PRESBYTERIAN | MEDICARE ADVANTAGE PLANS

2026 Formulary (List of Covered Drugs)



Presbyterian Senior Care (HMO)
Presbyterian Senior Care (HMO-POS)

Please Read:
THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN.

HPMS Approved Formulary File Submission ID 0026395, Version Number 053.

This formulary was updated on September 22, 2026. For more recent information or other questions,please call the Presbyterian Customer Service Center at (505) 923-6060 or 1-800-797-5343. TTY users should call 711. Our hours are 8 a.m. to 8 p.m., seven days a week (except holidays) from **October 1 through March 31**, and Monday to Friday (except holidays) from **April 1 through September 30** or visit **www.phs.org/Medicare**.

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 Presbyterian Health Plan, Inc. and Presbyterian Insurance Company, Inc. When it refers to "plan" or "our plan," it means Presbyterian Senior Care (HMO)/(HMO-POS).

This document includes a list of the drugs (formulary) for our plan which is current as of September 22, 2026. 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 Presbyterian Senior Care (HMO)/(HMO-POS) 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 our 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. Our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Presbyterian Senior Care (HMO)/(HMO-POS) 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 we may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: **https://www.phs.org/medicare/prescription-drugs/drug-formulary**.

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

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

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

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

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled "How do I request an exception to the Presbyterian Senior Care (HMO)/ (HMO-POS)?"

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 the Food and Drug Administration (FDA) deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines.

  If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

  If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section entitled "How do I request an exception to the Presbyterian Senior Care (HMO)/(HMO- POS) Formulary?" below.

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 September 22, 2026. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. If there are formulary updates that affect you, such as formulary additions,

removals, addition of prior authorization, quantity limits and/or step therapy restrictions, you will be notified in writing of the change. All changes to our 2026 formulary are posted to **www.phs.org/medicare**.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 8. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular Agents. If you know what your drug is used for, look for the category name in the list that begins on page 8. 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 120. 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?

Our 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:** Our plan requires you or your provider to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per prescription for aripiprazole. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our 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, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 8. 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 our 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 Presbyterian Senior Care (HMO)/(HMO-POS) 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 our Presbyterian Customer Service Center and ask if your drug is covered.

If you learn that our plan does not cover your drug, you have two options:

- You can ask our Presbyterian Customer Service Center for a list of similar drugs that are covered by our plan. When you receive the list, show it to your provider and ask them to prescribe a similar drug that is covered by our plan.
- You can ask our 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 Presbyterian Senior Care (HMO)/(HMO-POS) Formulary?

You can ask our 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 coverage restrictions including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, our 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.
- You can ask us to cover a formulary drug at a lower cost-sharing level unless the drug is on the specialty tier. If approved this would lower the amount you must pay for your drug.

Generally, our 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 in treating your condition and/or would cause you to have adverse medical effects.

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

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 talk to your provider to determine the right course of action for you, we may cover your drug in certain cases during the first 108 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 for less than 108 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 108 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

If you experience a change in your level of care, such as a move from a long-term care facility to a home setting or from the hospital to a home setting, and you need a drug that is not on our formulary or if your ability to get your drugs is limited, we will cover a one-time temporary supply for you. The temporary supply is up to a 31-day supply, unless the prescription is written for less than 31 days. During this period, you should use the plan's exception process if you wish to have continued coverage of the drug after the temporary supply is finished.

For more information

For more detailed information about your Presbyterian Senior Care (HMO)/(HMO-POS) prescription drug coverage, please review your Evidence of Coverage and other plan materials.

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

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

Presbyterian Senior Care (HMO)/(HMO-POS) Formulary

The formulary below provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 120.

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

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

Explanation of Drug Tiers

Prescription drugs are grouped into one of five tiers - Tier 1, Tier 2, Tier 3, Tier 4, or Tier 5. A generic drug is approved by the FDA as having the same active ingredients as the brand-name drug. Generally, generic drugs cost less than brand-name drugs. For your copayment or coinsurance amounts in each drug tier, refer to your Evidence of Coverage.

- **Tier 1 - Preferred Generic:** Generic or brand drugs that are available at the lowest cost share for this plan.
- **Tier 2 - Generic:** Generic or brand drugs that the plan offers at a higher cost to you than Tier 1 Preferred Generic drugs.
- **Tier 3 - Preferred Brand:** Generic or brand drugs that the plan offers at a lower cost to you than Tier 4 Non-Preferred Drug drugs.
- **Tier 4 - Non-Preferred Drug:** Generic or brand drugs that the plan offers at a higher cost to you than Tier 3 Preferred Brand drugs.
- **Tier 5 - Specialty Tier:** Some injectables and other high-cost drugs.

How much will I pay for covered drugs?

The amount of money you pay depends on:

- Which drug tier your drug falls under in the formulary.
- Your current drug payment stage - read your Evidence of Coverage (EOC) for more information.

If you qualified for extra help with your drug costs, your costs may be different. Please refer to your Evidence of Coverage (EOC), Low Income Subsidy (LIS) Rider, or call the Presbyterian Customer Service Center to find out what your costs are.

Explanation of Abbreviations

Abbreviation	Meaning
PA B/D	This drug may be covered under Medicare Part B or Medicare Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
LA	Limited Access. This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call the Presbyterian Customer Service Center at [(505) 923-6060 or 1-800-797-5343 (TTY 711). October 1 to March 31, we are available from 8 a.m. to 8 p.m., seven days a week. April 1 to September 30, we are available from 8 a.m. to 8 p.m., Monday through Friday. We are closed on holidays.
NDS	Non-Extended Day Supply. This drug is limited to a one-month supply.
PA	Prior Authorization. You or your provider, are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
QL	Quantity Limit. There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.
ST	Step Therapy. In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.

Drug Name	Drug Tier	Requirements/Limits
**** Non-Frf Drugs**		
**** Non-Frf Drugs**		
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	5	PA; NDS
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML	5	PA; NDS
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	5	PA; NDS
Analgesics		
Analgesics		
acetaminophen-codeine #2 oral tablet 300-15 mg	3	QL (6 EA per 1 day); NDS
acetaminophen-codeine #3 oral tablet 300-30 mg	3	QL (6 EA per 1 day); NDS
acetaminophen-codeine #4 oral tablet 300-60 mg	3	QL (6 EA per 1 day); NDS
acetaminophen-codeine oral solution 120-12 mg/5ml, 300-30 mg/12.5ml	3	NDS
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	3	QL (6 EA per 1 day); NDS
butalbital-apap-caffeine oral capsule 50-325-40 mg	4	QL (6 EA per 1 day)
butalbital-apap-caffeine oral tablet 50-325-40 mg	4	QL (6 EA per 1 day)
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	4	QL (6 EA per 1 day)
CAPACET ORAL CAPSULE 50-325-40 MG	4	
ENDOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG	3	QL (6 EA per 1 day)
ESGIC ORAL CAPSULE 50-325-40 MG	4	QL (6 EA per 1 day)
hydrocodone-acetaminophen oral tablet 5-325 mg, 7.5-325 mg	3	QL (6 EA per 1 day); NDS
hydrocodone-ibuprofen oral tablet 7.5-200 mg	3	QL (6 EA per 1 day); NDS
LORCET ORAL TABLET 5-325 MG	3	QL (6 EA per 1 day); NDS
LORCET PLUS ORAL TABLET 7.5-325 MG	3	QL (6 EA per 1 day); NDS
LORTAB ORAL TABLET 5-325 MG, 7.5-325 MG	3	QL (6 EA per 1 day); NDS
oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	3	QL (6 EA per 1 day); NDS
ZEBUTAL ORAL CAPSULE 50-325-40 MG	4	QL (6 EA per 1 day)
Nonsteroidal Anti-Inflammatory Drugs		

Drug Name	Drug Tier	Requirements/Limits
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	2	QL (2 EA per 1 day)
diclofenac sodium er oral tablet extended release 24 hour 100 mg	1	
diclofenac sodium external solution 1.5 %	4	
diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg	1	
ec-naproxen oral tablet delayed release 500 mg	1	
etodolac oral capsule 200 mg, 300 mg	2	
etodolac oral tablet 400 mg, 500 mg	2	
fenoprofen calcium oral tablet 600 mg	3	
flurbiprofen oral tablet 100 mg, 50 mg	2	
ketoprofen oral capsule 50 mg	2	
meloxicam oral tablet 15 mg, 7.5 mg	1	
nabumetone oral tablet 500 mg, 750 mg	2	
naproxen dr oral tablet delayed release 500 mg	1	
naproxen oral suspension 125 mg/5ml	2	
naproxen oral tablet 250 mg, 375 mg, 500 mg	1	
naproxen oral tablet delayed release 375 mg, 500 mg	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
oxaprozin oral tablet 600 mg	2	
piroxicam oral capsule 10 mg, 20 mg	2	
PROFENO ORAL TABLET 600 MG	3	
sulindac oral tablet 150 mg, 200 mg	2	
Opioid Analgesics, Long-Acting		
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	2	QL (10 EA per 30 days); NDS
methadone hcl oral tablet 10 mg	3	QL (4 EA per 1 day); NDS
methadone hcl oral tablet 5 mg	3	QL (6 EA per 1 day); NDS
morphine sulfate er oral tablet extended release 100 mg, 200 mg, 60 mg	3	QL (2 EA per 1 day); NDS
morphine sulfate er oral tablet extended release 15 mg, 30 mg	3	QL (3 EA per 1 day); NDS
morphine sulfate oral solution 20 mg/5ml	3	QL (30 ML per 1 day); NDS
morphine sulfate oral tablet 15 mg	3	QL (6 EA per 1 day); NDS
morphine sulfate oral tablet 30 mg	3	QL (4 EA per 1 day); NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 7. Last Updated: 09/22/2026

Drug Name	Drug Tier	Requirements/Limits
tramadol hcl er oral tablet extended release 24 hour 100 mg	2	QL (3 EA per 1 day); NDS
tramadol hcl er oral tablet extended release 24 hour 200 mg	2	QL (1 EA per 1 day); NDS
Opioid Analgesics, Short-Acting		
duramorph injection solution 1 mg/ml	4	QL (120 ML per 1 day); NDS
ENDOCET ORAL TABLET 2.5-325 MG	2	QL (6 EA per 1 day)
fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 400 mcg, 600 mcg, 800 mcg	5	PA; QL (4 EA per 1 day); NDS
hydrocodone-acetaminophen oral tablet 10-325 mg	3	QL (6 EA per 1 day); NDS
hydromorphone hcl oral tablet 2 mg, 4 mg	3	QL (6 EA per 1 day); NDS
hydromorphone hcl oral tablet 8 mg	3	QL (3 EA per 1 day); NDS
LORCET HD ORAL TABLET 10-325 MG	3	QL (6 EA per 1 day); NDS
LORTAB ORAL TABLET 10-325 MG	3	QL (6 EA per 1 day); NDS
morphine sulfate (pf) injection solution 1 mg/ml	4	QL (120 ML per 1 day); NDS
morphine sulfate intravenous solution 150 mg/30ml	3	NDS
oxycodone hcl oral tablet 10 mg, 5 mg	3	QL (6 EA per 1 day); NDS
oxycodone hcl oral tablet 15 mg	3	QL (5 EA per 1 day); NDS
oxycodone hcl oral tablet 20 mg	3	QL (4 EA per 1 day); NDS
oxycodone hcl oral tablet 30 mg	3	QL (2 EA per 1 day); NDS
oxycodone hcl oral tablet abuse-deterrent 15 mg	3	QL (5 EA per 1 day); NDS
oxycodone-acetaminophen oral tablet 2.5-325 mg	3	QL (6 EA per 1 day); NDS
tramadol hcl oral tablet 100 mg	2	QL (4 EA per 1 day); NDS
tramadol hcl oral tablet 50 mg	2	QL (8 EA per 1 day); NDS
Anesthetics		
Local Anesthetics		
GLYDO EXTERNAL GEL 2 %	2	
lidocaine external patch 5 %	4	PA; QL (3 EA per 1 day)
lidocaine hcl external gel 2 %	2	
lidocaine hcl external solution 4 %	2	QL (50 ML per 30 days)
lidocaine viscous hcl mouth/throat solution 2 %	2	
lidocaine-prilocaine external cream 2.5-2.5 %	2	QL (30 GM per 30 days)
Anti-Addiction/ Substance Abuse Treatment Agents		

Drug Name	Drug Tier	Requirements/Limits
Alcohol Deterrents/ Anti-Craving		
acamprosate calcium oral tablet delayed release 333 mg	2	
disulfiram oral tablet 250 mg, 500 mg	2	
Opioid Dependence Treatments		
buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg	2	QL (4 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg	4	QL (3 EA per 1 day); NDS
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg	4	QL (4 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg	2	QL (4 EA per 1 day)
naltrexone hcl oral tablet 50 mg	2	
Smoking Cessation Agents		
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	2	
NICOTROL INHALATION INHALER 10 MG	4	
NICOTROL NS NASAL SOLUTION 10 MG/ML	3	QL (720 ML per 365 days)
varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42	4	
varenicline tartrate oral 0.5 mg x 11 & 1 mg x 42	4	
varenicline tartrate oral tablet 0.5 mg, 1 mg	4	QL (360 EA per 365 days)
varenicline tartrate oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42	4	
Anti-Addiction/Substance Abuse Treatment Agents		
Opioid Reversal Agents		
KLOXXADO NASAL LIQUID 8 MG/0.1ML	4	
naloxone hcl injection solution prefilled syringe 2 mg/2ml	2	
naloxone hcl nasal liquid 4 mg/0.1ml	3	
OPVEE NASAL SOLUTION 2.7 MG/0.1ML	3	
Antibacterials		
Aminoglycosides		
amikacin sulfate injection solution 500 mg/2ml	2	

Drug Name	Drug Tier	Requirements/Limits
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML	5	NDS
GENTAK OPHTHALMIC OINTMENT 0.3 %	3	
gentamicin sulfate external cream 0.1 %	3	
gentamicin sulfate external ointment 0.1 %	3	
gentamicin sulfate injection solution 10 mg/ml, 40 mg/ml	2	
gentamicin sulfate intravenous solution 10 mg/ml	2	
gentamicin sulfate ophthalmic solution 0.3 %	2	
neomycin sulfate oral tablet 500 mg	2	
paromomycin sulfate oral capsule 250 mg	2	
streptomycin sulfate intramuscular solution reconstituted 1 gm	3	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	3	
tobramycin inhalation nebulization solution 300 mg/5ml	5	PA B/D; NDS
tobramycin ophthalmic solution 0.3 %	2	
tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml	2	
Antibacterials, Other		
bacitracin ophthalmic ointment 500 unit/gm	3	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	2	
clindamycin phos (once-daily) external gel 1 %	2	
clindamycin phos (twice-daily) external gel 1 %	2	
clindamycin phosphate external gel 1 %	2	
clindamycin phosphate external solution 1 %	2	
clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml	4	
clindamycin phosphate vaginal cream 2 %	2	
colistimethate sodium (cba) injection solution reconstituted 150 mg	5	NDS
daptomycin intravenous solution reconstituted 500 mg	5	NDS
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML	3	

Drug Name	Drug Tier	Requirements/Limits
fosfomycin tromethamine oral packet 3 gm	4	
linezolid intravenous solution 600 mg/300ml	4	NDS
linezolid oral suspension reconstituted 100 mg/5ml	5	PA; NDS
linezolid oral tablet 600 mg	4	PA; QL (2 EA per 1 day)
methenamine hippurate oral tablet 1 gm	2	QL (2 EA per 1 day)
metronidazole external cream 0.75 %	2	
metronidazole external gel 0.75 %	2	
metronidazole external lotion 0.75 %	2	
metronidazole in nacl intravenous solution 5-0.79 mg/ml-%, 500-0.79 mg/100ml-%	2	
metronidazole intravenous solution 5 mg/ml, 500 mg/100ml	2	
metronidazole oral capsule 375 mg	4	
metronidazole oral tablet 250 mg, 500 mg	2	
metronidazole vaginal gel 0.75 %	2	
mupirocin external ointment 2 %	2	
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	2	
nitrofurantoin monohyd macro oral capsule 100 mg	2	
nitrofurantoin oral suspension 25 mg/5ml	4	
polymyxin b sulfate injection solution reconstituted 500000 unit	4	
ROSADAN EXTERNAL CREAM 0.75 %	2	
ROSADAN EXTERNAL GEL 0.75 %	2	
tigecycline intravenous solution reconstituted 50 mg	4	NDS
tinidazole oral tablet 250 mg, 500 mg	2	
trimethoprim oral tablet 100 mg	2	
vancomycin hcl intravenous solution reconstituted 1 gm, 1000 mg, 5 gm, 500 mg, 750 mg	2	
vancomycin hcl oral capsule 125 mg, 250 mg	4	
vancomycin hcl oral solution reconstituted 25 mg/ml, 250 mg/5ml, 50 mg/ml	3	
VANDAZOLE VAGINAL GEL 0.75 %	3	
XIFAXAN ORAL TABLET 200 MG	4	PA; QL (3 EA per 1 day); NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 7. Last Updated: 09/22/2026

Drug Name	Drug Tier	Requirements/Limits
XIFAXAN ORAL TABLET 550 MG	5	PA; QL (3 EA per 1 day); NDS
Beta-Lactam, Cephalosporins		
cefaclor oral capsule 250 mg, 500 mg	2	
cefadroxil oral capsule 500 mg	2	
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml	2	
cefadroxil oral tablet 1 gm	2	
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg	2	
cefdinir oral capsule 300 mg	2	
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	2	
cefepime hcl injection solution reconstituted 1 gm, 2 gm	2	
cefepime hcl intravenous solution 2 gm/100ml	2	
cefepime hcl intravenous solution reconstituted 2 gm	2	
cefepime-dextrose intravenous solution reconstituted 2-5 gm-%(50ml)	2	
cefixime oral capsule 400 mg	3	
cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	4	
cefotaxime sodium injection solution reconstituted 1 gm, 2 gm	2	
cefoxitin sodium intravenous solution reconstituted 1 gm, 2 gm	2	
cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml	4	
cefpodoxime proxetil oral tablet 100 mg, 200 mg	4	
cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	2	
cefprozil oral tablet 250 mg, 500 mg	2	
ceftaroline fosamil intravenous solution reconstituted 400 mg, 600 mg	5	NDS
ceftazidime injection solution reconstituted 2 gm	2	
ceftazidime intravenous solution reconstituted 2 gm	2	

Drug Name	Drug Tier	Requirements/Limits
CEFTIN ORAL SUSPENSION RECONSTITUTED 250 MG/5ML	3	
ceftriaxone sodium injection solution reconstituted 100 gm, 250 mg, 500 mg	2	
ceftriaxone sodium intravenous solution reconstituted 10 gm	2	
cefuroxime axetil oral tablet 250 mg, 500 mg	2	
cefuroxime sodium injection solution reconstituted 1.5 gm, 7.5 gm, 750 mg	2	
cefuroxime sodium intravenous solution reconstituted 1.5 gm	2	
cephalexin oral capsule 250 mg, 500 mg	2	
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	2	
TAZICEF INJECTION SOLUTION RECONSTITUTED 2 GM	3	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 2 GM	3	
Beta-Lactam, Other		
aztreonam injection solution reconstituted 1 gm	4	
aztreonam injection solution reconstituted 2 gm	4	NDS
ertapenem sodium injection solution reconstituted 1 gm	4	
imipenem-cilastatin intravenous solution reconstituted 250 mg	2	
imipenem-cilastatin intravenous solution reconstituted 500 mg	2	
meropenem intravenous solution reconstituted 1 gm	2	
meropenem intravenous solution reconstituted 500 mg	2	
Beta-Lactam, Penicillins		
amoxicillin oral capsule 250 mg, 500 mg	2	
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	2	
amoxicillin oral tablet 500 mg, 875 mg	2	
amoxicillin oral tablet chewable 125 mg, 250 mg	2	

Drug Name	Drug Tier	Requirements/Limits
amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	2	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	2	
amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg	2	
ampicillin oral capsule 250 mg, 500 mg	2	
ampicillin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	3	
ampicillin sodium injection solution reconstituted 1 gm, 10 gm	2	
ampicillin sodium intravenous solution reconstituted 10 gm	2	
ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 15 (10-5) gm, 3 (2-1) gm	2	
ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm, 15 (10-5) gm, 3 (2-1) gm	2	
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION 900000-300000 UNIT/2ML	3	
BICILLIN C-R INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML	4	
dicloxacillin sodium oral capsule 250 mg, 500 mg	2	
nafcillin sodium injection solution reconstituted 1 gm, 2 gm	4	
nafcillin sodium intravenous solution reconstituted 2 gm	4	
penicillin g potassium injection solution reconstituted 20000000 unit, 5000000 unit	4	
penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml	2	
penicillin v potassium oral tablet 250 mg, 500 mg	2	
piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm	4	
Macrolides		
azithromycin intravenous solution reconstituted 500 mg	2	

Drug Name	Drug Tier	Requirements/Limits
azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg	2	
clarithromycin er oral tablet extended release 24 hour 500 mg	2	
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	2	
clarithromycin oral tablet 250 mg, 500 mg	2	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML	5	QL (136 ML per 30 days); NDS
ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG	4	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	3	
erythromycin base oral tablet 250 mg, 500 mg	4	
erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg	4	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	3	
erythromycin external solution 2 %	2	
erythromycin lactobionate intravenous solution reconstituted 500 mg	3	
erythromycin ophthalmic ointment 5 mg/gm	2	
erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg	4	
fidaxomicin oral tablet 200 mg	5	QL (20 EA per 30 days); NDS
KLARITY-A OPHTHALMIC SOLUTION 1 %	4	
Quinolones		
CILOXAN OPHTHALMIC OINTMENT 0.3 %	3	
ciprofloxacin hcl ophthalmic solution 0.3 %	2	
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	2	
ciprofloxacin in d5w intravenous solution 200 mg/100ml	2	
ciprofloxacin intravenous solution 400 mg/40ml	2	
ciprofloxacin oral suspension reconstituted 250 mg/5ml (5%), 500 mg/5ml (10%)	2	
gatifloxacin ophthalmic solution 0.5 %	4	

