanzapine TABS 7.5mg, 15mg, 20mg	Tier 1	QL (30 tabs / 30 days)
olanzapine TBDP 5mg, 15mg, 20mg	Tier 1	QL (30 tabs / 30 days), ST
olanzapine TBDP 10mg	Tier 1	QL (60 tabs / 30 days), ST
OPIPZA FILM 2mg, 5mg	Tier 1	QL (30 films / 30 days), PA
OPIPZA FILM 10mg	Tier 1	QL (90 films / 30 days), PA
paliperidone TB24 1.5mg, 3mg, 9mg	Tier 1	QL (30 tabs / 30 days)
paliperidone TB24 6mg	Tier 1	QL (60 tabs / 30 days)
perphenazine TABS 2mg, 4mg, 8mg, 16mg	Tier 1	
pimozide TABS 1mg, 2mg	Tier 1	
quetiapine fumarate TABS 25mg	Tier 1	QL (180 tabs / 30 days)
quetiapine fumarate TABS 50mg, 100mg, 150mg, 200mg	Tier 1	QL (90 tabs / 30 days)
quetiapine fumarate TABS 300mg, 400mg	Tier 1	QL (60 tabs / 30 days)
quetiapine fumarate TB24 50mg, 300mg, 400mg	Tier 1	QL (60 tabs / 30 days), PA
quetiapine fumarate TB24 150mg, 200mg	Tier 1	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	Tier 1	QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	Tier 1	QL (60 tabs / 30 days)
risperidone SOLN 1mg/ml	Tier 1	QL (240 mL / 30 days)
risperidone TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	Tier 1	
risperidone TBDP 1mg, 2mg, 3mg	Tier 1	QL (60 tabs / 30 days), ST
risperidone TBDP 4mg	Tier 1	QL (120 tabs / 30 days), ST
risperidone TBDP .25mg, .5mg	Tier 1	QL (90 tabs / 30 days), ST
risperidone microspheres SRER 12.5mg, 25mg, 37.5mg, 50mg	Tier 1	QL (2 injections / 28 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	Tier 1	QL (30 patches / 30 days)
thioridazine hcl TABS 10mg, 25mg, 50mg, 100mg	Tier 1	
thiothixene CAPS 1mg, 2mg, 5mg, 10mg	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
trifluoperazine hcl TABS 1mg, 2mg, 5mg, 10mg	Tier 1	
VERSACLOZ SUSP 50mg/ml	Tier 1	QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	Tier 1	QL (60 caps / 30 days)
VRAYLAR CAPS .5mg, .75mg, 3mg, 4.5mg, 6mg	Tier 1	QL (30 caps / 30 days)
ziprasidone hcl CAPS 20mg, 40mg, 60mg, 80mg	Tier 1	QL (60 caps / 30 days)
ziprasidone mesylate SOLR 20mg	Tier 1	QL (6 injections / 3 days)
ZYPREXA RELPREVV SUSR 210mg, 300mg	Tier 1	QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 405mg	Tier 1	QL (1 vial / 28 days), NM, PA
ANTISEIZURE AGENTS		
APTIOM TABS 200mg, 400mg	Tier 1	QL (30 tabs / 30 days)
APTIOM TABS 600mg, 800mg	Tier 1	QL (60 tabs / 30 days)
brivaracetam SOLN 10mg/ml	Tier 1	QL (600 mL / 30 days), PA
brivaracetam TABS 10mg, 25mg, 50mg, 75mg, 100mg	Tier 1	QL (60 tabs / 30 days), PA
BRIVIACT SOLN 10mg/ml	Tier 1	QL (600 mL / 30 days), PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	Tier 1	QL (60 tabs / 30 days), PA
carbamazepine CHEW 100mg, 200mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	Tier 1	
clobazam SUSP 2.5mg/ml	Tier 1	QL (480 mL / 30 days), PA
clobazam TABS 10mg, 20mg	Tier 1	QL (60 tabs / 30 days), PA
clonazepam TABS 2mg; TBDP 2mg	Tier 1	QL (300 tabs / 30 days)
clonazepam TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg	Tier 1	QL (90 tabs / 30 days)
clorazepate dipotassium TABS 3.75mg, 7.5mg, 15mg	Tier 1	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
DIACOMIT CAPS 250mg	Tier 1	QL (360 caps / 30 days), NM, PA
DIACOMIT CAPS 500mg	Tier 1	QL (180 caps / 30 days), NM, PA
DIACOMIT PACK 250mg	Tier 1	QL (360 packets / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
DIACOMIT PACK 500mg	Tier 1	QL (180 packets / 30 days), NM, PA
diazepam SOLN 5mg/5ml	Tier 1	QL (1200 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
diazepam TABS 2mg, 5mg, 10mg	Tier 1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
diazepam (anticonvulsant) GEL 2.5mg, 10mg, 20mg	Tier 1	
diazepam inj SOLN 5mg/ml	Tier 1	
diazepam intensol CONC 5mg/ml	Tier 1	QL (240 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
DILANTIN CAPS 30mg	Tier 1	
divalproex sodium CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	Tier 1	
EPIDIOLEX SOLN 100mg/ml	Tier 1	QL (600 mL / 30 days), NM, PA
eslicarbazepine acetate TABS 200mg, 400mg	Tier 1	QL (30 tabs / 30 days)
eslicarbazepine acetate TABS 600mg, 800mg	Tier 1	QL (60 tabs / 30 days)
ethosuximide CAPS 250mg; SOLN 250mg/5ml	Tier 1	
felbamate SUSP 600mg/5ml; TABS 400mg, 600mg	Tier 1	
FINTEPLA SOLN 2.2mg/ml	Tier 1	QL (360 mL / 30 days), NM, PA
FYCOMPA SUSP .5mg/ml	Tier 1	QL (680 mL / 28 days), PA
FYCOMPA TABS 2mg	Tier 1	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	Tier 1	QL (30 tabs / 30 days), PA
gabapentin CAPS 100mg, 300mg	Tier 1	QL (360 caps / 30 days)
gabapentin CAPS 400mg	Tier 1	QL (270 caps / 30 days)
gabapentin SOLN 250mg/5ml, 300mg/6ml	Tier 1	QL (2160 mL / 30 days)
gabapentin TABS 600mg	Tier 1	QL (180 tabs / 30 days)
gabapentin TABS 800mg	Tier 1	QL (120 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
lacosamide SOLN 200mg/20ml	Tier 1	
lacosamide TABS 50mg	Tier 1	QL (120 tabs / 30 days)
lacosamide TABS 100mg, 150mg, 200mg	Tier 1	QL (60 tabs / 30 days)
lacosamide oral SOLN 10mg/ml	Tier 1	QL (1200 mL / 30 days)
lamotrigine CHEW 5mg, 25mg; TABS 25mg, 100mg, 150mg, 200mg	Tier 1	
lamotrigine TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	Tier 1	ST
levetiracetam SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	Tier 1	
levetiracetam TB3D 250mg	Tier 1	QL (360 tabs / 30 days)
levetiracetam TB3D 500mg	Tier 1	QL (180 tabs / 30 days)
levetiracetam in sodium chloride iv soln 500 mg/100ml	Tier 1	
levetiracetam in sodium chloride iv soln 1000 mg/100ml	Tier 1	
levetiracetam in sodium chloride iv soln 1500 mg/100ml	Tier 1	
methsuximide CAPS 300mg	Tier 1	
NAYZILAM SOLN 5mg/0.1ml	Tier 1	QL (10 nasal units / 30 days)
oxcarbazepine SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	Tier 1	
perampanel SUSP .5mg/ml	Tier 1	QL (680 mL / 28 days), PA
perampanel TABS 2mg	Tier 1	QL (60 tabs / 30 days), PA
perampanel TABS 4mg, 6mg, 8mg, 10mg, 12mg	Tier 1	QL (30 tabs / 30 days), PA
phenobarbital ELIX 20mg/5ml	Tier 1	QL (1500 mL / 30 days), PA; PA applies if 65 years and older
phenobarbital TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	Tier 1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
phenobarbital sodium SOLN 65mg/ml, 130mg/ml	Tier 1	PA; PA applies if 65 years and older
phenytek CAPS 200mg, 300mg	Tier 1	
phenytoin CHEW 50mg; SUSP 125mg/5ml	Tier 1	
phenytoin sodium SOLN 50mg/ml	Tier 1	
phenytoin sodium extended CAPS 100mg, 200mg, 300mg	Tier 1	
pregabalin CAPS 25mg, 50mg, 75mg, 100mg, 150mg	Tier 1	QL (120 caps / 30 days)
pregabalin CAPS 200mg	Tier 1	QL (90 caps / 30 days)
pregabalin CAPS 225mg, 300mg	Tier 1	QL (60 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
pregabalin SOLN 20mg/ml	Tier 1	QL (900 mL / 30 days), PA; PA applies if 65 years and older
primidone TABS 50mg, 125mg, 250mg	Tier 1	
relgaabi CAPS 300mg	Tier 1	QL (360 caps / 30 days)
relgaabi CAPS 400mg	Tier 1	QL (270 caps / 30 days)
roweepra TABS 500mg	Tier 1	
rufinamide SUSP 40mg/ml	Tier 1	QL (2400 mL / 30 days), PA
rufinamide TABS 200mg	Tier 1	QL (480 tabs / 30 days), PA
rufinamide TABS 400mg	Tier 1	QL (240 tabs / 30 days), PA
SPRITAM TB3D 250mg	Tier 1	QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	Tier 1	QL (180 tabs / 30 days)
SPRITAM TB3D 750mg	Tier 1	QL (120 tabs / 30 days)
SPRITAM TB3D 1000mg	Tier 1	QL (90 tabs / 30 days)
SUBVENITE SUSP 10mg/ml	Tier 1	ST
subvenite TABS 25mg, 100mg, 150mg, 200mg	Tier 1	
SYMPAZAN FILM 5mg, 10mg, 20mg	Tier 1	QL (60 films / 30 days), PA
tiagabine hcl TABS 2mg, 4mg, 12mg, 16mg	Tier 1	
topiramate CPSP 15mg, 25mg, 50mg; TABS 25mg, 50mg, 100mg, 200mg	Tier 1	
topiramate SOLN 25mg/ml	Tier 1	QL (480 mL / 30 days), PA
valproate sodium SOLN 100mg/ml, 250mg/5ml	Tier 1	
valproic acid CAPS 250mg	Tier 1	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	Tier 1	QL (10 blister packs / 30 days)
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	Tier 1	QL (10 blister packs / 30 days)
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	Tier 1	QL (10 blister packs / 30 days)
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	Tier 1	QL (10 blister packs / 30 days)
vigabatrin PACK 500mg	Tier 1	QL (180 packets / 30 days), NM, PA
vigabatrin TABS 500mg	Tier 1	QL (180 tabs / 30 days), NM, PA
vigadrone PACK 500mg	Tier 1	QL (180 packets / 30 days), NM, PA
vigadrone TABS 500mg	Tier 1	QL (180 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
VIGAFYDE SOLN 100mg/ml	Tier 1	QL (900 mL / 30 days), NM, PA
XCOPRI TABS 25mg, 50mg, 100mg	Tier 1	QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	Tier 1	QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	Tier 1	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	Tier 1	QL (28 tabs / 28 days)
XCOPRI PAK 100-150	Tier 1	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	Tier 1	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	Tier 1	QL (28 tabs / 28 days)
ZONISADE SUSP 100mg/5ml	Tier 1	QL (900 mL / 30 days), PA
zonisamide CAPS 25mg, 50mg, 100mg	Tier 1	
ZTALMY SUSP 50mg/ml	Tier 1	QL (1100 mL / 30 days), NM, PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
amphetamine-dextroamphetamine cap er 24hr 5 mg	Tier 1	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 10 mg	Tier 1	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 15 mg	Tier 1	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 20 mg	Tier 1	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 25 mg	Tier 1	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 30 mg	Tier 1	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine tab 5 mg	Tier 1	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 7.5 mg	Tier 1	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 10 mg	Tier 1	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 12.5 mg	Tier 1	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 15 mg	Tier 1	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 20 mg	Tier 1	QL (90 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 30 mg	Tier 1	QL (60 tabs / 30 days), PA
atomoxetine hcl CAPS 10mg, 18mg, 25mg	Tier 1	QL (120 caps / 30 days)
atomoxetine hcl CAPS 40mg	Tier 1	QL (60 caps / 30 days)
atomoxetine hcl CAPS 60mg, 80mg, 100mg	Tier 1	QL (30 caps / 30 days)
dexmethylphenidate hcl TABS 2.5mg, 5mg	Tier 1	QL (120 tabs / 30 days), PA

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

Drug Name	Drug Tier	Requirements/Limits
MIGRAINE		
AIMOVIG SOAJ 70mg/ml, 140mg/ml	Tier 1	QL (1 pen / 30 days), NM, PA
dihydroergotamine mesylate SOLN 4mg/ml	Tier 1	QL (8 mL / 30 days), PA
EMGALITY SOAJ 120mg/ml	Tier 1	QL (2 pens / 30 days), NM, PA
EMGALITY SOSY 100mg/ml	Tier 1	QL (3 syringes / 30 days), NM, PA
EMGALITY SOSY 120mg/ml	Tier 1	QL (2 syringes / 30 days), NM, PA
ergotamine w/ caffeine tab 1-100 mg	Tier 1	QL (40 tabs / 28 days), PA
naratriptan hcl TABS 1mg, 2.5mg	Tier 1	QL (12 tabs / 30 days)
NURTEC TBDP 75mg	Tier 1	QL (16 tabs / 30 days), PA
QULIPTA TABS 10mg, 30mg, 60mg	Tier 1	QL (30 tabs / 30 days), PA
rizatriptan benzoate TABS 5mg, 10mg; TBDP 5mg, 10mg	Tier 1	QL (18 tabs / 30 days)
sumatriptan SOLN 5mg/act	Tier 1	QL (24 units / 30 days)
sumatriptan SOLN 20mg/act	Tier 1	QL (12 units / 30 days)
sumatriptan succinate SOAJ 6mg/0.5ml; SOLN 6mg/0.5ml	Tier 1	QL (12 injections / 30 days)
sumatriptan succinate TABS 25mg, 50mg, 100mg	Tier 1	QL (12 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	Tier 1	QL (16 tabs / 30 days), PA
MISCELLANEOUS		
AUSTEDO TABS 6mg	Tier 1	QL (60 tabs / 30 days), NM, PA
AUSTEDO TABS 9mg, 12mg	Tier 1	QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 6mg	Tier 1	QL (90 tabs / 30 days), NM, PA
AUSTEDO XR TB24 12mg	Tier 1	QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 18mg, 30mg, 36mg, 42mg, 48mg	Tier 1	QL (30 tabs / 30 days), NM, PA
AUSTEDO XR TB24 24mg	Tier 1	QL (60 tabs / 30 days), NM, PA
AUSTEDO XR TAB TITR KIT	Tier 1	QL (2 packs / year), NM, PA
dextromethorphan hbr-quinidine sulfate cap 20-10 mg	Tier 1	QL (60 caps / 30 days), PA
lithium SOLN 8meq/5ml	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
lithium carbonate CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	Tier 1	
NUEDEXTA CAP 20-10MG	Tier 1	QL (60 caps / 30 days), PA
pyridostigmine bromide TABS 60mg	Tier 1	
riluzole TABS 50mg	Tier 1	
tetrabenazine TABS 12.5mg	Tier 1	QL (90 tabs / 30 days), NM, PA
tetrabenazine TABS 25mg	Tier 1	QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS		
BAFIERTAM CPDR 95mg	Tier 1	QL (120 caps / 30 days), NM, PA
BETASERON KIT .3mg	Tier 1	QL (14 kits / 28 days), NM, PA
COPAXONE SOSY 20mg/ml	Tier 1	QL (30 syringes / 30 days), NM, PA
COPAXONE SOSY 40mg/ml	Tier 1	QL (12 syringes / 28 days), NM, PA
dalfampridine TB12 10mg	Tier 1	QL (60 tabs / 30 days), NM, PA
fingolimod hcl CAPS .5mg	Tier 1	QL (30 caps / 30 days), NM, PA
glatiramer acetate SOSY 20mg/ml	Tier 1	QL (30 syringes / 30 days), NM, PA
glatiramer acetate SOSY 40mg/ml	Tier 1	QL (12 syringes / 28 days), NM, PA
glatopa SOSY 20mg/ml	Tier 1	QL (30 syringes / 30 days), NM, PA
glatopa SOSY 40mg/ml	Tier 1	QL (12 syringes / 28 days), NM, PA
KESIMPTA SOAJ 20mg/0.4ml	Tier 1	QL (16 pens / 365 days), NM, PA
MUSCULOSKELETAL THERAPY AGENTS		
baclofen TABS 5mg	Tier 1	QL (90 tabs / 30 days)
baclofen TABS 10mg, 20mg	Tier 1	
carisoprodol TABS 350mg	Tier 1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
cyclobenzaprine hcl TABS 5mg, 10mg	Tier 1	QL (90 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

Drug Name	Drug Tier	Requirements/Limits
dantrolene sodium CAPS 25mg, 50mg, 100mg	Tier 1	
methocarbamol TABS 500mg	Tier 1	QL (360 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
methocarbamol TABS 750mg	Tier 1	QL (240 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
tizanidine hcl TABS 2mg, 4mg	Tier 1	
NARCOLEPSY/CATAPLEXY		
armodafinil TABS 50mg	Tier 1	QL (60 tabs / 30 days), PA
armodafinil TABS 150mg, 200mg, 250mg	Tier 1	QL (30 tabs / 30 days), PA
modafinil TABS 100mg	Tier 1	QL (30 tabs / 30 days), PA
modafinil TABS 200mg	Tier 1	QL (60 tabs / 30 days), PA
sodium oxybate SOLN 500mg/ml	Tier 1	QL (540 mL / 30 days), NM, PA
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium TBEC 333mg	Tier 1	
buprenorphine hcl SUBL 2mg	Tier 1	QL (180 tabs / 30 days)
buprenorphine hcl SUBL 8mg	Tier 1	QL (120 tabs / 30 days)
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	Tier 1	QL (180 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	Tier 1	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	Tier 1	QL (120 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	Tier 1	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	Tier 1	QL (180 tabs / 30 days)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	Tier 1	QL (120 tabs / 30 days)
bupropion hcl (smoking deterrent) TB12 150mg	Tier 1	QL (60 tabs / 30 days)
disulfiram TABS 250mg, 500mg	Tier 1	
KLOXXADO LIQD 8mg/0.1ml	Tier 1	
naloxone hcl SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
naltrexone hcl TABS 50mg	Tier 1	
NICOTROL NS SOLN 10mg/ml	Tier 1	
varenicline tartrate TABS .5mg, 1mg	Tier 1	QL (56 tabs / 28 days)
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	Tier 1	QL (2 packs / year)
VIVITROL SUSR 380mg	Tier 1	NM
ENDOCRINE AND METABOLIC		
ANDROGENS		
danazol CAPS 50mg, 100mg, 200mg	Tier 1	
depo-testosterone SOLN 100mg/ml, 200mg/ml	Tier 1	PA
testosterone GEL 12.5mg/act, 25mg/2.5gm, 50mg/5gm	Tier 1	QL (300 gm / 30 days), PA
testosterone cypionate SOLN 100mg/ml, 200mg/ml	Tier 1	PA
testosterone enanthate SOLN 200mg/ml	Tier 1	PA
testosterone pump GEL 20.25mg/act	Tier 1	QL (150 gm / 30 days), PA
ANTIDIABETICS		
acarbose TABS 25mg, 50mg, 100mg	Tier 1	
dapagliflozin TABS 5mg, 10mg	Tier 1	QL (30 tabs / 30 days)
dapagliflozin-metformin hcl tab er 24hr 5-500 mg	Tier 1	QL (60 tabs / 30 days)
dapagliflozin-metformin hcl tab er 24hr 5-1000 mg	Tier 1	QL (60 tabs / 30 days)
dapagliflozin-metformin hcl tab er 24hr 10-500 mg	Tier 1	QL (30 tabs / 30 days)
dapagliflozin-metformin hcl tab er 24hr 10-1000 mg	Tier 1	QL (30 tabs / 30 days)
FARXIGA TABS 5mg, 10mg	Tier 1	QL (30 tabs / 30 days)
glimepiride TABS 1mg, 2mg	Tier 1	QL (90 tabs / 30 days)
glimepiride TABS 4mg	Tier 1	QL (60 tabs / 30 days)
glipizide TABS 5mg	Tier 1	QL (240 tabs / 30 days)
glipizide TABS 10mg	Tier 1	QL (120 tabs / 30 days)
glipizide TB24 2.5mg, 5mg	Tier 1	QL (90 tabs / 30 days)
glipizide TB24 10mg	Tier 1	QL (60 tabs / 30 days)
glipizide-metformin hcl tab 2.5-250 mg	Tier 1	QL (240 tabs / 30 days)
glipizide-metformin hcl tab 2.5-500 mg	Tier 1	QL (120 tabs / 30 days)
glipizide-metformin hcl tab 5-500 mg	Tier 1	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	Tier 1	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	Tier 1	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	Tier 1	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	Tier 1	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	Tier 1	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	Tier 1	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
JANUMET XR TAB 100-1000	Tier 1	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	Tier 1	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg, 25mg	Tier 1	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	Tier 1	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	Tier 1	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	Tier 1	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	Tier 1	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	Tier 1	QL (30 tabs / 30 days)
metformin hcl TABS 500mg	Tier 1	QL (150 tabs / 30 days)
metformin hcl TABS 850mg	Tier 1	QL (90 tabs / 30 days)
metformin hcl TABS 1000mg	Tier 1	QL (75 tabs / 30 days)
metformin hcl TB24 500mg	Tier 1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
metformin hcl TB24 750mg	Tier 1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	Tier 1	QL (4 pens / 28 days), PA
nateglinide TABS 60mg, 120mg	Tier 1	QL (90 tabs / 30 days)
OZEMPIC TABS 1.5mg, 4mg, 9mg	Tier 1	QL (30 tabs / 30 days), PA
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml	Tier 1	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	Tier 1	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml	Tier 1	QL (1 pen / 28 days), PA
pioglitazone hcl TABS 15mg, 30mg, 45mg	Tier 1	QL (30 tabs / 30 days)
pioglitazone hcl-metformin hcl tab 15-500 mg	Tier 1	QL (90 tabs / 30 days)
pioglitazone hcl-metformin hcl tab 15-850 mg	Tier 1	QL (90 tabs / 30 days)
repaglinide TABS 2mg	Tier 1	QL (240 tabs / 30 days)
repaglinide TABS .5mg, 1mg	Tier 1	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	Tier 1	QL (30 tabs / 30 days), PA
sitagliptin phosphate TABS 25mg, 50mg, 100mg	Tier 1	QL (30 tabs / 30 days)
sitagliptin phosphate-metformin hcl tab 50-500 mg	Tier 1	QL (60 tabs / 30 days)
sitagliptin phosphate-metformin hcl tab 50-1000 mg	Tier 1	QL (60 tabs / 30 days)
sitagliptin phosphate-metformin hcl tab er 24hr 50-500 mg	Tier 1	QL (60 tabs / 30 days)
sitagliptin phosphate-metformin hcl tab er 24hr 50-1000 mg	Tier 1	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
sitagliptin phosphate-metformin hcl tab er 24hr 100-1000 mg	Tier 1	QL (30 tabs / 30 days)
TRADJENTA TABS 5mg	Tier 1	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	Tier 1	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	Tier 1	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	Tier 1	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	Tier 1	QL (30 tabs / 30 days)
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	Tier 1	QL (4 pens / 28 days), PA
XIGDUO XR TAB 2.5-1000	Tier 1	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	Tier 1	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	Tier 1	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	Tier 1	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	Tier 1	QL (30 tabs / 30 days)
ANTIDIABETICS, INSULINS		
ADMELOG SOLN 100unit/ml	Tier 1	B/D
ADMELOG SOLOSTAR SOPN 100unit/ml	Tier 1	
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY	Tier 1	PA
CEQUR EXT WR MIS INSERTER	Tier 1	QL (2 inserters / year), PA
CEQUR SIMPL KIT 1U EXTND	Tier 1	QL (8 patches / 24 days), PA
CEQUR SIMPL KIT 2U EXTND	Tier 1	QL (10 patches / 30 days), PA
CEQUR SIMPL KIT PATCH 2U (3-DAY)	Tier 1	QL (10 patches / 30 days), PA
CEQUR SIMPL KIT PATCH 2U (4-DAY)	Tier 1	QL (8 patches / 24 days), PA
CEQUR SIMPL MIS INSERTER	Tier 1	QL (2 inserters / year), PA
FIASP SOLN 100unit/ml	Tier 1	B/D
FIASP FLEXTOUCH SOPN 100unit/ml	Tier 1	
FIASP PENFILL SOCT 100unit/ml	Tier 1	
FIASP PUMPCART SOCT 100unit/ml	Tier 1	B/D
GAUZE PADS 2" X 2"	Tier 1	PA
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	Tier 1	
INSULIN PEN NEEDLES: EMBECTA-BD	Tier 1	PA
INSULIN SAFETY NEEDLES: EMBECTA-BD	Tier 1	PA
INSULIN SYRINGES: EMBECTA-BD	Tier 1	PA
LANTUS SOLN 100unit/ml	Tier 1	
LANTUS SOLOSTAR SOPN 100unit/ml	Tier 1	
NOVOLIN INJ 70/30	Tier 1	(brand RELION not covered)