Drug Name	Drug Tier	Requirements/Limits
levofloxacin in d5w intravenous solution 750 mg/150ml	4	
levofloxacin oral solution 25 mg/ml	2	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	2	
moxifloxacin hcl in nacl intravenous solution 400 mg/250ml	4	
moxifloxacin hcl ophthalmic solution 0.5 %	4	
moxifloxacin hcl oral tablet 400 mg	4	
ofloxacin ophthalmic solution 0.3 %	2	
ofloxacin oral tablet 300 mg, 400 mg	2	
ofloxacin otic solution 0.3 %	2	
Sulfonamides		
silver sulfadiazine external cream 1 %	2	
SSD EXTERNAL CREAM 1 %	3	
sulfacetamide sodium ophthalmic ointment 10 %	4	
sulfacetamide sodium ophthalmic solution 10 %	2	
sulfadiazine oral tablet 500 mg	3	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml, 800-160 mg/20ml	2	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	2	
Tetracyclines		
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	4	
doxycycline hyclate intravenous solution reconstituted 100 mg	4	
doxycycline hyclate oral capsule 100 mg, 50 mg	4	
doxycycline hyclate oral tablet 100 mg	4	
doxycycline hyclate oral tablet 20 mg	2	
doxycycline monohydrate oral capsule 100 mg, 50 mg	2	
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg	2	
minocycline hcl oral tablet 100 mg, 50 mg, 75 mg	2	
MONDOXYNE NL ORAL CAPSULE 100 MG, 50 MG	2	
MORGIDOX ORAL CAPSULE 100 MG, 50 MG	4	

Drug Name	Drug Tier	Requirements/Limits
OKEBO ORAL CAPSULE 100 MG	2	
tetracycline hcl oral capsule 500 mg	4	
Anticonvulsants		
Anticonvulsants, Other		
brivaracetam oral solution 10 mg/ml	5	ST; QL (20 ML per 1 day); NDS
brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg	5	ST; QL (2 EA per 1 day); NDS
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	5	ST; NDS
DIACOMIT ORAL PACKET 250 MG, 500 MG	5	ST; NDS
DIASTAT ACUDIAL RECTAL GEL 20 MG	4	NDS
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	4	NDS
EPRONTIA ORAL SOLUTION 25 MG/ML	4	ST; QL (16 ML per 1 day)
FINTEPLA ORAL SOLUTION 2.2 MG/ML	5	LA; QL (12 ML per 1 day); NDS
levetiracetam oral solution 100 mg/ml, 500 mg/5ml	2	
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	2	
ROWEEPRA ORAL TABLET 1000 MG, 500 MG, 750 MG	3	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG, 500 MG	4	QL (2 EA per 1 day)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG, 50 & 200 MG	5	ST; QL (56 EA per 28 days); NDS
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	5	ST; QL (56 EA per 28 days); NDS
XCOPRI ORAL TABLET 100 MG, 50 MG	5	ST; QL (1 EA per 1 day); NDS
XCOPRI ORAL TABLET 150 MG, 200 MG	5	ST; QL (2 EA per 1 day); NDS
XCOPRI ORAL TABLET 25 MG	4	ST; QL (1 EA per 1 day); NDS
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	4	ST; QL (28 EA per 28 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	5	ST; QL (28 EA per 28 days); NDS
Calcium Channel Modifying Agents		
ethosuximide oral capsule 250 mg	2	
ethosuximide oral solution 250 mg/5ml	2	

Drug Name	Drug Tier	Requirements/Limits
methsuximide oral capsule 300 mg	4	
pregabalin er oral tablet extended release 24 hour 165 mg, 330 mg, 82.5 mg	4	QL (1 EA per 1 day)
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	2	QL (3 EA per 1 day); NDS
pregabalin oral capsule 225 mg, 300 mg	2	QL (2 EA per 1 day); NDS
pregabalin oral solution 20 mg/ml	2	NDS
ZONISADE ORAL SUSPENSION 100 MG/5ML	5	QL (30 ML per 1 day); NDS
zonisamide oral capsule 100 mg, 25 mg, 50 mg	2	
Gamma-Aminobutyric Acid (Gaba) Augmenting Agents		
clobazam oral suspension 2.5 mg/ml	4	ST
clobazam oral tablet 10 mg, 20 mg	4	ST; QL (2 EA per 1 day); NDS
clonazepam oral tablet 0.5 mg, 1 mg	2	QL (3 EA per 1 day); NDS
clonazepam oral tablet 2 mg	2	NDS
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	4	QL (3 EA per 1 day); NDS
clonazepam oral tablet dispersible 2 mg	4	NDS
diazepam oral tablet 10 mg	2	QL (4 EA per 1 day); NDS
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	2	
divalproex sodium oral capsule delayed release sprinkle 125 mg	2	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	2	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	5	PA; NDS
gabapentin oral capsule 100 mg, 300 mg, 400 mg	2	NDS
gabapentin oral solution 250 mg/5ml	2	NDS
gabapentin oral tablet 600 mg, 800 mg	2	NDS
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	5	QL (10 EA per 30 days); NDS
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	4	QL (10 EA per 30 days); NDS
phenobarbital oral elixir 20 mg/5ml	2	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	2	
primidone oral tablet 125 mg, 250 mg, 50 mg	2	

Drug Name	Drug Tier	Requirements/Limits
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	5	ST; QL (2 EA per 1 day); NDS
tiagabine hcl oral tablet 12 mg, 16 mg	4	
tiagabine hcl oral tablet 2 mg, 4 mg	2	
valproate sodium intravenous solution 100 mg/ml	2	
valproate sodium oral solution 250 mg/5ml	2	
valproic acid oral capsule 250 mg	2	
valproic acid oral solution 250 mg/5ml	2	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	5	QL (10 EA per 30 days); NDS
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML, 7.5 MG/0.1ML	5	QL (10 EA per 30 days); NDS
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML, 2 X 10 MG/0.1ML	5	QL (10 EA per 30 days); NDS
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	5	QL (10 EA per 30 days); NDS
vigabatrin oral packet 500 mg	5	NDS
vigabatrin oral tablet 500 mg	5	NDS
VIGADRONE ORAL PACKET 500 MG	5	NDS
VIGADRONE ORAL TABLET 500 MG	5	NDS
VIGAFYDE ORAL SOLUTION 100 MG/ML	5	NDS
VIGPODER ORAL PACKET 500 MG	5	
ZTALMY ORAL SUSPENSION 50 MG/ML	5	NDS
Glutamate Reducing Agents		
felbamate oral suspension 600 mg/5ml	3	NDS
felbamate oral tablet 400 mg	4	
felbamate oral tablet 600 mg	2	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	5	ST; NDS
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	2	
lamotrigine oral tablet chewable 25 mg, 5 mg	2	
perampanel oral suspension 0.5 mg/ml	5	ST; NDS
perampanel oral tablet 10 mg, 12 mg, 4 mg, 6 mg, 8 mg	5	ST; QL (1 EA per 1 day); NDS
perampanel oral tablet 2 mg	4	ST; QL (1 EA per 1 day); NDS

Drug Name	Drug Tier	Requirements/Limits
topiramate oral capsule sprinkle 15 mg, 25 mg	2	
topiramate oral solution 25 mg/ml	4	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	2	
Sodium Channel Agents		
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	3	
carbamazepine oral suspension 100 mg/5ml	2	
carbamazepine oral tablet 200 mg	2	
carbamazepine oral tablet chewable 100 mg	2	
DILANTIN ORAL CAPSULE 30 MG	4	
eslicarbazepine acetate oral tablet 200 mg	5	ST
eslicarbazepine acetate oral tablet 400 mg, 600 mg, 800 mg	5	ST; NDS
lacosamide oral solution 10 mg/ml	4	ST
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	4	ST; QL (2 EA per 1 day); NDS
oxcarbazepine oral suspension 300 mg/5ml	2	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	2	
PEGANONE ORAL TABLET 250 MG	4	
phenytoin oral suspension 100 mg/4ml, 125 mg/5ml	2	
phenytoin oral tablet chewable 50 mg	2	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	2	
rufinamide oral suspension 40 mg/ml	5	ST; NDS
rufinamide oral tablet 200 mg	4	ST; NDS
rufinamide oral tablet 400 mg	5	ST; NDS
Antidementia Agents		
Antidementia Agents, Other		
ergoloid mesylates oral tablet 1 mg	2	
Cholinesterase Inhibitors		
donepezil hcl oral tablet 10 mg	2	QL (2 EA per 1 day)
donepezil hcl oral tablet 5 mg	2	QL (1 EA per 1 day)
donepezil hcl oral tablet dispersible 10 mg	2	QL (2 EA per 1 day)

You can find information on what the symbols and abbreviations on this table mean by going to page 7. Last Updated: 09/22/2026

Drug Name	Drug Tier	Requirements/Limits
donepezil hcl oral tablet dispersible 5 mg	2	QL (1 EA per 1 day)
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg	3	QL (1 EA per 1 day)
galantamine hydrobromide er oral capsule extended release 24 hour 8 mg	3	QL (2 EA per 1 day)
galantamine hydrobromide oral solution 4 mg/ml	3	
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg	3	
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	2	QL (2 EA per 1 day)
rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr	4	ST; QL (1 EA per 1 day)
N-Methyl-D-Aspartate (Nmda) Receptor Antagonist		
memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg	2	
Antidepressants		
Antidepressants, Other		
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG	4	PA; QL (2 EA per 1 day)
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg	2	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	2	
bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg	4	QL (1 EA per 1 day)
bupropion hcl oral tablet 100 mg, 75 mg	2	
EXXUA ORAL TABLET EXTENDED RELEASE 24 HOUR 18.2 MG, 54.5 MG, 72.6 MG	5	ST; QL (1 EA per 1 day); NDS
EXXUA ORAL TABLET EXTENDED RELEASE 24 HOUR 36.3 MG	5	ST; QL (1 EA per 1 day)
EXXUA TITRATION PACK ORAL TABLET EXTENDED RELEASE 24 HOUR 18.2 MG	5	ST; QL (1 EA per 1 day); NDS
maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg	3	
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	2	
mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg	2	

Drug Name	Drug Tier	Requirements/Limits
nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	3	
RALDESY ORAL SOLUTION 10 MG/ML	4	QL (40 ML per 1 day)
trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg	1	
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	5	QL (28 EA per 365 days); NDS
ZURZUVAE ORAL CAPSULE 30 MG	5	QL (14 EA per 365 days); NDS
Monoamine Oxidase Inhibitors		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	5	NDS
MARPLAN ORAL TABLET 10 MG	4	
phenelzine sulfate oral tablet 15 mg	2	
tranylcypromine sulfate oral tablet 10 mg	2	
Ssris/ Snris		
citalopram hydrobromide oral solution 10 mg/5ml, 20 mg/10ml	2	
citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg	1	
desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg	4	QL (1 EA per 1 day)
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	4	QL (1 EA per 1 day)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	4	PA; QL (2 EA per 1 day)
duloxetine hcl oral capsule delayed release particles 120 mg, 80 mg, 90 mg	4	PA; QL (1 EA per 1 day)
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	4	QL (2 EA per 1 day)
escitalopram oxalate oral capsule 15 mg	4	
escitalopram oxalate oral solution 5 mg/5ml	2	
escitalopram oxalate oral tablet 10 mg	2	QL (1.5 EA per 1 day)
escitalopram oxalate oral tablet 20 mg, 5 mg	2	QL (1 EA per 1 day)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	4	ST; QL (1 EA per 1 day)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	4	ST; QL (56 EA per 365 days)

Drug Name	Drug Tier	Requirements/Limits
fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg	1	
fluoxetine hcl oral solution 20 mg/5ml	2	
fluoxetine hcl oral tablet 10 mg, 20 mg	2	
fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg	2	
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg	2	
paroxetine hcl oral suspension 10 mg/5ml	3	PA
paroxetine hcl oral tablet 10 mg, 30 mg, 40 mg	2	PA
PAXIL ORAL SUSPENSION 10 MG/5ML	3	PA
sertraline hcl oral capsule 150 mg, 200 mg	4	
sertraline hcl oral concentrate 20 mg/ml	2	
sertraline hcl oral tablet 100 mg, 25 mg, 50 mg	1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	4	ST; QL (1 EA per 1 day)
venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg	2	QL (2 EA per 1 day)
venlafaxine hcl er oral capsule extended release 24 hour 75 mg	2	QL (3 EA per 1 day)
venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 37.5 mg	4	QL (2 EA per 1 day)
venlafaxine hcl er oral tablet extended release 24 hour 225 mg	4	QL (1 EA per 1 day)
venlafaxine hcl er oral tablet extended release 24 hour 75 mg	4	QL (3 EA per 1 day)
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	2	
vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg	4	ST; QL (1 EA per 1 day)
Tricyclics		
amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	4	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	3	
clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg	2	
desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	2	

Drug Name	Drug Tier	Requirements/Limits
doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	4	
doxepin hcl oral concentrate 10 mg/ml	1	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	4	
nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg	1	
nortriptyline hcl oral solution 10 mg/5ml	3	
protriptyline hcl oral tablet 10 mg, 5 mg	2	
trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg	4	
Antiemetics		
Antiemetics, Other		
COMPRO RECTAL SUPPOSITORY 25 MG	3	
meclizine hcl oral tablet 25 mg	2	
PHENADOZ RECTAL SUPPOSITORY 12.5 MG	3	
PHENERGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	3	
prochlorperazine rectal suppository 25 mg	2	
promethazine hcl rectal suppository 12.5 mg, 25 mg	4	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	3	
scopolamine transdermal patch 72 hour 1 mg/3days	4	PA; QL (10 EA per 30 days)
Emetogenic Therapy Adjuncts		
aprepitant oral capsule 125 mg, 40 mg, 80 mg	3	PA
aprepitant oral capsule 80 & 125 mg	3	PA; QL (12 EA per 30 days)
aprepitant oral capsule therapy pack 80 & 125 mg	3	PA; QL (12 EA per 30 days)
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	4	PA; QL (2 EA per 1 day)
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML	3	PA
granisetron hcl oral tablet 1 mg	2	PA B/D; QL (2 EA per 1 day)
ondansetron hcl oral tablet 4 mg, 8 mg	2	PA B/D
ondansetron oral tablet dispersible 4 mg, 8 mg	2	PA B/D
Antifungals		

Drug Name	Drug Tier	Requirements/Limits
Antifungals		
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED 50 MG	5	PA B/D; NDS
amphotericin b injection solution reconstituted 50 mg	3	PA B/D
amphotericin b intravenous solution reconstituted 50 mg	3	PA B/D
amphotericin b liposome intravenous suspension reconstituted 50 mg	5	PA B/D; NDS
caspofungin acetate intravenous solution reconstituted 50 mg, 70 mg	4	
CICLODAN EXTERNAL CREAM 0.77 %	2	
CICLODAN EXTERNAL SOLUTION 8 %	2	
ciclopirox external gel 0.77 %	2	
ciclopirox external shampoo 1 %	2	
ciclopirox external solution 8 %	2	
ciclopirox olamine external cream 0.77 %	2	
ciclopirox olamine external suspension 0.77 %	2	
clotrimazole external cream 1 %	2	
clotrimazole mouth/throat lozenge 10 mg	2	
clotrimazole mouth/throat troche 10 mg	2	
CRESEMBA ORAL CAPSULE 186 MG	5	PA; QL (6 EA per 1 day); NDS
CRESEMBA ORAL CAPSULE 74.5 MG	5	PA; QL (15 EA per 1 day); NDS
econazole nitrate external cream 1 %	2	
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	5	NDS
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	4	NDS
fluconazole in dextrose intravenous solution 200 mg/100ml, 400 mg/200ml	2	
fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	2	
fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml	2	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	1	
flucytosine oral capsule 250 mg, 500 mg	5	NDS

Drug Name	Drug Tier	Requirements/Limits
griseofulvin microsize oral suspension 125 mg/5ml	2	
itraconazole oral capsule 100 mg	2	QL (4 EA per 1 day)
itraconazole oral solution 10 mg/ml	5	NDS
ketoconazole external cream 2 %	2	
ketoconazole external shampoo 2 %	2	
ketoconazole oral tablet 200 mg	2	
micafungin sodium intravenous solution reconstituted 100 mg	4	
NATACYN OPHTHALMIC SUSPENSION 5 %	4	
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	3	
NYATA EXTERNAL POWDER 100000 UNIT/GM	3	
nystatin external cream 100000 unit/gm	1	
nystatin external ointment 100000 unit/gm	1	
nystatin external powder 100000 unit/gm	1	
nystatin mouth/throat suspension 100000 unit/ml	2	
nystatin oral tablet 500000 unit	2	
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	3	
posaconazole oral suspension 40 mg/ml	5	PA; QL (20 ML per 1 day); NDS
posaconazole oral tablet delayed release 100 mg	5	PA; QL (3 EA per 1 day); NDS
terbinafine hcl oral tablet 250 mg	2	QL (90 EA per 365 days)
terconazole vaginal cream 0.4 %, 0.8 %	2	
terconazole vaginal suppository 80 mg	2	
voriconazole intravenous solution reconstituted 200 mg	5	PA; NDS
voriconazole oral suspension reconstituted 40 mg/ml	5	PA; NDS
voriconazole oral tablet 200 mg	4	PA; QL (2 EA per 1 day)
Antigout Agents		
Antigout Agents		
allopurinol oral tablet 100 mg, 300 mg	1	
colchicine oral tablet 0.6 mg	3	
colchicine-probenecid oral tablet 0.5-500 mg	2	
febuxostat oral tablet 40 mg, 80 mg	3	PA; QL (1 EA per 1 day)

Drug Name	Drug Tier	Requirements/Limits
probenecid oral tablet 500 mg	2	
Anti-Infective Agents		
Antibacterials		
SULFATRIM PEDIATRIC ORAL SUSPENSION 200-40 MG/5ML	2	
Anti-Inflammatory Agents		
Glucocorticoids		
betamethasone dipropionate external lotion 0.05 %	2	
dexamethasone oral tablet 0.75 mg	2	
hydrocortisone ace-pramoxine external cream 1-1 %	4	
hydrocortisone ace-pramoxine rectal cream 1-1 %	4	
PROCTO-MED HC EXTERNAL CREAM 2.5 %	2	
PROCTO-PAK EXTERNAL CREAM 1 %	3	
Nonsteroidal Anti-Inflammatory Drugs		
diclofenac potassium oral tablet 50 mg	1	
IBU ORAL TABLET 600 MG, 800 MG	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
Antimigraine Agents		
Calcitonin Gene-Related Peptide (Cgrp) Receptor Antagonists		
NURTEC ORAL TABLET DISPERSIBLE 75 MG	5	QL (18 EA per 30 days); NDS
Central Nervous System, Other		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	3	PA; QL (1 ML per 28 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	4	PA
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	4	PA
Ergot Alkaloids		
dihydroergotamine mesylate nasal solution 4 mg/ml	5	ST; QL (8 ML per 28 days); NDS
ergotamine-caffeine oral tablet 1-100 mg	3	QL (40 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Serotonin (5-Ht) 1B/1D Receptor Agonists		
frovatriptan succinate oral tablet 2.5 mg	4	ST; QL (18 EA per 30 days)
naratriptan hcl oral tablet 1 mg, 2.5 mg	2	QL (18 EA per 30 days)
rizatriptan benzoate oral tablet 10 mg, 5 mg	2	QL (18 EA per 30 days)
rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg	2	QL (18 EA per 30 days)
sumatriptan nasal solution 20 mg/act	4	QL (12 EA per 30 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	2	QL (18 EA per 30 days)
sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml	4	QL (4 ML per 30 days)
sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml	4	QL (5 ML per 30 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	4	QL (5 ML per 30 days)
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml	4	QL (4 ML per 30 days)
sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml	4	QL (5 ML per 28 days)
sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml	4	QL (5 ML per 30 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	3	ST; QL (18 EA per 30 days)
Serotonin (5-Ht) Receptor Agonist		
almotriptan malate oral tablet 12.5 mg, 6.25 mg	4	ST; QL (18 EA per 30 days)
REYVOW ORAL TABLET 100 MG, 50 MG	4	QL (8 EA per 30 days)
Antimyasthenic Agents		
Parasympathomimetics		
guanidine hcl oral tablet 125 mg	4	
pyridostigmine bromide oral solution 60 mg/5ml	4	NDS
pyridostigmine bromide oral tablet 60 mg	2	
Antimycobacterials		
Antimycobacterials, Other		
dapsone oral tablet 100 mg, 25 mg	3	
PRIFTIN ORAL TABLET 150 MG	3	
rifabutin oral capsule 150 mg	4	

Drug Name	Drug Tier	Requirements/Limits
Antituberculars		
ethambutol hcl oral tablet 100 mg, 400 mg	2	
isoniazid oral syrup 50 mg/5ml	3	
isoniazid oral tablet 100 mg, 300 mg	2	
PASER ORAL PACKET 4 GM	4	
pyrazinamide oral tablet 500 mg	2	
rifampin intravenous solution reconstituted 600 mg	2	
rifampin oral capsule 150 mg, 300 mg	2	
RIFATER ORAL TABLET 50-120-300 MG	4	
SIRTURO ORAL TABLET 100 MG	5	PA; NDS
TRECATOR ORAL TABLET 250 MG	4	
Antineoplastics		
Alkylating Agents		
cyclophosphamide oral capsule 25 mg, 50 mg	2	PA B/D
cyclophosphamide oral tablet 25 mg, 50 mg	2	PA B/D
HEXALEN ORAL CAPSULE 50 MG	5	PA; NDS
LEUKERAN ORAL TABLET 2 MG	5	NDS
MATULANE ORAL CAPSULE 50 MG	5	PA; LA; NDS
VALCHLOR EXTERNAL GEL 0.016 %	5	PA; NDS
Antiandrogens		
abiraterone acetate oral tablet 250 mg	3	QL (4 EA per 1 day); NDS
abiraterone acetate oral tablet 500 mg	5	QL (2 EA per 1 day); NDS
ABIRTEGA ORAL TABLET 250 MG	2	QL (4 EA per 1 day)
bicalutamide oral tablet 50 mg	2	
ERLEADA ORAL TABLET 240 MG	5	PA; QL (1 EA per 1 day); NDS
ERLEADA ORAL TABLET 60 MG	5	PA; QL (4 EA per 1 day); NDS
EULEXIN ORAL CAPSULE 125 MG	5	NDS
flutamide oral capsule 125 mg	2	
nilutamide oral tablet 150 mg	5	NDS
NUBEQA ORAL TABLET 300 MG	5	PA; LA; QL (4 EA per 1 day); NDS
XTANDI ORAL CAPSULE 40 MG	5	PA; LA; QL (4 EA per 1 day); NDS
XTANDI ORAL TABLET 40 MG	5	PA; LA; QL (4 EA per 1 day); NDS