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN INJ 70/30 FP	Tier 1	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	Tier 1	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	Tier 1	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	Tier 1	B/D; (brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	Tier 1	(brand RELION not covered)
NOVOLOG SOLN 100unit/ml	Tier 1	B/D
NOVOLOG FLEXPEN SOPN 100unit/ml	Tier 1	
NOVOLOG FLEXPEN RELION SOPN 100unit/ml	Tier 1	
NOVOLOG MIX INJ 70/30	Tier 1	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	Tier 1	(brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	Tier 1	
NOVOLOG RELION SOLN 100unit/ml	Tier 1	B/D
OMNIPOD5 LIB KIT INTRO	Tier 1	QL (1 kit / year), PA
OMNIPOD5 LIB MIS PODS	Tier 1	QL (15 pods / 30 days), PA
OMNIPOD 5 DX KIT INT G7G6	Tier 1	QL (1 kit / year), PA
OMNIPOD 5 DX MIS POD G7G6	Tier 1	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	Tier 1	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	Tier 1	QL (15 pods / 30 days), PA
SOLIQUA INJ 100/33	Tier 1	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	Tier 1	
TOUJEO SOLOSTAR SOPN 300unit/ml	Tier 1	
XULTOPHY INJ 100/3.6	Tier 1	QL (5 pens / 30 days)
CALCIUM REGULATORS		
alendronate sodium SOLN 70mg/75ml	Tier 1	ST
alendronate sodium TABS 10mg, 35mg, 70mg	Tier 1	
BILDYOS SOSY 60mg/ml	Tier 1	QL (1 syringe / 180 days), NM
BONSITY SOPN 560mcg/2.24ml	Tier 1	QL (1 pen / 28 days), NM, PA
calcitonin (salmon) spray SOLN 200unit/act	Tier 1	B/D
ibandronate sodium TABS 150mg	Tier 1	B/D
OSPOMYV SOSY 60mg/ml	Tier 1	QL (1 syringe / 180 days), NM

Drug Name	Drug Tier	Requirements/Limits
PAMIDRONATE DISODIUM SOLN 6mg/ml	Tier 1	B/D
pamidronate disodium SOLN 30mg/10ml, 90mg/10ml	Tier 1	B/D
PROLIA SOSY 60mg/ml	Tier 1	QL (1 syringe / 180 days), NM
risedronate sodium TABS 5mg, 35mg, 150mg	Tier 1	
risedronate sodium TBEC 35mg	Tier 1	ST
teriparatide SOPN 560mcg/2.24ml	Tier 1	QL (1 pen / 28 days), NM, PA
TERIPARATIDE SOPN 560mcg/2.24ml	Tier 1	QL (1 pen / 28 days), NM, PA; (ALVOGEN product)
TYMLOS SOPN 3120mcg/1.56ml	Tier 1	QL (1 pen / 30 days), NM, PA
WYOST SOLN 120mg/1.7ml	Tier 1	NM, PA
XTRENBO SOLN 120mg/1.7ml	Tier 1	NM, PA
zoledronic acid CONC 4mg/5ml; SOLN 5mg/100ml	Tier 1	B/D, NM
CHELATING AGENTS		
CHEMET CAPS 100mg	Tier 1	
deferasirox TABS 90mg, 180mg, 360mg; TBSO 125mg, 250mg, 500mg	Tier 1	NM, PA
kionex SUSP 15gm/60ml	Tier 1	
LOKELMA PACK 5gm, 10gm	Tier 1	
penicillamine TABS 250mg	Tier 1	NM
sodium polystyrene sulfonate SUSP 15gm/60ml	Tier 1	
sodium polystyrene sulfonate powder	Tier 1	
sps SUSP 15gm/60ml	Tier 1	
sps rectal SUSP 15gm/60ml	Tier 1	
trientine hcl CAPS 250mg	Tier 1	NM, PA
CONTRACEPTIVES		
afirmelle	Tier 1	
altavera	Tier 1	
alyacen 1/35	Tier 1	
alyacen 7/7/7	Tier 1	
amethyst	Tier 1	
apri	Tier 1	
aranelle	Tier 1	
ashlyna	Tier 1	
aubra eq	Tier 1	
aurovela 1/20	Tier 1	
aurovela 24 fe	Tier 1	
aurovela fe 1.5/30	Tier 1	
aurovela fe 1/20	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
aviane	Tier 1	
ayuna	Tier 1	
azurette	Tier 1	
balziva	Tier 1	
blisovi 24 fe	Tier 1	
blisovi fe 1.5/30	Tier 1	
blisovi fe 1/20	Tier 1	
briellyn	Tier 1	
camila TABS .35mg	Tier 1	
camrese	Tier 1	
camrese lo	Tier 1	
chateal eq	Tier 1	
cryselle	Tier 1	
cyred eq	Tier 1	
dasetta 1/35	Tier 1	
dasetta 7/7/7	Tier 1	
daysee	Tier 1	
deblitane TABS .35mg	Tier 1	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	Tier 1	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	Tier 1	
dolishale	Tier 1	
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	Tier 1	
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	Tier 1	
drospirenone-ethinyl estradiol tab 3-0.02 mg	Tier 1	
drospirenone-ethinyl estradiol tab 3-0.03 mg	Tier 1	
elinest	Tier 1	
eluryng	Tier 1	
emzahh TABS .35mg	Tier 1	
enilloring	Tier 1	
enskyce	Tier 1	
errin TABS .35mg	Tier 1	
estarylla	Tier 1	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	Tier 1	
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	Tier 1	
falmina	Tier 1	
feirza 1.5/30	Tier 1	
feirza 1/20	Tier 1	
finzala	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
galbriela	Tier 1	
hailey 1.5/30	Tier 1	
hailey 24 fe	Tier 1	
hailey fe 1/20	Tier 1	
heather TABS .35mg	Tier 1	
iclevia	Tier 1	
incassia TABS .35mg	Tier 1	
introvale	Tier 1	
isibloom	Tier 1	
jaimiess	Tier 1	
jasmiel	Tier 1	
jencycla TABS .35mg	Tier 1	
jolessa	Tier 1	
juleber	Tier 1	
junel 1.5/30	Tier 1	
junel 1/20	Tier 1	
junel fe 1.5/30	Tier 1	
junel fe 1/20	Tier 1	
junel fe 24	Tier 1	
kaitlib fe	Tier 1	
kariva	Tier 1	
kelnor 1/35	Tier 1	
kurvelo	Tier 1	
larin 1.5/30	Tier 1	
larin 1/20	Tier 1	
larin 24 fe	Tier 1	
larin fe 1.5/30	Tier 1	
larin fe 1/20	Tier 1	
lessina	Tier 1	
levonest	Tier 1	
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg	Tier 1	
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	Tier 1	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	Tier 1	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	Tier 1	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	Tier 1	
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	Tier 1	
levora 0.15/30-28	Tier 1	
LILETTA IUD 20.1mcg/day	Tier 1	NM
loestrin 1.5/30-21	Tier 1	
loestrin 1/20-21	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
loestrin fe 1.5/30	Tier 1	
loestrin fe 1/20	Tier 1	
lojaimiess	Tier 1	
loryna	Tier 1	
low-ogestrel	Tier 1	
luizza 1.5/30	Tier 1	
luizza 1/20	Tier 1	
lutera	Tier 1	
lyleq TABS .35mg	Tier 1	
lyza TABS .35mg	Tier 1	
marlissa	Tier 1	
medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml	Tier 1	
meleya TABS .35mg	Tier 1	
mibelas 24 fe	Tier 1	
microgestin 1.5/30	Tier 1	
microgestin 1/20	Tier 1	
microgestin fe 1.5/30	Tier 1	
microgestin fe 1/20	Tier 1	
mili	Tier 1	
mono-linyah	Tier 1	
necon 0.5/35-28	Tier 1	
NEXPLANON IMPL 68mg	Tier 1	NM
nikki	Tier 1	
nora-be TABS .35mg	Tier 1	
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	Tier 1	
norethindrone (contraceptive) TABS .35mg	Tier 1	
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	Tier 1	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	Tier 1	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	Tier 1	
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	Tier 1	
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	Tier 1	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	Tier 1	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	Tier 1	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
norlyroc TABS .35mg	Tier 1	
nortrel 0.5/35 (28)	Tier 1	
nortrel 1/35 (21)	Tier 1	
nortrel 1/35 (28)	Tier 1	
nortrel 7/7/7	Tier 1	
nylia 1/35	Tier 1	
nylia 7/7/7	Tier 1	
orquidea TABS .35mg	Tier 1	
philith	Tier 1	
pimtrea	Tier 1	
portia-28	Tier 1	
reclipsen	Tier 1	
rivelsa	Tier 1	
rosyrah	Tier 1	
setlakin	Tier 1	
sharobel TABS .35mg	Tier 1	
simliya	Tier 1	
simpesse	Tier 1	
sprintec 28	Tier 1	
sronyx	Tier 1	
syeda	Tier 1	
tarina 24 fe	Tier 1	
tarina fe 1/20 eq	Tier 1	
tilia fe	Tier 1	
tri-estarylla	Tier 1	
tri-legest fe	Tier 1	
tri-linyah	Tier 1	
tri-lo-estarylla	Tier 1	
tri-lo-marzia	Tier 1	
tri-lo-mili	Tier 1	
tri-lo-sprintec	Tier 1	
tri-mili	Tier 1	
tri-sprintec	Tier 1	
tri-vylibra	Tier 1	
tri-vylibra lo	Tier 1	
turqoz	Tier 1	
tydemy	Tier 1	
valtya 1/35	Tier 1	
valtya 1/50	Tier 1	
velivet	Tier 1	
vestura	Tier 1	
vienva	Tier 1	
viorele	Tier 1	
vyfemla	Tier 1	
vylibra	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
wera	Tier 1	
wymzya fe	Tier 1	
xarah fe	Tier 1	
xelria fe	Tier 1	
xulane	Tier 1	
zafemy	Tier 1	
zovia 1/35	Tier 1	
zumandimine	Tier 1	
ESTROGENS		
abigale	Tier 1	
abigale lo	Tier 1	
dotti PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Tier 1	
estradiol PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; TABS .5mg, 1mg, 2mg	Tier 1	
estradiol & norethindrone acetate tab 0.5-0.1 mg	Tier 1	
estradiol & norethindrone acetate tab 1-0.5 mg	Tier 1	
estradiol vaginal CREA .1mg/gm; TABS 10mcg	Tier 1	
estradiol valerate OIL 10mg/ml, 20mg/ml, 40mg/ml	Tier 1	
fyavolv tab 0.5mg-2.5mcg	Tier 1	
fyavolv tab 1mg-5mcg	Tier 1	
jinteli	Tier 1	
lyllana PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Tier 1	
mimvey	Tier 1	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	Tier 1	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	Tier 1	
yuvafem TABS 10mcg	Tier 1	
GLUCOCORTICOIDS		
dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	Tier 1	
DEXAMETHASONE INTENSOL CONC 1mg/ml	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 10mg/ml	Tier 1	
fludrocortisone acetate TABS .1mg	Tier 1	
hydrocortisone TABS 5mg, 10mg, 20mg	Tier 1	
hydrocortisone sod succinate SOLR 100mg	Tier 1	
methylprednisolone TABS 4mg, 8mg, 16mg, 32mg	Tier 1	B/D
methylprednisolone TBPK 4mg	Tier 1	
methylprednisolone acetate SUSP 40mg/ml, 80mg/ml	Tier 1	B/D
methylprednisolone sod succ SOLR 40mg, 125mg, 500mg, 1000mg	Tier 1	B/D
prednisolone SOLN 15mg/5ml	Tier 1	B/D
prednisolone sodium phosphate SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	Tier 1	B/D
prednisone SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	Tier 1	B/D
prednisone TBPK 5mg, 10mg	Tier 1	
PREDNISONE INTENSOL CONC 5mg/ml	Tier 1	B/D
SOLU-CORTEF SOLR 250mg, 500mg, 1000mg	Tier 1	
GLUCOSE ELEVATING AGENTS		
diazoxide SUSP 50mg/ml	Tier 1	
GVOKE HYPOPEN 1-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	Tier 1	
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	Tier 1	
GVOKE KIT SOLN 1mg/0.2ml	Tier 1	
GVOKE PFS SOSY 1mg/0.2ml	Tier 1	
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	Tier 1	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	Tier 1	NM, PA
betaine powder for oral solution	Tier 1	NM
cabergoline TABS .5mg	Tier 1	
carglumic acid TBSO 200mg	Tier 1	NM, PA
CERDELGA CAPS 84mg	Tier 1	NM, PA
CEREZYME SOLR 400unit	Tier 1	NM, PA
cinacalcet hcl TABS 30mg, 60mg	Tier 1	B/D, QL (60 tabs / 30 days), NM
cinacalcet hcl TABS 90mg	Tier 1	B/D, QL (120 tabs / 30 days), NM
CYSTAGON CAPS 50mg, 150mg	Tier 1	NM, PA