Drug Name	Drug Tier	Requirements/Limits
XTANDI ORAL TABLET 80 MG	5	PA; LA; QL (2 EA per 1 day); NDS
YONSA ORAL TABLET 125 MG	5	PA; LA; QL (4 EA per 1 day); NDS
Antiangiogenic Agents		
lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg	5	PA; QL (1 EA per 1 day); NDS
pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg	5	PA; QL (21 EA per 28 days); NDS
THALOMID ORAL CAPSULE 100 MG	5	PA; QL (4 EA per 1 day); NDS
THALOMID ORAL CAPSULE 150 MG, 200 MG	5	PA; QL (2 EA per 1 day); NDS
THALOMID ORAL CAPSULE 50 MG	5	PA; QL (8 EA per 1 day); NDS
Antiestrogens/Modifiers		
EMCYT ORAL CAPSULE 140 MG	5	NDS
INLURIYO ORAL TABLET 200 MG	5	QL (2 EA per 1 day); NDS
ORSERDU ORAL TABLET 345 MG	5	PA; QL (1 EA per 1 day); NDS
ORSERDU ORAL TABLET 86 MG	5	PA; QL (3 EA per 1 day); NDS
SOLTAMOX ORAL SOLUTION 10 MG/5ML	5	NDS
tamoxifen citrate oral tablet 10 mg, 20 mg	2	
toremifene citrate oral tablet 60 mg	5	QL (1 EA per 1 day); NDS
Antimetabolites		
hydroxyurea oral capsule 500 mg	2	
INQOVI ORAL TABLET 35-100 MG	5	PA; QL (5 EA per 28 days); NDS
LONSURF ORAL TABLET 15-6.14 MG	5	PA; QL (100 EA per 28 days); NDS
LONSURF ORAL TABLET 20-8.19 MG	5	PA; QL (80 EA per 28 days); NDS
mercaptopurine oral suspension 2000 mg/100ml	5	PA; NDS
ONUREG ORAL TABLET 200 MG, 300 MG	5	PA; LA; QL (14 EA per 28 days); NDS
SIKLOS ORAL TABLET 100 MG	4	PA
SIKLOS ORAL TABLET 1000 MG	5	PA; NDS
TABLOID ORAL TABLET 40 MG	4	PA
Antineoplastics		
GLEOSTINE ORAL CAPSULE 5 MG	4	
lomustine oral capsule 10 mg, 100 mg, 40 mg	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 7. Last Updated: 09/22/2026

Drug Name	Drug Tier	Requirements/Limits
LYNPARZA ORAL CAPSULE 50 MG	5	PA; QL (16 EA per 1 day); NDS
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA; QL (4 EA per 1 day); NDS
mesna oral tablet 400 mg	5	NDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA; QL (3 EA per 28 days); NDS
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	5	PA; QL (1 EA per 1 day); NDS
TALZENNA ORAL CAPSULE 0.25 MG	5	PA; QL (3 EA per 1 day); NDS
VENCLEXTA ORAL TABLET 100 MG	5	PA; LA; QL (4 EA per 1 day); NDS
VENCLEXTA ORAL TABLET 50 MG	5	PA; LA; QL (1 EA per 1 day); NDS
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	5	PA; LA; QL (84 EA per 365 days); NDS
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	5	PA; LA; QL (1 EA per 1 day); NDS
Antineoplastics, Other		
GAVRETO ORAL CAPSULE 100 MG	5	PA; LA; QL (4 EA per 1 day); NDS
IWILFIN ORAL TABLET 192 MG	5	PA; QL (8 EA per 1 day); NDS
KRAZATI ORAL TABLET 200 MG	5	PA; QL (6 EA per 1 day); NDS
lenalidomide oral capsule 2.5 mg, 20 mg	5	PA; QL (1 EA per 1 day); NDS
leucovorin calcium oral tablet 15 mg, 25 mg, 5 mg	2	
LUMAKRAS ORAL TABLET 120 MG	5	PA; LA; QL (8 EA per 1 day); NDS
LUMAKRAS ORAL TABLET 240 MG	5	PA; QL (2 EA per 1 day); NDS
LUMAKRAS ORAL TABLET 320 MG	5	PA; QL (3 EA per 1 day); NDS
ORGOVYX ORAL TABLET 120 MG	5	PA; LA; NDS
RETEVMO ORAL CAPSULE 40 MG	5	PA; LA; QL (6 EA per 1 day); NDS
RETEVMO ORAL CAPSULE 80 MG	5	PA; LA; QL (4 EA per 1 day); NDS
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	5	PA; LA; QL (2 EA per 1 day); NDS
RETEVMO ORAL TABLET 40 MG	5	PA; LA; QL (3 EA per 1 day); NDS

Drug Name	Drug Tier	Requirements/Limits
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA; QL (4 EA per 1 day); NDS
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	5	PA; NDS
TUKYSA ORAL TABLET 150 MG, 50 MG	5	PA; LA; QL (4 EA per 1 day); NDS
VORANIGO ORAL TABLET 10 MG	5	PA; QL (2 EA per 1 day); NDS
VORANIGO ORAL TABLET 40 MG	5	PA; QL (1 EA per 1 day); NDS
WELIREG ORAL TABLET 40 MG	5	PA; LA; QL (3 EA per 1 day); NDS
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA; LA; QL (20 EA per 28 days); NDS
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	5	PA; QL (8 EA per 28 days); NDS
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG	5	PA; QL (16 EA per 28 days); NDS
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA; LA; QL (8 EA per 28 days); NDS
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; QL (4 EA per 28 days); NDS
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA; LA; QL (16 EA per 28 days); NDS
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; QL (8 EA per 28 days); NDS
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA; LA; QL (12 EA per 28 days); NDS
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	5	PA; QL (4 EA per 28 days); NDS
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA; LA; QL (24 EA per 28 days); NDS
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA; LA; QL (16 EA per 28 days); NDS
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; QL (8 EA per 28 days); NDS
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 80 MG	5	PA; QL (4 EA per 28 days); NDS
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA; LA; QL (32 EA per 28 days); NDS
Aromatase Inhibitors, 3Rd Generation		

Drug Name	Drug Tier	Requirements/Limits
anastrozole oral tablet 1 mg	2	
exemestane oral tablet 25 mg	4	
letrozole oral tablet 2.5 mg	2	
Enzyme Inhibitors		
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA; QL (2 EA per 1 day); NDS
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	5	PA; QL (12 EA per 42 days); NDS
FRUZAQLA ORAL CAPSULE 1 MG	5	PA; LA; QL (84 EA per 28 days); NDS
FRUZAQLA ORAL CAPSULE 5 MG	5	PA; LA; QL (21 EA per 28 days); NDS
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA; QL (21 EA per 28 days); NDS
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA; QL (21 EA per 28 days); NDS
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA; QL (1 EA per 1 day); NDS
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA; QL (21 EA per 28 days); NDS
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA; QL (42 EA per 28 days); NDS
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA; QL (63 EA per 28 days); NDS
KISQALI 200 DOSE ORAL TABLET 200 MG	5	PA; QL (21 EA per 28 days); NDS
KISQALI 400 DOSE ORAL TABLET 200 MG	5	PA; QL (42 EA per 28 days); NDS
KISQALI 600 DOSE ORAL TABLET 200 MG	5	PA; QL (63 EA per 28 days); NDS
KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA; QL (49 EA per 28 days); NDS
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA; QL (70 EA per 28 days); NDS
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA; QL (91 EA per 28 days); NDS
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	PA; QL (2 EA per 1 day); NDS
OGSIVEO ORAL TABLET 50 MG	5	PA; LA; QL (6 EA per 1 day)
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA; LA; QL (1 EA per 1 day); NDS
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	5	PA; LA; QL (2 EA per 1 day); NDS

Drug Name	Drug Tier	Requirements/Limits
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	5	PA; LA; QL (2 EA per 1 day); NDS
REZLIDHIA ORAL CAPSULE 150 MG	5	PA; QL (2 EA per 1 day); NDS
TIBSOVO ORAL TABLET 250 MG	5	PA; QL (2 EA per 1 day); NDS
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA; QL (2 EA per 1 day); NDS
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	5	PA; QL (2 EA per 1 day); NDS
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA; NDS
XOSPATA ORAL TABLET 40 MG	5	PA; QL (3 EA per 1 day); NDS
ZOLINZA ORAL CAPSULE 100 MG	5	PA; QL (4 EA per 1 day); NDS
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA; QL (2 EA per 1 day); NDS
Molecular Target Inhibitors		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	5	PA; LA; QL (2 EA per 1 day); NDS
ALECENSA ORAL CAPSULE 150 MG	5	PA; LA; QL (8 EA per 1 day); NDS
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; LA; QL (1 EA per 1 day); NDS
ALUNBRIG ORAL TABLET 30 MG	5	PA; LA; QL (2 EA per 1 day); NDS
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	5	PA; LA; QL (1 EA per 1 day); NDS
AUGTYRO ORAL CAPSULE 160 MG	5	PA; QL (2 EA per 1 day); NDS
AUGTYRO ORAL CAPSULE 40 MG	5	PA; LA; QL (8 EA per 1 day); NDS
AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK 0.8 & 200 MG	5	PA; QL (66 EA per 28 days); NDS
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	5	PA; LA; QL (1 EA per 1 day); NDS
BALVERSA ORAL TABLET 3 MG	5	PA; QL (3 EA per 1 day); NDS
BALVERSA ORAL TABLET 4 MG	5	PA; QL (2 EA per 1 day); NDS
BALVERSA ORAL TABLET 5 MG	5	PA; QL (1 EA per 1 day); NDS
BOSULIF ORAL CAPSULE 100 MG, 50 MG	5	PA; NDS
BOSULIF ORAL TABLET 100 MG	5	PA; QL (3 EA per 1 day); NDS
BOSULIF ORAL TABLET 500 MG	5	PA; QL (1 EA per 1 day); NDS
bosutinib oral tablet 400 mg	5	PA; QL (1 EA per 1 day); NDS
BRAFTOVI ORAL CAPSULE 50 MG	5	PA; LA; QL (4 EA per 1 day); NDS

Drug Name	Drug Tier	Requirements/Limits
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; QL (6 EA per 1 day); NDS
BRUKINSA ORAL CAPSULE 80 MG	5	PA; QL (4 EA per 1 day); NDS
BRUKINSA ORAL TABLET 160 MG	5	PA; LA; QL (2 EA per 1 day); NDS
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	5	PA; LA; QL (1 EA per 1 day); NDS
CALQUENCE ORAL CAPSULE 100 MG	5	PA; QL (2 EA per 1 day); NDS
CALQUENCE ORAL TABLET 100 MG	5	PA; QL (2 EA per 1 day); NDS
CAPRELSA ORAL TABLET 100 MG, 300 MG	5	PA; LA; NDS
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 1 X 80 & 1 X 20 MG, 80 & 20 MG	5	PA; NDS
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 1 X 80 & 3 X 20 MG, 3 X 20 MG & 80 MG	5	PA; NDS
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	5	PA; NDS
COTELLIC ORAL TABLET 20 MG	5	PA; LA; QL (63 EA per 28 days); NDS
DANZITEN ORAL TABLET 71 MG, 95 MG	5	PA; QL (4 EA per 1 day); NDS
dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg	5	PA; QL (1 EA per 1 day); NDS
DAURISMO ORAL TABLET 100 MG	5	PA; QL (1 EA per 1 day); NDS
DAURISMO ORAL TABLET 25 MG	5	PA; QL (3 EA per 1 day); NDS
ENSACOVE ORAL CAPSULE 100 MG	5	PA; QL (2 EA per 1 day); NDS
ENSACOVE ORAL CAPSULE 25 MG	5	PA; QL (1 EA per 1 day); NDS
ERIVEDGE ORAL CAPSULE 150 MG	5	PA; LA; QL (1 EA per 1 day); NDS
erlotinib hcl oral tablet 100 mg, 25 mg	5	PA; QL (2 EA per 1 day); NDS
erlotinib hcl oral tablet 150 mg	5	PA; QL (3 EA per 1 day); NDS
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	5	PA; NDS
everolimus oral tablet soluble 2 mg, 3 mg	5	PA; NDS
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	5	PA; LA; QL (21 EA per 28 days); NDS
gefitinib oral tablet 250 mg	5	PA; NDS
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA; QL (1 EA per 1 day); NDS
GOMEKLI ORAL CAPSULE 1 MG	5	PA; QL (2 EA per 1 day); NDS
GOMEKLI ORAL CAPSULE 2 MG	5	PA; QL (4 EA per 1 day); NDS

Drug Name	Drug Tier	Requirements/Limits
GOMEKLI ORAL TABLET SOLUBLE 1 MG	5	PA; QL (8 EA per 1 day); NDS
HERNEXEOS ORAL TABLET 60 MG	5	PA; QL (3 EA per 1 day); NDS
HYRNUO ORAL TABLET 10 MG	5	PA; QL (4 EA per 1 day); NDS
IBTROZI ORAL CAPSULE 200 MG	5	PA; NDS
ICLUSIG ORAL TABLET 10 MG, 30 MG, 45 MG	5	PA; QL (1 EA per 1 day); NDS
ICLUSIG ORAL TABLET 15 MG	5	PA; QL (2 EA per 1 day); NDS
imatinib mesylate oral tablet 100 mg	4	PA; QL (2 EA per 1 day); NDS
imatinib mesylate oral tablet 400 mg	5	PA; QL (2 EA per 1 day); NDS
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; QL (4 EA per 1 day); NDS
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; QL (1 EA per 1 day); NDS
IMBRUVICA ORAL SUSPENSION 70 MG/ML	5	PA; QL (7.2 ML per 1 day); NDS
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	5	PA; QL (1 EA per 1 day); NDS
imkeldi oral solution 80 mg/ml	5	PA; QL (10 ML per 1 day); NDS
INLYTA ORAL TABLET 1 MG	5	PA; LA; QL (6 EA per 1 day); NDS
INLYTA ORAL TABLET 5 MG	5	PA; LA; QL (4 EA per 1 day); NDS
INREBIC ORAL CAPSULE 100 MG	5	PA; LA; QL (4 EA per 1 day); NDS
ITOVEBI ORAL TABLET 3 MG	5	PA; QL (2 EA per 1 day); NDS
ITOVEBI ORAL TABLET 9 MG	5	PA; QL (1 EA per 1 day); NDS
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA; LA; QL (2 EA per 1 day); NDS
JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG, 33 MG, 44 MG, 55 MG	5	PA; LA; QL (1 EA per 1 day); NDS
JAYPIRCA ORAL TABLET 100 MG	5	PA; QL (2 EA per 1 day); NDS
JAYPIRCA ORAL TABLET 50 MG	5	PA; QL (1 EA per 1 day); NDS
KOMZIFTI ORAL CAPSULE 200 MG	5	PA; LA; QL (3 EA per 1 day); NDS
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	5	PA; NDS
KOSELUGO ORAL CAPSULE SPRINKLE 5 MG, 7.5 MG	5	PA; NDS
lapatinib ditosylate oral tablet 250 mg	5	PA; LA; QL (6 EA per 1 day); NDS
LAZCLUZE ORAL TABLET 240 MG	5	PA; QL (1 EA per 1 day); NDS

Drug Name	Drug Tier	Requirements/Limits
LAZCLUZE ORAL TABLET 80 MG	5	PA; QL (2 EA per 1 day); NDS
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	5	PA; QL (1 EA per 1 day); NDS
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	5	PA; QL (3 EA per 1 day); NDS
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	5	PA; QL (2 EA per 1 day); NDS
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	5	PA; QL (3 EA per 1 day); NDS
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	5	PA; QL (2 EA per 1 day); NDS
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	5	PA; QL (3 EA per 1 day); NDS
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	5	PA; QL (1 EA per 1 day); NDS
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	5	PA; QL (2 EA per 1 day); NDS
LIFYORLI (125 MG DOSE) ORAL CAPSULE THERAPY PACK 1 X 25 MG & 1 X 100 MG, 3 X 25 MG & 1 X 100 MG, 9 X 25 MG & 1 X 100 MG	5	PA; LA; NDS
LIFYORLI (150 MG DOSE) ORAL CAPSULE THERAPY PACK 2 X 25 MG & 1 X 100 MG, 3 X 25 MG & 1 X 100 MG, 9 X 25 MG & 1 X 100 MG	5	PA; LA; NDS
LORBRENA ORAL TABLET 100 MG	5	PA; QL (1 EA per 1 day); NDS
LORBRENA ORAL TABLET 25 MG	5	PA; QL (3 EA per 1 day); NDS
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	5	PA; QL (5 EA per 1 day); NDS
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	5	PA; QL (5 EA per 1 day); NDS
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	5	PA; QL (5 EA per 1 day); NDS
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML	5	PA; LA; NDS
MEKINIST ORAL TABLET 0.5 MG	5	PA; LA; QL (3 EA per 1 day); NDS

Drug Name	Drug Tier	Requirements/Limits
MEKINIST ORAL TABLET 2 MG	5	PA; LA; QL (1 EA per 1 day); NDS
MEKTOVI ORAL TABLET 15 MG	5	PA; QL (6 EA per 1 day); NDS
MODEYSO ORAL CAPSULE 125 MG	5	PA; QL (20 EA per 28 days); NDS
NERLYNX ORAL TABLET 40 MG	5	PA; QL (6 EA per 1 day); NDS
nilotinib d-tartrate oral capsule 150 mg, 200 mg, 50 mg	5	PA; QL (4 EA per 1 day); NDS
nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg	5	PA; QL (4 EA per 1 day); NDS
ODOMZO ORAL CAPSULE 200 MG	5	PA; LA; QL (1 EA per 1 day); NDS
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML	5	PA; LA; QL (96 ML per 28 days); NDS
OJEMDA ORAL TABLET 100 MG, 100 MG (16 PACK), 100 MG (24 PACK)	5	PA; QL (24 EA per 28 days); NDS
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	5	PA; LA; QL (1 EA per 1 day); NDS
pazopanib hcl oral tablet 200 mg	5	PA; QL (5 EA per 1 day); NDS
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	PA; QL (14 EA per 21 days); NDS
PHYRAGO ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	5	PA; QL (1 EA per 1 day); NDS
PHYRAGO ORAL TABLET 20 MG	5	PA; QL (1 EA per 1 day)
QINLOCK ORAL TABLET 50 MG	5	PA; LA; QL (3 EA per 1 day); NDS
REVUFORJ ORAL TABLET 110 MG, 160 MG	5	PA; QL (4 EA per 1 day); NDS
REVUFORJ ORAL TABLET 25 MG	5	PA; QL (8 EA per 1 day); NDS
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	5	PA; QL (8 EA per 28 days); NDS
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; QL (6 EA per 1 day); NDS
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; QL (3 EA per 1 day); NDS
ROZLYTREK ORAL PACKET 50 MG	5	PA; QL (12 EA per 1 day); NDS
RYDAPT ORAL CAPSULE 25 MG	5	PA; QL (8 EA per 1 day); NDS
SCEMBLIX ORAL TABLET 100 MG	5	PA; QL (4 EA per 1 day); NDS
SCEMBLIX ORAL TABLET 20 MG	5	PA; QL (2 EA per 1 day); NDS
SCEMBLIX ORAL TABLET 40 MG	5	PA; QL (10 EA per 1 day); NDS
sorafenib tosylate oral tablet 200 mg	5	PA; QL (4 EA per 1 day); NDS
STIVARGA ORAL TABLET 40 MG	5	PA; LA; QL (4 EA per 1 day); NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 7. Last Updated: 09/22/2026

Drug Name	Drug Tier	Requirements/Limits
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	5	PA; QL (1 EA per 1 day); NDS
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA; LA; QL (4 EA per 1 day); NDS
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA; LA; QL (4 EA per 1 day); NDS
TAFINLAR ORAL TABLET SOLUBLE 10 MG	5	PA; LA; NDS
TAGRISSO ORAL TABLET 40 MG, 80 MG	5	PA; LA; QL (1 EA per 1 day); NDS
TAZVERIK ORAL TABLET 200 MG	5	PA; QL (8 EA per 1 day); NDS
TEPMETKO ORAL TABLET 225 MG	5	PA; QL (2 EA per 1 day); NDS
TORPENZ ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	5	PA; NDS
TRUQAP ORAL TABLET 160 MG, 200 MG	5	PA; LA; QL (64 EA per 28 days); NDS
TRUQAP ORAL TABLET THERAPY PACK 160 MG	5	PA; LA; QL (64 EA per 28 days); NDS
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 MG	5	PA; LA; QL (1 EA per 1 day); NDS
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 & 25 MG	5	PA; LA; QL (2 EA per 1 day); NDS
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	5	PA; LA; QL (2 EA per 1 day); NDS
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	5	PA; LA; QL (3 EA per 1 day); NDS
TURALIO ORAL CAPSULE 125 MG	5	PA; LA; QL (4 EA per 1 day); NDS
UKONIQ ORAL TABLET 200 MG	5	PA; LA; QL (4 EA per 1 day); NDS
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	5	PA; LA; QL (2 EA per 1 day); NDS
VENCLEXTA ORAL TABLET 10 MG	3	PA; LA; QL (2 EA per 1 day)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA; QL (1 EA per 1 day); NDS
VONJO ORAL CAPSULE 100 MG	5	PA; QL (4 EA per 1 day); NDS
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA; LA; QL (2 EA per 1 day); NDS
XALKORI ORAL CAPSULE SPRINKLE 150 MG, 20 MG, 50 MG	5	PA; LA; NDS