Drug Name	Drug Tier	Requirements/Limits
desmopressin acetate SOLN 4mcg/ml; TABS .1mg, .2mg	Tier 1	
desmopressin acetate spray SOLN .01%	Tier 1	
desmopressin acetate spray refrigerated SOLN .01%	Tier 1	
FABRAZYME SOLR 5mg, 35mg	Tier 1	NM, PA
GENOTROPIN CART 5mg, 12mg	Tier 1	NM, PA
GENOTROPIN MINIQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	Tier 1	NM, PA
INCRELEX SOLN 40mg/4ml	Tier 1	NM, PA
javygtor PACK 100mg, 500mg; TABS 100mg	Tier 1	NM, PA
lanreotide acetate SOLN 120mg/0.5ml	Tier 1	NM, PA
levocarnitine (metabolic modifiers) SOLN 1gm/10ml; TABS 330mg	Tier 1	B/D
LUMIZYME SOLR 50mg	Tier 1	NM, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	Tier 1	NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	Tier 1	NM, PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg	Tier 1	NM, PA
mifepristone (hyperglycemia) TABS 300mg	Tier 1	NM, PA
NAGLAZYME SOLN 1mg/ml	Tier 1	NM, PA
nitisinone CAPS 2mg, 5mg, 10mg, 20mg	Tier 1	NM, PA
octreotide acetate SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml, 500mcg/ml, 1000mcg/ml; SOSY 50mcg/ml, 100mcg/ml, 500mcg/ml	Tier 1	NM, PA
raloxifene hcl TABS 60mg	Tier 1	
REVCOVI SOLN 2.4mg/1.5ml	Tier 1	NM, PA
REZDIFFRA TABS 60mg, 80mg, 100mg	Tier 1	QL (30 tabs / 30 days), NM, PA
sapropterin dihydrochloride PACK 100mg, 500mg; TABS 100mg	Tier 1	NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	Tier 1	NM, PA
sodium phenylbutyrate POWD 3gm/tsp; TABS 500mg	Tier 1	NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml	Tier 1	NM, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	Tier 1	NM, PA
SYNAREL SOLN 2mg/ml	Tier 1	PA
tolvaptan TABS 15mg, 30mg	Tier 1	NM, PA; (generic of JYNARQUE)