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Drug Name	Drug Tier	Requirements/Limits
YULITHIRA ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	3	PA; NDS
YULITHIRA ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	3	PA; QL (1 EA per 1 day); NDS
ZELBORAF ORAL TABLET 240 MG	5	PA; LA; QL (8 EA per 1 day); NDS
ZYKADIA ORAL TABLET 150 MG	5	PA; LA; QL (3 EA per 1 day); NDS
Retinoids		
bexarotene external gel 1 %	5	PA; NDS
bexarotene oral capsule 75 mg	5	PA; NDS
PANRETIN EXTERNAL GEL 0.1 %	5	NDS
tretinoin oral capsule 10 mg	5	NDS
Antiparasitics		
Anthelmintics		
albendazole oral tablet 200 mg	4	NDS
ivermectin oral tablet 3 mg	2	PA
praziquantel oral tablet 600 mg	3	
Antiprotozoals		
ALINIA ORAL TABLET 500 MG	5	NDS
atovaquone oral suspension 750 mg/5ml	4	
atovaquone-proguanil hcl oral tablet 250-100 mg	4	
chloroquine phosphate oral tablet 250 mg, 500 mg	2	
COARTEM ORAL TABLET 20-120 MG	4	QL (24 EA per 30 days)
hydroxychloroquine sulfate oral tablet 200 mg	2	
IMPAVIDO ORAL CAPSULE 50 MG	5	NDS
mefloquine hcl oral tablet 250 mg	2	
nitazoxanide oral tablet 500 mg	5	NDS
pentamidine isethionate inhalation solution reconstituted 300 mg	4	PA B/D
pentamidine isethionate injection solution reconstituted 300 mg	4	
primaquine phosphate oral tablet 26.3 (15 base) mg, 26.3 mg	3	
pyrimethamine oral tablet 25 mg	5	PA; NDS
quinine sulfate oral capsule 324 mg	4	PA; QL (42 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
Pediculicides/ Scabicides		
lindane external shampoo 1 %	2	
malathion external lotion 0.5 %	2	
permethrin external cream 5 %	2	
SKLICE EXTERNAL LOTION 0.5 %	4	
Antiparkinson Agents		
Anticholinergics		
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	2	
trihexyphenidyl hcl oral elixir 0.4 mg/ml	2	
trihexyphenidyl hcl oral solution 0.4 mg/ml	2	
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	2	
Antiparkinson Agents, Other		
entacapone oral tablet 200 mg	4	
tolcapone oral tablet 100 mg	5	NDS
Dopamine Agonists		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML	5	PA; LA; QL (2 ML per 1 day); NDS
apomorphine hcl subcutaneous solution cartridge 30 mg/3ml	5	PA; QL (2 ML per 1 day); NDS
bromocriptine mesylate oral capsule 5 mg	3	
bromocriptine mesylate oral tablet 2.5 mg	3	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	4	QL (1 EA per 1 day)
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	2	
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	2	
Dopamine Precursors/ L-Amino Acid Decarboxylase Inhibitors		
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	2	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	1	

Drug Name	Drug Tier	Requirements/Limits
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	3	
Monoamine Oxidase B (Mao-B) Inhibitors		
rasagiline mesylate oral tablet 0.5 mg, 1 mg	4	QL (1 EA per 1 day)
selegiline hcl oral capsule 5 mg	2	
selegiline hcl oral tablet 5 mg	2	
Antipsychotics		
1St Generation/ Typical		
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	4	PA
fluphenazine decanoate injection solution 25 mg/ml	4	
fluphenazine hcl injection solution 2.5 mg/ml	4	
fluphenazine hcl oral concentrate 5 mg/ml	4	
fluphenazine hcl oral elixir 2.5 mg/5ml	4	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	4	
haloperidol decanoate intramuscular solution 50 mg/ml	2	
haloperidol lactate injection solution 5 mg/ml, 5 mg/ml(1 ml prefilled syringe)	2	
haloperidol lactate oral concentrate 2 mg/ml	2	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	2	
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	2	
molindone hcl oral tablet 10 mg, 25 mg, 5 mg	4	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	3	
pimozide oral tablet 1 mg, 2 mg	2	
prochlorperazine maleate oral tablet 10 mg, 5 mg	2	
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	2	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	2	
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg	2	

Drug Name	Drug Tier	Requirements/Limits
1St Generation/Typical		
chlorpromazine hcl oral concentrate 30 mg/ml	4	
haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml(1ml)	2	
2Nd Generation/ Atypical		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG	5	NDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	5	NDS
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 15 MG, 2 MG, 20 MG, 5 MG	5	PA; NDS
ABILIFY MYCITE ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	5	PA; NDS
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 10 MG	5	PA; NDS
aripiprazole oral solution 1 mg/ml	4	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	4	QL (1 EA per 1 day)
aripiprazole oral tablet dispersible 10 mg, 15 mg	4	QL (2 EA per 1 day); NDS
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML	5	NDS
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML	5	NDS
asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg	4	ST; QL (2 EA per 1 day)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	5	PA; QL (30 EA per 30 days); NDS
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	5	PA; QL (0.75 ML per 28 days); NDS
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	5	PA; QL (1 ML per 28 days); NDS
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	5	PA; QL (1.5 ML per 28 days); NDS
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 351 MG/2.25ML	5	PA; QL (2.25 ML per 28 days); NDS

Drug Name	Drug Tier	Requirements/Limits
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	5	PA; QL (0.25 ML per 28 days); NDS
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	5	PA; QL (0.5 ML per 28 days); NDS
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 6 MG, 8 MG	5	PA; QL (2 EA per 1 day); NDS
FANAPT ORAL TABLET 4 MG	4	PA; QL (2 EA per 1 day)
FANAPT TITRATION PACK A ORAL TABLET 1 & 2 & 4 & 6 MG	4	PA; QL (8 EA per 180 days); NDS
FANAPT TITRATION PACK B ORAL TABLET 1 & 2 & 6 & 8 MG	4	PA; QL (12 EA per 180 days); NDS
FANAPT TITRATION PACK C ORAL TABLET 1 & 2 & 6 MG	4	PA; QL (8 EA per 180 days); NDS
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	4	PA; QL (8 EA per 180 days); NDS
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	5	PA B/D; QL (3.5 ML per 180 days); NDS
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	5	PA B/D; QL (5 ML per 180 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	5	PA B/D; NDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION 39 MG/0.25ML	4	PA B/D
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	5	PA B/D; NDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	4	PA B/D
INVEGA TRINZA INTRAMUSCULAR SUSPENSION 273 MG/0.875ML, 410 MG/1.315ML, 546 MG/1.75ML, 819 MG/2.625ML	5	PA B/D; NDS

Drug Name	Drug Tier	Requirements/Limits
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.875ML, 273 MG/0.88ML, 410 MG/1.315ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.625ML, 819 MG/2.63ML	5	PA B/D; NDS
lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg	4	QL (1 EA per 1 day)
lurasidone hcl oral tablet 80 mg	4	QL (2 EA per 1 day)
NUPLAZID ORAL CAPSULE 34 MG	5	PA; LA; QL (1 EA per 1 day); NDS
NUPLAZID ORAL TABLET 10 MG	5	PA; LA; QL (1 EA per 1 day); NDS
olanzapine intramuscular solution reconstituted 10 mg	2	
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	2	
olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg	2	QL (1 EA per 1 day)
OPIPZA ORAL FILM 10 MG	5	QL (3 EA per 1 day); NDS
OPIPZA ORAL FILM 2 MG, 5 MG	5	QL (1 EA per 1 day); NDS
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg	4	ST; QL (1 EA per 1 day)
paliperidone er oral tablet extended release 24 hour 6 mg	4	ST; QL (2 EA per 1 day)
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	5	PA B/D; NDS
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	2	
quetiapine fumarate oral tablet 150 mg	2	NDS
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	5	PA; QL (1 EA per 1 day); NDS
risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg	4	
risperidone microspheres er intramuscular suspension reconstituted er 25 mg	4	NDS
risperidone microspheres er intramuscular suspension reconstituted er 37.5 mg, 50 mg	5	NDS

Drug Name	Drug Tier	Requirements/Limits
RISPERIDONE M-TAB ORAL TABLET DISPERSIBLE 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	4	
risperidone oral solution 1 mg/ml	2	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	2	
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	4	
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	5	PA; QL (1 EA per 1 day); NDS
VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG	5	PA; QL (1 EA per 1 day); NDS
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	4	PA; QL (14 EA per 365 days)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	2	
ziprasidone mesylate intramuscular solution reconstituted 20 mg	3	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	4	PA B/D
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 300 MG, 405 MG	5	PA B/D; NDS
2Nd Generation/Atypical		
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	5	PA; QL (2 EA per 1 day); NDS
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG	5	PA; QL (112 EA per 365 days); NDS
quetiapine fumarate er oral tablet extended release 24 hour 50 mg	2	
Treatment-Resistant		
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	2	
clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 25 mg	4	ST
clozapine oral tablet dispersible 200 mg	4	ST; NDS
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	NDS
Antispasticity Agents		

Drug Name	Drug Tier	Requirements/Limits
Antispasticity Agents		
baclofen oral tablet 10 mg, 20 mg	2	
tizanidine hcl oral tablet 2 mg, 4 mg	2	
Antiviral Agents		
Anti-Hiv Agents, Protease Inhibitors		
PREZCOBIX ORAL TABLET 675-150 MG	5	QL (1 EA per 1 day); NDS
Antivirals		
Anti-Cytomegalovirus (Cmv) Agents		
LIVTENCITY ORAL TABLET 200 MG	5	PA; QL (4 EA per 1 day); NDS
PREVYMIS ORAL TABLET 240 MG, 480 MG	5	ST; QL (1 EA per 1 day); NDS
valganciclovir hcl oral solution reconstituted 50 mg/ml	5	QL (36 ML per 1 day); NDS
valganciclovir hcl oral tablet 450 mg	3	QL (4 EA per 1 day)
ZIRGAN OPHTHALMIC GEL 0.15 %	4	
Anti-Hepatitis B (Hbv) Agents		
adefovir dipivoxil oral tablet 10 mg	4	
entecavir oral tablet 0.5 mg, 1 mg	4	QL (1 EA per 1 day)
EPIVIR HBV ORAL SOLUTION 5 MG/ML	3	
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML	5	NDS
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT	5	NDS
Anti-Hepatitis C (Hcv) Agents		
INTRON A INJECTION SOLUTION RECONSTITUTED 18000000 UNIT, 50000000 UNIT	5	NDS
MAVYRET ORAL PACKET 50-20 MG	5	PA; NDS
MAVYRET ORAL TABLET 100-40 MG	5	PA; QL (3 EA per 1 day); NDS
MODERIBA ORAL TABLET 200 MG	3	
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 135 MCG/0.5ML, 180 MCG/0.5ML	5	NDS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML	5	NDS
RIBASPHERE ORAL CAPSULE 200 MG	3	
RIBASPHERE ORAL TABLET 200 MG	3	
ribavirin oral capsule 200 mg	2	

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Drug Name	Drug Tier	Requirements/Limits
ribavirin oral tablet 200 mg	2	
sofosbuvir-velpatasvir oral tablet 400-100 mg	5	PA; QL (84 EA per 84 days); NDS
Antiherpetic Agents		
acyclovir external ointment 5 %	4	QL (30 GM per 30 days)
acyclovir oral capsule 200 mg	2	
acyclovir oral suspension 200 mg/5ml	2	
acyclovir oral tablet 400 mg, 800 mg	2	
acyclovir sodium intravenous solution 50 mg/ml	2	PA B/D
DENAVIR EXTERNAL CREAM 1 %	4	QL (5 GM per 30 days); NDS
famciclovir oral tablet 125 mg, 250 mg, 500 mg	2	
penciclovir external cream 1 %	4	QL (5 GM per 30 days)
trifluridine ophthalmic solution 1 %	2	
valacyclovir hcl oral tablet 1 gm, 500 mg	4	
Anti-Hiv Agents, Integrase Inhibitors (Insti)		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	5	NDS
GENVOYA ORAL TABLET 150-150-200-10 MG	5	QL (1 EA per 1 day); NDS
ISENTRESS HD ORAL TABLET 600 MG	3	QL (2 EA per 1 day); NDS
ISENTRESS ORAL PACKET 100 MG	4	NDS
ISENTRESS ORAL TABLET 400 MG	3	QL (2 EA per 1 day); NDS
ISENTRESS ORAL TABLET CHEWABLE 100 MG	4	QL (6 EA per 1 day); NDS
ISENTRESS ORAL TABLET CHEWABLE 25 MG	4	QL (6 EA per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG	5	QL (1 EA per 1 day); NDS
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	QL (1 EA per 1 day); NDS
TIVICAY ORAL TABLET 10 MG	3	
TIVICAY ORAL TABLET 25 MG, 50 MG	5	NDS
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	5	
Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)		

Drug Name	Drug Tier	Requirements/Limits
EDURANT PED ORAL TABLET SOLUBLE 2.5 MG	5	NDS
efavirenz oral tablet 600 mg	2	QL (1 EA per 1 day); NDS
emtricitab-rilpivir-tenofov df oral tablet 200-25-300 mg	5	QL (1 EA per 1 day); NDS
etravirine oral tablet 100 mg	4	QL (4 EA per 1 day)
etravirine oral tablet 200 mg	5	QL (2 EA per 1 day); NDS
IDVYNSO ORAL TABLET 100-0.25 MG	5	QL (1 EA per 1 day); NDS
INTELENCE ORAL TABLET 25 MG	4	
nevirapine er oral tablet extended release 24 hour 400 mg	4	
nevirapine oral suspension 50 mg/5ml	4	
nevirapine oral tablet 200 mg	2	
PIFELTRO ORAL TABLET 100 MG	5	QL (1 EA per 1 day); NDS
RESCRIPTOR ORAL TABLET 100 MG, 200 MG	3	
rilpivirine hcl oral tablet 25 mg	5	QL (1 EA per 1 day); NDS
Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)		
abacavir sulfate oral solution 20 mg/ml	4	QL (30 ML per 1 day)
abacavir sulfate oral tablet 300 mg	2	QL (2 EA per 1 day)
abacavir sulfate-lamivudine oral tablet 600-300 mg	4	QL (2 EA per 1 day)
abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg	5	NDS
CIMDUO ORAL TABLET 300-300 MG	5	NDS
DELSTRIGO ORAL TABLET 100-300-300 MG	5	NDS
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	5	QL (1 EA per 1 day); NDS
didanosine oral capsule delayed release 125 mg, 200 mg	2	
DOVATO ORAL TABLET 50-300 MG	5	QL (1 EA per 1 day); NDS
efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg	4	QL (1 EA per 1 day); NDS
efavirenz-emtricitab-tenofovir oral tablet 600-200-300 mg	5	QL (1 EA per 1 day); NDS

Drug Name	Drug Tier	Requirements/Limits
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg	5	NDS
emtricitabine oral capsule 200 mg	4	
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg	2	QL (1 EA per 1 day); NDS
EMTRIVA ORAL SOLUTION 10 MG/ML	4	
JULUCA ORAL TABLET 50-25 MG	5	QL (1 EA per 1 day); NDS
lamivudine oral solution 10 mg/ml	2	
lamivudine oral tablet 100 mg, 150 mg, 300 mg	2	
lamivudine-zidovudine oral tablet 150-300 mg	4	
ODEFSEY ORAL TABLET 200-25-25 MG	5	QL (1 EA per 1 day); NDS
TEMIXYS ORAL TABLET 300-300 MG	5	NDS
tenofovir disoproxil fumarate oral tablet 300 mg	4	QL (1 EA per 1 day)
VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG	3	
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM, 4 GM	3	
VIREAD ORAL POWDER 40 MG/GM	5	QL (225 GM per 30 days); NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	QL (1 EA per 1 day); NDS
ZERIT ORAL SOLUTION RECONSTITUTED 1 MG/ML	3	
zidovudine oral capsule 100 mg	2	
zidovudine oral syrup 50 mg/5ml	2	
zidovudine oral tablet 300 mg	2	
Anti-Hiv Agents, Other		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	5	NDS
maraviroc oral tablet 150 mg	5	QL (2 EA per 1 day); NDS
maraviroc oral tablet 300 mg	5	QL (4 EA per 1 day); NDS
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	5	NDS
SELZENTRY ORAL SOLUTION 20 MG/ML	5	NDS
SELZENTRY ORAL TABLET 25 MG	4	QL (8 EA per 1 day)
SELZENTRY ORAL TABLET 75 MG	5	QL (8 EA per 1 day); NDS
SUNLENCA ORAL TABLET 300 MG	5	QL (5 EA per 180 days); NDS

Drug Name	Drug Tier	Requirements/Limits
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG	5	QL (4 EA per 180 days); NDS
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG	5	QL (5 EA per 180 days); NDS
TRIUMEQ ORAL TABLET 600-50-300 MG	5	NDS
triumeq pd oral tablet soluble 60-5-30 mg	4	QL (6 EA per 1 day); NDS
TYBOST ORAL TABLET 150 MG	3	
Anti-Hiv Agents, Protease Inhibitors		
APTIVUS ORAL CAPSULE 250 MG	5	NDS
APTIVUS ORAL SOLUTION 100 MG/ML	5	NDS
atazanavir sulfate oral capsule 150 mg, 300 mg	4	QL (1 EA per 1 day); NDS
atazanavir sulfate oral capsule 200 mg	4	QL (2 EA per 1 day); NDS
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	3	
darunavir oral tablet 600 mg	4	QL (2 EA per 1 day); NDS
darunavir oral tablet 800 mg	5	QL (1 EA per 1 day); NDS
EVOTAZ ORAL TABLET 300-150 MG	5	QL (1 EA per 1 day); NDS
fosamprenavir calcium oral tablet 700 mg	5	NDS
INVIRASE ORAL CAPSULE 200 MG	5	NDS
INVIRASE ORAL TABLET 500 MG	5	NDS
KALETRA ORAL SOLUTION 400-100 MG/5ML	4	
lopinavir-ritonavir oral solution 400-100 mg/5ml	4	
lopinavir-ritonavir oral tablet 100-25 mg	4	
lopinavir-ritonavir oral tablet 200-50 mg	4	QL (4 EA per 1 day)
NORVIR ORAL CAPSULE 100 MG	4	
NORVIR ORAL PACKET 100 MG	4	
NORVIR ORAL SOLUTION 80 MG/ML	4	
PREZCOBIX ORAL TABLET 800-150 MG	5	QL (2 EA per 1 day); NDS
PREZISTA ORAL SUSPENSION 100 MG/ML	5	QL (12 ML per 1 day); NDS
PREZISTA ORAL TABLET 150 MG	4	QL (6 EA per 1 day)
PREZISTA ORAL TABLET 75 MG	4	QL (10 EA per 1 day)
REYATAZ ORAL PACKET 50 MG	5	NDS
ritonavir oral tablet 100 mg	2	QL (12 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG, 625 MG	5	NDS
Anti-Influenza Agents		
amantadine hcl oral capsule 100 mg	2	

Drug Name	Drug Tier	Requirements/Limits
amantadine hcl oral tablet 100 mg	2	
oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg	2	QL (84 EA per 180 days)
oseltamivir phosphate oral suspension reconstituted 6 mg/ml	2	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT, 5 MG/BLISTER	3	
rimantadine hcl oral tablet 100 mg	2	
Antiviral, Coronavirus Agents		
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG	3	QL (60 EA per 365 days)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG	3	QL (90 EA per 365 days)
Anxiolytics		
Anxiolytics, Other		
BUCAPSOL ORAL CAPSULE 15 MG, 7.5 MG	4	
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	2	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	4	PA
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	4	PA
triazolam oral tablet 0.125 mg, 0.25 mg	2	QL (2 EA per 1 day); NDS
Benzodiazepines		
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg	2	QL (3 EA per 1 day); NDS
alprazolam oral tablet 2 mg	2	QL (5 EA per 1 day); NDS
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	2	PA; QL (4 EA per 1 day); NDS
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	3	QL (6 EA per 1 day); NDS
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	4	NDS
diazepam oral concentrate 5 mg/ml	4	NDS
diazepam oral solution 1 mg/ml	4	QL (40 EA per 1 day); NDS
diazepam oral solution 5 mg/5ml	4	QL (40 ML per 1 day); NDS
diazepam oral tablet 2 mg, 5 mg	2	QL (4 EA per 1 day); NDS
lorazepam oral tablet 0.5 mg, 1 mg	2	QL (3 EA per 1 day); NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 7. Last Updated: 09/22/2026

Drug Name	Drug Tier	Requirements/Limits
lorazepam oral tablet 2 mg	2	QL (5 EA per 1 day); NDS
Ssris/ Snris		
duloxetine hcl oral capsule delayed release particles 40 mg	4	QL (3 EA per 1 day)
paroxetine hcl oral tablet 20 mg	2	PA
Bipolar Agents		
Bipolar Agents, Other		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 400 MG	4	
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	5	PA; QL (1 EA per 1 day); NDS
Mood Stabilizers		
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	3	
lithium carbonate er oral tablet extended release 300 mg, 450 mg	2	
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	2	
lithium oral solution 8 meq/5ml	3	
SUBVENITE ORAL SUSPENSION 10 MG/ML	5	PA; NDS
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose oral tablet 100 mg, 25 mg, 50 mg	2	
alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg	3	QL (1 EA per 1 day)
alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg	3	QL (2 EA per 1 day)
alogliptin-pioglitazone oral tablet 12.5-15 mg, 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg, 25-45 mg	3	QL (1 EA per 1 day)
AVANDIA ORAL TABLET 2 MG, 4 MG	4	
CYCLOSET ORAL TABLET 0.8 MG	4	
dapagliflozin base-metformin er oral tablet extended release 24 hour 10-1000 mg, 10-500 mg, 5-500 mg	3	QL (1 EA per 1 day)
dapagliflozin base-metformin er oral tablet extended release 24 hour 5-1000 mg	3	QL (2 EA per 1 day)

Drug Name	Drug Tier	Requirements/Limits
dapagliflozin oral tablet 10 mg, 5 mg	2	QL (1 EA per 1 day)
dapagliflozin propanediol oral tablet 10 mg, 5 mg	2	QL (1 EA per 1 day)
FARXIGA ORAL TABLET 10 MG, 5 MG	3	QL (1 EA per 1 day)
glimepiride oral tablet 1 mg, 2 mg	1	QL (3 EA per 1 day)
glimepiride oral tablet 4 mg	1	QL (2 EA per 1 day)
glipizide er oral tablet extended release 24 hour 10 mg	1	QL (2 EA per 1 day)
glipizide er oral tablet extended release 24 hour 2.5 mg, 5 mg	1	QL (3 EA per 1 day)
glipizide oral tablet 10 mg	1	QL (4 EA per 1 day)
glipizide oral tablet 5 mg	1	QL (3 EA per 1 day)
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	4	QL (2 EA per 1 day)
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	4	QL (2 EA per 1 day)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (1 EA per 1 day)
JARDIANCE ORAL TABLET 10 MG	3	QL (1 EA per 1 day)
JARDIANCE ORAL TABLET 25 MG	3	
metformin hcl er oral tablet extended release 24 hour 500 mg	1	QL (4 EA per 1 day)
metformin hcl er oral tablet extended release 24 hour 750 mg	1	QL (2 EA per 1 day)
metformin hcl oral tablet 1000 mg	1	QL (2.5 EA per 1 day)
metformin hcl oral tablet 500 mg	1	QL (5 EA per 1 day)
metformin hcl oral tablet 850 mg	1	QL (3 EA per 1 day)
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	3	PA; QL (2 ML per 28 days)
MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	3	PA; QL (2 ML per 28 days)
nateglinide oral tablet 120 mg, 60 mg	2	
pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg	2	QL (1 EA per 1 day)
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	4	

Drug Name	Drug Tier	Requirements/Limits
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	5	
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	5	
tolbutamide oral tablet 500 mg	3	
TRADJENTA ORAL TABLET 5 MG	4	QL (1 EA per 1 day)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	3	PA; QL (2 ML per 28 days)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	3	PA; QL (2 ML per 28 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	3	QL (2 EA per 1 day)
Blood Glucose Regulators		
glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	1	QL (4 EA per 1 day)
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	3	QL (2 EA per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	3	QL (1 EA per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	3	QL (2 EA per 1 day)
pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg	4	QL (1 EA per 1 day)
pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg	4	QL (3 EA per 1 day)
repaglinide-metformin hcl oral tablet 1-500 mg, 2-500 mg	2	QL (5 EA per 1 day)
Glycemic Agents		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE	3	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE	3	
diazoxide oral suspension 50 mg/ml	4	
glucagon emergency injection kit 1 mg	3	
glucagon emergency injection solution reconstituted 1 mg	3	

Drug Name	Drug Tier	Requirements/Limits
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	3	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	3	
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML	3	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML	3	
mifepristone oral tablet 300 mg	5	PA; QL (4 EA per 1 day); NDS
Insulins		
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	2	
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	2	
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	QL (45 ML per 30 days)
FIASP INJECTION SOLUTION 100 UNIT/ML	3	QL (50 ML per 30 days)
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	QL (45 ML per 30 days)
FIASP PUMPCART SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	QL (45 ML per 30 days)
FIASP SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	QL (50 ML per 30 days)
HUMALOG INJECTION SOLUTION 100 UNIT/ML	3	QL (50 ML per 30 days)
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	QL (45 ML per 30 days)
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML	3	QL (45 ML per 30 days)
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML	3	QL (50 ML per 30 days)
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	3	QL (1 ML per 1 day); NDS
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	3	QL (18 ML per 30 days)

Drug Name	Drug Tier	Requirements/Limits
insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml	3	QL (45 ML per 30 days)
insulin aspart flexpen subcutaneous solution pen-injector 100 unit/ml	3	QL (45 ML per 30 days)
insulin aspart injection solution 100 unit/ml	3	QL (50 ML per 30 days)
insulin aspart penfill subcutaneous solution cartridge 100 unit/ml	3	QL (45 ML per 30 days)
insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml	3	QL (50 ML per 30 days)
insulin glargine-yfgn subcutaneous solution 100 unit/ml	3	QL (50 ML per 30 days)
insulin glargine-yfgn subcutaneous solution pen-injector 100 unit/ml	3	QL (45 ML per 30 days)
insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml	3	QL (45 ML per 30 days)
insulin lispro injection solution 100 unit/ml	3	QL (50 ML per 30 days)
KIRSTY INJECTION SOLUTION 100 UNIT/ML	3	QL (50 ML per 30 days)
KIRSTY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	QL (50 ML per 30 days)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	QL (45 ML per 30 days)
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	QL (50 ML per 30 days)
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	QL (45 ML per 30 days)
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	QL (45 ML per 30 days)
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	QL (50 ML per 30 days)
NOVOFINE 30G X 8 MM , 32G X 6 MM	2	
NOVOFINE PEN NEEDLE 32G X 6 MM	2	
NOVOFINE PLUS 32G X 4 MM	2	
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM	2	
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	QL (45 ML per 30 days)

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	QL (45 ML per 30 days)
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	QL (50 ML per 30 days)
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	QL (50 ML per 30 days)
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	3	QL (45 ML per 30 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	3	QL (45 ML per 30 days)
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	QL (50 ML per 30 days)
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	QL (50 ML per 30 days)
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	3	QL (45 ML per 30 days)
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	3	QL (45 ML per 30 days)
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	3	QL (50 ML per 30 days)
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML	3	QL (50 ML per 30 days)
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	QL (45 ML per 30 days)
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	QL (45 ML per 30 days)
NOVOLOG INJECTION SOLUTION 100 UNIT/ML	3	QL (50 ML per 30 days)
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	QL (45 ML per 30 days)
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	QL (50 ML per 30 days)
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	QL (50 ML per 30 days)
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	QL (45 ML per 30 days)

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG RELION INJECTION SOLUTION 100 UNIT/ML	3	QL (50 ML per 30 days)
NOVOTWIST 32G X 5 MM	2	
NOVOTWIST PEN NEEDLE 32G X 5 MM	2	
REZVOGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	QL (45 ML per 30 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	3	QL (45 ML per 30 days)
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	QL (50 ML per 30 days)
Blood Products And Modifiers		
Hemostasis Agents		
tranexamic acid oral tablet 650 mg	2	
Blood Products/ Modifiers/ Volume Expanders		
Anticoagulants		
dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg	4	QL (2 EA per 1 day)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	3	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	3	QL (2 EA per 1 day)
enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml	2	
enoxaparin sodium subcutaneous solution 100 mg/ml, 150 mg/ml	2	QL (30 ML per 90 days)
enoxaparin sodium subcutaneous solution 120 mg/0.8ml, 80 mg/0.8ml	2	QL (24 ML per 90 days)
enoxaparin sodium subcutaneous solution 30 mg/0.3ml	2	QL (9 ML per 90 days)
enoxaparin sodium subcutaneous solution 40 mg/0.4ml	2	QL (12 ML per 90 days)
enoxaparin sodium subcutaneous solution 60 mg/0.6ml	2	QL (18 ML per 90 days)
fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml	5	NDS

Drug Name	Drug Tier	Requirements/Limits
fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml	4	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML	5	NDS
FRAGMIN SUBCUTANEOUS SOLUTION 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	4	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 7500 UNIT/0.3ML	5	NDS
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	4	
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	2	
heparin sodium (porcine) pf injection solution 1000 unit/ml	2	
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	3	
rivaroxaban oral tablet 2.5 mg	3	QL (2 EA per 1 day)
warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML	3	
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	3	QL (1 EA per 1 day)
XARELTO ORAL TABLET 2.5 MG	3	QL (2 EA per 1 day)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	3	QL (102 EA per 365 days)
Blood Formation Modifiers		
anagrelide hcl oral capsule 0.5 mg, 1 mg	3	
eltrombopag olamine oral packet 12.5 mg	5	PA; QL (12 EA per 1 day); NDS
eltrombopag olamine oral packet 25 mg	5	PA; QL (6 EA per 1 day); NDS
eltrombopag olamine oral tablet 12.5 mg, 25 mg	5	PA; QL (1 EA per 1 day); NDS
eltrombopag olamine oral tablet 50 mg, 75 mg	5	PA; QL (2 EA per 1 day); NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 7. Last Updated: 09/22/2026

Drug Name	Drug Tier	Requirements/Limits
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG	5	PA; NDS
LEUKINE INTRAVENOUS SOLUTION RECONSTITUTED 250 MCG	5	PA; NDS
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA; QL (12 ML per 28 days)
RETACRIT INJECTION SOLUTION 40000 UNIT/ML	5	PA; QL (4 ML per 28 days); NDS
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	PA; NDS
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	5	PA; NDS
Platelet Modifying Agents		
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	4	QL (2 EA per 1 day)
cilostazol oral tablet 100 mg, 50 mg	2	
clopidogrel bisulfate oral tablet 75 mg	2	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	2	
prasugrel hcl oral tablet 10 mg, 5 mg	2	QL (1 EA per 1 day)
ticagrelor oral tablet 60 mg	2	QL (2 EA per 1 day)
ticagrelor oral tablet 90 mg	2	
Cardiovascular Agents		
Alpha-Adrenergic Agonists		
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	2	
clonidine hcl transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	4	QL (4 EA per 28 days)
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	4	QL (4 EA per 28 days)
droxidopa oral capsule 100 mg	4	PA; QL (3 EA per 1 day)
droxidopa oral capsule 200 mg, 300 mg	4	PA; QL (6 EA per 1 day)
guanfacine hcl oral tablet 1 mg, 2 mg	2	
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg	2	
Alpha-Adrenergic Blocking Agents		
doxazosin mesylate oral tablet 1 mg	1	
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	1	
Angiotensin Ii Receptor Antagonists		

Drug Name	Drug Tier	Requirements/Limits
candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg	4	
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG	3	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	1	
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	1	
olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg	1	
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	2	
sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg	3	QL (2 EA per 1 day)
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	1	
Angiotensin-Converting Enzyme (Ace) Inhibitors		
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	3	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	1	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	
moexipril hcl oral tablet 15 mg, 7.5 mg	1	
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	1	
Antiarrhythmics		
amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg	2	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	3	
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg	2	

Drug Name	Drug Tier	Requirements/Limits
mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg	2	
MULTAQ ORAL TABLET 400 MG	4	QL (2 EA per 1 day)
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	3	
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg	2	
quinidine gluconate er oral tablet extended release 324 mg	2	
quinidine sulfate oral tablet 200 mg, 300 mg	2	
SORINE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	3	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	2	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	2	
Beta-Adrenergic Blocking Agents		
acebutolol hcl oral capsule 200 mg, 400 mg	2	
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	
betaxolol hcl oral tablet 10 mg, 20 mg	2	
bisoprolol fumarate oral tablet 10 mg, 5 mg	2	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	2	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
metoprolol tartrate oral tablet 37.5 mg, 75 mg	2	
nadolol oral tablet 20 mg, 40 mg, 80 mg	2	
nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	4	
pindolol oral tablet 10 mg, 5 mg	2	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	2	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	3	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	

Drug Name	Drug Tier	Requirements/Limits
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	3	
Calcium Channel Blocking Agents		
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	2	
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	3	
diltiazem cd oral capsule extended release 24 hour 120 mg, 180 mg	2	
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	2	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	2	
diltiazem hcl er oral capsule extended release 24 hour 180 mg, 240 mg	2	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	2	
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	2	
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	2	
isradipine oral capsule 2.5 mg, 5 mg	2	
nicardipine hcl oral capsule 20 mg, 30 mg	2	
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	2	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	2	
nimodipine oral capsule 30 mg	2	
nisoldipine er oral tablet extended release 24 hour 20 mg, 30 mg, 40 mg	3	
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	2	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg	2	

Drug Name	Drug Tier	Requirements/Limits
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	2	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	2	
Cardiovascular Agents		
ALDACTAZIDE ORAL TABLET 50-50 MG	4	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	2	
amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	2	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	2	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	
candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	4	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	1	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	1	
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	1	
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	2	
metyrosine oral capsule 250 mg	5	NDS
moexipril-hydrochlorothiazide oral tablet 15-12.5 mg, 15-25 mg, 7.5-12.5 mg	1	
propranolol-hctz oral tablet 40-25 mg, 80-25 mg	3	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
spironolactone-hctz oral tablet 25-25 mg	2	
triamterene-hctz oral capsule 37.5-25 mg, 50-25 mg	2	

Drug Name	Drug Tier	Requirements/Limits
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	2	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	2	
Cardiovascular Agents, Other		
aliskiren fumarate oral tablet 150 mg, 300 mg	4	ST; QL (1 EA per 1 day)
CORLANOR ORAL SOLUTION 5 MG/5ML	4	PA
DIGITEK ORAL TABLET 125 MCG, 250 MCG	3	
DIGOX ORAL TABLET 125 MCG, 250 MCG	1	
digoxin oral solution 0.05 mg/ml	3	
digoxin oral tablet 125 mcg, 250 mcg	1	
ivabradine hcl oral tablet 5 mg, 7.5 mg	4	PA; QL (2 EA per 1 day)
pentoxifylline er oral tablet extended release 400 mg	2	
ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg	3	QL (2 EA per 1 day)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	4	PA; QL (1 EA per 1 day)
Diuretics, Carbonic Anhydrase Inhibitors		
acetazolamide oral tablet 125 mg, 250 mg	2	
methazolamide oral tablet 25 mg, 50 mg	2	
Diuretics, Loop		
bumetanide injection solution 0.25 mg/ml	2	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	2	
ethacrynic acid oral tablet 25 mg	4	NDS
furosemide injection solution 10 mg/ml, 10 mg/ml (4ml syringe)	2	
furosemide oral solution 8 mg/ml	3	
furosemide oral tablet 20 mg, 40 mg, 80 mg	1	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	2	
Diuretics, Potassium-Sparing		
amiloride hcl oral tablet 5 mg	2	
eplerenone oral tablet 25 mg, 50 mg	3	
KERENDIA ORAL TABLET 10 MG, 20 MG	4	PA; QL (30 EA per 30 days)
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	

Drug Name	Drug Tier	Requirements/Limits
triamterene oral capsule 100 mg, 50 mg	4	
Diuretics, Thiazide		
chlorothiazide oral tablet 250 mg	2	
chlorthalidone oral tablet 25 mg, 50 mg	2	
hydrochlorothiazide oral capsule 12.5 mg	1	
hydrochlorothiazide oral tablet 12.5 mg	2	
hydrochlorothiazide oral tablet 25 mg, 50 mg	1	
indapamide oral tablet 1.25 mg, 2.5 mg	2	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	2	
methyclothiazide oral tablet 5 mg	3	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	2	
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	2	
fenofibrate oral capsule 134 mg	2	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	2	
gemfibrozil oral tablet 600 mg	2	
Dyslipidemics, Hmg Coa Reductase Inhibitors		
atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	
lovastatin oral tablet 10 mg, 20 mg, 40 mg	1	
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	
rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg	1	
Dyslipidemics, Other		
cholestyramine light oral packet 4 gm	3	
cholestyramine light oral powder 4 gm/dose	3	
cholestyramine oral packet 4 gm	3	
cholestyramine oral powder 4 gm/dose	2	
colesevelam hcl oral packet 3.75 gm	3	

Drug Name	Drug Tier	Requirements/Limits
colesevelam hcl oral tablet 625 mg	3	
colestipol hcl oral granules 5 gm	2	
colestipol hcl oral packet 5 gm	2	
colestipol hcl oral tablet 1 gm	2	
ezetimibe oral tablet 10 mg	2	
icosapent ethyl oral capsule 1 gm	4	ST; QL (4 EA per 1 day)
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG	5	PA; LA; NDS
NEXLETOL ORAL TABLET 180 MG	4	QL (1 EA per 1 day)
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg	4	
omega-3-acid ethyl esters oral capsule 1 gm	4	QL (4 EA per 1 day)
PREVALITE ORAL PACKET 4 GM	3	
PREVALITE ORAL POWDER 4 GM/DOSE	3	
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	4	PA
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	4	PA
triklo oral capsule 1 gm	4	QL (4 EA per 1 day)
Vasodilators, Direct-Acting Arterial		
hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	2	
minoxidil oral tablet 10 mg, 2.5 mg	2	
Vasodilators, Direct-Acting Arterial/ Venous		
isosorbide dinitrate er oral tablet extended release 40 mg	2	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	2	
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg	2	
isosorbide mononitrate oral tablet 10 mg, 20 mg	2	
MINITRAN TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	3	
NITRO-BID TRANSDERMAL OINTMENT 2 %	3	
nitroglycerin rectal ointment 0.4 %	4	QL (30 GM per 30 days)

Drug Name	Drug Tier	Requirements/Limits
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	1	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	2	
Cardiovascular Drugs		
Angiotensin Ii Receptor Antagonists		
telmisartan oral tablet 20 mg, 40 mg, 80 mg	2	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg	2	QL (1 EA per 1 day); NDS
amphetamine-dextroamphet er oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg	2	QL (2 EA per 1 day); NDS
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	2	QL (3 EA per 1 day); NDS
DEXEDRINE ORAL TABLET 10 MG, 5 MG	2	QL (6 EA per 1 day); NDS
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg	4	QL (2 EA per 1 day); NDS
dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg	4	QL (4 EA per 1 day); NDS
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	4	QL (1 EA per 1 day); NDS
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	2	QL (6 EA per 1 day); NDS
lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	4	PA; QL (1 EA per 1 day); NDS
Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines		
atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	4	QL (1 EA per 1 day)
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	4	QL (1 EA per 1 day); NDS
dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg	4	QL (2 EA per 1 day); NDS
guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg	4	QL (1 EA per 1 day)

Drug Name	Drug Tier	Requirements/Limits
methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg	3	QL (1 EA per 1 day); NDS
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg	3	QL (1 EA per 1 day); NDS
methylphenidate hcl er (osm) oral tablet extended release 36 mg	3	QL (2 EA per 1 day); NDS
methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	3	QL (3 EA per 1 day); NDS
methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg	3	QL (1 EA per 1 day); NDS
methylphenidate hcl er oral tablet extended release 24 hour 36 mg	3	QL (2 EA per 1 day); NDS
methylphenidate hcl er(diffus) oral tablet extended release 27 mg, 54 mg	3	QL (1 EA per 1 day); NDS
methylphenidate hcl er(diffus) oral tablet extended release 36 mg	3	QL (2 EA per 1 day); NDS
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	2	QL (3 EA per 1 day); NDS
Central Nervous System, Other		
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; QL (4 EA per 1 day); NDS
AUSTEDO ORAL TABLET 6 MG	5	PA; QL (2 EA per 1 day); NDS
AUSTEDO PATIENT TITRATION KIT ORAL TABLET THERAPY PACK 6 & 9 & 12 MG	5	PA; NDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 6 MG	5	PA; QL (3 EA per 1 day); NDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 18 MG, 24 MG	5	PA; QL (2 EA per 1 day); NDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 36 MG, 42 MG, 48 MG	5	PA; QL (1 EA per 1 day); NDS
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	5	PA; QL (28 EA per 180 days); NDS
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG	5	PA; NDS
NUEDEXTA ORAL CAPSULE 20-10 MG	5	QL (2 EA per 1 day); NDS
riluzole oral tablet 50 mg	2	
TEGLUTIK ORAL SUSPENSION 50 MG/10ML	5	NDS

Drug Name	Drug Tier	Requirements/Limits
tetrabenazine oral tablet 12.5 mg	4	PA; QL (3 EA per 1 day); NDS
tetrabenazine oral tablet 25 mg	5	PA; QL (4 EA per 1 day); NDS
TIGLUTIK ORAL SUSPENSION 50 MG/10ML	5	NDS
VEOZAH ORAL TABLET 45 MG	4	
Multiple Sclerosis Agents		
AVONEX INTRAMUSCULAR KIT 30 MCG	5	NDS
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	5	QL (4 EA per 28 days); NDS
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	5	QL (4 EA per 28 days); NDS
dalfampridine er oral tablet extended release 12 hour 10 mg	2	QL (2 EA per 1 day); NDS
fingolimod hcl oral capsule 0.5 mg	4	
FIRDAPSE ORAL TABLET 10 MG	5	PA; LA; QL (8 EA per 1 day); NDS
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	3	QL (1 ML per 1 day); NDS
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	3	QL (12 ML per 28 days); NDS
OCREVUS INTRAVENOUS SOLUTION 300 MG/10ML	5	PA; LA; NDS
teriflunomide oral tablet 14 mg, 7 mg	2	QL (1 EA per 1 day); NDS
Dental And Oral Agents		
Dental And Oral Agents		
cevimeline hcl oral capsule 30 mg	4	
chlorhexidine gluconate mouth/throat solution 0.12 %	2	
ORALONE MOUTH/THROAT PASTE 0.1 %	2	
PAROEX MOUTH/THROAT SOLUTION 0.12 %	2	
PERIOGARD MOUTH/THROAT SOLUTION 0.12 %	3	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	3	
triamcinolone acetonide mouth/throat paste 0.1 %	2	
Dermatological Agents		
Acne And Rosacea Agents		
AMNESTEEM ORAL CAPSULE 30 MG	4	

Drug Name	Drug Tier	Requirements/Limits
Dermatitis And Pruritus Agents		
EUCRISA EXTERNAL OINTMENT 2 %	4	
Dermatological Agents		
ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	4	
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	4	
ammonium lactate external lotion 12 %	2	
azelaic acid external gel 15 %	4	
AZELEX EXTERNAL CREAM 20 %	3	
benzoyl peroxide-erythromycin external gel 5-3 %	2	
calcipotriene external cream 0.005 %	3	
calcipotriene external solution 0.005 %	4	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	4	
clindamycin phos-benzoyl perox external gel 1-5 %	2	
clobetasol propionate external solution 0.05 %	2	
clotrimazole-betamethasone external cream 1-0.05 %	4	
clotrimazole-betamethasone external lotion 1-0.05 %	4	
CORMAX SCALP APPLICATION EXTERNAL SOLUTION 0.05 %	3	
diclofenac sodium external gel 3 %	4	PA
diclofenac sodium transdermal gel 3 %	4	PA
doxepin hcl external cream 5 %	4	
FINACEA EXTERNAL FOAM 15 %	4	
fluorouracil external cream 0.5 %	5	NDS
fluorouracil external cream 5 %	4	
fluorouracil external solution 2 %, 5 %	2	
imiquimod external cream 5 %	4	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg	4	
methoxsalen rapid oral capsule 10 mg	5	NDS
MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	4	
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	2	