Drug Name	Drug Tier	Requirements/Limits
tolvaptan TBPK 15mg	Tier 1	NM, PA
tolvaptan tab therapy pack 30 & 15 mg	Tier 1	NM, PA
tolvaptan tab therapy pack 45 & 15 mg	Tier 1	NM, PA
tolvaptan tab therapy pack 60 & 30 mg	Tier 1	NM, PA
tolvaptan tab therapy pack 90 & 30 mg	Tier 1	NM, PA
zelvysia PACK 100mg, 500mg	Tier 1	NM, PA
PROGESTINS		
gallifrey TABS 5mg	Tier 1	
medroxyprogesterone acetate TABS 2.5mg, 5mg, 10mg	Tier 1	
megestrol acetate SUSP 40mg/ml	Tier 1	
megestrol acetate (appetite) SUSP 625mg/5ml	Tier 1	PA
norethindrone acetate TABS 5mg	Tier 1	
progesterone CAPS 100mg, 200mg	Tier 1	
THYROID AGENTS		
levothyroxine sodium TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 1	
levoxyl TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	Tier 1	
liomny TABS 5mcg, 25mcg, 50mcg	Tier 1	
liothyronine sodium TABS 5mcg, 25mcg, 50mcg	Tier 1	
methimazole TABS 5mg, 10mg	Tier 1	
propylthiouracil TABS 50mg	Tier 1	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 1	
unithroid TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 1	
VITAMIN D ANALOGS		
calcitriol CAPS .25mcg, .5mcg	Tier 1	B/D
calcitriol (oral) SOLN 1mcg/ml	Tier 1	B/D
paricalcitol CAPS 1mcg, 2mcg, 4mcg	Tier 1	B/D
GASTROINTESTINAL		
ANTIEMETICS		
aprepitant CAPS 40mg, 80mg, 125mg	Tier 1	B/D
aprepitant capsule therapy pack 80 & 125 mg	Tier 1	B/D
compro SUPP 25mg	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
dronabinol CAPS 2.5mg, 5mg, 10mg	Tier 1	B/D, QL (60 caps / 30 days)
granisetron hcl SOLN 1mg/ml, 4mg/4ml	Tier 1	
granisetron hcl TABS 1mg	Tier 1	B/D
meclizine hcl TABS 12.5mg, 25mg	Tier 1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
metoclopramide hcl SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg	Tier 1	
ondansetron TBDP 4mg, 8mg	Tier 1	B/D
ondansetron hcl SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	Tier 1	
ondansetron hcl SOLN 4mg/5ml; TABS 4mg, 8mg	Tier 1	B/D
prochlorperazine SUPP 25mg	Tier 1	
prochlorperazine edisylate SOLN 10mg/2ml	Tier 1	
prochlorperazine maleate TABS 5mg, 10mg	Tier 1	
promethazine hcl SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml; TABS 12.5mg, 25mg, 50mg	Tier 1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
scopolamine PT72 1mg/3days	Tier 1	QL (10 patches / 30 days)
ANTISPASMODICS		
dicyclomine hcl CAPS 10mg; SOLN 10mg/5ml; TABS 20mg	Tier 1	PA; PA applies if 65 years and older
glycopyrrolate TABS 1mg	Tier 1	QL (90 tabs / 30 days)
glycopyrrolate TABS 2mg	Tier 1	QL (120 tabs / 30 days)
H2-RECEPTOR ANTAGONISTS		
famotidine SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml; TABS 20mg, 40mg	Tier 1	
famotidine in nacl 0.9% iv soln 20 mg/50ml	Tier 1	
nizatidine CAPS 150mg, 300mg	Tier 1	
INFLAMMATORY BOWEL DISEASE		
balsalazide disodium CAPS 750mg	Tier 1	
budesonide CPEP 3mg	Tier 1	QL (90 caps / 30 days)
budesonide TB24 9mg	Tier 1	QL (30 tabs / 30 days), PA
hydrocortisone (intrarectal) ENEM 100mg/60ml	Tier 1	
mesalamine CP24 .375gm	Tier 1	QL (120 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
mesalamine CPDR 400mg	Tier 1	QL (180 caps / 30 days)
mesalamine ENEM 4gm	Tier 1	QL (1680 mL / 28 days)
mesalamine SUPP 1000mg	Tier 1	QL (30 suppositories / 30 days)
mesalamine TBEC 1.2gm	Tier 1	QL (120 tabs / 30 days)
mesalamine w/ cleanser KIT 4gm	Tier 1	QL (28 bottles / 28 days)
sulfasalazine TABS 500mg; TBEC 500mg	Tier 1	
LAXATIVES		
constulose SOLN 10gm/15ml	Tier 1	
enulose SOLN 10gm/15ml	Tier 1	
gavilyte-c	Tier 1	
gavilyte-g	Tier 1	
gavilyte-n/flavor pack	Tier 1	
generlac SOLN 10gm/15ml	Tier 1	
lactulose SOLN 10gm/15ml	Tier 1	
lactulose (encephalopathy) SOLN 10gm/15ml	Tier 1	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	Tier 1	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	Tier 1	
PLENVU SOL	Tier 1	
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	Tier 1	
MISCELLANEOUS		
alosetron hcl TABS .5mg, 1mg	Tier 1	QL (60 tabs / 30 days), PA
CREON CAP 3000UNIT	Tier 1	
CREON CAP 6000UNIT	Tier 1	
CREON CAP 12000UNT	Tier 1	
CREON CAP 24000UNT	Tier 1	
CREON CAP 36000UNT	Tier 1	
cromolyn sodium (mastocytosis) CONC 100mg/5ml	Tier 1	
diphenoxylate w/ atropine tab 2.5-0.025 mg	Tier 1	
GATTEX KIT 5mg	Tier 1	NM, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	Tier 1	QL (30 caps / 30 days)
loperamide hcl CAPS 2mg	Tier 1	
lubiprostone CAPS 8mcg, 24mcg	Tier 1	QL (60 caps / 30 days)
misoprostol TABS 100mcg, 200mcg	Tier 1	
MOVANTIK TABS 12.5mg, 25mg	Tier 1	QL (30 tabs / 30 days)
RELISTOR SOLN 12mg/0.6ml	Tier 1	QL (28 vials / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
RELISTOR SOSY 8mg/0.4ml, 12mg/0.6ml	Tier 1	QL (28 syringes / 28 days), PA
sucralfate TABS 1gm	Tier 1	
ursodiol CAPS 300mg; TABS 250mg, 500mg	Tier 1	
VOQUEZNA PAK DUAL PAK	Tier 1	QL (2 kits / year), PA
VOQUEZNA PAK TRIP PK	Tier 1	QL (2 kits / year), PA
VOWST CAP	Tier 1	QL (12 caps / 30 days), NM, PA
XERMELO TABS 250mg	Tier 1	QL (84 tabs / 28 days), NM, PA
XIFAXAN TABS 550mg	Tier 1	PA
ZENPEP CAP 3000UNIT	Tier 1	
ZENPEP CAP 5000UNIT	Tier 1	
ZENPEP CAP 10000UNT	Tier 1	
ZENPEP CAP 15000UNT	Tier 1	
ZENPEP CAP 20000UNT	Tier 1	
ZENPEP CAP 25000UNT	Tier 1	
ZENPEP CAP 40000UNT	Tier 1	
ZENPEP CAP 60000UNT	Tier 1	
PROTON PUMP INHIBITORS		
esomeprazole magnesium CPDR 20mg, 40mg	Tier 1	QL (30 caps / 30 days), ST
lansoprazole CPDR 15mg, 30mg	Tier 1	QL (60 caps / 30 days)
omeprazole CPDR 10mg, 20mg, 40mg	Tier 1	
pantoprazole sodium SOLR 40mg; TBEC 20mg, 40mg	Tier 1	
rabeprazole sodium TBEC 20mg	Tier 1	QL (30 tabs / 30 days)
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
alfuzosin hcl TB24 10mg	Tier 1	QL (30 tabs / 30 days)
dutasteride CAPS .5mg	Tier 1	QL (30 caps / 30 days)
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	Tier 1	QL (30 caps / 30 days)
finasteride TABS 5mg	Tier 1	QL (30 tabs / 30 days)
tadalafil TABS 5mg	Tier 1	QL (30 tabs / 30 days), PA
tamsulosin hcl CAPS .4mg	Tier 1	QL (60 caps / 30 days)
MISCELLANEOUS		
acetic acid SOLN .25%	Tier 1	
bethanechol chloride TABS 5mg, 10mg, 25mg, 50mg	Tier 1	
potassium citrate (alkalinizer) TBCR 15meq, 540mg, 1080mg	Tier 1	
URINARY ANTISPASMODICS		
fesoterodine fumarate TB24 4mg, 8mg	Tier 1	QL (30 tabs / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
XARELTO TABS 10mg, 15mg, 20mg	Tier 1	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	Tier 1	QL (51 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
FULPHILA SOSY 6mg/0.6ml	Tier 1	QL (2 syringes / 28 days), NM, PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/ml, 40000unit/ml	Tier 1	NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	Tier 1	NM, PA
MISCELLANEOUS		
ALVAIZ TABS 9mg, 54mg	Tier 1	QL (60 tabs / 30 days), NM, PA
ALVAIZ TABS 18mg, 36mg	Tier 1	QL (90 tabs / 30 days), NM, PA
anagrelide hcl CAPS .5mg, 1mg	Tier 1	
BERINERT KIT 500unit	Tier 1	QL (24 boxes / 30 days), NM, PA
cilostazol TABS 50mg, 100mg	Tier 1	
DOPTELET TABS 20mg	Tier 1	NM, PA
DOPTELET SPRINKLE CPSP 10mg	Tier 1	NM, PA
DROXIA CAPS 200mg, 300mg, 400mg	Tier 1	
HAEGARDA SOLR 2000unit	Tier 1	QL (30 vials / 30 days), NM, PA
HAEGARDA SOLR 3000unit	Tier 1	QL (20 vials / 30 days), NM, PA
icatibant acetate SOSY 30mg/3ml	Tier 1	QL (9 syringes / 30 days), NM, PA
l-glutamine (sickle cell) PACK 5gm	Tier 1	NM, PA
pentoxifylline TBCR 400mg	Tier 1	
sajazir SOSY 30mg/3ml	Tier 1	QL (9 syringes / 30 days), NM, PA
SIKLOS TABS 100mg, 1000mg	Tier 1	
TAVNEOS CAPS 10mg	Tier 1	QL (180 caps / 30 days), NM, PA
tranexamic acid SOLN 1000mg/10ml; TABS 650mg	Tier 1	
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole cap er 12hr 25-200 mg	Tier 1	
clopidogrel bisulfate TABS 75mg	Tier 1	
dipyridamole TABS 25mg, 50mg, 75mg	Tier 1	PA; PA applies if 65 years and older
prasugrel hcl TABS 5mg, 10mg	Tier 1	
ticagrelor TABS 60mg, 90mg	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ADALIMUMAB-BWWD SOAJ 40mg/0.4ml	Tier 1	QL (6 autoinjectors / 28 days), NM, PA
ADALIMUMAB-BWWD SOSY 40mg/0.4ml	Tier 1	QL (6 syringes / 28 days), NM, PA
BIMZELX SOAJ 160mg/ml, 320mg/2ml	Tier 1	QL (2 pens / 28 days), NM, PA
BIMZELX SOSY 160mg/ml, 320mg/2ml	Tier 1	QL (2 syringes / 28 days), NM, PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml	Tier 1	QL (4 pens / 28 days), NM, PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml	Tier 1	QL (4 syringes / 28 days), NM, PA
EBGLYSS SOAJ 250mg/2ml	Tier 1	QL (20 pens / 365 days), NM, PA
EBGLYSS SOSY 250mg/2ml	Tier 1	QL (20 syringes / 365 days), NM, PA
ENBREL SOLN 25mg/0.5ml	Tier 1	QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	Tier 1	QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	Tier 1	QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	Tier 1	QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	Tier 1	QL (8 pens / 28 days), NM, PA
HADLIMA SOSY 40mg/0.4ml, 40mg/0.8ml	Tier 1	QL (6 syringes / 28 days), NM, PA
HADLIMA PUSHTOUCH SOAJ 40mg/0.4ml, 40mg/0.8ml	Tier 1	QL (6 autoinjectors / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml	Tier 1	QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 20mg/0.2ml	Tier 1	QL (4 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	Tier 1	QL (6 syringes / 28 days), NM, PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml	Tier 1	QL (6 pens / 28 days), NM, PA
HUMIRA PEN AJKT 80mg/0.8ml	Tier 1	QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	Tier 1	QL (3 pens / 28 days), NM, PA
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml	Tier 1	QL (3 pens / 28 days), NM, PA
INFLIXIMAB SOLR 100mg	Tier 1	NM, PA

Drug Name	Drug Tier	Requirements/Limits
KINERET SOSY 100mg/0.67ml	Tier 1	QL (28 syringes / 28 days), NM, PA
PYZCHIVA SOAJ 45mg/0.5ml, 90mg/ml	Tier 1	QL (1 pen / 28 days), NM, PA
PYZCHIVA SOLN 45mg/0.5ml	Tier 1	QL (1 vial / 28 days), NM, PA
PYZCHIVA SOLN 130mg/26ml	Tier 1	NM, PA
PYZCHIVA SOSY 45mg/0.5ml, 90mg/ml	Tier 1	QL (1 syringe / 28 days), NM, PA
REMICADE SOLR 100mg	Tier 1	NM, PA
RENFLEXIS SOLR 100mg	Tier 1	NM, PA
RINVOQ TB24 15mg, 30mg	Tier 1	QL (30 tabs / 30 days), NM, PA
RINVOQ TB24 45mg	Tier 1	QL (168 tabs / year), NM, PA
RINVOQ LQ SOLN 1mg/ml	Tier 1	QL (360 mL / 30 days), NM, PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	Tier 1	QL (1 cartridge / 56 days), NM, PA
SKYRIZI SOLN 600mg/10ml	Tier 1	NM, PA
SKYRIZI SOSY 55mg/0.37ml, 150mg/ml	Tier 1	QL (6 syringes / 365 days), NM, PA
SKYRIZI PEN SOAJ 150mg/ml	Tier 1	QL (6 pens / 365 days), NM, PA
SOTYKTU TABS 6mg	Tier 1	QL (30 tabs / 30 days), NM, PA
STELARA SOLN 45mg/0.5ml	Tier 1	QL (1 vial / 28 days), NM, PA
STELARA SOLN 130mg/26ml	Tier 1	NM, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	Tier 1	QL (1 syringe / 28 days), NM, PA
tofacitinib citrate SOLN 1mg/ml	Tier 1	QL (480 mL / 24 days), NM, PA
tofacitinib citrate TABS 5mg, 10mg	Tier 1	QL (60 tabs / 30 days), NM, PA
tofacitinib citrate TB24 11mg, 22mg	Tier 1	QL (30 tabs / 30 days), NM, PA
TREMFYA SOAJ 200mg/2ml	Tier 1	QL (2 pens / 28 days), NM, PA
TREMFYA SOLN 200mg/20ml	Tier 1	NM, PA
TREMFYA SOPN 100mg/ml	Tier 1	QL (1 pen / 28 days), NM, PA
TREMFYA SOSY 100mg/ml	Tier 1	QL (1 syringe / 28 days), NM, PA
TREMFYA SOSY 200mg/2ml	Tier 1	QL (2 syringes / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml	Tier 1	QL (2 pens / 28 days), NM, PA
TREMFYA PEN SOAJ 100mg/ml	Tier 1	QL (1 pen / 28 days), NM, PA
TYENNE SOAJ 162mg/0.9ml	Tier 1	QL (4 pens / 28 days), NM, PA
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	Tier 1	NM, PA
TYENNE SOSY 162mg/0.9ml	Tier 1	QL (4 syringes / 28 days), NM, PA
USTEKINUMAB SOLN 45mg/0.5ml	Tier 1	QL (1 vial / 28 days), NM, PA
USTEKINUMAB SOLN 130mg/26ml	Tier 1	NM, PA
USTEKINUMAB SOSY 45mg/0.5ml, 90mg/ml	Tier 1	QL (1 syringe / 28 days), NM, PA
VELSIPITY TABS 2mg	Tier 1	QL (30 tabs / 30 days), NM, PA
XELJANZ SOLN 1mg/ml	Tier 1	QL (480 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	Tier 1	QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	Tier 1	QL (30 tabs / 30 days), NM, PA
YESINTEK SOLN 45mg/0.5ml	Tier 1	QL (1 vial / 28 days), NM, PA
YESINTEK SOLN 130mg/26ml	Tier 1	NM, PA
YESINTEK SOSY 45mg/0.5ml, 90mg/ml	Tier 1	QL (1 syringe / 28 days), NM, PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
hydroxychloroquine sulfate TABS 200mg	Tier 1	
JYLAMVO SOLN 2mg/ml	Tier 1	B/D
leflunomide TABS 10mg, 20mg	Tier 1	QL (30 tabs / 30 days)
methotrexate sodium TABS 2.5mg	Tier 1	
XATMEP SOLN 2.5mg/ml	Tier 1	B/D
IMMUNOGLOBULINS		
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	Tier 1	NM, PA
BIVIGAM SOLN 5gm/50ml, 10%	Tier 1	NM, PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	Tier 1	NM, PA
GAMASTAN INJ	Tier 1	B/D, NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	Tier 1	NM, PA
GAMMAGARD LIQUID ERC SOLN 5gm/50ml, 10gm/100ml	Tier 1	NM, PA