Drug Name	Drug Tier	Requirements/Limits
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	2	
OTEZLA ORAL TABLET 30 MG	5	PA; QL (2 EA per 1 day); NDS
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	5	PA; NDS
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 75 MG	5	PA; QL (1 EA per 1 day); NDS
OTEZLA/OTEZLA XR INITIATION PK ORAL TABLET THERAPY PACK 10&20&30&(ER)75 MG	5	PA; QL (82 EA per 365 days)
pimecrolimus external cream 1 %	4	
podofilox external solution 0.5 %	2	
PRUDOXIN EXTERNAL CREAM 5 %	4	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	4	
selenium sulfide external lotion 2.5 %	2	
tacrolimus external ointment 0.03 %	4	QL (100 GM per 60 days)
tacrolimus external ointment 0.1 %	4	QL (120 GM per 60 days)
tazarotene external cream 0.1 %	4	
tazarotene external gel 0.05 %, 0.1 %	4	
TAZORAC EXTERNAL CREAM 0.05 %	4	
tretinoin external cream 0.025 %	3	
tretinoin external cream 0.05 %, 0.1 %	4	
UVADEX INJECTION SOLUTION 20 MCG/ML	4	
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	4	
Dermatological Agents, Other		
clindamycin phos-benzoyl perox external gel 1.2-2.5 %	2	
hydrocortisone butyrate external lotion 0.1 %	2	
PROCTOFOAM HC EXTERNAL FOAM 1-1 %	3	
Pediculicides/Scabicides		
ivermectin external lotion 0.5 %	4	
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral/Metal Modifiers		
penicillamine oral capsule 250 mg	3	

Drug Name	Drug Tier	Requirements/Limits
tolvaptan (hyponatremia) oral tablet 15 mg	4	
tolvaptan (hyponatremia) oral tablet 30 mg	5	QL (2 EA per 1 day); NDS
tolvaptan oral tablet 15 mg	4	
tolvaptan oral tablet 30 mg	5	PA; QL (2 EA per 1 day); NDS
tolvaptan oral tablet therapy pack 15 mg, 30 & 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg	5	PA; QL (2 EA per 1 day); NDS
Phosphate Binders		
sodium polystyrene sulfonate oral powder	2	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	4	PA; QL (1 EA per 1 day)
Enzyme Replacement/ Modifiers		
Enzyme Replacement/ Modifiers		
betaine oral powder	5	NDS
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	3	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	3	
glycerol phenylbutyrate oral liquid 1.1 gm/ml	5	NDS
l-glutamine oral packet 5 gm	5	PA; QL (6 EA per 1 day); NDS
miglustat oral capsule 100 mg	5	NDS
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	5	PA; NDS
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 4200-14200 UNIT	3	
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 21000-54700 UNIT	5	NDS
sapropterin dihydrochloride oral packet 100 mg, 500 mg	5	PA; NDS
sapropterin dihydrochloride oral tablet 100 mg	5	PA; NDS
sapropterin dihydrochloride oral tablet soluble 100 mg	5	PA; NDS
sodium phenylbutyrate oral tablet 500 mg	5	PA; NDS
STRENSIQ SUBCUTANEOUS SOLUTION 40 MG/ML, 80 MG/0.8ML	5	PA; NDS
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		

Drug Name	Drug Tier	Requirements/Limits
dicyclomine hcl oral capsule 10 mg	2	
dicyclomine hcl oral solution 10 mg/5ml	2	
dicyclomine hcl oral tablet 20 mg	2	
glycopyrrolate oral tablet 1 mg, 2 mg	2	
Gastrointestinal Agents, Other		
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml	3	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	3	
GATTEX SUBCUTANEOUS KIT 5 MG	5	PA; LA; NDS
loperamide hcl oral capsule 2 mg	2	
metoclopramide hcl oral solution 5 mg/5ml	2	
metoclopramide hcl oral tablet 10 mg, 5 mg	2	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	4	PA; QL (1 EA per 1 day)
REBYOTA RECTAL SUSPENSION 150 ML	5	PA; NDS
RELISTOR ORAL TABLET 150 MG	5	PA; QL (3 EA per 1 day); NDS
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE)	5	PA; QL (0.6 ML per 1 day); NDS
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML	5	PA; QL (0.8 ML per 1 day); NDS
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12 MG/0.6ML	5	PA; QL (0.6 ML per 1 day); NDS
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 8 MG/0.4ML	5	PA; QL (0.8 ML per 1 day); NDS
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	5	PA; LA; QL (1 EA per 1 day); NDS
ursodiol oral capsule 300 mg	3	
ursodiol oral tablet 250 mg, 500 mg	3	
VOWST ORAL CAPSULE	5	PA; NDS
XERMELO ORAL TABLET 250 MG	5	PA; LA; QL (3 EA per 1 day); NDS
Histamine2 (H2) Receptor Antagonists		
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	2	
famotidine oral tablet 20 mg, 40 mg	2	
nizatidine oral capsule 150 mg, 300 mg	2	
nizatidine oral solution 15 mg/ml	2	
Irritable Bowel Syndrome Agents		

Drug Name	Drug Tier	Requirements/Limits
alosetron hcl oral tablet 0.5 mg	4	PA; QL (2 EA per 1 day); NDS
alosetron hcl oral tablet 1 mg	5	PA; QL (2 EA per 1 day); NDS
budesonide er oral tablet extended release 24 hour 9 mg	5	PA; NDS
budesonide oral capsule delayed release particles 3 mg	4	PA
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	4	QL (1 EA per 1 day)
lubiprostone oral capsule 24 mcg, 8 mcg	3	
Laxatives		
constulose oral solution 10 gm/15ml	2	
enulose oral solution 10 gm/15ml	2	
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	3	
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM	3	
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM	3	
generlac oral solution 10 gm/15ml	2	
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM	3	
KRISTALOSE ORAL PACKET 20 GM	4	
lactulose encephalopathy oral solution 10 gm/15ml, 20 gm/30ml	2	
lactulose oral packet 10 gm, 20 gm	4	
lactulose oral solution 10 gm/15ml, 20 gm/30ml	2	
peg 3350/electrolytes oral solution reconstituted 240 gm	2	
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	2	
peg-3350/electrolytes oral solution reconstituted 236 gm	2	
TRILYTE ORAL SOLUTION RECONSTITUTED 420 GM	3	
Protectants		
misoprostol oral tablet 100 mcg, 200 mcg	2	
sucralfate oral suspension 1 gm/10ml	4	
sucralfate oral tablet 1 gm	2	

Drug Name	Drug Tier	Requirements/Limits
Proton Pump Inhibitors		
esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg	2	QL (30 EA per 30 days)
lansoprazole oral capsule delayed release 15 mg, 30 mg	4	QL (2 EA per 1 day)
omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg	2	QL (2 EA per 1 day)
pantoprazole sodium oral tablet delayed release 20 mg, 40 mg	2	QL (2 EA per 1 day)
rabeprazole sodium oral tablet delayed release 20 mg	3	QL (2 EA per 1 day)
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
VYNDAMAX ORAL CAPSULE 61 MG	5	PA; QL (1 EA per 1 day); NDS
Genitourinary Agents		
Antispasmodics, Urinary		
flavoxate hcl oral tablet 100 mg	2	
mirabegron er oral tablet extended release 24 hour 25 mg, 50 mg	2	QL (1 EA per 1 day)
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg	2	
oxybutynin chloride oral solution 5 mg/5ml	2	
oxybutynin chloride oral syrup 5 mg/5ml	2	
oxybutynin chloride oral tablet 5 mg	2	
solifenacin succinate oral tablet 10 mg, 5 mg	2	QL (1 EA per 1 day)
tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg	4	QL (1 EA per 1 day)
tolterodine tartrate oral tablet 1 mg, 2 mg	2	
trospium chloride er oral capsule extended release 24 hour 60 mg	4	QL (1 EA per 1 day)
trospium chloride oral tablet 20 mg	2	
Benign Prostatic Hypertrophy Agents		

Drug Name	Drug Tier	Requirements/Limits
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	4	
doxazosin mesylate oral tablet 2 mg, 4 mg, 8 mg	1	
dutasteride oral capsule 0.5 mg	2	
finasteride oral tablet 5 mg	2	
tadalafil oral tablet 5 mg	2	PA
tamsulosin hcl oral capsule 0.4 mg	2	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
Genitourinary Agents, Other		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	2	
ELMIRON ORAL CAPSULE 100 MG	4	
penicillamine oral tablet 250 mg	5	PA; NDS
potassium citrate er oral tablet extended release 10 meq (1080 mg), 5 meq (540 mg)	2	
sodium phenylbutyrate oral powder 3 gm/tsp	5	PA; NDS
tiopronin oral tablet 100 mg	5	NDS
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
Estrogens		
SIMLIYA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	3	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
ala-cort external cream 1 %	2	
alclometasone dipropionate external cream 0.05 %	2	
alclometasone dipropionate external ointment 0.05 %	2	
amcinonide external ointment 0.1 %	4	
betamethasone dipropionate aug external cream 0.05 %	2	
betamethasone dipropionate aug external gel 0.05 %	2	
betamethasone dipropionate aug external lotion 0.05 %	2	

Drug Name	Drug Tier	Requirements/Limits
betamethasone dipropionate aug external ointment 0.05 %	2	
betamethasone dipropionate external cream 0.05 %	2	
betamethasone dipropionate external ointment 0.05 %	2	
betamethasone valerate external cream 0.1 %	2	
betamethasone valerate external lotion 0.1 %	2	
betamethasone valerate external ointment 0.1 %	2	
clobetasol prop emollient base external cream 0.05 %	2	
clobetasol propionate e external cream 0.05 %	2	
clobetasol propionate emulsion external foam 0.05 %	4	
clobetasol propionate external gel 0.05 %	2	
clobetasol propionate external ointment 0.05 %	2	
DELTASONE ORAL TABLET 20 MG	2	
desoximetasone external cream 0.05 %, 0.25 %	4	
desoximetasone external gel 0.05 %	4	
desoximetasone external ointment 0.25 %	4	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML	3	
dexamethasone oral elixir 0.5 mg/5ml	2	
dexamethasone oral solution 0.5 mg/5ml	2	
dexamethasone oral tablet 0.5 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	2	
fludrocortisone acetate oral tablet 0.1 mg	2	
fluocinolone acetonide body external oil 0.01 %	2	
fluocinolone acetonide external cream 0.01 %, 0.025 %	2	
fluocinolone acetonide external ointment 0.025 %	2	
fluocinolone acetonide external solution 0.01 %	4	
fluocinolone acetonide otic oil 0.01 %	2	
fluocinolone acetonide scalp external oil 0.01 %	2	
fluocinonide emulsified base external cream 0.05 %	2	
fluocinonide external cream 0.05 %	2	

Drug Name	Drug Tier	Requirements/Limits
fluocinonide external gel 0.05 %	2	
fluocinonide external ointment 0.05 %	2	
fluocinonide external solution 0.05 %	2	
fluocinonide-e external cream 0.05 %	2	
fluticasone propionate external cream 0.05 %	2	
fluticasone propionate external ointment 0.005 %	2	
halobetasol propionate external cream 0.05 %	2	
hydrocortisone (perianal) external cream 1 %	2	
hydrocortisone butyr lipo base external cream 0.1 %	2	
hydrocortisone butyrate external cream 0.1 %	2	
hydrocortisone butyrate external ointment 0.1 %	2	
hydrocortisone butyrate external solution 0.1 %	2	
hydrocortisone external cream 1 %, 2.5 %	2	
hydrocortisone external lotion 2.5 %	2	
hydrocortisone external ointment 1 %, 2.5 %	2	
hydrocortisone max st external cream 1 %	2	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	2	
hydrocortisone rectal cream 1 %	2	
hydrocortisone valerate external cream 0.2 %	2	
MEDPURA HYDROCORTISONE EXTERNAL CREAM 1 %	2	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	2	
methylprednisolone oral tablet therapy pack 4 mg	2	
mometasone furoate external cream 0.1 %	2	
mometasone furoate external ointment 0.1 %	2	
mometasone furoate external solution 0.1 %	2	
prednisolone oral solution 15 mg/5ml	2	
prednisolone oral syrup 15 mg/5ml	2	
prednisolone oral tablet 5 mg	2	
prednisolone sodium phosphate oral solution 15 mg/5ml, 5 mg/5ml	2	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	3	
prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)	2	

Drug Name	Drug Tier	Requirements/Limits
PROCTOFOAM HC RECTAL FOAM 1-1 %	3	
PROCTO-PAK RECTAL CREAM 1 %	3	
TOVET EXTERNAL FOAM 0.05 %	4	
triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %	2	
triamcinolone acetonide external lotion 0.025 %, 0.1 %	2	
triamcinolone acetonide external ointment 0.025 %, 0.1 %	2	
triamcinolone acetonide external ointment 0.5 %	3	
TRIDERM EXTERNAL CREAM 0.1 %	3	
TRIDERM EXTERNAL CREAM 0.5 %	2	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
desmopressin ace rhinal tube nasal solution 0.01 %	2	
desmopressin ace spray refrig nasal solution 0.01 %	2	
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	2	
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	5	PA; LA; NDS
OMNITROPE SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 5 MG/1.5ML	5	PA; LA; NDS
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML	5	PA; LA; NDS
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	5	PA; LA; NDS
VYNDAQEL ORAL CAPSULE 20 MG	5	PA; QL (4 EA per 1 day); NDS
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
Anabolic Steroids		
oxandrolone oral tablet 10 mg	4	
oxandrolone oral tablet 2.5 mg	2	
Androgens		

Drug Name	Drug Tier	Requirements/Limits
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR	4	PA; QL (1 EA per 1 day)
ANDROXY ORAL TABLET 10 MG	4	
danazol oral capsule 100 mg, 200 mg, 50 mg	2	
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)	2	PA
testosterone enanthate intramuscular solution 200 mg/ml	2	PA
testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%)	3	PA; QL (150 GM per 30 days)
testosterone transdermal gel 10 mg/act (2%)	3	PA; QL (120 GM per 30 days)
testosterone transdermal gel 12.5 mg/act (1%), 50 mg/5gm (1%)	3	PA; QL (300 GM per 30 days)
testosterone transdermal gel 20.25 mg/1.25gm (1.62%)	3	PA; QL (75 GM per 30 days)
Estrogens		
ABIGALE ORAL TABLET 1-0.5 MG	4	PA
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG	3	
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	4	PA
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	3	
alyacen 1/35 oral tablet 1-35 mg-mcg	3	
AMABELZ ORAL TABLET 0.5-0.1 MG, 1-0.5 MG	4	PA
AMETHIA LO ORAL TABLET 0.1-0.02 & 0.01 MG	3	
APRI ORAL TABLET 0.15-30 MG-MCG	3	
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG	3	
AUBRA ORAL TABLET 0.1-20 MG-MCG	3	
AUROVELA 1.5/30 ORAL TABLET 1.5-30 MG-MCG	3	
AUROVELA 1/20 ORAL TABLET 1-20 MG-MCG	3	
AUROVELA FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	3	

Drug Name	Drug Tier	Requirements/Limits
AUROVELA FE 1/20 ORAL TABLET 1-20 MG-MCG	3	
AVIANE ORAL TABLET 0.1-20 MG-MCG	3	
AYUNA ORAL TABLET 0.15-30 MG-MCG	3	
AZURETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	3	
BEKYREE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	3	
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	3	
BLISOVI FE 1/20 ORAL TABLET 1-20 MG-MCG	3	
CAMRESE LO ORAL TABLET 0.1-0.02 & 0.01 MG	3	
CAZIANT ORAL TABLET 0.1/0.125/0.15 - 0.025 MG	3	
CHATEAL EQ ORAL TABLET 0.15-30 MG-MCG	3	
CHATEAL ORAL TABLET 0.15-30 MG-MCG	3	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY	4	
CRYSELLE ORAL TABLET 0.3-30 MG-MCG	3	
CRYSELLE-28 ORAL TABLET 0.3-30 MG-MCG	3	
CYCLAFEM 1/35 ORAL TABLET 1-35 MG-MCG	3	
CYCLAFEM 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	3	
CYRED EQ ORAL TABLET 0.15-30 MG-MCG	3	
CYRED ORAL TABLET 0.15-30 MG-MCG	3	
DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG	3	
DASETTA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	3	
DELYLA ORAL TABLET 0.1-20 MG-MCG	3	
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	3	

Drug Name	Drug Tier	Requirements/Limits
DOTTI TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	4	PA
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg	4	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	3	
ELINEST ORAL TABLET 0.3-30 MG-MCG	3	
ELURYNG VAGINAL RING 0.12-0.015 MG/24HR	4	
EMOQUETTE ORAL TABLET 0.15-30 MG-MCG	3	
ENILLORING VAGINAL RING 0.12-0.015 MG/24HR	4	
ENPRESSE-28 ORAL TABLET 50-30/75-40/ 125-30 MCG	3	
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	3	
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	3	
estradiol oral tablet 0.5 mg, 1 mg	4	
estradiol oral tablet 2 mg	4	PA
estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	4	
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	4	
estradiol vaginal cream 0.01 %, 0.1 mg/gm	3	
estradiol vaginal tablet 10 mcg	3	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	4	PA
ESTRING VAGINAL RING 2 MG, 7.5 MCG/24HR	4	
estropipate oral tablet 0.75 mg, 1.5 mg, 3 mg	4	PA
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	3	
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY	4	PA

Drug Name	Drug Tier	Requirements/Limits
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR	4	
FEMYNOR ORAL TABLET 0.25-35 MG-MCG	3	
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	4	PA
GIANVI ORAL TABLET 3-0.02 MG	3	
HAILEY 1.5/30 ORAL TABLET 1.5-30 MG-MCG	3	
HAILEY FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	3	
HAILEY FE 1/20 ORAL TABLET 1-20 MG-MCG	3	
HALOETTE VAGINAL RING 0.12-0.015 MG/24HR	4	
ICLEVIA ORAL TABLET 0.15-0.03 MG	3	
INTROVALE ORAL TABLET 0.15-0.03 MG	3	
JASMIEL ORAL TABLET 3-0.02 MG	3	
jevantique lo oral tablet 0.5-2.5 mg-mcg	4	PA
JINTELI ORAL TABLET 1-5 MG-MCG	4	PA
JOLESSA ORAL TABLET 0.15-0.03 MG	3	
JOYEAUX ORAL TABLET 0.1-20 MG-MCG(21)	3	
JULEBER ORAL TABLET 0.15-30 MG-MCG	3	
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	3	
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	3	
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	3	
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	3	
KALLIGA ORAL TABLET 0.15-30 MG-MCG	3	
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	3	
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	3	
KIMIDESS ORAL TABLET 0.15-0.02/0.01 MG (21/5)	3	
KURVELO ORAL TABLET 0.15-30 MG-MCG	3	
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	3	

Drug Name	Drug Tier	Requirements/Limits
LARIN 1/20 ORAL TABLET 1-20 MG-MCG	3	
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	3	
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	3	
LARISSIA ORAL TABLET 0.1-20 MG-MCG	3	
LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG	3	
LESSINA ORAL TABLET 0.1-20 MG-MCG	3	
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg	3	
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	2	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	3	
levonorg-eth estrad triphasic oral tablet , 50-30/75-40/ 125-30 mcg	3	
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	3	
LILLOW ORAL TABLET 0.15-30 MG-MCG	2	
LOJAIMIESS ORAL TABLET 0.1-0.02 & 0.01 MG	3	
LORYNA ORAL TABLET 3-0.02 MG	3	
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	3	
LO-ZUMANDIMINE ORAL TABLET 3-0.02 MG	3	
LUIZZA 1.5/30 ORAL TABLET 1.5-30 MG-MCG	3	
LUIZZA 1/20 ORAL TABLET 1-20 MG-MCG	3	
LUTERA ORAL TABLET 0.1-20 MG-MCG	3	
marlissa oral tablet 0.15-30 mg-mcg	3	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	3	PA
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	3	
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG	3	
MICROGESTIN 24 FE ORAL TABLET 1-20 MG-MCG	3	

Drug Name	Drug Tier	Requirements/Limits
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	3	
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	3	
MILI ORAL TABLET 0.25-35 MG-MCG	3	
MIMVEY LO ORAL TABLET 0.5-0.1 MG	4	PA
MIMVEY ORAL TABLET 1-0.5 MG	4	PA
MINZOYA ORAL TABLET 0.1-20 MG-MCG(21)	3	
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	3	
NECON 1/50 (28) ORAL TABLET 1-50 MG-MCG	3	
NECON 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	3	
NIKKI ORAL TABLET 3-0.02 MG	3	
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	3	
norethindrone acet-ethinyl est oral tablet 1.5-30 mg-mcg	3	
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg	2	
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	4	PA
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	3	
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	2	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	3	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	3	
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	3	
NYLIA 1/35 ORAL TABLET 1-35 MG-MCG	3	
OCELLA ORAL TABLET 3-0.03 MG	3	
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	3	
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	3	

Drug Name	Drug Tier	Requirements/Limits
PIRMELLA 1/35 ORAL TABLET 1-35 MG-MCG	3	
PIRMELLA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	3	
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	3	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	3	PA
PREMARIN VAGINAL CREAM 0.625 MG/GM	3	
PREMPHASE ORAL TABLET 0.625-5 MG	3	PA
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	PA
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	3	
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	3	
SETLAKIN ORAL TABLET 0.15-0.03 MG	3	
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	3	
SRONYX ORAL TABLET 0.1-20 MG-MCG	3	
SYEDA ORAL TABLET 3-0.03 MG	3	
TARINA 24 FE ORAL TABLET 1-20 MG-MCG(24)	3	
TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG	3	
TARINA FE 1/20 ORAL TABLET 1-20 MG-MCG	3	
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	3	
TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	3	
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	3	
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	3	
TRI-PREVIFEM ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	3	
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	3	
TRIVORA (28) ORAL TABLET 50-30/75-40/125-30 MCG	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 7. Last Updated: 09/22/2026

Drug Name	Drug Tier	Requirements/Limits
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	3	
TURQOZ ORAL TABLET 0.3-30 MG-MCG	3	
TYBLUME ORAL TABLET 0.1-20 MG-MCG	3	
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG	3	
VALTYA 1/35 ORAL TABLET 1-35 MG-MCG	3	
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG	3	
VESTURA ORAL TABLET 3-0.02 MG	3	
VIENVA ORAL TABLET 0.1-20 MG-MCG	3	
VOLNEA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	3	
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	3	
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	3	
YUVAFEM VAGINAL TABLET 10 MCG	3	
ZARAH ORAL TABLET 3-0.03 MG	3	
ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG	3	
ZUMANDIMINE ORAL TABLET 3-0.03 MG	3	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
ABIGALE LO ORAL TABLET 0.5-0.1 MG	4	PA
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	2	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg	2	
FEIRZA 1.5/30 ORAL TABLET 1.5-30 MG-MCG	3	
FEIRZA 1/20 ORAL TABLET 1-20 MG-MCG	3	
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG	2	
LOPREEZA ORAL TABLET 0.5-0.1 MG, 1-0.5 MG	4	PA
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY, 21 MCG/DAY	3	

Drug Name	Drug Tier	Requirements/Limits
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG	3	
norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr	3	
thyroid oral tablet 60 mg	3	
XARAH FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	3	
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	3	
Progesterone Agonists/Antagonists		
ELLA ORAL TABLET 30 MG	3	
Progestins		
BALZIVA ORAL TABLET 0.4-35 MG-MCG	3	
briellyn oral tablet 0.4-35 mg-mcg	3	
CAMILA ORAL TABLET 0.35 MG	3	
DEBLITANE ORAL TABLET 0.35 MG	3	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML	3	
ERRIN ORAL TABLET 0.35 MG	3	
HEATHER ORAL TABLET 0.35 MG	3	
INCASSIA ORAL TABLET 0.35 MG	2	
JENCYCLA ORAL TABLET 0.35 MG	3	
JOLIVETTE ORAL TABLET 0.35 MG	3	
LYLEQ ORAL TABLET 0.35 MG	3	
LYZA ORAL TABLET 0.35 MG	3	
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	2	
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	2	
medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	2	
megestrol acetate oral suspension 40 mg/ml	2	
megestrol acetate oral suspension 625 mg/5ml	4	
megestrol acetate oral tablet 20 mg, 40 mg	2	
MELEYA ORAL TABLET 0.35 MG	3	

Drug Name	Drug Tier	Requirements/Limits
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	3	
NORA-BE ORAL TABLET 0.35 MG	3	
norethindrone acetate oral tablet 5 mg	2	
norethindrone oral tablet 0.35 mg	2	
NORLYDA ORAL TABLET 0.35 MG	3	
NORLYROC ORAL TABLET 0.35 MG	3	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	3	
ORQUIDEA ORAL TABLET 0.35 MG	2	
PHILITH ORAL TABLET 0.4-35 MG-MCG	3	
progesterone micronized oral capsule 100 mg, 200 mg	2	
progesterone oral capsule 100 mg, 200 mg	2	
SHAROBEL ORAL TABLET 0.35 MG	3	
TULANA ORAL TABLET 0.35 MG	3	
VYFEMLA ORAL TABLET 0.4-35 MG-MCG	3	
WERA ORAL TABLET 0.5-35 MG-MCG	3	
ZENCHENT ORAL TABLET 0.4-35 MG-MCG	3	
Selective Estrogen Receptor Modifying Agents		
OSPHENA ORAL TABLET 60 MG	4	QL (90 EA per 90 days)
raloxifene hcl oral tablet 60 mg	2	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	3	
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	3	
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	

Drug Name	Drug Tier	Requirements/Limits
levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	
levothyroxine-liothyronine oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	3	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	3	
LIOMNY ORAL TABLET 25 MCG, 5 MCG, 50 MCG	2	
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	2	
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	3	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	4	
thyroid oral tablet 120 mg, 15 mg, 30 mg, 90 mg	3	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Estrogens		
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	3	
FALMINA ORAL TABLET 0.1-20 MG-MCG	3	
FINZALA ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	3	
LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG	3	
LYLLANA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	3	PA
MIBELAS 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	3	

Drug Name	Drug Tier	Requirements/Limits
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	3	
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	3	
NYLIA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	3	
NYMYO ORAL TABLET 0.25-35 MG-MCG	3	
TILIA FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	3	
TRI-NYMYO ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	3	
ZOVIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	3	
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN ORAL TABLET 500 MG	5	NDS
RECORLEV ORAL TABLET 150 MG	5	NDS
Hormonal Agents, Suppressant (Parathyroid)		
Hormonal Agents, Suppressant (Parathyroid)		
cinacalcet hcl oral tablet 30 mg, 60 mg	4	QL (2 EA per 1 day)
cinacalcet hcl oral tablet 90 mg	4	QL (3 EA per 1 day)
doxercalciferol oral capsule 0.5 mcg	4	
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
cabergoline oral tablet 0.5 mg	2	
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG	4	
ELIGARD SUBCUTANEOUS KIT 7.5 MG	3	
FENSOLVI (6 MONTH) SUBCUTANEOUS KIT 45 MG	5	PA; NDS
FENSOLVI SUBCUTANEOUS KIT 45 MG	5	PA; NDS

Drug Name	Drug Tier	Requirements/Limits
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL	5	QL (2 EA per 28 days); NDS
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	4	QL (1 EA per 28 days)
leuprolide acetate injection kit 1 mg/0.2ml	4	NDS
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG	5	NDS
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG	5	NDS
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	5	NDS
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	5	NDS
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	5	NDS
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	5	NDS
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45 MG	5	NDS
LUTRATE DEPOT INTRAMUSCULAR INJECTABLE 22.5 MG	4	
octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml	2	
octreotide acetate injection solution 1000 mcg/ml	4	
octreotide acetate injection solution 200 mcg/ml	3	
octreotide acetate injection solution 500 mcg/ml	5	NDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	5	PA; QL (2 ML per 1 day); NDS
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; QL (1 EA per 1 day); NDS
SYNAREL NASAL SOLUTION 2 MG/ML	5	PA; NDS
VABRINTY SUBCUTANEOUS KIT 22.5 MG, 45 MG, 7.5 MG	5	NDS
VABRINTY SUBCUTANEOUS KIT 30 MG	5	
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		

Drug Name	Drug Tier	Requirements/Limits
methimazole oral tablet 10 mg, 5 mg	2	
propylthiouracil oral tablet 50 mg	2	
Immunological Agents		
Angioedema (Hae) Agents		
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	5	PA; NDS
icatibant acetate subcutaneous solution 30 mg/3ml	5	PA; NDS
icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml	5	PA; NDS
SAJAZIR SUBCUTANEOUS SOLUTION 30 MG/3ML	5	PA; NDS
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML	5	PA; NDS
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML	5	PA; LA; NDS
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; NDS
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	5	PA; LA; NDS
Immune Suppressants		
azathioprine oral tablet 50 mg	2	PA B/D
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	5	PA; QL (4 ML per 28 days); NDS
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	5	PA; QL (4 ML per 28 days); NDS
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	2	PA B/D
cyclosporine modified oral solution 100 mg/ml	2	PA B/D
cyclosporine oral capsule 100 mg, 25 mg	2	PA B/D
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	5	PA; NDS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	5	PA; QL (4.08 ML per 28 days); NDS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	5	PA; NDS
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	5	PA; QL (8 EA per 28 days); NDS

Drug Name	Drug Tier	Requirements/Limits
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	5	PA; NDS
everolimus oral tablet 0.25 mg	4	PA B/D; QL (2 EA per 1 day)
everolimus oral tablet 0.5 mg, 0.75 mg, 1 mg	5	PA B/D; QL (2 EA per 1 day); NDS
everolimus oral tablet soluble 5 mg	5	PA; NDS
GENGRAF ORAL CAPSULE 100 MG, 25 MG	3	PA B/D
GENGRAF ORAL SOLUTION 100 MG/ML	3	PA B/D
mercaptopurine oral tablet 50 mg	2	
methotrexate oral tablet 2.5 mg	1	
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	2	
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	2	
mycophenolate mofetil oral capsule 250 mg	2	PA B/D
mycophenolate mofetil oral suspension reconstituted 200 mg/ml	5	PA B/D; NDS
mycophenolate mofetil oral tablet 500 mg	2	PA B/D
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	4	PA B/D
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML	5	PA; QL (4 ML per 28 days); NDS
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML	5	PA; QL (4 ML per 28 days); NDS
OTEZLA ORAL TABLET 20 MG	5	PA; QL (2 EA per 1 day); NDS
OTEZLA ORAL TABLET THERAPY PACK 4 X 10 & 51 X20 MG	5	PA; QL (55 EA per 180 days); NDS
PROGRAF ORAL PACKET 0.2 MG	4	PA B/D
PROGRAF ORAL PACKET 1 MG	4	PA B/D; NDS
SANDIMMUNE ORAL SOLUTION 100 MG/ML	4	PA B/D
sirolimus oral solution 1 mg/ml	4	PA B/D; NDS
sirolimus oral tablet 0.5 mg, 1 mg	4	PA B/D
sirolimus oral tablet 2 mg	4	PA B/D; NDS
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	2	PA B/D
tofacitinib citrate er oral tablet extended release 24 hour 11 mg, 22 mg	5	PA; QL (1 EA per 1 day); NDS

You can find information on what the symbols and abbreviations on this table mean by going to page 7. Last Updated: 09/22/2026

Drug Name	Drug Tier	Requirements/Limits
tofacitinib citrate oral solution 1 mg/ml	5	PA; QL (10 ML per 1 day); NDS
tofacitinib citrate oral tablet 10 mg, 5 mg	5	PA; QL (2 EA per 1 day); NDS
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	5	PA; QL (3.6 ML per 28 days); NDS
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	5	PA; QL (3.6 ML per 28 days); NDS
XATMEP ORAL SOLUTION 2.5 MG/ML	4	
Immunizing Agents, Passive		
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 0.5 GM/10ML, 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML	5	PA; NDS
GAMUNEX-C INJECTION SOLUTION 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	5	PA; NDS
Immunoglobulins		
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 GM/50ML	5	PA; NDS
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	5	PA; NDS
Immunological Agents, Other		
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	5	PA; QL (1 EA per 1 day); NDS
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; QL (34 ML per 365 days); NDS
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5	PA; QL (34 ML per 365 days); NDS
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	5	PA; QL (9 ML per 365 days); NDS
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	5	PA; QL (34 ML per 365 days); NDS
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML, 300 MG/2ML	5	PA; QL (8 ML per 28 days); NDS
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML, 300 MG/2ML	5	PA; QL (8 ML per 28 days); NDS

Drug Name	Drug Tier	Requirements/Limits
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	5	PA; QL (1.34 ML per 28 days); NDS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	5	PA; QL (8 ML per 28 days); NDS
IMULDOSA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	5	PA; NDS
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5ML	5	PA; NDS
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	5	PA; NDS
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	5	PA; NDS
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	5	PA
ustekinumab subcutaneous solution 45 mg/0.5ml	5	PA; NDS
ustekinumab subcutaneous solution prefilled syringe 45 mg/0.5ml, 90 mg/ml	5	PA; NDS
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	5	PA; NDS
Immunomodulators		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML	5	LA; NDS
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	5	PA; NDS
auranofin oral capsule 3 mg	5	NDS
leflunomide oral tablet 10 mg, 20 mg	2	
RIDAURA ORAL CAPSULE 3 MG	5	NDS
Immunostimulants		
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	5	PA; QL (2 ML per 28 days); NDS
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	5	NDS
Immunosuppressants		
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML	5	PA; NDS

Drug Name	Drug Tier	Requirements/Limits
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML	5	PA; NDS
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.2ML	5	PA
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML, 20 MG/0.4ML	5	PA; NDS
azathioprine oral tablet 100 mg, 75 mg	4	PA B/D
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	5	PA; QL (8 ML per 28 days); NDS
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	5	PA; NDS
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	5	PA
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	5	PA; NDS
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	5	PA
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	5	PA; NDS
methotrexate sodium oral tablet 2.5 mg	1	
REZUROCK ORAL TABLET 200 MG	5	PA; QL (1 EA per 1 day); NDS
tacrolimus er oral capsule extended release 24 hour 0.5 mg, 1 mg, 5 mg	2	PA B/D
TAVNEOS ORAL CAPSULE 10 MG	5	PA; LA; QL (6 EA per 1 day); NDS
ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML	5	PA; QL (1 EA per 28 days); NDS
ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML	5	NDS
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 120 MG/ML	5	NDS
Vaccines		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML	3	
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	3	

Drug Name	Drug Tier	Requirements/Limits
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	3	
ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2-15.5 LF-MCG/0.5	3	
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML	3	
bcg vaccine injection injectable	3	
bcg vaccine injection solution reconstituted 50 mg	3	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 , 5-2.5-18.5 (0.5ML SYRINGE), 5-2.5-18.5 LF-MCG/0.5	3	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	3	
DAPTACEL INTRAMUSCULAR SUSPENSION 10-15-5 , 23-15-5	3	
diphtheria-tetanus toxoids dt intramuscular suspension 25-5 lfu/0.5ml	3	
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 10 MCG/0.5ML (0.5ML SYRINGE), 20 MCG/ML	3	PA B/D
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML	3	PA B/D
GARDASIL 9 INTRAMUSCULAR SUSPENSION 0.5 ML	3	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3	
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 1440 EL U/ML 1 ML, 720 EL U/0.5ML, 720 EL U/0.5ML 0.5 ML	3	
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1440 EL U/ML, 720 EL U/0.5ML	3	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	3	PA B/D
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	3	

Drug Name	Drug Tier	Requirements/Limits
IMOVAX RABIES INTRAMUSCULAR INJECTABLE 2.5 UNIT/ML	3	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML	3	
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	3	
IPOL INJECTION INJECTABLE	3	
IPOL INJECTION SUSPENSION	3	
IXIARO INTRAMUSCULAR SUSPENSION	3	
JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML	3	
KINRIX INTRAMUSCULAR SUSPENSION , INJECTION 0.5 ML	3	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3	
MENACTRA INTRAMUSCULAR INJECTABLE	3	
MENACTRA INTRAMUSCULAR SOLUTION	3	
MENOMUNE SUBCUTANEOUS INJECTABLE	3	
MENQUADFI INTRAMUSCULAR INJECTABLE	3	
MENQUADFI INTRAMUSCULAR SOLUTION 0.5 ML	3	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	3	
M-M-R II INJECTION SOLUTION RECONSTITUTED	3	
M-M-R II SUBCUTANEOUS INJECTABLE	3	
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML	3	
PEDIARIX INTRAMUSCULAR SUSPENSION	3	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	3	
PEDVAXHIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	3	

Drug Name	Drug Tier	Requirements/Limits
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
penmenvy intramuscular suspension reconstituted	3	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED , (96-30-68-1-80-2-16-3-64-20 VAR UNITS)	3	
PREHEVBRIO INTRAMUSCULAR SUSPENSION 10 MCG/ML	3	PA B/D
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	
PROQUAD SUBCUTANEOUS INJECTABLE	3	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	
QUADRACEL INTRAMUSCULAR SUSPENSION	3	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 10 MCG/ML (1ML SYRINGE), 40 MCG/ML, 5 MCG/0.5ML, 5 MCG/0.5ML (PREFILLED SYRINGE)	3	PA B/D
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML	3	PA B/D
ROTARIX ORAL SUSPENSION	3	
ROTARIX ORAL SUSPENSION RECONSTITUTED	3	
ROTATEQ ORAL SOLUTION	3	
SHINGRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML	3	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	3	
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	3	
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION)	3	
tetanus-diphtheria toxoids td intramuscular suspension 2-2 lf/0.5ml	3	

Drug Name	Drug Tier	Requirements/Limits
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML, 2.4 MCG/0.5ML	3	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3	
TWINRIX INTRAMUSCULAR SUSPENSION 720-20	3	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	3	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML, 25 MCG/0.5ML (0.5ML SYRINGE)	3	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	3	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML	3	
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 UNIT/0.5ML, 50 UNIT/ML	3	
VARIVAX INJECTION SUSPENSION RECONSTITUTED 1350 PFU/0.5ML	3	
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	3	
VAXCHORA ORAL SUSPENSION RECONSTITUTED	3	
VIMKUNYA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 40 MCG/0.8ML	3	
VIVOTIF ORAL CAPSULE DELAYED RELEASE	3	
YF-VAX SUBCUTANEOUS INJECTABLE , (2.5 ML IN 1 VIAL, MULTI-DOSE)	3	
YF-VAX SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED 19400 UNT/0.65ML	3	
Inflammatory Bowel Disease Agents		
Aminosalicylates		
balsalazide disodium oral capsule 750 mg	2	

Drug Name	Drug Tier	Requirements/Limits
DIPENTUM ORAL CAPSULE 250 MG	5	NDS
mesalamine er oral capsule extended release 24 hour 0.375 gm	3	QL (4 EA per 1 day)
mesalamine er oral capsule extended release 500 mg	4	QL (8 EA per 1 day); NDS
mesalamine oral capsule delayed release 400 mg	4	QL (6 EA per 1 day)
mesalamine oral tablet delayed release 1.2 gm	4	QL (4 EA per 1 day)
mesalamine rectal enema 4 gm	2	
mesalamine rectal suppository 1000 mg	4	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	4	
sulfasalazine oral tablet 500 mg	2	
sulfasalazine oral tablet delayed release 500 mg	2	
Glucocorticoids		
COLOCORT RECTAL ENEMA 100 MG/60ML	3	
hydrocortisone (perianal) external cream 2.5 %	2	
hydrocortisone rectal cream 2.5 %	2	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	2	
PROCTO-MED HC RECTAL CREAM 2.5 %	2	
PROCTOSOL HC EXTERNAL CREAM 2.5 %	3	
PROCTOSOL HC RECTAL CREAM 2.5 %	3	
PROCTOZONE-HC EXTERNAL CREAM 2.5 %	3	
PROCTOZONE-HC RECTAL CREAM 2.5 %	3	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
alendronate sodium oral tablet 10 mg, 40 mg, 5 mg	2	
alendronate sodium oral tablet 35 mg, 70 mg	1	
calcitonin (salmon) nasal solution 200 unit/act	3	
calcitriol oral capsule 0.25 mcg, 0.5 mcg	2	
calcitriol oral solution 1 mcg/ml	2	
doxercalciferol oral capsule 1 mcg, 2.5 mcg	4	
etidronate disodium oral tablet 200 mg, 400 mg	2	

Drug Name	Drug Tier	Requirements/Limits
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML, 600 MCG/2.4ML	5	PA; QL (2.4 ML per 28 days); NDS
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG	5	PA; LA; NDS
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	4	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	4	QL (1 ML per 180 days)
risedronate sodium oral tablet 150 mg, 30 mg, 5 mg	4	
risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)	3	
risedronate sodium oral tablet delayed release 35 mg	4	
teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml, 620 mcg/2.48ml	5	PA; QL (2.48 ML per 28 days); NDS
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	5	PA; QL (1.56 ML per 30 days); NDS
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	5	PA; NDS
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
alcohol prep pad 70 %	2	
CURITY GAUZE PAD 2"X2"	2	
cvs gauze sterile pad 2"x2"	2	
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	2	QL (200 EA per 30 days)
global alcohol prep ease pad 70 %	2	
OMNIPOD 5 LIBRE INTRO KIT	4	QL (1 EA per 365 days)
OMNIPOD 5 LIBRE PODS	4	QL (10 EA per 30 days)
OMNIPOD 5 LIBRE2 G6 INTRO GEN5 KIT	4	QL (1 EA per 365 days)
OMNIPOD 5 LIBRE2 PLUS G6 PODS	4	QL (10 EA per 30 days)
preferred plus insulin syringe 28g x 1/2" 0.5 ml	2	
RELI-ON INSULIN SYRINGE 29G 0.3 ML	2	
Ophthalmic Agents		
Ophthalmic Agents		
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	2	

Drug Name	Drug Tier	Requirements/Limits
BLEPHAMIDE OPHTHALMIC SUSPENSION 10-0.2 %	3	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 %	3	
neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000	2	
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	2	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	2	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	2	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	3	
NEO-POLYCIN HC OPHTHALMIC OINTMENT 1 %	2	
NEO-POLYCIN OPHTHALMIC OINTMENT 3.5-400-10000	2	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	2	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	4	
Ophthalmic Agents, Other		
atropine sulfate ophthalmic solution 1 %	3	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	2	
brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %	4	
cyclosporine (pf) ophthalmic emulsion 0.05 %	3	QL (2 EA per 1 day)
cyclosporine ophthalmic emulsion 0.05 %	3	QL (2 EA per 1 day)
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	5	PA; NDS
LACRISERT OPHTHALMIC INSERT 5 MG	3	
POLYCIN OPHTHALMIC OINTMENT 500-10000 UNIT/GM	2	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	3	QL (16.5 ML per 90 days)
XDEMVY OPHTHALMIC SOLUTION 0.25 %	5	QL (30 ML per 365 days); NDS
Ophthalmic Anti-Allergy Agents		

Drug Name	Drug Tier	Requirements/Limits
ALOCRIL OPHTHALMIC SOLUTION 2 %	3	
ALOMIDE OPHTHALMIC SOLUTION 0.1 %	3	
azelastine hcl ophthalmic solution 0.05 %	2	
cromolyn sodium ophthalmic solution 4 %	2	
epinastine hcl ophthalmic solution 0.05 %	2	
olopatadine hcl ophthalmic solution 0.2 %	4	
Ophthalmic Antiglaucoma Agents		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	3	
apraclonidine hcl ophthalmic solution 0.5 %	2	
betaxolol hcl ophthalmic solution 0.5 %	2	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %	3	
brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %	2	
brinzolamide ophthalmic suspension 1 %	2	
carteolol hcl ophthalmic solution 1 %	2	
dorzolamide hcl ophthalmic solution 2 %	2	
dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %	2	
levobunolol hcl ophthalmic solution 0.5 %	2	
metipranolol ophthalmic solution 0.3 %	2	
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 %	3	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	2	
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	3	ST
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	4	
timolol maleate (once-daily) ophthalmic solution 0.5 %	4	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	2	
Ophthalmic Anti-Inflammatories		
diclofenac sodium ophthalmic solution 0.1 %	2	
fluorometholone ophthalmic suspension 0.1 %	2	