Drug Name	Drug Tier	Requirements/Limits
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	Tier 1	NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	Tier 1	NM, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	Tier 1	NM, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	Tier 1	NM, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	Tier 1	NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	Tier 1	NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	Tier 1	NM, PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml	Tier 1	NM, PA
ARCALYST SOLR 220mg	Tier 1	NM, PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 .5mg, 1mg, 5mg	Tier 1	B/D
azathioprine TABS 50mg	Tier 1	B/D
BENLYSTA SOAJ 200mg/ml	Tier 1	QL (8 pens / 28 days), NM, PA
BENLYSTA SOLR 120mg, 400mg	Tier 1	NM, PA
BENLYSTA SOSY 200mg/ml	Tier 1	QL (8 syringes / 28 days), NM, PA
cyclosporine CAPS 25mg, 100mg	Tier 1	B/D
cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	Tier 1	B/D
everolimus (immunosuppressant) TABS .25mg, .5mg, .75mg, 1mg	Tier 1	B/D
gengraf CAPS 25mg, 100mg	Tier 1	B/D
mycophenolate mofetil CAPS 250mg; SUSR 200mg/ml; TABS 500mg	Tier 1	B/D
mycophenolate sodium TBEC 180mg, 360mg	Tier 1	B/D
NULOJIX SOLR 250mg	Tier 1	B/D
PROGRAF PACK .2mg, 1mg	Tier 1	B/D
REZUROCK TABS 200mg	Tier 1	QL (30 tabs / 30 days), NM, PA
sirolimus SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	Tier 1	B/D

Drug Name	Drug Tier	Requirements/Limits
tacrolimus CAPS .5mg, 1mg, 5mg; CP24 .5mg, 1mg, 5mg	Tier 1	B/D
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	Tier 1	PA
ACTHIB INJ	Tier 1	
ADACEL INJ	Tier 1	
AREXVY SUSR 120mcg/0.5ml	Tier 1	PA
BCG VACCINE SOLR 50mg	Tier 1	
BEXSERO SUSY .5ml	Tier 1	
BOOSTRIX INJ	Tier 1	
DAPTACEL INJ	Tier 1	
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	Tier 1	B/D
GARDASIL 9 SUSP .5ml; SUSY .5ml	Tier 1	
HAVRIX SUSY 720elu/0.5ml, 1440unit/ml	Tier 1	
HEPLISAV-B SOSY 20mcg/0.5ml	Tier 1	B/D
HIBERIX SOLR 10mcg	Tier 1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	Tier 1	B/D
INFANRIX INJ	Tier 1	
IPOL INJ INACTIVE	Tier 1	
IXIARO INJ	Tier 1	
JYNNEOS SUSP .5ml	Tier 1	B/D
KINRIX INJ	Tier 1	
M-M-R II INJ	Tier 1	
MENQUADFI SOLN .5ml	Tier 1	
MENVEO INJ	Tier 1	
MENVEO SOL	Tier 1	
MRESVIA SUSY 50mcg/0.5ml	Tier 1	PA
PEDIARIX INJ 0.5ML	Tier 1	
PEDVAXHIB SUSP 7.5mcg/0.5ml	Tier 1	
PENBRAYA INJ	Tier 1	
PENMENVY INJ	Tier 1	
PENTACEL INJ	Tier 1	
PRIORIX INJ	Tier 1	
PROQUAD INJ	Tier 1	
QUADRACEL INJ 0.5ML	Tier 1	
RABAVERT INJ	Tier 1	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	Tier 1	B/D
ROTARIX SUS	Tier 1	
ROTATEQ SOL	Tier 1	
SHINGRIX SUSR 50mcg/0.5ml	Tier 1	QL (2 vials per lifetime)

Drug Name	Drug Tier	Requirements/Limits
SHINGRIX SUSY 50mcg/0.5ml	Tier 1	QL (2 syringes per lifetime)
TENIVAC INJ 5-2LF	Tier 1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	Tier 1	
TRUMENBA SUSY .5ml	Tier 1	
TWINRIX INJ	Tier 1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	Tier 1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml; SUSY 25unit/0.5ml, 50unit/ml	Tier 1	
VARIVAX SUSR 1350pfu/0.5ml	Tier 1	
VAXCHORA SUS	Tier 1	
VIMKUNYA SUSY 40mcg/0.8ml	Tier 1	
VIVOTIF CAP EC	Tier 1	
YF-VAX INJ	Tier 1	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D2.5W/NACL INJ 0.45%	Tier 1	
D5W/NACL INJ 0.2%	Tier 1	
D5W/NACL INJ 0.45%	Tier 1	
D10W/NACL INJ 0.2%	Tier 1	
D10W/NACL INJ 0.45%	Tier 1	
dextrose 2.5% w/ sodium chloride 0.45%	Tier 1	
dextrose 5% in lactated ringers	Tier 1	
dextrose 5% w/ sodium chloride 0.3%	Tier 1	
dextrose 5% w/ sodium chloride 0.9%	Tier 1	
dextrose 5% w/ sodium chloride 0.45%	Tier 1	
dextrose 5% w/ sodium chloride 0.225%	Tier 1	
ISOLYTE-P INJ /D5W	Tier 1	
ISOLYTE-S INJ PH 7.4	Tier 1	
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	Tier 1	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	Tier 1	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	Tier 1	
kcl 20 meq/l (0.15%) in nacl 0.9% inj	Tier 1	
kcl 20 meq/l (0.15%) in nacl 0.45% inj	Tier 1	
kcl 20 meq/l (0.149%) in nacl 0.9% inj	Tier 1	
kcl 20 meq/l (0.149%) in nacl 0.45% inj	Tier 1	
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	Tier 1	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	Tier 1	
kcl 40 meq/l (0.3%) in nacl 0.9% inj	Tier 1	
kcl 40 meq/l (0.298%) in nacl 0.9% inj	Tier 1	
KCL/D5W/NACL INJ 0.3/0.9%	Tier 1	
KCL/D5W/NACL INJ 0.15/0.2	Tier 1	
LACTATED RIN INJ	Tier 1	
lactated ringer's solution	Tier 1	
magnesium sulfate SOLN 2gm/50ml, 3gm/100ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	Tier 1	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 20gm/500ml, 40gm/1000ml	Tier 1	
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	Tier 1	
multiple electrolytes ph 5.5	Tier 1	
POT CHL 20MEQ/L IN NACL 0.9% INJ	Tier 1	
POT CHL 20MEQ/L IN NACL 0.45% INJ	Tier 1	
POT CHL 40MEQ/L IN NACL 0.9% INJ	Tier 1	
potassium chloride SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	Tier 1	
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	Tier 1	
sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	Tier 1	
TPN ELECTROL INJ	Tier 1	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
klor-con PACK 20meq	Tier 1	
klor-con 8 TBCR 8meq	Tier 1	
KLOR-CON 8 TBCR 8meq	Tier 1	
klor-con 10 TBCR 10meq	Tier 1	
KLOR-CON 10 TBCR 10meq	Tier 1	
klor-con m10 TBCR 10meq	Tier 1	
klor-con m15 TBCR 15meq	Tier 1	
klor-con m20 TBCR 20meq	Tier 1	
M-NATAL PLUS TAB	Tier 1	
potassium chloride CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq	Tier 1	
potassium chloride microencapsulated crystals er TBCR 10meq, 15meq, 20meq	Tier 1	
PRENATAL TAB 27-1MG	Tier 1	
PRENATAL TAB PLUS	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	Tier 1	
WESTAB PLUS TAB 27-1MG	Tier 1	
IV NUTRITION		
aminosyn ii soln 15%	Tier 1	B/D
AMINOSYN INJ 10%	Tier 1	B/D
AMINOSYN-PF INJ 10%	Tier 1	B/D
CLINIMIX INJ 4.25/D5W	Tier 1	B/D
CLINIMIX INJ 4.25/D10	Tier 1	B/D
CLINIMIX INJ 5%/D15W	Tier 1	B/D
CLINIMIX INJ 5%/D20W	Tier 1	B/D
CLINIMIX INJ 6/5	Tier 1	B/D
CLINIMIX INJ 8/10	Tier 1	B/D
CLINIMIX INJ 8/14	Tier 1	B/D
clinisol sf 15%	Tier 1	B/D
CLINOLIPID EMU 20%	Tier 1	B/D
dextrose SOLN 5%, 10%	Tier 1	
dextrose SOLN 50%	Tier 1	B/D
DEXTROSE 10% SOLN 10%	Tier 1	
DEXTROSE 70% SOLN 70%	Tier 1	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	Tier 1	B/D
NUTRILIPID EMUL 20gm/100ml	Tier 1	B/D
plenamine	Tier 1	B/D
PREMASOL SOL 10%	Tier 1	B/D
PROSOL INJ 20%	Tier 1	B/D
TRAVASOL INJ 10%	Tier 1	B/D
TROPHAMINE INJ 10%	Tier 1	B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	Tier 1	
loteprednol etabonate-tobramycin ophth susp 0.5-0.3%	Tier 1	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	Tier 1	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	Tier 1	
neomycin-polymyxin-hc ophth susp	Tier 1	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	Tier 1	
TOBRADEX OIN 0.3-0.1%	Tier 1	
tobramycin-dexamethasone ophth susp 0.3-0.1%	Tier 1	
ZYLET SUS 0.5-0.3%	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
ANTI-INFECTIVES		
bacitracin-polymyxin b ophth oint	Tier 1	
besifloxacin hcl SUSP .6%	Tier 1	
BESIVANCE SUSP .6%	Tier 1	
CILOXAN OINT .3%	Tier 1	
ciprofloxacin hcl (ophth) SOLN .3%	Tier 1	
erythromycin (ophth) OINT 5mg/gm	Tier 1	
gatifloxacin (ophth) SOLN .5%	Tier 1	
gentamicin sulfate (ophth) SOLN .3%	Tier 1	
moxifloxacin hcl (ophth) SOLN .5%	Tier 1	QL (12 mL / 30 days)
NATACYN SUSP 5%	Tier 1	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	Tier 1	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	Tier 1	
ofloxacin (ophth) SOLN .3%	Tier 1	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	Tier 1	
sulfacetamide sodium (ophth) SOLN 10%	Tier 1	
tobramycin (ophth) SOLN .3%	Tier 1	
trifluridine SOLN 1%	Tier 1	
XDEMVY SOLN .25%	Tier 1	NM, PA
ZIRGAN GEL .15%	Tier 1	
ANTI-INFLAMMATORIES		
dexamethasone sodium phosphate (ophth) SOLN .1%	Tier 1	
diclofenac sodium (ophth) SOLN .1%	Tier 1	
difluprednate EMUL .05%	Tier 1	
fluorometholone (ophth) SUSP .1%	Tier 1	
flurbiprofen sodium SOLN .03%	Tier 1	
ketorolac tromethamine (ophth) SOLN .4%, .5%	Tier 1	
LOTEMAX OINT .5%	Tier 1	
prednisolone acetate (ophth) SUSP 1%	Tier 1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	Tier 1	
ANTIALLERGICS		
azelastine hcl (ophth) SOLN .05%	Tier 1	
cromolyn sodium (ophth) SOLN 4%	Tier 1	
ZERVIATE SOLN .24%	Tier 1	
ANTIGLAUCOMA		
betaxolol hcl (ophth) SOLN .5%	Tier 1	
brimonidine tartrate SOLN .2%	Tier 1	
brinzolamide SUSP 1%	Tier 1	ST
carteolol hcl (ophth) SOLN 1%	Tier 1	
COMBIGAN SOL 0.2/0.5%	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
dorzolamide hcl SOLN 2%	Tier 1	
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	Tier 1	
latanoprost SOLN .005%	Tier 1	
levobunolol hcl SOLN .5%	Tier 1	
LUMIGAN SOLN .01%	Tier 1	
pilocarpine hcl SOLN 1%, 2%, 4%	Tier 1	
RHOPRESSA SOLN .02%	Tier 1	
ROCKLATAN DRO	Tier 1	
SIMBRINZA SUS 1-0.2%	Tier 1	
timolol maleate (ophth) SOLG .25%, .5%; SOLN .25%, .5%	Tier 1	
VYZULTA SOLN .024%	Tier 1	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	Tier 1	
atropine sulfate (ophthalmic) SOLN 1%	Tier 1	
CYSTADROPS SOLN .37%	Tier 1	NM, PA
CYSTARAN SOLN .44%	Tier 1	NM, PA
EYSUVIS SUSP .25%	Tier 1	
MIEBO SOLN 1.338gm/ml	Tier 1	
proparacaine hcl SOLN .5%	Tier 1	
RESTASIS EMUL .05%	Tier 1	
RESTASIS MULTIDOSE EMUL .05%	Tier 1	
XIIDRA SOLN 5%	Tier 1	
OTIC		
OTIC AGENTS		
acetic acid (otic) SOLN 2%	Tier 1	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	Tier 1	
flac OIL .01%	Tier 1	
fluocinolone acetonide (otic) OIL .01%	Tier 1	
hydrocortisone w/ acetic acid otic soln 1-2%	Tier 1	
neomycin-polymyxin-hc otic soln 1%	Tier 1	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	Tier 1	
ofloxacin (otic) SOLN .3%	Tier 1	
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25	Tier 1	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	Tier 1	QL (1 inhaler / 30 days)
BREZTRI AERO AER 9MCG	Tier 1	QL (1 inhaler / 30 days)
BREZTRI AERO AER 18MCG	Tier 1	QL (1 inhaler / 30 days)