Drug Name	Drug Tier	Requirements/Limits
flurbiprofen sodium ophthalmic solution 0.03 %	2	
FML FORTE OPHTHALMIC SUSPENSION 0.25 %	3	
FML OPHTHALMIC OINTMENT 0.1 %	3	
ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %	2	
loteprednol etabonate ophthalmic gel 0.5 %	3	
loteprednol etabonate ophthalmic suspension 0.5 %	4	
prednisolone acetate ophthalmic suspension 1 %	3	
prednisolone sodium phosphate ophthalmic solution 1 %	3	
XIIDRA OPHTHALMIC SOLUTION 5 %	4	PA; QL (2 EA per 1 day)
Ophthalmic Prostaglandin And Prostamide Analogs		
latanoprost ophthalmic solution 0.005 %	2	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	
travoprost (bak free) ophthalmic solution 0.004 %	3	
Otic Agents		
Otic Agents		
COLY-MYCIN S OTIC SUSPENSION 3.3-3-10-0.5 MG/ML	3	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML	3	
FLAC OTIC OIL 0.01 %	2	
hydrocortisone-acetic acid otic solution 1-2 %	2	
neomycin-polymyxin-hc otic solution 1 %	2	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	2	
Respiratory Tract/ Pulmonary Agents		
Antihistamines		
azelastine hcl nasal solution 0.1 %	2	
cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml	2	
cetirizine hcl oral syrup 1 mg/ml	2	
cyproheptadine hcl oral syrup 2 mg/5ml	2	
cyproheptadine hcl oral tablet 4 mg	2	

Drug Name	Drug Tier	Requirements/Limits
levocetirizine dihydrochloride oral tablet 5 mg	2	
promethazine hcl oral solution 6.25 mg/5ml	2	
promethazine hcl oral syrup 6.25 mg/5ml	2	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	2	
Anti-Inflammatories, Inhaled Corticosteroids		
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	4	ST; QL (12 GM per 30 days)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	3	QL (30 EA per 30 days)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT, 220 MCG/INH	3	
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 110 MCG/INH, 220 MCG/ACT, 220 MCG/INH	3	
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT, 220 MCG/INH	3	
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	3	
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml	4	PA B/D
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 100 MCG/BLIST, 250 MCG/ACT, 250 MCG/BLIST, 50 MCG/ACT, 50 MCG/BLIST	3	
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	3	
flunisolide nasal solution 25 mcg/act (0.025%)	2	
fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 250 mcg/act, 50 mcg/act	3	
fluticasone propionate hfa inhalation aerosol 110 mcg/act, 220 mcg/act, 44 mcg/act	3	

Drug Name	Drug Tier	Requirements/Limits
fluticasone propionate nasal suspension 50 mcg/act	2	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 100-50 mcg/dose, 250-50 mcg/act, 250-50 mcg/dose, 500-50 mcg/act, 500-50 mcg/dose	4	ST
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act	3	
mometasone furoate nasal suspension 50 mcg/act	4	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT	4	
QVAR INHALATION AEROSOL SOLUTION 40 MCG/ACT, 80 MCG/ACT	4	
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT	4	
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	4	ST
Antileukotrienes		
montelukast sodium oral tablet 10 mg	2	QL (1 EA per 1 day)
montelukast sodium oral tablet chewable 4 mg, 5 mg	2	QL (1 EA per 1 day)
zafirlukast oral tablet 10 mg, 20 mg	3	
Bronchodilators, Anticholinergic		
ipratropium bromide hfa inhalation aerosol solution 17 mcg/act	3	
ipratropium bromide inhalation solution 0.02 %	2	PA B/D
ipratropium bromide nasal solution 0.03 %, 0.06 %	2	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG	3	QL (30 EA per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	3	QL (4 GM per 30 days)
Bronchodilators, Sympathomimetic		

Drug Name	Drug Tier	Requirements/Limits
albuterol sulfate er oral tablet extended release 12 hour 4 mg, 8 mg	2	
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020503), 108 (90 base) mcg/act (nda020983)	2	
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	2	PA B/D
albuterol sulfate oral syrup 2 mg/5ml	2	
albuterol sulfate oral tablet 2 mg, 4 mg	2	
epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml	2	QL (4 EA per 30 days)
levalbuterol tartrate inhalation aerosol 45 mcg/act	4	ST
metaproterenol sulfate oral tablet 20 mg	2	
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	4	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT, 50 MCG/DOSE	3	QL (60 EA per 30 days)
terbutaline sulfate oral tablet 2.5 mg, 5 mg	2	
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	3	
Cystic Fibrosis Agents		
BRONCHITOL INHALATION CAPSULE 40 MG	5	PA; NDS
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	5	PA; NDS
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG	5	PA; QL (2 EA per 1 day); NDS
KALYDECO ORAL TABLET 150 MG	5	PA; QL (2 EA per 1 day); NDS
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; LA; QL (4 EA per 1 day); NDS
PULMOZYME INHALATION SOLUTION 1 MG/ML, 2.5 MG/2.5ML	5	PA B/D; NDS
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	5	PA; LA; QL (2 EA per 1 day); NDS
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG	5	PA; QL (84 EA per 28 days); NDS

Drug Name	Drug Tier	Requirements/Limits
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG	5	PA; QL (56 EA per 28 days); NDS
Mast Cell Stabilizers		
cromolyn sodium inhalation nebulization solution 20 mg/2ml	2	PA B/D
cromolyn sodium oral concentrate 100 mg/5ml	2	
Phosphodiesterase Inhibitors, Airways Disease		
roflumilast oral tablet 250 mcg	4	QL (1 EA per 1 day); NDS
roflumilast oral tablet 500 mcg	4	QL (1 EA per 1 day)
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	3	
Pulmonary Antihypertensives		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; LA; QL (3 EA per 1 day); NDS
ALYQ ORAL TABLET 20 MG	5	PA; QL (2 EA per 1 day); NDS
ambrisentan oral tablet 10 mg, 5 mg	5	PA; LA; QL (1 EA per 1 day); NDS
bosentan oral tablet 125 mg, 62.5 mg	5	PA; LA; QL (2 EA per 1 day); NDS
bosentan oral tablet soluble 32 mg	5	PA; LA; QL (4 EA per 1 day); NDS
macitentan oral tablet 10 mg	4	PA; QL (1 EA per 1 day); NDS
sildenafil citrate oral tablet 20 mg	2	PA; QL (3 EA per 1 day)
tadalafil (pah) oral tablet 20 mg	2	PA; QL (2 EA per 1 day); NDS
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 112 X 32MCG & 112 X64MCG, 112 X 48MCG & 112 X64MCG, 112 X 48MCG & 112 X80MCG, 16 MCG, 32 MCG, 48 MCG, 64 MCG, 80 MCG	5	PA; LA; NDS
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG	5	PA; LA; NDS
WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG	5	PA; LA; NDS
Pulmonary Fibrosis Agents		
nintedanib esylate oral capsule 100 mg, 150 mg	5	PA; QL (2 EA per 1 day); NDS
pirfenidone oral capsule 267 mg	5	PA; NDS
pirfenidone oral tablet 267 mg	5	PA; QL (6 EA per 1 day); NDS

Drug Name	Drug Tier	Requirements/Limits
pirfenidone oral tablet 801 mg	5	PA; QL (3 EA per 1 day); NDS
Respiratory Tract Agents, Other		
acetylcysteine inhalation solution 10 %, 20 %	2	PA B/D
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	3	QL (60 EA per 30 days)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	5	PA; LA; NDS
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML	5	PA; LA; NDS
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	5	PA; LA; NDS
ribavirin inhalation solution reconstituted 6 gm	5	NDS
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	3	QL (4 GM per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 100-62.5-25 MCG/INH, 200-62.5-25 MCG/ACT	3	QL (60 EA per 30 days)
Respiratory Tract/ Pulmonary Agents		
BREYNA INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	3	QL (10.3 GM per 30 days)
budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act	3	QL (10.2 GM per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	4	QL (8 GM per 30 days)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML	5	PA; NDS
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	2	PA B/D
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	5	PA; LA; NDS
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	5	PA; LA; NDS
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	5	PA; LA; NDS
Respiratory Tract/Pulmonary Agents		

Drug Name	Drug Tier	Requirements/Limits
Bronchodilators, Sympathomimetic		
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	2	
epinephrine injection solution 0.3 mg/0.3ml	2	QL (4 EA per 30 days)
Respiratory Tract Agents, Other		
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	5	PA; LA; NDS
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	4	ST
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
cyclobenzaprine hcl oral tablet 10 mg, 5 mg, 7.5 mg	2	PA; QL (3 EA per 1 day)
orphenadrine citrate er oral tablet extended release 12 hour 100 mg	2	PA
Sleep Disorder Agents		
Gaba Receptor Modulators		
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	4	QL (90 EA per 365 days); NDS
flurazepam hcl oral capsule 15 mg, 30 mg	2	QL (1 EA per 1 day); NDS
temazepam oral capsule 15 mg	2	QL (2 EA per 1 day); NDS
temazepam oral capsule 30 mg	2	QL (1 EA per 1 day); NDS
zaleplon oral capsule 10 mg, 5 mg	2	QL (90 EA per 365 days); NDS
zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg	2	QL (90 EA per 365 days); NDS
zolpidem tartrate oral tablet 10 mg, 5 mg	2	QL (90 EA per 365 days); NDS
Sleep Disorders, Other		
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	3	PA; QL (1 EA per 1 day)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	4	ST; QL (1 EA per 1 day)
DAYVIGO ORAL TABLET 10 MG, 5 MG	4	ST; QL (1 EA per 1 day)
ramelteon oral tablet 8 mg	4	QL (1 EA per 1 day)
tasimelteon oral capsule 20 mg	5	PA; QL (1 EA per 1 day); NDS
XYREM ORAL SOLUTION 500 MG/ML	5	PA; QL (540 ML per 30 days); NDS

Drug Name	Drug Tier	Requirements/Limits
Therapeutic Nutrients/ Minerals/ Electrolytes		
Electrolyte/ Mineral Modifiers		
deferasirox oral tablet soluble 125 mg	4	PA; NDS
deferasirox oral tablet soluble 250 mg, 500 mg	5	PA; NDS
deferiprone oral tablet 1000 mg	3	PA; NDS
deferiprone oral tablet 500 mg	5	PA; NDS
KIONEX COMBINATION SUSPENSION 15 GM/60ML	2	
KLOR-CON ORAL PACKET 20 MEQ	4	
potassium chloride oral packet 20 meq	4	
sodium polystyrene sulfonate oral suspension 15 gm/60ml	2	
sodium polystyrene sulfonate rectal suspension 30 gm/120ml, 50 gm/200ml	2	
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION 15 GM/60ML	3	
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION 30 GM/120ML	3	
SPS ORAL SUSPENSION 15 GM/60ML	3	
Electrolyte/ Mineral Replacement		
carglumic acid oral tablet 200 mg	5	PA; LA; NDS
carglumic acid oral tablet soluble 200 mg	5	PA; NDS
CLINISOL SF INTRAVENOUS SOLUTION 15 %	3	PA B/D
kcl in d5w lactated ringers intravenous solution 40 meq/l	2	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	3	
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	3	
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	3	
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	3	
KLOR-CON SPRINKLE ORAL CAPSULE EXTENDED RELEASE 10 MEQ, 8 MEQ	3	

Drug Name	Drug Tier	Requirements/Limits
K-TAB ORAL TABLET EXTENDED RELEASE 8 MEQ	3	
magnesium sulfate injection solution 50 %, 50 % (10ml syringe)	2	
PLENAMINE INTRAVENOUS SOLUTION 15 %	3	PA B/D
potassium chloride crys er oral tablet extended release 10 meq, 20 meq	2	
potassium chloride er oral capsule extended release 10 meq, 8 meq	2	
potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq	2	
potassium chloride er tablet extended release 10 meq oral	2	
potassium chloride intravenous solution 0.4 meq/ml, 10 meq/100ml	2	
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	4	
sodium chloride injection solution 2.5 meq/ml	2	
sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %	2	
sodium chloride irrigation solution 0.9 %	2	
Therapeutic Nutrients/ Minerals/ Electrolytes		
AMINOSYN II INTRAVENOUS SOLUTION 15 %, 7 %	3	PA B/D
AMINOSYN-HBC INTRAVENOUS SOLUTION 7 %	3	PA B/D
AMINOSYN-PF INTRAVENOUS SOLUTION 7 %	3	PA B/D
CLINIMIX E/DEXTROSE (4.25/25) INTRAVENOUS SOLUTION 4.25 %	4	PA B/D
deferasirox oral tablet 180 mg, 360 mg, 90 mg	4	PA; NDS
dextrose intravenous solution 10 %, 5 %	2	
dextrose-nacl intravenous solution 10-0.2 %, 2.5-0.45 %	3	
dextrose-nacl intravenous solution 5-0.2 %, 5-0.33 %, 5-0.45 %, 5-0.9 %	2	

Drug Name	Drug Tier	Requirements/Limits
dextrose-sodium chloride intravenous solution 10-0.2 %, 2.5-0.45 %	3	
dextrose-sodium chloride intravenous solution 5-0.2 %, 5-0.33 %, 5-0.45 %, 5-0.9 %	2	
glucose intravenous solution 5 %	2	
INTRALIPID INTRAVENOUS EMULSION 20 %	3	PA B/D
kcl in dextrose-nacl intravenous solution 20-5-0.45 meq/l-%-%	2	
NUTRILIPID INTRAVENOUS EMULSION 20 %	2	PA B/D
prenatal oral tablet 27-1 mg	3	
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	3	
TPN ELECTROLYTES INTRAVENOUS SOLUTION	3	
trientine hcl oral capsule 250 mg	5	PA; QL (8 EA per 1 day); NDS
trientine hcl oral capsule 500 mg	5	PA; QL (4 EA per 1 day); NDS

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Notice of Nondiscrimination and Accessibility

Discrimination is Against the Law

Presbyterian Healthcare Services complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes. Presbyterian Healthcare Services does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Presbyterian Healthcare Services:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language assistance services to people whose primary language is not English, which may include:
  - Qualified interpreters
  - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact the Presbyterian Customer Service Center at **(505) 923-5420, 1-855-592-7737, TTY 711**.

If you believe that Presbyterian Healthcare Services has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by phone, mail, fax, or email at:

Mailing Address: Presbyterian Privacy Officer and Civil Rights Coordinator
P.O. Box 27489
Albuquerque, NM 87125-7489

Phone/TTY: **1-866-977-3021**, **TTY 711**

Fax: **(505) 923-5124**

Email: **info@phs.org**

If you need help filing a grievance, the Presbyterian Privacy Officer and Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or by mail or phone at:

Mailing Address: U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

Phone/TDD: **1-800-368-1019, 800-537-7697 (TDD)**

Complaint forms are available at **http://www.hhs.gov/ocr/office/file/index.html**.

This notice is available at Presbyterian Healthcare Services website: **www.phs.org/nondiscrimination**.

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PRESBYTERIAN

Aviso de no discriminación y accesibilidad

La ley prohíbe la discriminación

Presbyterian Healthcare Services cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, origen nacional, edad, discapacidad o sexo incluidas las características sexuales, incluidos los rasgos intersexuales; embarazo o condiciones relacionadas; orientación sexual; identidad de género y estereotipos de género). Presbyterian Healthcare Services no excluye a las personas ni las trata menos favorablemente por motivos de raza, color, origen nacional, edad, discapacidad o sexo.

Presbyterian Healthcare Services:

- Proporciona a las personas con discapacidades modificaciones razonables y ayuda y servicios auxiliares adecuados y gratuitos para comunicarse eficazmente con nosotros, tales como:
  - Intérpretes calificados de lenguaje de señas.
  - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, entre otros).
- Ofrece servicios gratuitos de asistencia lingüística a personas cuyo idioma principal no es el inglés, lo que puede incluir:
  - Intérpretes calificados.
  - Información escrita en otros idiomas.

Si necesita modificaciones razonables, ayudas y servicios auxiliares apropiados o servicios de asistencia lingüística, comuníquese con Presbyterian Customer Service Center al **(505) 923-5420, 1-855-592-7737, TTY 711**.

Si cree que Presbyterian Healthcare Services no ha proporcionado estos servicios o ha discriminado de otra manera por motivos de raza, color, origen nacional, edad, discapacidad o sexo, puede presentar una queja en persona o por correo, fax o correo electrónico a:

Dirección postal: Presbyterian Privacy Officer and Civil Rights Coordinator
P.O. Box 27489
Albuquerque, NM 87125-7489

Teléfono/TTY: **1-866-977-3021**, **TTY 711**

Fax: **(505) 923-5124**

Correo electrónico: **info@phs.org**

Si necesita ayuda para presentar una queja, el Presbyterian Privacy Officer y Civil Rights Coordinator [Coordinador de Derechos Civiles y Funcionario de Privacidad de Presbyterian] está disponible para ayudarlo.

También puede presentar una queja sobre derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de EE. UU. electrónicamente a través del portal de quejas de la Oficina de Derechos Civiles, disponible en **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, o por correo o teléfono a:

Dirección postal: Departamento de Salud y Servicios Humanos (Estados Unidos) (DHHS)
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

Teléfono/TDD: **1-800-368-1019, 800-537-7697 (TDD)**

Los formularios de queja están disponibles en **http://www.hhs.gov/ocr/office/file/index.html**.

Este aviso está disponible en el sitio web de Presbyterian Healthcare Services: **www.phs.org/nondiscrimination**.

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Notice of Availability

English	ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-855-592-7737 (TTY: 711) or speak to your provider.
Spanish Español	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-855-592-7737 (TTY: 711) o hable con su proveedor.
Navajo Diné	SHOOH: Diné bee yáníłti'gogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jiik'eh ná hóló. Bee ahił hane'go bee nida'anishí t'áá ákodaat'éhígíí dóó bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'į' ahoot'i'ígíí éí t'áá jiik'eh hóló. Kohjį' 1-855-592-7737 (TTY:711) hodíilnih doodago nika'análwo'í bich'į' hanidziih.
Vietnamese Việt	LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-855-592-7737 (Người khuyết tật: TTY: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.
German Deutsch	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-855-592-7737 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.
Chinese Simplified 简体中文	注意：如果您使用简体中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以提供无障碍格式版信息。请拨打 1-855-592-7737 (TTY: 711) 或咨询您的服务提供者。
Chinese Traditional 繁體中文	注意：如果您使用繁體中文，我們將免費為您提供語言協助服務。我們還免費提供適當的輔助工具和服務，以提供無障礙格式版資訊。請致電 1-855-592-7737 (TTY:711) 或諮詢您的服務提供者。
Japanese 日本語	注: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-855-592-7737（TTY：711）までお電話ください。または、ご利用の事業者にご相談ください。
Filipino	ATTENTION: Kung marunong kang magsalita ng Filipino, makakagamit ka ng mga libreng serbisyo sa tulong sa wika. Ang mga angkop na karagdagang tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format ay magagamit din nang libre. Tumawag sa 1-855-592-7737 (TTY: 711) o makipag-usap sa iyong provider.
Korean 한국어	주의: 한국어를 사용하는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 접근 가능한 형식으로 정보를 제공하기 위한 적절한 보조 도구 및 서비스도 무료로 제공됩니다. 1-855-592-7737(TTY: 711)로 전화하거나 서비스 제공업체에 문의하세요.

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French Français	ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-855-592-7737 (TTY : 711) ou parlez à votre fournisseur.
Tagalog	PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-855-592-7737 (TTY: 711) o makipag-usap sa iyong provider.
Russian РУССКИЙ	ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-855-592-7737 (TTY: 711) или обратитесь к своему поставщику услуг.
Urdu اردو	توجہ دیں: اگر آپ اردو بولتے ہیں تو، مفت لسانی اعانت کی خدمات آپ کے لیے دستیاب ہیں۔ مناسب ضمنی امداد اور خدمات بھی قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے بلا معاوضہ دستیاب ہیں۔ 1-855-592-7737 (TTY: 711) پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔
Nepali नेपाली	ध्यान दिनुहोस्: तपाईं नेपाली बोल्नुहुन्छ भने तपाईंका लागि निःशुल्क भाषा सहायता सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी प्रदान गर्न उपयुक्त सहायक सहायताहरू र सेवाहरू पनि निःशुल्क उपलब्ध छन्। 1-855-592-7737 (TTY: 711) मा फोन गर्नुहोस् वा आफ्नो प्रदायकसँग कुरा गर्नुहोस्।
Bengali বাংলা	মনোযোগ দিন: আপনি যদি বাংলায় কথা বলেন, তাহলে বিনামূল্যে ভাষা সহায়তা পরিষেবা আপনার জন্য উপলব্ধ। অ্যাক্সেসযোগ্য ফর্ম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সহায়তা এবং পরিষেবাগুলিও বিনামূল্যে পাওয়া যায়। 1-855-592-7737 (TTY: 711) নম্বরে কল করুন অথবা আপনার প্রদানকারীর সাথে কথা বলুন।
Hindi हिंदी	ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए निःशुल्क भाषा सहायता सेवाएँ उपलब्ध हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक सहायताएँ और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-855-592-7737 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।
Arabic اللغة العربية	تنبيه: إذا كنت تتحدث العربية، فمتاح لك خدمات لغوية بالمجان. ومتاح بالمجان أيضًا مساعدات وخدمات إضافية مناسبة لتقديم المعلومات بتنسيقات يسهل الحصول عليها. اتصل بالرقم 1-855-592-7737 (TTY: 711) (خدمة الهاتف النصي) أو تحدث إلى مزود الخدمة المعني بك.
Turkish Türkçe	DİKKATİNİZE: Türkçe biliyorsanız, ücretsiz dil destek hizmetlerinden faydalanabilirsiniz. Ayrıca ücretsiz olarak, uygun yardımcı araçlarla ve hizmetlerle erişilebilir formatlarda bilgi de sağlanmaktadır. 1-855-592-7737 (TTY (İşitme ve Konuşma Engelli Destek Hattı): 711) numaralı telefondan bize ulaşabilir veya hizmet sağlayıcınız ile görüşebilirsiniz.

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Presbyterian Senior Care (HMO)
Presbyterian Senior Care (HMO-POS)

This formulary was updated on September 22, 2026. This information is available for free in other languages. For more recent information or other questions, please call our Presbyterian Customer Service Center at (505) 923-6060 or 1-800-797-5343, (TTY: 711).

October 1 to March 31, we are available from 8 a.m. to 8 p.m., seven days a week. April 1 to September 30, we are available from 8 a.m. to 8 p.m., Monday to Friday. We are closed on holidays.

You may also visit our website at **www.phs.org/Medicare**.

Presbyterian exists to ensure all of the patients, members and communities we serve can achieve their best health.