Drug Name	Drug Tier	Requirements/Limits
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	Tier 1	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	Tier 1	QL (2 inhalers / 30 days)
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	Tier 1	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	Tier 1	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	Tier 1	QL (60 blisters / 30 days)
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act	Tier 1	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	Tier 1	QL (30 blisters / 30 days)
ipratropium bromide SOLN .02%	Tier 1	B/D
ipratropium bromide (nasal) SOLN .03%, .06%	Tier 1	
ipratropium bromide hfa AERS 17mcg/act	Tier 1	QL (2 inhalers / 30 days)
SPIRIVA RESPIMAT AERS 1.25mcg/act	Tier 1	QL (1 inhaler / 30 days)
ANTIHISTAMINES		
azelastine hcl SOLN .1%	Tier 1	
cetirizine hcl SOLN 5mg/5ml	Tier 1	QL (300 mL / 30 days)
cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg	Tier 1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
diphenhydramine hcl SOLN 50mg/ml	Tier 1	
hydroxyzine hcl SOLN 25mg/ml, 50mg/ml	Tier 1	PA; PA applies if 65 years and older
hydroxyzine hcl SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	Tier 1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
hydroxyzine pamoate CAPS 25mg, 50mg	Tier 1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
levocetirizine dihydrochloride SOLN 2.5mg/5ml	Tier 1	QL (300 mL / 30 days)
levocetirizine dihydrochloride TABS 5mg	Tier 1	QL (30 tabs / 30 days)
BETA AGONISTS		
albuterol sulfate AERS 108mcg/act	Tier 1	QL (2 inhalers / 30 days); (generic of Proair HFA)

Drug Name	Drug Tier	Requirements/Limits
albuterol sulfate AERS 108mcg/act	Tier 1	QL (2 inhalers / 30 days); (generic of Proventil HFA)
albuterol sulfate AERS 108mcg/act	Tier 1	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
albuterol sulfate NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	Tier 1	B/D
albuterol sulfate SYRP 2mg/5ml; TABS 2mg, 4mg	Tier 1	
levalbuterol hcl NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	Tier 1	B/D
levalbuterol tartrate AERO 45mcg/act	Tier 1	QL (2 inhalers / 30 days), ST
SEREVENT DISKUS AEPB 50mcg/dose	Tier 1	QL (60 inhalations / 30 days)
terbutaline sulfate TABS 2.5mg, 5mg	Tier 1	
VENTOLIN HFA AERS 108mcg/act	Tier 1	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	Tier 1	QL (6 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
montelukast sodium CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	Tier 1	
zafirlukast TABS 10mg, 20mg	Tier 1	
MISCELLANEOUS		
acetylcysteine SOLN 10%, 20%	Tier 1	B/D
ALYFTREK TAB 4-20-50	Tier 1	QL (84 tabs / 28 days), NM, PA
ALYFTREK TAB 10-50-125	Tier 1	QL (56 tabs / 28 days), NM, PA
ARALAST NP SOLR 500mg, 1000mg	Tier 1	NM, PA
cromolyn sodium NEBU 20mg/2ml	Tier 1	B/D
epinephrine (anaphylaxis) SOAJ .15mg/0.3ml, .3mg/0.3ml	Tier 1	(generic of EpiPen)
epinephrine (anaphylaxis) SOAJ .15mg/0.15ml, .3mg/0.3ml	Tier 1	(generic of Adrenaclick)
FASENRA SOSY 10mg/0.5ml, 30mg/ml	Tier 1	QL (1 syringe / 28 days), NM, PA
FASENRA PEN SOAJ 30mg/ml	Tier 1	QL (1 pen / 28 days), NM, PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	Tier 1	QL (56 packets / 28 days), NM, PA
KALYDECO TABS 150mg	Tier 1	QL (60 tabs / 30 days), NM, PA
nintedanib esylate CAPS 100mg, 150mg	Tier 1	QL (60 caps / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
OFEV CAPS 100mg, 150mg	Tier 1	QL (60 caps / 30 days), NM, PA
ORKAMBI GRA 75-94MG	Tier 1	QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 100-125	Tier 1	QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 150-188	Tier 1	QL (56 packets / 28 days), NM, PA
ORKAMBI TAB 100-125	Tier 1	QL (112 tabs / 28 days), NM, PA
ORKAMBI TAB 200-125	Tier 1	QL (112 tabs / 28 days), NM, PA
pirfenidone CAPS 267mg	Tier 1	QL (270 caps / 30 days), NM, PA
pirfenidone TABS 267mg	Tier 1	QL (270 tabs / 30 days), NM, PA
pirfenidone TABS 534mg, 801mg	Tier 1	QL (90 tabs / 30 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml	Tier 1	NM, PA
PULMOZYME SOLN 2.5mg/2.5ml	Tier 1	NM, PA
roflumilast TABS 250mcg	Tier 1	QL (56 tabs / year)
roflumilast TABS 500mcg	Tier 1	QL (30 tabs / 30 days)
SYMDEKO TAB 50-75MG	Tier 1	QL (56 tabs / 28 days), NM, PA
SYMDEKO TAB 100-150	Tier 1	QL (56 tabs / 28 days), NM, PA
theophylline ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	Tier 1	
TRIKAFTA PAK 59.5MG	Tier 1	QL (56 packs / 28 days), NM, PA
TRIKAFTA PAK 75MG	Tier 1	QL (56 packs / 28 days), NM, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	Tier 1	QL (84 tabs / 28 days), NM, PA
TRIKAFTA TAB 100-50-75MG & 150MG	Tier 1	QL (84 tabs / 28 days), NM, PA
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml	Tier 1	QL (4 pens / 28 days), NM, PA
XOLAIR SOAJ 150mg/ml	Tier 1	QL (8 pens / 28 days), NM, PA
XOLAIR SOLR 150mg	Tier 1	QL (8 vials / 28 days), NM, PA
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml	Tier 1	QL (4 syringes / 28 days), NM, PA
XOLAIR SOSY 150mg/ml	Tier 1	QL (8 syringes / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	Tier 1	NM, PA
NASAL STEROIDS		
flunisolide (nasal) SOLN .025%	Tier 1	QL (3 bottles / 30 days)
fluticasone propionate (nasal) SUSP 50mcg/act	Tier 1	QL (1 bottle / 30 days)
XHANCE EXHU 93mcg/act	Tier 1	QL (32 mL / 30 days), PA
STEROID INHALANTS		
ALVESCO AERS 80mcg/act	Tier 1	QL (3 inhalers / 30 days)
ALVESCO AERS 160mcg/act	Tier 1	QL (2 inhalers / 30 days)
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	Tier 1	QL (30 inhalations / 30 days)
budesonide (inhalation) SUSP .25mg/2ml, .5mg/2ml	Tier 1	B/D
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR HFA AER 45/21	Tier 1	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	Tier 1	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	Tier 1	QL (1 inhaler / 30 days)
AIRSUPRA AER 90-80MCG	Tier 1	QL (3 inhalers / 30 days)
BREO ELLIPTA INH 50-25MCG	Tier 1	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	Tier 1	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	Tier 1	QL (60 blisters / 30 days)
breyna	Tier 1	QL (3 inhalers / 30 days)
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	Tier 1	QL (3 inhalers / 30 days)
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	Tier 1	QL (3 inhalers / 30 days)
DULERA AER 50-5MCG	Tier 1	QL (3 inhalers / 30 days)
DULERA AER 100-5MCG	Tier 1	QL (3 inhalers / 30 days)
DULERA AER 200-5MCG	Tier 1	QL (3 inhalers / 30 days)
fluticasone-salmeterol aer powder ba 100-50 mcg/act	Tier 1	QL (60 inhalations / 30 days)
fluticasone-salmeterol aer powder ba 250-50 mcg/act	Tier 1	QL (60 inhalations / 30 days)
fluticasone-salmeterol aer powder ba 500-50 mcg/act	Tier 1	QL (60 inhalations / 30 days)

Drug Name	Drug Tier	Requirements/Limits
wixela inhub	Tier 1	QL (60 inhalations / 30 days)
TOPICAL		
DERMATOLOGY, ACNE		
accutane CAPS 10mg, 20mg, 30mg, 40mg	Tier 1	PA
amnesteem CAPS 10mg, 20mg, 30mg, 40mg	Tier 1	PA
benzoyl peroxide-erythromycin gel 5-3%	Tier 1	QL (46.6 gm / 30 days)
claravis CAPS 10mg, 20mg, 30mg, 40mg	Tier 1	PA
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	Tier 1	QL (45 gm / 30 days)
clindamycin phosphate (topical) GEL 1%	Tier 1	QL (75 mL / 30 days), PA
clindamycin phosphate (topical) LOTN 1%; SOLN 1%	Tier 1	QL (60 mL / 30 days)
ery PADS 2%	Tier 1	QL (60 pledgets / 30 days)
erythromycin (acne aid) GEL 2%	Tier 1	QL (60 gm / 30 days)
erythromycin (acne aid) SOLN 2%	Tier 1	QL (60 mL / 30 days)
isotretinoin CAPS 10mg, 20mg, 30mg, 40mg	Tier 1	PA
neuac	Tier 1	QL (45 gm / 30 days)
sulfacetamide sodium (acne) LOTN 10%	Tier 1	QL (118 mL / 30 days)
tretinoin CREA .025%, .05%, .1%; GEL .01%, .025%	Tier 1	QL (45 gm / 30 days), PA
twice-daily clindamycin phosphate (topical) GEL 1%	Tier 1	QL (60 gm / 30 days)
zenatane CAPS 10mg, 20mg, 30mg, 40mg	Tier 1	PA
DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate (topical) CREA .1%; OINT .1%	Tier 1	QL (30 gm / 30 days)
mupirocin OINT 2%	Tier 1	QL (220 gm / 30 days)
silver sulfadiazine CREA 1%	Tier 1	
ssd CREA 1%	Tier 1	
SULFAMYLON CREA 85mg/gm	Tier 1	QL (453.6 gm / 30 days)
DERMATOLOGY, ANTIFUNGALS		
ciclopirox SHAM 1%	Tier 1	QL (120 mL / 30 days)
ciclopirox olamine CREA .77%	Tier 1	QL (90 gm / 30 days)
ciclopirox olamine SUSP .77%	Tier 1	QL (60 mL / 30 days)
clotrimazole (topical) CREA 1%	Tier 1	QL (45 gm / 30 days)
clotrimazole (topical) SOLN 1%	Tier 1	QL (60 mL / 30 days)
clotrimazole w/ betamethasone cream 1-0.05%	Tier 1	QL (45 gm / 30 days)
econazole nitrate CREA 1%	Tier 1	QL (85 gm / 30 days)
ketoconazole (topical) CREA 2%	Tier 1	QL (60 gm / 30 days)
ketoconazole (topical) SHAM 2%	Tier 1	QL (120 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
klayesta POWD 100000unit/gm	Tier 1	QL (60 gm / 30 days)
nyamyc POWD 100000unit/gm	Tier 1	QL (60 gm / 30 days)
nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm	Tier 1	QL (30 gm / 30 days)
nystatin (topical) POWD 100000unit/gm	Tier 1	QL (60 gm / 30 days)
nystop POWD 100000unit/gm	Tier 1	QL (60 gm / 30 days)
selenium sulfide LOTN 2.5%	Tier 1	
DERMATOLOGY, ANTIPSORIATICS		
acitretin CAPS 10mg, 17.5mg, 25mg	Tier 1	PA
calcipotriene CREA .005%; OINT .005%	Tier 1	QL (120 gm / 30 days), PA
calcipotriene SOLN .005%	Tier 1	QL (120 mL / 30 days), PA
calcitrene OINT .005%	Tier 1	QL (120 gm / 30 days), PA
ENSTILAR AER	Tier 1	QL (120 gm / 30 days), PA
PELLIX SOLN .005%	Tier 1	QL (120 mL / 30 days), PA
tazarotene CREA .05%, .1%	Tier 1	QL (60 gm / 30 days), PA
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort CREA 1%	Tier 1	
alclometasone dipropionate CREA .05%; OINT .05%	Tier 1	QL (60 gm / 30 days)
betamethasone dipropionate (topical) CREA .05%; OINT .05%	Tier 1	QL (120 gm / 30 days)
betamethasone dipropionate (topical) LOTN .05%	Tier 1	QL (120 mL / 30 days)
betamethasone dipropionate augmented CREA .05%; GEL .05%; OINT .05%	Tier 1	QL (120 gm / 30 days)
betamethasone dipropionate augmented LOTN .05%	Tier 1	QL (120 mL / 30 days)
betamethasone valerate CREA .1%; OINT .1%	Tier 1	QL (120 gm / 30 days)
betamethasone valerate LOTN .1%	Tier 1	QL (120 mL / 30 days)
clobetasol propionate CREA .05%; GEL .05%; OINT .05%	Tier 1	QL (120 gm / 30 days)
clobetasol propionate SHAM .05%	Tier 1	QL (236 mL / 30 days)
clobetasol propionate SOLN .05%	Tier 1	QL (100 mL / 30 days)
clobetasol propionate emo CREA .05%	Tier 1	QL (120 gm / 30 days)
clodan SHAM .05%	Tier 1	QL (236 mL / 30 days)
fluocinolone acetonide CREA .01%	Tier 1	QL (60 gm / 30 days)
fluocinolone acetonide CREA .025%; OINT .025%	Tier 1	QL (120 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
fluocinolone acetonide OIL .01%	Tier 1	QL (118.28 mL / 30 days)
fluocinolone acetonide SOLN .01%	Tier 1	QL (60 mL / 30 days)
fluocinonide CREA .05%, .1%	Tier 1	QL (120 gm / 30 days)
fluocinonide GEL .05%; OINT .05%	Tier 1	QL (60 gm / 30 days)
fluocinonide SOLN .05%	Tier 1	QL (60 mL / 30 days)
fluocinonide emulsified base CREA .05%	Tier 1	QL (120 gm / 30 days)
fluticasone propionate CREA .05%; OINT .005%	Tier 1	
halobetasol propionate CREA .05%; OINT .05%	Tier 1	QL (50 gm / 30 days)
hydrocortisone (topical) CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	Tier 1	
hydrocortisone (topical) OINT 1%	Tier 1	QL (30 gm / 30 days)
hydrocortisone valerate CREA .2%	Tier 1	QL (60 gm / 30 days)
mometasone furoate CREA .1%; OINT .1%; SOLN .1%	Tier 1	
triamcinolone acetonide (topical) CREA .025%, .1%, .5%	Tier 1	QL (454 gm / 30 days)
triamcinolone acetonide (topical) LOTN .025%, .1%; OINT .025%, .1%, .5%	Tier 1	
triderm CREA .5%	Tier 1	QL (454 gm / 30 days)
DERMATOLOGY, LOCAL ANESTHETICS		
glydo PRSY 2%	Tier 1	QL (60 mL / 30 days), PA
lidocaine OINT 5%	Tier 1	QL (50 gm / 30 days), PA
lidocaine PTCH 5%	Tier 1	QL (3 patches / 1 day), PA
lidocaine hcl PRSY 2%	Tier 1	QL (60 mL / 30 days), PA
lidocaine hcl SOLN 4%	Tier 1	QL (50 mL / 30 days), PA
lidocaine-prilocaine cream 2.5-2.5%	Tier 1	B/D, QL (30 gm / 30 days)
lidocan PTCH 5%	Tier 1	QL (3 patches / 1 day), PA
tridacaine iii PTCH 5%	Tier 1	QL (3 patches / 1 day), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
bexarotene (topical) GEL 1%	Tier 1	QL (60 gm / 30 days), NM, PA
diclofenac sodium (topical) SOLN 1.5%	Tier 1	QL (300 mL / 28 days)
doxepin hcl (antipruritic) CREA 5%	Tier 1	QL (45 gm / 30 days), PA
EUCRISA OINT 2%	Tier 1	QL (120 gm / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
fluorouracil (topical) CREA 5%	Tier 1	QL (40 gm / 30 days)
fluorouracil (topical) SOLN 2%, 5%	Tier 1	QL (10 mL / 30 days)
hydrocortisone (rectal) CREA 1%, 2.5%	Tier 1	
imiquimod CREA 5%	Tier 1	QL (24 packets / 30 days)
lactic acid (ammonium lactate) CREA 12%; LOTN 12%	Tier 1	
metronidazole (topical) CREA .75%; GEL .75%	Tier 1	QL (45 gm / 30 days)
metronidazole (topical) LOTN .75%	Tier 1	QL (59 mL / 30 days)
nitroglycerin (intra-anal) OINT .4%	Tier 1	QL (30 gm / 30 days)
PANRETIN GEL .1%	Tier 1	QL (60 gm / 30 days), PA
pimecrolimus CREA 1%	Tier 1	QL (100 gm / 30 days), PA
podofilox SOLN .5%	Tier 1	QL (7 mL / 28 days)
procto-med hc CREA 2.5%	Tier 1	
proctocort CREA 1%	Tier 1	
proctosol hc CREA 2.5%	Tier 1	
proctozone-hc CREA 2.5%	Tier 1	
tacrolimus (topical) OINT .03%, .1%	Tier 1	QL (100 gm / 30 days), PA
VALCHLOR GEL .016%	Tier 1	QL (60 gm / 30 days), NM, PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
malathion LOTN .5%	Tier 1	QL (59 mL / 30 days)
permethrin CREA 5%	Tier 1	QL (60 gm / 30 days)
DERMATOLOGY, WOUND CARE AGENTS		
SANTYL OINT 250unit/gm	Tier 1	QL (180 gm / 30 days), PA
sodium chloride (gu irrigant) SOLN .9%	Tier 1	
water for irrigation, sterile irrigation soln	Tier 1	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl CAPS 30mg	Tier 1	
chlorhexidine gluconate (mouth-throat) SOLN .12%	Tier 1	
clotrimazole TROC 10mg	Tier 1	QL (150 lozenges / 30 days)
kourzeq PSTE .1%	Tier 1	
lidocaine hcl (mouth-throat) SOLN 2%	Tier 1	
nystatin (mouth-throat) SUSP 100000unit/ml	Tier 1	
periogard SOLN .12%	Tier 1	
pilocarpine hcl (oral) TABS 5mg, 7.5mg	Tier 1	
triamcinolone acetonide (mouth) PSTE .1%	Tier 1	

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This formulary was updated on 10/20/2026.
We have made no changes to this
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